



Financing Infant and Early Childhood Mental Health Consultation

FREQUENTLY ASKED QUESTIONS

INTRODUCTION

Sources of funding for IECMHC vary across the nation, depending on political and economic context. States differ in their financing approaches, but no matter how creative or successful they are in their approaches to funding, advocacy is essential for using existing funding streams and for bringing in new funding to support an IECMHC system.

Not every strategy for sustaining infant and early childhood mental health consultation is a direct funding request (for example, evaluation data, collaborative partnerships, and communications and messaging, and public policies are all important levers), but when trying to initiate or enhance IECMHC programs, knowing how to access and leverage funding can be important.

Q: Why is funding Infant and Early Childhood Mental Health Consultation (IECMHC) challenging?

A: IECMHC is a unique practice, as it is the intersection of multiple professional domains – early childhood, mental health, adult learning, and consultative practice. There are several considerations as states, tribes, and territories review funding options for IECMHC.

1. Domain-Specific Funding System: Many funding sources have a specific set of criteria for the scope of use of the funding, or the population to be served by it. A cross-disciplinary practice such as IECMHC is often limited by the inability of government entities to braid funding sources together.
2. Competing Needs Within Systems: Funding for early childhood programs often prioritizes basic needs like child care access or educational resources, leaving less room for specialized

services like IECMHC. Additionally, mental health funding might be directed towards clinical mental health services for youth and adults, with less focus on preventive programs like IECMHC for young children.

Q: Is there a state that is using a single dedicated funding source for statewide IECMHC?

A: While there is no single dedicated federal funding source for IECMHC, there are several states who have dedicated state funding to support IECMHC as part of a combination of funding sources, however currently there are no known states with single source dedicated funding for IECMHC. States most typically use multiple sources to support IECMHC initiatives, with the most common funding streams including:

- [Child Care and Development Fund](#)
- [Early Intervention/Part C of the Individuals with Disabilities Education Act](#)
- [Head Start/Early Head Start](#)
- Human Services/Child Welfare Funding (including Child Welfare and Temporary Assistance to Needy Families)
- [Maternal Infant Early Childhood Home Visiting](#)
- Philanthropic/Foundation/Private Grant Funding
- State General Funds
- Tax Levies and Ballot Initiatives

Q: Can Medicaid be used for funding IECMHC?

A: States have reported Medicaid efforts in progress for billing and reimbursement for IECMHC ([NCCP 2017 Report](#), [NCCP 2023 Report](#)), however, it is unclear if these states are truly reporting on IECMHC as a consultative model, and while research indicates Michigan is the only state that includes IECMHC as a Medicaid covered service, no state that we have found has released information on its success or return on

investment to date. The Center of Excellence worked with one state to explore options for potential use of Medicaid, which included a review of child-focused cases served by the state funded IECMHCs, the potential pool of IECMHCs that would be Medicaid-eligible service providers, and the potential number of children in programs receiving IECMHC services that might be Medicaid eligible. The COE identified that analysis of child eligibility and service delivery should be collected to help in decision making, including the following information:

1. Capacity of sites: Is the program/site equipped to bill Medicaid? While some programs currently not set up for Medicaid billing might not be excluded from billing Medicaid, setting-up a structure for consultation teams to bill Medicaid will take additional time and resources.
2. Qualifying providers: In order to bill Medicaid, providers must meet the state's qualifications. As such, not all employed IECMH consultants would necessarily meet these qualification requirements.
3. Child-focused cases: Generally, Medicaid billing is for an individual member. It is worth noting that most IECMHC models encourage consultants to provide classroom- or program-level services, when appropriate, to build the capacity of the adult to support a group of children, rather than one specific child at a time. Additionally, while the Centers for Medicare and Medicaid Services issued [guidance in August 2022](#) encouraging states to avoid requiring a behavioral health diagnosis for some service, there is not a definitive and up-to-date list of states that waive a behavioral health diagnosis, as each state has the flexibility to design its own Medicaid program within federal guidelines. This means requirements for behavioral health coverage can vary by state. Colorado is one example of a state that has passed legislation and signed into law through [Senate Bill 23-174](#) the ability to cover limited behavioral health services for children with no diagnosis.
4. Medicaid or Medicaid-Eligible Child: IECMHC programs would need to have a method with which to identify the number of children served through

child-focused cases that are Medicaid eligible. It is safe to assume that not all of the children served through child-focused IECMHC would be Medicaid eligible, as IECMHC is typically available at no-cost to any adult caring for a child age birth to age 6, regardless of eligibility status.

Q: What are some ways that funding IECMHC can be most successful?

A: Here are three ways:

1. **Collaboration:** Collaboration among early childhood, mental health, child welfare, and health care agencies can strengthen funding requests by demonstrating a unified approach.
2. **Cost-Benefit Analysis:** Developing a strong cost-benefit analysis that highlights potential cost savings from IECMHC can be helpful in securing funding.
3. **Demonstration Projects:** States might be more willing to fund pilot programs or demonstration projects to showcase the effectiveness of IECMHC before committing to larger-scale funding.

Q: So, we're requesting funding, but for what?

A: ZERO TO THREE, in partnership with Georgetown University, introduced a new [Infant and Early Childhood Mental Health Consultation Cost Calculator](#), a practical tool for identifying and calculating costs associated with IECMH consultation programs. The IECMHC cost calculator is for IECMHC professionals, program managers, and administrators and those supporting, designing and managing IECMHC programs. This tool helps determine the true costs of valuable services and supports for infants, toddlers, young children and families, providing evidence-based and accurate estimations for infant and early childhood mental health consultation.

[Learn about this interactive and comprehensive tool](#), which can be used in program budget planning, grant proposal development, and more. Hear from

developer Jordana Ash of Colorado and Dr. Angela Keyes of Louisiana about costs associated with high-quality consultation and how this tool can be applied to program planning and development.

While securing funding is crucial for establishing or expanding IECMHC programs, a multifaceted approach is key to long-term sustainability. By employing a comprehensive approach that combines financial resources with strategic initiatives, communities can ensure the continued success of their IECMHC systems.

RELATED RESOURCES

- [Exploring State Strategies for Financing Infant and Early Childhood Mental Health Assessment, Diagnosis, and Treatment](#)
- [Joint Letter to States, Tribes, and Jurisdictions Supporting the Mental Health of Children](#)
- [Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers](#)