INVESTING EARLY

Strengthening State Policies to Support Infant and Toddler Mental Health

Prepared by Corrina Joyner, LMSW

EXECUTIVE SUMMARY

- Early relationships build the brain. The first three years of life lay the foundation for lifelong learning, emotional regulation, and health[1]. The environment and events during this period can greatly influence a child's development.
- Policy gaps persist. Despite overwhelming evidence of need[2],[3], infant and toddler mental health remains underfunded and underprioritized in most states[4].
- Momentum is building. States are beginning to embed early relational health into childcare systems, Medicaid policy, and workforce development[5], but there is still room for improvement.
- Opportunity: Strategic, coordinated investment in infant and toddler mental health can yield high returns, ultimately reducing future costs and strain in education, healthcare, and justice systems[6].

THE ISSUE

Nearly 21% of young children experience a behavioral health issue such as depression or anxiety[7].

Infant and early childhood mental health (IECMH) refers to the capacity of children from birth to age five to form secure relationships, regulate emotions, and explore their world in the context of supportive caregivers. Research shows that toxic stress, poverty, and caregiver mental health challenges can undermine these foundations, yet fewer than half of states have comprehensive IECMH policies or funding streams. State policymakers have an opportunity to align systems such as early learning, health, and family support to promote prevention and early intervention[8]

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[1] https://www.zerotothree.org/resource/the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper/
[2] https://stateofbabies.org/key-findings/
[3] https://www.cdc.gov/children-mental-health/data-research/index.html
[4] https://policycentermmh.org/2025-us-maternal-mental-health-risk-and-resources/
[5] https://ccf.georgetown.edu/2024/10/09/states-make-strides-share-lessons-in-financing-infant-and-early-childhood-mental-health/
[6] https://gucchd.georgetown.edu/Docs/iecmh/Cost-Effectiveness%20of%20Infant%20and%20Early%20Childhood%20Mental%20Health%20Treatment.pdf
[7] https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/
[8] https://pmc.ncbi.nlm.nih.gov/articles/PMC11277513/

THE CHALLENGE — GAPS IN SYSTEMS AND POLICY

Fragmented Support Systems

Often, IECMH services are spread across multiple agencies, such as childcare, public health, Medicaid, and child welfare, with little to no coordination. This can result in caregiver burnout, disruption in services[9], and inefficient fund usage[10]. Existing funding is piecemeal, frequently relying on short-term grants rather than sustainable state budgets. While diversified financing can be beneficial, it can create barriers to consistent supports and services for children and families[11]. In pursuit of funding, it is crucial to use data to illustrate need, yet data collection is limited; few states have the infrastructure and capacity to track outcomes related to infant and toddler well-being[12]. This can result in a cyclic pattern, perpetuating disjointed access to care.

Equity Implications

Black, Latino, and Indigenous infants face higher rates of stress exposure and lower access to early relational health supports[13],[14]. Additionally, disparities in maternal mental health and workforce diversity compound these inequities in access and quality[15]. This often leads to poor health outcomes and increased risk of comorbidities for at-risk populations[16].
Early intervention is cost-saving prevention.

Economic Costs

According to research from the Center on the Developing Child at Harvard University, each dollar invested in early mental health yields up to $8 in long-term savings through improved health, education, and workforce outcomes[18]. Without intervention, the costs of untreated early mental health challenges ripple throughout systems for decades[19].

Early intervention is cost-saving prevention.

For every dollar invested in IECMH programming, saves **$3.64** in future treatments prevented[17].

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[9] https://pmc.ncbi.nlm.nih.gov/articles/PMC11277513/
[10] https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-03021-3
[11] https://www.zerotothree.org/resource/iecmh-child-welfare-financing-brief/
[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC9345511/
[13] https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity
[14] https://www.zerotothree.org/wp-content/uploads/2020/05/40-5-Zoubak.pdf
[15] https://policycentermmh.org/a-community-centered-look-at-maternal-mental-health-in-bipoc-communities/
[16] https://doi.org/10.30574/wjarr.2025.26.3.2264
[17] https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/
[18] https://obamawhitehouse.archives.gov/sites/default/files/docs/the_economics_of_early_childhood_investments.pdf
[19] https://updates.apaservices.org/new-policies-affecting-access-to-mental-health-care

EVIDENCE AND EMERGING STATE STRATEGIES

Integrating IECMH into Early Care and Education	• States like Colorado and Alabama have expanded Early Childhood Mental Health Consultation (ECMHC) to childcare programs[20,21]. • Results include lower teacher turnover, fewer child expulsions, and stronger family–provider relationships. • **Policy lever:** Use Child Care Development Funds (CCDF) funds and tiered integration systems to embed IECMH consultation statewide.
Expanding Medicaid Coverage for Relational Health	• Some states (e.g., Arizona, Illinois, Mississippi) now reimburse dyadic therapy and caregiver–child relational interventions under Medicaid[22]. • **Policy lever:** Amend state Medicaid plans to include parent–child relational interventions and early screening tools. Increase access further by eliminating diagnostic requirements for coverage.
Strengthening and Sustaining the Workforce	• IECMH professionals face low pay, high burnout, and limited career pathways. • States like Washington and South Carolina have established IECMH workforce registries and reflective supervision networks[23]. • **Policy lever:** Fund training and professional development pipelines, pay parity initiatives, and provide mental health supports for early childhood workers.
HIGHLIGHT! *In Michigan, the Infant Mental Health Endorsement® credentialing endorsement now supports over 4,000 trained professionals statewide, building provider-client confidence[24].*	

[20] https://pmc.ncbi.nlm.nih.gov/articles/PMC11898479/

[21] https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.70008

[22] https://www.nccp.org/wp-content/uploads/2024/02/NCCP-Medicaid-Brief_2.27.24.pdf

[23] https://perigeefund.org/wp-content/uploads/2021/05/4_WhatProvidersNeed-1.pdf

[24] https://www.michigan.gov/mde/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/pdgb5/MI-AIMH-Endorsement-Evaluation-Data-2022.pdf?rev=4866a37485c445da8b143c94d899515b

RECOMMENDATIONS SUMMARY

1. Integrate Infant and Toddler Mental Health into State Early Childhood Systems

- Include IECMH in early learning standards, childcare policy frameworks, and state early childhood plans.

2. Invest in Sustainable Funding

- Dedicate a portion of early childhood or Medicaid funding to relational health services and workforce supports.

3. Build a Strong, Diverse Workforce

- Support credentialing, pay parity, and reflective supervision to retain and diversify the IECMH workforce.

4. Center Equity in All Early Childhood Policies

- Ensure community voice and lived experience guide program design and accountability.

CONCLUSION

Investing early in the mental health of infants and toddlers is one of the most cost-effective, evidence-based strategies for building thriving communities.

States that embed early relational health into policy today will see measurable gains in school readiness, family stability, and long-term economic vitality.

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