

State Council on Child Abuse and Neglect (SCCAN)

311 W. Saratoga Street, Room 405 Baltimore, Maryland 21201 Phone: (410) 767-7868 Mobile: (240) 506-3050

Claudia.Remington@maryland.gov

SCCAN is an advisory body required by Maryland Family Law Article (Section 5-7A) "to make recommendations annually to the Governor and General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs."

TESTIMONY REGARDING HB 628:

HEALTH OCCUPATIONS – PRIMARY CARE PROVIDERS – ADVERSE CHILDHOOD EXPERIENCES SCREENING **LETTER OF INFORMATION**

TO: Hon. Shane Pendergrass, Chair, and members of the House Health and Government Operations Committee

FROM: Wendy Lane, MD, MPH, Chair, State Council on Child Abuse & Neglect (SCCAN)
Claudia Remington, Executive Director, State Council on Child Abuse & Neglect (SCCAN)

DATE: February 26, 2020

SCCAN is neither supporting nor opposing HB 628 - *Health Occupations — Primary Care Providers — Adverse Childhood Experiences Screening,* but would like to provide our perspective on the bill. HB 628 would do the following:

- (1) Establish the Adverse Childhood Experiences Screening Grant Program for primary care providers to identify and treat minors who have a mental health disorder that is determined to be caused by or related to adverse childhood experiences.
- (2) Require the Maryland Department of Health to develop a course on integrating mental and physical health care in a primary care setting and require primary care providers to complete the course every five years.

Given the high rate of mental health disorders among today's children — with about 1 in 5 U.S. children meeting diagnostic criteria for a mental health or substance abuse disorder with impaired functioning, screening for mental health disorders is good clinical practice and is considered standard of care for depression, anxiety, ADHD, substance abuse, and other mental health conditions. SCCAN therefore

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/About-Us.aspx

¹ Zuckerbrot, et al. Guidelines for Adolescent Depression in Primary Care (GLAD-PC). Pediatrics. 2018;141:e20174081.

supports the need for screening for and treatment of mental health disorders, including those that may be the result of ACEs.

It is important to note that many mental health screening tools and child trauma screening tools have already been developed, evaluated and validated. These include the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2), The Pediatric Symptom Checklist (PSC-17), the Strengths and Difficulties Questionnaire (SDQ), the Child PTSD Symptom Scale (CPSS), etc.²

In addition, multiple organizations, including the National Child Traumatic Stress Network (NCTSN) and the HealthCare Toolbox (Children's Hospital of Philadelphia Research Institute) have developed resources to help providers assess and respond to trauma and to mental health disorders that may be related to trauma. Maryland BHIPP (Behavioral Health Integration in Pediatric Primary Care) is a Maryland-specific resource, funded by the Maryland Department of Health, that provides training and education to primary care providers, telephone consultation, and limited social-work co-location into primary care practices to manage child mental health needs. We therefore do not believe that the Maryland Department of Health needs to develop a new course.

However, SCCAN recognizes that not all primary care providers know about these resources, and there may be barriers for primary care providers to obtaining training. In addition, while primary care providers can provide some mental health treatment, particularly with support from programs such as BHIPP, often additional care from licensed mental health clinicians is needed.

SCCAN has supported HB 666 – *Workgroup on Screening Related to Adverse Childhood Experiences*, with amendments, as a first step. We have recommended that this task force be used to identify and better promote existing resources, identify gaps in services, and make recommendations to the General Assembly, the Governor, and the Maryland Department of Health regarding how to improve identification of mental health needs and access to mental health services.

² https://www.nctsn.org/sites/default/files/resources/factsheet/cac_recommended_screening_tools_for_cacs.pdf https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-screening.html

³https://www.nctsn.org/resources/trauma-informed-integrated-healthcare

https://www.nctsn.org/resources/models-trauma-informed-integrated-care-part-ii-identifying-and-responding-early-childhood

https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-assessment.html

⁴ <u>https://mdbhipp.org/index.html</u>