


Infant-Early Childhood Mental Health Statewide Tour Report - *Executive Summary*

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Infant-Early Childhood Mental Health (IECMH) is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture (Cohen & Andujar, 2022).

In alignment with its mission, HCA has increased its efforts to provide evidence-based, effective, and integrated care to infants, young children, and their caregivers through the development of new policies and resources to support **infant-early childhood mental health (IECMH)** implementation across Washington state. In response to requests for support and guidance from providers and agencies, HCA's IECMH team conducted a statewide tour to understand barriers and potential solutions to improving access to quality IECMH services.



IECMH principles, values, and practices grounded the approach to the design, planning, and implementation of this project, which resulted in:


- **10 listening sessions**
- **Across all regions**
- **With 96 providers**
- **From 53 organizations**

Participants shared they were hopeful that the feedback they shared through the event would have **positive impacts on policy and practice**. Providers also shared that the event:


- **Strengthened their connections with other providers.**
- **Helped them learn more about IECMH.**
- **Encouraged them to build their organization's ability to serve young children.**

Key Findings

Through the listening sessions, providers elevated seven core themes. Within these core themes, providers shared both best practices and challenges, many of which are supported by the broader literature and evidence base. These were used to inform the development of **HCA's IECMH priorities** and next steps HCA is committed to taking. The most frequently shared are included on the following pages.

 Health equity is a core value of HCA. Across themes, providers noted opportunities to center equity in IECMH work.

IECMH Statewide Tour Key Themes



Best practices	Challenges
<ul style="list-style-type: none">• IECMH specialty training.• Additional IECMH professional development supports. <p><i>[Our] IECMH team...has the lowest turnover in the agency & highest team satisfaction.</i></p>	<ul style="list-style-type: none">• Recruiting qualified IECMH providers.• Need for more IECMH training.• Need for more professional development supports. <p><i>I think that we as clinicians should be offered more training in this age group because I know for me, I would love to work more with the B-5 age group.</i></p>

Mental Health Assessment for Young Children

Best practices

- Multi-session assessments DC:0-5.
- Developmentally appropriate screening and assessment tools.
- Observation in the assessment process.

We really appreciate the five sessions, because now we're able to meet with the birth and the foster parent, and visit the childcare center, seeing every caregiving relationship.

Challenges

- Barriers to accessing screening & assessment tools.
- Adapting assessment procedures.
- Adapting electronic health records.

We do not have a specific DC-0-5 assessment; we use a standard biopsychosocial that is used agency-wide. Many questions do not apply, and many developmental questions are missing.

Mental Health Treatment for Young Children

Best practices

- Developmentally appropriate evidence-based practices.
- Dyadic approaches to treatment.

We did lots of training ... We shifted to providing dyadic therapy, centering the relationship, and doing intensive assessment with caregivers, diving into their childhood. We're seeing fruits of it and why it makes a difference.

Challenges

- Need for training on IECMH treatment models.
- Barriers to developmentally appropriate spaces.

I get really nervous doing treatment for kids that are young, especially if they can't talk to me and tell me their feelings. I need to know how to have conversations with parents in a better way.

Services in Home and Community Settings

Best practices

- Offering services in-home and community settings.

In the natural environment, you catch natural moments as they are occurring. You are doing life alongside and making it therapeutic. It feels less like another task or a burden.

Challenges

- Time and costs when offering services in-home and community.
- Challenges with MHAYC reimbursement process.

It is evidence-based that home visiting has a huge benefit. Yet going to homes is time consuming, expensive, and it is higher risk work for providers; thus, requiring additional training for staff, safety protocols, and screening. It's all at odds.

Caregiver Engagement

Best practices

- Relationship-based and family-centered approaches.

There is no conversation where the caregiver is excluded. They are treated as a primary part of the relationship. When parents feel that way, when they feel seen and heard, they want to engage.

Challenges

- Caregiver awareness of and buy-in to services.
- Addressing family stressors and logistical barriers that prevent engagement in services.

It can be a struggle for parents to have time and resources to participate, to not be struggling so much themselves so that they can be available.

**Allied
Professional
Collaboration**

Best practices

- Co-located services and shared referrals.

In our program, mental health services has a team approach - we work in direct collaboration with the child's other providers...it leads to cross learning, thought partnership, and a shared commitment to whole child well-being...and this program has the lowest turnover.

Challenges

- Need for shared knowledge, awareness, and language regarding IECMH.
- Earlier identification of IECMH concerns by allied providers.

We can serve 0-5, but other systems like child welfare and the schools don't see infants or young children as having behavioral health needs.

**IECMH
Finance**

Best practices

- Support from billing and administrative staff.
- IECMH-specific payment models.

Our IECMH team has different productivity standards due to the complexities of the services, like setting up room/toys, and increased drive time compared to the rest of the agency.

Challenges

- Difficulty understanding Apple Health billing.
- Working with managed care organizations (MCOs).
- Added costs for developmentally appropriate care.

I believe if it was more financially sustainable, there'd be more urgency to offer these B-5 services.



Taking Action

Everyone has a role to play in building a stronger IECMH system for Washington state. The report outlines concrete steps that [mental health providers](#), [allied providers](#), [agency administrators](#), and [state policy & system partners](#) can take to support best practices and address challenges, as well as [HCA's priorities and next steps](#) for continued IECMH work.

Want to learn more? [Read the full report!](#)