

**Informational Testimony regarding Senate Bill 282
Workgroup on Screening Related to Adverse Childhood Experiences**

**Finance Committee
Tuesday, February 8th, 2022
1:00 p.m.**

**Lauren Lamb
Government Relations**

The Maryland State Education Association offers this informational testimony on Senate Bill 282, legislation that would establish the Workgroup on Screening Related to Adverse Childhood Experiences. The Workgroup would be charged with updating, improving, and developing a screening tool for use by primary care providers to use in the identification and treatment of children with mental and behavioral health issues that could have been caused by Adverse Childhood Experiences (ACEs), which would be submitted to the Maryland Department of Health. The Workgroup would also submit recommendations regarding the ACEs screening to the Maryland State Department of Education (MSDE).

MSEA represents 76,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students for the careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

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

1995-1997, looked at the long-term impacts childhood abuse and neglect had on the health and well-being of patients.¹ ACEs were categorized into three groups: abuse, neglect, and family/household challenges. A patient's ACE score was calculated, with the score serving as an indicator of cumulative childhood stress. The study's findings revealed "a graded dose-response² relationship between ACEs and negative health and wellbeing outcomes across the course of life."³ In short, as the number of ACEs increases, the risk of several negative outcomes—including, but not limited to, poor academic outcomes, poor work performance, and suicide attempts—also increase.

MSEA believes that every Maryland child is a whole child—one that needs to feel healthy, safe, engaged, supported, and challenged to eventually see success in college, career, and life. In advocating for the needs of the whole child, we have been staunch supporters of the effort to bring trauma-informed practices into our schools, because we recognize the toll trauma takes on all members of the school community—students and adults alike. We know that failure to address this trauma leads to disrupted school environments for all. We have time and again experienced the deleterious impact ACEs can have on our classrooms and our students' lives, our students' families, and our communities.

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 the confines of the schoolhouse. As such, we support the creation of this workgroup and eagerly await its findings and recommendations. However, we would be remiss if we did not make note of our general concerns related to screening young children for ACEs. These concerns include:

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

¹ "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/abstract](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract) (accessed on February 4, 2022)

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

³ Ibid.

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

It is, therefore, even more important that the conclusions of the workgroup are applied mindfully and with adequate context. Given the ongoing 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.