

**MENTAL HEALTH COMMISSION  
MONTHLY MEETING MINUTES  
July 6, 2016 – Final**

<b>Agenda Item / Discussion</b>	<b>Action / Follow-Up</b>
<p><b>I. Call to Order / Introductions</b> Commission Chair Duane Chapman called the meeting to order at 4:30.</p> <p><u>Commissioners Present:</u> Candace Andersen, BOS Representative Greg Beckner, District IV (arrived late) Duane Chapman, District I Douglas Dunn, District III Diana MaKieve, District II Lauren Rettagliata, District II Connie Steers, District IV (arrived late) Gina Swirsding, District I (arrived late) Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u> Tess Paoli, District III Barbara Serwin, District II</p> <p><u>Other Attendees:</u> Selah Baker, NAMI Intern Guita Bahramipour, AOD Advisory Board Cynthia Belon, Behavioral Health Director Travis Curran, Crestwood Healing Center Lara DeLaney, CAO-CCC Adam Down, Behavioral Health Admin Ralph Hoffman, Contra Costa Senior Mobility Action Council Adam Hudson, Anka Behavioral Health April Langro, RI International Janet Marshall Wilson, Retired Director of Patients' Rights Enid Mendoza, CAO-CCC Victor Montoya, Chief of Psychiatric Services, CCRMC &amp; HC Jill Ray, Supv. Andersen's office Miriam Rosa, CCRMC &amp; HC Karen Shuler, MHC Executive Assistant Will Taylor, Executive Director, NAMI Robert Thigpen, Adult Family Services Coordinator Jennifer Tuipulotu, Children's Family Services Coordinator Shelly Whalon, CCRMC &amp; HC Max Wittek, NAMI intern</p>	<p>Transfer recording to computer</p> <p>Update MHC Attendance Chart</p> <p>Update MHC Database</p>
<p><b>II. Chair Announcements</b> Duane welcomed Connie Steers, Member-at-Large, District IV, to the Commission.</p>	

<p><b>III. Public Comment</b> Ralph Hoffman announced that HR 2646, Helping Families in Mental Health Crisis Act of 2015, has passed the Assembly by a 424-2 vote.</p>	
<p><b>IV. Commissioner Comments</b> Lauren stated Teresa Pasquini was present for the vote on HR 2646. Lauren expressed her appreciation for Rep. Mark DeSaulnier’s co-authoring the bill.</p>	
<p><b>V. Approval of the May 4<sup>th</sup>, 2016 Minutes.</b></p> <ul style="list-style-type: none"> <li>➤ Sam made the motion, seconded by Doug, to approve the May 4<sup>th</sup>, 2016 MHC Minutes. Commissioners discussed a few corrections that needed to be made. The motion to approve the Minutes as corrected passed unanimously by a vote of 6-0-0. Ayes (6): Candace, Duane, Doug, Diana, Lauren, Sam Nay (0) Abstain (0) Absent (5): Tess and Barbara. Greg, Connie and Gina were not present for the vote.</li> </ul>	<p>Make corrections to Minutes, mark as FINAL and post on MHC website.</p>
<p><b>VI. Report on updates on coming legislation regarding mental health issues – Lara Delaney, Senior Deputy County Administrator</b> Lara introduced herself and described what her department does to monitor legislation, determine which bills they would want to take an official position on, develop official positions on legislation that may affect the County, and make their positions and recommendations known to legislators. She also discussed similar work done by the California State Association of Counties, which promotes the interests of all 58 California counties on any legislation, and the County Behavioral Health Directors Association of California, which promotes the interests of all 58 counties on legislation concerning mental health issues, and why they might let one of those groups take the legislative lead on positions on certain bills. She invited the MHC to contact her if they were aware of any specific legislation they felt the CAO Office should act on. Discussion:</p> <ul style="list-style-type: none"> <li>• The CAO does not track positions taken by the Treatment Advocacy Center.</li> <li>• The policy on Laura's Law does not reflect the County’s pro-Laura's Law policy. It was adopted several years ago. Lara will submit a request for it to be updated on their next annual update for 2017.</li> </ul> <p><i>See attachments at the end of the Minutes:</i> <i>ATTACHMENT 1: 2016 State Platform – Contra Costa County</i> <i>ATTACHMENT 2: CSAC Bills with Active Positions – Mental Health Related</i></p>	
<p><b>VII. CPAW Appointment</b></p> <ul style="list-style-type: none"> <li>➤ Duane volunteered to be the second CPAW representative. Greg made a motion seconded by Doug to appoint Duane to represent the Commission at CPAW. He was unanimously voted in 8-0-0. Vote: Ayes (8): Candace, Greg, Duane, Doug, Diana, Lauren, Gina, Sam</li> </ul>	<p>Notify Warren Hayes and Lisa Cabral of Duane’s appointment to CPAW</p>

<p>Nay (0) Abstain (0) Absent (3): Tess and Barbara. Connie Steers arrived after the vote.</p>	
<p><b>VIII. Committee Membership Assignments</b></p> <ul style="list-style-type: none"> <li>• Karen explained the process they went through to make membership assignments for committees for the next year and the assignments they made. This may necessitate changing meeting times for some committees due to scheduling conflicts with some of the new committee members. If a new Commissioner needs to be placed on a Committee that is currently full, one of the members who also serves on another Committee may be bumped to make room. MHSA-Finance Committee: Lauren (Chair), Duane, Doug, Diana, Sam Quality of Care Committee: Barbara (Chair), Greg, Tess, Connie, Gina Justice Systems Committee: Gina (Chair), Greg, Duane</li> <li>➤ Lauren made the motion, seconded by Diana, to accept the committee assignments that were announced. The motion passed unanimously by a vote of 8-0-0. Vote: Ayes (8): Candace, Greg, Duane, Doug, Diana, Lauren, Gina, Sam Nay (0) Abstain (0) Absent (3): Tess and Barbara. Connie Steers arrived after the vote.</li> </ul>	<p>Re-do Committee Membership Form. Distribute to Commissioners.</p>
<p><b>IX. Behavioral Health Services Report</b></p> <p>Cynthia presented her report verbally to the Commission and provided the following copy to be included with the meeting Minutes.</p> <ul style="list-style-type: none"> <li>• <b><u>Family Courtyard:</u></b> The Homeless Program’s Mental Health Clinical Specialist, Jane Yoo is on-site at Family Courtyard (FC) twice a week, and the MH Housing Services Coordinator, Steve Blum, MFT is usually there 1-2 times a week with the FC Administrator. Additionally, there is a check in with the Salesian HS Principal twice a month and Steve Blum has been informed by the principal that things are significantly better than a few months ago. There is a plan to have student groups such as the choir perform at FC for the residents, with the hope that this will also combat some of the fear and stigma that exists. <p>The FC has agreed to make their staff available for training by Steve Blum, on the mental health diagnoses that are prevalent among their consumer/residents and about non-medication treatment options.</p> <p>Steve Blum has communicated with program managers to ensure that case managers are visiting their FC clients every two weeks.</p> <p>MH Forensics Program Manager, David Seidner will put Steve Blum in</p> </li></ul>	

touch with the Richmond PD MH liaison to facilitate a better relationship with FC. The county is now providing a Wellness Action and Recovery Program (WRAP) group every Monday at FC. A nurse from El Portal Clinic will be starting a medication education/compliance group.

- **Mental Health Systems (MHS) investigation:**

When we first learned about the problem associated with MHS in San Diego, the Behavioral Health Division took immediate action to consult with our County Counsel. County Counsel is currently reviewing the San Diego Auditor's Report on MHS, as well as our current contract with MHS. Additionally, our Finance Department is reviewing all of the payment demands and receipts from MHS so that the County can be proactive in identifying any issues/ concerns. Multiple volumes (binders) of receipts/ invoices from MHS have been delivered to our Finance Department. This review process has not been completed yet. County Counsel was on vacation for past 3 weeks so there have been no updates yet.

- **"No Place Like Home":**

Assembly Bill 1618, or the No Place Like Home Initiative, was passed by a two-thirds majority of the State Senate on Monday, June 27, and by a two-thirds majority of the Assembly on Thursday, June 30. The bill has been signed by the Governor to become law. Upon completion of any legal challenges advance funding will be provided to the Department of Housing and Community Development in order to establish the administrative infrastructure. Assembly Bill 1618 amends the Mental Health Services Act to divert MHSA funding from counties in order to finance a state run program that provides up to \$2 billion worth of bonds for building or rehabilitating permanent supportive housing for those who are homeless and experience mental illness. It is estimated that when fully operational Contra Costa County Behavioral Health Services will receive approximately \$2.7 million less annually for locally developed and operated mental health services and supports, or 7 percent.

- **Night Outreach to Homeless:**

As a result of the recent closure of Contra Costa Homeless Outreach, nighttime outreach services have ceased effective July 1, 2016. We hope to find a new provider for evening outreach through the Coordinated Entry RFP released June 29, 2016. All eligible applicants are encouraged to apply and we hope to have a provider selected by the end of August 2016.

- **Homeless individuals at Denny's Restaurant:**

Project HOPE continues to provide outreach services throughout the County. Denny's may contact the team at 925-435-3650. They may also encourage individuals to call 211 for referral to services.

- **ANKA funding:**

<p>Anka Behavioral Health requested for funding of \$1.2 million to provide additional beds and increase staffing at the Don Brown Antioch Shelter. While we recognize the Don Brown Antioch Shelter provides an essential service to our consumers, Anka needs to adhere to the MHSA stakeholder process which will determine priorities for funding. MHSA Manager Warren Hayes can provide clarification on how the MHSA stakeholder process works.</p> <ul style="list-style-type: none"> <li>• <b><u>Electronic Health Records for Contra Costa Behavioral Health:</u></b> Although Behavioral Health Division does not have an electronic health records system, the County Hospital and Primary Care use an electronic health records system called cLink, a product of EPIC. Over the past two and a half years, the Behavioral Health Division has been incrementally moving towards EPIC. The Behavioral Health Division has gained the following access in EPIC:             <ol style="list-style-type: none"> <li>1. Ability to receive referrals from primary care through EPIC.</li> <li>2. View CCRMC and Primary Care notes in EPIC.</li> <li>3. Update psychiatric medications and mental health diagnoses in EPIC.</li> <li>4. Mental Health Staff can communicate with primary care through in Basket email message.</li> <li>5. Full implementation of Tapestry module used at Access Unit for Network Providers and county clinic referrals.</li> </ol> </li> </ul> <p>Recently, there has been discussion about using the Cadance appointment module, an EPIC product to replace our PSP appointment system so that our appointment system is consistent with primary care. Cadance provides the ability for BH staff to see a consumer's primary care follow up appointment, allowing for better coordination of clinical care.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Lauren asked if someone has checked into whether Family Courtyard is providing the augmented services they are being paid augmented services money for, as it seems to her that the County is providing all those additional services.</li> <li>• We are going to apply for the \$150,000 technical assistance grant available through No Place Like Home.</li> <li>• The Drug Medi-Cal Waiver plan came back from CMS with very few comments, and they are making revisions to resubmit it to CMS.</li> <li>• The County reviewed a demonstration of Share Care for electronic records, which would be used for mental health and AOD, but have not made a decision on it yet.</li> <li>• Thunder Road has found a new nonprofit agency to partner with and will be able to remain open.</li> </ul>	
<p><b>X. Status of the MHC Budget White Paper Presentation for the BOS</b></p> <ul style="list-style-type: none"> <li>• The MHC Budget White Paper should be presented at the BOS on August 2. Candace outlined the path the document will take after it</li> </ul>	

<p>is presented to the Board of Supervisors. The Commission discussed the best method to present it to the BOS.</p> <ul style="list-style-type: none"> <li>• Duane requested that he be notified before the White Paper or any other documents be sent outside the County.</li> </ul>	
<p><b>XI. Committee Reports</b></p> <p>1) Application Interview Ad Hoc Committee</p> <ul style="list-style-type: none"> <li>• Michael Ward and Meghan Cullen will be interviewing with Supv. Glover soon.</li> <li>• Gina summarized Jason Tanseco’s application to the Commission.</li> </ul> <p>➤ Gina made the motion, seconded by Lauren, to recommend Jason Tanseco to Supv. Mary Piepho for an Out-of-District Family Member seat in District III. The motion passed unanimously by a vote of 9-0-0.</p> <p>Vote:</p> <p>Ayes (9): Candace, Greg, Duane, Doug, Diana, Lauren, Connie, Gina, Sam</p> <p>Nay (0)</p> <p>Abstain (0)</p> <p>Absent (2): Tess and Barbara</p> <p>2) Justice System Committee</p> <ul style="list-style-type: none"> <li>• The Committee did not meet.</li> </ul> <p>3) Quality of Care Committee</p> <ul style="list-style-type: none"> <li>• There were no action items to bring to this meeting.</li> </ul> <p>4) MHSA/Finance Committee</p> <p>➤ Lauren made a motion, seconded by Diana to have the MHC ask for current verification on what MHSA dollars have been spent on electronic health records so far and where, and also to provide current verification on what the MHSA budget forecast is to complete electronic health records implementation for the specialty mental health clinics. The motion passed unanimously by a vote of 9-0-0.</p> <p>Vote:</p> <p>Ayes (9): Candace, Greg, Duane, Doug, Diana, Lauren, Connie, Gina, Sam</p> <p>Nay (0)</p> <p>Abstain (0)</p> <p>Absent (2): Tess and Barbara</p> <p>5) Executive Committee</p> <p>Duane requested that each Committee review their Mission Statement and present it at the August MHC meeting.</p>	<p>Notify Supv. Piepho’s office of MHC recommendation.</p>
<p><b>XII. Mental Health Commission Retreat</b></p> <p>There is a proposed date of August 27, a Saturday, from 10 to 3. The suggested location is the union hall on Arnold Drive, but it has not yet been confirmed. A potluck lunch will be organized. Carole Marasov from California Local Mental Health Boards/ Commissions (CALMHB/C) will conduct a Mental Health Commission training and there will also be a</p>	

<p>section of the Retreat set aside for Team Building and to discuss the Commission’s role within the County government structure.</p>	
<p><b>XIII. Commission Representative Reports</b></p> <ol style="list-style-type: none"> <li>1) The AOD meeting had a presentation on marijuana and voted to not support the legalization of marijuana. The motion failed. They then voted to draft a letter to the Board of Supervisors asking for their support of adult use of marijuana. That motion passed.             <ol style="list-style-type: none"> <li>a. Candace felt that this was an issue that the Board of Supervisors will end up not taking a position on due to the lack of unanimity on the subject.</li> </ol> </li> <li>2) CPAW General Meeting             <ol style="list-style-type: none"> <li>a. The CPAW General meeting is tomorrow.</li> </ol> </li> <li>3) Children’s Committee             <ol style="list-style-type: none"> <li>a. The Children’s Committee discussed supporting a letter or writing their own letter to support CPAW and management above CPAW to support opening 4D for a children’s mental health ward. In August, they will be discussing housing for families who have children with mental health issues and what MHSA dollars will be involved with that.</li> <li>b. The Children’s Committee suggested that we also come to their Quality of Care meetings.</li> </ol> </li> <li>4) Housing Committee             <ol style="list-style-type: none"> <li>a. The Housing Committee discussed issues concerning No Place Like Home that have since been resolved.</li> </ol> </li> </ol>	
<p><b>XIV. Adjourn Meeting</b> The meeting was adjourned at 6:00 pm.</p>	

Respectfully submitted,  
 Karen Shuler, Executive Assistant  
 Contra Costa County Mental Health Commission

**ATTACHMENT 1**

**2016 State Platform – Contra Costa County**

**Priority 4: Realignment Implementation....** Finally, the County also supports more funding for mental health and behavioral health programs and facilities in order to meet the requirements of Realignment and the goal of reducing recidivism.

40. SUPPORT efforts to ensure that Contra Costa County receives its fair share of State allocations, including mental health funding under Proposition 63 and pass-through of federal funds for anti-terrorism and homeland security measures. *The State utilizes a variety of methods to allocate funds among counties, at times detrimental to Contra Costa County.*

61. SUPPORT efforts that provide sufficient time for detailed data gathering of current safety funding in the system and the impact of any redirection of funds on remaining county responsibilities. *The interconnectedness of county indigent health funding to public health, correctional health, mental health, alcohol and drug services and social services must be fully understood and accounted for in order to protect, and enhance as appropriate, funding for these related services.*

108. SUPPORT efforts to extend family stabilization mental health/substance abuse funding to include all family members. *Current law only funds services for adult Welfare to Work participants.*

131. SUPPORT continued and improved funding for substance abuse treatment and mental health services including those that provide alternatives to incarceration and Laura's Law.



## ATTACHMENT 2

<b>CSAC Bills with Active Positions – <i>Mental Health Related</i></b>
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**AB 59 (Waldron R) Mental health services: assisted outpatient treatment.****Current Text:** Amended: 3/28/2016 [pdf](#) [html](#)**Location:** 6/28/2016-S. THIRD READING

**Summary:** Under the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client-directed and employ psycho-social rehabilitation and recovery principles. Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Local Revenue Fund and the Mental Health Services Fund when included in a county plan, as specified. This bill would extend the operation of the program until January 1, 2022.

**CSAC Position:** Support**AB 168 (Maienschein R) Mental health: community-based services.****Current Text:** Amended: 6/20/2016 [pdf](#) [html](#)**Location:** 6/30/2016-S. APPR.**Calendar:**

8/1/2016 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

**Summary:** The Protecting Access to Medicare Act of 2014, requires the United States Secretary of Health and Human Services to, among other things, no later than September 1, 2017, select from among those states awarded a planning grant, the states that may participate in a time-limited demonstration program that is designed to improve access to community mental health and substance use treatment services provided by certified community behavioral health clinics. Current law requires the State Department of Health Care Services to develop a proposal for the United States Secretary of Health and Human Services to be selected as a participating state in this time-limited demonstration program, as specified. This bill would require the department to submit a report to the Legislature by March 1, 2017, to include specified information if the state is selected as a participating state in this time-limited demonstration program.

**CSAC Position:** Neutral**AB 1300 (Ridley-Thomas D) Mental health: involuntary commitment.****Current Text:** Amended: 6/21/2016 [pdf](#) [html](#)**Location:** 6/30/2016-S. RLS.

**Summary:** Under current law, when a person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation. This bill would authorize a non-designated emergency physician or psychiatric professional, upon probable cause, to take the person into custody for a period of up to 72 hours for the purpose of obtaining evaluation and treatment from a designated professional person or to arrange the transfer of the person to a designated facility.

**CSAC Position:** Dropped Opposition/Neutral**AB 1644 (Bonta D) School-based early mental health intervention and prevention services.****Current Text:** Amended: 5/27/2016 [pdf](#) [html](#)**Location:** 6/29/2016-S. APPR.**Calendar:**

8/1/2016 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair

**Summary:** Would rename the School-Based Early Mental Health Intervention and Prevention Services for Children Act of 1991 the Healing from Early Adversity to Level the Impact (HEAL) of Trauma in Schools Act or the HEAL Trauma in Schools Act. The bill would expand the definition of an eligible pupil to include a pupil who attends a preschool program at a contracting agency of the California state preschool program or a local educational agency, and a pupil who is in transitional kindergarten, thereby extending the application of the act to those persons. The bill would also include charter schools in the definition of local educational agency, thereby extending the application of the act to those entities.

**CSAC Position:** Support in Concept

**SB 846 (Committee on Budget and Fiscal Review) No Place Like Home Program: establishment.**

**Current Text:** Amended: 6/14/2016 [pdf](#) [html](#)

**Location:** 6/15/2016-A. THIRD READING

**Summary:**

Would establish the No Place Like Home Program, to be administered by the Department of Housing and Community Development. The bill would require the department to award \$2,000,000,000 through a competitive program among counties to finance capital costs, including, but not limited to, acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for the target population, as specified. The bill would further require the department to allocate \$1,800,000 to a competitive program, as specified, and would require that applicants meet specified requirements to be eligible to apply for funding and would require the department to evaluate applications using specified criteria. The bill would require the department to award moneys in four rounds, as provided. The bill would require the department to allocate \$200,000,000 among all counties within this state based on a calculation that includes, among other considerations, the numbers of homeless persons residing in each county. The bill would establish, and continuously appropriate, the No Place Like Home Fund for these purposes. The bill would also appropriate \$6,200,000 from the Mental Health Services Fund to the department to provide technical and application preparation assistance to counties. The bill would require counties to annually report to the department on activities funded under these provisions, as provided. This bill contains other related provisions and other existing laws.

**CSAC Position:** Support

**SB 938 (Jackson D) Conservatorships: psychotropic medications.**

**Current Text:** Amended: 6/29/2016 [pdf](#) [html](#)

**Location:** 6/29/2016-A. APPR.

**Summary:** Current law authorizes a conservator to place a conservatee in a secured perimeter residential care facility for the elderly, as specified, or to authorize the administration of certain prescribed medications upon a court's finding that among other things, the conservatee has dementia and a functional impairment. Current law requires certain findings to be made by the court for each type of authority sought by the conservator and requires a petition for authority to be supported by a declaration of a licensed physician or psychologist, as specified, regarding these findings. This bill would replace references to the term dementia in these provisions with major neurocognitive disorders (MNCDS), as defined.

**CSAC Position:** Pending

**SB 1113 (Beall D) Pupil health: mental health.**

**Current Text:** Amended: 6/23/2016 [pdf](#) [html](#)

**Location:** 6/23/2016-A. APPR.

**Summary:** Would specifically authorize a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership that includes, among other things, an agreement between the county mental health plan, or the qualified provider, and the local educational agency that establishes a Medi-Cal mental health provider that is county operated or county contracted for the provision of mental health services to pupils of the local educational agency and in which there are provisions

for the delivery of campus-based mental health services through qualified providers or qualified professionals to provide on-campus support to identify pupils not in special education who a teacher believes may require those services and, with parental consent, to provide mental health services to those pupils.

**CSAC Position:** Pending

**[SB 1273](#) ([Moorlach R](#)) **Crisis stabilization units: funding.****

**Current Text:** Amended: 6/30/2016 [pdf](#) [html](#)

**Location:** 6/30/2016-A. SECOND READING

**Summary:** The Mental Health Services Act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services, to fund specified county mental health programs, including programs funded under the Adult and Older Adult Mental Health System of Care Act. Current law prohibits these funds from being used to pay for persons incarcerated in state prison or parolees from state prisons. This bill would clarify that the counties may use Mental Health Services Fund moneys to provide voluntary outpatient crisis stabilization services to individuals, even when individuals who are receiving involuntary services are treated at the same facility.

**CSAC Position:** Support

**[SB 1291](#) ([Beall D](#)) **Medi-Cal: specialty mental health: children and youth.****

**Current Text:** Amended: 6/27/2016 [pdf](#) [html](#)

**Location:** 6/27/2016-A. APPR.

**Summary:** Would require each mental health plan, annually on or before July 1 of each year, to submit a foster care mental health service plan to the State Department of Health Care Services detailing the service array, from prevention to crisis services, available to Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families. This bill contains other related provisions.

**CSAC Position:** Pending

**[SB 1335](#) ([Mitchell D](#)) **Med-Cal benefits: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services.****

**Current Text:** Amended: 4/20/2016 [pdf](#) [html](#)

**Location:** 6/22/2016-A. APPR.

**Summary:** Would authorize FQHCs and RHCs to elect to provide Drug Medi-Cal and to receive reimbursement for those services pursuant to the terms of a contract or contracts mutually agreed upon by the FQHC or RHC and the county or the State Department of Health Care Services, pursuant to specified requirements. The bill also would authorize FQHCs and RHCs to elect to provide specialty mental health services and to receive reimbursement for those services pursuant to the terms of a contract or contracts mutually agreed upon by the FQHC or RHC and mental health plans that contract with the state.

**CSAC Position:** Support in Concept

**[SB 1466](#) ([Mitchell D](#)) **Early & Periodic Screening, Diagnosis, & Treatment Program: trauma screening.****

**Current Text:** Amended: 5/31/2016 [pdf](#) [html](#)

**Location:** 6/29/2016-A. APPR.

**Summary:** In addition to the required periodic screening services, current federal law provides that Medicaid-eligible children are entitled to interperiodic screenings in order to identify a suspected illness or condition not present or discovered during the periodic examination. This bill would require, consistent with federal law, those screening services under the EPSDT program to include screening for trauma, as defined by the bill. The bill would require that any child who is removed from the custody or care of his or her parent or legal guardian, as specified, be assessed by the county mental health plan for specialty mental health services. This bill contains other existing laws.

**CSAC Position:** Concerns