

SB 299 - PGCEX - Support.pdf

Uploaded by: Alsobrooks, Angela

Position: FAV



THE PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

BILL: Senate Bill 299 – Human Services – Trauma-Informed Care – Commission and Training

SPONSOR: Senator Carter

HEARING DATE: February 11, 2021

COMMITTEE: Finance

CONTACT: Intergovernmental Affairs Office, 301-780-8411

POSITION: SUPPORT

The Office of the Prince George's County Executive strongly **SUPPORTS Senate Bill 299 – Human Services – Trauma-Informed Care – Commission and Training**, which establishes the Commission on Trauma-Informed Care to coordinate training on trauma-informed care and develop state-wide metrics and trauma-responsive strategies. The Commission would submit a report of its findings and recommendations to the Governor and the General Assembly by June 30th each year.

A trauma-informed organization ensures physical and emotional safety for the community we serve by creating an environment that maximizes safety and minimizes triggering experiences. A trauma-informed organization realizes the prevalence of trauma; and recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and responds by initiating trauma-informed practices.

When a community feels unsafe, it impacts service utilization and follow-up with referrals. Trauma-Informed Care delivers services with the goal of reducing a survivor's shame, increasing their self-esteem, and developing new skills and resources that allow them to better adapt to the current situation. **Senate Bill 299** supports increased sensitivity and efficiency in delivering services. Trauma-informed care provides safety and builds trust with the community as well as service providers; emphasizes community empowerment and choice; avoids judgment; advocates for transforming the root causes of systemic harm. Trauma-informed care also encompasses an understanding of the effects of working with trauma survivors on service providers.

A Commission on Trauma-Informed Care would support positive outcomes for the citizens receiving services and the providers. For the reasons stated above, the Office of the Prince George's County Executive strongly **SUPPORTS Senate Bill 299** and asks for a **FAVORABLE** report.

Testimony_JPC_SB0299.pdf

Uploaded by: Carter, Jill

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Testimony of Senator Jill P. Carter
In Favor of SB0299 - Human Services – Trauma–Informed Care –
Commission and Training (Healing Maryland’s Trauma Act)
Before the Finance Committee
on February 11, 2021**

Madam Chairman, Vice chair, and Members of the Committee:

According to a 2017 analysis of national data, more than 40 percent of children in Maryland have experienced a traumatic event. Such events range from the death or incarceration of a parent, or a drug addiction or mental health problem of a family member. These experiences can undermine children's long-term health and well-being; they also can increase a child’s risk for smoking, alcoholism, and other unhealthy behaviors, and for experiencing depression, and various chronic diseases.

Senate Bill 299 attempts to help mitigate the effects of these experiences by transforming the State of Maryland into a more trauma-responsive state. The bill does this by establishing the Commission on Trauma-Informed Care - a task force charged with coordinating a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, and families.

Per the bill, the Commission, in collaboration with the Maryland Department of Health, will identify goals, data, and metrics to aid in the development of a statewide strategy. The bill will also require those state agencies that engage children and families to be trained in identifying childhood trauma and responding to that trauma

appropriately and effectively, and to submit annual reports to the Commission.

This approach has proven successful in at least 9 states that have adopted this trauma-awareness model, such as Delaware and Tennessee. Federal Legislation has also begun integrating a trauma-informed care model in recent legislation. Maryland should be added to the list. Studies show that effectively treated trauma can help change a child's trajectory in life for the better, which is something we should want for all of Maryland's children.

For these reasons, I urge a favorable report on Senate Bill 299 from this committee.

Respectfully,

A handwritten signature in blue ink that reads "Jill P. Carter". The signature is written in a cursive style with a large, looping initial "J" and a distinct "P" and "C".

Jill P. Carter

FavorSB0299.pdf

Uploaded by: Cohen, Zeke

Position: FAV



Zeke Cohen

Councilmember

First District

513 City Hall • Baltimore, MD 21202 • 410-396-4821 • ZEKE.COHEN@BALTIMORECITY.GOV

February 9, 2021

RE: Support of SB0299 – Human Services – Trauma Informed Care – Commission and Training

Dear Finance Committee of the Maryland State Senate,

We are writing this letter today to formally support the passage of SB0299—Human Services—Trauma-informed Care—Commission and Training.

This legislation would establish a Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of state services that impact children, youth, families, and older adults.

According to data from The Child and Adolescent Health Measurement Initiative, 56% of Baltimore's children and 41.6% of children across Maryland have experienced one or more major traumatic events. Left unaddressed, each of these adverse childhood experiences can have a devastating impact on health outcomes and lead to an increased risk of addiction, incarceration, and other risky behaviors.

The CDC used survey data from more than 144,000 adults from 25 states and found that 60% reported at least one bad childhood experience. One in six people across the United States has experienced four or more kinds of adverse childhood experiences. Women, American Indian and Alaskan Natives, and African Americans were more likely to experience four or more of these experiences.

Trauma is often looked at as a problem of inner-city neighborhoods and poor families—but trauma is not isolated to one area of the state, and in reality, we all likely know somebody who has experienced a traumatic experience. More so, given these statistics, it is very likely that state employees who work with and serve the public, are serving people who have indeed, experienced some form of trauma in their own lives.

Locally, in Baltimore, many people are already working on initiatives. We have worked to turn Baltimore into a trauma-responsive city by passing very similar legislation at the local level, the Elijah Cummings Healing City Act. Mayor Scott, his cabinet, and their staff as well as City Council members and their staff have all begun training. Training in city agencies is set to begin soon. Schools throughout the city use restorative practices to help students work through their behavioral issues rather than punishing them. We encourage other communities in the state to adopt similar strategies.

We support this legislation as a step toward the state of Maryland becoming a trauma-informed state.

Sincerely,

A handwritten signature in black ink that reads "Zeke Cohen".

Councilmember Zeke Cohen



Zeke Cohen

Councilmember

First District

513 City Hall • Baltimore, MD 21202 • 410-396-4821 • ZEKE.COHEN@BALTIMORECITY.GOV

INDIVIDUAL SIGN ON

<u>First Name</u>	<u>Last Name</u>	<u>Street Address</u>	<u>Zip Code</u>
Jessica	Fauntleroy	4017 Cranston Avenue	21229
Desyree	Dixon	1534 Bolton Street	21217
Donna	Bruce	5A Crismers Court	21207
Tracy	Bale	236 E. Montgomery St. The Shriver Center, 1000 Hilltop Circle	21230
Eric	Ford	928 E. North Avenue	21250
Annette	March-Grier	2121 Windsor Garden Lane	21202
Yahtiley	Phoenix	3609 Woodlea Ave	21207
Monica	Guerrero Vazquez	2233 Orleans St	21214
Tiffinee	Scott	3 South Potomac Street	21231
Meredith	Lonberger	28 Neves Ct	21224
Chanei	Clemons	1329 Roland Heights Ave.	21234
Blake	Maciel	1223 Oakhurst Place	21211
Angela	Waddell	4940 Eastern Avenue	21216
Panagis	Galiatsatos	3605 GIBBONS AVE	21224
Mark	Jews	3329 Noble Street	21214
Melissa	Buckley	3204 Brightwood Avenue	21224
Charnell	Covert	912 Western Run Road	21207
Susan	Magsamen Batkis, LCSW- C,MPM,QBS	600 N Wolfe St	21030
Donna	Cook-Thomas	835 Wildwood Parkway	21287
Jessica	Bridgford	136 Garden Ridge Road	21229
Erricka	Gavin	1708 W. Rogers Ave.	21228
Lindsay	Gilliam	1012 Argonne Dr.	21209
Christa	Bucknor	3001 East Drive	21218
Sharon	Cobbs	4918 Villa Point Drive	21217
Nikki	Bone	6007 Hunt Club Lane	21001
Lee	Nunez	1738 Wentworth Ave.	21210
Israel	Turner	5210 Sipple Ave	21234
Jamal	Feldman	11223 Orleans Way	21206
Dara	Randolph	15 Charles Plz Apt 605	20895
Jakerya	Venza	6005 Ready Avenue	21201
Angela	Holmes	6149 PARKWAY DRIVE FL#1 205 Goodwood Gardens, Baltimore, MD	21212
Neatrice	Bain	5114 The Alameda	21212
Peter	Victor	701 George Street	21210
Ngina	Stewart	427 George Street	21239
KaeShawn	Smith	1708 West Rogers Ave	21201
Sarah	Getzoff		21201
Elizabeth			21209



Zeke Cohen

Councilmember

First District

513 City Hall • Baltimore, MD 21202 • 410-396-4821 • ZEKE.COHEN@BALTIMORECITY.GOV

ORGANIZATION SIGN ON

Jessica	Fauntleroy	4017 Cranston Avenue	21229	Restoring Destiny Mental Health Services
Desyree	Dixon	1534 Bolton Street	21217	Bolton Therapy & Wellness
Donna	Bruce	5A Crismers Court The Shriver Center,	21207	Donna Bruce
Eric	Ford	1000 Hilltop Circle	21250	The Choice Program at UMBC
Annette	March-Grier	928 E. North Avenue 2121 Windsor Garden	21202	Roberta's House Inc.
Yahtiley	Phoenix	Lane	21207	MPAC-Maryland Peer Advisory Council
Tiffinee	Scott	2233 Orleans St	21231	MPAC
Meredit h	Lonberger	3 South Potomac Street	21224	Up2Us Sports Baltimore
Mark	Jews	3605 GIBBONS AVE	21214	Holistic Health Counseling and Coaching
Melissa	Buckley	3329 Noble Street 912 Western Run	21224	Healing City Baltimore Johns Hopkins Arts and Mind Lab, Center for Applied NeuroAesthetics.
Susan	Magsamen Batkis, LCSW-	Road	21030	
Donna	C,MPM,QBS Batkis,LCSW-	600 N Wolfe St 305 Washington	21287	Johns Hopkins Hospital
Donna	C,MPM,QBS	Avenue 136 Garden Ridge	21204	Consultas Psychotherapy Practice, LLC
Erricka	Bridgeford	Road 1014 West 36th Street,	21228	Baltimore Ceasefire 365
Ali	Smith	Baltimore MD	21211	The Holistic Life Foundation
Dara	Feldman	11223 Orleans Way	20895	Virtues Matter

CPMC testimony -SB299 Trauma-Informed Care Commiss

Uploaded by: CPMC, Coalition to Protect Maryland's Children

Position: FAV

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 Finance Committee
SB 299: Human Services – Trauma-Informed Care – Commission and Training
Support

February 11, 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 HB 548: Trauma-Informed Care – Commission and Training. CPMC recommends amending the bill to include the Executive Director of the Maryland State Council on Child Abuse and Neglect or the Executive Director's designee, as a member of the Commission as SCCAN together with its partners in Maryland Essentials for Childhood has been leading statewide efforts to prevent and mitigate childhood trauma and build resilience in children, families, communities and the agencies that serve them for more than a decade. CPMC also recommends adding a member of the Maryland Judiciary and members of the business, philanthropic, and faith-based communities in the list of Commission Members.

SB299 would create a Commission on Trauma-Informed Care with the purpose of coordinating a statewide initiative to prioritize the trauma-responsive and trauma-informed services that impact children, youth, families, and older adults. Specific functions would include:

- (1) Developing a statewide strategy for government agencies to become trauma-responsive
- (2) Coordinating and developing with Maryland Department of Health trauma-informed care training
- (3) Disseminating information among agencies about best practices for preventing and mitigating the effects of trauma
- (4) Establishing an evaluation process and submitting an evaluation report for each agency
- (5) Advising and assisting the governor in providing oversight and accountability in implementing the requirements of the Commission
- (6) Making recommendations regarding improvements to existing laws relating to children, youth, families and older adults in Maryland

The legislation also mandates a process for making agencies trauma-informed.

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.

From the findings of the Adverse Childhood Experiences (ACE) Study and subsequent research, we understand that ACEs are common and have a strong cumulative impact on the risk of common health and social problems across the lifespan. The Maryland Department of Health has collected data on ACEs among Maryland residents through the Behavioral Risk Factor Surveillance Survey (BRFSS) and the Youth Risk Behavior Survey (YRBS). This data demonstrates high rates of ACEs among Maryland residents.

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%

Childhood ACEs and other adversities have been shown to lead to underperformance in schools and in jobs, poor mental health, substance abuse, and a variety of adverse health outcomes across the lifespan. Therefore, multiple agencies across Maryland state government are currently and will, in the future, be faced with the repercussions of childhood trauma and adversity. When state agencies understand the effects of trauma and adversity and implement policies and procedures that effectively respond to mitigate the adverse effects, all Marylanders benefit. If policy makers across multiple agencies and sectors enact policies that prevent childhood adversities and mitigate their effects, each one of these problems will grow smaller.

It should be noted that Maryland’s current programs and policies to prevent and effectively respond to childhood trauma are minimal and fragmented across public and private agencies; with significant variation from system to system and from one local jurisdiction to the next. Many other states, including Delaware, Pennsylvania, New York, Tennessee, Wisconsin, Iowa, Minnesota, Washington, Colorado, California, North Carolina, and Massachusetts, are developing a statewide, coordinated

approach to addressing childhood adversity and its impacts, SB299 is an important first step toward addressing child trauma and adversity, additional efforts are needed to effectively address, mitigate, and prevent trauma and adversity among Maryland children.

HFAM Testimony SB 299 Final.pdf

Uploaded by: DeMattos, Joseph

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 11, 2021

Senate Bill 299: Human Services - Trauma-Informed Care - Commission and Training
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 299. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 299 would establish the Commission on Trauma-Informed Care. This Commission would assist in identifying state programs that impact children, youth, families, and older adults and assist in developing a statewide strategy toward an organizational culture shift into a trauma-response state government. The Commission would establish metrics for evaluating progress, coordinate trauma-informed care training, and disseminate information regarding best practices. In addition, the Commission would submit an annual report on its findings and recommendations.

Trauma informed care is a treatment framework that recognizes, understands, and responds to the fact that many people have lasting effects from adverse life experiences. It emphasizes physical, emotional, and psychological safety of both residents and staff and helps survivors recover control.

The Centers for Medicare and Medicaid Services (CMS) requires the implementation of trauma-informed care practices in skilled nursing and rehabilitation centers. HFAM has previously offered trauma-informed care training programs for the benefit of providers to improve the quality of care delivered to Marylanders in need. We strongly believe in the importance of a statewide trauma-informed care approach across all settings of healthcare.

For these reasons we request a favorable report from the Committee on Senate Bill 299.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 299 - Trauma Informed Care Commission - FAV - D

Uploaded by: Dove, Tina

Position: FAV

Testimony in Support of Senate Bill 299
Human Services—Trauma-Informed Care—Commission and Training

Senate Finance Committee

February 11, 2021

1:00 pm

Tina N. Dove, M.Ed.

Government Relations

The Maryland State Education Association supports Senate Bill 299, which would establish the Commission on Trauma-Informed Care within the Department of Human Services. We believe this commission would serve as a centralized nucleus for a systemic focus on the trauma our state's children and young people bring to our schools every day.

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).

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, MSEA members advocate to ensure that every public school in our state is a great public school—one that has updated technology; small, manageable classes; safe and modern school buildings; proper healthcare and nutrition; and highly qualified and highly effective educators. Given access to these resources, we know all of Maryland's students can achieve their full potential.

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 adverse impact Adverse Childhood Experiences can have on the lives of our students, their 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. By bringing together all the state agencies that are directly or tangentially connected to our children and youth in order to address trauma is a significant step in the right direction. We applaud this effort and look forward to collaborating with this commission on efforts to deal with trauma in our schools and communities.

We urge a favorable report on SB 299.

2021 LCPCM SB 299 Senate Side.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 299

Title: Human Services – Trauma-Informed Care – Commission and Training

Hearing Date: February 11, 2021

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 299 – Human Services – Trauma-Informed Care – Commission and Training*. This bill establishes a Commission within the Department of Human Services to work with state agencies to prevent and mitigate the impact of trauma on children, youth, and families, and older adults.

Among LCPCM’s membership are many licensed clinical professional counselors that provide mental health services to children, youth, and older adults in a variety of settings. In all environments, we unfortunately see children and adults with histories of trauma too frequently. Unsurprising, this trauma often affects all aspects of a person’s life.

As children, families, and older adults are served through a variety of state programs, this Commission provides an opportunity to work across state agencies to coordinate services and best practices that serve all populations with the effects of trauma.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael faulkner at rfaulkner@policypartners.net or 410-693-4000.

BHSB_SB 299-Trauma-Informed Care Commission_SUPPORTOR

Uploaded by: Jefferson , Stacey

Position: FAV



February 11, 2021

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 299- Human Services- Trauma-Informed Care- Commission and Training

Behavioral Health System Baltimore (BHSB) is 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 over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

Behavioral Health System Baltimore is pleased to support SB 299- Human Services- Trauma-Informed Care-Commission and Training. This bill would establish the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families and older adults.

ACEs, or Adverse Childhood Experiences, are a category of early life traumas which negatively impact long-term health, prosperity, and social mobility outcomes. 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.¹

According to the 1998, Adverse Childhood Experiences Study (ACES) these experiences are relatively common about 67% of survey participants had at least one ACE.² The more traumatic experiences that a child had the higher the risk for disease and lifelong negative outcomes including mental health and substance use disorders. Recent data collected in Maryland found that more than 40% of Maryland children have at least one ACE-15.4% have 2 or more.³

While ACEs and trauma can have a profound impact on a child’s health and well-being lasting into adulthood it is not a life sentence. The Commission established in SB 299 is a positive first step to mitigating the negative impacts of ACEs and childhood trauma.

A coordinated effort focused on multiple disciplines including various state departments and agencies as outlined in this legislation, is key to stemming the tide. **As such, BHSB urges the Senate Finance Committee to pass SB 299.**

¹ 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%2Facestudy%2Findex.html

² Id.

³ Baltimore Sun. More than 40 percent of Maryland children experience traumatic events. October 19, 2017.

MAP_SB 299_Trauma Informed Commission_Favorable.pd

Uploaded by: Jefferson , Stacey

Position: FAV



TESTIMONY IN SUPPORT OF SB 299

Human Services-Trauma-Informed Care-Commission and Training

Senate Finance Committee

February 11, 2021

Submitted by Stacey Jefferson and Julia Gross, Co-Chairs

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Catholic Charities
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Health Care for the Homeless
Homeless Persons
Representation Project
Job Opportunities Task Force
League of Women Voters of Maryland
Loyola University Maryland
Maryland Catholic Conference
Maryland Center on Economic Policy
Maryland Community Action
Partnership
Maryland Family Network
Maryland Hunger Solutions
Paul's Place
Public Justice Center
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

Stacey Jefferson, Co-Chair
P: 410-637-1900 ext 8578
C: 443-813-9231

E: stacey.jefferson@bhsbaltimore.org

Julia Gross, Co-Chair
P: 410-528-0021x6029

E: jgross@mdhungersolutions.org

Marylanders Against Poverty (MAP) supports SB 299. This bill would establish the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults.

ACEs, or Adverse Childhood Experiences, are a category of early life traumas which negatively impact long-term health, prosperity, and social mobility outcomes. ACEs encompass traumatic experiences at all levels of severity including emotional, physical, and sexual abuse, neglect, domestic and intimate partner violence, substance use in the home, mental illness in the home, the incarceration of a household member, and the separation and/or divorce of adult caregivers. ACEs have the potential to hinder an individual's neurological, socio-behavioral, and emotional development, all of which have lifelong repercussions for a child's health and well-being.¹

MAP supports SB 299 because children living in deep poverty are five times more likely to experience abuse and neglect and other adverse childhood experiences (ACEs), which begins a lifelong struggle with negative mental, behavioral, and physical health outcomes.² Having 3 or more ACEs is typically the threshold for these negative outcomes. Recent data suggest that more than 40% of Maryland children have at least one ACE— 15.4% have had two or more.³

The CDC estimates lifetime costs associated with ACEs at approximately \$2 trillion nationwide. Enacting measures that prevent and address childhood trauma not only work to improve the public health of our state, but also have a high rate of return on investment and decrease healthcare, education, and welfare program costs in the long term.

The Trauma Informed Commission established in SB 299 ensures that our state provide trauma informed services in a coordinated way to Maryland's children and families. It will be incredibly valuable for Commission members to receive ongoing training on trauma, as well, and MAP hopes that education will trickle down to service providers across the State.

¹ Centers for Disease Control and Prevention:
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=h

<https://www.cdc.gov/violenceprevention/facestudy/index.html>

² Centers for Disease Control and Prevention:
https://www.cdc.gov/violenceprevention/pdf/can/CAN-factsheet_2020.pdf

³ Baltimore Sun. More than 40 percent of Maryland children experience traumatic events. October 19, 2017.

Maryland must continue to enact policies that that help to improve outcomes for Marylanders who have experienced trauma. **MAP appreciates your consideration and urges a favorable report on SB 299.**

***Marylanders Against Poverty (MAP)** is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

SB0299_FAV_MARFY_Trauma-Informed Care - Commission

Uploaded by: Kasemeyer, Pam

Position: FAV



Maryland Association of
Resources for Families & Youth

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Jill P. Carter

FROM: Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: February 11, 2021

RE: **SUPPORT** – Senate Bill 299 – *Human Services – Trauma-Informed Care – Commission and Training*

The Maryland Association of Resources for Families and Youth (MARFY) is a statewide network of private agencies serving at-risk children and youth and advocates for a system of care in Maryland that meets the needs of children and families. MARFY is a program of Maryland Nonprofits and **supports** the passage of Senate Bill 299.

Senate Bill 299 creates a Commission on Trauma-Informed Care with the purpose of coordinating a statewide initiative to prioritize the trauma-responsive and trauma-informed services that impact children, youth, families, and older adults. The Commission is charged with a number of functions, including developing a statewide strategy for government agencies to become trauma-responsive; coordinating with Maryland Department of Health to develop trauma-informed care training; disseminating information among agencies about best practices for preventing and mitigating the effects of trauma; establishing an evaluation process and submitting an evaluation report for each agency; advising and assisting the governor in providing oversight and accountability in implementing the requirements of the Commission; and making recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in Maryland. The legislation also mandates a process for making agencies trauma-informed, through training, technical assistance, and changes to agency policies and practices to create a trauma-informed approach.

Research has shown that adverse childhood experiences, commonly referred to as ACEs are common and have a strong cumulative impact on the risk of common health and social problems across the lifespan. Exposure to ACEs and other adversities can lead to underperformance in school and employment, poor mental health, substance abuse, chronic physical health problems. The majority of children and youth served by MARFY members have all been impacted by ACEs and that impact has significantly contributed to their current and future challenges.

Passage of Senate Bill 299 will provide a framework for developing a statewide, coordinated approach to addressing childhood adversity and its impacts. When state agencies understand the effects of trauma and adversity and implement policies and procedures that effectively prevent childhood adversities and mitigate their adverse effects, all Maryland children, youth, and families will benefit. A favorable report is requested.

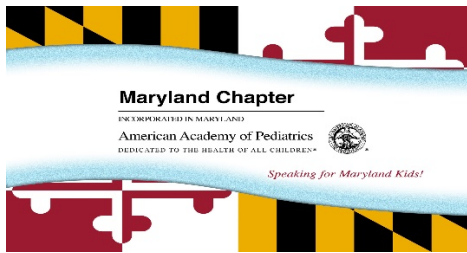
For more information call:

Pamela Metz Kasemeyer
Danna L. Kauffman
(410) 244-7000

SB0299_FAV_MDAAP_Trauma-Informed Care - Commission

Uploaded by: Kasemeyer, Pam

Position: FAV



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Jill P. Carter

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

DATE: February 11, 2021

RE: **SUPPORT** – Senate Bill 299 – *Human Services – Trauma-Informed Care – Commission and Training*

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 299.

Senate Bill 299 would create a Commission on Trauma-Informed Care with the purpose of coordinating a statewide initiative to prioritize the trauma-responsive and trauma-informed services that impact children, youth, families, and older adults. Specific functions would include:

- (1) Developing a statewide strategy for government agencies to become trauma-responsive.
- (2) Coordinating with Maryland Department of Health to develop trauma-informed care training.
- (3) Disseminating information among agencies about best practices for preventing and mitigating the effects of trauma.
- (4) Establishing an evaluation process and submitting an evaluation report for each agency.
- (5) Advising and assisting the governor in providing oversight and accountability in implementing the requirements of the Commission.
- (6) Making recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in Maryland.

The legislation also mandates a process for making agencies trauma-informed, through training, technical assistance, and changes to agency policies and practices to create a trauma-informed approach.

Maryland's future depends on how effectively we support the development of our youngest residents. The science around early childhood development makes clear that the earliest years of childhood are a time when the brain is swiftly building its architecture, with rapid 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.

From the findings of the Adverse Childhood Experiences (ACE) Study and subsequent research, we know that ACEs are common and have a strong cumulative impact on the risk of common health and social problems across the lifespan. The Maryland Department of Health has collected data on ACEs among Maryland residents through the Behavioral Risk Factor Surveillance Survey and the Youth Risk Behavior Survey. This data demonstrates high rates of ACEs among Maryland residents. For example, approximately one-third of Marylanders experienced emotional abuse as children, and nearly one-quarter of adults and teens acknowledged growing up in a home with a caregiver with substance abuse issues.

Childhood ACEs and other adversities have been shown to increase the risk for adverse physical and mental health during adolescence and adulthood. Exposure to ACEs and other adversities can lead to underperformance in school and employment, poor mental health, substance abuse, and chronic physical health problems. Therefore, multiple agencies across Maryland state government are currently and will, in the future, be faced with the repercussions of childhood trauma and adversity. When state agencies understand the effects of trauma and adversity and implement policies and procedures that effectively respond to mitigate the adverse effects, all Marylanders benefit. If policy makers across multiple agencies and sectors enact policies that prevent childhood adversities and mitigate their effects, each one of these problems will grow smaller.

It should be noted that Maryland's current programs and policies to prevent and effectively respond to childhood trauma are minimal and fragmented across public and private agencies; with significant variation from system to system and from one local jurisdiction to the next. Many other states, including Delaware, Pennsylvania, New York, Tennessee, Wisconsin, Iowa, Minnesota, Washington, Colorado, California, North Carolina, and Massachusetts, are developing a statewide, coordinated approach to addressing childhood adversity and its impacts. Senate Bill 299 is an important first step toward comprehensively addressing childhood trauma and adversity and will provide a platform for the additional efforts that are needed to effectively address, mitigate, and prevent trauma and adversity among Maryland children. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

410-244-7000

Testimony on SB299-2021- Human Services - Trauma-I

Uploaded by: Kusmaul, Nancy

Position: FAV



February 11, 2021

Support for SB 299

Human Services - Trauma-Informed Care - Commission and Training

Senator Kelley and Members of the Finance Committee,

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for Senate Bill 299, Human Services - Trauma-Informed Care - Commission and Training.

Trauma-Informed Care acknowledges that everyone might have experienced past trauma and seeks to avoid re-traumatization by providing clients and staff with choice, safety, trustworthiness, collaboration, and empowerment. Importantly, it also means providing services that are culturally relevant and acknowledge the historical trauma and structural racism experienced by different populations in the United States.

Trauma-Informed services can be provided in any health or human services setting, and this bill recognizes the importance of trauma-informed care for a variety of populations across Maryland including children, youth, families, and older adults who receive state sponsored or state funded services. Traumatic experiences can be many different things. Childhood abuse, domestic violence, accidents, sexual assault, the unexpected death of a loved one, natural disasters are among the many traumas older adults may have experienced throughout their lives. Just because someone has experienced trauma does not mean they will have adverse reactions, but experiencing one or more traumatic events is associated with poorer health, more functional difficulties, poorer self-esteem, irritability, among other things. In severe cases trauma results in Post-Traumatic Stress Disorder (PTSD).

While exact rates of trauma are difficult to estimate, experts agree that it is relatively common in the U.S. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 60% of men and 51% of women have experienced at least one trauma, and of those who have experienced one trauma, many have experienced more than one. The greater the number or severity of traumas someone has experienced, the worse the impacts are likely to be. Age by itself is a risk factor for trauma- being older means you have had more time for traumas to occur by chance. In one survey of Americans in their 60's found that these older adults had experienced an average of six traumatic events in their lifetime (Ogle, Rubin, & Siegler, 2014). This is nearly twice the average found in studies using adults of all ages (Kessler et al., 2017).

As social workers who work with older adults, we see many clients who have experienced traumatic events, some recently, as a result of aging related challenges, others who continue to

suffer ill effects of long-ago traumas, and still others who have experienced both. Those traumas make it harder to get people the essential services they need. Trauma informed services create a better experience for clients and workers. Better engagement makes services more accepted and accessible. This bill would provide an opportunity to evaluate how our state is doing at providing trauma-informed services and the opportunity to improve those services.

The recommendations of the commission would allow for better laws to serve children, youth, families, and older adults in the state of Maryland. The formal training this bill would provide would allow every agency to have employees that are knowledgeable about both trauma-informed care and the agency structure, allowing them to help infuse trauma-informed care across all agency practices.

Many trauma survivors struggle every day to get through life. They shouldn't have to struggle to get state funded health and human services. Make Maryland a leader in Trauma-informed care and give state workers the training they need to provide these services.

We urge you to vote YES on SB 299.

Thank you,

NASW-MD Committee on Aging

5750 Executive Drive, Suite 100, Baltimore, MD 21228
(410) 788-1066 · FAX (410) 747-0635 · nasw.md@verizon.net · www.nasw-md.org

SB299 Center for Hope FAV trauma.pdf

Uploaded by: Lombardi, Joyce

Position: FAV



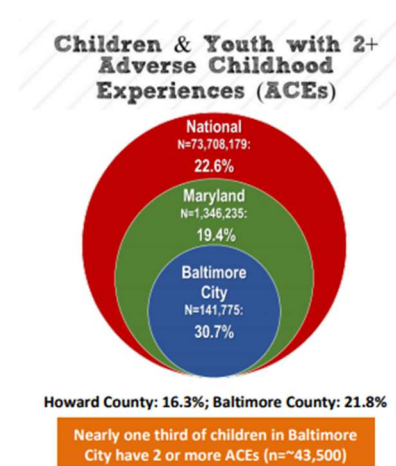
SB299– Human Services - Trauma-Informed Care - Commission and Training

Senate Finance Committee – February 11, 2021

Testimony of Adam Rosenberg, Executive Director, Center for Hope

Position: **SUPPORT**

The Center for Hope supports SB299’s effort to prioritize the trauma–responsive and trauma–informed delivery of state services that impact children, youth, and families. The Center for Hope, a subsidiary of LifeBridge Health, is a comprehensive violence program that addresses violence through the lifespan, and includes a child advocacy center, domestic violence programs, street violence interruption programs and an elder abuse program. The Baltimore Child Abuse Center, is a nationally accredited trauma-informed child advocacy center, that, among other things, trains adults and youth serving organizations to recognize and respond to trauma and to implement trauma-informed policies for staff and clients.



ACEs (Adverse Childhood Experiences) Affect Us All. Decades of research shows us that ACEs like witnessing community violence or experiencing abuse affects a child’s brain development, and ultimately can lead to poor outcomes in school; incarceration; addiction; disease and even early death. Though the ACE score of Marylanders vary by county, no community is immune from trauma.

The Governor’s Office addresses ACEs and trauma. Addressing ACEs is one of the main programmatic goals of Governor’s Office of Crime Control and Prevention – now named the Office of Crime Prevention, Youth and Victim Services. This agency has supported numerous programs such as accrediting children’s advocacy centers, human trafficking initiatives, and witness to violence initiatives.

A trauma-informed workplace benefits everyone, even staff. Being a trauma-informed organization is a cultural shift. It means ensuring that all staff members are sensitive to the different ways trauma can manifest in clients and co-workers; taking measures to prevent re-traumatizing victims; and providing a safe, stable environment for clients and staff alike, from the moment they interact with the facility.

Instituting trauma-informed policies at the State level can help address and mitigate the long-lasting effects of ACEs, and the economic drain that untreated trauma creates on our public resources. This is critical in state agencies that serve victims of violence, such as the Criminal Injuries Compensation Board.

For these reasons, we request a **FAVORABLE** report for SB299 and thank Senator Carter for the bill.

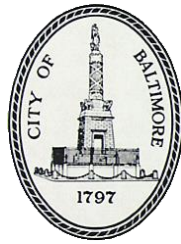
Adam Rosenberg, Executive Director, Center for Hope, Vice President of Violence Intervention and Prevention; Joyce Lombardi, Director of Government Relations, Center for Hope (410) 396-6147

LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital; Carroll Hospital and Grace Medical Center.

SB0299 - FIN - FAV.pdf

Uploaded by: Mehu, Natasha

Position: FAV



BRANDON M. SCOTT
MAYOR

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

SB 299

February 11, 2021

TO: Members of the Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Senate Bill 299 – Human Services – Trauma-Informed Care – Commission and Training

POSITION: Support

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 299.

SB 299 would establish the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. It would require the Commission to submit its findings annually to the Governor and the General Assembly by June 30 and require certain State agencies to designate two staff members to participate in a formal course in trauma-informed care each year and work with other agency designees in work sessions.

The Mayor's Office of Children & Family Success (MOCFS) supports the work of the Baltimore Children's Cabinet, and trauma-informed care is one of the Cabinet's seven priority areas. In this work, the Children's Cabinet is focusing on destigmatizing mental health care and improving the responsiveness of trauma-informed care by more systematized collection of adverse childhood experiences (ACEs) and resilience factors of youth. The Commission on Trauma-Informed Care can advance and complement the ongoing work of the Baltimore Children's Cabinet by increasing statewide awareness and implementation of trauma-informed care practices.

Additionally, every program in the recreation division of Baltimore City Recreation and Parks (BCRP) provides services for youth through a trauma-informed care lens. This approach includes core leadership in Baltimore City's Cities Connecting Children to Nature initiative, which launched a Baltimore Children's Outdoor Bill of Rights and provides cross-training so that outdoor providers receive trauma-informed care workshops and youth providers receive training in leading outdoor experiences in the greenspaces and parks of the City. This legislation would be an important means of addressing and ultimately healing the harms suffered by our young people through violence, poverty, and other adverse experiences. Formalized training would bolster the knowledge base and broaden the impact of the work performed by BCRP both internally, identifying and addressing the potential vicarious trauma, and externally through daily operations serving the residents of Baltimore City, neighboring counties and statewide.

The BCA respectfully requests a **favorable** report on Senate Bill 299.

*Annapolis – phone: 410.269.0207 • fax: 410.269.6785
Baltimore – phone: 410.396.3497 • fax: 410.396.5136
<https://mogr.baltimorecity.gov/>*

SB0299 Trauma Informed Care Commission and Trainin

Uploaded by: Miicke , Sarah

Position: FAV



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's
Association,
Maryland Chapters*

*Baltimore Jewish
Council*

Catholic Charities

*Central Maryland
Ecumenical Council*

Church of the Brethren

*Episcopal Diocese of
Maryland*

*Housing Opportunities
Commission of
Montgomery County*

*Jewish Community
Relations Council of
Greater Washington*

*Lutheran Office on
Public Policy in
Maryland*

*Maryland Association of
Area Agencies on Aging*

*Maryland Catholic
Conference*

*Mental Health
Association of Maryland*

Mid-Atlantic LifeSpan

*National Association of
Social Workers,
Maryland Chapter*

Presbytery of Baltimore

*The Coordinating
Center*

*MSCAN Co-Chairs:
Carol Lienhard
Sarah Mücke
410-542-4850*

Testimony in Support of Senate Bill 299 Human Services - Trauma-Informed Care - Commission and Training Senate Finance Committee February 11, 2021

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

Senate Bill 299 would establish a Commission on Trauma-Informed Care, tasked with prioritizing the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. MSCAN supported this bill last year and we are glad to see that the suggested amendments to include older adults have been incorporated into SB 299 this year, as well as language to include a geriatric mental health clinician with expertise in trauma on the Commission.

Older Marylanders of low income who are struggling with housing and health care needs have higher rates of trauma in their histories than older Marylanders who are not having those struggles. Members of MSCAN firmly believe that public services targeting older adults need to be trauma informed, just as they should be for children and youth.

Recently, the Centers for Medicare and Medicaid Services (CMS) required nursing homes to become trauma-informed and to provide trauma training to staff. This was done in recognition of the high rates of trauma among the nursing home resident population and the fact that services are more efficacious when they are not re-traumatizing. In Maryland, assisted living regulations are following suit. Given the push for "aging in place", Maryland needs to ensure that community-based programs serving older adults are trauma informed as well.

More broadly, SB 299 seeks to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of state services that impact children, youth, families, and older adults. MSCAN believes that this would bring Maryland agencies a step closer into the growing body of research and best practices supporting trauma informed care at all levels.

Members of MSCAN respectfully and strongly urge the Committee's favorable report on Senate Bill 299.

SB0299 MD NARAL SUPPORT.docx.pdf

Uploaded by: Philip, Diana

Position: FAV



SB0299 – Human Services – Trauma-Informed Care – Commission and Training
Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee
February 11, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges members of the Health and Government Operations Committee to issue **a favorable report on SB0299 - Human-Services – Trauma-Informed Care – Commission and Training**, sponsored by Senator Delores Kelley.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every individual has the right to decide if, when, and how to form their families, and to parent in good health, in safety, and with dignity. Trauma-informed care is important to achieve reproductive justice for all communities, particularly communities of color. In the present, forms of reproductive coercion, sexual trauma, birth control sabotage, and pregnancy coercion continue to impact many patients today.ⁱ We support trauma informed care to help provide a nurturing environment for care and to establish understanding of how widespread impact of how multiple traumas can affect an individual.

In Maryland, there is a history of women of color experiencing reproductive oppression which includes sterilization abuse and nonconsensual experimentation of low-income women of color. In 1978, the Greater Baltimore Medical Center ignored federal regulations and performed the most sterilizations in the state.ⁱⁱ This included many minors, and the practice was believed to be morally correct.ⁱⁱⁱ In the 1990s, in order to combat teen pregnancy in Baltimore, Norplant contraceptive was administered to teenagers, primarily within Black communities.^{iv} However, this was largely viewed as a method of population control within the Black community, rather than birth control.^v Two decades later, long-acting reversible contraception-counseling and care remains a big issue particularly amongst communities of color, due to historical trauma and mistrust.^{vi}

Trauma-informed care is not only beneficial for reproductive healthcare—it is essential for accessing a multitude of services. Many populations who are often ignored in conversations around trauma informed care like undocumented immigrants, incarcerated populations, disabled populations, and youth in detention will benefit from having this approach to accessing reproductive healthcare and other social services.^{vii} These populations face substantial barriers in having their trauma believed, having their opinions about their bodies heard, and even being provided proper access to public benefits. Through a trauma informed approach, public services in all sectors can be provided in a more sensitive manner.

SB0299 helps to implement trauma-informed delivery of state services, which can help standardize and set the model for care delivery across the state. SB0299 also mandates at least two staff members several statewide agencies to participate in a formal course of trauma-informed care each year. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0299**. Thank you for your time and consideration.

-
- ⁱ "Reproductive Justice." Connections: A Biannual Publication of Washington Coalition of Sexual Assault Problems. NCDSV, 2013. http://ncdsv.org/images/WCSAP_Connections-Reproductive-Justice_Summer2013.pdf.
- ⁱⁱ "Maryland." Maryland Eugenics, n.d. <https://www.uvm.edu/~lkaelber/eugenics/MD/MD.html>.
- ⁱⁱⁱ Kluchin, Rebecca M. *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980 (Critical Issues in Health and Medicine)*. Rutgers University Press, 2009.
- ^{iv} "Bold Attack on Teen-Age Pregnancy : Baltimore Offers the Norplant Contraceptive--in an Effort to Reduce Unwanted Pregnancies." Los Angeles Times. Los Angeles Times, December 7, 1992. <https://www.latimes.com/archives/la-xpm-1992-12-07-me-1151-story.html>.
- ^v Valentine, Paul W. "IN BALTIMORE, A TUMULTUOUS HEARING ON NORPLANT." The Washington Post. WP Company, February 10, 1993. <https://www.washingtonpost.com/archive/local/1993/02/10/in-baltimore-a-tumultuous-hearing-on-norplant/298d0273-332e-4d1f-9624-5aadb3ec1efd/>.
- ^{vi} Board, Baltimore Sun Editorial. "As Long-Lasting Birth Control Becomes More Popular, Make Sure It's Not Forced on Low-Income Women." baltimoresun.com. Baltimore Sun, May 31, 2019. <https://www.baltimoresun.com/opinion/editorial/bs-ed-0103-longterm-birth-control-20181219-story.html>.
- ^{vii} McDonald-Mosley, Raegan. "Reproductive Justice and Patient-Centered Counseling." *MDH Reproductive Health Roundtable Virtual Series*. Lecture presented at the Reproductive Justice and Patient-Centered Counseling, July 2, 2020.

SB0299 Trauma Informed Care Commission and Trainin

Uploaded by: Quinlan, Margo

Position: FAV

Senate Bill 299 Human Services - Trauma-Informed Care - Commission and Training

Senate Finance Committee

February 11, 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 submit testimony in support of Senate Bill 299.

SB 299 seeks to establish a Commission on Trauma-Informed Care, tasked with prioritizing the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. MHAMD is glad to again support this bill and to see that language has been expanded from last year to include older adults, the fastest growing demographic in Maryland.

It is common for older adults to have endured traumatic events at some time in their lives. In later life, it is common for people to experience traumatic physical, emotional, mental, environmental and social changes that are threatening, unwanted and uncontrollable. When trauma survivors are again exposed to or triggered by circumstances that are threatening, unwanted and uncontrollable, they are at a much higher risk for adverse consequences such as somatic and behavioral health disorders.

Additionally, 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.

There is a growing body of research substantiating the relationship between traumatic experiences and behavioral health disorders. Likewise, there is evidence that service programs in areas of health, criminal justice, human services, rehabilitation services, etc. might be structured and delivered in ways that are re-traumatizing and therefore ineffective, or worse, damaging to

For more information contact:

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

the people they serve. SB 299 is a promising step towards bringing Maryland's public services into alignment with trauma-informed standards for program policies and procedures, workforce training and systems development that will benefit rather than harm individuals who have experienced, and need to heal, from trauma. As such, the Mental Health Association of Maryland supports the goals and intents of this bill and urges a favorable report on Senate Bill 299.

SB 299 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 299: Human Services - Trauma-Informed Care - Commission and Training**
Date: February 11, 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

Trauma informed services for individuals who are experiencing or have experienced ACEs can help mitigate the negative outcomes associated with ACEs. SB 299's Trauma Informed Commission ensures that our state provide trauma informed services in a coordinated way to Maryland's children and families. It will be incredibly valuable for Commission members to receive ongoing training on trauma, as well, and ACY hopes that education will trickle down to service providers across the State. **ACY urges this committee to issue a favorable report on SB 299 to help improve outcomes for Marylanders who have experienced trauma.**

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%2Facestudy%2Findex.html

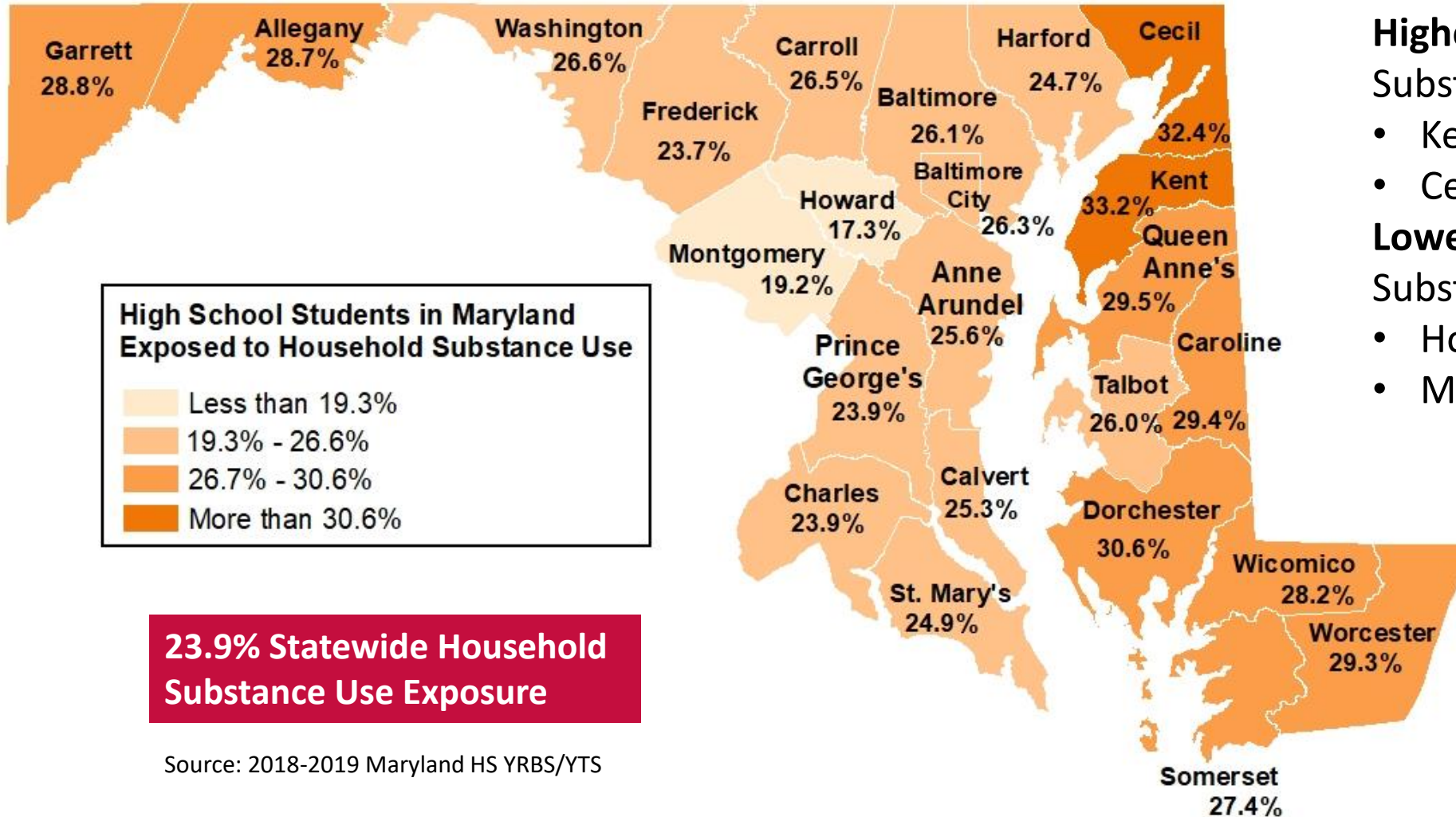
ⁱⁱ Id.

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

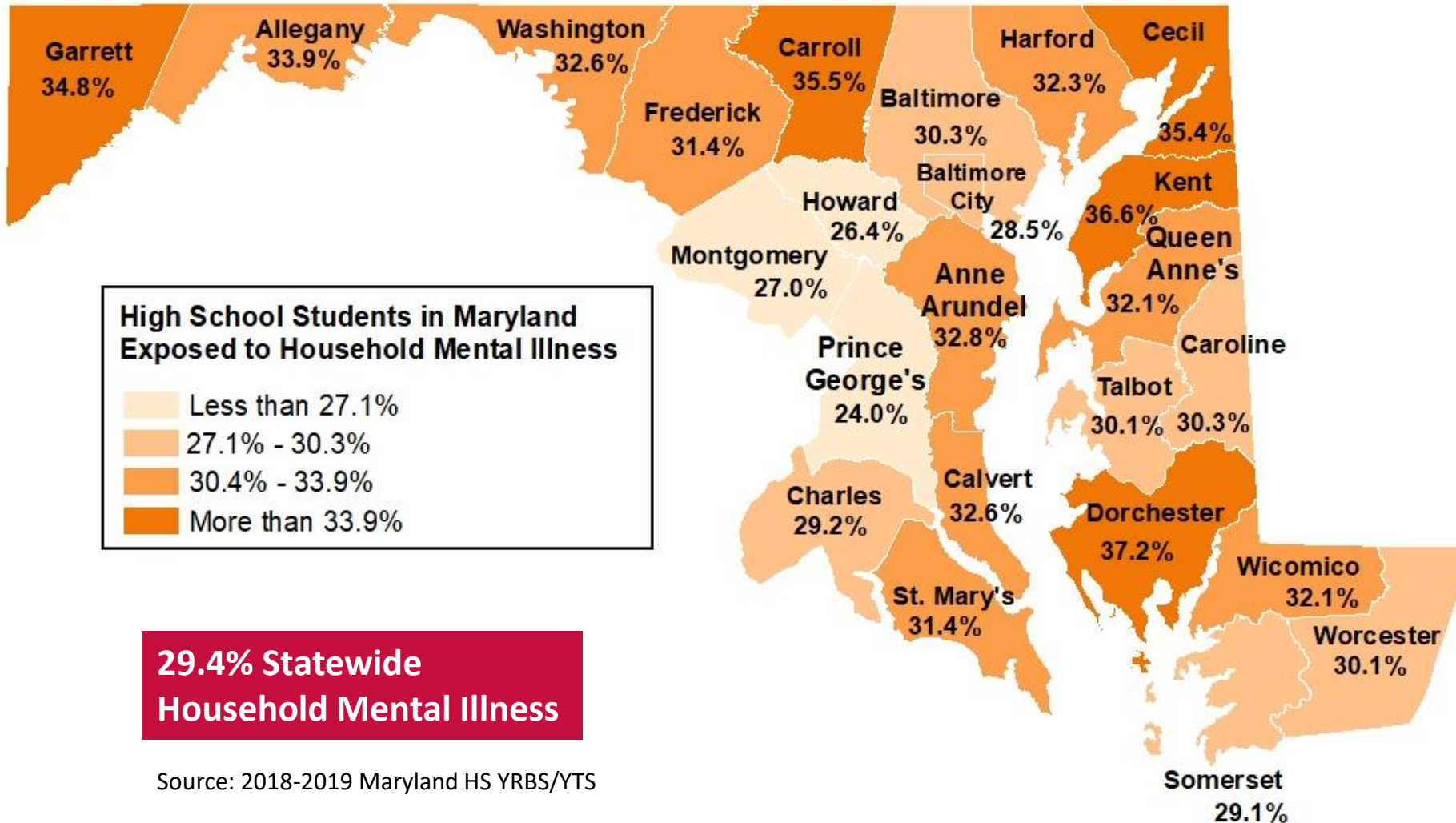
- Kent
- Cecil

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



29.4% Statewide Household Mental Illness

Highest Exposure to Household Mental Illness

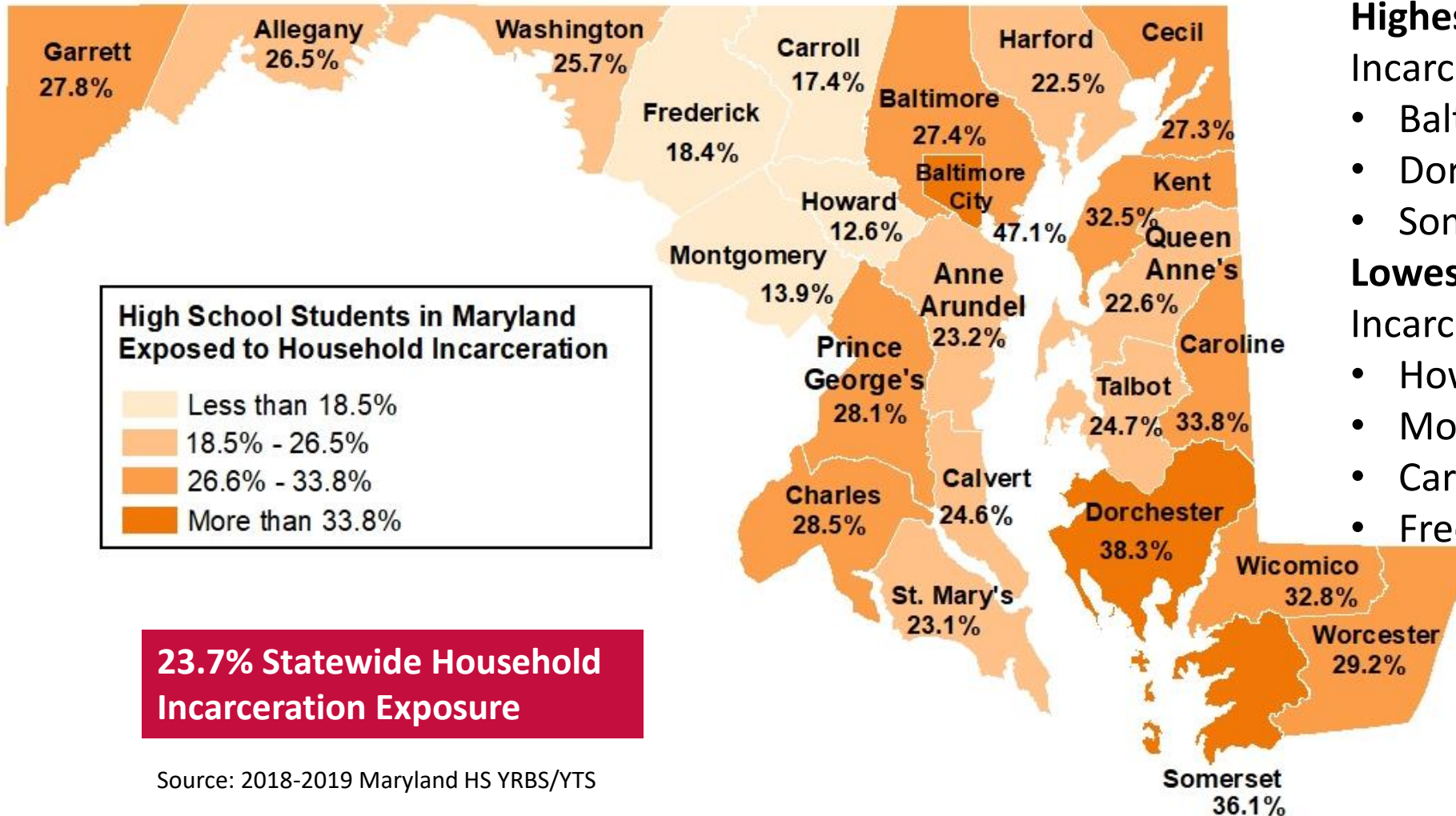
- Dorchester
- Kent
- Carroll
- Cecil
- Garrett

Lowest Exposure to Household Mental Illness

- Prince George's
- Howard
- Montgomery

Source: 2018-2019 Maryland HS YRBS/YTS

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

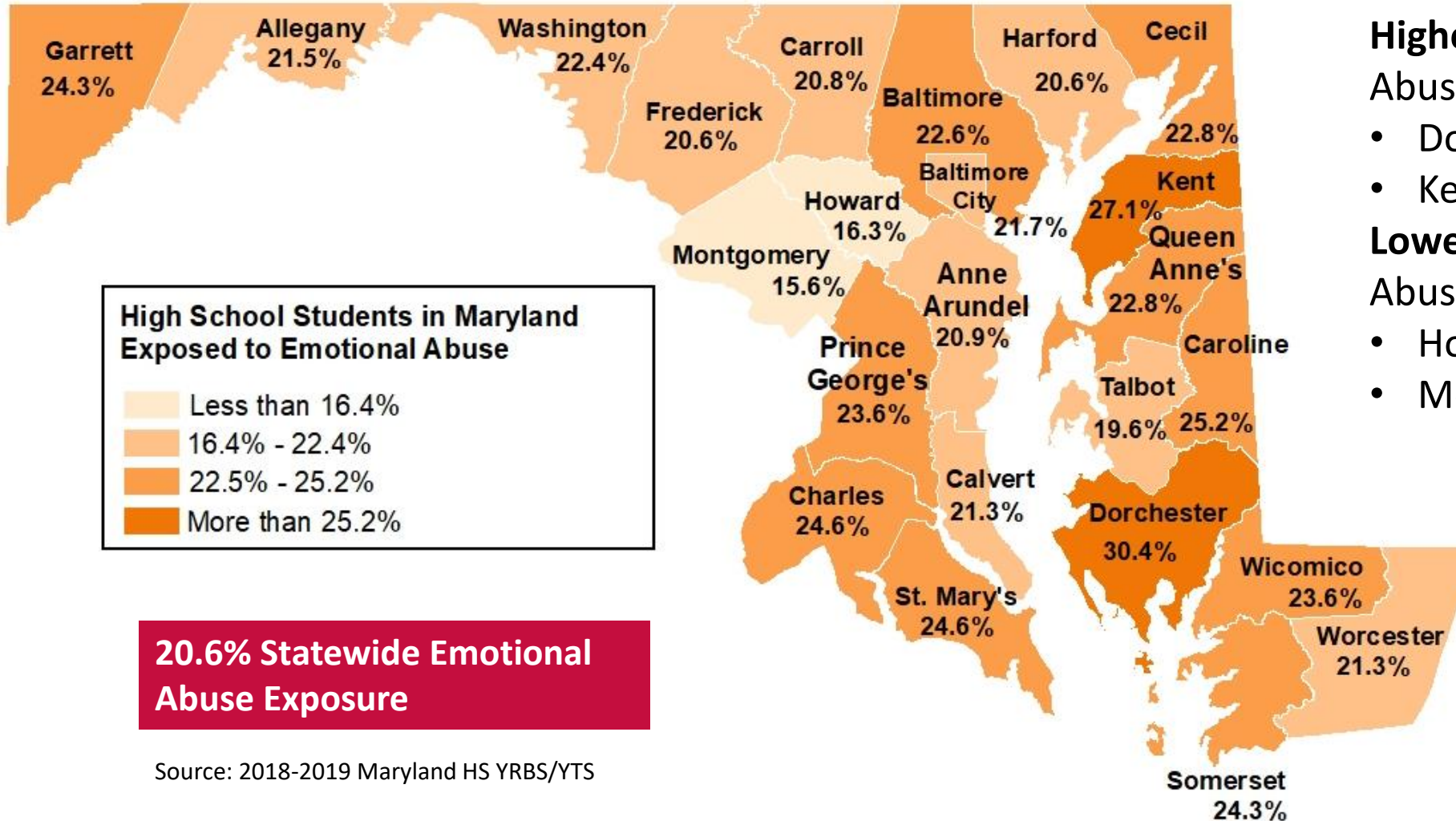
High School Students in Maryland Exposed to Household Incarceration

- Less than 18.5%
- 18.5% - 26.5%
- 26.6% - 33.8%
- More than 33.8%

23.7% Statewide Household Incarceration Exposure

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

SB 299 - Human Services - Trauma-Informed Care - C

Uploaded by: Ruth, Laure

Position: FAV

BILL NO: Senate Bill 299
TITLE: Human Services - Trauma-Informed Care - Commission and Training
COMMITTEE: Judicial Proceedings
HEARING DATE: February 11, 2021
POSITION: **SUPPORT**

Senate Bill 299 would establish the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. The Women's Law Center of Maryland supports this effort as so much has been learned about the effects of trauma and our State agencies should be educated and informed, and they should develop policies using trauma-informed Care (TIC).

The experience of trauma has widespread impact on the lives of those we serve in most or many of our direct representation projects, including our Protection Order Advocacy and Representation Projects (POARP), our Collateral Legal Assistance for Survivors Project (CLAS) and our Multi-Ethnic Domestic Violence Project (MEDOVI). Trauma can lead to or exacerbate mental illness, substance use, and physical health conditions. In a truly integrated, whole health system of care, effective treatment must involve addressing the impact of trauma. By establishing a trauma-Informed Care Commission, state agencies will begin to understand the impact trauma has played in Maryland citizens' lives, and they can develop processes to incorporate the trauma into their policies and approaches.

One example: Implementing TIC requires a shift in philosophy and clinical approach to assessment and treatment. Asking "what happened to you?" not "what's wrong with you?" is a simple example of this adjustment that requires staff to learn new practices and techniques in working with clients.

Therefore, the Women's Law Center of Maryland, Inc. strongly SUPPORTS Senate Bill 299.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

OPD Written Statement_SB299.pdf

Uploaded by: Shreve, Joan

Position: FAV



POSITION ON PROPOSED LEGISLATION

BILL: SB 0299
Human Services - Trauma-Informed Care - Commission and Training

POSITION: Favorable

DATE: February 9, 2021

The Maryland Office of the Public Defender writes to support SB 0299 and its call to establish a Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults.

Trauma-informed and trauma-responsive delivery of State services is critical to improving the way we care for our most vulnerable populations and for curbing crime rates and criminal risk factors.

Children who experience violence and trauma, especially when compounded with feelings of abandonment, tend to have a larger, more active amygdala. The amygdala is the part of the brain, within the limbic system, that allows you to act without thinking in times of emergency. It is impulsive and reactive. And, in traumatized brains –such as those that experienced and witnessed violence and especially experienced violence during adolescence – and in those who experience abandonment – such as the death of the only stable parental figure – it can become overdeveloped. Those brains experience fear in a faster and more immediate way, and may engage in pre-emptive violence more often than counterparts with normally operating amygdalas because they perceive danger everywhere. Individuals with larger amygdalas are also prone to self-medication in order to shut-off their over-active fear response. Trauma-informed and trauma-responsive care is critical to help minimize these fear responses and unhealthy coping mechanisms. Further, black children and other children of color are more susceptible to the psychological effects of race-based trauma because of their age and developmental stage.¹ Thus, trauma-informed care is critical for Maryland to move forward in its pursuit of racial justice.

¹ Leah Metzger, Don't Shoot: Race-Based Trauma and Police Brutality, Taylor University Orphans and Vulnerable Children 1 (2019).

For further information please contact Elizabeth Hilliard, Assistant Public Defender, at elizabeth.hilliard@maryland.gov or maryland.gov or Krystal Williams, Director, Government Relations Division, at krystal.williams@maryland.gov or by phone at 443-908-0241.

In fact, it is commonly accepted that trauma-informed care and cognitive behavioral therapy assist in reducing criminal risk factors and can help persons who have experienced trauma or violence in their past work through their history of trauma, understand their responses to trauma, and recognize appropriate, responsive and trauma-safe pathways that can be pursued going forward. For example, trauma informed care can teach people to ground themselves, focus on the present moment, and manage unhealthy or aggressive responses.² Such programming would be extremely beneficial to anyone who has experienced trauma or violence in their past, and demonstrates that even people who have made mistakes can change, develop new healthy coping mechanisms and trauma responses and move on to live productive and healthy lives.

Prisons, jails, and even police can cause and reinforce trauma, especially in vulnerable persons. Many studies support the idea that potential psychological consequences for the direct and indirect targets of racially and ethnically motivated police brutality may include, but are not limited to, distrust, fear, anger, shame, PTSD, isolation, and self-destructive behaviors.³ Thus, trauma-informed policing, social services, and treatment for arrested and incarcerated persons are critical to racial justice efforts and rehabilitation efforts. If trauma-informed principles are introduced, all staff can play a major role in minimizing triggers, stabilizing offenders, reducing critical incidents, de-escalating situations, and avoiding restraint, seclusion or other measures that may repeat aspects of past abuse.⁴ For these reasons, it is believed that trauma-informed correctional care and staff training can go a long way toward creating an environment conducive to rehabilitation and staff and institutional safety.⁵ In short, the more research surrounding, and

² Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In K.A. Witkiewitz & G.A. Marlatt (Eds.). *Therapist's guide to evidence based relapse prevention: Practical resources for the mental health professional* (pp. 141-167). San Diego: Elsevier Press.

³ Thema Bryant-Davis et al., *The Trauma Lens of Police Violence against Racial and Ethnic Minorities*, 73(4) *J. Soc. Iss.* 852-871 (2017).

⁴ Blanche, A. (2003). *Developing trauma-informed behavioral health systems*. Report from NTAC's National Experts Meeting on Trauma and Violence August 56, 2002 Alexandria, VA National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors.; Center for Mental Health Services. (2005). *Roadmap to seclusion and restraint free mental health services*. DHHS Pub. No. (SMA) 05-4055. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

⁵ "Creating trauma-informed correctional care: a balance of goals and environment," Niki A. Miller and Lisa M. Najavits, *European Journal of Psychotraumatology* 2012, 3: 17246.

application of, trauma-informed care that we can provide will benefit individuals and communities in countless ways.

The Maryland Office of the Public Defender supports Senate Bill 299 because of the meaningful training, support and guidance it offers regarding the provision of trauma-informed care across state agencies. A trauma-informed service system recognizes the wide prevalence of trauma, and that trauma may take many forms. Long-lasting negative effects of trauma persist across the lifespan impacting physical and mental health. Trauma-informed care involves both practice recommendations and organizational changes, which help reduce barriers to care, promote engagement in treatment services, and reduce the likelihood of further victimization.

Many of our clients have had past contacts with treatment providers, juvenile services, or other providers that have attempted to provide support; however, if a program is not equipped to provide trauma-informed care there is increased risk of subsequent victimization. A trauma-informed practice shifts the focus from “what is wrong with you,” and instead asks “what happened to you?” By collaborating with clients in a non-judgmental, supportive and safe environment, outcomes are improved. However, implementing these techniques, strategies and policies within agencies requires training and guidance.

Establishing a Commission on Trauma-Informed Care will help identify key strategies for implementing best practices across state agencies, and supply much needed support and training. It will create a common lens and framework for agencies tasked with serving the people of Maryland. For these reasons, the Maryland Office of the Public Defender supports SB 0299.

SB 299 - Human Services - Trauma-Informed Care - C

Uploaded by: Siri, Michelle

Position: FAV

BILL NO: Senate Bill 299
TITLE: Human Services - Trauma-Informed Care - Commission and Training
COMMITTEE: Finance
HEARING DATE: February 11, 2021
POSITION: **SUPPORT**

Senate Bill 299 would establish the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. The Women's Law Center of Maryland supports this effort as so much has been learned about the effects of trauma and our State agencies should be educated and informed, and they should develop policies using trauma-informed Care (TIC).

The experience of trauma has widespread impact on the lives of those we serve in most or many of our direct representation projects, including our Protection Order Advocacy and Representation Projects (POARP), our Collateral Legal Assistance for Survivors Project (CLAS) and our Multi-Ethnic Domestic Violence Project (MEDOVI). Trauma can lead to or exacerbate mental illness, substance use, and physical health conditions. In a truly integrated, whole health system of care, effective treatment must involve addressing the impact of trauma. By establishing a trauma-Informed Care Commission, state agencies will begin to understand the impact trauma has played in Maryland citizens' lives, and they can develop processes to incorporate the trauma into their policies and approaches.

One example: Implementing TIC requires a shift in philosophy and clinical approach to assessment and treatment. Asking "what happened to you?" not "what's wrong with you?" is a simple example of this adjustment that requires staff to learn new practices and techniques in working with clients.

Therefore, the Women's Law Center of Maryland, Inc. strongly SUPPORTS Senate Bill 299.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

MAREE-SUPPORT-SB299-2.2021.pdf

Uploaded by: Solano, Maritza

Position: FAV



Maryland Alliance for
Racial Equity in Education

Testimony in SUPPORT of SB0299 – Human Services – Trauma Informed Care – Commission and Training

Finance Committee

February 8, 2021

Dear Honorable Chair Kelley and Members of the Finance Committee:

The Maryland Alliance for Racial Equity in Education (MAREE) is pleased to provide testimony in **SUPPORT** of SB 299- Human Services-Trauma Informed Care-Commission and Training. MAREE is a coalition of education advocacy, civil rights, and community-based organizations committed to eliminating racial disparities in Maryland's education system. Our coalition **SUPPORTS** establishing the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults across our state. This policy will provide much needed guidance on how to effectively and thoughtfully best serve some of our most vulnerable populations experiencing trauma.

According to data from The Child and Adolescent Health Measurement Initiative, 56% of Baltimore's children and 41.6% of children across Maryland have experienced one or more major traumatic events. Left unaddressed, each of these adverse childhood experiences can have a devastating impact on health outcomes and lead to an increased risk of addiction, incarceration, and other risky behaviors. The CDC used survey data from more than 144,000 adults from 25 states and found that 60% reported at least one bad childhood experience. One in six people across the United States has experienced four or more kinds of adverse childhood experiences. Women, Indigenous individuals and Black Americans were more likely to experience four or more of these experiences.

Trauma is experienced by individuals across our state--from Baltimore City to Hagerstown to Silver Spring to the Eastern Shore---it is not isolated although it is sometimes overlooked. And as the Covid-19 pandemic continues to devastate families and communities, children and youth reporting traumatic experiences are on the rise. In a study released September 2020 by the National Institutes of Health, it notes that " more than 20% of all-aged children and more than 40% of children under 12 in the United States experienced food insecurity since the beginning of the COVID-19 pandemic". If this basic need is not being met, we can only imagine the trauma being caused by deaths in families, social isolation and fear of infection amongst children, youth and older citizens. This study goes on to state that the only possible solutions to deal with the short and long-term effects of such trauma are: identification of those in need of care and well thought out interventions and plans to ensure those identified receive such care. MAREE sees the creation of the Commission on Trauma-Informed Care as forward thinking and a step in the right direction to ensure some of our most vulnerable populations have access to proper mental and social-emotional services and support to survive and thrive.

For these reasons, MAREE strongly urges a favorable report on SB0299.

MAREE Coalition

NAACP State Conference
ACLU MD
CASA
Advocates for Children and Youth
Urban Teachers

Greater Baltimore Urban League
Baltimore Corps
Strong Schools MD
The Education Trust
Black & Brown Coalition

Family League of Baltimore



Maryland Alliance for
Racial Equity in Education

SB 299 - Support - MPS WPS.pdf

Uploaded by: Tompsett, Thomas

Position: FAV



February 11, 2021

The Honorable Delores G. Kelley
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – SB 299: Human Services - Trauma-Informed Care - Commission and Training

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS and WPS support Senate Bill 299 (SB 299) as many Maryland children are all too often the victims of trauma, which may impact their mental health, their ability to function in school as well as their relationships with their families. Unfortunately, these children do not receive the mental health treatment that they desperately need.

Trauma-informed care represents an opportunity to infuse an understanding of traumatic experiences and the lingering impact of trauma into how service providers support positive adaptation and resilience. The Commission on Trauma-Informed Care established under SB 299 is a positive step for the state to take as it would coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State health services to benefit children, youth, families, and older adults throughout the state.

Therefore, MPS and WPS ask the committee for a favorable report on SB 299. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

CC-SB299-TIC.pdf

Uploaded by: Vaughan, Regan

Position: FAV

Senate Bill 299
Human Services – Trauma-Informed Care – Commission and Training
Finance Committee
February 11, 2021

Favorable

Catholic Charities of Baltimore strongly supports SB 299, which would create a commission to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of state services that impact children, youth, families and older adults and require trauma-informed training of state agency staff.

Inspired by the gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of youth, individuals, and families each year, we recognize the devastating and continuing consequences of trauma in an individual's life.

Each day, Catholic Charities staff interact with Marylanders facing challenges and difficulties, those challenges and difficulties that have only escalated during the Pandemic. COVID-19 has laid to bare longstanding inequities in our systems, including the inequitable exposure to the traumas of the pandemic – job loss, housing insecurity, food insecurity, contracting COVID and death of a loved one.

At Catholic Charities, we work with adults, children and families across the state of Maryland, and can attest that most, if not all, with whom we work have been exposed to and experienced trauma throughout the courses of their lives. According to the National Council for Behavioral Health, 70% of adults in the U.S. have experienced some type of traumatic event. Recent research by the Stress, Health, and Aging Research Program (SHARP) states that, “approximately 70% to 90% of adults aged 65 and up have been exposed to at least one potentially traumatic event during their lifetime. The National Survey of Children's Health found that that nearly half of the Nation's children, 35 million, have experienced one or more types of trauma. As homelessness is considered a traumatic factor, 100% of men, women, children, and families who are experiencing homelessness are considered to have experienced trauma.

Many of the people we work with have been exposed to and experienced severe trauma; this is also true of the general population. By prioritizing the response and delivery of trauma informed care by Maryland state agencies and their respective staffs, programs, and services, the well-being of Marylanders is also prioritized, as trauma informed care works to reduce the likelihood of re-traumatization by promoting interactions informed by competence and compassion.

On behalf of the individuals and families we work with, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 299.

Submitted By: Regan K. Vaughan, Director of Advocacy

SB 299- Human Services - Trauma-Informed Care - Co

Uploaded by: Witten, Jennifer

Position: FAV



Maryland
Hospital Association

February 11, 2021

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 299 - Human Services - Trauma-Informed Care - Commission and Training

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 299.

The effects of trauma are pervasive in our culture. According to the Centers for Disease Control and Prevention, 61% of adults in 25 states report having at least one adverse childhood experience (ACE), and nearly one in six report four or more.¹ In Maryland, 23% of adults on average report three to eight ACEs.² These include child abuse, neglect, witnessing community violence, death of a family member, and incarceration of a relative. Children who experience more of these traumas have greater risk of long-term negative health effects—both physically and mentally.³ High ACE scores can take years off a person's life. Adults with the highest ACE scores reduced their life expectancy by 20 years.⁴ Black and Hispanic youth and youth from low-income families are more likely to experience three or more adverse events.⁵

Maryland hospitals support a trauma-informed care delivery, which is aligned with the field's [Commitment to Racial Equity](#). One of the key initiatives prioritized by MHA's Health Equity Task Force is reducing health disparities by addressing social determinants of health and racism that often underlies housing, education, nutrition, employment, and public safety. Research shows people can overcome traumatic experiences with the appropriate supports and interventions, yet most people never have access to these services.⁶

A trauma-informed care framework has significant benefits and requires a culture shift to recognize and respond to people impacted by trauma on a physical, psychological, and emotional level to empower the individual.⁷ Other states adopted this framework, including Delaware.⁸ In 2018, the

¹ Centers for Disease Control and Prevention. (n.d.) "Preventing Adverse Childhood Experiences." www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

² Maryland Behavioral Risk Factor Surveillance System. (January, 2020). "[Adverse Childhood Experiences \(ACEs\) in Maryland: Data from the 2018 Maryland BRFSS.](#)"

³ US Department of Health & Human Services. (n.d.). "[Adverse Childhood Experiences \(ACEs\).](#)"

⁴ Texas Health and Human Services. (n.d.). "[Cross-Systems Trauma-Informed Care.](#)"

⁵ Child Trends. (n.d.). "[Adverse Childhood Experiences.](#)"

⁶ Substance Abuse and Mental Health Services Administration. (July, 2014). "[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.](#)"

⁷ Texas Health and Human Services. (n.d.). "[Cross-Systems Trauma-Informed Care.](#)"

⁸ Ibid.

state’s governor signed an executive order declaring it a “trauma-informed state.” This led to a cabinet-level council established to improve services and interventions for children and families exposed to trauma and develop trainings and tools for state employees and community partners.⁹

SB 299 would enact a similar approach in Maryland by forming a commission to work toward a statewide trauma–responsive strategy. We commend the sponsor for introducing this legislation and look forward doing our part to promote trauma-informed care delivery for all Marylanders.

For these reasons, we urge a *favorable report* for SB 299.

For more information, please contact:
Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

⁹ ACES Connection. (October 19, 2018). “[Governor Carney Signs Executive Order Making Delaware a Trauma-Informed State.](#)”

Maryland Psychological Association - Support with

Uploaded by: Brocato, Barbara

Position: FWA



10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044. Office 410-992-4258. Fax: 410-992-7732. www.marylandpsychology.org

OFFICERS OF THE BOARD

President February 4, 2021
Esther Finglass, PhD

President-elect
Linda McGhee, PsyD, JD Senator Delores G Kelley, Chair
Senate Finance Committee

Past President
Kimberly Y. Campbell, PhD Maryland Senate
11 Bladen Street

Secretary
Laura Schaffner Gray, PhD Miller Senate Office Building, 3 East
Annapolis, MD 21401

Treasurer
Brian Corrado, PsyD

Representatives-at-large
Andrea Chisolm, PhD
Shalena Heard, PhD

Representative to APA Council Dear Chair, Vice Chair, and Committee Members:
Katherine Killeen, PhD

COMMITTEE CHAIRS

Communications
Robyn Waxman, PhD

Diversity
Whitney Hobson, PsyD

Early Career Psychologist
Meghan Mattos, PsyD

Educational Affairs
Laurie Friedman Donze, PhD

Ethics
Cindy Sandler, PhD

Legislative
Pat Savage, PhD

Membership
Rebecca Resnik, PsyD

Professional Practice
Selena Snow, PhD

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, PhD

EXECUTIVE DIRECTOR

Stefanie Reeves, CAE

February 4, 2021

Senator Delores G Kelley, Chair

Senate Finance Committee

Maryland Senate

11 Bladen Street

Miller Senate Office Building, 3 East

Annapolis, MD 21401

Bill: Senate Bill 299 - Human Services - Trauma-Informed Care - Commission and Training

Position: Support with Amendment

Dear Chair, Vice Chair, and Committee Members:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in support of **Senate Bill 299 - Human Services - Trauma-Informed Care - Commission and Training**. We are discussing the following amendment with the Sponsor, and respectfully request consideration as a friendly amendment, the addition of the following Commission members:

“Two Licensed Mental Health Clinicians with expertise in trauma, including demonstrated experience and training in Children and Adolescent Care, and Family Care”

We believe that this will add another important dimension to the work of the Commission and provide important experience and expertise that encompass all ages and stages of life.

For these reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 299 with the amendment.

Thank you for considering our comments on SB 299. 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

R. Patrick Savage, Jr.

Esther Finglass, Ph.D.

President

Committee

R. Patrick Savage, Jr., Ph.D.

Chair, MPA Legislative

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

SB0299 written testimony.pdf

Uploaded by: Fulton,MD, Jacqueline

Position: FWA

Jacqueline Fulton, MD

February 9, 2021

MD State Senate

Dear Senator Carter ,

I am writing to you **in support of SB0299** Trauma Informed Commission.

As way of introduction: I am a native Baltimorean, an African American pediatrician who has practiced for more than 40 years in the inner city of Baltimore. In 2019, I was honored to receive the Dr Russo Memorial Award from the City for my work serving the underserved in the Baltimore community. I am the widow of state Delegate Tony Fulton and proudly called Congressman Elijah Cummings a good friend of mine for more than 50 years. I have two wonderful daughters and two grandsons all of whom call Baltimore home.

In my over 40 years of practicing and living in Baltimore, I have many ,many times witnessed the effects of trauma in my community and on my patients. I have experienced and continue to experience the personal and professional effects of racism even as I journeyed to become a physician and a servant leader in my community. Trauma however takes many forms and it's good to see this being acknowledged by this legislation.

I truly hope that with this commission we can begin to repair the damage done and prevent future generations from experiencing organizational/institutional trauma. I hope that the next generations will see our effort to make life better for the citizens of Maryland no matter what their zip code, socioeconomic status, race or gender may be.

The agencies that serve the citizens of Maryland *can* be revamped to provide services in a trauma -sensitive way *without* causing fiscal damage to the state's budget. It's all in how we commit to making it happen. This commission would serve as a good start.

On a personal note, I have taken the trauma- informed care course that California physicians , under the guidance of Dr Nadine Burke Harris, have been mandated to take in order to bill for trauma- informed services in California and I feel that that is a great model that with appropriate modification could work here in Maryland.

The only concern I have about SB 0299 is that in the legislation as written the agency heads can delegate representation to the commission as well as the training at their

individual agencies — so there is **nothing mandating that the agency heads receive the training *themselves***. This **weakness in the legislation** needs to be addressed since the agency heads are called to be the change agents in this endeavor.

Thank you for the opportunity to testify.

In service,

Jacqueline C. Fulton, MD

6264 Seton Hills Lane

GwynnOak, MD 21207

443-928-9645

jacquelinefulton04@gmail.com

SB299_MNADV_FWA.pdf

Uploaded by: Shapiro, Melanie

Position: FWA



BILL NO: Senate Bill 299
TITLE: Human Services - Trauma-Informed Care - Commission and Training
COMMITTEE: Finance
HEARING DATE: February 11, 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 amend and issue a favorable report on SB 299.**

Adverse Childhood Experiences (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 with 12.7% of participants in the original CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study indicating they had experienced that trauma.¹ 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.² Children exposed to intimate partner violence often experience other ACEs, most notably child abuse.³

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. MNADV thinks that in addition to the already identified members in SB 299 for the Commission on Trauma-Informed Care 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 299.**

¹ <https://www.cdc.gov/violenceprevention/aces/about.html>

² 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>

³ *Id.*