

# Congress of the United States

Washington, DC 20515

January 13, 2026

The Honorable Susan Collins  
Chair  
Senate Appropriations Committee  
Washington, D.C. 20510

The Honorable Patty Murray  
Vice Chair  
Senate Appropriations Committee  
Washington, D.C. 20510

The Honorable Shelley Moore Capito  
Chair  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, D.C. 20510

The Honorable Tammy Baldwin  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, D.C. 20510

The Honorable Tom Cole  
Chair  
House Appropriations Committee  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member  
House Appropriations Committee and  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, D.C. 20515

The Honorable Robert Aderholt  
Chair  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20515

Dear Chairs Collins, Capito, Cole, and Aderholt, Vice Chair Murray, and Ranking Members Baldwin and DeLauro:

The first three years of life are a time of rapid, foundational brain development. Infants and toddlers' brains are forming more than 1 million neural connections every second as they grow and experience the world and relationships around them. When infants and toddlers grow up in safe and supportive environments, characterized by nurturing relationships, positive early learning experiences, and good health and nutrition, this rapid early brain development becomes a strong foundation upon which the rest of their lives can be built.

Families are central to shaping the strength of infants and toddlers' early developmental foundation. Investments in programs that strengthen families' abilities to form healthy attachments, and provide safe, stable and supportive relationships for their infants and toddlers, yield benefits that reverberate throughout the course of those young children's lives, benefiting not just them, but the whole of society. **As you consider the final Fiscal Year (FY) 2026 Labor, Health and Human Services, and Education (LHHS) Appropriations Act, we respectfully request that you include the following investments in key programs that support and strengthen families' abilities to meet the needs of their infants and toddlers.**

We urge you to fund the Project Linking Action for Unmet Needs in Children's Health at the current level and include report language directing the maintenance of a training and technical assistance center focused on Infant

and Early Childhood Mental Health. We urge you to fund Head Start at the level proposed by the Senate LHHS Appropriations bill. We urge you to enact report language for Early Head Start and fund the Infant-Toddler Court Program, Transforming Pediatrics for Early Childhood Grants, Community Mental Health Services Block Grant, and Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program at the level proposed by the House LHHS Appropriations bill. Finally, we urge you to fund the Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment Grants; Early Childhood Development Expert Grants in Health Centers; and the Maternal Mental Health Hotline at the levels proposed by both the Senate and House LHHS Appropriations bills.

First, in order to build capacity in the infant and early childhood field, **we request \$23.605 million (current funding level) for the Project Linking Action for Unmet Needs in Children's Health (LAUNCH) and \$15 million (as proposed by the House and Senate) for the Infant and Early Childhood Mental Health (IECMH) Promotion, Intervention, and Treatment Grant programs.** Grants through these complementary programs support critically important infant and early childhood mental health services at the community level. Investing early to support families in meeting their young children's mental health needs will reduce the need for treatment later in life, when it becomes more difficult, time intensive and expensive. Investments in these critical programs can reduce the need for services and supports in the longer term by improving the quality of services to young children and families; supporting other child-serving professionals in improving their knowledge of infant and early childhood mental health; strengthening systems for identification and referral; expanding the infant and early childhood mental health workforce; and directly reaching more children in need of infant and early childhood mental health support.

**We also encourage you to include report language directing the maintenance of a training and technical assistance center (TTAC) focused on IECMH.** The success of Project LAUNCH and IECMH grants is, in part, due to an IECMH TTAC that offered specialized support to grantees in meeting the unique needs of infants, toddlers, and parents until it was closed at the end of the last fiscal year. We encourage steps to continue the IECMH TTAC to ensure that providers are trained on how to specifically address children's mental health needs.

**Next, we request \$12.356 billion (as proposed by the Senate) for Head Start with the following report language (as proposed by the House) for Early Head Start (EHS):**

“The Committee directs HHS to maintain the EHS allocation of funds to at least the current proportion of funding within the overall Head Start appropriations to ensure that eligible pregnant women, infants and toddlers, and families continue to benefit from EHS high-quality, comprehensive services. The Committee directs HHS to prioritize maintenance of current slots and then expand slots where possible, including through Head Start to Early Head Start (ES2EHS) slot conversion. Finally, the Committee continues to direct HHS to include in future congressional justifications the actual and estimated number of slots in each of Head Start, EHS, EHS Child Care Partnerships, and slots converted from ES2EHS.”

The first three years of a child's life are critical to establishing the foundation for future social, emotional, physical, and cognitive development. EHS is the only federal program dedicated to the care and wellbeing of infants and toddlers in families with incomes below the poverty line. EHS plays an essential role in promoting comprehensive healthy child and family development, while empowering hard-working families already struggling to find quality care for their children. The program's continuance is critical for ensuring young children living with low income and in poverty have access to the highest quality care, and community needs are appropriately met.

**In addition, we request \$20 million (as proposed by the House) for the Infant-Toddler Court Program, which transforms how states support infants, toddlers, and families at risk of interacting with or in contact with the child welfare system.** Nearly one third of children who experience maltreatment are under the age of 3, but the child welfare system was not designed to support the unique and complex needs of babies and their families. In addition, children involved with the child welfare system are more likely to experience complex health challenges, including higher-than-average rates of physical, developmental, and mental health problems, often in combination. Very young children require multi-faceted solutions using a developmental, trauma-informed lens that the Infant-Toddler Court Program brings. The Infant-Toddler Court Program promotes effective community coordination and linkages across the judicial, child welfare, and service systems to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families. Supporting children early in their development, as the Infant-Toddler Court Program does, is a proven way to improve long-term outcomes, supporting children's lifelong development into adulthood, and can prevent future challenges. Maintaining the \$20 million appropriation would support more states and communities in building capacity to create lasting change for infants and families. The Infant-Toddler Court Program is proven to improve outcomes for families by preventing entry into the child welfare system while also improving child welfare practices to achieve more timely placement in a permanent home, fewer cases of the recurrence of maltreatment, and shorter stays in foster care.

**We also request that you provide \$30 million (as proposed by the House and Senate) to the Community Health Center program within the Bureau of Primary Health Care for Early Childhood Development Expert grants to help ensure that early childhood development experts are available in community health centers across the country, as well as \$10.25 million (as proposed by the House) for the Transforming Pediatrics for Early Childhood program through the Maternal and Child Health Block Grant.** Many pediatric practices lack the in-depth expertise that babies and infants with significant needs may require to thrive or to prevent further developmental challenges. Integrating these specialists into community health centers and pediatric settings is central to delivering on the vision of meaningfully supporting children in reaching their developmental milestones and connecting families to needed community supports. Embedding early childhood development experts, using evidenced-based models, promotes positive parenting and healthy development for babies.

In addition, to better integrate infant and early childhood mental health into overall mental health policy and services, **we request you provide \$1.017 billion (as proposed by the House) for the Community Mental Health Services Block Grant and set aside 5 percent of the total block grant appropriation to address early intervention and prevention of mental disorders among at-risk young children and their caregivers.** To maximize the impact of Federal mental health funding, states should be urged to dedicate a portion of this set-aside for services and activities related to infants and toddlers and their caregivers, such as for prevention and early intervention services not requiring a diagnosis; expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.

**Finally, we request funding to support mothers experiencing mental health challenges by providing \$13.5 million (as proposed by the House) for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD) and \$8 million (as proposed by the House and Senate) for the Maternal Mental Health Hotline.** Maternal mental health conditions are the most common pregnancy and

postpartum complication, and can have a detrimental impact on new parents' abilities to provide the supportive relationships their infants need; however, 75 percent of affected women remain untreated. MDRBD programs train health providers to screen, assess and treat for maternal mental health conditions and provide specialized psychiatric consultation to assist the providers in meeting the needs of their patients; and additional funding will support the establishment of new state programs and improvements in existing programs. The Maternal Mental Health Hotline is staffed by qualified counselors and provides specialized voice and text support for mothers and families. This funding will enable states to increase public awareness about maternal mental health conditions and expand the reach of the hotline.

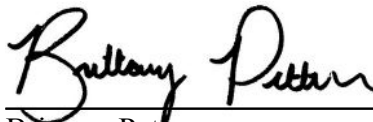
Infants and toddlers develop in the context of their families and home environments. By investing in critical support structures for families, we can build a stronger developmental foundation for today's infants and toddlers – and see the benefits to families and communities across the country. We thank you for your consideration and look forward to working with you to ensure families are given the resources and support necessary to set infants and toddlers on a trajectory of success.

Sincerely,

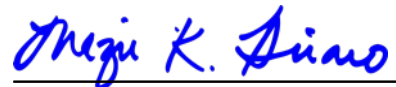
Sincerely,



Summer L. Lee  
Member of Congress



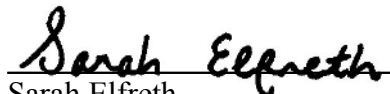
Brittany Pettersen  
Member of Congress



Mazie K. Hirono  
United States Senator



Adam B. Schiff  
United States Senator



Sarah Elfreth  
Member of Congress



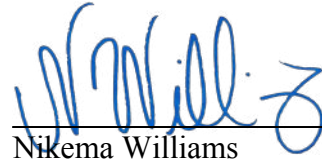
SETH MOULTON  
Member of Congress



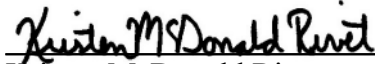
Julie Johnson  
Member of Congress



Kirsten Gillibrand  
United States Senator



Nikema Williams  
Member of Congress



Kristen McDonald Rivet  
Member of Congress



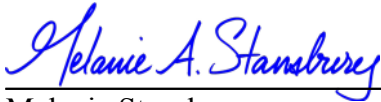
Andy Kim  
United States Senator



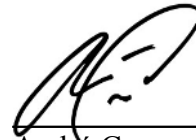
Eleanor Holmes Norton  
Member of Congress



Tammy Duckworth  
United States Senator



Melanie Stansbury  
Member of Congress



André Carson  
Member of Congress



Ted W. Lieu  
Member of Congress



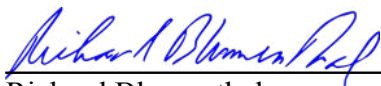
Cory A. Booker  
United States Senator



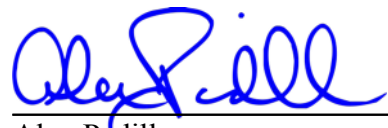
Henry C. "Hank" Johnson, Jr.  
Member of Congress



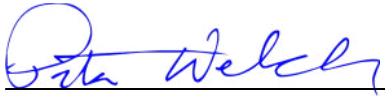
Michael F. Bennet  
United States Senator



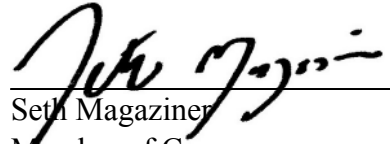
Richard Blumenthal  
United States Senator



Alex Padilla  
United States Senator



Peter Welch  
United States Senator



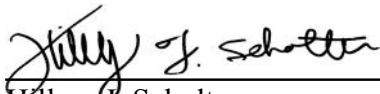
Seth Magaziner  
Member of Congress



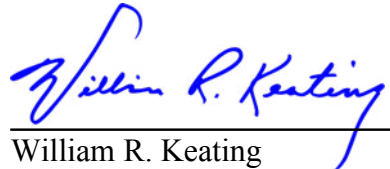
Rashida Tlaib  
Member of Congress



Chris Van Hollen  
United States Senator



Hillary J. Scholten  
Member of Congress



William R. Keating  
Member of Congress



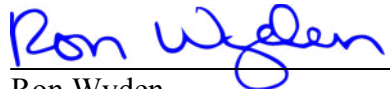
Angela D. Alsobrooks  
United States Senator



Kelly Morrison  
Member of Congress



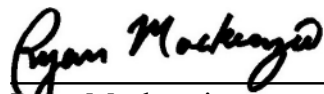
Andrea Salinas  
Member of Congress



Ron Wyden  
United States Senator



Rob Bresnahan, Jr.  
Member of Congress



Ryan Mackenzie  
Member of Congress