

Senate Bill 425 Workgroup on Screening Related to Adverse Childhood Experiences

Senate Finance Committee

February 16, 2021

Position: Support

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to present testimony in support of Senate Bill 425.

SB 426 establishes a Workgroup on Screening Related to Adverse Childhood Experiences, to study best practices and develop screening tools that can be used by primary care providers to identify and address childhood trauma. This bill has been expanded and strengthened since its introduction last year in the House; this year's bill has an increased stakeholder population on the Workgroup and increases reporting requirements for better use at the state and county levels.

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. ACE's 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.

SB 426 seeks to bring stakeholders together to identify the screening tools that primary care providers can use to recognize the signs and symptoms of trauma or a mental health disorder related to ACEs. This workgroup will be charged with making recommended changes to the State Department of Education's physical examination form to include an assessment of trauma and the practices of primary care providers to screen and treat a minor that shows signs of ACEs. The primary care office is generally the first line of medical intervention for a child. As such, the state should investigate how to leverage this setting to identify and connect minors with ACEs to resources early.

There has been a national public awareness campaign across the country to highlight the impact of ACEs on children and youth. SB 425 moves the state to act by convening a workgroup to review various screening tools and develop procedures for primary care providers to identify and treat a child with ACEs. MHAMD urges a favorable report on Senate Bill 425.

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