



Texas Infant & Early Childhood  
**Mental Health Consultation**



The University of Texas at Austin  
Texas Institute for Excellence  
in Mental Health  
School of Social Work

**REPORT /**

# **Infant & Early Childhood Mental Health Consultation (IECMHC) Texas Program: Sustainability Plan**

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## **ACKNOWLEDGEMENTS**

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## Executive Summary

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The purpose of this report is to provide recommendations for creating a sustainable infant and early childhood mental health consultation (IECMHC) system in Texas that integrates high quality IECMHC services into the children's mental health system of care and improves social, emotional, and behavioral outcomes for young children across the state. The report begins with highlights of the IECMHC statewide pilot implemented through the Preschool Development Grant Birth through Five (PDG B-5) and then describes three essential elements of a sustainable IECMHC system and the roles of key partners in collaboratively moving from a successful IECMHC demonstration program to a scaled and sustained statewide system.

## IECMHC Pilot: Highlights

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Through PDG B-5, Texas invested \$3,036,683 over 3 years to establish an IECMHC statewide system, which included \$995,459 to support an IECMHC pilot in 6 community-based organizations that served 10 counties. The investment also included funding for a Training and Technical Assistance Center (TTA) with a dual focus on (1) building the infrastructure for a statewide IECMHC system (e.g., landscape/gap analysis, workforce development plan, evaluation plan, Texas IECMHC Program Manual, and promotional materials) and (2) oversight, training, and technical support to the 6 community-based pilot IECMHC programs. As will be described later in this report, some of this initial investment covered one-time costs required to establish a statewide system and for program start-up. Future spending (both in community-based programs and for a TTA Center) is projected to be more cost-efficient and benefit from economies of scale as the system grows.

The PDG B-5 funding supported the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin to conduct a pilot involving the delivery of IECMHC services in six communities across ten counties, from September 2024 through December 2025. Once the IECMH consultant positions were filled, the duration of services in the pilot sites ranged from 12 to 14 months. TIEMH will publish an evaluation report on the findings of the pilot at its conclusion. The pilot is an important foundational step in the process of establishing a statewide IECMHC program in Texas and appears to be on track to demonstrate the effectiveness of IECMHC - supported by research – to improve outcomes for young children and their families through supporting the early childhood providers who serve them. A service evaluation report for the pilot will be published in early 2026. However, more implementation time and data are needed to truly evaluate the implementation and outcomes that can be achieved through a statewide IECMHC system in Texas. The next stage of the process includes sustaining the current efforts of community-based organizations implementing IECMHC, maintaining state capacity for a training and technical assistance center that supports the IECMHC workforce and monitors the newly developed IECMHC practice guidelines and training recommendations, and scaling the IECMHC program to

reach more Texas communities. Below are some of the notable accomplishments achieved through the statewide IECHM pilot.

- 1. Through a partnership with TIEMH, the pilot included the successful implementation of a statewide Training and Technical Assistance (TTA) Center tasked with ensuring a consistent and high-quality approach to IECHM across the state, including:**
  - Supporting six pilot IECHM programs serving 10 Texas counties with ongoing technical assistance, training, and peer to peer learning opportunities including monthly reflective supervision.
  - Providing all IECHM consultants in pilot sites with foundational training in IECHM core competencies and evidence-based infant and early childhood mental health approaches. More specifically, this training included the following:
    - 19 early childhood professionals completed the IECHM certification course through Georgetown University;
    - 23 early childhood professionals completed the Pyramid Model training for infant and toddler and preschool aged children;
    - 18 early childhood professionals trained in Facilitating Attuned Interactions (FAN);
    - 17 early childhood professionals trained in the administration of the Devereux Early Childhood Assessment (DECA) for infant toddler and clinical assessment tools;
    - 27 early childhood providers trained in the administration of the Ages and Stages Questionnaires, the ASQ-3 (3<sup>rd</sup> Edition) and the ASQ: Social-Emotional – 2 (2<sup>nd</sup> edition);
    - 10 IECHM consultants received ongoing monthly reflective supervision; and
    - 15 early childhood professionals participated in monthly peer learning collaborative meetings.
  - Creating the first Texas program manual for IECHM, detailing guidelines for competencies, IECHM consultant training, implementation, and program evaluation based on the PDG B-5 demonstration pilot and the national scan of states' best practices.
  - Developing and disseminating a suite of outreach and training materials designed for use in public awareness at the community and state levels.
  - Creating a Texas IECHM logic model and evaluation plan, including recommended evaluation tools, target outputs, and expected outcomes.
  - Collaborating with other states at the national level to advance IECHM services, including through a national community of practice.
- 2. TIEMH oversaw the IECHM demonstration pilot, forming successful partnerships with six community-based organizations to establish IECHM programs within their agencies in 10 counties. Key accomplishments included:**

- Local programs hired and onboarded nine IECMH consultants, representing 6.0 full-time employees.
- All sites collected service implementation and outcome data to track program outcomes.
- The demonstration pilot helped fill a gap in the current Texas system of care for children ages 0-5 with emerging mental or behavioral health needs. IECMHC provides mental health promotion and prevention services integrated into early childhood settings rather than waiting for problems to escalate to the level of social-emotional disorders that must be addressed through treatment intervention, such as in Early Childhood Intervention (ECI), school-based mental health, or local mental health authorities.
- Pilot IECMHC programs created new partnerships with local agencies through memoranda of understanding for services or funding opportunities. They served children across three types of settings: ECI, private child care (Early Childhood Care and Education, or ECCE), and home visiting.
- While the PDG B-5 IECMHC pilot will continue until 12/30/2025, data through 7/31/2025 was analyzed to assess the utilization of the pilot in the first year of implementation. See Figure 1: Number of Cases by IECMHC Type in PDG B-5 Pilot and Figure 2: Number of Cases by Setting in the PDG B-5 Pilot.  
The number of children and families impacted by the PDG B-5 pilot is greater than merely the number of child and family focused IECMHC cases served (through 7/31/25). This is because for every classroom or caseload IECMHC case, every child in that class or caseload is impacted (i.e. approximately 20-30 children). Similarly, for every programmatic IECMHC case, all children in that program are impacted, which can be over 100 children for one programmatic case. The number of children and families impacted by the PDG B-5 pilot through 7/31/2025, include:
  - ✓ Parents and caregivers: 73 cases included a parent or caregiver through child and families focused cases.
  - ✓ Children in Child and Family Focused Cases: 75 children were served through child and family focused cases.
  - ✓ Children in Classrooms or Caseloads: 33 classrooms in early childhood education settings or caseloads in early childhood programs served. These early childhood programs were serving 430 children at the time of the IECMHC services.
  - ✓ Children in Early Childhood Programs: 8 early childhood programs served with programmatic consultation were serving 636 children during the IECMHC services.

**Figure 1: Number of Cases by IECMHC Type in PDG B-5 Pilot (through 7/31/2025)**

## 8 Program Cases

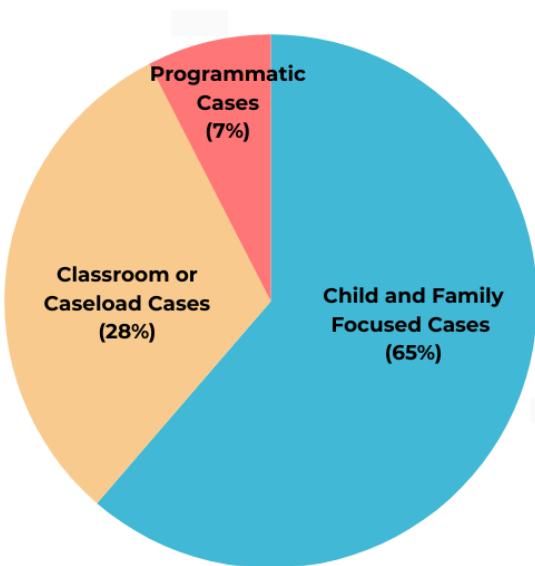
8 early childhood programs served and 84 early childhood professionals were served with **programmatic consultation**. These early childhood programs were serving 636 children during IECMHC services.

## 33 Classrooms/ Caseloads Cases

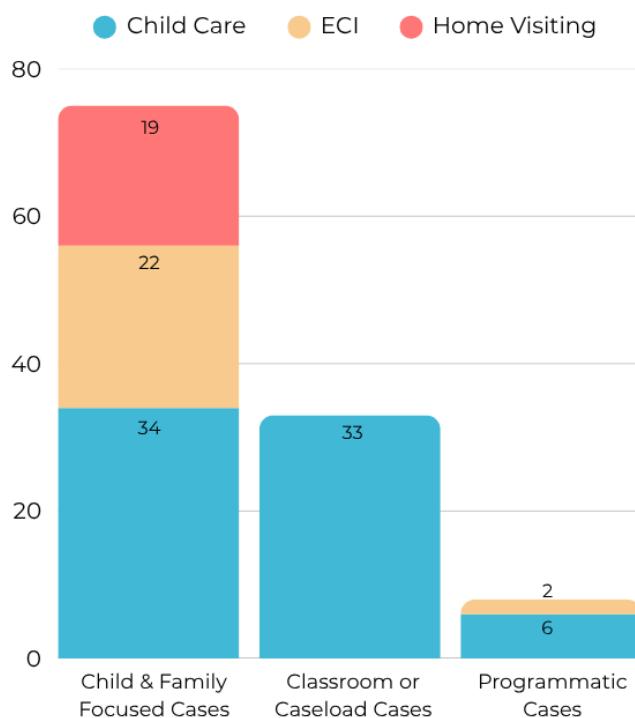
33 classrooms in early childhood education settings or caseloads in early childhood programs served. These early childhood programs were serving 430 children at the time of IECMHC services.

## 75 Child/Family Focused Cases

75 child and family focused cases served. These cases focused on the needs of one child. 61 cases included an early childhood provider and 73 cases included a parent or caregiver.



**Figure 2: Number of Cases by Setting in the PDG B-5 Pilot (through 7/31/2025)**



3. **State leaders across multiple agencies were successfully engaged to support pilot implementation and work collectively on a plan for moving beyond the demonstration project to a more sustainable and scaled system of IECMHC.** Accomplishments included:

- TIEMH led a group of over 60 IECMHC stakeholders that included community-based organizations, state agencies, advocacy organizations, and philanthropic foundations to advise the foundational work of a Texas IECMHC system.
- A cross-sector IECMHC advisory committee was created to guide sustainability and scaling efforts.
- The IECMHC collaboration of multiple state agencies has been overseen by the Inter-Agency Deputy Director of Early Childhood Support, a role strategically positioned in three state agencies with early childhood programs.
- Stakeholders from six divisions with early childhood programs across four state agencies collaborated to provide input and support for building a Texas IECMHC system, including the Texas Workforce Commission – Child Care and Early Learning; Texas Health and Human Services – ECI, Family Support Services, and Behavioral Health; Texas Education Agency – Early Childhood Education; and Department of State Health Services – Maternal and Child Health.

## **Three Key Elements Needed to Create a Sustainable IECMHC System**

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The following section includes recommendations related to three foundational structural elements that are critical to move from a demonstration pilot to the creation of a sustainable IECMHC system in Texas. These recommendations are based on best practices identified through a [national and state scan of IECMHC programs](#), lessons learned in the PDG B-5 IECMHC pilot, a literature review, participation in the National Community of Practice for IECMHC, and participation in Georgetown University's Certificate in Infant & Early Childhood Mental Health Consultation course. Recommendations fall into three categories of work needed to support a statewide IECMHC system: (1) leadership, (2) infrastructure, and (3) financing.

### **(1) Leadership**

- **Designate a lead state agency or individual to serve as the point of contact for the statewide system.** Successful statewide IECMHC programs either have a state agency that leads (ideally with a person designated as the state's point person) or a state agency that designates another entity to be the lead for the initiative. Even when there is another entity leading, the buy-in from state leaders is critical because (a) state agencies help the local programs they fund and oversee to understand, utilize, or provide IECMHC services; (b) state agencies can direct funds to support IECMHC

services; (c) state agencies can partner with the state's Medicaid Office to create pathways that sustain IECMHC and ensure that the mental health needs of infants and young children are met; and (d) state agencies can create and implement policy that helps sustain IECMHC.

- **Engage cross-sector state agency champions in an interagency advisory group to support sustainability and scaling of IECMHC programs.** State agencies that model a collaborative approach to creating seamless systems of care for young children and families at the state level, including through braiding funding, serve as a model for local agencies and communities to do the same. This group should include, at a minimum, representatives from the following: early care and education (including subsidized child care, public pre-K and Head Start), ECI, home visiting, Maternal and Child Health, child welfare, Medicaid, and children's mental health services.

## **(2) Infrastructure**

In addition to having statewide leadership, it is essential to the success of a statewide IECMHC system that there is infrastructure that ensures the delivery of consistent, high quality IECMHC services across all IECMHC programs throughout the state, including overseeing and continuously working to improve implementation and outcomes. Texas is currently in the initial stage of IECMHC program development and needs statewide infrastructure to carry out core functions, such as – workforce development, program development, communications, and evaluation. Otherwise, there is the significant risk that Texas will lose the work already invested in establishing a universal definition and standards for IECMHC services and will revert to having localized interpretations of IECMHC that lack consistency regarding service activities, workforce requirements and competencies, distinction from other early childhood services, and common evaluation measures and outcomes.

### **A statewide IECMHC TTA center serves the following four functions:**

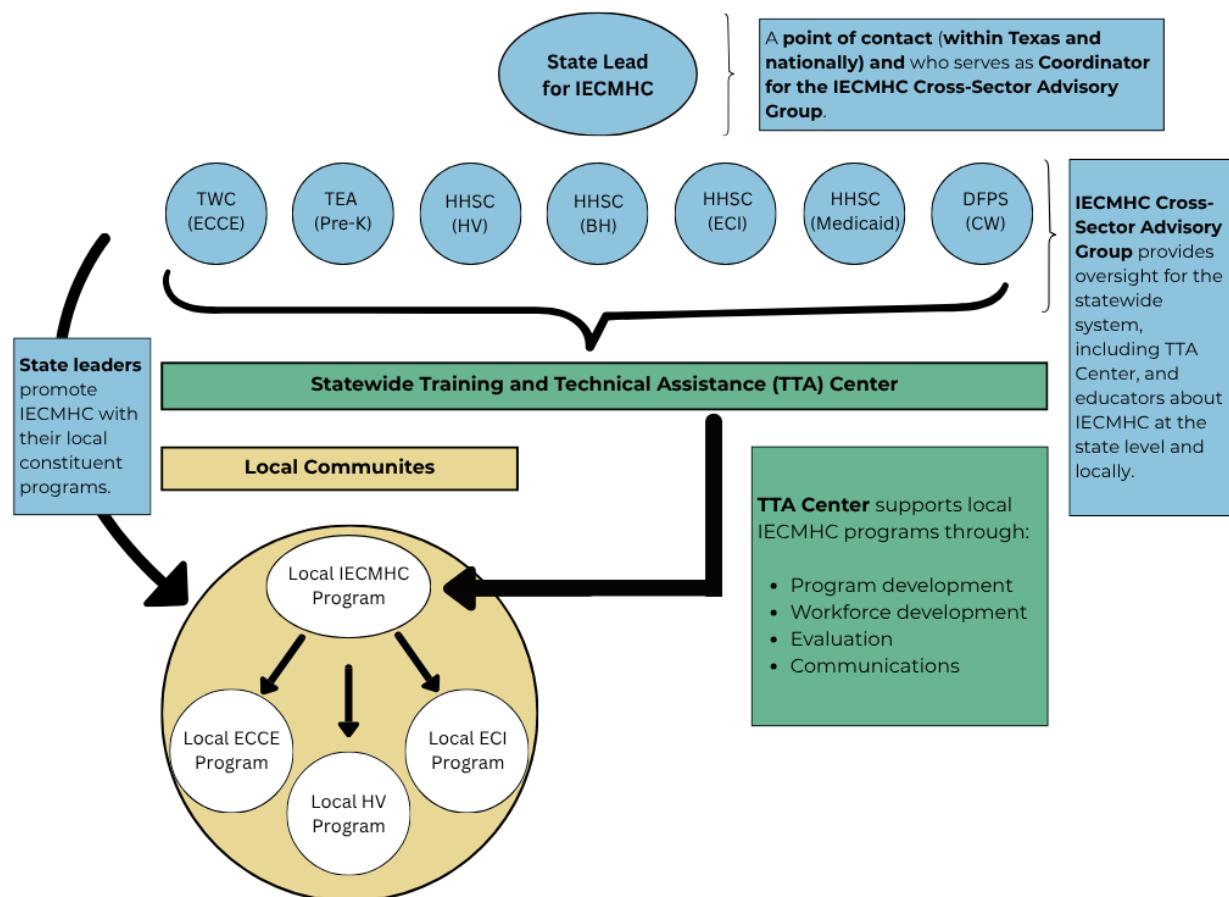
1. **Workforce development.** Using the training and qualification recommendations outlined in the Texas IECMHC Program Manual, build the Texas IECMHC workforce through providing training and technical assistance, facilitating peer-to-peer learning, and providing reflective supervision. A critical role of a state TTA center is to build in-state expertise in IECMHC and reflective supervision, so that future generations of IECMH consultants can be brought into the workforce as the state system expands.
2. **Program Development.** Support local mental health and community-based social service programs to integrate IECMHC into their service array while offering guidance, technical assistance, and resources to promote success in hiring, onboarding, and supervising IECMH consultants. The TTA center can support the growth of community agency leaders who will be champions for managing and growing IECMHC programs locally so that they can be sustained over time and increase access to services as part of the statewide system.
3. **Communications.** Develop [outreach and training materials](#) to promote awareness and understanding of IECMHC as an integral part of the system of care for children's mental health

services across the state. This includes working with community-based partners to tailor and adapt these materials to fit the unique needs of the programs and families they serve.

4. **Evaluation.** Using the evaluation recommendations described in the Texas IECMHC Program Manual, design and implement a process and outcome evaluation of the IECMHC system. This should include training on evaluation tools, protocols, and data management; the analysis of data and sharing evaluation findings to inform continuous quality improvement (for both local and state implementation); and the documentation of program outcomes at the child and family, provider, and program levels.

**Figure 3**, below, illustrates how key elements of state leadership (indicated in blue) and a TTA center (indicated in green) create the structure needed to establish a system of IECMHC programs across the state (indicated in yellow).

**Figure 3: Recommended Leadership and Infrastructure for Sustaining a Statewide IECMHC System**



**Figure 3 Key:**

BH – behavioral health

CW – child welfare

DFPS – Department of Family and Protective Services  
ECCE – early childhood care and education  
ECI – Early Childhood Intervention  
HHSC – Health and Human Services Commission  
HV – home visiting  
Pre-K – pre-kindergarten  
TEA – Texas Education Agency  
TWC – Texas Workforce Commission

### **(3) Financing**

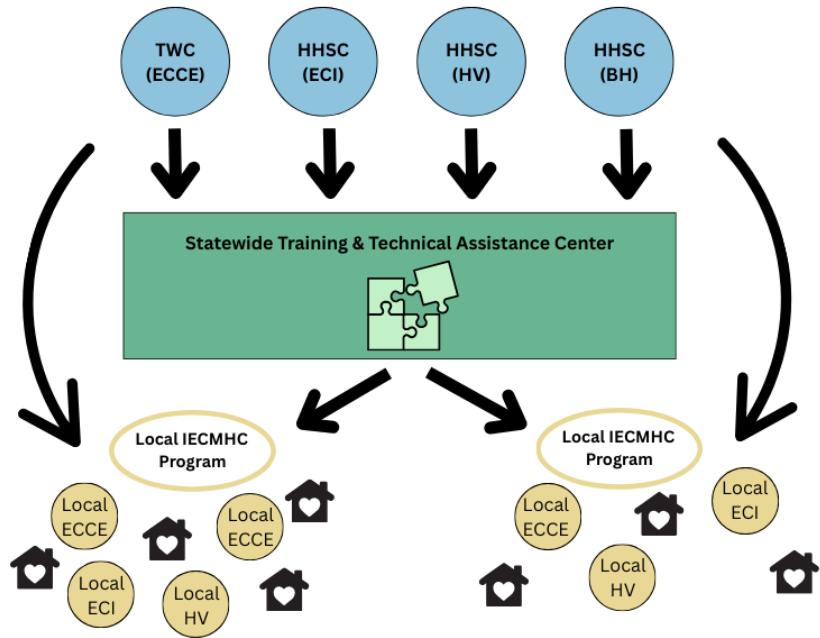
- **Texas does not currently have a robust, multi-sourced funding plan for IECMHC to maintain continuity of services for communities and, most importantly, families.** A multi-faceted funding strategy ensures long-term stability and continuity of programs, such as IECMHC. In the current funding landscape, multiple funding sources are particularly critical. IECMHC sustainability planning needs to be grounded in both current realities and forward-focused strategy.

The IECMHC Cross-Sector Advisory Group is actively engaging a cohort of strategic growth partners, identified for their program alignment with IECMHC and their potential to evolve into long-term anchors of support. Building collaborative, cross-sector leadership to address fiscal sustainability for a statewide IECMHC system is a critical part of the process as different partners will play different roles over time, based on fiscal and other realities. This is why it is essential that all partners – public and private – see their role and part in the system, including the benefits that will accrue for the families, children, and early childhood professionals they serve. The recommendations in this sustainability plan reflect not only the funding conditions navigated to date but also the opportunities emerging in this new climate, reinforcing the confidence that there is a sustainable path forward.

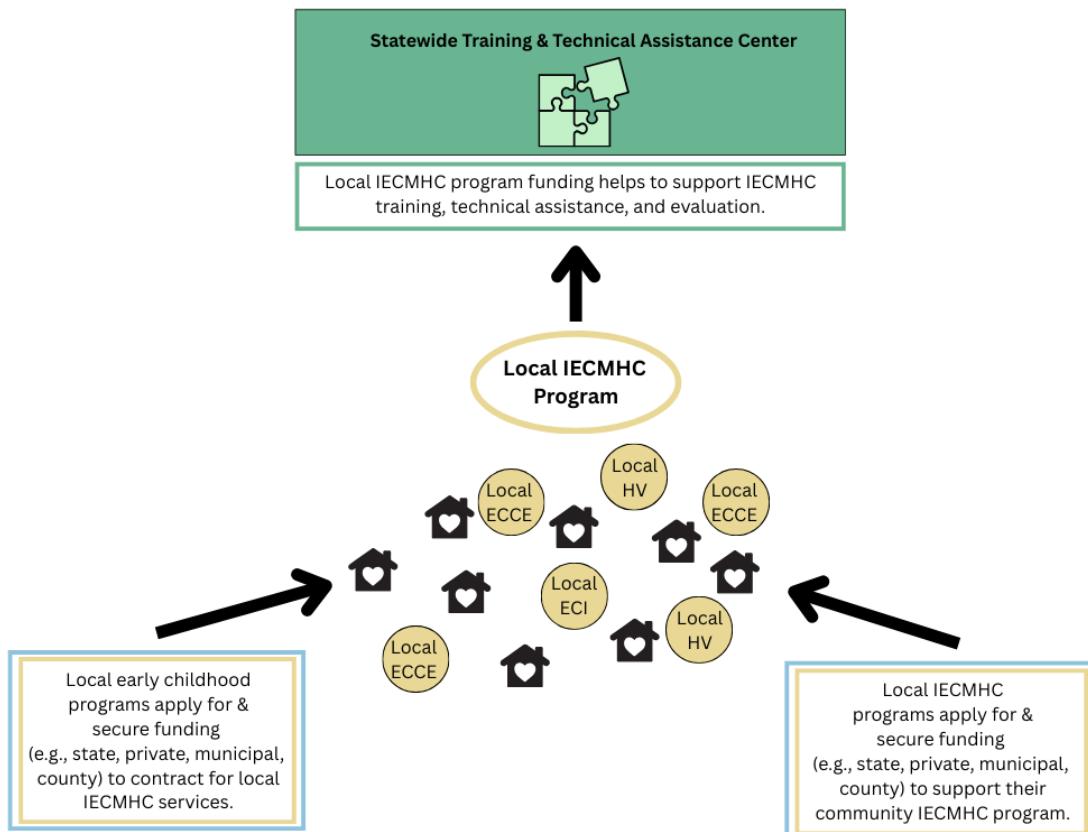
- **A “hybrid” funding approach to support IECMHC allows for funds to flow both from the top-down and bottom-up.** This hybrid modality means that funding flows from state agencies to the TTA center and then to local programs, as well as from local funders to IECMHC programs and statewide TTA supports.

Figures 4 and 5 below illustrate top-down and bottom-up approaches. Financing IECMHC in the next stage of development can be a hybrid of the two (a combination of Figures 4 & 5).

**Figure 4: Top-Down Financing Model – Funds Flowing from State Agencies to Statewide TTA Center to Community IECMHC Programs**



**Figure 5: Bottom-Up Financing Model – Funds Flowing from Local Child- and Family-Serving Programs to the Statewide TTA Center (to support them with workforce development, evaluation, etc.)**



The following section details **potential funding sources for IECMHC** that, together, can create a solid foundation for a Texas IECMHC program. Each option is funding that other states have successfully utilized to support a statewide IECMHC program, and each has been examined within the context of current federal funding.

## **Sector Specific Snapshot: Early Childhood Care and Education**

*Why Invest Early Childhood Care and Education (ECCE) Funds to Support IECMHC in ECCE Settings?*

- **There is strong data demonstrating the positive impacts that IECMHC can have on child and provider outcomes in ECCE settings<sup>1</sup>,** specifically in terms of increasing social and emotional skills and reducing challenging behaviors among young children; improving classroom climate and teacher-child interactions; and reducing caregiver stress and burnout<sup>2</sup>.
- **IECMHC can be an important contributor to supporting children by helping stabilize the workforce in the child care sector,** particularly at this moment when there is well-documented data on increases in children's social, emotional, and behavioral challenges coming out of the pandemic, and child care providers' own distress and burnout<sup>3</sup>.
- The Office of Child Care in the Administration for Children and Families (ACF) has supported states using the Child Care Development Fund (CCDF) to promote mental health, including through IECMHC. One example of this is the [2024 guidance](#) from the Office of Child Care to CCDF Lead Agencies that specifies how they can use CCDF quality funds to increase access to IECMHC for children, staff, and programs including through **using CCDF funds to hire and train consultants and support evaluation of IECMHC programs<sup>4</sup>**.
- CCDF was found to be **the most common funding source** for IECMHC in the [PDG B-5 Landscape Analysis<sup>5</sup>](#). Arkansas, Maine, and Rhode Island are three examples of states that have used CCDF funds successfully and in combination with other federal and state funding streams to pay for IECMHC services.
- Child Care Quality (CCQ) funding through CCDF is an approved mechanism to fund IECMHC. Through providing reflective consultation, training, and connection to other community

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<sup>1</sup> Silver HC, Davis Schoch AE, Loomis AM, Park CE, Zinsser KM. Updating the evidence: A systematic review of a decade of Infant and Early Childhood Mental Health Consultation (IECMHC) research. *Infant Ment Health J.* 2023 Jan;44(1):5-26. doi: [10.1002/imhj.22033](https://doi.org/10.1002/imhj.22033). E-pub 2022 Dec 24. PMID: 36565695; PMCID: PMC10107797.

<sup>2</sup> Center of Excellence for Infant and Early Childhood Mental Health Consultation (2023). Status of the Evidence for Infant and Early Childhood Mental Health Consultation (IECMHC). <http://www.iecmhc.org/documents/CoEEvidence-Synthesis.pdf>.

<sup>3</sup> Blanchard, S.B., Yeh, C.J., Busio, D.S. et al. Early Educators and COVID-19: Reflections on Well-Being. *Early Childhood Educ J* (2024). <https://doi.org/10.1007/s10643-024-01716-7>.

<sup>4</sup> Administration for Children and Families, Using the Child Care and Development Fund to Promote the Mental Health and Well-being of Children, Families, and the Child Care Workforce (2024). <https://acf.gov/sites/default/files/documents/ecd/CCDF%20Mental%20Health%20IM.pdf>.

<sup>5</sup> Baldwin, J., Beseda, H., Oppenheim, J., and Lopez, M. (2024). Infant and Early Childhood Mental Health Consultation: A Landscape Analysis of Implementation. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

resources, IECMHC aligns with the purpose of CCQ dollars to increase quality of child care centers participating in the Texas Rising Star program.

## **Sector Specific Snapshot: Home Visiting**

*Why Invest Federal (MIECHV), State, Local, and Private Funds to Support IECMHC in Home Visiting Programs?*

- **There is accumulating evidence of positive outcomes associated with IECMHC in home visiting programs<sup>6</sup>**, including helping home visitors and supervisors to: deepen their understanding of child development and child and family mental health needs<sup>7</sup>; increase their capacity to provide reflective and responsive care to families<sup>8</sup>; build skills and tools to assess and address the mental health needs of families<sup>9</sup>; and access training on content-specific mental health topics<sup>10</sup>.
- **IECMHC is an allowable use of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds**, and there is precedence for using MIECHV funds to support IECMHC in home visiting programs<sup>11</sup>. In fact, the Health Resources and Services Administration (HRSA) has explicitly encouraged the use of federal dollars to support IECMHC in the MIECHV program. In this [2020 guide](#), HRSA describes the benefits of embedding IECMHC in home visiting programs, including helping staff meet the complex needs of families and increasing the retention of home visitors<sup>12</sup>. This guide suggests that states consider both MIECHV funds and other funding sources to cover the cost of IECMHC. Illinois and Wisconsin are examples of states that have successfully used MIECHV funds, in combination with other federal and state dollars, to implement IECMHC as a support to home visiting programs.
- The national home visiting initiative (MIECHV) was reauthorized in December 2022<sup>13</sup> and the reauthorization identifies two key priority areas: workforce support and retention and strengthening evidence-based case management. Both of these priorities can be advanced by including IECMHC as a support to home visiting programs.

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<sup>6</sup> Miles, E. M., Bose, S., & Atukpawu-Tipton, G. (2023). Infant and Early Childhood Mental Health Consultation in home visiting. National Home Visiting Resource Center Innovation Roundup Brief. James Bell Associates and Urban Institute. <https://nhvrc.org/brief/infant-early-childhood-mental-health-consultation>.

<sup>7</sup> Goodson, B. D., Mackrain, M., Perry, D. F., O'Brien, K., & Gwaltney, M. K. (2013). Enhancing home visiting with mental health consultation. *Pediatrics*, 132(Supplement\_2), S180–S190. <https://doi.org/10.1542/peds.2013-1021S>.

<sup>8</sup> Burkhardt, T., Huang, L. A., Herriott, A., Pacheco-Applegate, A., & Spielberger, J. (2023). Strengthening home visitor practice through an embedded model of Infant and Early Childhood Mental Health Consultation. *Prevention Science*, 24(1), 105–114. <https://doi.org/10.1007/s11121-022-01461-6>.

<sup>9</sup> Education Development Center. (2020). Embedding Infant and Early Childhood Mental Health Consultation in maternal, infant, and early childhood home visiting programs. U.S. Department of Health and Human Services, Health Resources and Services Administration. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/iecmhc-roadmap.pdf>.

<sup>10</sup> Delimata, L., & Mackrain, M. (2022). IECMHC infant and early childhood mental health consultation in home visiting. <https://michigansec.org/home-visiting-curriculum>.

<sup>11</sup> Administration of Children and Families , Infant and Early Childhood Mental Health Funding Compendium (2024). Early Childhood Development. Retrieved from <https://acf.gov/sites/default/files/documents/ecd/IECMH-Compendium.-11.26-FINAL.pdf>.

<sup>12</sup> Maternal, Infant, and Early Childhood Home Visiting Program, Embedding Infant and Early Childhood Mental Health Consultation in Maternal, Infant, and Early Childhood Home Visiting Programs (2020). Retrieved from <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/iecmhc-roadmap.pdf>.

<sup>13</sup> Public Law 117-328.

- Texas state general revenue supports the Healthy Outcomes through Prevention and Early Support (HOPES), Texas Home Visiting (THV), and Texas Nurse-Family Partnership (TNFP) home visiting programs. **Using HOPES and TNFP funds for IECMHC is an allowable cost, creating a pathway for IECMHC as an auxiliary service and a quality improvement strategy for such programs.**
- Some communities have local funding (e.g., municipal and county) that support home visiting programs. **It is advantageous for community-based programs to include IECMHC in funding proposals for home visiting**, as it has demonstrated efficacy in supporting early childhood professionals to elevate their work (including with child and family outcomes), increases job satisfaction, and, consequently, increases staff retention.

## **Sector Specific Snapshot: Maternal and Child Health**

*Why Invest Federal (Title V) and State Maternal and Child Health Funds to support IECMHC?*

- Maternal and Child Health Services Block Grant to States (Title V) funding is very broad and states have great discretion in determining how they want to use these funds in the service of improving maternal and child health outcomes. [The Infant and Early Childhood Mental Health Funding Compendium](#) published by the federal ACF in 2024, provides examples of states that have used Title V funds to support IECMHC across a range of settings<sup>14</sup>.
- **In Ohio, Title V supports mental health consultation in Part C Early Intervention programs.** In their Title V reporting, Ohio emphasizes their efforts to coordinate and collaborate across state agencies to support their governor's focus on early childhood mental health. **In Louisiana, Title V funds have supported IECMHC in Part C Early Intervention programs and in primary care. In Illinois, Title V partnered with the Illinois Children's Mental Health Partnership (PMHP) to meet their Title V state plan priority related to mental health and substance use.** The partnership involved integrating IECMHC into public health settings, including local health departments and other public and private health care programs.
- **Texas' Title V State Action Plan includes both maternal and child health priorities and outcome measures that could potentially be advanced through implementation of IECMHC in a range of settings.** These include child health priorities to improve cognitive, behavioral, physical, mental health and development of young children; promote safe, stable, and nurturing environments for children; support health education, improve maternal and infant health outcomes through enhanced health and safety efforts; and health education and resources for families and providers.<sup>15</sup> Specific Title V performance and outcome measures that can be positively impacted by IECMHC include: the percent of children meeting the criteria

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<sup>14</sup> Administration of Children and Families , Infant and Early Childhood Mental Health Funding Compendium (2024). Early Childhood Development. Retrieved from <https://acf.gov/sites/default/files/documents/ecd/IECMH-Compendium-11.26-FINAL.pdf>.

<sup>15</sup> U.S. Department of Health and Human Services. (2024). (rep.). Texas State Action Plan Table - 2025 Application/2023 Annual Report. Retrieved from <https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadStateUploadedPdf?fileType=stateActionplan&state=TX>.

developed for school readiness, and the percent of children, ages 0 through 17, in excellent or very good health.

## **Sector Specific Snapshot: Early Childhood Intervention**

*Why Invest Federal (Part C - Early Intervention) and State Early Childhood Intervention (ECI) Funds to support IECMHC?*

- **IECMHC is an allowable use of Part C (Early Intervention) funds.** Addressing the social and emotional development of infants and toddlers with or at-risk for developmental delays and disabilities is a requirement of the Individuals with Disabilities Education Act (IDEA). Many Part C programs bill Medicaid for services. Several state IECMHC programs are exploring how to bill Medicaid for IECMHC services, and Part C billing which could include billing Medicaid for IECMHC focused on the needs of a particular Medicaid enrolled child.<sup>16</sup>
- A 2020 survey of **Part C state coordinators revealed that more than half of state programs included IECMH consultants** as a support to their Part C programmatic staff. These IECMH consultants served on evaluation teams to help identify social emotional issues and determine eligibility for Part C services; provided case consultation to Part C specialists; led group reflective supervision and reflective consultation for Part C staff; and assisted with referrals for IECMH treatment. Structurally, the mental health consultants are sometimes employees of the Part C program or agency. In other cases, the consultation services are provided through a service agreement with a local mental health agency or university.<sup>17</sup>
- Examples of states integrating IECMHC into their Part C programs include **Alabama** and **Illinois**. Alabama has used a combination of federal grant funds and state education, mental health, and Education Trust Fund dollars to support IECMH consultants, including in Part C programs. Illinois embeds a “social emotional consultant” within each of the point of entry and service coordination programs for families referred to Part C across the state. The consultant works with service coordinators to interpret findings from screenings and assessments, develop individualized service plans, and provide case consultation for service coordinators, parent liaison staff, and ECI providers.

## **Sector Specific Snapshot: Behavioral Health**

- **IECMHC is a core prevention service in the children’s mental health system of care** that can address social, emotional, and behavioral concerns and reduce the need for treatment for more serious and costly emotional and behavioral disturbances. Even when young children receive a mental health diagnosis and need treatment, IECMHC can be an

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<sup>16</sup> Administration of Children and Families, Infant and Early Childhood Mental Health Funding Compendium (2024). Early Childhood Development. Retrieved from <https://acf.gov/sites/default/files/documents/ecd/IECMH-Compendium.-11.26-FINAL.pdf>.

<sup>17</sup> National Center for Children in Poverty & Columbia University’s Center for Children and Families. (2020). *Supporting social-emotional and mental health needs of young children through Part C early intervention: Results of a 50-state survey*. New York, NY: NCCP and Columbia University.

important corollary service that helps these children remain successfully engaged in early childhood education and care and other community-based programs through supporting caregivers and providers in these settings.

- In Texas, IECMH consultants are licensed or license-eligible mental health providers. Accordingly, **behavioral health funding** is critical for building and maintaining a workforce that has the training to provide evidence-based and developmentally appropriate care to young children and their families. In many states, the infant and early childhood clinical workforce and IECMH consultant workforce are overlapping, with professionals sometimes splitting their time between IECMH treatment and consultation work.
- There are multiple federal behavioral health funding streams that can support the training of the IECMHC workforce and implementation of IECMHC services:
  - I. **The Community Mental Health Services Block grant, often referred to informally as the Mental Health Block grant (MHBG)**, is a major source of mental health services federal funding through the Substance Abuse and Mental Health Services Agency (SAMHSA). These funds are primarily designated to be used for treatment of children with serious emotional disturbances (SED) and adults with serious mental illness (SMI); however, states can and have worked successfully with SAMHSA to get approval within their MHBG state plans to include prevention services – such as IECMHC. MHBG funds can also be used to help expand the IECMHC workforce through offering training.
  - II. **Several states have used MHBG funds to support IECMHC programming.** For example, Ohio has used MHBG funds to support IECMH consultation directly, as well as for IECMHC workforce development, the creation of a statewide IECMHC database, an Expulsion Prevention Hotline, and IECMHC program evaluation. Maine used a mix of MHBG, CCDF, and state funds to pilot their statewide IECMHC program. North Carolina is using MHBG funds to provide IECMH training and case consultation to all Part C agencies across the state. Minnesota has passed legislation every year since 2015 allocating state mental health funds for IECMHC and uses MHBG funds for both IECMH clinical and consultant workforce development.
  - III. **The Pediatric Mental Health Care Access Program (PMHCA)** is a federal grant program that is funded through HRSA. This program is designed to offer consultation, training, and resources to pediatric health care providers who have patients with mental health needs, particularly in areas where mental health services are limited, such as rural communities. In 2022, this program expanded to include IECMHC to hospital emergency departments and schools through the Bipartisan Safer Communities Act.
    - a. While Texas does not currently have statewide funding through PMHCA, a PMHCA grant was awarded to My Health My Resources of Tarrant County in 2022 to provide mental health consultation both to health care providers and schools.

- b. **The PMHCA program could help sustain IECMH** through including an IECMH consultant on the interdisciplinary team (a team that would oversee the implementation of the PMHCA program) to respond to professionals with questions related to the care of young children (ages birth to five) and their parents/caregivers. In addition to responding to consultation requests, the IECMH consultant can provide foundational training in infant and early childhood mental health and can ensure that appropriate referrals for IECMH treatment are provided whenever needed.
- c. Alabama added IECMH consultants to their PMHCA service. The PATHS (Pediatric Access to Telemental Health Services) program is designed to increase capacity of Alabama primary care providers to diagnose, treat, and manage mild to moderate behavioral health conditions in children and adolescents ages birth to 21). One of the state's IECMH consultants is included on the PATHS team to specifically address mental health concerns related to children from birth to age five.

**IV. The Children's Mental Health Initiative (CMHI)** is a SAMHSA-funded discretionary grant program designed to strengthen the mental health system of care for children from birth to 21 years of age who are at risk for or experiencing SED. [The Infant and Early Childhood Mental Health Funding Compendium](#) published by ACF in 2024, includes IECMH as a fundable service for children who meet criteria for grant activities. More specifically, CMHI encourages partnerships between mental health providers and community settings, to ensure that IECMH supports are provided to children at risk for or experiencing SED and cites the flexibility of CMHI funds to meet the mental health needs of children in community settings as determined by the care team.

**V.** In many states, mental health services are increasingly being provided through SAMHSA- and Centers for Medicare & Medicaid Services (CMS)-funded **Certified Community Behavioral Health Clinics (CCBHCs)**, a model for the delivery of behavioral health services that was envisioned and mandated through the Protecting Access to Medicare Act of 2014 (PAMA, P.L. 113-93), Section 223. The hallmark of the CCBHC model is providing services to **anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age**. CCBHCs are required to provide particular core services. They must be equipped to provide developmentally appropriate screenings, assessment/diagnostic services, and/or treatment services to anyone seeking care for a mental health or substance use condition. When they do not have the capacity internally, CCBHCs must partner with community-based providers to offer these services. (In Texas, these are referred to as designated collaborating organizations or DCOs).

- a. The Texas Health and Human Services Commission (HHSC) launched the Texas Certified Community Behavioral Health Clinic (T-CCBHC) initiative in 2016 based on federal principles with specific features designed to meet the needs of Texas' delivery system. As of July 2022, all Texas counties were served by at least one T-CCBHC, and all local mental health authorities and local behavioral health authorities were certified as T-CCBHCs.<sup>18</sup>
- b. The CCBHC commitment to providing developmentally appropriate care to all who request services increases the likelihood that CCBHC provider organizations in Texas will need to build internal infant and early childhood mental health capacity to serve families with young children or develop formal partnerships with DCO's that have this expertise and staff trained to provide infant and early childhood mental health assessment, diagnostic, and treatment services, and potentially also IECMHC. CCBHCs are therefore important players in a statewide IECMHC system of care. IECMH consultants need to refer families to CCBHCs when a more intensive level of care is needed, and CCBHCs may rely on IECMHC provider organizations as DCO's to whom they can refer families for both IECMHC and infant and early childhood mental health diagnostic and treatment services.

VI. The state also has Supporting Mental Health and Resiliency in Texas (SMART) Innovation Grants, established through Senate Bill 26 during the 88th Legislature, Regular Session in 2023. This bill amended Chapter 531 of the Texas Government Code to create a matching grant program for mental health early intervention and treatment to support eligible entities for community-based initiatives designed to reduce the need for future intensive care; the number of children at risk of placement in foster care or the juvenile justice system; and the demand for state hospitals, inpatient mental health facilities, and residential behavioral health facilities. Services and strategies implemented under this program encourage resiliency, coping and social skills, healthy social and familial relationships, and parenting skills and behaviors.

## Sector Specific Snapshot: Head Start & Early Head Start

- Funding for Head Start programs flows from the Office of Head Start (ACF) to local Head Start programs across the country. **Each Head Start program is responsible for meeting the Head Start Program Performance Standards, which include a requirement to provide IECMHC services on at least a monthly basis.**

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<sup>18</sup> <https://www.hhs.texas.gov/providers/behavioral-health-services-providers-programs/texas-certified-community-behavioral-health-clinics>

- A [2024 Information Memorandum](#) to all Head Start recipients from the federal Office of Head Start encourages grant recipients to use quality improvement funds to support strategies that promote mental health, including IECMHC. This same memo acknowledges that it has been challenging for Head Start programs to find mental health consultants. In Texas, the establishment of a statewide IECMHC system could help address the challenge of finding IECMH consultants to serve in Head Start programs. Head Start funding can contribute to sustaining local IECMHC positions, such as those established within human service organizations through the PDG B-5, Project LAUNCH, and IECMH grants in Texas. Local Head Start programs are critical partners and need to be at the table for IECMHC statewide system building and workforce development efforts.

### **Sector Specific Snapshot: Medicaid**

- Medicaid is a key player when it comes to funding children's health and behavioral health care and is the single largest payer for mental health services in the United States.<sup>19</sup> Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits cover "medically necessary" services. **States have varying applications and interpretations of what EPSDT includes. This can make it especially challenging to reimburse preventive services such as IECMHC** that do not require a diagnosis and do not always have easily identifiable billing codes.
- In the Landscape Analysis, it is noted that only one state (Michigan) is billing IECMHC to Medicaid. The billing code they use is "behavioral health prevention direct service model." The only time services are billed is when the IECMH consultant has an interaction directly with the family. This is considered a face-to-face or direct service.<sup>20</sup> IECMH consultants generally work directly with early childhood professionals, not directly with children/families. This is why it has generally been difficult for states to find a pathway to Medicaid reimbursement for IECMHC. However, value-based payments could create new opportunities for payment innovation. More investigation in this regard is needed. Currently, several states are exploring options to support IECMHC services through Medicaid billing.
- Integrating IECMH consultants into **Pediatric Mental Health Care Access (PMHCA) interdisciplinary teams could prove to be an avenue to bill IECMHC services as interprofessional consultation.** The Centers for Medicare and Medicaid Services (CMS) noted in a 2024 State Health Officials (SHO) letter on Best Practices for Adhering to EPSDT Requirements<sup>21</sup> that PMHCA programs can "mitigate the need for referrals to pediatric subspecialists by connecting primary care providers and child behavioral health providers." This could include IECMH consultants. At least 30 states and Washington, D.C., cover

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<sup>19</sup> *Behavioral Health Services*. Medicaid. (n.d.). <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services>

<sup>20</sup> Baldwin, J. Beseda, H., Oppenheim, J., and Lopez, M. (2024). Infant and Early Childhood Mental Health Consultation: A Landscape Analysis of Implementation. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

<sup>21</sup> Tsai , D. (2024, September 26). Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements. Baltimore, Maryland; Centers for Medicare & Medicaid. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>.

interprofessional consultation as a distinct Medicaid service;<sup>22</sup> however, these do not currently include IECMHC.

- **Integrating IECMHC into primary care settings is a second potential avenue for reimbursing IECMHC services with Medicaid.** CMS notes that states may use behavioral health integration (BHI) codes which allow for consultation between practitioners as part of a comprehensive set of services comprising the Collaborative Care Model.<sup>23</sup> This guidance also encourages states to eliminate or modify prohibitions on same day billing that may impede such consultations and the integration of behavioral and primary health care. Missouri and Illinois are currently using this method to cover interprofessional consultation with other behavioral health specialists apart from IECMH consultants.
- It is also worth noting that CMS and state IECMH champions have been working to advance other policies that – while not necessarily covering IECMHC services specifically – work toward ensuring that practices for assessing and diagnosing young children are developmentally appropriate and available. For example, in 2022 CMS recommended using age-appropriate diagnostic criteria for young children, such as the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5)*, noting that age-appropriate diagnostic criteria help practitioners more accurately identify diagnoses in young children who do not have language skills or exhibit the same symptoms as older children and adults.<sup>24</sup> Some states that have attempted this are Minnesota, Oregon, and Alabama. This could ease a pathway for Medicaid reimbursement to support IECMHC in the future.

## Conclusion: Putting It All Together

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**Texas must determine if it can support a statewide system to support the behavioral, emotional, and social health of its youngest children.** The PDG B-5 demonstration pilot is concluding in December 2025, and the Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) funding is dependent on future funding from SAMHSA. Collectively, these two projects represent the only current funding to support a statewide IECMHC program. Integrating IECMHC into the existing infant and early childhood systems presents the opportunity for Texas to

<sup>22</sup> Randi, O., & Thompson, V. (2025, January 9). States Enhance Medicaid Payment for Interprofessional Consultation: Opportunities for Maternal and Child Behavioral Health. *National Academy for State Health Policy*. <https://nashp.org/states-enhance-medicaid-payment-for-interprofessional-consultation-opportunities-for-maternal-and-child-behavioral-health/>.

<sup>23</sup> Tsai, D. (2023, January 5). Coverage and Payment of Interprofessional Consultation in Medicaid and the Children’s Health Insurance Program (CHIP). Baltimore, Maryland; Centers for Medicare & Medicaid Services. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf>.

<sup>24</sup> Tsai, D. (2022, August 18). Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth. Baltimore, Maryland; Centers for Medicare & Medicaid Services. <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>.

establish a powerful prevention approach, designed to strengthen the early childhood infrastructure and improve outcomes for children and families. **Texas has the opportunity to make this pilot a long-lasting and scalable program through strong leadership, cross-sector collaboration, and financial investment.**

## **Moving from Pilot to Scaling IEMCHC Statewide**

There are three primary reasons the annual cost of sustaining and growing a statewide system becomes more efficient over time, which are described below.

### **(1) The PDG B-5 investment built a strong foundation for a statewide system.**

Many one-time start up and infrastructure-building costs that were incurred through the PDG B-5 grant have created a strong foundation that will lead to cost efficiencies should the statewide IECMHC system continue. This includes:

- Developing statewide IECMHC outreach materials (e.g., promotional videos, program brochure)
- Creating a Texas IECMHC logic model and statewide evaluation plan
- Developing a Texas IECMHC Program Manual, including templates and tools for local IECMHC programs, core competencies and training guidelines, etc.
- Providing comprehensive IECMHC training to build the IECMHC workforce in Texas
- Establishing relationships and contracts with national trainers for IECMHC workforce training
- Providing statewide foundational training on reflective supervision and an intensive training program that yielded 27 new reflective supervisors in Texas.

### **(2) Pilot sites have been successful in getting off the ground.**

There is a significant economic benefit to sustaining IECMHC programs once they have invested in building infrastructure and workforce development in the first year. Given start-up costs, continuing to fund and build on existing programs will be more cost effective rather than starting over again in the future. Overall, the total costs per program are greatest in Year 1 due to expenditures (and in-kind effort) spent on:

- Program planning
- Recruiting, hiring and onboarding new consultants
- Developing site-specific promotional/educational materials and raising awareness
- Cultivating relationships with early childhood programs
- Evaluation plan development and training
- Acquiring needed materials and technology supports

The cost to run a local program declines after year 1, and further cost-efficiencies can be achieved when additional consultants are hired within an existing program to meet growing demand. For

example, administrative staff costs, supervision costs, and liability insurance costs become more cost-efficient with additional IECMH consultant FTEs. (See Figure 6).

**Figure 6. Cost Estimates for Growing a Community-Based IECMHC Program**

Cost Categories	Program with 1.0 FTE IECMH Consultant	Program with 2.0 FTE IECMH Consultants	Program with 3.0 FTE IECMH Consultants
<b>Community-Based IECMHC Program</b>	Range of \$132,000 to \$150,000	\$234,000	\$342,000

**(3) Scaling is cost effective.**

**TTA Center per program costs go down as more local IECMHC programs are added to the statewide system.** This is due to the fact that **many per program costs decrease with scale** (can be delivered more cost-effectively to larger groups or through shared infrastructure) such as:

- Communications/awareness activities and materials
- FAN and Pyramid Model training
- Technical assistance activities such as peer learning collaboratives
- Group reflective supervision
- Administrative oversight
- Some cross-site evaluation activities

**Figure 7. Estimated Annual TTA Center Costs (Per Program) as Sites Increase**

Cost Categories	Annual Per Program Cost to Support 15 IECMHC Programs	Annual Per Program Cost to Support 20 IECMHC Program	Annual Per Program Cost to Support 30 IECMHC Program
<b>Training and Technical Assistance Center</b>	\$50,000	\$43,000	\$36,000

**Note:** Figures 6 & 7 can be a guide to whether funding is top down (with funding entity at state level paying for all), bottom up (with local entities paying toward TTA), or whether funding is through a hybrid approach.

## IECMHC System Development Roadmap

The “roadmap” (Figure 8) summarizes the vision for how, through incorporating the three key elements described above, Texas moves from **Stage 1** (developing and piloting the IECMHC system) to **Stage 2** (sustaining existing programs while beginning to scale those efforts to reach more communities across the state). During stage 2, there would be continued evaluation through the TTA center, further testing of the efficacy of the state program design, and continuous quality improvement based on lessons learned. This would also present the opportunity to evaluate the return on investment for the program. **Stage 3** would entail maintaining and improving the IECMHC program through sustained investment in programs and a state TTA center and local IECMHC programs. During this stage, the program would continue to scale to new communities.

**Figure 7: Roadmap to a Sustainable IECMHC System in Texas**



### STAGE 1: Developing, Piloting, and Testing the Statewide Program (2023 - 2025)

PDG funding enables essential steps in envisioning and piloting a statewide IECMHC approach, including:

- Conduct a national scan and state landscape analysis of IECMHC identifying that IECMHC in Texas includes a range of disconnected and varied approaches. – *Complete*.
- Establish a state IECMHC Cross-Sector Advisory Group to guide efforts to sustain, strengthen, and scale a statewide IECMHC system. This group will include representatives from state agencies providing early childhood and mental health programs to promote cross-sector collaboration, identify and maximize funding strategies, and inform program policy and design. – *Complete*.
- Establish a TTA center that provides oversight and guidance for a demonstration pilot in 6 sites across Texas. Lessons learned from the pilot will inform the development of Texas IECMHC Program Manual. – *In progress*.
- Conduct a demonstration pilot for IECMHC in Texas that, with the support of the TTA center, establishes internal program processes, services and data collection processes, orientation of newly hired consultants, and partnerships with community programs to begin services. – *In progress*.

- Create and disseminate IECMHC outreach and marketing collateral, create and promote a Texas IECMHC Program Manual, with recommendations for a consistent approach regarding workforce development, local IECMHC program service delivery (multi-sector), and conduct an evaluation. – *In progress.*

### **STAGE 2: Sustaining, Scaling, and Evaluating the Statewide Program (2026 - 2029)**

- Identify a Texas state lead to serve as a point of contact within Texas and nationally, who coordinates the IECMHC Cross-Sector Advisory Group ensuring engagement and ongoing forward movement.
- Texas state leaders from key child and family-serving programs commit to participation in IECMHC Cross-Sector Advisory Group providing oversight for the statewide system (including TTA center).
- State agencies commit funds to implement and test the Texas approach statewide. Funding supports the TTA center to work with community-based organizations to establish IECMHC programs and provide workforce training, evaluation planning and support, and ongoing technical assistance.
- TTA center evaluates the return on investment of the program for the state, considering the value of prevention versus more costly, longer-term behavioral health interventions.

### **STAGE 3: Maintaining, Scaling, and Return on Investment for the Statewide Program (2030 - onward)**

- State IECMHC system develops a diversified funding base to ensure stability, through inevitable shifts in funding landscape.
- TTA center provides support for continuous improvement of existing programs, continued establishment of new IECMHC programs to increase access across the state, and implementation of cross-site evaluation that assesses statewide impact.
- TTA center establishes an in-state workforce pipeline, reducing training costs and ensuring ongoing access to high quality training and reflective supervision.

### **Five Key Takeaways**

1. Texas has an opportunity to build on the PDG B-5 IECMHC pilot to develop a statewide IECMHC program. As the PDG B-5-funded project period ends and the funding landscape evolves, **it is most cost effective and beneficial for families to maintain momentum in building a statewide IECMHC program**, rather than halting progress and having to start over from scratch later.
2. **A centralized TTA entity to lead, oversee, and coordinate training, technical assistance, and evaluation activities is essential to a statewide IECMHC system** that includes a well-trained workforce; consistent, high quality IECMHC practice; and comprehensive documentation of program impacts.

3. **Sustaining and scaling from this initial pilot requires continued cross-sector leadership and partnerships at the state**, including early learning programs, early intervention, home visiting, children's behavioral health, as well as new partners such as maternal and child health, child welfare, and Medicaid.
4. **A foundation of diversified funding is required for a sustainable statewide IECMHC system.** This includes braiding funds from across multiple agencies, a combination of federal, state, and local funds, and philanthropic dollars. A diversified funding base helps ensure that a statewide system can endure through inevitable shifts in the funding landscape.
5. **Sustaining a Texas IECMHC program strengthens the existing system of care for children's mental and behavioral health.** One of the important findings from the PDG B-5 investment in IECMHC over the last three years was a deepened understanding of some of the gaps in children's mental health services. Strengthening infant and early childhood mental health promotion and prevention services enables Texas to address emotional and behavioral concerns at onset, rather than allowing these problems to escalate into full-blown disorders, which can further snowball if left untreated and result in much higher costs down the line (e.g., special education, health and mental health care, and potentially longer term justice system and employment-related costs).