

Better Health for All



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Jennifer Kent, Director
California Department of Health Care Services
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P.O. Box 997413 Sacramento, CA 95899-7413

Via Email: DHCS_PMMB@dhcs.ca.gov

RE: Proposition 56 Developmental and Trauma Screenings Proposal

Dear Director Kent:

Thank you for the opportunity to submit comments on the Department of Health Care Service's (DHCS) draft Developmental and Trauma Screenings proposal. We appreciate the Governor's and the Department's investment and attention on developmental and trauma screenings as a way of supporting healthy development of children and promoting early identification and treatment of adverse childhood experiences. Investments like these are both important and critical to addressing issues as upstream as possible to promote the long-term health and well-being of children and adults.

The County of Santa Clara Health System is our local healthcare safety net and provider of comprehensive care, services, and programs to the residents of our county comprising of 6 departments, including Santa Clara Valley Medical Center: Hospital and Clinics (SCVMC) and the Behavioral Health Services Department. SCVMC is the backbone safety net hospital and clinic system servicing nearly 180,000 delegated and assigned lives in Santa Clara County. Last year, we provided about 804,000 outpatient visits and nearly 25,000 admissions through our 574 bed hospital and 11 clinics located in neighborhoods throughout the County. In FY2018, our system served close to 125,000 Medi-Cal patients and 17,000 uninsured inpatient and outpatient clinic patients were seen or treated at SCVMC. With the addition of O'Connor and St. Louise hospitals, the County of Santa Clara's Health System will have 3 hospitals, 980 acute beds, 45 SNF beds and 12 health centers, providing better access to services for residents across the County.

Our Health System is committed to improving the health and well-being of the communities we serve. A special emphasis has been placed on children, as demonstrated through the Whole Child Program, which is piloting cross-departmental and cross-system strategies to make progress these indicators: Every Child Safe, Every Child Healthy and Every Child Successful. In so doing, the County Health System sees the opportunity to move upstream and begin addressing adverse childhood impacts with the goal to mitigate long-term negative health issues. Universal developmental screening is just one example of initiatives the County Health System has been working to expand.

The Governor's budget proposes supplemental payments to improve the rate of developmental screenings, proposing that \$53 million in Proposition 56 funding be used to expand physician screenings for (1) appropriate childhood development and (2) early identification of trauma; Funding of \$30 million

for developmental screenings and \$23 million is for trauma screenings would provide for a \$60 supplemental payment for each developmental screening and either a \$6.50 or a \$23 supplemental payment for each trauma screening for children and adults in the Medi-Cal program. The County of Santa Clara Health System appreciates and supports the Governor's and DHCS's efforts to ensure early and consistent screening and early intervention to assure that children in California have access to services that help them thrive. We are encouraged by this proposal and its potential to address root issues that can change the future of and trajectory of our most vulnerable youth.

In partnership with our local FIRST 5 organization, we are pleased to support the proposal for Developmental and Trauma Screenings and respectfully provide the following comments on the current draft:

- **We recommend that Managed Care Organizations/Plans and providers coordinate with their local First 5 organization and Behavioral Health Services Departments** to ensure a systemic approach to trauma screening, assessment, and early intervention services.
- **Target Population (Children Prenatal through Age 5 and Their Families)--Systemic Approach to Screening with Connection to Early Intervention Services:** This proposal should encourage a systemic approach and encourage all providers who conduct trauma screenings with children under age 6 and their families to partner with their local First 5 organization to leverage existing developmental and behavioral health resources and connect children and families to a system of care when possible.
- **Tool—Comprehensive Trauma, Developmental and Behavioral Health Screening.**
 - The trauma screening tool should be a complement (and not as a replacement) to developmental screening tools used by pediatricians during well-child visits, such as the Ages and Stages Questionnaires-3rd Edition and Ages and Stages Questionnaires: Social-Emotional-Second Edition. There should be consideration for a screening tool that is age appropriate and easy to administer along with guidelines on next steps if a child flags for concerns.
 - The trauma screening tool to be used should be one that is validated and a tool where impact has been assessed and understood.
- **Frequency--Comprehensive Developmental and Behavioral Screenings during Well-Child Visits:** Trauma screenings for children should begin as early as possible, starting with pregnant women during their prenatal visits. In addition, trauma screenings should be conducted at minimum during well-child visits with pediatricians to ensure that trauma is identified in children as early as possible (versus screening every three years) and with the encouragement of screening at sick visits if a family does not regularly attend well child visits. In addition, trauma screenings conducted during visits will support a comprehensive approach to developmental and behavioral health screenings and assessments with connection to early interventions services.
- **Coordinated Workforce/Professional Development:** Managed Care Organizations/Plans should partner with their local First 5 organization and Behavioral Health Services Department to coordinate, leverage and streamline trauma screening trainings. In addition, this training should provide information on how to connect children identified with traumatic experiences to an early intervention system of care.

- **Considerations/Questions:**

- If funding is available for 3 years, what is the expectation on sustainability
- Will the consideration, once implemented, that the trauma screening tool decided upon be administered on existing and new clients or just new client? And in which Managed Care Organization/Plan?

Thank you for your consideration and support. Please contact Amy Carta, Director of the Office of Government Affairs, Public Information and Special Projects at Amy.Carta@hhs.sccgov.org or (408) 885-4551 if you or your staff have any questions.

Sincerely,

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