

Children's Behavioral Health Coalition

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House Bill 1148 Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland)

Health and Government Operations Committee

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TESTIMONY IN SUPPORT WITH AMENDMENTS

The Maryland Children's Behavioral Health Coalition is comprised of representatives from mental health, consumer, family and professional associations all working together to improve the quality and accessibility of behavioral health assessment, treatment and recovery services for children and youth in Maryland. We write today in strong support of House Bill 1148, and would like to offer some amendments that we believe will bolster the work of the Commission.

Commission Timeline

HB 1148 establishes a Commission on Behavioral Health Care Treatment and Access, "to make recommendations to provide appropriate, accessible, and comprehensive behavioral health services to individuals in the state across the behavioral health continuum that are available on demand." The bill enumerates commission membership, establishes standing workgroups, and outlines various duties and responsibilities across a variety of policy areas. The commission sunsets after four years.

Behavioral health stakeholders in Maryland have worked long and hard to address an increasing demand for mental health and substance use care across the state. After many years, we are finally starting to see attention to and progress across three key pillars of the behavioral health care continuum – community-based services and supports, crisis response services, and inpatient treatment.

As reforms in these areas progress, the most important role this commission could play is ensuring these efforts are integrated, coordinated, and properly resourced. **As such, we would urge the commission to develop a plan within one year that guides state coordination and support for these ongoing reform efforts.** The commission should then focus the remaining three years of its term on oversight and execution of the plan, including allocation of resources necessary to ensure its success.

Workgroup Structure

The science and understanding of early brain development has exploded over the last decade, and we now know that 85% of brain development happens before a child turns 3 years old. That

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brain development is highly influenced by and dependent upon a young child’s relationships and experiences. For children experiencing toxic levels of stress—like those children living in poverty or with a caregiver whose mental health is impaired, brain architecture can be negatively impacted, leading to problems with learning, behavior, and emotional regulation.¹ However, a strong attachment to a healthy caretaker can buffer the negative impacts of toxic stress and create the emotional well-being required for optimal development.² A caretaker can only provide that foundation if they are receiving the behavioral health treatment they need. Many parents and caretakers need support in creating that strong attachment. Interventions that support a caretaker and their baby or young child require working with this dyad together rather than only the child and is one of the many unique aspects of infant and early childhood behavioral health. **This is why it is crucial that an infant and early childhood workgroup be added to HB 1148.**

We would also urge that the **Youth Behavioral Health and Individuals with Complex Behavioral Health Needs** be separated into two distinct workgroups.

Commission Membership

For the above reasons, we believe that the current membership structure would benefit greatly from the addition of infant and early childhood experts. **We propose that the Infant Mental Health Association of Maryland and DC be named as a stakeholder on the Commission.**

Additionally, the local expertise and on-the-ground perspectives of our Local Behavioral Health Authorities is critical in informing how services are delivered and how recommendations may best serve our communities. **We request two representatives from Local Behavioral Health Authority, one representing a rural and one representing an urban area, be added to the Commission.**

Since an entire workgroup will be devoted to youth behavioral health, it is imperative that Maryland’s family organization dedicated to serving families of children and adolescents with mental health challenges be represented on the Commission. **As such, we propose adding the Maryland Coalition of Families to the Commission as well.**

Lastly, the only local family support organization in Maryland founded on system of care values and principles, the Montgomery County Federation of Families for Children’s Mental Health, Inc., has done system of care work for almost 20 years and has expertise in family peer navigation and family and youth support. **We also propose adding the Montgomery County Federation of Families for Children’s Mental Health, Inc., to the Commission.**

¹ <https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>

² <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/tackling-toxic-stress/innovating-in-early-head-start-can-reducing-toxic-stress-improve-outcomes-for-young-children/>

The Maryland Children’s Behavioral Health Coalition applauds the legislature for leading on this critical issue, and focusing time and resources to the behavioral health needs of our young people. We believe the proposed amendments herein will add critical expertise to the Commission, and ensure that we are addressing behavioral health challenges through the entirety of people’s lives. **We strongly support HB 1148 and would ask for adoption of these proposals, listed below.**

Proposed Amendments:

- Set a deadline of one year for the Commission on Behavioral Health Care Treatment and Access to provide recommendations.
- Add the following representatives to the Commission:
 - Maryland Coalition of Families
 - Infant Mental Health Association of Maryland and DC
 - Montgomery County Federation of Families for Children’s Mental Health, Inc.
 - Two representatives from Local Behavioral Health Authorities
 - one representing a rural area
 - one representing an urban area
- Create three new and distinct workgroups
 - Infant and Early Childhood Workgroup
 - Youth Behavioral Health
 - Individuals with Complex Behavioral Health Needs