



February 25, 2021

**Senate Education, Health and Environmental Affairs Committee
TESTIMONY IN SUPPORT With Amendments**

SB 548- Public Schools-Centers for Disease Control and Prevention Surveys- Revisions

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 548- Public Schools-Centers for Disease Control and Prevention Surveys-Revisions with the amendment to include data disaggregated by race and ethnicity. This bill would require that Maryland’s Youth Risk Behavior Survey/Youth Tobacco survey includes all the adverse childhood experiences (ACEs) questions and that the Maryland Department of Health publishes this data within six months of receiving it.

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

In the 2018-2019 school year, Maryland’s administration of the Center for Disease Control and Prevention’s (CDC’s) Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS) of students attending public middle schools and high schools yielded 41,091 surveys across Maryland.² The YRBS allows counties to see the correlation between students with exposure to specific ACEs and the dose relationship between exposure to more ACEs and greater likelihood to be engaged in risky behavior such as drug use and behavioral health conditions including feeling depressed and/or suicidal.

BHSB supports SB 548 because this local data will allow us to target interventions towards the ACEs with the highest prevalence and ensure these children and their families are receiving the supports they need to succeed. Currently, Maryland’s YRBS is not required to include questions about all ACEs, which could hinder the state’s ability to effectively combat these ACEs. SB 548 ensures that Maryland’s YRBS includes all the CDC’s ACEs questions so that we have a complete picture of Maryland’s children’s exposure to adversity.

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 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 bill also requires that the Maryland Department of Health publish the data from the survey. The amendment proposed would require that the county-level data trends report include data disaggregated by race and ethnicity to ensure allowing us to focus on decreasing racial disparities in positive outcomes for black and latinx children and youth. **As such, BHSB urges the Senate Education, Health and Environmental Affairs Committee to pass SB 548 with the amendment to include data disaggregated by race and ethnicity.**