

TOWARD A MORE PROSPEROUS MARYLAND

Legislative Solutions to Prevent and Mitigate
Adverse Childhood Experiences (ACEs) and Build
Resilient Communities

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INTRODUCTION

In Maryland, we take seriously our role as stewards of the next generation. We know that preparing Maryland for a prosperous future begins with recognizing that our ability to raise healthy children, who will lead the communities and economy of tomorrow, requires smart and innovative thinking today. The good news is that developmental science is clear about what children need to thrive.

We now know that the brain's architecture is built over time and from the bottom up, much like a house. Sturdy architecture is built when children have safe, stable, and positive experiences and relationships with caring adults at home and in the community.

However, severe or repeated exposure to harmful or adverse childhood experiences (ACEs) without the support of caring adults can cause toxic stress responses in children, weakening brain architecture, and leaving children vulnerable to a range of health, learning, and behavior problems across their lifespan.¹

Fortunately, research also suggests that there are things we can do to buffer toxic stress, preventing or reversing its effects. Safe, stable, and nurturing relationships and environments serve as protective factors and are essential for the health and well-being of our children, ensuring that every child in Maryland has equal opportunity to thrive. All Marylanders play a role in ensuring the health and well-being of the next generation and a prosperous future for all. No one individual, organization, sector, or branch of government alone can prevent ACEs and trauma or mitigate their impact. As lawmakers, Members of the General Assembly can promote lifetime success and responsible citizenship by advancing safe, stable, and nurturing environments through ACE- and resilience-informed policy and investment.

Lawmakers around the country are educating themselves on cutting-edge neuroscience, epigenetics, the ACE study and resilience (NEAR Science) and taking policy actions to promote healthy development and a prosperous future for their constituents. This brief will share the basics of the NEAR Science, along with the evidence-based and innovative policies being implemented by federal and state governments to prevent and mitigate childhood trauma and promote family and community resilience.

Research is clear that parent and child well-being are inextricably linked.

The needs of parents and children overlap, but unfortunately, those needs are too often served in separate, siloed state systems. These systems do not often consider the inextricable link between parent and child. In order to develop effective policies, legislators must consider how multiple policies and systems interact with one another to create environments that promote the healthy development of children and their families. The implications of decisions in one system, impact another. It is critical to address not only the substantive issue (opioid epidemic, teen pregnancy, suicide, cancer, for example), but at the same time strengthen cross-system collaboration in order to effectively prevent and mitigate childhood trauma and build more resilient communities.

Health, education, social, and public safety policies at the federal, state, and local levels need to be updated to reflect what science has taught us about the causes, effects, mitigation, and preventability of childhood, adult, community, historical and intergenerational trauma. Achieving policy change of this meaning and magnitude requires multiple strategies. Ensuring that policies reflect scientific evidence requires a strategic long-term effort that, like any sound investment, will provide significant return over time. Each step will build on the ones before it, making sustained progress toward a full integration of resilience and trauma-informed principles into the policies and practices of government, private industry, and non-profits across health, education, housing, justice, child welfare, and other sectors. This requires a “legacy mindset” by legislators and other policy makers.

N.E.A.R. SCIENCE 101

Converging developments in the rapidly growing sciences of neurobiology, epigenetics, ACEs, and resilience vis a vis healthy child development point to major implications for policy and practice across systems and the lifespan.

Throughout this document we will refer to “NEAR” science, coined by The Foundation for Healthy Generations in Washington State, to describe the body of science that explains the impact of adverse childhood experiences on human development, health, and well-being across the lifespan.

NEUROBIOLOGY OF TOXIC STRESS - TEN CONCEPTS EVERY LEGISLATOR SHOULD KNOW ²

1	Healthy Development Builds a Strong Foundation for Kids and Society
2	<p>Experiences Build Brain Architecture</p> <p>A strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties. It is easier and less costly to form strong brain circuits during the early years than it is to intervene or “fix” them later.</p>
3	<p>Responsive Relationships - “Serve & Return Interactions”</p> <p>Shape Brain Circuitry Richly responsive, back-and-forth interactions between caregiver and child establish a sturdy architecture on which future learning is built. If a caregiver’s responses are unreliable or inappropriate, the brain’s architecture does not form as expected, which has negative implications for later learning and behavior.</p>

4

Brains are Built from the Bottom Up

Skills Beget Skills Emotional well-being and social competence provide a strong foundation for budding cognitive abilities, and together they comprise the foundation, the bricks and mortar, of human development. Science therefore directs us away from debating which capacities children need most, and toward the realization that they are all intertwined.

5

The Biology of Toxic Stress and Adverse Childhood Experiences (ACEs) Derails Healthy Development

In early infancy and even prenatally, the body engages in a “fight, flight, or freeze” response when exposed to stress that stimulates a surge of stress hormones and other biophysical responses throughout the body. This response is normal and not harmful to a child in small doses. However, when a child is exposed to repeated adversity for a prolonged period, this stress becomes toxic. Such chronic and unrelenting stress in early childhood derails development by setting the body’s default stress response system in high alert, weakening brain architecture and impairing the development of all-important executive function skills. In the absence of the buffering protection of adult support, toxic stress becomes built into the body and brain of the developing child.

6

Biological Responses to Toxic Stress During Childhood are Adaptive, Not Maladaptive. “The Child May Not Remember, But the Body Remembers.” - Jack Shonkoff

Humans possess brains that are exquisitely sensitive to their environments and are equipped to adapt to early stress.”³ “A behavior is adaptive insofar as it helps an organism survive. Within a violent context, hyper-arousal, vigilance, and aggression are clearly useful. However, many associated features of these adaptations confer risk in other contexts.”⁴

7

The Presence of Responsive Adults at Home & in the Community Lessens the Impact of Toxic Stress

The good news is that potentially toxic stressors can be made tolerable if children have access to stable, responsive adults – parents, home visitors, childcare providers, teachers, coaches, mentors, etc. Additionally, the brain has the ability to change continuously throughout an individual’s life, a concept known as neuroplasticity. Innovative States and communities design high-quality programs to prevent Adverse Childhood Experiences from occurring in the first place and to effectively respond to them with strong, nurturing supports to ameliorate their impact when prevention is not possible.

8	<p>Executive Function & Self- Regulation Skills Are Critical for Learning and for Life</p> <p>Science has identified a set of skills that are essential for school achievement, positive behavior, good relationships, preparation and adaptability of our future workforce, and for avoiding a wide range of health and relational problems. In the brain, the ability to hold onto and work with information, focus thinking, filter distractions, and switch gears is like an air traffic control system to manage the arrivals and departures of dozens of planes on multiple runways. Scientists refer to these capabilities as executive function and self-regulation—a set of skills that relies on three types of brain function: working memory, mental flexibility, and self-control.</p>
9	<p>These Essential “Air Traffic Control Skills” are Built in Relationships and the Place in which Children Live, Learn, and Play</p> <p>Children are not born with these skills; they are born with the ability to develop them. These skills begin to develop in early childhood and mature through early adulthood. The quality of interactions and experiences provided in families and communities either strengthens or undermines these budding skills.</p>
10	<p>Rethinking Our Policies: What is Predictable, is Preventable</p> <p>Childhood experiences build the foundation for a skilled workforce, a responsible community, and a thriving economy. As Marylanders understand the impact of ACEs, they will realize that the future economic development and prosperity of the state depends on rethinking our policies in health, education, public safety, justice, public assistance, child welfare, and juvenile justice to reflect what the N.E.A.R. science teaches us. To bring about population level change for children facing adversity and stem the tide of ever-more costly social problems, it is key to focus on building healthy brain architecture for every child and coordinating our efforts across all our child and family-serving systems. This investment improves outcomes for children now and is a significant foundation for solutions to many of the long-standing and systemic challenges we face as a state.</p>

EPIGENETICS: THE INTERGENERATIONAL TRANSMISSION OF TRAUMA

The new scientific field of epigenetics explains how experience “gets under our skin.” New research tells us that trauma can attach a chemical mark to a person’s DNA at particular genes. The chemical mark can be passed down from one generation to the next. While the chemical mark does not mutate or damage the gene directly, it alters the mechanism by which the gene’s message is able to be opened or not, allowing its instructions to be read and expressed. The hopeful part of epigenetics is that positive life experiences may reverse the negative impacts of ACEs and have positive effects on human development, health and well-being⁵.

ADVERSE CHILDHOOD EXPERIENCES (ACES) STUDY:

“The largest public health discovery of our time, perhaps of all time.”

–Dr. Robert Anda, Laura Porter

In 1995, the U.S. Centers for Disease Control and Prevention (CDC) and Kaiser-Permanente (KP) conducted the Adverse Childhood Experiences (ACEs) study. Therein, 17,000 participants - mostly white, middle-class adult patients at Kaiser-Permanente in San Diego - were surveyed about their health and well-being.

Participants were asked about ten ACEs, including all forms of child abuse and neglect, and five family dysfunctions, including divorce, parental incarceration, parental mental health or substance abuse disorders, and domestic violence.

10 ACE Categories Examined in the CDC Study on Childhood Adversities

CHILD MALTREATMENT	FAMILY DYSFUNCTION
1 Physical Abuse	6 Substance Abuse in the Household
2 Physical Neglect	7 Mental Illness in the Household
3 Emotional Abuse	8 Domestic Violence
4 Emotional Neglect	9 Parental Separation or Divorce
5 Sexual Abuse	10 Incarcerated Household Member



 **10 ACE Categories Examined
in the CDC Study on Childhood Adversities**

After advocacy by member organizations of Maryland Essentials for Childhood, including SCCAN, Maryland joined other states in collecting [state and county-level ACE prevalence](#) data through the Behavioral Risk Factor Surveillance System (BRFSS). In 2018, Maryland became the first of 2 states to collect ACE data in middle and high schools through the Youth Risk Behavior Surveillance System (YRBSS).

THE MAGNITUDE OF THE PROBLEM: ACE STUDY FINDINGS IN MARYLAND AND BEYOND

ACEs are COMMON:

INITIAL ACE STUDY FINDINGS (SAN DIEGO, 1995): 67% of study participants reported having at least one ACE. 26% reported having three or more ACEs.⁶

MARYLAND ACE FINDINGS (2015): Approximately 60% of survey participants reported at least one ACE. 24% reported having three or more ACEs.⁷

CHILD ABUSE & NEGLECT			FAMILY DYSFUNCTION		
ACE	% Within Population		ACE	% Within Population	
Study	K-P (1995)	MD (2015)		K-P (1995)	MD (2015)
Physical Abuse	28%	16.9%	Substance Abuse	27%	24.9%
Sexual Abuse	21%	11.1%	Parental Separation/ Divorce	23%	27.5%
Emotional Neglect	15%	Not Collected	Mental Illness	17%	15%
Emotional Abuse	11%	31.2%	Battered Mother	13%	17.4%
Physical Neglect	10%	Not Collected	Criminal Behavior	6%	7.6%

ACEs are Rarely Found in Isolation and Tend to Occur in Clusters:

The cumulative impact of ACEs is captured in the “ACE Score:” the number of ACEs an individual has experienced. If an individual has experienced one ACE, they are likely to have multiple. An individual’s ACE score indicates the likelihood of experiencing consequences of toxic stress during development.⁸

ACE SCORE	PREVALENCE	
	K-P (1995)	MD (2015)
0	33 %	40%
1-2 ACEs	42 %	36%
3 or More	26 %	24%

ACEs are Strong Determinants of adolescent & Adult Social Well-Being and Health:

ACE-related problems have a strong, graded relationship to numerous health, learning, social, and behavioral problems throughout a person's lifespan. As the number of ACEs increase in the life of an individual, there is an increased likelihood of the following risky behaviors and chronic physical and mental health conditions.⁹

RISKY BEHAVIORS	PHYSICAL & MENTAL HEALTH CONDITIONS
1 Smoking	7 Sever Obesity
2 Alcohol Abuse	8 Diabetes
3 Drug Misuse (Illicit & Prescription)	9 Depression
4 Missed Work & Performance in the Workforce	10 Suicide
5 Lack of Physical Activity	11 HIV & STDs
6 Risky Sexual Behavior	12 Heart Disease, Cancer, Liver Disease, Chronic Pulmonary Disease, Osteoporosis, & More



 **Risky behaviors and chronic physical and mental health conditions related to ACE exposure**

AN ENHANCED UNDERSTANDING OF THE TYPES OF ACEs

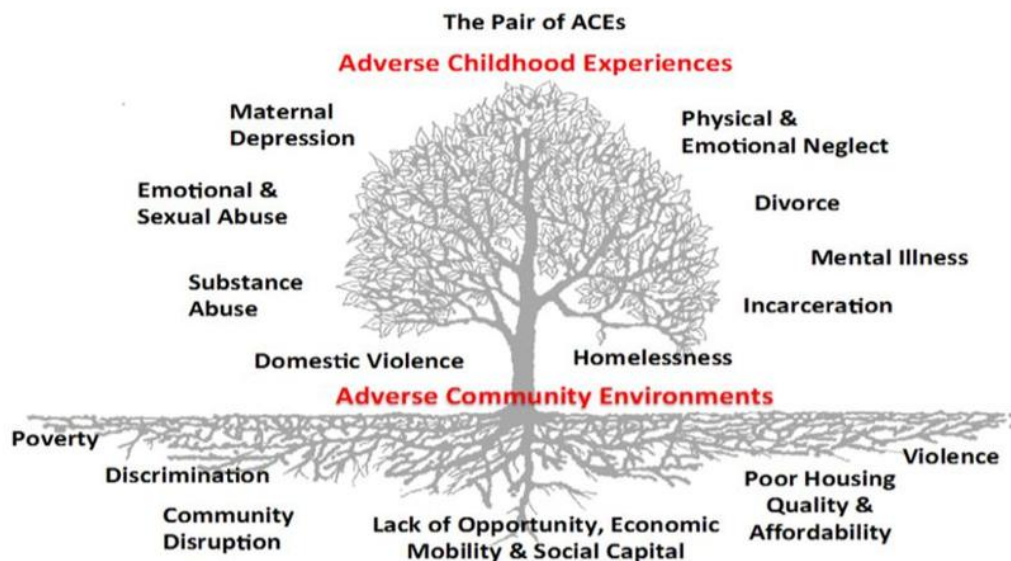
In designing the ACE Study, Dr. Anda and Dr. Felitti had to make some hard choices in order to keep the length of the questionnaire manageable, so that study participants could complete it. They chose experiences where there are organizations set up to prevent or treat specific ACEs such as child abuse and neglect and domestic violence and substance abuse. Some stressful experiences, like parental death or illness, are not directly addressed as “preventable” by existing organizations. Since the original ACE study, research has revealed additional adverse experiences that like the original ten ACEs, engage a child's brain and body in a chronic “fight, flight, or freeze” response and lead to poor social, educational, and health outcomes across the lifespan.

Philadelphia or Urban ACE Study

The Philadelphia ACE Study expanded the original ACE study to include an additional five adverse community experiences: witnessing violence, racism, neighborhood safety, bullying, and living in foster care. Researchers found that almost 40 percent of Philadelphians had experienced four or more of these expanded, community-level ACEs with similar impacts on risk behaviors and poor health outcomes.¹⁰

Adverse Community Environments

Drs. Wendy Ellis, PhD and William Dietz, PhD developed the Pair of ACEs tree depiction below that illustrates the relationship between adversity within a family and adversity within a community.

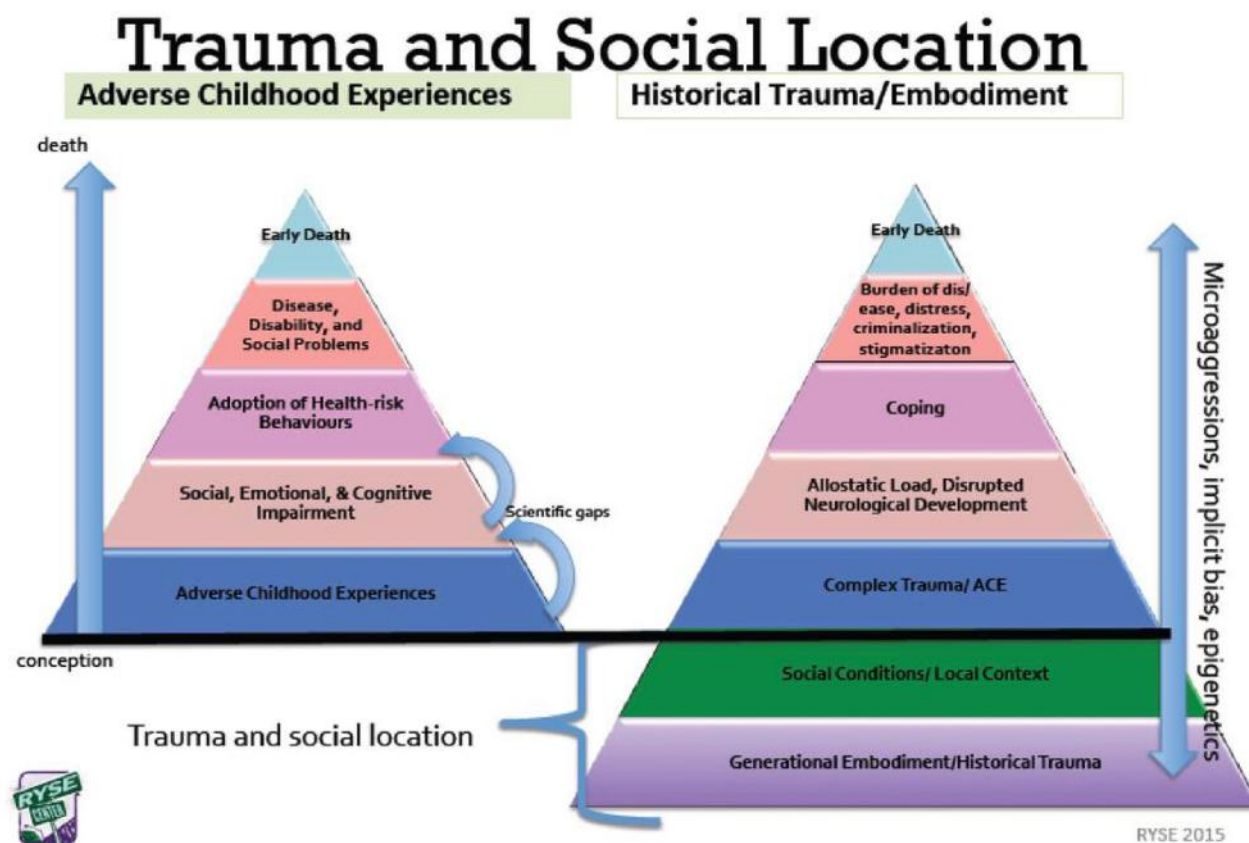


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

The leaves on the tree represent the ‘symptoms’ of ACEs that are easily recognized in clinical, educational and social service settings, such as well-child visits or pre-school classrooms. The tree is planted in poor soil (or a community) that is steeped in systemic inequities, robbing it of nutrients necessary to support thriving individuals and communities. Adverse community environments such as unaffordable and unsafe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of ever-worsening soil that results in withering leaves on the tree.

Historical and Intergenerational Trauma

The ACE Pyramid and the Expanded ACE Pyramid below are life course models, from pre-conception to death that are designed to help us understand how Adverse Childhood Experiences (ACEs) influence human development in predictable ways. This is important because **what is predictable is preventable**. The hypothesis of the original ACE Study was that ACEs disrupt neurodevelopment, which in turn leads to social, emotional and cognitive adaptations that can then lead to the risk factors for major causes of disease, disability, social problems, and early death.



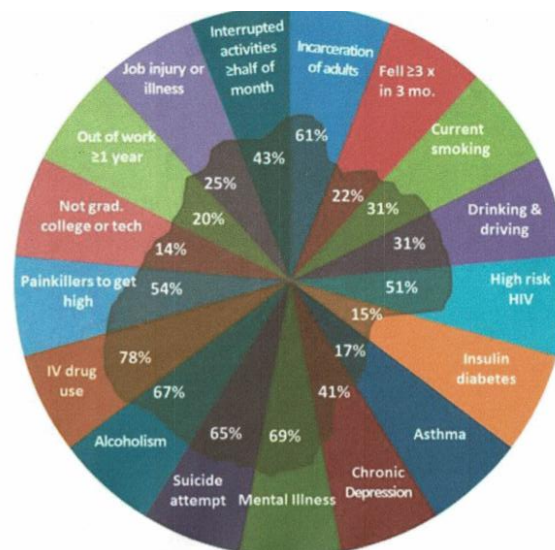
Since the time of the ACE Study, the breakthrough research in developmental neuroscience and epigenetics, mentioned above, has shown us that the hypothesis of the ACE study is biologically sound. Neuroscience and epigenetic discoveries help us to understand the progression of adversity from preconception throughout the life course. Historical trauma and generational adversity increase the risk for ACEs, which in turn generate risk for disease, disability, and social problems.¹¹

THE MAGNITUDE OF THE SOLUTION

Preventing and Mitigating Multiple Health and Social Problems at the Same Time

From the findings of the ACE study and subsequent research, we understand that ACEs are common and have a strong cumulative impact on the risk of common health and social problems across the lifespan. Preventing ACEs and their intergenerational transmission is the greatest opportunity for improving the well-being of human populations. In fact, many believe this is the greatest opportunity of our time... perhaps of all time. The diagram below shows the percentage of various health and social problems that epidemiologists estimate are

caused by ACEs. The calculation that is commonly used to do this in public health studies is called Population Attributable Risk; this is displayed as a percentage of an “oil spill” on the diagram. The percentage of a problem coated by the oil spill represents the percentage of each problem that is potentially preventable by preventing ACEs. The percentages are quite large. In fact, these figures are rarely seen in public health studies. The cumulative effects of ACEs reflect a powerful opportunity for prevention – whether working to prevent heart disease or cancer, end homelessness, or improve business profitability – as legislators align a portion of their work around a common goal of preventing ACEs and moderating their effects, they will reduce all of these problems, and many others, all at once.



Underperformance in schools and in jobs, poor mental health, substance abuse, and a variety of adverse health outcomes can all be partially attributed to childhood adversity. This wide scope of impact means that there are multiple opportunities to prevent and mitigate the harmful consequences of childhood adversity through numerous avenues of public policy. If lawmakers enact policies that prevent childhood adversities and mitigate their effects, each one of these problems will grow smaller.

The CDC conservatively estimates lifetime costs associated with child maltreatment at approximately \$2 trillion nationwide.¹² This estimate does not include the cost of ACEs associated with family dysfunction, urban ACEs, and other childhood trauma known to chronically activate the biological “fight, flight, freeze response.” Legislation aimed at preventing and mitigating childhood trauma not only works to improve the public health of our state, but can significantly reduce costs across all systems— health care, education, criminal and juvenile justice, and welfare—over the long term.

THE ROAD TO RESILIENT INDIVIDUALS & COMMUNITIES

HOPE: HEALTH OUTCOMES OF POSITIVE EXPERIENCES

While the ACE study shows that adversity in childhood has lifelong impacts, subsequent studies have also shown that there are successful interventions not only for preventing exposure to ACEs, but also for mitigating their effects once they occur. **Positive experiences in childhood have also been shown to impact health across the lifespan.**¹³ Positive experiences have been measured alongside ACEs in at least one state (Wisconsin) through their Behavioral Risk Factor Survey (BRFSS). Results showed that health is positively impacted by positive experiences, reflected in the following measures: (1) felt able to talk to their family about feelings; (2) felt their family stood by them during difficult times; (3) enjoyed participating in community traditions; (4) felt a sense of belonging in high school (not including those who did not attend school or were home schooled); (5) felt supported by friends; (6) had at least 2 non-parent adults who took genuine interest in them; and (7) felt safe and protected by an adult in their home. In considering responses to the health, social, and economic outcomes of ACEs and trauma, equal “attention should be given to the creation of those positive experiences that both reflect and generate resilience within children, families, and communities.”¹⁴

Building resilience to traumatic experiences is a crucial factor in preventing the onset of negative health consequences as a result of exposure to ACEs, as resilience has been shown to provide the needed buffer to return the body to its base-line state following a stress response.¹⁵ Skills required to build resilience can be taught and include fostering positive, supportive relationships, developing strong coping skills, and developing a sense of competence, character, and control in both children and parents.¹⁶

MITIGATING CHILDHOOD TRAUMA: TRAUMA-INFORMED SYSTEMS OF CARE

An important component of effective health, behavioral health, education, human, justice, and correctional service delivery is addressing the trauma of those served and serving. At a population level, effectively responding to trauma requires a multi-pronged, multi-agency public health approach that includes public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.¹⁷ In order to maximize impact, states must ensure that services to the public are trauma-informed, i.e., based on the knowledge and understanding of trauma and its far-reaching implications. Research indicates that with trauma-informed supports and intervention, people can recover and heal. Unfortunately, most systems are not trauma-informed and people go without needed services and supports. Unaddressed trauma significantly increases the risk of mental and substance use disorders as well as chronic physical diseases.¹⁸

Additionally, many organizations and public agencies provide services in ways that are often themselves trauma-inducing. "The use of coercive practices, such as seclusion and restraints, in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system can be re-traumatizing for individuals who already enter these systems with significant histories of trauma. These program or system practices and policies often interfere with achieving the desired outcomes in these systems."¹⁹ These systems are beginning to reassess and adjust how they offer services by becoming trauma-informed.

anyone can become trauma-informed

WHAT DOES IT MEAN TO BE "TRAUMA-INFORMED?"

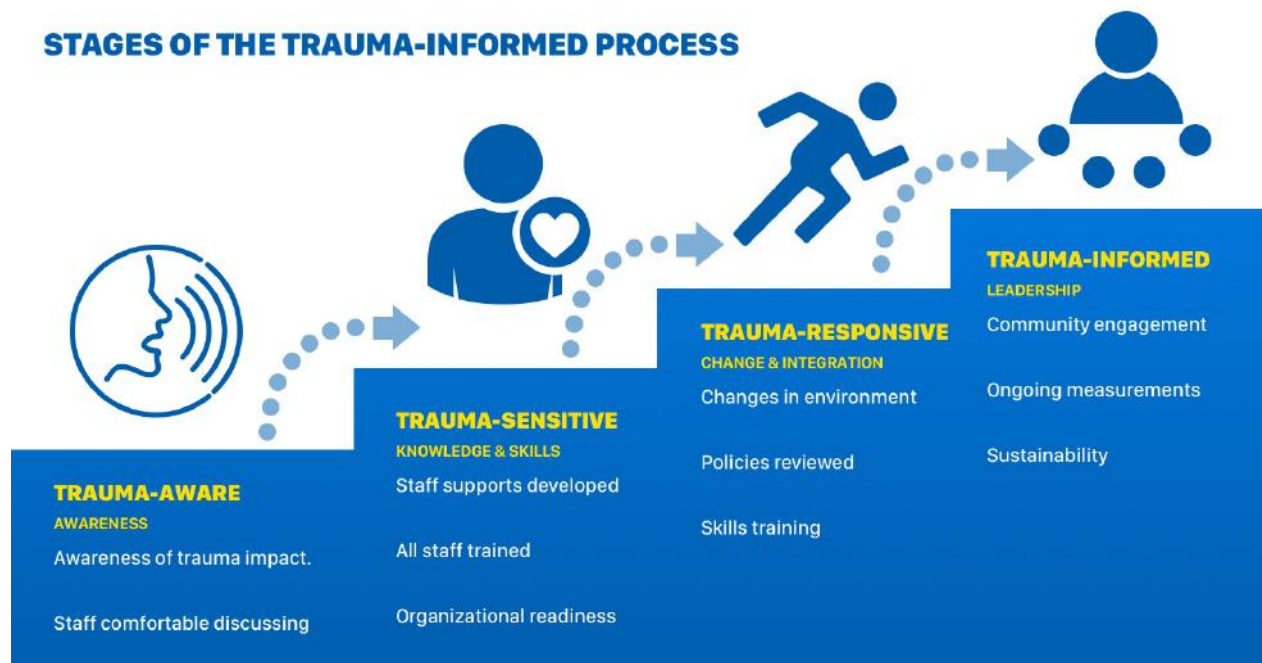
When an individual, agency, or setting is trauma-informed, they realize how widespread trauma is, recognize the signs and symptoms, respond by including a trauma perspective in policies and practices, and resist unintentionally re-traumatizing clients or staff.

Unlike delivering trauma treatment which usually requires a trained professional, **anyone can become trauma-informed.**

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Becoming a trauma-informed system happens in multiple stages depicted in the illustration of the Missouri Model for becoming trauma-informed, below. **The first step in addressing trauma is for an individual, organization, system, or community to become aware of how trauma affects members and clients of the organization, system, or community.** The fundamental shift in providing support using a trauma-informed approach is to move from thinking 'What is wrong with you?' in response to the behavior of a client or colleague to considering 'What happened to you?'

STAGES OF THE TRAUMA-INFORMED PROCESS



SELF-HEALING & RESILIENT COMMUNITIES

The Washington Family Policy Council (FPC) has made groundbreaking efforts over a decade to disseminate NEAR (Neurodevelopment, Epigenetics, ACEs, and Resilience) science and provide technical assistance and coaching to local communities. The FPC employed a Self-Healing Communities Model (SHCM) to build upon the capacity of communities to generate new cultural norms and thereby improve health, safety, and productivity for current and future generations. **As Washington communities developed the capacity to shift typical cultural patterns, individuals within the community gained new knowledge and skills, and the communities as a whole became learning environments that continued to invite growth and wellbeing.** The SHCM demonstrated success in improving the rates of many interrelated and intergenerational health and social problems, resulting in incredible reductions in key child outcomes within those communities. As an example, in just one county over a ten-year period there was a:

- 62% reduction in teen births;
- 43% decrease in infant mortality;
- 98% decrease in teen suicide;
- 53% decrease in juvenile arrests for violent crimes;
- 47% decrease in high school dropout rates

The monetary savings to the state for that period are estimated at \$1.4 billion.²²

RESEARCH INFORMED POLICY STRATEGIES & APPROACHES TO PREVENT AND MITIGATE ACES

Our greatest public health problem requires a policy response at the federal, state and local level.

POLICY RESEARCH

Researchers at the U.S. Centers for Disease Control and Prevention (CDC) have worked to identify policies that are most effective in preventing ACEs from occurring in the first place. **Promoting safe, stable, nurturing relationships and environments, at a population level, is key.** Effective policies and interventions aimed at preventing and mitigating ACEs generally fall into six strategies: strengthen economic supports for families; promote social norms that protect against violence and adversity; ensure a strong start for children; teach skills to caregivers, children, and youth; connect children and youth to caring adults and activities; and intervene to lessen immediate and long-term harms of ACEs.²³

6 EVIDENCE INFORMED STRATEGIES TO PREVENT ACES

1. Strengthen Economic Supports for Families

Research has shown that policies that **strengthen household financial security** and **family-friendly work policies** increase economic stability and family income, increase maternal employment, and improve parent's ability to meet children's basic needs and obtain high quality childcare. These types of policies can also prevent ACEs by reducing parental stress and depression and by protecting families from losing income to care for a sick child or family member.²⁴ Strengthening economic supports for families is a multi-generation strategy that addresses the needs of parents and children so that both can succeed and achieve lifelong health and well-being.²⁵

Policies may include:

- Living wage
- Paid sick and safe leave
- Paid family and medical leave
- Flexible and consistent schedules
- Child support pass-through
- Increased tax credits
- Increased enrollment in social benefits - SNAP, TANF
- Assisted housing mobility
- Subsidized childcare
- Family-friendly work policies in government and private industry

2. Promote Social Norms that Protect Against Violence & Adversity

Norms are beliefs and expectations held by groups that inform how members of the group should think and behave. The CDC explains that “changing social norms that accept or allow indifference to violence and adversity is important in the prevention of ACEs. There are a number of norms that can protect against violence and adversity, including those that:

- Promote community norms around a shared responsibility for the health and well-being of all children
- Support parents and positive parenting, including norms around safe and effective discipline
- Foster healthy and positive norms around gender, masculinity, and violence to protect against violence towards intimate partners, children, and peers
- Reduce stigma around help-seeking
- Enhance connectedness to build resiliency in the face of adversity.”²⁶

Suggested approaches in shifting social norms toward preventing ACEs include:

- Public education campaigns
- Legislative approaches to reduce corporal punishment
- Bystander approaches and efforts to mobilize men and boys as allies in the prevention of violence and abusive behaviors

3. Ensure a Strong Start for Children

A strong educational foundation greatly increases a child’s resilience and chance to prosper throughout their childhood and adulthood. Policies may include:

- Support for effective home visiting programs
- High quality Pre-K and preschool enrichment programs with family engagement
- Increased licensing and accreditation standards for childcare facilities
- Increased access to trauma-informed services in childcare and education facilities
- Increased childcare subsidies to make care accessible to all children.²⁷

4. Teaching Skills to Caregivers, Children, & Youth

When parents are supported and educated in positive parenting practices, they can thrive as parents and create safe, stable, and nurturing homes for their children. Policies that promote positive parenting include:

- Evidence-based home visitation services
- Evidence-based parenting classes and family building programs that improve developmental outcomes in children and decrease instances of abuse and neglect²⁸

Parents, teachers, and other caregivers, as well as children, youth, and young adults in settings from childcare to higher education can benefit from being taught:

- Social Emotional Learning (SEL)
- Healthy relationship skills: programs such as Dating Matters®, Safe Dates, and the Fourth R teach healthy relationship skills to adolescents
- Skill-based parenting and family relationship approaches, e.g., The Incredible Years® and Strengthening Families²⁹

- Trauma-informed and responsive skills and systems³⁰
- Executive function and self-regulation skills, which are foundational to school readiness, academic success, and healthy relationships in adults and children. These are mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. When children experience ongoing trauma without the buffering of supportive adults, these skills are less likely to fully develop.³¹

5. Connect Children & Youth to Caring Adults and Activities

It is important to both prevent and mitigate ACEs by connecting youth to other caring adults and activities. These experiences buffer against other difficulties in the home, parental absence, frequent moves, and exposure to negative influences in school and the community. Opportunities to develop and practice leadership, decision-making, self-management, and social problem-solving skills have documented benefits. Supportive policies and funding promote:

- Mentoring programs
- After-school programs³²

6. Intervene to Lessen Immediate & Long-Term Harms of Childhood Trauma and Adversity

Primary prevention of violence and maltreatment has been proven to be the best way to avoid the harmful social, health, and economic costs of childhood adversities.³³ By stopping the problem before it starts, we can greatly reduce the costs associated with ACEs. However, studies have shown that a large population of Maryland's children and adults have already experienced some form of childhood adversity or trauma.³⁴ To avoid the harmful health outcomes that result from this exposure, policies must provide appropriate, trauma-informed care and treatment for childhood adversity. These policies include:

- Enhanced primary care, including:
 - Early screening and detection of childhood trauma
 - Expansion of insurance coverage for mental, behavioral, and social-emotional healthcare treatments
 - Safe Environment for Every Kid (SEEK) model, an evidence-based intervention developed at the University of Maryland School of Medicine, which screens for ACE exposures in the family environment.
- Victim-centered services
- Treatment to lessen the harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders may be used to simultaneously address substance misuse by parents and the needs of their children with this ACE exposure
- Training and skill building programs for childcare providers, healthcare professionals, and educators on the signs, symptoms and effects of trauma, and increased access to these resources³⁵

FEDERAL AND STATE ACE-INFORMED LEGISLATIVE ACTION

National, state, and local legislators are employing at least five legislative mechanisms to prevent and reduce ACEs, mitigate their impact, and promote the safe, stable, and nurturing relationships and environments that build resilient communities:

CREATING INFRASTRUCTURE TO TACKLE ACEs - FIVE LEGISLATIVE MECHANISMS

1. ACEs Resolutions:

Many states have passed ACE Resolutions that recognize NEAR science, the importance of preventing ACEs and mitigating their impact, and the need to consider research when developing state policy. While resolutions may not require specific action, recognition by federal, state, and local legislative bodies increases awareness of ACEs in households, communities, and the government alike. This is a crucial step in getting science into the hands of the general public, in developing innovative legislative strategies to prevent and mitigate ACEs, and creating a system of public services that is ACE-Trauma- and-Resilience-Informed.

2. ACE & Trauma-Informed Legislative Caucuses:

At least two states, Hawaii and Wisconsin, have created Children's Caucuses which they use as a mechanism to develop comprehensive strategies to integrate NEAR science into all policies that impact children and their families.

3. ACEs Task Forces/Workgroups:

ACE-informed task forces and workgroups operate to review and analyze the research, both scientific and policy, to develop coordinated and strategic policy recommendations to address ACEs as a public health epidemic.

4. Encourage and Coordinate Cross-System Collaboration:

policies and practices and achieving improved outcomes for children, families, communities, and the State, requires coordination across public and private systems that serve children and families. Systems reform must use a multi-generational approach to solving the complex problems associated with childhood trauma, including strengthening the core capabilities of all adults who care for children. Coordination must take place at both the state and local levels.

5. Dedicated Funding:

Dedicated state and local prevention funding to work across systems is critical. With a small investment, the Washington Family Policy Council was able to support significant change in local communities.³⁶ Most states across the country have developed robust prevention trust funds with combined annual revenues in excess of \$100 million dedicated to prevention. Robust Children's Trust Funds in other states generate \$1-18 million annually from the corpus of their Funds. Children's Trust Fund Boards actively raise funds to support statewide prevention efforts.³⁷ The absence of such a trust fund is a significant gap in Maryland's infrastructure to support prevention.

FEDERAL LEGISLATION

Beginning in 2017, Congress has passed the following ACE-Informed legislation:

- Passed [A Resolution Recognizing the Importance and Effectiveness of Trauma-Informed Care](#) (H.Res. 443/S.Res. 346) during the 2017-2018 legislative session.
- Passed the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#) (H.Res. 6 or previously titled the Opioid Crisis Response Act). Enacted in 2018, the SUPPORT Act offers significant provisions taken from or aligned with the goals of the Heitkamp-Durbin [Trauma-Informed Care for Children and Families Act \(S. 774\)](#), including the creation of an interagency task force to identify trauma-informed best practices and grants for trauma-informed practices in schools.

- U.S. Government Accountability Office issued a report “[CHILDREN AFFECTED BY TRAUMA: Selected States Report Various Approaches and Challenges to Supporting Children](#)” in April 2019.
- Introduced the bipartisan [Resilience Investment, Support, and Expansion \(RISE\) from Trauma Act](#) (H. Res. 3180/S. 1770) in June 2019. The “RISE from Trauma” Act would expand and support the trauma-informed workforce in schools, health care settings, social services, first responders, and the justice system, and increase resources for communities like Chicago to address the impact of trauma.

MARYLAND ACE-INFORMED LEGISLATION

Enacted Legislation

Members of the Maryland General Assembly have passed the following legislation that will help reduce children’s exposure to ACEs in a variety of issue areas, including healthcare, family and social services, education, and more. While all of these bills may have an impact on the prevention of ACEs according to the research literature, only three of the bills were formulated with ACEs in mind and mention the impact of the legislation to reduce ACEs and their consequences.

1. Strengthen Economic Supports to Families

Increasing Minimum Wage

- Passed [Labor and Employment – Payment of Wages – Minimum Wage \(Fight for Fifteen\)](#) (H.B. 166/S.B. 280) in 2019. Raises the minimum wage to \$15/ hour by 2024. Increasing Earned Income Tax Credit
- Passed [Income Tax – Child and Dependent Care Tax Credit – Alteration](#) (H.B. 810/S.B. 870) in 2019. Expanded Maryland’s Child and Dependent Care Tax Credit for the first time in nearly two decades—increasing the income threshold from \$50,000 to \$143,000 for married couples (and to \$92,000 for individuals), indexing these limits annually for inflation, and making the credit refundable for low-income filers.

2. Promote Social Norms that Protect Against Violence & Adversity

- **None Identified**

3. Ensure a Strong Start for Children

- Passed [Education – Child Care Subsidies – Mandatory Funding Levels](#) (H.B. 430/S.B. 379) in 2018. Increases Maryland’s low childcare subsidy rates to give parents access to quality care, and establishes a new “floor” so that rates never again fall so low. In terms of investment, breadth of benefit, and lasting impact, this was the most significant victory for early care and education in more than a decade.
- Passed [Education – Child Care Subsidies – Mandatory Funding Level](#) (H.B. 248/S.B. 181) in 2019. Building on landmark legislation from 2018 to give parents access to quality care, this bill accelerates a mandated increase of childcare subsidy rates. Beginning in July 2020, subsidy rates must equal or exceed 60 percent of market rates—and must remain at or above the 60th percentile in the future
- Passed [Education – Commission on Innovation and Excellence in Education](#) (H.B. 1415/S.B. 1092) in 2018. Preserves \$22.3 million in pre-K expansion dollars that might otherwise have been lost when a federal grant expired.
- Passed [State Employees – Parental Leave](#) (H.B. 775/S.B. 859) in 2018. Provides up to 12 weeks of paid leave for State employees following the birth or adoption of a child.

- Passed [Education – Head Start Program – Annual Funding \(The Ulysses Currie Act\)](#) (H.B. 547/S.B. 373) in 2018. Restores a \$1.2 million budget cut imposed in 2009, potentially increasing services for more than 2,100 Head Start children.
- Passed [Maryland Prenatal and Infant Care Coordination Services Grant Program Fund \(Thrive by Three Fund\)](#) (H.B. 1685/S.B. 912) in 2018. Creates a grant program to expand the coordination of direct services for jurisdictions with a high percentage of births to Medicaid-eligible mothers.

4. Teach Skills to Caregivers, Children, & Youth

Home Visitation Services

- Passed [The Home Visiting Accountability Act of 2012](#) (H.B. 699/S.B. 566). Requires the state fund only evidence-based and promising home visiting models; and, that 75% of funding go to evidence-based models.

5. Connect Children & Youth to Caring Adults and Activities

- **None Identified**

6. Intervene to Lessen Immediate & Long-Term of Childhood Trauma and Adversity

Trauma-Informed and Responsive Schools

- Passed [The Blueprint for Maryland's Future](#) (S.B. 1030) in 2019. Endorses the sweeping policy recommendations of the Kirwan Commission and requires a 3-year “down-payment” on the implementation of those recommendations, totaling approximately \$1 billion. State funding for pre-kindergarten will expand by \$31.7 million in FY 2020 and an estimated \$53.6 million in FY 2021. The teacher professional development program established under the bill may include “training in trauma-informed approaches to meet student needs.”

Ensure Childhood Trauma and Associated Health Outcomes are Addressed by the Child Welfare System

- Passed [Human Services – Children Receiving Child Welfare Services - Centralized Comprehensive Health Care Monitoring Program](#) (H.B. 1582) in 2018. Creates a Centralized Comprehensive Health Care Monitoring Program for Children in the Child Welfare System, including an electronic health passport for children in out-of-home placement. The law recognizes ACEs and their associated long-term outcomes on physical and mental health of children within the child welfare system.

Ensuring Quality and Expanding the Access, and Scope of Child Advocacy Centers (CACs)

- Passed [Child Advocacy Center - Expansion](#) (S.B. 739) in 2019. Requires the Governor’s Office of Crime Control and Prevention establish, sustain, and ensure that all children have access to multi-disciplinary child advocacy centers and that those centers meet or exceed national accreditation standards. Further it requires that child advocacy centers must assist in the response to or investigation of allegations of sexual crimes against children and sexual abuse of minors; and, may assist in the response to or investigation of allegations of child abuse and neglect or a crime of violence in the presence of a minor. The bill recognizes both the importance of a multi-disciplinary response to children’s exposure to trauma, including expanding the types of trauma/adversity to which CACs may respond.

Preventing Child Abuse & Fatalities

- Passed an Expanded Birth Match law: [Child Abuse and Neglect – Disclosure of Identifying Information](#) (S.B. 490) in 2018. Expands from 5 to 10 years cross-checking of birth records of newborns (Vital Statistics) to information held by the Department of Human Services (DHS) on biological parents who have had their parental rights terminated by a court due to the abuse of a previous child. This allows for an offer of preventative services, or in egregious cases, removing the newborn to a safe environment. It also requires the courts to provide identifying information regarding an individual who has been convicted of the murder, attempted murder, or manslaughter of a child. And finally, it adds a requirement for the Department of Human Services (DHS) to contract with an independent entity to develop a data collection process.
- Passed [Child Abuse and Neglect – Substance-Exposed Newborns – Reporting](#) (H.B. 1744) in 2018. Requires hospitals to report cases of substance exposure in newborns to local Department of Social Services. There must be both an oral report immediately following contact with the newborn and a written report filed within 48 hours.³⁸

Preventing Child Sexual Abuse

- Passed HB1072 [Education – Child Sexual Abuse Prevention – Instruction and Training](#) (H.B. 1072) in 2018. Defines “sexual misconduct.” Requires County Boards of Education and nonpublic schools that receive State funds to train all employees who have direct contact with minors in the primary prevention of child sexual abuse. Requires County Boards of Education to establish policies and codes of conduct to prevent child sexual abuse by school employees.
- Passed [Education – Personnel Matters – Child Sexual Abuse and Sexual Misconduct Prevention \(SESAME\) Act](#) (H.B. 486) in 2019. Bans nondisclosure agreements involving sexual abuse for school employees who have direct contact with children and requires prospective employers to conduct a thorough review of the applicant’s employment history, requiring applicants to disclose and instances which they were investigated (unless found false), disciplined, discharged or lost license, provides immunity for employers from civil and criminal liability for providing information in good faith about potential misconduct.³⁹

2019 ACE-Informed Legislation Introduced, Not Enacted

In 2019, additional legislation was proposed, but not enacted that were NEAR Science Informed:

Strengthening Economic Supports to Families:

- [H.B. 341](#) was introduced to provide 12 weeks paid family or medical leave to parents with newborns (including adoptive or foster children), individuals who must care for sick family members, and those who are themselves experiencing a serious medical condition.⁴⁰ Providing paid leave combats ACEs by reducing parental stress and allowing new parents the time to create lasting bonds with their young children, both of which can prevent abuse and neglect later on in a child’s life.
- [H.B. 339](#) would have, if passed, increased Temporary Cash Assistance (TCA) from 61% to 71% of minimum living income level in Maryland by 2025.⁴¹ Legislation that aims to increase TCA, along with other social benefits, is useful in combatting ACE exposure because it reduces financial burden and parental stress, which in turn allows parents to provide for their children and thrive as a family.

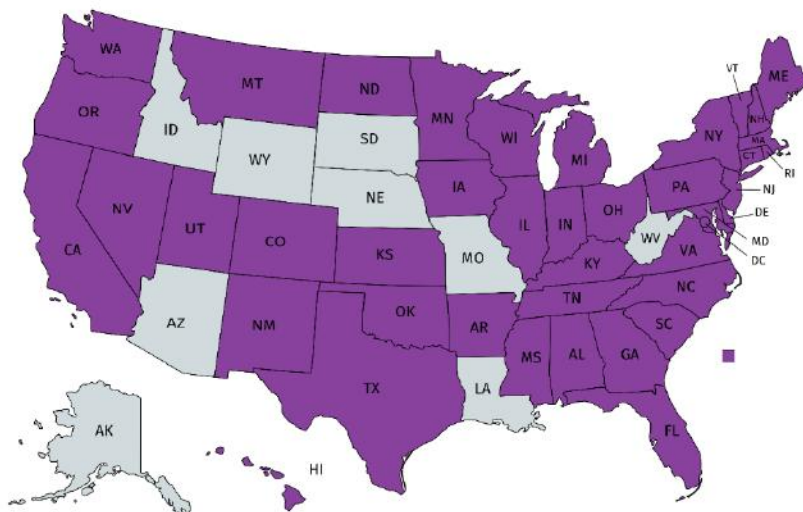
Intervene to Lessen Immediate & Long-Term of Childhood Trauma and Adversity

- [H.B. 256](#) established a definition for “trauma-informed approaches” and proposed funding to help implement trauma-informed practices in schools. Training aims to both identify trauma and address its impacts for students and teachers.⁴² This legislation deserves bipartisan support from Maryland lawmakers because it takes large steps towards creating trauma-informed schools, which have been shown to reduce student dropout rates, suspensions, and absences, contributing to the wellbeing of our students and teachers alike.
- [H.B. 687](#), Civil Statute of Limitations Reform, Hidden Predator Act of 2019, Limitations for Child Sexual Abuse. Including a “look back window” promotes community norms against violence toward children, provides justice and healing for victims of child sexual abuse, and exposes hidden predators still living in communities.⁴³

SISTER STATES LEGISLATION

ACE science has been recognized in over 280 proposed bills and 60 enacted statutes in 42 states across the country. These efforts focus on policy solutions in a variety of contexts, including health, education, social services, economic development, public safety, and more.⁴⁴ In 2019 alone, over forty states introduced ACE- Informed legislation.

Map of States that Introduced ACE Legislation in 2019⁴⁵



This legislation builds awareness of science among policy makers and their constituents; assists in lifting the stigma surrounding trauma, mental illness, and substance abuse; provides an environment in which to freely discuss the consequences of exposure to ACEs; and encourages innovative solutions to reduce ACEs and mitigate their impact.

The appendix to this document, “State Legislative Strategies to Prevent and Mitigate ACEs,” outlines and provides links to many key bills passed in Maryland and sister states. The legislative bills are organized according to **five legislative mechanisms** states have used to prevent and respond to ACEs; and, the **six evidence-informed strategies** outlined by the Centers for Disease Control and Prevention in its’ recent publication, “[Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence.](#)”

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Appendix

STATE LEGISLATIVE STRATEGIES TO PREVENT & MITIGATE ACES*

This document is the appendix to the legislative brief “Toward a More Prosperous Maryland: Legislative Solutions to Prevent and Mitigate Adverse Childhood Experiences (ACEs) and Build Community Resilience.” The legislation below has been compiled to demonstrate the range of approaches being utilized across the nation to prevent and mitigate ACEs, and to serve as food-for-thought for how legislators can move forward in addressing ACEs strategically. As such, individual pieces of legislation presented here are not necessarily endorsed by the authors of this document.

Section A of this document shows Maryland’s and other states’ developments across five different legislative mechanisms used to advance the science of ACEs and resilience within policy-making. These five mechanisms are:

1. Joint resolutions establishing statewide policy on ACEs
2. Funding for primary prevention of ACEs
3. ACE- or trauma-informed caucus
4. ACE task forces/workgroups
5. Creation or use of an existing coordinating body for cross-sector collaboration

Section B of this document presents Maryland’s and other states’ policy developments across the CDC’s “Six Research-Informed Policy Strategies to Prevent and Mitigate ACEs.” These six policy strategies are:

1. Strengthen economic supports for families
2. Promote social norms that protect against violence and adversity
3. Ensure a strong start for children
4. Teach skills to caregivers, children, and youth
5. Connect children and youth to caring adults and activities
6. Intervene to lessen immediate and long-term harms of ACEs.

SECTION A: CREATING INFRASTRUCTURE TO TACKLE ACEs - FIVE LEGISLATIVE MECHANISMS

JOINT RESOLUTIONS ESTABLISHING STATEWIDE POLICY ON ACEs

MGA COMMITTEE: Joint Committee on Children Youth & Families | All Standing Committees

Rationale:

While resolutions may not require specific action, recognition by federal, state, and local legislative bodies increases awareness of ACEs in households, communities, and the government alike. This is a crucial step in getting the science into the hands of the general public, in developing innovative legislative strategies to prevent and mitigate ACEs, and in creating a system of public services that is ACE-Trauma-& Resilience- Informed.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
JOINT RESOLUTIONS ESTABLISHING STATEWIDE POLICY ON ACEs		<p>Alaska: HCR 21 (2016). Urging Governor Bill Walker to join with the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic.</p> <p>Alaska: S105 (2018). Revises licensure of martial and family therapists and creates a state policy directive that “policymakers, administrators, and those working within state programs and grants to make decisions based on the principles of early childhood and youth brain development and, whenever possible, consider the concepts of early adversity, toxic stress, childhood trauma, and the promotion of resilience through protective relationships, supports, self-regulation, and services.”</p>

		<p>California: ACR155 (2014) recognizes ACEs and urges Governor to identify evidence-based solutions to reduce exposure to ACEs, address the impacts of ACEs, and invest in prevention of ACEs. And, ACR 235 designates a specified date as Trauma Informed Awareness Day, in conjunction with National Trauma Informed Awareness Day, to highlight the impact of trauma and the importance of prevention and community resilience through trauma informed care.</p> <p>Delaware: Executive Order 24 (2018), “Making Delaware a Trauma-Informed State” declares Delaware a trauma informed state and recognizes significance of early intervention for children and caregivers exposed to ACEs.</p> <p>Minnesota: HF892/SF1204 (2015) “Resolution on Childhood Brain Development and ACEs”. Calls on the Governor to create a cross-sector task force and to support a voluntary tax checkoff on the income tax return form, other dedicated appropriations, or other state resources designated for child abuse prevention services with a percentage set aside for program evaluation.</p> <p>New Jersey: SCR100, (2019). Urges Governor to develop strategies to reduce children’s exposure to ACEs. (pending)</p>
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		<p>Wisconsin: SJR59 (2013) recognizes the effects of ACEs and resolves that the legislature will consider principles of early childhood brain development, toxic stress, adversity, buffering relationships, and the importance of early intervention when creating policy.</p> <p>Utah: Concurrent Resolution 10 (2017), “Identification and Support of Traumatic Childhood Experiences Survivors”. Encourages state officers, agencies, and employees to become informed regarding well-documented detrimental short-term and long-term impacts to children and adults from serious traumatic childhood experiences; and to implement evidence-based interventions and practices that are proven to be successful in developing resiliency in children and adults currently suffering from trauma-related disorders.</p>
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FUNDING FOR PRIMARY PREVENTION OF

MGA COMMITTEE: Appropriations | Budget & Taxation | Finance

Rationale:

Most states across the country have developed robust prevention trust funds with combined annual revenues in excess of \$100 million dedicated to prevention. Robust Funds generate \$1-18 million annually from the corpus of their Funds. Children’s Trust Fund Boards actively raise funds to support statewide prevention efforts. This is a gap in Maryland’s infrastructure to support prevention.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
CHILDREN’S PREVENTION TRUST FUNDS	Maryland Code, Health General, Sec. 13-2207 , (2010) Established Maryland’s	Hawaii: HI Rev Stat § 350B-4 (2016). Kansas: Children’s Trust Fund Statute . Massachusetts: S2130, General Laws Sec. 202 (1987) and Sec. 50 .

	Children's Trust Fund.	<p>Oklahoma: Act No. 231 (2018). Creates the Children's Endowment Fund to stimulate new programs, activities, research or evaluation that will improve the well-being and reduce the ACEs of Oklahoma's children.</p> <p>South Carolina: SC Code § 63-11-910 (2012) through SC Code § 63-11-960.</p> <p>Proposed Amendments to current Trust Funds: Colorado: H1044 (2018). Amends current statutory language in the ""Colorado Children's Trust Fund Act"" to place a greater priority on preventing child maltreatment fatalities and continuing to prevent child maltreatment. This includes reducing the occurrence of prenatal drug exposure and drug endangerment and reducing the occurrence of other adverse childhood experiences.</p>
<p>APPROPRIATE FUNDING FOR STATE & LOCAL ACE INITIATIVES</p> <p>“Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings”</p>		<p>Washington: RCW 70.190.010 (1994.) Establishes the Washington Family Policy Council to facilitate services at the local level. Despite significant improved outcomes for children and families, this program was eliminated during the Great Recession.</p>
<p>APPROPRIATE FUNDING FOR ACE EVIDENCE BASED PROGRAMS (EBPs) AND INNOVATION</p>		<p>California: S1004 (2018). Provides that the Mental Health Services Oversight and Accountability Commission, on or before January 1, 2020, will establish priorities for the use of prevention and early intervention funds. These priorities will include childhood trauma prevention and early intervention to address the early origins of mental health needs. A1812 (2018). Establishes the Youth Reinvestment Grant Program. Provides funds to local jurisdictions and Indian tribes for the implementation of trauma-informed diversion programs for minors.</p> <p>Colorado: S10 (2019). Allows grant funds to be used for behavioral health care services, including</p>

		<p>services to support social-emotional health, at recipient schools or through service contracts with community providers.</p> <p>Pennsylvania: S1142 (2018). Establishes the School Safety and Security Grant Program and related Fund. Funds can be used for the administration of evidence-based screenings for adverse childhood experiences and to provide trauma-informed counseling services as necessary to students based upon screening results.</p>
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ACE or TRAUMA-INFORMED CAUCUS

MGA COMMITTEE: Joint Committee on Children Youth & Families | All Standing Committees

Rationale:

ACEs, Trauma-Informed, or Children’s Caucuses have been developed to cultivate a legislature dedicated to advancing NEAR Science promising and evidence-informed public policy that improves the life of every child, from the prenatal stages through young adulthood.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
ACE OR TRAUMA-INFORMED CAUCUS		<p>Hawaii: Keiki (Children) Caucus, 2019. The Legislative Keiki Caucus is sponsoring 24 senate and house bills focusing on the education, health and well-being of children in Hawai’i.</p> <p>Wisconsin: https://legis.wisconsin.gov/topics/childrenscaucus/. The caucus was founded in 2015 in a joint effort to create a sustainable forum to educate legislators and build bi-partisan support for promising, evidence-informed investments in children and families.</p>

ACE TASK FORCES/WORKGROUPS

MGA COMMITTEE: Joint Committee on Children Youth & Families | All Standing Committees

Rationale:

Policy-related Task Forces and Workgroups operate to review and analyze the research, both scientific and policy, to develop coordinated and strategic policy recommendations to address ACEs as a public health epidemic.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>ACE/ TRAUMA- INFORMED TASK FORCES</p> <p>“Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings”</p>	<p><u>No general Task Force on ACEs.</u></p> <p><u>State Council on Child Abuse and Neglect (SCCAN) focuses its’ efforts and recommendations on ACEs.</u></p> <p>SB567 (2019). Establishing a Workgroup to Study Child Custody Court Proceedings Involving Child Abuse or Domestic Violence Allegations. Requires the Workgroup to study available science and best practices pertaining to children in traumatic situations, including trauma-informed decision making. and make recommendations about how State courts could incorporate the science into child custody proceedings.</p> <p>HB666 (2020) Establishing a Workgroup on Screening Related to Adverse Childhood Experiences; requiring the Workgroup to update, improve, and develop certain screening tools, submit screening tools to the Maryland Department of Health, and study and make recommendations on the actions primary care providers</p>	<p>Georgia: HR421 (2019). Creates the Committee on Infant and Toddler Social and Emotional Health.</p> <p>Illinois: H2649 (2019.) Amends the Code of Criminal Procedure, creates the Task Force on Children of Incarcerated Parents, provides that the Task Force shall review available research, best practices, and effective interventions to formulate recommendations.</p> <p>Maine: Act 63 (2019). Convenes a task force to develop guidance for kindergarten-12th grade educators and administrators on appropriate training for and responses to addressing childhood trauma, including ACEs training, trauma informed care, health screenings, and a social-emotional curriculum from K-8th grade.</p> <p>New York: A2451(2019). Establishes a task force to identify evidence based and evidence informed solutions to reduce children's exposure to adverse childhood experiences.</p>

	<p>should take after screening a minor for mental health disorders that may be caused by or related to ACEs.</p>	<p>Oklahoma: Act 112 (2018). Establishes the Task Force on Trauma-Informed Care to identify, evaluate, recommend, maintain, and update a set of best practices for youth who have experienced/ are at risk of experiencing trauma (ACEs).</p> <p>Vermont: No.42 (2017). “An Act Relating to Building Resilience for Individuals Experiencing Adverse Childhood Experiences”. Establishes an Adverse Childhood Experiences Working Group of key legislators to consider future legislation. Four bills were introduced as a result of the report and Act 204 passed in 2018 based on the report.</p> <p>Washington: H1482 (2018). Establishes the Work First Poverty Reduction Oversight Task Force, which will collaborate with an advisory committee to develop and monitor strategies to prevent and address adverse childhood experiences and reduce intergenerational poverty.</p> <p>S5903/ Act 360 (2019). Creates the Children’s Mental Health Workgroup to identify barriers to accessing mental health services, monitor the implementation of legislation and policies relating to children’s mental health and consider strategies to improve coordination between education and health systems.</p>
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CREATION OR USE OF AN EXISTING COORDINATING BODY FOR CROSS-SECTOR COLLABORATION

MGA COMMITTEE: Health and Government Operations | Finance | Budget & Taxation

Rationale:

Achieving improved outcomes for children requires coordination across public and private systems that serve children and families and must include a multi-generational approach and strengthening adult core capabilities. Coordination must take place at both the state and local levels.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>ESTABLISHED COORDINATING BODY FOR ACE SCIENCE WORK</p> <p>“Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings”</p>	<p>No designated agency lead on coordinating NEAR Science interventions statewide.</p>	<p>California: Executive Order N-02 (2019). Solidifies the state’s promise to address ACEs by creating the position of the Surgeon General, which allows for the creation of health-informed legislation. A887, (2019). Requires the Office of Health Equity to advise and assist other state departments in their mission to increase the general well-being of all state residents and to work toward eliminating adverse childhood experiences. Prescribes the qualifications of the Surgeon General. Eliminates the position of Deputy Director of the Office of Health Equity.</p> <p>Colorado: S195 (2019). Creates the Office of Children and Youth Behavioral Health Policy Coordination in the office of the Governor, creates the Children and Youth Behavioral Health Policy Coordination Commission and the Children and Youth Behavioral Health Advisory Council in the office, provides for the duties, powers, and</p>

		<p>composition of the commission and the council, makes an appropriation.</p> <p>Vermont: Act 204 (2018). Creates the permanent position of Director of Trauma Prevention and Resilience Development within the Office of the Secretary in the Agency of Human Services. The role of the Director is to direct coordinated public health approaches to addressing ACES, toxic stress, and resilience.</p> <p>Washington: RCW 70.190.010 (1994.) Establishes the Washington Family Policy Council to facilitate services at the local level.</p> <p>HB1965 (2011) “An Act Relating to Public and Private Partnership in Addressing Adverse Childhood Experiences”. Creates the Washington State ACES Public Private Initiative</p>
		<p>Washington: RCW 70.190.010 (1994.) Establishes the Washington Family Policy Council to facilitate services at the local level. Despite significant improved outcomes for children and families, this program was eliminated during the Great Recession.</p>

SECTION B:

THE CDC’S SIX RESEARCH INFORMED POLICY STRATEGIES TO PREVENT OR MITIGATE ACEs

STRENGTHEN ECONOMIC SUPPORTS FOR FAMILIES

MGA COMMITTEE: Economic Matters | Finance

Rationale:

Policies that strengthen economic supports to families (increasing the minimum wage, paid family leave, paid sick and safe leave, earned income tax credits, child care subsidies, affordable housing, temporary cash assistance, flexible and consistent work schedules, and other family-friendly work policies) have been shown to increase economic stability and family income, increase maternal employment, increase parental ability to meet children’s basic needs, and reduce parental stress, including financial stress, maternal depression, and conflict in family relationships.

Parental stress compromises effective parenting and increases the risk of family violence and other ACEs.

Furthermore, 4 in 10 children live in low-income households, 1 in 10 live in deep poverty, and research consistently links low incomes to ACE exposure and poor long-term health, educational, and social outcomes.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>LIVING WAGE</p> <p>Research has shown that increased wages can lead to lower instances of child abuse and neglect, as releasing families of financial burden can reduce parental stress and allow parents to provide for their children.</p>	<p>Increased Minimum Wage</p> <p>Passed HB166/SB280 “Labor and Employment – Payment of Wages – Minimum Wage (Fight for Fifteen)” in 2019, Raises the minimum wage to \$15/ hour by 2024.</p>	<p>Illinois: SB81 (2018). Increases minimum wage to \$15/hour by 2025.</p> <p>Massachusetts: H4640 (2018) Increases minimum wage to \$15/ hour over five years.</p> <p>New Jersey: A15 (2019), Raises minimum wage to \$15/ hour by 2024, with tipped workers earning a minimum of \$9.87 by 2024.</p>
<p>PAID FAMILY LEAVE</p> <p>The time after the birth or adoption of a baby is an essential time of development</p>	<p>Paid Family Leave</p> <p>Passed SB 859 / HB 775 “State Employees – Parental Leave” in 2018. Provides up to 12 weeks</p>	<p>California: Act 686 (2017). Establishes aid family leave and disability insurance across the state.</p>

<p>for babies and families. Because early relationships nurture early brain connections that form the foundation for all learning and relationships that follow, parents and caregivers are on the front line of preparing our future workers, innovators, and citizens.</p> <p>Paid Family Leave supports babies' health & development. Newborns reap the benefits of paid family leave, including: better bonding with parents, increased breastfeeding and health benefits for mother and child, vaccination completion, decreased infant mortality, increased placement in high quality stable childcare, and a reduction in child abuse.</p>	<p>of paid leave for State employees following the birth or adoption of a child.</p> <p>Proposed: HB341/SB500 Labor and Employment - Family and Medical Leave Insurance Program – Establishment- Time to Care Act of 2019. Died in Committee.</p>	<p>Massachusetts: H4640 (2018). Provides family leave to individuals to bond with their newborn, foster or adoptive child for up to twelve weeks; to provide care in the case of a family member's deployment; or to care for a family member who is a covered service member. The bill also provides medical leave to anyone with a serious health condition for up to 20 weeks.</p> <p>New Jersey: A3975 (2019). Paid family leave was established in 2014 and expanded in 2019. Provides paid family leave in order to "to maintain consumer purchasing power, relieve the serious menace to health, morals and welfare of the people caused by insecurity and the loss of earnings, to reduce the necessity for public relief of needy persons, to increase workplace productivity and alleviate the enormous and growing stress on working families of balancing the demands of work and family needs, and in the interest of the health, welfare and security of the people"</p> <p>New York: Chapter 54 (2016). Provides paid family leave, allotting 10 weeks for paid family leave at 55% average earnings, and 12 weeks at 67% average earnings beginning in 2021.</p>
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		Washington: SP.L.5975 (2017). Passed paid leave finding it is associated with health benefits, including reduced infant mortality and increased well-baby visits, increased child development and reduced child health problems, as well as increased paternal engagement with children. Provides a paid family and medical leave insurance program for placement of a child/ birth of a child, care of a family member with a serious health condition, and for one’s own serious health condition. Maximum leave is 12 times the typical amount of workweek hours per 52 weeks.
PAID SICK & SAFE LEAVE	Paid Sick & Safe Leave Passed HB1 (2018) “Maryland Health Working Families Act.” Employers with fewer than 15 employees must provide unpaid sick and safe leave.	None known or reported by NCSL that reference N.E.A.R. Science.
INCREASED EARNED INCOME TAX CREDITS (EITC) Research has shown that tax credits, such as EITCs increase income for working families, lift millions of families above the poverty line, offsets the costs of child care, decreases infant mortality, maternal stress and mental health problems, and child behavioral problems (e.g., aggression, anxiety, and hyperactivity that impact later perpetration of violence) ;and, increases health insurance coverage, school performance, and parents’ ability to provide	Increased Earned Income Tax Credit Passed HB 810 / SB 870 “Income Tax – Child and Dependent Care Tax Credit - Alteration” in 2019. Expanded Maryland’s Child and Dependent Care Tax Credit for the first time in nearly two decades—increasing the income threshold from \$50,000 to \$143,000 for married couples (and to \$92,000 for individuals), indexing these limits annually for inflation, and making the credit refundable for low-income filers.	Colorado: HB17-1002 (2017). Grants an earned income tax credit expansion for child care expenses for families who earn an adjusted gross income of \$25,000 or less. The tax credit is equal to 25% of child care expenses during the tax year up to \$500 for one child and \$1,000 for two or more children. South Carolina: Act 40 (2018). Establishes an earned income tax credit, which is shown by research to encourage workforce participation and increase earnings.

<p>for their children physically and emotionally.</p>		<p>Virginia: Chapter 29 (2016). Provides annual notice to recipients of state benefits of the availability of federal and state earned income tax credit to increase outreach and claiming of the tax credit.</p>
<p>AFFORDABLE EARLY CHILD CARE</p> <p>Increased Child Care Subsidies Childcare subsidies tend to promote parents accessing higher quality childcare. This increases the likelihood that children will experience safe, stable, nurturing relationships & environments. Access to affordable childcare reduces parental stress and maternal depression, key risk factors for child abuse and neglect and other risk behaviors associated with ACEs.</p>	<p>Passed SB 379 / HB 430 (2018) Increases child care subsidy rates, establishing mandatory funding levels so that rates never again fall so low.</p> <p>Passed HB 248 / SB 181 (2019). Accelerates the mandated increase of child care subsidy rates. Beginning July 2020, subsidy rates must equal or exceed and remain at 60 percent of market rates.</p>	<p>California: Act 108 (2018). Creates county-based child care subsidy plan to decrease the cost of child care for low income families.</p> <p>District of Columbia: A22-0453 (2018). Expands the income eligibility for subsidized child care to increase access to child care and develops a competitive compensations scale for educators in child development centers to increase quality of care.</p> <p>Louisiana: Act 354 (2015). Establishes an Early Childhood Education Fund to provide funding for early childhood care placements for low income families through child care assistance programs.</p>
<p>FLEXIBLE AND CONSISTENT WORK SCHEDULES</p> <p>Provide parents with a predictable pattern of work, making it easier to access quality childcare. Children whose parents work unpredictable schedules have more cognitive deficits. Parents with irregular shift times are also more prone to work-family conflict and stress, which are</p>		<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>

risk factors for multiple forms of violence.		
<p>AFFORDABLE HOUSING</p> <p>A major component of creating family stability is ensuring that each family and child has a safe, stable place to live. Affordable housing policies, such as rent controls and inclusionary zoning, which requires a specified percentage of new housing construction to be affordable to people with low or moderate incomes, help ensure that each child has a safe place to live.</p>		<p>Louisiana: RS33 (2006). Permits municipalities to use inclusionary zoning to promote development of affordable housing for low income families, given the lack of affordable housing and the health and wellbeing concerns that come with it.</p>
<p>MULTI- GENERATIONAL APPROACH TO HUMAN SERVICES BENEFITS</p>		<p>Hawaii: SB1227 (2019). Recognizes the connection of intergenerational poverty and ACEs and requires the Human Services agency implement an integrated and multigenerational approach designed to improve the social well-being, economic security, and productivity of the people of the State[.], and to reduce the incidence of intergenerational poverty and dependence upon public benefits. (pending)</p>

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE & ADVERSITY

MGA COMMITTEE: Joint Committee on Children Youth & Families | Ways & Means | Appropriations | Finance | Budget & Taxation | Health & Government Operations

Rationale:

“Norms are group-level beliefs and expectations about how members of the group should behave. Changing social norms that accept or allow indifference to violence and adversity is important in the prevention of ACEs.”

Pieces of legislation that promote community norms around a shared responsibility for the health and well-being of all children; support parents and positive parenting, including norms around safe and effective discipline; foster healthy and positive norms around gender, masculinity, and violence to protect against violence towards intimate partners, children, and peers; reduce stigma around help-seeking; and

enhance connectedness to build resiliency in the face of adversity , help families and communities prevent ACEs and other forms of childhood trauma.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>PUBLIC EDUCATION CAMPAIGNS have been shown to help parents understand the cycle of abuse; Campaigns targeting child physical abuse positively impact parenting practices, reduce children’s exposure to parental anger and conflict and reduce child behavior problems.</p>		<p>None known or reported by National Conference of State Legislatures (NCSL) that reference N.E.A.R. Science.</p>
<p>LEGISLATIVE APPROACHES TO REDUCE CORPORAL PUNISHMENT are associated with decreases in the use of harsh physical punishment to discipline children and help to establish social norms around safer, more effective discipline strategies. Experiencing harsh physical punishment as a child increases mental health problems, weakens school performance, lowers self-esteem and increases risk for involvement in crime and violence in adolescence and later perpetration of violence toward a partner and one’s own children.</p>		<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>
<p>BYSTANDER APPROACHES & EFFORTS TO MOBILIZE MEN & BOYS AS ALLIES “Bystander approaches and efforts to mobilize men and boys as allies in prevention change the social context for violent and abusive behavior. Programs such as Green Dot and Coaching Boys into Men®, for instance, have</p>		<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>

been shown to reduce violence against dating partners, negative bystander behaviors (such as laughing at sexist jokes or encouraging abusive behaviors), as well as sexual violence perpetration and victimization.”		
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ENSURE A STRONG START FOR CHILDREN

MGA COMMITTEE: Ways & Means | Appropriations | Finance | Budget & Taxation | Health & Government Operations

Rationale:

The knowledge and understanding of core concepts of neuroscience, ACEs, and resilience should serve as a foundation for public policies that affect the lives of children, their families, and their communities. Building strong healthy families and communities requires that we make investing in early childhood a high priority to ensure social, emotional, behavioral, cognitive, and physical health throughout the lifespan. It is much easier and less expensive to support caregivers, families and communities to build a strong foundation in early childhood than to wait and address weaknesses in the foundation later. Waiting to address symptomatic behaviors (e.g., youth disconnection, homelessness, school failure, substance abuse, etc.) and illness (e.g., depression, anxiety, suicide, etc.) until children enter school, their teen years, or adulthood requires expending more resources and producing less satisfactory results for both the individuals and the communities in which they live.

High quality early investments (e.g., evidence-based home visiting, early child care and education, pre-K, and infant mental health programs, all with an effective family engagement component) in children prenatal to 5, i.e., “going upstream,” is essential to healthy brain development and preventing the intergenerational transmission of the impact of childhood trauma.

Evidence-based (EBP) and promising home visitation program models. Effective programs include services such as parent-child therapy to build the parent-child relationship, which has been shown to be a key factor in decreasing early stress and adversity, developing supportive parental practices, which are associated with positive child behavior and development. Because no child or family is immune to ACE exposure, extensive, universal home visitation programs which allow service providers to identify the needs of families and refer them to the proper resources, as well as provide education and support to families, can drastically decrease instances of childhood trauma, particularly exposure to a parent with mental health disorders, substance abuse disorder, or domestic violence in the home.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>EVIDENCE- BASED & PROMISING HOME VISITING PROGRAM MODELS</p> <p>Not only have home visitation programs been shown to be effective in reducing ACEs, but they have also been shown to offer a high rate of return on investment, offsetting the costs of implementing the programs themselves.</p>	<p>Passed HB699/SB566-The Home Visiting Accountability Act of 2012.,</p> <p>Requires - the state fund only evidence-based and promising home visiting models; and, that 75% of funding go to evidence-based models.</p> <p>Passed SB 373 / HB 547</p> <p>“Education – Head Start Program – Annual Funding (The</p>	<p>Arkansas: Act 528 (2013).</p> <p>Establishes a statewide voluntary home visiting service to promote prenatal care and healthy births, requires that state agencies develop protocols for collecting and sharing program data with providers to include in child welfare and health data systems.</p>

<p>Studies show that, when provided with home visitation services, families with children between three and six years of age who had been exposed to multiple ACEs were two times less likely to have referrals to child protective services, four times more likely to develop at an age appropriate pace, and five times less likely to show signs of aggression compared to families that did not participate in any home visitation programs.</p>	<p>Ulysses Currie Act” in 2018. Restores a \$1.2 million budget cut imposed in 2009, potentially increasing services for more than 2,100 Head Start children.</p> <p>Passed SB 912 / HB 1685 “Maryland Prenatal and Infant Care Coordination Services Grant Program Fund (Thrive by Three Fund)” in 2018. Creates a grant program to expand the coordination of direct services for jurisdictions with a high percentage of births to Medicaid-eligible mothers.</p>	<p>Kentucky: Chapter 118 (2013). Provides voluntary home visit for at-risk parents during the prenatal period-3rd birthday, establishes goals for statewide home visiting system, and requires programs to adhere to research based or promising models.</p> <p>Maine: Chapter 683 (2011). Requires that the Department of Health and Human Services offers voluntary universal home visiting for new families regardless of family income.</p> <p>Texas: Chapter 421 (2013). Establishes the voluntary Texas home visiting program for pregnant women and families with children under the age of 6, requiring that home visit programs be evaluated and submit reports biannually.</p> <p>Proposed Policies</p> <p>Vermont: H500 (2019). Would establish a universal home visiting program and parenting classes for families caring for a newborn infant and calls for the evaluation of current home visiting services in each district to determine where there are unmet needs and which evidence-based and home visiting models are appropriate. The bill also provides \$100,000 in grants to three parent child centers for the creation of pilot programs offering parenting classes, with the hope of</p>
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		preventing multigenerational childhood trauma.
<p>ACCESSIBLE HIGH QUALITY CHILD CARE</p> <p>Invest in early childhood development: Reduce deficits, strengthen the economy., Heckman, J.J. (2013). High quality childcare programs with family engagement help children build a strong foundation for future learning and help build physical, social, emotional, and cognitive skills. They buffer young children from ACEs by creating safe, stable, nurturing, and supportive environments for the child and parent or caregiver.</p>	<p>Passed SB 379 / HB 430 (2018) Increases child care subsidy rates, establishing mandatory funding levels so that rates never again fall so low.</p> <p>Passed HB 248 / SB 181 (2019). Accelerates the mandated increase of child care subsidy rates. Beginning July 2020, subsidy rates must equal or exceed and remain at 60 percent of market rates.</p>	<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>
<p>HIGH QUALITY AFFORDABLE PRE-K</p> <p>High quality affordable Pre-K help children build a strong foundation for future learning and help build physical, social, emotional, and cognitive skills. They buffer young children from ACEs by creating safe, stable, nurturing, and supportive environments for the child and parent or caregiver.</p>	<p>Passed SB 1030 (2019). As part of “The Blueprint for Maryland’s Future,” requires a 3 year “down payment” on the implementation Kirwan Commission recommendations totaling approximately \$1 billion of State funding for pre-kindergarten will expand by \$31.7 million in FY 2020 and an estimated \$53.6 million in FY 2021.</p> <p>Passed HB 1415 (2018). Preserves \$22.3 million in pre-K expansion dollars that might otherwise have been lost when a federal grant expired.</p>	<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>

TEACH SKILLS TO PARENTS, CAREGIVERS, CHILDREN, & YOUTH

MGA COMMITTEE: Ways & Means | Finance | Health & Government Operations | Judiciary | Judicial Proceedings

Rationale:

Policies that promote healthy parenting, keep children, parents, and families connected rather than separated, and provide evidence-based skill building for parents, family members, and community caregivers (home visitors, medical providers, child care workers, educators, after-school child and youth serving providers and mentors) have been proven to improve developmental outcomes in children and decrease instances of abuse and neglect. It is also crucial that lawmakers focus on policies which recognize the importance of building awareness in families and communities about NEAR Science and the need to prevent ACEs and mitigate their effects by addressing trauma and its impacts.

Opportunities in all child and family serving systems that help adults to develop and practice executive function skills, including impulse control, emotional control (self-regulation), flexible thinking, working memory, self-monitoring, planning and prioritizing, task initiation, and organization help to provide the experiences that strengthens parts of the brain that tend to be less developed in adults who have experienced childhood trauma. Through effective training and coaching, executive function skills may be strengthened and lead to improved outcomes in relationships (people skills), parenting, money management, educational attainment and career success. Coaching parents who have been impacted by ACEs, in turn helps ensure the development of those skills in their children and subsequent generations.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>EVIDENCE-BASED (EBP) & PROMISING HOME VISITATION PROGRAMs</p> <p>Studies show that, when provided with home visitation services, families with children between three and six years of age who had been exposed to multiple ACEs were two times less likely to have referrals to child protective services, four times more likely to develop at an age appropriate pace, and five times less likely to show signs of aggression compared to families that did not participate in any home visitation programs.</p>	<p>Passed HB699/SB566-The Home Visiting Accountability Act of 2012.,</p> <p>Requires - the state fund only evidence-based and promising home visiting models; and, that 75% of funding go to evidence-based models.</p>	<p>Arkansas: Act 528 (2013). Establishes a statewide voluntary home visiting service to promote prenatal care and healthy births, requires that state agencies develop protocols for collecting and sharing program data with providers to include in child welfare and health data systems.</p> <p>Kentucky: Chapter 118 (2013). Provides voluntary home visit for at-risk parents during the prenatal period-3rd birthday, establishes goals for statewide home visiting system, and requires programs to adhere to research based or promising models.</p>

		<p>Maine: Chapter 683 (2011). Requires that the Department of Health and Human Services offers voluntary universal home visiting for new families regardless of family income.</p> <p>Texas: Chapter 421 (2013). Establishes the voluntary Texas home visiting program for pregnant women and families with children under the age of 6, requiring that home visit programs be evaluated and submit reports biannually.</p> <p>Proposed Policies</p> <p>Vermont: H500 (2019). Would establish a universal home visiting program and parenting classes for families caring for a newborn infant and calls for the evaluation of current home visiting services in each district to determine where there are unmet needs and which evidence-based and home visiting models are appropriate. The bill also provides \$100,000 in grants to three parent child centers for the creation of pilot programs offering parenting classes, with the hope of preventing multigenerational childhood trauma.</p>
<p>EB & PROMISING PARENTING AND FAMILY SKILL BUILDING PROGRAMS</p> <p>Shown to decrease early stress and adversity and develop supportive parental practices,</p>		<p>Vermont: H500 (2019). Provides \$100,000 in grants to three parent child centers for the creation of pilot programs offering parenting classes, with the hope of preventing</p>

<p>which are associated with positive child behavior and development.</p>		<p>multigenerational childhood trauma.</p>
<p>EB & PROMISING PROGRAMS FOR PARENTS WITH A HISTORY OF SUBSTANCE USE DISORDER</p> <p>Providing comprehensive care to parents who struggle with substance use disorder has been shown to increase parent and child welfare.</p>		<p>None known or reported by NCSL that reference N.E.A.R. Science.</p>
<p>EB & PROMISING PROGRAMS & VISITATION PROGRAMS FOR INCARCERATED PARENTS AND THEIR CHILDREN</p> <p>Research has shown strong links between parent-child relationships and childhood development, meaning that it is crucial to enact programs that allow for visitation between children and their incarcerated parents when possible.</p>		<p>Oregon: SB241 (2017). Establishes a bill of rights for children with incarcerated parents, including the right to be protected from additional trauma at the time of parental arrest, the right to remain informed about their parent’s arrest in an age appropriate manner, the right to see, speak with and touch their incarcerated parent, and more.</p> <p>Texas: S1356 (2013). Requires all juvenile probation and supervision officers receive training on trauma informed care administered by the Department of Human Resources. In H650 (2019). Requires correctional officers to be trained on issues relating to the physical and mental health of pregnant inmates, including appropriate care, the impact of incarceration on a pregnant inmate and the unborn child, the use of restraints, the placement of administrative segregation, and invasive searches. The Act also includes provisions for reviewing visitation policies and</p>

		<p>evidence-based visitation practices that enhance paternal bonding and engagement and allow for age-appropriate visiting activities for children who visits their parents in correctional facilities.</p> <p>Missouri: Chapter 217 (2018). Creates a women offender program to ensure that female offenders are provided with trauma-informed and gender responsive supervision strategies, including physical and mental health care, child visitation, and more.</p> <p>Hawaii: SCR7 (2019). Establishes that human services and public safety work to develop a plan for the establishment of visitation centers at all state correctional facilities and jails for children to visit their incarcerated parent. The resolution recognizes that the incarceration of a parent is seen as an ACE and can lead to adverse outcomes for children and that parental bonding is essential for children’s development.</p> <p>Illinois: H2444 (2019). Amends code of corrections to expand consideration of factors such as whether the defendant is the parent of a child or if the defendant serves as a caregiver to someone who is ill, disabled, or elderly in sentencing, recognizing the parental incarceration is an ACE and can</p>
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		<p>have adverse effects on the child.</p> <p>Proposed:</p> <p>Texas: H2168 (2019). Would require screening of each inmate during the diagnostic process to determine whether the inmate has experienced ACEs or other significant trauma and refer the appropriate care when needed. The bill also requires screening and care for defendants.</p> <p>Washington: S5876 (2019). Would create a women’s division of correctional system to develop a system of gender responsive, trauma informed practices within the department of corrections, informed by individuals with training in ACEs and trauma informed practices.</p>
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CONNECT CHILDREN & YOUTH TO CARING ADULTS & ACTIVITIES

MGA COMMITTEE: Ways & Means | Education, Health, & Environmental Affairs | Finance | Appropriations | Health & Government Operations | Judiciary | Judicial Proceedings

Rationale:

Research suggests that mentoring and after school programs improve outcomes across behavioral, social, emotional and academic domains. Opportunities to develop and practice executive function skills, including impulse control, emotional control (self-regulation), flexible thinking, working memory, self-monitoring, planning and prioritizing, task initiation, and organization help to provide the experiences that strengthens parts of the brain that tend to be less developed in children who experience chronic adversity.

Experiences that improve executive function, improve the leadership, decision-making, self-management, and social problem-solving skills of children and youth and are important components of mentoring and after-school programs with documented success; and, help kids to be attain success in relationships, in school, and in their careers.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
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MENTORING PROGRAMS		None known or reported by NCSL that reference N.E.A.R. Science.
AFTER SCHOOL PROGRAMS		None known or reported by NCSL that reference N.E.A.R. Science.

INTERVENE TO LESSEN IMMEDIATE & LONG-TERM HARMS OF CHILDHOOD TRAUMA & ADVERSITY

MGA COMMITTEE: All Standing Committees

Rationale:

Recognizing and effectively responding to lessen the immediate and long-term harms of childhood trauma and adversity is the responsibility of all adults in the community, as well as state and local child and family serving agencies.

Primary care, mental and behavioral health, Medicaid and private insurance, public health, schools and other youth serving organizations, higher education, child welfare, juvenile and criminal and civil justice systems, along with neighborhood and businesses and faith-based communities, should align their policies and practices with NEAR Science.

Children and youth with ACE exposure are at risk for school failure, behavior problems, suspension and expulsion, teen pregnancy, depression, anxiety, suicide, youth violence, as well as physical health problems.

Early family centered interventions with evidence-based and promising treatments for children and parents, trauma-informed policies and practices within child and family serving systems, as well as connection to at least one safe, stable, and nurturing adult has been proved to reduce ACEs and their impacts in communities across the country.

EVIDENCE BASE FOR SPECIFIC LEGISLATIVE STRATEGY	MARYLAND LAW	STATE INNOVATIONS NATIONWIDE
<p>ENHANCED PRIMARY CARE CREATION OF STATE SURGEON GENERAL</p>		<p>California: Executive Order N-02 (2019). Solidifies the state’s promise to address ACEs by creating the position of the Surgeon General, which allows for the creation of health-informed legislation. A887 (2019). Requires the Office of Health Equity to advise and assist other state departments in their mission to increase the general well-being of all state residents and to work toward eliminating adverse childhood experiences. Prescribes the qualifications of the Surgeon General.</p>

<p>ENHANCED PRIMARY CARE TRAINING FOR MEDICAL PROFESSIONALS</p>		<p>CA: AB 1340 (2017). Requires Medical Board to consider including a course for primary care providers on integrated mental and physical health care, expressly to identify and treat mental health issues in children and young adults. Medi-Cal (Medicaid) Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).</p> <p>Proposed New York: A2754 (2019). Would require doctors to complete education regarding screening for ACEs in children before they can re-register to practice medicine. This bill is still pending in the legislature.</p>
<p>ENHANCED PRIMARY CARE EARLY SCREENING & DETECTION OF ACEs may be used to identify and address ACE exposures with brief screening assessments and referral to intervention services and supports. For children, assessments are completed with parents/caregivers to identify risks such as parental substance use, intimate partner violence, depression, stress and the use of harsh punishment. Screening and assessing adults would identify a history of ACE exposures and help mitigate risk and improve treatment outcomes. Strong policies would ensure that intervention services are tailored to assessment findings and coordinated with and between community agencies.</p>		<p>California: AB340 (2017). Establishes a working group to address the provision of trauma screening under Medi-Cal.</p> <p>Chapter 843 (2018). Requires the Mental Health Services Oversight Commission to create a plan to implement and monitor mental health and trauma screening and detection services. Since then, the state has approved an allocation of \$45 million for the 2019-2020 fiscal year to reimburse pediatricians for participating in ACE screening of their patients, and another \$50 million to train pediatricians in conducting the screenings. In this way, doctors are encouraged to screen their patients for ACEs and other traumatic events, which will allow them to refer patients to</p>

		<p>the proper behavioral and mental health services if necessary to prevent the onset of long-term negative health outcomes as a result of high trauma exposure.</p> <p>District of Columbia: Act 179 (2018). Requires that the Mayor for Health and Human Services expand and coordinate health care for infants and toddlers under three years of age, including early screening for ACEs and related health outcomes. A22-0453 (2018). Requires the Department of Health to implement Healthy Steps, a primary care program which promotes healthy development and provides parenting support, medical care, and resources for mental health, domestic violence, food and shelter, and more to ensure that the needs of children ages 0-3 are met.</p> <p>Hawaii: HB908 (2013). Establishes a statewide hospital-based home visiting program to identify families of newborns at risk for poor health outcomes and to promote healthy child development through universal screening of newborns and referral of high-risk families to evidence-based home visit services.</p> <p>Maine: Act 63 (2019). Convenes a task force to develop guidance for kindergarten-12th grade educators and administrators on</p>
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		appropriate training for and responses to addressing childhood trauma, including ACEs training, trauma informed care, health screenings, and a social-emotional curriculum from K-8 th grade.
<p>EXPANSION OF INSURANCE COVERAGE TO MENTAL, BEHAVIORAL, & SOCIAL-EMOTIONAL HEALTH CARE TREATMENTS, INCLUDING MULTI-GENERATIONAL PROVISION OF SERVICES (INFANT MENTAL HEALTH)</p> <p>Various forms of counseling, including Trauma Informed Cognitive Behavioral Therapy, have proven to be successful in mitigating the harmful impacts of ACE exposure, both in children and adults. However, often services are not covered by insurance plans, including Medicaid. By expanding Medicaid and Insurance program coverage to support behavioral and mental health services, more people will be able to access needed services. Behavioral and mental health services designed to address trauma exposure show considerable long term saving on many public service programs, as they work to prevent chronic health conditions, response to domestic abuse and substance abuse, and more.</p>		<p>California: Chapter 855 (2018). Modifies the definition of “medically necessary services” to include early screening, diagnosis and treatment programs such as screening for mental health disorders, behavioral health disorders, and trauma.</p> <p>Connecticut: S1085 (2015). Requires health insurance policies to cover mental and nervous conditions, maternal, infant and early childhood home visitation services, and other home-based interventions for children.</p> <p>New Jersey: A3035 (2017). The Mental Health Access Act of 2017 increases Medicaid reimbursement rates for evidence-based behavioral health services.</p> <p>North Carolina: Act 57 (2019). Provides Medicaid and NC Health Choice coverage for home visits to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development.</p>
FUNDING EVIDENCE – BASED PROGRAMS IN PRIMARY CARE –	SEEK is a model created and tested in Maryland by Dr. Howard Dubowitz, MD and his	None known or reported by NCSL that reference N.E.A.R. Science.

<p>SEEK (Safe Environment for Every Kid) MODEL</p> <p>“Randomized trials of the Safe Environment for Every Kid (SEEK) model (which screens for ACE exposures in the family environment), have demonstrated a number of positive effects including fewer reports to child protective services, fewer reported occurrences of harsh physical punishment by parents, better adherence to medical care, and more timely childhood immunizations. SEEK is also associated with less maternal psychological aggression, fewer minor maternal physical assaults, and improvements among providers in addressing depression, substance misuse, intimate partner violence, and serious parental stress.”</p>	<p>team at the University of Maryland, School of Medicine.</p>	
<p>PREVENTING & MITIGATING THE HARMS OF CHILD SEXUAL ABUSE</p> <p>STATUTE OF LIMITATIONS REFORM promotes community norms against violence toward children, provides justice and healing for victims of child sexual abuse, and exposes hidden predators still living in communities.</p> <p>Child sexual abuse affects one in four girls and one in six boys across the United State-s. In 2019 alone, 21 states have passed statute of limitations reforms to better reflect the average age of disclosure.</p>	<p><u>No Criminal SOL</u></p> <p><u>Civil SOL: HB687, (2019). Hidden Predator Act. Passed the House and failed in the Senate Judicial Proceedings Committee. It would eliminate the civil statute of limitations for child sexual abuse and provide a two-year lookback window for survivors.</u></p>	<p>In 2019 alone, nineteen states have passed statute of limitations reforms to better reflect the average age of disclosure.</p> <p>California: AB218 2019. 3-year window: 3-year window will open on January 1, 2020 for expired claims against perpetrators, private organizations and government.</p> <p>Connecticut: SB3 (2019). Extends the civil statute of limitations for sexual abuse victims to thirty years after age twenty-one. The law also extends the criminal statute of limitations for offenses involving sexual abuse,</p>

<p>Seventeen states (nine this year) have passed civil SOL “windows of justice “to allow civil claims previously barred to proceed for a set period of time. Civil SOL Windows also present an opportunity to prevent incidents of child sexual abuse by exposing hidden predators.</p>		<p>sexual exploitation, and sexual assault of a victim under sixteen years of age and extends the criminal statute of limitations for victims ages eighteen-twenty to fifty-one years old.</p> <p>New Jersey: S477 2019. 2-year window: 2-year window will open on December 1, 2019 for expired claims against perpetrators, private organizations and government. Window applies to child sex abuse victims and those sexually assaulted as adults.</p> <p>New York: A2863 2019. 1-year window: 1-year window opened on August 14, 2019 for expired claims against perpetrators, private organizations and government.</p> <p>North Carolina: H37 (2019). 2-year window: 2-year window will open on January 1, 2020 for expired claims against perpetrators, private organizations and government.</p> <p>Rhode Island: H5171 (2019) extends the statute of limitations from seven to thirty-five years in cases of child sexual abuse, including a seven-year discovery window to allow victims more time to commence action against their abuser.</p>
<p>TRAUMA-INFORMED CARE FOR VICTIMS</p> <p>CHILD ADVOCACY CENTERS</p>	<p>Sb739, (2019). Child Advocacy Centers (CACs)Expansion bill defined and strengthened CACs across the state to ensure trauma-informed services to</p>	<p>Florida: Act 151 (2017). Provides for trauma informed care for children who have been sexually exploited. Establishes an accountability system for</p>

<p>Child Advocacy Centers are a crucial component of trauma-informed care for children who have experienced abuse. CACs bring together a myriad of services, including child protective services, law enforcement, medical and mental health professionals, and prosecutors in a child-friendly, trauma-informed environment to allow for an inter-agency investigation and response to instances of child and family abuse.</p>	<p>child victims of child sexual and physical abuse.</p>	<p>residential group care providers based on quality standards, including promotion of high-quality services and accommodations, considerations of the level of availability of trauma informed care and mental and physical health services, the level of provider’s engagement with school and extra circular activities, and a following report on the findings and how they will be used to improve residential group care.</p> <p>Currently, over 34 states, including Maryland, have some form of legislation surrounding CACs. Legislation on CACs that is supported by the National Children’s alliance includes legislation which defines child advocacy centers and their role in the investigation process, the expansion of services and resources for CAC, and state funding for CACs through government funds.</p> <p>Proposed: New Jersey: A3558 (2019). Children Animal Assisted Therapy Pilot Program which would establish a pilot program in Department of Children and Families providing animal-assisted therapy to victims of childhood violence, trauma, or children with behavioral health care needs, appropriates funds.</p>
<p>INCREASE MENTAL & BEHAVIORAL HEALTH SERVICES IN SCHOOLS: Children with an ACE score of four or more are:</p>		<p>Colorado: H1017 (2019). Requires the department of education to select a school district to partake in a pilot</p>

<p>4 times more likely to develop depression 2 times more likely to attempt suicide 32 times more likely to experience behavioral problems in the classroom than children who have an ACE score of zero. Providing mental and behavioral health services in schools allows access to resources to address the impact of ACEs in a familiar, easily accessible environment that is comfortable and easily accessible. Studies show that the implementation of mental health services in schools has:</p> <ul style="list-style-type: none"> increased academic success and graduation rates decreased rates of truancy and discipline improved overall school climate and community. 		<p>program that provides a social worker dedicated to each grade from kindergarten to 5th grade to prevent, reduce, and resolve ACE exposure and ACE- related stress.</p> <p>Illinois: SB565 (2017). Requires health examinations for school entrance to include age appropriate social, emotional, and developmental screenings; performed by the child’s primary care provider; proof of examination must be provided to the child’s school annually. The examination form is not required to disclose the results but may include suggested services based on the results of the evaluation that may be provided by the school with parent’s consent.</p> <p>Iowa: Chapter 225.54 (2015). Provides state block grants for school- based mental health projects and crisis intervention services in schools offered through partnerships with community mental health organizations.</p> <p>Utah: H264/ Act 412 (2018). Provides grants for school-based counselors and social workers to provide school-based mental health supports in elementary schools, including for trauma-informed care.</p> <p>Washington: S5903/ Act 360 (2019). Creates a Children’s Mental Health Workgroup to identify barriers to accessing</p>
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		<p>mental health services, monitor the implementation of legislation and policies relating to children’s mental health and consider strategies to improve coordination between education and health systems. The Act also mandates that educators have additional professional days to cover trauma-informed care, social-emotional learning, and ACEs training.</p>
<p>TRAUMA INFORMED SCHOOLS: TRAINING, PRACTICES, CURRICULUM, POLICIES, AND DISCIPLINE</p> <p>When children have experienced trauma, they are more likely to act impulsively, have problems focusing, and regulating their emotions, leading to serious behavioral problems or lack of engagement. Creating trauma - informed schools has been shown to result in positive outcomes for students and teachers, including fewer disciplinary incidents and office referrals. Oftentimes, toxic stress and anxiety which results from ACE exposure causes adverse physical and emotional responses, such as violent behavior or aggressive outbursts by children in the classroom. This response, in turn, leads to punishment and disciplinary action, which only adds to the stress experienced by the child. Multiple studies of trauma-informed programs in schools have found that these programs reduce aggressive behavior,</p>	<p>HB256/SB233 State Department of Education - Guidelines on Trauma-Informed Approach proposed in 2019. Creates a pilot project to create trauma-informed schools. Died in Committee. Trauma Informed language from the bill was included in the Blueprint for Maryland’s Future.</p>	<p>Iowa: S2133/ Act 1051 (2018). Requires school districts to implement employee training and establish rules and best practices on suicide prevention, the identification of ACEs, and strategies to reduce toxic stress.</p> <p>Tennessee: S1386 (2018). Requires the Department of Education to develop an evidence-based training program on ACEs for school teachers and leadership. Resolution 166, (2019) was enacted to urge local education agencies to provide the training developed by the Department of Education to all teachers.</p> <p>New York: A11081 (2019). Requires ACEs training for licensed day care providers.</p> <p>Tennessee: S64 (2019). Requires local boards of education to adopt a policy requiring all K-12th grade teachers, principals, and assistant principals to be part of an ACEs training on an annual basis.</p>

<p>crime, and conduct problems, results which also produce large returns on the investments made in the programs themselves.</p>		<p>District of Columbia: Act 22-398 (2018). Requires the Department of Education to implement measures to reduce out of school suspension and expulsion and foster trauma informed, positive school environments.</p> <p>Indiana: HB1421 (2018). Requires schools to reduce out of school suspension and expulsion and requires a legislative committee to be assigned the task of studying the use of positive discipline and restorative justice in schools and determine the extent to which these forms for discipline are utilized in schools currently.</p> <p>Massachusetts: HB4376 (2014). Within the context of reducing gun violence, establishes a framework for safe and supportive schools, which considers the findings of the ACEs study and utilizes trauma informed practices. The framework aims to create schools that foster healthy relationships between children and the peers and teachers, provide mental, physical and behavioral health services, and integrate practices and services that promote social and emotional learning and reduce instances of truancy, suspension and expulsion, and dropout.</p> <p>Pennsylvania: S1142 (2018). Establishes School Safety and Security Grant Program and</p>
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		<p>Fund, to be used for the administration of ACEs screening and trauma-informed counseling services for students based on screening results. HB1415 (2019). Defines trauma-informed approaches, requires development training for school administrators and staff on trauma informed approaches, and amends the requirements for post-baccalaureate certification to teach primary and secondary education to include coursework on trauma informed approaches.</p> <p>Tennessee: Act No 421 (2019). Requires local Boards of Education to adopt a policy requiring schools to perform an ACEs screening before taking disciplinary actions against a child, including suspension, in-school suspension, expulsion, or transfer to an alternative school.</p> <p>Washington: Act 231 (2018). Directs the Department of Children, Youth and Families to develop a 5-year strategy on expanding training in trauma informed child care for early learning providers and reducing expulsion from early learning environments. Act 386 (2019). Creates the Social-Emotional Learning Committee to promote social emotional learning that will help students build awareness and skills in managing emotions, setting goals, establishing relationships, and supporting student success. The</p>
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		<p>legislation also notably includes benchmarks which educators must meet regarding training for trauma informed practices and consideration of ACEs. S5903/ Act 360 (2019). Creates the Children’s Mental Health Workgroup and mandates that educators have additional professional days to cover trauma-informed care, social-emotional learning, and ACEs training.</p> <p>Wisconsin: A843/ Act 143 (2018). Creates Office of School Safety and requires the office to train school staff on school safety, trauma-informed care and how adverse childhood experiences have an impact on children and increase the need for support.</p>
<p>SCHOOL SAFETY PLANS</p> <p>School safety plans are a method of preventing violence, suicide, and major crises in schools. Though not included in the original study, The Philadelphia ACE Study added and studied bullying as an ACE, as it results in the same toxic stress response and can lead to the same negative mental and physical health outcomes. Children who have been bullied are more likely to use drugs and alcohol, experience anxiety, depression, and suicide, and engage in violent behaviors themselves. To address the possibility of student crises, some states have enacted school safety plans that</p>		<p>Arkansas: Act 1064 (2019). Recognizes Arkansas has the highest percentage of ACEs in its students and requires that the University of Arkansas for Medical Sciences establish a pilot program that creates a school safety and crisis line that can be accessed by phone, text, application, or program participation, providing students with the ability to report anonymously unsafe activity, abuse, bullying, thoughts of suicide, drug issues, and other threatening behaviors in order to address the problems associated with high ACE scores. Also, provides for crisis intervention services, such as</p>

<p>include methods for students to report violence and bullying in schools, training for teachers on addressing trauma, and programs for violence and suicide prevention.</p>		<p>counseling.</p> <p>Texas: Act 464 (2019). Requires all schools to develop a plan of improvement, which includes assessment of need for various groups of students, district performance objectives for programs including suicide prevention, violence prevention, conflict resolution, and training on how trauma can affect student behavior and trauma-informed strategies to support affected students. The Act also includes provisions for teaching students about mental health and providing mental health services in schools.</p> <p>Utah: Act 446 (2019). Authorizes the State Board of Education to distribute money to local education agencies for personnel who provide school-based mental health support. The Act also establishes the Safe UT Crisis line to provide means for anonymous reporting of unsafe, violent, or criminal activities, bullying, physical or sexual abuse by a school employee/volunteer, and crisis intervention.</p>
<p>FAMILY-CENTERED SUBSTANCE USE TREATMENT FOR PARENTS</p> <p>Growing up in a home where a parent experiences a substance abuse disorder was one of the ten ACEs in the original ACE study, as it often leads to dysfunction and instability within the family. States have</p>		<p>Florida: Act 151 (2017). Creates a pilot program for shared family care residential services to families that have a member experiencing substance use disorder. Establishes an accountability system for residential group care providers based on quality standards, including promotion of high-</p>

<p>created family-centered programs that offer assistance to parents with substance use disorder to help them recover, provide EBP parenting support and provide programming for the children to buffer them from the negative consequences of parental substance use.</p>		<p>quality services and accommodations, considerations of the level of availability of trauma informed care and mental and physical health services, the level of provider’s engagement with school and extra circular activities, and a following report on the findings and how they will be used to improve residential group care.</p> <p>Indiana: SB446 (2017). Creates an opioid addiction recovery pilot program to assist pregnant women and new mothers that have a substance abuse disorder by providing residential facility treatment and home visitation services.</p> <p>Massachusetts: H4742, (2018). Establishes the Community Behavioral Health Promotion and Prevention Trust Fund to issue grants to community organizations establishing or supporting evidence-based programs relating to substance abuse disorder for children and adults. Programs will be selected for funding based on the program’s use of the science of prevention, ACEs, and trauma informed care.</p>
<p>STATE POLICY DIRECTIVE TO ADDRESS CHILDHOOD TRAUMA</p> <p>All State Child & Family Serving Systems to Address Childhood Trauma</p>		<p>Alaska: S105 (2018). Revises provisions on licensure of martial and family therapists. Additionally, it establishes a state policy directive to policymakers, administrators, and those working within state programs and grants to make decisions that “take into account</p>

		<p>the principles of early childhood and youth brain development and, whenever possible, consider the concepts of early adversity, toxic stress, childhood trauma, and the promotion of resilience through protective relationships, supports, self-regulation, and services.”</p>
<p>BILL OF RIGHTS OF CHILDREN OF INCARCERATED PARENTS</p> <p>Preventing and mitigating ACEs caused because of system involvement by parents. Parental incarceration is one of the ten ACEs initially identified in the original ACEs study, as separation from the parent for prolonged periods of time disrupts the relationship between the child and the parents, hindering the child’s development and often causing toxic stress for the child. Ensuring support for children when a parent is incarcerated, including arrest, sentencing, visitation and parent-child contact policies, and mentoring programs, help to buffer children from the negative consequences of parental incarceration.</p>		<p>Oregon: SB241 (2017). Establishes a bill of rights for children of incarcerated parents, including the right to be protected from additional trauma at the time of parental arrest, the right to remain informed about their parent’s arrest in an age appropriate manner, the right to see, speak with and touch their incarcerated parent, and more.</p> <p>Texas: S1356 (2013). Requires all juvenile probation and supervision officers receive training on trauma informed care administered by the Department of Human Resources. H650, (2019). Requires correctional officers to be trained on issues relating to the physical and mental health of pregnant inmates, including appropriate care, the impact of incarceration on a pregnant inmate and the unborn child, the use of restraints, the placement of administrative segregation, and invasive searches. It also includes provisions for reviewing visitation policies and evidence-based visitation practices that enhance paternal bonding and engagement and allow for age-</p>

		<p>appropriate visiting activities for children who visits their parents in correctional facilities.</p> <p>Missouri: Chapter 217 (2018). Creates a women offender program to ensure that female offenders are provided with trauma-informed and gender responsive supervision strategies, including physical and mental health care, child visitation, and more.</p> <p>Hawaii: SCR7 (2019). A resolution requesting that human services and public safety work to develop a plan for the establishment of visitation centers at all state correctional facilities and jails for children to visit their incarcerated parent. It recognizes that the incarceration of a parent is an ACE and can lead to adverse outcomes for children and that parental bonding is essential for children’s development.</p> <p>Illinois: H2444 (2019). Expands consideration of factors such as whether the defendant is the parent of a child or if the defendant serves as a caregiver to someone who is ill, disabled, or elderly in sentencing, recognizing that parental incarceration is an ACE for the child and can have negative impacts on the child. H2649 (2019). Amends the Code of Criminal Procedure, creates the Task Force on Children of Incarcerated Parents, provides</p>
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		<p>that the Task Force shall review available research, best practices, and effective interventions to formulate recommendations.</p> <p>Proposed:</p> <p>Texas: H2168 (2019). Would require screening of each inmate during the diagnostic process to determine whether the inmate has experienced ACEs or other significant trauma and refer the appropriate care when needed. The bill also requires screening and care for defendants.</p> <p>Washington: S5876 (2019). Would create a women’s division of correctional system to develop a system of gender responsive, trauma informed practices within the department of corrections, informed by individuals with training in ACEs and trauma informed practices.</p>
<p>POLICIES & PROGRAMS FOR CHILDREN WHO WITNESS DOMESTIC VIOLENCE</p>		<p>Illinois: HR751 (2018). Declares domestic violence a public health priority given the trauma caused both to victims and their children and urging the state to provide all the necessary resources to prevent and address domestic violence.</p>
<p>POLICIES & PRACTICES TO ENSURE TRAUMA-INFORMED RESPONSE IN CHILD CUSTODY COURT PROCEEDINGS</p> <p>Recognizing that divorce and separation, all forms of child abuse and neglect, and witnessing domestic violence are ACEs for the child, the court, in</p>	<p>SB567, (2019). Establishing a Workgroup to Study Child Custody Court Proceedings Involving Child Abuse or Domestic Violence Allegations. Requires the Workgroup to study available science and best practices pertaining to children in traumatic situations, including</p>	

<p>order to meet “the best interest of the child” standard,” must ensure that custody and visitation proceedings and decisions are informed by ACE science and do not exacerbate harm to the child.</p>	<p>trauma-informed decision making. and make recommendations about how State courts could incorporate the science into child custody proceedings.</p>	
<p>POLICIES & PRACTICES TO ENSURE NEXT GENERATION PREVENTION & TRAUMA-INFORMED RESPONSE IN CHILD WELFARE</p>	<p>HB1582, (2018). Recognizing the high prevalence of ACEs for children involved in child welfare, it creates a Child Welfare Medical Director and electronic health passport for children in the child welfare system. Mandates a report by the Child Welfare Medical Director to the General Assembly annually on the health and well-being of children in out-of-home placement.</p>	<p>Arizona: 8-471 (2014). Requires that child welfare workers and child safety workers receive training on the impact of ACEs and interventions to prevent negative outcomes associated with ACE exposure.</p> <p>California: S1460 (2014). Requires that recruitment include efforts to find adoption and foster care individuals who reflect the ethnic, racial and cultural diversity of foster children and adoptive children. A819 (2019). Amends child welfare code to require that core services be trauma informed and include specialty mental, physical, behavioral, transitional, and educational services be provided to children as needed. Replaces previous licensing process for foster families with unified resource family approval process and requires that resource family applicants are trained in trauma informed practices to support children impacted by ACEs.</p> <p>Oklahoma: S141 (2019). Establishes the Successful Adulthood Act, which is meant to ensure that all eligible individuals who have been or are in the foster care program due</p>

		to abuse or neglect receive the protection and support necessary to allow those individuals to become self-reliant and productive citizens and break the cycle of abuse and neglect through services such as transitional planning, education, housing, medical care, and tuition waivers.
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Endnotes

*This list is an example of legislation being introduced and/or passed by states to prevent and mitigate ACEs and promote resilient communities. It is not intended to be a comprehensive list of legislation and will be updated periodically as more is learned about ACE-informed policy initiatives in Maryland and sister states.

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Maryland Essentials for Childhood

Maryland Essentials for Children is a statewide collective impact initiative to prevent child maltreatment and adverse childhood experiences (ACE's). We promote relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children.

Maryland Essentials for Children includes public and private partners from across the state; and, receives technical assistance from the U.S. Centers for Disease Control.

www.mdessentialsforchildhood.org



Our Mission

To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and funding so that all Maryland children, youth and their families have safe, stable, nurturing relationships and environments.

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No More Stolen Childhoods

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