

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.

Testimony before the Senate Education, Health, and Environmental Affairs
SB548: Public Schools - Centers for Disease Control and Prevention Surveys - Revisions
Support with Amendment

February 25, 2020

The Coalition to Protect Maryland's Children (CPMC) is a consortium of Maryland organizations and individuals formed in 1996 to promote meaningful child welfare reform. CPMC **supports** passage of SB548: Public Schools - Centers for Disease Control and Prevention Surveys – Revisions. We would strongly recommend an amendment that requires the MDH-published data summary to include results broken down by race and ethnicity.

The Maryland State Department of Education (MSDE) currently establishes procedures for the annual administration of the Center for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS) to public middle school and high school students. This bill would require that the version of the survey administered to Maryland students include all CDC questions from the Adverse Childhood Experiences (ACE) and Positive Childhood Experiences module. It would also require that the Maryland Department of Health (MDH) publish a state and county-level data summary and trends report within 6 months after receiving the data. Finally, it would remove language that permits MSDE to omit up to one-third of YRBS questions that they believe are "inappropriate."

Maryland's future depends on how well we support the healthy development of our youngest generation. The science around early childhood development makes clear that the earliest years of childhood are a time when the brain is rapidly building its architecture, with lightning speed proliferation of neural connections and circuits. The relationships and experiences that children have early in life in their families and communities are the building blocks for that brain development.

The Maryland Department of Health (MDH) has previously collected data on ACEs in 2015 and 2018 through the Behavioral Risk Factor Surveillance Survey (BRFSS), which surveys a sample of Maryland adults about a wide range of health behaviors and physical and mental health conditions. This data is useful in showing how common it is for Maryland adults to have experienced ACEs (Table). The data is also useful in demonstrating the strong cumulative and dose-responsive impact of ACEs on long-term physical and mental health. For example, while only 7.2% of Maryland adults with no ACEs have been diagnosed with depression, 14.1% of those with 1 ACE have been diagnosed with depression, and 28.5% of those with 3 or more ACEs have been diagnosed with depression. **BRFSS data is NOT very useful for the purpose of prevention or amelioration given that many of these ACEs occurred decades ago.**

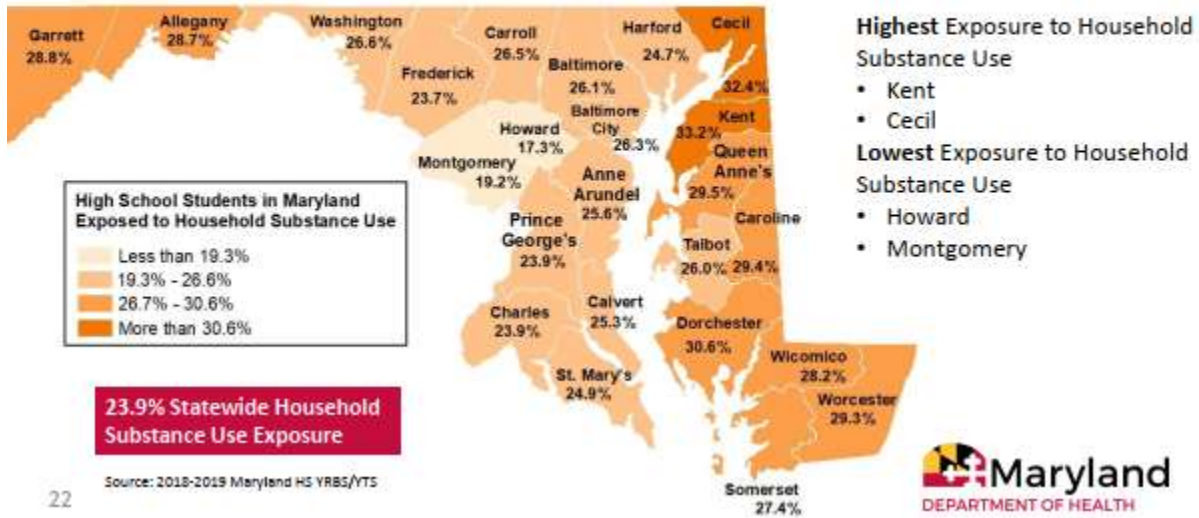
CHILD ABUSE & NEGLECT					FAMILY DYSFUNCTION				
	Kaiser	MD BRFSS 2015 Data	MD BRFSS 2018 Data	MD YRBS 2018 Data		Kaiser	MD BRFSS 2015 Data	MD BRFSS 2018 Data	MD YRBS 2018 Data
Physical Abuse	28 %	16.9%	14.7%		Substance Abuse	27 %	24.9%	24.8%	22.4%
Sexual Abuse	21 %	11.1%	12%		Parental Separation/ Divorce	23 %	27.5%	29.1%	
Emotional Neglect	15 %				Mental Illness	17 %	15%	15.4%	26.1%
Emotional Abuse	11 %	31.2%	34%	18.1%	Battered Mother	13 %	17.4%	15.3%	
Physical Neglect	10 %				Criminal Behavior	6 %	7.6%	8.0%	22.4%

The YRBS, in contrast, gathers data during childhood – in much closer proximity to when the adverse experiences may have occurred. This timely data serves multiple purposes. First, it provides **information about the extent of our youth’s exposure to ACEs**. Second, data collected over multiple years can be used to **assess whether prevention efforts are reducing ACEs**. Third, ACE data can provide **information about communities and groups where ACEs are most prevalent, enabling effective and equitable distribution of resources and services** to those at greatest need. Fourth, data can be used to show **associations between ACEs and risky behavior and adverse health outcomes**. This data is valuable in demonstrating the importance of preventing ACEs. Finally, inclusion of questions on positive childhood experiences enables us to examine the **potential ameliorative effects of positive experiences** such as having supportive adults available outside the home.

In 2018, Maryland was one of two states to pilot the inclusion of ACE questions in the YRBS, enabling a successful pilot of inclusion of ACE questions. Only four ACEs were included in the pilot – emotional abuse, household substance abuse, household mental illness, and household incarceration. **Yet these four questions provided valuable information to policymakers**. The table above includes data on the prevalence of these four ACEs from the 2018 YRBS and shows that approximately one-quarter of Maryland youth live with caregivers who have mental health issues, more than one-quarter live with caregivers who have substance abuse issues, and nearly one-quarter live with a caregiver who has been incarcerated. In addition, nearly one in five Maryland teens has been the victim of emotional abuse.

The data in the following maps, created by MDH, show not only how common these ACEs are, but also that no jurisdiction is immune. Cecil and Kent counties have the highest rates of caregivers with substance abuse or gambling addiction.

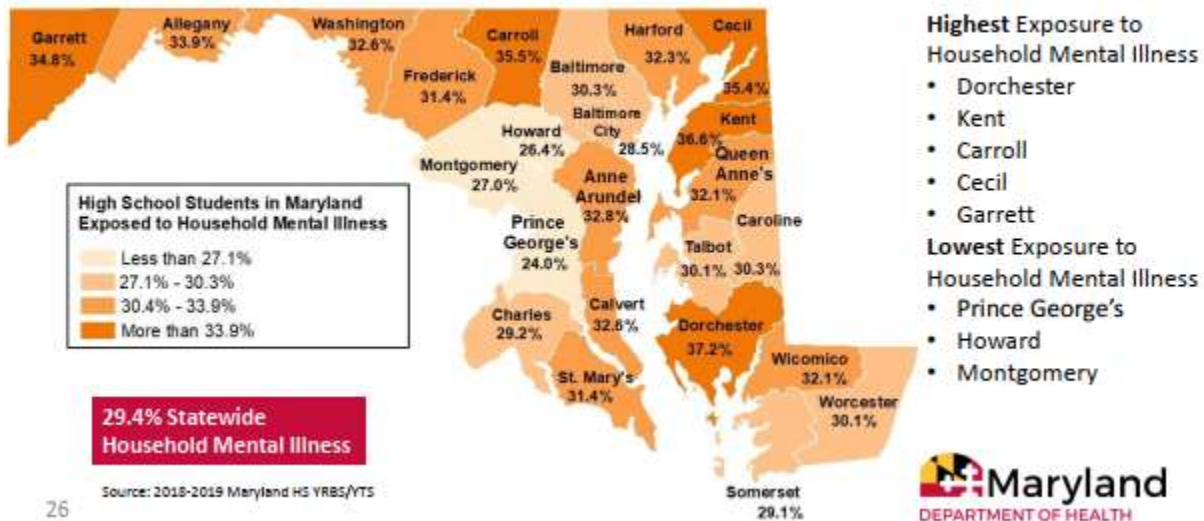
MAP: High School Students Who Have Ever Lived with Anyone Who Was an Alcoholic or Problem Drinker, Used Illegal Street Drugs, Took Prescription Drugs to Get High, or Was a Problem Gambler



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Dorchester, Kent, Carroll, Cecil, and Garrett counties have the highest rates of caregivers with mental illness.

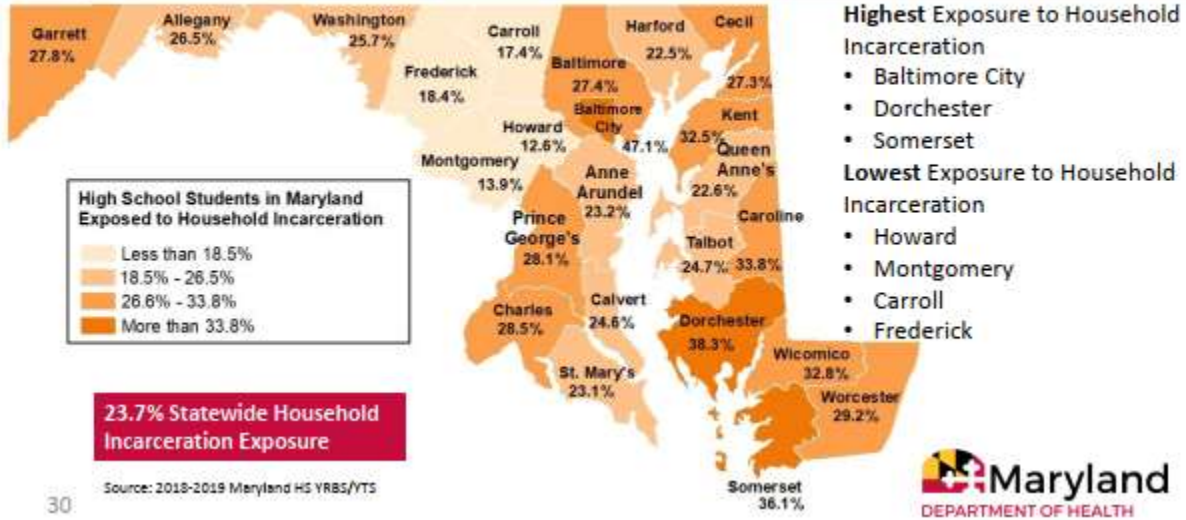
MAP: High School Students Who Ever Lived with Anyone Who Was Depressed, Mentally Ill, or Suicidal



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Baltimore City, Dorchester, and Somerset counties have the highest rates of caregivers who have been incarcerated.

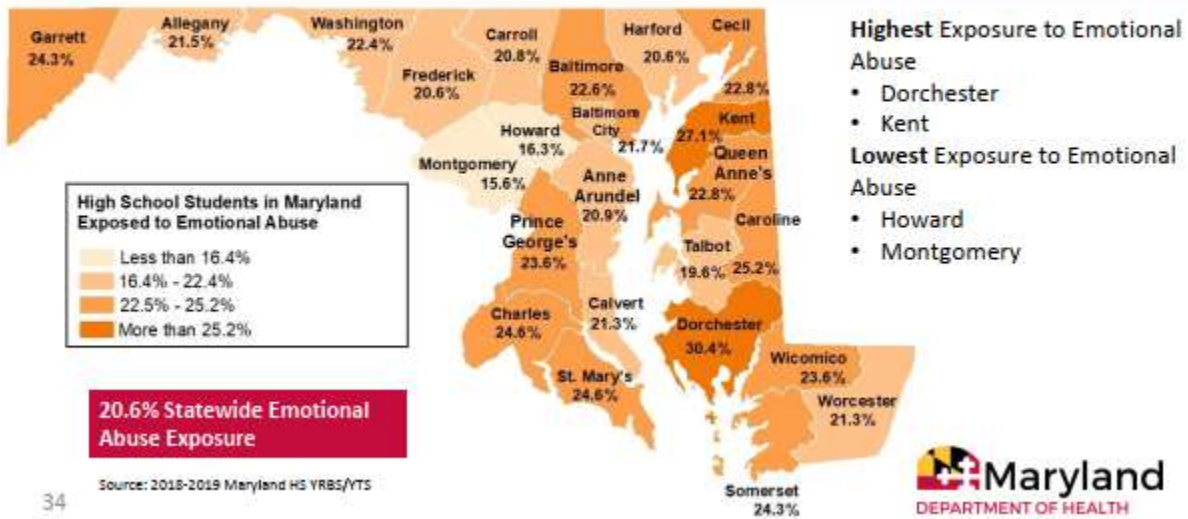
MAP: High School Students Who Reported Someone in Their Household Has Ever Gone to Jail or Prison



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Dorchester and Kent counties have the highest rates of teens exposed to emotional abuse.

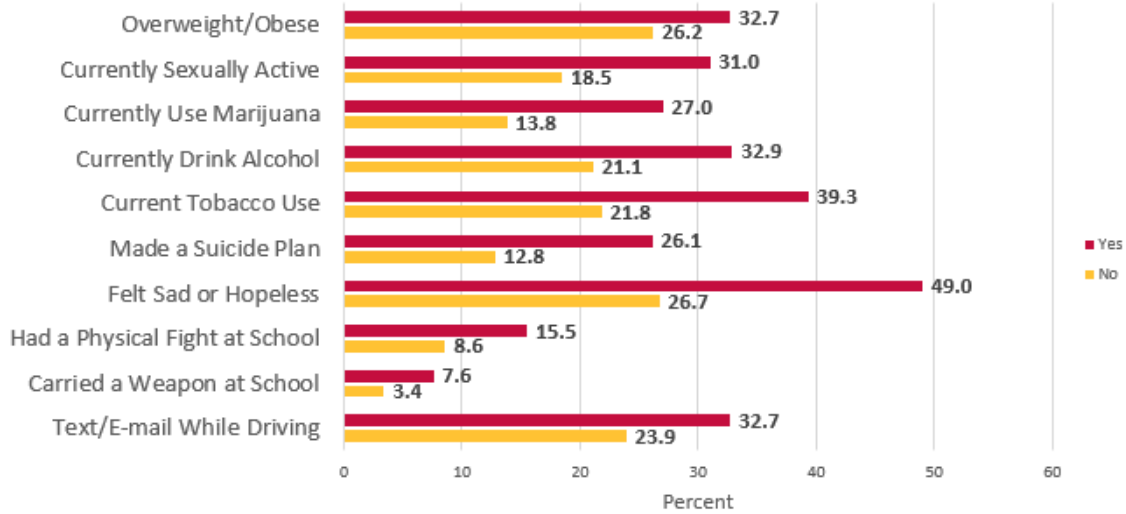
MAP: High School Students Who Reported a Parent or Other Adult in Their Home Regularly Swears at Them, Insults Them, or Puts Them Down



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A comparison of teens exposed to household substance abuse compared to unexposed teens showed higher rates of obesity, alcohol, tobacco, and marijuana use, depressive symptoms, and risky behavior among those teens exposed to substance abuse.

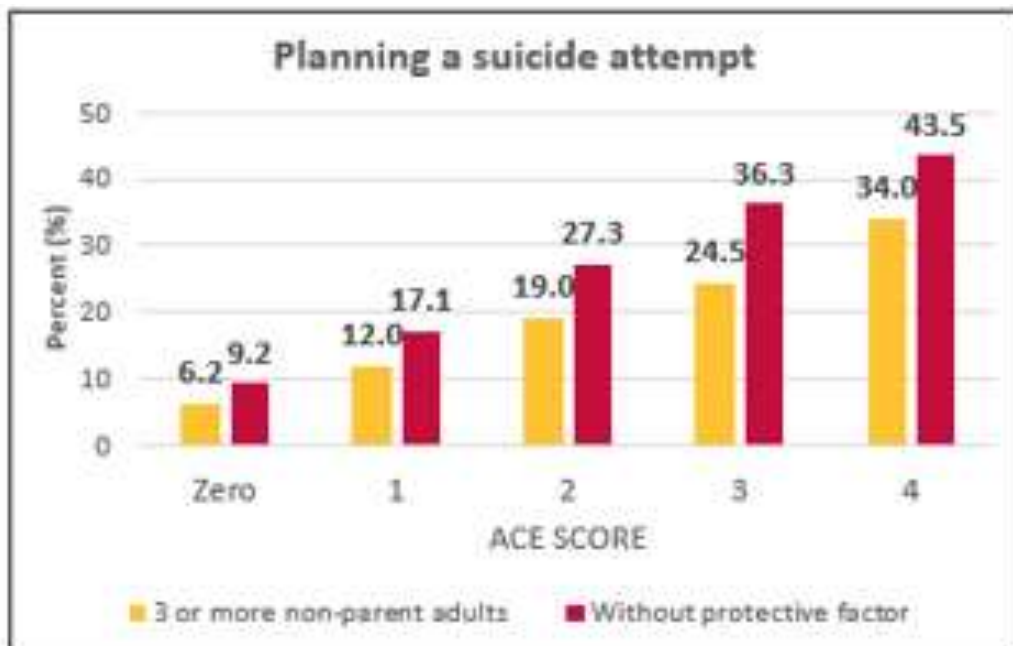
Exposed to Household Substance Abuse & Risk Behaviors



Source: 2018-2019 Maryland HS YRBS/YTS

Such data point to the importance of identifying caregivers with substance abuse, engaging caregivers in treatment, and having adequate treatment resources available in all communities.

The data below show the importance of having support from 3 or more non-parent adults in protection from suicidal ideation. **For all levels of ACEs, teens with supportive adults in their lives were less likely to exhibit suicidal ideation than those without the protective factor.**



This data on supportive adults suggests that programs to increase adult support and mentorship could be an effective mechanism to ameliorate the negative effects of ACE exposure.

Inclusion of the full complement of ACE questions and questions on positive childhood experiences would provide additional valuable data to Maryland citizens and policymakers. The required reports will enable the data to be used to target prevention and treatment services and to track the success of interventions.

For these reasons, we urge a favorable committee report and passage of Senate Bill 548.