



Policy Priorities to Strengthen Trauma Informed Care

For Children in California

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CHILDREN NOW

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Policy Priorities to Strengthen Trauma-Informed Care for Children in California

With election results in, and state and federal governments beginning to shape their proposed budgets, California advocates for children now have the opportunity to coalesce around certain actions that can help strengthen trauma-informed care for kids. In response to the significant number of children in California who are living with the health, educational, and emotional impacts of trauma, there are vital advances to defend as well as new opportunities for making progress.

Without question, the top priority is to defend Medicaid and the Affordable Care Act because together they provide the majority of care for children exposed to trauma. As we defend these essential services for kids, there are also steps we can take to improve care within existing policy and resources. And there are very promising reform efforts underway including California's Defending Childhood Initiative, the California Campaign to Counter Childhood Adversity (4CA), Trauma Transformed (T2), and the Los Angeles County Trauma-Informed Systems Change Workgroup.



Futures Without Violence (FUTURES) and Children Now developed this policy priorities document to support and defend the important reform efforts underway and to clarify the changes that will have the greatest positive impact for children. This builds and draws on the work of a number of documents including:

- [Changing Minds and Creating Trauma-Informed Communities](#) – A policy brief developed by Children Now and FUTURES intended as a guide for individuals seeking to build and sustain resilient, trauma-informed communities in California.
- [State Health Care Strategies to Address Children's Trauma, Exposure to Violence, and ACEs](#) – A FUTURES resource about opportunities to make state healthcare policy changes to address the immediate symptoms of trauma, as well as the longer term impacts of exposure to violence and abuse across the lifespan.
- [Funding Opportunities in the Every Student Succeeds Act to Ensure All Students are Safe, Healthy, and Ready to Succeed](#) – A FUTURES guide highlighting resources to help states and school districts prevent and mitigate students' exposure to violence and trauma.

We hope this document helps identify and build consensus around a shared action plan to improve the situation for children who have experienced trauma. It begins with a set of criteria for selecting the most high-impact areas from among the many worthy ideas that can improve outcomes for children. As consensus builds among stakeholders about the criteria and suggestions for action, the all-important work to translate these ideas into more detailed and actionable steps can move forward.

Criteria for Selecting Priorities

- **#1: Impact:** Can the priority benefit a significant number of children & youth who experience trauma?
- **#2: Timeliness:** Do the suggested actions have the potential to relatively quickly achieve positive results that can be leveraged and scaled up?
- **#3: Feasibility:** Is the priority viable fiscally and politically, and do sufficient networks and infrastructure exist to implement the proposed changes?
- **#4: Equity:** Does the proposal have the potential to address the troubling racial, income, and gender-based disparities that exist among children exposed to trauma?
- **#5: Synergy:** Do the proposed actions advance longer-term goals to prevent and respond to childhood trauma?

Priorities for Advocacy

Following are six priority areas where we believe substantial progress can be made for children over the next 12-24 months. Some are broad areas for action; others that are especially ripe for advocacy include greater detail.

- 1) **Workforce Development:** *Raise awareness about the impacts of trauma on children and the most effective responses by training staff at the state and community levels and publicizing the Changing Minds Campaign.*

With several hours of training, California's existing workforce – ranging from state agency officials to school superintendents to teachers and early childhood providers (including perinatal providers, home visitors, and Head Start staff) – can gain a basic understanding of the new science related to trauma and brain development as well as their educational, health, and mental health consequences. Over the longer-term, practitioners can learn how to translate that awareness into providing trauma-informed care, avoid retraumatization, and minimize secondary trauma. Such training tools exist and should be made available initially to Task Force members of the Defending Childhood Initiative, then to interested players in state agencies and partner organizations like California State Association of Counties (CSAC).

The California Department of Education can use Prop 47's authority for training to make initial and follow-up, in-depth training available to school personnel. Prop 47 was a criminal justice reform initiative that redistributes some funds to mental health services. Maternal and Child Health Directors might also play a role as local trauma trainers for child-serving staff in their communities. The provision of incentives can also be an important part of ensuring that training gets to personnel who need it. In-depth training for trainers is a first step to profession-specific tools, skill building, and system changes to address trauma. The Changing Minds Campaign (<https://changingmindsnow.org>) shares tools and resources on the science of trauma and healing and the everyday gestures that practitioners and other caring adults can use to understand and help children who have been exposed to traumatic stress to heal and thrive.

It will be important to look at health and education indicators for children affected by trauma across race and gender; understanding these disparities will help ensure that workforce training identifies equity issues and creates change that can address the differential impact of trauma on communities of color while also addressing gender and other inequities.

2) Early Identification & Intervention: *Reach infants, expectant parents, and new parents as early as possible by strengthening the trauma-informed aspect of home visiting and of pediatric and maternal health visits.*

Recent federal guidance on how states can cover early childhood home visiting services suggests a number of component services of home visiting can be reimbursed by Medicaid (e.g. preventive, rehabilitative, therapy, and Early & Periodic Screening, Diagnosis, & Treatment [EPSDT] services as well as case management), even though there is no distinct Medicaid state benefit called home visiting.

State health officials working with interested First 5 county commissions and others involved in home visiting efforts across California are well-positioned to develop more streamlined and effective ways for Medi-Cal to strengthen the child-trauma component in home visiting in order to reach far more infants and their parents: more specifically, they can also work together on ways to prepare home visitors to provide culturally-sensitive, trauma-informed responses, including a warm handoff /referral for needed services; and they can incorporate training on how parenting is impacted by parents' own trauma including, domestic violence. Similarly, funding for evaluation of existing training modules can be used to create stronger evidence-based training modules.

Likewise, using Medi-Cal financing for preventive care (including pediatric as well as maternal health visits) ought to include, wherever possible, early identification and intervention for children who have experienced trauma. Lessons from domestic violence policy and practice suggest the efficacy of building on existing practices of anticipatory guidance and preventive health education resource materials.

3) Building Trauma-Informed Schools: *Expand and strengthen school programs related to trauma-informed care.*

A number of pioneering school districts, individual schools and early childcare centers have already taken steps to become “trauma-informed” schools as it relates to their interactions with students. These best practices ought to be shared across the state and serve as a starting point for the California Department of Education to strengthen and spread these practices through changes in state policy and financing, enabled by the federal Every Student Succeeds Act among others. (see Point #6) In addition, at a time when the CA state budget now includes a line item to support school-based health centers, this growing network of 243 centers can incorporate best practices to enhance the trauma-informed care available to youth in schools across the state. The US Department of Justice’s Defending Childhood Initiative developed a trauma curriculum for school personnel ready for local implementation, and an evidence-based intervention model exists for school based health centers.

4) Normalizing Trauma-Informed Care for Kids, Starting With Crime Victims: *Incorporate a child trauma component into ongoing efforts to help kids, generally, and crime victims, specifically.*

With the harsh and growing toll child trauma is taking on California kids, trauma-informed care ought to be considered as one element in most forms of service that reach parents and their children. While this principle should apply to many different funding streams, VOCA (Victims of Crime Act) funding administered by California’s Office of Emergency Services offers a particularly relevant and “ripe” opportunity today. Funding has increased significantly, and a new plan for spending will be prepared over the coming year. California funding is now going to counties based on population and violent crime statistics as well as grants to organizations serving children exposed to violence. These dollars could be used in a variety of ways to strengthen supports available to children who have experienced trauma. Similarly, various health services such as pediatric visits and maternal depression screenings might include basic education about exposure to violence.

5) Addressing the Severe Gap in Behavioral Health Services. *Tailor Medicaid and EPSDT benefits to ensure the availability of mental and behavioral health services and support children earlier in the cycle of trauma.*

As California's workforce becomes more attuned to trauma in children and as more schools get involved in supporting trauma-informed approaches, the severe shortage of behavior health services that already exists will grow even worse.

Other states offer promising ideas that use Medicaid and EPSDT to address gaps in mental and behavioral health services and to treat the effects of trauma at as early a stage as possible. North Carolina gives providers time to understand how trauma might fit into a treatment plan by authorizing up to six visits for behavioral health before a diagnosis is made; Connecticut contracts with community mental health clinics/providers where shortages exist; and recent federal guidance from CMS authorizes a two-generation approach for dealing with maternal depression through Medicaid. New York is implementing a trauma medical home as part of an 1115 waiver to support services before negative outcomes occur.

Local health plans and other Medi-Cal Managed Care plans in California are in an ideal position to work with state health and mental health officials on ways to organize managed care to improve outcomes for children who have experienced trauma. In an effort to reduce costs that plans pay for high cost patients, a handful of plans have begun to focus on adults who have experienced trauma; it is likely that some of these new models could also help children in these plans who are exposed to trauma. In addition, new workforce models using trained community residents hold particular promise to expand available services while also ensuring providers are culturally-competent and more representative, demographically, of the youth population needing their care.

6) Making the Most from Provisions in the New Federal Education Law (The Every Student Succeeds Act, or ESSA): *Work with colleagues at the California Department of Education (CDE) to assess where CDE is in its planning for ESSA implementation and identify those opportunities with the greatest potential to help children exposed to trauma. Work with CDE to offer local districts a roadmap to integrate resources from ESSA and Local Control Accountability Plans (LCAPs) to address trauma.*

The new federal law that takes effect in school year 2017-18 includes a number of relevant policies and funding streams. CDE will submit a plan for implementation in July 2017. CDE is now well-positioned to partner with organizations focused on children who have experienced trauma to maximize the potential of ESSA to help these children.

Following are among the opportunities to explore:

- 1) **Title IV** relates to 21st Century Schools and includes a focus on school mental health, violence prevention and training on trauma-informed practice. In conjunction with state resources, this funding can increase school-based services.
- 2) **Title II** authorizes ESSA funds to be used for trauma-related training. Training grants go to State Education Agencies and can then be sub granted to Local Education Agencies (LEAs). Depending on where CA is in developing its proposal, this provision could result in a substantial boost in resources for training.
- 3) **Title I A** requires states to develop their own accountability systems which must include at least one indicator of school quality or student success that can be related to school climate or safety. This expectation could offer an opportunity to include an indicator related to students who have experienced trauma.
- 4) **Title I A** also requires State Education Agencies and LEAs to publish annual report cards that include school climate and safety. This could include indicators related to trauma where data exist as well as others where data don't exist but would be valuable to collect.
- 5) **Title I A** requires State Education Agencies to reserve 7% of their Title 1 allocation for school improvement plans that can include activities related to violence and trauma. Given the size of ESSA grants to states, substantial resources to address childhood trauma could be generated if CA makes trauma a priority.

For more information:

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Futures Without Violence is a national nonprofit organization leading groundbreaking educational programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington, D.C., and Boston, FUTURES has trained thousands of professionals and advocates—such as educators, doctors, nurses, judges, athletic coaches, and other community influencers—on improving responses to violence, abuse and trauma. Learn more at www.futureswithoutviolence.org.

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Children Now is the leading nonpartisan umbrella research, policy development and advocacy organization dedicated to promoting children's health, education and well-being in California. Children Now also leads The Children's Movement of California, a grassroots network of more than 1,850 business, education, parent, civil rights, faith, community-based and multiethnic organizations, as well as thousands of individuals, working together to make children a top priority in public policy. Learn more at www.childrennow.org.