

**Department of Legislative Services**  
 Maryland General Assembly  
 2021 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

House Bill 548

(Delegate R. Lewis)

Health and Government Operations

Finance

**Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act)**

This bill establishes the Commission on Trauma-Informed Care as an independent commission in the Department of Human Services (DHS) to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults. The Governor’s Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) must provide staff to the commission. The commission, in consultation with specified entities, must study and implement an Adverse Childhood Experiences (ACEs) Aware program. The bill requires each commission member to participate in specified training and each specified agency head to designate two staff members to carry out specified responsibilities. Members of the commission may not receive compensation but are eligible for reimbursement under standard State travel regulations. **The bill takes effect July 1, 2021.**

**Fiscal Summary**

**State Effect:** General fund expenditures increase by \$61,300 in FY 2022 for staff. Other State agencies can likely carry out the study, training, and reporting requirements with existing resources, as discussed below. Any expense reimbursements are anticipated to be minimal and absorbable within existing budgeted resources. No direct effect on revenues.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	61,300	71,600	73,800	76,400	79,100
Net Effect	(\$61,300)	(\$71,600)	(\$73,800)	(\$76,400)	(\$79,100)

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** The commission must:

- assist in the identification of any State program or service that affects children, youth, families, and older adults;
- assist in the development of a statewide strategy toward an organizational culture shift into a trauma-responsive State government;
- establish metrics to evaluate and assess the progress of the statewide trauma-informed care initiative;
- coordinate and develop any formal or informal trauma-informed care training;
- disseminate information among agencies regarding best practices for preventing and mitigating the effect of trauma on children, youth, families, and older adults;
- advise and assist the Governor in providing oversight and accountability in implementing the bill's requirements;
- submit a report using the commission's established evaluation and assessment metrics; and
- make recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in the State.

By June 30 of each year, the commission must report its findings and recommendations to the Governor and the General Assembly.

In consultation with the Maryland Department of Health (MDH), DHS, and the Maryland Health Care Commission, the commission must (1) study developing a process and framework for implementing an ACEs Aware program in the State and (2) implement the program. The purpose of ACEs Aware is to screen for ACEs and toxic stress to provide targeted, evidence-based interventions to support individual and family health. As part of the study, the commission must (1) propose a process to set up training and an accreditation process for program providers and (2) explore the possibility of third-party reimbursement for screenings under the program. By October 1, 2022, and annually thereafter, the commission must report its findings and recommendations regarding the development and implementation of an ACEs Aware program to the Governor and General Assembly.

The bill defines "formal training" as a didactic course or curriculum in trauma-informed care that is developed by the U.S. Department of Health and Human Services or MDH and provided by MDH or its designee. Each member of the commission must participate in at least one formal training each year. In addition, each State agency represented on the commission must designate two staff members to participate in at least one formal training each year and carry out other specified responsibilities related to enhancing trauma-responsiveness in the State.

MDH must provide technical advisory support to designated agency staff in carrying out their duties. By March 31 of each year, each agency director must submit a progress report to the commission detailing the agency’s progress and compliance in carrying out the bill’s requirements.

**Current Law:** Section 7-427.1 of the Education Article defines “trauma-informed approach” as a method for understanding and responding to an individual with symptoms of chronic interpersonal trauma or traumatic stress. It requires the Maryland State Department of Education, in consultation with MDH and DHS, to develop guidelines on a trauma-informed approach to assist schools with implementing a trauma-informed approach, as specified.

**State Fiscal Effect:** GOCPYVS cannot provide ongoing support to the commission with existing staff. Therefore, general fund expenditures increase by \$61,324 in fiscal 2022, which accounts for a 90-day start-up delay from the bill’s July 1, 2021 effective date. This estimate reflects the cost of hiring a program manager to provide staff support to the commission and coordinate the work of member agencies. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1.0
Salary and Fringe Benefits	\$55,743
Operating Expenses	<u>5,581</u>
<b>Total FY 2022 State Expenditures</b>	<b>\$61,324</b>

Future year expenditures reflect a full salary with annual increases and employee turnover and ongoing operating expenses.

This estimate assumes MDH can provide the additional support to designated agency staff with existing resources. MDH advises that it may require as many as three additional staff to advise the commission regarding the ACEs Aware program. However, as primary responsibility for staffing the commission rests with GOCPYVS, it is assumed that MDH can carry out any advisory role with existing resources, especially since ACEs Aware is an established program operating in California.

This analysis further assumes that MDH does not develop the required formal training but that existing formal training is used and minimal effort is necessary to train commission members and designated staff. Otherwise, general fund expenditures also increase for MDH.

Although the bill requires the commission to *implement* an ACEs Aware program, this analysis does not reflect any costs for implementation as any such costs are dependent on how the commission elects to do so. However, if implementation is similar to California

(which provides ACEs screening of children and adults enrolled in Medicaid), Medicaid expenditures (general and federal funds) increase significantly (with a corresponding increase in federal revenues).

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### **Additional Information**

**Prior Introductions:** SB 918 of 2020, a similar bill, passed the Senate with amendments and received a hearing in the House Health and Government Operations Committee, but no further action was taken.

**Designated Cross File:** SB 299 (Senator Carter, *et al.*) - Finance.

**Information Source(s):** Governor's Office of Crime Prevention, Youth, and Victim Services; Maryland Department of Aging; Maryland State Department of Education; Maryland Department of Health; Department of Budget and Management; Maryland Department of Disabilities; Department of General Services; Department of Housing and Community Development; Department of Human Services; Department of Juvenile Services; Department of State Police; Department of Legislative Services

**Fiscal Note History:** First Reader - February 5, 2021  
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