

# Infant Mental Health Association of Maryland & DC

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Senate Finance Committee

## TESTIMONY IN SUPPORT of SB 790

“Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements”

### Position: Support

The Infant Mental Health Association of Maryland and District of Columbia (IMHA MD-DC), established in 2018, is an affiliate of the World Association for Infant Mental Health (WAIMH). WAIMH is a not-for-profit organization of scientific, clinical and educational professionals whose central aim is to promote the mental well-being and the healthy development of infants and very young children throughout the world, and to generate and disseminate scientific knowledge. The Maryland affiliate is a multidisciplinary group of committed early childhood professionals whose mission is to promote healthy social, emotional, cognitive and physical development of infants from pre-conception through early childhood.

The Infant Mental Health Association strongly supports **SB 790: “Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.”** This bill requires Maryland’s Department of Health (MDH) to convene a workgroup including **early childhood behavioral health** experts to ensure the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment- EPSDT) meet the needs of all of Maryland’s children including young children. When we support the behavioral health needs of young children, we improve their school readiness and prevent much more serious mental health issues when they are older. **SB 790 deserves your favorable consideration.**

In 2021, the United States Surgeon General issued an Advisory on youth mental health, urging an increased focus on the behavioral health of young people.<sup>1</sup> According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression<sup>2</sup> and 20-30% of adults living with children report those children experiencing anxiety.<sup>3</sup> On September 26, 2024, the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health

<sup>1</sup> <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>

<sup>2</sup> <https://datacenter.aecf.org/data/tables/11212-adults-ages-18-to-24-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2501,2485,2475,2470,2460,2461,2421,2420,2102,2101/any/21604>

<sup>3</sup> <https://datacenter.aecf.org/data/tables/11217-adults-living-in-households-with-children-who-felt-nervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>



Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”<sup>4</sup> This guidance from CMS includes some recommendations related to early childhood mental health that would be valuable improvements to Maryland’s current array of behavioral health services. Intervening early with young children can prevent much more serious behavioral health issues when these children are older and can ensure that they are better equipped to perform well in school from an early age.

## Screening and Assessment of Behavioral Health Concerns

The first topic included under the purview of SB 790’s taskforce is screening and assessment. In Maryland, clinicians are required to render a diagnosis (even for young children) within three visits with that child. However, this does not align with best practice recommendations. As the Harvard University Center on the Developing Child explains:

**Significant mental health problems can and do occur in young children.** Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.<sup>5</sup>

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health diagnosis. SHO #42-005 states explicitly that:

**States should avoid requiring an EPSDT-eligible child to have a specific behavioral health diagnosis for the provision of services,** as screenings may identify symptoms that require attention but do not meet diagnostic criteria. This may be particularly salient when addressing the developmental and behavioral health needs of children under age 5.<sup>6</sup> (Emphasis added, internal citations omitted)

Currently in Maryland, early child behavioral health clinicians cannot bill for behavioral health services unless that child has a diagnosis. A simple way for Maryland’s Department of Health to eliminate this roadblock for families with children would be to allow behavioral health clinicians to bill for “Z codes.” Many states allow behavioral health providers to bill for these codes. They relate to Social Determinants of Health including housing instability, food insecurity, and many issues that families living in poverty face. For behavioral health providers embedded in pediatric and family medicine practices, those issues are present and are being addressed with young children far more often than diagnoses found in the Diagnostic and Statistical Manual of Mental

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<sup>4</sup> [Here is the full SHO # 24-005.](#)

<sup>5</sup> <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

<sup>6</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf> at p.41.



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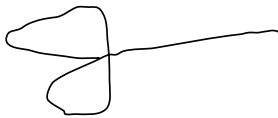
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Disorders (DSM). SB 790 will allow early child mental health experts and clinicians to work with Maryland Medicaid to overcome that limitation and ensure it is not a barrier to families who need services.

## **DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood**

The second topic for the SB 790 EPSDT task force to consider is allowing usage of Zero to Three's DC: 0-5 Diagnostic Classification tool for children ages 5 and under. The DC: 0-3 (as it was initially named) was the "first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers."<sup>7</sup> This diagnostic tool is tailored to the developmental differences of how behavioral health issues present in children ages 5 and under as compared to older individuals. Allowing behavioral health providers in Maryland to use this tool will ensure that young children's issues are identified early and accurately and thus can be treated more effectively.

SB 790 is an important step in ensuring Maryland's behavioral health system meets the needs of the youngest Marylanders. **Maryland Family Network urges the Senate Finance Committee to issue a favorable report on SB 790.** Thank you in advance for your consideration of this important issue.



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<sup>7</sup> <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>

