

Mid-Year Performance Progress Report

For the period of **October 1, 2024, to December 31, 2024**, please respond to the following:

1. Number of unduplicated clients who have received treatment services for **OD: 90**
 - a. Of those unduplicated clients, how many received:
 - i. Methadone: 0
 - ii. Buprenorphine: 8
 - iii. Injectable Naltrexone: 24
 - iv. More than one MOUD: 0
2. Number of unduplicated clients who have received treatment services for stimulant use disorder: 0
3. Number of unduplicated clients who have received **recovery support services: 208**
 - a. Of those clients, how many received:
 - i. Recovery Housing: 22
 - ii. **Recovery Coaching or Peer Coaching: 94 (45%)**
 - iii. Employment Support: 15
 - iv. Other recovery support services (please specify)
 - a. **Recovery Groups: 98 (47%)**
 - b. Transportation Assistance: 36
 - c. Connection to legal services: 47
 - d. Connection to a recovery pathway: 57 (27%)
 - e. Connection to treatment services: 36 (17%)
 - f. Family reunification: 20
 - g. Attained a Driver's License: 34 (16%)

For the period of **September 30, 2024, to March 30, 2025**, please respond to the following:

4. Describe changes on key personnel, budget, or project changes (as applicable).
 - a. No key personnel changes have been made. Jennifer Shuler serves as Project Director, Kira Kennedy serves as the Project Coordinator, Amanda Vardaman serves as the Data Coordinator, Tauria Lewis serves as the Point of Contact, and Wade Carter is the Signing Official. All members of personnel are employed (1.0 FTE) by Arkansas Department of Human Services (DHS) and maintain a 100% level of effort toward this project.
 - b. A Budget Revision (6H79TI087824-01L001) was submitted and approved as of December 5, 2024, to account for an additional \$3,664.00 made available to the State of Arkansas by the Substance Abuse and Mental Health Services Administration.

- c. No project changes have been made, though additions to original vendors have been finalized.
5. Describe progress on achieving goals and objectives and implementing evaluation activities.
- a. **All providers are required to submit monthly deliverable update reports and respond to SPARS questions** for our evaluator each month.
 - b. Area 1 – Prevention: Opioid Reversal Agent/Naloxone Saturation: The goal of this area is to ensure comprehensive coverage and service provision across the entire State of Arkansas by distributing Naloxone to at least 25 counties annually. The Naloxone distribution goal has been achieved for FY25. This work will continue throughout the award period.
 - c. Area 2 – Prevention: Infrastructure/Underserved: The goal of this area is to strengthen prevention infrastructure, focusing on underserved communities with high substance misuse risks. Progress toward this goal is ongoing, as 7% of individuals receiving prevention services fell within the social vulnerability index.
 - d. Area 3 – Prevention: Collegiate Initiatives: The goal of this area is to maximize positive health behaviors and substance use prevention outcomes through each region of the State of Arkansas by strategically partnering with higher education providers to reach youth and young people. Arkansas Department of Higher Education (ADHE) is reviewing collegiate applications to launch campus prevention and recovery programs.
 - e. Area 4 – Treatment: Provider Development and Education: The goal of this area is to enhance the knowledge base of the workforce to better support individuals at risk or with an OUD, families, and the community in prevention, treatment, and recovery supports through trainings, consultation, and evaluation. Education of this communities is actively being implemented.
 - f. Area 5 – Treatment: Hub and Spoke: The goal of this area is to expand rural access to treatment for OUD and other concurrent substance use disorders. The University of Arkansas for Medical Sciences (UAMS) has contracted with agencies (spokes) to provide treatment, recovery, and prevention services.
 - g. Area 6 – Treatment: Maternal Health: The goal of this area is to decrease severity of social determinates of health which negatively impact overall wellness of mothers, pregnant women, and their children in Specialized Women's Services programs. DHS has collaborated with the Division of Children and Family Services to develop braided funding for substance use services programs. Three separate agreements have been made with providers to meet this goal.
 - h. Area 7 – Treatment: Justice Involved Population: The goal of this area is to reduce relapse and overdoses for the justice-involved population. DHS has partnered with Arkansas Community Corrections (ACC) to accomplish access to MOUD within and externally to their modified therapeutic communities.

- i. Area 8 – Treatment: Youth and Young People: The goal for this area is to maximize positive health behaviors and substance use prevention outcomes through each region of the State of Arkansas. This goal is actively being implemented through River Valley Medical Wellness (RVMW) providing direct services to youth and young people using school-based curriculum.
- j. Area 9 – Recovery: Recovery Community Organization (RCO) Development: The goal of this area is for RCOs to be the centralized for the peer recovery support workforce in the community. Arkansas has developed a main vendor for funding distribution, the Arkansas Alliance for Recovery Centered Organizations (AARCO), and AARCO has distributed appropriate funding to each state-recognized RCO to then fund, develop, and manage peer recovery programs. AARCO requires peer workers employed under SORIV funding to report all direct peer services delivered to an internal DHS-reporting form, which is aggregated monthly.
- k. Area 10 – Recovery: Specialty Court: The goal of this area is to sustain care for justice-involved individuals by investing in stabilization and recovery initiatives within the continuum of care. DHS has sought out the Administrative Office of the Courts (AOC) to distribute funding to individual county offices. AOC is responsible for employing Peer Workers within 21 courts across the State of Arkansas. AOC requires all peer workers employed under SORIV funding to report all direct peer services delivered to an internal DHS-reporting form, which is aggregated monthly.
- l. Area 11 – Recovery: Recovery Housing Affiliate Development: The goal for this area is to increase the number of NARR certified recovery residences including residences specifically tailored to accommodate families, pregnant women and children, and/or individuals with cooccurring disorders. Arkansas has developed an appropriate vendor for accomplishing this goal, the Arkansas Alliance of Recovery Residences (AARR). AARR is currently in the process of website development and accreditation in collaboration with the National Alliance of Recovery Residences (NARR).
- m. Area 12 – Recovery: Stability: The goal of this area is to advance peer recovery support services to provide evidence-based services to families in the continuum of care. DHS has partnered with NAADAC, the Association for Addiction Professionals in outsourcing the peer certification process including applications, testing, training, and ethics enforcement to a nationally recognized credentialing entity.
- n. Area 13 – Recovery: Continuum of Care: The goal of this area is to provide innovative telehealth strategies in rural areas to increase the capacity of support services for OUD/stimulant use disorder prevention, treatment, and recovery. Arkansas has collaborated with CHESS Health to offer virtual options for peer recovery services. These options currently include 4 digital applications, which directly support individuals in recovery or their loved ones with 24/7 services and are currently available for use.

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- ii. Barriers: The state procurement and legislative approval process delayed full execution of the agreement.
 - iii. Adjustments: DHS now has a thorough understanding of and access to the automated procurement tracking system.
- c. Area 3 – Prevention: Collegiate Initiatives:
 - i. Accomplishments: The Arkansas Department of Higher Education (ADHE) published a **Request for Proposals (RFP) related to campus prevention and recovery programs** and 7 proposals were submitted by Arkansas colleges. 3 proposals were accepted, 3 were approved pending requested revisions, and 1 proposal was rejected with the opportunity to re-submit. **Total amount of approved proposed projects (3) thus far is \$177,933.00.** Final revisions for proposals from those who were requested are due on April 21, 2025.
 - ii. Barriers: Comprehension of the RFP process by state departments was an initial hurdle, including the elements of selecting the review committee and information distribution. Also, applicants all existed at different levels of preparation regarding applying for and implementing programs.
 - iii. Adjustments: Applicants were given revisions for their proposals and the Association of Recovery in Higher Education, a SAMHSA TA program, met with them in an effort to explain set up and objectives of campus prevention and recovery programs.
- d. Area 4 – Treatment: Provider Development and Education:
 - i. Accomplishments: An **STI Taskforce has been developed** to explore next steps for testing and treating STIs within the State of Arkansas. This taskforce includes representatives from DHS, Arkansas Department of Health (ADH), treatment providers, a medical doctor, and UALR. **2 ASAM-IV trainings** are scheduled for May (both in person and virtual) and **170 copies of the ASAM Criteria 4th Edition book have been distributed** to providers throughout the state.
 - ii. Barriers: Communication and scheduling between parties have been challenges, as well as identifying the best course of action for addressing the STI dilemma within Arkansas.
 - iii. Adjustments: DHS has been the liaison between UALR and treatment providers to enhance these relationships and has also contacted SAMHSA's ORN for technical assistance regarding the approach of other states surrounding STI testing and treatment.
- e. Area 5 – Treatment: Hub and Spoke:
 - i. Accomplishments: The University of Arkansas for Medical Sciences (UAMS) has identified **9 spokes covering 50 of 75 (67%)** Arkansas counties, which were all identified as rural. Activity at these agencies includes the use of

mobile health units, monthly calls with medical-peer consultation on best practices for treating OUD, providing MOUD services, and Naloxone distribution This vendor provided treatment for **129 individuals with OUD and 72 individuals with Stimulant Use Disorder.**

- ii. Barriers: This provider is now identifying more need for treatment services across the state.
- iii. Adjustments: DHS is researching opportunities to blend and braid funding with different grant options outside of SORIV funds.
- f. Area 6 – Treatment: Maternal Health:
 - i. Accomplishments: DHS now has legislation-**approved agreements with 3 providers**, which are River Valley Medical Wellness (RVMW), Family Centered Treatment (FCT), and Arkansas Foundation for Medical Care (AFMC). FCT uses FCT-Recovery in delivering the evidence-based Family Centered Treatment® model and best practices in substance use treatment. AFMC has initiated process of the needs assessment and is now scheduling site visits. RVMW operates a mobile health clinic for maternal health which provides ultrasounds for pregnant and at-risk SWS clients.
 - ii. Barriers: The state procurement process, legislative processes, and communication challenges between divisions and providers have slowed progress.
 - iii. Adjustments: DHS has adjusted timeframe expectations and met with providers to prepare for steps to be taken immediately upon state approval. DHS also now has access to a digital internal procurement tracking system that is helpful in attaining information regarding progress and gaining momentum when needed.
- g. Area 7 – Treatment: Justice Involved Population:
 - i. Accomplishments: Arkansas Community Corrections (ACC) has **4 facilities across the state providing MOUD** education and treatment services. This vendor distributed **22 Naloxone kits, provided treatment services for 52 individuals with OUD**, and provided **recovery support services for 21 individuals**.
 - ii. Barriers: Staff turnover remains one of the main challenges with this vendor, alongside issues with data collection. Previously reported figures have understated actual engagement due to staff being unaware of which clients should be included in reporting.
 - iii. Adjustments: DHS and its evaluators have met with ACC staff many times to clarify reporting requirements, improve reporting practices, and develop a new data collection form, which has now been implemented.
- h. Area 8 – Treatment: Youth and Young People:

- i. Accomplishments: RVMW is currently providing direct **recovery support and MOUD treatment** services to justice-involved youth via their mobile health unit and is collaborating with community partners to provide **continuum of care** services. RVMW staff are now **SBIRT Trainers**, aiming to instruct facility staff members who interact with youth and young people.
 - ii. Barriers: Relationships are the main challenge between this vendor and others, including the youth population, the juvenile justice provider, and community stakeholders in relation to scheduling issues and the unawareness of some entities relating to care needs of youth. There has been a significant delay in getting timely data from the vendor due to misunderstanding about the data collection process.
 - iii. Adjustments: RVMW hosted a community round table discussion with stakeholders to address barriers and build relationships. OSAMH have facilitated multiple meetings with this vendor and the data collection vendor to work through the data process.
- i. Area 9 – Recovery: Recovery Community Organization Development:
 - i. Accomplishments: The centralized fund-distributing organization (AARCO) was created to alleviate the contract management demands from the State of Arkansas. AARCO currently funds 4 RCO who support **9 peer workers at 9 individual programs**. These programs include 5 detention centers, 1 homelessness center, 1 recovery residence, 1 community rebuilding initiative, 1 community mental health facility, and 1 additional RCO. Individual peer recovery services provided by subsequent RCO staff include **492 individuals who have received Peer Recovery Services** during this reporting period. Of those 492 individuals, 187 (38%) received one-on-one peer services, 163 (33%) attended peer recovery groups, and **151 (31%) individuals sustained long-term recovery**.
 - ii. Barriers: DHS and the providers have been in ongoing discussion regarding the requirements of funded RCOs within the State of Arkansas. DHS and the providers experience conflict surrounding the idea of a full-time Peer Recovery Supervisor on staff and how best to provide staff within spoke-vendors while providing direct services.
 - iii. Adjustments: DHS has met with and is considering involvement with a national recovery advocacy agency providing consultation and evaluation services regarding RCOs and their Hub & Spoke funding distribution model.
- j. Area 10 – Recovery: Specialty Court:
 - i. Accomplishments: Care to justice-involved individuals has been sustained by funding at least 21 Peer Workers employed within various types of Specialty Courts around the State of Arkansas. Individual Peer Recovery Services provided by subsequent Administrative Office of the Courts (AOC) staff

include **905 individuals who have received Peer Recovery Services** during this reporting period. Of those 905 individuals, 378 (42%) received one-on-one peer services, 246 (27%) attended peer recovery groups, and **341 (38%) individuals sustained long-term recovery.**

- ii. Barriers: Education related to the concept and execution of providing peer services was required for high-level AOC staff.
- iii. Adjustments: DHS has met with this vendor to explain peer services, especially best practices in working with justice-involved individuals, at least monthly since prior to the conception of their agreement.
- k. Area 11 – Recovery: Recovery Housing Affiliate Development:
 - i. Accomplishments: The Arkansas Alliance of Recovery Residences (AARR) has been **accredited as a National Alliance of Recovery Residences (NARR) Affiliate**. AARR has hired a director and has a fully operational board, including all officer positions being filled. They have also developed funding eligibility guidelines to provide up to \$40.00 of indigent funding per day for up to 20 days.
 - ii. Barriers: AARR is not able to conduct a compliance check for or certify any new recovery residences, as they are awaiting training from another affiliate of NARR. This delay is also the cause of the lack of a live website AARR website or an Arkansas link on the NARR Affiliates webpage.
 - iii. Adjustments: DHS has suggested to AARR that they might solicit a different NARR affiliate to conduct the training required so that they may begin certifying new recovery residences in Arkansas.
- l. Area 12 – Recovery: Stability:
 - i. Accomplishments: DHS has set a deadline for individuals credentialed in Arkansas to transfer to the National Certified Peer Recovery Support Specialist (NCPRSS) credential offered by NAADAC at no cost to them. This deadline passed on March 31, 2025, with a total of **109 individuals transferring to the NCPRSS credential**. This vendor has also established and implemented the Arkansas Peer Ethics Review Board, 3 levels of peer certification examination, and is predominately finished with assembling a testing development committee for the newly revised curriculum. DHS has **trained 83 Peer Workers in total** during this reporting period, including 73 Core-level and 10 Advanced-level Peer Workers.
 - ii. Barriers: The largest barrier in executing the work in this agreement is the uncharted territory of taking an existing statewide peer workforce and asking them to transfer to not only a different credentialing entity, but also from any Arkansas-level credential to a NAADAC, NCPRSS credential. Though NAADAC is supportive of the 3-tier credentials system that is implemented in Arkansas, they currently do not have a comparable credentialing system.

Therefore, Core-, Advanced-, and Supervisor-level Peer Workers in Arkansas must transfer to the single NCPRSS credential to remain eligible to provide peer services within the state.

- iii. Adjustments: Numerous meetings and document exchanges have taken place between DHS and this agency to address the details of this transition. Many aspects required thoughtful discussion and collaboration to navigate unforeseen elements of the change. DHS and NAADAC have now reached an agreement on the operational specifics, which will be detailed in the FY26 contract.
- m. Area 13 – Recovery: Continuum of Care:
 - i. Accomplishments: The following digital applications are **live and available for use within the State of Arkansas: Connections, Conexións, Connections Teen, and Companions**. The Connections app allows individuals receiving services allowing continuous access to certified peer workers and a virtual recovery community. The Conexións app mirrors the Connections app but is translated into Spanish. The Connections Teen app also mirrors the Connections app but is focused on reaching young people by providing them with a separate online community and services. The Companion app supports family members, friends, and care givers with a moderated digital community. This vendor provided **recovery support services to 32 individuals**.
 - ii. Barriers: Implementation of these apps across the recovery community was overwhelming for our community partners, as they are also currently tasked with executing their own deliverables with SORIV funding under the AARCO umbrella.
 - iii. Adjustments: DHS staff instructed this vendor to yield immediate pressure towards the RCOs until their projects could be achieved. 75% of RCOs have now launched their agency-specific initiatives.
- n. Area 14 – Data Collection: Survey Center for GRPA Collection:
 - i. Accomplishments: Established a set process to ease the burden on direct service providers to ensure metrics are met. The current total of survey collected amounts to **87 intakes, 6 discharges, and 0 follow-ups**.
 - ii. Barriers: This vendor reported that clients are dropping out of programs, which makes it difficult to attain their discharge information.
 - iii. Adjustments: Arkansas Foundation for Medical Care (AFMC) is now collecting clients' social media information and basic demographics which will be used to follow up. Also, a personalized caller ID has been created to increase the probability of the calls being answered and AFMC is exploring different ways to distribute \$30.0 incentives for participation.
- o. Area 15 – Evaluation: Survey Analysis Center:

- i. Accomplishments: Wyoming Survey and Analysis Center (WYSAC) has provided prompt and correct compilations of reporting submissions to DHS on a monthly basis. IRB university approval is in progress for qualitative data surveys surrounding recovery housing and detention facility programs. This vendor has **met with and trained all SORIV providers** to accomplish monthly reporting on both quantitative and qualitative data and remains in constant contact with DHS staff members to ensure correct and timely information is gathered and relayed.
 - ii. Barriers: Select providers showed resistance initially upon meeting with the evaluation vendor. These agencies stated time constraints, turnover, and unrealistic reporting expectations as their reasoning.
 - iii. Adjustments: DHS staff supported WYSAC by explaining the importance and requirement of SORIV evaluation to vendors.
7. Describe progress achieved in addressing the needs of high-risk populations and implementation of targeted interventions to reduce behavioral health disparities.
 - a. The Conexións digital application has been made available to the Spanish-speaking Arkansas recovering population, providing those individuals with continuous access to peer services and a recovery community.
 - b. A translation of End Overdose Naloxone Education materials into Spanish is actively in progress.
 - c. Areas 2, 5, and 6, addressing underserved prevention infrastructure, the Hub and Spoke model, and Maternal domains, all address rural and underserved populations in delivering direct prevention education and treatment services.
 - d. The translation information for prevention, treatment, and recovery services into Marshallese is in progress, geared toward the second-largest population of Marshallese individuals outside of the Marshal Islands.
 - e. DHS has made connections with members of the LGBTQIA+ community and is currently moving through the screening process to be allowed to provide services.
8. Describe problems encountered serving the populations of focus and efforts to overcome them.
 - a. DHS has experienced a lack of Marshallese participation due to participants' alleged trepidation about working with people outside of their culture. Efforts have shifted focus from large public events to having a small number of staff enter Marshallese communities to provide direct services. This approach lessens tension for the Marshallese individuals since they are not being asked to meet at any other unfamiliar locations.
 - b. Following the employment of an individual the Marshallese population with the State of Arkansas, it was pointed out that a number of educational materials being

translated into Marshallese are incorrect. With the assistance of this staff member, DHS is now correctly translating information to Marshallese.

9. Are SOR funds being used to implement contingency management (CM)?

☐ Yes ☒ No

If yes, provide the following metrics:

- a. Number of entities implementing CM: N/A
- b. Number of unique individuals receiving CM services: N/A
- c. Type (prize-based or voucher-based) and focus (attendance and/or abstinence) of CM services provided: N/A
- d. Average incentive amount received per person: N/A
- e. The number of people who discontinued CM services for an unplanned reason during the CM treatment intervention: N/A
- f. Number of people who continued CM treatment to completion: N/A

Caps on Administrative, Data Collection & Reporting costs:

Indirect/Administrative & Infrastructure Development - \$57,598.24 grant award funds were spent to date on indirect/administrative and infrastructure development costs during the reporting period. This amount was well below the amount of the cap applying the rule that no more than 5 percent of total grant awards may be used for administrative and infrastructure development costs.

Data Collection & Reporting - \$132,879.56 grant award funds were spent on data collection and reporting during the reporting period. That amount is attributable to invoiced costs of evaluation/data services allocated (via sub-grant) to Wyoming Survey and Analysis Center (WYSAC) and Arkansas Foundation for Medical Care (AFMC). This is below the required limit that up to five percent of the total grant award may be used for data collection and reporting.