



March 22, 2019

Sarah Brooks, Deputy Director
Division of Health Care Delivery Systems
Department of Health Care Services
1500 Capitol Ave.
Sacramento, CA 95814
Via email: DHCS_PMMB@dhcs.ca.gov

RE: Comments on Proposition 56 Trauma Screening Proposal

Dear Director Brooks:

Thank you for the opportunity to submit comments on the Proposition 56 Trauma Screenings proposal. We thank the Department of Healthcare Services (DHCS) for their investment of \$45 million to support childhood trauma screenings for all children and adults with full-scope Medi-Cal. The undersigned organizations believe the early detection of trauma is an essential first step to preventing and addressing its long-term health impacts.

We also applaud Governor Newsom's decision to establish the position of the California Surgeon General that is focused on a comprehensive approach to addressing health risks and challenges, including identifying the root causes of childhood trauma. The California Surgeon General should use their position to ensure our state's investments prevent disparities in communities of color.

Comments

We urge DHCS to monitor Proposition 56 trauma screenings impact on referrals and linkages to healthcare, mental health care, and other services. The goal of Proposition 56 trauma screenings should be to get the right type of healthcare- preventative or otherwise- to Medi-Cal beneficiaries who are at risk of or experiencing the negative health outcomes of childhood trauma. We urge DHCS to work with the Department of Managed Healthcare (DMHC) and local mental health plans to monitor the impact of Proposition 56 trauma screenings on the use of health and mental health services. One example is for DHCS to monitor the correlation between Proposition 56 trauma screening's designated CPT code 96160 and other CPT codes related to referrals and linkages to healthcare, mental health care, and other services that help prevent and treat the negative health outcomes of childhood trauma.

We urge DHCS to provide guidance to providers on the role of screenings as a compliment or pathway to a comprehensive assessment of the family, including the identification of protective factors and community supports. We ask DHCS offer trainings- standalone or in partnership with other state entities- on the culturally and linguistically appropriate use of Proposition 56 trauma screenings. It is essential that providers are trained to identify protective factors within the screening tools that can be used to mitigate the impact of trauma. It is crucial providers who serve hard-to-reach, Limited English Proficient (LEP), or other disenfranchised populations receive basic information and training on the safe and equitable use of proposition 56 trauma screenings. All Medi-Cal recipients, regardless of these barriers, should have an equitable opportunity to be screened and referred to services.



We urge DHCS to work closely with the Department of Social Services to monitor Proposition 56 trauma screenings impact on children of color. We are concerned about unintended consequences of Proposition 56 trauma screenings on children of color and the reproduction of racial disparities in the child welfare system. Certain racial and ethnic populations- specifically African-Americans and Native Americans- are disproportionately represented in the child welfare system.¹ For example, although Black children only make up 7% of the entire state of California’s population, they make up 23.8% of the total number of children in child welfare.² Poor translations, implicit bias, and racist stereotypes impact trust between providers and communities of color, increasing the risk of unreliable screenings and, even worse, unreliable referrals to involuntary detention of children of color in the child welfare system.

We recommend DHCS ensure all trauma screening tool translations are plain, simple and culturally appropriate. We are thankful to Assembly 340 Trauma Screening Workgroup for their trauma screening tool recommendations. However, we are concerned about the risk for poor translation. Screening tools are not always culturally sensitive to the diverse Medi-Cal population. For example, some translated materials leave certain terms in English. Some translations are literal, but not understandable. Is the PEARLS screening tool translated into all threshold languages? Is the Adverse Childhood Experiences (ACES) translated into all threshold languages? Have the translated materials undergone field testing?

Finally, we recommend DHCS release preliminary findings of an evaluation of Proposition 56 trauma screenings after one year of implementation that gives special attention to outcomes among communities of color and other underserved populations.

Conclusion

Communities of color comprise the majority of the state’s population. At least one in three Medi-Cal beneficiaries speaks a language other than English as their primary language. California cannot miss this great opportunity to prevent, intervene and treat early childhood trauma among Medi-Cal beneficiaries. We urge the Department of Healthcare Services to adopt the above recommendations to ensure the maximum and equitable implementation of Proposition 56 trauma screenings among all of California’s Medi-Cal beneficiaries. Please contact Carolina Valle at cvalle@cpehn.org with any questions.

Sincerely,

Carolina Valle, Policy Manager, CPEHN
Doretha Williams-Flournoy, President & CEO, California Black Health Network
Sammy A. Nunez, Executive Director, Fathers & Families of San Joaquin

¹ “Racial Disproportionality and Disparity in Child Welfare,” Child Welfare Information Gateway, November, 2016. https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf

² California Child Welfare Indicators Project, 2018