



Infant and Early Childhood Mental Health Funding Compendium

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ADMINISTRATION FOR
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Section One – Infant and Early Childhood Mental Health Funding Compendium Overview

Introduction

Infant and early childhood mental health (IECMH)¹ provides a critical foundation for children’s learning, relationships, and behavior. In the first five years of life, the development of social and emotional skills is evident in children’s curiosity and desire to explore, ability to express a range of emotions, and enjoyment of play, communication, and interactions with trusted caregivers. When children develop these important skills in the early years (supported by nurturing and responsive caregivers and communities), they experience a higher likelihood of school success and reduced risk of mental health and behavior problems in later childhood and beyond.

Childhood is also an important time for preventing the emergence of mental health disorders among those at heightened risk or showing early signs of illness and providing developmentally and culturally appropriate treatment for those children struggling with IECMH challenges. Between 10% and 16% of young children (ages two to eight years old) have a diagnosed mental, behavioral, or developmental disorder.ⁱ Children who live in poverty; experience child abuse, neglect, or other forms of trauma; and whose parents struggle with behavioral health disorders themselves are at elevated risk for experiencing mental health challenges. For example, 22% of children ages three to five years old involved with the child welfare system have a diagnosed mental health condition, the most common being a trauma or stress disorder.ⁱⁱ

The earliest years of life are a critical window to promote a strong foundation for mental health and prevent and address emerging concerns; however, few federal resources are primarily dedicated to this period and need. This IECMH Funding Compendium builds on a 2023 informal analysis of federal funding streams in the U.S. Department of Health and Human Services (HHS), which identified federal early childhood programs (e.g., those that promote healthy development and early care and education) and mental health funding streams that can be used to support the mental health needs of young children and their caregivers during this critical developmental period.

¹ IECMH is often defined as a child’s capacity to express and regulate emotions, form trusting relationships, explore, and learn — all in the cultural context of family and community. Social-emotional development is another term describing this set of fundamental skills. <https://eclkc.ohs.acf.hhs.gov/school-readiness/effective-practice-guides/social-emotional-development>.

IECMH Funding Compendium Purpose

This funding compendium supports states, territories, Tribes, and local communities in strategizing and fully using existing federal resources to meet the mental health needs of young children and their families. The compendium identifies key activities in the IECMH continuum of care and highlights existing federal funding that can support implementation of these services. This compendium can also be a resource for leaders of programs and initiatives that serve young children and families across sectors (e.g., child welfare agencies, Child Care and Development Fund (CCDF) Lead Agencies, Head Start leaders, home visiting, maternal and child health programs, Women, Infants, and Children (WIC) agencies, etc.) to consider how they may be able to leverage funding or partner with programs across the early childhood system to provide better IECMH care to children and families they serve, helping to embed IECMH expertise and activities into more programs.

Many of the programs included in this funding compendium do not focus primarily on IECMH; however, the funding compendium identifies how program resources may be available to support one or more activities that promote healthy social-emotional development and prevent, identify, assess, or treat IECMH concerns. Many of the programs and initiatives that do not have a central focus on IECMH have an opportunity to integrate IECMH strategies into service delivery to maximize the federal investment and improve outcomes. Addressing IECMH can and should be an integral part of many efforts, such as those programs that focus on the behavioral health and well-being of parents; those that focus on early care and education, where many children learn and practice foundational social and emotional skills in relationships with caregivers; and those that focus on families experiencing trauma and adversity.

What You Will Find in This Guide

The funding compendium begins with Table 1, which highlights identified federal funding streams that can be used for IECMH-related activities and provides an at-a-glance snapshot of the array of IECMH activities that each initiative or funding stream may be able to support. By clicking on any of the IECMH activities across the top of the table, you can learn more about the different funding streams that can support that activity.

[Section Two](#) provides a brief summary of each identified program/effort. Additional information on program funding levels and populations of focus can be found in [Appendix A](#) and a list of key abbreviations and acronyms can be found in [Appendix B](#).

[Section Three](#) provides information about eight broad categories of IECMH activity across the continuum of care (e.g., screening, assessment and diagnosis, treatment) and lists federal programs/initiatives (in alphabetical order) that might be used to fund that activity. The funding streams included in the funding compendium are most often broader in focus than IECMH but may be used to support one or more specific IECMH services.

The subsections are based on the IECMH care continuum:

1. Screening
2. Infant and Early Childhood Mental Health Consultation (IECMHC) and Supports for Social-Emotional Learning (SEL)
3. Integration of Behavioral Health in Primary Care Settings
4. Parent Support Programs
5. Assessment and Diagnosis
6. Treatment Interventions
7. Care/Case Management
8. Workforce Development

Limitations

This funding compendium highlights an array of funding streams, primarily within HHS, as well as a few key programs in the U.S. Department of Education (ED) and the U.S. Department of Agriculture (USDA), but it is not an exhaustive list. Further, the eight categories of IECMH activities are broad descriptors of the types of activities and services that support IECMH in a continuum of care. Different programs/initiatives included in the compendium vary in the terminology they use and specific activities that can be supported with their funding. This document is a technical assistance resource to support state and local planning efforts and does not constitute federal policy or guidance. HHS defers to each represented agency and program office for determinations on allowable uses of federal funds for each respective program.

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Table 1: Funding Matrix - Federal Funding Streams That Can Support IECMH by Initiative and Type of Service

Table 1 provides a snapshot of federal funding streams (primarily but not exclusively within HHS), listed in alphabetical order, with the services in the IECMH continuum of care that can be supported through that funding stream. You can find a general description of each initiative in [Section Two](#) and more details about how the initiative can fund each distinct IECMH service in [Section Three](#).

Table 1: Funding Matrix - Federal Funding Streams That Can Support IECMH by Initiative and Type of Service

Funding Stream	Screening	IECMH Consultation	Integration of Behavioral Health in Primary Care	Parent Supports	Assessment and Diagnosis	Treatment Interventions	Care/Case Management	Workforce Development
Behavioral Health Integration Initiative (BH2I)	X		X	X	X	X	X	
Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers	X	X						X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Certified Community Behavioral Health Clinics (CCBHCs)</u>	X			X	X	X	X	
<u>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</u>	X	X		X	X	X		X
<u>Child Care and Development Fund (CCDF)</u>	X	X		X			X	X
<u>Community Health Worker Training Program (CHWTP)</u>								X
<u>Community Mental Health Services Block Grant (MHBG)</u>			X	X	X	X	X	X
<u>Community-Based Child Abuse</u>	X			X			X	

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Prevention (CBCAP) Grants</u>								
<u>Community-Based Maternal Behavioral Health Services Program</u>	X				X	X	X	
<u>Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI)</u>	X	X		X	X	X	X	X
<u>Developmental-Behavioral Pediatrics Training Program</u>								X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action</u>		X		X				
<u>Family First Prevention Services Act Title IV-E Prevention Services Program</u>				X				
<u>Head Start</u>	X	X		X			X	X
<u>Healthy Start</u>	X			X			X	
<u>Infant Early and Childhood Mental Health (IECMH) Grant Program</u>	X	X	X	X	X	X		X
<u>Infant-Toddler Court Program (ITCP)</u>	X			X	X	X	X	X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Maternal, Infant, and Early Childhood Home Visiting (MIECHV)</u>	X	X		X		X	X	X
<u>Medicaid and Children’s Health Insurance Program (CHIP)</u>	X	X	X	X	X	X	X	
<u>National Child Traumatic Stress Initiative (NCTSI)</u>	X				X	X	X	X
<u>Part B, Section 619 Preschool Special Education Program</u>	X	X			X	X		X
<u>Part C Early Intervention</u>	X	X			X	X	X	X
<u>Pediatric Mental Health Care Access (PMHCA) Program</u>		X					X	X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Preschool Development Grant Birth through Five (PDG B-5)</u>	X	X		X			X	X
<u>Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)</u>	X	X	X	X	X	X		X
<u>Regional Partnership Grant (RPG) Program</u>	X	X		X	X	X	X	X
<u>Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW)</u>	X			X	X	X	X	X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</u>	X							
<u>Temporary Assistance for Needy Families (TANF)</u>	X							
<u>Title IV-B, Subparts 1 and 2 of the Social Security Act</u>	X			X	X	X	X	X
<u>Title V Maternal and Child Health (MCH) Services Block Grant to States</u>	X	X	X	X	X	X	X	X
<u>Transforming Pediatrics for Early Childhood (TPEC)</u>	X		X	X		X	X	X
<u>Trauma Interventions for</u>		X		X	X	X	X	X

Funding Stream	<u>Screening</u>	<u>IECMH Consultation</u>	<u>Integration of Behavioral Health in Primary Care</u>	<u>Parent Supports</u>	<u>Assessment and Diagnosis</u>	<u>Treatment Interventions</u>	<u>Care/Case Management</u>	<u>Workforce Development</u>
<u>Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs</u>								
<u>Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV)</u>	X	X		X		X	X	X

Section Two – Federal Initiatives That Can Fund IECMH Services and Supports

This section provides an alphabetical list of programs or initiatives (primarily within HHS) with funding that can be used to support one or more of the activities along the IECMH continuum of care. This list includes a brief program description and details relevant to IECMH. Each program title is followed by a reference to the federal department or agency that oversees that funding stream (full department/agency names can be found in [Appendix B](#)). More detailed description of the specific IECMH activities that can be funded by each initiative, and any limitations on that funding, can be found in [Section 3](#). More information about each initiative (e.g., overall funding, populations served) can be found in [Appendix A](#).

Behavioral Health Integration Initiative (BH2I) (IHS)

This discretionary grant program, administered by the Indian Health Service (IHS) in HHS provides funding to promote the integration of behavioral health services into primary care and community health settings that serve American Indian and Alaskan Native individuals. It is designed to make behavioral health and related services more accessible, coordinated, and effective. Grantees are encouraged to use funding to address gaps in the spectrum of behavioral health services available, including screening, assessment and diagnosis, peer support services, and care coordination. Several of the awardees serve children from birth to 19 years of age.

Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers (ACF)

This discretionary grant program develops or enhances strategic collaboration between child welfare, early care and education (ECE) systems, and other relevant partners to effectively prevent child abuse and neglect and provide comprehensive supports to children and families involved or at risk of involvement with the child welfare system, including children of color and their families. Grants support infrastructure and capacity building and include efforts to maximize the identification, referral, enrollment, and attendance of infants and young children into comprehensive, high-quality ECE services.

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

SAMHSA, in partnership with the Centers for Medicare and Medicaid Services (CMS), has supported the establishment of more than 500 CCBHCs in 46 states through a Medicaid demonstration and provider-level CCBHC expansion grants. A CCBHC is a specially designated clinic that provides a [comprehensive range of mental health and substance use services](#). CCBHCs serve anyone who walks through the door, regardless of their diagnosis, insurance status, or place of residence. CCBHCs must provide nine types of services, either directly or through a formal Designated Collaborating Organization relationship with partner organizations, with an emphasis on providing 24-hour crisis care, evidence-based practices, care coordination with a range of health and social services including local primary care and hospital partners, and

screening and monitoring of physical health conditions. CCBHCs must also complete community needs assessments to inform their staffing, training, service delivery locations, hours of availability, and other aspect of service delivery.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

This program provides grants to states to help them improve child protective services systems, including improving screening and assessment for abuse and neglect; training for child protective workers and mandated reporters; programs to prevent, identify, and treat child abuse and neglect; development of collaborations between child protective services and other child and family-serving agencies; and helping children and families to access community-based services. An area of particular focus is on families with infants affected by substance use disorders (SUD), including developing plans of safe care for substance-exposed infants and their caregivers.

Child Care and Development Fund (CCDF) (ACF)

A grant to state, territory, and Tribal governments providing funding to help families with low incomes (at or below 85% of state median income) to pay for child care when parents work or are engaged in job training or education activities. In addition to eligibility requirements related to family income and parents' involvement in work or education, states, territories, and Tribes must prioritize services for children from families with very low incomes, children experiencing homelessness, and children with special needs. States may prioritize children in other groups, including children in foster care or involved with child protective services. States are required to spend at least 12% of their total CCDF expenditures on activities to improve the quality of child care, including 3% specifically on activities to improve the quality and supply of services for infants and toddlers.

Community Health Worker Training Program (CHWTP) (HRSA)

The Community Health Worker Training Program provides funding to train community health workers to provide public health emergency response and address the public health needs of underserved communities. Community health workers can help families with young children to access a range of health, behavioral health, and social supports and services, as well as offer peer support.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

The MHBG program provides funding to states for community-based mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED)². Each MHBG grantee must submit a plan describing the comprehensive array of mental health services the state is planning to provide through their public mental health system. MHBG funds are intended to support programs and activities for children with SED that build on the system of care approach, which includes (but is not limited to) case management, outpatient therapy, and intensive home-based services; supportive services such as youth peer support, family peer support, respite services, and supported education and employment; and residential services such as therapeutic foster care and crisis stabilization services. MHBG funds should be used within statutory limits and made available for adults with SMI and children with SED.

Community-Based Child Abuse Prevention (CBCAP) Grants (ACF)

The CBCAP program is used for services and activities that strengthen families to prevent child abuse and neglect. Annual funds are awarded to a lead entity within each of the states, the District of Columbia, and Puerto Rico that has been designated by the governor. The lead entities allocate CBCAP funds to community-based organizations, including family resource centers. Other activities and services funded by CBCAP may include public awareness and education, comprehensive supports for parents (including those that promote parenting skills, knowledge, and access to resources), and referrals for services and supports that enhance caregiver and child well-being (including behavioral health and early childhood services). CBCAP lead entities also engage in public-private partnerships to finance the startup, maintenance, expansion, or redesign of child abuse prevention programs.

Community-Based Maternal Behavioral Health Services Program (SAMHSA)

This program improves access to evidence-based, timely, and culturally relevant maternal mental health and SUD (behavioral health) intervention and treatment by strengthening community referral pathways and providing seamless transitions in care for pregnant people who are at risk for or currently have a behavioral health condition in the perinatal and postpartum periods.

² Children with SEDs include persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children’s Mental Health Initiative (CMHI) (SAMHSA)

This program provides resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with SED and their families. This program supports the implementation, expansion, and integration of the system of care approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). With this program, SAMHSA aims to prepare children and youth with or at risk of SED for successful transition to adulthood and assumption of adult roles and responsibilities.

Developmental-Behavioral Pediatrics Training Program (DBP) (HRSA)

This program increases equitable access to evaluation and services for children with a range of developmental and behavioral concerns, including autism. The intent is to train the next generation of leaders in DBP and build the workforce capacity to evaluate, diagnose, or rule out developmental disabilities (including autism and other behavioral health concerns) and support research and clinical care in behavioral, psychosocial, and developmental issues. This work is accomplished through preparing DBP fellows and other long-term trainees for leadership roles as teachers, investigators, and clinicians; providing pediatric practitioners, residents, and medical students with essential biopsychosocial knowledge and clinical expertise; and providing technical assistance (TA) to strengthen systems of care for children who may have autism/developmental disability (DD) and their families.

Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action (CDC)

This funding opportunity supports the implementation of evidence-based strategies to prevent adverse childhood experiences (ACEs) and ensure safe, stable, nurturing relationships and environments for all children. This program also supports efforts to build or strengthen data collection about ACEs and use data for ongoing prevention initiatives.

Family First Prevention Services Act (ACF)

Under the Family First Prevention Services Act Title IV-E Prevention Services Program of 2018, states, territories, and Tribes have the option to use Title IV-E funds for time-limited services designed to prevent children’s placement in foster care. These services include mental health, SUD prevention and treatment, and parent skill-based programs. The families covered by these services are ones in which the child is at imminent risk of removal from the home. In the design of their Title IV-E prevention service plan for spending Title IV-E prevention funds, states must prioritize prevention models that have evidence of effectiveness (i.e., demonstrating outcomes related to child safety, place stability, and child or parent well-being). ACF established [The Family First Prevention Services Clearinghouse](#) to rate and provide information about the evidence supporting different models. States are required to spend 50% of FFPSA funds on models rated as well-supported. To receive funding, states must submit a state plan describing

how they will use FFPSA funds. As of June 2024, 48 state/jurisdiction/Tribal [plans](#) have been approved, with others submitted and under review.

Head Start (ACF)

Head Start is a comprehensive early childhood program that primarily serves very low-income children and delivers services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners. The Head Start program encompasses Head Start Preschool programs, which serves three and four year old children, and Early Head Start programs for infants, toddlers, and expectant families. Programs deliver child development services in center-based, home-based, or family child care settings.

Healthy Start (HRSA)

The Healthy Start Initiative: Eliminating Disparities in Perinatal Health improves health outcomes before, during, and after pregnancy and reduces the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes. As a discretionary grant program, Healthy Start awards funds to community-based organizations to provide supportive services to pregnant and parenting women, their partners, and children up to 18 months of age.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

This discretionary grant program improves outcomes for children from birth up to 12 years of age by developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment services. Grantees allocate funding to address gaps in systems of early childhood mental health care for children at significant risk of developing, or showing early signs of serious IECMH concerns, including children with a history of in utero exposure to substances that may impact development.

Infant-Toddler Court Program (ITCP) (HRSA)

This discretionary grant program provides funding to establish practices and services that improve the health and well-being of infants, toddlers, and families at risk of involvement or involved in the child welfare system. State and local entities receive funding to partner with family courts, child welfare organizations, families, and professionals who serve families with infants and toddlers to understand family and child needs and to meet these needs with trauma-informed supports and services. The program seeks to build and sustain systems of care that change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

MIECHV is a formula grant program that supports the continued delivery and expansion of coordinated and comprehensive evidence-based and voluntary early childhood home visiting services to expectant families and families with infants and young children (birth to kindergarten entry) in all states, the District of Columbia, and five territories. Grant recipients select from 24 evidence-based [models](#) approved for implementation. Up to 25% of recipients'

award funds may be used to implement and evaluate promising approaches. Families served by MIECHV often experience financial hardship and significant challenges to their well-being that may include low caregiver education, involvement with child welfare systems, and a lack of social and material support. The [Tribal Maternal, Infant, and Early Childhood Home Visiting Program](#) is funded through a six percent legislative set-aside to the overall MIECHV Program and awards funds to Tribal organizations to implement evidence-based home visiting programs that support the development of American Indian and Alaska Native (AIAN) children and families.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

CMS and the states have a unique partnership in operating Medicaid and the Children’s Health Insurance Program (CHIP). CMS ensures that states meet federal requirements, but federal law also gives states options for implementing their Medicaid and CHIP programs in a manner tailored to their communities’ needs. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements are a cornerstone of the Medicaid program and ensure robust health coverage for children. On September 26, 2024, CMS issued a State Health Official (SHO) [letter](#) regarding *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements* to provide states with specific policies, strategies, and best practices to meet EPSDT requirements. Children and youth under age 21 enrolled in Medicaid and eligible for EPSDT are entitled to services that can be covered under EPSDT rules. The goal of EPSDT is to ensure that children get the health care they need, when they need it, in the most appropriate setting.

The 2024 EPSDT SHO letter and other CMS guidance referred to therein can be applied to many of the behavioral health services and supports provided to Medicaid and CHIP beneficiaries ages zero to five and their caregivers. Although states are required to provide EPSDT coverage for eligible children, funding of specific services under EPSDT may be state-specific, thus it is essential to engage the state Medicaid and CHIP agency to understand the interaction between Medicaid and CHIP and other funding sources.

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI raises the standard of care and increases access to services for children, adolescents, and their families who experience or witness traumatic events. The NCTSI is comprised of programs organized into three categories. NCTSI Category I – The National Center for Child Traumatic Stress (NCCTS) cooperative agreement develops and maintains a collaborative structure, supports resource and policy development and dissemination, and coordinates the National Child Traumatic Stress Network’s (NCTSN) national child trauma education and training efforts. NCTSI Category II – Treatment and Service Adaptation (TSA) Centers provide national expertise for specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective evidence-based treatment and service approaches for communities nationwide. NCTSI Category III – Community Treatment and Service (CTS) Centers provide and increase access to effective trauma-focused treatment and services systems in communities for children, adolescents, and their families who experience traumatic events

throughout the nation. The NCTSN includes the Category I, II, and III grantees and NCTSN affiliates (former NCTSI grantees who continue their involvement in the NCTSN).

Part B, Section 619 Preschool Special Education Program (ED)

Part B of the Individuals with Disabilities Act (IDEA) provides grants to states for the Preschool Special Education Program, which provides special education and related services to eligible children with disabilities ages three through five years. The Part B Preschool Special Education Program is administered by a State Educational Agency (SEA) and must conduct [Child Find](#) activities to ensure the identification of preschool-age children with disabilities. These activities may include outreach to early care and education programs, pediatricians, family shelters, programs that serve families whose home language is other than English, and other settings where parents and providers may face barriers to accessing services for preschoolers with disabilities.

Part C Early Intervention (ED)

[Part C of the Individuals with Disabilities Education Act](#) (IDEA), referred to as either *Part C* or the *Early Intervention Program*, provides grants to states to provide services to address the developmental needs of eligible infants and toddlers (birth to age two) with disabilities or significant delays. States rely on a variety of funding sources for their Part C programs, typically including a mix of federal, state, and local sources. States vary in their eligibility criteria and some states serve children at risk of developing a disability. IDEA requires all state-operated Part C programs to include a comprehensive Child Find system. The Child Find system includes the central directory (access to information about services, resources, and experts) and public awareness (preparation of materials to help referring agencies understand how to identify and refer). The law emphasizes the importance of finding and serving eligible children as early as possible. Child Find makes information about Part C services available to programs, providers, agencies, and settings that are in a position to refer a child with a suspected delay or disability. Child Find should also educate parents about the Part C program.

Pediatric Mental Health Care Access (PMHCA) Program (HRSA)

This program enhances access to mental health care for children and adolescents by equipping pediatric health professionals with real-time consultations, training, and resources from mental health care teams. This support enables pediatric health professionals to more effectively identify, treat, and manage behavioral health conditions in their patients. By bridging primary and behavioral health care, the program promotes earlier intervention and improved outcomes for children. Additionally, with support from the Bipartisan Safer Communities Act, awardees have expanded their initiatives into schools, emergency departments, and other key settings. These expanded efforts increase access to behavioral health services and address the rising demand in underserved and high-need areas.

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

This program awards grants to states and territories to strengthen ECE systems by facilitating collaboration, coordination, and alignment between and among existing early care and education programs and services across each state's mixed delivery system. Grantees promote and increase access to high-quality ECE programs, especially for low-income families and families facing challenges accessing and participating in programs; improve state infrastructure while improving state capability to collect, use, and integrate data within and across programs; and identify and leverage resources that can sustain enhancements in these statewide systems.

Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) (SAMHSA)

This program promotes the wellness of young children, from birth to eight years of age, by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development and prepare them to thrive in school and beyond. Project LAUNCH builds the capacities of adult caregivers of young children to promote healthy social and emotional development; prevent mental, emotional, and behavioral disorders; and identify and address behavioral concerns before they develop into SED.

Regional Partnership Grant (RPG) Program (ACF)

This discretionary grant program supports collaborations among providers of child welfare services, SUD treatment, and social services to increase the well-being and safety of children who are at-risk of or have experienced removal from their home due to parents' SUD. Grantees implement a range of activities and interventions, including family-centered and prevention-focused services, parenting and family strengthening programs, specialized services to fathers and pregnant and postpartum women, in-home parenting supports, and peer recovery coaching. Funds also support training and staff development.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

This discretionary grant program supports comprehensive services for pregnant and postpartum women with SUD in residential treatment settings. Women may choose to have their minor children reside with them during treatment. The PPW program uses a holistic approach, including activities to support the children and partners of women in treatment. Fundamental to this program is ensuring access to services for low-income women and their families.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (USDA)

WIC provides grants to states to promote the nutrition and health of low-income pregnant and postpartum women and children from birth up to five years. WIC promotes breastfeeding and provides access to nutritious food.

Temporary Assistance for Needy Families (TANF) (ACF)

TANF is a block grant that states, territories, and Tribes can use for providing assistance to families with children experiencing low-income to allow children to be cared for in their family homes or the homes of relatives; promoting job preparation, work, or marriage for parents in financial need; preventing pregnancies among unmarried individuals; and encouraging the formation and maintenance of two-parent families. Grantees have broad discretion in setting eligibility standards, the use of TANF funds for different activities (e.g., cash assistance, job training), the amount of benefits, and other program rules (e.g., exemption for work requirements under different conditions).

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

- [Title IV-B, Subparts 1 and 2 of the Social Security Act](#) includes formula grants to states, territories, and Tribes that support services to promote the well-being of children and families.
- [The Stephanie Tubbs Jones Child Welfare Services Program](#) provides formula grants to states, territories, and approximately 175-180 Indian Tribes to help develop and expand child and family services programs to protect and promote the welfare of all children; prevent the neglect, abuse, or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanency, and well-being of children in foster care and adoptive families; and provide training, professional development, and support to ensure a well-qualified workforce.
- [The MaryLee Allen Promoting Safe and Stable Families \(PSSF\) program](#) provides grants to states, territories, and approximately 135-145 Tribes. This program prevents child maltreatment and the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents or by promoting adoption or another permanent living arrangement. Funds may be used to develop, expand, and operate community-based family support services, family preservation services, family reunification services, and adoption promotion and support services.

Title V Maternal and Child Health (MCH) Service Block Grant to States (HRSA)

The MCH Block Grant provides states with funding for direct, enabling, and public health services and infrastructure supports (e.g., training of professionals, data systems) that promote the health and well-being of mothers and children, including children with special health care needs. As highlighted in recent Title V MCH Services Block Grant [guidance](#), key goals include increasing maternal and child access to quality health care, especially for those with low income and limited access to health services; promoting the health of mothers and infants by providing prenatal, delivery, and postpartum care for at-risk pregnant women and the health of children by delivering preventive and primary health care services, including assessment, diagnostic, and

treatment services; and providing a community-based system of coordinated, family-centered, culturally appropriate care for children with special health care needs. According to the Health Resources and Services Administration (HRSA), [children with special health care needs](#) “...have or are at increased risk for having chronic physical, developmental, behavioral, or emotional conditions.”

[Based on the findings of their five-year needs assessment, states](#) set their own priorities and related [performance measures](#) for the Title V MCH Services Block Grant and have flexibility in how they spend funds within [the framework](#) of the program. As a formula block grant with a matching requirement, for every four dollars a state receives from Title V funding, a state is required to match three dollars. The Title V statute also requires that at least 30% of federal funds be directed toward primary and preventive care for children and at least 30% of federal funds support services for children with special health care needs. The [Title V Information System](#) allows keyword searches of states’ plans (e.g., maternal mental health) to clarify how Title V MCH funds are used, as described in their annual reports on activities and accomplishments.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

The TPEC discretionary grant program funds government entities and nonprofit organizations to establish or expand comprehensive, whole-family developmental services across pediatric practices that serve a high proportion of families with children prenatal to age five who are eligible for Medicaid or CHIP or uninsured. Awardees support pediatric practices to improve service delivery for early developmental, behavioral, and social drivers of health, nurturing parenting, and positive parent-child relationships. The program seeks to build and sustain systems of care that ensure all families have the services and supports they need.

Trauma-Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

This discretionary grant program identifies interventions to address trauma in children and youth in foster care with complex mental, behavioral, and health conditions. Funding supports grantees to implement and evaluate innovative trauma-informed programming that is culturally and developmentally responsive and achieves demonstrable improvements in the well-being of children and youth. Program services include evidence-based clinical services; foster parent training; family engagement activities; and trauma-informed systems work. Agencies provide classes, groups, and clinical services to youth and parents.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

This program provides grants to Tribal organizations to develop, implement, and evaluate home visiting programs in AIAN communities. Tribal MIECHV grant recipients may adopt home visiting models that are either evidence-based or considered a promising approach. The Tribal MIECHV

program is funded by a six percent set-aside from the larger MIECHV program and administered by ACF in partnership with HRSA.

Section Three – IECMH Services that Can Be Supported with Federal Funding

This section provides a brief introduction to each of the IECMH services in this guide, progressing from broader mental health promotion activities (e.g., screening) through preventive services (e.g., IECMHC, some integrated care, parenting supports) to assessment/diagnosis and treatment interventions. Two cross-cutting activities are also included: care/case management and workforce development. Following each brief introduction is an alphabetical list of initiatives that can fund that activity, including some of the parameters related to that funding (e.g., population to be served, setting). Table 2 provides additional information about each initiative.

Screening

Screening plays a critical role in identifying when a young child is at elevated risk for or experiencing social, emotional, or behavioral issues. Three distinct but interrelated types of screening include:

- **Social-emotional screening of infants and young children** using standardized and validated, developmentally, culturally, and linguistically appropriate screening tools. While broad developmental screening tools often include limited items on children’s social-emotional skills, there is evidence that specialized social-emotional screeners are better suited to identifying young children at elevated risk of mental health problems and social-emotional delays. By itself, a positive screen does not indicate a mental health problem, but it does typically lead to activities that can be initiated to prevent or address an emerging concern, and/or referral for evaluation by a specialist (e.g., mental health clinician) to determine if the child has a social-emotional delay or issue related to behavior, mood, or emotion regulation that requires treatment.
- **Parental or caregiver screening** to identify behavioral health concerns that may be impacting the adult caregiver and their ability to provide nurturing and responsive care. The most common mental health screening for parents of very young children is perinatal depression screening, although screening for anxiety (which often co-occurs with depressive symptoms), is also increasingly common, as is screening for parental stress, domestic violence, and substance misuse. An elevated score on a depression screen frequently prompts providers to recommend further evaluation. In addition to interfering with the well-being of the parent, caregiver mental health and substance use concerns are risk factors for social-emotional, behavioral, and cognitive issues in infants and young children.
- **[Social determinants of health \(SDOH\)](#) screening** helps to identify social and environmental factors that can contribute to the risk of IECMH disorders in infants and young children. Examples of SDOH challenges include severe financial hardship, food or

housing insecurity, lack of health care, and family or community violence. Screening for SDOH can be accomplished through checklists or brief interviews with parents and should lead to help in accessing community resources and family supports.

The following federal funding streams and programs can be used to implement child, caregiver, and/or SDOH screening in different child- and family-serving settings.

Federal Funding Streams That Can Support Screening

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds can be used for IECMH screening, as well as screening to identify any behavioral health concerns (mental health or substance use) among parents and other caregivers of young children. The BH2I grant program specifically highlights the importance of screening for and addressing trauma and adverse childhood experiences within integrated care settings.

Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers (ACF)

Funds from this grant program may be used to support social-emotional screening to identify and appropriately address the mental health needs of children in ECE settings who are at risk for or involved with the child welfare system. Grant recipients may support training for ECE providers to conduct social-emotional screenings or may engage in collaborative infrastructure-building efforts to make systems changes that link ECE better with community-based screening efforts such as Part C programs.

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

CCBHCs must ensure that children, including infants and young children, receive age and developmentally appropriate screenings and preventive interventions for mental health and substance use disorders. CCBHCs are required to use standardized and validated, culturally and linguistically appropriate screening tools.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used for the IECMH (including trauma) screening of infants and young children who are at risk for or currently involved in child protective services to identify social-emotional and behavioral concerns that may require further assessment and/or intervention.

Child Care and Development Fund (CCDF) (ACF)

CCDF Lead Agencies must provide information on resources that families and providers can use to access developmental and social-emotional screening for children in CCDF programs, such as Medicaid's EPSDT benefit and Part C Early Intervention. This information must be provided to parents during the intake process when a child is enrolling in CCDF. States may use CCDF quality set aside funds to deliver pre-service and in-service professional development to child care

providers to better equip them to administer screening and to help parents obtain screening and use results to support children’s development (additional [guidance](#) is available online).

Community-Based Child Abuse Prevention (CBCAP) Grants (ACF)

CBCAP-supported programs may use funds to support IECMH and caregiver mental health screening, particularly for vulnerable families at risk of abuse or neglect, which may include support to efforts to increase awareness of and access to screening services, as well as identification of family strengths and needs and SDOH screening.

Community-Based Maternal Behavioral Health Services Program (SAMHSA)

In addition to using funds to improve referral pathways to treatment and other services, this program provides behavioral health screening for women during the perinatal period (e.g., screening for depression, anxiety, substance use).

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children’s Mental Health Initiative (CMHI) (SAMHSA)

Grant funds may be used to screen for mental health concerns among children and youth (birth to 21 years) who are at risk for or experiencing SED. This includes IECMH screening for infants and young children exhibiting social, emotional, or behavioral issues. This grant program also specifically funds screening and appropriate follow-up for concerns related to trauma and grief.

Head Start (ACF)

The [Head Start Program Performance Standards](#) require programs to conduct developmental screenings of children within 45 days of a child’s entry into the program.ⁱⁱⁱ Programs must use one or more valid screening tools to screen for risk in all areas of development including the social and emotional domains. The selected screening tool must be valid and reliable for the population, considering culture, language, disability, and other key characteristics. Programs have the option to use a specialized social and/or emotional screener(s) in conjunction with a broad developmental screening tool to effectively identify children who may be at risk or showing signs of social-emotional delays or mental health conditions. Also, program staff discuss the purpose of screening and results with parents to help ensure that families and Head Start program staff can work together to seek a more in-depth assessment if the screening identifies a concern.

Healthy Start (HRSA)

Families are supported by a care coordinator who provides highly individualized services, including screening for parental mental health and substance use concerns and SDOH, such as intimate partner violence and access to stable housing. This screening helps inform the care coordinator’s efforts to provide referrals and connect the family to public insurance programs, WIC, Early Head Start, and other resources.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Funds from this program can be used to support the screening of children (and their caregivers) to identify IECMH issues and the need for further evaluation. Over 35,000 children and their caregivers were screened through the IECMH Grant Program from 2019 to 2023. Grantees that identify gaps in child and parent IECMH-related screening (e.g., for certain groups of children or families) can use funds to augment existing screening activities.

Infant-Toddler Court Program (ITCP) (HRSA)

ITCP funds can be used for IECMH, parent behavioral health, and SDOH screening. These services are conducted by providers in the coordinated system of supports established by the ITCP.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

Various types of screening are required or encouraged within the MIECHV program. Maternal depression screening is required by MIECHV and is a performance indicator along with other indicators related to social determinants of health, such as maternal education level and domestic violence. Developmental screening of young children is required. MIECHV programs can use a social-emotional screening tool (more likely to detect IECMH concerns) in addition to a broad developmental screener, although this is not required. MIECHV performance indicators also include an observation of a parent-child interaction using a tool to assess the quality of the interaction (e.g., engagement with and sensitivity in responding to the child).

Medicaid and Children's Health Insurance Program (CHIP) (CMS)

Under EPSDT requirements, states are required to develop or adopt a schedule of recommended screenings to determine the existence of physical or mental illnesses or conditions for EPSDT-eligible children.³ Most states have adopted the [Bright Futures periodicity schedule](#) developed by the American Academy of Pediatrics or a modified version thereof.⁴ Periodicity schedules recommend a schedule for screening services, including developmental, mental health, and SUD screenings. States must ensure children have access to those screenings according to the state-determined schedule. Some states require that children's providers use an evidence-based, age-appropriate developmental or behavioral health screening tool during every well-child visit, which includes infant and early childhood visits, and may explicitly include perinatal depression screening paid for through the child's Medicaid benefit in accordance with [CMS guidance](#). Some states have increased developmental and behavioral health screening

³ Section 1905(r)(1)(A)(i) of the Act. See also section 1905(r)(1)(A)(ii) of the Act, regarding coverage of screening services at intervals outside the state-established schedule if medically necessary.

⁴ Ibid.

rates by paying add-on rates to primary care providers for using an evidence-based screening tool during well-child and follow-up visits and by using quality incentive payments to support reaching screening goals. EPSDT also requires coverage of medically necessary interperiodic screening outside of the state’s periodicity schedule. Coverage for such screenings is required based on an indication of a medical need to diagnose an illness or condition that was not present at the regularly scheduled screening or to determine if there has been a change in a previously diagnosed illness or condition that requires additional services.

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI Category III – CTS Centers provide services to children who have experienced traumatic events, including screening infants and young children and their adult caregivers who have had trauma-related experiences and are at risk for or experiencing IECMH concerns.

Part B, Section 619 Preschool Special Education Program (ED)

Social-emotional screening is an important aspect of the referral and identification process for eligibility for Part B services. In some cases, a child screened in a particular setting (e.g., in a well-child pediatric visit) will be referred to the Part B program because a screening result indicated a need for further evaluation. In other cases, a child may be referred to Part B based on a parent’s or teacher’s concern about a child’s social-emotional development. Local Educational Agency (LEA) preschool special education specialists might also conduct a screening after a child has been referred to establish whether a full evaluation to determine eligibility for Part B services is needed. IDEA providers can use Part B funds for [Child Find](#) activities, including screenings in settings (e.g., early care and education programs) that refer children to a Part B preschool special education program.

Part C Early Intervention Program (ED)

Social-emotional screening is an important aspect of the referral and identification process for eligibility for Part C services. In some cases, a child screened in a particular setting (e.g., in a well-child pediatric visit) will be referred to the Part C program because a screening result indicated a need for further evaluation. In other cases, a child may be referred to Part C based on risk factors (e.g., the child is involved in a child welfare investigation) or a parent’s or provider’s concern about their child’s social-emotional development. Part C programs can screen children under any of these circumstances or begin an evaluation without prior screening. When screening identifies a child at increased risk for or experiencing social-emotional concerns, the Part C program will likely include a specialist with expertise in IECMH as part of the multidisciplinary evaluation of the child.

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

As outlined in 2024 program [guidance](#), a PDG B-5 Informational Memorandum entitled “Using PDG B-5 to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce,” one of the many possible uses of PDG B-5 funds is to support social-emotional screening of infants and young children. For example, [Kansas](#) used PDG B-5 funds to

establish an online system that makes social-emotional and broader developmental screening tools available for all programs serving young children ages birth to five and facilitates the sharing of screening results (with parent consent), for example between primary care and Early Intervention/Part C providers.

Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) (SAMHSA)

Grant funds may be used to conduct culturally and linguistically appropriate, validated screening of young children and their caregivers to ensure the early identification of behavioral and developmental concerns. Screening may include screening for perinatal depression and SUD among parents and caregivers. Grantees are required to report on the number of individuals screened for mental health or related interventions each year. From 2019 to 2023, Project LAUNCH grantees screened nearly 105,000 children and caregivers for mental health and related conditions. Recognizing their impact on child mental health and well-being, some Project LAUNCH grantees include screening for SDOH.

Regional Partnership Grant (RPG) Program (ACF)

RPG funds can support screening to identify social-emotional, behavioral, or developmental issues in infants and young children that are at risk of or have experienced removal from their homes due to parental SUD, as well as behavioral health screening of adult caregivers.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

Funded services include comprehensive screening of women in residential treatment and their children and family members. This includes screening for depression, anxiety, and other mental health concerns; all SUDs; fetal alcohol spectrum disorders (FASD); and trauma.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (USDA)

[Guidance](#) provided by WIC encourages maternal depression screening as part of the nutritional assessment. This guidance also suggests resources and training to help WIC staff understand maternal depression, conduct screenings, and refer mothers at elevated risk to health and mental health providers for evaluation and any needed treatment. Some state WIC programs also provide parents with age-specific child development checklists that include a description of social-emotional milestones. While not a formal screening, these checklists can encourage parents to discuss their child’s progress and any concerns they have with their child’s health care provider (e.g., see a [developmental checklist](#) used in Nevada’s WIC program).

Temporary Assistance for Needy Families (TANF) (ACF)

TANF funds may be used for mental health and SDOH screening related to the program’s core purposes. For example, TANF caseworkers may conduct screening to identify possible barriers to employment because of parental mental health challenges and/or family adversities that

include SDOH (e.g., housing instability). This screening may lead to connecting participants to further assessment and treatment interventions that can help remove barriers to parents' participation in job readiness activities and employment.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B funds can support screening to identify social-emotional, behavioral, or developmental issues in infants and young children who have experienced maltreatment or who are in or at risk for foster care placement.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

Parent mental health and IECMH screening, as well as screening for SDOH, can be funded by the Title V MCH Services Block Grant. For example, [Alaska](#) and [Delaware](#) use Title V MCH Services Block Grant funds to support Help Me Grow model implementation, which provides infant and early childhood social-emotional screening. [Colorado](#) uses funds to promote maternal depression screening and [Hawaii](#) uses funds to strengthen screening for SDOH.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC grants can fund screening for IECMH risks or concerns in infants and young children served by pediatric practices supported by the grant. Examples include general child development, social-emotional and behavioral development, and specific conditions such as autism spectrum disorders. Funds can also be used to identify mental health, violence and trauma, and/or substance use concerns among parents and caregivers that impact the well-being of their young children.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

Various types of screening are required or encouraged, as reflected in the performance indicators on which recipients report. These include maternal depression screening and other indicators related to SDOH. Home visitors also conduct child development screening, which can include use of a social-emotional screening tool in addition to a broad developmental screener. (Compared to a broad developmental screener, a social-emotional screening tool can identify more children who should receive further evaluation). In addition, MIECHV performance indicators include use of an observation of parent-child interactions using a tool that assesses relational dimensions such as parental engagement with and sensitivity in responding to the child. Recent [federal guidance](#) offers multiple strategies to increase effective implementation of social-emotional and behavioral health screening using Tribal MIECHV funds.

Infant and Early Childhood Mental Health Consultation (IECMHC) and Supports for Social-Emotional Learning (SEL)

[Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#) is a preventive intervention that builds the skills and knowledge of a variety of providers who work with infants and young children across settings so that these providers can better promote mental health and address social-emotional, behavioral, and developmental concerns. In early care and education settings, consultation may focus on supporting a teacher and family in understanding and effectively addressing the social-emotional, behavioral, or developmental needs of a particular child ([child-focused IECMHC](#)), or could involve working with the teacher to develop strategies and approaches to promoting social-emotional skills of all children in the classroom ([programmatic consultation](#)). An IECMH consultant might help a pediatrician determine if a toddler needs a full mental health evaluation; support a group of child welfare caseworkers to understand and manage secondary trauma and burnout; and problem-solve with a home visitor about how to support a mother experiencing perinatal depression and her baby. Depending on the setting and providers' needs, IECMH consultants also provide families with referrals to community services and offer program staff IECMH training and reflective consultation (a form of support that helps providers process their experiences and emotions and reflect on how these impact and shape their interactions with the children and families in their care).

Supports for Social-Emotional Learning (SEL) are most implemented in ECE settings using the Pyramid Model and/or social-emotional learning curricula and programs such as Ruler, Conscious Discipline, Incredible Years, Second Step, PATHS, and others. These practices aim to foster children's social-emotional competencies and strengthen teacher-child relationships. Some models include practices designed for children who are at increased risk for or are experiencing behavior issues or who need more intensive supports to address their social-emotional needs. ECE teachers learn to implement these curricula and practices through professional development and coaching. Some SEL models also have versions designed to help parents support children's SEL (e.g., Incredible Years, Pyramid Model) and are used with parents in both ECE and Early Intervention programs. Professional development to promote the use of social-emotional learning practices is often implemented in coordination with IECMH consultation.

Federal Funding Streams that Can Support IECMHC and SEL

Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers (ACF)

Funds from this grant program can be used to implement IECMHC services in ECE programs to support children, families, and ECE staff in their capacity to identify and address the social and emotional needs of children involved or at-risk for involvement in the child welfare system.

IECMHC can support increased understanding of, and trauma-informed response to, the needs of vulnerable children; help caregivers to manage secondary trauma and compassion fatigue; and reduce the likelihood of suspension or expulsion of children from ECE settings.^{iv}

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used to support IECMHC in programs serving infants and young children who are at risk for or currently involved in child protective services (e.g., early care and education, home visiting, and Part C Early Intervention programs). IECMHC services support caregivers of young children in their ability to identify and address social-emotional and behavioral concerns in children who have experienced or are at risk for abuse, neglect, or out of home placement, and help families access treatment services when needed. IECMH consultants can also partner with child protective services agencies to support staff in building their capacity to recognize IECMH concerns and address workforce issues like secondary traumatic stress and burnout.

Child Care and Development Fund (CCDF) (ACF)

CCDF quality funds can be used to fund IECMHC services. 2024 [guidance](#) from the Office of Child Care to CCDF Lead Agencies describes how they can use CCDF quality funds to pay for IECMHC and implement strategies that increase access to IECMHC for more children, staff, and programs. CCDF quality funds can also be used to help child care programs increase their use of practices that promote children’s social-emotional learning. For example, funds are often used for professional development, including coaching, to help teachers implement social-emotional learning curricula.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children’s Mental Health Initiative (CMHI) (SAMHSA)

Within a system of care, partnerships between mental health providers and community settings, including ECE programs, are encouraged to help ensure that IECMH supports are provided to children at risk for or experiencing SED. The flexibility of CMHI funds to meet the mental health needs of children in community settings, as determined by the care team, means that IECMHC could be provided under this grant for children who meet criteria for inclusion in grant services.

Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action (CDC)

Funding can be used to fund state (and potentially local level) efforts that support social-emotional learning, including the implementation of evidence-based social-emotional learning curricula in early care and education programs.

Head Start (ACF)

[IECMHC](#) is a core Head Start service that supports program staff, children, and families. Head Start programs must hire or contract with a mental health consultant. The Head Start Program Performance Standards require mental health consultation services be available to programs on

at least a monthly basis to build the capacity of adults in an infant or young child's life to strengthen and support the mental health and social and emotional development of children.⁵

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Funds from this program can be used to implement IECMHC services in early childhood settings, including center-based and family child care programs, home visiting programs, preschool programs, and Part B (special education preschool) and Part C (Early Intervention) programs. Grantees may also opt to use funds to implement social-emotional learning supports (such as evidence-based SEL curricula) in early care and education programs and other educational settings serving children ages birth to 12 years old.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

Home visiting programs can use their MIECHV funds to pay for IECMHC. A 2020 [guide](#) from the Maternal and Child Health Bureau in HRSA describes the benefits of embedding IECMHC into home visiting programs, including helping staff meet the complex needs of families and increasing the retention of home visitors by providing this support. This guide suggests that states consider both MIECHV funds and other funding sources to cover the cost of IECMHC.

Medicaid and Children's Health Insurance Program (CHIP) (CMS)

Medicaid may cover services provided to a Medicaid-covered child in an early childhood setting when those services are provided by a Medicaid provider. Although not yet widely adopted by states, Medicaid allows EPSDT-eligible children to receive behavioral health services from a Medicaid provider without requiring a behavioral health diagnosis, as screenings may identify symptoms that require attention but do not meet diagnostic criteria. This may be particularly salient when addressing the developmental and behavioral health needs of children under age five.⁶ Further, Medicaid will cover interprofessional consultation between two Medicaid providers (e.g., a pediatrician consulting with an IECMH clinician who is also a Medicaid provider). CMS [guidance](#) (2023) highlights the benefits of child-specific consultation to help pediatricians and other providers determine the need for assessment and treatment services for children with mental health needs.

Many young children are served in K-12 educational settings. Medicaid provides coverage for eligible services and administrative activities that are performed in schools for children with

⁵ [45 CFR § 1302.45\(a\)](#)

⁶ See: <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>.

Medicaid or CHIP coverage.⁷ [CMS and its technical assistance center](#) have provided guidance on the delivery of behavioral health services in school settings.

Part B, Section 619 Preschool Special Education Program (ED)

The plan that outlines Part B Preschool Special Education Program services for a child, informed by evaluation and developed by a team, is called the [Individualized Education Program](#) (IEP). For children with social-emotional or behavioral concerns, the IEP might include strategies to be used by educators (both general and special education) that help children develop social-emotional competencies and engage in routines, play, and learning activities. [Federal rules](#) allow the use of funds for both direct services and those that are more indirect, like IECMHC and professional development, that support educators in their capacity to address children's educational and related needs.

Part C Early Intervention Program (ED)

[A 2020 report](#) on a survey of state Part C Coordinators found that in more than half of states, Part C programs included IECMH consultants as a support to their Part C teams/staff. IECMH consultants support Part C programs by serving on evaluation teams that identify social-emotional issues and determine eligibility for Part C services; providing case consultation to support Part C specialists; providing group reflective supervision or consultation for Part C staff; and/or assisting with referrals for IECMH treatment interventions for children and families. Part C funds can be used for IECMHC services. Many Part C programs bill Medicaid for services, which could include billing Medicaid for IECMHC focused on the needs of a particular Medicaid-enrolled child.

Pediatric Mental Health Care Access (PMHCA) Program (HRSA)

This program supports health professionals in the early identification and management of behavioral health conditions. PMHCA funds telehealth mental health consultations between health professionals and child mental health specialists. By equipping pediatric primary care professionals with training and education, resources, and consultations from mental health specialists, the PMHCA program mirrors the support and guidance offered by IECMHC to early childhood educators and caregivers. Integrating IECMH specialists (consultants and/or clinicians) into PMHCA mental health teams ensures that the program is well-equipped to address the mental health needs of infants and young children while simultaneously building the capacity of health professionals to address IECMH concerns.

⁷ <https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf>

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

As outlined in 2024 federal program [guidance](#), PDG B-5 funds can be used for IECMHC, including through partnerships to develop, expand, or enhance IECMHC programs. Examples of activities include efforts to build and further diversity of the IECMHC workforce and efforts to expand the reach of IECMHC services not only in ECE programs, but also in other child-serving programs such as home visiting, Part C/Early Intervention, and child welfare.

Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) (SAMHSA)

Project LAUNCH funds can be used to implement IECMHC in early care and education settings to provide optimal learning environments for young children and identify and address social, emotional, and behavioral concerns.

Regional Partnership Grant (RPG) Program (ACF)

RPG grants may fund IECMHC provided in an early childhood setting for young children who are at risk for or have experienced removal from their homes due to parental SUD.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

MCH Services Block Grant funds can be used for IECMHC in various settings (e.g., home visiting, Part C Early Intervention, pediatric settings, and early care and education programs). In [Ohio](#) and [Louisiana](#), MCH Services Block Grant funds have supported IECMHC in Part C Early Intervention programs. Louisiana has also used these funds for IECMHC in primary care.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Funds from this grant program can be used to support IECMHC services to early childhood providers (e.g., ECE, home visiting, and/or Part C staff) who are caring for infants and young children who have experienced trauma and are in foster care. IECMHC activities include supports to early childhood providers in their efforts to create trauma-informed, safe environments for infants and young children; increase caregiver understanding of the impacts of trauma and trauma-informed behavior management strategies; and address secondary trauma and compassion fatigue in the workforce (including through offering reflective consultation).

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

Tribal MIECHV-funded home visiting programs can use their MIECHV funds to pay for implementation of IECMHC. A 2020 [guide](#) from the Maternal and Child Health Bureau in the Health Services and Resources Administration (HRSA) describes the benefits of embedding IECMHC into home visiting programs, including helping staff meet the complex needs of families and increasing the retention of home visitors by providing this support. This guide suggests that states consider both MIECHV funds and other funding sources to cover the cost of

IECMHC. [Program guidance](#) issued in 2024 includes strategies for Tribal MIECHV programs to increase access to high quality and culturally appropriate IECMHC services.

Integration of Behavioral Health in Primary Care Settings

Integration of behavioral health services into primary care settings can take [many forms](#). It involves care by multidisciplinary teams that include physical and behavioral health specialists so providers can identify and address physical and behavioral health concerns in the primary care setting. For infants and young children, care may be offered in a pediatric primary care setting such as a pediatrician’s office, a family medicine practice, or a larger health care setting like a community health center or federally qualified health center (FQHC).⁸ Integrated behavioral health in primary care settings includes screening for child social-emotional concerns, caregiver behavioral health, and SDOH (e.g., food and housing security) and brief intervention to provide parenting supports and guidance regarding social-emotional and behavioral concerns, such as help addressing children’s sleep difficulties or externalizing behaviors. While some integrated care sites refer families to outside providers for more intensive interventions such as parent-child dyadic therapies or perinatal depression treatment, others include behavioral health clinicians on the team who can offer IECMH assessment, diagnostic, and treatment services within the primary care setting. Integrated care programs vary in the extent to which they offer families assistance in accessing resources such as housing, employment, and legal help, or instead refer families to community providers while facilitating and monitoring the families’ engagement in these services. Examples of integrated behavioral health models designed for families with infants and young children are [Healthy Steps](#) and [DULCE](#).

Federal Funding Streams that Can Support Integration of Behavioral Health in Primary Care Settings

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds are designated to integrate behavioral health services and supports into primary care settings. No age restrictions prevent services from including those addressing the mental health needs of infants, young children, parents, and/or other caregivers of young children within primary care settings serving American Indian and Alaskan Native individuals.

⁸ FQHCs are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services on a sliding scale and regardless of your ability to pay. ([healthcare.gov](https://www.healthcare.gov)).

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

MHBG funds can be used to support integrated care for infants and young children with SED in behavioral health and primary care settings.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Funds from the IECMH Grant Program can be used to provide training to primary care clinicians to equip them with knowledge and skills to identify and address children’s social-emotional and behavioral issues. Grant funds may also be used to provide IECMH promotion, prevention, and treatment interventions in primary care settings, particularly if this increases access for children and families experiencing disparities in access to and quality of care.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

Medicaid has several mechanisms to support integrating behavioral health screening and other covered services into primary care settings for children. Medicaid-required periodicity schedules recommend a schedule for screening services, including developmental, mental health, and SUD screenings that begin with the youngest children. States must ensure children have access to those screenings according to the state-determined schedule.

Medicaid recognizes that children with mild to moderate behavioral health conditions can benefit from strategies that support the development of integrated pediatric primary care, some components of which can be covered under section 1905(a) benefits, as detailed in previous guidance.⁹ Many states have decreased barriers to integration by allowing Medicaid payment for activities performed by integrated behavioral health clinicians, which allow children to continue to be served in primary care settings. Some states have removed prohibitions on same day billing, including allowing different practitioners in the same setting to bill for services provided on the same day if they are not duplicative to enable warm hand offs rather than requiring families to seek care elsewhere or return another day.

Services provided to the mother and child dyad within primary care can also be covered by Medicaid either through the parent’s or through the child’s Medicaid eligibility. When services to the parent are provided through the child’s Medicaid eligibility, such diagnostic and treatment services must actively involve the child, be directly related to the needs of the child, and such treatment must be delivered to the child and mother together but can be claimed as a direct service for the child.¹⁰

⁹ See: <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>.

¹⁰ <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

States are advancing strategies to integrate behavioral health supports into primary care settings. For example, California recently established a dyadic services benefit through a State Plan Amendment to provide Medicaid coverage for parenting and parent support services delivered during or near well-child visits. As described in a [guidance letter](#), the benefit covers “Dyadic Psychoeducational Services....that involve presenting or demonstrating information with the goal of preventing the development or worsening of behavioral health conditions and achieving optimal mental health and long-term resilience.” Also covered are “Dyadic Family Training and Counseling for Child Development...[including] brief training and counseling related to a child’s behavioral issues, developmentally appropriate parenting strategies, [and] parent/child interactions....” The benefit also covers screening for SDOH and assistance connecting parents to community resources and programs.

Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) (SAMHSA)

Project LAUNCH funds can be used to integrate behavioral health into primary care settings. Grantees are required to build primary care providers’ knowledge, skills, and resources to address young children’s and caregivers’ behavioral health within primary care settings. Funds can be used for activities including on site or virtual/telephonic consultation, screening, assessment, brief intervention, and/or referral to specialty care.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

MCH Services Block Grant funds can be used for the integration of behavioral health and primary care services. Several states have increased focus in this area to ensure access to and the delivery of mental health services.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC grantees engage multiple pediatric practices and support the integration of a trained early childhood development specialist into the care team, provide technical assistance, and advance state and local policy and financing solutions to spread, scale, and sustain a continuum of services for children ages birth to five and their families. These services include universal promotion and prevention services, screening and surveillance, care coordination, linkages to treatment and community resources, and intervention as needed.

Parent Support Programs

Programs that promote parent well-being and responsive, nurturing parenting have been shown to improve IECMH outcomes. These include many home-visiting programs, some group parenting programs, and parent-child dyadic services that can be delivered by non-clinicians. In addition, the services of doulas and community health workers (including family navigators and [promotores](#)) can support parent well-being and parenting during and after pregnancy. In this section, we focus on parenting and parent support programs that have historically been more difficult to finance because they are largely focused on prevention rather than treatment. Funding sources for parent-child dyadic treatment, which also supports responsive and nurturing parenting, is available in the section on [treatment interventions](#).

Federal Funding Streams that Can Support Parent Support Programs

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds can be used for peer support services, which may include peer supports to help parents of infants and young children to navigate parenting concerns (especially when also addressing behavioral health challenges). This might include individual or group peer parenting supports, including implementing a parenting curriculum such as [Positive Indian Parenting](#) or parent facilitated [Parent Cafes](#).

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

CCBHCs are responsible for family/caregiver supports. Parenting support services for families of infants and young children that may be covered include parenting education, parent training, and family-to-family/caregiver support services.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used to support IECMH parenting education, skill-building, and supports that strengthen families and prevent child abuse and neglect and child protective services involvement. This includes evidence-based group parenting interventions, home-based parenting programs, and other preventive interventions that support positive parent-child interactions and nurturing and responsive caregiving.

Child Care and Development Fund (CCDF) (ACF)

2024 [guidance](#) from the Office of Child Care describes how CCDF quality funds can be used to cover the costs of activities that help parents access evidence-based and evidence-informed parenting programs to enhance parent knowledge and skills related to IECMH, promote positive parent-child relationships, and reduce behavior problems. For example, child care programs can use quality funds to contract with agencies that offer parenting programs or cover the costs to offer these programs themselves. (Parenting programs paid for by quality funds can be offered to all parents at the site, not just parents of CCDF-eligible children). Child care providers and

staff can help parents find and engage in parenting programs offered in the community even when quality dollars are not directly supporting these programs.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

Parent supports are an allowable MHBG-expenditure only when they are a required component of an Evidence-Based Practice (EBP), designed for individuals with SED.

Community-Based Child Abuse Prevention (CBCAP) Grants (ACF)

CBCAP funds can support IECMH parenting education, skill-building, and family strengthening activities for vulnerable families at risk of child abuse or neglect. This includes evidence-based or evidence-informed parenting programs, home-based parenting programs (including voluntary home visiting services), and other preventive interventions that support positive parent-child interactions and nurturing and responsive caregiving.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI) (SAMHSA)

Grant funds may be used for family therapy in a clinic or home-based-setting. Respite, peer, and other wraparound and recovery supportive services for parents and families are allowable.

Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action (CDC)

Funding can be used to implement or expand evidence-based home-visiting programs or build parenting supports and skill building via parenting programs that include a focus on parent well-being and parenting practices that foster nurturing relationships and environments.

Family First Prevention Services Act (FFPSA) (ACF)

The [Family First Prevention Services Clearinghouse](#) includes several parenting programs appropriate for infants and young children, including home visiting programs (e.g., Child First, Promoting First Relationships, Healthy Families America, Nurse-Family Partnership) and other parenting interventions (e.g., Family Check-up, Triple P Level 4 – online modules). Each state's/jurisdiction's/Tribe's [Title IV-E Prevention Program Five-Year Plan](#) should identify which age and culturally appropriate parenting support services and models are covered and how they are offered.

FFPSA also requires that states make strong efforts to place a child in the care of a relative or kinship foster parent when an out-of-home placement is necessary and allocates IV-E prevention funds for kinship navigators who provide emotional and practical support to kinship foster parents. Kinship navigators help kinship foster parents obtain needed resources and address the challenges of caring for children who may have behavioral and developmental problems related to trauma. By helping reduce the stress of kinship caregivers, the support provided by kinship navigators may also benefit children's mental health. Some [models](#) include support to help the kinship foster parent understand and respond to the child's needs. The Family First Prevention Services Clearinghouse also rates and describes kinship navigator

models. A few are rated as having strong-to-promising evidence of enhancing the child's placement stability or chance for reunification with the biological family.

Head Start (ACF)

The [Head Start Program Performance Standards](#) require programs to provide activities that promote a positive parent-child relationship and healthy child development.^v Programs must offer opportunities for parents to participate in a research-based parenting curriculum. The online [Parenting Curricula Review Databases](#) provide extensive information about parenting programs that Head Start programs can use. Many of the parenting programs in the databases have demonstrated outcomes related to IECMH, including improving responsive parenting practices, nurturing parent-child relationships, increasing children's social and emotional skills, and reducing behavior concerns.

Healthy Start (HRSA)

Healthy Start grants are awarded to local entities (e.g., local governments, hospitals, health centers, Tribal and community-based organizations, and universities), to provide community-tailored, culturally sensitive supports to families before, during, and after the birth of a child. Enrolled families are supported by a care coordinator who helps families identify needs for intervention and assistance related to mental health, SUD, intimate partner violence, and other concerns such as housing and food insecurity. The care coordinator connects families to services, helps the parent set wellness goals, and provides information on parenting. In addition to paying for clinical health care, Healthy Start funds can be used for doula services, parenting classes, and transportation services.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Grantees can use grant funds to implement evidence-based or evidence-informed parenting interventions that strengthen families' abilities to promote IECMH and address social, emotional, or behavioral issues in children. Parenting supports that address children at increased risk as a result of trauma or early adverse experiences (including in utero exposure to substances that can impact development) are a high priority in this grant program. Grantees report on improvements in parenting practices and caregiver-child interactions (e.g., parent responsiveness, nurturing, and positive discipline) as part of their project performance assessments.

Infant-Toddler Court Program (ITCP) (HRSA)

ITCP funds can be used for evidence-based parenting programs that support the well-being and stable placement of infants and young children in whatever setting they are in (e.g., remaining in or returning to their home, in a foster care placement). Examples include evidence-based group parenting interventions, home based parenting programs, and other preventive interventions that support positive parent-child interactions and nurturing and responsive caregiving.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

MIECHV funds are used in a variety of ways to support parents. Trained home visitors meet regularly with expectant parents or families with young children who want and ask for support building strong, positive relationships. Home visitors assess family strengths and needs and provide tailored services which can include teaching positive parenting skills and modeling positive parent-child interactions. In addition, some MIECHV programs use funds to train home visitors or hire trained facilitators to offer supplemental evidence-based or evidence-informed parenting interventions, such as a parenting support program that helps pregnant people and parents at risk for or showing symptoms of depression to increase coping skills and engage in practices that promote parent-infant attachment.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

Either the child’s or the parent’s Medicaid eligibility may be used for parenting support. The type of covered services and providers varies by state. Most states have adopted the Medicaid state plan option to provide 12-month postpartum coverage¹¹ and may use that coverage to provide a range of services during that time. Similarly, mothers who are not Medicaid eligible may receive some benefit from diagnostic and treatment services directed at treating the health and well-being of the child (such as family therapy services) to reduce or treat the effects of the mother’s condition on the child.¹² Examples of these services include coverage of dyadic interventions for perinatal depression, coverage of home visiting services, doulas, and community health workers. Because of the range of provider types and covered services, it is essential to engage the state Medicaid agency to understand what is covered and how both Medicaid coverage and payment interact with other services in that state.

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

Reflecting 2024 federal [guidance](#), PDG B-5 funds can be used to increase the availability of high-quality parenting supports in early childhood programs. This includes approaches such as training ECE providers to implement evidence-based and evidence informed parenting programs; collaborating with state or local partners (e.g., behavioral health organizations, Part C or B programs, family resource centers, and others) to support widespread implementation of parenting groups in community-based locations; and piloting other group opportunities for families to build social support and connections. See [guidance](#) for more details.

¹¹ https://www.medicaid.gov/sites/default/files/2021-12/sho21007_1.pdf

¹² <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) (SAMHSA)

Project LAUNCH grant funds may be used to provide family and parent training to help parents, guardians, and family caregivers provide healthy, safe, and secure environments in which young children can learn and grow. Because a key goal of Project LAUNCH is to strengthen parents’ capacities to promote IECMH and reduce behavior concerns, many grantees use Project LAUNCH funds to implement prevention-focused parenting programs in early childhood and family-serving settings.

Regional Partnership Grant (RPG) Program (ACF)

RPG grants can fund parenting support services including those for pregnant and postpartum women (such as evidence-based preventive interventions for women at risk for or experiencing depression) and parenting supports for fathers. Other family strengthening services include home visiting programs and peer recovery coaching.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

Funded services include IECMH-related parenting programs. Training in parenting skills is a required program activity/service.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B, Subparts 1 and 2 funds can be used to support the implementation of parenting and parent support services, including home visiting, to achieve the goals of preventing children’s placement in foster care, promoting reunification, and improving the quality of care for children and families.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

MCH Services Block Grant funds can be used to implement parent support programs. [Kansas](#) uses Title V MCH funds to support a universal home visiting program that connects families to needed services and promotes nurturing parenting. [North Carolina](#) uses funds to support the Positive Parenting Program (Triple P).

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC grants can fund IECMH parenting supports implemented in pediatric practices supported by the grant. Examples include universal parenting education and promotion of healthy parenting practices, evidence-based preventive interventions for pregnant and postpartum people at risk for or experiencing symptoms of depression, and parenting support programs for families experiencing trauma or behavior challenges in young children.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Funds from this grant program can be used to offer IECMH training and supports to foster parents and potential adoptive families of infants and young children who have experienced

trauma to promote nurturing and responsive interactions and relationships, establish safe boundaries, and ensure trauma-informed responses to social-emotional and behavioral challenges. Parenting supports can also include efforts to build positive and healthy relationships between children, foster families, and biological families.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

[Program guidance](#) issued in 2024 clarifies how Tribal MIECHV funds can be used to incorporate evidence-based or evidence-informed parenting curricula as a supplement to an evidence-based home visiting model if it is a good cultural fit. For example, Tribal MIECHV funds can be used to train home visitors to implement and facilitate evidence-based parenting curricula (including providing coaching, fidelity monitoring, and ongoing supervision to support the home visitor). As an example, some Tribal MIECHV grantees have been trained in and implemented the Fatherhood is Sacred, Motherhood is Sacred parenting curriculum, as well as the Mothers and Babies preventive intervention for perinatal depression that has been adapted specifically for implementation in Tribal home visiting programs. A technical assistance [brief](#) for the Tribal MIECHV program further describes strategies that can be used by Tribal MIECHV programs to provide strong supports for IECMH, including Mothers and Babies and other culturally responsive parenting supports.

Assessment and Diagnosis

A social-emotional or IECMH assessment or evaluation is used to identify the nature and severity of mental health problems or social-emotional delays. The results of a social-emotional assessment are used to determine whether and what type of intervention might be needed. An assessment may be conducted in response to a child screening that indicates elevated risk or to a parent's or provider's concern about the child.

In contrast to a screening, which typically involves the use of a single, brief instrument, an assessment is in-depth and relies on multiple sources of information. The provider conducting the assessment (e.g., a specialist with IECMH expertise) often conducts the assessment over multiple days and uses one or more validated, developmentally and culturally appropriate social-emotional assessment tools and interviews with parents and potentially other important caregivers, such as ECE providers or teachers. In some cases, direct observation of the child in interaction with caregivers and/or peers (e.g., in the home, child care, or school setting) using validated measures is a component of the evaluation.

In some cases, a social-emotional assessment may be used to determine if a child has a condition or delay that makes the child eligible for services (e.g., an evaluation for the Part C/Early Intervention Program) or has a condition meeting diagnostic criteria (e.g., an assessment to determine the need for a clinical intervention such as parent-child dyadic treatment). Even when an assessment does not find that a child meets criteria for a particular program or diagnosis, the information from an assessment can still provide valuable information about supports that may be beneficial to a child and family, such as referral to a home visiting program or parenting group to promote healthy parent-child interactions, or assistance from an IECMH consultant to help a child care professional support the child's social-emotional growth.

Federal Funding Streams that Can Support Assessment and Diagnosis

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds can be used for assessment and diagnosis of IECMH concerns, assessment (including risk assessment), and diagnosis of any suspected behavioral health disorders (mental health or substance use) among parents and other caregivers of young children. The BH2I grant program specifically highlights the importance of identifying and addressing trauma, interpersonal violence, abuse, and adverse childhood experiences in integrated care settings.

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

Developmentally appropriate IECMH assessment and diagnostic services should be available within CCBHCs. If specialized services outside the expertise of the CCBHC are required for assessment or diagnosis, the CCBHC provides or refers through formal relationships with other providers or through use of telehealth/telemedicine services. As parental behavioral health challenges increase the risk of social-emotional and behavioral concerns in infants and young

children, CCBHCs are required to have capacity to provide comprehensive mental health and SUD care for children and adults. CCBHCs also have an important opportunity to identify mental health concerns in infants and young children of parents who are receiving behavioral health treatment.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used for the assessment and diagnosis of IECMH disorders in infants and young children who are at risk for or currently involved in child protective services, including assessments conducted using the developmentally appropriate Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5). This includes supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

MHBG funds can support children with SED in qualified community-based mental health programs.

Community-Based Maternal Behavioral Health Services Program (SAMHSA)

In addition to using funds to improve referral pathways to treatment and other services, this program provides behavioral health assessment and diagnostic services for women to determine the need for treatment during the perinatal period.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI) (SAMHSA)

Grant funds may be used for evaluation/assessment and diagnosis of mental health concerns among children and youth (birth to 21 years) who are at risk for or experiencing SED. This includes assessments conducted using the developmentally appropriate DC:0-5 for infants and young children exhibiting social, emotional, or behavioral issues.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Funds from the IECMH Grant Program can be used to support age and developmentally appropriate mental health assessment and diagnosis for children ages birth to 12 years who are at risk for or showing signs of mental health issues. Assessment and diagnosis can inform recommendations and referrals for treatment interventions to address these conditions. Grantees can use grant funds to address gaps in the availability of IECMH assessment and diagnostic services for children and families.

Infant-Toddler Court Program (ITCP) (HRSA)

Families served through ITCP sites who have positive screens or other indications of child developmental issues/delays or parental behavioral health concerns are referred to services in their community. ITCP staff may support coordination with those services. ITCP funds may be used to increase access to assessment and diagnostic services for IECMH disorders in infants and young children at risk of involvement or involved in the child welfare system, including

assessments conducted using the developmentally appropriate DC:0-5. Funds can also be used to identify mental health and/or substance use concerns among parents that impact the well-being of their children.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

EPSDT requirements entitle Medicaid-enrolled and EPSDT-eligible infants and young children to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions.¹³ States have broad discretion to license and credential providers of assessment and diagnostic services. CMS guidance encourages the use 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).¹⁴

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI Category III – CTS Centers funds can be used for the assessment and diagnosis of infants and young children who have had trauma-related experiences to determine needs for treatment and other supports.

Part B, Section 619 Preschool Special Education Program (ED)

An in-depth IECMH evaluation can be paid for with Part B funds. Under the IDEA, an evaluation to determine eligibility for Part B services should be conducted within 60 days of receiving the parent’s/guardian’s consent for an evaluation or within the timeframe set by the state. This law also requires the use of valid instruments that can assess all areas related to the suspected disability and possible educational needs of the child. For children with behavioral or social-emotional concerns, the evaluation should include the use of social-emotional assessment tools. The evaluation should also use input from parents and teachers and integrate multiple sources of information to determine the child’s eligibility for Part B services and the specific educational and related supports necessary.

Part C Early Intervention Program (ED)

Federal rules require that Part C programs conduct a timely, comprehensive, multidisciplinary evaluation to determine the eligibility of each child, birth through age two, who is referred for an evaluation or suspected of having a disability. If the child is determined eligible, an assessment is conducted to determine the appropriate early intervention services and supports

¹³ Section 1905(r)(5) of the Social Security Act.

¹⁴ <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>

for the child and family. The assessment must be initiated within 45 days of referral (with a few clearly defined exceptions). A 2022 [briefing paper from the Early Childhood Technical Assistance Center \(ECTA\)](#) recommends including a professional with IECMH expertise and use of a validated social-emotional assessment tool as part of the evaluation when a child is referred from child welfare under CAPTA; when screening identifies social-emotional concerns; and/or when family circumstances increase the risk of social-emotional difficulties (e.g., parental substance use issues, homelessness). These practices can increase the likelihood that social-emotional concerns are appropriately identified and can be addressed through Part C, or in another program if the child does not meet Part C eligibility. Also, federal rules state that informed clinical opinion should be used during Part C evaluations and may be used independently to determine that a child is eligible for Part C services when eligibility is not established with standardized assessment tools. The use of informed clinical opinion may be especially important in identifying a child's needs in the social-emotional domain, where delays and disabilities may be more challenging to identify.

Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) (SAMHSA)

Project LAUNCH funds can be used for developmentally appropriate infant and early childhood mental health assessment and diagnosis, including as part of integrating behavioral health into primary care settings.

Regional Partnership Grant (RPG) Program (ACF)

RPG projects may fund assessment and diagnosis of IECMH concerns in young children who are at risk of or have experienced removal from their homes due to parental SUD.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

PPW funds can be used for parent and child assessment and diagnosis for mental health conditions among participating families.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B funds can support assessment of social-emotional, behavioral, or developmental issues in infants and young children who have experienced maltreatment or who are in or at risk for foster care placement, including assessments conducted using the developmentally appropriate DC:0-5.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

MCH Services Block Grant funds can be used for assessment and diagnosis of IECMH and maternal behavioral health challenges. Screening, assessment, and diagnosis of health and behavioral health concerns is one of the objectives of the Title V program.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Grant funds can be used for assessment and diagnosis of IECMH disorders in infants and young children who have experienced trauma and are in foster care, including through using and/or improving developmentally appropriate clinical assessment tools and processes.

Treatment Interventions

While evidence-based IECMH treatment interventions are most often delivered by trained mental health clinicians with IECMH expertise, these services can be delivered in a range of child and family-serving programs. These include primary care practices with integrated behavioral health care, community-based mental health clinics (including CCBHCs), and the Part C/Early Intervention and Part B/Preschool Special Education programs. In addition, it is increasingly possible, and often advantageous because of accessibility and lack of stigma, to access IECMH treatment interventions in settings like family resource centers, early care and education programs, and schools when these programs are set up to offer co-located mental health care. Because infants and young children develop in the context of important relationships with the adults in their lives, IECMH clinicians often engage the primary caregiver and other adults who regularly care for the child in treatment interventions to address IECMH concerns. While this section describes sources of funding for treatment interventions for IECMH conditions and significant social-emotional delays, it is important to note that children with milder problems and their parents or caregivers can also be supported through parenting programs and IECMH, which are discussed in other sections of this Funding Compendium.

Federal Funding Streams that Can Support Treatment Interventions

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds can be used for evidence-based outpatient mental health and SUD treatment services. This includes developmentally and culturally appropriate, evidence-based IECMH treatments, such as dyadic trauma-focused treatments that address parent-child attachment and interactions. This grant can also fund mental health and SUD treatment for parents and other caregivers of infants and young children.

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

CCBHCs have an obligation to provide outpatient mental health services, including developmentally appropriate care for children, youth, and families. Because parental behavioral health challenges increase the risk of social-emotional and behavioral concerns in infants and young children, CCBHCs have an important opportunity to identify and treat, when needed, young children of parents who are receiving behavioral health services. CCBHCs have flexibility in providing treatment services for infants and young children who may not fully meet diagnostic criteria for a disorder but whose developmental or behavioral concerns can be effectively addressed and prevented from escalating further.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used for supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention

and treatment services. This includes services to address the mental health needs of children identified as victims of child abuse or neglect.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

Developmentally appropriate treatment for children with SED (such as evidence-based parent-child dyadic treatment) can be conducted within Community Mental Health Centers and other settings supported by MHBG funds.

Community-Based Maternal Behavioral Health Services Program (SAMHSA)

In addition to using funds for screening, assessment, and improving referral pathways to services, this program provides funding for treatment for women with mental health and substance use disorders.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI) (SAMHSA)

Grant funds may be used to provide evidence-based and culturally appropriate mental health services to children at risk for or with SED, including infants and young children. Covered services include outpatient individual, group, and family counseling; professional consultation; review and management of medications; 24-hour mental health crisis emergency services; and intensive day treatment services. Grant funds may be used for family therapy in a clinic or home-based setting.

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

Funds from the IECMH Grant Program can be used to support evidence-based and evidence-informed treatment interventions for children ages birth to 12 years. Grantees that identify gaps in access to child and family treatment services (e.g., for certain groups of children or families) can use grant funds to augment or expand existing services, including multigenerational treatment approaches.

Infant-Toddler Court Program (ITCP) (HRSA)

Families served through ITCP sites with identified IECMH or parent behavioral health treatment needs are referred to services in their community. ITCP staff may support coordination with those services. ITCP funds may be used to increase access to treatment interventions to meet the needs of infants, young children, and families at risk of involvement or involved in the child welfare system. This includes the provision of dyadic and multigenerational treatment interventions that support early relational health and nurturing and responsive parenting practices and improved social, emotional, and behavioral outcomes.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

Certain MIECHV home visiting models incorporate parent-child dyadic interventions that are designed for infants and young children at risk of or experiencing behavioral problems and difficulties in the parent-child relationship. These models include [Attachment and Biobehavioral Catch-up](#) (ABC), [Child First](#), and [Video-feedback Intervention to Promote](#)

[Positive Parenting-Sensitive Discipline](#). Note that MIECHV funds cannot be used to pay for treatment/clinical services beyond these therapeutic home visiting models. Children enrolled in home visiting with positive screens for developmental issues/delays are referred to services in their community and home visitors may support coordination with those services.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

All states are required to cover medically necessary outpatient mental health and SUD treatment for EPSDT-eligible children, as this treatment falls under several section 1905(a) benefit categories. States have broad discretion to license and credential providers of these services. Most states cover qualified providers and practitioners, such as peer support practitioners, community health workers, or other professional supports, to augment the professional staff in their network and ensure maximum service availability. States may develop specific services for children ages zero to five and their parents that may include home visiting, dyadic therapies, or other services specifically designed to address the needs of the youngest children and their families. Additionally, Medicaid agencies are required to have an interagency agreement with their Title V agencies and may choose to develop interagency agreements with other state agencies,¹⁵ which are important to eliminate gaps in or duplication of services.

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI Category III – CTS Centers funds can be used to provide direct evidence-based and/or evidence-informed mental health-related treatment and services to infants and young children who have been exposed to trauma and their families. Culturally and linguistically appropriate treatment can be provided in a variety of settings, including outpatient, home, and community-based programs.

Part B, Section 619 Preschool Special Education Program (ED)

Interventions to address social-emotional or behavioral issues can be included as part of Part B Preschool Special Education services. The plan that outlines Part B services for a child is called the Individualized Education Program (IEP). For children with IEMCH issues, the IEP might include strategies to be used by educators (both general and special education) and families to help children develop age or developmentally appropriate social-emotional skills, as well as IEMCH treatment interventions delivered by an IECMH professional working in ECE, community-based, or home settings.

¹⁵ 42 C.F.R. § 431.615.

Part C Early Intervention Program (ED)

Children may be eligible for Part C services if they show a significant delay in one or more areas of development, including the social-emotional domain, or have a physical or mental condition that is likely to lead to a developmental delay. Part C services for infants and toddlers with delays or disabilities in the social-emotional domain vary across states and may include parent-child dyadic treatment. A 2022 [briefing paper from the Early Childhood Technical Assistance Center \(ECTA\)](#) reports that as of 2020, 24 states' Part C programs provided or referred children to parent-child dyadic treatment services. Twelve states required or recommended the use of evidence-based dyadic treatment models. The cost of these services can be covered by Part C funds or other funding sources, including Medicaid for Medicaid-enrolled children and families.

Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) (SAMHSA)

Although Project LAUNCH grantees focus largely on promotion and prevention, grantees may use funds to support brief interventions in pediatric primary care settings that integrate behavioral health care. Families that receive these interventions, which may include brief parent-child dyadic treatment, are provided with supported referrals for longer treatment as needed. Grantees are required to report on the number of people receiving evidence-based mental health-related services each year.

Regional Partnership Grant (RPG) Program (ACF)

RPG grant program funds may support treatment for infants and young children with IECMH concerns (including trauma) and their caregivers if they fall into the population served by this program (e.g., children who are at risk of or have experienced removal from their homes due to parental SUD).

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

Funded services include treatment interventions for mothers, infants, young children, and families. Required activities include providing trauma-informed services to the children and families of women in treatment (as appropriate), including age and developmentally appropriate counseling for children.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B funding can be used for treatment interventions, to the extent they are focused on preventing entry into foster care, facilitating reunification, or supporting adoptive placements. Title IV-B, Subpart 2 funds may be used for treatment interventions for infants and young children with IECMH concerns (including trauma) and their caregivers if they at risk for removal from their families, in foster care placements, and/or in the process of reunification.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

MCH Services Block Grant funds may be used as a payor of last resort for treatment services, including for IECMH-related interventions. For example, [Texas](#) provides services to women who lack health insurance, including pre and postpartum health services and counseling. [Illinois](#) has used Title V MCH funds for a pilot to screen, refer, and treat pregnant and postpartum women for depression and other mental health conditions.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC grants can fund brief consultation or treatment interventions within pediatric practices supported by the grant. Examples include the provision of focused dyadic interventions that support IECMH and nurturing and responsive parenting practices to improve social, emotional, and behavioral outcomes.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Grant funds can be used to implement evidence-based clinical services to address trauma in infants and young children in foster care. Treatment modalities include individual, group, family therapy, and play therapy.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

Certain MIECHV/Tribal MIECHV home visiting models — such as [Attachment and Biobehavioral Catch-up](#) (ABC), [Child First](#), and [Video-feedback Intervention to Promote Positive Parenting-Sensitive Discipline](#) (VIPP-SD) — incorporate parent-child dyadic treatment interventions that are designed specifically for families with infants or young children at risk for or experiencing behavioral problems and difficulties in the parent-child relationship. Tribal MIECHV funds cannot be used to pay for clinical/treatment services outside of the home visiting program model. Children enrolled in home visiting with positive screens for developmental issues/delays are referred to services in their community, and home visitors may support coordination with those services.

Care/Case Management

Care/case management is a critical service that can be found in many different programs and settings. Care/case management refers to different forms of assistance that help families access needed services, many of which improve IECMH outcomes (e.g., access to health and mental health care, nutritious food, and safe and stable housing). Often care/case managers help families connect with multiple services, playing a critical role in reducing barriers to care and providing help in navigating complex systems of health and behavioral health care and other services. Individuals in these roles may have different titles, including navigator, community health worker, and care coordinator. Often these individuals are members of the communities they serve and have experience navigating the systems themselves, as parents of children with special needs and/or as consumers of services, which makes them especially well-suited to connect with and support other families.

Federal Funding Streams that Can Support Care/Case Management

Behavioral Health Integration Initiative (BH2I) (IHS)

BH2I grant funds can be used for care coordination services, including coordination between primary care and behavioral health providers, as well as coordination involving other providers serving infants/young children and families receiving integrated care (e.g., early care and education, Part B/Part C programs, home visiting programs etc.).

Certified Community Behavioral Health Clinics (CCBHCs) (SAMHSA)

Care coordination and management is a central function of CCBHCs and should be provided to families with infants and young children seeking care regardless of diagnosis or insurance status. CCBHCs must have care coordination agreements with community services, supports, and providers, including schools, child welfare agencies, and other social and human service organizations.

Child Care and Development Fund (CCDF) (ACF)

2024 [guidance](#) from the Office of Child Care describes how CCDF quality funds can support some activities that help families and the ECE workforce to better access health and behavioral health care and other community resources (e.g., housing, employment, food) that improve child and family well-being. This includes embedding trained IECMH community health workers (CHWs) in child care programs.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

MHBG funds can support care coordination services for children with SED.

Community-Based Child Abuse Prevention (CBCAP) Grants (ACF)

The CBCAP grants may support case management services. According to Section 201(b) of the Child Abuse Prevention and Treatment Act, allowable uses of CBCAP funds include support for programs and activities that build on existing strengths; provide early, comprehensive support to parents; improve family access to other resources and opportunities for assistance available within communities. This may also include support for providing information and referring families to other community-based case/care management services, as appropriate.

Community-Based Maternal Behavioral Health Services Program (SAMHSA)

Funds can be used to support case managers as members of the teams that provide and coordinate services across pregnancy, postpartum, and behavioral health care settings. Case management can also help women, their children, and family members to access other types of services and supports, such as assistance with housing, medical care, and legal services.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI) (SAMHSA)

Grant funds may be used for tiered or intensive care coordination services to ensure that multiple mental health treatment and other supportive services are organized and coordinated.

Head Start (ACF)

Head Start family service professionals connect families to community resources and programs to support family strengths, interests, needs, and aspirations and help them make progress toward their goals.

Healthy Start (HRSA)

Enrolled families are supported by a care coordinator who helps them access services and supports, such as those related to health and behavioral health needs and social, economic, and employment services.

Infant-Toddler Court Program (ITCP) (HRSA)

ITCP funds can be used for case management to help ensure families are able to access services and supports to address child development and child or parent mental health needs. Funds can also be used for case management to work with families to ensure ongoing access to these services. Trained staff in local ITCP sites provide centralized support to connect families to needed services and address barriers to access.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

HRSA funds the [Jackie Walorski Center for Evidence-Based Case Management](#) to identify, evaluate, and disseminate case management tools, resources, and strategies to support the home visiting workforce. MIECHV-funded home visitors employ case management strategies and services that help families access needed resources and supports in their communities, including health, behavioral health, social, and educational services.

Medicaid and Children’s Health Insurance Program (CHIP) (CMS)

For children, especially young children, care coordination and case management are typically provided to the child through the parent or other caregiver. For families, care coordination and case management can ease the process of receiving services by helping to manage the care of the child, reducing duplication of effort, and limiting gaps between service providers. States can deliver care coordination and case management under multiple Medicaid authorities. Medicaid defines case management as services furnished to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, and other services.¹⁶ Case management is authorized under section 1905(a) and must therefore be provided to EPSDT-eligible children when medically necessary. Care coordination is the organization of a patient’s care across multiple providers and may focus on a specific service or condition, such as referring and connecting individuals to other programs that support mental health recovery. Care coordination is not defined in section 1905(a) as a service but can be covered in certain circumstances.

Because of the breadth of coverage options for these services, please refer to CMS guidance for detailed coverage information. For state-specific information, contact that state Medicaid agency.

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI Category III – CTS Centers funds can be used to provide care management to ensure a child’s access to needed services to address trauma-related experiences and other contributors to mental health concerns.

Part C Early Intervention Program (ED)

Service coordination is a mandated service within the Part C program and can be paid for with Part C funds at no cost to families.

Pediatric Mental Health Care Access (PMHCA) Program (HRSA)

Pediatric health professionals can contact statewide or regional mental health teams by phone to receive consultations regarding children’s mental health needs. The mental health teams consist of a diverse group of professionals, including child psychiatrists, psychologists, and care coordinators. Care coordinators within these teams play a crucial role in connecting pediatric health professionals and families to local services tailored to meet the unique needs of children. These coordinators can facilitate referrals to community resources such as Early Intervention programs, mental health clinics, and parenting support services.

¹⁶ 42 C.F.R. § 440.169(a).

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

Reflecting recent federal [guidance](#), PDG B-5 funds can be used for case management services that help families with infants and young children access high quality ECE programs and IECMH-related services.

Regional Partnership Grant (RPG) Program (ACF)

RPG funds can be used to help caregivers of children at risk for or experiencing removal from their home due to parental SUD to access health, behavioral health, and social services that can improve social determinants of health and promote IECMH and child well-being and safety.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

Funded services include case management for women and their children. Required activities include assistance with community reintegration before and after leaving residential services, including referrals to appropriate outpatient services and resources.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B, Subparts 1 and 2 funds can be used for case management services that help families access resources and supports (e.g., health and behavioral health care and economic, employment, and housing services) that strengthen families and promote family preservation, family reunification, and successful adoption.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

The MCH Services Block Grant aims to provide a community-based system of coordinated, family-centered care that is culturally appropriate for children with special health care needs. States can use these funds for case management. [Alabama](#), [Georgia](#), and [Maryland](#) use the MCH Services Block Grant to finance case management to help pregnant and parenting women, infants, and young children access health, mental health, and related services.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC funds support care coordination services for families to improve linkages to treatment, including IECMH and behavioral health care and other community services. TPEC grants can fund case management and navigation supports in pediatric practices supported by the grant to ensure families can access available mental health services easily and consistently.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Grant funds can be used to support biological families in accessing concrete, economic, and other available supports within the community. Funds can be used in coordinating family therapy and other supports.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

Tribal MIECHV home visitors employ case management strategies and services that help families access needed resources and supports in their communities, including health, behavioral health, social, and educational services.

Workforce Development

Workforce development is a cross-cutting activity which is a necessary foundation for the delivery of most types of services and programs discussed in this Funding Compendium. Families' access to high quality IECMH-related services is highly dependent on the availability of training for the providers who deliver IECMH promotion, prevention, assessment, and treatment interventions. Most communities have shortages of professionals with IECMH expertise and can benefit from leveraging federal funds to be used for training and related workforce supports, such as reflective supervision. This section highlights key sources of federal funds that can be used for IECMH-related training of individuals who engage with young children and their families in a variety of roles, including pediatric and maternal health care providers; clinicians who evaluate and treat infants and young children with a developmentally-based diagnostic system and evidence-based interventions; child welfare staff who work with children and families experiencing trauma; Part B and C program staff; ECE providers who promote mental health and identify and refer children and families for screening and follow up; and home visitors, doulas, community-health workers and others who provide pre- and post-natal parenting supports.

Federal Funding Streams that Can Support Workforce Development

Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers (ACF)

This grant program can support workforce development through training for both child welfare and ECE staff. Many grant recipients support training for child welfare staff on the importance of ECE, how to make referrals, etc. Grant recipients also support training for ECE staff on topics such as trauma-informed care when working with children who have been impacted by the child welfare system.

Child Abuse Prevention and Treatment Act (CAPTA) State Grants (ACF)

CAPTA State Grant funds can be used to provide training and professional development that build understanding and knowledge among child protective services professionals regarding IECMH, including but not limited to screening for and recognizing signs and symptoms of infant and early childhood mental health and developmental disorders, understanding the impacts of trauma on development and behavior, and effective IECMH treatment interventions.

Child Care and Development Fund (CCDF) (ACF)

CCDF quality funds can be used for professional development of child care staff to support their use of practices, curricula, and models that promote children's social-emotional development.

Community Health Worker Training Program (CHWTP) (HRSA)

CHWTP trains community health workers who can support families in community-based settings, including those that serve families with young children. For example, [Northwest Portland Area Indian Health Board](#) (a CHWTP grant recipient) offers CHW training to health support workers in Tribal clinics and is considering training Head Start and Early Learning staff to gain CHW skills so that they can better support children and families in the community. [YWCA of San Antonio](#), another grant recipient, recruits parents participating in its child care program and partnering child care centers to receive community health worker training.

Community Mental Health Services Block Grant (MHBG) (SAMHSA)

MHBG funds can be used for training mental health providers to deliver age and culturally appropriate, evidence-based mental health services for children with SED, including clinical consultation, treatment, and family psychoeducation.

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children's Mental Health Initiative (CMHI) (SAMHSA)

The grant program funds training to service providers in all aspects of system of care development and implementation, including training IECMH clinicians in evidence-based, practice-based, or community defined interventions to address the needs of infants and young children at risk for or experiencing SED.

Developmental-Behavioral Pediatrics Training Program (DBP) (HRSA)

DBP Training Program funds can be used to increase IECMH knowledge and skills among trainees (e.g., fellows, medical students, residents, and pediatric practitioners) so that they are better equipped to evaluate, diagnose, and treat children and families struggling with mental health concerns. Trainees may also have the opportunity to strengthen systems of care through collaborations that include IECMH professionals and organizations, along with state Title V Maternal and Child Health (MCH) Services Block Grant agencies and other partners.

Head Start (ACF)

Head Start funds can be used for training and professional development for staff on topics related to IECMH, such as strategies to promote healthy social and emotional development and mental health, implementing trauma-informed practices, and typical and atypical child development. Head Start programs develop and implement a systematic approach to providing high-quality, comprehensive services, including through required annual training on positive strategies to support social and emotional development, tools for managing children's behaviors,^{vi} and promoting growth and learning in the social and emotional domains.^{vii}

Infant Early and Childhood Mental Health (IECMH) Grant Program (SAMHSA)

IECMH Grant Program funds can be used to build workforce capacity among individuals serving children from birth to age 12 years and their families. This includes training for allied providers (such as home visitors, child welfare workers, educators, and Early Intervention teams) to equip

them with the knowledge and skills to identify and address IECMH issues. It also includes specialized training for mental health clinicians in evidence-based and evidence-informed IECMH prevention and treatment interventions, including those focused on the needs of children experiencing trauma and other early adversities.

Infant-Toddler Court Program (ITCP) (HRSA)

ITCP funds can be used to provide training, certification, supervision, and peer learning opportunities for IECMH and behavioral health providers. These efforts promote the use of dyadic and multigenerational assessments and interventions that support early relational health and nurturing and responsive parenting practices and improved social, emotional, and behavioral outcomes. Funds can also be used to increase IECMH competencies among other family-serving professionals, such as child welfare case workers, attorneys, judicial staff, and medical providers.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) (HRSA)

MIECHV funds support professional development activities to build core competencies and support and retain a diverse, qualified home visiting workforce. These activities may include professional development opportunities to enhance knowledge and skills related to children's healthy social-emotional development, behavioral health and well-being of adult caregivers, early relational health, and parent-child attachment and relationships that contribute to child and family well-being. HRSA funds the [Institute for Home Visiting Workforce Development](#) to improve the quality of home visiting services, support home visitor professional development and well-being, and inform strategies to reduce the costs and disruption associated with staff turnover and retraining.

National Child Traumatic Stress Initiative (NCTSI) (SAMHSA)

NCTSI Category II – TSA Centers funds can be used to provide training and education to support dissemination and implementation of evidence-based treatment and service approaches addressing the needs of infants, young children, and families impacted by trauma.

Part B, Section 619 Preschool Special Education Program (ED)

States can use Part B funds for personnel development, including training and professional development to build staff skills and knowledge related to identifying, evaluating, and addressing IECMH concerns in young children and supporting families.

Part C Early Intervention Program (ED)

States can use Part C funds for personnel development, including training and professional development to build staff skills and knowledge related to identifying, evaluating, and addressing IECMH concerns in young children and supporting families.

Pediatric Mental Health Care Access (PMHCA) Program (HRSA)

PMHCA programs offer comprehensive training designed to elevate professionals' skills in understanding and addressing children's behavioral health needs. The trainings often focus on

IECMH, emphasizing critical aspects such as typical and atypical social and emotional development, as well as behavioral patterns observed in early childhood.

Preschool Development Grant Birth through Five (PDG B-5) (ACF)

As noted in 2024 PDG B-5 program [guidance](#), PDG B-5 funds can be used to offer training and professional development to build skills and knowledge related to promoting IECMH in the early childhood workforce. Examples include professional development offerings on IECMH and trauma-informed care; training to promote implementation of positive behavior management strategies; and partnering to increase access to reflective supervision for ECE supervisors and staff. Grant funds can also be used to strengthen and increase the IECMH clinical workforce to better meet the needs of young children and families.

Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) (SAMHSA)

Project LAUNCH funds can be used to train providers to offer evidence-based and evidence-informed IECMH screening, assessment, and treatment interventions for infants, young children, and families. Grantees are required to report on the number of individuals who have received training in prevention or mental health promotion each year.

Regional Partnership Grant (RPG) Program (ACF)

RPG funds can be used to provide training and staff development to ensure that providers of child welfare services, social services, and adult SUD treatment providers understand the increased risks for IECMH disorders among young children whose parents experience SUD; are well equipped to screen for and identify social emotional concerns in young children at increased risk due to parental SUD; and are familiar with evidence-based and promising approaches to prevent and treat mental health challenges in infants and young children (including dyadic interventions). Funds can also be used to provide similar training to early childhood providers who may not be familiar with treatment for parental SUD and the impacts of exposure to parental SUD on the children in their care.

Services Program for Residential Treatment for Pregnant and Postpartum Women (PPW) (SAMHSA)

Funds can be used to train providers to deliver treatment and services supported by the program, including evidence-based individual, dyadic, family, and group treatment interventions.

Title IV-B, Subparts 1 and 2 of the Social Security Act (ACF)

Title IV-B, Subpart 1 provides training, professional development, and support to ensure a well-qualified child welfare workforce. Training is not a specific purpose of Title IV-B, Subpart 2, but could be used for training and professional development in the context of delivering family support, family preservation, family reunification or adoption, and promotion support services supported by the program.

Title V Maternal and Child Health (MCH) Services Block Grant to States (HRSA)

Many states use MCH Services Block Grant funds to support training of clinicians and other providers in IECMH-related services. Examples include training clinicians in an evidence-based dyadic treatment model in [Florida](#) and collaborating with other agencies in [Massachusetts](#) to support training in the DC: 0-5 diagnostic system.

Transforming Pediatrics for Early Childhood (TPEC) (HRSA)

TPEC awardees directly support the hiring/re-training of practice staff to reflect early childhood development (including social-emotional development) expertise.

Trauma Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs (ACF)

Grant funds can be used to build capacity of child welfare and other child and family serving systems to understand, identify, and respond to trauma in infants and young children. This includes offering training that builds the knowledge and skills of child welfare agency staff regarding IECMH and developmentally appropriate assessment and treatment interventions for infants and young children.

Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV) (ACF)

Tribal MIECHV funds support professional development activities to build core competencies and support and retain home visitors. These activities may include professional development opportunities to enhance knowledge and skills related to children's healthy social-emotional development, behavioral health and well-being of adult caregivers, early relational health, and parent-child attachment and relationships that contribute to child and family well-being.

Appendix A – Additional Information about Federal Initiatives/Programs in the IECMH Funding Compendium

Table 2: Additional Information about Federal Initiatives/Programs in the IECMH Funding Compendium

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Behavioral Health Integration Initiative (BH2I)	<p>Competitive grant program. Eligible applicants are federally recognized Indian Tribes, Tribal organizations, and Urban Indian Organizations. The 14 grantees are eligible for up to \$400,000 a year during the current five-year grant period.</p> <p>https://www.ihs.gov/mentalhealth/bh2i/bh2ifundingannouncement2021/</p> <p>https://www.federalregister.gov/documents/2021/11/04/2021-24040/behavioral-health-integration-initiative</p> <p>https://www.ihs.gov/sites/mentalhealth/themes/responsive2017/display_objects/documents/BH2I2Awards20222027.pdf</p>	<p>American Indians and Alaska Natives with behavioral health issues.</p> <p>https://www.federalregister.gov/documents/2021/11/04/2021-24040/behavioral-health-integration-initiative</p> <p>https://bh2itoolkit.com/resources/</p>	<p>A list of current grantees can be found here:</p> <p>https://www.ihs.gov/sites/mentalhealth/themes/responsive2017/display_objects/documents/BH2I2Awards20222027.pdf</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
<p>Building Early Childhood-Child Welfare Partnerships to Support the Well-Being of Young Children, Families, and Caregivers</p>	<p>Competitive grant program. Eligible applicants include states; Indian Tribes or Tribal organizations; and public and private agencies or organizations. The first-year award amount is up to \$275,000. The project period is up to 36 months. Two rounds were previously funded prior to FY23. Eight grants were awarded in FY23.</p> <p>https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards</p>	<p>Children and families at risk of or with current engagement with the child welfare system.</p> <p>https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards</p>	<p>A list of FY23 grant awardees can be found here:</p> <p>https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards</p>
<p>Certified Community Behavioral Health Clinics (CCBHCs) - Medicaid Demonstration (Section 223 CCBHC Demonstration Programs)</p>	<p>CCBHCs receive federal funding in three primary ways:</p> <ol style="list-style-type: none"> 1. CCBHCs funded by the Section 223 CCBHC Demonstration. These CCBHCs are certified by the state as complying with the CCBHC Certification Criteria and are reimbursed via a cost-based prospective payment system (PPS) for nine required services defined in the criteria. These CCBHCs may 	<p>Anyone who requests care for mental health or SUD, regardless of their ability to pay, place of residence, or age.</p> <p>https://www.samhsa.gov/certified-community-behavioral-health-clinics</p> <p>CCBHCs serve an estimated 3 million people.</p>	<p>A directory of CCBHCs can be found here:</p> <p>https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-locator/</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
<p>- CCBHCs funded through state Medicaid programs separate from the Section 223 CCBHC Demonstration</p> <p>- CBHC Expansion Grant Program</p>	<p>also receive SAMHSA expansion grants.</p> <p>2. CCBHC-Es funded by SAMHSA expansion grants. These CCBHCs are supported through direct SAMHSA grants to the provider organization and the grantee self-attests to compliance with the certification criteria. These CCBHCs fund their activities using a combination of grant funds and other funding sources (e.g., Medicaid, Medicare, state and local funding, other third-party payment).</p> <p>3. CCBHCs funded through state Medicaid programs separate from the Section 223 CCBHC Demonstration. These states use Medicaid state plan or section 1115 demonstration authority, not the Section 223 CCBHC Demonstration, to define the CCBHC array of services and payment for CCBHC services. These CCBHCs are subject to state</p>	<p>https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/</p>	

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>oversight through their Medicaid programs and may also receive SAMHSA expansion grants. In 2024, 20 states were operating or in the process of launching CCBHC programs supported through Medicaid as a part of the Section 223 Medicaid Demonstration or other avenues through Medicaid.</p> <p>The federal government awards planning grants to states interested in participating in the Section 223 CCBHC Medicaid Demonstration. In 2023, 15 states were awarded one-year planning grants of \$1 million, with 15 additional planning grants anticipated to be offered in 2025.</p> <p>https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/</p> <p>https://www.samhsa.gov/grants/grant-announcements/sm-23-015</p>		

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p data-bbox="485 285 926 391"> https://www.samhsa.gov/certified-community-behavioral-health-clinics/history-background </p> <p data-bbox="485 423 926 951"> SAMHSA also funds CCBHCs through its competitive CCBHC Expansion Grant Program. Eligible grantees are community-based, behavioral health, non-profit organizations or local and Tribal behavioral health authorities. Four-year grants of up to \$1 million a year are awarded to grantees to establish and implement new CCBHCs or enhance and support existing CCBHCs. </p> <p data-bbox="485 984 926 1089"> https://www.samhsa.gov/certified-community-behavioral-health-clinics/expansion-grants </p> <p data-bbox="485 1122 926 1276"> There are currently more than 500 CCBHCs operating in 46 states, the District of Columbia, and Puerto Rico. </p>		

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-locator/		
<p>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</p>	<p>CAPTA State Grants are used to improve child protective services (CPS). Grants are allocated as a base allotment of \$50,000 to each state, with remaining funds based on the share of children ages birth to 18. States are required to use a substantial portion of their grants to address the needs of substance-exposed infants and their caretakers.</p> <p>https://www.acf.hhs.gov/cb/grant-funding/child-abuse-prevention-and-treatment-act-capta-state-grants</p> <p>In FY24, CAPTA funding included \$105 million for State Grants.</p>	<p>The target population for CAPTA State Grants are child protective service agencies serving children who are referred or reported to CPS as at risk for or victims of child maltreatment and their families.</p>	<p>Contacts for state agencies administering CAPTA State Grant funds can be found at:</p> <p>State Liaison Officers for Child Abuse and Neglect Child Welfare Information Gateway</p>

<p>Child Care and Development Fund (CCDF)</p>	<p>Grant program to states. CCDF funding is comprised of the Child Care and Development Block Grant (CCDBG) and the Child Care Entitlement to States (CCES). CCDBG funds are allocated to states based on the share of children under age five, the share of children receiving free or reduced-price lunches, and their per capita income. CCES funds are allocated to states according to a formula based on the share of population under age 13 (provided states meet maintenance-of-effort and matching requirements) and as a fixed historical amount. States may transfer Temporary Assistance for Needy Families (TANF) funding to the CCDBG.</p> <p>https://crsreports.congress.gov/product/pdf/R/R47312</p> <p>Federal CCDF appropriations in FY24 were \$12.2 billion.</p>	<p>Working families with low incomes with children under age 13.</p> <p>In FY21, CCDF served approximately 1.31 million children and 797,200 families per month.</p> <p>https://www.acf.hhs.gov/sites/default/files/documents/occ/Quick Facts on CCDF Subsidies Preliminary FY 2021.pdf</p> <p>https://www.acf.hhs.gov/occ/data/child-care-and-development-fund-statistics</p>	<p>State and territory CCDF administrators can be found here:</p> <p>https://www.acf.hhs.gov/occ/contact-information/state-and-territory-child-care-and-development-fund-administrators</p> <p>Tribal CCDF administrators can be found here:</p> <p>https://www.acf.hhs.gov/occ/contact-information/tribal-ccdf-contacts-state</p>
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Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://www.acf.hhs.gov/occ/data/ccdf-state-and-territory-funding-allocations		
Community Health Worker Training Program (CHWTP)	<p>Competitive grant program. Eligible applicants included health professions schools, academic health centers, state or local governments, community colleges, community health centers, federally qualified health centers (FQHCs), and community-based organizations. 83 grantees were awarded \$225 million for three years.</p> <p>https://www.hrsa.gov/grants/fin-d-funding/HRSA-22-124</p> <p>https://bhw.hrsa.gov/funding/community-health-worker-training-fy2022-awards</p>	<p>Individuals with a minimum of a high school diploma or GED certificate.</p> <p>HRSA plans to train 13,000 community health workers.</p> <p>https://www.grants.gov/search-results-detail/336498</p>	<p>A list of grantees can be found here:</p> <p>https://bhw.hrsa.gov/funding/community-health-worker-training-fy2022-awards</p>
Community Mental Health Services Block Grant (MHBG)	<p>Block grant program to states. Annual funding is allocated according to a formula that incorporates the size of the at-risk population, the cost of services, and the state's fiscal capacity.</p>	<p>Children with serious emotional disturbance (SED) and adults with serious mental illness (SMI).</p> <p>https://www.samhsa.gov/grants/block-grants/mhbg</p>	<p>State MHBG contacts can be found here:</p> <p>https://www.samhsa.gov/grants/block-grants/mhbg/contacts</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>States must also meet a maintenance of effort requirement.</p> <p>FY23 MHBG final allotments to states and territories was \$950 million, with an additional \$59 million allotted through the Bipartisan Safer Communities Act.</p> <p>https://www.samhsa.gov/grants/block-grants</p> <p>https://www.samhsa.gov/sites/default/files/primer-maintenance-effort-requirements-mhbg-sabg.pdf</p> <p>https://www.samhsa.gov/grants/block-grants/mhbg-final-allotments</p> <p>https://www.samhsa.gov/grants/block-grants/fy2023-mhbg-bsca-allotments</p>	<p>https://www.samhsa.gov/grants/block-grants/resources</p>	

<p>Community-Based Child Abuse Prevention (CBCAP) Grants</p>	<p>A lead entity (as designated by the Governor) of each of the states, the District of Columbia, and Puerto Rico, applies for and is awarded CBCAP funds annually. The lead entity issues sub-awards to community-based providers for child abuse and neglect prevention-focused programs. 70% of CBCAP funds are allocated to states based on the share of children ages birth to 18 (with a minimum allotment of \$175,000), and the remaining 30% is allotted proportionately based on the amount of non-federal funds (private, state, local) the lead entity leveraged in the preceding year. In addition, 1% the CBCAP appropriation is reserved for grants to Tribes, Tribal organizations, and migrant programs for CBCAP programs. These grants are awarded through a discretionary grant review process.</p> <p>https://crsreports.congress.gov/product/pdf/R/R40899</p>	<p>Families with children ages birth to 18.</p> <p>In 2022, CBCAP served 218,462 families, with 261,941 children and 246,441 parents.</p> <p>https://friendsnrc.org/cbcap/cbcap-data-profile/</p>	<p>State CBCAP contacts can be found here:</p> <p>https://friendsnrc.org/contacts-by-state/</p>
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Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p data-bbox="485 282 940 358">https://friendsnrc.org/cbcap/current-cbcap-program-instruction/</p> <p data-bbox="485 386 909 462">In FY23, CAPTA funding included \$71 million for CBCAP grants.</p> <p data-bbox="485 490 936 566">https://crsreports.congress.gov/product/pdf/IF/IF10590/32</p>		
Community-Based Maternal Behavioral Health Services Program	<p data-bbox="485 600 936 1002">Competitive grant (cooperative agreement) program. Eligible applicants include state, local, and Tribal governments, non-profit community-based organizations, and primary care and behavioral health organizations. Anticipated grants of up to \$500,000/year for five years will be awarded to six grantees.</p> <p data-bbox="485 1029 936 1149">https://www.samhsa.gov/grants/grant-announcements/sm-24-013</p>	<p data-bbox="961 600 1398 758">Pregnant people who are at risk for or currently have a behavioral health condition in the perinatal and postpartum periods.</p> <p data-bbox="961 786 1409 943">https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-community-based-maternal-bhs-sm-24-013.pdf</p>	<p data-bbox="1438 600 1885 677">FY24, applications due September 9, 2024</p> <p data-bbox="1438 704 1892 824">https://www.samhsa.gov/grants/grant-announcements/sm-24-013</p>

<p>Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/ Children’s Mental Health Initiative (CMHI)</p>	<p>Competitive discretionary grant program. States, territories, Tribes, and state subdivisions are eligible to apply. Grantees must match \$1 for every \$3 of federal funding during the first three years of the grant period and \$1 for every \$1 of federal funding during the fourth (and final) year.</p> <p>As of September 2024, there are 63 active grantees (including those in no cost extension status), 33 of which are awarded to state entities.</p> <p>https://www.samhsa.gov/grants/grant-announcements/sm-23-013</p> <p>https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-cmhi-nofo.pdf</p> <p>https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by award fy%3A2023&f%5B1%5D=by nofo number%3ASM-23-013#awards-tab</p>	<p>Children and youth, birth to age 21, at risk for or with serious emotional disturbances (SED) and their families.</p> <p>https://www.samhsa.gov/grants/grant-announcements/sm-23-013</p>	<p>A list of current awardees can be found here:</p> <p>https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by award fy%3A2023&f%5B1%5D=by nofo number%3ASM-23-013&page=0%2C0</p>
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Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Developmental-Behavioral Pediatrics Training Program	<p>Competitive grant program. Public or nonprofit agencies, including institutions of higher education, were eligible to apply for the current five-year grants. Total annual funding for the 13 current grantees is \$3.44 million.</p> <p>https://www.hrsa.gov/grants/financial-funding/HRSA-23-070</p> <p>https://mchtraining.net/media/training/documents/factsheet-DBP-2024-Apr.pdf</p>	<p>Children with developmental and behavioral concerns.</p> <p>In FY21, grantee programs conducted 20,257 diagnostic evaluations to confirm or rule out developmental disabilities.</p> <p>https://mchtraining.net/media/training/documents/factsheet-DBP-2024-Apr.pdf</p>	<p>The list of 2023 awardees can be found here:</p> <p>https://mchb.hrsa.gov/training/projects.asp?program=6</p>
Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action	<p>Competitive cooperative agreement program. Public or private entities are eligible to apply, including state, local, and Tribal governments; higher education institutions; and nonprofit organizations. The average award for the current 12 recipients is \$485,000 a year for five years.</p> <p>https://www.grants.gov/search-results-detail/342828</p>	<p>Children and their families, with a focus on populations at greatest risk.</p> <p>https://www.cdc.gov/aces/programs/index.html</p> <p>https://www.grants.gov/search-results-detail/342828</p>	<p>A list of recipients can be found here:</p> <p>https://www.cdc.gov/aces/programs/index.html</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://www.cdc.gov/violenceprevention/fundinghub/fundingopportunities/NOFO-CDC-RFA-CE-23-0005.html		
Family First Prevention Services Act	<p>Federal entitlement program. The Family First Prevention Services Act allows states with an approved five-year Title IV-E Prevention Plan to use federal Title IV-E funds for evidence-based prevention services. Under Title IV-E of the Social Security Act, states are entitled to federal reimbursement for spending on provision of foster care, adoption assistance, and kinship guardianship assistance. The reimbursement rate for Title IV-E prevention services is 50%. As of February 2024, 52 states, Tribes, and territories have submitted Title IV-E prevention plans. Among these plans, 44 were approved and 12 were not.</p> <p>https://crsreports.congress.gov/product/pdf/R/R42794</p>	<p>Children who are candidates for foster care and children in foster care who are pregnant or parenting. (See link for further detail on how different states define candidates for foster care):</p> <p>https://familyfirstact.org/sites/default/files/Chapin%20Hall%20Candidacy%20Overview%20Oct%202019.pdf</p> <p>In FY22, the Title IV-E prevention services managed 7,011 cases.</p> <p>https://www.acf.hhs.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data</p>	<p>State Title IV-E Prevention Plan status can be found here:</p> <p>https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans</p> <p>https://cms.childtrends.org/wp-content/uploads/2023/05/ChildWelfareFinancingSFY2020 TitleIV-E.pdf</p> <p>In FY22, federal spending on Title IV-E Prevention Services was \$17.8 million.</p> <p>https://www.acf.hhs.gov/cb/report/title-iv-e-programs-expenditure-and-caseload-data</p>		
Head Start	<p>Competitive grant program. The federal government directly funds local organizations and entities to provide Head Start services in individually defined service areas. These entities include school districts, nonprofit and for-profit groups, faith-based institutions, Tribal councils, states, and other organizations that qualify to become Head Start recipients and</p>	<p>Head Start Preschool serves low-income children ages three to five.</p> <p>Early Head Start serves low-income families with children ages birth to three and expectant families.</p> <p>In FY22, annual funded enrollment for Head Start was 636,024 and for Early Head Start this figure was 197,051.</p>	<p>Head Start programs can be found here:</p> <p>https://eclkc.ohs.acf.hhs.gov/federal-monitoring/report/agency-service-profile</p> <p>or here:</p> <p>https://eclkc.ohs.acf.hhs.gov/center-locator</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>receive federal funding. There are more than 1,900 grantee agencies.</p> <p>https://eclkc.ohs.acf.hhs.gov/federal-monitoring/report/agency-service-profile</p> <p>In FY22, annual federal operations funding for Head Start, including American Indian and Alaska Native (AIAN) Head Start and Migrant and Seasonal Head Start (MSHS) was \$7.27 billion and Early Head Start (including AIAN Early Head Start) was \$3.35 billion.</p> <p>https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/head-start-program-facts-fiscal-year-2022</p>	<p>https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/head-start-program-facts-fiscal-year-2022</p>	<p>Each state and regional program (AIAN and MSHS) has a Head Start Collaboration Office, which supports collaboration among Head Start grantees and state and local agencies that serve low-income children from ages birth to five and their families.</p> <p>https://eclkc.ohs.acf.hhs.gov/state-collaboration/article/head-start-collaboration-offices</p>
Healthy Start	Competitive grant program. Local Healthy Start awardees include local governments, hospitals, health centers, Tribal and community- based organizations, and universities. Healthy Start currently funds 115 grants in 37	Women, their partners, and children ages birth to 18 months in communities with infant mortality rates 1.5 times higher than the national average. In 2022, Healthy Start served 85,000 participants.	<p>https://mchb.hrsa.gov/programs-impact/healthy-start/fy-2024-awards</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>states, the District of Columbia, and Puerto Rico.</p> <p>https://mchb.hrsa.gov/prfograms-impact/healthy-start/fy-2024-awards</p> <p>https://mchb.hrsa.gov/programs-impact/healthy-start</p>	<p>https://mchb.hrsa.gov/sites/default/files/mchb/about-us/2023-mchb-healthy-start-factsheet.pdf</p>	

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
<p>Infant Early and Childhood Mental Health (IECMH) Grant</p>	<p>Competitive grant program. Human services agencies and non-profit institutions delivering IECMH services were eligible to apply for the current five-year grants (2022-2027). There are currently 28 grantees. Each grantee is eligible for up to \$500,000 per year.</p> <p>https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-iecmh-nofo.pdf</p> <p>https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_ award_fy%3A2023&f%5B1%5D=by_ award_fy%3A2022&f%5B2%5D=by_ nofo_number%3ASM-22-006</p>	<p>Children ages birth to 12 years and their families.</p> <p>From 2019-2023, IECMH Grant Program grantees conducted IECMH screenings with 38,253 children and caregivers and provided IECMH services to 26,788 children and caregivers.</p> <p>https://www.samhsa.gov/early-childhood-mental-health-programs/iecmh-grant-program</p>	<p>A list of current IECMH Grant Program awardees can be found here:</p> <p>https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_ nofo_number%3ASM-22-006#awards-tab</p>
<p>Infant-Toddler Court Program (ITCP)</p>	<p>Competitive grant program. Any domestic public or private entity was eligible to apply for the current five-year grants (2022-2027). Total annual funding for the 12 current state-level grantees is \$10.2 million.</p>	<p>Families with infants and toddlers involved or at risk of involvement with the child welfare system.</p> <p>https://mchb.hrsa.gov/programs-impact/early-childhood-systems/infant-toddler-court</p>	<p>A list of current ITCP awardees can be found here:</p> <p>https://mchb.hrsa.gov/programs-impact/early-childhood-systems/infant-toddler-court</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://grants.hrsa.gov/2010/Web2External/Interface/Common/EBDisplayAttachment.aspx?dm_rtc=16&dm_attid=1b7e4fa2-0b3a-4c75-be15-05a4211d7a8a&dm_attinst=0		
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and Early Childhood Home Visiting (MIECHV)	<p>Formula grant program to states. Annual base funds are distributed as grants to states and jurisdictions based on each state’s share of children under the age of five (provided the state meets its maintenance of effort requirement).</p> <p>https://www.federalregister.gov/d/2023-13357</p> <p>Matching funds are also available to states and jurisdictions. For every \$1 of non-federal state funds, the federal government will contribute \$3. In FY24, each state could apply to receive approximately \$726,000 in federal matching funds.</p>	<p>Expectant and new parents with children up to kindergarten entry age living in communities at risk for poor maternal and child health outcomes.</p> <p>In FY23, MIECHV served 139,000 parents and children in 1,033 U.S. counties.</p> <p>https://mchb.hrsa.gov/programs-impact/programs/home-visiting/state-fact-sheets</p>	<p>The list of FY24 MIECHV awards can be found here:</p> <p>https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program/fy24-awards</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>In FY24, HRSA awarded \$443,980,559 in funding to 56 states, jurisdictions, and nonprofit organizations. Of this total, \$37,480,560 were federal matching funds.</p> <p>https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization</p> <p>https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/hrsa-24-049-miechv-nofo.pdf</p>		

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Medicaid	<p>Funded by state and federal government; entitlement program for eligible beneficiaries. The federal rate of reimbursement is determined by multiple factors</p> <p>In FY22, total Medicaid spending was \$805.7 billion, with the federal government share being 71%.¹⁷</p>	<p>Low-income children and families, pregnant women, persons with disabilities, other eligible low-income adults.¹⁸</p> <p>As of May 2024, 38 million children were enrolled in Medicaid and CHIP.¹⁹ Most recent data (2021) show that Medicaid also covers slightly more than 1.5 million, or more than 40% of the births in the country²⁰.</p> <p>79.6 million individuals, of whom 37.6 million are children, enrolled in Medicaid and CHIP as of July 2024²¹.</p>	<p>State Medicaid Directors contacts²²</p> <p>State Medicaid agency contacts²³</p>

²² <https://medicaiddirectors.org/who-we-are/medicaid-directors/>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
National Child Traumatic Stress Initiative (NCTSI) NCTSI II: Treatment and Service Adaptation centers and NCTSI III: Community	Competitive grant program. Public and private nonprofit entities are eligible to apply. NCTSI grantees comprise the National Child Traumatic Stress Network (NCTSN). In FY23, SAMHSA awarded 163 grant continuations (141 grants with base budget authority, 2 grants with American Rescue Plan	Children who experience traumatic events and their families. In FY23 NCTSN grantee sites provided trauma-informed training to over 317,638 people. Data collected in FY23 demonstrates that current NCTSN grantees have provided screening to 123,953 individuals and	A list of NCTSN members can be found here: https://www.nctsn.org/about-us/network-members

¹⁸ More information on eligibility can be found here: <https://www.medicaid.gov/medicaid/eligibility-policy/index.html>

¹⁹ According to the CMS May 2024 Enrollment Trends Snapshot, approximately 38 million children were enrolled in Medicaid and CHIP. For the purposes of these data, “children” represents the number of children enrolled in the Medicaid program and the total enrollment for separate CHIP programs as of the last day of the reporting period. The data are limited to only those individuals who are eligible for comprehensive benefits (e.g., emergency Medicaid, family planning-only coverage, and limited benefit dual eligible individuals are excluded). States use the definition of "child" as included in the state’s Medicaid state plan in reporting performance indicator data to CMS, and these definitions vary from state to state. See <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/may-2024-medicaid-chip-enrollment-trend-snapshot.pdf> and <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

²⁰ Osterman, M. J., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2023). Births: final data for 2021.

²¹ <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

²² <https://medicaiddirectors.org/who-we-are/medicaid-directors/>

²³ <https://www.medicaid.gov/about-us/contact-us/index.html>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Treatment and Services Centers	<p>Act, and 21 with Bipartisan Safer Community Act) and awarded a new cohort of 30 grants.</p> <p>Fiscal Year 2025: Justification of Estimates for Appropriations Committees (samhsa.gov)</p> <p>https://www.samhsa.gov/child-trauma/about-nctsi</p> <p>https://www.samhsa.gov/grants/grant-announcements/sm-23-010</p> <p>https://www.samhsa.gov/grants/grant-announcements/sm-20-004</p>	<p>evidence-based treatment to 40,393 children, adolescents, and family members.</p> <p>Fiscal Year 2025: Justification of Estimates for Appropriations Committees (samhsa.gov)</p>	
Part B, Section 619 Preschool Special Education Program	<p>Grant program to states, territories, and Tribal entities. Annual funding allocated to each state is first equal to its FY1997 allocation. For funds above the FY1997 allocation, 85% are based on each state's percentage of children ages three through five in the general population and the</p>	<p>Children aged three through five with disabilities.</p> <p>In school year 2022-2023, Part B served 535,392 children ages three through five.</p> <p>https://data.ed.gov/dataset/idea-section-618-data-products-static</p>	<p>Each state has a 619 Coordinator:</p> <p>https://ectacenter.org/contact/619coord.asp</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>other 15% is based on the percentage of children ages three through five in each state who are living in poverty.</p> <p>https://www2.ed.gov/programs/oseppsg/index.html</p> <p>The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions - EveryCRSReport.com</p> <p>Federal appropriations for Part B, Section 619, in FY23 were \$420 million.</p> <p>https://www2.ed.gov/programs/oseppsg/funding.html</p>	<p>tables-part-b-count-environmental-resources</p>	

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Part C Early Intervention	<p>Grant program to states, territories, and Tribal entities. Annual funding to each state is based on the percentage of children ages birth through two in the general population. Federal appropriations for Part C in FY22 were \$496 million.</p> <p>https://ectacenter.org/partc/partcdata.asp</p> <p>The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions - EveryCRSReport.com</p>	<p>Infants and toddlers with disabilities.</p> <p>In 2022, Part C served 853,290 children.</p> <p>https://data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-c-child-count-and-settings-tables-10</p>	<p>Part C State Systems and Coordinators – contact information:</p> <p>https://ectacenter.org/contact/ptccoord.asp</p>
Pediatric Mental Health Care Access Program (PMHCAP)	<p>Competitive cooperative agreement program. State, political subdivisions of states, Tribes and Tribal organizations were eligible to apply for the most recent round of grants.</p> <p>https://www.hrsa.gov/grants/financial-funding/HRSA-23-081</p> <p>There are 54 PMHCA programs in 46 states, the District of Columbia, and seven Tribes, territories,</p>	<p>The PMHCA programs supports pediatric health professionals by offering mental health consultations, training, resources, and referral services aimed at enhancing the behavioral health care of children and adolescents.</p> <p>In FY23, more than 10,300 primary care providers in 50 states, Tribes, and territories participated in a statewide or</p>	<p>The list of funded projects can be found here:</p> <p>https://mchb.hrsa.gov/training/projects.asp?program=34</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>jurisdictions, and freely associated states.</p> <p>https://mchb.hrsa.gov/training/projects.asp?program=34</p> <p>https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access/fy-2023-pediatric-mental-health-care-access-awards</p> <p>https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access/fy-2022-pediatric-mental-health-care-access-awards</p>	<p>regional PMHCA program. Over 28,500 children and adolescents were served by pediatric primary care providers who contacted pediatric mental health care access programs.</p> <p>https://mchb.hrsa.gov/sites/default/files/mchb/about-us/pmhca-fact-sheet.pdf</p>	
<p>Preschool Development Grants Birth through Five (PDG B-5)</p>	<p>Competitive grant program. States and territories are eligible to apply.</p> <p>https://www.acf.hhs.gov/ecd/early-learning/preschool-development-grants</p> <p>In FY24, ACF awarded approximately \$87 million in new three-year renewal grants to 11 recipients.</p>	<p>Children age birth to kindergarten entry and their families.</p>	<p>Current PDG B-5 grantees can be found here:</p> <p>https://www.acf.hhs.gov/ecd/pdg-5-state-map</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>New PDG Planning and Renewal Grant funding opportunities are forecast for FY25.</p> <p>https://grants.gov/search-results-detail/355807</p> <p>https://grants.gov/search-results-detail/355578</p>		
<p>Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)</p>	<p>Competitive discretionary grant program. States, territories, Tribes, as well as health facilities and other public or private nonprofit entities may apply for five-year grants of up to \$800,000 per year. 16 grants were awarded in FY23 and there are currently 79 funded grantees.</p> <p>https://www.samhsa.gov/early-childhood-mental-health-programs/project-launch</p> <p>FY 2023 Linking Actions for Unmet Needs in Children's Health (samhsa.gov)</p>	<p>Children age birth to age eight and their families.</p> <p>https://www.samhsa.gov/early-childhood-mental-health-programs/project-launch</p>	<p>Federal staff contacts and the list of current grantees may be found here:</p> <p>https://www.samhsa.gov/early-childhood-mental-health-programs/project-launch</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Regional Partnership Grant (RPG) Program	<p>Competitive grant program. State child welfare and substance abuse prevention agencies in partnership with community-based service providers and/or Tribal agencies are eligible to apply. Since 2007, the Children’s Bureau has awarded seven rounds of RPG funding to 127 projects across 40 states, including Tribal communities. Projects participate in a cross-site evaluation. Estimated total funding for the most recent round of 18 grantees is \$10.8 million.</p> <p>https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_IN ST:01CWIG/1219239890007651</p> <p>https://ncsacw.acf.hhs.gov/technical/rpg/</p> <p>https://rpg-cse.acf.hhs.gov/</p>	<p>Children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver’s SUD.</p> <p>https://ncsacw.acf.hhs.gov/technical/rpg/</p> <p>From 2007 to 2023, RPG has served 36,042 families, with 53,270 children and 42,411 adults.</p> <p>https://ncsacw.acf.hhs.gov/files/rpg_bifold_final_508.pdf</p>	<p>Grantee profiles can be found here:</p> <p>https://ncsacw.acf.hhs.gov/technical/rpg/</p>
Services Program for Residential Treatment for Pregnant and	<p>Competitive discretionary grant program with awards up to five years. Eligible entities: states and territories, including the District of Columbia, political subdivisions of</p>	<p>Pregnant and postpartum women and their children and other family members. Women may elect to have their children in residence with them.</p>	<p>Federal staff contacts can be found here:</p> <p>https://www.samhsa.gov/grants/grant-announcements/ti-23-002</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
Postpartum Women (PPW)	<p>states, Tribes, and Tribal organizations. In 2023 and 2024, 26 grants were awarded.</p> <p>https://www.samhsa.gov/grants/grant-announcements/ti-23-002</p>		<p>A list of grantees can be found here:</p> <p>https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_nofo_number%3ATI-23-002&page=0%2C0</p>

<p>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p>	<p>The Food and Nutrition Service (FNS) in USDA makes funds available to participating state health agencies and Indian Tribal Organizations (ITOs) that, in turn, distribute the funds to participating local agencies. State and local agencies use WIC funds to pay the costs of specified supplemental foods provided to WIC participants and to pay for specified nutrition services and administration (NSA) costs, including the cost of nutrition assessments, screenings, and health care referrals.</p> <p>Grant amounts are calculated using formulas that consider factors such as how many participants a state serves, state salary levels, inflation factors, the number of WIC-eligible persons in the state, and how much food and NSA funding a state received in the prior year.</p> <p>https://www.ers.usda.gov/webdocs/publications/108589/eib-267.pdf</p>	<p>Low-income, nutritionally at-risk pregnant, breastfeeding, and non-breastfeeding postpartum women and children ages up to age five.</p> <p>https://www.fns.usda.gov/wic</p> <p>In April 2022, 6.8 million women, infants, and children were certified to receive WIC benefits; 78% of participants were children.</p> <p>https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-ppc-2022-summary.pdf</p>	<p>WIC state agency contacts can be found here:</p> <p>https://www.fns.usda.gov/wic/program-contacts</p>
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Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p>FY23 funding for WIC Food Grants was \$5.3 billion and for NSA Grants was \$2.2 billion.</p> <p>https://www.fns.usda.gov/wic/program-grant-levels</p>		
<p>Temporary Assistance for Needy Families (TANF)</p>	<p>Block grant program to states, territories, and Tribes. Federal allocations are based on the federal share of funding spent in the early 1990s on TANF's predecessor programs. States must contribute maintenance-of-effort (MOE) funds. Minimum required MOE spending is calculated based on state spending on TANF predecessor programs in FY1994.</p> <p>https://crsreports.congress.gov/product/pdf/RL/RL32748</p> <p>In FY22, federal TANF and state MOE expenditures and transfers were \$31.3 billion.</p>	<p>Families with lower income.</p> <p>In FY23, states provided cash (and other assistance benefits) to an average of 825,946 families and 1,986,616 total recipients per month.</p> <p>https://www.acf.hhs.gov/sites/default/files/documents/ofa/fy2023_tanf_caseload.pdf</p>	<p>State, territory, and Tribal TANF program contact information can be found here:</p> <p>https://www.acf.hhs.gov/ofa/map/about/help-families</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://www.acf.hhs.gov/ofa/data/tanf-and-moe-spending-and-transfers-activity-fy-2022		
<p>Title IV-B, Subparts 1 and 2 of the Social Security Act</p> <p>Subpart 1: Stephanie Tubbs Jones Child Welfare Services (CWS)</p> <p>Subpart 2: MaryLee Allen Promoting Safe and Stable Families (PSSF)</p>	<p>Federal grant program to states, territories, and Tribes. For Subpart 1/CWS, federal allocations to states include a base allotment of \$70,000. Remaining funds are distributed in proportion to the state’s population of children under age 21, multiplied by the complement of the state’s average per capita income.</p> <p>For Subpart 2/PSSF, federal allocations to states are based on states’ relative share of the national population of children receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Both CWS and PSSF require a 25% state match. For every \$3 of federal funds, states must contribute \$1 of non-federal funds.</p>	<p>For CWS, eligible children and families are those who states determine to need CWS services.</p> <p>For PSSF, services are for at-risk families, families where a child is at high risk of being removed or where the child has been removed and reunification is the goal, families with children in foster care, and adoptive families.</p>	<p>State Child and Family Service Plans, which indicate the agency responsible for administering Title IV-B can be found here:</p> <p>https://www.acf.hhs.gov/cb/cfsp-apsr-state-reports</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	<p data-bbox="485 282 940 399">https://www.acf.hhs.gov/cb/law-regulation/pssf-title-iv-b-subpart2-ssa</p> <p data-bbox="485 428 903 586">In FY24, federal IV-B funding for CWS was \$269 million and for PSSF was approximately \$309 million.</p>		
<p data-bbox="203 621 422 816">Title V Maternal and Child Health (MCH) Services Block Grant to States</p>	<p data-bbox="485 621 936 984">Formula grant program to states. Federal allocations to states are based on a formula that accounts for state population size and need. Federal funds require a state match. For every \$4 of federal funds, states must contribute \$3 from state, local, program income, and other funds.</p> <p data-bbox="485 1013 936 1130">https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant</p> <p data-bbox="485 1159 936 1276">Federal Title V MCH Services Block Grant expenditures in FY22 were more than \$507 million.</p> <p data-bbox="485 1305 936 1382">https://mchb.tvisdata.hrsa.gov/Financial/FundingBySource</p>	<p data-bbox="961 621 1377 738">Mothers, children, and their families, including children with special health care needs.</p> <p data-bbox="961 768 1398 1089">In 2022, the Title V MCH Services Block Grant helped provide services for an estimated 61 million people. This includes 93% of all pregnant women, 99% of infants, and 61% of children nationwide, including children with special health care needs.</p> <p data-bbox="961 1118 1415 1235">https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant</p>	<p data-bbox="1438 621 1894 738">A directory of state maternal and child health directors can be found here:</p> <p data-bbox="1438 768 1894 841">https://mchb.tvisdata.hrsa.gov/Home/StateContacts</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
<p>Transforming Pediatrics for Early Childhood (TPEC)</p>	<p>Competitive grant program. Public and private nonprofit entities are eligible to apply for four-year grants of up to \$1 million a year. There are currently eight grantees.</p> <p>https://www.hrsa.gov/grants/financial-funding/HRSA-22-141</p> <p>https://mchb.hrsa.gov/programs-impact/early-childhood-systems/transforming-pediatrics-early-childhood</p> <p>https://www.grants.gov/search-results-detail/337800</p>	<p>Young children and their families who are eligible for Medicaid or the Children’s Health Insurance Program or are uninsured.</p> <p>https://mchb.hrsa.gov/programs-impact/early-childhood-systems/transforming-pediatrics-early-childhood</p>	<p>A list of current grantees can be found here:</p> <p>https://mchb.hrsa.gov/programs-impact/early-childhood-systems/transforming-pediatrics-early-childhood</p>
<p>Trauma-Interventions for Children and Youth in Foster Care with Complex Mental, Behavioral, and Physical Health Needs</p>	<p>Competitive grant program with an award amount of up to \$1 million and a project period up to 36 months. The total funding in FY23 was \$2 million, with two awards. Awards were fully funded up front at \$1 million per budget/project period.</p>	<p>Children and youth in foster care with complex mental, behavioral, and health conditions who have experienced severe trauma.</p> <p>https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards</p>	<p>A list of FY23 grant awardees can be found here:</p> <p>https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards</p>

Funding Source	Type of Funding/Application Process	Target Population	State Contacts
	https://www.acf.hhs.gov/cb/grant-funding/fy-2023-discretionary-grant-awards		
Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV)	<p>Competitive grant program. Eligible applicants are federally recognized Indian Tribes (or consortium of Tribes), Tribal organizations, and Urban Indian Organizations. Awards are five-year cooperative agreements with annual funding between \$250,000 and \$1.5 million.</p> <p>https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting/about-tribal-home-visiting-0</p> <p>https://www.grants.gov/search-results-detail/346126</p> <p>In FY24, there were 47 Tribal MIECHV grant recipients, including six awarded in July 2024.</p> <p>https://www.acf.hhs.gov/ecd/map/tribal-home-visiting-grantees-0</p>	<p>Pregnant women, expectant fathers, and parents and caregivers of children under age five in American Indian and Alaska Native communities.</p> <p>https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting/about-tribal-home-visiting-0</p> <p>In FY23, Tribal MIECHV served 1,664 families/households that included 1,768 individuals and 1,664 children.</p> <p>https://nhvrc.org/miechv_data_table/tribal-miechv-program-2023/</p>	<p>Tribal MIECHV grant recipients can be found here:</p> <p>https://www.acf.hhs.gov/ecd/map/tribal-home-visiting-grantees-0</p>

Appendix B – Frequently Used Acronyms

ACF: Administration for Children and Families
AIAN: American Indian and Alaska Native
BH2I: Behavioral Health Integration Initiative
CAPTA: Child Abuse Prevention and Treatment Act
CBCAP: Community-Based Child Abuse Prevention Grant Program
CCBHC: Certified Community Behavioral Health Clinic
CCDBG: Child Care and Development Block Grant
CCDF: Child Care and Development Fund
CDC: Centers for Disease Control and Prevention
CHIP: Children’s Health Insurance Program
CHWTP: Community Health Worker Training Program
CMHI: Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance/Children’s Mental Health Initiative
CMS: Centers for Medicare and Medicaid Services
DBP: Developmental-Behavioral Pediatrics Training Program
DC: 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
ECE: Early care and education
ED: U.S. Department of Education
EPSDT: Early and Periodic Screening, Diagnostic and Treatment
FQHC: Federally Qualified Health Center
HHS: U.S. Department of Health and Human Services
HRSA: Health Resources and Services Administration
IDEA: The Individuals with Disabilities Education Act
IECMH: Infant and early childhood mental health
IECMHC: Infant and early childhood mental health consultation
IECMH Program: Infant Early and Childhood Mental Health Grant Program
IHS: Indian Health Service
ITCP: Infant-Toddler Court Program
MCH: Title V Maternal and Child Health Services Block Grant
MHBG: Community Mental Health Services Block Grant
MIECHV: Maternal, Infant, and Early Childhood Home Visiting Program
NCTSI III: National Child Traumatic Stress Initiative – Category III: Community Treatment and Service Centers

PDG B-5: Preschool Development Grants Birth through Five
PMHCA: Pediatric Mental Health Care Access Program
PPW: Services Program for Residential Treatment for Pregnant and Postpartum Women
Project LAUNCH: Project Linking Actions for Unmet Needs in Children’s Health
RPG: Regional Partnership Grant Program
SAMHSA: Substance Abuse and Mental Health Services Administration
SDOH: Social determinants of health
SED: Serious emotional disturbances
SEL: Social emotional learning
SMI: Serious mental illness
SNAP: Supplemental Nutrition Assistance Program
SUD: Substance use disorders
TANF: Temporary Assistance for Needy Families
TPEC: Transforming Pediatrics for Early Childhood
Tribal MIECHV: Tribal Maternal, Infant, and Early Childhood Home Visiting Program
USDA: U.S. Department of Agriculture
WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

Endnotes

ⁱ Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, C., Kaminski, J. W., Kenney, M, K., & Peacock, G. (2018). Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *Morbidity and Mortality Weekly Report*, 67(50), 1377-1383.

ⁱⁱ Radel, L., Lieff, S., Couzens, C., Ali, M. M., and West, K. (2023). *Behavioral Health Diagnoses and Treatment Services for Children Involved with the Child Welfare System*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. [Behavioral Health Diagnoses and Treatment Services for Children Involved with the Child Welfare System | ASPE \(hhs.gov\)](#)

ⁱⁱⁱ [45 CFR §1302.33\(a\)\(1\)](#).

^{iv} Tidus, K., Davis Schoch, A.E., Perry, D., Rabinovitz, L., & Horen, N.M. (2022). The Evidence Base for How and Why Infant and Early Childhood Mental Health Consultations Works. *HS Dialog: The Research to Practice Journal for the Early Childhood Field*.

^v [45 CFR § 1302.51](#)

^{vi} [45 CFR § CFR 1302.92\(b\)\(3\)](#)

^{vii} [45 CFR § 1302.93\(b\)\(6\)](#)