



FREDERICK COUNTY GOVERNMENT

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Testimony Concerning HB 1148: Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)

DATE: February 28, 2023
COMMITTEE: House Health and Government Operations Committee
POSITION: Favorable with Amendments
FROM: Lisa M. Jarboe, Director, Frederick County Infants and Toddlers Program *lmj*

The Frederick County Infants and Toddlers Program (FCITP) is an Early Intervention (EI) Program in Frederick, Maryland, that serves children ages birth to three years and their families, with the option to stay in the program until entry into school following the child's 4th birthday. FCITP, along with other community programs, work together to help families and caregivers meet the educational, social emotional, and physical needs of young children with developmental delays and disabilities. Services are provided in the context of naturally occurring routines and within the child's natural environment(s), such as their home, childcare/preschool, and community settings, including but not limited to the library, park, playgroups, etc.

The Frederick County Infants and Toddlers Program supports HB 1148, which establishes the Commission on Behavioral Health Care Treatment and Access with amendments to include infant and early childhood behavioral health experts and to include a workgroup on Infant and Early Childhood Mental Health.

HB 1148 creates a Commission on Behavioral Health Care Treatment and Access. This Commission will make recommendations to ensure that all Marylanders who need them can receive accessible and comprehensive behavioral health services. The Commission's work will include assessing needs and gaps in behavioral health services across the state, conducting a needs assessment of the behavioral health workforce, and making recommendations to ensure that Maryland is aligned with best practices from other states.

With the help of the increased ability to scan brains, we now know that **85% of brain development happens before a child turns 3 years old**. That brain development is highly influenced by a young child's experiences. For children experiencing toxic levels of stress—like those children living in poverty, their brains do not develop at the same rate because of the impact on their bodies responding to that toxic stress.¹ However, **a strong attachment to one primary caretaker can buffer the negative impacts toxic stress can have on brain development** and ensure brain development progresses appropriately.² A caretaker can only provide that strong

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->

attachment to their children if they are receiving the behavioral health treatment they need. Additionally, many parents and caretakers need support in creating that strong attachment. That support often involves working a caretaker and their baby or young child together (the dyad). Working with this dyad rather than only the child is one of the many unique aspects of infant and early childhood behavioral health which is why it is crucial that an infant and early childhood workgroup is added to HB 1148.

The December 2021 “External Evaluation of Maryland’s Infant and Early Childhood Mental Health Consultation Project” stated that “based on the work of Fuchs and Deshler (2007), between 8,667 and 30,336 children in the state of Maryland need intensive and individualized interventions in order to remain in the classroom. Between 2018-2020, [Maryland’s Infant and Early Childhood Mental Health] Consultation Project served an average of 537 children each year, which is 6% of the lower range of the estimated population of young children in need of services.”³ As Jack P. Shonkoff, M.D., Director of the Center on the Developing Child at Harvard University explains “Mental health can’t be separated out from cognitive development and language development and...social competence and they all have their roots early on in a very sturdy or a weak foundation....Most potential mental health problems will not become mental health problems if we respond to them early.”⁴

There is a critical gap in EI regarding access to services for one of the five developmental domains that EI programs are mandated to provide, which is social–emotional development. This gap does not exist in the same way for more obvious needs such as speech and language or motor delays. We are noticing more and more children in our program who have social and emotional delays that stem from complex family needs such as poverty, domestic violence, substance use, mental health challenges, trauma, etc. Now, more than ever, there is a critical need to treat early childhood trauma within EI to prevent life-long impairments.

This bill will improve all Marylanders’ ability to receive the mental health services they need. **For these reasons, The Frederick County Infants and Toddlers Program urges this committee to issue a FAVORABLE report on HB 1148 with the attached amendments.**

Amendments:

On p. 4, line 3, after “(IV)” and before “of a provider” insert: FROM THE INFANT MENTAL HEALTH ASSOCIATION OF MD/DC;

On p. 6, line 14, after the word “geriatric” and before the word “and” insert “, INFANT AND EARLY CHILDHOOD,”

On p. 7, line 8, after “(3)” and before “Criminal” insert: INFANT AND EARLY CHILDHOOD BEHAVIORAL HEALTH;

[head-start-can-reducing-toxic-stress-improve-outcomes-for-young-children/](#)

³ Tirrell-Corbin, C., Jones Harden, B., Jimenez Parra, L., Martoccio, T. & Denis, K. (2021). External Evaluation of Maryland’s Infant and Early Childhood Mental Health Consultation Project. College Park, MD: University of Maryland, Center for Early Childhood Education and Intervention at p. 3.

⁴ <https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health-video/>