# INFANT AND EARLY CHILDHOOD MENTAL HEALTH WORKFORCE COLLABORATIVE (IECMH-WC)

## ANNUAL COMMUNITY REPORT

## JULY 2023 - JUNE 2024

Washington State Health Care Authority

Center for Early Relational Health
Community and Connection

# 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 Washington's 2021 Mental Health Assessment for Young Children 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, all at no cost for mental health providers and allied professionals whose work supports children prenatal through 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 second full year of the initiative, from July 2023 through June 2024.

Professionals from all regions of the state participated in DC:0-5™ trainings and other workforce supports. Six DC:0-5™ Clinical Trainings serving 133 mental health providers and 3 DC:0-5™ Overview Trainings serving 59 allied professionals were delivered this year. This included an expanded Overview Training specifically for agency leaders/administrators that included information on policy and billing related to use of the DC:0-5™.

As compared to the previous year, racial/ethnic and linguistic backgrounds for both Clinical and Overview Training participants were more diverse and there was an increase in the percentage of participants who were new to the DC:0-5™. Both Clinical and Overview Training participants reported that the trainings were effective in addressing issues of diversity, equity, and intersectional identity and had a positive impact on their knowledge of key training themes and feelings of preparedness in supporting children and families around mental health assessment in their role. Providers engaged in additional workforce supports that were offered, including 6 supplemental workshops that focused on aspects of the pathway of mental health assessment for young children. However, there were challenges in engaging mental health providers in Communities of Practice and monthly DC:0-5™ Office Hours, possibly reflecting the demands on time for the workforce while highlighting the continued need for intensive outreach as well as a focus on accessibility in provider supports.

Across the IECMH workforce, providers and administrators continue to elevate the need for ongoing training, supports for collaboration across providers and systems, and guidance on billing and adapting assessment and documentation practices to support implementation at the agency level. The IECMH-WC will continue to listen to and partner with the community to plan and offer resources that will be accessible and responsive to the needs of the IECMH workforce and will enhance services to babies, toddlers, preschoolers, and families throughout Washington.

**Since 2022, 580 mental health providers and 464 allied professionals in Washington have participated in DC:0-5™ trainings.**

# THANK YOU

The Infant and Early Childhood Mental Health Workforce Collaborative is grateful to the many professionals who work with or on behalf of children prenatal through five and their families, to our community partners, and to our state DC:0-5™ trainers. Thank you for sharing your care, passion, and expertise to support the well-being of babies, toddlers, preschoolers, and their families in communities across Washington.

# 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 second full year of the initiative, from July 2023 through June 2024.

## WASHINGTON AT A GLANCE

Washington is home to nearly half a million children ages 0 -5. [1]

Nearly half of all deliveries are funded by Apple Health (Medicaid). [2]

Young children are less likely than older children to receive mental health services. [3]

There are not enough IEMCH services available to meet the needs of infants, toddlers, and young children. [4]

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, and includes requiring the 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 Washinton State who can better understand, assess, and diagnose infant and early childhood mental health challenges.

Ensure that the professional development opportunities offered are equitable and accessible to all IECMH professionals, particularly those who have been historically underserved.

The IECMH-WC provides training and professional development supports to infant and early childhood mental health professionals related to mental health assessment for young children and 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 Center for Early Relational Health (CERH) is leading the coordination of statewide training and additional workforce supports, on behalf of the Washington State Health Care Authority (HCA), and in partnership with DC:0-5™ Certified Trainers and IECMH professionals in Washington State. The Regional Advisor Steering Committee (RASC) includes professionals from various child- and family-serving disciplines who provide guidance and make recommendations to the IECMH-WC around provider needs, perceptions, challenges, and opportunities for engagement and help to ensure that the initiative is implemented in an equitable and accessible manner.

# WHAT WORKFORCE SUPPORTS DOES THE IECMH-WC OFFER?

DC:0-5™ Clinical Training and DC: 0-5™ Overview Training

DC:0-5™ Communities of Practice for Mental Health Providers

DC:0-5™ Office Hours

Clinical and Community Workshops on related topics

# IECMH AND DC:0-5™

## What is IEMCH and why is it important?

Infant and early childhood mental health (IECMH) is the developing capacity of babies and young children to build emotionally solid foundations for life, and this is critically intertwined with all other areas of development and well-being. Babies and young children develop and experience the world within the context of their families and communities. For each child, their family and community culture shapes how love and nurturing are expressed, the experiences that are available to them, the kinds of developmental achievements and learning activities that are valued and promoted, what is expected of them, and how families understand the meaning of their child's behavior and respond to them. Children's capacities develop best in the context of safe, responsive relationships with caregivers and the other important people in their life. This means that understanding the family's experience and supporting caregivers is essential in promoting children's social and emotional well-being

## IECMH IS THE DEVELOPING CAPACITY OF A CHILD TO

- Form close and trusting relationships with caregivers and peers
- Experience, manage, and express a full range of emotions
- Explore the environment to develop new skills and abilities

all within the context of family, community, and culture. [5]

As many as 1 in 5 babies and very young children experience mental health challenges [6] – emotional, relational, or behavioral issues that can impact every aspect of their development and their overall well-being. Supporting early mental health – or social-emotional well-being – in babies, toddlers, and preschoolers is critical in preventing problems and ensuring that they can thrive.

# WHO IS THE IECMH WORKFORCE?

A strong IECMH system that best supports young children and families in Washington requires partnerships between highly trained infant and early childhood providers in a variety of roles, organizations, and systems of care. Families are best served when there is a collaborative network of providers supporting them. Because the foundations of early mental health and positive relationships begin even before a child is born, providers working with expectant families as well as those with babies and young children are part of the IECMH workforce.

## IECMH WORKFORCE

- Behavioral health
- Child welfare
- Early intervention
- Early learning and care
- Home visiting
- Judicial system
- Pediatric health care
- Policy

# WHY USE THE DC:0-5™?

Very young children have limited ways to express when something is wrong, and they need adults in their lives who can recognize when they may need additional supports that are appropriate for them. The DC:0-5™ is an internationally-accepted diagnostic system that identifies early challenges while considering how relationships, cultural, and environmental factors contribute to a child's social and emotional well-being and developmental progress. This multiaxial structure emphasizes gathering comprehensive information that supports a fuller understanding of the child and their family within their unique context. Learning about this approach benefits providers by:

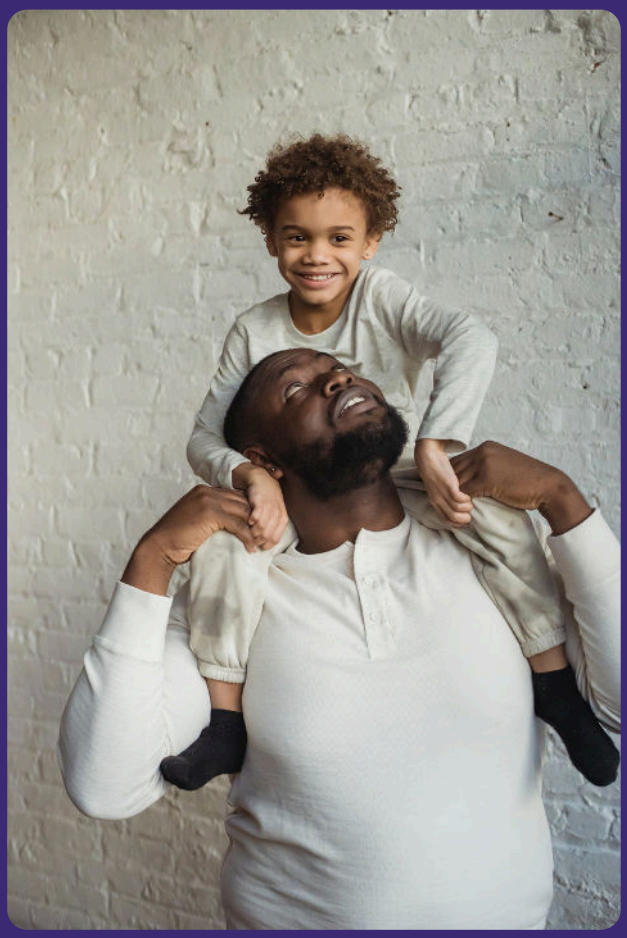
- Enhancing their understanding of early development and mental health.
- Increasing confidence in referring young children for appropriate assessment and intervention.
- Improving skills in and assessing and/or treating mental health problems in very young children.
- Creating a shared language about IECMH that can be understood across different programs and fields of work.

When mental health assessment is developmentally informed, relationship-based, and contextually and culturally grounded, families can be connected with timely and appropriate services that can improve outcomes for their young children.

# DC:0-5™ TRAINING FOR MENTAL HEALTH PROVIDERS

DC:0-5™ Clinical Training 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. Training participants receive a print copy of the DC:0-5™ manual as well as 12 Continuing Education Units (CEUs)

## WHO ARE MENTAL HEALTH PROFESSIONALS?



Mental health professionals (RCW 71.05.020) eligible to participate in DC:0-5™ training through the IECMH-WC are those who are responsible for clinical diagnosis and are contracted to provide mental health services to children birth through age five enrolled in Apple Health, including:

- Licensed psychologists, psychiatrists, and advanced psychiatric nurse practitioners
- Independently licensed clinical social workers, marriage and family therapists, and mental health counselors
- Licensed clinical social worker, marriage and family therapist, and mental health counselor associates
- Licensed and certified agency affiliated counselors

Between July 2023 and June 2024, 6 DC:0-5™Clinical Trainings were delivered to 133 mental health providers. Although this is far fewer participants than in the first year of the initiative, providers continue to seek this opportunity and 20 new agencies across the state sent staff for the training.

# WHO PARTICIPATED IN THE DC:0-5™ CLINICAL TRAININGS?

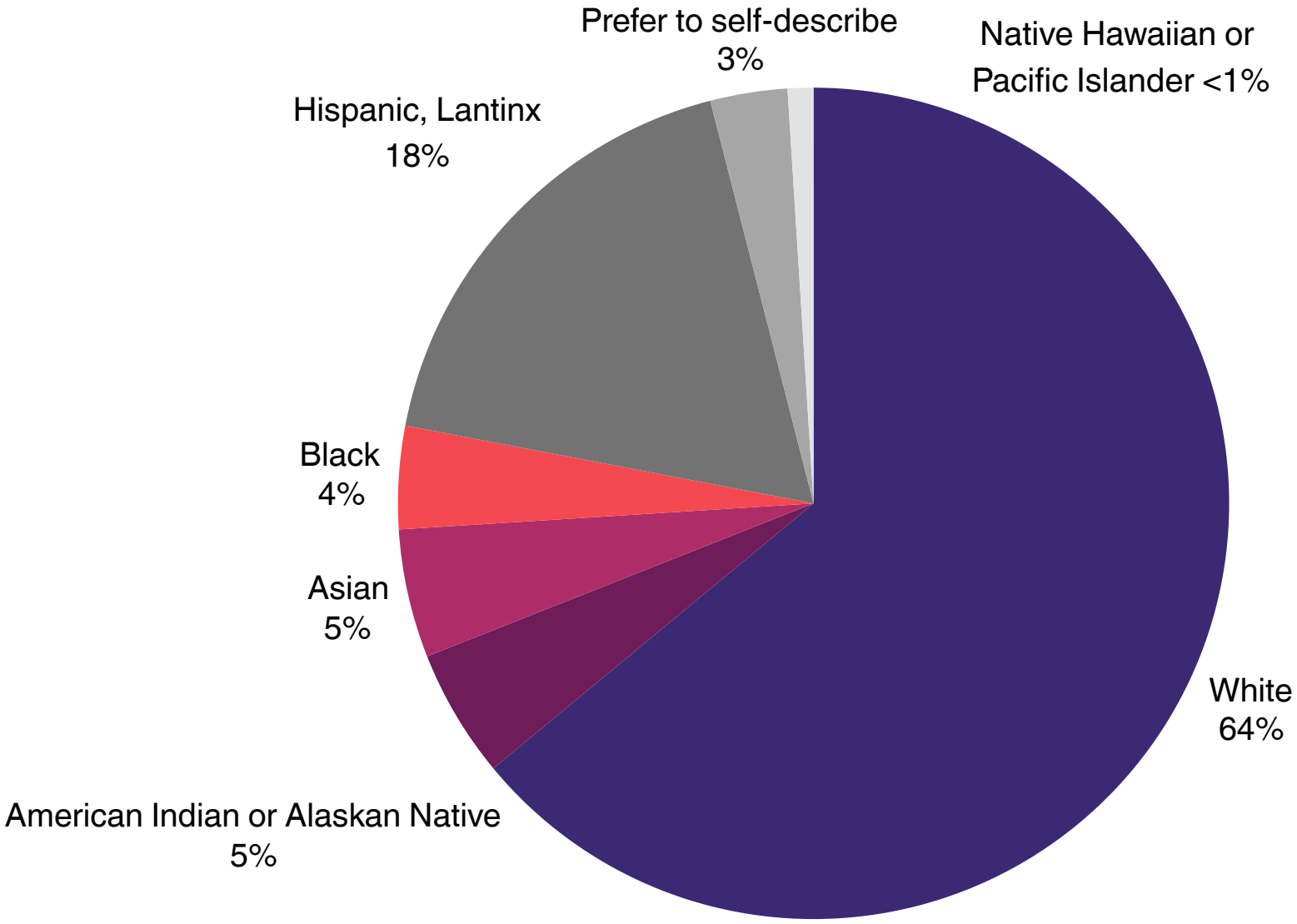
Most participants served children and families in the North Sound, King County, and Spokane regions, with slightly lower than expected rates of participation this year for mental health providers serving in King County and slightly higher than expected rates for North Sound, Southwest, and Spokane, based on reported percentages of Apple Health mental health providers serving children and youth in those regions. 86% were employed by behavioral health agencies and 22% were supervisors.

Racial/ethnic and linguistic diversity of participants was greater this year than in the first year of the initiative. The majority (64%) of training attendees were white, with Hispanic/Latinx (18%) as the most commonly reported non-white background. In the prior year, 73% of participants were white and 9% reported Hispanic/Latinx as their racial/ethnic background. Multilingual participants also increased from 18% to 25% this year, as did those reporting a tribal affiliation (from <1% to 5% this year).

| % Participants |
| --- |
| 0-4% |
| 5-9% |
| 10-14% |
| 15-19% |
| 20%+ |


*The percentages in this map represent non-mutually exclusive data, as 11% of participants reported multiple regions of service.*

# WHO PARTICIPATED IN THE DC:0-5™ CLINICAL TRAININGS?




The majority (75%) of Clinical Training participants had no prior training in or exposure to the DC:0-5™, including informal self-study of the tool. In the first year of the project, approximately 2/3 of participants had no previous exposure to the DC:0-5™. The increase this year may suggest that there may have been a greater proportion of providers newer to the field and/or less experienced in serving children birth through five 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.

# WHAT DID PARTICIPANTS SAY ABOUT THEIR TRAINING?

Training participants were offered the opportunity to provide feedback about the impact of the training on their knowledge and skills, as well as anticipated challenges, barriers, and needed resources related to implementing what they had learned. 51 participants (38%) provided feedback.

**How effective was the training?**

On average, Clinical Training participants reported agreement to strong agreement (mean values ranged from 4.10 – 4.69 on a 1 – 5 scale) 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. Comments included:

- General appreciation for the learning activities offered, particularly the hands-on practice with case examples and the manual, and opportunities for interaction and discussion with colleagues.
- Appreciation of cultural considerations and anti-oppressive lenses that were brought to the material.
- Desire for more time and opportunity to process an practice applying the content of the training.

> *The group discussions were the most helpful part to help each other notice details and make developmentally appropriate recommendations.*
>
> *Equity and inclusion, while watching out for our own personal bias, were all important and discussed through the entire presentation.*
>
> *Clinical Training Participants*

**What additional supports might be needed?**

Participants noted challenges that might arise in putting their learning into practice and resources that would be helpful. Key themes in open-ended responses were coded qualitatively and included:

- 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 guidance around billing practices.
- Need for additional training in general and specifically around mental health assessment for young children.
- Desire for consultation and collaboration with others in the field.

*(A challenge may be) the amount of time allocated to complete 0-5 assessments and resource spaces to do so.*

*(A challenge may be) building a meaningful but comprehensive assessment in our EHR (electronic health record) - I do not see this as a barrier per se, rather something that will just require more thought and development. Given these assessments are a bit more complex, we need to make sure there is a solid framework to ensure all covered areas, but also keeping it relatively flexible and personalized.*

*(A support would be) better understanding on the agency level in applying this both on a clinical level and practical level.*

*My clinic is not utilizing this resource across all children mental health therapists. It needs to become standardized and expected so that we can collaborate. Right now, I am speaking a foreign language.*

*Getting the agency to reconsider how we allow clinicians to assess this age range, providing information on mileage reimbursement rates and having a process/procedure and policy specific to assessing 0-5 will be needed at our agency before being able to use best practice can be implemented.*

*Clinical Training Participants*

# HOW ARE PROVIDERS USING WHAT THEY LEARNED?

Clinical Training participants receive a follow-up implementation survey approximately 6 months after their training. The survey questions focus on providers feelings of confidence in using the various components of the DC:0-5™ diagnostic process, as well as perceived challenges and needed supports. Since the beginning of the project, only 21 responses have been submitted from the 494 Clinical Training participants who received the survey (4% response rate). Most respondents were supervisors, had been providing mental services for children birth through five for 1-5 years, and generally reported that they serve young children only occasionally or for less than half their caseload.

Respondents had used the DC:0-5™ process with very few young children that had been referred to them since the training (from none to less than half). For the questions pertaining to their confidence in utilizing various aspects of the DC:0-5™ process, respondents felt "slightly" or "moderately" confident, with a few feeling "very confident" for some items. Almost all respondents indicated agency/organization adoption barriers in using the DC:0-5™, and several indicated a need for supervision related to birth through five services as well as additional training in assessment and diagnosis

*We are struggling to incorporate the DC:05 and the added time for assessment into our record systems and adjusting to having more time allocated for comprehensive assessment.*

*(A support would be) maybe a community of practice where we can talk about cases.*

*There is a need for affinity groups such as reflective practice for professionals speaking different languages and working with diverse populations.*

*The language used in DC: 0-5 is not at all client friendly- it would be so great if there was a crosswalk to client-friendly language so that diagnostic impressions could be useful to caregivers and families, not just professionals. I believe this is an equity issue that needs to be addressed.*

*(A support would be) more training specific to interventions.*

*Clinical Training Participants*

Note: HCA heard similar themes as part of listening sessions conducted with behavioral health providers during the IECMH Statewide Tour. HCA is committed to supporting the IECMH field in these areas through resources like tailored billing guidance, webinars on how providers are putting the DC:0-5™ into practice, and training in IECMH treatment models like Child Parent Psychotherapy. To learn more about what HCA is doing, read our IECMH at HCA brief.

# DC:0-5™ TRAINING FOR ALLIED PROFESSIONALS

DC:0-5™ Overview Training 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. Overview Training participants receive Continuing Education Units (CEUs) for mental health professionals and/or STARS hours, as requested.

## WHO ARE ALLIED PROFESSIONALS?

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

From July 2023 to June 2024, 3 Brief Overview Trainings were delivered, serving 59 allied professionals. Two trainings were delivered by trainers targeting their local professional communities in the Puget Sound and Greater Columbia regions. In addition, one was offered specifically for those in leadership, administrative and other non-clinical roles at behavioral health agencies. Mental health providers who have participated in Clinical Trainings have cited that agency/organization adoption barriers can pose challenges to utilizing the DC:0-5™ in practice. Therefore, the training was co-presented with the Health Care Authority, with policy and billing information embedded throughout the standard DC:0-5™ curriculum to create clearer connections between the content around IECMH/DC:0-5™ and practical strategies to support implementation, including guidance on billing and other practices around mental health assessment for young children

# WHO PARTICIPATED IN THE DC:0-5™ OVERVIEW TRAININGS?

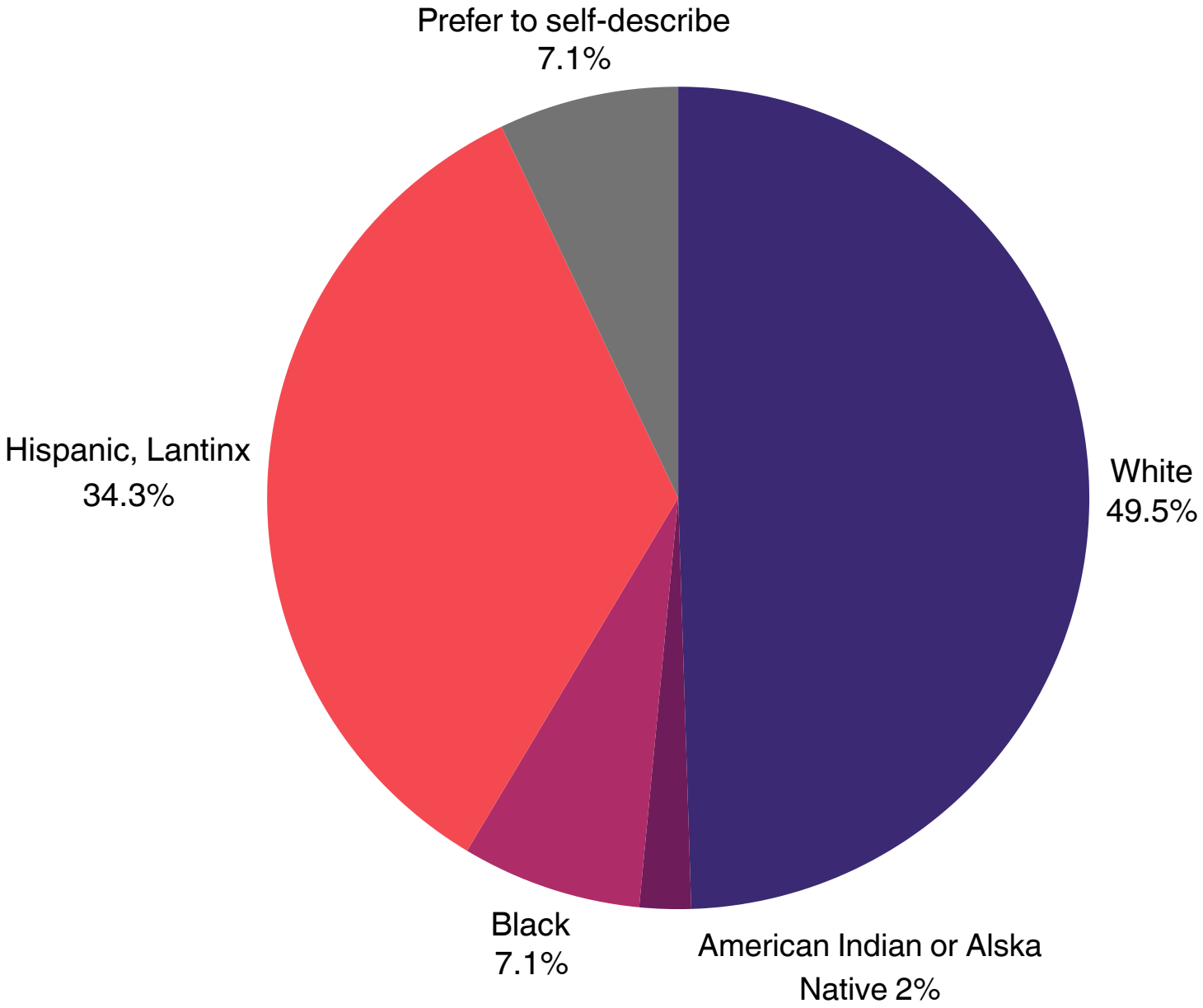
Most providers served children and families in the Greater Columbia, North Sound, and King County, which generally reflects the two trainings that were specifically targeted for providers networks in the Greater Columbia and Puget Sound regions. Participants were in behavioral health services (50%), early education and care (20%), health care administration (15%), home visiting (9%), developmental services (4%), and healthcare (2%). The large number of participants from behavioral health and administration likely reflects the training targeted for BHA leadership. Over one third (36%) of participants reported providing direct Apple Health services to children birth through five, and 31% supervised mental health professionals.

Slightly over half (51%) of participants reported a racial/ethnic background other than white, and 25% spoke at least one language other than English, with Spanish being the most common additional language reported. This is an increase from 16% multi-lingual participants in the prior year.

| % Participants |
| --- |
| 0-4% |
| 5-9% |
| 10-14% |
| 15-19% |
| 20%+ |


*The percentages in this map represent non-mutually exclusive data, as 11% of participants reported multiple regions of service.*

# WHO PARTICIPATED IN THE DC:0-5™ OVERVIEW TRAININGS?



# WHAT DID PARTICIPANTS SAY ABOUT THEIR TRAINING?

A total of 9 feedback surveys were received from Overview Training participants, and all were from participants in the training for agency leadership (15% of those participants). On average, training participants reported agreement to strong agreement (mean values ranged from 4.22 – 4.67) 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 the training's impact on knowledge that young children could experience mental health challenges, and feelings of preparedness in referring young children and families for mental health assessment.

Key themes in open-ended responses included:

- Appreciation for the information, resources, and concrete examples shared.
- Concerns about funding needed to support implementation.
- Need for more billing guidance.
- Desire for cross-system collaboration.

*I enjoyed having (the trainer) lay out the sections, guidance, and flow of DC:0-5 Axis and then have HCA…come in with the pieces about Fee for Service Vs. Managed Care Orgs…[and] about reimbursement if folks are licensed through DOH. [It showed] the importance of collaboration both in system building work at [the] community and individual provider/client level.*

*It was nice to add the billing to the clinical components; as my team is growing these are pieces that affect them, and they want to know more.*

*Overview Training Participants*

# ADDITIONAL WORKFORCE SUPPORTS

The IECMH-WC offers additional professional development opportunities to the workforce beyond the DC:0-5™ trainings, to help put what is learned in the training into practice. DC:0-5™ training participants have consistently provided feedback that they desire and need more training, from foundational concepts in infant and early childhood mental health, to practice aspects of the DC:0-5™ assessment process, as well as ongoing support and collaboration with others in the field.

# IECHM WORKSHOPS

Five Clinical Workshops (33 contact hours) were offered, which were designed to support mental health providers in enhancing their knowledge and skills related to using the DC:0-5™ assessment and diagnostic process. There were a total of 94 participants (61 unduplicated count across workshops), with demographic and professional backgrounds similar to Clinical Training participants. On average, participants reported agreement to strong agreement that the learning objectives for these workshops were accomplished

*The information shared was very accessible and I could see myself using it. That is always so helpful!*

*In the training today, several people have mentioned how helpful it would be to have further training on the intervention side using the NRF (NeuroRelational Framework) guide. We are getting great info on assessing, and the next need is intervention.*

*IECMH Clinical Workshop Participants*

In addition, 1 Community Workshop (open to all professionals whose work supports children birth to five and/or their families enrolled in Apple Health) was offered, with 55 registrants who attended live and/or had access to the recording

**Clinical Workshops**

Culturally Sensitive Mental Health Assessment: Assess Toxic Stress in Children and Families

Culturally Sensitive Mental Health Assessment: Assess Attachment Relationships

Culturally Sensitive Mental Health Assessment: Target Warm Handoffs to the Right Professionals

Parent-Child Interaction (PCI): Teaching Scale Certification

Including the Family in Mental Health Assessments for Young Children

**Community Workshop**

Development is a Journey: A Conversation Roadmap for Talking with Families

# COMMUNTIES OF PRACTICE

CoPs are spaces to foster relationships with other providers and build upon collective knowledge. The focus of these CoPs 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 and integrating developmentally appropriate assessments and diagnosis using the DC:0-5™. CoPs are facilitated by DC:0-5™trainers and sessions are 90 minutes per month for six months.

Three CoPs were facilitated with a total of 20 mental health providers (an additional CoP was cancelled midway due to lack of attendance). Topics of discussion included the overall DC:0-5™ approach, deeper dives into each of the components of the multiaxial system, and cultural humility and bias in mental health assessment. Facilitators reported that participants were highly engaged during the sessions and express appreciation for the continued learning as well as the opportunity to connect with other IECMH mental health professionals. Several participants inquired about the possibility of extending the 6-month length.

# DC:0-5™ OFFICE HOURS

In order to offer another method of continued support mental health providers, monthly office hours were offered virtually and facilitated by DC:0-5™ trainers to provide technical assistance around use of the DC:0-5™. Unfortunately, there has been little provider engagement in office hours, with attendees at only 3 of the sessions. It is possible that for technical questions, it may be challenging for providers to hold those questions in mind until the next office hours session rather than having access to immediate answers and support.

# LOOKING FORWARD

In the coming year, the IECMH-WC will continue to support the workforce with continued DC:0-5™ trainings, IECMH Workshops, and additional workforce supports, with new opportunities and resources to be launched as well.

- **Increasing engagement:** Two DC:0-5™ Clinical Trainings and one Overview Training were cancelled due to low registration and no training reached maximum capacity. Attendance at IECMH Workshops was lower than expected, particularly for an intensive (21 hour) Clinical Workshop offering certification in an assessment tool. Recruitment for Communities of Practice has also been challenging, with few registrants in each group and one CoP that was cancelled midway due to lack of attendance. Monthly Office Hours were offered to provide a more accessible alternative to the 6-month commitment of a Community of Practice, but these were rarely attended. Marketing efforts for trainings will continue to include CERH, HCA, and partner listservs; social media; direct outreach to agencies with birth through five mental health services; and increased presentations to community groups and networks. There will also be focus on ensuring that offerings are scheduled well in advance, as well as promotion of supplemental workforce supports to DC:0-5™ training participants during the trainings.

- **Feedback surveys:** Few feedback surveys were received from DC:0-5™ training and IECMH Workshop participants. Trainers will continue to encourage participants to share feedback and they will be provided an additional opportunity in follow-up communications. There were very low response rates for the Clinician Follow-Up Implementation Survey, and incentives will be provided for completing these in the future.

- **Washington State IECMH Referral and Care Coordination:** Although feedback from Overview Training participants has generally been positive, there have been concerns that it may not meet the needs of many allied professionals who are seeking practical and effective strategies for supporting families and making referrals. A new training is being developed for Washington State that focuses on foundational principles of IECMH, attention to developmental concerns and disorders of infancy and early childhood, pathways for referrals to mental health services, and strategies for collaboration with infant and early childhood systems around mental health assessment. This training will be offered for all professionals whose work supports children prenatal through five and their families.

- **IECMH Resource Hub:** The online IECMH Resource Hub is intended to share digital resources to support the understanding and/or clinical use of the DC:0-5™, as well as to support the understanding and/or application of IECMH principles. These resources will include a compilation of screening and assessment tools that reflect developmentally appropriate practices with very young children.

# REFERENCES

[1]Kids Count Data Center. (n.d.). Child Population by Age Group Statistics. Three of the original 14 members of the Regional Advisor Steering Committee were able to continue serving this year.

[2]Washington State Health Care Authority. (n.d.). Washington State Medicaid Explorer. Three of the original 14 members of the Regional Advisor Steering Committee were able to continue serving this year.

[3]Health Resources and Services Administration. (October, 2020). National Survey of Children's Health Mental and Behavioral Health, 2018-2019. [Issue Brief]. Three of the original 14 members of the Regional Advisor Steering Committee were able to continue serving this year.

[4]School Readiness Consulting. (2021). Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services. [Issue Brief]. Three of the original 14 members of the Regional Advisor Steering Committee were able to continue serving this year.

[5]Zero to Three. (2001). Definition of infant mental health. Infant Mental Health Task Force Steering Committee.

[6]Vasileva, M., Graf, R.K., Reinelt, T., Petermann, U. & Petermann, F. (2020). Research review: A meta-analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. J. Child Psychol. Psychiatr. doi: 10.1111/jcpp.13261.

# APPENDIX A: REGIONAL ADVISOR STEERING COMMITTEE

| Name | Role & Organization | Region(s) Serving |
|---|---|---|
| Clare Lucas MS, LCMHC | Clinical Program Manager, Children's Home Society of Washington | Southwest |
| Taylor Caragan, MPH | Health Promotion Coordinator III/ Healthcare Liaison, Communicable Disease, Tacoma-Pierce County Health Department | Pierce County |
| Megan Huffman, MSW, CMHS, LICSW | Co-Director of Child and Family Services, Columbia Wellness | Great Rivers |

*Three of the original 14 members of the Regional Advisor Steering Committee were able to continue serving this year.*

# APPENDIX B: WASHINGTON STATE DC:0-5™ CERTIFIED TRAINERS

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

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Christopher Heckert, DSW, LICSW, CMHS
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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 C: DC:0-5™ CLINICAL TRAINING PARTICIPANT EVALUATIONS

| Question | n | Range | Mean | Standard Deviation |
|---|---|---|---|---|
| **Training effectiveness** | | | | |
| This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process. | 50 | 3 - 5 | 4.28 | .67 |
| **Training impact – Knowledge** | | | | |
| **This training helped me better understand…** | | | | |
| That young children can experience mental health challenges | 51 | 3 - 5 | 4.47 | .61 |
| The importance of developmentally appropriate assessment for young children | 51 | 3 - 5 | 4.63 | .53 |
| The importance of family and community culture in children's development | 51 | 2 - 5 | 4.59 | .70 |
| The importance of caregiving relationships and environments in children's development | 51 | 3 - 5 | 4.69 | .51 |
| **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 | 51 | 2 - 5 | 4.27 | .70 |
| Use the DC:0-5™as a tool for assessing and diagnosing young children's mental health conditions. | 51 | 2 - 5 | 4.35 | .66 |

| Question | n | Range | Mean | Standard Deviation |
|---|---|---|---|---|
| **Training impact – Skills and practice** | | | | |
| **This training helped me feel better prepared to…** | | | | |
| Use the following components of the DC:0-5: | | | | |
| Cultural Formulation | 51 | 2 - 5 | 4.29 | .73 |
| Axis V – Developmental Competencies | 51 | 2 - 5 | 4.24 | .74 |
| Axis IV – Psychosocial Stressors | 51 | 2 - 5 | 4.31 | .76 |
| Axis III – Physical Conditions | 51 | 2 - 5 | 4.20 | .80 |
| Axis II – Relational Context | 51 | 2 - 5 | 4.39 | .78 |
| Axis I – Clinical Disorders | 51 | 1 - 5 | 4.31 | .81 |
| Connect DC:0-5™diagnoses to DSM and CD-10 diagnoses | 51 | 1 - 5 | 4.10* | .92 |

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

*There was a significant difference in ratings for this question between survey respondents from Clinical Trainings in the first half of the year (n = 30, M = 3.87, SD = .97) and respondents from the trainings after trainers had received additional support from HCA in presenting the content on this topic (n = 21, M = 4.43, SD = .75); t(48) = -2.33, p = .02.

# APPENDIX D: DC:0-5™ CLINICAL TRAINING EVALUATION SURVEY CODING

Frequency values for this year are based on 51 respondents. For each challenge or resource, the frequency value indicates how frequently that challenge or support was expressed by respondents. The frequency value represents the number of times that a theme was expressed by any respondent; frequencies do not represent the number of unique respondents who expressed a theme.

Total frequency values since the beginning of the project are also provided, which are based on 314 respondents.

| Statewide Tour* | Description | Frequency value (n): SFY24 | Frequency value (n): SFY22-24 |
|---|---|---|---|
| **Post-DC:0-5 training PD strategies that may support putting DC:0-5 training into practice PD** | | | |
| no | Real-time practice | 1 | 24 |
| no | Additional example case studies (including DC:0-5 Casebook) | 0 | 3 |
| no | Additional training/discussion of components of DC:0-5 training (Axes 1-5, Cultural Formulation) | 0 | 7 |
| no | Case study practice | 1 | 2 |
| yes | Peer-learning opportunities (CoPs, etc.) | 3 | 7 |
| no | Trainer-led opportunities | 0 | 0 |
| no | Access to reflective supervision/consultation | 0 | 1 |
| no | Access to case consultation (unspecified) | 0 | 13 |

| Statewide Tour* | Description | Frequency value (n): SFY24 | Frequency value (n): SFY22-24 |
|---|---|---|---|
| **Additional training topics (not covered by DC:0-5 training) that may support putting DC:0-5 training into practice** | | | |
| yes | IMH Foundations | 0 | 1 |
| yes | Child development | 0 | 4 |
| yes | Screening & assessment | 2 | 19 |
| yes | Observation | 0 | 3 |
| yes | Caregiver/family engagement | 0 | 1 |
| yes | Diversity, equity, and inclusion | 0 | 1 |
| no | Need for more training (topic unspecified) | 3 | 9 |
| **Agency policies & resources that may be needed to put DC:0-5 training into practice** | | | |
| no | B-5 referrals/enough children to serve | 1 | 8 |
| yes | Time to complete multi-session assessments | 0 | 5 |
| yes | Time to conduct home & community services | 0 | 1 |
| yes | Resources/policies needed to conduct home & community services (e.g., safety guidelines, agency vehicles, cell phones) | 0 | 1 |
| yes | Staffing patterns (e.g., intake staff do not keep cases after diagnosis) | 0 | 0 |
| yes | Use of DC:0-5 (instead of DSM) | 1 | 9 |

| Statewide Tour* | Description | Frequency value (n): SFY24 | Frequency value (n): SFY22-24 |
|---|---|---|---|
| **Agency policies & resources that may be needed to put DC:0-5 training into practice** | | | |
| yes | Using/adapting electronic health records | 2 | 9 |
| yes | Assessment processes & documentation (intake forms) | 3 | 14 |
| yes | Caregiver only sessions | 0 | 0 |
| yes | Developmentally appropriate rooms/spaces | 1 | 1 |
| yes | Developmentally appropriate toys/materials | 0 | 0 |
| yes | Developmentally appropriate screening/assessment | 0 | 5 |
| no | Agency-wide knowledge of/training in/use of DC:0-5 | 2 | 16 |
| no | Productivity barriers<br>*Note: Will frequently overlap with other codes around time to complete, but may be cited without further details* | 1 | 4 |
| no | General reference to "agency policies" (as a challenge) | 1 | 12 |
| no | General reference to lack of time | 4 | 31 |
| **Apple Health policies and resources that may be needed to put DC:0-5 training into practice** | | | |
| yes | Billing (e.g., Multi-session assessments, specific codes, MCO denials) | 2 | 21 |
| no | Monitoring of/compliance with of DC:0-5 requirement (e.g., If there is no requirement, no motivation to use; questions about what documentation is needed to 'meet' the requirement) | 1 | 1 |
| no | Scope of practice for diagnosis | 0 | 0 |

| Statewide Tour* | Description | Frequency value (n): SFY24 | Frequency value (n): SFY22-24 |
|---|---|---|---|
| **Allied professional system resources and policies that may impact how DC:0-t training is put into practice** | | | |
| yes | Allied professional knowledge of IECMH foundations | 0 | 1 |
| yes | Allied professional indentification of IECMH issues | 0 | 0 |
| yes | Allied professional awareness of available IEMCH services and/or refferal pathways | 0 | 1 |
| yes | Coordination/collaboration with allied professionals for assessment process (e.g., gathering collateral information from PCPs, ECE providers, etc.) | 0 | 0 |
| **Caregiver engagement supports that may impact how DC:0-5 training is put into practice** | | | |
| yes | Caregiver knowledge of IECMH | 2 | 4 |
| yes | Caregiver awareness of services | 0 | 0 |
| yes | Caregiver buy-in to services | 1 | 4 |
| no | Family support – general | 0 | 1 |
| **IECMH systems issues that may impact how DC:0-5 training is put into practice** | | | |
| yes | Need for additional training on treatment | 0 | 10 |
| yes | Desire for mentorship from IECMH expert providers/trainers on all aspects of IECMH (including treatment) | 0 | 7 |
| yes | Billing through commercial insurance | 0 | 0 |
| yes | Concerns around diagnosis as a framework for mental health treatment | 1 | 3 |
| yes | Accessible and comprehensive referral systems and pathways | 0 | 2 |

| Statewide Tour* | Description | Frequency value (n): SFY24 | Frequency value (n): SFY22-24 |
|---|---|---|---|
| **IECMH systems issues that may impact how DC:0-5 training is put into practice** | | | |
| yes | Ongoing collaboration with allied professionals in the treatment phase | 0 | 0 |
| yes | Culturally responsive care issues (e.g., lack of interpreters) | 0 | 2 |
| yes | Workforce issues (e.g., challenges with recruiting/retaining staff, low pay) | 0 | 1 |
| no | General references to "systems" (as a challenge) | 0 | 3 |
| no | Need for more research/evidence to validate diagnoses | 0 | 3 |
| **Additional challenges noted around how DC:0-5 training is put into practice** | | | |
| no | Complexity of diagnosis | 0 | 7 |
| no | Access to multiple caregivers in a household | 0 | 1 |
| no | Feeling confident and competent in assessment/diagnosis | 2 | 14 |
| no | Cultural concerns/biases | 1 | 4 |

**Included in the IECMH Statewide Tour qualitative coding scheme.*

# APPENDIX E: DC:0-5™ OVERVIEW TRAINING PARTIPCANT EVALUATIONS

| Question | n | Range | Mean | Standard Deviation |
|---|---|---|---|---|
| **Training effectiveness** | | | | |
| This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process. | 9 | 4 - 5 | 4.56 | .53 |
| **Training impact – Knowledge** | | | | |
| **This training helped me better understand…** | | | | |
| That young children can experience mental health challenges | 9 | 4 - 5 | 4.22 | .44 |
| The importance of developmentally appropriate assessment for young children | 9 | 4 - 5 | 4.56 | .53 |
| The importance of family and community culture in children's development | 9 | 4 - 5 | 4.78 | .44 |
| The importance of caregiving relationships and environments in children's development | 9 | 4 - 5 | 4.67 | .50 |
| **Training impact – Skills and practice** | | | | |
| **This training helped me feel better prepared to…** | | | | |
| Apply what I learned today within my role | 9 | 4 - 5 | 4.33 | .50 |
| Support the diverse and intersectional needs of families in my community | 9 | 3 - 5 | 4.33 | .71 |
| Advocate for the importance of developmentally appropriate assessment tools and processes in the behavioral health system | 9 | 4 - 5 | 4.49 | .67 |
| Refer young children and families for mental health assessment. | 9 | 4 - 5 | 4.24 | .69 |
| Support young children and families going through the assessment and diagnosis process. | 9 | 4 - 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).*

The Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC) is a professional development initiative to support mental health assessment and diagnosis best practices for young children enrolled in Apple Health (Medicaid). The initiative is funded by the Washington State legislature, through both state and federal Medicaid funding. The Center for Early Relational Health (CERH) is leading the coordination of statewide training and additional workforce supports, on behalf of the Washington State Health Care Authority (HCA) and with guidance from our Regional Advisor Steering Committee.

Washington State Health Care Authority

HCA is the largest purchaser of health care in the state. We lead the effort on transforming health care through programs and initiatives that range from the administration of Apple Health (Medicaid) and behavioral health activities to developing models for value-based purchasing and health technology assessments. Visit HCA Mental Health Assessment for Young Children.

Center for Early Relational Health

The Center for Early Relational Health is a space for anyone working with or on behalf of young children and families to promote healthy and nurturing early relationships. Learn more at earlyrelationalhealth.org.

Visit the IEMCH Workforce collaborative.