



Maryland
Hospital Association

March 6, 2020

To: The Honorable Delores Kelley, Chairman
Senate Finance Committee

From: Jennifer Witten, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Support- Senate Bill 918- Human Services - Trauma-Informed Care - Commission and Training

Dear Chairman Kelley:

On behalf of the Maryland Hospital Association's (MHA) 61-member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 918.

The effects of trauma are pervasive in our culture. According to the Centers for Disease Control and Prevention, 61% of adults in 25 states report having at least one adverse childhood experience (ACE), and nearly one in six report experiencing four or more ACEs.ⁱ These experiences range from abuse and neglect to household dysfunctions like mental illness, death of a family member or incarceration of a relative. ACEs can have long-term negative effects on an individual's health—both physically and mentally.ⁱⁱ

Maryland hospitals support a trauma-informed approach to care delivery. One of the key initiatives prioritized by MHA's Health Equity Task Force is reducing health disparities by addressing social determinants of health, like trauma. Research shows traumatic experiences can be overcome with the appropriate supports and interventions, yet the majority of people never have access to these services and supports.ⁱⁱⁱ We kept this in mind when we worked with the University of Maryland SAFE Center for Human Trafficking Survivors and the Maryland Human Trafficking Task Force to update the state's [Human Trafficking Guidelines for Healthcare Providers](#).^{iv} We created the Serve Identify Respond eValuate (SIRV) framework to ensure every step of the response is trauma-informed and patient-centered.

It may seem common sense that hospitals should embrace a trauma-informed model, but the benefits are significant enough to warrant use across human and social service agencies. The federal Administration for Children and Families released a "Resource Guide to Trauma-Informed Human Services," which offers "both a front door to the topic of trauma and a road map to relevant resources."^v SB 918 provides a similar approach by forming a commission to navigate the complexities of a trauma-informed response. We commend the sponsor for introducing this legislation and prioritizing "trauma-informed delivery of State services."

For these reasons, we urge a *favorable report* for SB 918.

For more information, please contact:
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ⁱ Centers for Disease Control and Prevention. (n.d.) “*Preventing Adverse Childhood Experiences.*”
www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

ⁱⁱ US Department of Health & Human Services. (n.d.). “*Adverse Childhood Experiences (ACEs).*”
www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. (July, 2014). “*SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.*” store.samhsa.gov/system/files/sma14-4884.pdf

^{iv} Maryland Hospital Association, Maryland Human Trafficking Task Force and University of Maryland SAFE Center. (2020). “*Human Trafficking: Guidelines for Healthcare Providers.*” www.mhaonline.org/transforming-health-care/workforce/human-trafficking-prevention

^v Administration for Children & Families. (n.d.). “*Resource Guide to Trauma-Informed Human Services.*”
www.acf.hhs.gov/trauma-toolkit