

Health and Government Operations Committee

HB628 Written Testimony – Favorable

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Current evidence and knowledge indicates that the causes and consequences of Adverse Childhood Events (ACEs) are complex interacting development and life-course processes on multiple levels or scales, including molecular and cellular, brain systems, psychological, social, and environmental.

With childhood abuse and trauma, ACEs are perpetuated in family cycles from generation to generation.

ACEs are risk factors for a broad range of behavioral health problems, with the most severe being deaths from opioid and other drug overdoses, suicide, and mass shooting. Less severe ACEs and consequences such as anxiety, depression, bullying, substance misuse, poor school performance, and many other problems, are common.

Based on this understanding, a comprehensive integrated approach is essential. Interventions are needed for prevention, early intervention, and treatment. Standardized, evidence-based, universal, and comprehensive measurement-based longitudinal screening of children in primary care and in schools is fundamental.

Standardized screening is important so that consistent quality of screening is obtained and can continue to be improved and refined with standard population data across different settings

Evidence-based screening is important so that the best scientific knowledge is used to guide what areas are assessment, and as new evidence emerges, that continues to be incorporated.

Universal screening is important as many children will not externally show that they have experienced ACEs or are experiencing the consequences, such as anxiety, depression, traumatic stress, and so forth. In addition, universal screening is important to reduce and eliminate potential stigma from being singled out.

Comprehensive screening is important because current evidence informs us that there are many causes and many manifestation of ACEs. For optimize practicality in terms of screening time, an ongoing scientific balance between comprehensiveness and population prevalence and priority is needed, which in turn means that ongoing measurement-based monitoring and analytics are important.

Longitudinal screening is important because problems change over time. In additional, longitudinal screening and track of those changes provides stronger information about each individual child as well as for our population trends.

Following comprehensive screening, it is essential to support providers with ongoing training for known and emerging interventions. For example, attachment-based family therapy (ABFT), which focused on parent-child relationships.

There is good evidence for universal interventions in K-12 settings, based on curricula that address self-regulation, mindfulness, social and emotional learning. Adding teaching about

brain structure and function neuroscience, and also social network science, should be developed over time, to promote the ability of children to better understand themselves and their peers, and with that understanding, be more capable to manage themselves and help their classmates.

Because of the wide range of factors and consequences with ACEs, engagement with departments, agencies, and offices beyond primary care is needed. Cross-agency referral and care and other services communication and coordination is important. Supporting consent and data sharing is important. Again, this is an aspect for which use of standardized measurement is important, to reduce redundancy and to promote the most comprehensive shared information.

A major aspect for communication, coordination, and shared situational awareness and knowledge is between parents, teachers, and pediatricians.

Although a lot is scientifically known about ACEs and the causes and consequences, there is much more still to learn. Hence a program to address ACEs should be designed to support and promote an ongoing process of generating new knowledge and learning, and applying that learning back into program operations. Effective program design in this regard would also automatically enable program performance monitoring and reporting from the state government perspective, with minimal additional staff burden, and eliminating delays in understanding program performance and making course corrections, which are almost always needed.

Stakeholder engagement, including parents, and avoidance of punitive approaches, is important. From this perspective, an ACEs prevention and intervention program should include ongoing workshops or similar venue to work with parents, children, pediatricians, teachers and other school staff, and public health and biobehavioral scientists and practitioners.

There are many other aspects and ramifications to be considered. Preventing and treating ACEs is a fundamental and very important strategic approach for improving solutions to many behavioral health problems in our Maryland population.

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