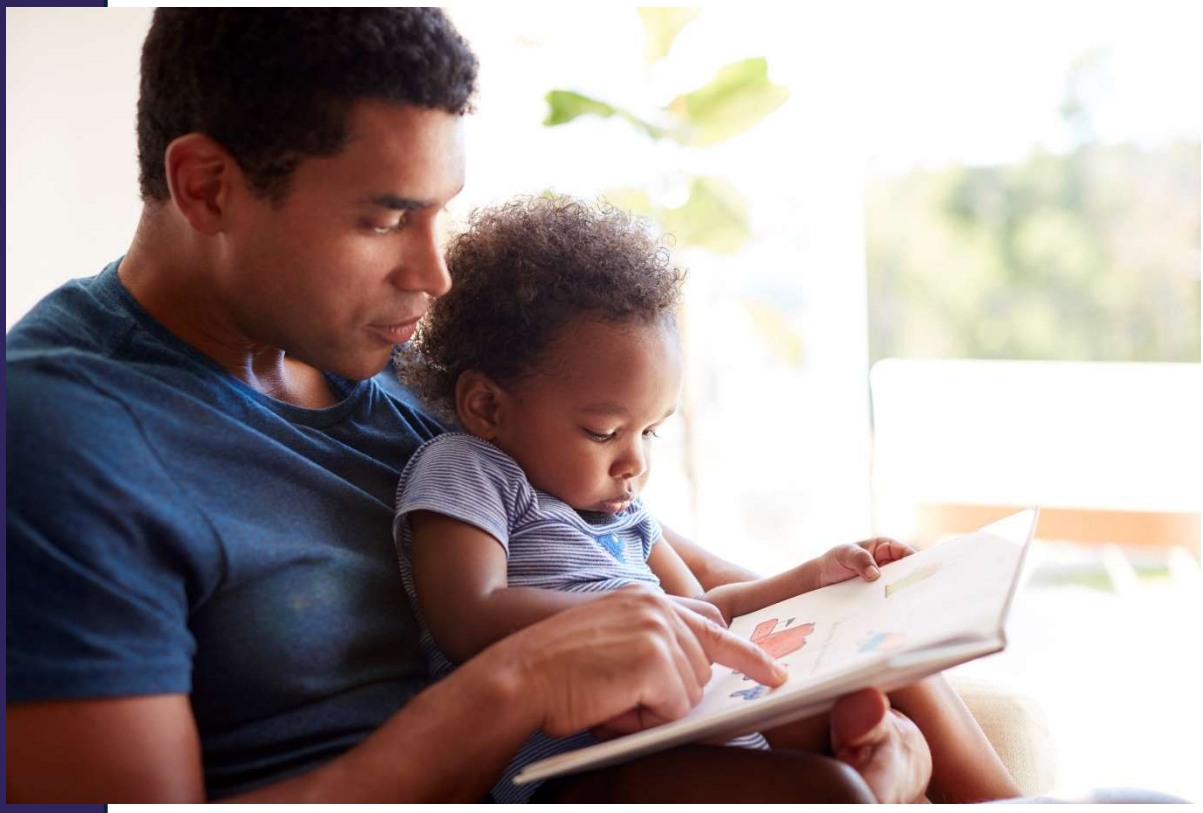
July 2024 – June 2025

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

Annual Community Report



Washington State Health Care Authority

Center for Early Relational Health

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 third full year of the initiative, from July 2024 through June 2025.

Workforce supports for mental health providers

Eight DC:0-5™ Clinical Trainings serving **165** mental health providers from all regions of the state were delivered this year, bringing the total number of mental health providers trained since 2022 to 745. 20 new agencies sent staff to the training, and the majority of training participants were learning about the DC:0-5™ for the first time.

Participants reported that the training was effective in addressing issues of diversity, equity, and intersectional identity, and that it 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. In a follow-up survey sent at least 6 months after training, providers indicated that they felt moderately confident in using the DC:0-5™ approach and that the training had helped them improve their practice with children birth to five and their families. Both immediately after training and in the follow-up survey, participants highlighted the need for more time, practice, and ongoing supports to help translate what they had learned, as well as the impact of agency-level factors on implementation.

63 providers engaged in one or more of the additional workforce supports that were offered, including supplemental workshops focused on aspects of mental health assessment for young children, Communities of Practice, and DC:0-5™ Office Hours. However, despite participants expressing the need for such supports, challenges continued this year in engaging providers in Communities of Practice and Office Hours.

Workforce supports for agency administrators and allied professionals

4 DC:0-5™ Overview Trainings serving **90** agency leaders/administrators and allied professionals were delivered this year, bringing the total number of allied professionals trained since 2022 to 554. These included an expanded Overview Training specifically for agency leaders/administrators that provided information on policy and billing related to use of the DC:0-5™.

Overview Training participants also reported that the training was effective in addressing issues of diversity, equity, and intersectional identity, and that it 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. However, slightly lower ratings were given for aspects of applying what was learned in the training.

A newly-developed training for allied professionals on IECMH and the referral process was also provided to **91** participants for the first time this year. While participants expressed appreciation for the trainers' expertise and attention to culture, several noted that much of the training content was focused on foundational IECMH principles and that more discussion of referral would have been valuable; the lowest ratings given for the training's effectiveness were in helping participants feel better prepared to refer young children and families for mental health assessment.

Key themes across participant feedback

The IECMH-WC is intended to enhance Washington's workforce capacity in supporting the mental health and well-being of young children and families. Key themes that emerged from participant and community partner feedback included:

- Appreciation for the holistic approach offered through the DC:0-5™ and the knowledge and skills gained through the trainings.
- Desire for continued training and opportunities to practice emerging skills.
- Value of providing tailored supports for clinical supervisors.
- Need for outreach, information, and resources for agency leadership to support implementation.
- Need for connection and collaboration within and across IECMH providers and systems.

Looking forward

In the coming year, the IECMH-WC will continue to support the workforce with DC:0-5™ and additional workforce supports through several targeted strategies:

- Increased marketing and outreach efforts for all audiences.
- Enhanced workforce supports for mental health clinicians, including topic-themed office hours, and supports such as workshops and CoPs specifically tailored for supervisors.
- Boosted outreach and resources for agency leadership, including increased connections to information and technical assistance that can help support pathways for implementation.
- Refreshed supports for allied professionals, such as an enhanced version of the DC:0-5™ Overview Training that offers more opportunities for application, and a refreshed training on the mental health referral process for young children.

Since 2022, 745 mental health providers and 554 allied professionals in Washington have participated in DC:0-5™ training.

CONTENTS

Thank you!

The Infant and Early Childhood Mental Health Workforce Collaborative extends heartfelt appreciation to the dedicated professionals who work with or on behalf of children prenatal through five and their families, as well as to our valued community partners and state DC:0–5™ trainers. Your commitment, care, and knowledge are vital in nurturing the health and well-being of babies, toddlers, young children, and their families throughout communities in Washington.

INTRODUCTION TO THE INFANT-EARLY CHILDHOOD WORKFORCE COLLABORATIVE

The Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC) is Washington's statewide initiative focused on strengthening professional knowledge and skills and promoting best practices in mental health assessment and diagnosis for young children enrolled in Apple Health (Medicaid). This report highlights the purpose, key activities, outcomes, and insights gained during the third full year of the initiative, spanning July 2024 through June 2025

Washington at a Glance

Washington is home to nearly a half 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 IECMH services available to meet the needs of infants, toddlers, and young children.[4]

The IECMH-WC is implementing core elements of the 2021 Mental Health Assessment for Young Children legislation, which updated Apple Health policies to reflect best practices for the mental health assessment of children from birth through five years of age. As part of these changes, the legislation requires use of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0-5™) to promote 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.

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 offers training and professional development to support infant and early childhood mental health professionals in conducting developmentally appropriate mental health assessments for young children, including the use of the DC:0-5™ diagnostic classification system. In addition, the IECMH-WC provides training for professionals in other systems of care who support the social-emotional development and well-being of young children and their families. The initiative is supported by a combination of state general funds and federal Medicaid funding, as authorized by the Washington State Legislature. The Center for Early Relational Health (CERH) leads statewide coordination of training and workforce supports on behalf of the Washington State Health Care Authority (HCA), working in collaboration with DC:0-5™ Certified Trainers (see Appendix A) and IECMH professionals across the state. The Regional Advisor Steering Committee (RASC; see Appendix B), composed of providers and supervisors in the field, provides valuable input on the experiences, needs, and challenges of the workforce, and their guidance helps shape the initiative to be both equitable and accessible across Washington communities.

What workforce supports does the IECMH-WC offer?

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

DC:0-5™ Overview Training for Agency Leadership

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

DC:0-5™ Office Hours

IECMH Referral Overview Training

Clinical and Community Workshops on related topics

IECMH and DC:0-5™

What is IECMH and why is it important?

Infant and early childhood mental health (IECMH) refers to the growing ability of babies and young children to form secure relationships, manage emotions, and explore their world, and these capacities are deeply connected to their overall development and well-being[5]. Young children develop and make sense of their experiences within the unique context of their families and communities. Each child's development is shaped by their family and cultural environment, which influence how care and affection are expressed, what kinds of experiences they have access to, which milestones and learning opportunities are valued, the expectations they face, and how their emotions and behaviors are understood and responded to by their families. The foundation for healthy development is built through secure, responsive relationships with caregivers and other trusted adults. As such, promoting young children's social and emotional health requires a strong understanding of family experiences and a commitment to supporting the adults who care for young children.

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.

When children experience secure, responsive, and nurturing relationships and safe, enriching environments, they are more likely to develop healthy social-emotional capacities. However, when caregiving relationships or the environment are not supportive, even the very youngest children can experience challenges. As many as 1 in 5 babies and young children experience emotional, relational, or behavioral issues that can impact every aspect of their development[6]. Supporting early mental health in babies, toddlers, and preschoolers is critical in preventing problems and supporting their development.

Who is the IECMH workforce?

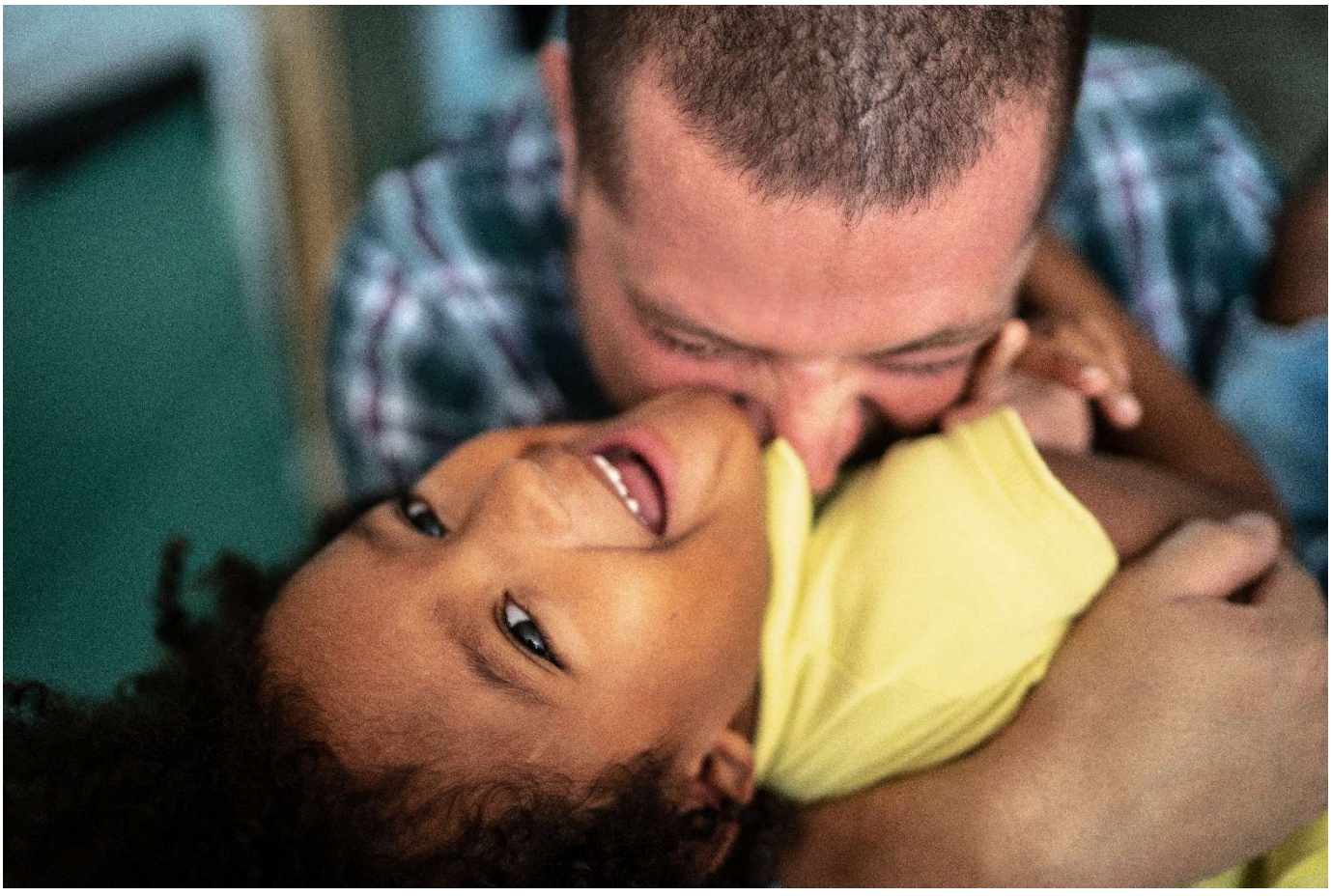
An effective infant and early childhood mental health (IECMH) system in Washington relies on strong partnerships among well-trained professionals working across diverse roles, organizations, and systems of care. Families benefit most when they are supported by a connected and collaborative network of providers. Because the foundations of mental health and healthy relationships begin even before a child is born, the IECMH workforce includes professionals who work not only with young children but also with expectant families, recognizing the importance of early support during pregnancy and beyond.

Why use the DC:0-5™?

Young children often have limited ways to show that they are struggling or distressed, making it essential for the adults around them to recognize when extra, developmentally-appropriate support might be needed. The DC:0-5™ is a globally recognized diagnostic framework designed to identify early concerns while taking into account the critical influence of relationships, culture, and environment on a child's development. Its multiaxial approach considers children's behaviors, environment, family relationships, developmental competencies, physical conditions, and cultural context. This approach offers a pathway for better understanding of both the child and family within their specific experiences. 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 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 help their young children flourish.



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 2024 and June 2025, 8 DC:0-5™Clinical Trainings were delivered to 165 mental health providers (7 virtually, 1 in-person for a clinical team at a Tribal behavioral health program). Although annual participation has decreased since the first year of the initiative, providers continue to seek this opportunity, and 20 new agencies across the state sent staff for the training this year.

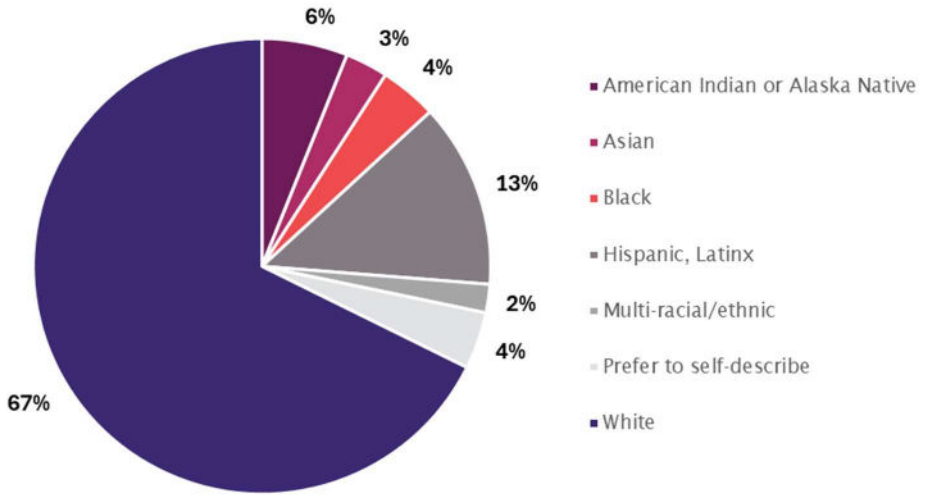
Who participated in DC:0-5™ Clinical Trainings?

Participants were most likely to serve children and families in the King County, Greater Columbia, North Sound, and Spokane regions. Across all regions of the state, rates of participation generally reflect the percentage of child-serving Medicaid mental health providers. The most notable change compared to last year was a decrease in participation by providers serving in North Sound, and there were small increases in participation by those in Great Rivers and North Central. However, although percentages for some individual regions have shifted year-over-year, the total cumulative percentages by region have remained stable over time.

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

The percentages in this map represent non-mutually exclusive data, as 6% of participants reported multiple regions of service.

The majority (67%) of training attendees were white, with Hispanic/Latinx (13%) as the most commonly reported non-white background, and 5% had Tribal enrollment/affiliation. One fifth of Clinical Training participants (21%) spoke at least one language other than English, with Spanish being the most common additional language reported by 13% of participants.



Respondents initially selected one of 21 racial/ethnic backgrounds which are collapsed in this graph for ease of interpretation; the multi-select option was offered in the second half of this year.

Most participants (82%) were employed by behavioral health agencies, 7% were employed by Tribal clinics, and 19% were supervisors. The percentage of participants who were supervisors has continuously declined since the beginning of the initiative, likely because they may have been among the first to engage in the initiative. The majority (62%) of participants had no prior training in or exposure to the DC:0-5™, including informal self-study of the tool.

What did participants say about the 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. 109 participants (66%) provided feedback.

How effective was the training?

On average, Clinical Training participants reported agreement to strong agreement (mean values ranged from 4.21 – 4.71 on a 1 – 5 scale; see Appendix C) that the training was effective in addressing issues of diversity, equity, and intersectional identify in the assessment and diagnosis process, and that it 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. Open-ended comments were coded qualitatively (see Appendix D) and included:

> *Highly qualified instructors, who presented lots of great information with kindness, humility and a strong ask for cultural awareness. Very thorough, very respectful, very engaging.*
>
> *I appreciated the cultural considerations portion of the training. It was good information and helped me think even more about how my internal biases influence my practice. It is great to know that this is a central piece of the DC: 0-5 diagnosis process.*

- Appreciation for the warmth and expertise of the trainers, along with their attention to cultural considerations.
- Value of the information, materials, and learning activities provided, particularly the hands-on practice with case examples and opportunities for interaction and discussion with colleagues.
- Desire for more time and opportunities for discussion and practice.

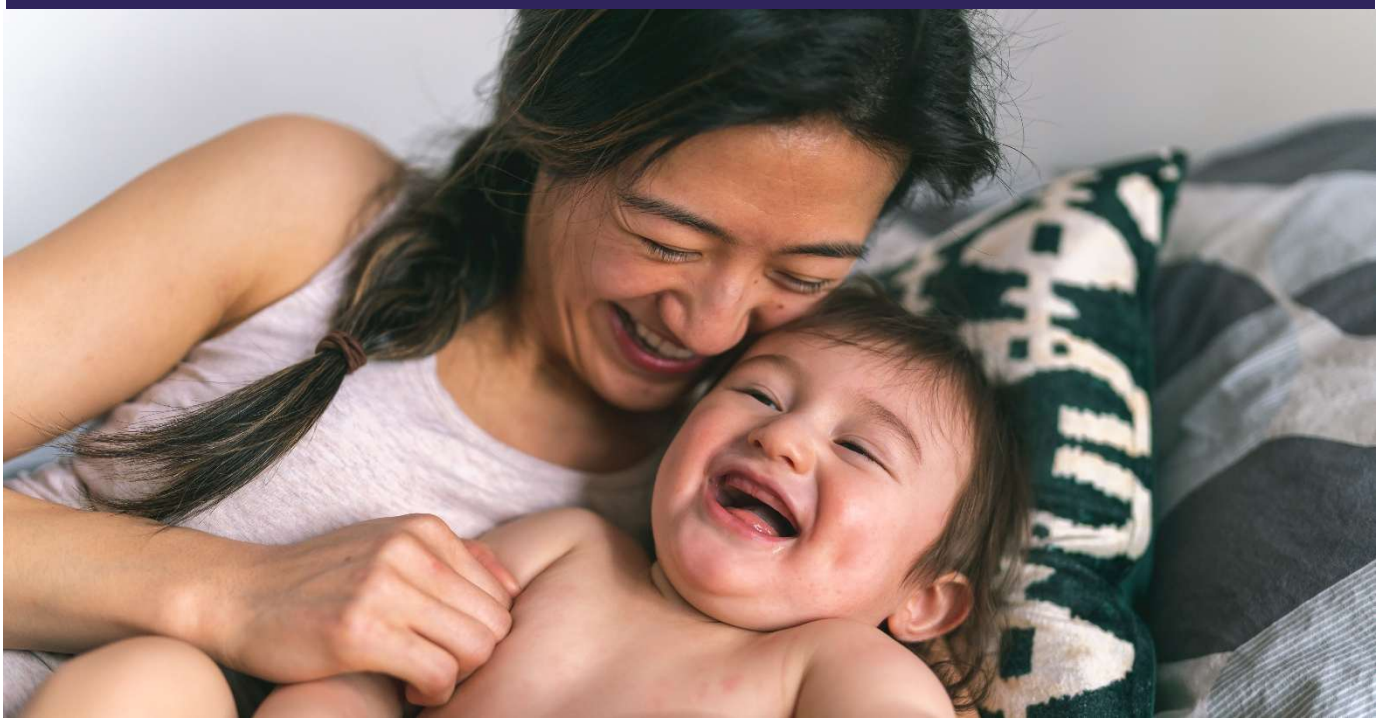
> *More time to discuss and ask question would be helpful. There was a lot of dense material, and more practice and discussion over additional case scenarios might be helpful.*
>
> *The ways the training engaged the users was super helpful because we were walked through each section little by little. I enjoyed that we were able to go through the manual by the end of the training. Also the groups were helpful too because we were able to discuss the process with colleagues and do it together. I did not feel alone in this training!*

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 included:

- Need for continued practice of the DC:0-5™ process, which can be challenging with sometimes limited referrals for this age group.
- Desire for additional training around mental health assessment for young children.
- Need for agency-level supports that are aligned with the DC:0-5 approach to assessment, including documentation processes and time for multiple assessments.

> *(A challenge may be) having clients in the age category soon after training.*
>
> *The way my mental health agency currently performs intake assessments will make it unlikely to allow for 5 sessions to determine a diagnostic formulation. I work at a community mental health agency and we do not see a lot of clients in the 0-5 age group. We definitely have some but not a lot and I'm not sure management will be willing to change our current methodology.*
>
> *(I would like) more training on how to use the manual better - maybe offer a training more on the Casebook as an advanced training.*
>
> *I'd love a refresher course in 6-12 months to review how I'm applying the training and using the DC 0-5.*

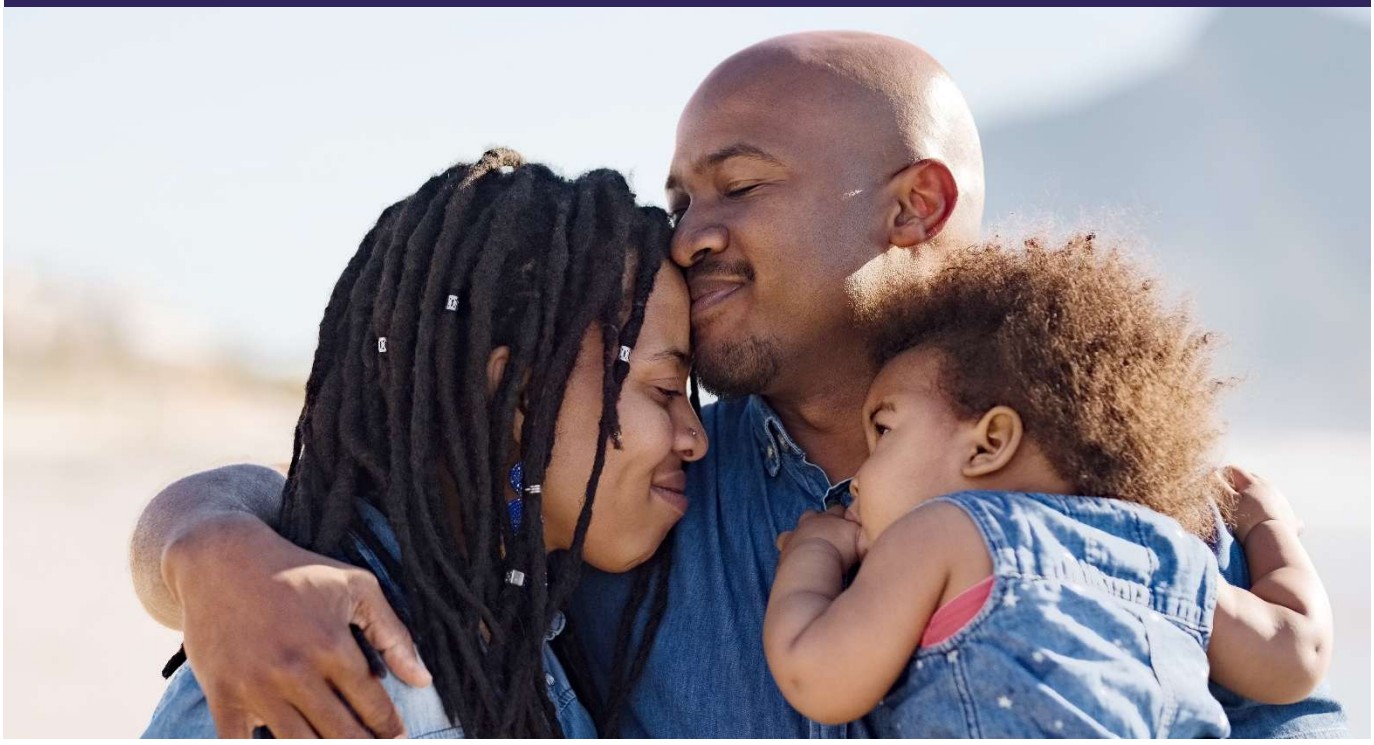


How are providers using what they learned?

In early 2025, a follow-up implementation survey was sent to all Clinical Training participants who completed the training at least 6 months prior. Questions focused 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. The total number of surveys received from 670 Clinical Training participants was 45 (6% response rate; average time since the training = 20 months).

Survey respondents were similar to Clinical Training participants overall in terms of regions of service and racial/ethnic background, but were less likely to be multi-lingual. They also tended to be more experienced providing mental health services to children birth through five and nearly half were supervisors. One third of respondents reported that children birth through five are half or more of their caseload and nearly all had direct colleagues who also provide mental health services for young children. The majority (65%) reported receiving fewer than 10 referrals for children birth through age 5 since completing the Clinical Training. Overall, 43% of those who had received referrals reported using the DC:0-5™ process with nearly all of them (>95%).

> *(A challenge is) difficulty with assessment documentation because it is set up for ages 6+. This makes it difficult to complete assessment because I'm doing double to work to use the multiaxial framework etc.*
>
> *My agency does not generally see clients 0-5. I have made the exception being a clinic manager and supervisor.*



The majority of respondents agreed that the knowledge/skills and information gained during the DC: 0-5™ Clinical training had helped them improve their practice with children birth to five and their families (M = 4.33). On average, respondents reported feeling moderately confident in using the DC:0-5™ tool in general, as well as specific components of the approach (Ms = 3.00 – 3.44; see Appendix E).

> *(A helpful resource would be) more communities of practice and workshops staffing how to utilize DC 0-5 when barriers arise more frequently.*

Respondents were asked about barriers they had encountered in using the DC:0-5™ in their work. The most frequently cited barrier was the need for more training on assessment/diagnosis, and there was also need expressed for supervision specific to birth through five services. Because most of these respondents were themselves supervisors, this suggests that gaps may exist in supports for supervisors. Several respondents also indicated that they do not receive enough referrals for young children, although some of this may be due to the fact that there were many supervisors represented who may have smaller caseloads. A few respondents indicated challenges around agency procedures such as intake, documentation, and billing.

> *(A helpful resource would be) advanced clinical training in the diagnostic process and interventions.*

Respondents were asked about additional tools and resources that would help them in using the DC:0-5 in their work. Responses were varied, and included communities of practice/ongoing support groups, more training in treatment models, and billing assistance.

Additional Workforce Supports for Mental Health Providers

The IECMH-WC offers additional professional development opportunities beyond DC:0-5™ training, to help in applying what participants have learned into real-world practice.

IECMH Workshops

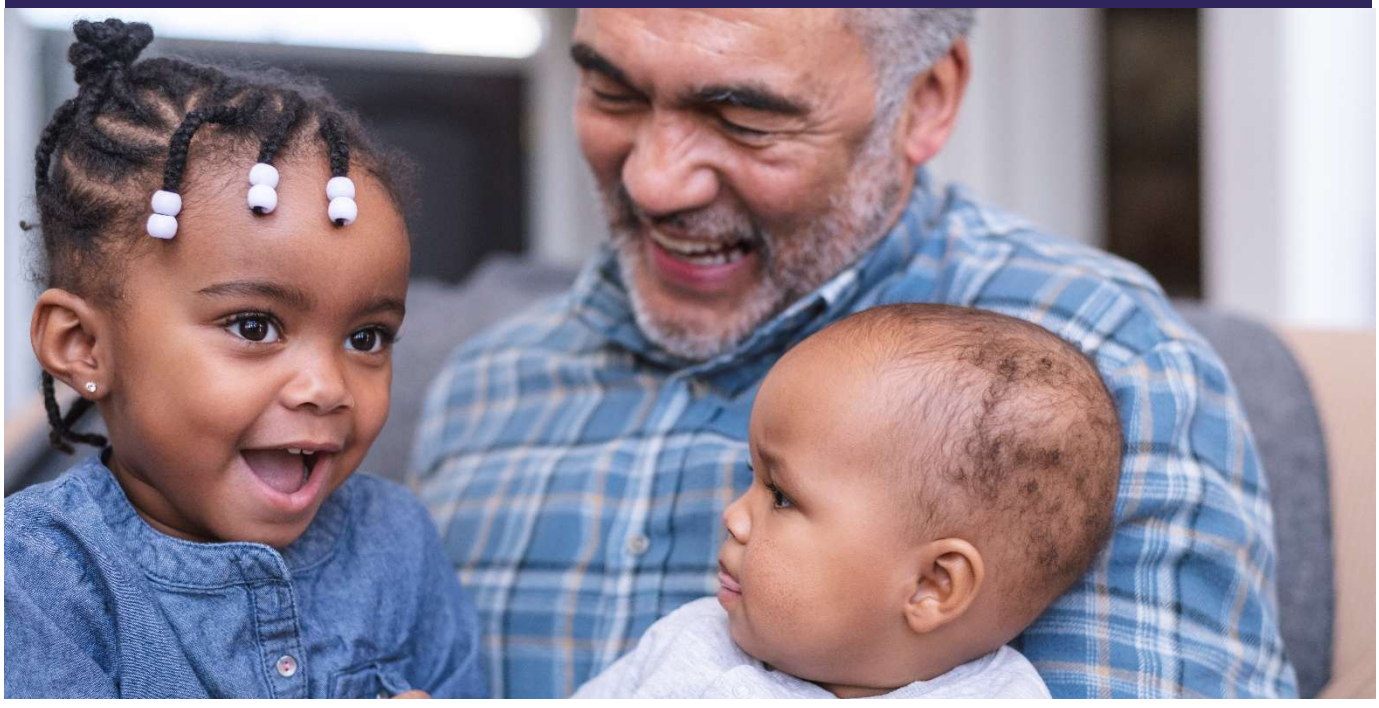
Three Clinical Workshops (14 contact hours) were offered, which were designed to support mental health providers in enhancing their knowledge and skills related to using the DC:0-5™assessment and diagnostic process. One workshop was tailored specifically for supervisors. There were a total of 59 participants (56 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. They appreciated the examples and tools shared, and some desired additional training on the clinical frameworks presented in the workshops.

Clinical Workshops

Introduction to the Brief Parent-Child Early Relational Assessment (B-ERA): Supporting Strengths, Recognizing Challenges, and Engaging Parents in Assessing their Relationship with their Child.

Culturally Responsiveness in Mental Health Assessment (NeuroRelational Framework) for Supervisors

Culturally Responsiveness in Mental Health Assessment (NeuroRelational Framework)



Communities 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.

Engagement in CoPs by mental health providers continued to be challenging, and only 1 CoP was completed this year with 5 providers, 2 of whom were continuing from a prior CoP. Topics of discussion included the overall DC:0-5™ approach and deeper dives into each of the components of the multiaxial system.

> *Everyone voiced their interest and excitement for our group and participated. We were successful in how we came together as a group. Comments shared included: 'I really appreciate the opportunity to challenge myself to learn something new' and 'It is an invitation to contribute and step up during these 90 minutes.'*
>
> *~CoP Facilitator*

DC:0-5™ Office Hours

Bimonthly, virtual office hours were facilitated by DC:0-5™ trainers to provide continued technical assistance around use of the DC:0-5™. Although these sessions were generally scheduled to occur within a few weeks after a Clinical Training to offer a space for continued discussion, there were attendees at only 2 of the sessions.

DC:0-5™ Training for Agency Administrators and 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.

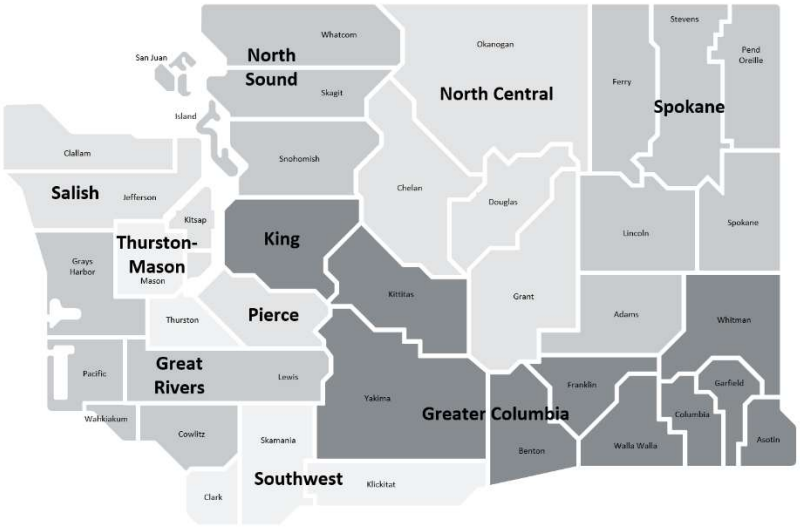
Who are allied professionals?

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 2024 to June 2024, 4 DC:0-5™ Overview Trainings were delivered (3 virtually, 1 in-person), serving 90 allied professionals. Two Intensive Overview Trainings (4 hours) were delivered, one to a general audience and one in-person to early educators at a Tribal program. One Brief Overview Training (90 minutes) was delivered to a general audience, and an expanded version (3 hours) that included information on policy and billing was offered specifically for those in agency leadership, administrative, and other non-clinical roles.

Who participated in DC:0-5™ Overview Trainings?

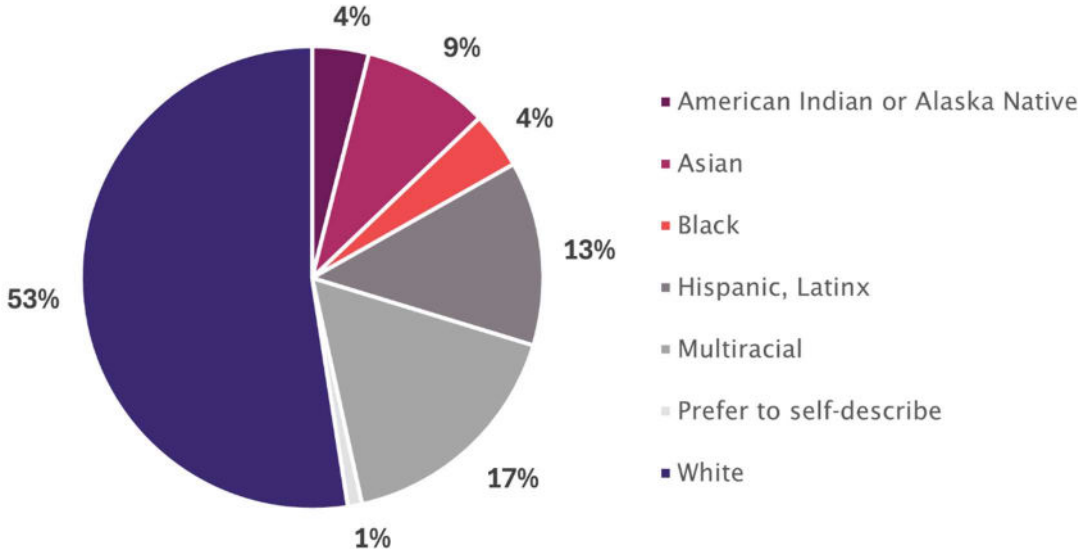
Participants were most likely to serve children and families in the King County and Greater Columbia regions, and 12% were employed by Tribal programs. The majority (39%) of participants were in behavioral health services, followed by early education and care (24%), home visiting (19%), and developmental services (7%). Almost one third (31%) of participants reported providing direct Apple Health services to children birth through five, and 20% supervised mental health professionals. The majority of participants at DC:0-5™ Overview Trainings were learning about the DC:0-5™ for the first time, although more participants at the DC:0-5™ Overview for Leadership had prior experience or training in DC:0-5™.



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

The percentages in this map represent non-mutually exclusive data, as 12% of participants reported multiple regions of service.

Slightly over half (53%) of training attendees were white, with Hispanic/Latinx (13%) as the most commonly reported single non-white background, and 6% had Tribal enrollment/affiliation. 29% spoke at least one language other than English, with Spanish being the most common additional language reported.



Respondents initially selected one of 21 racial/ethnic backgrounds which are collapsed in this graph for ease of interpretation; the multi-select option was offered in the second half of this year.

What did participants say about the training?

A total of 14 feedback surveys (13%) were received from participants, primarily those from the Brief Overview and Overview for Leadership Trainings. On average, respondents reported agreement to strong agreement (mean values ranged from 3.57 – 4.80) 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, with generally higher ratings from those who had participated in the expanded training for leadership (see Appendix F). Slightly lower ratings were given about participants' feelings of preparedness in applying what they had learned.

Key themes in open-ended responses included:

- Appreciation for the information shared and the use of videos and interactive opportunities.
- Desire for more support around understanding how to apply the training content in practice.
- Need for additional agency-level support and resources for implementation.

> *(It was) helpful to hear all the information about DC 0-5 as I have not used this tool.*
>
> *I would have liked more real-life examples/scenarios to better grasp some concepts.*
>
> *I really appreciate the billing support offered as we are just beginning to figure that out and it is nice to know we have an ally if we need help.*

Additional Workforce Supports for Agency Administrators and Allied Professionals

Washington State Referral & Care Coordination Training

Development of the first version of the Washington State IECMH Referral Overview Training for allied professionals was completed and delivered to two audiences this year. The 3-hour training was developed by IECMH professionals in Washington State and focused on foundational principles of IECMH, developmental concerns and disorders of infancy and early childhood, and pathways and practices for referrals for mental health services. Interest was strong, with registrations for both trainings reaching maximum capacity and the second with an extensive waiting list. A total of 91 participants attended across the two offerings of the training.

Evaluation surveys were received from 35% of participants. In response to quantitative questions, survey respondents reported agreement to strong agreement (Ms = 3.77 – 4.66) with statements indicating that the training had a positive impact on their knowledge of key training themes. Slightly lower ratings were given for the training's impact on skills and practice, with the lowest ratings given for the training's effectiveness in helping participants feel better prepared to refer young children and families for mental health assessment. In open-ended responses, participants expressed appreciation for the trainers' expertise and attention to culture, and they enjoyed the case study (but would have appreciated deeper application), discussions in breakout rooms, and presentation of the content. However, several noted that much of the training content was focused on foundational IECMH principles and that more discussion of referral and care coordination would have been valuable.

Looking Forward

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

- **Increased engagement.** Although providers continue to join DC:0-5™ Clinical and Overview Trainings, only one training reached maximum capacity. Attendance at some IECMH Workshops was lower than expected, with similar trends for Communities of Practice and Office Hours. Marketing and outreach efforts for trainings will continue to include CERH, HCA, and partner listservs; social media; presentations to community groups and networks; and increased direct outreach to agencies that provide children's mental health services.

- **Enhanced workforce supports for mental health providers.** We are revising some of the IECMH-WC supplemental offerings based on engagement to date and community feedback. Potential new offerings for next year include topic-themed office hours and supports such as training and CoPs specifically tailored for supervisors.

- **Increased outreach and resources for agency leadership.** Participants have expressed concerns about their ability to fully use the DC:0-5™ approach in the context of agency policies and procedures that are not always aligned. Outreach to agency leadership will include increased connections to information and technical assistance that can help support pathways for implementation.

- **Refreshed supports for allied professionals**, such as an enhanced version of the DC:0-5™ Overview Training that offers more opportunities for application. In addition, an updated version of the IECMH Referrals training based on participant feedback will be offered, with more in-depth focus on the mental health referral process for young children. This training will be available next year for all professionals whose work supports children prenatal through five and their families.

References

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

Lily Baldwin-Garduno, MS, MIM, LMHC, CMHS, MMHS | Sea Mar Community Health Centers

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 | Cooper House

Appendix B: Regional Advisor Steering Committee

Name	Role and Organization	Region(s) Serving
Taylor Caragan, MPH	Health Promotion Coordinator III/ Healthcare Liaison, Communicable Disease, Tacoma-Pierce County Health Department	Pierce County
Zachary Feist, LMHC	Clinical Director, Colville Confederated Tribes Behavioral Health Program	North Central
Megan Huffman, MSW, CMHS, LICSW	Co-Director of Child and Family Services, Columbia Wellness	Great Rivers
Haley Johnson, LMSW	Child & Family Therapist, Sea Mar Community Health Centers	Thurston-Mason
Clare Lucas MS, LCMHC	Clinical Program Manager, Children's Home Society of Washington	Southwest

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

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

Question	SFY25 (*n*s = 107 – 108) Range	SFY25 (*n*s = 107 – 108) Mean	TOTAL: SFY22-25 (*n*s = 415 – 421) Range	TOTAL: SFY22-25 (*n*s = 415 – 421) Mean
Training effectiveness				
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	3 - 5	4.32	1 - 5	4.37
Training impact – Knowledge				
This training helped me better understand…				
That young children can experience mental health challenges	1 - 5	4.49	1 - 5	4.54
The importance of developmentally appropriate assessment for young children	3 - 5	4.63	1 - 5	4.65
The importance of family and community culture in children's development	3 - 5	4.63	1 - 5	4.62
The importance of caregiving relationships and environments in children's development	3 - 5	4.71	1 - 5	4.71
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	1 - 5	4.33	1 - 5	4.38
Use the DC:0-5™as a tool for assessing and diagnosing young children's mental health conditions.	2 - 5	4.44	1 - 5	4.52
Use the following components of the DC:0-5:				
Cultural Formulation	1 - 5	4.25	1 - 5	4.30
Axis V – Developmental Competencies	2 - 5	4.31	1 - 5	4.40
Axis IV – Psychosocial Stressors	3 - 5	4.38	1 - 5	4.46
Axis III – Physical Conditions	3 - 5	4.31	1 - 5	4.38
Axis II – Relational Context	2 - 5	4.37	1 - 5	4.48
Axis I – Clinical Disorders	1 - 5	4.30	1 - 5	4.39
Connect DC:0-5™diagnoses to DSM and ICD-10 diagnoses	2 - 5	4.21	1 - 5	4.19

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

Appendix D: DC:0-5™ Clinical Training Evaluation Survey Coding

Frequency values for this year are based on 109 respondents, and on 423 respondents for the duration of the project. 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.

Part 1: Training-specific feedback

Description	Frequency value (n): SFY25	Frequency value (n): SFY22-25
Effective trainer characteristics and practices		
Warm, inviting, engaging	5	23
Experienced and knowledgeable	9	30
Responsive to participants' questions and comments	3	7
Inclusion of trainer personal professional experiences/examples	1	3
Attention to culture; holding lenses of anti-racism, anti-oppression; using inclusive language	3	16
Acknowledgment of the limitations of the DC:0-5™ (training curriculum and/or approach)	1	2
General reference to a positive presentation style	3	25
Challenging trainer characteristics and practices		
Insufficient responsiveness to participants' questions and comments, lack of engagement.	1	3
Presentation was delivered in a way that felt "scripted"	3	7
Effective training delivery methods		
Access to materials (e.g., manual, slides, handouts)	9	40
Virtual option	0	3
In-person option (appreciated and/or a desire for)	0	8
Multi-, half-day schedule	1	6
Well-organized/structured information	3	18
Agenda with predictable schedule and breaks	1	3
Interactive elements (e.g., polls, Jam board, large group discussions)	6	19
Opportunity for application and practice with case conceptualizations/examples	29	107
Opportunity for discussion/collaboration with peers in small groups about case conceptualizations	15	79
General reference to breakout rooms	12	68
Balance of didactic, interactive, and reflective learning opportunities (e.g., presentation, videos, full group discussions, independent work, small group work)	1	8
Opportunity for independent work on case conceptualizations	1	5
Opportunities for questions and discussion with trainers/participants	17	45
Use of video clips	4	13
Consistency of breakout room group members over days	2	8
Challenging training delivery methods		
Desire to receive materials earlier (e.g., to print/organize handouts, to review the manual and/or case examples)	0	6

Description	Frequency value (n): SFY25	Frequency value (n): SFY22-25
Difficulty organizing/navigating multiple digital materials (i.e., manual, handouts)	1	6
Desire for more/improved visual materials (e.g., videos)	2	6
More time needed for case conceptualizations (e.g., for practice and/or discussion)	10	33
More clarity needed for small group breakout discussions (e.g., written instructions)	5	18
More trainer review of/orientation to handouts needed	0	5
Desire for demonstration prior to working on case conceptualizations (e.g., trainer-provided example, practice case example/report)	1	6
Desire for more opportunities for practice (e.g., group activities, additional case conceptualizations)	8	17
Difficulties in breakout groups (e.g., members were unprepared or participated minimally; personal discomfort with breakout groups)	1	6
Need for longer/more frequent breaks	13	38
Technical difficulties	3	11
Effective training content		
Learning how to use the DC:0-5™ and the multiaxial approach; learning about specific topics; general appreciation for the information shared and/or the multiaxial approach	10	46
Attention to culture, privilege, equity, social justice	9	22
Challenging training content		
Not enough time for the amount of information presented; training felt rushed	14	46
Desire for the full picture early in the training (e.g., a full case conceptualization; overview of the manual) before breaking it down into sections by axes.	3	6
Lack of diversity, biased portrayal in case studies/videos	1	17
Need for more information for the case studies	4	7
Need for more information about billing/documentation	1	6
More foundational IECMH information included than was necessary	1	2
Too much emphasis on diversity	0	2
Desire for more specific content related to various axes, disorders, or topics	12	34

Part 2: Challenges and resources needed

Statewide Tour*	Description	Frequency value (n): SFY25	Frequency value (n): SFY22-25
Post-DC:0-5 training PD strategies that may support putting DC:0-5 training into practice (PD)			
no	Real-time practice	7	31
no	Additional training/discussion of components of DC:0-5 training (Axes 1-5, Cultural Formulation)	4	11
no	Case study practice	8	14
yes	Peer-learning opportunities (CoPs, etc.)	1	8
no	Trainer-led opportunities	3	3
no	Access to reflective supervision/consultation	0	1
no	Access to case consultation (unspecified)	2	15
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	1	20
yes	Observation	0	3
yes	Caregiver/family engagement	1	2
yes	Diversity, equity, and inclusion	0	1
no	Need for more training (topic unspecified)	3	12
Agency policies & resources that may be needed to put DC:0-5 training into practice			
no	B-5 referrals/enough children to serve	5	13
no	Supervision from someone experienced in B-5	0	0
yes	Time to complete multi-session assessments	2	8
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)	1	2
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	11
yes	Using/adapting electronic health records	2	10
yes	Assessment processes & documentation (intake forms)	3	16
yes	Caregiver only sessions	0	0
yes	Developmentally appropriate rooms/spaces	0	1
yes	Developmentally appropriate toys/materials	0	0
yes	Developmentally appropriate screening/assessment tools	2	7
no	Agency-wide knowledge of/training in/use of DC:0-5	2	17
no	Productivity barriers	0	4
no	Other reference to challenging agency policies/buy-in	2	14
no	General reference to lack of time	11	42
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	24
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)	0	1
no	Scope of practice for diagnosis	0	0

Statewide Tour*	Description	Frequency value (n): SFY25	Frequency value (n): SFY22-25
Allied professional system resources and policies that may impact how DC:0-5 training is put into practice			
yes	Allied professional knowledge of IECMH foundations	0	1
yes	Allied professional identification of IECMH issues	0	0
yes	Allied professional awareness of available IECMH services and/or referral pathways	0	1
yes	Coordination/collaboration with allied professionals for assessment process (e.g., gathering collateral information from PCPs, ECE providers, etc.)	1	1
Caregiver engagement supports that may impact how DC:0-5 training is put into practice			
yes	Caregiver knowledge of IECMH	0	4
yes	Caregiver awareness of services	0	0
yes	Caregiver buy-in to services	0	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	3	13
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	4
yes	Accessible and comprehensive referral systems and pathways	0	2
yes	Ongoing collaboration with allied professionals in the treatment phase	0	0
no	Need for more local IECMH services and resources	0	0
no	Need for support in obtaining services for children older than 3	0	0
yes	Culturally responsive care issues (e.g., lack of interpreters)	1	3
yes	Workforce issues (e.g., challenges with recruiting/retaining staff, low pay)	1	2
no	General awareness of IECMH (e.g., community/society level)	1	4
no	General reference to “systems” (as a challenge)	0	3
no	Need for more research/evidence to validate diagnoses	1	4
Additional challenges noted around how DC:0-5 training is put into practice			
no	Complexity of diagnosis, obtaining/organizing all needed information	6	13
no	Access to multiple caregivers in a household	1	2
no	Feeling confident and competent in assessment/diagnosis	8	21
no	Cultural concerns/biases	2	6
no	Lack of clarity around limitations to diagnosis of particular disorders (e.g., neurodevelopmental)	0	0

Appendix E: DC:0-5™ Clinical Training Follow-Up Survey

Question (*n*s = 42 – 44)		Range	Mean
Training Impact – Skills & Practice			
The knowledge/skills and information I gained during the DC: 0-5 Clinical training have helped me improve my practice with children birth to five and their families.		2 - 5	4.33
Confidence			
How confident do you feel in using the DC:0-5 as a tool for assessing and diagnosing infant/young children's mental health conditions?		1 - 5	3.00
How confident do you feel in using the following components of the DC:0-5™ diagnostic process?			
Cultural Formulation		1 - 5	3.13
Axis V – Developmental Competencies		1 - 5	3.30
Axis IV – Psychosocial Stressors		1 - 5	3.44
Axis III – Physical Conditions		1 - 4	3.14
Axis II – Relational Context		1 - 5	3.23
Axis I – Clinical Disorders		2 - 5	3.20

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

Question	Brief Overview		Overview for Agency Leadership	
	Range	Mean	Range	Mean
Training effectiveness				
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	3 - 4	3.57	4 – 5	4.80
Training impact – Knowledge				
This training helped me better understand…				
That young children can experience mental health challenges	3 – 5	4.29	4 – 5	4.80
The importance of developmentally appropriate assessment for young children	4 – 5	4.57	4 – 5	4.80
The importance of family and community culture in children's development	4 – 5	4.57	4 – 5	4.80
The importance of caregiving relationships and environments in children's development	4 – 5	4.57	4 – 5	4.80
Training impact – Skills and practice				
This training helped me feel better prepared to…				
Apply what I learned today within my role	4 – 5	4.14	3 – 5	4.00
Support the diverse and intersectional needs of families in my community	4 – 5	4.43	3 – 5	4.00
Advocate for the importance of developmentally appropriate assessment tools and processes in the behavioral health system	4 – 5	4.71	4 - 5	4.60
Refer young children and families for mental health assessment.	3 – 5	4.29	4 - 5	4.60
Support young children and families going through the assessment and diagnosis process.	3 – 5	4.14	4 - 5	4.60

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