

January 22, 2019

The Honorable Joaquin Arambula
Chair, Assembly Budget Subcommittee 1
Room 6026, California State Capitol
Sacramento, CA 95814

The Honorable Richard Pan
Chair, Senate Budget Subcommittee 3
Room 5019, California State Capitol
Sacramento, CA 95814

Jennifer Kent, Director
Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

RE: Assembly Bill 340 (2017) Trauma Screening Workgroup Recommendations

Dear Assemblymember Arambula, Senator Pan, and Director Kent:

Assembly Bill 340 (Statutes of 2017, Arambula) required the Department of Health Care Services (DHCS), in consultation with the California Department of Social Services (CDSS) and others, to convene, by May 1, 2018, an advisory working group to update, amend, or develop, if appropriate, tools and protocols for screening children for trauma as defined, within the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, as specified. The workgroup is required to report its findings and recommendations to DHCS and the Legislative budget subcommittees on health and human services not later than May 1, 2019.

Between April and November 2018, the AB 340 Workgroup convened four times. The workgroup discussed a variety of elements necessary to develop recommendations for DHCS in implementing an effective trauma-screening tool. The workgroup explored the following topics: key differences between screenings and assessments, various types of exposures tools that either assess or screen for trauma exposure, as well as review tools currently in use by state programs. This letter contains the findings and recommendations of the workgroup, in compliance with AB 340.

Findings and Recommendation

Our evaluation and recommendations were guided by common workgroup goals and criteria developed by the workgroup. Specifically, the workgroup identified these goals, which were used in evaluating the options for improving trauma screenings in Medi-Cal:

- Feasibility for use in pediatric primary care
- Acceptance by parents and caregivers
- A means for documenting screening completion (“z” code)
- Inclusive, at a minimum, of these categories of trauma experience:
 - Child Abuse
 - Child Neglect
 - Household Dysfunction
 - Other Potentially Traumatic Events and Social Determinants of Disease
 - Major Stressful Events
 - Community Violence
 - Discrimination
 - Poverty

The AB 340 Workgroup recommends to DHCS that Medi-Cal providers be given the following three options for screening pediatric populations (children and youth under the age of 21) for exposure to trauma:

- (1) Utilize the Bay Area Research Consortium on Toxic Stress and Health (BARC) screening tool, called PEARLS, alongside the existing state-required Staying Healthy Assessment (SHA), Bright Futures, or another state-approved Individual Health Education Behavior Assessment (IHEBA) to improve screening for trauma in children, and examine formal integration of this tool within the SHA.
- (2) Use the Whole Child Assessment (WCA), an existing State-approved IHEBA that incorporates screening for exposure to trauma along with required elements of the SHA.
- (3) Request approval from DHCS to use an alternative tool to screen for trauma that includes, at a minimum, all of the items contained in the PEARLS tool.

The SHA is DHCS’ IHEBA. It is available in English and all Medi-Cal threshold languages. Plan providers are required to use and administer the SHA to all Medi-Cal beneficiaries as part of the Initial Health Assessment (IHA) and periodically re-administer it according to contract requirements.

The workgroup proposes a two-step process for improving trauma screenings. First, we recommend that DHCS include the PEARLS tool as a complementary screening component along with the existing Staying Healthy Assessment (SHA), Bright Futures, or another approved IHEBA to improve trauma-screening practices immediately. This

can be done administratively without further action of the Legislature. The PEARLS tool best meets all the goals the workgroup identified and can be implemented immediately.

Second, we recommend that DHCS explore if the SHA should be amended to incorporate the PEARLS tool questions into a single assessment tool. This would require a review of cost and the validation process in order for a revised tool to be developed. The PEARLS tool is available in two age groups (0-12 y/o) and (12-19 y/o). The SHA consists of seven age-specific pediatric questionnaires and two adult questionnaires. In order to incorporate the PEARLS tool into the SHA, there should be consideration of how to best align the tools to reduce duplicative items, scoring, and whether further adjustments are needed by the SHA age group designations. We recommend that DHCS evaluate the potential for integrating these tools as part of its ongoing or planned administrative reviews. We further recommend that the Legislature consider a fiscal appropriation to DHCS for the purpose of integrating these two tools into a single, validated tool.

If the PEARLS tool is incorporated into the SHA, the AB 340 Workgroup recommends that any future version of the SHA include trauma-screening questions that have been evaluated for both biometric and psychometric properties. The PEARLS is easy to implement in diverse pediatric care settings, addresses the various categories of trauma exposure the workgroup has agreed on, and is accepted by both parent/caregivers and providers. By incorporating the PEARLS questions into the SHA, DHCS would be able to utilize a process that has already been developed and would not need to roll out an additional screening tool for providers to implement. Additionally, as is customary practice with the SHA, to the extent that an entity would like to utilize a different screening or assessment tool, they may submit a request to DHCS for approval.

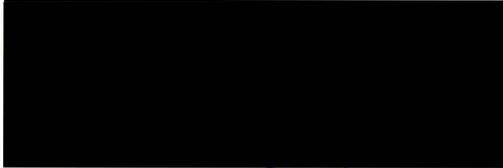
Coinciding with the implementation of PEARLS, we recommend that DHCS consider compliance monitoring through the use of a designated CPT code, coupled with provider training to ensure the success and sustainability of the universal trauma screening.

In the course of evaluating various screening tools, we felt that the trauma-screening portion of the Whole Child Assessment was thorough and would be an improvement over current practices. Because this is a comprehensive and integrated assessment, we did not evaluate or consider the other components of the tool because the legislative mandate of AB 340 restricts our review to trauma screening protocols. We recommend that to the extent the WCA remains an approved IHEBA, DHCS retain it an available option for providers to use as an alternative to SHA + PEARLS.

Finally, the AB 340 workgroup had multiple discussions about the importance of also screening for and addressing ACEs of the adults in the Medi-Cal system and the intergenerational impact their trauma has on today's children. We encourage the Legislature to explore systems that support trauma screening for adults in the future.

Thank you for the opportunity to provide these recommendations on such an important issue. We believe this critical first step will help improve the lives of millions of Californians who have experienced trauma. Please do not hesitate to contact me at (415) 999-7932 or john@safeandjust.org if you have any questions.

Sincerely,



John J. Bauters
On Behalf of the AB 340 Workgroup

CC: Asm. Jim Frazier
Asm. Devon Mathis
Asm. Jim Patterson
Asm. James Ramos
Asm. Blanca Rubio
Asm. Jim Wood
Asm. Eloise Gomez Reyes (Chair, Asm. Human Services)
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