



March 20, 2019

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Jennifer Kent, Director
Department of Health Care Services
1500 Capitol Avenue
Sacramento, California 95814

RE: Value Based Payment (VBP) Program and Trauma Screening Proposals in the Governor's Budget

Dear Director Kent,

On behalf of the California School-Based Health Alliance, I am writing to submit comments on proposals in the Governor's budget relating to the Value Based Payment (VBP) program and trauma screening. We appreciate the opportunity to work with the Department of Health Care Services (DHCS) in this important effort and offer comments on the state's various proposals.

Our organization is committed to reducing barriers to health care access and increasing preventive health services that can mitigate some of the chronic diseases that Proposition 56 intends to tackle. We represent more than 270 school-based health centers (SBHCs) in California that offer access to health services for 267,000 children and adolescents. SBHCs are community clinics on or near K-12 school campuses that provide an array of physical health, mental health, substance use, and dental services. SBHC users are more likely to have yearly dental and medical check-ups and are less likely to go to the Emergency Room or be hospitalized. Because they are a critical component of the safety net, we want to ensure that SBHCs and the children and adolescents they serve are considered in these proposals.

VBP Program Proposal

Include Community Health Centers (CHCs) as eligible providers.
We understand that the overall goals of the VBP are to improve quality and lower costs – all aims which we support. As CHCs serve over 4 million Medi-Cal beneficiaries, they are a critical group of providers to participate in this program, but unfortunately, in discussions with DHCS, the state is not allowing CHCs to participate

in this specific program, arguing that these dollars come from Prop 56 monies that were intended to target non-FQHC providers.

Excluding Medi-Cal beneficiaries served by FQHCs, which constitute one-third of the Medi-Cal population, will dilute the potential impact and effectiveness of the state's investment. Excluding CHCs that are legally allowed to participate in incentive arrangements does not serve the larger goals of the Administration or the Medi-Cal program, which are to improve quality and lower costs. For these reasons, the California School-Based Health Alliance **recommends that all Medi-Cal providers, including CHCs, be eligible providers for the VBP program** so that all eligible Medi-Cal beneficiaries can benefit from the added services and supports.

Include measures that focus on improving care for adolescents.

Only two proposed measures include adolescents in the targeted population (screening for clinical depression and control of persistent asthma). The rapid neurological, biological, and social changes that occur during adolescence build the foundations for lifelong wellbeing. Positive and negative behaviors that begin during this important developmental period can last a lifetime and become costly conditions. For example, 90 percent of American adults who meet the clinical criteria for a substance use disorder began smoking, drinking, or using other drugs before the age of 18. Investing early in health care at this age can prevent high cost disorders and health conditions later in life. **We recommend adding other measures such as adolescent well care visits, weight assessment and counseling, and including patients younger than 18 in the tobacco and alcohol screen.** This would align with the inclusion of substance use screening for patients 12 and older in Bright Futures. We are very supportive of the measures that focus on behavioral health access including depression screen and co-location of primary care and behavioral health services.

Trauma Screenings Proposal

We are in full support of the budget proposal to expand trauma screenings for children and adults. Our school-based providers have been implementing trauma screens in school settings for the past five years and have significant experience understanding the implementation challenges and the scope and impact of traumatic events that their young patients experience.

We are concerned with the promotion of a single tool to screen for trauma. In our experience, different tools are appropriate for different communities. Additionally, the BARC tool screens for *experiences* of trauma, as opposed to *symptomatology associated with* experiences of trauma. In some of the school communities served by our SBHCs, a staggering majority of patients have experiences of trauma. For our providers, it can be unethical to unearth experiences of trauma through a screening tool without an adequate network of available resources, such as behavioral health practitioners, where they can refer patients. **We recommend allowing some flexibility in tool selection so that providers may select the appropriate tool for their setting and the communities they serve.**

Thank you again for the opportunity to comment on the proposals. The California School-Based Health Alliance looks forward to working with the Department and others to successfully implement these proposals in California. If you have any questions, please do not hesitate to contact Lisa Eisenberg, Policy Director at leisenberg@schoolhealthcenters.org or 510-268-1033.

Sincerely,

Tracy Macdonald Mendez, MPP, MPH
Executive Director
California School-Based Health Alliance