SENATE BILL 425

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CF HB 783

By: **Senator Augustine**
Introduced and read first time: January 20, 2021
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: February 22, 2021

CHAPTER _____

AN ACT concerning

Workgroup on Screening Related to Adverse Childhood Experiences

FOR the purpose of establishing the Workgroup on Screening Related to Adverse Childhood Experiences; providing for the composition, chair, and staffing of the Workgroup; prohibiting a member of the Workgroup from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Workgroup to update, improve, and develop certain screening tools, submit certain screening tools to the Maryland Department of Health, study certain actions and best practices, develop a certain template, and make and develop certain recommendations; requiring the Workgroup to report its findings and recommendations to the Governor and the General Assembly on or before a certain date; providing for the termination of this Act; and generally relating to the Workgroup on Screening Related to Adverse Childhood Experiences.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

(a) There is a Workgroup on Screening Related to Adverse Childhood Experiences.

(b) The Workgroup consists of the following members:

(1) the State Superintendent of Schools, or the State Superintendent's designee;

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

(2) the Secretary of Health, or the Secretary's designee;

(3) the Director of the Maryland Department of Health's Office of Population Health Improvement, or the Director's designee;

(4) the Executive Director of the Maryland State Council on Child Abuse and Neglect, or the Executive Director's designee;

(5) the following members, appointed by the Secretary of Health:

(i) one mental health expert;

(ii) one managed care plan expert;

(iii) one behavioral health expert;

(iv) one child welfare expert;

(v) one primary care provider who performs physical examinations on children entering school for the first time;

(vi) the coordinator and epidemiologist charged with administering Maryland's Youth Risk Behavior Survey under § 7–420 of the Education Article and the Youth Tobacco Survey, as defined in § 13–1001 of the Health – General Article;

(vii) one representative from the Behavioral Health Administration with expertise in adverse childhood experiences and positive childhood experiences;

(viii) two members of the research community with expertise in adverse childhood experiences and positive childhood experiences;

(ix) one coordinator of a local adverse childhood experiences initiative in the State;

(x) one director of a local management board in the State with expertise in adverse childhood experiences and positive childhood experiences;

(xi) one director of a county parks and recreation department or a similar department in the State;

(xii) one director of children's services for a county library system in the State; ~~and~~

(xiii) one individual with expertise in public health communications and marketing on issues and policies related to children's well–being; and

(xiv) one representative of the State Domestic Violence Coalition;

(6) the following members, appointed by the State Superintendent of Schools:

(i) one parent of a child in a public primary or secondary school;

(ii) in consultation with the Public School Superintendents' Association of Maryland or the Maryland Association of Elementary School Principals, one local superintendent or principal implementing efforts to have the superintendent's school system or principal's school become trauma–informed;

(iii) one parent of a public middle school or high school student in the State:

1. interested in and knowledgeable about the impact of adverse childhood experiences and positive childhood experiences; and

2. active in the student's local public school;

(iv) in consultation with the Maryland Association of School Health Nurses, one school nurse in a local school system in the State with expertise in adverse childhood experiences and positive childhood experiences research; and

(v) one local school system coordinator of mental health services or student support services;

(7) one representative of the Maryland School Psychologists' Association, designated by the President of the Association; and

(8) one representative of the Maryland Psychological Association, designated by the President of the Association.

(c) The Workgroup shall elect the chair of the Workgroup by a majority vote at the first meeting.

(d) The Maryland Department of Health shall provide staff for the Workgroup.

(e) A member of the Workgroup:

(1) may not receive compensation as a member of the Workgroup; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) On or before October 1, 2022, the Workgroup shall:

(1) update, improve, and develop screening tools that primary care providers can use in a primary care setting to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience;

(2) submit the screening tools to the Maryland Department of Health;

(3) recommend changes to the physical examination form that the State Department of Education requires of all new students entering a public school, including requiring that a physical examination include an assessment of trauma;

(4) study and make recommendations on the actions a primary care provider should take after screening a minor for a mental health disorder that may be caused by or related to an adverse childhood experience and finding that the minor shows signs of trauma;

(5) study best practices in Youth Risk Behavior Survey data summaries and trends reports from across the country, including those that report on adverse childhood experiences and positive childhood experiences;

(6) develop a Youth Risk Behavior Survey template for a State– and county–level data summary and trends report on adverse childhood experiences and positive childhood experiences to be distributed for use and action by State and local policymakers, adverse childhood experiences and trauma–informed State and local initiatives, and philanthropic, business, faith–based, and community–based organizations, that includes:

(i) the prevalence of individual adverse childhood experiences among the population of middle school and high school students in the State, including information disaggregated by gender, race, ethnicity, sexual orientation, and county;

(ii) the relationship between the number of adverse childhood experiences and the risk behaviors and negative outcomes in the student middle school and high school population in the State, including information disaggregated by gender, race, ethnicity, sexual orientation, and county;

(iii) the relationship between individual positive childhood experiences and risk behaviors and negative outcomes in the student middle school and high school population in the State, including information disaggregated by gender, race, ethnicity, sexual orientation, and county;

(iv) data trends for the immediately preceding 5 years, to the extent data is available, in the prevalence of adverse childhood experiences and positive childhood experiences in the State;

(v) the identification and a summary of the best available policies, programs, and practices that prevent adverse childhood experiences and promote positive childhood experiences, as determined by available evidence;

(vi) effective public health communications, marketing, and distribution of the Youth Risk Behavior Survey adverse childhood experiences and positive childhood experiences State– and county–level data summary and trends report; and

(vii) any other information and factors that the Workgroup determines are important for effective reporting, distribution, and action on the data at the State and local level;

(7) make recommendations for improving the Youth Risk Behavior Survey and the Youth Tobacco Survey and the surveys' data and trends reports, including:

(i) whether the surveys should be expanded to reach all students in middle school and high school;

(ii) whether the analyses and reporting should be made publicly available at the zip code, census, or school level; and

(iii) any other criteria that the Workgroup determines are important to ensuring the prevention and mitigation of adverse childhood experiences and risk behaviors and the promotion of positive childhood experiences; and

(8) develop recommendations for unifying and coordinating child– and family–serving agencies to better link youth and families to needed interventions and services.

(g) On or before October 1, 2022, the Workgroup shall report its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2021. It shall remain effective for a period of 2 years and, at the end of September 30, 2023, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.