

House Health and Government Operations Committee
TESTIMONY IN SUPPORT of HB 1083
“Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements”

Madam Chair and members of the committee, thank you for the opportunity to submit testimony in support of HB 1083.

Taghi Modarressi Center for Infant Study is a program within the Division of Child and Adolescent Psychiatry, Department of Psychiatry at the **University of Maryland School of Medicine**. The team of child psychiatrists, psychologists, social workers, counselors, and trainees delivers Infant Early Childhood Mental Health multidisciplinary assessment, diagnosis, and treatment and lead novel workforce strategies/training to expand high quality IECMH services in Maryland. Taghi Modarressi Center for Infant Study/Division of Child and Adolescent Psychiatry is pleased to support **HB 1083: 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. **HB 1083 deserves your favorable consideration.**

To advance EPSDT implementation, the Maryland Department of Health proposes to include infant and early childhood mental health experts on the Behavioral Health Care Treatment and Access Commission / Behavioral Health Advisory Council: Youth Behavioral Health, Individuals with Intellectual / Developmental Disabilities, and Individuals with Complex Behavioral Health Needs Workgroup. The proposed workgroup will explore best practices and policies to allow a patient under the age of 18 years old to receive evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, promotion, education, or outreach. When we support the behavioral health needs of young children and apply best practices as outlined in the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”¹, we improve their school readiness and prevent more serious and costly mental health issues when they are older.

Our Center leads the Center of Excellence for Infant and Early Childhood Mental Health in Maryland. We offer a variety of training and expert consultation to help parents and

providers, and decision makers understand that young children can experience **significant mental health problems and providing screening, assessment and treatment is highly effective in treating these conditions.** We hear stories of young children not receiving adequate screening, assessment, and treatment for conditions like Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Trauma and Stress related disorders. We have evidence-based treatments for these conditions that are most effective when offered in the early years of development. When parents and caregivers are prepared with knowledge and skills and have access to mental health interventions, children can thrive and reach their full potential.

The following information includes priority areas that the workgroup can explore to help MDH reach the highest possible standards when serving Maryland children and youth.

Increase access to treatment and reduce the stigma of a diagnosis: HB 1083 will bring together experts and parents with lived experience to make recommendations that remove barriers to access such as allowing limited behavioral health services without requiring a mental health diagnosis which also helps to overcome concerns about stigma.

The Workgroup can investigate the benefits of MDH opening “Z codes” and allowing behavioral health clinicians to bill for “Z codes.” Several 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. Using Z codes would support best practices to engage families in early childhood mental health services by reducing the stigma associated with giving a young child a diagnosis and it would align with treatment goals to prevent the negative impact of stress on young children and address social determinants of health.

The Workgroup could also explore the benefits of using developmentally appropriate DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Another topic for the HB 1083 EPSDT workgroup to consider is allowing usage of Zero to Three’s DC: 0-5 Diagnostic Classification tool for children ages five and under. The DC: 0-5 is the “first developmentally based system for diagnosing mental health and developmental disorders in infants and toddlers.”² This diagnostic tool reflects how developmental differences and behavioral health issues present in children ages five 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, accurately, and thus can be treated more effectively.

HB 1083 is a major step in eliminating barriers to the critical behavioral health services an increasing number of young people need. Taghi Modarressi Center for Infant Study/Division of Child and Adolescent Psychiatry, **urges the House Health and Government Operations Committee to issue a favorable report on HB 1083.**

Thank you for your consideration of this written testimony,

Kathleen (Kay) Connors, LCSW-C
Instructor, University of Maryland School of Medicine
Executive Director, Taghi Modarressi Center for Infant Study, Division of Child,
and Adolescent Psychiatry
Director, Baltimore-Linking Actions to Unmet Needs in Children's Health

1. [sho24005 1.pdf](#)
2. [DC:0-5™ Manual and Training | ZERO TO THREE](#)