



THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of House Bill 548**

**Human Services – Trauma Informed Care – Commission and Training**

Dear Chair Pendergrass and Members of the Health and Government Operations Committee:

“It is easier to build strong children than to repair broken men.” This aphorism, attributed to the great Marylander Frederick Douglass, holds the heart and the purpose of this bill.

House Bill 548 will establish a statewide Commission on Trauma-Informed Care. The purpose of this Commission is to improve the health, well-being and life outcomes of children and youth all around our state who have been harmed by adverse childhood experiences, by developing strategies to integrate principles of trauma responsive care in state services. Ensuring the health and well-being of Maryland youth requires that we address ACEs, a critical social determinant of their emotional and behavioral problems.

This legislative proposal will scale up innovative public policies developed in Baltimore city and around the country.

Terms like trauma, and adverse childhood experiences require clear definition. Most of us remember learning to ride a bike. We vividly remember that first tumble, the scraped knees and elbows, the tears and Band-Aids. We also remember how our scrapes and scratches healed. An adverse child experience is like falling off a bike in the middle of a busy road, getting hit by a reckless driver and suffering lasting wounds that impede your life options. Trauma is the injury caused by that fall – the injury that leaves not just a physical mark, but a bruise on the psyche, a wound on emotional and cognitive development that cannot, all by itself, heal. Trauma could look like an eviction, or homelessness, or a parent with a mental illness; it could take the shape of chronic hunger, or domestic violence. Such experiences don’t really end for a child; they can fester and cripple a child’s development. Unless recognized and treated, this type of harm can cripple a person’s life, foreclosing their human potential. Multiply this by thousands, imagine thousands of children who hold this type of harm in their hearts, bodies and minds. In fact, the National Academies of Sciences and the CDC state that emotional and behavioral problems among children and youth are largely a response to trauma and adversity. The state has a duty and responsibility to address this. We have a duty to help them heal.

Adverse childhood experiences – also referred to as “ACEs” – are common in Maryland. More than 55% of Maryland high school students have experienced at least one ACE. For example, according to the Maryland Youth Risk Behavior Survey (YRBS) about 30% of Maryland high school students have one parent with a mental illness, 24% have a parent with problem substance use or gambling, 24% have had a family member go to prison or jail, 20% experienced verbal abuse from their caregiver, and 17% report food insecurity.

Maryland YRBS data show that students who experience at least one of 5 adverse experiences (i.e., caregiver verbal abuse, family member in prison or jail, caregiver mental health problems, caregiver substance use, or food insecurity) are more than 30% more likely to: (a) earn poor grades in school; (b) use alcohol, marijuana, and other substances, including prescription opioids; (c) suffer from mental and emotional problems, including considering suicide; and (d) get into fights with peers.

Trauma informed care is a way to address the harms caused by adverse childhood experiences. The Commission created by this bill will require training for state workers involved in the delivery of social and human services to children and youth in the principles of trauma responsive concepts. This approach was championed by young people in Baltimore city, who toiled and advocated for its adoption. The trauma informed care model has been explored and tested in Baltimore city, where it was recently codified in law, thanks to the efforts of Baltimore Councilman Zeke Cohen. Personally, I became inspired by this approach because it is an example of how folks closest to the problem are best positioned to help solve it. Many young people in Baltimore have experienced trauma. I for one am ready to honor their vision for solutions, such as offered in this bill.

This legislation is a promising strategy for fostering the health and well-being of Marylanders.

I respectfully request a favorable report.

Gilreath, Tamika; "Military Connected Kids, Stressed Out In School." <https://www.youtube.com/watch?v=BhYMinFK8OM>

Centers for Disease Control and Prevention [CDC] (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

Maryland Youth Risk Behavior Survey/Youth Tobacco Survey. <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS-Main.aspx>

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Division of Behavioral and Social Sciences and Education, Board on Children, Youth, and Families, Committee on the Neurobiological and Socio-behavioral Science of Adolescent Development and Its Applications. The Promise of Adolescence: Realizing Opportunity for All Youth. National Academies Press; 2019.