DEPARTMENT OF HEALTH CARE SERVICES
DEPARTMENT OF SOCIAL SERVICES
AB 340 TRAUMA SCREENING ADVISORY WORKGROUP
April 20, 2018 Meeting
10am – 1pm

MEETING SUMMARY

Attendance

Members Attending: Debbie Manners, Hathaway-Sycamores; Dr. Ariane Marie-Mitchell, Loma Linda University; Dr. Brent Crandal, Rady Children's Hospital in San Diego; Dr. Dayna Long, UCSF Benioff Children's Hospital; Dr. Robert Pynoos, The National Child Traumatic Stress Network and UCLA School of Medicine; Dr. Robert Riewerts, Southern California Permanente Medical Group; Dr. Susan Coats, California Association of School Psychologists; Esther Franco, Fresno Council on Child Abuse Prevention; John Bauters, Californians for Safety and Justice; Frank Mecca, County Welfare Director's Association; Kirsten Barlow, County Behavioral Health Directors Association of California; Lynn Thull, California Alliance for Children and Family Services; Terri Fields Hosler, Shasta County Health & Human Services Agency, Michael Odeh for Lishaun Francis, Children Now; and Maheen Ahmed, Assemblymember Arambula's Office; Susan Holt for Dawan Utecht, County of Fresno

Members not Attending: Shronda Givens, Tessie Cleveland Community Services Corp.

Members Attending by Phone: Dr. Charlie Sophy, Los Angeles County Department of Children and Family Services; Dr. Sara Marques, Center for Youth Wellness; and Kimberly Lewis, National Health Law Program.

DHCS Staff: Jennifer Kent, Erika Cristo, Dr. Elizabeth Albers, Dr. Ethan Bregman, Tara Zimonjic, and Angeli Lee

CDSS Staff: Will Lightbourne, Greg Rose, Mary Sheppard, and Sarah Rogers

Public in Attendance: 15 members of the public attended.

Welcome and Introductions
Jennifer Kent, DHCS Director

Director Kent welcomed workgroup members, state representatives, and the public, and she facilitated introductions. AB 340 workgroup meetings expectations:

- Meeting notes and follow-up materials will be provided for each meeting.
- Workgroup members are expected to be active participants.
- Going forward, we will solicit input and feedback from workgroup members in finalizing agendas prior to each meeting.

AB 340 Provisions and Workgroup Goals/Objectives
John Bauters, Californians for Safety and Justice, provided some background on the intent behind AB 340. As sponsors of the bill, they found that childhood trauma was a common theme among many children involved with the juvenile justice system. This bill was created as a way to develop tools to identify children who have been through trauma and connect them with services prior to them becoming involved with the criminal justice system.

Director Kent provided background information on Medi-Cal and its various programs and initiatives. Some of DHCS' programs she covered include: the Fee For Service, Managed Care, County Mental Health, Drug Medi Cal-Organized Delivery System, Dental, and California Children's Services. Beneficiaries may receive services through different methodologies depending on their health conditions or eligibility status.

In particular, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need and diagnosis; treatment services are provided. EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services. "Screening" is in the title so it may be focusing on upstream interventions.

Overall, the AB 340 bill provisions are open-ended and gives the workgroup the opportunity to report findings and provide recommendations to DHCS or the Legislature.

Workgroup Member Comments:

- Will the workgroup screen for evidence of trauma, or identify specific biological consequences that come about as a result of trauma?
- There are tools that can be considered as both screenings and assessments while there are also distinct differences.
- Create tools that are age-appropriate, upstream interventions and that are tied to some sort of intervention.

- Importance of developing a common language across different tools, as well as a common definition for trauma.
    - Depending on the definition of trauma, tools should capture a variety of circumstances (i.e. loss, car accidents, etc.).
- Determine if this workgroup will develop tools that are “symptomatic” screenings (i.e. screening children who are presenting certain behaviors) or “asymptomatic” screenings (i.e. screening children for trauma, regardless of any manifestations).

Current Trauma Screening Assessment Tools and Efforts
Dr. Lisa Albers, DHCS, presented on the Medi-Cal Managed Care Screening Tools

Presentation slides:
http://www.dhcs.ca.gov/provgovpart/Documents/AB340/AB340MediCalManagedCareScreeningTools.pdf

DHCS requires plans to implement the Initial Health Assessment (IHA) and Individual Health Education Behavior Assessment (IHEBA). DHCS’ version of the IHEBA is the Staying Healthy Assessment (SHA). Health plans have 120 days from enrolling a new beneficiary to complete the IHA and IHEBA. These screening tools were developed about 10 years ago.

The SHA includes trauma screening prompts that may lead to further screenings. Current subtopics that may be of interest to the workgroup include: exposure to violence, intimate partner violence and/or domestic violence, unwanted sexual contact, drug and/or alcohol screening/assessment, and social determinants of health.

The SHA is currently being updated. The updated version will include questions regarding violence and sexual health. Once it has been approved it will be shared out for stakeholder comment. Providers are required to do the assessment as predicated by medical necessity, not necessarily within the American Academy of Pediatrics (AAP) periodicity schedule. As a follow-up, DHCS’ findings from developmental screenings will be shared with the workgroup.

The SHA is available online at:
http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx.

Mary Sheppard, CDSS, presented on the CDSS Trauma-Informed System of Care

Presentation material:
http://www.dhcs.ca.gov/provgovpart/Documents/AB340/CDSSOverviewTICDeliverables.pdf

Katie A. Settlement started the process in CDSS to address care of children through a trauma-informed lens. This was a new way to look at children holistically, and it is part of the continuum of care reform. Many are using the CANS tool.

A trauma-informed approach is reforming training efforts, embedding screening and assessments as a part of the training, and informing the practice of social work. Developing a trauma-informed system also includes standardizing the definition of trauma.

CANS Trauma Screening Module in San Bernardino County
Timothy E. Hougen, Ph.D., Children & Youth Collaborative Services, Behavioral Health Senior Program Manager

Presentation slides:
http://www.dhcs.ca.gov/provgovpart/Documents/AB340/AB340CANSSanBernardino.pdf

CANS requires medical necessity prior to implementation. In San Bernardino county, the clinicians are completing the CANS Trauma Screening Assessments within the mental health system, and a trauma module is included in their full CANS assessment.

There are two types of Action Levels Assessed – Needs Action Levels and Strengths Action Levels. Each are scored on a 0-3 scale. For the Needs Action Levels, items scoring 2 or 3 need to be addressed and have action taken. For the Strengths Action Levels, Items scoring 0 or 1 need to be addressed. Implication is that you always have to look prior to scoring as the scores are connected to actions.

There is a shorter version of the trauma module that is used with the child welfare population. All children in the child welfare system are assessed, and clinicians meet with the child and then provides information back to the child welfare agency

The CANS trauma screening tool takes about 15-20 minutes to complete. It helps screen for trauma experiences, drill down on specific issues, and provide opportunities to address issue areas with treatment. As a follow-up, several resources will be shared with the workgroup: Northwestern University Trauma Tool, Duke University Report on CANS, and UCLA Independent Report on Performance Outcomes.

Workgroup Member Presentations
Kristen Barlow, County Behavioral Health Directors Association of California, shared that a Los Angeles County representative may be able to present on their screening/assessment tool for a future meeting.

Dr. Robert Riewerts, Southern California Permanente Medical Group, stated that pediatricians typically have limited time (approximately 15 minutes) with patients during their appointments, which makes it challenging to conduct certain screenings or

assessments. There are also challenges in connecting what is discovered during the meeting and providing actionable next steps.

Dr. Dayna Long, UCSF Benioff Children's Hospital, shared her project Find/Connect which is a cloud based HIPAA compliant system which allows doctors to connect their patients with resources. She stressed the importance of relationships, not just resources, and the need to consider how to analyze scoring of screenings.

Dr. Sara Marques, Center for Youth Wellness (CYW), will provide resources for their work in San Francisco. CYW is working with Kaiser's Downey Office to explore how social issues impact health.

Dr. Bob Pynoos, National Traumatic Stress Network, emphasized the importance of screenings being linked to a full assessment and that being a part of the scientific continuum must have scientific evidence basis. He shared how New York State has created a partnership with CMS to improve screenings and intervention for mental health services.

Lynn Thull, California Alliance for Children and Family Services, emphasized the necessity for identifying a parent voice and a child voice within the workgroup. Need to consider a holistic view on how trauma can affect life, even if it happened at a very young age where children may not remember the occurrence. She also raised the significant cost-efficiency for delivery of preventive services than crisis interventions.

Dr. Arianne Marie-Mitchell, Loma Linda University, commented on the need to develop a common definition of trauma. Do we count social determinants of health as trauma? (i.e. poverty, food insecurity, community violence, etc.). She discussed the benefits of the Adverse Childhood Experiences (ACEs) study, which looks at the parent-child relationship, and how parent experiences can impact children's experiences.

Dr. Brent Crandall, Rady Children's Hospital, mentioned David Finkelhorn's paper, which poses some of the limitations of the ACEs questionnaire. He also noted that services are limited and that we need to be thoughtful about how we use tools that are specifically directed to kids and demographics, otherwise we will overburden the system.

Frank Mecca, California Welfare Directors Association, commented if the system is currently built in such a way that limits what we can do, then we should rethink the system. We should not limit ourselves to only provide services for certain kids, and should instead discuss which protocols to put into place to intervene as early as possible.

Terrie Fields Hosler, Shasta County Health & Human Services Agency, commented on the need for public health departments to bring people and resources to the table.

Public Comments

Natalie Walrond, West Ed, discussed the opportunities to engage the education sector in this work.

Heather Little, First 5 Association, reminded the group of the importance of looking at trauma through an equity lens. In addition, only four percent of pediatricians are screening for trauma nationwide. First 5 is eager to support bringing a parental and child/youth representation on the workgroup.

Next Steps and Other Meetings in 2018

An agenda-planning committee was formed and composes of the following members: Dr. Arianne Marie-Mitchell, Dr. Dayna Long, John Bauters, Frank Mecca, and Maheen Ahmed.

Future meetings will be in-person and open to the public. The workgroup’s findings and recommendations will be due to DHCS and the Legislature’s budget subcommittees on health and human services no later than May 1, 2019.