

Center of Excellence for Infant and Early Childhood Mental Health Consultation

Financing Guidance for IECMHC



THE CENTER OF EXCELLENCE FOR
Infant and Early Childhood
Mental Health Consultation

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Financing Guidance for Infant and Early Childhood Mental Health Consultation

Mental illness is the costliest childhood disorder to treat. We need to ensure [that] healthy environments are in place for all children to offset this costly trajectory.

—Ingrid Donato, Chief, Mental Health Promotion Branch, Substance Abuse and Mental Health Services Administration (SAMHSA)

I. Introduction

Social and emotional health—the ability to form strong relationships, solve problems, and express and manage emotions—is critical for school readiness and lifelong success. Without it, young children are more likely to:

- ◆ Have difficulty experiencing and expressing emotions—for example, showing little emotion or often playing alone.
- ◆ Have trouble making friends and getting along with others.
- ◆ Have behavior problems, such as biting, hitting, using unkind words, or bullying. These behaviors often lead to expulsion or suspension, difficulty learning, and later school dropout.

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based indirect service that pairs a mental health specialist with families and professionals to build their capacity to strengthen and support the healthy social and emotional development of all children ages 0–5 across child-serving systems (early care and education, home visiting, primary care, etc.). IECMHC has been shown to improve children’s social skills and emotional functioning; promote healthy relationships; reduce challenging behaviors, expulsions, and suspensions; increase classroom quality; and reduce provider stress, burnout, and turnover.

Although IECMHC has been found to be a cost-effective and influential strategy for offsetting later mental health concerns, as a prevention service aimed at early childhood, it is often challenging to fund and financially sustain.¹ Unlike clinically based mental health treatment that requires a diagnosis, IECMHC is not a widely billable service. To date, IECMHC has often been funded through a single source—short-term grant-based funding.

Braiding funds is when two or more funding sources are coordinated to support the total cost of services to individual children, but revenues are allocated and expenditures are tracked by categorical funding source.²

Blending funds is when dollars from two or more separate funding sources are wrapped together within one full-workday, full-year program budget to pay for a unified set of program services to a group of children. In blending, costs are not necessarily allocated and tracked by an individual funding source.²



The good news is that many states, tribes, and communities are finding new ways to identify and access strong private and public funding sources and to blend and braid funds (see definitions in the sidebar) to sustain IECMHC.²

Although there is not a single national funding source, the most prevalent sources being optimized are state general funds, federal grants, and Medicaid.³

The long-term vision for funding and financing is that policymakers and public and private funders will recognize the social and economic value of IECMHC and establish the consistent and long-term funding needed to sustain ongoing, comprehensive, and high-quality IECMHC implementation in all states and Tribal Nations.

This section of the toolbox provides a deeper look into funding streams that states, tribes, and communities might access to support IECMHC services. The information within this resource was compiled using evidence from a literature review as well as interviews with leaders who have successfully accessed reliable funding for IECMHC. Specifically, this resource was designed to help teams gather the information needed to “set the stage” before making a funding request, to identify key strategies to support a successful request, and to follow up on a request once it’s been presented.

Some Approaches to Funding

State General Funds

Many states are accessing their general funds to support IECMHC. For example, Connecticut’s statewide [Early Childhood Consultation Partnership](http://www.abhct.com/Programs_Services/ECCP/) program (http://www.abhct.com/Programs_Services/ECCP/) is funded primarily by the Connecticut Department of Children and Families’ Early Intervention Prevention Unit, with supplementary funding from the State Department of Education. Similarly, Maryland’s statewide [Early Childhood Mental Health Consultation Project](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/24/ecmh_brochure_dec2014.pdf) (http://earlychildhood.marylandpublicschools.org/system/files/filedepot/24/ecmh_brochure_dec2014.pdf) is funded through the Maryland State Department of Education, Division of Early Childhood Development, Office of Child Care. Other states have accessed other state-driven public funds. For example, Arizona receives funding for its ECMHC program *Smart Support* through First Things First, currently funded by a voter-enacted tax on tobacco products.

Federal Block Grants

Colorado and Arkansas are leveraging federal dollars—primarily, Child Care and Development Block Grant (CCDBG) funds—to support ECMHC as a quality-building strategy within childcare programs.

Blended Funds

Rhode Island is drawing down funds from CCDBG and a combination of Early Childhood Comprehensive Systems grant dollars and Title V dollars. These funds are used for programmatic consultation regarding childcare.³



II. Setting the Stage for Financing IECMHC

Conduct a Needs Assessment to Clearly Identify the Necessity for IECMHC Services

Both public and private funders will want to know that you are prepared and are making a serious and well-informed request. Conducting a needs assessment will help you identify exactly *why* you are making this request.

A sample needs assessment can be found in the Models section of the toolbox.

A needs assessment is a systematic process for determining and addressing the gaps between current conditions and desired conditions or “wants.” These gaps indicate your needs, and they will be the primary drivers of your financing request. Without performing a needs assessment, you might move in the wrong direction or duplicate existing services. The information gathered from a needs assessment will inform and drive your funding strategy and ensure that any actions you eventually take are in line with the community’s needs.

Case Example

As part of Project LAUNCH requirements, Michigan completed a thorough environmental scan of early childhood services within a targeted community to identify what was available to families, gaps in programming, any duplication of efforts, and challenges related to access to and/or quality of early childhood services. Information related to mental health services was gathered from state- and local-level leaders and families. From these efforts, Michigan learned that there was a lack of awareness of what mental health services were available. Additionally, families reported that waiting lists, lack of transportation, and excessive paperwork were deterrents to accessing services. When ECMHC services were created, this information informed outreach efforts, evaluation protocols and workforce development.

For more information about the SAMHSA-funded Project LAUNCH, visit

<http://www.healthysafechildren.org/grantee/project-launch>



Identify the Key Gap(s) in Services that You Aim to Fund

Once you have identified what the needs are, the next step is to determine what IECMHC services your team hopes to fund to fill the gaps.

National studies on effective IECMHC show that the overarching goal of consultation is to improve child well-being by enhancing staff and parent/caregiver ability to meet the social and emotional needs of infants and young children. Toward this end, consultants may use a variety of strategies and activities in their work with families and staff. Examples of the primary types of consultation typically provided are outlined in the table below.

| Types of Service | Early Care and Education (Community and Tribal Settings) | Home Visiting (Federal, State, Tribal, Community) |
|--|--|--|
| Child-/Family-Focused Consultation | When a specific child's behavior is of concern to parents or early care and education staff, the consultant helps these adults understand, assess, and address the child's needs by developing an individualized plan with the parents and providers. | When a specific child's behavior is of concern to parents or home visitors, the consultant helps the home visitor understand, assess, and address the child's needs so the home visitor can facilitate development of an individualized plan with the family. In some cases, the IECMH consultant may do a joint visit with the home visitor to observe and gather information that can further support the home visitor in his or her work. |
| Classroom-/Group-Focused Consultation | The consultant works with staff to improve the care offered to all children in the classroom by helping to identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children. | The consultant works with home visitors one on one or in a group to provide regular and ongoing reflective consultation to help home visitors identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children, with the larger goal of improving the care offered to all children and families on their caseloads. |
| Programmatic Consultation | Administrators, directors, and other program leaders are supported by the consultant to make changes in their care practices and/or policies to benefit all children and adults in their setting. | Administrators and other home visiting leaders are supported by the consultant to make changes in their policies to enhance the development of and support provided to home visitors. |



It is important to clearly identify and articulate the types of services you will offer within your program model. This will help to avoid duplication of efforts with other infant and early childhood providers and will help the funder understand exactly what your team intends to provide and what you will not provide.

Case Example

The Illinois Children's Mental Health Partnership developed a model for providing IECMHC within home visiting programs on an ongoing basis for at least two years, to build home visitors' capacity to identify and support the mental health needs of children and families. The Illinois model includes the following services:

- ◆ Training for home visitors on mental health topics
- ◆ Group reflective supervision
- ◆ Case consultation
- ◆ Referral to outside mental health services
- ◆ Joint home visits
- ◆ Support to administrators related to policy and practice

For further assistance with identifying what IECMHC services to provide, visit the interactive module on model development (Step 7 focuses on identifying services):

http://iecmhc.edc.org/IECMHC_Models_InteractivePlanningGuide/story.html

The following resources offer more information on IECMHC within early care and education:

- ◆ *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs* (Duran et al., 2009, <http://gucchd.georgetown.edu/78358.html>)
- ◆ Early Childhood Mental Health Consultation fact sheet (RAINE Group, http://indigoculturalcenter.org/wp-content/uploads/2015/11/RAINE-ecmhc_infographics_finalF_Proof5.pdf)
- ◆ *Tutorial 2: Defining Early Childhood Mental Health Consultation and the Consultant Role* (Center for Early Childhood Mental Health Consultation, <http://www.ecmhc.org/tutorials/defining/index.html>)



The following resources offer further information on IECMHC within home visiting programs:

- ◆ *Enhancing Home Visiting with Mental Health Consultation* (Goodson, Mackrain, Perry, O'Brien, and Gwaltney, 2013, <https://drive.google.com/file/d/0B2GoVClIW0LSRHN0b1IXeFJPYnM/view>)
- ◆ *Making a Difference for Families with Young Children: The Intersection of Home Visiting & Mental Health* (Marchand, 2014, <http://www.cssp.org/pdfs/Intersection-of-Home-Visiting-and-Mental-Health-10-14.pdf>)

Identify the Cost of These Services

Have a clear estimate of the cost of the services your team hopes to fund. Be prepared to offer an itemized list explaining the costs of individual parts of the project. The funder should not have to do any work related to identifying costs.

Consider both direct and indirect costs. For example, line items in a budget might include the following:

- ◆ Consultant's salary plus fringe benefits
- ◆ Rent or occupancy for the consultant within the organization
- ◆ Telephone/connectivity
- ◆ Supplies and office equipment
- ◆ Travel to and from centers, homes, etc.
- ◆ Training costs
- ◆ General and central administrative supervision
- ◆ Reflective supervision
- ◆ Endorsement or licensure fees for the consultant to maintain credentials



Case Example

The Illinois Children's Mental Health Partnership identifies 18 hours of IECMHC per home visiting site as optimal for an IECMH consultant to provide the indicated and necessary services. This includes 12 hours of direct consultation to home visitors per month and an additional 8 hours for the consultant to receive support, complete reporting requirements, and maintain professional licensure or endorsement. The cost for the contracted IECMH consultant's time is \$18,000 annually, per home visiting program.

—Linda Delimata, Illinois Children's Mental Health Partnership

Be prepared to state your overall target and how you hope to reach it. For example:

We would like to have IECMHC within XX home visiting programs by 2018. Our hope is that with private and public funding [or federal home visiting dollars], we can reach this goal. As an example, XX [number of] programs have been funded through a commitment from the XX Foundation, which supports a specialized mental health training series for all home visitors. Federal funds cover the cost of providing expert onsite support to home visitors on a weekly basis.

Identify What Funds Align Best with IECMHC Services

It is very important to understand the metrics of success for each potential funding source to ensure a "goodness of fit." One of the most frequent reasons for turning down requests is that they do not mesh with the funder's interests. You are more likely to receive funds from an organization or entity for which there is a close match in mission and objectives.

Case Example

We did our homework on our funders, and we worked to develop relationships first. Before there was an ask, we met them for coffee, found out what their priorities were, talked about our commonalities, and become a part of the regular conversation around the needs of children and families. We invite some of the providers to join these conversations and share what a Day in the Life is like for an IECMH consultant or family. Our funders want to be educated.

—Jordana Ash, ECMH Director, Office of Early Childhood,
Colorado Department of Human Services



The following table offers some brief examples of how states have aligned funding with their intended mission.

At a Glance Funding Streams and Case Examples of “Goodness of Fit”

| Funding Streams | Special Considerations | Example |
|------------------------------|--|---|
| Medicaid | <ul style="list-style-type: none"> ♦ Is a source of funding in every state ♦ May require a diagnosis for the child or family member to draw down the funds | <p>Michigan is looking for ways to institutionalize IECMHC and has looked to building policy to ensure that IECMHC is a service available to young children and families. Michigan’s Department of Health and Human Services, Division of Mental Health Services to Children and Families, identified the Child Care Expulsion Prevention (CCEP) program as a Medicaid-covered prevention and direct service model—a program using individual, family, and group interventions designed to reduce the incidence of behavioral, emotional, or cognitive dysfunction, thus reducing the need for individuals to seek treatment through the public mental health system. CCEP is one of five direct prevention models that can be made available statewide by the Prepaid Inpatient Health Plan or its provider network for children with Medicaid who are under six years of age and are experiencing behavioral and emotional challenges in their childcare setting.</p> |
| State Set-Aside Funds | Offers flexibility to finance programmatic work that is often more difficult to fund than child-focused intervention | <p><i>Louisiana has been using “quality set-aside funds” as another way to fund IECMHC. Sometimes there is leeway in this funding stream, and you can find ways to connect with that allotment of funds. Our state looks at IECMHC, along with coaching, as two of the key quality improvement services available to staff, families, and children.</i></p> <p>—Allison Boothe, Ph.D., Associate Professor of Psychiatry, Tulane University School of Medicine</p> |



| Funding Steams | Special Considerations | Example |
|----------------|--|---|
| Public Funds | <ul style="list-style-type: none"> ♦ Often offer the ability for innovation in practice ♦ Can be influenced by advocacy efforts ♦ Are often longer-term funding options (yet can be at risk, due to changing rules and regulations) | <p>Southwest Human Development (<i>which houses Arizona’s Smart Support Program</i>) already knew the types of activities that their prospective funding source was interested in supporting, based on a long-standing relationship, and these included improving services across systems that touched infants and young children.</p> <p><i>We were clear with our potential funder about how this was not a stand-alone service—it was something that could fit into all of our early childhood systems efforts.</i></p> <p>—Ginger Ward, CEO, Southwest Human Development</p> |
| Federal Grants | <ul style="list-style-type: none"> ♦ Provide a short-term opportunity to develop or expand services and measure effectiveness ♦ Offer an opportunity to build public awareness and support ♦ Can make it challenging to sustain efforts if sustainability is not discussed from the onset | <p>Boone County Project LAUNCH is committed to improving early care and education in rural and urban areas. Through Project LAUNCH, the community was able to integrate the Early Childhood Positive Behavioral and Support (EC-PBS) program to help early childhood professionals create classrooms that recognize and nurture children’s social and emotional development. Through EC-PBS, consultants with mental health expertise have trained and coached childcare providers across high-need rural and urban areas in preventing, identifying, and reducing the impact of children’s behavioral health challenges. Boone County has made special efforts to recruit childcare providers from rural towns and is currently working to fully implement EC-PBS across 12 early childhood sites.</p> |



Ensure that your team is also aware of who administers the funds, how they are currently being allocated in your state or region, and any eligibility criteria.

The following resources can help your team become more familiar with funding streams and their metrics for success:

- ◆ The Way Forward: Paying for and Sustaining Early Childhood Mental Health Consultation in States and Communities (Duran et al., 2013, *Zero to Three*, vol. 33, issue 5, pages 61–69)
- ◆ *Supporting Early Childhood Mental Health Consultation* (U.S. Department of Health and Human Services, https://www.acf.hhs.gov/sites/default/files/ece/supporing_early_childhood_mental_health_consultation.pdf)

The following table provides an overview of funding sources, administrators, and metrics of success.

Overview of Federal Funding Sources*

| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|--|--|
| Child Care and Development Fund (CCDF) http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization | <p>This block grant provides state-, territory-, or tribe-administered childcare financial assistance to low-income families in the form of subsidies, which help to lessen the financial burden of the cost of childcare so that families (parents) may work or prepare for employment. Selected eligible families receive either a contracted childcare slot or a voucher to access care by any provider of their choice who meets the state’s requirements.⁴</p> | <p>Federal: U.S. Department of Health and Human Services, Administration for Children and Families^{5,6}</p> <p>Tribal: Information on tribal CCDF grantees is located here: http://www.acf.hhs.gov/occ/resource/ccdf-tribal-grantees-listed-in-alphabetical-order</p> <p>Local: See CCDF Grantee State and Territory Contacts from the Office of Child Care (http://www.acf.hhs.gov/programs/occ/resource/ccdf-grantee-state-and-territory-contacts) for a list of administrators per state and territory</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|---|---|
| Community Mental Health Services Block Grant (MHBG) http://www.samhsa.gov/grants/block-grants/mhbg | <p>This block grant assists states, U.S. territories, and Pacific jurisdictions in developing comprehensive community-based mental health systems of care—and in carrying out plans—for adults with serious mental illnesses and children with diagnosable serious emotional disturbances. Local government and non-governmental organizations receive the funds as a means of fostering their collaboration in establishing and maintaining community-level mental health care systems.¹⁰</p> | <p>Federal: SAMHSA’s Center for Mental Health Services’ Division of State and Community Systems Development⁷</p> <p>Local: State’s, jurisdiction’s, or territory’s Division of Behavioral Health Services</p> |
| Comprehensive Community Health for Children and Their Families http://www.federalgrants.com/Child-Mental-Health-Initiative-CMHI-15150.html | <p>This cooperative agreement provides discretionary funds to eligible entities within states, tribes, and communities to promote the coordination of multiple and often fragmented systems that support children and youth diagnosed with serious emotional disturbances and their families. The grants make provisions for the development of integrated home and community-based systems.⁸</p> | <p>Federal: SAMHSA’s Center for Mental Health Services</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|---|--|--|
| <p>Early Childhood Comprehensive Systems Impact (ECCS Impact)</p> <p>http://mchb.hrsa.gov/earlychildhoodcomprehensivesystems</p> | <p>These grants provide financial support to states and organizations to aid them in building systems and integrating services that improve the health of young children between zero and three years of age. Experienced organizations with expertise in developing, implementing, and maintaining statewide strategies are granted the funds to build and improve systems of care for young children. Specifically regarding IECMHC, the areas of emphasis are mitigating toxic stress, expanding developmental screening and referral, and incorporating evidence-based standards into system work.⁹</p> | <p>Federal: U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau</p> <p>Local: See <i>Active Grants for HRSA Programs: Community-Based Integrated Service Systems (Local/State) (H25)</i> on the HRSA website https://ersrs.hrsa.gov/ReportServer/Pages/ReportViewer.aspx?/HGDW_Reports/FindGrants/GRANT_FIND&ACTIVITY=H25&rs:Format=HTML4.0)</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|---|--|
| <p>Head Start/Early Head Start (HS/EHS)</p> <p>Head Start: https://eclkc.ohs.acf.hhs.gov/hslc/h s</p> <p>Early Head Start: https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/ehsnrc/about-ehs</p> <p>Tribal Head Start: https://eclkc.ohs.acf.hhs.gov/hslc/s tates/aian</p> | <p>The goal of Head Start and Early Head Start is to promote the school readiness of children from birth to age 5 and to support pregnant women from low-income families by providing comprehensive services in a variety of areas, including cognitive development, health, mental health, and social and emotional well-being. Head Start and Early Head Start require that mental health services include onsite mental health consultation.</p> <p>In addition to Head Start and Early Head Start grants, there are Early Head Start–Child Care Partnership and Expansion programs that allow new or existing Early Head Start programs, including tribal programs, to partner with local childcare centers and family childcare providers who serve infants and toddlers from low-income families.</p> | <p>Federal: U.S. Department of Health and Human Services’ Administration for Children and Families (ACF)’s Office of Head Start</p> <p>Tribal and Local: ACF Regional offices and American Indian–Alaska Native and Migrant and Seasonal Program Branches^{7,10}</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|--|--|
| <p>Health Resources and Services Administration (HRSA) Funding: Health Center Program Grant/Federally Qualified Health Centers</p> <p>Health Center Program: http://bphc.hrsa.gov/programopportunities/howtoapply/index.html</p> <p>Federally Qualified Health Centers: http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html</p> | <p>Eligible public and private nonprofit health care organizations granted funding under Section 330 of the Public Health Service Act may expand on or establish the delivery of mental health services, including IECMHC.^{11,12}</p> | <p>Federal: U.S. Department of Health and Human Services, Health Resources and Services Administration</p> |
| <p>Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program</p> <p>http://www.acf.hhs.gov/programs/ecd/home-visiting</p> <p>Tribal MIECHV Program</p> <p>http://www.tribalhomevisiting.net/main/summary</p> | <p>As mandated by the Patient Protection and Affordable Care Act, the home visiting program aims to improve maternal and child health and outcomes, children's development, and the economic self-sufficiency of families through support and education.¹³ IECMHC can be incorporated into home visiting models by training home visitors.¹⁴</p> | <p>Federal: Health Resources and Services Administration, Maternal and Child Health Bureau</p> <p>Tribal: Administration for Children and Families</p> <p>Local: State mental health systems or health agencies; county-based mental health systems</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|---|---|---|
| Medicaid State Plan Amendment https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/medicaid-state-plan-amendments.html | <p>The Medicaid State Plan Amendment, a written agreement between a state and the federal government, outlines how the state plans to administer its Medicaid programs and Children’s Health Insurance Program. This gives states an opportunity to modify and expand the services delineated in their original Medicaid plan—such as the inclusion of IECMHC—as well as eligibility criteria, thus increasing opportunities for coverage.¹⁵</p> | <p>Federal: Centers for Medicare & Medicaid Services</p> <p>Local: State Medicaid programs</p> |
| Medicaid Waivers https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html | <p>The waiver programs provide an avenue for states to redirect their opportunities to test innovative ways to deliver and fund health care services through Medicaid and the Children’s Health Insurance Program.¹⁶</p> <p>Two of the four types of waivers offered may be helpful in promoting IECMHC: Section 1115 and Section 1915(b) Managed Care Waivers. The former allows states to offer “services not typically covered by Medicaid,”¹⁷ and the latter supports states in allocating funds saved through the managed care delivery system to cover other services.^{18,20,21,18}</p> | <p>Federal: Centers for Medicare & Medicaid Services</p> <p>Local: State Medicaid programs</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|--|---|
| Medicaid: Administrative Funds https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/medicaid-administrative-claiming.html | In relation to IECMHC, these funds provide opportunities for infrastructure building (such as training) that may support and impact consultation efforts. ^{18,22} | Federal: Centers for Medicare & Medicaid Services Local: State Medicaid programs |
| Medicaid: Money Follows the Person Rebalancing Demonstration Program (MFP) https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Money-Follows-the-Person.html | As expanded under the Patient Protection and Affordable Care Act, the goal of the Money Follows the Person Rebalancing Demonstration Program grant is to assist states in moving people who are eligible for Medicaid from institutional to community-based care. ^{18,22} | Federal: Centers for Medicare & Medicaid Services Local: State Medicaid programs |
| Medicaid's Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html | This program ensures that preventive health services (such as screening) are both available and accessible to program-eligible children, leading to timely diagnosis and treatment. ^{19,20} Children enrolled in this program must receive treatment deemed necessary by their providers, whether or not it is traditionally covered in the state's Medicaid plan. Through this provision, children may benefit from IECMHC. ^{18,22} | Federal: Centers for Medicare & Medicaid Services Local: State Medicaid programs |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|--|---|--|
| <p>Patient Protection and Affordable Care Act Funding (ACA): Medical Homes</p> <p>http://www.ncsl.org/research/health/the-medical-home-model-of-care.aspx</p> | <p>Medical Homes serve to increase the ability of systems to address the needs of individuals in the context of their families and environment through the enhancement of care, quality, and cost-efficiency. States can incorporate IECMHC into the Medical Home model.¹⁸</p> | <p>Federal: Health Resources and Services Administration²¹</p> |
| <p>Patient Protection and Affordable Care Act Funding (ACA): Prevention and Public Health Fund</p> <p>http://www.hhs.gov/open/prevention/</p> | <p>This funding source provides support for an array of prevention services, including the Health Resources and Services Administration’s Mental Health Training grants and SAMHSA’s Primary Behavioral Health Care Integration grants.¹⁸</p> | <p>Federal: U.S. Department of Health and Human Services²²</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|---|--|---|
| <p>Project LAUNCH: Linking Actions for Unmet Needs in Children’s Health</p> <p>http://www.samhsa.gov/grants/grant-announcements/sm-14-004</p> | <p>This federal initiative provides funds to “states, territories, tribal nations and communities committed to ensuring that all children enter school with the social, emotional, behavioral, cognitive, and physical skills they need to succeed.”²² It seeks to systematically improve the health and support the development of children—physically, socially, emotionally, behaviorally, and cognitively.²³</p> <p>There are five supported strands of service implemented at the community level: (1) mental health consultation in early care and education settings, (2) screening and assessment, (3) integration of behavioral health into primary care, (4) home visiting focused on social and emotional well-being, and (5) family strengthening and parent skills training.^{1 26}</p> | <p>Federal: SAMHSA</p> <p>Tribal: SAMHSA</p> <p>Local: State public health or children’s mental health agency; local Department of Health or Mental Health; private agencies</p> |



| Funding Source | Objectives for the Funding (Metrics of Success) | Funding Administrator |
|---|--|--|
| Race to The Top— Early Learning Challenge (RTT-ELC) http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html | This grant-funding source assists states in building the infrastructure for innovative systems that will eliminate school readiness gaps for young children from disadvantaged backgrounds, ¹⁹ which could include IECMHC. | Federal: U.S. Department of Education, Office of Early Learning, and Administration for Children and Families, Office of Early Childhood Development Local: State Department of Education |
| Temporary Assistance for Needy Families (TANF) Transfers http://www.acf.hhs.gov/programs/ofa/programs/tanf | This program helps families in need achieve economic self-sufficiency. States can reallocate up to 30% of these funds to their Child Care and Development Fund, under which IECMHC can be implemented and supported. ¹⁹ | Federal: U.S. Department of Health and Human Services, Administration for Children and Families |
| Title IV-E Child Welfare Waiver Demonstration Projects http://www.acf.hhs.gov/programs/cb/programs/child-welfare-waivers | These waivers help to “promote innovation, learning, and broad-based child welfare reform” and alternative services to “help prevent the removal of children from home, help children in foster care return home, or move more quickly and safely to another permanent, loving family.” ²² This programs allows for the incorporation of trauma-informed programs and practices to address trauma experienced by maltreated children. ²⁴ | Federal: Administration for Children and Families, Children’s Bureau |

* Applicable financing resources as of July 2016.



Identify Your Messenger

A funding request is much more likely to have success when the person making the appeal has an established relationship with the potential funder. Therefore, it is important to carefully think about who is your best messenger. The person making the connection should have an established relationship with the person being approached and should know that person's interests, areas of focus, and previous investments.

Consider:

- ◆ Who has positive, established, and ongoing relationships with the identified funder?
- ◆ Is this person a clear and concise speaker?
- ◆ Is this person passionate about the services that you aim to provide?

It may not always be the person who is the most knowledgeable or is leading current efforts. Relationships matter!

Case Example

The CEO of Southwest Human Development, Ginger Ward, has decades of long-standing relationships within the state, which she has cultivated as an ongoing process, not just during a time of need. She also understands the early childhood system in Arizona and the current landscape of need. Clearly, she is the strongest messenger to conduct funding requests.

Gather All Your Information and Develop Your Ask

Organize all the data you have gathered into a simple, easy-to-digest one- or two-page document that you will share with potential funders. Offer enough information to orient someone who is completely new to the issue, but not so much that you are at risk of overwhelming the funder. Ensure that your plan is free of jargon and typos.

Using your data, prepare some talking points. Be sure to include the short- and long term benefits of investing in this work (e.g., long term savings for Medicaid, health insurers, and education).

Consider having someone outside your team read your plan and talking points to look for errors and inconsistencies and to point out sections where you need more clarity.

Schedule the Ask

Identify the lead person(s) you want to reach out to for a funding discussion, and make the appointment. Or, if your request is to be part of a discussion or meeting with an established group, such as an early childhood advisory council, make sure that you are on the agenda.

Prepare and Practice

Prior to the meeting, practice your request. Review possible policy changes that might support IECMHC, as well as state plans, such as your state Medicaid plan.

Go over all the data you've gathered, and try to anticipate what questions the funder might have. Make sure that, at a minimum, you can answer the following questions:

- ◆ What is the issue?
- ◆ Why is it a problem?
- ◆ What will your team do to address it?
- ◆ What will your team not be able to do?
- ◆ How much funding will it take to support what your team will do? (Be prepared to provide details.)
- ◆ What difference will the funding make?
- ◆ How will your team measure success?
- ◆ What is an example of how this work has been influential to a child and/or a family?

For more information on state Medicaid plans, visit the Medicaid website:

<https://www.medicaid.gov/state-resource-center/medicaid-state-plan-amendments/medicaid-state-plan-amendments.html>



Case Example

For us, it was important to align our request with the priorities of our state [and] with the CCDF [Child Care and Development Fund] changes and new plan requirements. We were well aware of those changes, and we requested a meeting with funders. We brought the federal documents and recent policy papers supporting the importance of social and emotional development and reducing expulsion (which confirms IECMHCA as a strategy). We did not initially make an ask to expand our consultant base—but instead we asked the state, “What is your response to these challenges? How can we be helpful and be a part of this discussion?” We wanted to work together to make social and emotional health and mental health a part of the statewide discussion. After we got the discussion going, we then could put more energy behind how to get expansion funding to roll current progress out to reach more families.

—Nicola Edge, Ph.D., Associate Professor, Department of Family and Preventive Medicine,
University of Arkansas for Medical Sciences; Director of Project PLAY

If you are attending a grant or proposal preparation meeting, have all the data gathered from prior steps available, and take time to align your findings with the priorities of the grant or funder. Ensure that the person who is taking the lead on developing your proposal has everything in hand to clearly articulate the ask.

III. Making the Request

Once the initial greeting is out of the way, make a transition so the funder knows that the topic has changed to something far more critical. Good transitions include the following:

- ◆ “Listen—I’d like to talk about something important.”
- ◆ “I have a serious question for you.”
- ◆ “I need your help.”

Remind the funder of your personal connection to the organization. For example:

- ◆ “Mrs. Jenkins, as you know, we have been together on the early childhood systems team for five years now...”
- ◆ “Dr. Johnson, you’ve been a guest speaker at several of our events to raise awareness of the mental health needs of infants and their families . . .”



Demonstrate the Impact of Your Work with a Real-Life Story

You want to make sure that the person you are talking to understands the impact of your mission for IECMHC services. Remind the potential funder of what you are hoping to achieve (aspiration statement) and why it is important. For example:

- ◆ “Mrs. Jenkins, every day children under five come to kindergarten unprepared to learn. In our state alone, XX % of preschoolers are expelled from childcare, and XX children between the ages of zero and five are in foster care. We *must* move these statistics for the well-being of our children and the next generation of leaders.”
- ◆ “Dr. Johnson, in our state, XX % of children with undetected mental health challenges are falling through the cracks. We are not identifying kids early enough—and when we do, they often have to wait long enough to meet the criteria for diagnosis. We need to intervene early.”

Sharing a personal story from your professional experience can be very effective. For example:

“I worked with a two-and-a-half-year-old little boy who had been removed from his home due to neglect. By the time I was involved, this little guy had been kicked-out of four childcare placements and had been in three foster homes. He was dysregulated, scared, and unsure of who would protect him. He was having difficulty learning and was often aggressive when adults tried to comfort him, as he had never experienced solid kindness or care. And this is just one boy—there are many more children<<in our community>>who are suffering with similar stories.”

Case Example

It is critically important to be knowledgeable about the current data. Even if you don't have your own data, you need to be able to engage in that conversation. Focus on one individual community and what they are doing, and use this as a basis. It is best to strike a balance between a story and some quantifiable data. Both pieces are very important—but don't rely too heavily on one or the other to sell your message. A brief, concise, articulate story is important, but you also need to make the links to what is happening more broadly.

—Jordana Ash, ECMH Director, Office of Early Childhood,
Colorado Department of Human Services



Make the Ask

Be concrete and specific. Share:

- ◆ The needs identified from your needs assessment (for example, “We have learned that XX [number of] children in Huron Valley have undetected mental health challenges”)
- ◆ The type of services you want to provide and the identified costs (for example, “Since early intervention is essential, we are requesting \$XX to cover two additional children’s mental health consultants in Huron Valley”)
- ◆ How these services align with the funder’s metrics of success (for example, “You have consistently demonstrated that the quality of childcare is important to you. IECMHC has been shown to improve classroom quality and also reduce provider stress, burnout, and turnover”)
- ◆ What difference the funding will make (for example, “Being able to fund two more mental health consultants in Huron Valley will support up to 20 preschool centers and potentially XX [number of] children and families”)

Don’t expect an answer right away. Leave plenty of space for dialogue and questions. Offer to follow up within 24 hours to answer any questions the funder may have or to offer additional resources.

IV. Following Up

Debrief with Your Team

Take time to meet with the members of your team who helped to prepare the funding request. Share what worked and what did not work, and come up with a plan for refining your request right away while the experience is fresh.

Follow Up with the Funder Within 24 Hours

Administrators and funders are juggling multiple demands on their time. Take the initiative to thank the person for his or her time, answer any questions the funder still has, and ask how you might communicate in the future. For grant proposals, if you do not receive electronic confirmation, e-mail the contact to ensure that he or she received your proposal.

If Your Request Is Not Accepted, Find Out Why

Contact the funder to determine why your ask was rejected. If the funder is located within driving distance, request a face-to-face meeting. If meeting in person isn’t manageable, ask for time to discuss the weaknesses in your funding request over the phone. This allows you and your team an opportunity to learn from the experience. For grant proposals, request reviewer comments.



Continue to Champion IECMHC

Look for other opportunities to champion awareness of IECMHC. For example, leaders and staff of Arizona's Smart Support program present at state, community, and national conferences and are engaged in many local and statewide early childhood committees to ensure that a mental health lens is at the table. Smart Support team members also developed a white paper on IECMHC that was a foundation for the state's development of a Request for Proposals (RFP) for IECMHC funded with tobacco tax dollars.

Case Example

In Colorado, we have 34 full-time employees—it is not a fully funded system yet, but we have also tried to be very inclusive. We invite all involved with IECMHC in the state to be a part of our network and conversation—not just the state-funded folks. We invite Head Start, private childcare and preschool programs, Project LAUNCH, and philanthropies to attend our trainings, enter their data in the state database, and participate in our learning collaborative. We are creating an inclusive and collaborative form of support for IECMHC statewide.

—Jordana Ash, ECMH Director, Office of Early Childhood,
Colorado Department of Human Services

Prepare for the Next Ask

Remember that obtaining funds is a long-term and ongoing process—it involves building and fostering relationships and showing the success of your efforts over time.

Engage in small-scale pilots that demonstrate success as a stepping-stone to larger scale projects

Case Example

In Arkansas, it was important to start small and demonstrate success before going in for an additional ask. We started with pilot sites and had a strong evaluation component and made a substantial up-front investment in looking at outcomes and impacts (at the teacher and child levels). This was important for us to then make a bigger ask and also maintain our funding.

—Nicola Edge, Ph.D., Associate Professor, Department of Family and Preventive Medicine,
University of Arkansas for Medical Sciences; Director of Project PLAY

Consider what you learned about why your ask was rejected or the weaknesses in your funding request, and take time to further refine your plan. Visit the interactive module on Developing and Implementing an IECMHC



Model for guidance. You may also want to visit the interactive module on Crafting Effective Messages or the Communications section of the toolbox for further pointers.

¹ Mackrain, M. (2015). Project LAUNCH: Linking Actions for Unmet Needs in Children's Health. Cohort Three: A Community-Driven Opportunity. Unpublished manuscript, Project LAUNCH, Substance Abuse and Mental Health Services Administration.

² Wallen, M., & Hubbard, A. (2013, November). *Blending and Braiding Early Childhood Program Funding Streams Toolkit*. Chicago, IL: The Ounce. Retrieved from [http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/3E2 Blended-Funding-Toolkit.pdf](http://www.buildinitiative.org/Portals/0/Uploads/Documents/resource-center/community-systems-development/3E2%20Blended-Funding-Toolkit.pdf)

³ Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009, August). *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*. Washington, DC: Georgetown University Center for Child and Human Development. Retrieved from <http://gucchd.georgetown.edu/78358.html>

⁴ Child Care and Development Fund (CCDF) Program. (2015). Federal Register (80 FR 80465). Retrieved from <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-11>

⁵ U.S. Department of Education, Office of Non-Public Education (ONPE). (2013). Retrieved from <http://www2.ed.gov/about/offices/list/oii/nonpublic/childcare.html>

⁶ Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2015). Program Instruction on CCDF Reauthorization Effective Dates. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/pi-2015-02>

⁷ Substance Abuse and Mental Health Services Administration. (2014). Community Mental Health Services Block Grant. Retrieved from <http://www.samhsa.gov/grants/block-grants/mhbg>

⁸ University of Washington Department of Psychiatry and Behavioral Sciences. (n.d.). Evaluation of the Comprehensive Community Supports for Children and Their Families Program. Retrieved from <https://depts.washington.edu/pbhjp/projects-programs/page/evaluation-comprehensive-community-supports-children-and-their-families>

⁹ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (2016). Early Childhood Comprehensive Systems. Retrieved from <http://mchb.hrsa.gov/earlychildhood/comprehensivesystems/>

¹⁰ Head Start. (2015). *Head Start Program Facts Fiscal Year 2014*. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2014-hs-program-factsheet.html>

¹¹ Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.). *How to Become a Health Center*. Retrieved from <http://bphc.hrsa.gov/programopportunities/howtoapply/index.html>

¹² Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.). *What are Federally qualified health centers (FQHCs)?* Retrieved from <http://www.hrsa.gov/healthit/toolbox/RuralHealthIToolbox/Introduction/qualified.html>

¹³ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (2016). *Home Visiting*. Retrieved from <http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting>

¹⁴ Duran, F., Kaufmann, R. K., Irvine, M., Hunter, A., & Horen, N. (2013). The way forward: Paying for and sustaining early childhood mental health consultation in states and communities. *Zero to Three*, 33(5), 61–69.

¹⁵ Medicaid.gov. (n.d.). *Medicaid State Plan Amendments*. Retrieved from <https://www.medicaid.gov/state-resource->



[center/medicaid-state-plan-amendments/medicaid-state-plan-amendments.html](https://www.medicicaid.gov/center/medicaid-state-plan-amendments/medicaid-state-plan-amendments.html)

¹⁶ Medicaid.gov. (n.d.). *Waivers*. Retrieved from <https://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

¹⁷ Medicaid.gov. (n.d.). *Section 1115 Demonstrations*. Retrieved from <https://www.medicicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html>

¹⁸ Medicaid.gov. (n.d.). *Money Follows the Person (MFP)*. Retrieved from <https://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Money-Follows-the-Person.html>

¹⁹ U.S. Department of Health and Human Services. (n.d.). *Supporting Early Childhood Mental Health Consultation*. Retrieved from https://www.acf.hhs.gov/sites/default/files/ecd/supporting_early_childhood_mental_health_consultation.pdf

²⁰ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (2016). *Early Periodic Screening, Diagnosis, and Treatment*. Retrieved from <http://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment>

²¹ Health Resources and Services Administration. (2016, August). Bureau of Primary Health Care. Retrieved from <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>

²² U.S. Department of Health and Human Services. (2016). Prevention and Public Health Fund. Retrieved from <http://www.hhs.gov/open/prevention/>

²³ Education Development Center, Inc. (n.d.). *PromotePrevent* [Website]. Retrieved from <http://projectlaunch.promoteprevent.org/>

²⁴ James Bell Associates. (2013, April). *Summary of the Title IV-E Child Welfare Waiver Demonstrations*. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/waiver_summary_final_april2013.pdf

