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Honorable Holly Mitchell
California State Senate
State Capitol Building, Room 5080
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Sponsor Letter – S.B. 1466 (Mitchell), Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.

Dear Senator Mitchell,

Youth Law Center is honored to co-sponsor Senate Bill 1466 to ensure that a trauma screen is a component of the screenings that are integral to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. This Bill will further ensure that such screenings specifically incorporate the understanding that child abuse, child neglect, or removal of a child from his or her parent or legal guardian by a child welfare agency is prima facie evidence of trauma, which numerous studies have found to be associated with serious long-term harms when left unaddressed.

Youth Law Center is a California-based national public interest law firm that works to protect the rights of children in the child welfare and juvenile justice systems. A core area of our work is safeguarding the health and well-being of the especially vulnerable children and youth who have been removed from their homes. Senate Bill 1466 aligns with the crucial goal of improving the mental and physical health of low-income California children, including those in foster care.

As you know, EPSDT is a Medicaid (in California, Medi-Cal) program for low-income infants, children, and adolescents under the age of 21. It aims to ensure that eligible children receive comprehensive age-appropriate screening, preventive services, and treatment services that are medically necessary to correct or ameliorate any identified conditions. *See* 42 U.S.C. § 1396d(r). The program “is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.” Centers for Medicare and Medicaid Services, U.S. Department of Health & Human Services, *EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (June 2014), available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf. The EPSDT Program thus emphasizes preventive care,

with the understanding that early screening and diagnosis allows for timely treatment before conditions become more complex and costly to treat.

Senate Bill 1466 accords with this goal and allows California to achieve stronger health outcomes for its children by ensuring that a trauma screen is part of the screening services provided under the EPSDT program pursuant to Section 14132(v) of the Welfare & Institutions Code. A trauma screen examines whether a person has a history of trauma and whether he or she has trauma-related symptoms. Screening is an essential step in determining if more in-depth assessment and evaluation for treatment is appropriate.

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” Substance Abuse and Mental Health Services Administration, *Trauma-Informed Care in Behavioral Health Services* (Treatment Improvement Protocol (TIP) Series 57, HHS Publication No. (SMA) 13-4801) 7 (2014), *available at* <http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>. Trauma, when experienced by a child and particularly when undetected and untreated, can have grave, life-long consequences. The study of Adverse Childhood Experiences (ACEs) has led to a deepening understanding that traumatic experiences as a child can have a profound impact on development and health. Recognized ACEs are traumatic experiences of three different types – abuse (physical, sexual, or verbal), neglect, and household dysfunction (domestic violence, mental illness or substance abuse in a household member, divorce, or incarceration of a household member). The landmark ACE Study found strong correlations between ACEs and poor health outcomes. A person with four or more ACEs is markedly more likely to have a stroke, ischemic heart disease, cancer, or heart disease, and he is substantially more likely to attempt suicide, use injection drugs, or become an alcoholic. With six or more ACEs, a child’s life expectancy is twenty years shorter than it would be if she had no ACEs. Vincent J. Felitti, et al., *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study*, 14 AMERICAN JOURNAL OF PREVENTIVE MEDICINE 245 (1998); D.W. Brown, et al., *Adverse childhood experiences and the risk of premature mortality*, 37(5) AMERICAN JOURNAL OF PREVENTIVE MEDICINE 389-396 (2009); *see also* Centers for Disease Control, *Violence Prevention – Adverse Childhood Experiences (ACE)* web pages, *available at* <http://www.cdc.gov/violenceprevention/acestudy/index.html>; Center for Youth Wellness, *An Unhealthy Dose of Stress: The impact of Adverse Childhood Experiences and toxic stress on childhood health and development* (May 2014) (explaining findings of numerous ACE-focused studies). Trauma can also have profoundly negative consequences for neural development, developmental functioning, learning, regulation of emotion, memory, attachment, behavior, and social well-being. *See, e.g.*, Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health & Human Services, *Dear State Directors Letter* (July 11, 2013), *available at* <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>; Centers for Disease Control, *Violence Prevention – Adverse Childhood Experiences (ACE)* web pages, *available at* <http://www.cdc.gov/violenceprevention/acestudy/index.html> (*see* <http://www.cdc.gov/violenceprevention/acestudy/outcomes.html> for links to studies of effects

of ACEs); Judicial Council of California, Administrative Office of the Courts, Center for Families, Children & the Courts, *AOC Briefing: The Effects of Complex Trauma on Youth – Implications for School Discipline and Court-Involved Youth* (June 2014), available at <http://www.courts.ca.gov/documents/effects-complex-trauma-on-youth-briefing.pdf>.

Californians are not immune from ACEs and their impact. A study of California found that 61.7% of the state's adults have experienced at least one ACE, and one in six (16.7%) have experienced four or more ACEs. Center for Youth Wellness, *A Hidden Crisis: Findings on Adverse Childhood Experiences in California* (Nov. 2014), available at <http://www.centerforyouthwellness.org/what-we-are-doing/policy--advocacy/>. This study found that the ACEs have a consistent prevalence across racial and ethnic groups and affect every community in California. *Id.* As the study makes clear, there are profound public health implications for the state given the strong correlation between multiple ACEs and serious physical and mental health conditions ranging from pulmonary and kidney disease to depression and Alzheimer's or dementia. *Id.*

Adverse Childhood Experiences and thus trauma are unfortunately all too common for children in the child welfare system. Rates of trauma exposure are approximately 90 percent among children in foster care. *Dear State Directors Letter, supra* (citing Stein, B., Zima, B., Elliott, M., Burnam, M., Shahinfar, A., Fox, N., et al., *Violence exposure among school-age children in foster care: Relationship to distress symptoms*, 40(5) J. OF THE AMER. ACAD. OF CHILD AND ADOLESCENT PSYCHIATRY 588-594 (2001)). One study found the rate of Post-Traumatic Stress Disorder (PTSD) for former foster care youth to be twice that of U.S. war veterans. Jim Casey Youth Opportunities Initiative, *Trauma-Informed Practice with Young People in Foster Care* 4 (citing Northwest Foster Care Alumni Study), available at <http://www.aecf.org/m/resourcedoc/jcyoi-IssueBrief5TraumaInformedPractice-2012.pdf>. Another study, one of children and adolescents in foster care and referred for treatment, found over 70% of youth reported at least two of the traumas that constitute "complex trauma," and at least 83% received at least one clinical diagnosis, such as depression or generalized anxiety disorder. The National Child Traumatic Stress Network, *Facts For Policymakers: Complex Trauma and Mental Health of Children Placed in Foster Care – Highlights from the National Center for Child Traumatic Stress (NCCTS) Core Data Set* (Dec. 2011), available at http://www.nctsn.org/sites/default/files/assets/pdfs/policybrief4_complextrauma.pdf.

Not surprisingly, the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA) have already urged the use of trauma-focused screening, particularly for children and adolescents in the child welfare system. *Dear State Directors Letter, supra*. The reasons are clear. Proven, cost-effective trauma-informed care and trauma-specific treatment services are available. *See, e.g.*, National Child Traumatic Stress Network, *Empirically Supported Treatments and Promising Practices*, available at <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices> (visited March 29, 2016); Centers for Disease Control, Injury Prevention

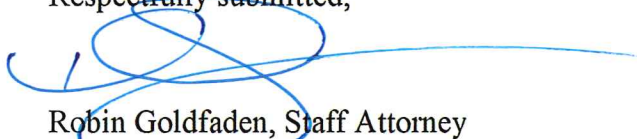
& Control: Division of Violence Prevention, *Reviews of Effective and Promising Programs*, available at <http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html> (visited March 29, 2016); California Evidence-Based Clearinghouse for Child Welfare, <http://www.cebc4cw.org/>; Zero to Three: National Center for Infants, Toddlers, and Families, *Maltreatment*, available at <http://www.zerotothree.org/maltreatment/> (visited March 29, 2016); *Trauma-Informed Practice with Young People in Foster Care*, *supra*, Appendix (noting examples); University of Delaware, Infant Caregiver Project, *Research Supporting ABC (Attachment and Biobehavioral Catch-up)* (citing research), available at <http://www.infantcaregiverproject.com/#!/research-supporting-abc/c684>. But treatment cannot be accessed, let alone in a timely manner, when screenings are inadequate and even non-existent, as is unfortunately the case in California.

Early intervention is critical, and it is the essence of the EPSTD Program. In the absence of EPSTD Program screening for trauma, low-income California children – especially those in the foster care system – are at grave risk for missed diagnoses, and they are effectively deprived of legally mandated, medically necessary treatment that can protect them and their families and communities from a host of serious ills.

Senate Bill 1466 will help fulfill California's promise to its most vulnerable youth. The Bill will ensure that they consistently receive timely, informed, comprehensive screening for trauma, and it will streamline the delivery of trauma screening for children in foster care, who we know endure Adverse Childhood Experiences. The proven harm of trauma need not be a foreordained destiny. The screenings brought about by Senate Bill 1466 will allow children who have suffered trauma to have access to the treatment and care that they are due under EPSTD and other available programs – care that can dramatically improve their health and well-being. Senate Bill 1466 is thus not only legally smart; it advances social, moral, health, and economic imperatives for our state.

For all these reasons, we are honored to co-sponsor Senate Bill 1466 and join you and our partners in bringing a healthier future to California's children and youth. We are grateful for your leadership and the commitment of you and your colleagues to improving children's lives. We thank you, and we look forward to working with you to secure the passage of this important bill.

Respectfully submitted,



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Alice Bussiere, Staff Attorney

cc: Honorable Members of the Senate Health Committee
Scott Bain, Senate Health Committee Consultant
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