

**Testimony in Favor of HB 374**

**Submitted by: Danielle LeClair, University Park, MD**

**Position: Support**

Delegate Barron, Chairman Rosenberg, and fellow committee members – Thank you for allowing me the opportunity to testify in favor of HB 374 today.

My name is Danielle LeClair and my 12 year old daughter and I live in University Park, MD. I adopted my daughter as a single parent almost three years ago from the foster care system. She is a smart and kind girl who has made Honor Roll almost every quarter, is a great athlete, plays the trombone in the school band, and loves animals, especially dogs.

She also has a number of significant mental health issues, including PTSD, ODD, ADHD and others.

I'm not sure how familiar you are with the ACES score – it stands for Adverse Childhood Experiences, and is a measure of different types of abuse, neglect, and other types of childhood trauma. The higher the ACES score, the more likely a child will face significant health and other challenges in childhood and adulthood. The nine ACES include: physical abuse, sexual abuse, emotional abuse, mental illness of a family member, substance use by a parent, loss of a parent, witnessing domestic violence, and having an incarcerated parent. According to the CDC, a majority of children have zero or one of these adverse experiences. Only 12% of children have four or more. My daughter has almost all of them from her time in her abusive birth home and her foster homes. In fact, I've been told by a number of doctors, social workers, and therapists that she has one of the highest ACES scores they've ever seen.

Let me give you a sense of what it's like to live with a child with significant mental health issues. One of my daughter's PTSD triggers is transitions. This can be as simple as going from the car to the house, because in the past, she constantly feared what would happen entering her birth or foster homes. Last week, we returned from a wonderful birthday trip on a Disney Cruise to the Bahamas followed by a trip to Disney World. Despite my daughter having a wonderful time, returning to home and her routine was a tough re-entry, and last Monday, she had a bad PTSD episode. These happen literally in the blink of an eye. She goes from eating dinner and putting on her basketball shoes to physically attacking me. Last week, she got mad when I said it was time to put on her coat for basketball. She bit me hard on my arm and wouldn't let go – if I hadn't been wearing a thick sweatshirt, I'd have likely needed stitches. Once I was able to get away from her into another room, she walked up to me and punched me in the face. If you look closely, you can still see the bruise on my left cheek. My daughter has one of these PTSD episodes about once per month – sometimes more often. They are scary for me and for her, and once she is re-regulated and coherent again, she feels tremendous shame and guilt.

In addition to the violent PTSD episodes, my daughter struggles with severe debilitating anxiety because her brain often freezes up, literally rendering her incapacitated – usually laying on the floor in the fetal position unable to stand up. This is part of the “freeze” of the “flight, flight or freeze response” of victims of severe trauma. My daughter's freezing typically happens in the mornings and evenings, which are transition times. Last year, her PTSD/anxiety was so bad that

she was either late to school or missed the entire school day more than 30 times. Despite her school being well aware of the reason for the tardies/absences – in fact, her assistant principal actually came to our home one day to help and saw my daughter’s incapacitation first-hand - her school and PGCPs have threatened me with truancy court.

I have done everything in my power to get my daughter the mental health services that she and I both desperately need so that she can heal from her significant trauma. She has seen a therapist weekly for the past 3 years that specializes in childhood trauma, she has an excellent psychiatrist who she sees monthly, and we have an incredible support network of friends and family. I have also enrolled my daughter in equine therapy, play therapy, and yoga to try to help her heal.

However, my daughter’s healing has a long way to go and we are in critical need of more help. Help that I cannot find.

One of the sources of in-home mental health care for children are Psychiatric Rehabilitation Programs, or PRPs. I heard about their existence from a hospital staffer about a year ago and started Googling them. I found a few in our county, but all of them would only take children who only have Medicaid. My daughter, like all other current and former foster children, does have Medicaid. But our adoption agency required me to also put my daughter on my work health insurance, which disqualified us from all of the PRPs that I had found online.

I need a trained mental health provider to come work with my daughter in our home. Ideally each morning to help her navigate the difficult transitions to get ready for school. I cannot just hire a regular babysitter for a child with PTSD. If my daughter was unable to go from her bedroom to the toilet to the shower to getting dressed because of a physical health issue, I have talked to several home health agencies that serve children with physical conditions that could help. However, none of those home health agencies help children who are incapacitated for mental health conditions. I have also called Beacon Health, the MD Medicaid provider, who finally told me after 6 phone calls – with hold times ranging from 30 minutes to 2 hours – that they provide no in-home mental health care.

We desperately need more services, including in-home mental health care. I have called my adoption agency, I have asked for help from the PG County Local Care Team, I have called the PG County Crisis Center, I have asked PGCPs, I have asked our therapist and psychiatrist, I have asked the 2 hospitals that my daughter has been admitted to, and many others, to find in-home services. Her most significant challenges are in our home and that is where the key help is needed. But I have come up empty-handed.

HB 374 would go a long way to helping my family and many others by requiring the Behavioral Health Administration to provide information about critically needed mental health services for kids – including PRPs and home health aide services. The bill would also require that the list include services for children who have either Medicaid or private health insurance, so kids like my daughter are not penalized for having private insurance. My daughter’s mental health issues did not magically disappear once we formalized her adoption and she was added to my health insurance provided to me by my wonderful union job. HB 374 would make sure the list of providers and services would be made available to families on the website, which is important

because many families face the stigma of asking for help for mental health issues and need to search and ask in the privacy of our own homes. Currently, no such list of help exists – at least not publicly – which is a huge disservice to our family and to the service providers who want to work with clients/patients like us.

HB 374 is an extremely helpful, common-sense, budget-neutral way to help a lot of families like mine in our state.

I hope that you will move quickly to a vote in favor of this important bill and to support other legislation to help families struggling with mental health issues.

Thank you.