



February 26, 2020

**Health and Government Operations
TESTIMONY IN SUPPORT WITH AMENDMENTS OF HB 666**

Behavioral Health System Baltimore (BHSB) a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities.

Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving nearly 75,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports with amendments HB 666- Workgroup on Screening Related to Adverse Childhood Experiences

HB 666 establishes the Workgroup on Screening Related to Adverse Childhood Experiences (ACEs), which must update, improve and develop screening tools that primary care providers can use to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience; submit the screening tools to the Maryland Department of Health; recommend changes to the physical examination form that the Maryland State Department of Education requires of all new students entering a public school; and study and make recommendations on the actions a primary care provider should take after screening for 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.

BHSB supports HB 666 as we recognize that early childhood and adolescence are comprised of critical windows of opportunity to prevent, treat and heal the impacts of adverse childhood experiences. A 2015 ACE Study found that 24.1% of Marylanders has experienced 3 or more ACEs while in Baltimore City the prevalence was almost double at 41.6%.¹ Research shows that there is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including short and long-term physical and mental health consequences.² Screening in primary care settings can provide an important opportunity to connect families to vital mental health and other supportive services that can reduce and mitigate the impact of ACEs.

BHSB supports the intent and proposed actions for the workgroup but would like to propose the following amendments:

¹ Adverse Childhood Experiences (ACEs) in Maryland: Data from the 2015 Maryland BRFSS.

https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD-BRFSS/2015_MD_BRFSS_ACEs_Data_Tables.pdf

² Merrick M, et al. Unpacking the impact of adverse childhood experiences on adult mental health. Child Abuse Negl. 2017;69:10-19. <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/about.html>.

- (1) Add representatives from State Council on Child Abuse and Neglect (SCCAN) and from several primary care organizations, including the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American Academy of Family Physicians, and the Mid-Atlantic Association of Community Health Centers. SCCAN, partnering with The Family Tree, has been a state leader in helping to educate professionals about ACEs, and Maryland Essentials for Childhood, the prevention workgroup of SCCAN has been actively engaged in efforts to track and prevent ACEs. The other three organizations represent a large portion of the primary care providers for children in the state of Maryland.
- (2) The MSDE physical exam form should require an assessment of mental health disorders *that may be related to trauma*, rather than an *assessment of trauma*, as currently drafted. As written, the screening tools that will be identified by the task force will identify mental health disorders that may be related to trauma, rather than screening tools that just identify trauma (and therefore potentially not the sequelae of trauma). The language for the two requirements should be consistent
- (3) The workgroup should also be tasked with identifying available resources, identifying counties that lack adequate resources, and making recommendations to the General Assembly, the Governor and the Maryland Department of Health regarding how to improve access to mental health resources.

Early identification and intervention of adverse childhood experiences can help reduce the risk of negative mental and physical health outcomes. The workgroup proposed in this legislation is a first step in addressing the impacts of adverse childhood experiences on Maryland's children and families. **As such, BHSB urges the Health and Government Operations Committee to support HB 666 with the proposed amendments**