

SB 590 Sponsor Testimony.pdf

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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



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3745 · 301-858-3745
800-492-7122 Ext. 3745
Fax 410-841-3387 · 301-858-3387
Malcolm.Augustine@senate.state.md.us

February 22, 2022

SB 590 - Public Health - Behavioral Risk Factor Surveillance System – Requirements

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

Senate Bill (SB) 590 establishing requirements related to the conduct of a survey as part of the Behavioral Risk Factor Surveillance System and the reporting of summary data and trends reports.

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 10 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).

SB 590 aims to implement a survey as a part of the Maryland Behavioral Risk Factor Surveillance System (BRFSS). This includes a Center for Disease Control and Prevention (CDC) module on ACEs in at least one version of the survey. Additionally, counties at higher risk for adverse health outcomes would be oversampled to ensure accurate participation and data from said populations. Lastly, the CDC module data will be trended for analysis of ACEs or positive childhood experiences.

SB 590 is an important step in focusing Maryland's efforts on which children are most at risk for ACEs. With proper data collection, future steps can be taken to address upstream causes of ACEs in the communities most affected. Maryland's children deserve to grow in a community that aims to minimize adverse experiences, and SB 590 is an integral part in creating a safe environment for all.

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>.

SB0590 Behavioral Risk Factor Surveillance System

Uploaded by: Margo Quinlan

Position: FAV

Senate Bill 590 Public Health - Behavioral Risk Factor Surveillance System - Requirements

Senate Finance Committee

February 22, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. MHAMD appreciates this opportunity to present testimony in support of Senate Bill 590.

SB 590 would establish and expand requirements in conducting the Behavioral Risk Factor Surveillance System survey, along with the reporting of summary data and trends reports. It seeks to increase reporting on adverse childhood experiences and positive childhood experiences, and places weighted emphasis on regions in Maryland with higher reported adverse health outcomes.

The Maryland Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone-based chronic disease surveillance program designed to collect data on the behaviors and conditions that place Maryland adults at risk for chronic diseases, injuries, and preventable infectious diseases. Maryland BRFSS also collects information on health care access and health disparities.¹

About 50% of children are exposed to a traumatic event, and as many as 67% of trauma survivors experience lasting psychosocial impairment. Trauma can affect a child's brain and delay certain development which can make it harder for the child to concentrate and study. According to the National Child Traumatic Stress Network (NCTSN) and the Family Informed Trauma Treatment Center in Maryland, nearly one-third of children in Baltimore City have two or more Adverse Childhood Experiences (ACEs). These ACEs have been found to have a direct impact on the normative development and lifelong health of individuals. ACEs include extreme poverty, family problems, experiencing or witnessing violence, abuse and discrimination. All of these can be extremely traumatic for children. ACEs are a significant risk factor for mental health and substance use disorders and can impact prevention efforts.

There has been a national public awareness campaign across the country to highlight the impact of ACEs on children and youth. SB 590 moves the state to act by putting increased attention and resourcing on these early indicators of long-term behavioral health outcomes. For these reasons, MHAMD urges a favorable report on Senate Bill 590.

¹ Maryland Department of Health, "Behavioral Risk Factor Surveillance System."
<https://health.maryland.gov/phpa/ccdpc/Reports/Pages/brfss.aspx>

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

2022 LCPCM SB 590 Senate Side.pdf

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Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 590 – Public Health - Behavioral Risk Factor Surveillance System – Requirements

Hearing Date: February 22, 2022

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 590 – Public Health - Behavioral Risk Factor Surveillance System – Requirements*.

There is significant research showing that the adverse childhood experiences can have significant and lasting impacts on mental health. This bill will add questions regarding adverse childhood experiences to a survey of children in our schools. Although this bill will not identify individual children, it will help identify communities in need of support. This data would help the state target mental health resources, which is especially important as the state begins to implement the *Blueprint for Maryland's Future*.

Thank you for your consideration of our testimony. We ask for a favorable report. If we can provide any additional information, please let us know by contacting Scott Tiffin at stiffin@policypartenrs.net or (443) 350-1325.

2022 MASBHC SB 590 Senate Side.pdf

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Position: FAV



PO Box 716
Baltimore, MD 21233
202.669.0031 phone

Support

Senate Bill 590 – Public Health - Behavioral Risk Factor Surveillance System - Requirements

Finance Committee

February 22, 2022

The Maryland Assembly on School-Based Health Care (MASBHC) supports Senate Bill 590 – Public Health - Behavioral Risk Factor Surveillance System - Requirements. This bill seeks to add questions about adverse childhood experiences surveys conducted as part of the Behavioral Risk Factor Surveillance System.

MASBHC has been a part of ongoing conversations around ways to identify the health needs of children in our school systems. A growing amount of research shows that adverse childhood experiences are linked to negative health outcomes. Surveying school-aged children on adverse childhood experiences could help the state and local school systems identify schools that may benefit from increased health services, such as creating school-based health centers.

Thank you for your consideration of our testimony, and we urge a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.

SB 590-BRFSS-Requirements_BHSB_FAVORABLE.pdf

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Position: FAV



February 22, 2022

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 590- Public Health- Behavioral Risk Factor Surveillance System- Requirements

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 Health- Behavioral Risk Factor Surveillance System-Requirements. This bill would require that beginning in 2023 and every 3 years after Maryland’s Behavioral Risk Factor Surveillance System includes the CDC’s module on Adverse Childhood Experiences in at one version of the survey. It also requires the Maryland Department of Health to publish this data within eight 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

The Maryland Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone-based chronic disease surveillance program designed to collect data on the behaviors and conditions that place Maryland adults at risk for chronic diseases, injuries, and preventable infectious diseases. 2018 BRFSS data reported that the prevalence of Maryland adults that experienced one to two ACEs was 38.2 percent while those experiencing three to eight was 23.0 percent. While in Baltimore City the prevalence of ACEs are much higher with 43 percent experiencing one to two ACEs and 33.4 percent experiencing three or more.² ACEs data not only helps us to understand the prevalence of traumatic childhood experiences but more specifically provide vital information that Maryland and local jurisdictions can use to identify policies and supportive services that can help mitigate the negative impact of ACEs and therefore create healthy communities where children and families thrive.

Currently, Maryland’s BRFSS is not required to include an ACEs module in the survey, which could hinder the state’s ability to effectively combat these ACEs. SB 590 ensures that Maryland’s BRFSS include the CDC’s ACEs module so that we have a complete picture of Marylanders exposure to adversity.

As such, BHSB urges the Senate Finance Committee to pass SB 590.

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 Adverse Childhood Experiences (ACES) in Maryland: Data from the 2018 Maryland BRFSS: [2018 Maryland BRFSS - ACEs by County - 1-29-2020.pdf](#)