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| F R O M | Name & Title | Letitia Dzirasa, M.D., Commissioner  | Health Department AGENCY REPORT |  |
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| | 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.