

HB 513_Fav_MCF.pdf

Uploaded by: Ann Geddes

Position: FAV



HB 513 – Infant and Early Childhood Mental Health Consultation Program - Established

Committee: Education, Health and Environmental Affairs

Date: March 24, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports HB 513.

HB 513 would expand and permanently establish the Infant and Early Childhood Mental Health Consultation Pilot Project, to promote positive mental health and behavioral health in very young children. Too often our organization is providing assistance to families with children with significant and complex mental health needs. Many of these children would not have come to this point if there had been enough services for them as infants and toddlers. Children with significant and complex mental health needs are those we find stuck in emergency departments and hospital inpatient units, lingering in residential treatment centers, and failing in school and at great risk of dropping out. If you don't pay now, you end up paying later.

Maryland is sorely lacking in early childhood mental health services. HB 513 would begin to fill this gap. Infant and Early Childhood Mental Health Consultants build strong relationships with families, programs, and teachers to prevent, identify, treat, and reduce the impact of mental health problems among children. The current pilot project has met with great success, and must be expanded and made permanent.

For these reasons we urge a favorable report on HB 513.

Contact: Ann Geddes

Director of Public Policy

The Maryland Coalition of Families

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HB 513_Betsy Krieger_FAV.pdf

Uploaded by: Betsy Krieger

Position: FAV

To: The Honorable Chair, Paul G. Pinsky

Re.: **In SUPPORT of HB 513: Infant and Early Childhood Mental Health Support Services Program—Established**

Date: March, 23, 2022

From: Betsy Krieger

Yesterday, in an article in the Washington Post, numerous experts concluded that untreated trauma experienced in infancy can lead to long-term health consequences. I am a Trustee of a Foundation where we have learned over the years from experts, about the importance of the first years and the role of trauma and toxic stress in disrupting brain development.

We assume that babies exposed to violence don't understand what's going on around them because they can't verbalize it, but by 8-12 weeks they start to respond based on the experiences they have had.

“According to a [Report of the Task Force of the World Association for Infant Mental Health](#), rates of mental health disorders in infancy (which generally includes birth to age 3) are comparable to that of older children and adolescents. And one small study of 1-year-olds found that [44 percent of those who had witnessed severe violence against their mother by an intimate partner](#) showed symptoms of trauma afterward. . .

Trauma in infancy can [physically alter the developing architecture of the brain](#), according to the American Academy of Pediatrics. [Toxic stress](#) — strong, frequent or prolonged adversity — has been shown in various studies to harm [learning capabilities, memory and executive functioning](#).” (Washington Post 3/20/2022)

Infants and toddlers exposed to trauma and chronic stress reach adulthood with a much higher likelihood of both physical and mental health disorders including diabetes, obesity, and addiction.

But if the child with a trauma history gets help in the form of parents and caregivers who provide protection, they are less likely to be permanently affected by the trauma.

The work of infant mental health providers, who this bill would support, is to help the parents and teachers provide that protection. And when additional help is needed, they are able to refer the family to therapy. In this way, children who have experienced toxic stress are more regulated when they enter school enabling them to learn and to get the support and positive feedback from teachers and peers, are necessary for growth and development.

Providing these resources when children are small, and their brains are more open to change can prevent the very expensive and often not successful interventions when they become adolescents and adults.

As Frederick Douglass said, “It is easier to build strong children than to repair broken men.”

Therefore, I request that this committee issue a FAVORABLE report on HB 513.

HB 513 Mental Health Testimony support ehea senate

Uploaded by: Christina Peusch

Position: FAV



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Important Natural Resource™**

Maryland State Child Care Association

2810 Carrollton Road
Annapolis, Md. 21403
Phone: (410) 820-9196
Email: info@mscca.org
www.mscca.org

The Maryland State Child Care Association (MSCCA) is a non-profit, statewide, professional association incorporated in 1984 to promote the growth and development of child care and learning centers in Maryland. MSCCA has over 5000 members working in the field of early childhood/child care. We believe children are our most important natural resources and work hard to advocate for children, families and for professionalism within the early childhood community.

March 23, 2022

House Bill 513

Infant and Early Childhood Mental Health Consultation Program

Education, Health and Environmental Affairs Committee

SUPPORT

To Chair Pinsky and esteemed members of EHEA Committee:

MSCCA enthusiastically supports HB 513 for the purpose of establishing the Infant and Early Childhood Mental Health Consultation Program within the State Department of Education's Division of Early Childhood Development to promote positive mental and behavioral health practices for young children by providing certain referrals and services for children, families, teachers, and all types of child care providers.

MSCCA has been a part of the Infant and Early Childhood Framework Committee and focused on the need for this important consultation program to address the increase of mental health issues, especially related to pandemic. Child care programs and providers are in need of this foundational program as it adds security and stability for mental health consultation and education. The approach is proactive to include best practice to promote positive mental health as well as ensure better support for young children and their families struggling to identify strategies and interventions.

We support the foundational funding and the training, coaching necessary for teacher and caregivers. HB 513 places emphasis on coordination and partnership for resources to help the child and the partners be successful for children and families in addressing mental health issues.

MSCCA urges a favorable report.

Christina Peusch
Executive Director

HB 513 testimony for EHEA senate.pdf

Uploaded by: Christina Peusch

Position: FAV



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March 23, 2022

House Bill 513

Infant and Early Childhood Mental Health Consultation Program

Education, Health and Environmental Affairs Committee

SUPPORT

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MSCCA enthusiastically supports HB 513 for the purpose of establishing the Infant and Early Childhood Mental Health Consultation Program within the State Department of Education's Division of Early Childhood Development to promote positive mental and behavioral health practices for young children by providing certain referrals and services for children, families, teachers, and all types of child care providers.

MSCCA has been a part of the Infant and Early Childhood Framework Committee and focused on the need for this important consultation program to address the increase of mental health issues, especially related to pandemic. Child care programs and providers are in need of this foundational program as it adds security and stability for mental health consultation and education. The approach is proactive to include best practice to promote positive mental health as well as ensure better support for young children and their families struggling to identify strategies and interventions.

We support the foundational funding and the training, coaching necessary for teacher and caregivers. HB 315 places emphasis on coordination and partnership for resources to help the child and the partners be successful for children and families in addressing mental health issues.

MSCCA urges a favorable report.

Christina Peusch
Executive Director

HB 513_MFN_FAV_Macsherry .pdf

Uploaded by: Clinton Macsherry

Position: FAV



Testimony Concerning HB 513
“Infant and Early Childhood Mental Health Support Services Program - Established”
Submitted to the Senate Education, Health, & Environmental
Affairs and Budget & Taxation Committees
March 23, 2022

Position: Support

Maryland Family Network (MFN) strongly supports HB 513, which would formally establish and increase funding for the Infant and Early Childhood Mental Health Support Services Program (IECMHSSP). IECMHSSP provides critical and highly effective mental health and social-emotional support services for young children, their child care programs, and their families.

MFN has worked since 1945 to improve the availability and quality of child care and early childhood education as well as other supports for children and families in Maryland. We have been active in state and federal debates on child care policy and are strongly committed to ensuring that children, along with their parents, have access to high-quality, affordable programs and educational opportunities.

IECMHSSP is a prevention-based service. It pairs a mental health consultant and/or a behavioral specialist with early education professionals who work with infants and young children (and their families) in the places where they learn and grow, such as child care programs. IECMHSSP demonstrably improves classroom climate, improves teacher confidence, and decreases challenging behavior in children. It has documented outstanding success in preventing suspensions and expulsions from preschool settings.

Last year, this Committee passed HB 776, which required a thorough evaluation of the program. The resulting report confirms the strengths of the program, but also highlights “a stark need for increased access to the project’s services.” Research indicates that of the 430,000 Maryland children from birth to age 5, between 8,700 and 30,000 need the services IECMHSSP provides. Given current resources, only a tiny fraction—6% of the low-end population estimate—can be served. Even that figure likely understates the degree of unmet need amid the pandemic.

HB 513 would increase the State’s modest investment in IECMHSSP, from just under \$2 million to \$3 million, and help address the glaring need for more mental health consultation services for young children, their child care programs, and their families. MFN respectfully urges the Committee’s favorable consideration of HB 513.

H513_MHResourcesChildcare_KennedyKrieger_Support_S

Uploaded by: Emily Arneson

Position: FAV



DATE: March 23, 2022 **COMMITTEE:** Senate Education, Health and Environmental Affairs
BILL NO: House Bill 513
BILL TITLE: Infant and Early Childhood Mental Health Consultation Program – Established
POSITION: Support

Kennedy Krieger Institute supports House Bill 513 - Infant and Early Childhood Mental Health Consultation Program - Established

Bill Summary:

House Bill 513 establishes the Infant and Early Childhood Mental Health Support Services Program within the State Department of Education's Early Childhood Development department. This program would promote positive mental and behavioral health practices for young children by providing referrals to children, families, teachers and caregivers.

Background:

At Kennedy Krieger Institute, we have multiple, high impact programs in early childhood education serving “at risk” and medically complex children. Our interdisciplinary team of over 180 staff, representing over 20 specialties, and with fluency in at least six languages, collaborates with experts around the globe. Our contributions and areas of ongoing research are addressing anxiety, early detection, early intervention (beginning at 9 months), biological causes, transitioning to adult health care, telehealth, defining how learning and attention systems develop, crisis management, development of innovative assessment tools, and development of innovative ways to train childcare providers and public school teachers to implement evidence-based instructional strategies in their classrooms.

Our Programs include:

PACT: Helping Children with Special Needs, Inc., the only child care centers in the Baltimore Metropolitan area for 85 young children who are medically fragile and infants and toddlers who are homeless.

World of Care Medical Child Care: age's birth to five needing daily nursing care and specialized equipment. Includes comprehensive services such as daily skilled nursing care/interventions, occupational, physical and speech therapy.

Therapeutic Nursery for Homeless Infants and Toddlers: only early Head Start in Baltimore providing specialized attachment-based, trauma-informed care and education for infants and toddlers whose families are currently living in homeless shelters or transitioning back to the community. Also provide mental Health Services for parents using research-based interventions.

Center for Autism and Related Disorders (CARD): a multi-faceted, interdisciplinary center serving individuals from infancy into adulthood with, and at risk for ASD, their families, and professionals in the ASD community. CARD combines research, clinical services, and training programs to unlock the potential of children with ASD, enrich their life experiences, empower parents and promote the well-being of families through evidence-based practices.

Rationale:

Early in development, the brain is the most malleable, representing a formative period of neurodevelopment. During this time, the brain is growing, eliminating neurons that are not needed, and connecting itself within and across brain regions. This, ultimately results in the child's ability to learn at their greatest potential, and to achieve the greatest possible success.

Developmental neuroscientists have shown that children's brain development is a product of an interaction between their experiences and their neurobiology. In other words, the language, motor, and cognitive stimulation they experience when interacting with others actually affects how the brain becomes wired. This fact is the basis for what is known as 'experience dependent neuroplasticity'. When a child has autism, or other developmental delay, s/he is not sufficiently benefiting from the usual kinds of interactions with people and toys.

In addition, deleterious environmental factors may contribute to an at risk child's development. Children with autism spectrum disorder (ASD) and other developmental delays need specific types of input, opportunities, and social-emotional environments to thrive.

Children in Maryland who have behavioral, social-emotional, cognitive, language and/or motor delays will benefit from systematic exposure to evidence-based instructional and caregiver-supported interaction strategies known to accelerate learning and improve developmental outcomes.

We understand and recognize the importance for early intervention programming to be coordinated and integrated. Early intervention components should include individualized goal-setting, high-quality supportive environments, and nurturing and responsive relationships for all children (Fox, Synder, & Hemmeter, 2013).

The more skills that children develop, the more they are equipped to learn. The more they learn, the more prepared they are to benefit from social and educational opportunities at school. The literature has clearly shown that early delays in development, particularly when language is delayed, persist into later childhood and are associated with later deficits in literacy, social-emotional, behavioral, and school functioning (McKean et al., 2017; Suggate, Schaughency, McAnally, & Reese, 2018).

Early detection of delays, at the ages recommended by the American Academy of Pediatrics, permits access to early intervention, which can significantly improve child outcomes.

Kennedy Krieger Institute requests a favorable report on House Bill 513.

MD Catholic Conference_FAV_HB 513 SENATE CROSSOVER

Uploaded by: Garrett O'Day

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

March 23, 2022

HB 513

Infant and Early Childhood Mental Health Consultation Program – Established

Senate Education, Health and Environmental Affairs Committee

Senate Budget & Taxation Committee

Position: Support

The Maryland Catholic Conference offers this testimony in SUPPORT of House Bill 513. The Conference represents the public policy interests of the three (arch)dioceses serving Maryland, the Archdioceses of Baltimore and Washington and the Diocese of Wilmington, which together encompass over one million Marylanders.

House Bill 513 would establish the Infant and Early Childhood Mental Health Consultation Program within the Maryland State Department of Education (MSDE). The program would enroll children and families in need of intensive mental or behavioral health services in appropriate clinics or programs, seeking to promote their behavioral and mental health wellness. The program would also provide behavioral and mental health wellness training, coaching and mentoring to teachers and other caregivers in addressing behavioral challenges. Lastly the program would promote community-resource partnerships and ensure access to stable high quality child care.

Children are the core of the family unit and any legislation that seeks to stabilize their child care environment should be considered a priority. Stable child care is an essential component to supporting strong, economically secure families. Moreover, enabling working parents' continued access to child care services is an imperative part of combating poverty. Often, a barrier to sustainable and full-time employment is the availability and affordability of reliable child care services. The State should thus do all it can to support access to child care services for working parents.

Additionally, this is a very challenging time for the mental health of so many in our state and society. To the extent that this legislation seeks to connect those who need it with mental health services, the Conference lends its support. It is for these reasons that we request a favorable report on House Bill 513.

BaltimoreCounty_FAV_HB0513.pdf

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: **House Bill 513**

TITLE: **Infant and Early Childhood Mental Health Consultation
Program – Established**

SPONSOR: **Delegate Ebersole**

COMMITTEE: **Education, Health, and Environmental Affairs**

POSITION: **SUPPORT**

DATE: **March 23, 2022**

Baltimore County **SUPPORTS** House Bill 513 – Infant and Early Childhood Mental Health Consultation Program – Established. This legislation would establish the Infant and Early Childhood Mental Health Consultation Program to promote positive mental and behavioral health practices for children.

Stay at home orders and social isolation brought on by the COVID-19 pandemic have impacted the social and mental health of Maryland’s children. In 2021, Baltimore County saw increased rates of depression among youth and many students struggling with virtual education. Protecting the health of children is a top priority of County Executive John Olszewski. For children with developmental and behavioral struggles, early intervention is key to ensuring a bright future. This can be accomplished by providing equitable access to vital mental and behavioral health services for all children in Maryland.

House Bill 513 ensures the protection of young cognitive health by establishing a state funded program for the promotion of positive mental and behavioral health practices. This legislation would identify children who may suffer from developmental, emotional, social or behavioral issues in grades kindergarten through second for enrollment. Children and their families would be given referrals for more specific treatment, training to address behavioral issues, and partnerships with community resources. It is critical that children and their families have access to the help they need to promote their well-being.

Accordingly, Baltimore County requests a **FAVORABLE** report on House Bill 513. For more information, please contact Joel Beller, Acting Director of Government Affairs at jbeller@baltimorecountymd.gov.

HB 513_MSEA_Lamb_FAV.pdf

Uploaded by: Lauren Lamb

Position: FAV

**Testimony in Support of House Bill 513
Infant and Early Childhood Mental Health Consultation Program –
Established**

**Education, Health, and Environmental Affairs
Wednesday, March 23rd, 2022
1:00 p.m.**

**Lauren Lamb
Government Relations**

The Maryland State Education Association supports House Bill 513, which would implement and fund the Infant and Early Childhood Mental Health Consultation Program within the State Department of Education's Division of Early Childhood Development with the goal of promoting positive mental and behavioral health practices for young children by providing certain referrals and services for children, families, teachers, and caregivers.

MSEA represents 76,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students for the careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

The Infant and Early Childhood Mental Health Consultation Project, first piloted by the State Department of Education in 2002, has a strong track record of providing preventative mental health support for children and caregivers. The benefits of early child mental health consultation are numerous, including improved social-emotional competence for children, reduced rates of suspension and expulsion, and reduced teacher turnover.¹ As mental health concerns increase in the wake of the Covid-19 global pandemic, providing families, educators, and children with preventative social-emotional development tools is an important step toward

¹ The Georgetown Manual For School-Based Early Childhood Mental Health Consultation Services, https://www.ecmhc.org/documents/FCC_Manual_2020_Proof2.pdf, p. 9 (Accessed February 15, 2022)

improving school climates and strengthening relationships.² This legislation would implement a proven-effective program and ensure its funding going forward.

We urge the committee to issue a Favorable Report on House Bill 513.

² Maryland's Infant & Early Childhood Mental Health Consultation: Fiscal Year 2020 Brief, https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/legislative_brief_fy2020_3.pdf, p. 1 (Accessed February 15, 2022)

Candelaria HB 0513 Senate Testimony 3.22.22.pdf

Uploaded by: Margo Candelaria

Position: FAV

March 22, 2022

Dear Chairman Pinsky and members of the Senate Education, Health, and Environmental Affairs Committee,

Margo Candelaria, Ph.D., Research Assistant Professor and the University of Maryland School of Social Work (UMB SSW), Institute for Innovation and Implementation (The Institute) urges the House Ways and Means Committee to issue **a favorable report on HB0513 - Infant and Early Childhood Mental Health Support Services (IECHSS) Program**, sponsored by Delegate Eric Ebersole.

I am writing to share my favorable support for HB0513 which will establish the Maryland's Infant and Early Childhood Mental Health Support Services (IECMHSS) Program. IECMHSS is an evidence-informed intervention designed to build the capacity of early childhood professionals' ability to nurture social and emotional development in infants and young children, by working with their adult caregivers to best support social emotional development and address social emotional concerns. **IECMHSS has been shown to successfully: Support children's social and emotional development¹; address challenging behaviors in early learning and home environments¹; improve classroom climate and child behaviors²; and reduce preschool suspensions and expulsions.²**

History of Infant and Early Childhood Mental Health Support Services in Maryland

I currently serve as the lead evaluator for Maryland's IECMHSS program under a contract between MSDE and the Institute at UMB SSW. The Institute has been working with MSDE since the inception of the IECMHSS program beginning in 2002. At that time, UMB partnered with Georgetown Center for Child and Human Development, MSDE and BHA on a pilot study of two programs in Baltimore City and Eastern Shore. Positive outcomes from that study led to securing statewide funding beginning in 2006 for an Infant and Early Childhood Mental Health IECMHSS Program operated through MSDE that included 12 programs covering all 24 jurisdictions. We at the Institute at UMB SSW have maintained active and ongoing collaboration with MSDE since then, increasing the evaluation capacity over the years to include quarterly reports, an annual legislative brief, and other deliverables. The Institute also offers ongoing implementation support including workforce development training and coaching in various domains. As can be seen in the most recent legislative brief³, in Maryland there are significantly improved positive classroom and child outcomes with teacher reported behaviors and classroom observations demonstrating statistically significant improved scores after receiving Consultation. **However, currently the system is only able to serve less than 600 children annually per year which does not fully reflect the full number of children who would benefit from services.**

¹Cohen. E. & Kaufmann, R K. (200,. Rev. Ed). Early Childhood Mental Health Consultation. DHHS Pub. Rockville MD: Center for Mental Health Services, SAMHSA

² Perry, D. F. Allen. M O., Brennan. E., M. & Bradley. J. R (2010) The Evidence Mental Health Consultation in Early Childhood Settings: Addressing Children's Behavioral Outcomes. Early Education & Development 21(6), 79:5-824 doi:10.1060/1040928090347:5444

³Latta, L., Afkinich, J., Kane, A., Wasserman, K., & Candelaria, M. (2021). Maryland IECMHC Legislative Brief for FY2020.

Current Capacity in Maryland

IECMHSS have been level funded for over a decade. Although there currently is statewide coverage, it is insufficient and clearly does not reach the need of early childhood program providers. As an example, there are only two consultants funded to cover all of Baltimore City. However, there are approximately 41,600 children ages 0 to 4 living in Baltimore⁴, and 19,927 child care slots in Baltimore city including home, center, and head start sites⁵. Clearly, two consultants is not nearly sufficient coverage to work with children and providers in Baltimore City. This discrepancy is similar across the state.

It is clear there are gaps in coverage. As the most recent report reflects⁶ The current program is effective but in need of expansion and improvement. With more resources, the Maryland IECMHSS program would have greater capacity to intervene earlier, helping providers create more supportive environments, prevent more intense behavioral concerns, and more successfully keep children in schools. At current levels, programs often are not available for more promotion and prevention activities at the program and classroom level, and thus are typically called in when a specific child is in crisis. Although the data for the last three years in Maryland indicate only 3-5% of children who engage in IECMHSS are suspended or expelled from child care¹⁷⁸, this does not capture the children who are suspended or expelled before accessing IECMHSS services. In fact, anecdotal evidence from IECMHC providers indicates that children are often removed from or have left their child care setting while awaiting IECMHSS services. Currently, we do not know rates of suspension and expulsion among providers who do not have access to or engage in IECMHC.

Current Maryland Practice Standards

Despite level funding, Maryland has worked hard to offer high quality services. From 2018-2020 The Institute partnered with MSDE Division of Early Childhood and Division of Early Intervention and Special Intervention in a collaboration with the National Infant and Early Childhood Mental Health Consultation Center of Excellence to update the state Consultation standards, supporting the integration of updated national standards for the for Maryland's Consultation Program. **The Maryland Practice Standards and Recommendations were published in the Spring of 2020 and are in the process of being implemented by programs⁹. A primary goal of the standards was to more specifically delineate workforce requirements and competencies.** Although national standards recommend Consultation providers be licensed clinicians¹⁰¹¹, Maryland's IECMHC workforce are primarily not licensed providers, with some

⁴ Baltimore City Early Childhood Care & Education Landscape Analysis. April 2020

⁵ Maryland Family Network, LOCATE: Child Care, November 2019 and Baltimore City Public Schools, Pre-K Classrooms, 2019-2020.

⁶ Tirrell-Corbin, C., Jones Harden, B., Jimenez Parra, L., Martoccio, T. & Denis, K. (2021). Evaluation of Maryland's Infant Early Childhood Mental Health Consultation Project. College Park, MD: University of Maryland, Center for Early Childhood Education, and Intervention.

⁷ Wasserman, K. & Candelaria, M. (2019). FY19 Maryland IECMHC Legislative Brief. [MD IECMHC Leg Brief 2019](#)

⁸ Andujar, P., Fry, J., Wasserman, K. & Candelaria, M. (2018). FY18 Maryland IECMHC Legislative brief. . <https://create.piktochart.com/output/35764480-md-iecmhc-project-1-25-2019>

⁹ Sweeney Wasserman, K., Candelaria, M., Hanna, T., & Guerra, J. (2020). Maryland Infant & Early Childhood Mental Health Support Services: Practice Standards and Recommendations. [MSDE IECMHSSP 2020 Standards](#)

¹⁰ Center of Excellence for Infant and Early Childhood Mental Health Consultation (2017). Competencies. Retrieved from: https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/infant-early-child-mental-health-consult-competencies.pdf.

¹¹ Center of Excellence for Infant and Early Childhood Mental Health Consultation (2020). Consultation Competencies. Retrieved from: <http://www.iecmhc.org/documents/IECMHC-competencies.pdf>.

programs engaging licensed providers. It should be noted that two programs that routinely engage licensed providers have done so through use of non-MSDE funding including local early childhood funding in Montgomery County and the use of a SAMHSA System of Care grant in Southern Maryland (Calvert, Charles, and St. Mary's Counties). **At the current funding level it is not possible to hire highly qualified staff. A past survey of program directors indicated it can be difficult to find qualified providers, with employment vacancies lasting 3-12 months¹² and this was also demonstrated in the recent statewide report⁶.** A recent analysis by our team at the Institute found that IECMHSS can be effective for children and classrooms regardless of licensure status, but there is a significantly greater positive impact when the provider is licensed¹³. Based on these data, the standards including a tiered system that requires programs have at least one licensed provider on staff to work with non-licensed providers and to see more complicated cases as needed. In addition, the new Maryland IECMHSS standards require additional competencies such as engaging in routine reflective supervision – a key pillar for the practice – , use of the state's established National Pyramid Model training and coaching practices, having deep knowledge and understanding of equity, and creating pathways to create a qualified workforce through collaboration with clinical mental health graduate programs. The Institute at UMB SSW is working with MSDE to engage in these workforce development efforts. However, limited funds prevent full implementation of these efforts.

Overall, Infant and Early Childhood Mental Health Consultation is an important beneficial program with demonstrated outcomes in Maryland to retain children within early education settings and reduce suspension and expulsion, which we know has significantly detrimental outcomes for not only that child, but the family at large. However, at current funding levels the program is insufficiently serving young children in the state and has limited capacity to secure a highly qualified workforce. For these reasons, The University of Maryland School of Social Work, Institute for Innovation and Implementation **urges a favorable committee report on HB0513, and expresses appreciation for your attention to this matter.** Thank you for your time and consideration.

Sincerely,



Margo Candelaria, Ph.D.
Research Assistant Professor
Co-Director, Parent, Infant, Early Childhood (PIEC) Program
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Pronouns: She, Her, Hers

12 Fry, J., Fehringer, A., Wasserman, K., & Candelaria, M. (2019). Maryland IECMHC Quarterly Report 2019-2020 Q1. [Maryland IECMHC Quarterly Report July to September 2020](#)

13 Candelaria, M., Afkinich, J., Sweeney Wasserman, K., Endy, K., & Hanna, T. (2021). Early Childhood Mental Health Consultation Outcomes by Consultants' Licensure Status
Manuscript draft January 2021. [MSDE IECMHC Licensure Outcomes draft Jan 2021](#)

Abilities Network Project ACT 2nd testimony 2022.p

Uploaded by: Morgan Horvath

Position: FAV

Testimony Concerning HB 513

“Infant and Early Childhood Mental Health Consultation Program - Established”

Submitted to the
Education, Health, and Environmental Affairs Committee
March 23, 2022

Position: Favorable

Abilities Network is a 501(c)(3) non-profit organization that assists individuals with disabilities in Maryland to achieve their personal goals and reach their maximum potential. Project ACT has been a leading support in the Maryland early learning community for 24 years. We support HB 513.

The Child Resource Center of Baltimore/Harford/Cecil Counties at Abilities Network/Project All Children Together (ACT) provides Infant and Early Childhood Mental Health Consultation (IECMHC) services to Baltimore, Harford and Cecil Counties.

Of the children whose caregivers receive IECMH services from Project ACT, **approximately 92% are retained in care**. This service provides invaluable support that prevents suspension and expulsion, keeping parents working and their children learning. *“[The consultant] has been hugely helpful to our family. She has supported our child - acted as an advocate for our family and gone above and beyond,”* according to one Baltimore County Parent.

A multi-disciplinary model is key to our success. Project ACT utilizes a multi-disciplinary team that includes social workers, special educators, behavior specialists, and early childhood educators. Referrals are often made for children who are reacting to developmentally inappropriate practices, who have unidentified development delays, or who have experienced trauma. Approximately 20% of children who receive IECMHC services have an IFSP or IEP upon referral, but receive no special education support services in the child care setting. With a multi-disciplinary team of professionals, we are able to leverage our expertise to support this wide variety of needs. The 2020 Maryland IECMHC Project Standards from MSDE have been revised to align with national standards, increasing the required staff qualifications to include a licensed clinician, and adding additional requirements for ongoing staff support. This is a valuable addition to the service model. However, a sufficient increase in funding to achieve these goals did not accompany the FY22 grants.

Current funding serves only .2% of the childcare population in our jurisdictions, when data shows that 1-5% of the population may be in need of support. The National Pyramid Model estimates that between 1-5% of children in care will require intensive individual support through services such as IECMHC. Project ACT is funded to provide this service to approximately .2% of the children who could be enrolled in childcare across Baltimore, Harford and Cecil Counties.



SEEING ABILITIES NOT DISABILITIES.

Project ACT is only able to accept an average of 62% of referrals, and funds are typically exhausted by the third quarter. Over the past five years, Project ACT has been able to serve only 62% of the children who were referred for IECMHC services on average and demand continues to rise. From FY17-FY19, referrals increased by 23%. Most years, Project ACT is unable to accept new referrals by the end of the third quarter of the grant term. Regrettably, many children placed on a waiting list for this service are expelled from their childcare programs.

Wait time for service can be as long as 8 weeks. Wait time for a consultant to become available can reach from 4-8 weeks during heavy referral periods. During this time, children may be suspended or expelled from their programs, and teachers reach burn out points from lack of support. *“At the start of the school year I had a class that had a huge variety of difficulties. I lost control of my classroom. However with step by step help from [the IECMHC consultant] I was able to gain control again. [The consultant] not only helped with [the identified child] but also helped with all other children,”* said one Harford County Early Childhood Provider.

This bill offers an opportunity for the State to expand IECMHC services and provide these vital services to more young children. We respectfully urge the Committee’s favorable consideration.

A handwritten signature in black ink, reading "Morgan Durand Horvath".

Morgan Durand Horvath, M.Ed.
Director, Project ACT
8503 LaSalle Road
Towson, MD 21286
410-828-7700 x1258
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MPA Testimony 2022 - Support - House Bill 513 - Se

Uploaded by: Pat Savage

Position: FAV



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March 23, 2022

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Education, Health and Environmental Affairs Committee

Miller Senate Office Building

Annapolis, MD 21401

Bill: House Bill 513 – Infant and Early Childhood Mental Health Consultation Program

Position: Support

Dear Chair Pinsky, Vice Chair Kagan, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express **SUPPORT** for **House Bill 513 – Infant and Early Childhood Mental Health Consultation Program** – which would establish a program within the State Department of Education's Division of Early Childhood Development to support positive mental and behavioral health practices for young children and their families, teachers, and caregivers.

Access to high quality preschool and childcare settings provide a foundation for children to build social, emotional, and academic skills that promote success during early elementary school and beyond. Unfortunately, many children who experience developmental, emotional, or behavioral struggles during early childhood have more limited access to these types of settings, and children who can enroll in programs are at elevated risk for dismissal or expulsion due to behaviors related to their developmental, social, or emotional needs. In addition to missing out on the benefits of quality early childhood socialization and instruction, these children often are not accurately identified or connected with available early intervention resources until much later than ideal, often after they have entered early elementary school. Given the robust research base that speaks to the significant and lifelong benefits of appropriate and early intervention for both individuals and communities, MPA supports HB 513's efforts to accurately identify children in need, provide training and support for their teachers and caregivers, and ensure that children in need of intensive services are supported in accessing those programs.

For these reasons, MPA urges the committee to **favorably report on HB 513**, to support Maryland's children and families. If we can provide any additional information or be of any assistance, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Respectfully submitted,

Sincerely,

Linda McGhee

Linda McGhee, Psy.D., J.D.

President

R. Patrick Savage, Jr.

R. Patrick Savage, Jr., Ph.D.

Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

HB 513.Council..DRM.TheArc.Support.pdf

Uploaded by: Rachel London

Position: FAV



House Ways and Means Committee

HB 513: Infant and Early Childhood Mental Health Consultation Program - Established

March 23, 2022

Position: **Support**

The Maryland Developmental Disabilities Council (Council), Disability Rights Maryland (DRM), and The Arc Maryland work to advance the inclusion, rights, and opportunities of people with developmental disabilities. Increasing access to early care and education for Maryland’s children is critical for their development. This is particularly true for young children with disabilities who need more access and opportunity to learn and play alongside their peers without disabilities. The majority of child care providers want to support children with disabilities but need assistance, including training and coaching, to do so. Therefore, **we support efforts that build that capacity of early care and education providers.**

Research demonstrates that classroom management, positive behavior supports, and other evidence-based interventions are effective in changing behavior – this is exactly what the Infant and Early Childhood Mental Health Consultation (IECMHC) does. The IECMHC is an evidence-informed intervention designed to build the capacity of early childhood professionals’ ability to nurture social and emotional development in infants and young children. This is particularly important now, during, and after the COVID-19 pandemic.

Equally important is the language we use. According to the 2020 Brief, IECMHC is “intended to create fundamental shifts in early childhood professionals’ beliefs, attitudes, and practices to support more effective caregiving for all children, regardless of race, gender, class, or a myriad of other factors.” The language used to describe children should match the fundamental shift we all want to see. We appreciate the sponsor’s change to the original language in the bill, and are now in full support.

When early care and education providers are empowered with the skills and knowledge they need, children are better supported to play, learn, and succeed together. Therefore, we support HB 513.

Contact: Rachel London, Executive Director, Maryland Developmental Disabilities Council:
RLondon@md-council.org

HB0513 Howard Co BOE Testimony 032322 for EHEA - E

Uploaded by: Staff Howard County

Position: FAV



**Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Education, Health, and Environmental Affairs Committee
March 23, 2022**

**Board of Education
of Howard County**

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HB0513: FAVORABLE

**Infant and Early Childhood Mental Health Support Services Program -
Established**

The Board of Education of Howard County (the Board) supports **HB0513 Infant and Early Childhood Mental Health Support Services Program – Established** as an investment in the mental health needs of our youngest learners.

HB0513 establishes the Infant and Early Childhood Mental Health Consultation Program within the Division of Early Childhood Development for MSDE. MSDE must identify initially eligible children who may suffer from developmental, social, emotional, or behavioral issues for enrollment in the program. “Initially eligible” is defined under the bill as children under six who are enrolled in child care and publicly funded full-day Pre-Kindergarten. The program must aid children enrolled by referring to appropriate clinics or programs, training, coaching and mentoring teachers and caregivers in addressing challenging behaviors, building community resource partnerships and working to ensure children have stable, quality child care programs. Most notably, HB0513 requires the Governor to appropriate \$3 million, as amended in the House, to fund the services of the program annually. If funds allow, the program shall aid “potentially eligible” children who are at least 6 and enrolled in Kindergarten, 1st, and 2nd grade.

Currently the Howard County Public School System (HCPSS) works with our local community partners to provide early intervention services as described under this bill, including:

- The Howard County Infants and Toddlers Program is a countywide system of coordinated, interagency, multidisciplinary early intervention services. HCPSS, the Howard County Health Department, and the Howard County Department of Social Services provide services to eligible infants, toddlers, and their families.
- The Preschool Child Find Team is an interdisciplinary team that provides identification services to children from three to five years of age who may have a disability including developmental delay. The team includes an educational diagnostician, a speech-language pathologist, a psychologist, an occupational therapist, a physical therapist, an audiologist, a pediatrician, and a nurse. A parent or guardian, medical personnel, or other concerned individual may make a referral.
- CARE (Child and Adolescent Resources and Education) for Howard County Families is a free service provided by the Howard County Office of Children

and Families, with the support of Howard County Department of Community Resources and Services, the Howard County Local Children's Board, MSDE, Howard County Mental Health Authority and the Governor's Office for Children.

To the extent HB0513 would enable and extend continued collaborative efforts at the local level and provide funding to support referrals, provide teacher training, collaborate with community resources and seek quality childcare programs, HCPSS staff supports the financial prioritization of early identification of children with developmental, social, emotional, or behavioral needs.

For these reasons, we urge a FAVORABLE report of HB0513 from this Committee.

HB513_MoCo_Frey_SWA.pdf

Uploaded by: Leslie Frey

Position: FWA



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

HB 513

DATE: March 23, 2022

SPONSOR: Delegate Ebersole

ASSIGNED TO: Education, Health & Environmental Affairs and Budget & Taxation

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENTS (Department of Health and Human Services)

Infant and Early Childhood Mental Health Support Services Program – Established

House Bill 513 codifies the existing Infant and Early Childhood Mental Health Support Services Program within the Maryland State Department of Education (MSDE) and requires the Governor to include in the annual budget bill in fiscal year 2024 and each fiscal year thereafter an appropriation of \$3,000,000 for the operation of the Program. The Montgomery County Department of Health and Human Services (MCDHHS) has been a grantee under the Program for several years and we respectfully request House Bill 513 be amended to reflect how the Program currently operates and ensure that the service delivery functions of the Program are not inadvertently placed within MSDE by the bill language.

Please see the suggested amendments following this page that MCDHHS believes are necessary in order for House Bill 513 to reflect how the Infant and Early Childhood Mental Health Support Services Program currently functions, as is the intent of the bill.

Presently, MSDE makes grants to entities to carry out the functions described in the bill as “the Program”. By substituting “codifying” for “establishing” on page 1, this amendment clarifies that the Program is already in existence, and furthers the intent of the bill to codify the Program without changes to how the Program is currently carried out. By substituting “administered by” for “in” on page 2, this amendment clarifies that MSDE is not the entity to carry out the on-the-ground functions of the Program, but instead is responsible for the administrative functions such as distributing funding and building partnerships with community resources, etc. The substitution of “the Program” for “the Division” on page 3 makes it clear that MSDE is not the entity to identify Program participants but leaves that function to the grantees, child care providers and interested families, as is the current practice. The final amendment to page 3 reflects this as well.

MCDHHS values the Infant and Early Childhood Mental Health Support Services Program and respectfully urges the Committee to adopt the requested amendments to House Bill 513 so that the Program and MCDHHS can continue to serve families who need these important services.

AMENDMENTS TO HOUSE BILL 513 Proposed by Montgomery County Department of Health and Human Services

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1 in line 4 strike “ESTABLISHING” and insert “CODIFYING”.

On page 2 in line 27 strike “IN” and substitute “ADMINISTERED BY”.

On page 3 in line 1 strike “THE DIVISION” and substitute “THE PROGRAM”; in line 3 after “.” insert “THE PROGRAM MAY ACCEPT REFERRALS FROM CHILD CARE PROVIDERS AND SELF-REFERRALS FROM FAMILIES OF INITIALLY ELIGIBLE CHILDREN FOR ENROLLMENT IN THE PROGRAM.”; in line 24, strike “DIVISION” and substitute “PROGRAM”; in line 27 after “.” insert “THE PROGRAM MAY ACCEPT REFERRALS FROM CHILD CARE PROVIDERS AND SELF-REFERRALS FROM FAMILIES OF POTENTIALLY ELIGIBLE CHILDREN FOR ENROLLMENT IN THE PROGRAM.”

HB 513 - SWA - Infant and Early Childhood Mental H

Uploaded by: Yousuf Ahmad

Position: FWA



Mohammed Choudhury
State Superintendent of Schools

BILL: House Bill 513 **DATE:** March 23, 2022

SUBJECT: Infant and Early Childhood **COMMITTEE:** Education, Health, and
Mental Health Support Services Environmental Affairs
Program

POSITION: Support with Amendments

CONTACT: Ary Amerikaner
410-767-0090
ary.amerikaner@maryland.gov

EXPLANATION:

The Maryland State Department of Education (MSDE) supports **House Bill 513 – Infant and Early Childhood Mental Health Support Services Program - Established**, which would formally establish the Infant and Early Childhood Mental Health Support Services Program within MSDE to promote positive mental and behavioral health practices for young children by providing certain referrals and services for children, families, teachers, and caregivers.

House Bill 513 will expand on the existing well-established Infant and Early Childhood Mental Health (IECMH) Consultation Program in several ways, most importantly by tripling current funding levels that will expand the number of children served and provide further outreach to areas that are not adequately served. Additionally, this bill will allow the consultation program to serve children ages 0-5, as well as children enrolled in kindergarten through second grade.

The success and sustainability of this program is crucial as it addresses the need for mental health support for children and provides training and coaching to build the capacity of teachers and providers to better recognize, identify, and provide interventions as needed. HB 513 recognizes that early childhood mental health requires a systems approach as it includes partnering with early learning programs and community stakeholders serving children and families.

Social and emotional development of children is the foundation for all academic learning. The IECMH reaches children in early learning programs, supporting the teacher and provider in providing supportive learning environments and teaching them the skills necessary for demonstrating school readiness.

This program also focuses on prevention by supporting the family in providing necessary community support and resources. Early learning programs are frequently the first to identify significant mental and behavioral challenges children and families are experiencing and through this program are able to direct them to the appropriate support mechanisms.

Infant and Early Childhood Mental Health Support Services Program
Senate Education, Health, and Environmental Affairs Committee
March 23, 2022

The Department requests one technical amendment that removes the direct reference that the Division of Early Childhood within MSDE be identified as the sole division charged with administering the program and instead use all-encompassing language that refers only to a representative from MSDE as a whole.

MSDE respectfully requests that you consider this information as you deliberate **HB 513**. Please contact Ary Amerikaner, at 410-767-0090, or ary.amerikaner@maryland.gov, for any additional information.

HB 513 Infant and Early Childhood Mental Health Co

Uploaded by: Barbara Wilkins

Position: INFO

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor



DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

HOUSE BILL 513 Infant and Early Childhood Mental Health Support Services Program - Established (Ebersole)

STATEMENT OF INFORMATION

DATE: March 23, 2022

COMMITTEE: Senate Education, Health, and Environmental Affairs and Senate Budget & Taxation

SUMMARY OF BILL: HB 513, as amended, mandates an annual appropriation in the amount of \$3 million to fund the creation of the Infant and Early Childhood Mental Health Consultation Program within the Department of Education's Division of Early Childhood Development. The purpose of the Program is to identify and refer children for behavioral health services as well as to train teachers and caregivers to address behavioral challenges in young children.

EXPLANATION: The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the \$3 million mandated appropriation provision that impacts the FY 2024 and subsequent budgets.

DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which will require spending allocations for FY 2024 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2022.

Changes to the Maryland Constitution in 2020 provide the General Assembly with additional budgetary authority, beginning in the 2023 Session, to realign total spending by increasing and adding items to appropriations in the budget submitted by the Governor. The legislature's new budgetary power diminishes, if not negates, the need for mandated appropriation bills.

Fully funding the implementation of the Blueprint for Maryland's Future (Kirwan) will require fiscal discipline in the years ahead, if the State is to maintain the current projected structural budget surpluses. Mandated spending increases need to be reevaluated within the context of this education funding priority and the Governor's tax relief proposals.

Economic conditions remain precarious as a result of COVID-19. High rates of inflation and workforce shortages may be short lived or persist, thereby impacting the Maryland economy. While current budget forecasts project structural surpluses, the impact of the ongoing COVID-19 pandemic continues to present a significant budgetary vulnerability. The Department continues to urge the General Assembly to focus on maintaining the structural budget surplus.

For additional information, contact Barbara Wilkins at (410) 260-6371

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or barbara.wilkins1@maryland.gov