

MCF_Fav_SB 425.pdf

Uploaded by: Geddes, Ann

Position: FAV



SB 425 – Workgroup on Screening Related to Adverse Childhood Experiences

Senate Finance Committee

Date: February 16, 2021

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

Maryland Coalition of Families strongly supports SB 425.

Children who have significant mental health needs often have experienced trauma in their lives. Studies on Adverse Childhood Experiences (ACEs) consistently show that children who have experienced four or more traumatic events, including physical or mental abuse, parental mental health or substance use problems, domestic violence, bullying, poverty, or community violence, to name a few, are at much greater risk of developing mental health problems such as depression, anxiety, behavioral disorders and suicidality. In addition, ACEs have been proven to have a profound negative impact on physical health.

Everyone knows that ACEs are bad. What is unclear is how to prevent them, how to track them, how to screen youth for them, and what to do with a positive screen. Maryland needs to address these multiple and complex questions related to ACEs, and SB 425 will help us to do just that. Establishing a workgroup with a broad mission is the best way to begin to take a public health approach to the debilitating effects of ACEs.

We know about treatment for trauma, and that it can be extremely effective. We must better understand the need for treatment in the population, how to identify youth in need of treatment, and how to connect them to appropriate resources.

For these reasons we urge a favorable report on SB 425.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-741-8668
ageddes@mdcoalition.org

SB0425 Workgroup on Screening Related to Adverse C

Uploaded by: Quinlan, Margo

Position: FAV

Senate Bill 425 Workgroup on Screening Related to Adverse Childhood Experiences

Senate Finance Committee

February 16, 2021

Position: Support

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to present testimony in support of Senate Bill 425.

SB 426 establishes a Workgroup on Screening Related to Adverse Childhood Experiences, to study best practices and develop screening tools that can be used by primary care providers to identify and address childhood trauma. This bill has been expanded and strengthened since its introduction last year in the House; this year's bill has an increased stakeholder population on the Workgroup and increases reporting requirements for better use at the state and county levels.

About 50% of children are exposed to a traumatic event, and as many as 67% of trauma survivors experience lasting psychosocial impairment. Trauma can affect a child's brain and delay certain development which can make it harder for the child to concentrate and study. According to the National Child Traumatic Stress Network (NCTSN) and the Family Informed Trauma Treatment Center in Maryland, nearly one-third of children in Baltimore City have two or more Adverse Childhood Experiences (ACEs). These ACEs have been found to have a direct impact on the normative development and lifelong health of individuals. ACE's include extreme poverty, family problems, experiencing or witnessing violence, abuse and discrimination. All of these can be extremely traumatic for children. ACEs are a significant risk factor for mental health and substance use disorders and can impact prevention efforts.

SB 426 seeks to bring stakeholders together to identify the screening tools that primary care providers can use to recognize the signs and symptoms of trauma or a mental health disorder related to ACEs. This workgroup will be charged with making recommended changes to the State Department of Education's physical examination form to include an assessment of trauma and the practices of primary care providers to screen and treat a minor that shows signs of ACEs. The primary care office is generally the first line of medical intervention for a child. As such, the state should investigate how to leverage this setting to identify and connect minors with ACEs to resources early.

There has been a national public awareness campaign across the country to highlight the impact of ACEs on children and youth. SB 425 moves the state to act by convening a workgroup to review various screening tools and develop procedures for primary care providers to identify and treat a child with ACEs. MHAMD urges a favorable report on Senate Bill 425.

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

SB 425 FAV ACY_MRock.pdf

Uploaded by: Rock, Melissa

Position: FAV

To: The Honorable Chair, Senator Delores Kelley, and members of the Finance Committee

From: Melissa S. Rock, Birth to Three Strategic Initiative Director

Re.: **SB 425: Workgroup on Screening Related to Adverse Childhood Experiences**

Date: February 16, 2021

Position: **SUPPORT**

ACEs, or Adverse Childhood Experiences, are a category of early life traumas which negatively impact long-term health, prosperity, and social mobility outcomes.ⁱ ACEs encompass traumatic experiences at all levels of severity and include: emotional, physical, and sexual abuse, emotional and physical neglect, domestic and intimate partner violence, illicit substance use in the home, untreated mental illness in the home, the incarceration of a household member, and the separation and/or divorce of adult caregivers.ⁱⁱ ACEs have the potential to hinder an individual's neurological, socio-behavioral, and emotional development, all of which have repercussions for students' well-being and their ultimate academic success.

ACEs don't target individuals based on race, gender, ability status, sexuality, nationality, socio-economic status, or any of the identity markers we typically use when disaggregating data. The groundbreaking 1998 study found that ACEs are relatively common—**about 67% of survey participants had at least one ACE.**ⁱⁱⁱ Unfortunately, the study also demonstrated that when an individual had more ACEs, the odds of them experiencing negative outcomes like alcohol and substance abuse, depression, adolescent parenthood, and many other issues also increased. Having 3 or more ACEs is typically the threshold for these negative outcomes. More than 40% of Maryland children have at least one ACE—**15.4% have had two or more.**^{iv} Please find the attached county-level ACEs data from the 2018-2019 Maryland Youth Risk Behavioral Survey.^v

Given how high the prevalence of ACEs is among Maryland's children, it is critical that we increase our screenings for ACEs in young children, to ensure they get the support they need to prevent these ACEs from adversely impacting their development. 85% of a person's brain development happens in their first three years. A strong attachment to a caregiver can buffer the impact ACEs can have on a young child's brain development and ensure the develop the social emotional skills they need to succeed. SB 425's Workgroup on Screening Related to ACEs will ensure this increased screening for ACEs can be implemented across Maryland. **ACY urges this committee to issue a favorable report on SB 425 to ensure children with ACEs get the support they need so those ACEs do not lead to dangerous behavior and negative health outcomes.**

ⁱ Centers for Disease Control and Prevention:

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fcestudy%2Findex.html

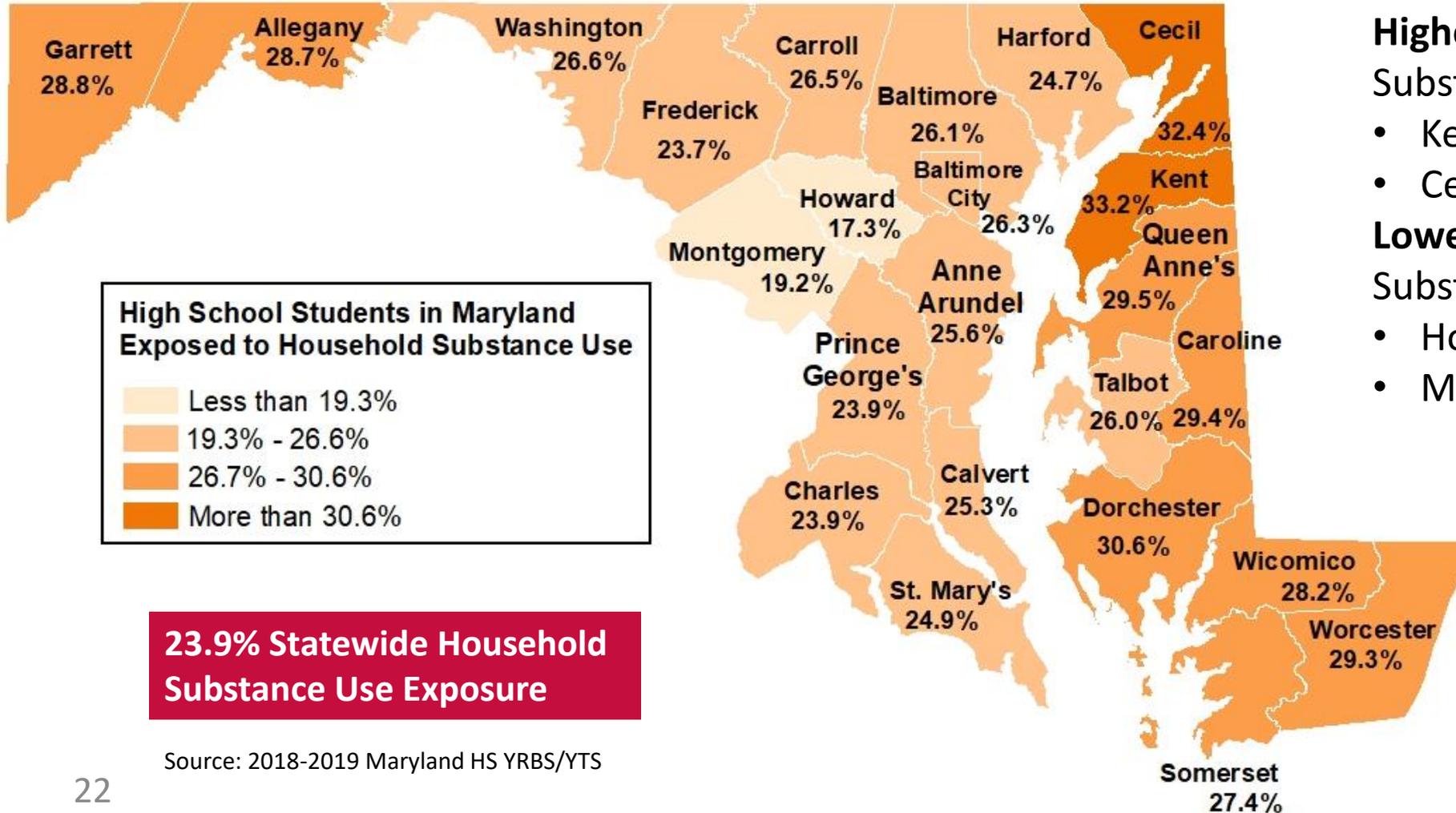
ⁱⁱ Id.

ⁱⁱⁱ Id.

^{iv} Baltimore Sun. *More than 40 percent of Maryland children experience traumatic events.* October 19, 2017.

^v Jallah, Nikardi, MPH, "Adverse Childhood Experiences on the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) (Frederick & Baltimore City Examples)" presentation to Maryland's State Council on Child Abuse and Neglect, December 3, 2020. The Maryland Youth Risk Behavior Survey is an anonymous survey and the 2018-2019 data included 41,091 surveys from students across Maryland.

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



Highest Exposure to Household Substance Use

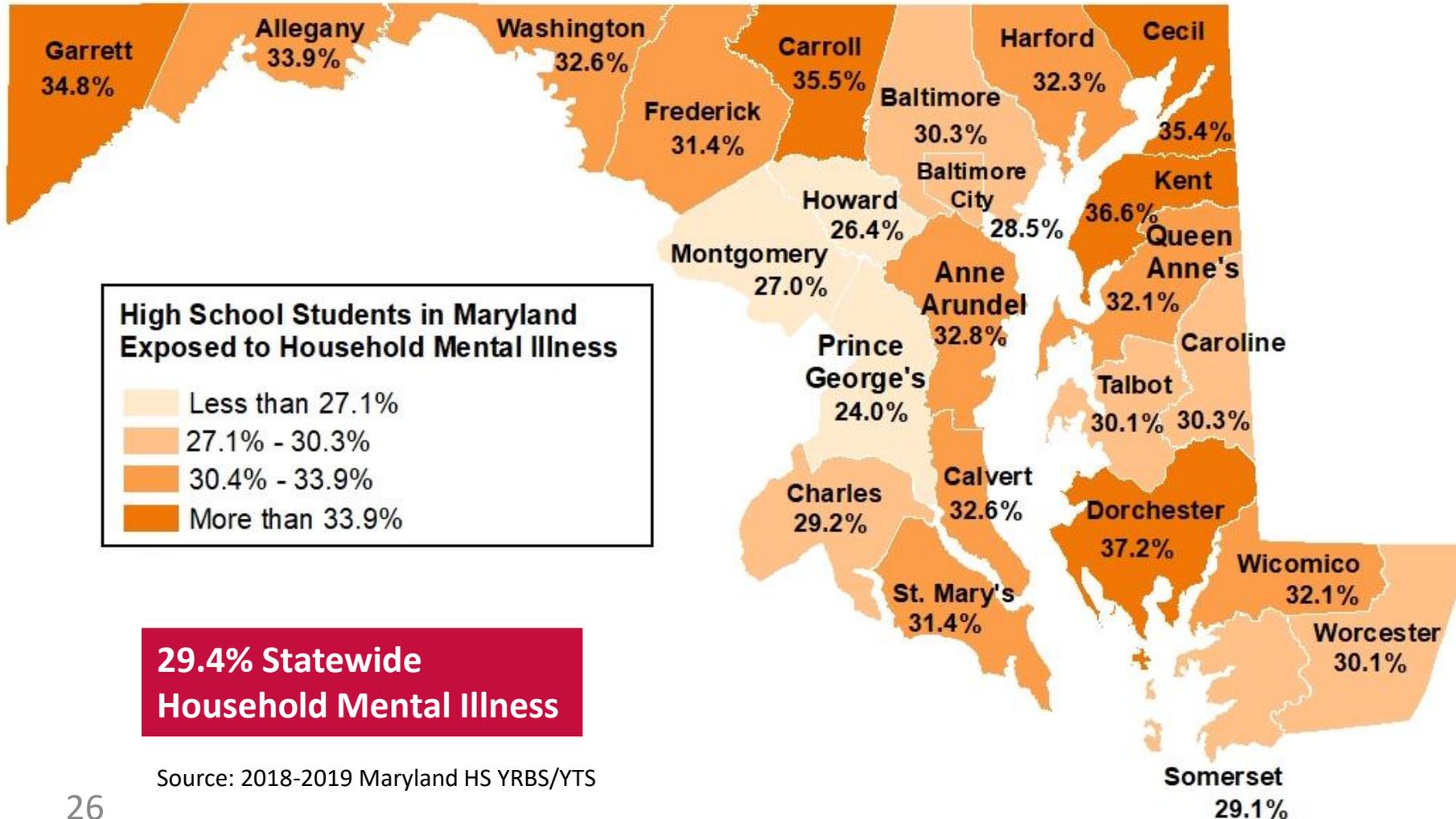
- Kent
- Cecil

Lowest Exposure to Household Substance Use

- Howard
- Montgomery

Source: 2018-2019 Maryland HS YRBS/YTS

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



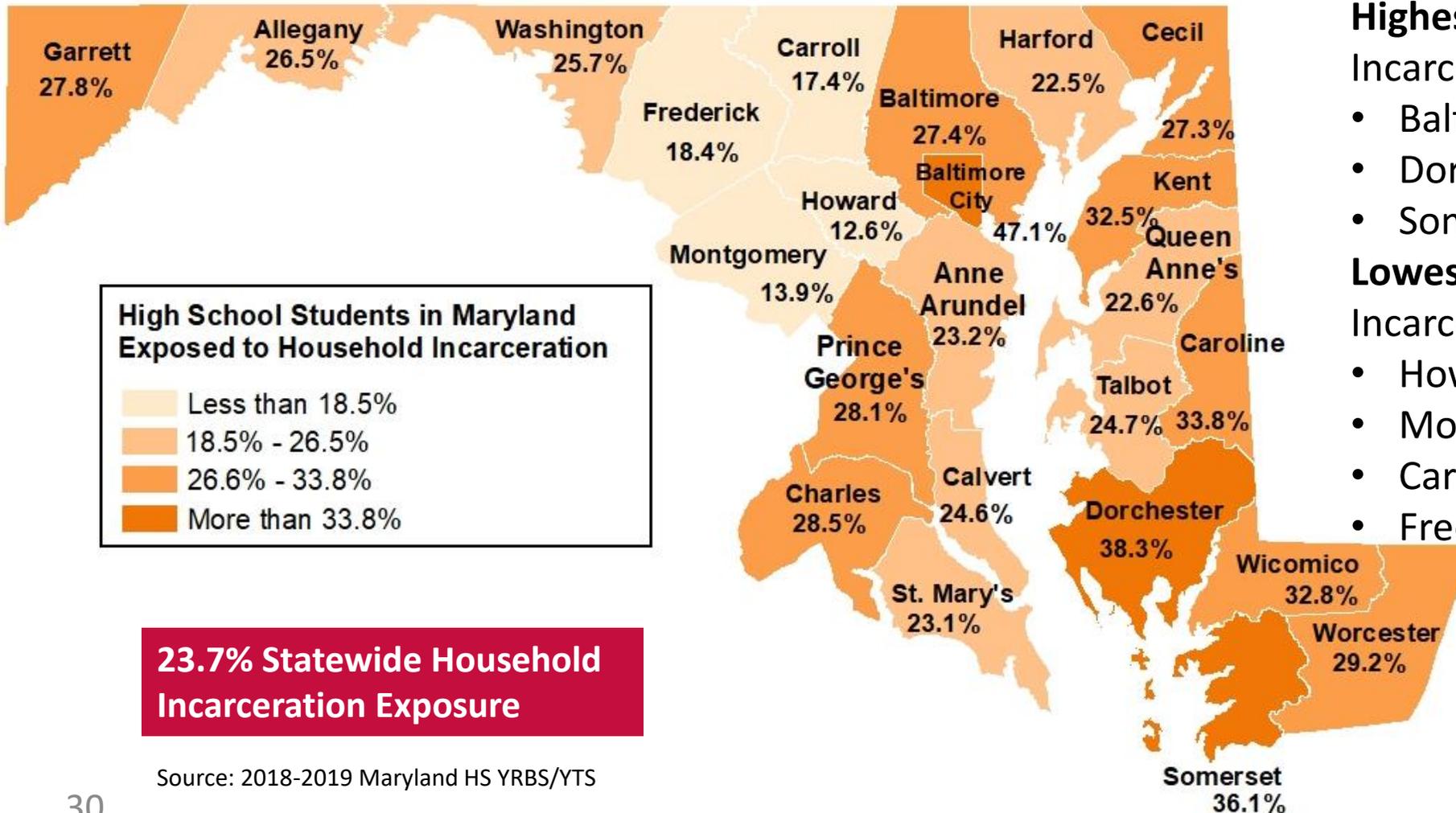
Highest Exposure to Household Mental Illness

- Dorchester
- Kent
- Carroll
- Cecil
- Garrett

Lowest Exposure to Household Mental Illness

- Prince George's
- Howard
- Montgomery

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



Highest Exposure to Household Incarceration

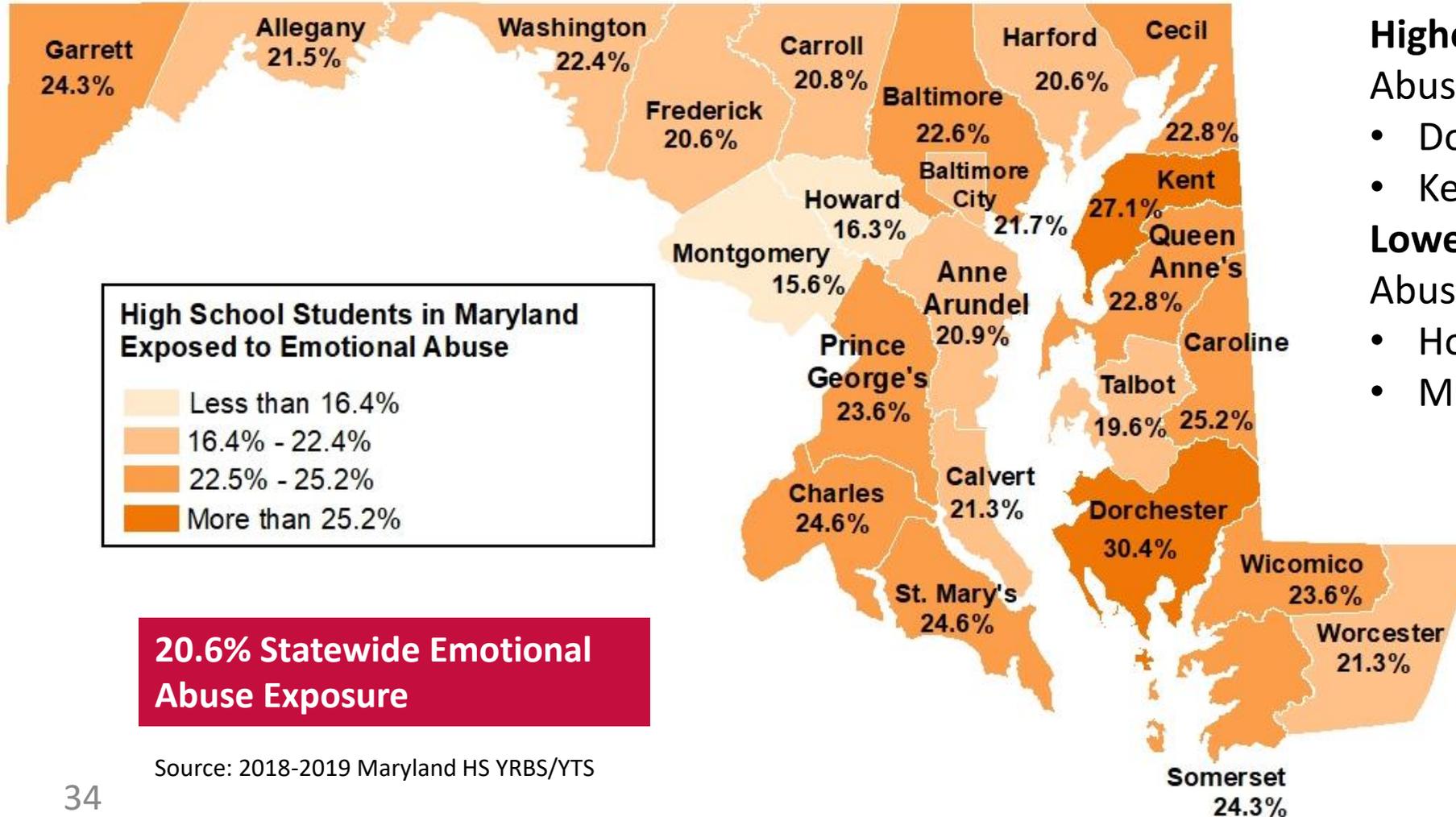
- Baltimore City
- Dorchester
- Somerset

Lowest Exposure to Household Incarceration

- Howard
- Montgomery
- Carroll
- Frederick

Source: 2018-2019 Maryland HS YRBS/YTS

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



Highest Exposure to Emotional Abuse

- Dorchester
- Kent

Lowest Exposure to Emotional Abuse

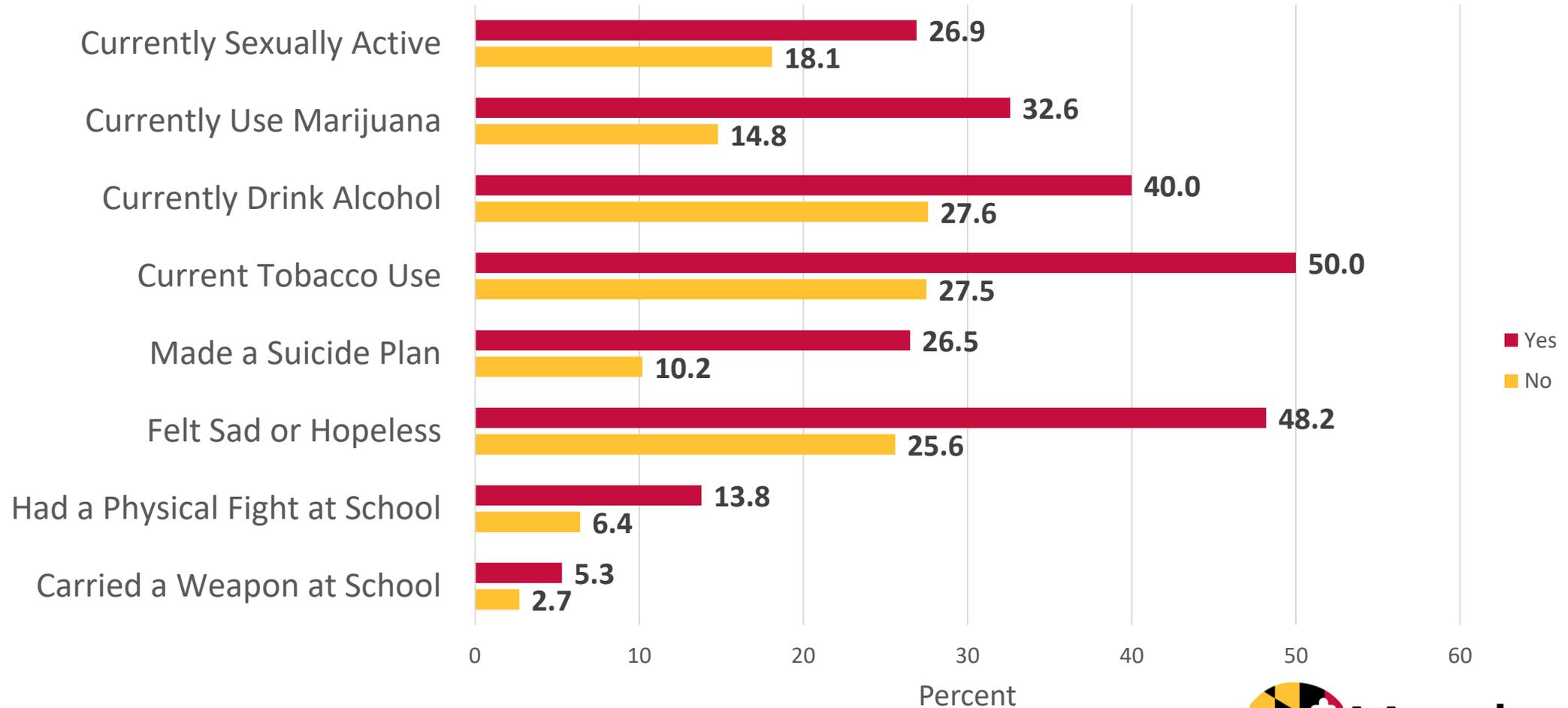
- Howard
- Montgomery

20.6% Statewide Emotional Abuse Exposure

Source: 2018-2019 Maryland HS YRBS/YTS

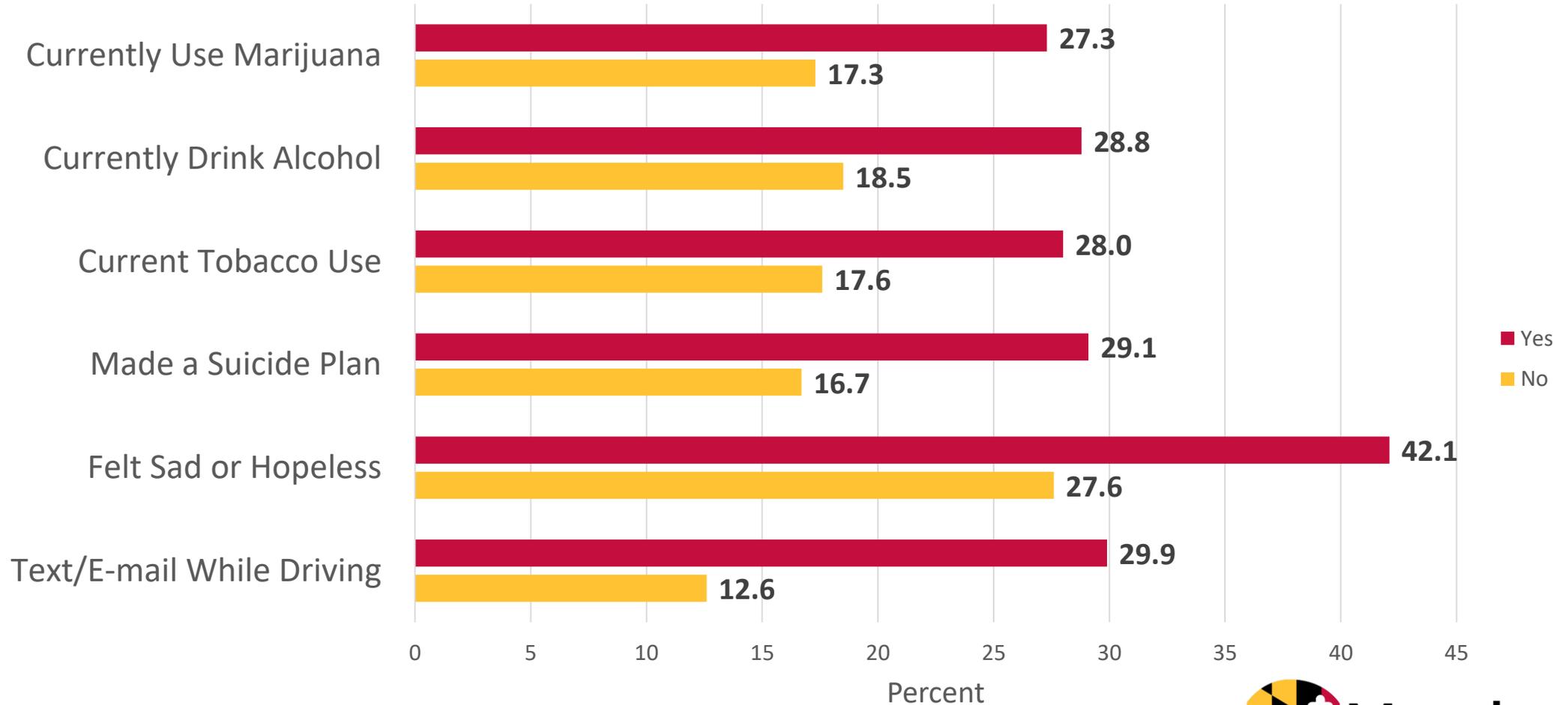


Frederick County HS Students Exposed to Household Substance Abuse



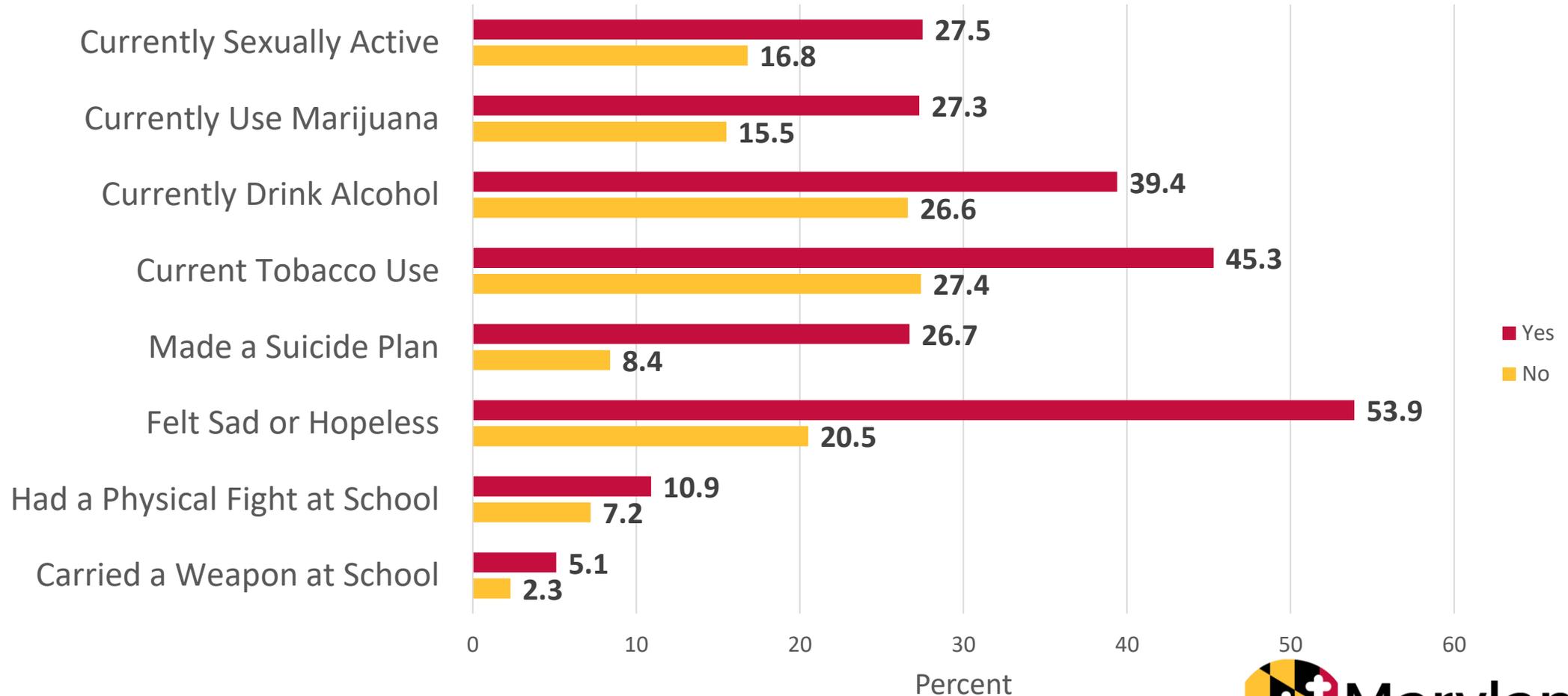
Source: 2018-2019 Maryland HS YRBS/YTS

Baltimore City HS Students Exposed to Household Substance Abuse



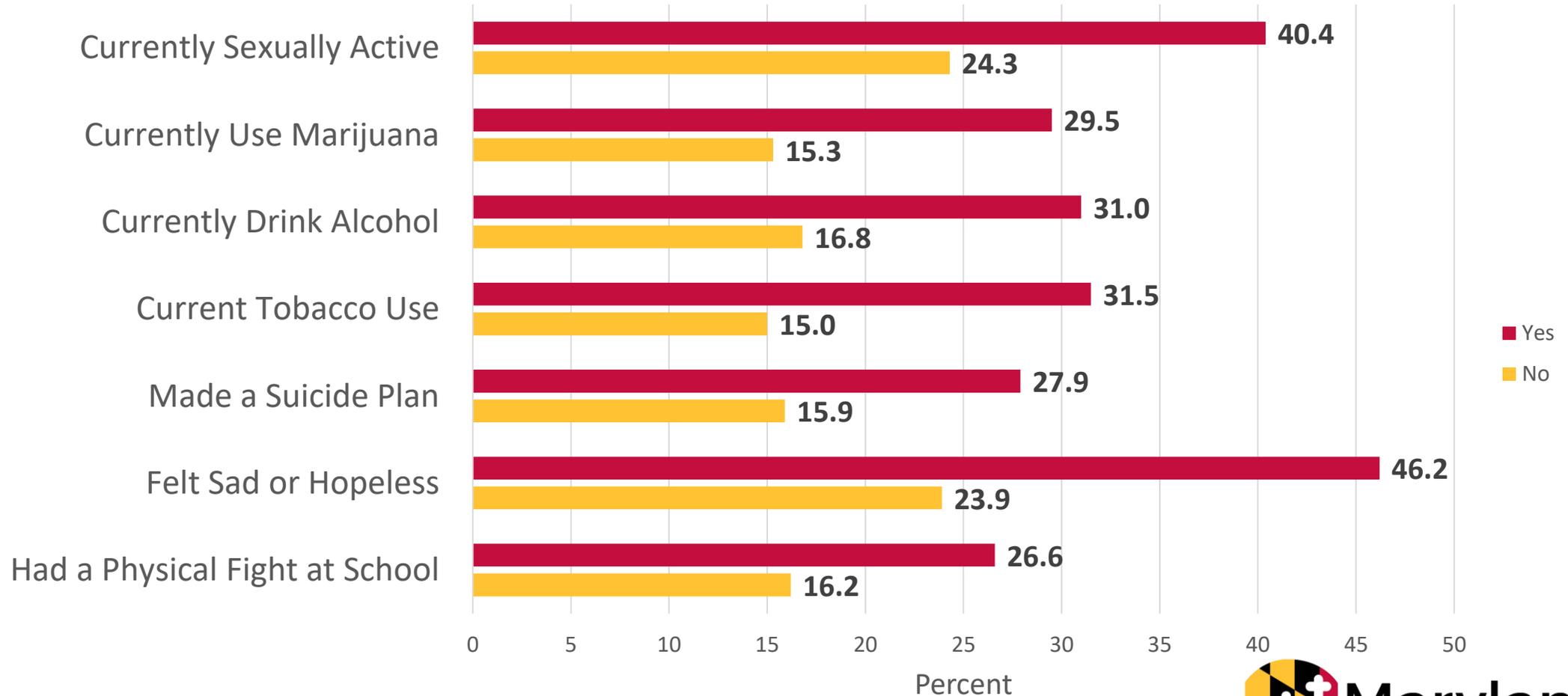
Source: 2018-2019 Maryland HS YRBS/YTS

Frederick County HS Students Exposed to Household Mental Illness



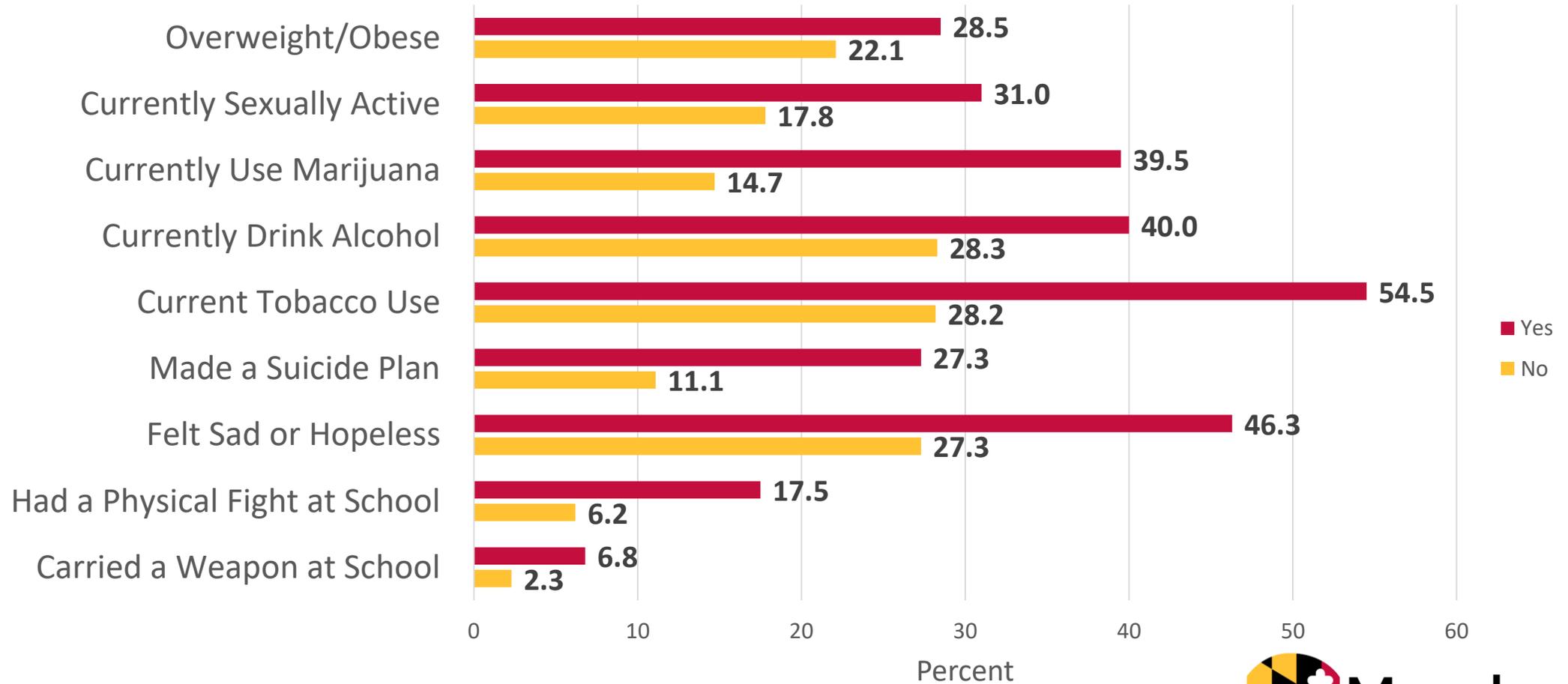
Source: 2018-2019 Maryland HS YRBS/YTS

Baltimore City HS Students Exposed to Household Mental Illness



Source: 2018-2019 Maryland HS YRBS/YTS

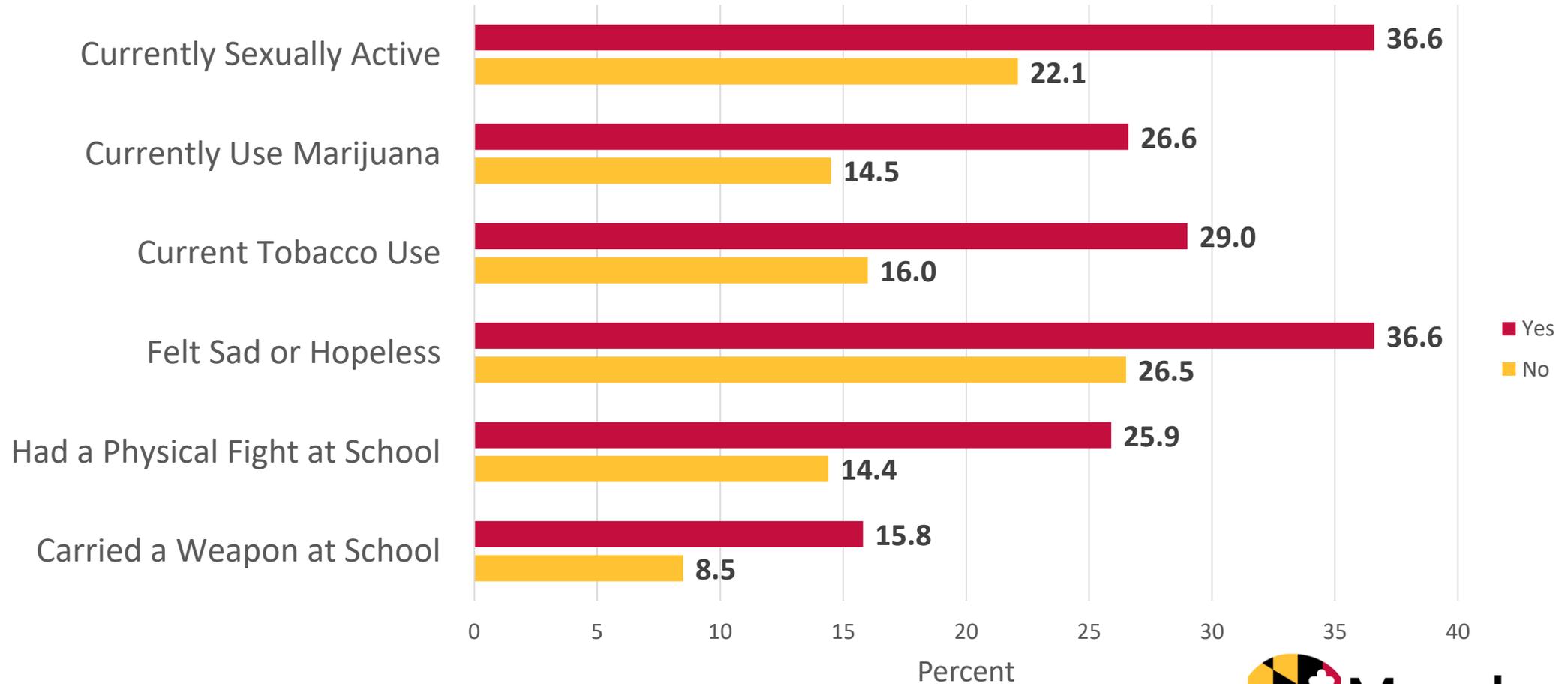
Frederick County HS Students Exposed to Household Incarceration



Source: 2018-2019 Maryland HS YRBS/YTS

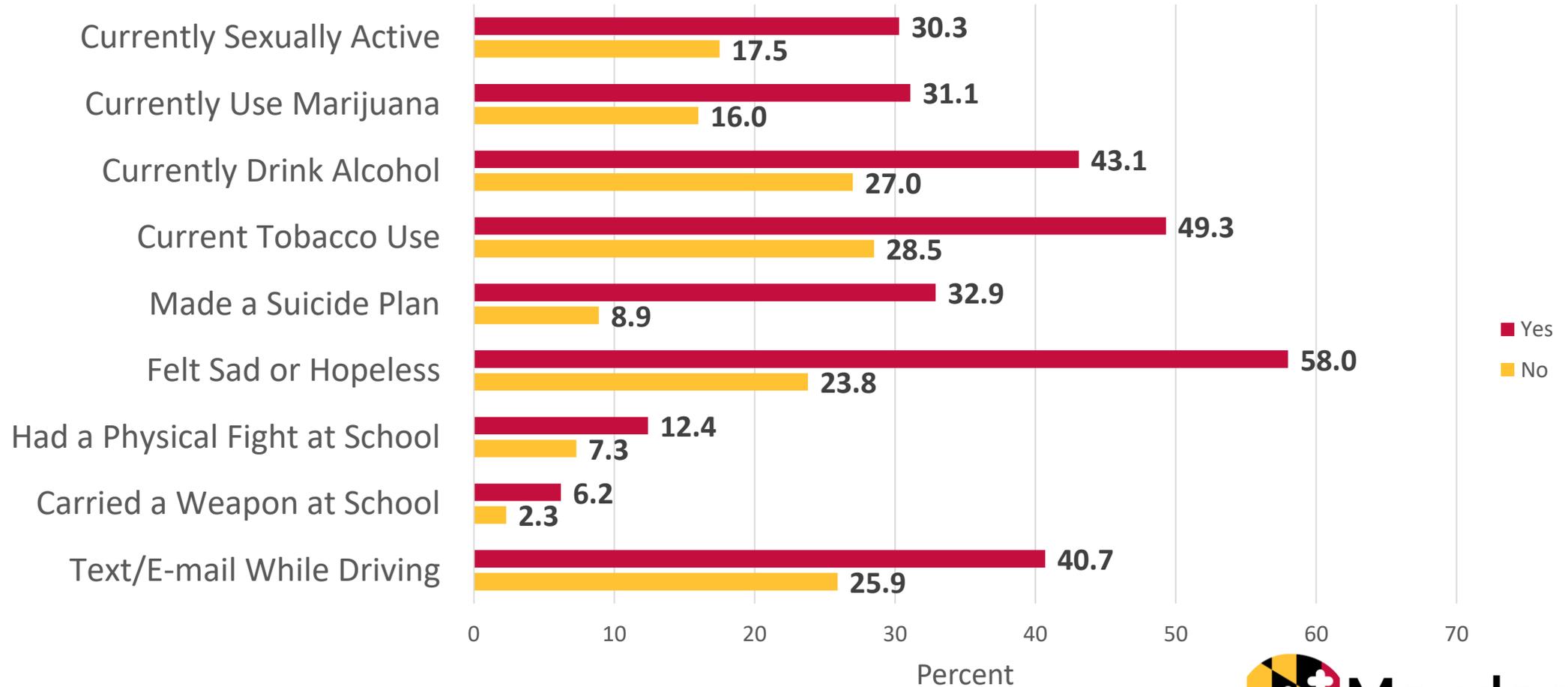


Baltimore City HS Students Exposed to Household Incarceration



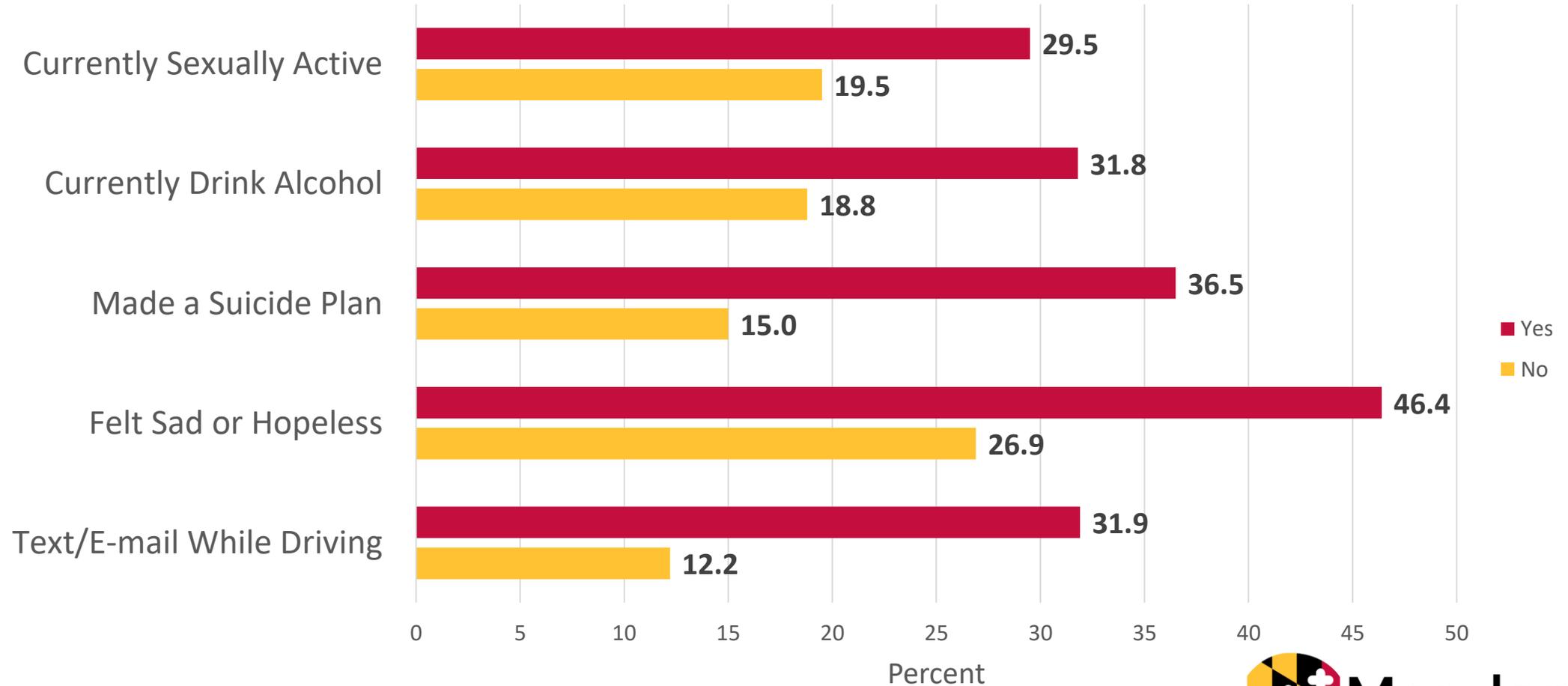
Source: 2018-2019 Maryland HS YRBS/YTS

Frederick County HS Students Exposed to Emotional Abuse



Source: 2018-2019 Maryland HS YRBS/YTS

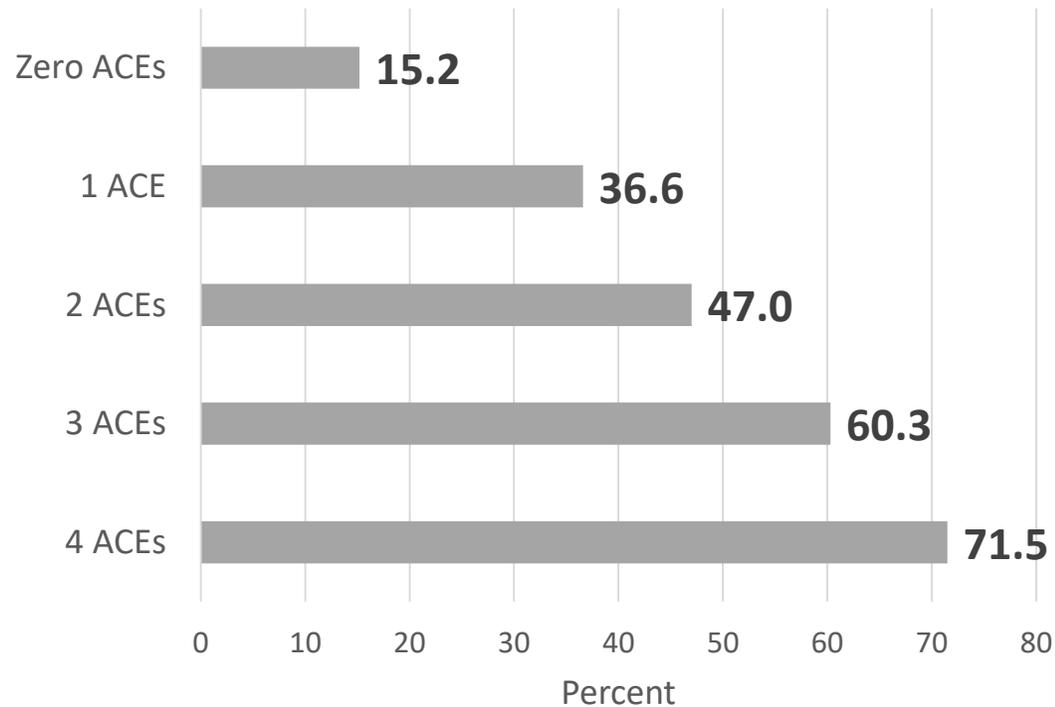
Baltimore City HS Students Exposed to Emotional Abuse



Source: 2018-2019 Maryland HS YRBS/YTS

Dose-Response Relationship- Frederick County (3)

Felt Sad or Hopeless



Odds of Feeling Sad or Hopeless By ACE Score

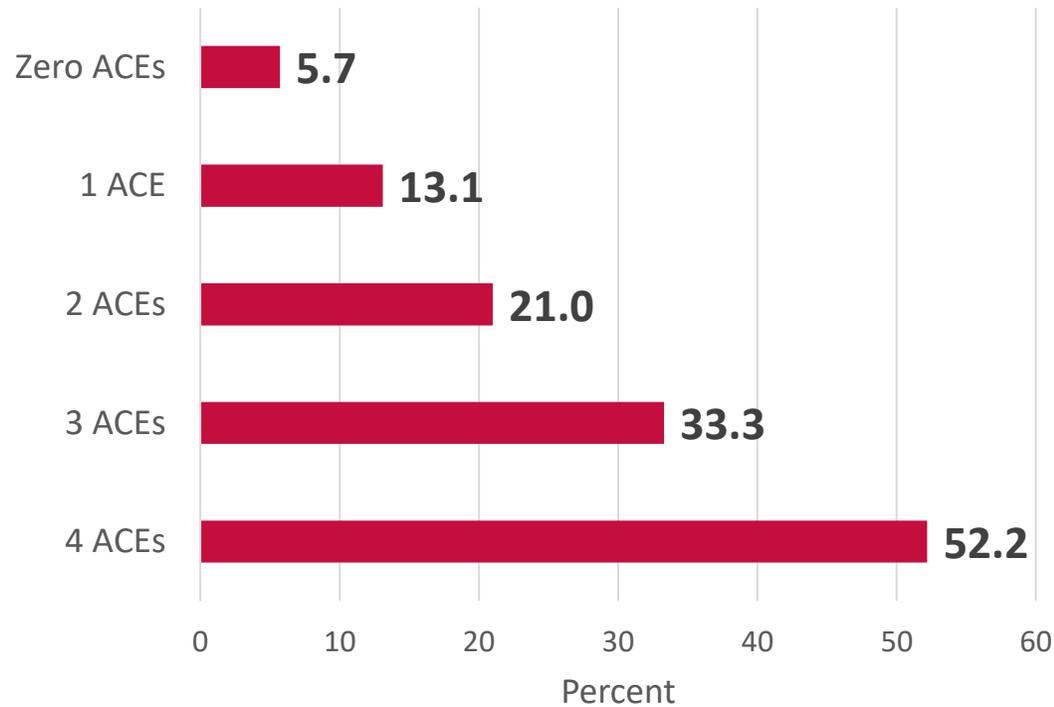
| ACE Number | Odds Ratio (ORa) |
|------------|------------------|
| Zero ACEs | 1.0 |
| 1 ACE | 3.1 |
| 2 ACEs | 5.0 |
| 3 ACEs | 8.2 |
| 4 ACEs | 13.9 |

*Adjusted OR: race, age, and sex

Source: 2018-2019 Maryland HS YRBS/YTS

Dose-Response Relationship- Frederick County (4)

Made a Suicide Plan



Odds of Making a Suicide Plan By ACE Score

| ACE Number | Odds Ratio (ORa) |
|------------|------------------|
| Zero ACEs | 1.0 |
| 1 ACE | 2.4 |
| 2 ACEs | 4.5 |
| 3 ACEs | 7.8 |
| 4 ACEs | 17.4 |

*Adjusted OR: race, age, and sex

Source: 2018-2019 Maryland HS YRBS/YTS

Dose-Response Relationship - Baltimore City (8)

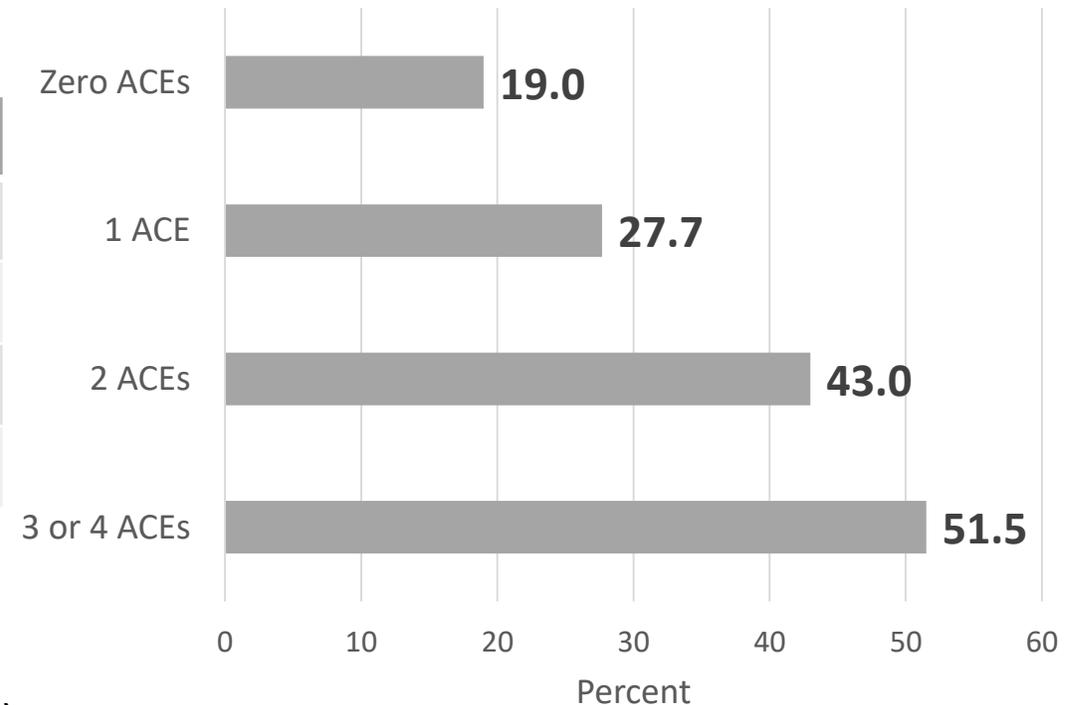
Odds of Feeling Sad or Hopeless By ACE Score

| ACE Number | Odds Ratio (ORa) |
|-------------|------------------|
| Zero ACEs | 1.0 |
| 1 ACE | 1.7* |
| 2 ACEs | 3.6* |
| 3 or 4 ACEs | 5.0* |

Adjusted OR: race, age, and sex

*Significant difference from reference group (zero ACEs)

Felt Sad or Hopeless



Dose-Response Relationship - Baltimore City (9)

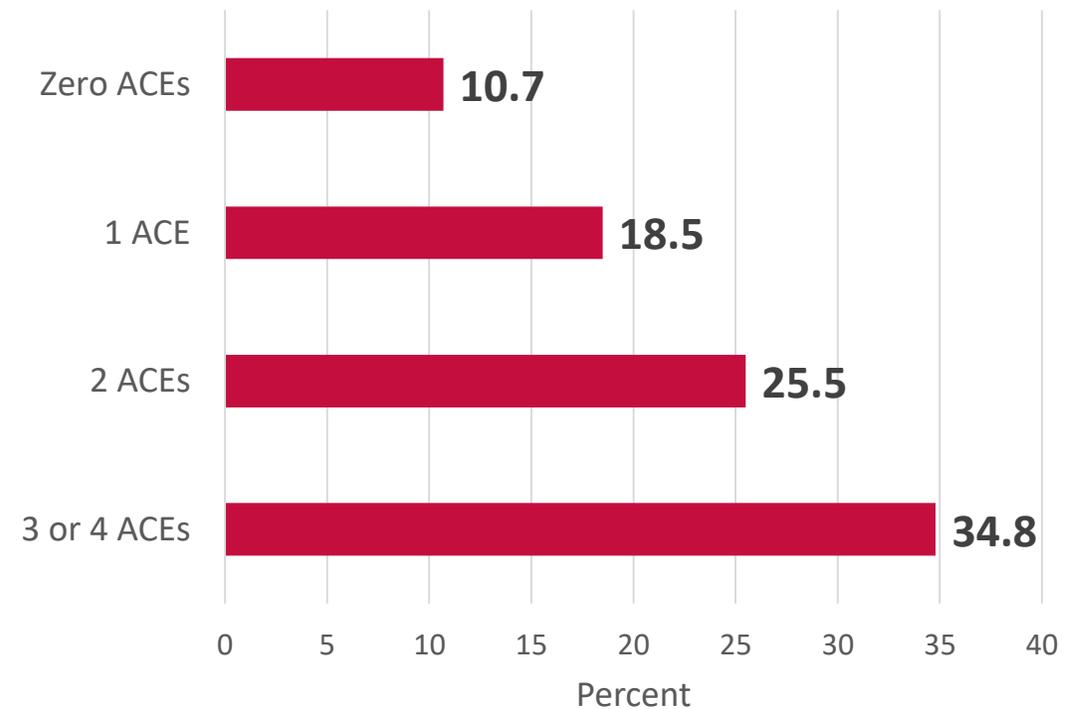
Odds of Making a Suicide Plan By ACE Score

| ACE Number | Odds Ratio (ORa) |
|-------------|------------------|
| Zero ACEs | 1.0 |
| 1 ACE | 2.0* |
| 2 ACEs | 3.2* |
| 3 or 4 ACEs | 4.1* |

Adjusted OR: race, age, and sex

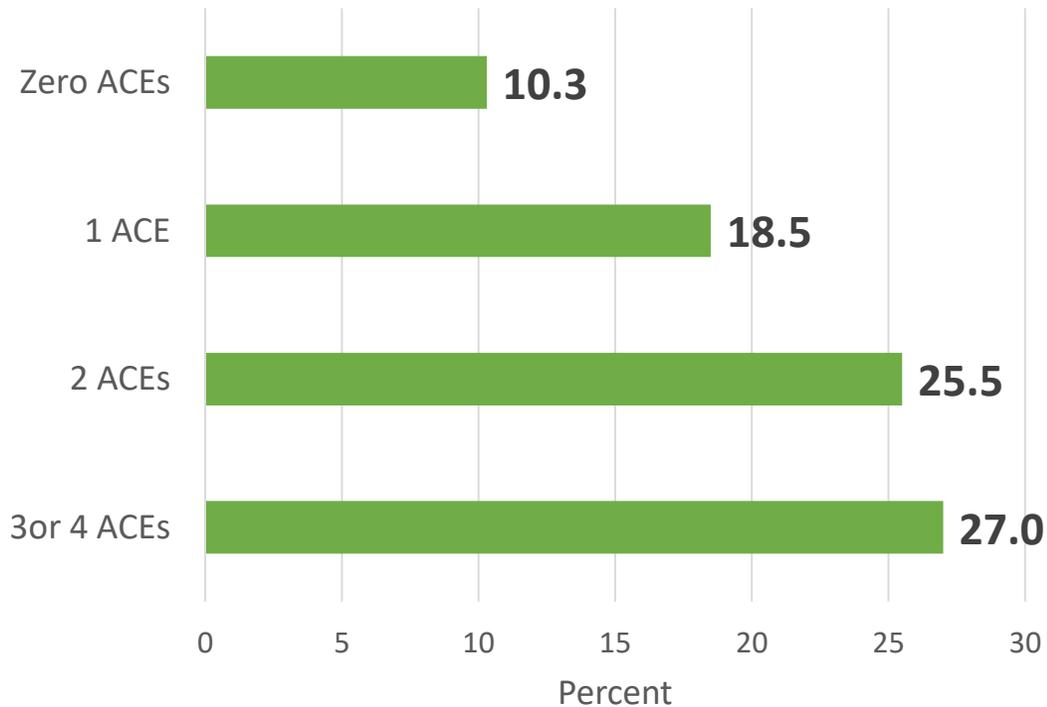
*Significant difference from reference group (zero ACEs)

Made a Suicide Plan



Dose-Response Relationship - Baltimore City (11)

Physical Fight on School Property



Physical Fight on School Property By ACE Score

| ACE Number | Odds Ratio (ORa) |
|-------------|------------------|
| Zero ACEs | 1.0 |
| 1 ACE | 1.9* |
| 2 ACEs | 2.9* |
| 3 or 4 ACEs | 3.2* |

Adjusted OR: race, age, and sex

*Significant difference from reference group (zero ACEs)

Maryland Psychological Association - Support - SB

Uploaded by: Shattuck, Daniel

Position: FAV



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February 12, 2021

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The Honorable Delores Kelley, Chair
Finance Committee

11 Bladen Street
East Miller Senate Office Building, Room 3
Annapolis, MD 21401

Bill: SB 425 – Workgroup on Screening Related to Adverse Childhood Experiences

Position: Support

Dear Chair Kelley and Members of the Committee,

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in support of SB 425 – **Workgroup on Screening Related to Adverse Childhood Experiences (ACES)**.

We are writing in support of this bill. ACES screening measures a limited set of childhood experiences that can meaningfully increase the risk of adult mental and physical health problems such as child physical abuse, sexual abuse, child neglect, parental abandonment, and parental mental health or physical health problems. Communities use ACES screening to develop programs to prevent child abuse before it happens. Health care providers use ACES to guide early intervention during childhood to help children and families cope with emotional and physical consequences of ACES and prevent more harm.

ACES screening can be misused, when protective factors are not considered. An expert workgroup is essential to develop effective and socially just prevention programs. Also, ACES are related to individual, family and community characteristics. Therefore, prevention depends on helping communities as well as individuals and families prevent and treat ACES and depends on physicians, mental health professionals, educators, social services, law enforcement and public health professionals.

For these reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 425.

Thank you for considering our comments on SB 425. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Sincerely,

Esther Finglass

Esther Finglass, Ph.D.
President

R. Patrick Savage, Jr.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB425_Workgroup on ACES_Support.pdf

Uploaded by: Taylor, Allison

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 16, 2021

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 425 – Support

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente is pleased to support – SB 425 – “Workgroup on Screening Related at Adverse Childhood Experiences.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente believes creating and enhancing measures to screen our youth for mental health challenges are paramount in forging pathways from trauma and toxic stress to recovery and healing. Studies show the impact of trauma is very broad and can impact a person across many parts of life: health, behavioral health, family, work, school and more. Roughly 59% of men and women experience at least one adverse childhood experience (ACE) in their life and 9% experience five or more ACEs. Moreover, children with histories of such experiences are twice as likely to have chronic health conditions.

Kaiser Permanente supports this legislation and would seek a seat on the workgroup if this legislation is enacted.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

SB 425--Workgroup on Screening Related to ACEs--FW

Uploaded by: Dove, Tina

Position: FWA

**Testimony in Support with Amendments to Senate Bill 425
Workgroup on Screening Related to Adverse Childhood Experiences**

**Senate Finance Committee
February 16, 2021
1:00 pm**

**Tina N. Dove, M.Ed.
Government Relations**

The Maryland State Education Association is in support, with amendments, of Senate Bill 425, legislation that would establish the Workgroup on Screening Related to Adverse Childhood Experiences. The Workgroup would be charged with updating, improving, and developing a screening tool for use by primary care providers to use in the identification and treatment of children with mental and behavioral health issues that could have been cause by Adverse Childhood Experiences (ACEs), which would be submitted to the Maryland Department of Health. Finally, the Workgroup would submit recommendations regarding the ACEs screening to the Maryland State Department of Education (MSDE).

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our 896,837 students for careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3 million-member National Education Association (NEA).

Many of our students come to school laboring under myriad issues that impact their ability to function well. For some, these issues are the product of the stresses and trauma associated with systemic poverty. For others, they may have domestic problems within their families or neighborhoods. These are examples of trauma that our students bring with them into the school building, which impacts not only their ability to function normally, but the school community's ability to establish and maintain a healthy school climate for all. The CDC-Kaiser Permanente Adverse Childhood Experiences Study, conducted between 1995-1997, looked at the long-term impacts childhood abuse and neglect had on the health and well-being of

patients¹. ACEs were categorized into three groups: abuse, neglect, and family/household challenges. A patient's ACE score was calculated, with the score serving as an indicator of cumulative childhood stress. The study's findings revealed "a graded dose-response² relationship between ACEs and negative health and well-being outcomes across the course of life."³ In short, as the number of ACEs increases, the risk of several negative outcomes—including, but not limited to, poor academic outcomes, poor work performance, and suicide attempts—also increases.

MSEA believes that every Maryland child is a whole child—one that needs to feel healthy, safe, engaged, supported and challenged in order to eventually see success in college, career and life. In advocating for the needs of the whole child, we have been staunch supporters of the effort to bring trauma-informed practices into our schools because we recognize the toll trauma takes on all members of the school community—students and adults alike. We know that failure to address this trauma leads to disrupted school environments for all. We have time and again experienced the deleterious impact ACEs can have on our classrooms and our students' lives, our students' families, and our communities. Given the current and future impacts we expect will result from the COVID-19 global pandemic, we believe very strongly that every step must be taken to prepare our schools, our communities, and our state for what lies ahead; and that these efforts must commence with an appropriate sense of urgency.

While we recognize that a great deal must be done, we know unequivocally that those efforts directly impacting our students must not be limited to confines of the schoolhouse. As such, we support the creation of this workgroup and eagerly await its findings and recommendations. However, we would be remiss if we did not make note of our general concerns related to screening young children for ACEs. These concerns include:

- the potential stigmatization of children in response to the screening results;

¹ [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract) (accessed on February 12, 2021)

² A dose-response describes the change in an outcome (e.g. alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.

³ *ibid*



- the potential of screening results being misinterpreted, and as such, leading to an erroneous belief that a child's ACEs score is an unequivocal predictor of their future successes or struggles; and
- the potential for those lacking a clear understanding of ACEs desiring to connect this baseline assessment of children's behavioral and mental health status with their eventual academic performance and, thus, the instructional effectiveness of their educators.

With that said, MSEA believes this bill could be strengthened by a few suggested amendments. They are as follows:

- The inclusion of a current elementary-level, public school educator, designated by the Maryland State Education Association and the Baltimore Teacher's Union;
- Requiring the Public School Superintendents' Association of Maryland or the Maryland Association of Elementary School Principals to designate the superintendent or the principal denoted on page 2, lines 29-30, instead of tasking that role to the State Superintendent of Schools; and
- Requiring the Maryland Association of School Health Nurses to designate the school nurse denoted on page 3, lines 6-7, instead of tasking that role to the State Superintendent of Schools.

We believe these amendments will serve to strengthen the bill and respectfully request that the bill sponsor and the members of the Finance Committee agree to incorporate these friendly amendments into this legislation.

With the inclusion of said amendments, MSEA requests a Favorable Report on Senate Bill 425.

Senate Bill 425_MAREE_FWA.pdf

Uploaded by: Gardiner, Shamoyia

Position: FWA



Maryland Alliance for
Racial Equity in Education

Senate Bill 425: Workgroup on Screening Related to Adverse Childhood Experiences
Position: Favorable with Amendments
Committee: Finance

February 16, 2021

Chair Kelley and members of the Senate Finance Committee:

The Maryland Alliance for Racial Equity in Education (MAREE) is pleased to provide favorable with amendments testimony for Senate Bill 425-Workgroup on Screening Related to Adverse Childhood Experiences. MAREE is a coalition of education advocacy, civil rights, and community-based organizations committed to eliminating racial disparities in Maryland's education system.

MAREE is supportive of proactive, culturally relevant efforts to address the mental and behavioral health needs of students, particularly given the acute, disproportionate impacts of the coronavirus pandemic on Black, Latino, and Indigenous families and communities. These racial/ethnic groups have been devastated by the virus, which represent 75% of child deaths due to COVID and just 41% of that national population. The moment we are in is a long, complex adverse childhood experience for too many.

Even prior to the current pandemic, the very same historically and presently oppressed groups of children experienced ACES at disproportionate rates and had limited access to quality mental and behavioral healthcare.

SB 425 would establish a workgroup to undertake a near-comprehensive look at the scope and impact of adverse childhood experiences on minors in the state and make recommendations to address their needs. MAREE believes this bill could be strengthened with the following modifications:

- The workgroup should include at least one (if not multiple) individuals with expertise in culturally relevant pedagogy and practices, such as liberation-focused healing, restorative practices, and trauma-informed healing
- The workgroup should include several recent graduates of or current students in Maryland public schools who are racially and geographically representative of the state
- The workgroup should include some data indicators to capture the experiences of students who have undocumented or mixed family status, which may require partnership with trusted community validators serving undocumented and mixed status communities

The mental, behavioral, and overall socio-emotional health of Maryland's students is a prerequisite to their academic success. Maryland's Black, Brown, and Indigenous students in particular, and our public-school students at large, will benefit from the work and recommendations of the workgroup proposed by this bill.

For these reasons, the Maryland Alliance for Racial Equity in Education urges an amended favorable report on SB 425

SB0425_FWA_MDAAP_WG Screening Related to ACEs.pdf

Uploaded by: Kasemeyer, Pam

Position: FWA



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 16, 2021

RE: **SUPPORT ONLY IF AMENDED** – Senate Bill 425 – *Workgroup on Screening Related to Adverse Childhood Experiences*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for Senate Bill 425, **only if the legislation is amended**.

First, MDAAP would like to applaud the sponsor for his strong commitment to address adverse childhood experiences (ACEs), a critical priority for the MDAAP. Senate Bill 425 creates the Workgroup on Screening Related to Adverse Childhood Experiences. There is no doubt that ACEs have short and long-term physical and mental health consequences. Studies have confirmed that maternal depression increases the risk that a child will exhibit aggressive behavior, peer conflict, hyperactivity, and inattention, and be diagnosed with depression, anxiety, and conduct disorder. Adolescents of parents who use substances show high rates of psychopathology such as depression, anxiety, substance use, and is associated with children's hospitalization for both somatic and psychiatric conditions. During childhood and adolescence, victims of child sexual abuse may exhibit anxiety, social withdrawal, school failure, depression, self-injury, suicide attempts, eating disorders, risky sexual behavior, and teen pregnancy.

Given the potential for mental health issues related to ACEs, as well as the high rate of mental health disorders among today's children, MDAAP supports the need for screening for mental health disorders, including those that may be the result of ACEs. However, to be effective in achieving the objectives of the legislation, MDAAP would recommend making several changes to the bill.

- The addition of representatives 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. These three organizations represent a large portion of the primary care providers for children in the state of Maryland.
- Enhancement of the final requirement of the bill, "to study and make recommendations a primary care provider should take..." It is impossible to make recommendations about what a primary care provider should do for children with mental health disorders related to ACEs without knowing what resources are

available in their community and what resources are lacking. Therefore, we recommend that the workgroup 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.

While MDAAP would support the passage of Senate Bill 425 with the above requested amendments, MDAAP would also like to call attention to *Senate Bill 548: Public Schools – Centers for Disease Control and Prevention Surveys – Revisions*, also introduced by the sponsor of this legislation, which MDAAP believes would provide additional valuable data to Maryland citizens and policymakers and will enable the data to be used to target prevention and treatment services and to track the success of interventions. MDAAP would suggest that Senate Bill 548 is a preferable approach to address the objectives of both pieces of legislation. However, if the Committee chooses to move forward with both proposals, MDAAP would support a favorable report on Senate Bill 425, but only with the above referenced amendments.

For more information call:

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

410-244-7000

SB 425 (Favorable w Amendment).pdf

Uploaded by: Mehu, Natasha

Position: FWA



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 425

February 15, 2021

TO: Members of the Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: SENATE BILL 425 – Workgroup on Screening Related to Adverse Childhood Experiences

POSITION: SUPPORT W/ AMENDMENT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) support Senate Bill (SB) 425.

This bill will establish the Workgroup on Screening Related to Adverse Childhood Experiences, which will work toward the development of improved data tools, data gathering, and service delivery for minors having experienced adverse childhood experiences (ACEs).

The Baltimore City Health Department's (BCHD) Office of Youth and Trauma Services works with individuals and families who have experienced ACEs, thus can proffer in-depth recommendations for the Workgroup on Screening Related to Adverse Childhood Experiences. Research has shown that ACEs are correlated with negative health outcomes (such as high blood pressure, diabetes, and heart disease) as well as social behaviors (drug misuse, alcoholism, and tobacco use). It is imperative that ACEs are identified as early as possible and interventions be offered to reduce the impact of the trauma experienced. The ability to identify ACEs allows local and state governments to ensure services are not only provided but are also trauma-informed and healing-centered.

The passing of SB 425 will have several positive effects on agencies serving youth and families who have experienced ACEs. Data collection will allow agencies to understand the prevalence of trauma in the communities being served. By embedding trauma assessment into the medical evaluation and school forms, child serving systems will be able to understand the need for trauma-informed approaches and provide services using a data-driven approach. The prevalence of ACEs data collected by the Workgroup will also allow for the budgeting, hiring, and training of staff with a focus on addressing

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<https://mogr.baltimorecity.gov/>*

trauma-related symptoms as well as building protective factors. Finally, SB425's focus on educating the public regarding the impact of adverse childhood experiences will further encourage a community-based response to building protective factors for children and youth, as well as attempting to decrease ACE-related risk factors.

This bill is a welcomed change to our current approach to ACEs, and BCA respectfully calls for a small amendment to include additional representation from local health departments, specifically those serving both rural and urban jurisdictions whose populations experience ACEs in a different manner.

Altogether, we respectfully request a **favorable with amendment** report on Senate Bill 425.

SB425_MNADV_FWA.pdf

Uploaded by: Shapiro, Melanie

Position: FWA



BILL NO: Senate Bill 425
TITLE: Workgroup on Screening Related to Adverse Childhood Experiences
COMMITTEE: Finance
HEARING DATE: February 16, 2021
POSITION: **SUPPORT WITH AMENDMENTS**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Finance Committee to issue a favorable report with amendment on SB 425.**

Senate Bill 425 creates a workgroup charged with the many responsibilities including to update, improve, and develop screening tools for primary care providers to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience; to study best practices in Youth Risk Behavior Survey (YRBS) data summaries and trends reports nationally; and to develop recommendations for unifying and coordinating child- and family-serving agencies to better link them with needed interventions and services. MNADV supports these efforts since early identification of Adverse Childhood Experiences (ACEs) and trauma-informed treatment can help prevent future incidents of domestic violence and we offer a network of services providers across Maryland. State domestic violence coalitions were identified by the CDC as one of the vital partners to help prevent and mitigate the harms caused by ACEs.¹

ACEs are known to have long-lasting and wide-ranging impact on those that have experienced one or more ACEs. One of the ten ACEs is whether a child observed their mother treated violently. In the original CDC-Kaiser Permanente Adverse Childhood Experiences Study 12.7% of participants indicated they had experienced that trauma.² This does not include all the other types of domestic violence that may also occur in the home including psychological abuse, economic abuse, or verbal abuse. Further, exposure to any ACE increases the likelihood that a person may either become a victim or a perpetrator of intimate partner violence.³ Children exposed to intimate partner violence often experience other ACEs, most notably child abuse.⁴

¹ Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, https://wvde.us/wp-content/uploads/2019/09/CDC_preventingACES.pdf

² <https://www.cdc.gov/violenceprevention/aces/about.html>

³ Franchek-Roa KM, Tiwari A, Connor AL, Campbell J. Impact of Childhood Exposure to Intimate Partner Violence and Other Adversities. *J Korean Acad Child Adolesc Psychiatry* 2017;28:156-167. <https://doi.org/10.5765/jkacap.2017.28.3.156>

⁴ *Id.*



Understanding the power and control dynamics of domestic violence and the impact of exposure to domestic violence at a young age is imperative to help prevent intimate partner violence and victimization in those children exposed. Effective screening tools can identify current exposure to domestic violence in the home that can lead to appropriate supports and assistance for all the impacted family members. MNADV thinks that, in addition to the already identified members in SB 425 for the Workgroup on Screening Related to Adverse Childhood Experiences, that the bill be **amended to include a representative from the State Domestic Violence Coalition** to ensure that the unique needs of children exposed to domestic violence and families experiencing domestic violence can be addressed.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges a favorable report with amendment on SB 425.**

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Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 16, 2021

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

RE: SB0425 – Workgroup on Screening Related to Adverse Childhood Experiences – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 425 – Workgroup on Screening Related to Adverse Childhood Experiences (ACEs).

SB 425 would establish a Workgroup on Screening Related to ACEs (Workgroup) and require MDH to provide staff for the Workgroup. The responsibilities of the Workgroup, in part, include updating and developing screening tools that primary care providers can use to identify and treat minors who have a mental health disorder that may be caused by ACEs. It would also have to recommend changes to the school physical examination form to include an assessment of trauma. Further, the Workgroup would develop and submit ACEs screening tools to MDH to be used by providers, and implement a new Youth Risk Behavior Survey (YRBS) Module to survey students about ACEs.

Currently, Education Articles §§ 7 - 401 - 402 require the Maryland State Department of Education (MSDE) and MDH to develop standards and guidelines for school health services programs and to adopt regulations requiring a physical examination form be completed by a student's health care provider on entry into a Maryland public school. It is important to note that the physical examination form is not required after a student's first entry into a school system. Therefore, subsequent ACEs screening done by a health care provider would not be shared with the school.

A YRBS is distributed in secondary school every two years. As the YRBS is an anonymous survey of a sample of students, it cannot be used to address individual student concerns regarding ACEs. Given the one-time submission of the physical exam form, information about ACEs among elementary school age children after first admission to school will not be obtained through the processes outlined by this bill.

While a single validated tool for screening young children for ACEs may be lacking, the assessment of ACEs has become an important part of the well child visit and several screening

tools are currently available. The American Academy of Pediatrics (AAP) has several policy statements related to violence and toxic stress.¹ Additionally, the AAP website has many resources, including screening tools, to assist health care providers screen for ACEs.² Clinical screening tool development is a significant research endeavor that goes beyond the scope of expertise of the workgroup and would require significant effort and resource allocation to implement given the vast existing information regarding ACEs, clinical application of screening tools, and the need for clinical validation of any clinical tools developed by the Workgroup. This type of research is more appropriately done by an academic research institution.

I hope this information is useful. If you would like to discuss this further, please contact me at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Webster Ye". The signature is fluid and cursive, with the first name "Webster" being more prominent than the last name "Ye".

Webster Ye
Assistant Secretary of Health Policy

¹ <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Related-AAP-Policy.aspx>

² <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx>

SB 425 - LOI - Workgroup on Screening Related to A

Uploaded by: Hands, Zachary

Position: INFO

Using federal grant resources, the MSDE is currently working to provide training and technical assistance to local school systems in initiatives such as trauma-informed approaches, mental health first aid, restorative approaches, and Positive Behavioral Interventions and Support (PBIS) to address the mental health needs of students and improve overall school climate. Upon release of the guidelines, the MSDE will continue to work with school systems to integrate these initiatives to create and enhance a trauma-informed environment in schools.

The Code of Maryland Regulations (COMAR) requires mental health supports for students, which are currently being provided by local school systems. Student support staff are available in all Maryland schools. Student services personnel, including school counselors, school psychologists, pupil personnel, school social workers, and school nurses are required under COMAR 13A.05.05 to provide a program of coordinated student services that focuses on a student's health, personal, interpersonal, academic, and career development. School counselors and school psychologists in particular are required to enhance awareness of mental health and promote positive, healthy behaviors (COMAR 13A.05.05.02 – *School Counseling Program*) and provide direct educational, behavioral, and mental health services for children and youth as well as work with families, school administrators, educators, and other professionals to create supportive learning and social environments for all students (COMAR 13A.05.05.04 – *School Psychology Program*).

Strategies such as classroom lessons on managing stress, dealing with conflict, and other mental health challenges are provided by student support staff in schools. Health education provides students with the opportunity to learn about mental health strategies and discuss concerns. Social and emotional learning skills are taught by classroom teachers across the State. Restorative and mindfulness practices, such as circles, and mindfulness spaces, are being implemented in many schools across the State. These practices provide students with strategies to self-manage stress and to develop community and peer support. More than 7,000 members of school staff including teachers, administrators, bus drivers, cafeteria staff, and other school staff have been trained by the MSDE and local school systems to look for warning signs of mental health distress and how to refer students and families for help. The MSDE and local school systems are continuing to provide training to a variety of staff to address student mental health needs.

We respectfully request that you consider this information as you deliberate **SB 425**. For further information, please contact Zachary Hands, at 410-767-0504, or zachary.hands1@maryland.gov.