EXHIBIT F

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of Substance Abuse and Mental Health
P.O. Box 1437, Slot N504, Little Rock, AR 72203-1437

October 15, 2025

Senator Blake Johnson, Senate Chair
Representative John Maddox, House Chair
1 Capitol Mall, Fifth Floor
Little Rock, Arkansas 72201

Dear Senator Johnson and Representative Maddox:

As directed by Section 1 of Act 615 of 2023, I am reporting to the Senate Committee on Insurance and Commerce and the House Committee on Insurance and Commerce concerning the progress and activities under subdivision (f)(1) of this section.

Very respectfully,

Paula Stone
Director, Office of Substance Abuse and Mental Health

Progress Report
Year 2, Quarter 4
October 10, 2025

I. General Description: Integrating Behavioral Health in Arkansas (Award Number: 1H79SM089075-01)

Awarded to the Arkansas Department of Human Services (Division of Aging Adult Behavioral Health Services- Office of Substance Abuse and Mental Health)

In partnership with the University of Arkansas for Medical Sciences

Project Director: David A. Jones, LCSW

UAMS Principal Investigator: Teresa Hudson, PharmD, PhD

Clinical sites:

Year 2: UAMS Primary Care Clinics: located in Little Rock and Batesville
Year 2: East Arkansas Family Health Center (FQHC)
Year 2: River Valley Medical Wellness
Year 2: McGehee Family Clinic

Collaborators:

Arkansas Behavioral Health Network (ABHIN): provides implementation facilitation to help primary care practices implement routine behavioral health screening, identify the skills required for each member of the CoCM team, implement and use a CoCM patient registry, and bill for CoCM services. ABHIN also hosts a website with extensive CoCM resources and leads a monthly state-wide conference call for project teams and any other interested clinicians to ask questions and learn more about CoCM.

Consultants:

John Fortney, PhD, Professor of Psychiatry and Director, Division of Population Health, School of Medicine, University of Washington. Dr. Fortney is a nationally known expert in integrated care, including testing and implementing the collaborative care model used in this project.

II. CoCM Description

The overarching goal of this project is to develop resources that provide education and support for CoCM in multiple primary care clinics across Arkansas. CoCM integrates care for behavioral and physical health – usually in primary care settings. This evidence-based model is effective for the treatment of depression, anxiety, post-traumatic stress disorder (PTSD), alcohol, and other substance use disorders that are among the most common and most disabling health conditions within the US and Arkansas. CoCM is measurement-based and uses a variety of resources to measure progress towards the patient's goals and desired clinical outcomes.

CoCM is a team-based approach to care that includes the patient, the primary care physician (PCP), a behavioral health care manager (BHCM), and a consultant psychiatrist. The BHCM is usually located in the same clinic as the primary care physician, while the consultant psychiatrist is typically based off-site. With the aid of a patient registry, the BHCM coordinates communication across the team, serving as the primary contact and resource for the patient. This role supports the PCP by coordinating the treatment plan and alerting them to patients who are not responding to treatment or experiencing worsening symptoms. When needed, the BHCM communicates with the psychiatric consultant regarding patient treatment. The psychiatric consultant typically offers treatment recommendations when a patient's behavioral health symptoms are not responding to treatment demonstrated by at least 50% improvement in symptoms after 10-12 weeks on the treatment plan.

CoCM is a data-driven process, often referred to as measurement-based care. Patients are initially screened for behavioral health symptoms. Once a problem is identified, condition-specific instruments are used to measure the severity of the patient's symptoms and document any changes in those symptoms. For example, the Patient Health Questionnaire-9 (PHQ-9) is a nine-item, validated instrument to measure depression symptoms, with lower scores indicating lower symptom severity. The BHCM will periodically administer this to a patient with depression to identify improvement (or potentially worsening symptoms); findings are documented in the CoCM registry. The registry contains patient information, including initial scores on behavioral health screening instruments and subsequent measures of symptom severity, as well as the treatment plan. This provides a common location for the PCP, BHCM, and Psychiatry Consultant to communicate and review patient progress. This model has been tested in over 90 clinical trials across the US and abroad, including multiple trials in Arkansas. CoCM leads to significantly better outcomes in a shorter period (86 days vs 614 days in usual care).

III. Arkansas CoCM Sites

The Arkansas project to integrate CoCM in primary care practices employs a "supply and demand" approach, implementing the model in both UAMS primary care clinics and non-UAMS clinics. UAMS is a teaching institution that not only utilizes CoCM to treat patients but also educates trainees about CoCM and how to apply it in patient care. Non-UAMS clinics that are not necessarily teaching sites are also learning to use CoCM, thus creating demand for this care. During year 2, four health systems participated in this project.

1. UAMS Primary Care Clinics (UAMS)
2. East Arkansas Family Health Center (EAFHC)
3. River Valley Medical Wellness (RVMW)
4. McGehee Family Clinic (MFC)

UAMS has now implemented CoCM in six primary care clinics and is fully participating in the SAMHSA-required data collection. Two UAMS clinics began enrolling patients in year 1 (Batesville, Internal Medicine); three additional clinics began enrollment in the second quarter of year 2 (Pine Bluff, Helena- West Helena, and Texarkana), and one clinic began enrollment in the last quarter of year 2 (Family Medicine).

EAFHC West Memphis location has fully implemented CoCM and is participating in SAMHSA-required data collection. This site began enrolling patients in February 2025, and by the end of June 2025, the single care manager reached full capacity. The site hired a second BHCM to expand to additional clinics. There are currently 3 clinics providing CoCM at East Arkansas (West Memphis, West Memphis Women's clinic, and Helena).

In the fourth quarter of year 2, ABHIN conducted site visits and trained providers on CoCM at both of the new sites, River Valley Medical Wellness and McGehee Family Clinic.

IV. SAMHSA-required Objectives

1. **Conduct a Program Readiness review:** This review identified CoCM status at participating sites, including barriers and current or potential facilitators to full implementation of the CoCM model. While the program readiness report had to be submitted only once, we continue to monitor barriers and facilitators to program implementation at our sites.

   UAMS Clinics: Five UAMS clinics have implemented CoCM with four BHCMs. UAMS originally planned to integrate the CoCM case registry functionality into the UAMS electronic health record (EHR) to facilitate billing for CoCM and improve efficiency by eliminating the need for team members to document information in both the registry and the EHR. This met significant barriers, but in the last quarter of year 2, a solution was found and will be fully implemented during year 3.

   EAFHC: Three EAFHC clinics in West Memphis implemented the CoCM model. The site hired a behavioral health case manager and contracted with two consulting psychiatrists to fulfill the psychiatric consult role. This is of note since the two psychiatrists were already trained in the CoCM model during their medical residencies. They joined ABHIN in educating personnel at EAFHC about the CoCM model. Enrollment began in year 2, quarter 2.

   Recruitment of additional clinics: The project team identified two additional clinics to join the project: the McGehee Family Clinic in McGehee, Arkansas and the River Valley Medical Wellness Clinic with locations in Russellville and Hot Springs, AR. ABHIN has begun the implementation facilitation process.

   Barriers to program readiness: The barriers to program readiness were identified during this quarter. **1) Hiring and retaining qualified personnel:** This process of identifying, hiring, and retaining qualified personnel has been challenging. Barriers include a lack of qualified applicants, salaries that are unacceptable to applicants, and high personnel turnover. The modification and widespread distribution of job announcements have helped improve hiring. UAMS positions are filled, and the EAFHC has recently hired a second BHCM position. 2) **Implementation of routine screening:** Routine screening of primary care patients is a foundational element of COCM. This typically includes screening for depression and anxiety (the most common behavioral health conditions). The five UAMS

clinics currently have low rates of screening, and strategies are being developed to improve these rates. **3) CoCM Enrollment:** UAMS patients who screen positive for mental health-related issues have several options for treatment, with one of those options being CoCM. Enrollment in UAMS CoCM has increased from 5% to 15% over the last year. The UAMS clinical team has intensified its education efforts for primary care providers to enhance their understanding and utilization of the CoCM model. One strategy utilizes a decision tree to help providers identify patients who would benefit from CoCM and should be offered this type of care. The second strategy is proactively alerting providers to positive depression screens prior to the patient's appointment, thus increasing opportunities for the provider to discuss the CoCM model with patients. The UAMS Clinical Team is also collaborating with IT to modify the electronic health record to facilitate easier patient referrals to CoCM for primary care providers.

Implementation Evaluation: By the end of year 1, it was evident that the program encountered various implementation barriers. The UAMS team, in consultation with the Arkansas DHS office of Substance Abuse and Mental Health, identified implementation barriers and strategies to resolve those barriers that were likely to be useful to other clinics implementing CoCM in Arkansas and potentially other states. To this end, the evaluation team was expanded slightly in year 1 to support the collection of data on barriers and facilitators to CoCM implementation. Using an implementation science based model known as **RE-AIM**, the team is collecting data on: **R**each: the extent to which the CoCM teams are reaching their target populations; **E**ffectiveness: whether CoCM is achieving the desired outcome of treating symptoms of depression and anxiety; **A**doption: the extent to which the clinics are adopting and using CoCM; **I**mplementation: examination of the clinic's fidelity to the CoCM model; and **M**aintenance: evaluation of whether CoCM is becoming part of the clinic's routine organizational practice and policies. Data collection began late in year 2 and is ongoing. Future reports will include findings from this effort.

2. **Develop a detailed integration program plan.** This report was completed and submitted to SAMHSA during year 1. This required creating a plan for each clinical system to a) create a CoCM team in each primary care clinic, b) routinely screen all primary care patients for behavioral health treatment needs, c) monitor patient response and adjust treatment as needed and consult a psychiatrist or other behavioral health specialist as needed, d) implement and utilize a registry to track patient progress. Key needs across all three clinical systems were: 1) CoCM-specific registries, and 2) funding for CoCM team members. This project provides funding for both of these needs. The plan also requires grant recipients to work with at least five primary care providers or practices.

   In year 2, the project exceeded the goal of having at least five clinics implement the CoCM model, with **nine clinics** (six UAMS and three EAFHC clinics) now offering this care. Additionally, McGehee Family Clinic and River Valley Medical Wellness are in the training phase and are expected to start enrolling patients in Year 3.

3. **Develop formal collaborative agreements:** Originally, this was operationalized as contracts between the state of Arkansas and UAMS (the primary contractor with the state) and between UAMS and EAFHC and BMRHC. To support the sites, UAMS also issues contracts to ABHIN and the University of Washington. The University of Washington houses the AIMS Center that provides significant CoCM Resources. John Fortney, PhD, is a former UAMS faculty member now located at UW. Dr. Fortney is an expert in the collaborative care model and conducted some of the foundational research that supports this model. His advice about the implementation of the CoCM model over the last two years has been

extremely useful. These were all executed in year 1. Unfortunately, at the end of year 1, BMRHC made the decision not to implement the CoCM model and withdrew from the project.

UAMS executed subcontracts with McGehee Family Clinic and River Valley Medical Wellness Clinic to implement the CoCM model. These subcontracts included collaboration agreements for working with the project. Considerations for clinic selection focused on areas of the state that are lacking access to behavioral healthcare and areas in the state with high rates of substance use disorders, particularly opioids.

The RVMW Clinic is a two-clinic system with primary care clinics located in Hot Springs, Arkansas, in Garland County, and Russellville, Arkansas, in Pope County. Both Garland and Pope County are designated by the US Health Resources and Services Administration (HRSA) as mental health professional shortage areas. RVMWC is unique in that it focuses heavily on the treatment of individuals with substance use disorders (SUD). An estimated 60% of people with SUD also have a co-occurring mental health condition; thus, implementation of CoCM in this clinic is likely to be particularly impactful for these patients.

McGehee Family Clinic is in Desha County, located in the Mississippi Delta region. Desha County is rural and is designated by HRSA as both a primary care and mental health professional shortage area. The poverty rate is 28.9%, almost twice that of Arkansas as a whole and more than double the national average. Implementing CoCM in McGehee Family Clinic could dramatically improve access to mental healthcare for this rural, agricultural community.

4. **Create a Sustainability plan:** This requires the creation of a written plan for sustaining the collaborative care model in Arkansas at the state and clinic levels after federal funding ends. This was completed in year 1. Several strategies are in place to sustain the model in Arkansas:
    a. Contract with the Arkansas Behavioral Health Integration Network (ABHIN). ABHIN works across Arkansas to educate providers about the collaborative care model and provide implementation support. ABHIN holds a statewide call for CoCM State Planning council and Stakeholders across the state. This call is open to anyone interested in CoCM and includes questions/answers from clinicians implementing CoCM, educational materials, and general support for CoCM implementation and sustainment. ABHIN also has extensive resources posted on their website https://abhinetwork.org/ available for use at no cost. ABHIN also hosts a state-wide CoCM conference annually to bring people together to learn about CoCM and share their own implementation stories.
    b. CoCM implementation in a range of clinic types: In year 1, the project recruited clinics from federally qualified health centers (FQHC) and an academic medical center. In year 2, an independently-owned clinic was recruited (RVMWC), and a Medicare-certified rural health clinic (McGehee Family Clinic) was recruited. This enables a range of practices to receive support in implementing CoCM.
    c. CoCM training for physicians: UAMS is now offering training for family medicine residents and psychiatry residents in this model. This is particularly important. As noted above, the project is implementing CoCM in multiple types of clinics, thus creating a demand for physicians trained in the model. CoCM training for UAMS residents ensures a steady supply of trained physicians is available to sustain this model in Arkansas.
    d. Payers recognize and pay for the CoCM model. Arkansas Act 625 from the 2023 Regular session requires healthcare insurers, except Arkansas Medicaid, that offer mental illness and substance use disorder benefits to provide coverage for services

delivered via a collaborative care model. Medicare and commercial insurance plans are paying for CoCM. Arkansas Medicaid continues to develop the necessary infrastructure to facilitate billing for CoCM care. This includes a range of policies and procedures, including the specification of management procedures for procedure codes.

5. **Create a State Planning Council for Integrated Care:** This required convening a state-wide council that included the state mental health authority to create a plan for wide implementation of the CoCM across Arkansas. UAMS asked ABHIN, as part of the subcontracted work, to convene and lead this council, which includes the state mental health authority, UAMS project leadership, the three clinical systems working on the project, leadership from any primary care clinic in Arkansas, and other organizations in the state interested in CoCM.
   - ABHIN began hosting monthly State Planning Council and Stakeholder (SPCS) meetings on 11/10/23. The meetings are held virtually on the Zoom platform at 12:00 pm on the second Friday of every month. Each meeting is recorded and uploaded to ABHIN's CoCM webpage along with the agenda, list of attendees, meeting minutes, and any other slides or documents presented during the meeting.
   - In addition, the monthly meeting is open to other clinics and entities interested in the collaborative Care Model in Arkansas primary care clinics.

V. Participating Clinical Systems

1) UAMS Primary Care Clinics (six clinics)
2) East Arkansas Family Health Center (three clinics)
3) River Valley Medical Wellness - completed staff training
4) McGehee Family Clinic – completed staff training

VI. Project Partners

Arkansas Department of Human Services, Division of Aging, Adult, & Behavioral Health Services

Paula Stone, Director of the Office of Substance Abuse and Mental Health
David Jones, LCSW, Project Director and Assistant Director of Medicaid Behavioral Health, Office of Substance Abuse and Mental Health
This is the recipient and primary SAMHSA Partner. David Jones, LCSW, is the SAMHSA Project Director.

UAMS

The UAMS is the primary grantee from the Arkansas Department of Human Services for this project. Teresa Hudson, PharmD, PhD, Professor of Emergency Medicine and Psychiatry is the UAMS Principal Investigator. Dr. Hudson oversees the implementation of all aspects of the project and is the primary contact with Mr. Jones. She guides project operations, including monitoring CoCM implementation at each of clinical sites, and works closely with Mr. Jones to manage funding and meet SAMHSA reporting requirements. Amanda Lunsford, MA, serves as the UAMS Project Manager, working closely with Dr. Hudson to execute site contracts, monitor deliverables, enter required data into the SPARS system, and coordinate overall project activities. Michael Cucciare, PhD, is the Director of Evaluation, responsible for collaborating with all clinical sites to collect SAMHSA-required evaluation data and ensure its timely upload into the SAMHSA data collection website. Latunja Sockwell, MS, previously worked on the project

as co-director of evaluation. Unfortunately, her responsibilities to other funded projects decreased her availability for this project. Given her extensive experience working with SAMHSA, she continues to work with the UAMS team as a consultant.

Arkansas Behavioral Health Integration Network (ABHIN)
ABHIN is a non-profit organization formed to meet the challenges of integrating behavioral health into primary care across Arkansas, led by Kim Shuler, LCSW. UAMS subcontracted with ABHIN to provide implementation facilitation to support implementation in the non-UAMS sites. ABHIN provides a range of educational resources and mentoring to the project's clinical partners, hosts the project's website with resources about CoCM, and serves as the project's state planning council.

UAMS Primary Care Clinics:
The UAMS Clinical Team is led by Tisha Deen, PhD (clinical psychologist) and Shashank Kraleti, MD. Dr. Deen is a fellowship-trained expert in collaborative care mentored by Dr. Fortney. Dr. Kraleti is the Director, UAMS Primary Care and Population Health Service Line and Chair of the Department of Family and Preventive Medicine.

East Arkansas Family Health Center (EAFHC)
The EAFHC is a federally qualified health center (FQHC) located along the eastern border of Arkansas near Memphis. The team is led by Susan Ward-Jones, MD. Djuana Smith is the Behavioral Health Lead at EAFHC and works closely with project administration, coordinating CoCM activities at their sites.

Arkansas River Valley Medical Wellness Clinic
This clinic was founded and owned by Dr. Kristin Martin. Dr. Kristin Martin, DO, MS, FAAFP, is Board Certified in Family Practice and has extensive experience as an Emergency Medicine physician. Dr. Martin's clinics are an important addition to the project. Dr. Martin's primary care practice includes many patients with opioid use disorder (OUD) diagnoses. Dr. Martin not only provides primary care but also manages OUD for these patients. This type of practice was particularly mentioned as important in the original notice of funding opportunity for this project.

McGehee Family Clinic
This is a Medicare-designated rural health clinic with Terry Amstutz serving as CEO for McGehee Hospital and the family clinic. This clinic serves a rural area with agriculture as the primary occupation. The addition of this clinic allows the project to reach members of an important Arkansas industry – agriculture. Agricultural workers have high rates of stress, anxiety, and depression that are estimated to be 2-5 times higher than the national average. Additionally, agricultural workers often do not take time off from work to seek care for these conditions. By integrating screening and treatment for anxiety and depression into routine primary care, no additional time away from their work is required.

John Fortney, PhD, Professor of Psychiatry and Behavioral Sciences and Director of the Division of Population Health at the University of Washington College of Medicine. Dr. Fortney is a former Professor of Psychiatry at UAMS. He has completed extensive research studying models for integrating mental health into primary care clinics and is recognized as a leading expert on CoCM implementation. Dr. Fortney is a valuable resource to managing implementation challenges and understanding productivity and sustainability metrics for collaborative care.

VII. UAMS Operational Activities:

UAMS Leadership Team:

This team is responsible for the overall operation of the project. Its activities include monitoring CoCM implementation in all clinics, monitoring patient enrollment, generating reports needed by state and federal partners, executing subcontracts with key partners, and overseeing all aspects of the project.

While Year 1 of this project laid the groundwork, Year 2 focused on expanding and improving the sustainability of the CoCM Model.

In Year 1, we offered the CoCM model in 2 UAMS clinics. By the end of year 2, we have added four additional clinics, bringing the total to six clinics at UAMS. In February of Year 2, the East Arkansas West Memphis clinic began offering the CoCM model, and recently they have expanded CoCM services to 2 additional clinics for a total of 3 clinics in the East Arkansas Family Health Care system.

McGehee Family Clinic and River Valley Medical Wellness Clinics were invited to join the project because of the unique populations they serve. McGehee Family Clinic is a Medicare-designated rural health clinic situated in a predominantly underserved agricultural region. River Valley is an independent clinic that simultaneously provides primary care and focuses on medication-assisted treatment for opioid use disorders, which is a SAMHSA priority. By incorporating various clinic types, the information gathered from the implementation evaluation team will be more useful to a broader range of clinics and clinicians across Arkansas.

During this year, the project also supported the ABHIN Behavioral Health Integration Conference in Arkansas. This year's title was "Transforming Behavioral Health Care Through Collaboration Innovation" on April 8th. This conference, initiated by ABHIN, led by Kim Shuler, LCSW, and built upon the foundational work of clinicians such as Dr. Ward-Jones and UAMS investigators, reflects the commitment of Arkansas clinicians and scientists to enhancing access to behavioral healthcare and implementing the CoCM model. The conference was attended by various types of healthcare providers from across the state of Arkansas.

Dr. Grubbs and the evaluation team continue to gather data on site implementation activities. Two main efforts are underway, including (1) tracking barriers and facilitators of implementation, and (2) tracking stakeholder views of progress within specific domains of our implementation strategy (RE-AIM). In terms of barriers and facilitators (and resolution of barriers). Significant barriers addressed at two active sites, the University of Arkansas for Medical Sciences and East Arkansas Behavioral Health, during grant year 2, have included filling vacancies for key clinical roles (care managers and psychiatric consultants), adapting the electronic health record to streamline billing for CoCM (UAMS), and addressing barriers to recruitment by broadening inclusion criteria, streamlining intake processes, and ramping up education and training at each site. In grant year 3, we will begin tracking implementation efforts at two newly added sites. Understanding stakeholder views of implementation, efforts are underway to administer a RedCap survey adapted from the Mid Program Process Tracking Quiz in the Department of Veterans Affairs Implementation and Adaptation Guide. This survey was modified for this study with input from the implementation team and site leads. It will be administered to key members of the clinical teams at UAMS and East Arkansas, identified by site leads at each site. The survey asks about key domains of progress, including reach (are the intended patients getting CoCM), effectiveness (does CoCM improve mental health and quality of life), adoption (is CoCM

welcomed), Implementation (is CoCM being rolled out as intended), and Maintenance (will CoCM be maintained over time). Data will be available by December 2025.

We collaborated with our UAMS primary care team to identify and implement a solution for billing for care management services. This step is essential to the sustainability of this model of care at UAMS.

Additional activities include:

- Executed contracts with River Valley Medical Wellness and McGehee Family Clinic as study sites to replace Boston Mountain FQHC.
- Continued SAMHSA-required data collection interviews for UAMS and EAFHC enrollees.
- Continued data collection for the implementation evaluation team.
- Continued weekly meetings for the administrative, evaluation, and implementation evaluation teams to ensure communication across all sectors of the project.
- Expanded CoCM model at UAMS clinics.
- Participated in the monthly CoCM Stakeholders meetings hosted by ABHIN.
- Completed all reports required by the State and SAMHSA.

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Evaluation & Data Collection

Following the initial reworking of our RedCap database in Year 2, we have continued to refine our data processes and reports. The new reports now account for patients who are enrolled in CoCM but also for the patients each team is recruiting.

These updates help ensure accurate data gathering and reporting to SAMHSA:

- Automated notices of interviews.
- Active enrollment reports
- Improved discharge reports

Arkansas Behavioral Health Integration Network (ABHIN) Activities*:*

- ABHIN continues to host monthly State Planning Council meetings virtually. Meetings remain at noon on the 2nd Friday of each month. A library of past recordings, agenda, list of attendees, meeting minutes, and any other slides or documents presented during the meeting can be found on ABHIN's CoCM webpage.
    - 7/11/25 & 8/8/25
- ABHIN also hosts monthly CoCM Office Hours virtually at noon on the 3rd Friday of every month, which is an open forum featuring experts in the field who are available to answer questions and provide valuable insights to those interested in advancing their understanding & implementation of CoCM
    - 7/18/25 & 8/15/25

- ABHIN project staff continue to work towards the objectives aligned in the detailed 5-year workplan of the IBHA project, representing FQHCs, as allowed.
- Several Presentations were provided around the state, both virtually and in person, on COCM and implementation science:
    - The Art of Prescribing Psychiatric Medications in Primary Care- Prescriber Series with Dr. Laura Sidari continued in July & August
        - Antipsychotics & Mood Stabilizers (7/18/25)
        - ADHD medications (8/8/25)
    - Behavioral Health Institute: The Future Is Collaborative: Exploring CoCM and Its Impact in Arkansas (8/26/25)
    - Strengthening Primary Care through Behavioral Health Integration in Arkansas at the Arkansas Academy of Family Physicians Conference in August
- EAFHC hired and onboarded a 2nd BHCM
    - ABHIN planned, developed, and facilitated two half-day, virtual training sessions for the new BHCM, focusing on:
        - CoCM Fundamentals
        - CoCM Care Team Roles & Responsibilities
        - Patient Engagement
        - Systematic Case Reviews & Documentation
        - Introduced Psychiatric Consultants
        - Engaging with PCPs and PCs
- ABHIN, EAFHC, & the Woven Doctors continue to plan and refine the conference presentation for the annual, in-person CFHA conference in October - Building Trust and Integration: Lessons from Implementing the Collaborative Care Model (CoCM)
- Continue to host bi-weekly coaching calls with EAFHC to provide technical assistance
- The ABHIN team, in collaboration with Woven Clinic physicians Dr. Jason Onugha and Dr. Cyril Appiagyei, coordinated training content and planned training sessions for the two new primary care clinics that joined the project, River Valley Medical Wellness (RVMW) and McGehee Family Clinic.
    - ABHIN and the Woven doctors traveled to the River Valley Medical Wellness clinic in Russellville on August 12th to formally introduce the Woven doctors who are serving as the clinic's psychiatric consultants and provide training.
        - As with RVMW, ABHIN & Woven, they then traveled to McGehee, Arkansas, on August 13th to the McGehee Family Clinic
            - This in-person visit provided an opportunity to offer a comprehensive overview of the IBHA grant project, the Collaborative Care Model (CoCM), and the vital roles of each care team member, with a particular focus on the role of the psychiatric consultant within the clinic setting. The presentation also included an explanation of the CoCM workflow, including the referral process.
            - All employees from RVMW attended the session, with more than 20 team members representing a wide range of departments and roles such as Primary Care, Behavioral Health, & Addiction Care, and staff, including LPNs, RNs, MAs, case managers, LCSWs,

physicians, nurse practitioners, physician assistants, administrative staff, and Peer Recovery Support Specialists.

- ABHIN and the Woven doctors also traveled to North Little Rock on 8/12 to meet and introduce the doctors to the physicians and staff of North Hills Family Medical Clinic in preparation to provide technical assistance as they work toward implementing the CoCM model into their clinic.
- Our team remains deeply engaged in ongoing professional development through regular participation in webinars and conferences focused on the Collaborative Care Model (CoCM) and Behavioral Health Integration. These opportunities help us stay current with best practices and emerging trends, ensuring we continue to expand our expertise and deliver the highest quality support. Below is a selection of trainings recently attended by different members of the ABHIN project team (note: this list is not exhaustive):
    - ABHIN staff went through the 9-hour AIMS comprehensive BHCM Training, which provided modules on:
        - CoCM Fundamentals, Patient Identification, Patient Engagement, Assessment & Diagnosis, Engaging & Communicating with Your Team, Treatment (Part 1 & 2), & Specialty Topics (referring to specialty care & suicide prevention)
    - CoCM monthly SIG, Implementation, and financial office hours meetings
    - CoE-IHS Integration in Action: Beyond Depression and Anxiety: Scaling CoCM for Serious Mental Illness and Substance Use
- The ABHIN conference planning team started meeting in August to start planning for the 2026 Annual BHI conference, which included:
    - Working out the logistics of the location and venue
    - Creating the conference theme, budget, and brainstorming speakers
- The CoCM webpage housed on ABHIN's website continues to be a free, statewide resource to anyone in the state who's interested in learning and implementing CoCM. The webpage is updated frequently with the most relevant and up-to-date information and resources.
- ABHIN team continued to track CoCM efforts via the CoCM domain tracking sheet to aid in the documentation and implementation of science, as requested by UAMS
- ABHIN's CoCM project team continues to meet weekly for training and project development needs.
- Kim Shuler and Dr. Patti Gibson regularly attend and contribute to the different project committees and work groups they're a part of.
- Kim Shuler regularly and consistently attends project management meetings with Teresa Hudson, PharmD, PhD
- The ABHIN team consistently shares timely information with partners, stakeholders, and the broader CoCM community, including updates on local, regional, and national trainings and webinars, as well as the latest news, data, and research related to CoCM.
    - Our monthly webinars are primarily relevant to BHI and CoCM, and provide participants with CE's

- September 2025 Monthly Webinar – *Behavioral Health Code Reporting 2025 Update*

— ABHIN's statewide social media presence continues to advertise free resources mentioned above.

<u>UAMS Clinical Activities:</u>

Recruitment & Site Expansion

— Record-high intake levels achieved in August and September with 35 intake interviews completed each month (totaling 70 intakes for August and September).
— UAMS Family Medical Center began enrolling patients in CoCM on September 8 with smooth integration and strong referral numbers (19 referrals).
— Pediatric psychiatry services were launched with Child Psychiatrist Dr. Kyle Camp, supporting patients in Pine Bluff and Helena with future expansion planned. This is particularly important since the UAMS clinical team recruited Dr. Camp, but is not supported by grant funds, representing the incorporation of this model of care into the routine staffing and funding patterns of the clinics.

Billing

— Since the beginning of the project, the goal has been to develop the capacity to bill for CoCM services. However, this required a modification of EPIC – the UAMS electronic health record. Funds were allocated for this in year 1 and were available in year 2, but multiple barriers prevented this from happening. Finally, late in year 2, a solution was found, and the EPIC modification was made and went live on 10/1. This modification automates the billing process and incorporates the CoCM registry into EPIC so the teams do not have to double-enter a note in EPIC and in the AIMS caseload tracking software. This makes the team more efficient and eliminates the need for a subscription to the AIMS caseload tracker, thus saving $6300/year.
— A goal for year 2 was to implement a billing process for COCM. This process began by developing a manual, which is time-intensive. Nevertheless, manual billing was launched in July; $66,713 was billed year-to-date for CoCM services, with $14,155 received in payments. Over 9,000+ minutes were billed for September.
— Billing for services is a key marker of success. Billing for services allows grant funds to be used to hire additional personnel to service more UAMS clinics, with the initial personnel supported via the billing process.
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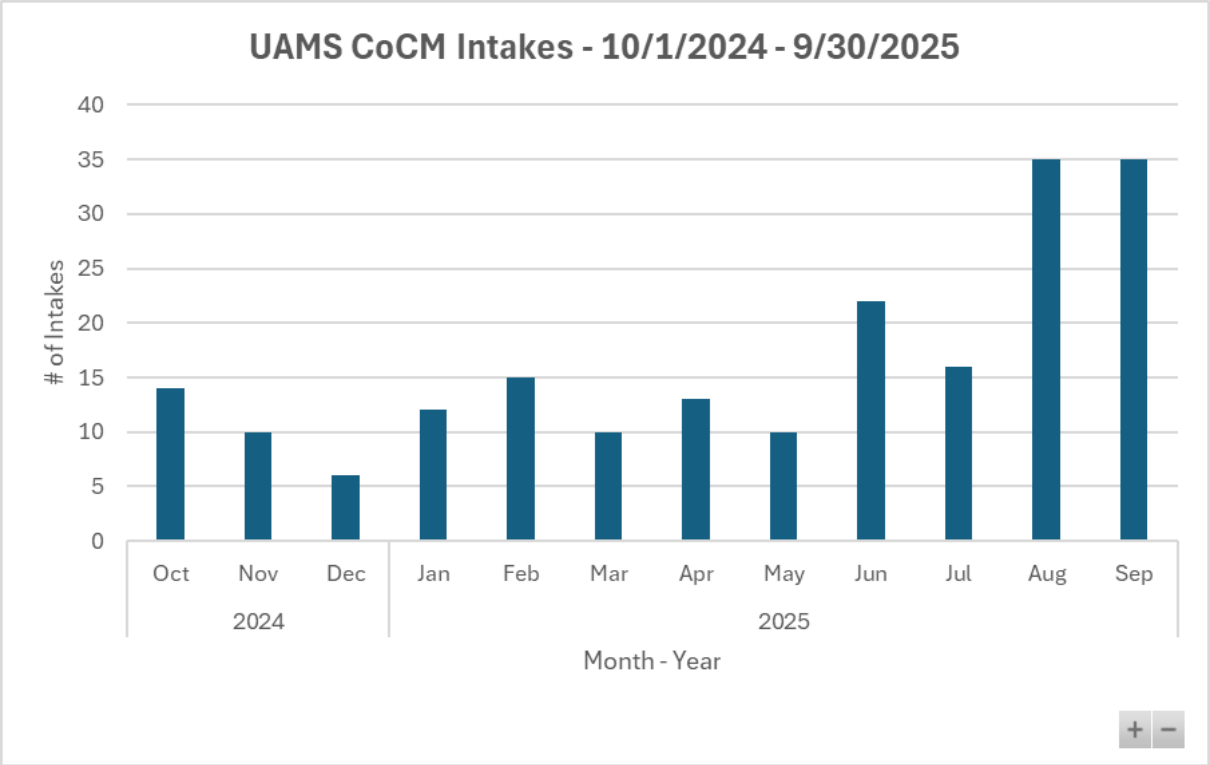
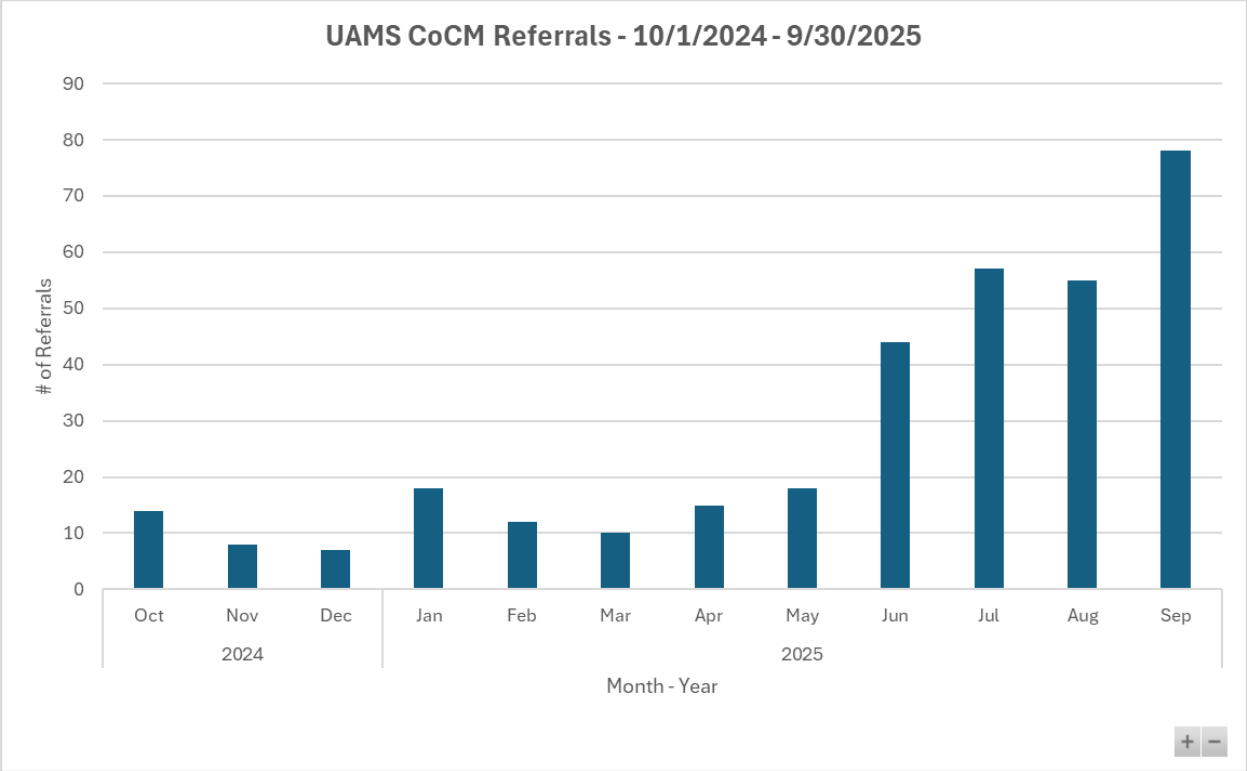
Evaluation & Data Improvements

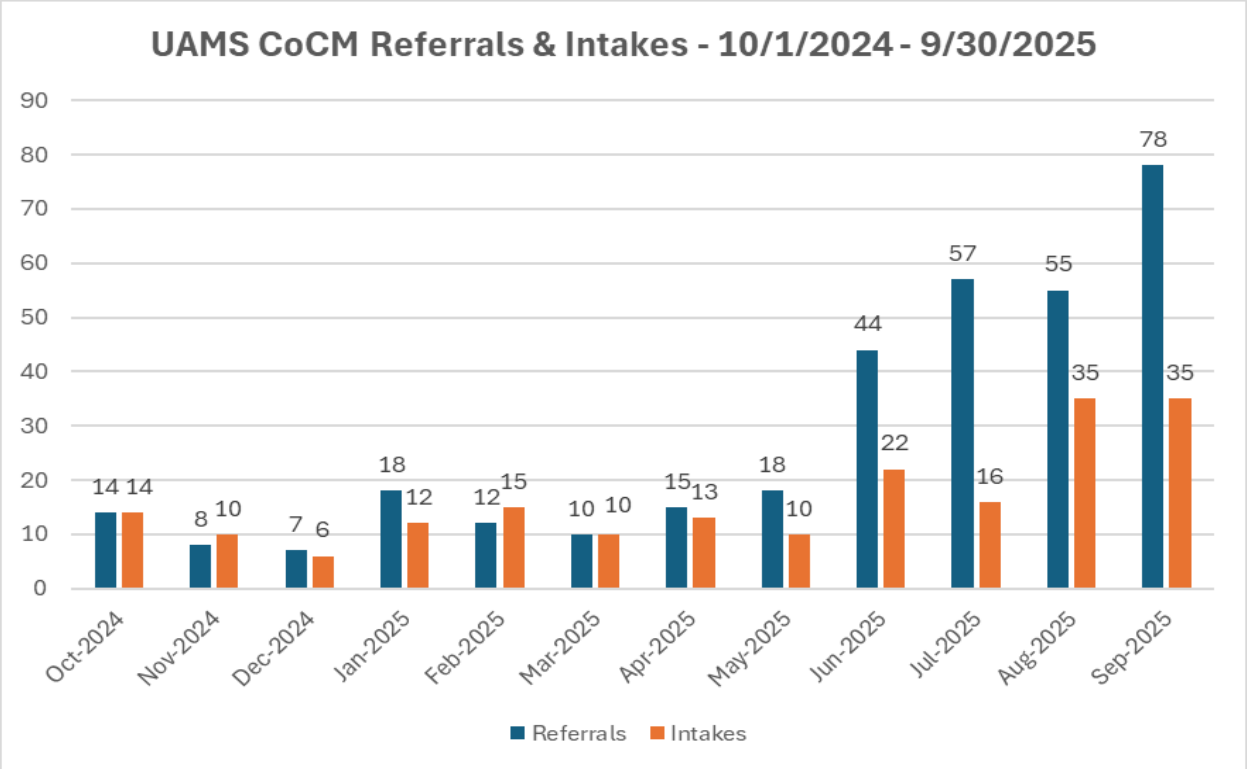
— REDCap records cleaned up and accurate
— Suicide risk protocol updated following real cases, improving coordination between the team and providing swift updates and services to patients in potential crisis
— AIMS Caseload Tracker updated to include Race/Ethnicity fields and pediatric screening measures
— Power BI reporting improved for grant tracking and SPARS reporting.

Quarterly Highlights

- EPIC Build completion
- UAMS has CoCM implemented in 6 clinics
- Successful launch of UAMS FMC clinic with rapid uptake and referrals.
- Record intakes in August and September.
- Pediatric psychiatry integrated into UAMS CoCM services.
- Data systems (REDCap, AIMS, Power BI) and risk protocols strengthened.




UAMS CoCM Referrals - 10/1/2024 - 9/30/2025
# of Referrals
90
80
70
60
50
40
30
20
10
0
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
2024
2025
Month - Year


UAMS CoCM Referrals & Intakes - 10/1/2024 - 9/30/2025
90
80
70
60
50
40
30
20
10
0
14 14
8 10
7 6
18 12
12 15
10 10
15 13
18 10
44 22
57 16
55 35
78 35
Oct-2024
Nov-2024
Dec-2024
Jan-2025
Feb-2025
Mar-2025
Apr-2025
May-2025
Jun-2025
Jul-2025
Aug-2025
Sep-2025
Referrals
Intakes

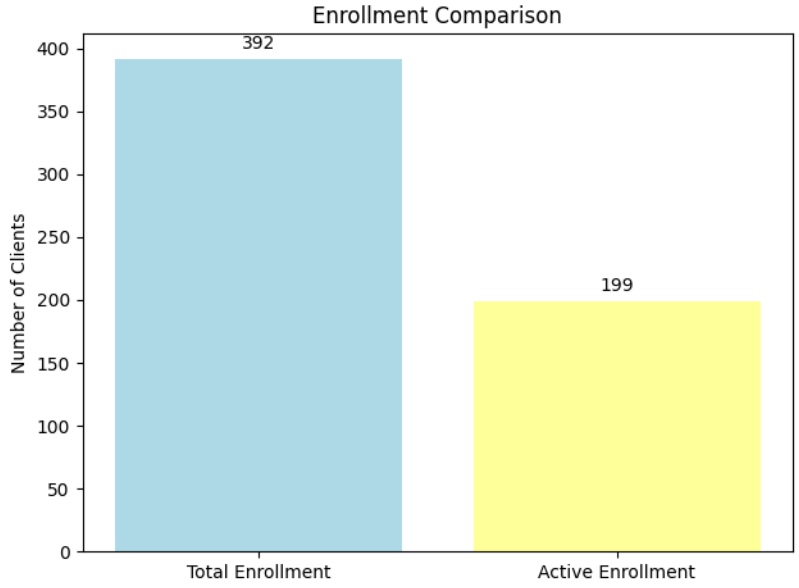
East Arkansas Clinical Team Activities to Date:

- Care Managers and Behavioral Health Leads attend weekly evaluation meetings.
- Behavioral Health Lead attends bi-weekly administrative meetings.
- Care Managers are consistently recruiting for the SAMHSA-required evaluation surveys.
- Patient Enrollment into CoCM has been consistent.
- Added another care manager to the clinical team because the original care manager has a full panel after only six months.
- Expanded CoCM to two additional sites.

Patient Recruitment Across all Sites

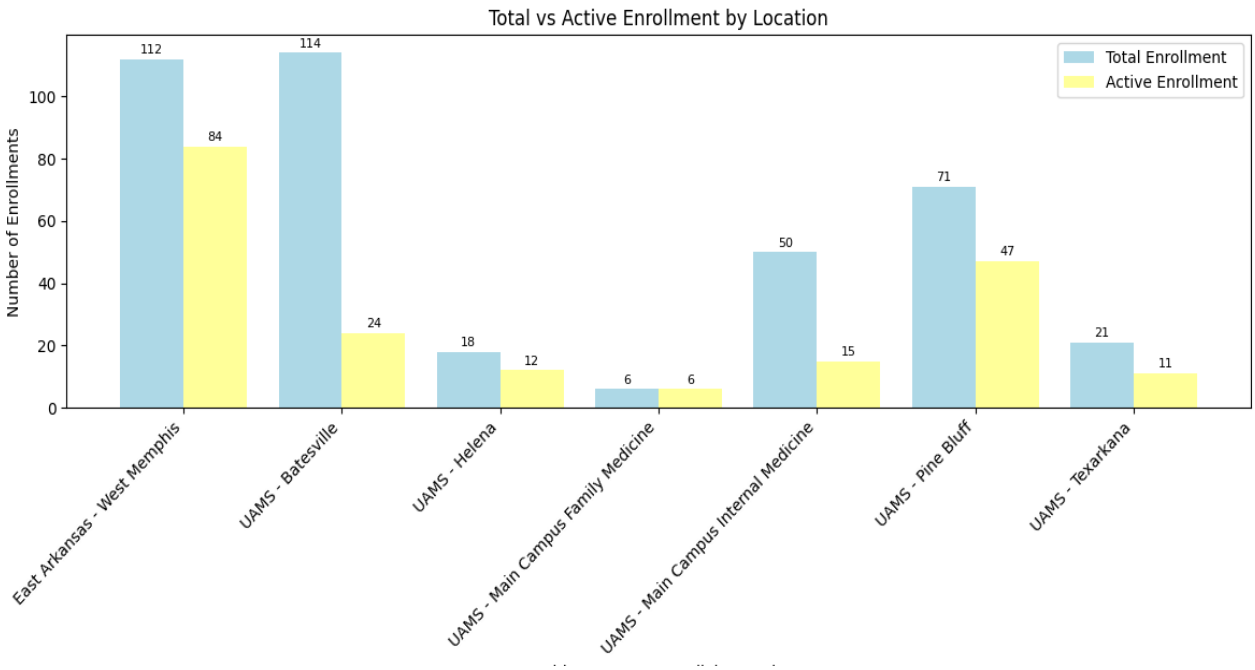
As of September 30, 2025, 392 patients have been enrolled in collaborative care at UAMS and East Arkansas clinics since enrollment began in August 2024. (labeled as total enrollment in the figures below) Currently, 199 patients are actively receiving CoCM. Patients can be discharged for the following reasons:

1) Patient has symptom improvement and completes the course of treatment.
2) Patient has severe symptoms and is moved to specialty care.
3) Patient cannot be contacted for a length of time and does not engage in treatment.



Total Enrollment for all sites August 2024- September 2025.

The following chart is a breakdown of total enrollment vs. active enrollment by site.



UAMS began enrollment at the Batesville and Main Campus Internal Medicine in August 2024. Batesville had a total enrollment of 114 patients during that time, with 24 active patients as of September 30, 2025. Internal Medicine had a total enrollment of 50, with 15 active members as of September 30, 2025.

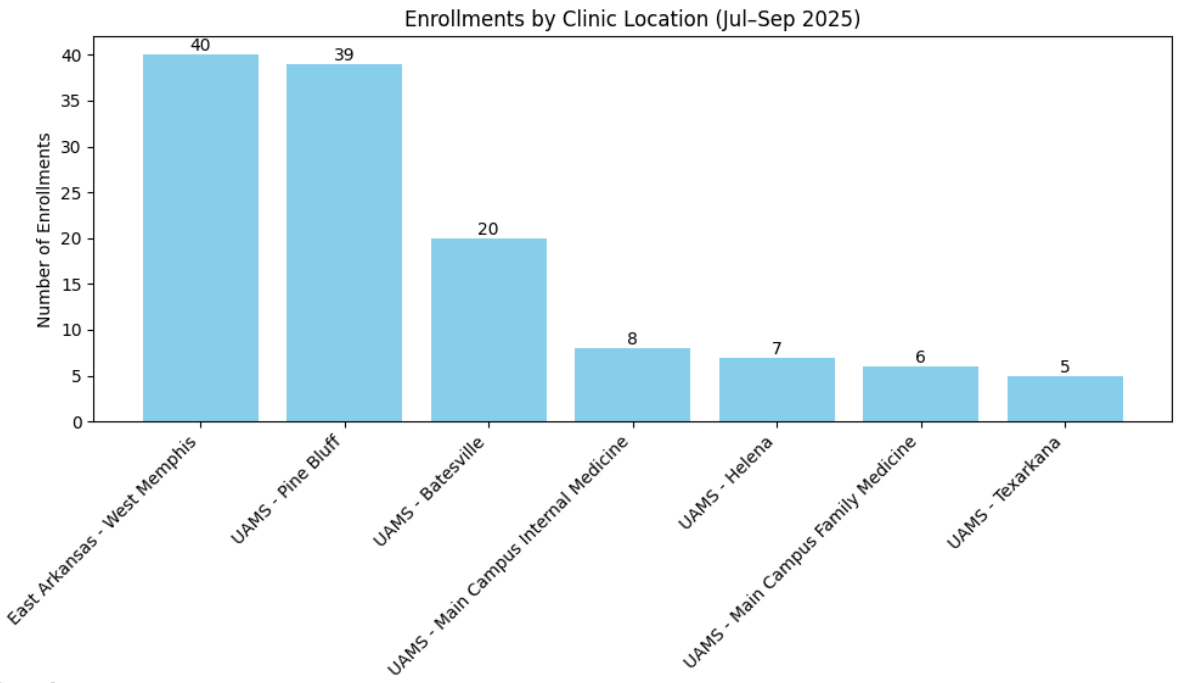
Pine Bluff began actively enrolling patients in December 2024, but they have recently experienced a surge in CoCM due to the loss of the Behavioral Health Consultant at the Pine Bluff Clinic and other specialty care clinics in the area not accepting new patients. This has led to an uptake in services. They have enrolled 71 patients to date and currently have 47 active patients in treatment.

UAMS Texarkana and UAMS Helena began enrolling patients in January 2025. Texarkana has enrolled 18 patients, with 11 being active. Helena has enrolled 21 patients to date, with 11 being active.

UAMS just began enrollment at the UAMS Main Campus Family Medicine clinic in the last week of September and has enrolled 6 patients in CoCM.

Please note that the number of active patients fluctuates daily as new patients are admitted and other patients are discharged. These numbers represent people who have been referred to CoCM and accepted treatment. They have completed their initial assessment and have been entered into the study database. There are 88 patients who have been referred to CoCM and are being scheduled for initial assessments.

East Arkansas began enrolling patients in February 2025 at the West Memphis clinic. To date, they have enrolled 112 patients, with 84 active patients as of September 30, 2025. While they have added 2 additional sites for CoCM recently, they have not begun enrollment at the new sites.



Barriers

The project has made significant progress implementing the CoCM model. As with most projects, the team faced barriers to implementing various aspects of the problem.

Current:

Carry-Forward Funding: A major barrier for this quarter was the state's decision to decline the carry-forward funds from year 1. This money was earmarked to support new clinics, River Valley Medical Wellness and McGehee Family Clinic, and provide salary support for care managers at UAMS clinics. Once the notice of award (NOA) was received, our team understood these funds were available and moved forward, bringing new clinics to the project. To ensure the project did not incur a deficit, in quarter 4, we had to suspend activities at ABHIN, East Arkansas, McGehee Family Clinic, River Valley Medical Wellness, and the University of Washington.

Ongoing:

Executing Contracts: The process of executing subcontracts between UAMS and clinical sites slowed project implementation. The length of time needed for contracting substantially decreased the amount of time the clinics have available to use the funds. The team is collaborating with UAMS grants accounting to develop strategies to reduce the time required to fully execute clinic contracts going forward.

Hiring Behavioral Health Personnel: finding qualified candidates to serve as behavioral health care managers and psychiatrists for the CoCM team has been challenging. This is partly due to the location of some clinics. However, the sites also report a lack of qualified professionals available in Arkansas. EAFHC had some difficulty contracting psychiatrists to serve as Psychiatric Consultants, although a practice was identified in the Chicago, Illinois area that was trained in the CoCM model. A contract is in place for this group. EAFHC hired a second BHCM

in this quarter who left for a new employment opportunity. Fortunately, it was possible to hire a new person for this position in a timely fashion and this employee is in place.

Low Recruitment Rates: We continue to have low recruitment rates into CoCM at the UAMS clinics. This model of care requires primary care providers to make changes to their practices, which they may be resistant to. To overcome this barrier, the UAMS clinical team is working with IT to develop a simple referral process. The UAMS clinical team increased education outreach to primary care providers regarding CoCM, implemented a strategy to alert providers to patients with high depression and anxiety screening scores prior to primary care visits. This approach should make it easier to address behavioral health issues during the appointment.

Resolved:

Epic Buildout: To make this project sustainable, we must be able to bill for care management services. To help with the required documentation, we had planned to have IT work on our medical record system, Epic, to incorporate some features of the AIMS registry. This buildout would decrease the need for double entry of records and help generate the required documentation for billing. Although this work was requested at the beginning of this project, UAMS IT currently lacks the necessary bandwidth to complete it. They may be able to do some of the requested functions, but not everything that is needed. To resolve this issue, we are developing procedures to enable manual billing. A solution to this barrier was found, and the work has since been completed. UAMS now has the ability to bill for care management services.