Introduced by: Councilmember Cohen, clark, July Prepared by: Department of Legislative Reference Committee Also referred for recommendation and report to municipal agencies listed on reverse. CITY COUNCIL 19 - 0410 A BILL ENTITLED AN ORDINANCE concerning The Baltimore City Trauma-Responsive Care Act FOR the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore. By repealing and re-ordaining, with amendments Article 1 - Mayor, Council, and Agencies Sections 22-1 and 22-11 Baltimore City Code (Edition 2000) By adding L Article 1 - Mayor, Council, and Agencies Sections 22-15 to 22-22 Baltimore City Code (Edition 2000) **The introduction of an Ordinance or Resolution by Councilmembers at the request of any person, firm or organization is a courtesy extended by the Councilmembers and not an indication of their position.

1050-14-1 REV.10/93

Agencies

Other:	Other:
Other:	
Обћет:	Other:
Emblodees, Ketirement System	Wage Commission
Commission on Sustainability	Planning Commission
Comm. for Historical and Architectural Preservation	brack tyling Authority Board
Board of Municipal and Zoning Appeals	Labor Commissioner
Board of Ethics	Fire & Police Employees, Retirement System
Board of Estimates	Environmental Control Board
O bas sbraod	snoi ss immo
V Other: Mayor's Office of Home les Service	V Other: Mayor's office of childner
Other: Mayor's Office of Criminal Tustice	
Other: Froch Pref Library	Police Department
Department of Planning	Office of the Mayor
Department of Human Resources	Mayor's Office of Information Technology
Department of Housing and Community Development	
Department of General Services	Mayor's Office of Employment Development
Department of Finance	Health Department
Department of Audits	Fire Department
Comptroller's Office	Department of Transportation
City Solicitor	Department of Recreation and Parks
Baltimore Development Corporation	Department of Real Estate
Baltimore City Public School System	Department of Public Works

ENROLLED

CITY OF BALTIMORE ORDINANCE 20 · 3 4 1 Council Bill 19-0410

Introduced by: Councilmembers Cohen, Clarke, President Scott, Councilmembers Dorsey, Henry, Burnett, Schleifer, Sneed, Bullock, McCray, Stokes, Reisinger, Pinkett, Costello

Introduced and read first time: July 22, 2019

Assigned to: Health Committee

Committee Report: Favorable with amendments

Council action: Adopted

Read second time: January 13, 2019

AN ORDINANCE CONCERNING

The Baltimore City Trauma-Responsive Care Act

The Elijah Cummings Healing City Act

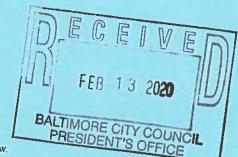
FOR the purpose of establishing the Trauma-Informed Care Task Force and its members; setting
forth certain duties of the Task Force; requiring certain agencies to designate certain
individuals to undergo formal training in trauma-informed care and to perform certain other
duties related to ensuring that certain agencies are delivering services in a manner consistent
with best practices in trauma-informed care; requiring certain agencies to submit periodic
progress reports to the Task Force; requiring the Task Force to submit an annual report to the
Mayor and City Council regarding the re-orientation of certain city services to focus on
trauma-informed care; re-constituting the current Office of Children, Youth, and Families to
be the Office of Children and Family Success; making a primary duty of the Office of
Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive
and trauma-informed delivery of services; defining certain terms; correcting and conforming
related provisions; and generally relating to providing trauma-informed services to the
citizens of Baltimore.

- 16 By repealing and re-ordaining, with amendments
- 17 Article 1 Mayor, City Council, and Municipal Agencies
- 18 Sections 22-1, 22-9, and 22-11
- 19 Baltimore City Code
- 20 (Edition 2000)
- 21 By adding

1

2

- 22 Article 1 Mayor, City Council, and Municipal Agencies
- 23 Sections 22-15 to 22-22
- 24 Baltimore City Code
- 25 (Edition 2000)



EXPLANATION: CAPITALS indicate matter added to existing law.

[Brackets] indicate matter deleted from existing law.

Underlining indicates matter added to the bill by amendment.

Strike out indicates matter stricken from the bill by amendment or deleted from existing law by amendment.

Underlined italics indicate matter added to the bill by amendment after printing for third reading.

1 2	SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Laws of Baltimore City read as follows:				
3	Baltimore City Code				
4	Article 1. Mayor, <u>City</u> Council, and <u>Municipal</u> Agencies				
5	Subtitle 22. Children, Youth, and Families				
6	PART I. DEFINITIONS.				
7	§ 22-1. Definitions.				
8	(a) In general.				
9	In this subtitle, the following terms have the meanings indicated.				
10	(b) Children.				
11	"Children" means individuals under the age of 14 years.				
12	(c) Commission.				
13	"Commission" means the Baltimore City Youth Commission.				
14	(d) Office.				
15	"Office" means the Office of Children[, Youth,] and [Families] FAMILY SUCCESS.				
16	(e) TASK FORCE.				
17	"TASK FORCE" MEANS THE BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.				
18	(F) [(e)] Youth.				
19	"Youth" means an individual between the ages of 14 and 25, inclusive				
20	PART III. OFFICE OF CHILDREN [, YOUTH,] AND [FAMILIES] FAMILY SUCCESS				
21	§ 22-9. Office established.				
22	There is an Office of Children[, Youth,] and [Families] FAMILY SUCCESS in the Office of the				
23 24 JI	Mayor. § 22-11. Director – powers and duties.				
25	The Director shall:				
26 27	(1) identify the needs of children and youth according to age, location, and special services required;				

1	(2) identify public and private services available to children, youth, and families;					
2 3						
4	(4) serve as a community voice for children and youth;					
5	(5) develop and implement programs to benefit children and youth;					
6	(6) provide staff and serve as advisor to the Commission;					
7	(7) SERVE AS EX-OFFICIO MEMBER AND ADVISOR TO THE TASK FORCE;					
8	(8) [(7)] generally promote the well-being of all children and youth of Baltimore City;					
9 10 11 12	(9) [(8)] be represented on any OTHER special committee or task force [established in the Mayor's Office which] THAT considers matters relating to children and youth, and work with the various boards, commissions, and municipal agencies [which] THAT interact with the [office] OFFICE as deemed appropriate;					
4	(10) [(9)] perform such other duties as required by the Mayor; and					
15 16 17	(11) [(10)] review proposed legislation referred to the Office by the City Council, assessing its probable effect on the physical, social, emotional, and intellectual welfare of the children of this City.					
8	§§ 22-13 TO 22-14. {RESERVED}					
9	PART IV. TRAUMA-INFORMED CARE AND TRAUMA-RESPONSIVENESS.					
0.0	§ 22-15. TRAUMA-INFORMED CARE INITIATIVE.					
11 12 13 14	IN ADDITION TO ANY OTHER DUTIES SET FORTH IN THIS SUBTITLE, IT IS THE DUTY OF THE OFFICE TO COORDINATE A CITYWIDE INITIATIVE TO PRIORITIZE THE TRAUMA-RESPONSIVE AND TRAUMA-INFORMED DELIVERY OF CITY SERVICES IMPACTING CHILDREN, YOUTH, AND FAMILIES.					
25	§ 22-16. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – ESTABLISHMENT.					
26	THERE IS A BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.					
.7	§ 22-17. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – COMPOSITION.					
.8	(A) IN GENERAL.					
9 0 1	The Task Force comprises $\frac{20}{23}$ $\frac{36}{36}$ members, $\frac{16}{25}$ $\frac{28}{28}$ of whom are appointed by the Mayor under Article IV, § 6 of the City Charter and 48 of whom are exofficio members.					

1	(B) APPOINTED MEMBERS.
2	OF THE 16 26 28 MEMBERS APPOINTED BY THE MAYOR:
3 4	(1) $\frac{2}{3}$ Shall be youth representatives from a youth-led advocacy group in 1altimore City;
5	(2) 2 SHALL BE INDIVIDUALS WITH AT LEAST ONE CHILD ENROLLED IN THE BALTIMOR CITY PUBLIC SCHOOL SYSTEM;
7	(3) 1 SHALL BE A LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA AND HEALING;
8	(4) ± 2 shall be a member members of the research community with an expertise in trauma and healing;
10 11	(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS OF RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
12	(6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;
13 14	(7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
15 16 17	(8) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT;
18	(9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
19 20	(10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
21	(11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;
22 23 24	(12) (5) 3 SHALL BE REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH ORGANIZATIONS THAT HAVE AN EXPERTISE IN TRAUMA AND HEALING; AND
25 26	(13) 2 SHALL BE INDIVIDUALS LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS SOCIAL WORKERS; AND
27 28	(14) (43) (6) 78 shall be recommended by the City Council President as Follows:
29	(I) 2 CITY COUNCILMEMBERS 1 CITY COUNCILMEMBER;
30 31	(II) 1 YOUTH REPRESENTATIVE FROM A YOUTH-LED ADVOCACY GROUP IN BALTIMORE CITY;

1 2	(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;				
3	(IV) (III) 1 LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA AND HEALING;				
4	AND				
5	(V) (IV) 3 REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH-LED OR YOUTH-ORIENTED ORGANIZATIONS				
7	THAT HAVE AN EXPERTISE IN TRAUMA AND HEALING.				
8	(C) EX-OFFICIO (OR DESIGNATE) MEMBERS.				
9	THE EX-OFFICIO MEMBERS OF THE TASK FORCE ARE:				
10	(1) THE DIRECTOR OF THE OFFICE;				
11 12	(2) THE COMMISSIONER OF THE BALTIMORE CITY DEPARTMENT OF HEALTH OR THE COMMISSIONER'S DESIGNEE;				
13	(3) THE DIRECTOR OF THE DEPARTMENT OF PLANNING OR THE DIRECTOR'S DESIGNEE.				
14	(4) THE CHAIR OF THE EDUCATION AND YOUTH COMMITTEE OR ANY CITY COUNCIL				
15 16	COMMITTEE SUCCEEDING TO THE DUTIES OF THE EDUCATION AND YOUTH COMMITTEE;				
17 18	(5) THE DIRECTOR OF THE DEPARTMENT OF RECREATION AND PARKS OR THE DIRECTOR'S DESIGNEE;				
19	(6) THE COMMISSIONER OF THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OR THE COMMISSIONER'S DESIGNEE;				
21	(7) (3) THE CITY COUNCIL PRESIDENT; AND				
22	(8) (4) THE YOUTH COMMISSION CHAIR.				
23 24	§ 22-18. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – TERMS, ORGANIZATION, ETC.				
25	(A) TERMS.				
26 27	APPOINTED MEMBERS SERVE FOR A TERM OF 4 YEARS CONCURRENT WITH THE TERM OF THE MAYOR'S TERM OF OFFICE.				
28	(B) COMPENSATION.				
9	MEMBERS SERVE ON THE TASK FORCE WITHOUT COMPENSATION.				

1	(C) VACANCIES.
2 3	(1) AT THE END OF A TERM, AN APPOINTED MEMBER SERVES UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
4 5	(2) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES OUT THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
6	(D) MEETINGS; QUORUM.
7 8 9	(1) THE TASK FORCE SHALL MEET ON THE CALL OF THE TASK FORCE CHAIR OR THE DIRECTOR OF THE OFFICE ONE OR BOTH OF THE TASK FORCE CO-CHAIRS AS FREQUENTLY AS REQUIRED TO PERFORM ITS DUTIES, BUT NOT LESS THAN 6 TIMES A YEAR.
11 12 13	(2) A MAJORITY OF THE MEMBERS OF THE TASK FORCE CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS, AND AN AFFIRMATIVE VOTE BY THE MAJORITY OF A QUORUM IS SUFFICIENT FOR ANY OFFICIAL ACTION.
14	(E) CHAIR.
15 16	THE MAYOR SHALL DESIGNATE A CHAIR FROM AMONG THE TASK FORCE'S APPOINTED MEMBERS.
17	(E) TASK FORCE CO-CHAIRS.
18	(1) IN GENERAL.
19 20	As provided in this subsection, the Task Force shall have 2 co-chairs designated.
21	(2) AT-LARGE CO-CHAIR.
22 23	EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.
24	(3) CHAIR OF THE CITY COUNCIL EDUCATION AND YOUTH COMMITTEE.
25 26 27	THE CITY COUNCIL PRESIDENT MAY DESIGNATE THE CITY COUNCILMEMBER SERVING EX-OFFICIO UNDER § 22-17(C)(4) {CHAIR OF EDUCATION AND YOUTH COMMITTEE OF ITS SUCCESSOR COMMITTEE} AS CO-CHAIR OF THE TASK FORCE.
28	§ 22-19. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – STAFF.
29 30	THE OFFICE SHALL PROVIDE ADEQUATE STAFF FOR THE TASK FORCE TO CARRY OUT ITS DUTIES.
31	§ 22-20. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – DUTIES.
32	THE TASK FORCE SHALL:

1 2	(1) ASSIST IN THE IDENTIFICATION OF ALL CITY PROGRAMS AND SERVICES THAT IMPACT CHILDREN AND YOUTH;			
3 4	(2) ASSIST IN THE DEVELOPMENT OF A CITYWIDE STRATEGY TOWARD AN ORGANIZATIONAL CULTURE SHIFT INTO A TRAUMA-RESPONSIVE CITY GOVERNMENT;			
5 6 7	(3) ESTABLISH METRICS, IN COLLABORATION WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH, TO EVALUATE AND ASSESS THE PROGRESS OF THE CITYWIDE TRAUMA-INFORMED CARE INITIATIVE;			
8 9	(4) COORDINATE AND DEVELOP WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH ANY FORMAL OR INFORMAL TRAUMA-INFORMED CARE TRAINING;			
10 11 12	(5) DISSEMINATE INFORMATION WITHIN CITY GOVERNMENT REGARDING BEST PRACTICES FOR PREVENTING AND MITIGATING THE IMPACT OF TRAUMA ON AND FACILITATING HEALING WITH CHILDREN, YOUTH, AND FAMILIES;			
13 14	(6) ADVISE AND ASSIST THE MAYOR AND CITY COUNCIL IN PROVIDING OVERSIGHT AND ACCOUNTABILITY IN IMPLEMENTING THE REQUIREMENTS OF THIS PART;			
15	(7) PERFORM ANY OTHER DUTIES AS REQUIRED BY THE MAYOR.			
16	§ 22-21. TRAUMA-INFORMED CARE TRAINING; AGENCY DUTIES.			
17	(A) DEFINITIONS.			
18	(1) IN GENERAL.			
19	In this section, the following terms have the meanings indicated.			
20	(2) AGENCY.			
21	"AGENCY" MEANS:			
22	(I) THE BALTIMORE CITY FIRE DEPARTMENT;			
23	(II) THE BALTIMORE CITY PARKING AUTHORITY;			
24	(III) THE DEPARTMENT OF FINANCE;			
25	(IV) THE DEPARTMENT OF LAW;			
26	(V) THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;			
27	(VI) THE DEPARTMENT OF PLANNING;			
28	(VII) THE DEPARTMENT OF PUBLIC WORKS;			
29	(VIII) THE DEPARTMENT OF RECREATION AND PARKS;			

1	(IX) THE DEPARTMENT OF TRANSPORTATION;
2	(X) THE ENVIRONMENTAL CONTROL BOARD;
3	(XI) (X) THE ENOCH PRATT FREE LIBRARY OF BALTIMORE CITY;
4	(XII) (XI) THE MAYOR'S OFFICE OF CRIMINAL JUSTICE;
5	(XIII) (XII) THE MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT; AND
6	(XIV) (XIII) THE MAYOR'S OFFICE OF HOMELESS SERVICES; AND.
7	(XIV) THE MAYOR'S OFFICE OF HUMAN SERVICES.
8	(3) FORMAL TRAINING.
9 10	"FORMAL TRAINING" MEANS A DIDACTIC COURSE OR CURRICULUM IN TRAUMA- INFORMED CARE THAT IS:
11 12 13	(I) DEVELOPED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARYLAND DEPARTMENT OF HEALTH, OR THE BALTIMORE CITY DEPARTMENT OF HEALTH; AND
14 15	(II) PROVIDED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH OR ITS DESIGNEE IN COLLABORATION WITH THE TASK FORCE.
16	(B) TASK FORCE MEMBERS.
17 18	EACH TASK FORCE MEMBER SHALL PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR.
19	(C) AGENCY STAFF DESIGNATION.
20 21	(1) EACH SUBJECT TO PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, EACH AGENCY HEAD SHALL DESIGNATE 2 AGENCY STAFF MEMBERS TO:
22	(I) PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR;
23 24 25	(II) COLLABORATE WITH OTHER AGENCY DESIGNEES IN PERIODIC WORKSESSIONS AND OTHER INFORMAL TRAININGS AS ORGANIZED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH FROM TIME TO TIME;
26 27	(III) SERVE AS THE PRINCIPAL ADVISORS TO THE AGENCY HEAD AND AGENCY STAFF IN TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE;
28 29 30 31	(IV) COLLABORATE WITH THE AGENCY'S EQUITY COORDINATOR AS DESIGNATED UNDER § 39-8 {"AGENCY IMPLEMENTATION – EQUITY COORDINATOR"} OF THIS ARTICLE TO ENSURE THAT THE AGENCY'S EQUITY ASSESSMENT PROGRAM IS TRAUMA-INFORMED AND TRAUMA-RESPONSIVE;

1 2	(V) (IV) ASSESS THE AGENCY FOR TRAINING AND TECHNICAL ASSISTANCE NEEDS RELATED TO TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE; AND
3 4 5	(VI) (V) REVIEW AND MAKE APPROPRIATE RECOMMENDATIONS TO THE AGENCY HEAD TO ALIGN AGENCY POLICIES AND PRACTICES WITH A TRAUMA-INTENSIVE APPROACH.
6	(2) OF THE 2 AGENCY STAFF MEMBERS DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
8	(I) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO:
9	(A) HAS DECISION-MAKING AUTHORITY IN DEVELOPING CITY POLICY; OR
10	(B) SERVES AS A PRINCIPAL ADVISOR TO THE AGENCY HEAD; AND
11	(II) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO, WITHIN THE COURSE OF THE
12	INDIVIDUAL'S CITY EMPLOYMENT, ROUTINELY AND DIRECTLY INTERACTS WITH
13	COMMUNITY MEMBERS.
	COMMON TRANSPORT
14	(3) (2) IN THE EVENT OF A VACANCY OF ONE OR BOTH OF THE STAFF MEMBERS, THE
15	AGENCY HEAD SHALL, WITHIN 30 90 DAYS OF THE VACANCY, DESIGNATE ANOTHER
16	STAFF MEMBER TO CARRY OUT THE DUTIES OF THIS SUBSECTION.
10	STATE MEMBER TO CARRY OUT THE BUTIES OF THIS SUBSECTION.
17	(D) HEALTH DEPARTMENT DEPARTMENTAL COOPERATION.
18	(1) THE BALTIMORE CITY DEPARTMENT OF HEALTH SHALL PROVIDE ANY TECHNICAL
19	ADVISORY SUPPORT TO DESIGNATED AGENCY STAFF IN ORDER FOR THOSE INDIVIDUALS
20	TO CARRY OUT THEIR DUTIES UNDER SUBSECTION (C)(1) OF THIS SECTION.
	TO CHART OUT THEIR DUTIES CIVILE CONDER BOBBECTION (C)(T) OF THIS BECTION.
21	(2) THE DEPARTMENT OF HUMAN RESOURCES SHALL ENSURE COMPLIANCE WITH THE
22	REQUIREMENTS OF THIS SECTION AND REPORT TO THE TASK FORCE AS NECESSARY
23	ANY DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.
23	ANT DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.
24	(E) PROGRESS REPORT TO TASK FORCE.
25	ON OR BEFORE MARCH 31 OF EACH YEAR, EACH AGENCY HEAD SHALL SUBMIT TO THE
26	TASK FORCE A PROGRESS REPORT DETAILING ITS AGENCY'S PROGRESS AND COMPLIANCE
27	WITH SUBSECTION (C) OF THIS SECTION.
28	§ 22-22. ANNUAL REPORT.
29	On or before June 30 of each year, utilizing its established evaluation and
30	ASSESSMENT METRICS AND ITS EXPERTISE, THE TASK FORCE SHALL SUBMIT A REPORT TO THE
31	MAYOR AND CITY COUNCIL CONTAINING:
32	(1) AN ASSESSMENT OF THE IMPLEMENTATION OF TRAUMA-INFORMED CARE WITHIN EACH
33	AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE;
,,,	AGENCI AS DELINED IN § 22-21(A)(2) OF THIS SUBTILE,

2	(2) AN ASSESSMENT OF THE TRAUMA-RESPONSIVENESS OF EACH AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE; AND
3	(3) ANY RECOMMENDATIONS REGARDING IMPROVEMENTS TO EXISTING LAWS RELATING TO CHILDREN, YOUTH, AND FAMILIES IN BALTIMORE CITY.
5 6 7	SECTION 2. AND BE IT FURTHER ORDAINED, That the catchlines contained in this Ordinance are not law and may not be considered to have been enacted as a part of this or any prior Ordinance.
8	SECTION 3. AND BE IT FURTHER ORDAINED, That this Ordinance takes effect on the 30 th day after the date it is enacted.
	Certified as duly passed this day ofJAN 2 7 2020
	President, Baltimore City Council
	Certified as duly delivered to His Honor, the Mayor, this day of, 20
	Chles Valarian Chief Clerk
	Approved this 9 day of February, 2020 Mayor, Bahimote City
	Approved For Form and Legal Sufficiency This 3rd Day of Tobus My 2020 Henry Raymond Director of Finance
	Ohief Solicitor

AMENDMENTS TO COUNCIL BILL 19-0410 (3rd Reader Copy)

APPEN SO FOR FORM

STYLE AND TEXT OF THE PORTENCY

DESCRIPTION OF REPRESENCE

By: Councilmember Cohen
{To be offered on the Council Floor}

Amendment No. 1

On page 3, in line 29, strike "33" and substitute "36"; and, on that same page and line, strike "25" and substitute "28"; and, on page 4, in line 2, strike "26" and substitute "28"; and, on that same page, in line 24, after the semi-colon, strike "AND"; and, on that same page, after line 24, insert:

"(13) 2 SHALL BE INDIVIDUALS LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS SOCIAL WORKERS; AND";

and, on that same page, in line 25, strike "(13)" and substitute "(14)".



AMENDMENTS TO COUNCIL BILL 19-0410 (1st Reader Copy)



Proposed by: Health Committee

{To be offered to on the Council Floor}

Amendment No. 1 {Renaming bill}

On page 1, strike line 2 in its entirety and substitute "The Elijah Cummings Healing City Act".

Amendment No. 2 {Technical amendments; Conforming Office name}

On page 1, in lines 17 and 22, in each instance, after the first comma, insert "City"; and, on page 2, in line 4, after the first comma, insert "City"; and, on page 1, in lines 17 and 22, in each instance, insert "Municipal"; and, on page 2, in line 4, after "and", insert "Municipal"; and, on page 1, in line 18, after "22-1", insert ", 22-9,"; and, on page 2, after line 20, insert:

"§ 22-9. Office established.

There is an Office of Children[, Youth,] and [Families] FAMILY SUCCESS in the Office of the Mayor.".

Amendment No. 3 {Composition of Task Force}

On page 3, in line 26, strike "20" and "16", respectively, and substitute "33" and "25", respectively; and, on that same page, in line 27, strike "4" and substitute "8"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

- "(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;
- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;



- (8) I SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;"

and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, strike "2 CITY COUNCILMEMBERS" and substitute "1 CITY COUNCILMEMBER"; and, on that same page, after line 14, insert:

"(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 15 and 16, strike "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert:

- "(3) THE DIRECTOR OF THE DEPARTMENT OF PLANNING OR THE DIRECTOR'S DESIGNEE;
- (4) THE CHAIR OF THE EDUCATION AND YOUTH COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE EDUCATION AND YOUTH COMMITTEE;
- (5) THE DIRECTOR OF THE DEPARTMENT OF RECREATION AND PARKS OR THE DIRECTOR'S DESIGNEE;
- (6) THE COMMISSIONER OF THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OR THE COMMISSIONER'S DESIGNEE;"

and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(7)" and "(8)"respectively.

Amendment No. 4 {Task Force Co-Chairs}

On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS DESIGNATED.

(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.

(3) CHAIR OF THE CITY COUNCIL EDUCATION AND YOUTH COMMITTEE.

THE CITY COUNCIL PRESIDENT MAY DESIGNATE THE CITY COUNCILMEMBER SERVING EX-OFFICIO UNDER § 22-17(C)(4) {CHAIR OF EDUCATION AND YOUTH COMMITTEE OR ITS SUCCESSOR COMMITTEE} AS CO-CHAIR OF THE TASK FORCE.".

Amendment No. 5 {Clarification of agency staff designees}

On page 7, in line 13, strike "EACH" and substitute "SUBJECT TO PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, EACH"; and, on that same page, after line 24, insert:

- "(2) OF THE 2 AGENCY STAFF MEMBERS DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
 - (I) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO:
 - (A) HAS DECISION-MAKING AUTHORITY IN DEVELOPING CITY POLICY; OR
 - (B) SERVES AS A PRINCIPAL ADVISOR TO THE AGENCY HEAD; AND
 - (II) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO, WITHIN THE COURSE OF THE INDIVIDUAL'S CITY EMPLOYMENT, ROUTINELY AND DIRECTLY INTERACTS WITH COMMUNITY MEMBERS.";

and, on that same page, in line 25, strike the paragraph designator "(2)" and substitute "(3)".

Amendment No. 6 {Requiring agency staff designees to collaborate with equity coordinator}

On page 7, after line 19, insert:

"(IV) COLLABORATE WITH THE AGENCY'S EQUITY COORDINATOR AS DESIGNATED UNDER § 39-8 {"AGENCY IMPLEMENTATION – EQUITY COORDINATOR"} OF THIS ARTICLE TO ENSURE THAT THE AGENCY'S EQUITY ASSESSMENT PROGRAM IS TRAUMA-INFORMED AND TRAUMA-RESPONSIVE;";

and, on that same page, in lines 20 and 22, strike "(IV)" and "(V)", respectively, and substitute "(V)" and "(VI)" respectively.

Amendment No. 7 {Extending time required for agency head to substitute designees}

On page 7, in line 26, strike "30" and substitute "90".

Amendment No. 8 {Assigning to Dept. of Human Resources compliance responsibilities}

On page 7, in line 28, strike "HEALTH DEPARTMENT" and substitute "<u>DEPARTMENTAL</u>"; and, on that same page, at the beginning of line 29, insert the paragraph designator "(1)"; and, on that same page, after line 31, insert:

"(2) THE DEPARTMENT OF HUMAN RESOURCES SHALL ENSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION AND REPORT TO THE TASK FORCE AS NECESSARY ANY DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.".

Amendment No. 9 {Adding Environmental Control Board to agency list; omitting the Mayor's Office of Human Services}

On page 6, after line 21, insert "(X) THE ENVIRONMENTAL CONTROL BOARD;"; and, on that same page, in line 24, after the semi-colon, insert "AND"; and, on that same page, in line 25, strike "; AND" and substitute with a period; and, on that same page, strike line 26 and, on that same page, in lines 22, 23, 24, and 25, strike the sub-paragraph designators "(X)", "(XII)", and "(XIII)", respectively, and substitute "(XI)", "(XIII)", "(XIII)", and "(XIV)", respectively.

Amendment No. 10 {Inclusion of "healing" terminology}

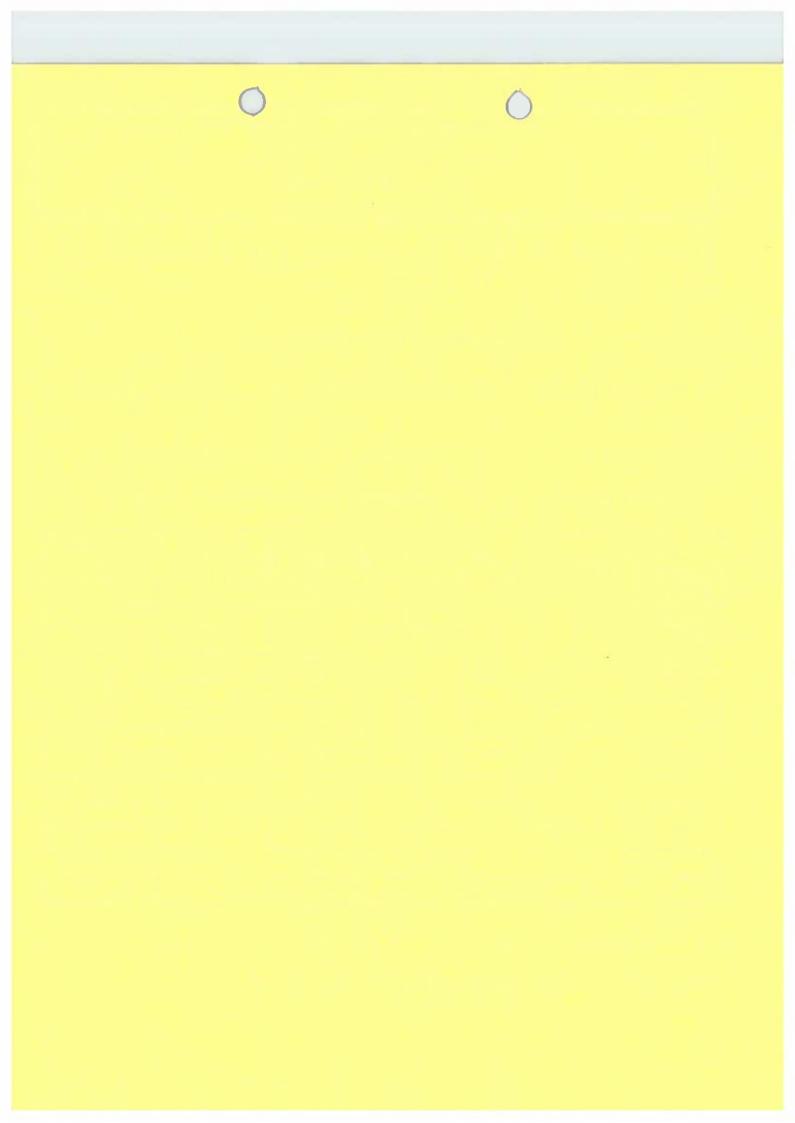
On page 4, in lines 5, 7, 10, 15, and 18, in each instance, after "TRAUMA", insert "AND HEALING"; and, on page 6, in line 2, after "ON", insert "AND FACILITATING HEALING WITH".



BALTIMORE CITY COUNCIL HEALTH COMMITTEE VOTING RECORD

Amendment # Halth DATE: 12-17-19 BILL#: 19-0410 Committee					
BILL#: 19-0410 Committee					
BILL TITLE: The Baltimore City Trauma-Responsive Care Act					
MOTION BY: Clar Ce SECONDED BY: Reising					
FAVORABLE FAVORABLE WITH AMENDMENTS					
☐ UNFAVORABLE ☐ WITHOUT RECOMMENDATION					
NAME	YEAS	NAYS	ABSENT	ABSTAIN	
Burnett, Kristerfer - Chair	7				
Henry, Bill - Vice Chair			4		
Clarke, Mary Pat	7				
Reisinger, Edward	73				
Schleifer, Isaac "Yitzy"	U				
TOTALS	4	-			
CHAIRPERSON: Kristerfer Burnett, Lunch COMMITTEE STAFF: Matthew Peters, Initials: M.M.C.					

M. M. Curin



CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG
Mayor



DEPARTMENT OF LAW
ANDRE M. DAVIS, CITY SOLICITOR
100 N. HOLLIDAY STREET
SUITE 101, CITY HALL
BALTIMORE, MD 21202

December 10, 2019



The Honorable President and Members of the Baltimore City Council Attn: Executive Secretary Room 409, City Hall 100 N. Holliday Street Baltimore, Maryland 21202

Re: City Council Bill 19-0410 – The Baltimore City Trauma-Responsive Care

Act

Dear President and City Council Members:

The Law Department has reviewed the amendments passed by the Health Committee for the above-referenced bill. To achieve the legislative goal of the amendments as well as avoid a potential legal issue, the Law Department recommends retracting amendments 3 and 4 and replacing them with the amendments attached.

The bill as it currently stands as amended by Committee, contains a provision requiring the Mayor to designate the Chair of the Youth and Education Committee to serve as co-chair of the Task Force. However, the designation of the Chair of the Youth and Education Committee in Amendment 3 is discretionary as an Article IV Section 6 appointment. This leaves the possibility that the Chair would not be designated as a member of the Task Force, making the fulfillment of Amendment 4 impossible. Furthermore, the mandatory language of Amendment 4 presents a potential Charter violation.

To cure these problems, the Law Department suggests designating the Chair of the Youth and Education Committee as a member of the Task Force by nature of the office, or *ex officio*. This would ensure that the Chair is on the Task Force and could then be designated co-chair.

Revised amendments 3 and 4 are attached hereto.

Subject to the above, the Law Department approves the bill for form and legal sufficiency.

DEC 10 2019

BALTIMORE CITY COUNCIL PRESIDENT'S OFFICE

Very truly yours,

Ashlea Brown Assistant Solicitor

Far of Annas

cc: Andre M. Davis, City Solicitor
Matthew Stegman, Mayor's Office of Government Relations
Elena DiPietro, Chief Solicitor
Hilary Ruley, Chief Solicitor
Victor Tervala, Chief Solicitor

Amendments to CCB 19-410 Proposed by Law (To be offered to the Health Committee)

Changes to current amendment 3 and 4 highlighted

Amendment No. 1 {Current Committee Amendment 3: Composition of Task Force} On page 3, in line 26, strike "20" and "16", respectively, and substitute "31" and "25", respectively; and, on that same page, in line 27, strike "4" and substitute "6"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

- "(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;
- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
- (8) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;" and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, strike "2 CITY COUNCILMEMBERS" and substitute "1 CITY COUNCILMEMBERS"; and, on that same page, after line 14, insert:

cc19-0410-1st(1) (Law)/2019-12-04/td Page 1 of 2

- "(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";
- and, on that same page, in lines 15 and 16, strike "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert:
- "(3) THE DIRECTOR OF PLANNING OR THE DIRECTOR'S DESIGNEE;
- (4) THE CHAIR OF THE YOUTH AND EDUCATION COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE YOUTH AND EDUCATION COMMITTEE;";

and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(5)" and "(6)" respectively.

Amendment No. 2 {Current Committee Amendment No. 4: Task Force Co-Chairs} On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS



(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.

(3) CHAIR OF THE CITY COUNCIL YOUTH AND EDUCATION COMMITTEE.

THE CITY COUNCIL PRESIDENT MAY DESIGNATE THE CITY COUNCILMEMBER SERVING EX-OFFICIO UNDER § 22-17(C)(4) {CHAIR OF YOUTH AND EDUCATION COMMITTEE OR ITS SUCCESSOR COMMITTEE} AS CO-CHAIR OF THE TASK FORCE.".

Amendments to CCB 19-410
Proposed by Law
(To be offered to the Health Committee)

Changes to current amendment 3 and 4 highlighted

Amendment No. 1 {Current Committee Amendment 3: Composition of Task Force} On page 3, in line 26, strike "20" and "16", respectively, and substitute "31" and "25", respectively; and, on that same page, in line 27, strike "4" and substitute "6"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

- "(5) I SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;
- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
- (8) I SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT:
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;" and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, strike "2 CITY COUNCILMEMBERS" and substitute "1 CITY COUNCILMEMBER"; and, on that same page, after line 14, insert:

cc19-0410-1st(1) (Law)/2019-12-04/td Page 1 of 2

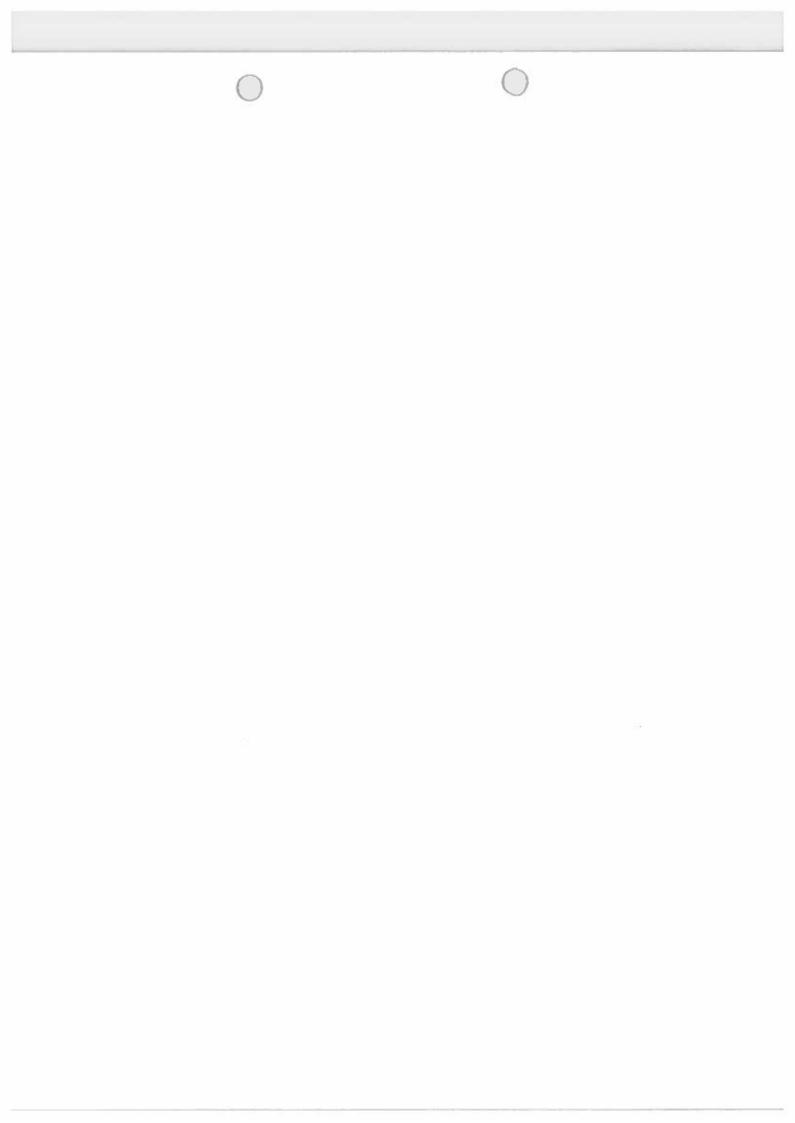
- "(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";
- and, on that same page, in lines 15 and 16, strike"(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert:
- "(3) THE DIRECTOR OF PLANNING OR THE DIRECTOR'S DESIGNEE;
- (4) THE CHAIR OF THE YOUTH AND EDUCATION COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE YOUTH AND EDUCATION COMMITTEE;";

and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(5)" and "(6)" respectively.

Amendment No. 2 (Current Committee Amendment No. 4: Task Force Co-Chairs)
On page 5, in line 9, strike beginning with the second "THE" down through and including
"OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that
same page, strike lines 15 through 17 in their entireties and substitute:
"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS



DESIGNATED.

(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS. (3) CHAIR OF THE CITY COUNCIL YOUTH AND EDUCATION COMMITTEE.

THE CITY COUNCIL PRESIDENT MAY DESIGNATE THE CITY COUNCILMEMBER SERVING EX-OFFICIO UNDER § 22-17(C)(4) {CHAIR OF YOUTH AND EDUCATION COMMITTEE OR ITS SUCCESSOR COMMITTEE} AS CO-CHAIR OF THE TASK FORCE.".



C.	NAME & TITLE	Steve Sharkey, Director	CITY of	1
R O	AGENCY NAME & ADDRESS	Department of Transportation (DOT) 417 E Fayette Street, Room 527	BALTIMORE	
M	SUBJECT	City Council Bill 19-0410	мемо	No. of the second secon

TO: Mayor Bernard C. "Jack" Young

TO: Health Committee

FROM: Department of Transportation

POSITION: Support RE: Council Bill – 19-0410

<u>INTRODUCTION</u> — The Baltimore City Trauma-Responsive Care Act

PURPOSE/PLANS — For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma -informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

<u>COMMENTS</u> – The Baltimore City Trauma-Responsive Care Act strives to make Baltimore City municipal agencies more cognizant and open towards implementing policies and practices that are considerate to citizens – particularly youth – who have experienced trauma. The bill aims to establish a Trauma-Informed Care Task Force that would work on developing recommendations for city agencies to implement best practices. The Department of Transportation's school crossing guard program is one facet of the agency that could possibly be impacted by the passage of the Baltimore City Trauma-Responsive Care Act.

Potential fiscal and operational impacts to the Department of Transportation as a result of the passage of Council Bill 19-0410 will need to be assessed once formal recommendations established by the Trauma-Informed Care Task Force have been presented to the agency.

AGENCY/DEPARTMENT POSITION - The Department of Transportation supports City Council Bill 19-0410.

If you have any questions, please do not hesitate to contact Liam Davis via email at Liam. Davis@baltimorecity.gov or by phone (410) 545-3207.

Sincerely

Steve Sharkey Director



F

DATE: 9/3/19

561 813



MEMORANDUM

To: The Honorable President and Members of the Baltimore City Council

c/o Natawna B. Austin, Executive Secretary

From: Michael Braverman, Housing Commissioner

Date: September 3, 2019

Re: City Council Bill 19-0410: The Baltimore City Trauma-Responsive Care Act

The Department of Housing and Community Development (DHCD) has reviewed City Council Bill 19-0410, for the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

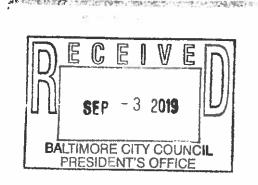
If enacted, this bill would require that the Office of Children and Family Success direct a City-wide effort to prioritize trauma-responsive and trauma-informed delivery of City services. The Office would be assisted by a Trauma-Informed Care Task Force to direct the City's efforts to identify programs impacting children and youth and to develop and implement trauma-responsive policies across City government. The Task Force would be required to report to the Mayor and City Council each year on the trauma-responsiveness of City Agencies. Agency heads would be required to designate two staff members, who would participate in formal trauma-responsive care training and advise the planning and implementing of trauma-informed practices in each Agency.

DHCD has no objection to City Council Bill 19-0410.

MB:rfp

Mr. Nicholas Blendy, Mayor's Office of Government Relations Councilmember Zeke Cohen

objection



The state of the s

CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG, Mayor



DEPARTMENT OF RECREATION AND PARKS

REGINALD MOORE, Executive Director Dr. Ralph W. E. Jones, Jr. Building 3001 East Drive - Druid Hill Park Baltimore, Maryland 21217 410-396-7900

DATE: Wednesday, September 4, 2019

TO: Honorable President and Members of the City Council

FROM: Baltimore City Recreation & Parks

POSITION: Support

Re: City Council Bill #19-0410 - The Baltimore City Trauma-Responsive Care Act

Dear President and City Council Members,

The City of Baltimore City, Department of Recreation and Parks (BCRP) has reviewed City Council Bill 10-0410. The bill establishes the Trauma-Informed Care Task Force, requires certain agencies to designate individuals to undergo formal training and to perform certain duties to ensure trauma-informed service delivery, requires certain agencies to submit periodic progress reports to the Task Force, requires the Task Force to submit an annual report to the Mayor and City Council, and reconstitutes the Office of Children, Youth, and Families to be the Office of Children and Family Success and designates that office to lead a citywide initiative to prioritize trauma-responsive and trauma-informed services.

Our agency is responsible for helping children in Baltimore grow into well balanced, healthy, whole citizens. Our vision is to build a stronger Baltimore with health and wellness at its core. The means to do this comes through offering quality recreational programs for our youth. Currently, we are working the Department of Planning and the Mayor's Office and have established the Baltimore Children's Outdoor Bill of Rights. The initiative was signed by Mayor Young on May 11, 2019. It will increase trauma-informed care practices among the environmental community and increasing nature-based experiences among the childcare community. By strengthening partnerships between the health, early childhood, education and environmental communities we can more effectively address this crisis. In addition, this bill provides the opportunity for our Recreation Center staff to contribute to and participate in meaningful trauma-based service training that would equip them to better serve the various emotional, mental, social and physical needs of the youth within their respective communities.

We know that our City's children are faced with daily challenge their emotional and physical wellbeing. Therefore, BCRP recommends approval of City Council Bill #19-0410. We look forward to working with the other city agencies including Office of Children and Family Success, and others dedicated to Baltimore's children and traumainformed care. If you have any questions, please do not hesitate to contact Jenny Morgan at icnny.morgan@baltimorecity.gov or at 410-396-7900.

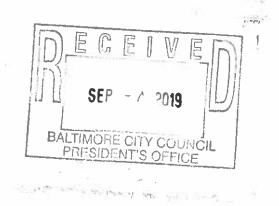
Respectfully,

Reginald Moore

the tuffere

Executive Director

City of Baltimore, Department of Recreation & Parks





CITY OF BALTIMORE

Bernard C "Jack" Young, Mayor



Mayor's Office of Children and Family Succe

100 North Flolliday Street Baltimore, MD 21202

DATE:

September 2, 2019

TO:

Health Committee

From:

Mayor's Office of Children and Family Success

Position: Support

Bill:

Council Bill 19-410

INTRODUCTION/PURPOSE

Council Bill 19-410, The Baltimore City Trauma-Responsive Care Act establishes the Trauma-Informed Care Task Force, setting forth certain duties of the Task Force, requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care, and making a primary duty of the Mayor's Office of Children and Family Success to lead a citywide initiative.

AGENCY COMMENTS

The bill tasks the Mayor's Office of Children and Family Success (MOCFS) with certain powers and duties related to children, youth, and families. The bill also proposes that MOCFS will provide adequate staff and serves as an advisor to the Trauma Informed Task Force.

POSITION

The Mayor's Office of Children and Family Success supports Council Bill 19-410.

If you have any questions, please contact Kyron Banks, Associate Director of Policy and Partnerships at Kyron.Banks@Baltimorecity.gov.

Sincerely,

Tisha Edwards, MSW, JD.

Redulands)

Executive Director, Mayor's Office of Children and Family Success

SEP - 4 2019

BALTIMORE CITY COUNCIL

The Control of the same of the work that Capital

Visit dur website @ www.bmorechildren.com



	Name & Title	Letitia Dzirasa, M.D., Commissioner	Health Department	LIN UFFIRE
ir R O M	Agency Name & Address	Health Department 1001 E. Fayette Street Baltimore, Maryland 21202	AGENCY REPORT	None was the
	Subject: Position:	CC #19-0410 FAVORABLE		

To: President and Members

of the City Council c/o 409 City Hall September 5, 2019

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review City Council Bill #19-0410, entitled "The Baltimore City Trauma-Responsive Care Act." This legislation will establish a task force charged with developing and reaching certain benchmarks with respect to trauma-informed care throughout Baltimore City, and require certain City agencies to have staff trained in trauma-informed care who are capable of then training other staff members.

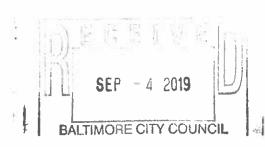
BCHD supports a trauma-informed approach (TIA) to assisting the City's youth. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a TIA is defined as a

"program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, participants in programs, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."

A TIA asks the question, "What happened to you?" instead of, "What's wrong with you?" In an analysis conducted by BCHD, virtually all youth victims and perpetrators of homicides and non-fatal shootings in Baltimore City have had contact with at least one child-serving agency (social services, education, or criminal justice). Most children (88%) had contact with social services for general or child protective services (CPS) and nearly half had contact for allegations of abuse. 92% were chronically truant, 62% had a history of out-of-school suspension or expulsion, and 38% were over their grade-level age. Approximately 30% of homicide victims are youth residents under 25 years old.

Additionally, African-Americans typically [experience the loss of] two or more loved ones. Based on this research, we can estimate between 2,170 to 3,100 survivors in Baltimore are in need of services in a single year. In Baltimore, nearly half of male and female youth participants ages 15-19 years old (n=456) had symptoms consistent with post-traumatic stress disorder, also known as PTSD. Many youth in Baltimore City felt worse about their environment







than their youth counterparts in other less developed and poorer countries. Moreover, these same youth often had worse health outcomes (WAVE study, 2013).

A secondary analysis of data from the WAVE study found that half of the 446 adolescents surveyed did not trust the police and had low levels of trust in other authority figures. According to the Youth Risk Behavior Survey (2017) conducted by the Maryland Department of Health, 12% of high school youth did not go to school on at least one day (in the 30 days before the survey) because of safety concerns, 32% had felt sad almost every day for two weeks or more in a row in the last 12 months, and 16 percent had seriously considered suicide in the last 12 months.

One of the biggest hurdles to effectively addressing trauma in Baltimore City is that there is limited knowledge of traumatic experiences and trauma-informed approaches in the City's government, businesses, nonprofits, and communities. Baltimore City experiences segmented city-wide planning that does not support a streamlined action-oriented strategy to address trauma and violence. Furthermore, Baltimore City experiences unidentified challenges and gaps in coordination and collaboration between agencies and their role to address trauma and violence.

Council Bill #19-0410 is an effective means to address the above challenges. A city-wide task force will be able to identify and address said agency gaps in trauma-informed services, while trainings for outward facing agency staff will ensure increased knowledge about trauma throughout the City. In addition, the bill will have a negligible impact on operations at BCHD. The "train the trainer" model adopted by #19-0410 means that BCHD staff will be capable of providing trainings and technical assistance to agency representatives at no additional cost or use of additional resources.

Altogether, BCHD seeks to create a safe, trusting, and empathetic environment where the burden of trauma no longer rests upon our residents. In keeping with this goal, BCHD urges a favorable report on Council Bill #19-0410.





Rudolph S. Chow, P.E. Director

CTEY of BALTIMORE

August 28, 2019

Department of Public Works

600 Abel Wolman Municipal Building

City Council Bill 19-0410



TO:

Health Committee

INTRODUCTION

I am herein reporting on City Council Bill 19-0410 introduced by Council Members Cohen, Clarke, President Scott, Council Members Dorsey, Henry, Burnett, Schleifer, Sneed, Bullock, McCray, Stokes, Reisinger, Pinkett, and Costello.

BALTIMORE CITY COUNCIL PRESIDENT'S OFFICE

PURPOSE

The purpose of the Bill is to, among other things, establish the Trauma-Informed Care Task Force and its membership and duties, including submitting an annual report to the Mayor and City Council regarding reorienting certain city services to focus on trauma-informed care; require certain agencies to designate individuals for trauma-informed training, perform certain duties to ensure services are delivered in a manner consistent with trauma-informed best practices, and submit periodic progress reports to the Task Force; make leading a citywide trauma-responsive and trauma-informed delivery of services initiative a primary duty of the Mayor's Office of Children and Family Success; and generally relating to providing trauma-informed services to the citizens of Baltimore.

BRIEF HISTORY

Ordinance 18-160 requires agencies to develop, adopt and oversee an Equity Assessment Program that will identify structural and institutional discrimination that may be present in existing policies, procedures and investment strategies; and to create an equity action plan that agencies will use to reverse the effects of disparity trends by applying equity principals and strategies to the agencies' operations, programs, services, and policies.

City Council Bill 19-0410 similarly proposes to establish a Baltimore City Trauma-Informed Care Task Force and to require agencies to provide two employees with annual, formal trauma-informed care training who will assist with assessing their agency's policies, procedures and programs and make appropriate recommendations to the agency head via a trauma-intensive approach. The Task Force is to help identify City programs and services that impact children and youth and to assist in developing a citywide strategy to facilitate a shift toward trauma-responsive government. The Office of Children and Family Success is to staff the Task Force as well as prioritize the trauma-responsive and trauma-informed delivery of City services which impact children, youth and families. On or before March 31 of each year, agency heads are to submit a report to the Task Force detailing progress toward and compliance with the citywide trauma-informed care initiative. The Baltimore City Departmentof Health is to provide technical and advisory support to designated agency staff to help them carry out their duties.

with Comment



Health Committee. August 28, 2019 Page 2

According to the National Center on Domestic Violence, Trauma and Mental Health, being a trauma-informed organization is an approach that "...recognizes the pervasiveness and impact of trauma on survivors, staff, organizations, and communities, and ensures this understanding is incorporated into every aspect of an organization's administration, culture, environment, and service delivery." While most trauma-responsive and trauma-informed training and certifications are focused on the health, social work and education professions, this legislation seeks to establish a means for a broad range of city agencies to recognize and embrace the expansion of this field into the principles of social justice. The Baltimore City Trauma-Informed Care Task Force would, of necessity, have to play a strong guidance role with participating agencies in order to assure that positive outcomes will result.

FISCAL IMPACT

The Bill, as written, is focused primarily on children and youth, seemingly to the exclusion of adults. Recent demographics reveal that there are 200,000 male and female children and youth who just by their age (24 years and younger), could be subject to the provisions of this legislation. This cohort alone comprises almost one third of the City's population.² Defining the boundaries and capacities of this trauma-responsive and trauma-informed initiative may be the most difficult for the Task Force and Office of Children and Family Success to define. Each agency is required to dedicate two employees to receive annual trauma-informed training, to have those employees assist with assessing and making recommendations on how the agency may become a more trauma-responsive entity, and to interact with other fellow agency appointees in work sessions and informal trainings as organized by the Baltimore City Department of Health. Agencies would also be required to provide annual reporting on its progress toward becoming more trauma-informed in its practices. It is assumed that translating this approach into the internal workings of an agency such as the Department of Public Works would require an agency-wide scope and depth of commitment similar to the work currently underway to develop the agency's Equity Assessment Program. This level of effort will also be necessary if it is the intent of the trauma-responsive legislation to achieve the expected culture change over time in agency policies, programs and practices.

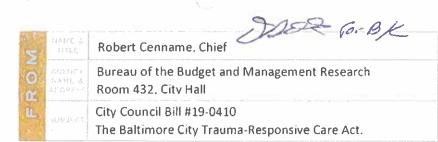
The Department of Public Works offers the following suggestions and questions in an effort to clarify the intent of the legislation:

• General comment – The Bill requires the appointment of a new task force; places a mandate on the Mayor's Office of Children and Family Success to prioritize trauma-responsive and trauma-informed delivery of City services, be an ex-officio member of the task force and staff the task force; requires the Department of Health to provide technical support and develop and perform training to agencies. Recognizing that these actions will take time to develop and implement, it is suggested that the City Council consider a phased in approach similar to that which was amended into Ordinance 18-160 (Equity Assessment Program).

² Population Demographic for Baltimore, Maryland 2019

¹ "Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations – An Organizational Reflection Toolkit;" National Center on Domestic Violence, Trauma, and Mental Health; Carol Warshaw, MD, Erin Tinnon, MSW, and Cathy Cave; April 2018.







Dales-

The Honorable President and Members of the City Council Room 400, City Hall

August 30, 2019

The Department of Finance is in receipt of Council Bill #19-0410. This legislation establishes the Trauma-Informed Care Task Force and its members, sets forth certain duties of the Task Force; requires certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; reconstituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

Background

Trauma is defined by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) as the result of "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being". In Maryland, more than four in 10 children have experienced a traumatic event and children in Baltimore are more likely to have experienced a traumatic event than children in other parts of the state. Recognizing the importance of addressing trauma, there has been increased activity to provide trauma-informed care to Baltimore residents.

Following the civil unrest in 2015, the Baltimore City Health Department (BCHD) began providing trauma and mental health resources to residents and providing trauma-informed care trainings for city workers. BCHD has provided training with the support of SAMHSA to BCHD employees working in STD clinics, in the Needle Exchange program, at senior centers, and in-home visiting programs for pregnant women and children. These efforts are currently funded by General Funds and federal and state grants.

In 2016, Baltimore City Public Schools (BCPS) began the work of transforming public schools in West Baltimore into trauma-sensitive schools with a \$2.3 million federal grant, which means that students have

² Meredith Cohn, The Baltimore Sun. *More than 40 percent of Maryland children experience traumatic events.* https://www.baltimoresun.com/health/bs²hs-adverse-childhood-experiences-20171018-story.html.



with

¹ Substance Abuse and Mental Health Services Administration. *Trauma and Violence*. https://www.samhsa.gov/trauma-violence.

Ési =

access to full-time mental nealth clinicians, learn mindfulness and breathing exercises, and can go to "peace corners" to calm down.³ As the federal funding expires this year, funds are being used to train all staff, including teachers, administrators, and food workers, how to recognize and support traumatized students.

Additional supports are provided by Johns Hopkins University and the University of Maryland and are expanding to all schools with the placement of a full-time social worker in every school and the creation of "calming spaces" and "wholeness" sites for students in schools not designated as trauma-sensitive centers. In addition, as part of the Maryland Commission on Innovation and Excellence in Education interim report released in January 2019, behavioral health and trauma-informed services and training for staff in all schools are explicitly cited as policy recommendations to meet the needs of students across the state. These services and trainings may become a required mandate for BCPS as final recommendations are adopted by the General Assembly, which would ensure that all students have access to these services.

Fiscal Analysis

Council Bill 19-0410, as proposed, requires 12 agencies to designate two staff to participate in at least one formal training each year and attend work sessions and informal trainings. Additionally, the bill tasks these staff with advising the agency in trauma-responsiveness and trauma-responsive care, assessing training and technical assistance needs, and making recommendations to align agency policies and practices with a trauma-intensive approach. Based on conversations with the BCHD, the Department of Finance anticipates that the minimum training requirements of the bill could be absorbed by professional staff. The legislation requires that designated staff are trained by BCHD, which currently has the capacity to provide this training at no additional cost.

However, a requirement for more staff, specifically frontline staff, to be trained would have a fiscal impact for agencies with shift-based staffing structures. An example of this is in Fire with Emergency Medical Services and Fire Suppression and Emergency Rescue staff, where positions would have to be filled while employees attend trainings. There are 1,432 employees for these services and these employees receive on average \$45 per hour in overtime pay. Required attendance at an eight-hour training could cost as much as \$515,520. It is likely that other agencies, such as Department of Public Works and Department of Transportation, have similar staffing structures that would make training of frontline staff an expensive and unbudgeted cost.

Conclusion

The Department of Finance supports City Council 19-0410, as proposed. Recognizing the importance of trauma-informed and trauma-responsive services for residents, especially children and youth, the Department of Finance support the efforts to move the city in this direction. However, should the bill change to require more training for more staff, requests for additional funding for training will be required to go through the annual budget process.

cc: Henry Raymond Matthew Stegman

³ David McFadden, Associated Press. *Baltimore schools' mission: Help students cope with trauma*. https://www.baltimoresun.com/education/bs-md-baltimore-trauma-sensitive-schools-20190731-7t5vkiketfg7pc473ysl7wsc4q-story.html.

⁴ General Assembly of Maryland Department of Legislative Services. *Commission on Innovation and Excellence in Education*. https://dls.maryland.gov/policy-areas/commission-on-innovation-and-excellence-in-education#1



F R O M	NAME &	Niles R. Ford, PhD, Chief of Fire Department
	AGENCY NAME & ADDRESS	Baltimore City Fire Department 401 East Fayette St21202
	SUBJECT	City Council Bill #19-0410 The Baltimore City Trauma-Responsive Care Act

CITY of BALTIMORE



TO

The Honorable Brandon M. Scott, President And All Members of the Baltimore City Council City Hall, Room 408

August 22, 2019

DATE:

FOR the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodiprogress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the reorientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

The Baltimore City Fire department support the concept of City Council bill 19-0410, and the premise of Trauma Informed Care.

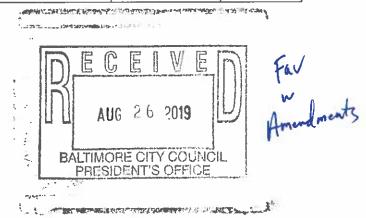


F

F R	NAME & TITLE	Jerrianne Anthony, Director	CITY of	
O M	AGENCY NAME & ADDRESS	Mayor's Office of Homeless Services 7 E. Redwood Street, 5th Floor	BALTIMORE	
101	SUBJECT	City Council Bill #19-0410	MEMO	

August 26, 2019

The Honorable President and Members of the Baltimore City Council Attn: Executive Secretary Room 409, City Hall 100 N. Holliday Street Baltimore, MD, 21202



Re: City Council Bill #19-0410 - The Baltimore City Trauma-Responsive Care Act

Dear President and City Council Members:

The Mayor's Office of Homeless Services (MOHS) has reviewed City Council Bill 10-0410. The bill establishes the Trauma-Informed Care Task Force, requires certain agencies to designate individuals to undergo formal training and to perform certain duties to ensure trauma-informed service delivery, requires certain agencies to submit periodic progress reports to the Task Force, requires the Task Force to submit an annual report to the Mayor and City Council, and reconstitutes the Office of Children, Youth, and Families to be the Office of Children and Family Success and designates that Office to lead a citywide initiative to prioritize trauma-responsive and trauma-informed services.

MOHS is tasked with leading community efforts to address homelessness in Baltimore City, through the development of a comprehensive crisis response system that ensures that homelessness is prevented, and when homelessness cannot be prevented, it should be a rare, brief, and nonrecurring experience. The work of MOHS is based on the value that every resident of Baltimore City deserves equitable access to safe, affordable, and quality housing opportunities. Our work is conducted with the understanding that trauma is often a contributing factor to homelessness, and that homelessness itself is an inherently traumatic experience.

In June 2019, the Baltimore City Continuum of Care (CoC) adopted a three-year Action Plan on Homelessness that sets clear, measurable, and achievable goals with specific strategies for policy and programmatic reform, effective analysis of need and performance, and a committed effort to realign resources to produce measurable outcomes on homelessness. In collaboration, MOHS and the CoC will work to execute five essential strategies: 1) increasing the supply of affordable housing, 2) creating a more effective homeless response system, 3) transforming the shelter



system, 4) improving access to employment and economic opportunities, and 5) establishing a race equity agenda.

The Action Plan includes numerous interventions aimed at addressing trauma and increasing safety for individuals and families, including:

- The value that "safe, affordable housing is the solution to homelessness" and permanent housing opportunities must be decent, safe, and affordable;
- A coordinated homeless response system that reduces trauma and increases safety via a clearly communicated and accessible shelter access plan;
- Coordinated access to housing and services for survivors of domestic violence;
- Clear roles for safe havens and other forms of bridge housing intended to mitigate risks of street homelessness, as well as trauma-informed street outreach services;
- Shelter transformation that will create safe and trauma-informed physical environments, as well as trauma-responsive service delivery models and case management capacity;
- Comprehensive training and technical assistance plans to ensure effective and consistent implementation of standards of care across the homeless service system, inclusive of trauma-informed service delivery; and
- The establishment of a race equity agenda that will inform all aspects of the plan and its interventions.

In addition to the local Action Plan on Homelessness, MOHS implements efforts in alignment with *Home Together: The Federal Strategic Plan to Prevent and End Homelessness*. While the federal plan aims to end homelessness for all individuals, it articulates specific goals to end homelessness for unaccompanied youth and families with children, and includes an emphasis on trauma-informed approaches and the role of collaboration across agencies and funding streams. MOHS provides funding, technical assistance, and strategic guidance to connect children, youth, and families to eviction prevention, street outreach, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs.

MOHS also leads community-wide efforts to address youth homelessness, including support for the Baltimore City CoC Youth Advisory Board. People with lived experience of homelessness are critical to every aspect of the planning, decision-making, and activities within our system. Based on their lived experiences of youth homelessness, the Youth Advisory Board is responsible for providing expertise and recommendations to the CoC and MOHS to improve the quality and effectiveness of the homeless service system. MOHS recommends that the Task Force partner and consult with the Youth Action Board, as they can provide valuable expertise on the intersection of trauma and homelessness.

Additionally, MOHS acts as the local implementing entity for the Youth REACH MD project in Baltimore City, a statewide effort to understand the number, characteristics, and needs of youth and young adults experiencing homelessness and housing instability. Our efforts to address the needs of young people experiencing homelessness in a trauma-informed, equitable, and effective manner requires youth participation and cross-sector collaboration.



To that end, MOHS commends City leadership for promoting trauma-informed and trauma-responsive services and supports City Council Bill 19-0410 with the following amendments,

- 1. Recommended change in §22-18 (B) to allow for compensation of task force members who are youth representatives not otherwise compensated for their contributed time and expertise. Service without compensation inequitably impacts people experiencing trauma, housing or economic instability, and other barriers to participation.
- 2. Recommended change in §22-21 (A) (2) to strike the Mayor's Office of Human Services.

Sincerely,

Jerrianne Anthony, Director Mayor's Office of Human Services, Homeless Services Program



CITY OF BALTIMORE

BERNARD C "JACK" YOUNG, Mayor



MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT

JASON PERKINS-COHEN, Director 417 E. Fayette Street, Suite 468 Baltimore, Maryland 21202

August 21, 2019

The Honorable President and Members of the Baltimore City Council
Attn: Executive Secretary
Room 409, City Hall
100 N. Holiday Street
Baltimore, Maryland 21202

Re: City Council Bill 19-0410- Baltimore City Trauma Response Care Act

Dear President and City Council Members:

The Mayor's Office of Employment Development (MOED) has reviewed City Council Bill 19-0410. MOED's comments will focus on the intent of the bill to create a Trauma Informed Care Task Force

MOED serves many thousands of residents each year. It is our experience that a large percentage of residents that seek our services have been impacted by trauma either directly or by a family member or other person close to them. We recognize that to provide the most effective employment services we can requires a view that extends beyond job training and includes understanding and addressing the impact that trauma has had on those we serve. Creating a Task Force to help develop a more coordinated service delivery model that includes how best to assist residents is a logical starting point in this critical area for our city.

Therefore, the Mayor's Office of Employment Development supports City Council Bill 19-

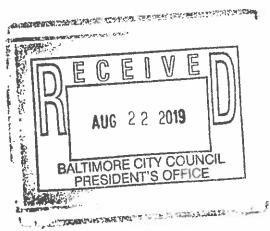
0410.

Sincerely,

Jason Perkins-Cohen

Director







TRANSMITTAL MEMO

TO: Council President Brandon M. Scott

FROM: Peter Little, Executive Director,

August 21, 2019 DATE:

Council Bill 19-0410

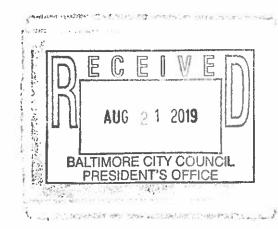
RE:



I am herein reporting on City Council Bill 19-0410 introduced by Council President Scott, at the request of the Administration, Parking Authority of Baltimore City.

The purpose of this bill is to establish the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on traumainformed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

The Baltimore City Parking Authority has reviewed this bill and supports it. We look forward to assistance in identifying Parking Authority programs and services that impact children, youth, and families, and the trauma-informed care training provided through the Department of Health and the Office of Children and Family Success.



Favorable



CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG Mayor



OFFICE OF THE MAYOR

100 Holliday Street, Rm 250 Baltimore, Maryland 21202

August 20, 2019

The Honorable President and Members of the Baltimore City Council Attn: Executive Secretary City Hall, Room 409 100 North Holliday Street Baltimore, Maryland 21202

Re: City Council Bill 19-0410 = The Baltimore City Trauma-responsive Care Act

Dear President and City Council Members:

The Mayor's Office of Criminal Justice ("MOCJ") has reviewed City Council Bill 19-0410. This legislation establishes the Trauma-Informed Care Task Force, requires certain individuals to undergo formal training in trauma-informed care and perform other duties to ensure that the best practices in trauma-informed care are being followed in the delivery of services by certain agencies, requires certain agencies to submit reports to the Task Force, requires the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care, reconstitutes the current Office of Children Youth and Families to be known as the Office of Children and Family Success and makes it a primary duty of that office to lead a citywide initiative to prioritize trauma-responsive and trauma-informed delivery of services.

From the perspective of the Mayor's Office of Criminal Justice (MOCJ), Council Bill #19-0410 represents an innovative, thoughtful approach to address the impact of trauma in our city, particularly as it relates to children and youth. Directly experiencing or witnessing chronic and sustained violence, including gun violence, is a potentially devastating form of trauma that imposes a lasting effect on young people and their families. MOCJ is charged with the development and implementation of a collaborative and city-wide strategy to reduce violence in our city, while also addressing the impact to those who are suffering the negative impact of violence already prevalent in a number of our communities. This bill has the potential to benefit this work immensely,

By way of background, community violence is not evenly distributed across neighborhoods in cities such as Baltimore. It is critical to note that residents who are exposed to violence and other traumatic experiences on a regular basis tend to be people of color. Underscoring the need for this particular legislation are the following statistics: a ranking of the top 10 leading causes of violence-related deaths in 2015 puts homicide involving a firearm first among 15- to 34-year-olds. And a ranking of the 10 leading causes of violence-related injury deaths lists homicide involving a firearm as the number one cause of death for all ages combined for both blacks and Hispanics.2

¹ Centers for Disease Control and Prevention, WISQARS database, "10 Leading Causes of Violence-Related Injury Deaths, United States, 2015, All Races, Both Sexes," accessed March 20, 2017 (http://www.cdc.gov/injury/wisqars/index.html).

² Centers for Disease Control and Prevention, WISQARS database, "10 Leading Causes of Violence-Related Injury Deaths, United States, 2015, Black, Non-Hispanic, Both Sexes" and "10 Leading Causes of Violence Related Injury Deaths, United States, 2015, Hispanic, Both Sexes," accessed March 20, 2017 (http://www.cdc.gov/injury/wisqars/index.html)



The Honorable President and Members of the Baltimore City Council
August 20, 2019
Page 2

For the purposes of comparison, overall for non-Hispanic whites, homicide with a firearm ranks fourth.³ Further, analysis of homicide victims in 2015 reveals that 83 percent of black homicide victims were killed with a firearm.⁴

Given that the most recent available national estimates show that more than 70 percent of injuries involving gun violence are non-fatal,⁵ it is important to factor in the impact on individuals who witness or survive acts of violence.

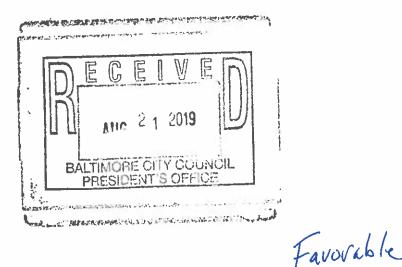
There is a growing body of evidence that people living in communities where violence is prevalent are at increased risk for a broad range of negative outcomes. Unchecked, exposure to violence related trauma can lead to significant impacts on learning and development, mental health, behavior and even increased risk of chronic illness. Council Bill #19-0410 calls for a dynamic framework to get us ahead of this growing issue and to ensure there is the structure and resources needed to deal with trauma in our city.

For these reasons, the Mayor's Office of Criminal Justice recommends a favorable report on Council Bill #19-0410.

Sincerely,

Ganesha Mar Director

Mayor's Office of Criminal Justice



³ Centers for Disease Control and Prevention, WISQARS database, "10 Leading Causes of Violence-Related Injury Deaths, United States, 2015, White, Non-Hispanic, Both Sexes," accessed March 20, 2017 (http://www.cdc.gov/injury/wisqars/index.html).

⁴ Centers for Disease Control and Prevention, WISQARS database, calculations by Violence Policy Center. In 2015 there were 9,038 black homicide victims, 7,515 of which were killed with a firearm. Accessed February 14, 2017 (http://www.cdc.gov/injury/wisqars/index.html).

⁵ Centers for Disease Control and Prevention, WISQARS database, calculations by Violence Policy Center. In 2014 there were 33,599 fatal gun deaths and 81,304 non-fatal firearm injuries. Accessed May 31, 2016 (http://www.cdc.gov/injury/wisqars/index.html).



MANE &	CHRIS RYER, DIRECTOR	CITY of	
O AGENCY NAME & ADDRESS	DEPARTMENT OF PLANNING 8 TH FLOOR, 417 EAST FAYETTE STREET	BALTIMORE	O CHITY ON THE STREET
LL SUBJECT	CITY COUNCIL BILL #19-0410 / THE BALTIMORE CITY TRAUMA-RESPONSIVE CARE ACT	MEMO	1197

TO

The Honorable President and Members of the City Council City Hall, Room 400 100 North Holliday Street

August 20, 2019

The Department of Planning is in receipt of City Council Bill #19-0410, which is for the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; reconstituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

The 2019 Sustainability Plan (formally adopted on April 22, 2019) addresses the need for increased trauma-informed care practices in Baltimore City and support of children and families:

People and Nature

Strategy #2: Build stronger neighborhoods and stronger social connections.

Action 1: Develop high quality nature immersion programs for young children as a coping tool for trauma and stress.

Action 2: Expand the Docs in the Parks program by increasing the number of participating local medical professionals and developing a park locator map to show what features and amenities are accessible to patients.

Healthy School Environments

Strategy #2: Provide a welcoming environment for students, faculty, and families, and increase access to nutritious foods.





Action 1: Fund a Community School Coordinator in every school and maintain an active School Wellness Team to improve school climate and address family and community needs. Involve families and community members in school decisions and develop opportunities for parent learning.

The Department of Planning's Office of Sustainability has partnered with the Department of Recreation and Parks to plan and implement the Cities Connecting Children to Nature (CCCN) initiative. This initiative addresses the need for increased trauma-informed care practices in Baltimore City:

Strategy #1: Strengthen partnerships between the health, early childhood, education, and environmental communities.

Action 2: Increase trauma-informed care practices among the environmental and education communities, and increase nature-based experiences among the health and childcare communities.

The CCCN team has created a "Cross-Training Committee" dedicated to addressing this strategy. The committee includes representatives from the Office of Sustainability, the Health Department, Recreation and Parks, the Baltimore City Childcare Resource Center, the National Aquarium, the Chesapeake Bay Foundation, Baltimore City Schools, and others. They are currently planning a day of workshops to provide education, environmental, and childcare providers with trauma-informed care training, as well as outdoor experiential training to those in the health and education sectors.

The Department of Planning recommends approval of City Council Bill #19-0410.

The Department of Planning looks forward to working with the Department of Health, the Office of Children and Family Success, and others on partaking in trauma-informed care training and providing trauma-informed services to the people of Baltimore. The Department would need additional funding for the trainings mentioned in the bill if they will be at a cost to city agencies, and therefore suggests the trainings be provided by the Office of Children and Family Success.

Given increasing research showing the mental and physical health benefits of connecting children to nature, the Office of Sustainability recommends the amendment of Part IV Section 22-17: Baltimore City Trauma-Informed Care Task Force — Composition to include a representative from the Department of Recreation and Parks or the Office of Sustainability to advocate for increased nature connections in Trauma-Informed Care.

If you have any questions, please contact Ms. Anika Richter, Youth Sustainability Coordinator, Office of Sustainability at 443-984-2725.

CR/ewt

cc: Mr. Jeff Amoros, Mayor's Office

The Honorable Edward Reisinger, Council Rep. to Planning Commission

Mr. Colin Tarbert, BDC

Mr. Derek Baumgardner, BMZA

Mr. Geoffrey Veale, Zoning Administration



Mr. Bob Pipik, DHCD Ms. Elena DiPietro, Law Dept. Mr. Francis Burnszynski, PABC Mr. Liam Davis, DOT

Ms. Natawna Austin, Council Services Mr. Dominic McAlily, Council Services



CITY OF BALTIMORE

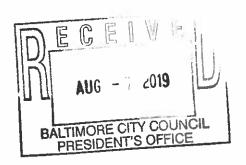
BERNARD C. "JACK" YOUNG
Mayor



DEPARTMENT OF LAW ANDRE M. DAVIS, CITY SOLICITOR 100 N. HOLLIDAY STREET SUTTE 101, CITY HALL BALTIMORE, MD 21202

August 7, 2019

The Honorable President and Members of the Baltimore City Council Attn: Executive Secretary Room 409, City Hall 100 N. Holliday Street Baltimore, Maryland 21202



Re: City Council Bill 19-0410 - The Baltimore City Trauma-Responsive Care
Act

Dear President and City Council Members:

The Law Department has reviewed City Council Bill 19-0410 for form and legal sufficiency. The bill establishes the Trauma-Informed Care Task Force, requires certain individuals to undergo formal training in trauma-informed care and perform other duties to ensure that best practices in trauma-informed care are being followed in the delivery of services by certain agencies, requires certain agencies to submit reports to the Task Force, requires the Task Force to submit an annual report to the Mayor and City Council regarding the reorientation of certain city services to focus on trauma-informed care, reconstitutes the current Office of Children, Youth and Families to be the Office of Children and Family Success and makes it a primary duty of that office to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services.

Section 22-21 of the bill lists the "agencies" required to designate staff members to participate in formal training, collaborate with other agencies, serve as advisors and make recommendations to the agency to align that agency's policies to the initiative. CCB 19-0410 p. 6, line 7 – page 7, line 27. Two entities listed are not City agencies. First, The Parking Authority is not a City agency, and its employees are not City employees. See Md. Code Ann., Art. 41, § 14-304 (enabling Baltimore City to create a "body politic and corporate" known as the Parking Authority of Baltimore City); Baltimore City Code, Art. 31, § 13-6 ("The Authority is not an agency of the Mayor and City Council of Baltimore, and its officers and employees are not agents or employees of the Mayor and City Council of Baltimore."). The Enoch Pratt library is also not a City agency. See 77 Opinions of the City Solicitor 32, 35 (1985). Enoch Pratt was established in 1882 by a gift to the City and is run by a Board of Trustees. Therefore, the City, by ordinance, cannot compel either entity to send staff members to assist in the implementation of the initiative.

Far W/ comments



Subject to the above, the Law Department approves the bill for form and legal sufficiency.

Very truly yours,

Ashlea Brown Assistant Solicitor

cc: Andre M. Davis, City Solicitor
Jeffrey Amoros, Mayor's Office of Government Relations
Elena DiPietro, Chief Solicitor
Hilary Ruley, Chief Solicitor
Victor Tervala, Chief Solicitor



City of Baltimore

City Council City Hall, Room 408 100 North Holliday Street Baltimore, Maryland 21202

Meeting Minutes - Final

Health

Tuesday, December 17, 2019

10:00 AM

Du Burns Council Chamber, 4th floor, City Hall

19-0410

Reconvened from 11-21-19

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

Kristerfer Burnett, Mary Pat Clarke, Edward Reisinger, and Isaac "Yitzy" Schleifer

Absent Bill Henry

ITEM SCHEDULED FOR PUBLIC HEARING

19-0410

The Baltimore City Trauma-Responsive Care Act

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens

Sponsors: Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

> A motion was made by Clarke, seconded by Reisinger, that Ordinance 19-0410 be Recommended Favorably with Amendments. The motion carried by the following vote:

4 - Burnett, Clarke, Reisinger, and "Yitzy" Schleifer

Absent: 1 - Henry

ADJOURNMENT

CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG, Mayor



OFFICE OF COUNCIL SERVICES

LARRY E. GREENE, Director 415 City Hall, 100 N. Holliday Street Baltimore, Maryland 21202 410-396-7215 / Fax: 410-545-7596 email: larry.greene@baltimorecity.gov

HEARING NOTES

Bill: 19-0410

Committee: Health		A12 ()
Chaired By: Kriste	erfer Burnett	
Hearing Date:	Tuesday, December 17, 2019	
Time (Beginning):	10:10 AM	
Time (Ending):	11:00 AM	
Location:	Council Chambers	
Total Attendance:	Approximately 50	
Committee Membe	rs in Attendance:	
Kristerfer Burnett	Mary Pat Clarke	
Edward Reisinger	Isaac "Yitzy" Schleifer	
Bill Synopsis in the	file?	
Attendance sheet in	the file?	
	d?	
	tally recorded?	
	rertising/posting notices in the file?	
Evidence of notifica		
	this hearing?	
Motioned by:		Councilmember Reisinger

Major Speakers

(This is not an attendance record.)

- Stephanie Murdock, Department of Housing and Community Development
- Robin Ortiz, Johns Hopkins
- Joyce Lombardi, Baltimore Child Abuse Center

- Blake Mikael, Non-Profit Organization
- Mark Jews, City Resident
- Melissa Buckley, Coppin State University
- Shawna Murray-Browne, Kindred Wellness
- Christina Duncan Evans, Baltimore Teachers' Union
- Joshua Turner, Speaker
- Raquel Griffin, Krieger Institution
- Ryan Turner, Speaker
- Israel Union, Speaker

Major Issues Discussed

- 1. Councilman Cohen, the primary sponsor of the legislation gave opening remarks. Some highlights from his conversation were:
 - Talked about the background of the bill and why it was introduced
 - Shootings in City
 - Children and families are exposed to shooting and there is nothing in place to support them
 - Trauma left untreated have negative consequences and one agency can't do it alone! "Enough is enough"
 - Talked about the importance of partnerships
 - Since the bill was introduced have seen positive movement and an outpour of support from all walks of life
 - All of us have a role to play to help heal trauma victims!
- 2. Eleven (11) speakers gave public testimony. All speakers supported the bill. Some highlighted topics of discussion, comments and/or concern were:
 - o The after effects of trauma
 - The importance of shaping policy(s)
 - The importance of "growth of youth"
 - Character development
 - Coaches have seen how our young people are hurting
 - Knows some victims of trauma and it hurts to see them like that!
 - o Trauma is real, work on the ground is needed and more resources too!
 - Is a community advocate
 - Have experience trauma myself!
 - The importance of partnerships
 - Supports bill and believe the legislation will empower the city
 - Healing spaces and healing circles
 - Is part of holding spaces and circles for:
 - Youth
 - Racism

- Abuse, and etc.
- We also must bring attention to funding and racial equity
- Training needed
- We must have a keen awareness about racial equity and include it in our conversations
- Racism and the white supremacy system needs to be addressed
- Community and culture changes are needed
- O You must take care (be selective) about who is appointed to the task force
- We must move forward cautiously
- Works with children every day and we must acknowledge the trauma in our children
- o Trauma through the black experience has caused our city to be crippled
- Some discussion about intergenerational trauma
- O Supports the bill and it is a step in the right direction for our youth
- Our young people need to know we care about them and listens to them
- Eventually we must pass the torch on to the younger generation; must invest in our young
- Immigrant Community
 - Represents a very strong immigrant community and supports the bill
 - We want a seat at the table
 - There are three (3) strong areas in the bill:
 - Mandatory Training
 - Task Force involvement (we want representation on the task force), and
 - Best practices of agencies (we want to know them as well)
- 3. Councilman Cohen gave closing remarks. Some highlighted remarks were:
 - In an effort to short circuit trauma we must find the "root cause(s)"
 - Healing needs to happen in non-traditional spaces (not just in hospitals), spaces such as recreation centers, laundromats, barbershops, libraries, and etc.
 - Everyone should be safe, respected and be able to thrive in our city.
- 4. Vote taken. Hearing concluded.

Further Study							
Was further study requested?	⊠ Yes □ No						
If yes, describe. The Committee will schedule a	work session on the bill in the future.						
Committee Vote:							
K. Burnett	Yea						
B. Henry	Absent						

M. Clarke	Yea	
E. Reisinger	Yea	
I. Schleifer:	Yea	
- '- M. Tussia		

Marqueite M. Curin

Marguerite M. Currin, Committee Staff

Date: December 19, 2019

cc: Bill File

OCS Chrono File

DLR DRAFT III 16DEC19

DLR DRAFT III 16DEC19

AMENDMENTS TO COUNCIL BILL 19-0410 (1st Reader Copy)

By: Councilmember Cohen

{To be offered to the Health Committee}

Amendment No. 1 {Current Committee Amendment 3: Composition of Task Force}

On page 3, in line 26, strike "20" and "16", respectively, and substitute "33" and "25", respectively; and, on that same page, in line 27, strike "4" and substitute "8"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

- "(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;
- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
- (8) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;"

and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, strike "2 CITY COUNCILMEMBERS" and substitute "1 CITY COUNCILMEMBER"; and, on that same page, after line 14, insert:

"(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 15 and 16, strike "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert:

- "(3) THE DIRECTOR OF THE DEPARTMENT OF PLANNING OR THE DIRECTOR'S DESIGNEE:
- (4) THE CHAIR OF THE EDUCATION AND YOUTH COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE EDUCATION AND YOUTH COMMITTEE;
- (5) THE DIRECTOR OF THE DEPARTMENT OF RECREATION AND PARKS OR THE DIRECTOR'S DESIGNEE;
- (6) THE COMMISSIONER OF THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OR THE COMMISSIONER'S DESIGNEE;"

and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(7)" and "(8)" respectively.

Amendment No. 2 {Current Committee Amendment No. 4: Task Force Co-Chairs}

On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS DESIGNATED.

(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.

(3) CHAIR OF THE CITY COUNCIL EDUCATION AND YOUTH COMMITTEE.

THE CITY COUNCIL PRESIDENT MAY DESIGNATE THE CITY COUNCILMEMBER SERVING EX-OFFICIO UNDER § 22-17(c)(4) {CHAIR OF EDUCATION AND YOUTH COMMITTEE OR ITS SUCCESSOR COMMITTEE} AS CO-CHAIR OF THE TASK FORCE.".





Baltimore City Council Committee Hearing Attendance Record

Subject: Ordinane	ce – The Baltimore C	ity Trauma-Responsive Care Act	BILL NU	MBE	R#:	19-0	410	
		risterfer Burnett						
	ecember 17, 2019	Chamban.	Time: 1	10:00	AM	_		
PLEASE PRINT CLEARLY				What is your position or this bill?		on on	Lobbyist: Are you registered in the City?*	
	SIC	<u>SN IN</u>	*	<u> Testify</u>	For	Against	Yes	N _O
First Name	Last Name	Address / Organization / Email			Œ	4	>	Z
John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com		✓	✓	✓	✓	1
Robin	Ortiz	1800 orleans St. Hopkins & Penn - Physician Robin. Ortiz @ pennmedicine. up	enn.edu	✓	\			
1 Joyce	Lombardi ilonferd affe	Baltimone Child Aber Compler 2300 N Cha	se les	1	V			
Blake	Macial	Coachy Corps 1329 Roland Heights Are 12	nsh)	~	V			
Anika	Richler	oup. of Planning			/	1 1 1 1 1 1 1 1 1 1		
Hark	Jews	Challengers		✓		P P P P P P P P P P P P P P P P P P P		
Melissa	Buckey	coppin State University Department of Social	Work	/		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Marcia	Collins	DPZJ						
Shavna	Murray Bron	une Kindred Wellnes. Shawna@shawnamurraybr		/	/			

^{*}Note: If you are compensated or incur expenses in connection with this bill, you may be required by Law to register with the City Ethics Board as a lobbyist. Registration can be done online and is a simple process. For information visit: https://ethics.baltimorecity.gov/ or call: 410-396-4730



Baltimore City Council Committee Hearing Attendance Record

The state of the s			NUMBER #: 19-0410 : Kristerfer Burnett					
			10:00 AM					
	ce "Du" Burns Counci	l Chamber						
PLEASE PRINT CLEARLY				What is your position on this bill?		Lobbyist: Are you registered in the City?*		
	SI	<u>GN IN</u>	•	Testify	For	Against	Yes	No
First Name	Last Name	Address / Organization / Email		H	m	₹	>	Z
John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com	¥	~	1	✓	~	✓
Cristina	Duncan Evo	Belther Frachers Upion 5 5800 Metro Drive	-	V	√	1 1 1 1 1 1 1 1 1 1		
Josh	Turne					b 1 5 5 5 6 6 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	7/	
Joshn Ryan	Turner		20.230	V		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Kaepel	Griffin			1		1 6 6 1 1 1 1 1 5 6 6 6		
Isare/	Union							
=								

Page No.

^{*}Note: If you are compensated or incur expenses in connection with this bill, you may be required by law to register with the City Ethics Board as a lobbyist. Registration can be done online and is a simple process. For information visit: https://ethics.baltimorecity.gov/ or call: 410-396-4730

City of Baltimore

City Council City Hall, Room 408 100 North Holliday Street Baltimore, Maryland 21202

Meeting Agenda - Final

Health

Tuesday, December 17, 2019

10:00 AM

Du Burns Council Chamber, 4th floor, City Hall

19-0410 Reconvened from 11-21-19

The Baltimore City Trauma-Responsive Care Act

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

ITEM SCHEDULED FOR PUBLIC HEARING

19-0410

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed

Sponsors:

Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

ADJOURNMENT

THIS MEETING IS OPEN TO THE PUBLIC

services to the citizens of Baltimore.



BALTIMORE CITY COUNCIL HEALTH COMMITTEE

Mission Statement

On behalf of the Citizens of Baltimore City, the mission of the Health Committee is to study, examine and propose regulations concerning health and environmental issues; and to make recommendations and propose legislation for improving the overall health and welfare of all residents of Baltimore City.

The Honorable Kristerfer Burnett Chairman

PUBLIC HEARING

TUESDAY, DECEMBER 17, 2019 10:00AM

CLARENCE "DU" BURNS COUNCIL CHAMBERS

HEARING TO RECONVENE

Council Bill #19-0410
The Baltimore City Trauma-Responsive Care Act

CITY COUNCIL COMMITTEES

BUDGET AND APPROPRIATIONS

Eric Costello – Chair Leon Pinkett – Vice Chair Bill Henry Sharon Green Middleton Isaac "Yitzy" Schleifer Shannon Sneed Danielle McCray Staff: Marguerite Currin

C YBERSECURITY AND EMERGENCY PREPAREDNESS

Eric Costello – Co-chair Isaac "Yitzy" Schleifer – Cochair Sharon Green Middleton Staff: Samuel Johnson

EDUCATION AND YOUTH

Zeke Cohen – Chair Mary Pat Clarke – Vice Chair John Bullock Kristerfer Burnett Leon Pinkett Staff: Matthew Peters

EXECUTIVE APPOINTMENTS

Robert Stokes – Chair Kristerfer Burnett– Vice Chair Mary Pat Clarke Zeke Cohen Isaac "Yitzy" Schleifer Staff: Marguerite Currin

HEALTH

Kristerfer Burnett – Chair Bill Henry - Vice Chair Mary Pat Clarke Edward Reisinger Isaac "Yitzy" Schleifer Staff: Marguerite Currin

HOUSING AND URBAN AFFAIRS

John Bullock – Chair Isaac "Yitzy" Schleifer – Vice Chair Kristerfer Burnett Zeke Cohen Ryan Dorsey Bill Henry Shannon Sneed Staff: Richard Krummerich

JUDICIARY

Eric Costello – Chair
Mary Pat Clarke – Vice Chair
John Bullock
Leon Pinkett
Edward Reisinger
Shannon Sneed
Robert Stokes
Staff: Matthew Peters

LABOR

Shannon Sneed – Chair Robert Stokes – Vice Chair Mary Pat Clarke Bill Henry Danielle McCray Staff: Samuel Johnson

LEGISLATIVE INVESTIGATIONS

Kristerfer Burnett – Chair Danielle McCray – Vice Chair Ryan Dorsey Isaac "Yitzy" Schleifer Shannon Sneed Staff: Matthew Peters

LAND USE

Edward Reisinger - Chair Shannon Sneed - Vice Chair Mary Pat Clarke Eric Costello Ryan Dorsey Sharon Green Middleton Leon Pinkett Robert Stokes Staff: Jennifer Coates

PUBLIC SAFETY

Isaac "Yitzy" Schleifer – Chair Kristerfer Burnett – Vice Chair Zeke Cohen Danielle McCray Leon Pinkett Shannon Sneed Staff: Richard Krummerich

TAXATION, FINANCE AND ECONOMIC DEVELOPMENT

Sharon Green Middleton - Chair Danielle McCray - Vice Chair Eric Costello Edward Reisinger Robert Stokes Staff: Samuel Johnson - Larry Greene (pension only)

TRANSPORTATION

Ryan Dorsey – Chair Leon Pinkett – Vice Chair John Bullock Staff: Jennifer Coates

CITY OF BALTIMORE

BERNARD C. JACK" YOUNG, Mayor



OFFICE OF COUNCIL SERVICES

LARRY E. GREENE, Director 415 City Hall, 100 N. Holliday Street Baltimore, Maryland 21202 410-396-7215 / Fax: 410-545-7596 email, larry greene to baltimore etty gov

Committee: Health

Bill 19-0410

The Baltimore City Trauma-Responsive Care Act

Sponsor:

Councilmember Cohen, et al

Introduced: July 22, 2019

Purpose:

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing traumainformed services to the citizens of Baltimore

Effective: On the 30th day after the date it is enacted.

Background

A public hearing was held on Thursday, September 5, 2019 and a worksession held on Tuesday, November 21, 2019.

Following are notes taken during the worksession.

1. Chairman Burnett called the work session to order, introduced the Committee members in attendance, and explained that the Committee would not be voting on the bill but instead would be reviewing proposed amendments.

- 2. Councilman Cohen gave opening remarks before going over his proposed amendments. Some comments were:
 - a. He talked about the Trauma-Responsive Care Act and about how much support was received from the public.
 - b. There is a high degree of violence and mistrust in our communities that needs a lot of healing.
 - c. Today, I am offering a series of amendments, mostly based on the feedback I received and from listening to people across the city.
 - d. The main feedback I received from the public was "healing from violence"
 - e. I appreciated all the support and the clear call from the community on behalf of the bill.
- 3. Councilman Cohen went over and explained his proposed amendments, (fifteen 15 in total) one by one.
- 4. The representative from the Law Department was asked what the Department's opinion on the amendments were. <u>Per Ashely Brown</u> the Law Department needs more time to review the amendments and would like to hold off until a more thorough review is completed.
- 5. D'Paul Nibber from the Health Department went over one (1) proposed amendment from their Department. The chairman of the committee asked that the proposed amendment from the Health Department be "floored" until Councilman Cohen and the Health Department staff had the time to meet and discuss it.
- 6. A motion was made for Councilman Cohen's proposed amendments
 - a. Motioned by Clarke
 - b. Seconded by Reisinger
 - c. Vote taken 3 Yeas and 2 Absent Amendments passed
- 7. Attached are:
 - A copy of Councilman Cohen's proposed amendments passed favorably by the Committee
 - A copy of the Health Department's proposed amendments placed on hold until further review
- 8. On Tuesday, December 17, 2019 the Committee will reconvene the hearing.

Additional Information

Fiscal Note: None

Information Source(s): Notes taken during the November 21st worksession.

marqueite m. Curen

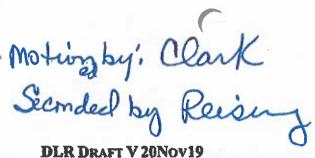
Analysis by: Analysis Date: Marguerite M. Currin

December 12, 2019

Direct Inquiries to: 443-984-3485

PROPOSED AMENDMENTS TO DATE

- Councilman Cohen's Proposed Amendments PASSED BY COMMITTEE
- Health Department's Proposed Amendments PLACED ON HOLD UNTIL
 FURTHER NOTICE BY COMMITTEE



DLR Draft V 20Nov19

AMENDMENTS TO COUNCIL BILL 19-0410 (1" Reader Copy)

Proposed by: Councilmember Cohen {To be offered to the Health Committee}

Amendment No. 1 {Renaming bill}

On page 1, strike line 2 in its entirety and substitute "The Elijah Cummings Healing City Act".

Amendment No. 2 {Technical amendments; Conforming Office name}

On page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after the first comma, insert "City"; and, on page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after "and", insert "Municipal"; and, on page 1, in line 18, after "22-1", insert ", 22-9,"; and, on page 2, after line 20, insert:

"§ 22-9. Office established.

There is an Office of Children[, Youth,] and [Families] FAMILY SUCCESS in the Office of the Mayor.".

Amendment No. 3 (Composition of Task Force)

On page 3, in line 26, strike "20" and "16", respectively, and substitute "31" and "26", respectively; and, on that same page, in line 27, strike "4" and substitute "5"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

"(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT:

(6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE:

Page 1 of 5

cc19-0410~1st(5) (Cohen)/2019-11-20/td

- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
- (8) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT:
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM:"

and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, after "COUNCILMEMBERS", strike the semi-colon and substitute:

", AS FOLLOWS:

- (A) 1 COUNCILMEMBER SHALL BE THE CHAIR OF THE YOUTH AND EDUCATION

 COMMITTEE OR OF ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES
 OF THE YOUTH AND EDUCATION COMMITTEE; AND
- (B) 1 OTHER COUNCILMEMBER RECOMMENDED AT THE COUNCIL PRESIDENT'S DISCRETION;";

and, on that same page, after line 14, insert:

"(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 15 and 16, strike "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert: "(3) THE DIRECTOR OF PLANNING OR THE DIRECTOR'S DESIGNEE;"; and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(4)" and "(5)" respectively.

Amendment No. 4 {Task Force Co-Chairs}

On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS DESIGNATED.

(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.

(3) CHAIR OF THE CITY COUNCIL YOUTH AND EDUCATION COMMITTEE.

ON THE RECOMMENDATION OF THE CITY COUNCIL PRESIDENT, THE MAYOR SHALL DESIGNATE THE CITY COUNCILMEMBER APPOINTED UNDER § 22-17(B)(13)(I)(A) (THE CHAIR OF THE YOUTH AND EDUCATION COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE YOUTH AND EDUCATION COMMITTEE) OF THIS SUBTITLE TO SERVE AS A CO-CHAIR OF THE TASK FORCE.".

Amendment No. 5 (Clarification of agency staff designees)

On page 7, in line 13, strike "EACH" and substitute "SUBJECT TO PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, EACH"; and, on that same page, after line 24, insert:

- "(2) OF THE 2 AGENCY STAFF MEMBERS DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
 - (I) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO:
 - (A) HAS DECISION-MAKING AUTHORITY IN DEVELOPING CITY POLICY; OR
 - (B) SERVES AS A PRINCIPAL ADVISOR TO THE AGENCY HEAD; AND

(II) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO, WITHIN THE COURSE OF THE INDIVIDUAL'S CITY EMPLOYMENT, ROUTINELY AND DIRECTLY INTERACTS WITH COMMUNITY MEMBERS.";

and, on that same page, in line 25, strike the paragraph designator "(2)" and substitute "(3)".

Amendment No. 6 [Requiring agency staff designees to collaborate with equity coordinator]

On page 7, after line 19, insert:

"(IV) COLLABORATE WITH THE AGENCY'S EQUITY COORDINATOR AS DESIGNATED UNDER § 39-8 {"AGENCY IMPLEMENTATION - EQUITY COORDINATOR"} OF THIS ARTICLE TO ENSURE THAT THE AGENCY'S EQUITY ASSESSMENT PROGRAM IS TRAUMA-INFORMED AND TRAUMA-RESPONSIVE;";

and, on that same page, in lines 20 and 22, strike "(IV)" and "(V)", respectively, and substitute "(V)" and "(VI)" respectively.

Amendment No. 7 {Extending time required for agency head to substitute designees}

On page 7, in line 26, strike "30" and substitute "90".

Amendment No. 8 {Assigning to Dept. of Human Resources compliance responsibilities}

On page 7, in line 28, strike "HEALTH DEPARTMENT" and substitute "<u>DEPARTMENTAL</u>"; and, on that same page, at the beginning of line 29, insert the paragraph designator "(1)"; and, on that same page, after line 31, insert:

"(2) THE DEPARTMENT OF HUMAN RESOURCES SHALL ENSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION AND REPORT TO THE TASK FORCE AS NECESSARY ANY DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.".

Amendment No. 9 [Adding Environmental Control Board to agency list; omitting the Mayor's Office of Human Services]

On page 6, after line 21, insert "(X) THE ENVIRONMENTAL CONTROL BOARD;"; and, on that same page, in line 24, after the semi-colon, insert "AND"; and, on that same page, in line 25, strike "; AND" and substitute with a period; and, on that same page, strike line 26 and, on that same page, in lines 22, 23, 24, and 25, strike the sub-paragraph designators "(X)", "(XI)",

"(XII)", and "(XII)", respectively, and substitute "(XI)", "(XII)", "(XIII)", and "(XIV)", respectively.

Amendment No. 10 [Inclusion of "healing" terminology]

On page 4, in lines 5, 7, 10, 15, and 18, in each instance, after "TRAUMA", insert "AND HEALING"; and, on page 6, in line 2, after "ON", insert "AND FACILITATING HEALING WITH".



Mortional by: Floored centil Soconded by: Further rotice.

DLR DRAFT II 20Nov19

DLR DRAFT II 20Nov19

AMENDMENTS TO COUNCIL BILL 19-0410 (1" Reader Copy)

Proposed by: Health Department

{To be offered to the Health Committee}

Amendment No. 1

On page 6, after line 5, insert:

"(7) SUBMIT POLICY RECOMMENDATIONS THAT INTEGRATES KNOWLEDGE OF TRAUMA
AND TOOLS TO PROMOTE RESILIENCE BY ADDRESSING THE FOLLOWING:

(I) ECONOMIC HEALTH AND WORKFORCE;

(II) SAFE, STABLE HOUSING:

(III) ACCESS TO HEALTH CARE;

(IV) EARLY CHILD CARE; AND

(V) EQUITY; AND";

and, on that same page, in line 6, strike "(7)" and substitute "(8)".

Burnett ___ Clarke ___ Reisinger ___

Page 1 of 1

cc19-0410(2)~1st (Health)/2019-11-20/td

City of Baltimore

City Council City Hall, Room 408 100 North Holliday Street Baltimore, Maryland 21202

Meeting Minutes - Final

Health

Thursday, November 21, 2019

9:50 AM

Du Burns Council Chamber, 4th floor, City Hall

Worksession: 19-0410 Rescheduled from 11-19-19

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

Present 3 - Kristerfer Burnett, Mary Pat Clarke, and Edward Reisinger

Absent 2 - Bill Henry, and Isaac "Yitzy" Schleifer

ITEM SCHEDULED FOR WORKSESSION

19-0410

The Baltimore City Trauma-Responsive Care Act

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

Sponsors: Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

Hearing called to recess; to reconvene at a later date.

ADJOURNMENT



CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG, Mayor



OFFICE OF COUNCIL SERVICES

LARRY E. GREENE, Director 415 City Hall, 100 N. Holliday Street Baltimore, Maryland 21202 410-396-7215 / l'ax: 410-545-7596 email: larry.greene@baltimorecity.gov

HEARING NOTES

Bill: 19-0410

WORKSESSION

The Baltimore City Trauma-Responsive Care Act

Committee: Healt	th .
	erfer Burnett
Hearing Date: Time (Beginning): Time (Ending): Location: Total Attendance:	10:30 AM Clarence "Du" Burns Chamber
Agency reports read Hearing televised or Certification of adve Evidence of notificat	file?
a	Major Speakers (This <u>is not</u> an attendance record.)
D'Paul Nibber, Health Ashley Brown, Law I	•

Major Issues Discussed

1. Chairman Burnett called the work session to order, introduced the Committee members in attendance, and explained that the Committee would not be voting on the bill but instead would be reviewing proposed amendments.

- 2. Councilman Cohen gave opening remarks before going over his proposed amendments. Some comments were:
 - a. He talked about the Trauma-Responsive Care Act and about how much support was received from the public.
 - b. There is a high degree of violence and mistrust in our communities that needs a lot of healing.
 - c. Today, I am offering a series of amendments, mostly based on the feedback I received and from listening to people across the city.
 - d. The main feedback I received from the public was "healing from violence"
 - e. I appreciated all the support and the clear call from the community on behalf of the bill.
- 3. Councilman Cohen went over and explained his proposed amendments, (fifteen 15 in total) one by one.
- 4. The representative from the Law Department was asked what the Department's opinion on the amendments were. Per Ashely Brown the Law Department needs more time to review the amendments and would like to hold off until a more thorough review is completed.
- 5. D'Paul Nibber from the Health Department went over one (1) proposed amendment from their Department. The chairman of the committee asked that the proposed amendment from the Health Department be "floored" until Councilman Cohen and the Health Department staff had the time to meet and discuss it.
- 6. A motion was made for Councilman Cohen's proposed amendments
 - a. Motioned by Clarke
 - b. Seconded by Reisinger

The hearing/work session was called t	o recess. To reconvene at a later date.
	Further Study
Was further study requested? If yes, describe. See #7 above.	⊠ Yes □ No
Marguerite M. Currin, Committee Staff	Date: November 22, 2019

cc: Bill File

OCS Chrono File



Baltimore City Council Committee Hearing Attendance Record

Subject: Ordinance - The Baltimore City Trauma-Responsive Care Act - WORKSESSION BILL NUMBER #: 19-0410											
The state of the s			rister	isterfer Burnett							
Date: Thursday, November 21, 2019 Time: 9						:50 AM					
Location: Clarence "Du" Burns Council Chamber											
PLEASE PRINT CLEARLY				What is your position o this bill?		ur on on	Lobbyist: Are you registered in the City?*				
	SIC	<u>SN IN</u>	•	<u>Testify</u>	٥٢	Against	Yes	0			
First Name	Last Name	Address / Organization / Email		Te	For	Ā	۶	S S			
John	Doe	400 N. Holliday St. Johndoenbmore@yahoo.com		✓	√	✓	1	1			
Marcia	Collins	DPW									
MINER	MORGEN	BURP						1			
Maria											
8								1 1 1 1 1 1 1 6 6 6 7			
- V					v. *			1			
								6 5 6 7 8 8			
								4 4 3 1 1 1 1 1 1 1 5 8 8			

Page No.

^{*}Note: If you are compensated or incur expenses in connection with this bill, you may be required by law to register with the City Ethics Board as a lobbyist. Registration can be done online and is a simple process. For information visit: https://ethics.baltimorecity.gov/ or call: 410-396-4730

DLR Draft V 20Nov19

DLR Draft V 20Nov19

AMENDMENTS TO COUNCIL BILL 19-0410 (1" Reader Copy)

Proposed by: Councilmember Cohen

{To be offered to the Health Committee}

Amendment No. 1 {Renaming bill}

On page 1, strike line 2 in its entirety and substitute "The Elijah Cummings Healing City Act".

Amendment No. 2 {Technical amendments; Conforming Office name}

On page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after the first comma, insert "City"; and, on page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after "and", insert "Municipal"; and, on page 1, in line 18, after "22-1", insert ", 22-9,"; and, on page 2, after line 20, insert:

"§ 22-9. Office established.

There is an Office of Children[, Youth,] and [Families] FAMILY SUCCESS in the Office of the Mayor.".

Amendment No. 3 {Composition of Task Force}

On page 3, in line 26, strike "20" and "16", respectively, and substitute "31" and "26", respectively; and, on that same page, in line 27, strike "4" and substitute "5"; and, on that same page, in line 30, strike "16" and substitute "26"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

- "(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (6) 1 SHALL BE AN INDIVIDUAL BETWEEN 14 AND 25 YEARS OF AGE;

L a l

- (7) 1 SHALL BE A INDIVIDUAL LICENSED TO PRACTICE IN THE STATE OF MARYLAND AS A PHYSICIAN WITH A SPECIALTY IN PEDIATRICS;
- (8) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) ADVOCACY IN ITS ORGANIZATIONAL MISSION STATEMENT;
- (9) 1 SHALL BE A NATURALIZED CITIZEN OR A RESIDENT ALIEN;
- (10) 1 SHALL BE AN INDIVIDUAL WHO HAS RECENTLY EXITED FROM THE MARYLAND CORRECTIONAL SYSTEM;
- (11) 1 SHALL BE AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;"

and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(12)" and "(13)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, in line 12, after "COUNCILMEMBERS", strike the semi-colon and substitute:

", AS FOLLOWS:

- (A) 1 COUNCILMEMBER SHALL BE THE CHAIR OF THE YOUTH AND EDUCATION

 COMMITTEE OR OF ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES

 OF THE YOUTH AND EDUCATION COMMITTEE; AND
- (B) 1 OTHER COUNCILMEMBER RECOMMENDED AT THE COUNCIL PRESIDENT'S DISCRETION;";

and, on that same page, after line 14, insert:

"(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 15 and 16, strike "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page, after line 23, insert: "(3) THE DIRECTOR OF PLANNING OR THE DIRECTOR'S DESIGNEE;"; and, on that same page, in lines 24 and 25, strike "(3)" and "(4)", respectively, and substitute "(4)" and "(5)" respectively.

Amendment No. 4 {Task Force Co-Chairs}

On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS DESIGNATED.

(2) AT-LARGE CO-CHAIR.

EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE MAYOR MAY DESIGNATE ANY MEMBER OF THE TASK FORCE TO SERVE AS 1 OF THE CO-CHAIRS.

(3) CHAIR OF THE CITY COUNCIL YOUTH AND EDUCATION COMMITTEE.

ON THE RECOMMENDATION OF THE CITY COUNCIL PRESIDENT, THE MAYOR SHALL DESIGNATE THE CITY COUNCILMEMBER APPOINTED UNDER § 22-17(B)(13)(I)(A) (THE CHAIR OF THE YOUTH AND EDUCATION COMMITTEE OR ANY CITY COUNCIL COMMITTEE SUCCEEDING TO THE DUTIES OF THE YOUTH AND EDUCATION COMMITTEE) OF THIS SUBTITLE TO SERVE AS A CO-CHAIR OF THE TASK FORCE.".

Amendment No. 5 {Clarification of agency staff designees}

On page 7, in line 13, strike "EACH" and substitute "SUBJECT TO PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, EACH"; and, on that same page, after line 24, insert:

- "(2) OF THE 2 AGENCY STAFF MEMBERS DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
 - (I) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO:
 - (A) HAS DECISION-MAKING AUTHORITY IN DEVELOPING CITY POLICY; OR
 - (B) SERVES AS A PRINCIPAL ADVISOR TO THE AGENCY HEAD; AND

(II) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO, WITHIN THE COURSE OF THE INDIVIDUAL'S CITY EMPLOYMENT, ROUTINELY AND DIRECTLY INTERACTS WITH COMMUNITY MEMBERS.";

and, on that same page, in line 25, strike the paragraph designator "(2)" and substitute "(3)".

Amendment No. 6 {Requiring agency staff designees to collaborate with equity coordinator}

On page 7, after line 19, insert:

"(IV) COLLABORATE WITH THE AGENCY'S EQUITY COORDINATOR AS DESIGNATED UNDER § 39-8 {"AGENCY IMPLEMENTATION — EQUITY COORDINATOR"} OF THIS ARTICLE TO ENSURE THAT THE AGENCY'S EQUITY ASSESSMENT PROGRAM IS TRAUMA-INFORMED AND TRAUMA-RESPONSIVE;";

and, on that same page, in lines 20 and 22, strike "(IV)" and "(V)", respectively, and substitute "(V)" and "(VI)" respectively.

Amendment No. 7 {Extending time required for agency head to substitute designees}

On page 7, in line 26, strike "30" and substitute "90".

Amendment No. 8 [Assigning to Dept. of Human Resources compliance responsibilities]

On page 7, in line 28, strike "HEALTH DEPARTMENT" and substitute "<u>DEPARTMENTAL</u>"; and, on that same page, at the beginning of line 29, insert the paragraph designator "(1)"; and, on that same page, after line 31, insert:

"(2) THE DEPARTMENT OF HUMAN RESOURCES SHALL ENSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION AND REPORT TO THE TASK FORCE AS NECESSARY ANY DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.".

Amendment No. 9 {Adding Environmental Control Board to agency list; omitting the Mayor's Office of Human Services}

On page 6, after line 21, insert "(X) THE ENVIRONMENTAL CONTROL BOARD;"; and, on that same page, in line 24, after the semi-colon, insert "AND"; and, on that same page, in line 25, strike "; AND" and substitute with a period; and, on that same page, strike line 26 and, on that same page, in lines 22, 23, 24, and 25, strike the sub-paragraph designators "(X)", "(XI)",

"(XII)", and "(XII)", respectively, and substitute "(XI)", "(XIII)", "(XIII)", and "(XIV)", respectively.

Amendment No. 10 {Inclusion of "healing" terminology}

On page 4, in lines 5, 7, 10, 15, and 18, in each instance, after "TRAUMA", insert "AND HEALING"; and, on page 6, in line 2, after "ON", insert "AND FACILITATING HEALING WITH".



DLR DRAFT II 20Nov19

DLR Draft II 20Nov19

AMENDMENTS TO COUNCIL BILL 19-0410 (1st Reader Copy)

Proposed by: Health Department

{To be offered to the Health Committee}

Amendment No. 1

On page 6, after line 5, insert:

- "(7) SUBMIT POLICY RECOMMENDATIONS THAT INTEGRATES KNOWLEDGE OF TRAUMA AND TOOLS TO PROMOTE RESILIENCE BY ADDRESSING THE FOLLOWING:
 - (I) ECONOMIC HEALTH AND WORKFORCE;
 - (II) SAFE, STABLE HOUSING;
 - (III) ACCESS TO HEALTH CARE;
 - (IV) EARLY CHILD CARE; AND
 - (V) EQUITY; AND";

and, on that same page, in line 6, strike "(7)" and substitute "(8)".

City of Baltimore

City Council
City Hall, Room 408
100 North Holliday Street
Baltimore, Maryland 21202

Meeting Agenda - Final Health

Thursday, November 21, 2019

9:50 AM

Du Burns Council Chamber, 4th floor, City Hall

Worksession: 19-0410 Rescheduled from 11-19-19

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

ITEM SCHEDULED FOR WORKSESSION

19-0410

The Baltimore City Trauma-Responsive Care Act

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

Sponsors:

Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

ADJOURNMENT

THIS MEETING IS OPEN TO THE PUBLIC



BALTIMORE CITY COUNCIL HEALTH COMMITTEE

Mission Statement

On behalf of the Citizens of Baltimore City, the mission of the Health Committee is to study, examine and propose regulations concerning health and environmental issues; and to make recommendations and propose legislation for improving the overall health and welfare of all residents of Baltimore City.

The Honorable Kristerfer Burnett Chairman

PUBLIC HEARING

THURSDAY, NOVEMBER 21, 2019 9:50 AM

CLARENCE "DU" BURNS COUNCIL CHAMBERS

WORKSESSION

Council Bill #19-0410
The Baltimore City Trauma-Responsive Care Act

CITY COUNCIL COMMITTEES

BUDGET AND APPROPRIATIONS

Eric Costello – Chair Leon Pinkett – Vice Chair Bill Henry Sharon Green Middleton Isaac "Yitzy" Schleifer Shannon Sneed Danielle McCray Staff: Marguerite Currin

C YBERSECURITY AND EMERGENCY PREPAREDNESS

Eric Costello – Co-chair Isaac "Yitzy" Schleifer – Cochair Sharon Green Middleton Staff: Samuel Johnson

EDUCATION AND YOUTH

Zeke Cohen – Chair Mary Pat Clarke – Vice Chair John Bullock Kristerfer Burnett Leon Pinkett Staff: Matthew Peters

EXECUTIVE APPOINTMENTS

Robert Stokes – Chair Kristerfer Burnett– Vice Chair Mary Pat Clarke Zeke Cohen Isaac "Yitzy" Schleifer Staff: Marguerite Currin

HEALTH

Kristerfer Burnett - Chair Bill Henry - Vice Chair Mary Pat Clarke Edward Reisinger Isaac "Yitzy" Schleifer Staff: Marguerite Currin

HOUSING AND URBAN AFFAIRS

John Bullock – Chair Isaac "Yitzy" Schleifer – Vice Chair Kristerfer Burnett Zeke Cohen Ryan Dorsey Bill Henry Shannon Sneed Staff: Richard Krummerich

JUDICIARY

Eric Costello – Chair Mary Pat Clarke – Vice Chair John Bullock Leon Pinkett Edward Reisinger Shannon Sneed Robert Stokes Staff: Matthew Peters

LABOR

Shannon Sneed – Chair Robert Stokes – Vice Chair Mary Pat Clarke Bill Henry Danielle McCray Staff: Samuel Johnson

LEGISLATIVE INVESTIGATIONS

Kristerfer Burnett – Chair Danielle McCray – Vice Chair Ryan Dorsey Isaac "Yitzy" Schleifer Shannon Sneed Staff: Matthew Peters

LAND USE

Edward Reisinger - Chair Shannon Sneed - Vice Chair Mary Pat Clarke Eric Costello Ryan Dorsey Sharon Green Middleton Leon Pinkett Robert Stokes Staff: Jennifer Coates

PUBLIC SAFETY

Isaac "Yitzy" Schleifer – Chair Kristerfer Burnett – Vice Chair Zeke Cohen Danielle McCray Leon Pinkett Shannon Sneed Staff: Richard Krummerich

TAXATION, FINANCE AND ECONOMIC DEVELOPMENT

Sharon Green Middleton – Chair Danielle McCray – Vice Chair Eric Costello Edward Reisinger Robert Stokes Staff: Samuel Johnson - Larry Greene (pension only)

TRANSPORTATION

Ryan Dorsey – Chair Leon Pinkett – Vice Chair John Bullock Staff: Jennifer Coates

CITY OF BALTIMORE

BLENARD C. TACK YOUNG MUST



OFFICE OF COUNCIL SERVICES

LARRY L. GREENE, Director 415 City Haff, 100 N. Holliday Street Beltimore, Maryland 21202 410-390-7215 / Lax: 410-545-7596 email: larry greene u/baltimorecity.go/

WORKSESSION

Committee: Health

Bill 19-0410

The Baltimore City Trauma-Responsive Care Act

Sponsor:

Councilmember Cohen, et al

Introduced:

July 22, 2019

Purpose:

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore

Effective: On the 30th day after the date it is enacted.

Background

A public hearing was held on <u>Thursday</u>, <u>September 5, 2019</u>. Following are notes taken during the hearing.

1. Chairman Burnett called the hearing to order, introduced the Committee members in attendance, and explained that the Committee would not be voting on the bill during the hearing.

- 2. Councilman Cohen explained the bill and why it is especially important. He noted that trauma impacts many people in Baltimore, and disproportionately impacts communities of color. Councilman Cohen also discussed issues with City agencies' response to trauma shown by recent events.
- 3. Damani Thomas, a senior at Frederick Douglas High School discussed his experience with the effects of trauma and how it motivated him to help develop this bill.
- 4. Representatives from the agencies to which the bill was referred confirmed the recommendations in their written reports and discussed the importance of addressing trauma.
- 5. A panel of parents and students discussed how trauma has impacted them and their families. Speakers noted the importance of ensuring that traumatized children get consistent responses from adults, asking children and families what they need to deal with trauma and being responsive to those needs, getting all state agencies involved in addressing trauma, and recognizing that trauma impacts people of all ages.
- 6. Chairman Burnett posed the following questions from the Council President's Office:
 - o How do we ensure action when the bill does not require agency heads to adopt the recommendations from the Task Force and participating staff? Councilman Cohen explained that the agency staff assigned to work with the Task Force will be regularly interfacing with the leaders and staff at their agencies, and that the Task Force will oversee implementation of its recommendations.
 - Are there goals and metrics for the Task Force that can be used to measure success?
 Councilman Cohen acknowledged that measurable goals and metrics will be important but explained that the Task Force is the best body to develop them.
- 7. A panel of community service providers discussed the importance and challenges of responding to trauma, as well as their experiences working with traumatized individuals. Speakers noted the importance of including community members in the Task Force to ensure that the process is not "top down," recognizing that sources of trauma go far beyond violence (including addiction and mass incarceration) and individuals often experience multiple traumas from different sources, and understanding that service providers often experience vicarious trauma as they try to help their clients. Speakers also noted the need to support caregivers/parents of those who have suffered trauma and who may be traumatized themselves. Additionally, speakers suggested that the bill define trauma, include a pediatrician on the Task Force, involve the Department of Social Services and the School System, and ensure that racial equity is considered as part of the Task Force's work.
- 8. Jessica Cook-Thomas from the Department of Recreation and Parks explained that agency staff are often on the front line in responding to trauma. She noted that they sometimes face issues beyond their training and need support from clinicians. Ms. Cook-Thomas also noted that agency decisions, such as staffing changes, can exacerbate the impacts of trauma on the individuals and communities they serve.
- 9. Members of the public described their personal experiences with trauma, recovering from trauma, and treating individuals who have experienced trauma. Some members of the public also submitted written testimony (in file). Speakers made the following points:
 - o trauma can impact brain development, behavior, and school readiness;
 - o trauma is often intergenerational;

- o responses to trauma should be proactive, flexible, and conscious of institutional racism;
- o adult caregivers and service providers treating people who have experienced trauma also need support;
- o training in Trauma Informed Care should not be oversimplified;
- o preventing trauma is also vitally important;
- the response to trauma should not effectively define people and communities by their trauma;
- o the Task Force's work should include a focus on equity; and
- o the Task Force should include caregivers with trauma history, active mental health professionals with expertise in early childhood trauma, and a pediatrician.
- 10. Chairman Burnett explained that the committee would schedule a work session on the bill in the future and recessed the hearing. Also see the attached "Health Committee Hearing Agenda," from September 5, 2019.
- 11. On <u>Thursday, November 21, 2019</u> the Committee will reconvene the hearing by holding a work session.

Additional Information

Direct Inquiries to: 443-984-3485

Fiscal Note: None

Information Source(s): Notes taken during the September 5, 2019 public hearing.

Marqueite M. Curien

Analysis by:

Marguerite M. Currin

Analysis Date:

November 18, 2019

Health Committee Hearing Agenda 09.05.2019 (5PM-7PM)

Baltimore City Trauma Responsive Care Act

- 1. Welcome from Councilman Burnett
- 2. Overview of the Baltimore Trauma Responsive Care Act from Councilman Cohen
- 3. Opening Remarks from Damani Thomas, Senior at Frederick Douglass High School who provided the inspiration for the bill and helped to write it
- 4. Agency Reports from DOT, DPW, BCRP, DCHD, MOED, Enoch Pratt, MOCJ, BCFD, Parking Authority, Finance, Law, MOHS, Planning
- 5. Panel of Parents and Students
 - a. Kayla Washington, Student with Baltimore Child Abuse Center's Community Violence Program
 - b. Gregory Riddick, Parent and Founder of the Trill Foundation
 - c. Erica Hamlet, Parent and Community Activist
 - d. Ulysses Archie, Parent parenting with ACEs, Founder of the Baltimore Gift Economy and ACE Interface Master Trainer
- 6. Questions from Committee Members
- 7. Panel of Community Providers
 - a. Dr. Denise McLane-Davison, Associate Professor, Morgan State School of Social Work
 - b. David Ross, Violence Intervention Specialist for the Violence Prevention Program at R Adams Cowley Shock Trauma Center at the University of Maryland
 - c. Ameejill Whitlock, Founder of the Freddie Gray Street Medicine Cooperative
 - d. Adam Rosenberg, Executive Director of the Baltimore Child Abuse Center
 - e. Dr. Joan Kaufman, Center for Child and Family Traumatic Stress
 - f. Dr. Wendy Lane, University of Maryland Medical School
 - g. Dr. Tara Doaty, Founder and Lead Consultant at Sage Wellness
- 8. Questions from Committee Members
- 9. Panel of Agency Staff
 - a. Israel Nunez, Baltimore City Recreation and Parks
 - b. Jessica Cook-Thomas, Baltimore City Recreation and Parks
- 10. Questions from Committee Members
- 11. Public Testimony*

City of Baltimore

City Council City Hall, Room 408 100 North Holliday Street Baltimore, Maryland 21202

Meeting Minutes - Final

Health

Thursday, September 5, 2019

5:00 PM

Du Burns Council Chamber, 4th floor, City Hall

19-0410 Rescheduled from 8/27/19 Charm TV 25

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

Present 4 - Kristerfer Burnett, Bill Henry, Mary Pat Clarke, and Isaac "Yitzy" Schleifer

Absent 1 - Edward Reisinger

ITEM SCHEDULED FOR PUBLIC HEARING

19-0410

The Baltimore City Trauma-Responsive Care Act

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

Sponsors: Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

Hearing recessed.

2W = 48

ĐI

CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG, Mayor



OFFICE OF COUNCIL SERVICES

LARRY E. GREENE Director 415 City Hall, 100 N. Holfiday Street Baltimore: Maryland 21202 410-396-7215 / Lax: 410-545-7596 email: larry greene a baltimorecity gov

HEARING NOTES

Bill: 19-0410

The Baltimore City Trauma-Responsive Care Act

Committee: Health	
Chaired By: Kristerfer Burnett	
Hearing Date: Thursday, September 5, 2019 Time (Beginning): 5:05 PM Time (Ending): 7:45 PM Location: Clarence "Du" Burns Chamber Total Attendance: Approximately 70 people Committee Members in Attendance: Kristerfer Burnett Bill Henry Mary Pat Clarke Isaac "Yitzy" Schleifer	
Bill Synopsis in the file?	□ no □ n/a □ no □ n/a □ no □ n/a □ no ⋈ n/a □ no ⋈ n/a ⋈ no □ n/a

Major Speakers

(This is not an attendance record.)

See attached agenda.

Major Issues Discussed

- 1. Chairman Burnett called the hearing to order, introduced the Committee members in attendance, and explained that the Committee would not be voting on the bill during the hearing.
- 2. Councilman Cohen explained the bill and why it is especially important. He noted that trauma impacts many people in Baltimore, and disproportionately impacts communities of color. Councilman Cohen also discussed issues with City agencies' response to trauma shown by recent events.
- 3. Damani Thomas, a senior at Frederick Douglas High School discussed his experience with the effects of trauma and how it motivated him to help develop this bill.
- 4. Representatives from the agencies to which the bill was referred confirmed the recommendations in their written reports and discussed the importance of addressing trauma.
- 5. A panel of parents and students discussed how trauma has impacted them and their families. Speakers noted the importance of ensuring that traumatized children get consistent responses from adults, asking children and families what they need to deal with trauma and being responsive to those needs, getting all state agencies involved in addressing trauma, and recognizing that trauma impacts people of all ages.
- 6. Chairman Burnett posed the following questions from the Council President's Office:
 - a. How do we ensure action when the bill does not require agency heads to adopt the recommendations from the Task Force and participating staff? Councilman Cohen explained that the agency staff assigned to work with the Task Force will be regularly interfacing with the leaders and staff at their agencies, and that the Task Force will oversee implementation of its recommendations.
 - b. Are there goals and metrics for the Task Force that can be used to measure success? Councilman Cohen acknowledged that measurable goals and metrics will be important but explained that the Task Force is the best body to develop them.
- 7. A panel of community service providers discussed the importance and challenges of responding to trauma, as well as their experiences working with traumatized individuals. Speakers noted the importance of including community members in the Task Force to ensure that the process is not "top down," recognizing that sources of trauma go far beyond violence (including addiction and mass incarceration) and individuals often experience multiple traumas from different sources, and understanding that service providers often experience vicarious trauma as they try to help their clients. Speakers also noted the need to support caregivers/parents of those who have suffered trauma and who may be traumatized themselves. Additionally, speakers suggested that the bill define trauma, include a pediatrician on the Task Force, involve the Department of Social Services and the School System, and ensure that racial equity is considered as part of the Task Force's work.
- 8. Jessica Cook-Thomas from the Department of Recreation and Parks explained that agency staff are often on the front line in responding to trauma. She noted that they sometimes face issues beyond their training and need support from clinicians. Ms. Cook-Thomas also noted that agency decisions, such as staffing changes, can exacerbate the impacts of trauma on the individuals and communities they serve.

5 5

- 9. Members of the public described their personal experiences with trauma, recovering from trauma, and treating individuals who have experienced trauma. Some members of the public also submitted written testimony (in file). Speakers made the following points:
 - a. trauma can impact brain development, behavior, and school readiness;
 - b. trauma is often intergenerational;
 - c. responses to trauma should be proactive, flexible, and conscious of institutional racism;
 - d. adult caregivers and service providers treating people who have experienced trauma also need support;
 - e. training in Trauma Informed Care should not be oversimplified;
 - f. preventing trauma is also vitally important;
 - g. the response to trauma should not effectively define people and communities by their trauma;
 - h. the Task Force's work should include a focus on equity; and
 - i. the Task Force should include caregivers with trauma history, active mental health professionals with expertise in early childhood trauma, and a pediatrician.
- 10. Chairman Burnett explained that the committee would schedule a work session on the bill in the future and recessed the hearing.

Furt	her Study
Was further study requested?	⊠ Yes □ No
If yes, describe. The Committee will schedule a	work session on the bill in the future.
Comm	aittee Vote:
K. Burnett	
B. Henry	***************************************
E. Reisinger	***************************************
I. Schleifer:	***************************************
Malle OS	
Matthew Peters, Committee Staff	Date: September 5, 2019

cc: Bill File

OCS Chrono File

Health Committee Hearing Agenda 09.05.2019 (5PM-7PM)

Baltimore City Trauma Responsive Care Act

- 1. Welcome from Councilman Burnett
- 2. Overview of the Baltimore Trauma Responsive Care Act from Councilman Cohen
- 3. Opening Remarks from Damani Thomas, Senior at Frederick Douglass High School who provided the inspiration for the bill and helped to write it
- 4. Agency Reports from DOT, DPW, BCRP, DCHD, MOED, Enoch Pratt, MOCJ, BCFD, Parking Authority, Finance, Law, MOHS, Planning
- 5. Panel of Parents and Students
 - a. Kayla Washington, Student with Baltimore Child Abuse Center's Community Violence Program
 - b. Gregory Riddick, Parent and Founder of the Trill Foundation
 - c. Erica Hamlet, Parent and Community Activist
 - d. Ulysses Archie, Parent parenting with ACEs, Founder of the Baltimore Gift Economy and ACE Interface Master Trainer
- 6. Questions from Committee Members
- 7. Panel of Community Providers
 - a. Dr. Denise McLane-Davison, Associate Professor, Morgan State School of Social Work
 - b. David Ross, Violence Intervention Specialist for the Violence Prevention Program at R Adams Cowley Shock Trauma Center at the University of Maryland
 - c. Ameejill Whitlock, Founder of the Freddie Gray Street Medicine Cooperative
 - d. Adam Rosenberg, Executive Director of the Baltimore Child Abuse Center
 - e. Dr. Joan Kaufman, Center for Child and Family Traumatic Stress
 - f. Dr. Wendy Lane, University of Maryland Medical School
 - g. Dr. Tara Doaty, Founder and Lead Consultant at Sage Wellness
- 8. Questions from Committee Members
- 9. Panel of Agency Staff
 - a. Israel Nunez, Baltimore City Recreation and Parks
 - b. Jessica Cook-Thomas, Baltimore City Recreation and Parks
- 10. Questions from Committee Members
- 11. Public Testimony*



DLR DRAFT II 5SEPT19

DLR DRAFT II 5SEPT19

AMENDMENTS TO COUNCIL BILL 19-0410 (1st Reader Copy)

Proposed by: Councilmember Cohen

{To be offered to the Health Committee}

Amendment No. 1 {Technical amendments; conforming Office name}

On page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after the first comma, insert "City"; and, on page 1, in lines 17 and 22, and on page 2, in line 4, in each instance, after "and", insert "Municipal"; and, on page 1, in line 18, after "22-1", insert ", 22-9,"; and, on page 2, after line 20, insert:

"§ 22-9. Office established.

There is an Office of Children[, Youth,] and [Families] FAMILY SUCCESS in the Office of the Mayor.".

Amendment No. 2 {Composition of Task Force}

On page 3, in line 26, strike "20" and "16", respectively, and substitute "25" and "20", respectively; and, on that same page, in line 27, strike "4" and substitute "5"; and, on that same page, in line 30, strike "16" and substitute "20"; and, on page 4, in line 1, strike "2" and substitute "3"; and, on that same page, in line 6, strike "1" and substitute "2"; and, in that same line, strike "A MEMBER" and substitute "MEMBERS"; and, on that same page, after line 7, insert:

"(5) 1 SHALL BE A REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 8 and 11, strike the paragraph designators "(5)" and "(6)", respectively, and substitute "(6)" and "(7)", respectively; and, on that same page, in line 11, strike "7" and substitute "8"; and, on that same page, after line 14, insert:

"(III) 1 REPRESENTATIVE OF AN ORGANIZATION WITH AN EXPLICIT FOCUS ON RACIAL EQUITY IN ITS ORGANIZATIONAL MISSION STATEMENT;";

and, on that same page, in lines 15 and 16, strike the sub-paragraph designators "(III)" and "(IV)", respectively, and substitute "(IV)" and "(V)", respectively; and, on that same page,

after line 23, insert "(3) THE DIRECTOR OF PLANNING OR THE DIRECTOR'S DESIGNEE;"; and, on that same page, in lines 24 and 25, strike the paragraph designators "(3)" and "(4)", respectively, and substitute "(4)" and "(5)" respectively.

Amendment No. 3 {Task Force Co-Chairs}

On page 5, in line 9, strike beginning with the second "THE" down through and including "OFFICE" in line 10 and substitute "ONE OR BOTH OF THE TASK FORCE CO-CHAIRS"; and, on that same page, strike lines 15 through 17 in their entireties and substitute:

"(E) TASK FORCE CO-CHAIRS.

(1) IN GENERAL.

AS PROVIDED IN THIS SUBSECTION, THE TASK FORCE SHALL HAVE 2 CO-CHAIRS.

(2) DIRECTOR OF THE OFFICE.

THE DIRECTOR OF THE OFFICE SHALL SERVE AS AN EX-OFFICIO CO-CHAIR OF THE TASK FORCE.

(3) COUNCILMEMBER.

ON THE RECOMMENDATION OF THE CITY COUNCIL PRESIDENT, THE MAYOR SHALL DESIGNATE 1 OF TASK FORCE MEMBERS APPOINTED UNDER § 22-17(B)(7) OF THIS SUBTITLE TO SERVE AS A CO-CHAIR OF THE TASK FORCE.".

Amendment No. 4 (Clarification of agency staff designees)

On page 7, in line 13, strike "EACH" and substitute "SUBJECT TO PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, EACH"; and, on that same page, after line 24, insert:

- "(2) OF THE 2 AGENCY STAFF MEMBERS DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION:
 - (I) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO:
 - (A) HAS DECISION-MAKING AUTHORITY IN DEVELOPING CITY POLICY; OR
 - (B) SERVES AS A PRINCIPAL ADVISOR TO THE AGENCY HEAD; AND

(II) 1 STAFF MEMBER SHALL BE AN INDIVIDUAL WHO, WITHIN THE COURSE OF THE INDIVIDUAL'S CITY EMPLOYMENT, ROUTINELY AND DIRECTLY INTERACTS WITH COMMUNITY MEMBERS.";

and, on that same page, in line 25, strike the paragraph designator "(2)" and substitute "(3)".

Amendment No. 5 {Requiring agency staff designees to collaborate with equity coordinator}

On page 7, after line 19, insert:

(__

"(IV) COLLABORATE WITH THE AGENCY'S EQUITY COORDINATOR AS DESIGNATED UNDER § 39-8 {"AGENCY IMPLEMENTATION – EQUITY COORDINATOR"} OF THIS ARTICLE TO ENSURE THAT THE AGENCY'S EQUITY ASSESSMENT PROGRAM IS TRAUMA-INFORMED AND TRAUMA-RESPONSIVE;";

and, on that same page, in lines 20 and 22, strike the sub-paragraph designators "(IV)" and "(V)", respectively, and substitute "(V)" and "(VI)" respectively.

Amendment No. 6 {Extending time required for agency head to substitute designees}

On page 7, in line 26, strike "30" and substitute "90".

Amendment No. 7 [Assigning to Dept. of Human Resources compliance responsibilities]

On page 7, in line 28, strike "HEALTH DEPARTMENT" and substitute "<u>DEPARTMENTAL</u>"; and, on that same page, at the beginning of line 29, insert the paragraph designator "(1)"; and, on that same page, after line 29, insert:

"(2) THE DEPARTMENT OF HUMAN RESOURCES SHALL ENSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION AND REPORT TO THE TASK FORCE AS NECESSARY ANY DIFFICULTIES REGARDING AGENCY IMPLEMENTATION.".

Amendment No. 8 [Adding Environmental Control Board to agency list]

On page 6, after line 21, insert "(X) THE ENVIRONMENTAL CONTROL BOARD;"; and, on that same page, in lines 22, 23, 24, 25, and 26, strike the sub-paragraph designators "(X)", "(XII)", "(XIII)", and "(XIV)", respectively, and substitute "(XI)", "(XIII)", "(XIII)", "(XIII)", "(XIII)", "(XIII)", "(XIV)", and "(XV)", respectively.

-1



t 410.662.5500 f 410.662.5520 2305 N. Charles Street, Suite 200 Baltimore, MD 21218 familyleague.org

Testimony in Support of Council Ordinance 19-0410 The Baltimore City Trauma-Responsive Care Act

TO: Chair Burnett and members of the Health Committee

FROM: Demaune A. Millard, President & CEO, Family League of Baltimore

DATE: September 5, 2019

As Baltimore City's Local Management Board, Family League serves as an architect of change by promoting data-driven, collaborative initiatives, and aligning resources to create lasting outcomes for children, families and communities with a vision of a Baltimore where every child grows up in a family that thrives. Family League believes that racial equity plays a pivotal role in realizing its organizational vision and that it can be achieved when race no longer determines the life trajectory of people in Baltimore. As such, we apply a racial equity lens to our policies, practices, organizational culture, and grantmaking.

An important part of breaking down silos and systems to achieve true racial equity and to address the challenges children, families, and communities face is using our role to build agency amongst those communities we support. As such, Family League is committed to building the capacity of our funded partners and the greater community by providing free coaching and professional development (PD) opportunities. These workshops deliver the most current research and best practices to support the diverse communities of Baltimore, and to ensure partners receive the resources needed to promote equity and can effectively bring about change in the communities they serve. A variety of workshops are offered throughout the calendar year and are open to the public. PD opportunities are a vital to capacity building and supporting well-designed, high impact programs and activities for the children, youth, and families of Baltimore.

When our team did a recent needs assessment for all of our funded partners, providing trainings on trauma-responsive care was one of the top five responses we received; the other needs lifted up, such as restorative practices training and behavior management trainings, also speak to the needs to how we can support youth experiencing trauma. Trauma impacts youth across all of our programs, from Community Schools to parenting supports to food security. Across the spectrum we see youth dealing with the symptoms of Adverse Childhood Experiences (ACEs). Over the past year, we provided multiple trainings on Trauma Informed Care, Undoing Racism, Youth Development, and more. When we offer trainings to our providers on these subjects, they've proven to be the most attended trainings to date. Clearly there is a significant need for agencies and providers at all levels to be training on and knowledgeable in

ACEs, trauma, restorative practices, and other ways to best support our youth. We are working now to schedule additional trainings on trauma-informed care and vicarious trauma supports for practitioners.

Family League of Baltimore supports City Council Ordinance 19-0410 as a bold step toward creating a trauma-responsive City. We applaud Councilman Cohen for his leadership and dedication to this issue and urge a favorable report by the Committee. If you would like any additional information on any of our programs or services you may reach out to Matt Quinlan, Public Policy Manager, at mquinlan@familyleague.org or at 410-236-5488.



City Council of Baltimore Health Committee Baltimore City Trauma-Responsive Care Act Council Bill 19-0410

September 5, 2019

** SUPPORT **

Baltimore Child Abuse Center (BCAC), a longtime leader in Baltimore City's efforts to mitigate acute childhood trauma, supports the Baltimore City Trauma-Responsive Care Act, Bill 19-0410. The bill aims to create "an organizational culture shift" towards "a trauma-responsive City government." We know from experience that being truly trauma-responsive takes a great deal of learning, humility and work in collaboration with others. The task force and training in the bill are important first steps.

The science of adverse childhood experiences (ACEs) – and particularly urban ACEs like witnessing or experiencing community violence, discrimination and poverty -- is well-established. Our community leaders are beginning to understand what trauma experts have known for decades- that unaddressed childhood trauma can profoundly alter a child's physical and mental health and social well-being. We also know that, with proper traumaresponsive services, our children can thrive.

BCAC's Response to Childhood Trauma and Urban ACEs

BCAC, a chartered, accredited member of the National Children's Alliance and the Maryland Children's Alliance, provides victims of child abuse with a 24-hour crisis reponse model that includes forensic interviews, medical treatment, family advocacy, and mental health services in a child-friendly setting. BCAC has helped over 35,000 young people and their families since its inception over 30 years ago. Currently, <u>5,000 Baltimore children come to BCAC each year</u>. We have also trained over 9,300 youth-serving professionals on abuse and trauma. BCAC is a proud multidisciplinary team members with City partners, such as Baltimore Department of Social Services, Baltimore City Police Department, the Baltimore City State's Attorney's Office and many community organizations.

BCAC Provides Trauma-Responsive Care to Children Who Have Witnessed Violence Drawing upon efforts by the United States Department of Justice's Defending Childhood Initiative of 2010ⁱⁱ and the tenents of the Philadelphia Urban ACE Survey, iii BCAC began to utilize its nationally accepted children's advocacy center approach to provide assistance and services for child witnesses of violent crimes in 2013.

Among other programs, BCAC has implemented a Child Witnesses to Homicide program in which children and families involved in complex homicide cases involving child witnesses receive a comprehensive set of trauma-informed services through an evidenced-based multidisciplinary response model. BCAC is also a part of the statewide pilot efforts with Handle with Care, a multidisciplinary alert system helping schools work with children suffering from acute trauma

In addition to providing direct victim services, the Child Witness to Homicide team developed a set of protocols to support the multidisciplinary model and provide training to enhance the capacity of multidisciplinary team agencies to serve child witnesses. BCAC provides direct services to children and families through its forensic interview and family advocacy programs. Co-located at BCAC is also a therapist from the State's Attorney's Office's, Family Bereavement Center who provides mental health treatment to children and families who have experienced or witnessed violence.

From 2013 through 2019, BCAC has provided assistance to **318 children who have witnessed violent crimes.** Of these exposures to violence in 2018, 22% witnessed homicide, and 59% witnessed other violent acts.

Over the last five years, BCAC has tracked where victims of abuse currently live and found they overwhelmingly reside in the same communities that have the highest rates of violence and opioid usage (see attached map). In partnership with LifeBridge Health we are expanding our violence intervention programs, beginning in Park Heights with our new Safe Streets program site, and a hospital-based violence intervention model.

BCAC services aim to help put children on the right track, stabilize families and offer support and training to trauma professionals. Through expansion of our 24-hour crisis intervention response, along with culturally competent family advocacy, and increased available mental health services, BCAC aims to serve more children who have witnessed violence or are **experiencing "continuous traumatic stress disorder"** from living with community violence and trauma.

We support this bill and look forward to being part of this City's evolving trauma response.

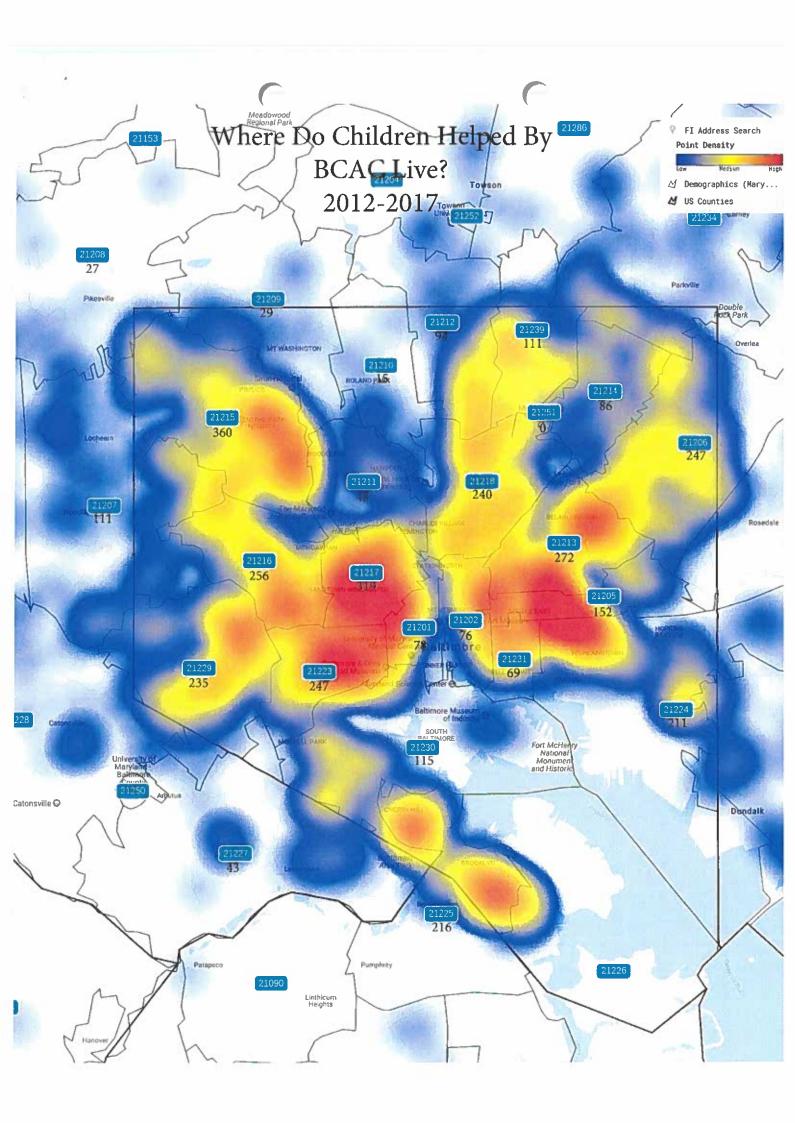
Adam Rosenberg, Esq. Executive Director

410-396-6147

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

https://www.justice.gov/sites/default/files/defendingchildhood/legacy/2012/12/12/cev-executive-sum.pdf p. 2

http://www.instituteforsafefamilies.org/philadelphia-urban-ace-study. The Philadelphia Urban ACE Survey, conducted by the Institute for Safe Families, identified additional ACEs for people in urban settings.





A Year by the Numbers: January 1, 2018 - December 31, 2018

across all programs at BCAC

 26% After normal business hours





Client Demographics

Age: 0-6 years 30% 7-12 years 41% 13-17 years 27% 18+ years <2% Race: Black 76% Hispanic 7% White 10% 6% Bi-Racial < 1% Other

Gender: Female 70% Male

Children with Disabilities: 23%



<u>Family Advocacy</u>

Ongoing follow-up support for 431 families, including: home & school visits, court support, food, housing, and legal assistance programs.







amily Advocacy Sessions



Medical Examinations provided

Medical Services

100 Forensic Medical Exams 736 Medical Screenings for children entering foster care



Mental Health

Sessions Clients

129 ② 2,500 2 10% Services in

Spanish

Accessibility Services

Rides to and









364 Juvenile Missing Persons

Child Witnesses to D.V.

Child Trafficking Clients

Support

Interns



36 Volunteers

Training and Outreach

9,300 **Professionals trained**

Sessions



Benefiting 40,000





Alleged Maltreatment

Physical Abuse Witness to Violend

Contact Information



BaltimoreChildAbuseCenter.org Witter.com/ChildAbuseCentr



Facebook.com/4BCAC

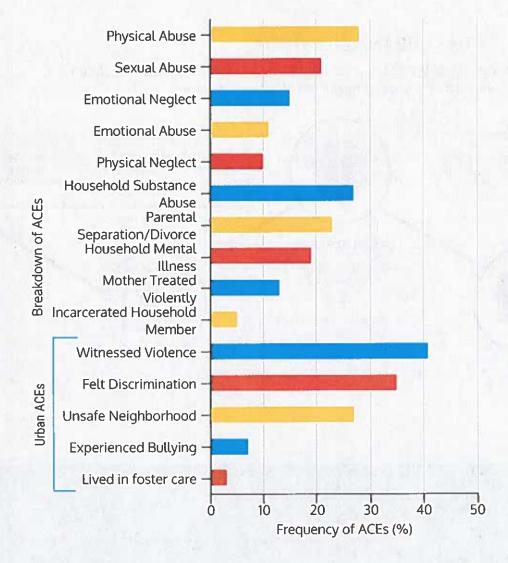
ADVERSE CHILDHOOD EXPERIENCES (ACE)

ACEs: HISTORY AND RELEVANCE

ACES are Adverse Childhood Experiences that harm children's development so much so, that the effects emerge in adulthood. The original ACE study was a public health study initiated in 1995 by the Centers for Disease Control & Prevention and Kaiser Permanente and it uncovered a link between child maltreatment & experiences and later life health outcomes and well-being. A second study conducted by the Institute for Safe Families in Philadelphia examined the prevealence and impact of ACEs in an urban city with a socially and racially diverse population. Findings suggest that some of the worst health and social problems arise as a consequence of adverse childhood experiences.



WHAT ARE ACES AND WHO HAS THEM?





ACEs are common.
Approximately two-thirds
(65%) of adults have at least
one ACE.



If a person has one ACE, there's a nearly 90 percent chance that they have two or more.

WHY SHOULD WE CARE ABOUT ACES?



ADULTS WITH AN ACE SCORE OF 4+ WERE 460% MORE LIKELY TO HAVE **DEPRESSION AND 19% OF ADULTS WITH ACE SCORE OF 4+ HAVE ATTEMPTED** SUICIDE.



HIGH ACE SCORES YIELD INCREASED RATES OF BROKEN BONES, DIABETES, HEART DISEASE, OBESITY, CANCER, AND STROKE.



COST TO TAXPAYERS IS ROUGHLY \$120 BILLION A YEAR.



VICTIMS OF EARLY ACES ARE MORE VULNERABLE TO BEING REVICTIMIZED BY SEXUAL VIOLENCE. WOMEN WITH AN ACE SCORE OF 4+ ARE 500% MORE LIKELY TO EXPERIENCE DOMESTIC VIOLENCE AND 900% MORE LIKELY TO BECOME VICTIMS OF RAPE.



OPIOID DEPENDANT INDIVIDUALS REPORT HIGHER RATES OF ACES AND ARE ASSOCIATED WITH AN EARLIER AGE OF FIRST USAGE. PEOPLE WITH AN ACE SCORE OF 5 OR HIGHER ARE 7 TO 10 TIME MORE LIKELY TO USE ILLEGAL DRUGS, REPORT ADDICTION AND INJECT ILLEGAL DRUGS.

THE URBAN ACES STUDY

The Urban ACE Module was developed by the Philadelphia ACE Task Force to examine how Urban ACE stressors further impact an individual's long term health



THE IMPACT

The Philadelphia Urban ACE study was one of the first to examine ACEs with a racially and socioeconomically diverse urban population



THE RESULTS

- 81% of participants experienced 1 or more ACE indicator
- 68% experienced 1 or more of the Standard ACE indicators - 58% experienced 1 or more of the newly established Urban
- **ACE** indicators - 45% experienced at least one Standard and at least one Urban indicator

5 NEW URBAN ACE INDICATORS

- Experiencing Racism - Witnessing Violence
- Living in an unsafe neighborhood
 - Living in foster care
 - Experiencing Bullying



URBAN ACE SCORE

Comprised of the Standard ACE Indicators (0 - 9)



New Urban ACE Indicators (0-5)



Total ACE Score (0-14)









Headquarters 2108 North Charles Street Baltimore, MD 21218 P: 410.889.2300 F: 410.637.8385

familytreemd.org

Raising families up.

24-hour Parenting Helpline: 1.800.243.7337

August 23, 2019

Hon. Chairman Zeke Cohen Education and Youth Committee 100 N. Holiday Street Baltimore, MD 21202

RE: Council Bill 19-0410- The Baltimore City Trauma-Response Act

Dear Chairman Cohen and Members of the Committee:

Thank you for taking up this important issue of the impact of trauma on Baltimore City's children and youth. We applaud the Bill's intent to develop a citywide strategy toward an organizational culture shift into a trauma response City Government and provider community.

Childhood trauma is a devastating public health issue for our City, impacting more than 50% of our children (The Child and Adolescent Health Measurement Initiative). Traumatic experiences include a range of family and community factors, including physical, emotional, and sexual abuse during childhood; parental separation because of incarceration, divorce or illness; exposure to intimate partner or community violence; and parental substance use disorders or mental illness. Each of these factors increases the risk of neurological, biological, psychological and/or social difficulties that impact lives of children into adulthood, including negative health outcomes (Felitti et al, 1998). The bottom line findings: without supportive adults and responsive systems of care, traumatic experiences increase the risk for severe emotional distress, suicide, physical illness substance use disorders and a host of other life difficulties.

In 2015, the Maryland Department of Health asked state residents about their experiences during childhood, and 80% of Baltimore City respondents reported one or more adverse childhood experience (ACE). In addition, 43% reported a parent who abused substances and 29% had witnessed violence in their home. Baltimore City also lead the state in the highest percentage of children who had experienced sexual abuse at 19% (Maryland BRFSS, 2015).

Understanding trauma and a trauma informed response is the first step to providing effective services and *preventing* trauma from occurring in the first place. Many of the current problems faced by children/youth may be attributed to coping behaviors developed















Headquarters 2108 North Charles Street Baltimore, MD 21216 P: 410.889.2300 F: 410.637.8385

family treemd.org

Raising families up.

24-hour Parenting Helpline: 1.800.243.7337

by earlier stressful traumatic events. Other steps the community can consider in creating a trauma informed integrated system include: screen for trauma, communicate a sensitivity to trauma issues, train all staff about trauma-sensitive practice and sharing critical information, create a safe and comfortable environment, provide services in a trauma-informed manner, and, most importantly, listening to the voices who have experienced trauma.

The Family Tree is Maryland's leading non-profit organization dedicated to improving our community by preventing child abuse and neglect. In the <u>forty-five</u> years since The Family Tree first laid roots, the organization's leadership has cultivated a deep understanding of child abuse in Maryland. With national affiliations such as Parents Anonymous®, Prevent Child Abuse America, and The National Exchange Clubs, The Family Tree belongs to a growing network of NGOs across the country devoted to preventing childhood adversity-society's most precious resource.

The Family Tree, in partnership with the Maryland Essentials for Childhood, is leading a vital movement called the **ACE Interface Initiative** to support widespread awareness, promote understanding, and empower communities to improve health and well-being of all residents.

I urge the City Council to take its place among those Cities sponsoring legislation that promotes a trauma response, integrated system of care to best serve its most vulnerable population, children and youth. Thank you, and the Committee, for considering this initiative. Please do not hesitate to contact me if I can assist you in any way.

Sincerely,

Patricia L. Comer

Patricia K. Cronin, LCSW-C

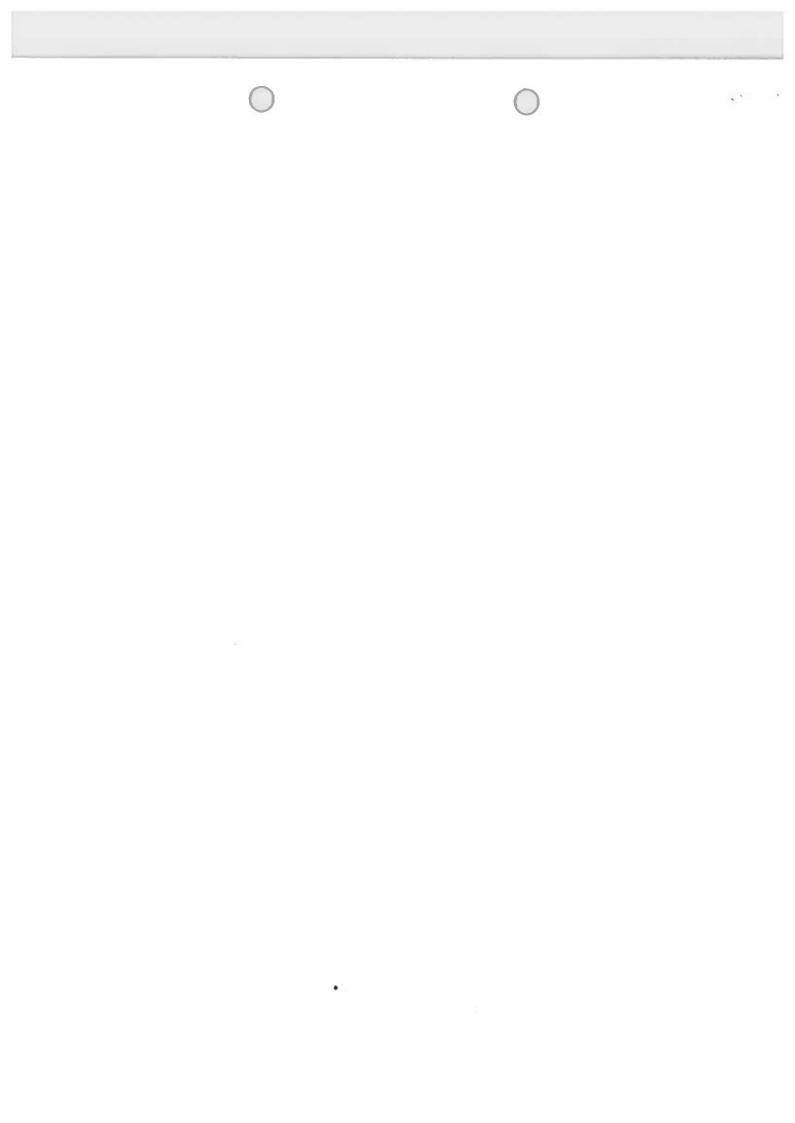












Testimony in Support of

City Council Bill 19-0410 – The Baltimore City Trauma-Responsive Care Act
Presented by Lydia C. Watts, Esq., Executive Director, the Rebuild, Overcome, and Rise
(ROAR) Center at University of Maryland, Baltimore

September <u>5, 2019</u>

My name is Lydia Watts. I am the Executive Director of a new Center at University of Maryland, Baltimore called the Rebuild, Overcome, and Rise (ROAR) Center. I am testifying, and submitting this written testimony, in support of City Council Bill 19-0410 – The Baltimore City Trauma-Responsive Care Act. ROAR provides wrap-around services to victims of crime in Baltimore City. We have as staff of me and three other lawyers, a paralegal, two social workers, and a part-time community health nurse. We have been accepting clients since mid-February and have been fully staffed since June 1st. To date, we have helped just over 70 people who live in Baltimore City. All of them are survivors of crime ranging from homicides, non-fatal shootings, rapes, assaults, intimate partner violence, and more. All of them have experienced *at least* this one trauma, though most have experienced multiple traumas, often since they were very young.

Xhi

I have been doing work like throughout my entire legal career spanning 23 years. I worked with survivors of intimate partner and sexual violence for the past 30 years, even before I became a lawyer. Most of that time has been in Washington, DC, though also in Massachusetts, where I grew up. I share this history with you, because though I am not a mental health professional or researcher that can, from that perspective, espouse the value of providing trauma-informed care, I have been providing trauma-informed services for three decades. Below are links to some scholarly articles written by and for lawyers on the value of providing trauma-informed lawyering. Sara Gold, the author of the first article in the list is a colleague at the Carey Law School, who co-directs the Medical-Legal Partnership Clinic.

There are many others at the University of Maryland, Baltimore, who are experts on trauma. To name just a few who I have met with as I have developed the programming at ROAR:

 Kathleen M. Connors, MSW, LCSW-C, Instructor, University of Maryland School of Medicine, Department of Psychiatry, Project Director of the Family Informed Trauma Treatment Center and Co-Director of the Center of Excellence for Infant and Early Child Mental Health, who has over 30 years of experience as a clinical social worker working with children, families and communities impacted by trauma. Ms. Connors has provided evidence-based, mental health treatment to children and families in a variety of settings, including hospital, residential treatment, private practice and clinic, home, school-based programs. She specializes in infant and early childhood mental health and assessment and treatment for families impacted by trauma.

- Nadine Finigan-Carr, Ph.D., Research Associate Professor and Assistant Director of the Ruth H. Young Center for Families and Children (RYC) at the University of Maryland School of Social Work. RYC promote the safety, permanence and stability, and wellbeing of children, youth, and families in their communities through education and training; research and evaluation; and best practice service programs. Dr. Finigan-Carr writes extensively on issues of sex trafficking, especially among youth involved in the foster care system, and linking health and education for African American students' success.
- Kyla Liggett-Creel, Ph.D., Assistant Clinical Professor at the School of Social Work, University of Maryland, who has served as a Senior Clinical Social Worker at the Center for Infant Studies for three years. She was previously a Supervising Clinical Social worker at Kennedy Krieger Institute for nine years (1999-2008) and coordinated a clinic for children between the ages of birth to five who had experienced trauma. Dr. Liggett-Creel has presented for Child Welfare agencies across the State of Maryland on issues related to trauma, attachment and development. Dr. Liggett-Creel has published an article on evidence-based practice with parents of children birth to seven years old who have experienced trauma. Currently, Dr. Liggett-Creel is the Director of Research and Evaluation for the Promise Heights Program which is a place-based initiative in the Upton/Druid Heights community.
- Lee C. Westgate, MBA, MSW, LCSW-C is a board approved clinical supervisor in the state of Maryland, and a Clinical Instructor at the University of Maryland, School of Social Work. He currently serves as National Director of Behavioral Health at AbsoluteCARE. He also currently serves as. He has participated in a CSWE-sponsored National Trauma Task Force work-group that focused on the intersection of ethics and

- trauma-informed practice. Additionally, he was awarded an immersion fellowship through Boston University to study addiction and behavioral health.
- W. Henry Gregory, Jr. Ph.D. is a mental health professional with over thirty-five years of experience and is an assistant professor at the University of Maryland, School of Nursing. He has expertise and extensive experience as a clinician, educator, trainer, consultant and researcher in a number of service areas including substance abuse, HIV/AIDS, criminal justice, juvenile justice, child welfare, school-based mental health, and behavioral health. He also serves as the associate director for the University of Maryland Baltimore County (UMBC) Department of Psychology's Center for Community Collaboration. Dr. Gregory provides consultation and training to public and private agencies and direct services to individuals and families through his own organization, the Rafiki Consortium, LLC. Through Rafiki, he focuses on assisting service providers, policymakers, family members and other stakeholders in understanding and implementing skills, attitudes and treatment/service models that are culturally competent and grounded in a competency orientation toward promoting change.

What do these amazing professionals, the copious amounts of research to support the implementation of trauma-informed care, and my practice of the past 30 years tell us about why it is important to provide trauma-informed care? Because without knowledge of trauma, ability to recognize signs of trauma, compassion for trauma histories, and skills around how to address trauma, the agencies throughout the City tasked with providing care and services to children, youth and families will, quite simply, be unable to effectively meet their missions. They will miss opportunities to provide meaningful interventions. They will assess their clients to be uncooperative, or even belligerent, when what they are witnessing are symptoms of trauma – forgetfulness, flat affect, differing versions of events, compulsivity, anger, and depression are some of those symptoms. They will even penalize trauma survivors for what may seem like failure to follow through on requirements, terms of treatment, etc., but are simply actually well-honed survival techniques.

I will illustrate this with a fictional client example that is drawn from many different clients whom I have had the pleasure of serving over the past 30 years. I will call her Lila. Lila is a survivor of intimate partner violence, but she also endured multiple traumas as a child. She was physically abused by her grandfather, with whom she stayed regularly since her mother was a single mom who relied on her father to provide childcare to Lila. At the age of 13, Lila was placed in 5 different foster homes while the investigation against her grandfather was pending. and her mother was taking the steps required by DHS to be reunited with Lila. By the time I met Lila, she was years old and had three children of her own, all of whom she was raising without the help of the children's fathers. She was being physically, emotionally, and sexually abused by her current boyfriend, who had been helping her out by watching the kids while she went to work at Walgreen's. When I first met with Lila, she did not disclose that she had been suspended at work for coming to work drunk. She did not disclose to me her history of alcoholabuse that had led to two prior convictions for DWI. She did not disclose to me that she had been hospitalized after the birth of her third child for suicidality. None of those facts seemed relevant to the protection order she was seeking against her current boyfriend. She twice missed her appointments with me to prepare for the case. She rarely picked up the phone when I would call. She seemed very terse and angry whenever we did talk. I had all sorts of assumptions about her truthfulness, her fitness as a parent, and her whether she was "taking advantage" of my services and the court system. With a trauma-informed lens, I could see that she did not trust me or want to be reliant on me at all. She hated feeling vulnerable and did not want to tell me the intimate details of her life. Once I was able to shift the discussion to one of compassion and understanding, rather than judgment and assumption, we built a strong working relationship. She got her protection order. She got sober and maintained sobriety for the past 3 years. She became active in her kids' schools. She obtained her GED and was able to secure much more stable employment.

Not all stories will end this well, but most – if not all – will end poorly if Baltimore City continues to provide services and care through city agencies without a trauma-informed lens.

I do have questions, that I hope the Task Force will grapple with early on: How will the Task Force define trauma and establish outcomes for the Task Force? How will the issue of generational trauma and key points of intersectionality be addressed? How will the training be developed and what elements will be required to be incorporated into the training? There are some great trainings available already. There is also an organization based in Massachusetts called the Full Frame Initiative that has developed – and tested the effectiveness of through rigorous research – the Five Domains of Well-Being, which builds on the foundations of trauma-informed care (see attached for more details). Will resources be allocated to bring those evidence-based trainings to the employees of the city agencies covered by this legislation? How will the representatives of the agencies who attend the trainings become program champions and work to bring the substance of the trainings to their agencies' work? The outcome that I think we all to avoid, is simply establishing another mandated training that employees resent and that does not change the practices and culture within the agencies.

Finally, I recognize that the Baltimore Police Department is a state agency, and as such the City Council does not have the authority to mandate training for police officers. However, it is critical that the BPD also learn about and embrace a trauma-informed practice model in order to best serve the residents of Baltimore City.

Thank you so much for the opportunity to testify this evening.

References:

"Trauma: What Lurks Beneath the Surface", Sara E. Gold, New York University School of Law, Clinical Law Review, March 2018 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3035602.

"Understanding Trauma and its Impact on Child Clients", Eva J. Klain, American Bar Association, Center for Public Interest Law, Center on Children and the Law, Child Law Practice Today, September 2014

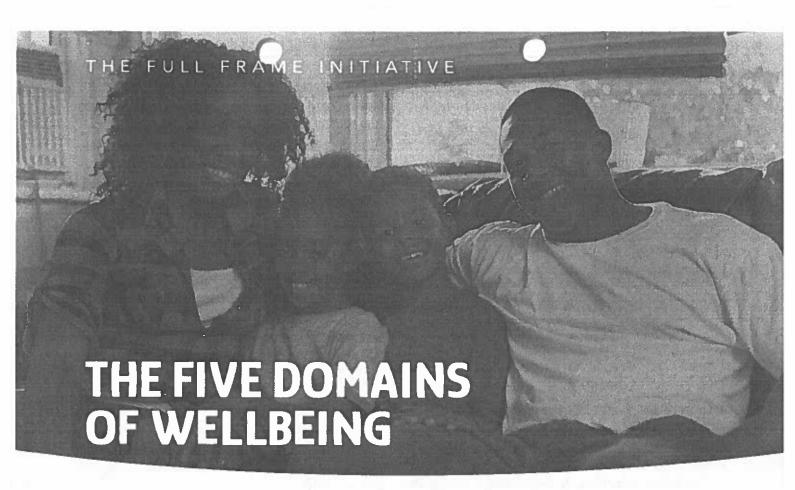
https://www.americanbar.org/groups/public interest/child law/resources/child law practiceonline/child law practice/vol-33/september-2014/understanding-trauma-and-its-impact-on-child-clients/.

"Establishing a Trauma-Informed Lawyer-Client Relationship, American Bar Association, Center for Public Interest Law, Center on Children and the Law, Child Law Practice Today, October 2014 https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-33/october-2014/establishing-a-trauma-informed-lawyer-client-relationship/.

"The Pedagogy of Trauma-Informed Lawyering", Sarah Katz & Deeya Haldar, New York University School of Law, Clinical Law Review, March 2016 https://www.law.nyu.edu/sites/default/files/upload_documents/Katz%20-%20Halder%20Pedagogy%20of%20Trauma-Informed%20Lawyering.pdf

Five Domains of Well-Being Building on Trauma Informed Care (TIC)

- A wellbeing orientation is grounded in a core assumption that as much as we are unique individuals, we are all more alike than different, and what connects us to each other is our universal, deeply hardwired drive for wellbeing. Wellbeing is defined as the set of needs and experiences, universally required in combination and balance to weather challenges and have health and hope. Trauma affects our access to these universally required needs and experiences which include but aren't limited to questions of safety.
- A wellbeing orientation is about context and equity, so pays a lot of attention to how
 people's identity in our communities and country is a predictor of access to wellbeing and
 therefore life outcomes. Trauma is often seen as an individually experienced phenomenon
 which leads us to individualized treatment or ways of addressing it, rather than
 addressing the social and systemic forces that are deeply traumatizing to whole
 communities and groups of people as well as to the individuals in those groups.
- While TIC has done a huge service to many trauma survivors in shifting the collective gaze from "what's the matter with you?" to "what happened to you?", we can all do even more: grounding our work in "what matters to you?" helps us shift even further and allows us to really hear and be with someone in understanding who they are that's not all seen through the prism of what's happened to them, but that also doesn't exclude that.

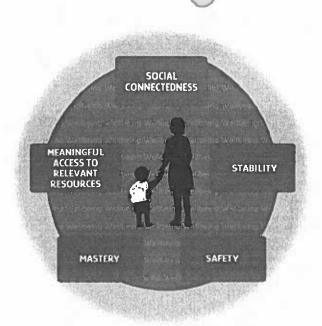


All of us—from janitor to judge, senior executive to senior citizen, adult to adolescent—share a set of universal needs that are critical in combination for health and hope. These are what the Full Frame Initiative defines as the Five Domains of Wellbeing.

We all need:

- social connectedness to people and communities, in ways that allow us to give as well as to receive;
- stability that comes from having things we can count on to be the same from day to day, and knowing that a small bump won't set off a domino-effect of crises;
- safety, the ability to be ourselves without significant harm;
- mastery, feeling that we can influence what happens to us, and having the skills to navigate and negotiate life; and
- meaningful access to relevant resources to meet our basic needs without shame, danger or great difficulty.

While we share a common need for assets in these domains, each of us experiences the domains in different and deeply personal ways, influenced by many factors, including our personal history, race, gender, age, community, family, values and context. A returning veteran may feel physically vulnerable sitting in traffic. A young black man may face extra scrutiny from security guards at a department store when he's buying clothes for school. A pick-up soccer game might give one person a sense of belonging and connectedness, but make another feel awkward and isolated.



Those same factors also influence what we are (or are not) willing to give up in order to increase our wellbeing. Increasing wellbeing doesn't happen by making progress in each single domain independently. The domains are interconnected. Sometimes, building assets in one domain means giving up something we value in another: a tradeoff. We all ask ourselves, "Is it worth it?" Is it worth it to take a job that gives me a big raise? If it means waking up 20 minutes earlier, maybe so. But if it means always missing visiting hours at a parent's nursing home, maybe not.

Sometimes we can find a way to minimize the tradeoff so that what wasn't worth it before, now is: convincing the nursing home to make an exception for visiting after hours twice a week. Being able both to decide for ourselves what's "worth it," and to navigate life in ways that build our assets and minimize tradeoffs, fosters wellbeing.

Yet many people, families and communities living at the intersection of poverty, violence and trauma face constant threats to their wellbeing, and services designed to help them address a challenge in one domain—gaining access to housing for example—rarely are set up to take into consideration the tradeoffs that might be an unintended by-product of this progress. And sometimes those tradeoffs aren't worth it, and so the progress doesn't stick. For example, if turning down available housing automatically disqualifies a person who is homeless from other housing options, the system has decided housing is "worth it," no matter what the cost of the tradeoff, But what if taking that housing means a mother has to move across the state, away from her job and the grandmother who provides care to her child who has a disability? That housing placement probably won't last, even if she takes it.

To create change that will last, systems and services must help people minimize tradeoffs and build assets in the Five Domains of Wellbeing. Doing so will begin to break the cycles of poverty, violence and trauma that undermine wellbeing for us all.



fullframeinitiative.org





The Full Frame Initiative is a social change organization that partners with pioneering organizations, systems and communities across the country to fundamentally shift their focus from fixing problems to fostering wellbeing – the needs and experiences essential for health and hope. Together, we are creating possibilities for lasting change in people's lives and sparking a broader movement that replaces poverty, violence, trauma and oppression with wellbeing and justice.

We hope our materials are useful to you. If you would like to reproduce them or use them for your own work, please contact us first. Using these materials without our consent is not permitted. ©2015-2019 The Full Frame Initiative

THE FULL FRAME INITIATIVE

Frequently Asked Questions THE FIVE DOMAINS OF WELLBEING IN A POLICY CONTEXT

Many frameworks and models help people and systems make change. Orienting systems and services around the Five Domains of Wellbeing helps ensure that change is sustainable—even for people who are facing multiple challenges and are caught up in multiple systems.

The Five Domains of Wellbeing¹ is a strengths-based, evidence-informed framework which recognizes all people—individuals, families and communities—have universal, interdependent needs for social connectedness, stability, safety, mastery and meaningful access to relevant resources.

This framework has been used as a common language across systems to make them more effective, efficient and humane. Deep application of the Five Domains of Wellbeing helps shift systems to a people- and family-centered response that improves outcomes, increases the efficiency of existing programs and systems, and ultimately improves the wellbeing of people in these same programs and systems.

Why should policymakers consider incorporating the Five Domains of Wellbeing into their systems change initiatives?

Because using the Five Domains of Wellbeing establishes a common language across different systems, creating more efficiency and leading to better results.

Many marginalized members of our communities who face multiple challenges—like homelessness, poverty and violence—end up stuck in a "revolving door" of services.

repeatedly involved with and coming back to a variety of services provided by or funded by different state agencies. While most services succeed in helping people make change, they struggle to ensure that change lasts. Efforts at coordination often fall short because each agency has its own mandate, each seemingly trumping the others. Without a common language and a shared framework to reconcile these sometimes opposing mandates, creating an efficient and effective set of systems isn't possible.

The Five Domains of Wellbeing framework helps systems respond to the reality that all change—required or voluntary—requires tradeoffs (i.e., making progress in one area, while giving up assets in another).

Is the Five Domains of Wellbeing framework effective and does it improve outcomes?

Yes, the Five Domains of Wellbeing is an evidenceinformed framework, and early evidence shows that using this framework results in better outcomes.

A wealth of research, from a range of fields, documents: the importance for health and success in each of the five domains, the interactions among the domains; and the relation these domains have to people's ability to make sustainable change.

The framework itself is drawn from the practice of some of our country's most innovative and effective programs and systems, and it has been refined in concert with a growing group of public systems and nonprofit programs. Today, the Full Frame Initiative is supporting programs and public agencies in applying the framework to improve outcomes across the country. For example, early evidence from work with Missouri Division of Youth Services shows that systems change efforts that include the Five Domains of Wellbeing as a core element are leading to better outcomes, including: higher levels of educational attainment, more productive community involvement and reduced recidivism for juvenile offenders.

Will incorporating the Five Domains of Wellbeing require creating new programs and increasing funding?

No. The framework uses existing services and resources to achieve more efficient and effective outcomes.

Rather than expecting all needs will be met by services, application of the framework helps agencies align and coordinate more effectively, and leverage—not replace—community assets and the social networks that are important for people's wellbeing.

By supporting lasting change for the people in systems, agencies will ultimately reduce the demand on systems.

We are already coordinating among our various agencies to improve efficiency and outcomes. Why do we need to incorporate the Five Domains of Wellbeing to do that?

The Five Domains of Wellbeing framework goes beyond coordination to create deep alignment across state agencies, programs and systems.

Most governments operate as a set of specialized systems, each focused on addressing a specific problem (e.g., child welfare, mental health, housing, etc.) without fully considering the other problems at play. A person with more than one challenge often experiences confounding and harmful systems fragmentation, which compromises the effectiveness of each of the services. The logical response, improving coordination among programs, often falls short because in achieving a given purpose, each agency may be creating unsustainable tradeoffs that mean giving up the very progress that another system enabled.

The Five Domains of Wellbeing framework addresses this systemic fragmentation by providing a mechanism to identify and minimize tradeoffs within and between agencies. Beginning with the Five Domains of Wellbeing as a common language means agencies can actually prevent unsustainable tradeoffs for people and effectively support them in making lasting change and progress.

Does using the Five Domains of Wellbeing mean that every agency has to do everything for everyone?

No, the Five Domains of Wellbeing simply allows for a peoplecentered response that is more effective and longer-lasting.

While the Five Domains of Wellbeing can be a common language across agencies, it doesn't mean that every agency does everything or every agency becomes a generalist practice. Indeed, it supports a people-centered response, not a problem-focused response, which helps systems respond to fundamental human needs. However, at the same time, it encourages the expertise, perspective and priorities of particular systems or agencies to be considered and drawn upon.

What does using the Five Domains of Wellbeing look like at the policy level?

At the policy level, using the Five Domains of Wellbeing means considering the tradeoffs that may be set up with each policy and minimizing those tradeoffs.

When all agencies are aligned with the Five Domains of Wellbeing, they are able to anticipate and discuss the potential tradeoffs of a policy and collectively design and implement ways to minimize tradeoffs that might undermine success.

For example, a policy to place foster children with family or relatives has an intention of supporting children in maintaining social connections. However, for a high school kid, moving to another school two months before the end of the school year may result in large, unsustainable tradeoffs.

That youth may drop out and run away—negative outcomes from a well-intentioned policy. Using the Five Domains of Wellbeing identifies and minimizes tradeoffs to help ensure that policy is able to achieve its intended effect.

This doesn't mean that the policy should be abandoned or changed, or that we need more services. Sometimes having a different conversation that anticipates tradeoffs can make all the difference between sustaining and not sustaining change. Other times, identifying tradeoffs means that action may be taken to leverage existing assets people have.

Who, or what populations, can benefit when the Five Domains of Wellbeing framework is applied?

Everyone can benefit.

The Five Domains of Wellbeing framework is based on the recognition that all people are more alike than different, and that in order to achieve wellbeing and thrive, we all strive to build resources in and minimize tradeoffs among these domains.

This framework is being used in fields as diverse as juvenile justice, domestic and sexual violence, housing and homelessness, child welfare, parenting support, and programs serving people with mental health, physical health, and addiction challenges. The universality of the Five Domains of Wellbeing— across races, cultures and backgrounds, life stages; demographic groups; individuals, families and communities; and more—makes the framework particularly valuable for integrating services across silos of issues and populations.

In particular, the Five Domains of Wellbeing framework helps marginalized people and communities because these are the people often involved with multiple agencies, any of which might require them to make unsustainable tradeoffs in order to receive the resources they need.

How can agencies incorporate the Five Domains of Wellbeing into their work?

Connect with us or our partners.

The Five Domains of Wellbeing framework itself is simple, perhaps deceptively so. However, agency staff and practitioners require training and support to fully understand the framework and apply it in a responsible, safe, meaningful and effective way.

The Full Frame Initiative partners with ambitious programs, systems and agencies to incorporate the Five Domains of Wellbeing, helping to identify funding sources for, and participating deeply in, their change efforts.

We offer technical and capacity building support as well as strategic support. We are committed to helping leaders across the country apply the framework in their own contexts and settings to improve systems for everyone.

We encourage you to connect with us, or our partners, to learn more about what it takes to apply the Five Domains of Wellbeing framework.









The Full Frame Initiative is a social change organization that partners with pioneering organizations, systems and communities across the country to fundamentally shift their focus from fixing problems to fostering wellbeing – the needs and experiences essential for health and hope. Together, we are creating possibilities for lasting change in people's lives and sparking a broader movement that replaces poverty, violence, trauma and oppression with wellbeing and justice.

We hope our materials are useful to you. If you would like to reproduce them or use them for your own work, please contact us first. Using these materials without our consent is not permitted. ©2015-2019 The Full Frame Initiative

My name is Dr. Rebecca Vivrette, and I am testifying today in support of the Baltimore City Trauma-Responsive Care Act on behalf of the Family Informed Trauma Treatment Center. The FITT Center is a Category II Center within the National Child Traumatic Stress Network. We have been funded by SAMHSA continuously since 2007, and our primary goal is to develop, implement, and evaluate family-and community-focused trainings and interventions for children and families who have experienced trauma.

I applaud Councilman Cohen and the co-sponsors of this legislation, and I would like to offer additional suggestions today for your consideration that would improve this bill even further.

Specifically, with regard to the Task Force, there are several critical partners that should be named in the bill as members of the Task Force. For example:

Caregivers with trauma histories who are parenting a child with ACEs. It is important to take a two-generation approach and include caregivers with lived experience in intergenerational trauma.

Second—An active mental health professional with expertise in early childhood trauma, so we can look through the lens of prevention and early intervention, because we know how beneficial this approach is to improving trauma-related outcomes.

Third—A pediatrician or family practitioner with an expertise in trauma and integrated care. Medical practices are utilized more often than mental health services, so physicians are often the first point of contact for families affected by trauma.

I've listed additional recommendations for task force members in my written testimony for your review.

- Representatives from hospitals with expertise in trauma, resilience, and integrated health practices, another early contact for children and parents.
- A representative of the faith-based community versed in the science of trauma and resilience and involved in interfaith efforts
- A representative of the business community versed in the science of trauma, resilience, and its' impact on the city's economic prosperity
- A representative of the foundation community versed in the science of trauma and resilience
- A representative of the scientific community to ground the Task Force efforts in groundbreaking findings, science, and evidence

My final point is with regard to training, There is a real danger in simplifying what it actually takes to become a trauma-responsive system. If individuals and systems only receive basic awareness or skills trainings without a deeper dive into authentic cross-agency and community partnership, systems-level change, and a collaborative process model for quality improvement and measuring success, it will be very difficult to achieve a meaningful culture shift. I would strongly suggest incorporating these elements into trainings and to facilitate at minimum quarterly interactions to allow for between-session learning.



410-922-2100 boardofchildcare.org

September 5, 2019
Baltimore City Council
Re: 19-0410 The Baltimore City Trauma – Responsive Care Act

Kelly Berger, LCSW-C Vice President of Special Operations – Board of Child Care

Councilman Cohen and fellow members of the Baltimore City Council,

Thank you for allowing the opportunity to express support and share some thoughts related to the Baltimore City Trauma Responsive Care Act. I am submitting this testimony as a licensed clinical social worker, certified trauma treatment specialist and proud Baltimore City resident and on behalf of Board of Child Care. My intention is to share our experience and lessons learned related to the implementation of a trauma responsive culture within a large scale organization.

Board of Child Care is an independent, non-profit that provides youth and families with education, mental health, and therapeutic residential services – our agency was established over 140 years ago and has been providing services to youth and families from Baltimore City and throughout Maryland ever since. Since 2014, Board of Child Care has been engaged in a process of implementing trauma informed care practices and infusing a trauma responsive culture across our organization. We have invested resources to support training and education for our over 700 staff and have shifted our treatment environments, interventions, approach to leadership as well as policies and procedures to consider individuals past experiences – not only for program participants, but also for our workforce.

We are happy to share some of the lessons we have learned along the way - lessons learned through our missteps and our successes and lessons reinforced by the concepts of implementation science. It is our hope that we can provide some helpful tips upon which Baltimore City can experience success with the implementation of this as well as future trauma responsive and resiliency building initiatives.

1. Approach to Training

The term "trauma informed" has become a catch all term that can easily be oversimplified in practice. We believe that it is important to emphasize the danger of generalizing this concept and the efforts that it takes to truly engage in the cultural transformation needed to become a trauma responsive system. It is critical that the approach to formal training





The term "trauma informed" has become a catch all term that can easily be oversimplified in practice. We believe that it is important to emphasize the danger of generalizing this concept and the efforts that it takes to truly engage in the cultural transformation needed to become a trauma responsive system. It is critical that the approach to formal training reflects a comprehensive, layered curriculum which includes the science of trauma and resilience.

Formal training should:

- Build a foundational awareness related to the science of childhood trauma and why
 being trauma responsive and building resilience in children, families, and
 communities is so important.
- Provide steps for how to build a trauma-responsive and resilient system through the creation and evaluation of training, policies, practices, and services.
- Discuss the importance of developing practices that support and promote the wellness and resiliency of the workforce providing care to children, youth, families and communities in Baltimore City.
- Provide guidance on the development of a collaborative process model for ongoing assessment of practice, data gathering, measuring success and quality improvement.

This comprehensive approach to the training of how to build a trauma responsive system is critical to achieving the transformational culture shift referenced within this exceptional legislation.

2. Commitment of Resources

The legislation details some of the critical City personnel that shall be committed to the Task Force – the list of personnel included is commendable. This kind of transformational culture change is something that requires a strong and durable commitment of personnel, time and resources that must be dedicated to this purpose in order for planning and implementation to move forward in a timely and effective manner. Personnel involved in this process cannot be expected to do this on the side or in addition to their current work and with no resources. The inclusion of community, non-profit and youth serving organizations is imperative for the success of the initiative, but as someone representing a non-profit organization, I feel that it is within my duty to note that the organizations being asking to participate in the initiative will be devoting critical human resources to the process – this is something that should be recognized and commended by Baltimore City and the State of Maryland.

3. Importance of supporting the Workforce by addressing Secondary Trauma and Building Resilience.

In order for an organization or a system to become trauma responsive, it must understand the impact of adversity, trauma, and toxic stress on the workforce and use this information to prevent harm and retraumatization as well as promote wellness. The prevalence of secondary traumatic stress and burnout among people that work with traumatized youth is significant and in the effort to become trauma responsive, it is vital that the systems serving





youth, families and communities address the trauma experienced by the workforce caring for others – we cannot expect the people that are doing this incredibly hard work to pour from empty cups and not have it negatively impact the quality of care that they provide to traumatized youth and families.

4. Development of a True Systems Level Approach

Board of Child Care's transformation would not have been successful if only 70% of our programs were represented in the process – our transformation process engaged every piece of the organization, from direct service staff, to maintenance and housekeeping, Human Resources, Finance and administrative support staff. It is critical that every system and organization is at the table and engaged in the transformation process. While this legislation includes several spots for "community organizations, non-profit organizations, or youth organizations," it is important to note that several critical partners are not included on the bill.

Both prevention and effective intervention are necessary to reduce the impact of childhood trauma. Including additional community partners, such as lived experience parents (embracing a two generational approach), pediatric health care providers / medical system, the faith based community and key members of State agencies such as DHS, school system and the behavioral health administration for a wealth of shared knowledge, expertise and collaborative system development. This true systems level approach moves from a reactive, intervention only strategy, to being able to develop a proactive, prevention-based approach and thus, creates a system that will build and strengthen resilience among youth, families and communities, and ultimately decrease the incidents and long term impact of childhood trauma.

5. Organizational willingness to be open and vulnerable in order to learn from others, as well as flexible and adaptable, recognizing systems change is not one size fits all.

We support and encourage this legislations inclusion of Task Force participants that offer varying levels of expertise related to trauma, resiliency and the science of implementation as this will provide an opportunity for mentoring and shared learning across systems, while also building a knowledge base for future members. It is important that all members involved in this process are given permission to be honest and transparent about the challenges facing our systems. Implementation science literature highlights the importance of factors reflecting an organization implementation climate and readiness for change. If we are not being honest with ourselves, and with each other about the context and current climate in which we are bringing forward this transformative approach to way our City operates, any change efforts will be superficial and unsustainable.





6. Recognition of the importance of the community context as it relates to culture shift and transformational change.

It would be naïve of us to disregard the community context across the City of Baltimore within which we are considering this extraordinary legislation. Trauma responsive practice takes into account various levels of trauma, including acute, situational traumatic experiences as well as chronic unresolved traumas. The historical and generational trauma experienced across our community here in Baltimore is very real and poignant. When we talk about trauma and toxic stress, we are talking about experiences such as homelessness, abuse and neglect, untreated mental illness, domestic violence, and experiences of systemic oppression and targeted violence such as racism, ageism, sexism, and ableism. A truly trauma responsive system is one that adapts policies, practices and procedures, physical environments and philosophical approaches in order to remove barriers and promote equity, inclusion, healing, and safety.

In closing, the one take away from our experience that is overwhelmingly evident is that no organization, agency or system will ever be done implementing trauma responsive practices. The understanding of trauma and resilience is not something that can occur in an annual training or a four-week program that can be put in place and walked away from. The development of a trauma responsive culture – one that promotes empathy, equity and builds resilience, is a journey. It requires an ongoing dialogue and a continuous process of reflection, assessment, training and retraining and close monitoring of system culture. When a system is created in a way that truly understands this principle, it has already become more trauma responsive that just simply labeling it as such. Lots of people, organizations and systems say that they are trauma informed, but until they take the necessary steps to change the policies and practices that create harm, it is really just lip service.

Thank you for allowing us the opportunity to provide feedback on The Baltimore City Trauma Responsive Care Act. We hope it is helpful as this legislation moves forward and with your efforts to truly change the lives of so many children and families in Baltimore.

Sincerely,

Kelly Berger, LCSW-C

Vice President of Special Operations

que) LOW-C

Board of Child Care

kberger@boardofchildcare.org



The Ball ore City Trauma-Responsive Care Act timony Joan Kaufman, PhD

Director of Research, Center for Child and Family Traumatic Stress, Kennedy Krieger Institute Professor of Psychiatry, Johns Hopkins School of Medicine Contact: joan.kaufman@kennedykrieger.org; 443-923-5953

Key Points of Testimony:

There are three key factors associated with resiliency and recovery in children following trauma. These three things not only reduce the emotional and behavioral effects of trauma, but also reduce the physiological consequences of trauma as well.

- 1 Positive Attachments/Support from Caregivers. To assure this we need to support the basic needs of parents and other caregivers, and bring to scale in Baltimore programs designed to enhance the parent-child relationship.
- 2 Enrichment Opportunities. Support the types of programs Dr. Sonja Santelises, CEO of Baltimore City Public Schools discussed at the Trauma Meeting organized by Congressman Cummings including yoga, mindfulness, sports, and programs for the arts in schools and elsewhere in Baltimore. These are critical in promoting resiliency and recovery in children following trauma.
- 3 Trauma-Informed Evidence-Based Treatments. There are multiple evidence-based treatments that we know work and need to make sure they are available to scale to meet the needs of children in the city. Beyond the evidence-based child-focused trauma-specific interventions, there are also promising two generation treatment models that address co-occurring problems like substance abuse, domestic violence, and parenting problems that would be valuable to bring to the city to meet the needs of our highest risk children and families.

Beyond enhancing the City's capacity to respond to trauma, there needs to be a commitment to support initiatives that will REDCUCE trauma-exposure – with these initiatives needing to address some of the structural racism that has been endemic to Baltimore and that perpetuate a state of toxic stress for its residents.

Reducing Gun Violence and Homicide Rates in Baltimore:

- a) Ethical Policing is Courageous Program: Support Police Commissioner Harrison's implementation of the Ethical Policing is Courageous program, and encourage youth and community residents support in the effort. The training of police officers in New Orleans in this program resulted in in fewer complaints against officers, a 93% drop in the use of serious force, rates of interactions with police described as pleasant and courteous increased to 87% from 53%, and a there was a drop in homicide rates to a 47 year low.
- b) Breaking the Cycle of Crime and Violence by Creating Job Opportunities for People with Felony Convictions. Research has found that employment can break the cycle of crime. To reduce criminal recidivism rates, decrease neighborhood crime and gun violence, and promote economic opportunity, companies like Boeing and JPMorgan Chase are working to increase their hiring of people with felony convictions.

Background Information:

Positive Support from Caregivers. The availability of positive social supports is one of the most important factors in promoting resilience and recovery in children following adverse childhood experiences. In our prior studies with maltreated children, positive social supports were found to decrease risk for the development of depressive disorders, minimize the likelihood of hypothalamic pituitary adrenal stress axis abnormalities, and significantly moderate the vulnerability conferred by high risk genes associated with psychopathology. Positive social supports are also known to decrease risk for the development of Posttraumatic Stress Disorder (PTSD), and the absence of social supports and exposure to ongoing psychosocial adversity are strong predictors of PTSD chronicity. Parental support in particular, is a potent factor in moderating the effects of trauma in children.

Enrichment Opportunities for Youth. In a study of matched samples of foster care alumni, ¹⁰ alumni from the Casey enhanced foster care program had significantly fewer psychiatric problems as young adults than alumni from public sector foster care programs. The enhanced foster care program provided a greater number of enrichment opportunities for youth, like participation in summer day camp programs, music lessons, and involvement in sports. While the two foster care programs differed in numerous other significant ways, involvement in enriching extracurricular activities provides youth

an opportunity to develop positive sees steem and establish supportive relationships with coaches and other adults who can become meaningful resources for the youth. In addition, there is emerging data that exercise and music training can promote positive brain changes via neuroplasticity.

Yoga and Mindfulness-Based Interventions. Several randomized controlled trials suggest that yoga- and mindfulness-based interventions are associated with reductions in trauma symptoms in adults with PTSD secondary to diverse causes. ^{12,13} In school-based settings with non-clinic referred children, participation in yoga and mindfulness interventions compared to control interventions has been associated with enhancement of attention and social skills, ¹⁴ reduction in measures of anger and hostility, ¹⁵ and decreased anxiety, ¹⁶ with the positive benefits of these interventions also reported in urban schools with significant rates of poor and minority students at high-risk for Adverse Childhood Experiences (ACEs). ¹⁷ The Traumatic Stress Center at Kennedy Krieger Institute conducted a pilot study to evaluate a group yoga intervention for clinically-referred urban boys exposed to chronic trauma, and participation was associated with improvements in behavior and emotion regulation and a high level of parent and youth satisfaction with the intervention, ¹⁸ suggesting the utility of these sorts of interventions with youth with PTSD and other stress-related psychiatric disorders. While neuroimaging studies of the effects of these interventions on brain measures have yet to be conducted in children, a systematic review of research in adults suggest yoga- and mindfulness-based interventions are associated with functional and structural changes in key brain regions associated with attention, impulse control, and emotion regulation. ¹⁹

Trauma Therapy Interventions with the Strongest Evidence-Base

Intervention	Brief Description	Key Findings
Attachment and Biobehavioral Catch-up (ABC) ²⁰⁻²²	10 session home-based intervention for infants and toddlers and their caregivers designed to change parent behaviors to enhance attachment that was originally developed for parents referred to child protective services and later adapted for foster parents.	ABC improves the quality of children's attachment to their caregivers, with long-term benefits on behavior and multiple biological systems documented (see text below)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) ²³⁻²⁵	12-16 individual and/or conjoint caregiver clinic-based sessions for youth 3-17 years old targeting PTSD symptoms which include psychoeducation, parent management training, relaxation training, affect modulation and cognitive coping skills, processing of the trauma, and safety planning.	TF-CBT improves PTSD and depressive symptoms, clinical gains are maintained over time and associated with changes in neuroimaging in relevant emotion processing brain regions (see text below)
Parent Child Interaction Therapy (PCIT) ²⁶	12 session clinic-based treatment developed for preschool children with behavioral disorders that have been used with parents who have physically abused their children. It is a dyadic treatment that promotes improved parent-child interaction through direct coaching of the parent via observation through a one-way mirror and a bug-in-the-ear device to coach the parent.	PCIT is effective in working with parents with a documented history of physically abusing their children. PCIT is associated with decreased risk for re-abuse and improvement in parent-child interaction, and significant improvements child's aggressive and disruptive behavior.
Child Parent Psychotherapy (CPP) ^{27,28}	50 session clinic-based intervention for birth to 5-year old children and their mothers affected by domestic violence or other significant traumatic events. The intervention focuses on understanding the impact of the mother's relationship and trauma history on her parenting behavior, and incorporates approaches from psychodynamic, attachment, trauma, cognitive-behavioral, and social learning interventions.	CPP is associated with significant improvement in mother's distress and parenting, children's behavior and trauma symptoms, and child welfare outcomes (including increased rates of reunification, fewer returns to foster care), and gains on safety and wellbeing indices.

Each of these treatment models are available in Baltimore, and as part of a report being developed for the Abell Foundation, the location where these services are available is being investigated. The trauma treatment intervention with the longest follow-up to date that has examined the impact of the intervention on the broadest range of outcomes – including multiple physiological indices — is the Attachment Biobehavioral Catch-up (ABC) intervention. Among children referred to child protective services due to concerns about child abuse and neglect who remained in the care of their parents, when compared to children who received an education-focused control intervention, participation in the ABC intervention was associated with improvement in attachment, behavior, and stress system (e.g., cortisol) measures immediately post-treatment, ^{29,30} the maintenance of these outcomes at 3-year follow-up, ³¹ and normal patterns of brain functioning examined with electroencephalography (EEG) in middle childhood. ³² The ABC intervention was also associated with positive changes in neural processing of emotional stimuli in parents assessed using event-related

potentials (ERP), with positive change. In the neural measures at follow-up prediction of enhanced maternal sensitivity when interacting with her child. Positive secure attachments, the primary target and outcome of the ABC intervention, were also associated with reduced C-reactive protein (CRP), an inflammatory marker, which predicted lower risk for obesity in early childhood. In addition, unpublished preliminary data in a small subset of the infants that participated in this trial suggest the intervention may promote epigenetic modifications in genes involved in neuronal development and regulation of metabolism – relevant biological processes for the primary health outcomes associated with early adversity. In addition, unpublished processes for the primary health outcomes associated with early adversity.

Of all the different trauma interventions, Trauma-Focused Cognitive Behavior Therapy (TF-CBT) has been studied the most extensively and been shown in 12 randomized controlled clinical trials to significantly reduce PTSD symptoms in youth ages 3-18. 24.37 It has been implemented in a number of different cultural settings, delivered in individual and group format, and used to address trauma symptoms secondary to sexual abuse, witnessing domestic violence, and a range of other childhood adversities. 24.37 In one study that conducted functional brain imaging assessments before and after TF-CBT treatment, reduction in PTSD symptoms was associated with increased functional connectivity in key brain regions involved in emotion regulation. 38

These studies preliminarily suggest that evidence-based trauma treatments can reverse the broad range of negative social, emotional, behavioral, physiological, and health outcomes associated with early adversity. While it is unclear what elements of the treatments mediate the positive effects of the models, given research suggesting parental participation significantly enhances the beneficial impact of TF-CBT for traumatized children, ²³ enhancing supportive parenting may be a common element across the interventions which is key to mitigate the negative effects of ACEs.

Other Promising Interventions that May Mitigate the Effects of Adverse Childhood Experiences (ACEs)- Two-Generation and Family focused Interventions that Address Co-Occurring ACEs. ACEs often co-occur. Unfortunately, a father involved with the child protective services system who engages in domestic violence and struggles with an addiction disorder is typically referred to one place for anger management, to another agency to deal with his substance abuse problem, and to a third agency for parenting classes. This sort of fragmented approach to treatment rarely succeeds. Fathers for Change is an innovative intervention that integrates evidence-based treatment for substance abuse, anger management, and parenting that has reported promising findings in two initial clinical studies. There are likewise promising home-based intervention strategies that have been developed that address co-occurring mental health, substance abuse, and parenting problems, including the Family-Based Recovery and the Building Stronger Families programs. These have been successfully implemented with families receiving services from the child protective services system, and have prevented the foster placement of the children in the majority of the cases. These three two-generation multifaceted family-focused intervention have been widely disseminated in multiple low-income urban regions in Connecticut, and Fathers for Change has also been integrated into two residential drug treatment programs in Florida. These programs are not currently available in Baltimore.

As discussed, beyond enhancing the City's capacity to respond to trauma, there needs to be a commitment to support initiatives that will REDCUCE trauma-exposure. Here is additional background and references on the programs noted on page 1.

Addressing Police Misconduct/Reducing Homicide Rates. To date, there is only outcome data on one program developed to address police misconduct; the Ethical Policing is Courageous (EPIC) program. EPIC is a peer intervention program that was designed by the New Orleans Police Department to improve policing in response to a federal consent decree -- a mandate from the U.S. Department of Justice outlining sweeping reforms the department must adopt to correct a history of civil rights abuses, with the shooting of several unarmed Black citizens setting the consent decree in motion. The training of New Orleans officers in EPIC resulted in fewer complaints against officers, a 93% drop in the use of serious force, rates of interactions with police described as pleasant and courteous increased to 87% from 53%, and a drop in homicide rates to a 47 year low. 44-46 Given the findings of the Department of Justice's Investigation of the City of Baltimore Police Department, 47 the EPIC program has considerable relevance to the city.

Creating Job Opportunities for People with Felony Convictions/Breaking the Cycle of Crime. To reduce criminal recidivism rates, decrease neighborhood crime and gun violence, and promote economic opportunity, companies like Boeing and JPMorgan Chase are working to increase their hiring of people with felony convictions. Research has found that employment can break the cycle of crime and strengthen families, and these sorts of novel hiring initiatives are likely to positively impact both the traditional family-focused ACEs and the community-focused ACEs.

References

- Kaufman J. Depressive disorders in maltreated children. J Am Acad Child Adolesc Psychiatry. 1991;30(2):257-265.
- 2. Kaufman J, Yang BZ, Douglas-Palumberi H, et al. Brain-Derived Neurotrophic Factor-5-HTTLPR Gene Interactions and Environmental Modifiers of Depression in Children. *Biological Psychiatry*. 2006;59:673-680.
- Kaufman J, Yang BZ, Douglas-Palumberi H, et al. Social supports and serotonin transporter gene moderate depression in maltreated children. Proc Natl Acad Sci U S A. 2004;101(49):17316-17321.
- 4. Fletcher S, Elklit A, Shevlin M, Armour C. Predictors of PTSD Treatment Response Trajectories in a Sample of Childhood Sexual Abuse Survivors: The Roles of Social Support, Coping, and PTSD Symptom Clusters. *J Interpers Violence*. 2017;1(886260517741212):0886260517741212.
- Lowe SR, Galea S. The Mental Health Consequences of Mass Shootings. Trauma Violence Abuse. 2017;18(1):62-82. doi: 10.1177/1524838015591572. Epub 1524838015592015 Jun 1524838015591517.
- 6. Brewin CR, Andrews B, Valentine JD. Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *J Consult Clin Psychol.* 2000;68(5):748-766.
- 7. Charuvastra A, Cloitre M. Social bonds and posttraumatic stress disorder. Annu Rev Psychol. 2008;59:301-328.
- 8. Pynoos RS, Steinberg AM, Piacentini JC. A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders. *Biological Psychiatry*. 1999;46(11):1542-1554.
- 9. Valentino K, Berkowitz S, Stover CS. Parenting behaviors and posttraumatic symptoms in relation to children's symptomatology following a traumatic event. *J Trauma Stress*. 2010;23(3):403-407. doi: 410.1002/jts.20525.
- 10. Kessler RC, Pecora PJ, Williams J, et al. Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. Arch Gen Psychiatry. 2008;65(6):625-633.
- 11. Hudziak JJ, Albaugh MD, Ducharme S, et al. Cortical thickness maturation and duration of music training: health-promoting activities shape brain development. *J Am Acad Child Adolesc Psychiatry*. 2014;53(11):1153-1161 e1152.
- 12. van der Kolk BA, Stone L, West J, et al. Yoga as an adjunctive treatment for posttraumatic stress disorder: a randomized controlled trial. *The Journal of clinical psychiatry*. 2014;75(6):e559-565.
- 13. Seppala EM, Nitschke JB, Tudorascu DL, et al. Breathing-based meditation decreases posttraumatic stress disorder symptoms in U.S. military veterans: a randomized controlled longitudinal study. *Journal of traumatic stress*. 2014;27(4):397-405.
- 14. Napoli M, Krech PR, Holley LC. Mindfulness Training for Elementary School Students. *Journal of Applied School Psychology*. 2005;21(1):99-125.
- 15. Khalsa SB, Hickey-Schultz L, Cohen D, Steiner N, Cope S. Evaluation of the mental health benefits of yoga in a secondary school: a preliminary randomized controlled trial. *The journal of behavioral health services & research.* 2012;39(1):80-90.
- 16. Noggle. Journal of Developmental and Behavioral Pediatrics_School-Based Yoga, 2012.
- 17. Mendelson T, Greenberg MT, Dariotis JK, Gould LF, Rhoades BL, Leaf PJ. Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth. *Journal of abnormal child psychology*. 2010;38(7):985-994.
- 18. Beltran M, Brown-Elhillali AN, Held AR, et al. Yoga-based Psychotherapy Groups for Boys Exposed to Trauma in Urban Settings. *Altern Ther Health Med.* 2016;22(1):39-46.
- 19. Gotink RA, Meijboom R, Vernooij MW, Smits M, Hunink MG. 8-week Mindfulness Based Stress Reduction induces brain changes similar to traditional long-term meditation practice A systematic review. *Brain Cogn.* 2016;108:32-41.(doi):10.1016/j.bandc.2016.1007.1001. Epub 2016 Jul 1016.
- 20. Dozier M, Bick J, Bernard K. Intervening With Foster Parents to Enhance Biobehavioral Outcomes Among Infants and Toddlers. *Zero Three*. 2011;31(3):17-22.
- 21. Dozier M, Peloso E, Lewis E, Laurenceau JP, Levine S. Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Dev Psychopathol.* 2008;20(3):845-859.
- Dozier M, Roben CKP, Caron E, Hoye J, Bernard K. Attachment and Biobehavioral Catch-up: An evidence-based intervention for vulnerable infants and their families. *Psychother Res.* 2018;28(1):18-29. doi: 10.1080/10503307.10502016.11229873. Epub 10502016 Oct 10503311.
- 23. Cohen JA, Mannarino AP. Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families. Child Adolesc Psychiatr Clin N America. 2015;24(3):557-570.

- de Arellano MA, Lyman DR, ... ve-Shields L, et al. Trauma-focused cognider obehavioral therapy for children and adolescents: assessing the evidence. *Psychiatr Serv.* 2014;65(5):591-602. doi: 510.1176/appi.ps.201300255.
- 25. Deblinger E, Mannarino AP, Cohen JA, Runyon MK, Steer RA. Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. *Depress Anxiety*. 2011;28(1):67-75. doi: 10.1002/da.20744. Epub 22010 Sep 20749.
- 26. Kennedy SC, Kim JS, Tripodi SJ, Brown SM, Gowdy G. Does parent-child interaction therapy reduce future physical abuse? A meta-analysis. *Research on Social Work Practice*. 2014;26(2):147-156.
- 27. Lieberman AF, Van Horn, P. "Don't hit my mommy!": A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence. Washington, DC: Zero to Three Press.; 2005.
- 28. Lieberman AF, Ghosh Ippen C, P VANH. Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *J Am Acad Child Adolesc Psychiatry*, 2006;45(8):913-918. doi: 910.1097/1001.chi.0000222784.0000203735.0000222792.
- 29. Bernard K, Dozier M, Bick J, Gordon MK. Intervening to enhance cortisol regulation among children at risk for neglect: Results of a randomized clinical trial. *Dev Psychopathol.* 2015;27(3):829-841. doi: 810.1017/S095457941400073X. Epub 095457941402014 Aug 095457941400026.
- 30. Bernard K, Dozier M, Bick J, Lewis-Morrarty E, Lindhiem O, Carlson E. Enhancing attachment organization among maltreated children: results of a randomized clinical trial. *Child Dev.* 2012;83(2):623-636. doi: 610.1111/j.1467-8624.2011.01712.x. Epub 02012 Jan 01712.
- 31. Bernard K, Hostinar CE, Dozier M. Intervention Effects on Diurnal Cortisol Rhythms of Child Protective Services-Referred Infants in Early Childhood: Preschool Follow-up Results of a Randomized Clinical Trial. *JAMA Pediatr.* 2015;169(2):112-119.
- 32. Bick J, Palmwood EN, Zajac L, Simons R, Dozier M. Early Parenting Intervention and Adverse Family Environments Affect Neural Function in Middle Childhood. *Biol Psychiatry*. 2019;85(4):326-335. doi: 310.1016/j.biopsych.2018.1009.1020. Epub 2018 Oct 1015.
- 33. Bernard K, Simons R, Dozier M. Effects of an Attachment-Based Intervention on Child Protective Services-Referred Mothers' Event-Related Potentials to Children's Emotions. *Child Dev.* 2015;86(6):1673-1684. doi: 1610.1111/cdev.12418. Epub 12015 Sep 12417.
- 34. Bernard K, Frost A, Jelinek C, Dozier M. Secure attachment predicts lower body mass index in young children with histories of child protective services involvement. *Pediatr Obes.* 2019;18(10):12510.
- 35. Bernard K, Hostinar CE, Dozier M. Longitudinal associations between attachment quality in infancy, C-reactive protein in early childhood, and BMI in middle childhood: preliminary evidence from a CPS-referred sample. *Attach Hum Dev.* 2019;21(1):5-22. doi: 10.1080/14616734.14612018.11541513. Epub 14612018 Nov 14616738.
- 36. Dozier M. Attachment and Biobehavioral Catch-Up Alters DNA Methylation in Maltreated Children: Preliminary Intervention Effects from a Randomized Clinical Trial. In. *Unpublished Manuscript*: University of Delaware; 2018.
- 37. Cohen JA. TF-CBT Randomized Controlled Trials. In: Kaufman J, ed2019.
- 38. Cisler JM, Sigel BA, Steele JS, et al. Changes in functional connectivity of the amygdala during cognitive reappraisal predict symptom reduction during trauma-focused cognitive-behavioral therapy among adolescent girls with post-traumatic stress disorder. *Psychol Med.* 2016;46(14):3013-3023. doi: 3010.1017/S0033291716001847. Epub 0033291716002016 Aug 0033291716001815.
- 39. Stover CS. Fathers for Change for Substance Use and Intimate Partner Violence: Initial Community Pilot. *Family Process.* 2015;54:1-10.
- 40. Stover CS, Carlson M, Patel S. Integrating intimate partner violence and parenting intervention into residential substance use disorder treatment for fathers. *J Subst Abuse Treat*. 2017;81:35-43.(doi):10.1016/j.jsat.2017.1007.1013. Epub 2017 Jul 1030.
- 41. Schaeffer CM, Swenson CC, Tuerk EH, Henggeler SW. Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families program. *Child Abuse Negl.* 2013;37(8):596-607.
- 42. Swenson CC, Schaeffer CM, Tuerk EH, et al. Adapting Multisystemic Therapy for Co-Occurring Child Maltreatment and Parental Substance Abuse: The Building Stronger Families Project. *Emotional & Behavioral Disorders in Youth.* 2009:3-8.
- 43. Hanson KE, Saul DH, Vanderploeg JJ, Painter M, Adnopoz J. Family-Based Recovery: An Innovative In-Home Substance Abuse Treatment Model for Families with Young Children. *Child Welfare*. 2015;94(4):161-183.
- 44. Novotney A. Preventing Police Misconduct. *Monitor on Psychology*. 2017;48(9):30.

- 45. Jonsson P. How New Orlean Solice went from 'most corrupt' to model force. The Christian Science Monitor 2019; https://www.csmonitor.com/USA/Justice/2019/0226/How-New-Orleans-police-went-from-most-corrupt-to-model-force.
- 46. Lane E. In 'EPIC' effort, New Orleans police work to stop officer misconduct before it happens. *The Times-Picayune* 2017; https://www.nola.com/crime/2017/06/nopd_new_orleans_epic_police_p.html.
- 47. DOJ. Investigation of the Baltimore City Police Department. Washington, DC: Department of Justice;2016.
- 48. Dimon J, Duncan A. Commentary: Hiring returning citizens is good for business. Chicago Tribune 2018.

CITY OF BALTIMORE Mayor's Office of Children and Family Success



CB 19-0410, The Baltimore City Trauma – Responsive Care Act

Testimony of
Kyron Banks,
Associate Director of Policy and Partnerships
on behalf of
Tisha Edwards,
Executive Director
Mayor's Office of Children and Family Success

Before the Health Committee Councilman Kristerfer Burnett, Chairman

September 5, 2019 5:00 PM Baltimore City Council Chambers



Good evening Chairman Burnett, members of the committee and staff. I am Kyron Banks, Associate Director of Policy and Partnerships for the Mayor's Office of Children and Family Success (MOCFS). I am providing testimony on behalf of Tisha Edwards, Executive Director of MOCFS, who could not attend because our office is currently co-hosting the Community Collaboration Design Session with Councilman Bill Henry in the 4th Councilmatic District.

The Mayor's Office of Children and Family Success, or MOCFS, is a new office created by Mayor Young supports Council Bill 19-410. This bill grants the Director certain powers and duties such as identifying the needs of children and youth, reviewing and partnering with stakeholders to improve services available, and promoting well-being of children. These duties are aligned with the goals and functions of Mayor Young and Miss Edward's vision for the office. The bill also identifies the Mayor's Office of Children and Family Success as the lead agency tasked with convening and staffing the Trauma Informed-Care taskforce. Additionally, MOCFS will work closely with the Health Department to conduct trainings for City employees, review city policies, and partner with other stakeholders to create a comprehensive support system that actualizes the resilience of children and families.

Our office looks forward to continuing to work with the bill sponsor, the committee, and stakeholders on behalf of Baltimore's children and families. This concludes my testimony. I am happy to address any questions that you may have at this time.

T.H.E.-S.O.A.P.

'Thriving Healing Empowered Seeds of Addicted Parents'

SUMMARY

T.H.E.- S.O.A.P. Thriving Healing Empowered Seeds of Addicted Parents
Came about because I knew first hand of the need. It sparked the desire to help fill a void. Upon researching I learned that there was something lacking or just completely missing. Unavailable resources to the children of addicted or recovering parents/caregivers.

There are no safe havens or entrusted means of support for this vulnerable underserved population. Counselors and therapist are resources that are foreign to children that don't even see a PCP on a regular bases is just not enough.

This prompted me to move. I was once one of these children almost 30 years ago while my parents sort treatment and sought treatment and found aftercare at 12-step groups, but there were no resources tailored to my needs for my age and or level of understanding. As an adult I still struggle, understanding that if I had something to help me, coping tools, support groups ect. to help manage understand substance abuse with my emotions and navigate from my old life through my new life how would I be?

Statistics of PTSD depression and numerous physical and mental health conditions become a part of these children's stories all because they don't get the treatment or support that is so vital to them at such a critical time in their lives. It's not just a saying...' It's easier to build strong children than repair brokeh ones later'.

There's a forgotten piece when treating addiction. How do we forget to treat and support the family as a whole? Solely treating/supporting the addicted recovering individual is not enough. Some of these children are forced to witness and have been exposed to various forms of abuse daily, they become caregivers to their caregivers, while their parents battled with their disease. According to NACA Voice of the Children, ADC American Addiction Centers, Al Anon Support groups and NIH National Institute on Drug Abuse for parents:

- One in four children in the US is exposed to alcohol or drug dependence in their family, frequently creating enormous obstacles to normal development, health and safety.
- 25% of American children grow up in households where substance abuse is present
- Baltimore a class of 30 children at least 8 children come from a home of a parent battling addiction.
- Every second of every hour of every day, two children are born into families with an alcohol or



T.H.E.- S.O.A.P.

Thriving Healing Empowering Seeds of Addicted Parents....

Questionnaire survey

Parents/Care providers:

ruients, cure providers.
1. Do you have children? Y_ How many? N_
2. Have you ever dealt with substance abuse? $Y_N_(A)$. Do you know family members or friends that are? $Y_N_(A)$
3. Have you ever been to treatment and/or NA meetings? Y_ N_
4. If you're in treatment or attend meetings do your children/teens attend with you? Y_ N_
5. Do you feel like it's understandable for them or age appropriate? Y_ N_
6. Did your children receive any help/support or treatment when you started your recovery? Y_ N_
(A). If yes explain what kind?
(B). If no tell us what you would want/need for children to feel supported?
7. If you are still actively in your addiction, what help would you like to see for your children? And yourself?
8. Do you think Family Recovery/Treatment would be helpful? Y_ N_? Explain

Please feel free to share any additional comments and/or concerns:

Age__ Family size__ Zip code___



Thank you for your feedback Let's heal Together

Our goal is to Strengthen the family create a structured plan for what Family Recovery and peer support will look like. Supporting children of substance abusers and recovering parents... To End the cycle of addiction

Contact us at: thesoaplic@gmail.com

Instagram: @ericathesoap Facebook: Thriving Healing Seeds of Addicted Parents



City of Baltimore

City Council
City Hall, Room 408
100 North Holliday Street
Baltimore, Maryland
21202

Meeting Agenda - Final

Health

Thursday, September 5, 2019

5:00 PM

Du Burns Council Chamber, 4th floor, City Hall

19-0410
Rescheduled from 8/27/19
Charm TV 25

CALL TO ORDER

INTRODUCTIONS

ATTENDANCE

ITEM SCHEDULED FOR PUBLIC HEARING

19-0410

The Baltimore City Trauma-Responsive Care Act For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services: defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

Sponsors:

Zeke Cohen, Mary Pat Clarke, President Brandon M. Scott, Ryan Dorsey, Bill Henry, Kristerfer Burnett, Isaac "Yitzy" Schleifer, Shannon Sneed, John T. Bullock, Danielle McCray, Eric T. Costello, Leon F. Pinkett, III, Robert Stokes, Sr., Edward Reisinger

ADJOURNMENT

THIS MEETING IS OPEN TO THE PUBLIC

CITY OF BALTIMORE

BERNARD C. "JACK" YOUNG, Mayor



OFFICE OF COUNCIL SERVICES

LARRY E. GREENE, Director 415 City Hall, 100 N. Holliday Street Baltimore, Maryland 21202 410-396-7215 / Fax: 410-545-7596 email; larry.greene@baltimorecity.gov

BILL SYNOPSIS

Committee: Health

Bill 19-0410

The Baltimore City Trauma-Responsive Care Act

Sponsor:

Councilmember Cohen, et al

Introduced:

July 22, 2019

Purpose:

For the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force: requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms: correcting and conforming related provisions; and generally relating to providing traumainformed services to the citizens of Baltimore

Effective: On the 30th day after the date it is enacted.

Thursday/September 5, 2019/5:00 PM/Council Chambers Hearing Date/Time/Location:

Agency Reports

Department of Law	Favorable/Comments
Health Department	8
Fire Department	Favorable
Baltimore City Parking Authority Board	Favorable
Department of Finance	Tuken Films F

Department of Housing and Community Development	
Department of Planning	Favorable
Department of Public Works	
Department of Recreation and Parks	
Department of Transportation	
Enoch Pratt Free Library	
Mayor's Office of Criminal Justice	Favorable
Mayor's Office of Employment Development	Favorable
Mayor's Office of Homeless Services	Favorable/Amend
Mayor's Office of Human Services	
Mayor's Office of Children and Family Success	

Analysis

Current Law

Article 1 – Mayor, Council, and Agencies; Subtitle 22. Children, Youth and Families outlines the mandates, rules, policies and procedures for Children, Youth, and Families.

Background

Trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing. ¹

Per the primary sponsor of the bill, "Trauma contributes so much to the violence that we're experiencing in our city. This legislation calls for all agencies that interact with children and families to be equipped with training and resources to respond to the difficult realities that many in Baltimore face. This bill will bring together the Health Department with every front facing city agency in Baltimore and each agency selects two staff to be trauma responsive champions. Those representatives will meet together as a group and learn about trauma and how to effectively respond to it. They then can go back into their agencies, teach the front line staff and rewrite policies and procedures for reducing trauma in Baltimore."

Upon enactment, Council Bill 19-0410 will amend §22-1 and 22-11 of Subtitle 22. Children, Youth and Families. In addition, the legislation adds eight (8) more subsections to Subtitle 22.

The amendments include:

- the Office of Children, Youth and Families will be renamed to be the Office of Children and Family Success.
- Establishes a task force: The Baltimore City Trauma-Informed Care Task Force.

¹ The Center for Treatment of Anxiety and Mood Disorders website: What is Trauma.

² Baltimore (WBFF) – July 2019, Baltimore City Councilman Zeke Cohen is introducing a new bill to address trauma in Baltimore. And "As trauma touches more youth, Baltimore Councilman wants City Programs to Provide More Support." (Baltimore Sun Newspaper, July 29, 2019)

• The Director of the Office of Children and Family Success will serve as an ex-officio member and advisor to the task force.

Additions to the law include:

- Summarizes the trauma-informed care initiative.
- Mandates the composition (members), terms (for members), and duties of the task force
 - o Note:
 - The task force will consist of 20 members;
 - The task force will work closely with the City's Health Department;
 - The task force will be required to meet at minimum six (6) times a year or more if needed.
- Mandatory Trauma-Informed Care Training For <u>Specific City Agencies</u> and <u>Task Force</u> <u>Members</u>:
 - o Fourteen (14) designated city agencies/Agency Heads
 - Must designate 2 agency staff members each to:
 - Participate in at least 1 formal training each year;
 - Work with other agencies on matters pertaining to this initiative;
 - Assess the needs of the agency for training and assistance needed to expedite this initiative; and
 - To review and make appropriation recommendations as needed.
 - Agency Progress Report
 - These agency heads will be required to submit progress reports each year outlining the agencies' processes and compliance regarding this initiative.
 - All task force members will also be required to:
 - Participate in at least 1 formal training each year.
- The task force will be required to submit an annual report to the Mayor and City Council on or before June 30th each year.

Additional Information

Fiscal Note: None

Information Source(s): City Code, Council Bill 19-0410 and all agency reports received as of

this writing.

Marqueite M. Curin

Analysis by: Analysis Date: Marguerite M. Currin

August 30, 2019

Direct Inquiries to: 443-984-3485

CITY OF BALTIMORE COUNCIL BILL 19-0410 (First Reader)

Introduced by: Councilmembers Cohen, Clarke, President Scott, Councilmembers Dorsey, Henry, Burnett, Schleifer, Sneed, Bullock, McCray, Stokes, Reisinger, Pinkett, Costello Introduced and read first time: July 22, 2019

Assigned to: Health Committee

REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Health Department, Fire Department, Baltimore City Parking Authority Board, Department of Finance, Department of Housing and Community Development, Department of Planning, Department of Public Works, Department of Recreation and Parks, Department of Transportation, Enoch Pratt Free Library, Mayor's Office of Criminal Justice, Mayor's Office of Employment Development, Mayor's Office of Homeless Services,

A BILL ENTITLED

	_	
ΔNI	CIDINIANCE	CONCERNING
T I I	ORDINANCE	Concerning

1

2

3

4

5

6

7

8

9 10

11

12

13

14

15

17

18

The Baltimore City Trauma-Responsive Care Act

FOR the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

By repealing and re-ordaining, with amendments

Article 1 - Mayor, Council, and Agencies

Sections 22-1 and 22-11

19 Baltimore City Code

20 (Edition 2000)

21 BY adding

22 Article 1 - Mayor, Council, and Agencies

23 Sections 22-15 to 22-22

24 Baltimore City Code

25 (Edition 2000)

EXPLANATION: CAPITALS indicate matter added to existing law.

[Brackets] indicate matter deleted from existing law.

1 2	SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Laws of Baltimore City read as follows:
3	Baltimore City Code
4	Article 1. Mayor, Council, and Agencies
5	Subtitle 22. Children, Youth, and Families
6	PART I. DEFINITIONS.
7	§ 22-1. Definitions.
8	(a) In general.
9	In this subtitle, the following terms have the meanings indicated.
10	(b) Children.
11	"Children" means individuals under the age of 14 years.
12	(c) Commission.
13	"Commission" means the Baltimore City Youth Commission.
14	(d) Office.
15	"Office" means the Office of Children[, Youth,] and [Families] FAMILY SUCCESS.
16	(e) TASK FORCE.
17	"TASK FORCE" MEANS THE BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.
18	(F) [(e)] Youth.
19	"Youth" means an individual between the ages of 14 and 25, inclusive
20	PART III. OFFICE OF CHILDREN [, YOUTH,] AND [FAMILIES] FAMILY SUCCESS
21	§ 22-11. Director – powers and duties.
22	The Director shall:
23 24	 identify the needs of children and youth according to age, location, and special services required;
25	(2) identify public and private services available to children, youth, and families;
26 27	(3) identify changes in public policy, service delivery, and funding necessary to improve the services available to children, youth, and families:

1	(4) serve as a community voice for children and youth;
2	(5) develop and implement programs to benefit children and youth;
3	(6) provide staff and serve as advisor to the Commission;
4	(7) SERVE AS EX-OFFICIO MEMBER AND ADVISOR TO THE TASK FORCE;
5	(8) [(7)] generally promote the well-being of all children and youth of Baltimore City;
6 7 8 9	(9) [(8)] be represented on any OTHER special committee or task force [established in the Mayor's Office which] THAT considers matters relating to children and youth, and work with the various boards, commissions, and municipal agencies [which] THAT interact with the [office] OFFICE as deemed appropriate;
11	(10) [(9)] perform such other duties as required by the Mayor; and
12 13 14	(11) [(10)] review proposed legislation referred to the Office by the City Council, assessing its probable effect on the physical, social, emotional, and intellectual welfare of the children of this City.
15	§§ 22-13 TO 22-14. {RESERVED}
16	PART IV. TRAUMA-INFORMED CARE AND TRAUMA-RESPONSIVENESS.
17	§ 22-15. TRAUMA-INFORMED CARE INITIATIVE.
18 19 20 21	In addition to any other duties set forth in this subtitle, it is the duty of the Office to coordinate a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of city services impacting children, youth, and families.
22	§ 22-16. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – ESTABLISHMENT.
23	THERE IS A BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.
24	§ 22-17. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – COMPOSITION.
25	(A) IN GENERAL.
26 27 28	The Task Force comprises 20 members, 16 of whom are appointed by the Mayor under Article IV, \S 6 of the City Charter and 4 of whom are ex-officio members.
29	(B) APPOINTED MEMBERS.
30	OF THE 16 MEMBERS APPOINTED BY THE MAYOR:

1 2	 2 SHALL BE YOUTH REPRESENTATIVES FROM A YOUTH-LED ADVOCACY GROUP IN 1 ALTIMORE CITY;
3	(2) 2 SHALL BE INDIVIDUALS WITH AT LEAST ONE CHILD ENROLLED IN THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM;
5	(3) 1 SHALL BE A LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA;
6 7	(4) 1 SHALL BE A MEMBER OF THE RESEARCH COMMUNITY WITH AN EXPERTISE IN TRAUMA;
8 9 10	(5) 3 SHALL BE REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH ORGANIZATIONS THAT HAVE AN EXPERTISE IN TRAUMA; AND
11	(6) 7 SHALL BE RECOMMENDED BY THE CITY COUNCIL PRESIDENT AS FOLLOWS:
12	(I) 2 CITY COUNCILMEMBERS;
13 14	(II) 1 YOUTH REPRESENTATIVE FROM A YOUTH-LED ADVOCACY GROUP IN BALTIMORE CITY;
15	(III) I LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA; AND
16 17 18	(IV) 3 REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH-LED OR YOUTH-ORIENTED ORGANIZATIONS THAT HAVE AN EXPERTISE IN TRAUMA.
19	(C) Ex-officio (or designate) members.
20	THE 4 EX-OFFICIO MEMBERS OF THE TASK FORCE ARE:
21	(1) THE DIRECTOR OF THE OFFICE;
22 23	(2) THE COMMISSIONER OF THE BALTIMORE CITY DEPARTMENT OF HEALTH OR THE COMMISSIONER'S DESIGNEE;
24	(3) THE CITY COUNCIL PRESIDENT; AND
25	(4) THE YOUTH COMMISSION CHAIR.
26 27	§ 22-18. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – TERMS, ORGANIZATION, ETC.
28	(A) TERMS.
29 80	APPOINTED MEMBERS SERVE FOR A TERM OF 4 YEARS CONCURRENT WITH THE TERM OF THE MAYOR'S TERM OF OFFICE.

1	(B) COMPENSATION.
2	MEMBERS SERVE ON THE TASK FORCE WITHOUT COMPENSATION.
3	(C) VACANCIES.
4	(1) AT THE END OF A TERM, AN APPOINTED MEMBER SERVES UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
6 7	(2) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES OUT THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
8	(D) MEETINGS; QUORUM.
9 10 11	(1) THE TASK FORCE SHALL MEET ON THE CALL OF THE TASK FORCE CHAIR OR THE DIRECTOR OF THE OFFICE AS FREQUENTLY AS REQUIRED TO PERFORM ITS DUTIES, BUT NOT LESS THAN 6 TIMES A YEAR.
12 13 14	(2) A MAJORITY OF THE MEMBERS OF THE TASK FORCE CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS, AND AN AFFIRMATIVE VOTE BY THE MAJORITY OF A QUORUM IS SUFFICIENT FOR ANY OFFICIAL ACTION.
15	(E) CHAIR.
16 17	THE MAYOR SHALL DESIGNATE A CHAIR FROM AMONG THE TASK FORCE'S APPOINTED MEMBERS.
18	§ 22-19. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – STAFF.
19 20	THE OFFICE SHALL PROVIDE ADEQUATE STAFF FOR THE TASK FORCE TO CARRY OUT ITS DUTIES.
21	§ 22-20. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – DUTIES.
22	THE TASK FORCE SHALL:
23 24	(1) ASSIST IN THE IDENTIFICATION OF ALL CITY PROGRAMS AND SERVICES THAT IMPACT CHILDREN AND YOUTH;
25 26	(2) ASSIST IN THE DEVELOPMENT OF A CITYWIDE STRATEGY TOWARD AN ORGANIZATIONAL CULTURE SHIFT INTO A TRAUMA-RESPONSIVE CITY GOVERNMENT;
27 28 29	(3) ESTABLISH METRICS, IN COLLABORATION WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH, TO EVALUATE AND ASSESS THE PROGRESS OF THE CITYWIDE TRAUMA-INFORMED CARE INITIATIVE;
30 31	(4) COORDINATE AND DEVELOP WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH ANY FORMAL OR INFORMAL TRAUMA-INFORMED CARE TRAINING;

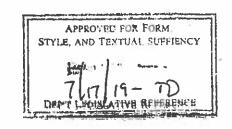
1 2 3	(5) DISSEMINATE INFORMATION WITHIN CITY GOVERNMENT REGARDING BEST PRACTICES FOR PREVENTING AND MITIGATING THE IMPACT OF TRAUMA ON CHILDREN, YOUTH, AND FAMILIES;
4 5	(6) ADVISE AND ASSIST THE MAYOR AND CITY COUNCIL IN PROVIDING OVERSIGHT AND ACCOUNTABILITY IN IMPLEMENTING THE REQUIREMENTS OF THIS PART;
6	(7) PERFORM ANY OTHER DUTIES AS REQUIRED BY THE MAYOR.
7	§ 22-21. TRAUMA-INFORMED CARE TRAINING; AGENCY DUTIES.
8	(A) DEFINITIONS.
9	(1) IN GENERAL.
10	IN THIS SECTION, THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.
11	(2) AGENCY.
12	"AGENCY" MEANS:
13	(I) THE BALTIMORE CITY FIRE DEPARTMENT;
14	(II) THE BALTIMORE CITY PARKING AUTHORITY;
15	(III) THE DEPARTMENT OF FINANCE;
16	(IV) THE DEPARTMENT OF LAW;
17	(V) THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;
18	(VI) THE DEPARTMENT OF PLANNING;
19	(VII) THE DEPARTMENT OF PUBLIC WORKS;
20	(VIII) THE DEPARTMENT OF RECREATION AND PARKS;
21	(IX) THE DEPARTMENT OF TRANSPORTATION;
22	(X) THE ENOCH PRATT FREE LIBRARY OF BALTIMORE CITY;
23	(XI) THE MAYOR'S OFFICE OF CRIMINAL JUSTICE;
24	(XII) THE MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT;
25	(XIII) THE MAYOR'S OFFICE OF HOMELESS SERVICES; AND
26	(XIV) THE MAYOR'S OFFICE OF HUMAN SERVICES.

1	(3) FORMAL TRAINING.
2 3	"FORMAL TRAINING" MEANS A DIDACTIC COURSE OR CURRICULUM IN TRAUMA- INFORMED CARE THAT IS:
4 5 6	(I) DEVELOPED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARYLAND DEPARTMENT OF HEALTH, OR THE BALTIMORE CITY DEPARTMENT OF HEALTH; AND
7 8	(II) PROVIDED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH OR ITS DESIGNEE IN COLLABORATION WITH THE TASK FORCE.
9	(B) TASK FORCE MEMBERS.
10 11	EACH TASK FORCE MEMBER SHALL PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR.
12	(C) AGENCY STAFF DESIGNATION.
13	(1) EACH AGENCY HEAD SHALL DESIGNATE 2 AGENCY STAFF MEMBERS TO:
14	(I) PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR;
15 16 17	(II) COLLABORATE WITH OTHER AGENCY DESIGNEES IN PERIODIC WORKSESSIONS AND OTHER INFORMAL TRAININGS AS ORGANIZED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH FROM TIME TO TIME;
18 19	(III) SERVE AS THE PRINCIPAL ADVISORS TO THE AGENCY HEAD AND AGENCY STAFF IN TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE;
20 21	(IV) ASSESS THE AGENCY FOR TRAINING AND TECHNICAL ASSISTANCE NEEDS RELATED TO TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE; AND
22 23 24	(V) REVIEW AND MAKE APPROPRIATE RECOMMENDATIONS TO THE AGENCY HEAD TO ALIGN AGENCY POLICIES AND PRACTICES WITH A TRAUMA-INTENSIVE APPROACH.
25 26 27	(2) In the event of a vacancy of one or both of the staff members, the agency head shall, within 30 days of the vacancy, designate another staff member to carry out the duties of this subsection.
28	(D) HEALTH DEPARTMENT COOPERATION.
29 30 31	THE BALTIMORE CITY DEPARTMENT OF HEALTH SHALL PROVIDE ANY TECHNICAL ADVISORY SUPPORT TO DESIGNATED AGENCY STAFF IN ORDER FOR THOSE INDIVIDUALS TO CARRY OUT THEIR DUTIES UNDER SUBSECTION (C)(1) OF THIS SECTION.

1	(E) PROGRESS REPORT TO TASK FORCE.
2 3 4	ON OR BEFORE MARCH 31 OF EACH YEAR, EACH AGENCY HEAD SHALL SUBMIT TO THE TASK FORCE A PROGRESS REPORT DETAILING ITS AGENCY'S PROGRESS AND COMPLIANCE WITH SUBSECTION (C) OF THIS SECTION.
5	§ 22-22. Annual report.
6 7 8	On or before June 30 of each year, utilizing its established evaluation and assessment metrics and its expertise, the Task Force shall submit a report to the Mayor and City Council containing:
9 10	 AN ASSESSMENT OF THE IMPLEMENTATION OF TRAUMA-INFORMED CARE WITHIN EACH AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE;
11 12	(2) AN ASSESSMENT OF THE TRAUMA-RESPONSIVENESS OF EACH AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE; AND
13 14	(3) ANY RECOMMENDATIONS REGARDING IMPROVEMENTS TO EXISTING LAWS RELATING TO CHILDREN, YOUTH, AND FAMILIES IN BALTIMORE CITY.
15 16 17	SECTION 2. AND BE IT FURTHER ORDAINED, That the catchlines contained in this Ordinance are not law and may not be considered to have been enacted as a part of this or any prior Ordinance.
18 19	SECTION 3. AND BE IT FURTHER ORDAINED, That this Ordinance takes effect on the 30 th day after the date it is enacted.

INTRODUCTORY*

CITY OF BALTIMORE COUNCIL BILL



Introduced by: Councilmember Cohen

A BILL ENTITLED

AN ORDINANCE concerning

The Baltimore City Trauma-Responsive Care Act

FOR the purpose of establishing the Trauma-Informed Care Task Force and its members; setting forth certain duties of the Task Force; requiring certain agencies to designate certain individuals to undergo formal training in trauma-informed care and to perform certain other duties related to ensuring that certain agencies are delivering services in a manner consistent with best practices in trauma-informed care; requiring certain agencies to submit periodic progress reports to the Task Force; requiring the Task Force to submit an annual report to the Mayor and City Council regarding the re-orientation of certain city services to focus on trauma-informed care; re-constituting the current Office of Children, Youth, and Families to be the Office of Children and Family Success; making a primary duty of the Office of Children and Family Success to lead a citywide initiative to prioritize the trauma-responsive and trauma-informed delivery of services; defining certain terms; correcting and conforming related provisions; and generally relating to providing trauma-informed services to the citizens of Baltimore.

By repealing and re-ordaining, with amendments

Article 1 - Mayor, Council, and Agencies Sections 22-1 and 22-11 Baltimore City Code (Edition 2000)

By adding

Article 1 - Mayor, Council, and Agencies Sections 22-15 to 22-22 Baltimore City Code (Edition 2000)

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Laws of Baltimore City read as follows:

EXPLANATION: CAPITALS indicate matter added to existing law, [Brackets] indicate matter deleted from existing law.

* Warning: This is an unofficial, introductory copy of the bill..
The official copy considered by the City Council is the first reader copy.

Baltimore City Code

Article 1. Mayor, Council, and Agencies

Subtitle 22. Children, Youth, and Families

PART I. DEFINITIONS.

§ 22-1. Definitions.

(a) In general.

In this subtitle, the following terms have the meanings indicated.

- (b) Children.
 - "Children" means individuals under the age of 14 years.
- (c) Commission.
 - "Commission" means the Baltimore City Youth Commission.
- (d) Office.
 - "Office" means the Office of Children[, Youth,] and [Families] FAMILY SUCCESS.
- (e) TASK FORCE.
 - "TASK FORCE" MEANS THE BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.
- (F) [(e)] Youth.

"Youth" means an individual between the ages of 14 and 25, inclusive

PART III. OFFICE OF CHILDREN [, YOUTH,] AND [FAMILIES] FAMILY SUCCESS

§ 22-11. Director – powers and duties.

The Director shall:

- (1) identify the needs of children and youth according to age, location, and special services required;
- (2) identify public and private services available to children, youth, and families;
- (3) identify changes in public policy, service delivery, and funding necessary to improve the services available to children, youth, and families;
- (4) serve as a community voice for children and youth;
- (5) develop and implement programs to benefit children and youth;
- (6) provide staff and serve as advisor to the Commission;

- (7) SERVE AS EX-OFFICIO MEMBER AND ADVISOR TO THE TASK FORCE;
- (8) [(7)] generally promote the well-being of all children and youth of Baltimore City;
- be represented on any OTHER special committee or task force [established in (9) [(8)] the Mayor's Office which] THAT considers matters relating to children and youth, and work with the various boards, commissions, and municipal agencies [which] THAT interact with the [office] OFFICE as deemed appropriate;
- (10) [(9)] perform such other duties as required by the Mayor; and
- (11) [(10)] review proposed legislation referred to the Office by the City Council, assessing its probable effect on the physical, social, emotional, and intellectual welfare of the children of this City.

§§ 22-13 TO 22-14. {RESERVED}

PART IV. TRAUMA-INFORMED CARE AND TRAUMA-RESPONSIVENESS.

§ 22-15. TRAUMA-INFORMED CARE INITIATIVE.

IN ADDITION TO ANY OTHER DUTIES SET FORTH IN THIS SUBTITLE, IT IS THE DUTY OF THE OFFICE TO COORDINATE A CITYWIDE INITIATIVE TO PRIORITIZE THE TRAUMA-RESPONSIVE AND TRAUMA-INFORMED DELIVERY OF CITY SERVICES IMPACTING CHILDREN, YOUTH, AND FAMILIES.

§ 22-16. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – ESTABLISHMENT.

THERE IS A BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE.

§ 22-17. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE - COMPOSITION.

(A) IN GENERAL.

THE TASK FORCE COMPRISES 20 MEMBERS, 16 OF WHOM ARE APPOINTED BY THE MAYOR UNDER ARTICLE IV, § 6 OF THE CITY CHARTER AND 4 OF WHOM ARE EX-OFFICIO MEMBERS.

(B) APPOINTED MEMBERS.

OF THE 16 MEMBERS APPOINTED BY THE MAYOR:

- (I) 2 SHALL BE YOUTH REPRESENTATIVES FROM A YOUTH-LED ADVOCACY GROUP IN BALTIMORE CITY;
- (II) 2 SHALL BE INDIVIDUALS WITH AT LEAST ONE CHILD ENROLLED IN THE BALTIMORE CITY PUBLIC SCHOOL SYSTEM:
- (III) I SHALL BE A LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA;
- (IV) 1 SHALL BE A MEMBER OF THE RESEARCH COMMUNITY WITH AN EXPERTISE IN TRAUMA:

- (V) 3 SHALL BE REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH ORGANIZATIONS THAT HAVE AN EXPERTISE IN TRAUMA; AND
- (VI) 7 SHALL BE RECOMMENDED BY THE CITY COUNCIL PRESIDENT AS FOLLOWS:
 - (A) 2 CITY COUNCILMEMBERS;
 - (B) 1 YOUTH REPRESENTATIVE FROM A YOUTH-LED ADVOCACY GROUP IN BALTIMORE CITY;
 - (C) 1 LICENSED CLINICIAN WITH AN EXPERTISE IN TRAUMA; AND
 - (D) 3 REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, NONPROFIT ORGANIZATIONS, OR YOUTH-LED OR YOUTH-ORIENTED ORGANIZATIONS THAT HAVE AN EXPERTISE IN TRAUMA.
- (C) EX-OFFICIO (OR DESIGNATE) MEMBERS.

THE 4 EX-OFFICIO MEMBERS OF THE TASK FORCE ARE:

- (1) THE DIRECTOR OF THE OFFICE;
- (2) THE COMMISSIONER OF THE BALTIMORE CITY DEPARTMENT OF HEALTH OR THE COMMISSIONER'S DESIGNEE;
- (3) THE CITY COUNCIL PRESIDENT; AND
- (4) THE YOUTH COMMISSION CHAIR.

§ 22-18. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – TERMS, ORGANIZATION, ETC.

(A) TERMS.

APPOINTED MEMBERS SERVE FOR A TERM OF 4 YEARS CONCURRENT WITH THE TERM OF THE MAYOR'S TERM OF OFFICE.

(B) COMPENSATION.

MEMBERS SERVE ON THE TASK FORCE WITHOUT COMPENSATION.

- (C) VACANCIES.
 - AT THE END OF A TERM, AN APPOINTED MEMBER SERVES UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
 - (2) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES OUT THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

- (D) MEETINGS; QUORUM.
 - (1) THE TASK FORCE SHALL MEET ON THE CALL OF THE TASK FORCE CHAIR OR THE DIRECTOR OF THE OFFICE AS FREQUENTLY AS REQUIRED TO PERFORM ITS DUTIES, BUT NOT LESS THAN 6 TIMES A YEAR.
 - (2) A MAJORITY OF THE MEMBERS OF THE TASK FORCE CONSTITUTES A QUORUM FOR THE TRANSACTION OF BUSINESS, AND AN AFFIRMATIVE VOTE BY THE MAJORITY OF A QUORUM IS SUFFICIENT FOR ANY OFFICIAL ACTION.
- (E) CHAIR.

THE MAYOR SHALL DESIGNATE A CHAIR FROM AMONG THE TASK FORCE'S APPOINTED MEMBERS.

§ 22-19. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – STAFF.

THE OFFICE SHALL PROVIDE ADEQUATE STAFF FOR THE TASK FORCE TO CARRY OUT ITS DUTIES.

§ 22-20. BALTIMORE CITY TRAUMA-INFORMED CARE TASK FORCE – DUTIES.

THE TASK FORCE SHALL:

- (1) ASSIST IN THE IDENTIFICATION OF ALL CITY PROGRAMS AND SERVICES THAT IMPACT CHILDREN AND YOUTH;
- (2) ASSIST IN THE DEVELOPMENT OF A CITYWIDE STRATEGY TOWARD AN ORGANIZATIONAL CULTURE SHIFT INTO A TRAUMA-RESPONSIVE CITY GOVERNMENT;
- (3) ESTABLISH METRICS, IN COLLABORATION WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH, TO EVALUATE AND ASSESS THE PROGRESS OF THE CITYWIDE TRAUMA-INFORMED CARE INITIATIVE;
- (4) COORDINATE AND DEVELOP WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH ANY FORMAL OR INFORMAL TRAUMA-INFORMED CARE TRAINING;
- (5) DISSEMINATE INFORMATION WITHIN CITY GOVERNMENT REGARDING BEST PRACTICES FOR PREVENTING AND MITIGATING THE IMPACT OF TRAUMA ON CHILDREN, YOUTH, AND FAMILIES;
- (6) ADVISE AND ASSIST THE MAYOR AND CITY COUNCIL IN PROVIDING OVERSIGHT AND ACCOUNTABILITY IN IMPLEMENTING THE REQUIREMENTS OF THIS PART;
- (7) PERFORM ANY OTHER DUTIES AS REQUIRED BY THE MAYOR.
- § 22-21. TRAUMA-INFORMED CARE TRAINING; AGENCY DUTIES.
 - (A) DEFINITIONS.
 - (1) IN GENERAL.

IN THIS SECTION, THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.

(2) AGENCY.

"AGENCY" MEANS:

- (I) THE BALTIMORE CITY FIRE DEPARTMENT;
- (II) THE BALTIMORE CITY PARKING AUTHORITY;
- (III) THE DEPARTMENT OF FINANCE;
- (IV) THE DEPARTMENT OF LAW;
- (V) THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT;
- (VI) THE DEPARTMENT OF PLANNING;
- (VII) THE DEPARTMENT OF PUBLIC WORKS;
- (VIII) THE DEPARTMENT OF RECREATION AND PARKS;
- (IX) THE DEPARTMENT OF TRANSPORTATION;
- (X) THE ENOCH PRATT FREE LIBRARY OF BALTIMORE CITY;
- (XI) THE MAYOR'S OFFICE OF CRIMINAL JUSTICE;
- (XII) THE MAYOR'S OFFICE OF EMPLOYMENT DEVELOPMENT;
- (XIII) THE MAYOR'S OFFICE OF HOMELESS SERVICES; AND
- (XIV) THE MAYOR'S OFFICE OF HUMAN SERVICES.

(3) FORMAL TRAINING.

"FORMAL TRAINING" MEANS A DIDACTIC COURSE OR CURRICULUM IN TRAUMA-INFORMED CARE THAT IS:

- (I) DEVELOPED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARYLAND DEPARTMENT OF HEALTH, OR THE BALTIMORE CITY DEPARTMENT OF HEALTH; AND
- (II) PROVIDED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH OR ITS DESIGNEE IN COLLABORATION WITH THE TASK FORCE.
- (B) TASK FORCE MEMBERS.

EACH TASK FORCE MEMBER SHALL PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR.

- (C) AGENCY STAFF DESIGNATION.
 - (1) EACH AGENCY HEAD SHALL DESIGNATE 2 AGENCY STAFF MEMBERS TO:

- (1) PARTICIPATE IN AT LEAST 1 FORMAL TRAINING EACH YEAR;
- (II) COLLABORATE WITH OTHER AGENCY DESIGNEES IN PERIODIC WORKSESSIONS AND OTHER INFORMAL TRAININGS AS ORGANIZED BY THE BALTIMORE CITY DEPARTMENT OF HEALTH FROM TIME TO TIME;
- (III) SERVE AS THE PRINCIPAL ADVISORS TO THE AGENCY HEAD AND AGENCY STAFF IN TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE;
- (IV) ASSESS THE AGENCY FOR TRAINING AND TECHNICAL ASSISTANCE NEEDS RELATED TO TRAUMA-RESPONSIVENESS AND TRAUMA-INFORMED CARE; AND
- (V) REVIEW AND MAKE APPROPRIATE RECOMMENDATIONS TO THE AGENCY HEAD TO ALIGN AGENCY POLICIES AND PRACTICES WITH A TRAUMA-INTENSIVE APPROACH.
- (2) IN THE EVENT OF A VACANCY OF ONE OR BOTH OF THE STAFF MEMBERS, THE AGENCY HEAD SHALL, WITHIN 30 DAYS OF THE VACANCY, DESIGNATE ANOTHER STAFF MEMBER TO CARRY OUT THE DUTIES OF THIS SUBSECTION.
- (D) HEALTH DEPARTMENT COOPERATION.

THE BALTIMORE CITY DEPARTMENT OF HEALTH SHALL PROVIDE ANY TECHNICAL ADVISORY SUPPORT TO DESIGNATED AGENCY STAFF IN ORDER FOR THOSE INDIVIDUALS TO CARRY OUT THEIR DUTIES UNDER SUBSECTION (C)(1) OF THIS SECTION.

(E) PROGRESS REPORT TO TASK FORCE.

ON OR BEFORE MARCH 31 OF EACH YEAR, EACH AGENCY HEAD SHALL SUBMIT TO THE TASK FORCE A PROGRESS REPORT DETAILING ITS AGENCY'S PROGRESS AND COMPLIANCE WITH SUBSECTION (C) OF THIS SECTION.

§ 22-22. ANNUAL REPORT.

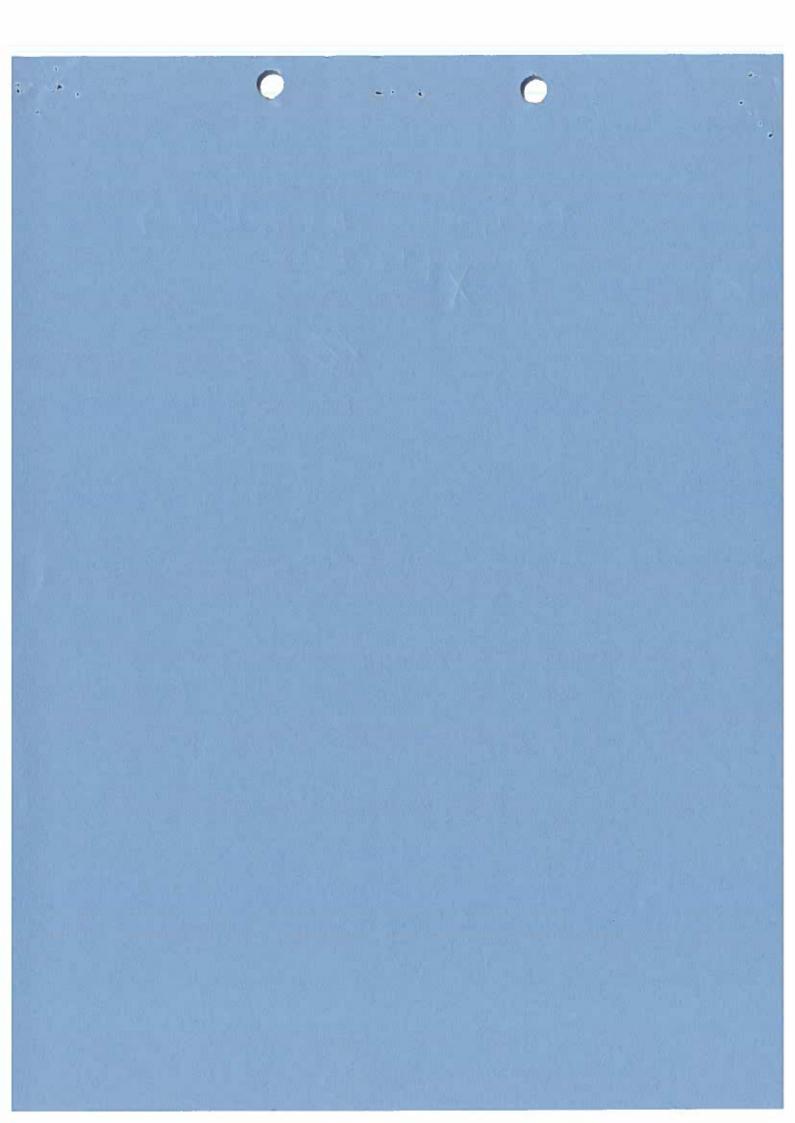
On or before June 30 of each year, utilizing its established evaluation and assessment metrics and its expertise, the Task Force shall submit a report to the Mayor and City Council containing:

- (1) AN ASSESSMENT OF THE IMPLEMENTATION OF TRAUMA-INFORMED CARE WITHIN EACH AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE;
- (2) AN ASSESSMENT OF THE TRAUMA-RESPONSIVENESS OF EACH AGENCY AS DEFINED IN § 22-21(A)(2) OF THIS SUBTITLE; AND
- (3) ANY RECOMMENDATIONS REGARDING IMPROVEMENTS TO EXISTING LAWS RELATING TO CHILDREN, YOUTH, AND FAMILIES IN BALTIMORE CITY.

SECTION 2. AND BE IT FURTHER ORDAINED, That the catchlines contained in this Ordinance are not law and may not be considered to have been enacted as a part of this or any prior Ordinance.

SECTION 3. AND BE IT FURTHER ORDAINED, That this Ordinance takes effect on the 30th day after the date it is enacted.





ACTION BY THE CITY COUNCIL

JUL 22 2019

FIRST READING (INTRODUCTION)	20
PUBLIC HEARING HELD ON 9-5-19, Works	055cm 11-21-19, 12-17-19 20
COMMITTEE REPORT AS OF January	13,2020
COMMITTEE REPORT AS OF	
FAVORABLE UNFAVORABLE FAV	ORABLE AS AMENDEDWITHOUT RECOMMENDATION
	4hm
	Chair
COMMITTEE MEMBERS:	COMMITTEE MEMBERS:
SECOND READING: The Council's action being favorable (ur Third Reading on:	nfavorable), this City Council bill was (was not) ordered printed for
Time reading on.	JAN 1 % 2020
Amendments were read and adopted (defeated) as	indicated on the copy attached to this blue backing.
THIRD READING	[JAN 2 7,2020
	indicated on the copy attached to this blue backing.
THIRD READING (ENROLLED)	JAN 207 202
	indicated on the copy attached to this blue backing.
THIRD READING (RE-ENROLLED)	20
WITHDRAWAL	
There being no objections to the request for withdrawal, if from the files of the City Council.	t was so ordered that this City Council Ordinance be withdrawn