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SB 425

March 23, 2021

TO: Members of the House Health and Government Operations Committee
FROM: Natasha Mehu, Director of Government Relations
RE: SENATE BILL 425 – Workgroup on Screening Related to Adverse Childhood Experiences
POSITION: SUPPORT

Chair Pendergrass, Vice Chair Peña-Melnyk, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) supports Senate Bill (SB) 425.

This bill will establish the Workgroup on Screening Related to Adverse Childhood Experiences, which will work toward the development of improved data tools, data gathering, and service delivery for minors having experienced adverse childhood experiences (ACEs).

The Baltimore City Health Department's (BCHD) Office of Youth and Trauma Services works with individuals and families who have experienced ACEs, thus can proffer in-depth recommendations for the Workgroup on Screening Related to Adverse Childhood Experiences. Research has shown that ACEs are correlated with negative health outcomes (such as high blood pressure, diabetes, and heart disease) as well as social behaviors (drug misuse, alcoholism, and tobacco use). It is imperative that ACEs are identified as early as possible and interventions be offered to reduce the impact of the trauma experienced. The ability to identify ACEs allows local and state governments to ensure services are not only provided but are also trauma-informed and healing-centered.

The passing of SB 425 will have several positive effects on agencies serving youth and families who have experienced ACEs. Data collection will allow agencies to understand the prevalence of trauma in the communities being served. By embedding trauma assessment into the medical evaluation and school forms, child serving systems will be able to understand the need for trauma-informed approaches and provide services using a data-driven approach. The prevalence of ACEs data collected by the Workgroup will also allow for the budgeting, hiring, and training of staff with a focus on addressing trauma-related symptoms as well as building protective factors. Finally, SB425's focus on educating the public regarding the impact of adverse childhood experiences will further encourage a community-based response to building protective factors for children and youth, as well as attempting to decrease ACE-related risk factors.

This bill is a welcomed change to our current approach to ACEs, and BCA respectfully requests a **favorable with amendment** report on Senate Bill 425.