

CAMPAIGN FOR TRAUMA-INFORMED POLICY AND PRACTICE

TESTIMONY IN SUPPORT OF SB 918

Human Services – Trauma–Informed Care – Commission and Training **SUPPORT**

TO: Hon. William C. Smith, Jr. Chair, and members of the Senate Judicial Proceedings Committee

FROM: Daniel Press, pro bono counsel for the Campaign for Trauma-Informed Policy and Practice (CTIPP)

DATE: March 6, 2020

Members of the Committee. My name is Daniel Press. I am from Rockville, Maryland and serve as pro bono general counsel for the Campaign for Trauma-Informed Policy and Practice (CTIPP), a national non-profit trauma-informed advocacy organization. We urge the General Assembly to enact Senate Bill 918 for the following reasons, which are expanded on below

1. The powerful scientific findings on trauma are now incontrovertible. Childhood trauma causes clearly identifiable changes to the brains of children which have been shown to be one of the major underlying causes of such serious health and social problems, as substance abuse disorder, suicide attempts, dropping out of school, obesity, domestic violence, diabetes, cancer, and lung disease. If Maryland wants to reduce these problems, it must take action to prevent, mitigate and treat childhood trauma. Otherwise it will continue throwing billions of dollars at these problems with only minimal return on the dollar.
2. There are now a host of trauma-informed initiatives that have been implemented around the country that show the effectiveness of a trauma-informed approach;
3. It is well established that while there are benefits to having an individual sector, such as schools implement trauma-informed practices, a trauma-informed approach will have its maximum impact when there is a comprehensive approach that involves all sectors and brings them together in an integrated manner, which is what SB918 will achieve; and
4. Many of Maryland's neighbors have already declared their intent to become trauma-informed states and are taking significant actions to achieve that goal, including Delaware, Pennsylvania, New York and Tennessee. If Maryland does not enact SB918, it will find itself behind its sister states and thus less competitive in education, health care, the job market and other areas.

The Science

A comprehensive study by Kaiser Permanente and the Centers for Disease Control (called the ACE Study for “Adverse Childhood Experiences”) provided powerful evidence that traumatic experiences, particularly in childhood (ACEs) often lead to adverse health and social outcomes later in life). Trauma may be experienced by an individual (e.g., sexual assault, domestic violence, alcoholism in the home) or may be experienced by a group of people as a whole (e.g., genocide, famine). Both types of trauma can trigger changes to the human epigenetic system, causing one’s fear gene to get stuck on “on.” Persons living in a constant state of fear often turn to alcohol, drugs, overeating and even suicide as a way to deal with this stress. The ACE Study found a close correlation between adults who were addicted to drugs or alcohol and early childhood trauma. In one study, scientists at Johns Hopkins University were able to predict with 90% accuracy who in the test group had contemplated suicide solely by measuring the amount of stress hormones in their blood.

The physiological effects of trauma, including epigenetic changes, can be passed down to subsequent generations that do not personally experience the trauma. This concept is called “Historical Trauma” and has been demonstrated in various groups, including Holocaust survivors as well as in the laboratory where scientists have found the physiological process by which the effects of trauma are inherited.

Trauma-Informed Approaches Have Proven Themselves Over and Over Again

Trauma-informed approaches have a proven track record across the country. To give just one example, an elementary school in a low-income neighborhood in Fort Worth, Texas, implemented comprehensive trauma-informed practices that recognized that most of the time a student explodes in class, it is because their trauma has caused their stress hormones to overload their system. Through a program that taught both the teachers and the students how to recognize when their stress hormones were starting to take over their brains, how to prevent that through such simple activities as yoga, mindfulness or jumping on a trampoline, and how to treat it when it does occur, (by such actions as sending such students to a calming room where they could engage in activities to bring down their stress levels, only after which is it effective to talk to the student about their behavior), **in the first year of this program the school reduced the number of disciplinary suspensions from 890 a year to 19, while improving the academic performance of the school so it was no longer a failing school under the Texas criteria. When students are not being controlled by their stress hormones so they are present in the classroom physically and mentally, they are able to and interested in learning. The total cost of the program was under \$10,000.**

A Trauma –Informed Initiative Must Be Comprehensive and Integrated

Making improvements in schools through trauma-informed approaches are valuable. But the student spends only six hours a day in the school. He or she spends the rest of the day with their family, playing on a sports team, hanging out in the neighborhood, at a doctor's office, etc. If these other places are not also trauma-informed, even one incident, such as being picked up by a police officer who has not had trauma-informed training, can undo much of the benefits the trauma-informed school initiative achieved, particularly on the long-term ability of the student to regulate his stress hormones. For this reason, it is critical that Maryland implement a comprehensive approach that involves all of the relevant sectors – education, health, social services, recreational and after-school, social services, law enforcement, judicial and others – and brings these sectors together so they work in an integrated fashion. SB918 will put in place the structures needed to produce this comprehensive, integrated approach.

Neighboring States are Far Ahead of Maryland

More and more state governments around the country are implementing trauma-informed initiatives, including two of Maryland's closest neighbors.

Delaware – A year ago the Governor of Delaware issued an Executive Order declaring that Delaware will become a trauma-informed state. He created a team to develop a comprehensive blueprint for making Delaware trauma-informed and directed all of the state agencies to train their employees on trauma science and implement trauma-informed approaches.

Pennsylvania – Last year the Governor of Pennsylvania issued an Executive Order directing that Pennsylvania become a trauma-informed state. In less than a year, over 50,000 state and local government employees have received trauma-informed training.

New York – Members of the New York Legislature recently introduced a bill to begin the process of putting in place a Constitutional Amendment that would mandate that all governmental entities in the State become trauma-informed.

Tennessee – Four years ago, the then Governor of Tennessee declared that Tennessee will become the first trauma-informed state, directed all state agencies to revise their policies to reflect trauma science. Since then the State has budgeted over \$4 million a year to train state and local employees. To date over 60,000 have been trained.

If Maryland does not enact SB 918 or comparable legislation, it will soon find itself less competitive than its neighboring states, with poorer education, health and work

performance outcomes. Maryland has been a leader in many areas. It needs to enact SB918 so it will take its place as a leader in putting to work the most important public health initiative since the discovery of germ theory over 150 years ago.

For these reasons, the Campaign for Trauma-Informed Policy and Practice respectfully urges a favorable report on SB 918.