

SB 282_Workgroup on ACES_Support.pdf

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 8, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 282 – Support

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente is pleased to support – SB 282 – “Workgroup on Screening Related at Adverse Childhood Experiences.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

Kaiser Permanente believes creating and enhancing measures to screen our youth for mental health challenges are paramount in forging pathways from trauma and toxic stress to recovery and healing. Studies show the impact of trauma is very broad and can impact a person across many parts of life: health, behavioral health, family, work, school and more. Roughly 59% of men and women experience at least one adverse childhood experience (ACE) in their life and 9% experience five or more ACEs. Moreover, children with histories of such experiences are twice as likely to have chronic health conditions. We appreciate that this workgroup would develop recommendations to address these important issues and urge a favorable report for SB 282.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor
Director of Government Relations
Kaiser Permanente

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

SB 282 Workgroup on Screening Related to Adverse C

Uploaded by: Brian Sims

Position: FAV



Maryland
Hospital Association

February 8, 2022

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

Re: Letter of Support - Senate Bill 282 - Workgroup on Screening Related to Adverse Childhood Experiences

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 282.

The effects of trauma are pervasive in our culture and can harm health outcomes. Children who experience more of trauma have greater risk of long-term negative physical and mental health.¹ 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.² In Maryland, 23% of adults on average report three to eight ACEs.³ These include child abuse, neglect, witnessing community violence, death of a family member, and incarceration of a relative. High ACE scores can take years off a person's life. Adults with the highest ACE scores reduced their life expectancy by up to 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 comprehensive efforts to address the root causes driving disparities in health outcomes, 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 inequity that often underlies housing, education, nutrition, employment, and public safety. Research shows people can overcome traumatic experiences with the appropriate supports and interventions.⁶

Addressing ACEs is complex. Accurately identifying affected individuals and determining successful interventions will require an all-hands-on-deck approach. Bringing together a diverse group of professionals to create meaningful screening tools, recommendations, and analyses, Maryland will be better equipped to reverse and undo the cycle of trauma and its impacts. We commend the sponsor for introducing this legislation to establish the work group and look forward to the results of their efforts on behalf of Marylanders.

For these reasons, we urge a *favorable report* for SB 282.

¹ US Department of Health & Human Services. (n.d.). "[Adverse Childhood Experiences \(ACEs\)](#)."

² Centers for Disease Control and Prevention. (n.d.) "Preventing Adverse Childhood Experiences."
www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

³ Maryland Behavioral Risk Factor Surveillance System. (January, 2020). "[Adverse Childhood Experiences \(ACEs\) in Maryland: Data from the 2018 Maryland BRFSS](#)."

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](#)."

For more information, please contact:
Brian Sims, Director, Quality & Health Improvement
Bsims@mhaonline.org

MCF_Fav_SB 282.pdf

Uploaded by: Haley Rizkallah

Position: FAV



SB 282

Workgroup on Screening Related to Adverse Childhood Experiences

Senate Finance Committee

February 8, 2022

FAVORABLE

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

Maryland Coalition of Families strongly supports SB 282.

Children who have significant mental health needs often have experienced trauma in their lives. Studies on Adverse Childhood Experiences (ACEs) consistently show that children who have experienced four or more traumatic events, including physical or mental abuse, parental mental health or substance use problems, domestic violence, bullying, poverty, or community violence, to name a few, are at much greater risk of developing mental health problems such as depression, anxiety, behavioral disorders and suicidality, as well as substance use problems. In addition, ACEs have been proven to have a profound negative impact on physical health.

Everyone knows that ACEs are bad. What is unclear is how to prevent them, how to track them, how to screen youth for them, and what to do with a positive screen. Maryland needs to address these multiple and complex questions related to ACEs, and SB 282 will help us to do just that. Establishing a workgroup with a broad mission is the best way to begin to take a public health approach to the debilitating effects of ACEs.

We know about treatment for trauma, and that it can be extremely effective. We must better understand the need for treatment in the population, how to identify youth in need of treatment, and how to connect them to appropriate resources.

For these reasons we urge a favorable report on SB 282.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
10632 Little Patuxent Parkway, Suite 234
Columbia, Maryland 21044
Phone: 443-741-8668
ageddes@mdcoalition.org

SB 282 Senator Augustine Written Testimony.pdf

Uploaded by: Malcolm Augustine

Position: FAV

MALCOLM AUGUSTINE
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the
Management of Public Funds



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 8, 2022

SENATE BILL 282- Workgroup on Screening Related to Adverse Childhood Experiences

Chair Kelley, Vice Chair Feldman, and members of the Committee.

Senate Bill (SB) 282 creates a workgroup on screening related to adverse childhood experiences screening.

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years) (2). This can include experiencing violence, abuse, or neglect; witnessing violence in the home or community; substance abuse; mental health problems; etc. (2). It has been shown that ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions facing our society, including nine out of the ten leading causes of death in the United States (1).

ACEs can lead to activation of toxic stress response which is defined by the National Academies of Sciences, Engineering, and Medicine as prolonged activation of the stress response that can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment well into the adult years (1). For children, the result is an increase in lifelong risk for physical and mental health disorders (1).

SB282 aims to understand how ACEs are impacting Maryland's youth. The bill includes not only screening practices to gather data on ACEs, but initial recommendations on interventions to mitigate occurrence/reoccurrence of ACEs. SB282 is the first step in a longer plan to create lasting cross-sector infrastructure to curtail ACEs within Maryland. It allows us to understand the impact of ACEs on our communities: without proper data collection on the scope of the problem, there is no way of knowing when, where, and how to intervene regarding ACEs. Once proper data is collected, plans for effective intervention strategies (i.e., effective intervention systems for breaking intergenerational trauma, parental social support, mental health infrastructure, etc.) can be implemented appropriately. Screening is an important element of the process and this bill aims to move that forward within the context of Maryland's unique health system.

References

1. Bhushan, Devika, et al. "The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health." 2020, <https://doi.org/10.48019/peam8812>.
2. CDC. "Preventing Adverse Childhood Experiences | Violence Prevention | Injury Center | CDC." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 6 Apr. 2021, <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

SB 282_MNADV_FAV.pdf

Uploaded by: Melanie Shapiro

Position: FAV



BILL NO: Senate Bill 282
TITLE: Workgroup on Screening Related to Adverse Childhood Experiences
COMMITTEE: Finance
HEARING DATE: February 8, 2022
POSITION: **SUPPORT**

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 issue a favorable report on SB 282.**

Senate Bill 282 creates a workgroup charged with the many responsibilities including to update, improve, and develop screening tools for primary care providers to identify and treat minors who have a mental health disorder that may be caused by or related to an adverse childhood experience; to study best practices in Youth Risk Behavior Survey (YRBS) data summaries and trends reports nationally; and to develop recommendations for unifying and coordinating child- and family-serving agencies to better link them with needed interventions and services. MNADV supports these efforts since early identification of Adverse Childhood Experiences (ACEs) and trauma-informed treatment can help prevent future incidents of domestic violence and we offer a network of services providers across Maryland. State domestic violence coalitions were identified by the CDC as one of the vital partners to help prevent and mitigate the harms caused by ACEs.¹

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. In the original CDC-Kaiser Permanente Adverse Childhood Experiences Study 12.7% of participants indicated they had experienced that trauma.² 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.³ Children exposed to intimate partner violence often experience other ACEs, most notably child abuse.⁴

¹ Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, https://wvde.us/wp-content/uploads/2019/09/CDC_preventingACES.pdf

² <https://www.cdc.gov/violenceprevention/aces/about.html>

³ 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>

⁴ *Id.*



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. Effective screening tools can identify current exposure to domestic violence in the home that can lead to appropriate supports and assistance for all the impacted family members.

For the above stated reasons, the **Maryland Network Against Domestic Violence** urges a **favorable report on SB 282**.

For further information contact Melanie Shapiro • Public Policy Director • 301-852-3930 • mshapiro@mnadv.org

4601 Presidents Drive, Suite 300 • Lanham, MD 20706
Tel: 301-429-3601 • E-mail: info@mnadv.org • Website: www.mnadv.org

SENATE BILL 282 N. Melucci Testimony.pdf

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Position: FAV

SENATE BILL 282- Workgroup on Screening Related to Adverse Childhood Experiences

Senate Committee on Finance

Testimony in Favor

Nicholas Melucci

2/8/2022

Good afternoon, Chair Kelley, Vice Chair Feldman, and members of the Committee.

My name is Nick Melucci. I am a 4th year Medical Student at Michigan State University as well as a Master of Public Health Student at Johns Hopkins University. This legislative term, I have had the opportunity to intern with Senator Malcolm Augustine. I am here to ask you to give a favorable report on Senate Bill 282.

The opinions expressed herein are my own and do not necessarily reflect the views of The Johns Hopkins University.

During my third year of medical school, I had the opportunity to treat patients in the emergency department. I was working at a hospital in Detroit that often treats victims of gun violence, domestic abuse, substance abuse, etc. Unfortunately, I had the misfortune of treating many children who were the victims of violence.

One story remains in my head: a fifteen-year-old boy was brought into the emergency department via ambulance after being shot in the arm and shoulder. Luckily, he did not sustain any life-threatening injuries. I walked into his patient room and talked with him about what had happened. He seemed unfazed as I washed out the bullet wounds with saline solution. I could not tell if he was numb to the violence he had experienced or if this was a normal part of his life he had witnessed since early youth. I thought to when I was his age, what I was doing as a fifteen-year-old. This event, and many others, has me determined to create change. No child should have to experience such trauma in their life.

According to the Maryland Behavioral Risk Factor Surveillance System, nearly 62% of Maryland adults have one or more ACE(s) (1). This is a harrowing statistic showing the need for legislation (such as SB 282) as well as cross-sector infrastructure improvement to reduce ACE incidence in Maryland.

SB 282 aims to understand how ACEs are impacting Maryland's youth. The bill includes not only screening practices to gather data on ACEs, but initial recommendations on interventions to mitigate occurrence/reoccurrence of ACEs. Once proper data is collected, plans for effective intervention strategies (i.e., effective intervention systems for breaking intergenerational trauma, parental social support, mental health infrastructure, etc.) can be implemented appropriately. I believe this legislation will establish a group passionate about reducing ACEs in Maryland to provide a brighter future for Maryland's youth.

Thank you.

References

1. Maryland Department of Health. "Adverse Childhood Experiences (ACEs) in Maryland: Data from the 2018 Maryland BRFSS." Maryland, 29 Jan. 2020.

MPA Testimony 2022 - Support SB 282 - Workgroup o

Uploaded by: Pat Savage

Position: FAV



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February 8, 2022

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The Honorable Delores G. Kelley, Chair
Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Bill: SB 282 – Workgroup on Screening Related to Adverse Childhood Experiences

Position: Support

Dear Chair Kelley and Members of the Committee,

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in support of SB 282 – **Workgroup on Screening Related to Adverse Childhood Experiences (ACES)**.

ACES screening assesses a limited set of childhood experiences, such as child physical abuse, sexual abuse, child neglect, parental abandonment, and parental mental health or physical health problems. These adverse childhood experiences have been shown to meaningfully increase the risk of later adult mental and physical health problems. Communities use the data provided by ACES screening to develop programs that help prevent child abuse before it happens. Health care providers use ACES screening data to guide early intervention during childhood to support children and families coping with emotional and physical consequences of ACES, and to prevent more harm to these vulnerable children.

With all its benefits, ACES screening data can be misused when protective factors are not considered. An expert workgroup is essential to develop effective and socially just prevention programs. Further, as ACES are related to individual, family and community characteristics, prevention depends on helping communities as well as individuals and families prevent and treat ACES. This effort will depend on the collaboration of physicians, mental health professionals, educators, social services, law enforcement and public health professionals through this workgroup.

For these reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 282.

Thank you for considering our comments on SB 282. 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,

Linda McGhee
Linda McGhee, Psy.D., J.D.
President

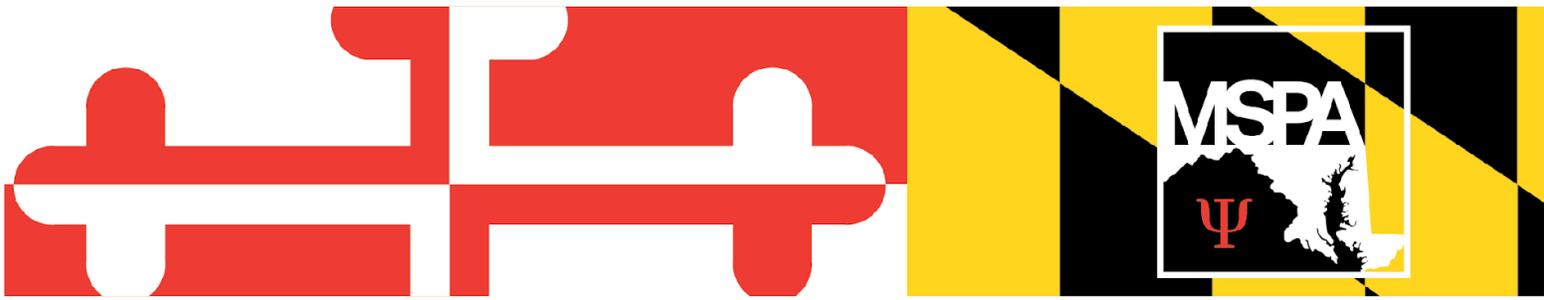
R. Patrick Savage, Jr.
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

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

2022 MSPA SB 282 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

January 29, 2022

Bill: Senate Bill 282 – Workgroup on Screening Related to Adverse Childhood Experiences

Position: Support

Dear Chairman Kelley, Vice Chair Feldman, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

The purpose of this letter is to provide support for Senate Bill 282, which would establish a workgroup that will focus on screening for Adverse Childhood Experiences (ACEs). The workgroup will be charged with identifying screening tools in collaboration with the Maryland Department of Health, and make recommendations on creating strong links between screening and related services.

The Centers for Disease Control and Prevention define ACEs simply as potentially traumatic events that occur in childhood. Examples of ACEs include experiencing violence or abuse, witnessing violence in the home or community, having a family member attempt or die by suicide, exposure to substance abuse, and others. Exposure to ACEs is strongly correlated with many negative outcomes including chronic health problems, mental illness, and substance abuse in adulthood. Exposure can also negatively impact educational success and job opportunities. Importantly, early treatment for children related to ACEs can guard against many of these negative outcomes.

School psychologists are charged with providing frontline mental health support and treatment to Maryland's students. Unfortunately, we often know little about those students' past experiences, especially as they relate to trauma and ACEs. Unfortunately, many students who need mental health supports in schools do not receive treatment outside of the school building, therefore school psychologists are often the first line of support. Screening for childhood trauma, including ACEs, as well as ensuring access to early intervention can begin the process of mitigating potential negative outcomes for our students.

For these reasons, we urge a favorable report on SB 282. If we can provide any further information or be of assistance, please contact us at legislative@mSPAonline.org or Scott Tiffin at stiffin@policypartners.net or 443-350-1325.

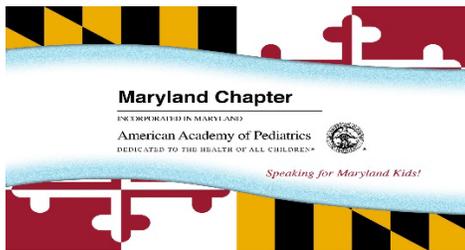
Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

SB0282_FAV_MDAAP_WG Screening Related to ACEs.pdf

Uploaded by: Pam Kasemeyer

Position: FWA



TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

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

DATE: February 8, 2022

RE: **SUPPORT ONLY IF AMENDED** – Senate Bill 282 – *Workgroup on Screening Related to Adverse Childhood Experiences*

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 282, **only if amended as described below**.

First, MDAAP would like to applaud the sponsor for his strong commitment to address adverse childhood experiences (ACEs), a critical priority for the MDAAP. Senate Bill 282 creates the Workgroup on Screening Related to Adverse Childhood Experiences. There is no doubt that ACEs have short and long-term physical and mental health consequences. Studies have confirmed that maternal depression increases the risk that a child will exhibit aggressive behavior, peer conflict, hyperactivity, or inattention, and be diagnosed with depression, anxiety, and conduct disorder. Adolescents of parents who use substances are at increased risk for psychopathology such as depression, anxiety, and substance use.

Given the potential for mental health issues related to ACEs, as well as the high rate of mental health disorders among today's children, MDAAP supports the need for screening for mental health disorders, including those that may be the result of ACEs. Furthermore, MDAAP strongly supports the provisions of the bill that require the development of recommendations for unifying and coordinating child and family serving agencies to better link youth and families to needed interventions and services. However, to be effective in achieving the objectives of the legislation, MDAAP would recommend making several changes to the bill.

- It is unnecessary for the committee to develop, update, or improve screening tools to identify children with behavioral or mental health disorders. The creation of an effective screening tool requires clinical research to assess its validity before it is used in clinical practice. This can be expensive and time consuming. Many valid screening tools have already been developed. Some examples include the Pediatric Symptom Checklist, the Child Behavior Checklist (CBCL), the 9-item Patient Health Questionnaire (PHQ-9), and the 7-item Generalized Anxiety Disorder screen (GAD-7).¹ For children with

¹ https://www.massgeneral.org/psychiatry/services/psc_home.aspx;

known traumatic exposure, the Pediatric Traumatic Stress Screening Tool can assess a child's response to that trauma.²

- The addition of representatives from several primary care organizations, including the Maryland Chapter of the American Academy of Pediatrics, the Maryland Chapter of the American Academy of Family Physicians, and the Mid-Atlantic Association of Community Health Centers. These three organizations represent a large portion of the primary care providers for children in the state of Maryland.
- Enhancement of the final requirement of the bill, “to study and make recommendations a primary care provider should take...” It is impossible to make recommendations about what a primary care provider should do for children with mental health disorders related to ACEs without knowing what resources are available in their community and what resources are lacking. Therefore, we recommend that the Workgroup also be tasked with identifying available resources, identifying Counties that lack adequate resources, and making recommendations to the General Assembly, the Governor, and the Maryland Department of Health regarding how to improve access to mental health resources.
- The YRBS does not collect zip codes from respondents. It would therefore not be possible to report results by zip code.

Despite its notable objectives, MDAAP is concerned about unintended consequences and a lack of effective impact that could be associated with the bill as drafted and would support a favorable report on Senate Bill 282, but only with the above referenced amendments.

For more information call:

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

Christine K. Krone

410-244-7000

Achenbach TM, Rescorla LA. Manual for the ASEBA School-Age Forms and Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families, 2001.

Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606-13.

Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med.* 2006;166(10):1092-7.

²<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>

SB 282 - SWA - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FWA



February 3, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Support w/ Amendments – SB 282: Workgroup on Screening Related to Adverse Childhood Experiences

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 strive 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/WPS support Senate Bill 282: Workgroup on Screening Related to Adverse Childhood Experiences (SB 282). Adverse childhood experiences (ACEs) include abuse that is physical, emotional, and/or sexual in nature; living with an alcohol or drug abuser; domestic violence; and emotional and physical neglect. Studies have consistently shown that those who experience ACEs have an increased prevalence of heart disease risk factors, the rate of antidepressant usage, and the likelihood of suicide and intravenous drug use. In each case, the effect size rose along with the number of ACEs. ACEs have also been correlated with physical illnesses. Thus, the findings of the workgroup on ACEs envisioned in SB 282 are vitally important.

MPS believes, however, that the members of the workgroup could be better defined. Specifically, either "behavioral health expert" or "mental health expert" should be amended to expressly include a child and adolescent psychiatrist. Child and adolescent psychiatrists are physicians who arguably have the greatest knowledge regarding the provision of care for this population and are often tasked with treating the traumatic symptoms that may occur as a result of ACEs.

MPS/WPS, therefore, respectfully asks the committee to add a child and adolescent psychiatrist to the group, replacing one of the undefined terms, "behavioral health expert" and "mental health expert", and then provide a favorable report to SB 282. 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

SB 282 - LOI - Workgroup on Screening Related to A

Uploaded by: Ary Amerikaner

Position: INFO

Senate Bill 282 – *Workgroup on Screening Related to Adverse Childhood Experiences*
Senate Finance Committee
February 8, 2022

All of the above are also charges of the Workgroup on Screening Related to Adverse Childhood Experiences defined in SB 282.

Using federal grant resources, MSDE is working to provide training and technical assistance to local school systems in initiatives such as trauma-informed approaches, mental health first aid, restorative approaches, and Positive Behavioral Interventions and Support (PBIS) to address the mental health needs of students and improve overall school climate. MSDE is providing ongoing support to school systems to implement the guidelines and integrate these initiatives to create and enhance a trauma-informed environment in schools.

Additionally, the MSDE has partnered with the University of Maryland School of Medicine National Center for School Mental Health to launch the Maryland School Mental Health Response Program to provide consultation and support to school systems as they address student and family mental health concerns. This program will enrich and enhance the work of school-based student support services personnel, including school psychologists, school counselors, pupil personnel workers, social workers, and school health services professionals.

We respectfully request that you consider this information as you deliberate **House Bill 282**. Please contact Ary Amerikaner, at 410-767-0090, or ary.amerikaner@maryland.gov, for any additional information.

SB282_MSEA_Lamb_INFO.pdf

Uploaded by: Lauren Lamb

Position: INFO

**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.

SB0282_DHS_LOI.pdf

Uploaded by: Rachel Sledge

Position: INFO

Date: February 8, 2022

Bill number: SB0282

Committee: Finance

Bill title: **Workgroup on Screening Related to Adverse Childhood Experiences**

DHS Position: **Letter of Information/Favorable with Amendments**

The Maryland Department of Human Services (DHS), thanks the Committee for the opportunity to provide information about Senate Bill 282 (SB 282).

Senate Bill 282 would establish a workgroup whose explicit purpose would be to “develop recommendations for unifying and coordinating child and family–serving agencies to better link youth and families to needed interventions and services.” The workgroup would examine the health care community’s ability to assess for Adverse Childhood Experiences (ACEs) and the impacts of trauma, in order to better intervene. The efforts of the workgroup established by this bill have the potential to improve the State’s assessment of community ACE incidence and prevalence, and their behavioral impacts, which will allow for improved intervention design and outcome assessments. The bill also could provide improved communication and collaboration among governmental and non-governmental human services agencies, which may result in improved coordination of, reduced duplication of, and fewer gaps in services.

The bill engages a broad group of experts to accomplish the workgroup's efforts. However, this legislation as drafted does not incorporate the involvement or expertise of DHS as Maryland’s leading child welfare agency or any local social service department. Discussions surrounding ACEs improvement of child and family service provision and coordination should involve DHS. Given our widespread role in the provision of services to this population it is the opinion of DHS that we should be involved in these discussions.

Additionally, DHS oversees the Maryland Total Human-services Integrated Network (MD THINK). Established under Executive Order 01.01.2021.11, the MD THINK Committee shall “make recommendations for State policies and the delivery of services to those who have had adverse childhood experiences so as to reduce their effects.” Given the involvement of DHS in this directive and the goals of SB 282, DHS believes it is appropriate for the Department to be involved in the workgroup’s efforts.

The Department appreciates the opportunity to provide the aforementioned information to the committee for consideration during your deliberations.

