

**Testimony before the Mental Health Work Group**  
**Submitted by Maggie Adair, Executive Director**  
**Connecticut Early Childhood Alliance**  
**Tuesday, January 29, 2013**

The Connecticut Early Childhood Alliance appreciates the opportunity to submit testimony about mental health services and gaps for our youngest children, birth to age 5. We commend you for examining the capacity of the state's mental health system and what further investment and policies are needed to ensure people secure the support they need. I am Maggie Adair, Executive Director of the Connecticut Early Childhood Alliance. The Alliance is a statewide advocacy and membership organization committed to improving outcomes for all children, birth to age eight, in the areas of early learning, health, safety, and economic security.

Even very young children – infants not yet one year old – can and do need mental health services. Strong, persistent adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support can have a cumulative toll on physical and mental health for a life time.

What we know from a large body of research about early childhood is that identifying the need early and getting treatment early avoids intervention and more costly treatment later. Early detection and prevention is essential. Especially with our youngest children, intervention must include the whole family - the mother, father and siblings. We cannot treat children in silos.

In Connecticut, we have a number of strong outreach, screening, prevention and clinical mental health programs. However, despite the high-quality of these programs, there are challenges: these programs are only able to reach a small segment of children who need services, they are fragmented over several agencies with little coordination, and there is a shortage of clinical professionals with expertise in working with very young children. Members of the Alliance are either testifying or submitting testimony about the challenges that they face as advocates for children trying to access services, and as mental health professionals who provide services.

As you look to find solutions to these challenges for our state, the Connecticut Early Childhood Alliance recommends the following for our youngest children:

- Build on Connecticut's strong foundation of programs – outreach, screening, prevention and clinical health programs for young children include Nurturing Families, Home Visitation programs, Child FIRST , Early Head Start, Head Start Collaborative, Early Childhood Consultation Partnership, Child Guidance Clinics, and Help Me Grow.
- Improve access – We must reach every young child who needs services. Enhance the capacity of our current efforts so they call fully meet the needs of children and families.
- Support universal screening - implement screening for mental health concerns at pediatric well-child visits; ensure that these screenings are reimbursable for pediatric providers.

- Increase clinical professionals - Part of the problem is that Connecticut has few clinical professionals with specific expertise in treating young children, ages birth to age 5. Build incentives for clinical professionals to get specific training to work with young children.
- Address the issues with private insurance - Connecticut must address private insurance practices that deny access to mental health services, most of which impact middle- and upper-income families who have private insurance and do not qualify for state services. Mental health parity cannot be just on the books – it must have teeth.
- Improve coordination - Prevention and mental health services for children 0 to 5 are fragmented and piecemeal, spread over different agencies: DCF, DSS, DPH, DDS, and DMHAS. Service coordination could be improved.
- Consult with the Child Health and Development Institute of Connecticut - CHDI works to advance policy, programs and practices that improve the health and mental health of all children in Connecticut. CHDI funds programs, research, and evaluation of promising best practices, such as training pediatricians to screen children for a variety of health and mental health issues (EPIC). As another promising example, CHDI has researched and piloted a mid-level assessment that connects at-risk children to early mental health services more quickly, without waiting for a comprehensive evaluation, which is more costly, not readily available, and often unneeded.
- Consult with the CT Infant and Mental Health Association – find out about its curriculum designed to train and endorse professionals at all levels who work with young children through a competency-based approach to promote infant mental health.

Thank you for the opportunity to submit testimony. If you have questions or want more information about mental health services and needs for children birth to age 5, I am available to link you with experts in the field.