



Center for Early Relational Health

Washington State
Health Care Authority



Infant and Early Childhood Mental Health Workforce Collaborative

Annual Report

March 2022 – June 2023

Executive Summary

The Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC) is a statewide professional development initiative to support mental health assessment and diagnosis best practices for young children enrolled in Apple Health (Medicaid). The initiative is implementing aspects of the [2021 Mental Health Assessment for Young Children \(MHAYC\) legislation](#), including training in the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)* and additional workforce supports for mental health providers and allied professionals who serve or support children birth to age five enrolled in Apple Health. The report that follows provides an overview of the purpose, activities, outcomes, and lessons learned over the course of the first 15 months of the initiative, beginning with the launch of the IECMH-WC in March 2022 through June 2023.

DC:0-5™ training is one critical component of supporting Washington’s IECMH workforce. The IECMH-WC has made important progress in increasing knowledge of developmentally appropriate assessment and diagnosis for children birth to age five, providing training to over 850 mental health providers and allied professionals across the state and offering supplemental supports such as additional IECMH workshops and Communities of Practice. The IECMH-WC has also increased the pool of diverse DC:0-5™ certified trainers prepared to support this work in Washington. Some challenges associated with the project, such as lower than desired uptake of training and other offerings, may reflect broader challenges in the field around provider bandwidth and elevate the continued need for intentional outreach and marketing, particularly within historically underserved communities. Providers have continually voiced needs for a variety of provider- and agency-level supports that will enhance their ability to apply what they learned in DC:0-5™ training to their practice around mental health assessment and diagnosing for young children, some of which are outside the scope of this initiative.

Developmentally appropriate assessment and diagnosis for children birth to five is essential. As Washington continues to move forward with the use of DC:0-5™ for young children enrolled in Apple Health, the IECMH-WC will continue to draw upon participant and community feedback to plan future programming that will be responsive to the needs of the IECMH workforce.



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Introduction to the IECMH Workforce Collaborative

The Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC) is a statewide professional development initiative to support mental health assessment and diagnosis best practices for young children enrolled in Apple Health (Medicaid). This report provides an overview of the purpose, activities, outcomes, and lessons learned over the course of the first 15 months of the initiative, beginning with the launch of the IECMH-WC in March 2022 through June 2023.

The IECMH-WC is implementing components of the [2021 Mental Health Assessment for Young Children legislation](#)

which made changes to policy within Apple Health to match best practices for the mental health assessment of children from birth through five years of age, including:

- Allowing reimbursement for up to five assessment sessions, which supports mental health providers in getting to know children and families and understanding their experiences;
- Allowing reimbursement for provider travel to home and community settings, which enables assessment to take place in settings where families feel most comfortable; and
- Requiring use of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)* to ensure developmentally appropriate assessment and diagnosis for young children.

Goals of the IECMH-WC

- **Increase** the number of professionals in Washington State who can better understand, assess, and diagnose infant and early childhood mental health challenges;
- **Train** Apple Health mental health providers and allied professionals in the DC:0-5™; and
- **Ensure** that training and professional development opportunities that support the use of DC:0-5 are equitable and accessible to all professionals, particularly those who have been historically underserved.

The IECMH-WC provides training and professional development supports to mental health professionals and allied professionals related to the use of DC:0-5™. The initiative is funded through both state general funds and federal Medicaid funding authorized by the Washington State legislature. The Washington Association for Infant Mental Health (WA-AIMH) is leading the coordination of statewide training and additional workforce supports, on behalf of the Washington State Health Care Authority (HCA), with guidance from the IECMH-WC Regional Advisor Steering Committee and in partnership with the field of IECMH professionals in Washington State.

About Infant and Early Childhood Mental Health and DC:0-5™

Infant and Early Childhood Mental Health (IECMH) refers to how well a child develops socially and emotionally in the first years of life. It has been defined as the capacity of a child from birth to age 5 to:

- Experience, express, and regulate emotions;
- Form close, secure interpersonal relationships; and
- Explore their environment and learn, within the context of family and cultural expectations.

As early as 3 months—well before a baby utters their first words—babies experience a full range of emotions like joy, sadness, anger, interest, and excitement. Children who consistently feel loved, comforted, and have rich

play experiences form more brain connections that increase their ability to trust, relate, communicate, and learn.¹ The IECMH system of care and supports encompasses a continuum that includes:²

- **Promotion:** strategies are aimed at maintaining social and emotional well-being and benefit all young children and families. Strategies include public awareness campaigns, helplines for parents, universal home visiting, mental health consultation, availability of high-quality affordable child care, and universal availability of local and virtual mental health resources and supports.
- **Prevention:** services are targeted toward young children and families who are at risk of poor developmental outcomes. Services are delivered in diverse settings, seek to identify risk factors, and recognize opportunities to enhance child/caregiver dynamics. Prevention services include home visiting services, referrals to community and social services, parent education, mental health consultation, and access to universal screening (including social and emotional/mental health, and Early Intervention/Part C services).
- **Treatment:** services provide individualized, developmentally appropriate practices that are culturally and linguistically responsive for families of infants and young children struggling with mental health issues. Parents or primary caregivers are usually involved in these relationship-based treatments because of the age of the child. Services may include Child-Parent Psychotherapy, Parent-Child Interaction Therapy, and Attachment and Biobehavioral Catch-Up.



Young children experience mental health issues at roughly the same rate as older children, as high as 20%.³ If untreated, IECMH disorders can have detrimental effects on every aspect of a child's development (i.e., physical, cognitive, communication, sensory, emotional, social, and motor skills) and their ability to succeed in school and in life.⁴ Early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and relationships later on.⁵ **Timely and effective intervention in the early years can set children on a path to healthy development, changing life trajectories.**

Mental health disorders appear differently in very young children. Developmentally appropriate assessment is a critical component of ensuring that young children experiencing mental health challenges receive access to effective treatment. The DC:0-5™ is an internationally-accepted diagnostic system that uses developmentally specific diagnostic criteria that reflect mental health disorders typically diagnosed in infancy and early childhood. It supplements the *Diagnostic and Statistical Manual of Mental Disorders® (DSM)* which is used with adults and older children. **One of the barriers to widespread use of DC:0-5™ is the lack of familiarity with the tool among mental health professionals.** The IECMH-WC was formed to build capacity as Washington State transitions to requiring the use of DC:0-5™ for mental health assessment with children age birth through age five enrolled in Apple Health.

The IECMH Workforce in Washington State

In designing the IECMH Workforce Collaborative, it was important to build from what is currently known about the IECMH workforce in Washington State, including both mental health providers and professionals in other systems of care who support very young children and their families.

The 2021 brief released by the Perigee Fund, [What Providers Need: Strengthening the Infant and Early Childhood Mental Health Workforce](#), draws upon the results of the *Early Childhood Mental Health Workforce Development Survey* conducted in 2019 by the Department of Children, Youth, and Families in partnership with WA-AIMH. The brief notes that,

“In Washington, as in many other states, clear pathways to developing foundational early childhood development knowledge as well as advanced clinical training are not widely available. Preparation programs in allied fields such as social work, psychology, and early intervention, do not provide adequate exposure to basic IECMH and child development. Specialized training in infant and early childhood mental health is not available at the master’s degree level, and there is no clear IECMH pathway across levels of preparation into postgraduate clinical programs. Further, while IECMH is a challenging specialization that requires additional training, obtaining this additional training often does not lead to higher compensation.”

The lack of a systemic approach to tracking and supporting the Washington State IECMH workforce means that current data about the workforce of mental health providers serving children birth through five is limited. 875 mental health providers serving children birth through age five responded to the *Early Childhood Mental Health Workforce Development Survey*, and this data provides the best snapshot available to date of the IECMH clinical workforce in Washington State, though it should be noted that the survey data is not representative of all providers in the state because a representative sampling process was not used for data collection. Key findings included:

- There was a lack of cultural match between those who are providing IECMH services and those who are receiving these services.
- IECMH providers cited a variety of barriers to accessing current professional development opportunities including cost, location/travel expense, training not offered or accessible, and lack of release time to participate.
- Training in the use of DC:0-5™ was among the top professional development needs identified by IECMH clinicians.



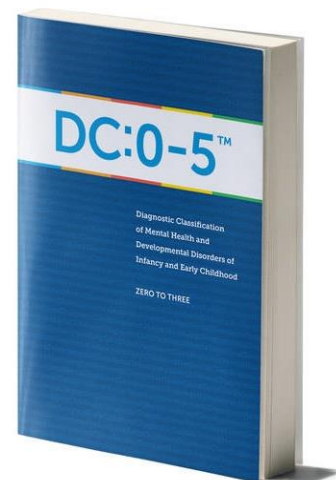
A strong IECMH system that best supports young children and families in Washington requires partnerships between highly trained infant and early childhood professionals in a variety of roles, organizations, and systems of care. Babies, toddlers, preschoolers, and their families – including expecting families – are supported by professionals with a variety of backgrounds in multiple systems of care. The transdisciplinary nature of the field poses challenges for understanding and addressing the needs of the full IECMH workforce. Current data related to allied professionals is reliant on extrapolating from other program and service sectors who may not yet have the foundational knowledge in IECMH that would support them to even see themselves as part of the IECMH workforce.

It is important to note that for both the IECMH clinical workforce and allied professions, the context of the COVID-19 pandemic exacerbated existing challenges as workforce shortages combined with increased need for services. The experience of the pandemic and resulting hardships placed a significant strain on the social-emotional development and mental well-being of young children and families. Access to appropriate IECMH supports can be a powerful source of resilience for young children and families in overcoming the negative impacts of the pandemic, but meeting that need is a challenge for an already under-resourced system.

The IECMH Workforce Collaborative was designed to respond to the specific need for DC:0-5™ training and workforce development support for developmentally appropriate assessment and diagnosis among IECMH mental health professionals and allied professionals. This initiative represents one aspect of the overall system of IECMH training and professional development. It exists within the context of the broader needs and challenges facing the field and the variety of resources and supports from different sources attempting to meet those needs.

DC:0-5 Process

- Assessment is conducted over several sessions before determining if there is a diagnosis.
- Assessment framework is multiaxial, considering multiple dimensions of the child and family's life:
 - Axis I: Clinical Disorders
 - Axis II: Relational Context
 - Axis III: Physical Conditions
 - Axis IV: Psychosocial Stressors
 - Axis V: Developmental Competencies



Initiative Planning and Design

A key goal of the IECMH-WC is to provide professional development and workforce supports to providers, especially those who have been historically or are currently underserved. This required designing approaches to both implement rapid-scale training and build long-term capacity in a way that is equitable and accessible. The IECMH-WC adopted a relationship-based approach grounded in drawing upon and cultivating regional and community-based networks of IECMH professionals to champion this work and support one another in growing and sustaining workforce capacity.

The Regional Advisor Steering Committee (RASC) was established in April 2022 to provide recommendations and guidance to ensure that project goals were implemented in ways that are equitable, inclusive, and accessible. Members include representatives from across 8 of Washington's 10 Apple Health Managed Care service regions. In addition to regional diversity, RASC members represent a variety of roles/agency/program sizes, and infant/early childhood systems of care.

In order to promote equity in access to and engagement in opportunities for training and other workforce supports, WA-AIMH and the RASC collaborated in establishing *Equitable Participation and Selection Guidelines* at the outset of this initiative. The guidelines were created to provide a framework for monitoring and adapting

project implementation and making decisions related to key aspects of the project such as outreach, trainer selection, and planning workforce supports.

Equitable Participation Guidelines

Ensure that all IECMH providers serving children prenatal through age five enrolled in Apple Health in Washington State, and particularly those who have been historically or currently underserved, have access to and inclusion in training and other workforce supports offered by the Infant-Early Childhood Mental Health Workforce Collaborative, with intentional consideration of promoting diversity in...

- Regional representation, especially from regions where the ratio of Apple Health mental health providers is disproportionately low relative to children enrolled in Apple Health
- Provider characteristics and lived experience (e.g., racial/ethnic background, multilingual, differently-abled)
- Professional discipline
- Type and size of organization/employer

Equitable Selection Guidelines

Ensure that all eligible IECMH mental health providers serving children birth through age five enrolled in Apple Health in Washington State, and particularly those who have been historically or currently underserved, have the opportunity to be considered for a DC:0-5™ Certified Trainer role, with intentional consideration of promoting diversity in...

In order to begin delivering DC:0-5™ training immediately, WA-AIMH contracted with the two existing DC:0-5™ certified trainers in the state. At the same time, WA-AIMH began the process of recruiting and supporting the certification of additional trainers to grow the size and diversity of the Washington DC:0-5™ trainer pool. . Certification is obtained by completing DC:0-5™ trainer certification requirements through [ZERO TO THREE](#).

WA-AIMH worked with the RASC and community partners to develop an outreach strategy for both DC:0-5™ training participation and recruitment of new trainers which included:

- Development of a suite of materials including flyers, an infographic, and [videos](#) featuring IECMH professionals talking about the value of DC:0-5™ training
- Email outreach via WA-AIMH, HCA, and partner organization listservs
- Social media
- Outreach from RASC members within their communities and networks
- Targeted outreach to partner organizations
- Creation of the [IECMH-WC website](#)

Building a Diverse Cadre of Trainers

One of the goals of the project was to grow the pool of DC:0-5™ trainers in Washington State. After a statewide and targeted recruitment effort, 11 new trainers were certified in November 2022, bringing the total number of trainers to 13. All trainers are licensed mental health professionals with deep experience in IECMH clinical services and training provision. Additional information about each trainer is included in [Appendix A](#).

In alignment with the IECMH-WC's goal of providing professional development and workforce supports to providers who have been historically or are currently underserved, recruitment and selection of trainers was guided by equitable participation and selection guidelines discussed earlier in this report. Of the 13 trainers:

- 54% report a non-white racial/ethnic identity
- 54% are multi-lingual
- Six of the 10 regions of the state are represented

Following completion of DC:0-5™ Trainer Certification, trainers are engaging in regular peer learning and collaboration with a particular focus on centering training delivery within an anti-racist, anti-oppressive framework.

DC:0-5™ Training Implementation and Effectiveness

DC:0-5™ Training

Delivery of training for mental health professionals and allied professionals launched in March 2022. DC:0-5™ training provided by the IECMH-WC includes:

- **Clinical Training:** this 12-hour unit is designed to support mental health professionals in developing in-depth knowledge of the approach and content of DC:0-5™, understanding the multi-axial system, and utilizing the approach and system in their work with children birth through age five.
- **Intensive Overview Training:** this 4-hour unit is primarily targeted toward allied professionals, and provides participants an overview of the background, approach, and content areas of DC:0-5™ and supports understanding of the importance of developmentally appropriate diagnostic practices.
- **Brief Overview Training:** this 1.5-hour unit provides a higher-level introduction to the content covered in the Intensive Overview Training.

DC:0-5™ Clinical Training

19 trainings delivered

447 mental health providers trained

DC:0-5™ Overview Training

14 trainings delivered

405 allied professionals trained

March 2022 – June 2023

DC:0-5™ training utilizes a proprietary curriculum developed by [ZERO TO THREE](#). All training offered through the IECMH-WC is provided at no cost for professionals who serve or support children birth through age five enrolled in Apple Health, and Clinical Training participants receive a free copy of the DC:0-5™ manual.

Overall, although a total of 852 Washington State infant/early childhood professionals were trained, neither Clinical nor Overview Trainings reached capacity and many trainings were rescheduled or fully canceled due to low registrations. Feedback from select community partners suggested that many mental health providers are aware of the training opportunities, and the majority of participants reported that they heard about the DC:0-5™ training from their employer, supervisor, or coworker. However, competing priorities for providers and additional needs for outreach about the initiative likely contributed to lower-than-hoped-for levels of engagement. Recruitment for Overview Trainings was somewhat more challenging, with attendance rates lower than for Clinical Trainings. The most well-attended Overview Trainings were those that were targeted for specific audiences and recruited by local agencies or community partners, including DC:0-5™ Trainers. This indicates that allied professionals may be better able to see the benefit of DC:0-5™ training when content and outreach are tailored to their specific context.

The sections below provide an overview of training participation, participant demographics and professional backgrounds, and themes from training feedback surveys for Clinical and Overview Trainings.

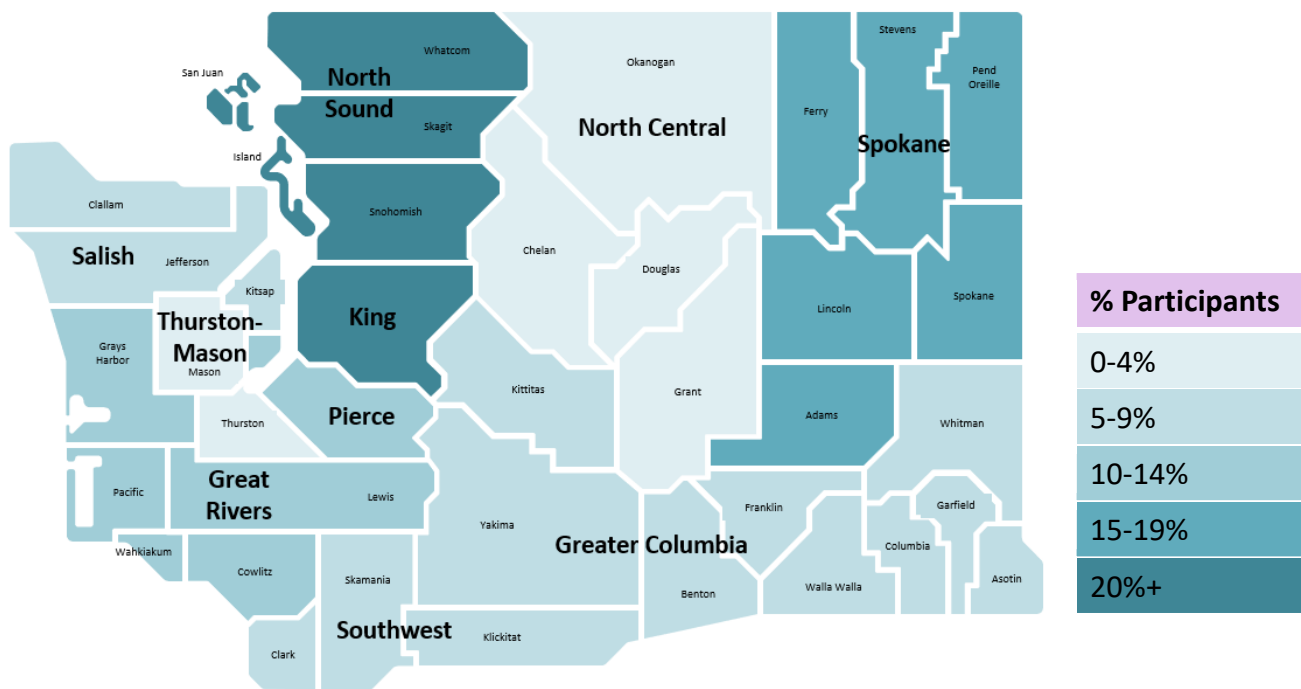
DC:0-5™ Clinical Training

Between March 2022 and June 2023, 19 Clinical Trainings were delivered serving 447 mental health providers. The sections below provide an overview of participants' demographics and professional backgrounds.

Geographic Diversity

Geographic region of services was asked with a multi-select response option including the 10 Apple Health Managed Care service regions. The percentages in the graph below represent non-mutually exclusive data, as 11% of participants reported multiple regions of service. Three regions in the state (Greater Columbia, North Central, and Southwest) have disproportionately higher numbers of children enrolled in Apple Health (Medicaid) than Apple Health behavioral health service providers, which may indicate regions that are underserved (see [Appendix B](#)).

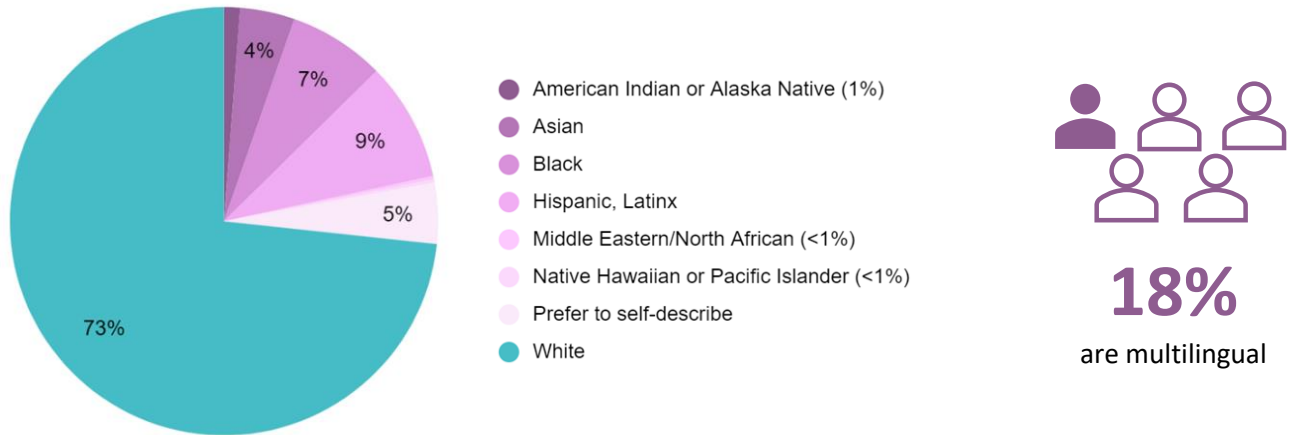
Mental health professionals are masters-level mental health providers licensed and/or certified as defined in [WAC 182-538D-0200](#), whose scope includes mental health assessment, diagnosis, and treatment.



The regions served by the greatest percentages of participants included King County, North Sound, and Spokane. Across all regions of the state, rates of participation generally matched the percentage of child-serving Medicaid mental health providers (not including Agency-Affiliated Counselors). There were slightly lower than expected rates of participation for mental health providers serving in King County and slightly higher than expected rates for North Sound and Spokane, based on reported percentages of Apple Health mental health providers serving children and youth in those regions. See [Appendix C](#) for participation by region served.

Racial/ethnic and linguistic diversity

Registration forms required a single-select response for racial/ethnic background with 21 response options (including “prefer not to say” and “prefer to self-describe”). For ease of interpretation, the 21 response options were collapsed into the categories presented below. A multi-select response for languages spoken, with 21 response options (including “another language”).



The majority of training attendees were white, with Hispanic/Latinx as the most commonly reported non-white background. For comparison, Apple Health data suggests that approximately half of Apple Health enrollees birth to age 19 are reported to be non-white.⁶ Lack of available workforce data make it difficult to distinguish the degree to which discrepancies in representativeness reflect engagement with the training opportunities versus the general lack of representativeness of the IECMH provider field in Washington State.

Nearly 1 in 5 participants spoke at least one language other than English, with Spanish being the most common language reported. This is very similar to data on the percentage of mental health providers who are multilingual and serving children and youth enrolled in Apple Health.⁷ It should also be noted that although there are now several multilingual DC:0-5™ trainers in Washington, ZERO TO THREE currently only offers DC:0-5™ training materials in English.

Participant Professional Background

Participants registering for DC:0-5™ trainings were asked to report about their professional background/license type, their supervision of Apple Health mental health providers, and their prior training in DC:0-5™. Most participants were licensed or certified mental health counselors (38%), followed by licensed social workers (21%), agency-affiliated counselors (19%), and licensed marriage and family therapists (9%).

Engagement of supervisors of Apple Health mental health professionals serving children birth through age five is an essential component of building the institutional infrastructure within organizations necessary to support providers to implement DC:0-5™ successfully in practice. Overall, 30% of participants reported supervising mental health professionals, although this number consistently declined across the first four quarters of the project (from 30% to 15%) and may be due to supervisors being the first to engage in training when the opportunity became available. However, 31% of participants reported being supervisors in the final quarter. While a significant percentage of participants, overall, reported being supervisors, this remains an important area of need. As discussed later, mental health providers report that a lack of access to IECMH-trained supervisors is a barrier in the field to full implementation of DC:0-5™ in practice.

The majority (nearly 2/3) of Clinical Training participants had no prior training in or exposure to the DC:0-5™, including informal self-study of the tool. This trend remained very consistent across the project period and underscores the need for mental health providers serving very young children to have access to training in best practices around mental health assessment and diagnosis. This data indicates that the DC:0-5™ trainings provided through this initiative are addressing an existing gap in the IECMH professional development system.

Clinical Training Effectiveness

All training participants were offered the opportunity to provide feedback about their training experience through an anonymous online training evaluation survey. Evaluation surveys included both quantitative questions about training effectiveness and impact on knowledge and skills as well as open-ended questions about training strengths and areas for improvement, and anticipated challenges, barriers, and needed resources related to application of what was learned in training.

A total of 263 evaluation surveys were received from Clinical Training participants, representing 59% of participants. For quantitative questions, survey respondents were asked to rate questions on a 1-5 scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree). On average, Clinical Training participants reported agreement to strong agreement (mean values ranged from 4.18 – 4.66) with statements indicating that the training was effective in addressing issues of diversity, equity, and intersectional identify in the assessment and diagnosis process and had a positive impact on their knowledge of key training themes and feelings of preparedness in supporting children and utilizing the components of the DC : 0-5 multi-axial diagnostic system. A detailed summary of quantitative responses is included in [Appendix D](#).

Key themes in open-ended responses include:

- General appreciation for the learning activities offered, particularly the hands-on practice, use of tools, and opportunities for interaction and discussion with colleagues.
- Appreciation for the trainers.
- Desire for more time and opportunity to process and practice applying the content of the training, some respondents indicated that the training felt rushed.
- Concerns about the ability to integrate the use of DC:0-5™ into their work when they face practical challenges in agency-level policies and procedures, including time for multiple assessments and documentation processes.
- Need for additional training around mental health assessment for young children, as well as foundational concepts in IECMH.
- Desire for consultation and collaboration with others in the field.
- Need for supervision by IECMH-trained clinicians.
- Lack of diverse representation in case examples included in the curriculum.

“(She) was a wonderful trainer. I appreciated her attention to issues of culture and taking an anti-oppression lens, and also her ability to hold the complexity and create space for that in the training.”

~Clinical Training participant

“My primary barrier is that I do not feel I have enough training overall to implement the DC:0-5 and to work with this age group. I want to get more training around parent/child psychotherapy, observation, administering evaluative tools, and most importantly, child development overall.”

~Clinical Training participant

DC:0-5™ Overview Training

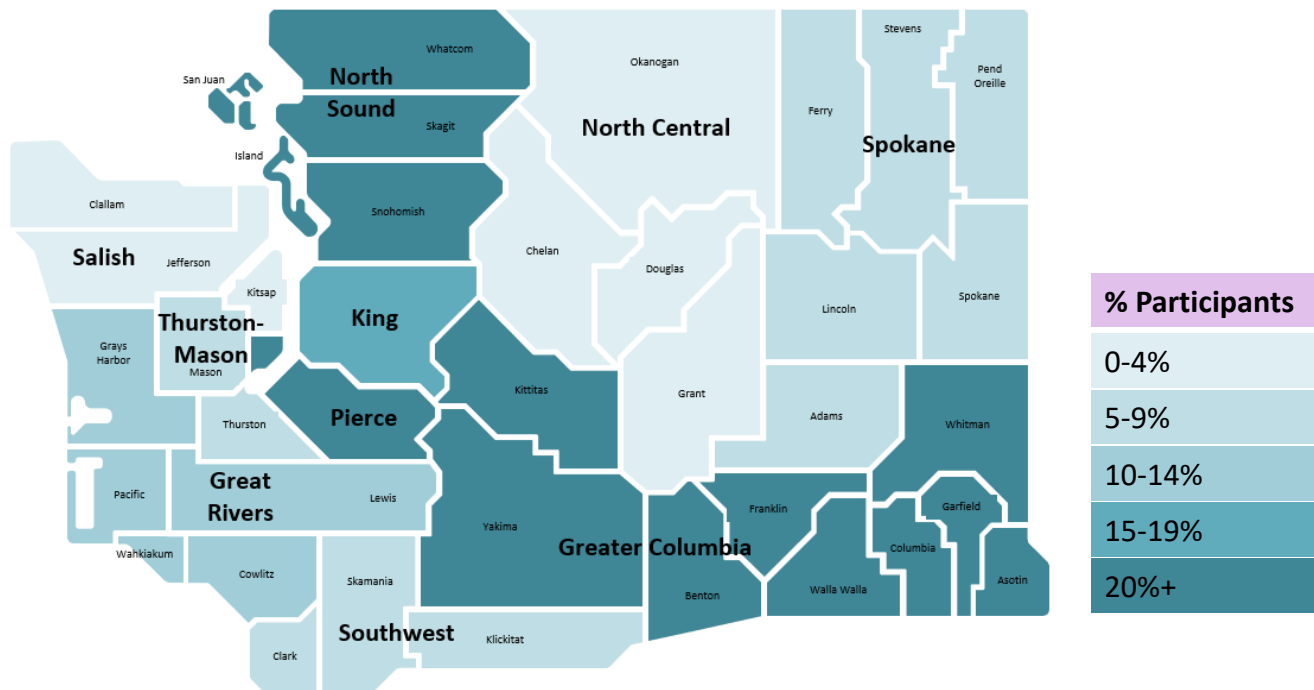
Between March 2022 and June 2023, 14 Intensive and Brief Overview Trainings were delivered, serving 405 allied professionals. The majority of Overview Trainings had targeted audiences. Two were presented at the 2022 and 2023 Infant and Early Childhood Conferences (IECC, which focus on those supporting young children with special needs), two were delivered to specific early intervention agencies and one to a regional school nursing forum, and six were individually marketed for provider groups such as behavioral health leadership, pediatric primary and specialty care providers, perinatal service providers, and providers in child welfare.

The graphics below provide an overview of participants’ demographics and professional backgrounds. Data for the Intensive and Brief Overview trainings have been combined.

Allied professionals are those whose professional role supports social-emotional wellbeing and the mental health system of care for children birth through age five and may include providers and administrators from fields such as home visiting, early intervention, perinatal services, child welfare, child care and early learning, behavioral health, and others.

Geographic Diversity

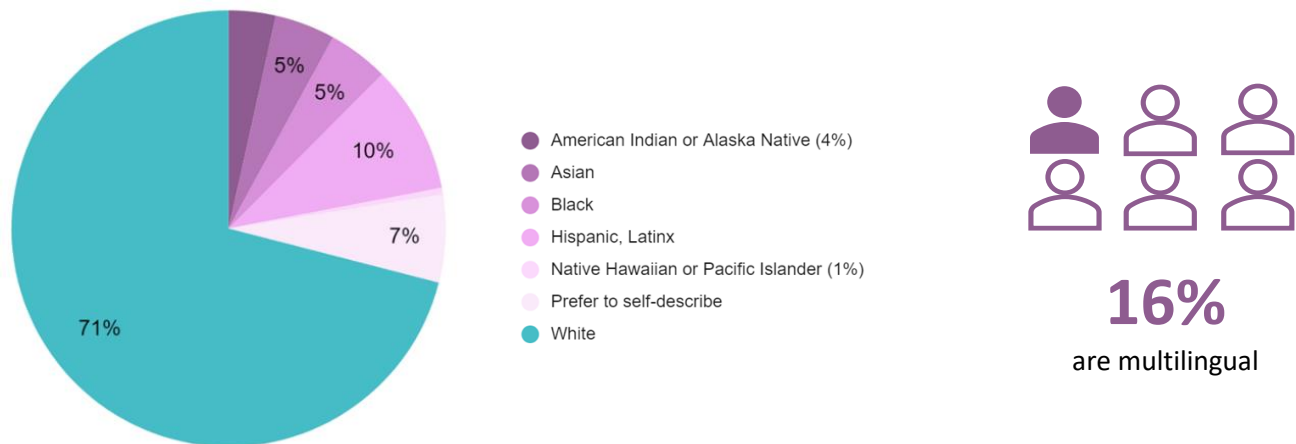
Geographic region of services was asked with a multi-select response option. The percentages in the graph below represent non-mutually exclusive data, as 14% of participants reported multiple regions of service.



The regions served by the greatest percentages of participants included North Sound, Pierce County, Greater Columbia, and King County, which generally reflects several well-attended in-person Overview Trainings held in those regions. See [Appendix C](#) for participation by region.

Racial/ethnic and linguistic diversity

Registration forms required a single-select response for racial/ethnic background with 21 response options (including “prefer not to say” and “prefer to self-describe”). For ease of interpretation, the 21 response options were collapsed into the categories presented below.



The majority of training attendees were white, with Hispanic/Latinx as the most commonly reported non-white background. Nearly 1 in 6 participants spoke at least one language other than English, with Spanish being the most common language reported.

Participant Professional Background

Participants registering for DC:0-5™ trainings were asked to report about their professional background, supervision of Apple Health mental health providers, and prior training in DC:0-5™.

The majority of participants were in developmental services (Part C; 28%), behavioral health services (25%, including those such as mental health counselor, SUDP, peer counselor), or healthcare (17%), which partially reflects several well-attended in-person trainings provided specifically for those sectors. Overall, 17% of participants reported supervising mental health professionals. The majority (78%) reported no prior exposure to the DC:0-5™.

Overview Training Effectiveness

A total of 84 evaluation surveys were received from Overview Training participants, representing 21% of participants. In response to quantitative questions, survey respondents reported agreement to strong agreement (mean values ranged from 4.18 – 4.54) with statements indicating that the training was effective in addressing issues of diversity, equity, and intersectional identity in the assessment and diagnosis process and had a positive impact on their knowledge of key training themes. Slightly lower responses were given about feelings of preparedness in supporting children and families. A detailed summary of quantitative responses is included in [Appendix E](#).

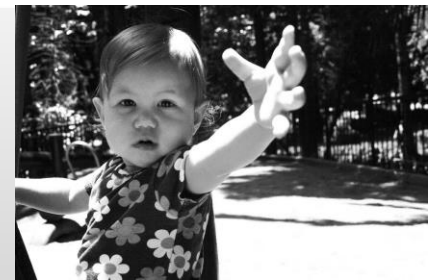
Key themes in open-ended responses include:

- Appreciation for the training and the opportunity to connect with other providers.
- Appreciation for the trainers.
- Need for community resources and referral options and concern about not knowing to whom they could refer children for IECMH services.
- Concern and lack of clarity regarding how to apply what they learned in the training.
- Desire for additional resources and supports for working with families that center the racial, linguistic, and cultural backgrounds of the families they serve.

"I need access to infant mental health providers and assessment. Patients do not have a cohesive guide to regional providers. (I am) constantly referring them to insurance lists but those are outdated and immense."

~Overview Training participant

Click [here](#) to learn about more perspectives and experiences shared by DC:0-5™ training participants.



Workforce Development and Supports

To support the IECMH workforce with implementation and sustainability, additional workforce supports were provided through the IECMH-WC to provide expanded training and other professional development opportunities including supplemental IECMH workshops and Clinician Communities of Practice, with a focus on enhancing knowledge and skills around mental health assessment for young children. These offerings were developed in response to needs expressed by training participants, with specific topics selected within the constraints of trainer availability and training cost.

IECMH Workshops

DC:0-5™ training participants consistently provided feedback that they need training beyond what is offered in the DC:0-5™ trainings on content ranging from foundational concepts in infant and early childhood mental health to practice aspects of the DC:0-5™ diagnostic process. The IECMH-WC provided nearly 60 hours of supplemental workshops between December 2022 and June 2023 in collaboration with local and national trainers, with 350 unique participants (unduplicated count). The initial workshops offered had registrations nearing capacity and were generally well-attended. Over time, both registrations and attendance declined and several workshops were rescheduled or fully canceled as a result. See [Appendix F](#) for a list of workshops offered and participation.

- **Clinical Workshops** were designed to support mental health providers in enhancing their knowledge and skills related to using the DC:0-5™ assessment and diagnostic process. Seven workshops were offered, serving 168 mental health professionals (duplicated count).

- **Community Workshops** were open to all professionals who serve or support children birth to five and/or their families enrolled in Apple Health on topics such as caregiver-child attachment, understanding children’s behaviors, and engaging with families. A subset of these workshops focused on elevating the diverse experiences and perspectives of families from different communities (e.g., ethnic, military-connected). Twelve workshops were offered, serving 336 professionals (duplicated count).

Communities of Practice

The IECMH-WC recently began to offer virtual Communities of Practice to Clinical Training participants to provide additional opportunities for providers to explore and reflect on the training content and how to integrate use of DC:0-5™ in their work. CoPs are spaces to foster relationships with other providers and build upon collective knowledge, and the focus is to help translate knowledge learned in the DC:0-5 training into practice in the context of providing IECMH services to young children and their families. Early in the project, a *Community of Practice Guide for Facilitators* was developed which provides an overview of key principles for facilitation and potential topics and discussion prompts, and emphasizes an anti-oppressive and anti-racist framework. CoPs meet for 90 minutes each month for six months and are currently facilitated by DC:0-5™ trainers.

Although DC:0-5™ Clinical Training participants have consistently shared feedback around the desire for post-training opportunities for collaboration, only a total of 7% responded to a survey offered repeatedly over 9 months to gather more information about their interest in participating in a CoP. Launching CoPs was delayed as responses trickled in, and within these limited responses, preferences for affinity-based CoPs (e.g., supervisor, rural-serving, BIPOC, new-to-field) and desired schedules varied widely. Three CoPs began in the spring of 2023, and participants were recruited directly by the CoP facilitator after a Clinical Training.

The six-month commitment required to participate in a CoP may be a barrier. Although the IECMH-WC will continue to offer CoPs for mental health providers, we are also exploring other options for the future that may be more accessible, such as drop-in office hours to provide technical assistance around the use of DC:0-5™.

Supports and Challenges

As described earlier, DC:0-5™ training participants had an opportunity to share anticipated challenges or barriers in applying what they learned in the training, as well as additional resources they may need, in a feedback survey immediately after the training. In addition, Clinical Training participants received a follow-up survey 6 months after their training. The survey questions focused on providers' feelings of confidence in using the various components of the DC:0-5™ assessment process, as well as perceived challenges and needed supports.

Because of the very low response rate for the follow-up survey (13 responses; 4% of the mental health providers who received the survey), the IECMH-WC facilitated virtual focus groups to learn more about clinicians’ experiences using what they had learned in the Clinical Training. Four focus groups were facilitated in June 2023, with questions similar to those on the follow-up survey. A total of 17 clinicians participated in the focus groups (94% white, 67% employed by a Behavioral Health Agency, 40% clinical supervisors, and 7 of the 10 regions of the state represented). The average length of time since participating in a DC:0-5™ Clinical Training was 7.5 months (range = 1 to 13 months). The themes below combine clinician feedback from the follow-up survey and focus groups.

Key strengths:

- Appreciation for the no-cost training and copy of the DC:0-5™ manual as well as the diversity of the trainers
- Value of the DC:0-5™ multi-axial approach to assessment and diagnosis and how it has increased their confidence in providing assessment and diagnostic services to very young children, their engagement with families, and their intentionality around gathering comprehensive information related to assessment
- Appreciation for state policies and resources to support use of the DC:0-5™

“[The approach] aligns with my values, which also increases my confidence.”

~Focus group participant

Key challenges:

- Agency-level policies and procedures that are barriers to being able to effectively conduct a full multi-axial assessment – even with supportive state policies - including the time needed, the use of assessment tools, and the complexity of documentation requirements that are not aligned to the DC:0-5™ process
- Lack of access to supervision and consultation that is specific to mental health assessment and diagnosis for children birth through age five
- Reluctance to diagnose without adequate access to developmentally-appropriate treatment options
- Barriers to collaboration among various service providers in the assessment process and need for clear pathways for referral to appropriate mental health services and supports
- Need for opportunities for continued learning and practice, including case consultation and peer collaboration

“We need support for agencies to do what they need to do to provide clinicians with the ability to document what they’re gathering - infrastructure supporting documentation in alignment with DC:0-5 assessment and diagnosis. Guidance is needed from the State on how to incorporate those pieces into their EHRs...so they don’t run into billing and documentation accountability issues down the road.”

~Focus group participant

“The time for it to get implemented into systems is such a slower process after the excitement that comes from doing the training. The structures need to be in place to make the process doable. Thinking about working with other providers are all those in the system – insurance, billers. Thinking about how to really use it. We can do the assessment and diagnosis, but then how do we use it?”

~Focus group participant



Lessons Learned and Next Steps

The IECMH-WC has responded to an important need for training on DC:0-5™ for the IECMH workforce in Washington State. The initiative was designed and implemented according to the best available information at that time regarding the current workforce and in accordance with the requirements of the Mental Health Assessment for Young Children Legislation and available resources. 15 months into implementation, important lessons learned have emerged that can inform future efforts in this area.

1. Bandwidth in the field is strained and significant barriers remain to both participation in training and application in practice. This context may have impacted the efforts of the IECMH-WC in the form of lower than hoped for uptake of DC:0-5™ training and supplemental professional development opportunities, particularly over time as the initiative progressed.
2. Mental health professionals have continually voiced needs for a variety of provider- and agency-level supports that will enhance their ability to apply what they learned in DC:0-5™ training to their practice around mental health assessment and diagnosing for young children, some of which are outside the scope of this initiative. Providers continue to experience a significant gap in resources and support for integrating DC:0-5™ into practice, including additional training, case consultation, supportive and knowledgeable clinical supervision, and agency supports such as documentation protocols aligned with DC:0-5™ and time allowed to complete multiple assessments.
3. There is more work to be done to ensure that DC:0-5™ training is grounded in principles of diversity, equity, inclusion, and belonging. Participants have continually raised concerns about a lack of diversity in the standardized curriculum content and have appreciated the additional opportunities that trainers provided to consider mental health assessment through a lens of diversity and intersectionality.
4. Engaging allied professionals in DC:0-5™ training was a challenge, potentially driven by a lack of awareness of DC:0-5™ and its relevance to their work and by the lack of direct incentive to participate in optional training. An approach that focuses less directly on DC:0-5™ and more on foundational knowledge about IECMH and how to navigate the system to get families the services they need may be more impactful. The IECMH-WC is currently working with Washington DC:0-5™ trainers to develop training that better meets this need.

"[The training is] a lot of information. You're flooded with information...given what we know about how people learn best, we need support as we go."

~Focus group participant



"In hindsight, doing the training in a supportive environment that's ready with their setup [would be a support]...I did the training to be in compliance. If I could use it, it would be helpful...I love the tool. I am using it, but not in the way it's prescribed."

~Focus group participant

Conclusion



DC:0-5™ training is one critical component of supporting Washington’s IECMH workforce. The IECMH-WC has made important progress in increasing knowledge of developmentally appropriate assessment and diagnosis for children birth to age five, providing training to over 850 mental health providers and allied professionals across the state and offering supplemental supports such as additional IECMH workshops and Communities of Practice. The IECMH-WC has also increased the pool of diverse DC:0-5™ certified trainers prepared to support this work in Washington. Some challenges associated with the project, such as lower than desired uptake of training and other

offerings, may reflect broader challenges in the field around provider bandwidth and elevate the continued need for intentional outreach and marketing, particularly within historically underserved communities.

Developmentally appropriate assessment and diagnosis for children birth to five is essential. As Washington continues to move forward with the use of DC:0-5™ for young children enrolled in Apple Health, the IECMH-WC is using participant and community feedback to plan future programming that will be responsive to the needs of the IECMH workforce.

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Appendix A: DC:0-5™ Certified Trainers for Washington State

- [Lily Baldwin-Garduno](#), MS, MIM, LMHC, CMHS, MMHS | Sea Mar Community Health Centers
- [Abigail Bocanegra](#), MA, LMFT | Creative Heart Therapies
- [Jamie Elzea](#), MSW, MPH, LICSW, IMH-E | Nurtureways
- [Olivia Gonzales](#), MA, LMFT | Catholic Charities Eastern Washington
- [Christopher Heckert](#), DSW, LICSW, CMHS | Heckert Counseling & Consultation, PLLC
- [Nucha Isarowong](#), PhD, LICSW, IMH-E | Barnard Center for Infant and Early Childhood Mental Health
- [Mary Virginia Maxwell](#), LMHC | ESD105
- [Kathryn McCormick](#), MA, LMFT, CMHS, EMMHS | The Tulalip Betty J. Taylor Early Learning Academy
- [Lou Olson](#), LICSW IMH-E | Dragonfly Counseling
- [Laura Schrotenboer](#), MS, LMHC, MHP, CMHS | Mae's Hope
- [Sharon Shadwell](#), LMHC | The Practice NW
- [Meyleen Velasquez](#), LCSW, LICSW, PhD, PMH-C, RPT-S | Hummingbird Counseling
- [Haruko Watanabe](#), MA, LMHC, IMH-E | Navos

Appendix B: Medicaid Enrollees (<19 years) and Providers by Region

In considering the need to engage and support providers from underserved communities, the IECMH-WC examined current regional data on the percentages of children (birth to age 19) enrolled in Medicaid as compared to providers serving Medicaid clients. **Three regions (shaded in purple) emerged as having disproportionately low percentages of available Medicaid providers versus children served, which may indicate underserved communities. These regions – Greater Columbia, North Central, and Southwest –are priority areas for trainer and training participant.**

Region	Medicaid enrollees < 19yo ¹	Medicaid BH Providers ²
Great Rivers	5%	8%
Greater Columbia	16%	8%
King County	20%	30%
North Central	6%	2%
North Sound	15%	16%
Pierce County	12%	13%
Salish	4%	6%
Southwest	7%	3%
Spokane	10%	11%
Thurston-Mason	4%	5%
Reporting Total	897,238	14,820

¹ Number of Medicaid enrollees younger than 19 years of age in February 2022. Source: [Medicaid client eligibility dashboard](#).

² Number of individual servicing providers (not including Agency Affiliated Counselors, Psychiatrists, or Nurses/Physician’s Assistants) contracted to serve Medicaid-enrollees from March 2020-March 2022. Source: [Medicaid Provider Data Dashboard](#).

Appendix C: DC:0-5™ Training Participant Report of Region(s) Served

Region	Clinical Training		Overview Training	
	Registered	Attended	Registered	Attended
Great Rivers	12%	11%	11%	10%
Greater Columbia	8%	9%	21%	23%
King County	26%	26%	18%	15%
North Central	4%	4%	5%	4%
North Sound	19%	21%	22%	24%
Pierce County	11%	12%	21%	24%
Salish	8%	7%	5%	3%
Southwest	5%	5%	6%	5%
Spokane	17%	16%	10%	7%
Thurston-Mason	4%	4%	7%	5%
Multi-region	10%	11%	15%	14%

Appendix D: DC:0-5™ Clinical Training Participant Evaluations

Question	<i>n</i>	Range	Mean	Standard Deviation
Training effectiveness				
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	251	1 - 5	4.40	.82
Training impact – Knowledge				
This training helped me better understand...				
That young children can experience mental health challenges	255	1 - 5	4.56*	.71
The importance of developmentally appropriate assessment for young children	253	1 - 5	4.66	.62
The importance of family and community culture in children’s development	255	1 - 5	4.61	.71
The importance of caregiving relationships and environments in children’s development	255	1 - 5	4.71	.63
Training impact – Skills and practice				
This training helped me feel better prepared to...				
Support the diverse and intersectional needs of families in my community in the assessment and diagnostic process	253	1 - 5	4.42	.70
Use the DC:0-5™ as a tool for assessing and diagnosing young children’s mental health conditions.	253	1 - 5	4.58	.60
Use the following components of the DC:0-5:				
Cultural Formulation	255	1 - 5	4.33	.76
Axis V – Developmental Competencies	254	1 - 5	4.47	.63
Axis IV – Psychosocial Stressors	253	1 - 5	4.53	.59
Axis III – Physical Conditions	254	1 - 5	4.44	.64
Axis II – Relational Context	254	1 - 5	4.55	.63
Axis I – Clinical Disorders	255	1 - 5	4.45	.62
Connect DC:0-5™ diagnoses to DSM and ICD-10 diagnoses	255	1 - 5	4.18	.88

Note. Questions were rated on a 1-5 Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree).

**Note.* Respondents who reported an ethnic/racial identity other than white and those who were multilingual rated this question significantly higher than other respondents, $t(245 \text{ and } 253) = -2.02 \text{ and } -2.53, ps < .05$.

Appendix E: DC:0-5™ Overview Training Participant Evaluations

Question	<i>n</i>	Range	Mean	Standard Deviation
Training effectiveness				
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	84	2 - 5	4.31	.73
Training impact – Knowledge				
This training helped me better understand...				
That young children can experience mental health challenges	83	2 - 5	4.46	.72
The importance of developmentally appropriate assessment for young children	83	2 - 5	4.54	.70
The importance of family and community culture in children’s development	83	2 - 5	4.45	.82
The importance of caregiving relationships and environments in children’s development	83	2 - 5	4.49	.76
Training impact – Skills and practice				
This training helped me feel better prepared to...				
Apply what I learned today within my role	83	2 - 5	4.18	.75
Support the diverse and intersectional needs of families in my community	82	2 - 5	4.20	.79
Advocate for the importance of developmentally appropriate assessment tools and processes in the behavioral health system	83	3 - 5	4.49	.67
Refer young children and families for mental health assessment.	83	3 - 5	4.24	.69
Support young children and families going through the assessment and diagnosis process.	82	3 - 5	4.30	.66

Note. Questions were rated on a 1-5 Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree).

Appendix F: IECMH Workshops, December 2022 – June 2023

Date	Title	Target audience	Registered	Attended	% Attended
SFY23 Q2					
Dec 5	Infant State, Regulation, Behavior, and Cues	Clinical	38	29	76%
Dec 7	An Overview of Attachment and Adaptation in Parent-Child Relationships	Community	112	69	62%
Dec 12	BabyCues: How Babies and Young Children Communicate Their Needs Through Nonverbal Behaviors	Community	148	94	64%
SFY23 Q3					
Jan 9	Reframing Challenging Behavior in Young Children	Clinical	94	69	73%
SFY23 Q4					
Apr 17	Relational Specificity in Infancy and Early Childhood	Clinical	25	17	68%
Apr 18	An Overview of Attachment and Adaptation in Parent-Child Relationships	Community	58	31	53%
Apr 20	Latine/x Children and Families: Cultura Y Familia	Community (DP)	26	18	69%
Apr 21	BabyCues: How Babies and Young Children Communicate Their Needs Through Nonverbal Behaviors	Community	34	26	76%
May 24	Reframing Challenging Behavior in Young Children	Clinical	24	13	54%
May 31	Generational Clarity (Trauma Informed Strategies): An Indigenous Perspective (Auburn, WA)	Community (DP)	21	12	57%
Jun 1	Relational Specificity in Infancy and Early Childhood	Clinical	34	19	58%
Jun 8-10	Parent-Child Interaction (PCI) Feeding Scale	Clinical	15	11	73%
Jun 12	Thinking Together in the Face of Fear: Helping Young Children Feel Safe—Even When Adults are Frightened	Community	25	13	52%
Jun 15	Operation Baby Steps - The Critical Impact of Infant Mental Health on Military Families (1)	Community (DP)	11	8	73%
Jun 16	Operation Baby Steps - The Critical Impact of Infant Mental Health on Military Families (2)	Community (DP)	13	11	85%
Jun 21	Understanding Social-Emotional Development Through the DIR Model	Community	19	15	79%
Jun 27	Development is a Journey: A Conversation Roadmap for Talking with Families	Community	25	25	100%
Jun 28	Understanding Social-Emotional Development Through the DIR Model	Community	24	14	58%
Jun 30	Critical Self-Reflection Utilizing the DC:0-5™ Cultural Formulation	Clinical	19	10	53%
Total			765	504	66%

Note. Data represents duplicated counts of participants across workshops.