EXHIBIT B-2

MINUTES
THE BEHAVIORAL HEALTH TREATMENT ACCESS LEGISLATIVE TASK FORCE

September 12, 2016

The Behavioral Health Treatment Access Legislative Task Force met at 1:30 p.m., on Monday, September 12, 2016, in Room B, MAC, Little Rock, Arkansas.

Task Force members present were: Representative Clarke Tucker, Ms. Carole Baxter, Ms. Ann Brown, Mr. Dan Honey, Mr. Kevin Murphy, Mr. Mark Thurman, and Dr. David Williams. Senator Jeremy Hutchinson also attended.

Representative Tucker called the meeting to order.

Ms. Baxter moved to adopt the minutes from the July 12, 2016 meeting, Mr. Honey seconded the motion, and without objection the minutes were approved.

Representative Tucker gave a brief overview of the task force's five proposed reforms to redirect mentally ill offenders from entering the criminal justice system:

1. Provide crisis center intervention training for law enforcement officers;
2. Open county Crisis Stabilization Units;
3. Develop a standardized assessment tool used by law enforcement officers to screen mentally ill offenders entering the criminal justice system;
4. Develop a statewide data-base for law enforcement officers to share screenings and assessments with neighboring county jails;
5. Provide traditional Medicaid coverage for offenders diagnosed with substance abuse disorders.

Discussion of Finding and Recommendations for Access to Behavioral Health Treatment

Mr. Ben Shelor, Policy Analyst, Council of State Governments Justice Center (CSG), introduced Mr. Andy Barbee, Research Manager, and Mr. Steve Allen, Senior Policy Advisor, CSG, via conference call.

Mr. Barbee gave a brief overview of CSG's analysis of the state's growing prison population. According to CSG's 2014 analysis, high-risk probationers and parolees who receive community based treatment services and support are less likely to reenter the criminal justice system. Data analysis indicates there are an estimated 5,936 higher-risk probationers and parolees in the state with a substance abuse disorder. Estimated annual cost to provide community-based treatment services for these individuals is $32,054,400, or $5,400 per person.

Mr. Barbee presented two policy options to address the state's behavioral health challenges:

1. Increase the behavioral health services available in communities by funding community-based treatment intervention services, like crisis stabilization centers, and by amending Arkansas' traditional Medicaid plan to include coverage for those with a primary diagnosis of a substance abuse disorder.
2. Reduce pressures on county jails by: reimbursing law enforcement for crisis intervention training, creating screening and assessment tools, creating options to divert people with mental illness, developing a database for jail intake screenings, and creating local criminal justice coordination councils.

Mr. Allen explained crisis stabilization centers are designed as a community based tool to divert offenders with mental illness from jails. He said estimated operational costs for a 16 bed crisis stabilization center total $2 - $3 million annually. Cost includes close collaboration with hospitals and other 24-hour health care entities which are closely linked geographically and operationally. Staffing will include nurses, a Medical doctor, psychologist, and social workers. Most of the cost could be offset with Medicaid funds.

Division of Behavioral Health Proposed Behavioral Health Transformations

Ms. Paula Stone, Assistant Director for Clinical Services, and Pam Dodson, Assistant Director for Clinical Services, Division of Behavioral Health Services (DBHS), Arkansas Department of Human Services, were recognized to give an overview of DBHS' proposed changes to the state's behavioral health system's traditional Medicaid program.

Ms. Stone addressed five challenges under the current behavioral health system:

1. Substance abuse treatment services are not adequately accessible for Medicaid eligible individuals
2. A need to enhance continuum of crisis services
3. Enhance and expand care coordination
4. Overutilization of residential treatment for children
5. Lack of emphasis on family support services and other evidence based practices

Ms. Dodson explained that under the proposed behavioral health transformation plan, services for traditional Medicaid beneficiaries will expand to include substance abuse treatment services including those with co-occurring disorder. Under the proposed plan, traditional beneficiaries with both substance abuse and mental health disorders will be able to access services through one provider throughout the state. Crisis services and interventions will be enhanced under this plan which will produce a cost savings to the state.

Ms. Stone said under the current Medicaid program, the state does not have a service code for case management or care coordination. Under the new behavioral health system, DBHS will contract with a Care Coordination entity or a Provider to provide care coordination to traditional Medicaid eligible individuals with the highest levels of behavioral health service need. She

explained the proposed behavioral health payment improvement initiative and services available under a three tiered system. Crisis services such as mobile response and crisis stabilization, acute crisis units, medical and non-medical detoxification, and acute hospitalization will also be available. The proposed start date for the system changes is July 1, 2017.

Ms. Baxter suggested DBHS consider licensing chemical free housing so that there is a standardized quality of living for individuals with substance abuse disorder.

Mr. Murphy state the Task Force should look into the cumbersome credentialing requirements private insurance companies require of Substance Abuse Provider's for reimbursement of services. Mr. Murphy requested the Bureau of Legislative Research examine who sets insurance companies credentialing standards.

Next task force meeting tentative set for October 4, 2016.

Meeting adjourned at 3:10 p.m.