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4/28/2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1703 – *Resolve, to Establish the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information in opposition to LD 1703, *Resolve, to Establish the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project*.

This bill requires the Department of Health and Human Services, in collaboration with the Department of Education, to establish the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project.

If enacted as written, during 2026-2027 school year only, public school students at School Based Health Centers (SBHCs) in Cumberland, Androscoggin, and Washington counties, could participate in adverse childhood experiences (ACEs) screenings and resiliency assessments provided by the Pilot Project. One of the goals of the Pilot Project is to provide early intervention services and resources to identified at-risk youth. Licensed clinical staff administering ACEs screening and assessments must obtain appropriate training. Based on previous screening pilots, the cost for staff time and training is approximated to be \$75,000 per SBHC site. Maine Center for Disease Control and Prevention (Maine CDC) currently oversees contracts for six SBHCs in Cumberland County and one in Washington County. The total annual cost for administering the pilot project in each of the existing SBHCs under contract with Maine CDC within Cumberland and Washington County is estimated to be \$525,000. There are currently no SBHCs operating in Androscoggin County.

Adverse childhood experiences are important indicators of wellbeing, as research shows that youth reporting a significant number of ACEs may be at increased risk of future negative health outcomes and risky behavior. It is important that youth with experiences of childhood trauma are appropriately assessed and connected to ongoing medical and mental health supports as needed. However, emerging research suggests that focusing on identifying and supporting positive childhood experiences (PCEs) may have greater benefit for youth, particularly those with a history of ACEs. SBHCs already conduct extensive health and risk behavior screening for all enrolled students, including questions that assess experiences of trauma, violence, and coping. All SBHCs offer fully integrated mental health services that are available to students in need of

ongoing support. It is unclear whether additional required ACEs screening would significantly benefit SBHC patients or increase their access to appropriate care.

Currently, all Maine SBHCs operate on limited budgets. This pilot program requires additional provider training, time, and staffing capacity that is not available within existing SBHC budgets; SBHCs are not able to absorb this pilot project with existing resources.

In conclusion, while adverse childhood experiences are an extremely important issue for Maine children, the SBHC program already conducts extensive screening for enrolled students and does not have sufficient funding to increase screening services. For these reasons, Maine CDC is opposed to this legislation and welcomes questions or conversation about the cadre of services provided by SBHCs, if the Committee finds that helpful.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

A handwritten signature in blue ink, appearing to read "Puthiery Va".

Puthiery Va, DO
Director

Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services