



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Robbyn Lewis

FROM: Pamela Metz Kasemeyer
J. Steven Wise
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DATE: February 9, 2021

RE: **SUPPORT** – House Bill 548 – *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 House Bill 548.

House Bill 548 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. House Bill 548 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:

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