Schamess testimony HR 25 12/15/2020 – first draft

Childhood trauma and its long-term effects represent a major public health problem that has gone largely unrecognized.

Adverse childhood experiences (ACE's) include:

- Experiencing violence or abuse.
- Witnessing violence in the home or community.
- Having a family member die by suicide or homicide.
- Growing up in a household with substance misuse, mental health problems or instability due to an incarcerated or otherwise absent parent.
- Living in unsafe and under-resourced communities.

Sixty-one percent of adults have experienced at least on ACE and one in six has experienced four or more. The burden of ACEs falls most heavily on communities of color, as a result of both historical and contemporary patterns of racial discrimination.

ACE's have a major impact on the present and future health status of affected children. They substantially increase the risk of sexually transmitted infection, teenage pregnancy, involvement in sex trafficking, and of chronic medical diseases including diabetes, cancer and heart disease.

Children subjected to toxic stress can suffer from problems such as poor attention span, severe anxiety, hypervigilance, impulsivity, and post-traumatic stress disorder. These problems often go unrecognized in schools, where children are labeled as having behavior problems and suffer undeserved academic and disciplinary consequences. These problems can have an enormous impact on job and economic opportunities, relationships and life trajectory; and can be passed on to progeny (generational trauma).

There are a number of steps that the State of Ohio could take to assess the statewide burden of childhood trauma, identify affected children, and provide treatment to address the symptoms and reduce the long term health impact of ACE's.

1. Create a waiver or carve-out in the Medicaid program to address childhood trauma. The idea would be to have a Medicaid program that pays for specified services for childhood trauma victims. That could include therapy, medical visits, and wrapa-round services, which could be specified in the waiver (for example, substance abuse treatment, transportation, case management, and holistic therapies). This would follow the pattern of other successful state Medicaid demonstrations, such as the Ohio Home Care, Passport and Assisted Living waivers (https://go.osu.edu/ohiowaivers).
2. Task the Department of Health with carrying out a public information campaign on ad-

verse events in childhood (prevalence, impact, treatment options). DOH could also collect data on AEC incidence, which could strengthen the case for targeting minority neighborhoods for services). One additional thought would be to request a permanent office of DOH dedicated to childhood trauma with full-time staff dedicated to the issue.

3. Work with the public schools to train teachers and staff to recognize childhood trauma and its impacts, so that kids are identified and treated rather than being labelled and punished for the sort of behavior you outline in the policy framework. School personnel should be made aware of resources (i.e. the waiver in item 1) so they know where to refer children and families who need help.
4. DOH and/or schools could be involved in a screening and early identification program.
5. A comprehensive solution should include measures to improve safety, quality of life, housing and educational opportunities in under-resourced communities and address social and economic disparities that affect communities of color.

Declaring a state of emergency for childhood trauma would be an essential first step in bringing together government, academic institutions, organized medicine and community representation to work on addressing this problem.