

March 2022 – June 2026

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

Annual and Cumulative
Community Report



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 implements 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 Center for Early Relational Health (CERH) at Akin coordinated the IECMH-WC on behalf of the Washington State Health Care Authority (HCA) from March 2022 to June 2026. This report highlights the initiative's purpose, activities, outcomes, and lessons learned during the fourth full year of the initiative, July 2025 - June 2026, along with a cumulative summary of the initiative, March 2022 – June 2026.

Workforce Supports for Mental Health Providers

6 DC:0-5™ Clinical Trainings serving **127 mental health providers** from all regions of the state were delivered over past fiscal year, July 2025 through June 2026. This brought the total number of **clinical trainings since 2022 to 35**, and **mental health providers trained to 872**, representing **177 behavioral health organizations**. The majority (68%) of 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 support to help translate what they had learned, as well as the impact of agency-level factors on implementation.

65 providers engaged in one or more of the **4 additional workforce support workshops** offered over the past year, July 2025 – June 2026. Since March 2022, **19 clinical and 11 community workshops** were delivered to **767 providers**. Supplemental workshops focused on aspects of mental health assessment for young children and assessment of the parent-child relationship.

Virtual Communities of Practice (COPs) provided continued opportunities for learning and connection following Clinical Trainings. Since spring 2023, **9 CoPs** have supported **68 providers**. The most common topics of discussion were the DC:0-5™ diagnostic process and Axis II: Relational Context.

DC:0-5™ Office Hours were another method of continued support following Clinical Training. Office hours were facilitated by DC:0-5™ trainers and intended to support further learning, understanding, and provide technical assistance around use of the DC:0-5™. Office hours were offered monthly in 2024 and reduced to bi-monthly in 2025 due to low participation. Office hours were paused this past year, July 2025-June 2026, and alternative approaches for continued provider support were explored.

Workforce Supports for Agency Administrators and Allied Professionals

2 DC:0-5™ Overview Trainings served **13 allied professionals** this past year, bringing the initiative total to **567 allied professionals** trained since 2022. Trainings included Brief, Enhanced, and Intensive Overview Trainings, as well as offerings tailored for agency leaders/administrators and the Colville Tribe clinical team.

Overview Training participants valued the trainings focus on diversity, equity, and intersectional identities and reported increased knowledge and feelings of preparedness in supporting children and families around mental health assessment in their role. Feedback also highlighted the need for additional practice opportunities and case examples to support application of learning.



Since 2022, 872 mental health providers and 567 allied professionals across Washington have participated in DC:0-5™ training.

Key Themes Across Participant Feedback

Across the initiative, participants and community partners consistently highlighted:

- Appreciation for interactive and engaging learning experiences.
- Interest in continued training and opportunities to strengthen skills through practice.
- Value of DC:0-5™’s holistic approach to understanding children and families.
- Importance of tailored supports and resources for clinical supervisors and agency leadership.
- Need for outreach and resources to support implementation at the agency level.
- Importance of connection, collaboration, and shared learning across IECMH providers and systems.

Looking Forward

The Center for Early Relational Health (CERH) at Akin is honored to have coordinated the IECMH-WC on behalf of HCA from March 2022 through June 2026. While CERH’s contract concluded in June 2026, the IECMH-WC will continue under the coordination of a new organization to provide workforce supports for professionals serving young children and families across Washington.



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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.

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 initiative's purpose, key activities, outcomes, and insights gained during its fourth full year, July 2025 through June 2026, as well as cumulatively from March 2022 through June 2026.

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

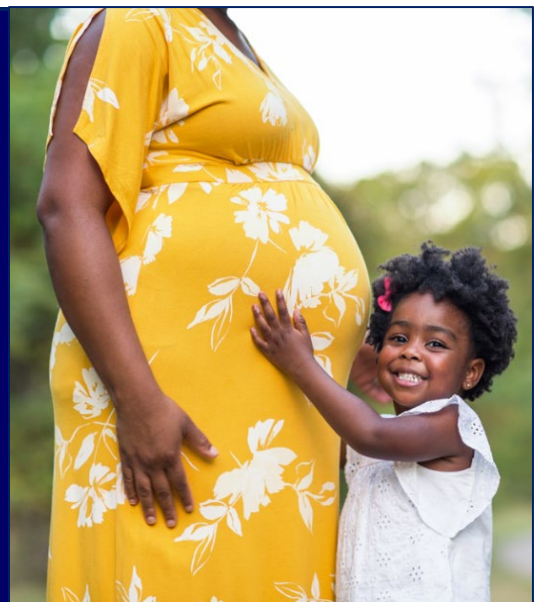
Young children are less likely than older children to receive mental health services.³

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

The IECMH-WC implemented 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 age five. 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

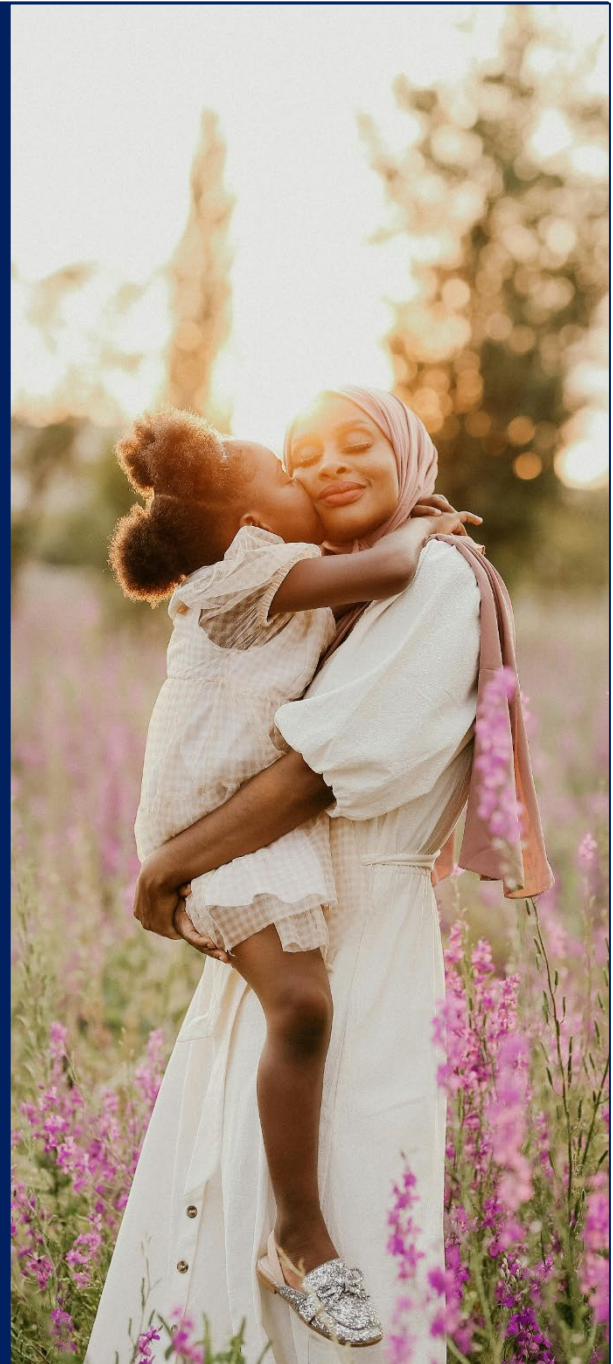
- ❖ Increase the number of professionals in Washington State who can better understand, assess, and diagnose infant and early childhood mental health challenges.
- ❖ Ensure that the professional development opportunities offered are equitable and accessible to all IECMH professionals, particularly those who have been historically underserved.



The IECMH-WC offered 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 provided 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.

What Workforce Supports have IECMH-WC Offered?

- ❖ **DC:0-5™ Clinical Trainings**
- ❖ **DC:0-5™ Overview Trainings**
- ❖ **DC:0-5™ Overview Trainings
for Agency Leadership**
- ❖ **DC:0-5™ Communities of
Practice for Mental Health
Providers**
- ❖ **DC:0-5™ Office Hours**
- ❖ **Clinical and Community
Workshops**
- ❖ **IECMH Referral & Care
Coordination Training**



The Center for Early Relational Health (CERH) at Akin led the coordination of statewide training and workforce supports on behalf of the Washington State Healthcare Authority (HCA), and in partnership with DC:0-5™ certified trainers, and IECMH professionals in Washington State.

Akin is a behavioral health organization serving children, families, and communities across Washington State. Akin was formed in January 2024 through the merger of two legacy organizations, Childhaven and Children’s Home Society of Washington. The Center for Early Relational Health (CERH), a program within Akin, coordinated the Infant and Early Childhood Mental Health Workforce Collaborative (IECMH-WC) on behalf of the Washington State Health Care Authority (HCA) from March 2022 through June 2026.

The initiative was initially granted to the Washington Association for Infant Mental Health (WA-AIMH) in March 2022. In July, 2023 WA-AIMH merged with Childhaven and re-launched as the Center for Early Relational Health. In January, 2024, Childhaven and Children’s Home Society of Washington merged to form Akin.

In coordination of the IECMH-WC, CERH collaborated 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, provided valuable input on the experiences, needs, and challenges of the workforce, and their guidance helped shape the initiative to be both equitable and accessible across Washington communities.



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. These capacities are deeply connected to overall development and well-being⁵. 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

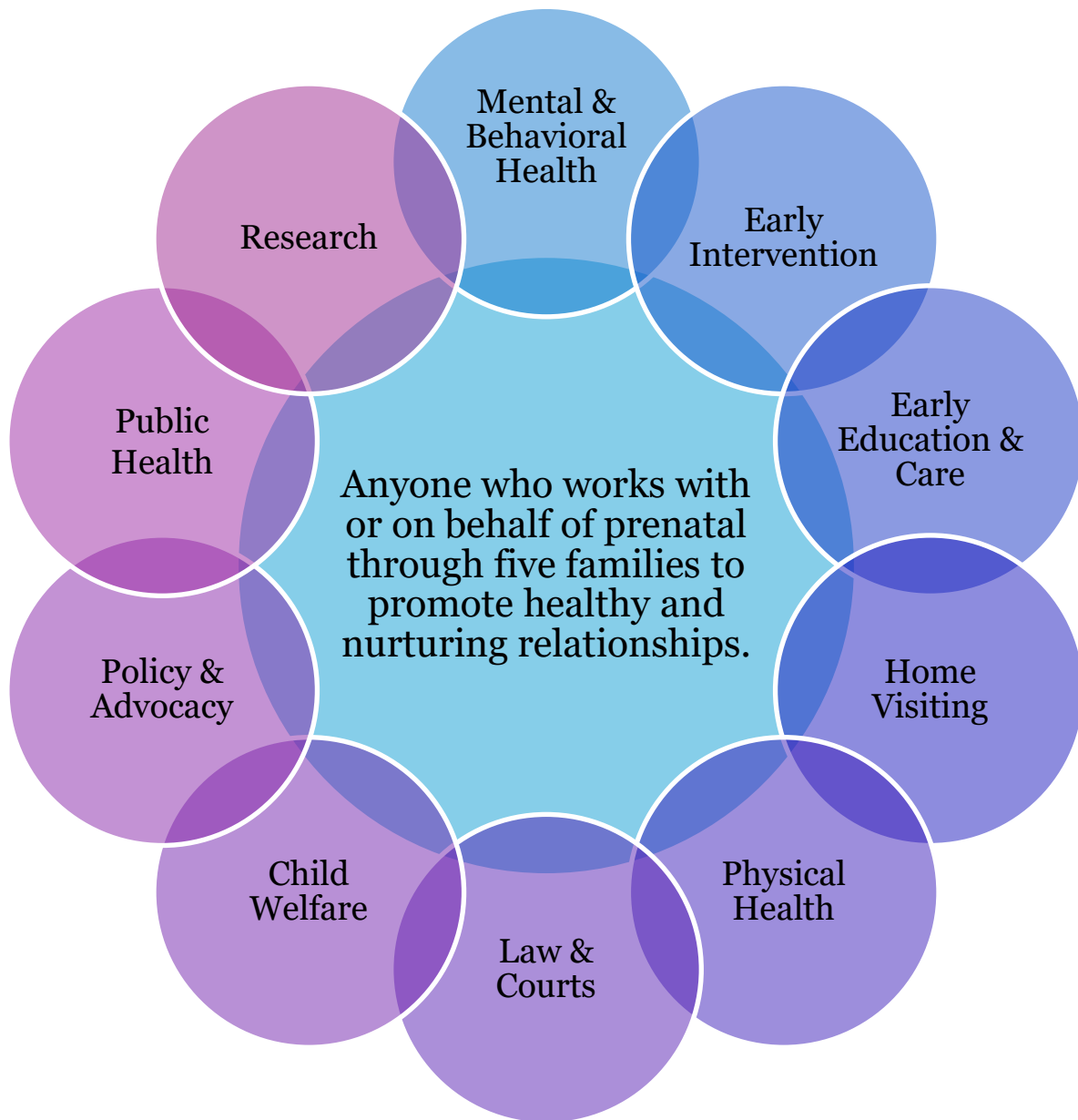
all within the context of family, community, and culture.

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 development⁶. 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 when they are struggling or distressed, making it essential for the adults around them to recognize when extra, developmentally appropriate supports 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 Trainings were designed to support mental health professionals develop in-depth knowledge of the approach and content of DC:0-5™, understand the multi-axial system, and utilize the approach and system in their work with children birth through age five.

Training participants received 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:

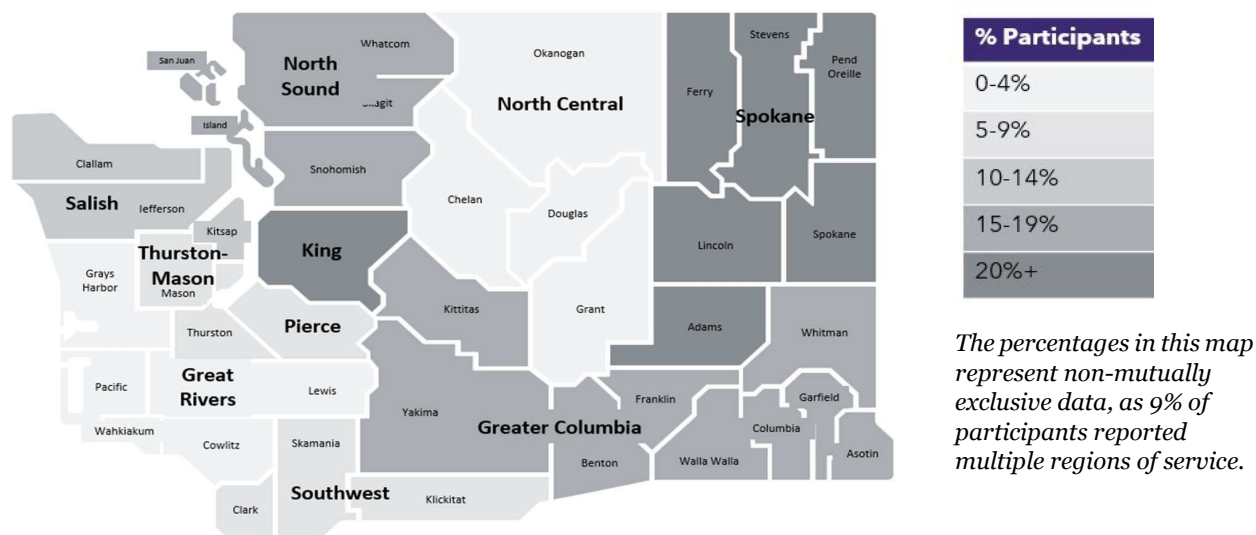
- Licensed psychologists, psychiatrists, and advanced psychiatric nurse practitioners
- Independently licensed clinical social workers, marriage and family therapists, and mental health counselors
- Licensed clinical social worker, marriage and family therapist, and mental health counselor associates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

Throughout the initiative, from March 2022 – June 2026, 35 DC:0-5™ Clinical Trainings were delivered to 872 mental health providers. Participants represented 178 organizations across Washington state, including 68 behavioral health organizations.

During the past year, from July 2025 – June 2026, 4 clinical trainings and 2 “open” clinical trainings were delivered to 127 mental health providers. While annual participation decreased from the initiative’s first year, providers continued to seek out opportunities to build their knowledge and skills in using DC:0-5™. During this past year, staff from 9 additional agencies across the state participated in the training for the first time. The majority of participants were also learning about DC:0-5™ for the first time, demonstrating continued interest in strengthening developmentally appropriate mental health assessment for young children. See [Appendix C](#) for a complete list of clinical trainings.

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 Washington State, participation generally reflected the distribution of child-serving Medicaid mental health providers.



The most notable changes this past year, compared to the previous year, were a decrease in participation among providers serving King County and an increase in participation among providers serving Spokane. Participation among providers serving rural areas also increased, from 51% the previous year to 64% in 2025–2026. While participation within some individual regions shifted from year to year, the overall distribution of participants across regions remained relatively stable throughout the initiative.

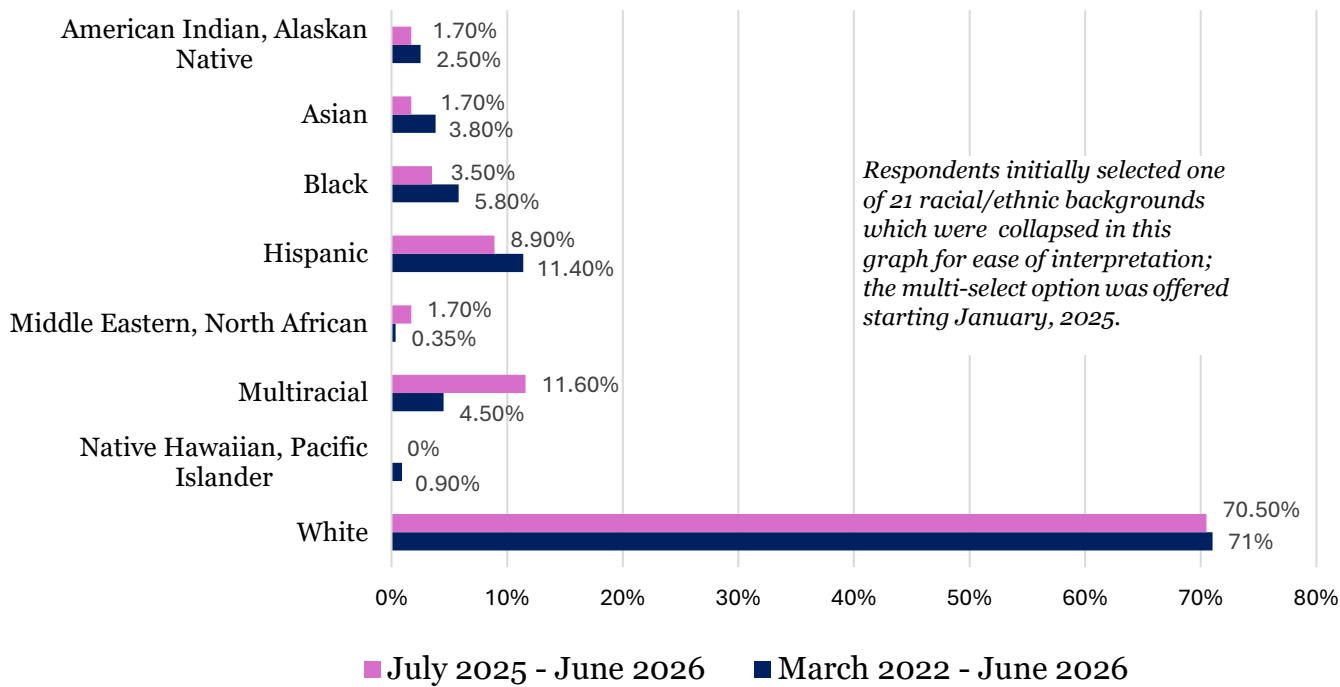
The majority of participants (86%) were employed by behavioral health agencies throughout the initiative, March 2022 through June 2026. This increased to 92% during the most recent reporting year, July 2025 through June 2026. Additionally, 68% of participants were learning about the DC:0-5™ approach for the first time and had no prior training in or exposure to DC:0-5™.

During the most recent reporting year, 23% of participants were supervisors and 13% held leadership positions. The percentage of participants who were supervisors declined over the course of the initiative, which may reflect the early engagement of supervisors as the initiative began.



Throughout the initiative, March 2022 – June 2026, the majority (71%) of training attendees identified as White. Hispanic/Latinx (11%) was the most commonly reported non-white background, and 4.5% of participants reported Tribal enrollment or affiliation.

DC:0-5™ Clinical Training Participant Racial Diversity



Participant demographics remained similar during the most recent reporting year, July 2025-June 2026. During this period, 70% of participants identified as White, while 12% identified as multiracial, 9% as Hispanic/Latinx, and 3.5% as Black.

One fifth (20%) of all Clinical Training participants spoke at least one language other than English. Spanish was the most commonly reported additional language, spoken by 13% of participants.



What did Participants Say About the Training?

Training participants were invited to provide feedback about the training's impact on their knowledge and skills, as well as anticipated challenges, barriers, and resource needs related to applying what they learned. During the most recent reporting year, 71% of participants provided feedback, which was the highest annual response rate since the beginning of the initiative.

“The interactive nature of the training by utilizing small break out groups really made the training great. It helped with engagement and collaborative learning.”

“I really appreciated the application of information and case studies. It was a good opportunity to practice the material and think critically.”

How Effective was the Training?

On average, Clinical Training participants reported agreement to strong agreement (mean value of 4.38 on a 1 – 5 scale; see [Appendix D](#)) that the training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process. Participants also reported that the training had a positive impact on their knowledge of key training themes and feelings of preparedness to support young children and apply the components of the DC:0-5™ multi-axial diagnostic system.



“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.”

Open-ended comments were qualitatively coded (see [Appendix E](#) and highlighted the following themes:

- Appreciation for the warmth and expertise of the trainers, including their attention to cultural considerations.
- Value of the information, materials, and learning activities, particularly hands-on practice with case examples and opportunities for discussions with colleagues.
- Positive feedback about the interactive and engaging elements of the training.
- Interest in having additional time and opportunities for discussion and practice.

“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.”

What Additional Supports Might be Needed?

Participants identified anticipated challenges to applying their learning in practice and shared resources that could support their continued learning. Key themes from open-ended responses included:

- Interest in additional training focused on mental health assessment for young children.
- Need for additional case study practice and opportunities to build confidence and competence in using the DC:0-5™ multiaxial approach.
- Concerns about limited referrals for children birth through age five, which can make it difficult to gain and maintain proficiency through practice.
- Need for ongoing opportunities to practice of the DC:0-5™ assessment process.
- Need for agency-level supports aligned with the DC:0-5™ approach to assessment, including documentation processes and adequate time to complete multiple assessments.

“There was a lot of dense material and more practice and discussion over additional case scenarios might be helpful.”

“My agency is not allowing us to do 3-5 session. We only get 1 session for this intake and no different environment.”

How are Providers Using What They Learned?

In 2025 and 2026, follow-up implementation surveys were sent to Clinical Training participants who had completed the training at least six months earlier. The surveys asked about providers' confidence in using the various components of the DC:0-5™ diagnostic process, as well as challenges they experienced and supports they needed.

In 2026, 58 of the 812 Clinical Training participants who were invited to complete the survey responded (7% response rate). On average, respondents completed the Clinical Training 25 months before completing the survey.

Survey respondents were similar to Clinical Training participants overall in terms of region of service and racial and ethnic background. However, they were less likely to be multilingual and more likely to primarily serve young children. Respondents also tended to have more experience providing mental health services to children birth to five, and one-third were supervisors.



More than one-third of respondents reported that children from birth through age five made up at least half of their caseload. Nearly all respondents had direct colleagues who also provided mental health services to young children.

More than half (53%) reported receiving fewer than 10 referrals for children birth through age five since completing the Clinical Training. Among respondents who had received referrals, 57% reported using the DC:0-5™ process more than half of the time.

The majority of respondents agreed that the knowledge, skills, and information gained through the DC:0-5™ Clinical Training had helped improve their practice with children birth through age five and their families (M = 3.94). On average, respondents reported feeling moderately confident using the DC:0-5™ tool overall, as well as its specific components (Ms = 3.28–3.43; see [Appendix F](#)).

Respondents also identified barriers to using DC:0-5™ in their work. The most frequently reported barrier was a need for additional training in assessment and diagnosis. Respondents also identified a need for supervision specific to providing services to children from birth through age five. Several respondents reported receiving too few referrals for young children to regularly practice using the DC:0-5™ process. This finding may be influenced by the number of supervisors represented among respondents, as supervisors may have smaller direct-service caseloads. A few respondents also identified challenges related to agency procedures, including intake, documentation, and billing.

“I am new to IECMH, I need to learn more about disorders of early childhood and improve skills around assessing and diagnosing. I think this was a good starting point, but I need more learning around how to assess children.”

“(A helpful resource would be) reflective supervision and more booster trainings that happened recently.”

When asked about additional tools and resources that would support their use of DC:0-5™, respondents identified a range of needs. These included Communities of Practice or ongoing support groups, additional training on treatment models and assessment tools, and assistance with billing.



Workforce Supports for Mental Health Providers

The IECMH-WC offered additional professional development opportunities beyond DC:0-5™ Clinical Training to support participants in applying what they learned to real-world practice.

IECMH Workshops

Throughout the initiative, 19 clinical workshops and 11 community workshops were delivered to a total of 767 participants. During the most recent reporting year, July 2025 – June 2026, 4 clinical workshops were offered.

Workshops were designed to strengthen mental health providers knowledge and skills related to the DC:0-5™ assessment and diagnostic process. On average, participants reported agreement to strong agreement that the workshops met their learning objectives. Participants appreciated the examples and tools shared during the workshops. Some participants also expressed interest in additional training on the clinical frameworks presented. See [Appendix H](#) for a complete list of workshops offered and participation.

2026 Clinical Workshops

- ❖ **Infant and Early Childhood Assessment Training and Learning Collaborative**
- ❖ **Relationship Specificity in Infancy and Early Childhood**
- ❖ **Introduction to ASQ/ASQ:SE**
- ❖ **Assessment IS Care: Building Rapport from the Start**



Communities of Practice (CoPs)

Communities of Practice (CoPs) provided mental health providers with opportunities to build peer relationships, share knowledge, and strengthen their integration of DC:0-5™ concepts into Infant and Early Childhood Mental Health (IECMH) practice, developmentally appropriate assessments, and diagnosis. Facilitated by DC:0-5™ trainers, CoPs met for 90 minutes monthly or bimonthly over six to twelve months, depending on the group.

Participation in CoPs remained limited throughout the initiative, despite extensive outreach to mental health providers. Overall, 68 Clinical Training participants (8%) participated in a CoP. Since spring 2023, 11 CoPs were initiated, including two that were discontinued and one that extended a previous CoP with some new members.

From July 2025–June 2026, two General CoPs and one CoP for the Colville Tribe clinical team were offered. Discussions focused on the DC:0-5™ approach and multi-axial system. The most common topics of discussion were the DC:0-5™ diagnostic process and Axis II: Relational Context.



DC:0-5™ Office Hours

Virtual office hours facilitated by DC:0-5™ trainers were introduced in 2024 as an additional source of ongoing support for mental health providers following clinical training. Office hours provided an opportunity for providers to deepen their understanding and application of the DC:0-5™, ask questions, and receive technical assistance from experienced trainers.

Office hours were initially offered monthly. In response to limited participation, the schedule was adjusted to every other month. Sessions were intentionally scheduled within a few weeks of clinical trainings to build awareness and provide a timely opportunity for participants to revisit questions or topics that arose during training.

Despite these efforts and additional outreach, participation remained limited. As a result, office hours were paused during the most recent reporting year, July 2025 - June 2026, to allow for further evaluation of participant needs and consideration of alternative approaches for ongoing support.

DC:0-5™ Overview Training for Agency Administrators and Allied Professionals

DC:0-5™ Overview Trainings introduced allied professionals to the background, approach, and content areas of the DC:0-5™, with an emphasis on developmentally appropriate diagnostic practices. The 4-hour Intensive Overview Training provided a more in-depth introduction, while the 1.5-hour Brief Overview Training offered a higher-level introduction.

Overview Training participants received Continuing Education Units (CEUs) for mental health professionals and/or STARS hours, as requested.

Throughout the initiative, 17 Overview Trainings have been delivered to 567 participants. Over the past year, July 2025-June 2026, 2 Overview Trainings were delivered to 13 allied professionals. This included 1 Brief Overview and 1 Enhanced Brief Overview Training for the Colville Tribe clinical team. See [Appendix G](#) for a complete list of Overview Trainings.

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.

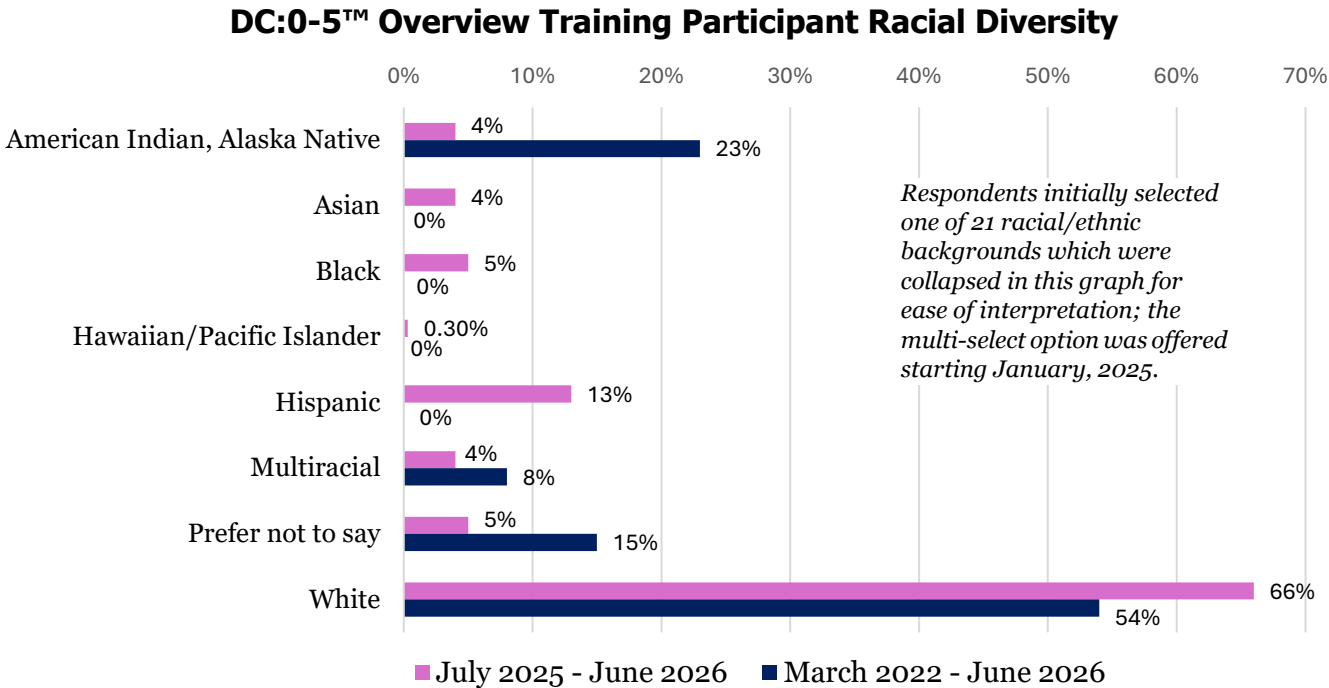


Who Participated in DC:0-5™ Overview Trainings?

Across the IECMH-WC initiative, participants most commonly served children and families in the King County and Greater Columbia regions. Over half of participants in the past two years reported serving rural communities, while 4% were employed by Tribal programs.

Participants represented a range of service settings, with the largest group working in behavioral health (33%), developmental services (16%), early education and care (14%), primary and specialty care (13%) and home visiting (8%).

Nearly one-third (32%) of participants provided direct Apple Health services to children birth through five, and 18% supervised mental health professionals. Most participants in DC:0-5™ Overview Trainings were learning about the DC:0-5™ for the first time, while some participants in the DC:0-5™ Overview for Leadership training were more likely to have previous DC:0-5™ experience.



Throughout the initiative, March 2022 – June 2026, over two-thirds (69%) of training attendees identified as white. Hispanic/Latinx (14%) was the most commonly reported non-white background. Additionally, 4% of participants identified as multiracial and 2% reported Tribal affiliation.

During the most recent reporting year, July 2025-June 2026, 54% of participants identified as white, while 23% identified as American Indian/Alaska Native and 8% reported as multiracial. 9% of participants also reported Tribal affiliation

Nearly one-quarter of participants (23%) spoke at least one language other than English, with Spanish being the most commonly reported additional language. Spanish has consistently been the most commonly reported additional language across each year of the initiative.

What did Participants Say About the Training?

Overview Training evaluation survey participation was limited throughout the initiative, with 19% of Overview Training participants submitting evaluations. During the most recent reporting year, 14% of participants submitted evaluations. This figure should be interpreted with some caution, as evaluation surveys were not available for one of the Overview Trainings offered during the year.

“The description of the tools used clearly supported the desire to support families with diverse needs and experiences.”

Overall, participants valued the DC:0-5™ trainings and reported increased knowledge and understanding of the framework. Interactive activities, videos, breakout discussions, and resources were particularly well received. Participants in the Leadership and Intensive Overview Trainings generally reported increased knowledge and skills than those attending the Brief Overview.

“It was useful for me to have the general walk-through of IECMH services.”

Across trainings, participants valued the emphasis on incorporating culture and families’ intersecting identities and needs throughout the assessment and diagnostic process. Participants also expressed interest in additional opportunities to build skills and apply DC:0-5™ concepts in their work, particularly around assessment, diagnosis, screening tools, and supporting the diverse needs of children and families.



Participants identified several factors that could make implementation challenging, including workforce shortages, limited access to specialized services and trained professionals, funding and billing barriers, and varying levels of experience with IECMH. Participants noted that continued training, organizational support, financial resources, and stronger connections to community resources could help providers apply DC:0-5™ informed practices more effectively and sustainably.

“I would’ve liked more discussion on community resources in assisting families with 0-5 year old children.”

Key themes in open-ended responses included:

- Appreciation for the information shared and the use of videos and interactive learning opportunities.
- Desire for additional support applying training content to practice.
- Need for additional agency-level support and resources for implementation.



Workforce Supports for Agency Administrators and Allied Professionals

Washington State Referral & Care Coordination Training (RCC)

The Washington State IECMH Referral and Care Coordination Training for allied professionals was developed to provide accessible, practical information to support referrals and connections to mental health services for young children. The training was initially envisioned as an alternative to the DC:0-5™ Overview Training, with a less clinical focus designed to be engaging and relevant for allied professionals working across early childhood systems.

A workgroup of Washington State IECMH professionals came together in 2023 to identify training needs and recommended a focus on referral pathways and care coordination. The resulting 3-hour training included foundational IECMH principles, developmental concerns in infancy and early childhood, and practical approaches to referrals and care coordination.

The initial training was offered twice during the 2025 fiscal year, reaching 91 participants. Feedback from participants and trainers informed continued revisions to strengthen the training and align it with learning objectives. RCC trainings were paused during the 2026 fiscal year while these updates were underway.



Looking Forward

The Center for Early Relational Health (CERH) at Akin coordinated the IECMH Workforce Collaborative (IECMH-WC) on behalf of the Washington State Health Care Authority (HCA) from March 2022 through June 2026. CERH's contract with HCA concluded in June 2026, and the IECMH-WC will continue under the coordination of a different organization.

Akin and the Center for Early Relational Health (CERH) are honored to have coordinated this workforce collaborative. We are grateful to the IECMH professionals, trainers, participants, steering committee members, WA Health Care Authority, Zero to Three, community partners, and all who contributed their time, expertise, and partnership to this work.



THANK YOU!

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⁶Vasileva, 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: DC:0-5™ Certified Trainers for Washington State, SFY-2026

Name, Credential	Organization
Lily Baldwin-Garduno , MS, MIM, LMHC, CMHS, MMHS	SeaMar 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 and Consultation, PLLC
Nucha Isarowong , PhD, LICSW, IMH-E	Barnard Center for Infant and Early Childhood Mental Health
Kathryn McCormick , MA, LMFT, CMHS, EMMHS	Tulalip Early Learning Academy
Lou Olson , LICSW, IMH-E	HopeSparks Family Services, Dragonfly Counseling
Laura Schrotenboer , MS, LMHC, MHP, CMHS	
Sharon Shadwell , LMHC	The Practice NW
Meyleen Velasquez , LCSW, LICSW, PhD, PMH-C, RPT-S	Hummingbird Counseling
Mary Virginia Maxwell , LMHC	ESD105
Haruko Watanabe , MA, LMHC, IMH-E	Cooper House

Appendix B: Regional Advisor Steering Committee Members, March 2022 – June 2026

Name, Role, and Organization	Region(s) Serving	SFY22-23	SFY24	SFY25	SFY26
Elisia Anderson, IMH-E® , Deputy Director, First Step Family Support Center	Salish	Yes	Yes	No	No
Clare Lucas MS, LCMHC , Clinical Program Manager, Akin	Southwest	Yes	Yes	Yes	Yes
Taylor Caragan, MPH , Health Integration Manager, First 5 FUNdamentals	Pierce County	Yes	Yes	Yes	No
Zachary Feist, LMHC , Clinical Director, Colville Confederated Tribes Behavioral Health Program	North Central	No	No	Yes	Yes
Marian Gonzalez MHS, LMHC, MA , Mental Health Specialist, ESD 113, Sound to Harbor Early Learning Programs	Great Rivers, Thurston-Mason	Yes	No	No	No
Katrina Hanawalt, MA, LMFT, CMHS , Director of Community Based Intensive Services, Center for Human Services	King County, North Sound	Yes	No	no	No
Kim Hitchcock , PCAP Supervisor, Triumph Treatment Services	Greater Columbia	Yes	No	No	No
Haley Johnson, LCSW , Child & Family Therapist, Sea Mar Community Health Centers	Thurston-Mason	No	No	Yes	Yes
Megan Huffman, MSW, CMHS, LICSW , Co-Director of Child and Family Services, Columbia Wellness	Great Rivers	Yes	Yes	Yes	Yes
Lou Olson LICSW, IMH-E® , Interim IMH Lead, HopeSparks	Pierce County	Yes	No	No	No
Diane Trevino , Program Director, Yakima Valley Farm Workers Clinic	Greater Columbia	Yes	No	No	No
Nicole Wiggins MA, LMHC , Clinical Director, Cooper House	King County	Yes	No	No	No
Additional community partners agreed to serve on the RASC during the first year of the project but ultimately were unable to engage: Dustin Brenske MA, LMHC, CMHS, Behavior Health, ICW and Family/Youth Services Manager, Jamestown S’Klallam Tribe (Salish) Ali Corbett, Case Manager, Comprehensive Healthcare (Greater Columbia) Jackie Litzau, Help Me Grow Network Manager, Within Reach (King County) James Nguyen, IEC Mental Health Consultant, Child Care Resources (King County)					

Appendix C: DC:0-5™ Clinical Trainings, March 2022 – June 2026

Date	Coordinator	Audience	Registered	Attended	% Attended	% Evaluations
SFY22, 2022	HCA	IECMH MHPs	40	33	83%	64%
SFY22, 2022	HCA	IECMH MHPs	38	32	84%	97%
SFY22, 2022	HCA	IECMH MHPs	40	26	65%	62%
SFY22, 2022	HCA	IECMH MHPs	40	31	78%	90%
SFY22, 2022	CERH	General	22	18	82%	61%
SFY22, 2022	CERH	General	38	35	92%	17%
Total SFY22	6 trainings		218	175	81%	65%
SFY23, 2022	CERH	General	31	29	94%	62%
SFY23, 2022	CERH	General	33	29	88%	48%
SFY23, 2022	CERH	General	21	17	81%	76%
SFY23, 2022	CERH	General	32	28	88%	61%
SFY23, 2022	CERH	General	18	13	72%	38%
SFY23, 2022	CERH	General	34	29	85%	59%
SFY23, 2022	CERH	General	20	19	95%	58%
SFY23, 2023	CERH	General	16	15	94%	67%
SFY23, 2023	CERH	General	29	25	86%	44%
SFY23, 2023	CERH	General	19	16	84%	94%
SFY23, 2023	CERH	General	23	23	100%	35%
SFY23: 2023	CERH	General	17	14	82%	64%
SFY23: 2023	CERH	General	20	15	75%	13%
Total SFY23	13 trainings		313	272	87%	56%
SFY24: 2023	CERH	SeaMar, General	26	25	96%	48%
SFY24: 2023	CERH	General	29	22	76%	45%
SFY24: 2023	CERH	General	20	19	95%	21%
SFY24: 2023	CERH	General	24	22	92%	18%
SFY24: 2024	CERH	General	37	29	78%	41%
SFY24: 2024	CERH	General	20	16	80%	56%
Total SFY24	6 trainings		156	133	86%	38%
SFY25: July 23-25, 2024	CERH	General	28	24	86%	88%
SFY25: Sept 16-18, 2024	CERH	General	22	17	77%	53%

Date	Coordinator	Audience	Registered	Attended	% Attended	% Evaluations
SFY25: Oct 11, 18, 25, 2024	CERH	General	29	26	90%	62%
SFY25: Oct 22-23, 2024	CERH	Colville Tribes	6	6	100%	67%
SFY25: Nov 13-15, 2024	CERH	General	22	17	77%	59%
SFY25, May 5-7, 2025	CERH	General	40	28	70%	54%
SFY25, May 21-23, 2025	CERH	General	23	15	65%	100%
SFY25, June 6, 13, 20, 2025	CERH	General	35	32	91%	59%
Total SFY25	8 trainings		205	165	80%	68%
SFY26, Sept 30-Oct 2, 2025	CERH	General	39	34	87%	82%
SFY26, Oct 14-16, 2025	CERH	General	38	33	87%	73%
SFY26, Feb 9-11, 2026	CERH	Open	9	9	100%	n/a
SFY26, March 2-4, 2026	CERH	Open	8	7	88%	n/a
SFY26, March 16-18, 2026	CERH	General	28	23	83%	82%
SFY26, June 16-30, 2026	CERH	General	25	21	84%	57%
Total SFY26	6 trainings		147	127	85%	74%
Total SFY22-26	4 HCA 35 CERH		1,039	872	84%	60%

*In SFY 25, the training for the clinical team at Colville Confederated Tribes Behavioral Health Program was held in person and was not open to other providers.

* In SFY26, 2 “open” DC:0-5™ Clinical Trainings were delivered by CERH. These trainings were not IECMH-WC contract deliverables and were funded through other sources.

Appendix D: DC:0-5™ Clinical Training Evaluation Feedback Surveys, March 2022 – June 2026

	SFY26				Total: SFY22-26			
Question	n	Range	Mean	Standard Deviation	n	Range	Mean	Standard Deviation
Training effectiveness								
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	84	2 - 5	4.40	0.60	499	1 - 5	4.38	0.73
Training impact – Knowledge								
This training helped me better understand...								
That young children can experience mental health challenges	84	3 - 5	4.50	0.61	505	1 - 5	4.53	0.68
The importance of developmentally appropriate assessment for young children	84	3 - 5	4.58	0.61	502	1 - 5	4.64	0.60
The importance of family and community culture in children's development	84	3 - 5	4.57	0.59	505	1 - 5	4.61	0.65
The importance of caregiving relationships and environments in children's development.	84	3 - 5	4.62	0.56	505	1 - 5	4.70	0.58
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.	84	3 - 5	4.42	0.61	503	1 - 5	4.39	0.69
Use the DC:0-5™ as a tool for assessing and diagnosing young children's mental health conditions.	84	3 - 5	4.43	0.54	503	1 - 5	4.50	0.61
Use the following components of the DC:0-5™:								
Cultural Formulation	84	3 - 5	4.33	0.59	504	1 - 5	4.31	0.72
Axis V – Developmental Competencies	84	3 - 5	4.38	0.58	503	1 - 5	4.39	0.62
Axis IV – Psychosocial Stressors	84	3 - 5	4.40	0.60	501	1 - 5	4.45	0.60
Axis III – Physical Conditions	84	3 - 5	4.36	0.61	503	1 - 5	4.37	0.65
Axis II – Relational Context	83	3 - 5	4.37	0.58	501	1 - 5	4.46	0.63
Axis I – Clinical Disorders	83	3 - 5	4.31	0.58	503	1 - 5	4.38	0.65
Connect DC:0-5™ diagnoses to DSM and ICD-10 diagnoses	84	3 - 5	4.15	0.57	504	1 - 5	4.18	0.80

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

Appendix E: DC:0-5™ Clinical Training Qualitative Evaluation, March 2022 – June 2026

Part 1: Training-specific feedback - What Worked Well and What Could Be Better?

Two open-ended questions about the training content and delivery were asked in the DC:0-5™ Clinical Training Feedback Surveys:

- *What worked well in this training? What aspects of this training were useful?*
- *What could be done better in this training? What aspects of this training were NOT useful?*

45 variable codes were developed based on response themes from the feedback surveys. Each variable was coded 0+ (number of times mentioned by that respondent across open-ended questions). In the case of overlapping variables for a single reference, both variables are coded. For each theme, a frequency value (n=XX) indicates how frequently that theme is expressed by respondents; frequencies do not represent the number of unique respondents who expressed a theme.

Frequency values for SFY26 are based on 84 respondents, and on 507 respondents for the duration of the project, March 2022 – June 2026.

Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
Effective trainer characteristics and practices		
Warm, inviting, engaging	2	25
Experienced and knowledgeable	7	37
Responsive to participants' questions and comments	0	7
Inclusion of trainer personal professional experiences/examples	5	8
Attention to culture; holding lenses of anti-racism, anti-oppression; using inclusive language	0	16
Acknowledgment of the limitations of the DC:0-5™ (training curriculum and/or approach)	0	2
General reference to a positive presentation style	1	26
Challenging trainer characteristics and practices		
Insufficient responsiveness to participants' questions and comments, lack of engagement.	0	3
Presentation was delivered in a way that felt "scripted"	2	9
Effective training delivery methods		
Access to materials (e.g., manual, slides, handouts)	3	43
Virtual option	0	3
In-person option (appreciated and/or a desire for)	1	9
Multi-, half-day schedule	0	6

Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
Well-organized/structured information	9	27
Agenda with predictable schedule and breaks	0	3
Interactive elements (e.g., polls, Jam board, large group discussions)	5	24
Opportunity for application and practice with case conceptualizations and examples	24	131
Opportunity for discussion/collaboration with peers in small groups about case conceptualizations	1	80
General reference to breakout rooms	30	98
Balance of didactic, interactive, and reflective learning opportunities (e.g., presentation, videos, full group discussions, independent work, small group work)	0	8
Opportunity for independent work on case conceptualizations	0	5
Opportunities for questions and discussion with trainers and participants	12	57
Use of video clips	6	19
Consistency of breakout room group members over days	0	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
Difficulty organizing/navigating multiple digital materials (i.e., manual, handouts)	0	6
Desire for more/improved visual materials (e.g., videos)	0	6
More time needed for case conceptualizations (e.g., for practice and/or discussion)	3	36
More clarity needed for small group breakout discussions (e.g., written instructions)	6	24
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)	0	6
Desire for more opportunities for practice (e.g., group activities, additional case conceptualizations)	5	22
Difficulties in breakout groups (e.g., members were unprepared or participated minimally; personal discomfort with breakout groups)	0	6
Need for longer/more frequent breaks	8	46
Technical difficulties	0	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	17	63
Attention to culture, privilege, equity, social justice	1	23
Challenging training content		
Not enough time for the amount of information presented; training felt rushed	6	52

Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
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.	2	8
Lack of diversity, biased portrayal in case studies/videos	0	17
Need for more information about billing/documentation	0	6
More foundational IECMH information included than was necessary	0	2
Too much emphasis on diversity	0	2
Desire for more specific content related to various axes, disorders, or topics	5	39

Part 2: Challenges and Resources Needed

Three open-ended questions were asked in the DC:0-5™ Clinical Training Feedback Survey:

- *What challenges or barriers do you think you may experience in applying what you learned today?*
- *Are there any additional tools or resources you need to support you in applying what you learned today?*
- *Is there anything else that you would like to share?*

60 variable codes were developed based on response themes from feedback surveys as well as the [2024 IECMH Statewide Tour Report](#). Each variable was coded 0+ (number of times mentioned by that respondent across open-ended questions). In the case of overlapping variables for a single reference, both variables are coded. 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.

Statewide Tour*	Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
Post- DC:0-5™ training PD strategies that may support putting DC:0-5™ training into practice			
no	Real-time practice	2	33
no	Additional training/discussion of components of DC:0-5™ training (Axes 1-5, Cultural Formulation)	0	11
no	Case study practice	6	20
yes	Peer-learning opportunities (CoPs, etc.)	1	9
no	Trainer-led opportunities	1	4
no	Access to reflective supervision/consultation	0	1
no	Access to case consultation (unspecified)	1	16
Additional training topics (not covered by DC:0-5™ training) that may support putting DC:0-5™ training into practice			
yes	IMH Foundations	1	2

Statewide Tour*	Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
yes	Child development	0	4
yes	Screening & assessment	1	21
yes	Observation	0	3
yes	Caregiver/family engagement	0	2
yes	Diversity, equity, and inclusion	0	1
no	Need for more training (topic unspecified)	2	14
Agency policies & resources that may be needed to put DC:o-5™ training into practice			
no	B-5 referrals/enough children to serve	4	17
no	Supervision from someone experienced in B-5	0	0
yes	Time to complete multi-session assessments	7	15
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	2
yes	Staffing patterns (e.g., intake staff do not keep cases after diagnosis)	0	0
yes	Use of DC:o-5™ (instead of DSM)	0	11
yes	Using/adapting electronic health records	2	12
yes	Assessment processes & documentation (intake forms)	0	16
yes	Caregiver only sessions	0	0
yes	Developmentally appropriate rooms/spaces	2	3
yes	Developmentally appropriate toys/materials	0	0
yes	Developmentally appropriate screening/assessment tools	2	9
no	Agency-wide knowledge of/training in/use of DC:o-5™	0	17
no	Productivity barriers	0	4
no	Other reference to challenging agency policies/buy-in	3	17
no	General reference to lack of time	1	43
Apple Health policies and resources that may be needed to put DC:o-5™ training into practice			
yes	Billing (e.g., Multi-session assessments, specific codes, MCO denials)	3	27
no	Monitoring of/compliance with of DC:o-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
Allied professional system resources and policies that may impact how DC:o-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.)	0	1

Statewide Tour*	Description	Frequency value (n): SFY26	Frequency value (n): SFY22-26
Caregiver engagement supports that may impact how DC:0-5™ training is put into practice			
yes	Caregiver knowledge of IECMH	1	5
yes	Caregiver awareness of services	0	0
yes	Caregiver buy-in to services	5	9
no	Family support – general	1	2
IECMH systems issues that may impact how DC:0-5™ training is put into practice			
yes	Need for additional training on treatment	0	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	0	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)	0	3
yes	Workforce issues (e.g., challenges with recruiting/retaining staff, low pay)	0	2
no	General awareness of IECMH (e.g., community/society level)	0	4
no	General reference to “systems” (as a challenge)	0	3
no	Need for more research/evidence to validate diagnoses	0	4
Additional challenges noted around how DC:0-5™ training is put into practice			
no	Complexity of diagnosis, obtaining/organizing all needed information	2	15
no	Access to multiple caregivers in a household	0	2
no	Feeling confident and competent in assessment/diagnosis	2	23
no	Cultural concerns/biases	1	7
no	Lack of clarity around limitations to diagnosis of particular disorders (e.g., neurodevelopmental)	0	0

*Included in the IECMH Statewide Tour qualitative coding scheme.

Appendix F: DC:0-5™ Implementation Follow-Up Survey Results

Question	SFY25				SFY26			
	n	Range	Mean	Standard Deviation	n	Range	Mean	Standard Deviation
Training Impact – Skills & Practice								
The knowledge/skills and information I gained during the DC: 0-5 Clinical training have helped me improve:								
The accuracy of my mental health assessment and diagnosis.	--	--	--	--	53	1 - 5	4.25	0.83
Family engagement during the assessment process.	--	--	--	--	52	1 - 5	4.06	0.78
My overall practice with children birth to five and their families.	43	2 - 5	4.33	0.78	53	1 - 5	3.93	0.89
To what extent do you feel the DC:0-5™ is culturally relevant for the children and families you serve?	--	--	--	--	54	1 - 5	3.74	0.96
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?	43	1 - 5	3.00	0.91	57	1 - 5	3.28	1.06
How confident do you feel in using the DSM as a tool for assessing and diagnosing mental health conditions (for older children/adults)?	--	--	--	--	56	1-5	3.43	1.22
How confident do you feel in using the following components of the DC:0-5™ diagnostic process?								
Cultural Formulation	44	1 - 5	3.13	0.99	57	1 - 5	3.02	0.97
Axis V – Developmental Competencies	42	1 - 5	3.30	.87	57	1 - 5	3.28	1.03
Axis IV – Psychosocial Stressors	44	1 - 5	3.44	.93	57	1 - 5	3.53	1.12
Axis III – Physical Conditions	43	1 - 4	3.14	.87	57	1 - 5	3.19	1.04
Axis II – Relational Context	43	1 - 5	3.23	.88	56	1 - 5	3.30	1.13
Axis I – Clinical Disorders	44	2 - 5	3.20	.89	56	1 - 5	3.39	1.09

Note. The impact question was rated on a 1-5 Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree).

Confidence questions were rated on a 1-5 Likert scale (1 = not at all confident, 2 = slightly confident, 3 = moderately confident, 4 = very confident, and 5 = completely confident).

The SFY26 Implementation Follow Up Survey was revised to include 4 questions that were not included in the SFY25 Implementation Follow Up Survey.

Appendix G: DC:0-5™ Overview Training Evaluation

Feedback Surveys, March 2022 – June 2026

Data includes information from intensive, brief, and enhanced Overview Trainings conducted from March 2022 through June 2026. Data from 2025 and 2026 were combined for analysis.

	SFY25 & 26				Total: SFY22-26			
Question	n	Range	Mean	Standard Deviation	n	Range	Mean	Standard Deviation
Training effectiveness								
This training effectively addressed issues of diversity, equity, and intersectional identity in the assessment and diagnosis process.	15	3 - 5	4.13	0.74	108	2 - 5	4.31	0.72
Training impact – Knowledge								
This training helped me better understand...								
That young children can experience mental health challenges	15	3 - 5	4.47	0.64	107	2 - 5	4.44	0.69
The importance of developmentally appropriate assessment for young children	15	4 - 5	4.67	0.49	107	2 - 5	4.56	0.66
The importance of family and community culture in children's development	15	4 - 5	4.67	0.49	107	2 - 5	4.50	0.76
The importance of caregiving relationships and environments in children's development	15	4 - 5	4.60	0.51	107	2 - 5	4.52	0.71
Training impact – Skills and practice								
This training helped me feel better prepared to...								
Apply what I learned today within my role	15	3 - 5	4.07	0.59	107	2 - 5	4.18	0.71
Support the diverse and intersectional needs of families in my community	15	3 - 5	4.27	0.59	106	2 - 5	4.22	0.76
Advocate for the importance of developmentally appropriate assessment tools and processes in the behavioral health system	15	4 - 5	4.73	0.46	107	2 - 5	4.54	0.63
Refer young children and families for mental health assessment.	15	3 - 5	4.40	0.74	107	3 - 5	4.26	0.68
Support young children and families going through the assessment and diagnosis process.	15	3 - 5	4.27	0.70	106	3 - 5	4.31	0.65

Appendix H: IECMH Clinical and Community Workshops, March 2022 – June 2026

Date	Training	Audience	Registered	Attended	% Attended	% Evaluations
12/5/2022	Understanding Infant State, Regulation, Behavior and Cues	Clinical	38	29	76%	n/a
12/7/2022	An Overview of Attachment and Adaptation in Parent-Child Relationships	Community	112	69	62%	n/a
12/14/2022	Baby Cues	Community	148	94	64%	n/a
1/9/2023	Reframing Challenging Behavior	Clinical	94	69	73%	n/a
4/17/2023	Relationship Specificity	Clinical	25	17	68%	n/a
4/18/2023	An Overview of Attachment and Adaptation in Parent-Child Relationships	Community	58	31	53%	n/a
4/20/2023	Latine/x Children and Families: Cultura Y Familia	Community	26	18	69%	n/a
5/18/2023	Baby Cues	Community	34	26	76%	n/a
5/24/2023	Reframing Challenging Behavior	Clinical	26	14	54%	n/a
6/1/2023	Relationship Specificity	Clinical	34	19	56%	n/a
6/8-6/10, 2023	Parent-Child Interaction (PCI) Feeding Scale	Clinical	15	11	73%	n/a
6/12/2023	Thinking Together in the Face of Fear	Community	26	15	58%	n/a
6/15/2023	Operation Baby Steps	Community	24	19	79%	n/a
6/21/2023	Understanding Social-Emotional Development Through the DIR Model	Community	19	15	79%	n/a
6/27/2023	Development is a Journey: A Conversation Roadmap for Talking with Families	Community	25	25	100%	n/a
6/28/2023	Understanding Social-Emotional Development Through the DIR Model	Community	24	14	58%	n/a
6/30/2023	Cultural Formulation	Clinical	19	10	53%	n/a
Total SFY23			747	495	66%	n/a
9/20/2023	Development is a Journey: A Conversation Roadmap for Talking with Families	Community	54	54	100%	n/a
12/1/2023	Culturally Sensitive Mental Health Assessment Part 1	Clinical	36	24	67%	38%
12/8/2023	Culturally Sensitive Mental Health Assessment Part 2	Clinical	42	28	67%	0%
12/15/2023	Culturally Sensitive Mental Health Assessment Part 3	Clinical	44	16	36%	6%

Date	Training	Audience	Registered	Attended	% Attended	% Evaluations
6/6-6/10, 2024	Parent-Child Interaction (PCI) Teaching Scale	Clinical	7	7	100%	0%
6/26/2024	Including the Family in Mental Health Assessments for Young Children	Clinical	32	19	59%	21%
Total SFY24			215	148	67%	13%
11/18/2024	Brief Early Relational Assessment (B-ERA)	Clinical	25	21	84%	24%
5/6/2025	Culturally Responsive Mental Health Assessment for Supervisors	Clinical	25	17	68%	12%
5/22/2025	Culturally Responsive Mental Health Assessment	Clinical	28	21	75%	33%
Total SFY25			78	59	76%	23%
2/2-2/5, 2026	Infant and Early Childhood Assessments	Clinical	22	20	91%	40%
4/20/2026	Relationship Specificity in Infancy and Early Childhood	Clinical	30	23	77%	61%
6/11/2026	Introduction to ASQ and ASQ-SE	Clinical	17	14	82%	36%
6/29/2026	Assessment IS Care: Building Rapport from the Start	Clinical	10	8	80%	75%
Total SFY26			79	65	83%	53%
Total SFY22-26			1,119	767	69%	26%

*CERH began collecting clinical workshop evaluations in SFY2024