



Promoting, supporting and strengthening children's earliest relationships  
prenatal to age six

March 2, 2021

Dear members of the Appropriations Committee:

*Infant mental health is about early relationships, their origin and their power.*

*Babies develop in the context of relationships. Warm, sensitive and predictable relationships build the rapidly developing brain.*

*Promoting these early powerful relationships is the work of professionals from many disciplines.*

My name is Susan Vater and I represent the Connecticut Association for Infant Mental Health (CT-AIMH), as President of the Board of Directors. I am asking you to support increased funding for the full array of infant and early childhood mental health services and home visiting services, for children 0-6 years and their families, including not only preventative services but diagnostic and therapeutic interventions, as well. CT-AIMH does not support any reallocation of existing funds, rather we understand that there may be an opportunity to allocate new COVID-19 relief funding to support these valuable behavioral health and clinical home visiting services, in the short term, until such time as additional federal revenue streams or Medicaid funding can be identified and utilized.

CT-AIMH believes that the establishment of nurturing relationships is critical to child development and wellness, especially during the first few years of life, when brain development can be profoundly impacted by conditions in the child's environment, for better or for worse. Infant and early childhood mental health services and home visiting programs are essential in identifying and promoting strong, nurturing family/child relationships to optimize healthy development, and identifying and treating areas of concern that may place the well-being of the child at risk. Indeed, with the advent of the COVID-19 pandemic, both infant and early childhood mental health services and home visiting programs have become more important than ever, due to increased challenges affecting families. Such challenges may include trauma, substance use, maternal depression, exposure to family violence, loss, and grief. Therapeutic interventions must be offered to ensure that challenges to infant and early childhood mental health are addressed as soon as possible.

We ask that you please consider additional short-term funding for infant and early childhood mental health clinical intervention services be allocated with federal COVID-19 relief funding, until such time as additional federal revenue streams or Medicaid funding can be identified and utilized.

There has recently been a shift in Connecticut to emphasize preventive services, a shift prompted by a "Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs" submitted to the Connecticut Office of Early Childhood in 2020. We absolutely support the conclusions of this assessment. It is always better to prevent a problem than to wait until treatment becomes necessary. Preventive home visiting programs are extremely important, indeed essential; but it is just as essential not to curtail badly needed home visiting diagnostic and therapeutic (intervention) services. Relationship-based, trauma-informed psychotherapy is critically important for infants and young children, and their caregivers just as psychotherapy is for older children, adolescents, and adults - arguably even more important, since it is foundational to lifetime mental and physical health.

Our concern is that CT continues to offer a full array of infant and early childhood mental health services including home visiting clinical intervention services that help support families with

significant behavioral health needs (for children 0-6 years). For example, Minding the Baby and Child First, both are home visiting (HV) programs which include prevention, diagnostic, and therapeutic capabilities, the former with a nurse/clinician team, and the later with a care coordinator/clinician team. These are both nationally and internationally recognized evidence-based models that were developed right here in CT. Due to the recent shift, primarily to prevention-based HV models, this could leave some areas of the state without these needed clinical services, services that employ highly trained, trauma-informed, relationship-focused professionals. This potential gap in services could pose equity and access issues that compromise the well-being of the most vulnerable children and families in CT.

Again, we do not support any reallocation of existing funds, rather we are asking that you please consider additional short-term funding for infant and early childhood mental health clinical intervention services be allocated with federal COVID-19 relief funding, until such time as additional revenue streams or Medicaid funding can be identified and utilized.

Thank you for your attention to this matter.

