

**Proposed Recommendations for Enhancement of  
Infant and Early Childhood Mental Health  
in the Implementation of the  
CT Children's Behavioral Health Plan as per [PA 13-178]**

Respectfully submitted by  
CT Association for Infant Mental Health  
The Early Childhood Alliance  
Child First Network

The CT Children's Behavioral Health Plan is an impressive document offering strong recommendations in the creation of a children's mental health system in CT. It provides important direction and planning opportunities for systems reform in many critical areas. With regard to early childhood mental health, the plan demonstrates great forethought to start with a workforce development component, recognizing that those who work with young children need very specific training. The plan also emphasizes social-emotional screening for young children, which is critical to identifying children with significant emotional or behavioral concerns. However, **screening and identification are not enough.**

It is imperative that the plan include **an increase in capacity for critically needed early childhood, evidence-based, mental health intervention/treatment for infants and young children and their families.** These important services will help to **prevent serious mental health disability in later years and will create significant cost savings for the State of CT.**

Given the need for prevention and intervention **early in life**, it is essential to include **infant and early childhood mental health representation** on the new CT Children's Behavioral Health Advisory Board, including advocacy groups, providers, and parents.

The following recommendations are intended to enhance the CT Children's Behavioral Health Plan, as per the explicit direction given in PA 13-178. They are specifically targeted towards children ***birth through 5 years of age:***

**Policy Recommendations:**

- 1) **Strengthen and expand provisions within the CT Children's Behavioral Health Plan that clearly address early childhood, evidence-based, mental health intervention and treatment.**
  - There is a **tremendous unmet need** for early childhood mental health services. Expand the capacity for evidence-based, trauma-informed, early childhood mental health intervention, so that this service is available to any child throughout the state.
  - Note that the need is for intervention **early in life**, when trauma and adversity cause major damage to the developing brain.
  
- 2) **Ensure that the mental health treatment for infants and young children is developmentally appropriate and focuses on the relationship between children and their primary caregivers.**

- Strengthen and expand early childhood mental health programs that provide dyadic, two-generation, trauma-informed approaches that focus on the nurturing relationship between caregiver and child, because research has shown this **strategy protects the developing brain from the damage due to stress and trauma.**
  - Ensure that interventions have a proven evidence-base for infants and very young children.
- 3) **Parent involvement must include screening for and addressing parental challenges – like depression, substance abuse, child trauma, and domestic violence – because this adversity is proven toxic to the emotional, cognitive, and physical development of young children.**
- Insure all children are **screened for environmental risk.**
  - **Provide in-home services for maternal depression** with funding through a **Medicaid waiver.**
  - Connect parents with needed services and supports, like treatment for parental substance abuse, mental health disorders, domestic violence, homelessness, food insecurity, and more.
  - Provide care coordination and access to the services and resources that a family needs and wants to be healthy.
- 4) **Develop an early childhood mental health system, which includes a continuum of evidence-based interventions from low to high intensity, to efficiently meet the level of family need, delivered in a variety of family-friendly settings.**
- Develop a working group of **early childhood**, developmental, and mental health experts from both within and **outside of the state system** to evaluate, assess the efficacy and developmental appropriateness, and ensure a continuum of services available to children from birth through 5 years of age.
- 5) **Finance the expansion of early childhood mental health intervention.**
- Ensure early childhood, evidence-based mental health services in the home are covered by **Medicaid and commercial insurance.**
  - Consider **Social Impact Bonds** (or Pay for Success) as an innovative, cost-effective financing strategy.

**Investing in early childhood mental health treatment services will dramatically decrease the need for school-based and expensive deep end services, leading to significant cost savings for the State of CT.**

The following paper provides compelling, authoritative evidence in support of our recommendations:

National Scientific Council on the Developing Child. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12.*

<http://www.developingchild.harvard.edu>