

March 22, 2019

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

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

Dear Ms. Kent:

On behalf The Children's Clinic, Serving Children & Their Families (TCC), we were pleased to see the Prop 56 Trauma Screening document released in February of this year. We are submitting comments on your proposal on the Value Based Payment (VBP) program, developmental screening 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.

TCC has served the most vulnerable children and families in the greater Long Beach area for almost 80 years. Last year we served 40,000 patients and provided 130,000 visits. The vast majority are Medi-Cal recipients.

We know that examining patients and prescribing medication is not enough to improve the health and well-being of our families. Identifying trauma and adversity not only in the home but in the community can have immediate effects on our families lives and long lasting effects well into adulthood.

In 2013, we were awarded a grant to pilot a program to become a **Trauma Informed Organization**, certified by **National Council of Behavioral Health**, and to screen families of children from 0 to 4 years of age for not only trauma, but social determinants of health and protective factors such as social supports.

We learned a great deal through this and have shared our knowledge through training and presentation throughout our community and beyond.

Our comments are as follows:

1. Screening

We are very much in favor of screening of children and adults with appropriate tools. Adding questions to existing required and implemented screening tools such as Staying Healthy Assessment would be preferable.

2. Education & Preparation

However, to do a screening properly and "do no harm", we must <u>educate and prepare our staff</u>, both medical practitioners and all those working in the clinical space. This training should be



based on the Substance Abuse Mental Health Services Administration's (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach. Screening for trauma and hearing results can be traumatizing for staff especially if they have experienced their own trauma. We need to combat burnout and compassion fatigue.

3. Training & Referral

Once at risk patients are identified, we must train our staff to respond in an empathetic and non-judgmental way and refer to appropriate resources both internally and externally to our health center system.

4. Supplemental Payment

Supplemental payment for the increased cost of screening and educating must be available to <u>all</u> medical providers including FQHC's such as ours. The Value Based Payment, the Prop 56 Incentive Programs that are intended to help ensure high quality care for Medi-Cal patients. Health centers are critical Medi-Cal providers and as such should be allowed and encouraged to participate in these incentive programs.

We know from our pilot experience how many resources are required to do this important work properly. Costs include increased staff time and resources for training and education, increased time to perform the screening and increased staff time to respond appropriately to the issues identified.

We would be happy to discuss our experience further with you in the future. Thank you for addressing these important issues.

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