

Behavioral Health Agencies Serving Infants, Toddlers, and Preschoolers in Washington State:

Results from the 2022 Behavioral Health Provider Survey

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Executive Summary

Approximately 1 in 6 young children has a diagnosable mental health disorder, which can be effectively addressed with infant-early childhood mental health (IECMH) treatment services. While the field of infant-early childhood mental health treatment is relatively new, there has been substantial support for its development in Washington in recent years.

The Behavioral Health Provider Survey (BHPS) is a survey of community behavioral health agencies in Washington state, which represent a core component of the publicly funded behavioral health system. While the 2022 survey was not completed by all behavioral health agencies, the results provide an important window into the current state of IECMH services in Washington. Key findings include:



29% of behavioral health agencies who completed the survey reported that they serve children younger than five, while only **8%** reported serving children younger than three.



These agencies are spread across the state but are concentrated in populated areas.



75% of these agencies reported that they require or recommend the use of the DC:0-5.



46% of these agencies reported that they provide dyadic treatment services.



53% of these agencies reported that they do *not* experience barriers to Apple Health (Medicaid) reimbursement.

The findings from this survey help provide information about the impact of recent investments in IECMH and may also help inform future work to further expand the field.

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Background

Infant-Early Childhood Mental Health

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 in the context of family, community, and culture” (Cohen & Andujar, 2022).

Like youth and adults, young children’s mental health exists on a spectrum. Young children can experience emotional, behavioral, and relational challenges, some of which may rise to the level of a diagnosable mental health disorder. Epidemiological studies suggest that the prevalence of mental health disorders in young children is approximately 1 in 6, comparable to the rate in school-age children (Cree et al., 2018). This prevalence may be even higher for children in low-income families or those involved in the child welfare system (Pennap et al., 2018).

However, mental health disorders in young children, if properly identified, can be effectively treated with infant-early childhood mental health (IECMH) services, which are designed to alleviate the distress and suffering of a young child’s mental health problem and support the return to healthy development and behavior. IECMH treatment services offer a strong return on investment, as every dollar spent on these services can yield \$8.00-\$15.00 in savings per child (Oppenheim & Bartlett, 2022).

The field of infant-early childhood mental health is relatively new, and the capacity to screen, refer, assess, and treat mental health disorders in young children is often limited. In 2012, a report based on interviews with ten different states, including Washington, found that states faced significant issues in serving young children with mental health conditions, including insufficient numbers of adequately trained mental health specialists (Cohen et al., 2012). Almost a decade later, a series of briefs informed by the input of communities, providers, and parents/caregivers in Washington state, found that “Washington, like many other states in the country, simply does not have enough qualified IECMH providers” (Perigee Fund, 2021). With these barriers to access, it may be no surprise that both national and Washington-specific data suggest that young children are less likely than older children and youth to receive needed mental health care (Ghandour et al., 2020; see HCA’s report on **Access to Behavioral Health Services for Children and Youth** under 2022 Legislative Reports).

In response to these challenges, there has been tremendous recent investment in the field of IECMH in Washington state, particularly regarding IECMH treatment services for children enrolled in Apple Health (Medicaid). Understanding how IECMH services are delivered, particularly within the community behavioral health agency system (see section below) is key to bolstering supports for Washington’s youngest citizens and their families.

Community Behavioral Health Agencies

The United States has numerous mental health systems, agencies, and providers. A mix of primary care providers and private practice therapists delivers most of the mental health care to people with non-severe mental disorders. However, since the de-institutionalization movement beginning in 1963, community behavioral health agencies (BHAs) have come to focus on care for individuals with the most severe and disabling mental illnesses, as well as those with Medicaid or Medicare coverage, or those who are uninsured (Drake & Latimer, 2012). BHAs represent a safety net for the most vulnerable, and as such, are critical resources for community wellness.

However, even though BHAs often serve the most vulnerable populations, they may face unique challenges not experienced in other care settings, such as higher caseloads of more complex clients, increased documentation requirements, lower wages, and a more complex and stratified workforce system ranging from psychiatrists to non-degreed workers and para-professionals (Alegria et al., 2022). In addition, because BHAs respond to the full range of psychosocial needs, their services may vary significantly from site to site (Hamm et al., 2020), and they may have more dedicated resources for services for adults than for children and youth (Bruns et al., 2015). Because of the importance of BHAs in the behavioral health ecosystem, the unique challenges they face, and the variability they may experience in providing services for children, understanding how BHAs in Washington provide services to infants, toddlers, and preschoolers is critical.

The Behavioral Health Provider Survey (BHPS)

The Social & Economic Sciences Research Center (SESRC) worked collaboratively with the Division of Behavioral Health and Recovery (DBHR) of the Washington State Health Care Authority (HCA) to conduct the 2021/2022 Behavioral Health Provider Survey (BHPS). The survey aims to collect current information from licensed behavioral health agencies regarding services, quality improvement efforts, and clinical staff to help DBHR identify opportunities for improving the quality of behavioral health treatment services in Washington State, meet federal and state reporting requirements, and inform policy at the provider and state level.

The Washington State Department of Health (DOH) performs the function of licensing behavioral health treatment agencies in Washington State. The behavioral health agency data for the survey, including agency mailing addresses and other information, were sourced from the Integrated Licensing and Regulatory System (ILRS) managed by the DOH. To be eligible to participate in the survey, an agency must: (1) provide mental health (MH) and/or substance use disorder (SUD) treatment service; (2) have an active state license from the DOH; (3) be publicly funded; and (4) be community-based. SUD treatment programs administered by the Department of Corrections (DOC) and the Juvenile Rehabilitation Administration (JRA) were not included.

A dataset consisting of pertinent behavioral health agency information was generated from the ILRS on May 12, 2021. The determination of public funding status was made using archival data¹ and data on behavioral health agencies that report to ProviderOne, the state Medicaid billing and payment system. An initial roster of 754 agencies met the eligibility criteria and comprises, for the survey, the population of known DOH-licensed, publicly funded, community-based behavioral health treatment agencies in Washington State as of May 2021. The population consists of agencies with single site and multiple sites. For the purpose of the survey, each site is considered a distinct entity.

The web survey ran from December 2021 through April 2022. The population size of 754 was reduced to 662, due to agency consolidation, closures, and new information obtained regarding eligibility status while the survey was underway. There were 231 agencies that completed the survey, **yielding a response rate of approximately 35%.**

Infant-Early Childhood Mental Health (IECMH) Questions

The survey includes questions aimed at understanding how agencies are providing infant-early childhood mental health services. These questions were developed by DBHR staff, in partnership with other agencies such as the Department of Children, Youth, and Families (DCYF).

Agencies were asked whether they:

- serve children infants and toddlers (birth – 2 years old) and/or preschoolers (3 -5 years old)
- provide dyadic family treatment mental health services
- provide infant-early childhood mental health consultation and/or home visiting

Agencies who reported serving infants and toddlers were asked whether they:

- were accepting new infant/toddler clients in the past 12 months
- require or recommend the use of the DC:0-5™
- experienced any challenges in billing for Medicaid (Apple Health)

¹ The archival data came from the Agency Licensing and Certification System that was managed by DBHR when it had the function of licensing behavioral health agencies and certifying services they offered. The licensing function was transferred to DOH when DBHR was merged with HCA in 2018.

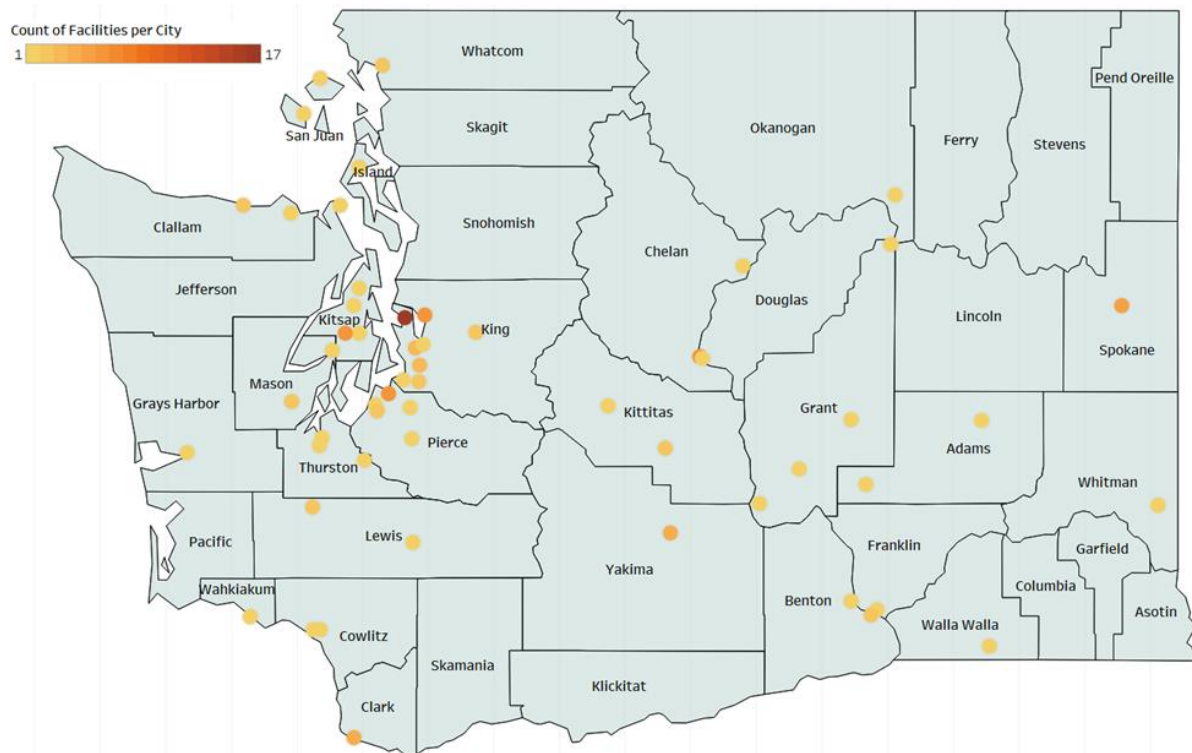
Results

Agencies serving infants, toddlers, and preschoolers

Behavioral health agencies in Washington may vary in capacity to serve different populations across the lifespan. All behavioral health agencies who responded to the Behavioral Health Provider Survey were asked: *In terms of age, which of these client populations do you serve?* Of the 231 agencies, 65 agencies (29%) reported serving preschoolers (3-5 years), while 19 agencies (8%) reported serving infants and toddlers (birth – 2 years). All agencies who reported serving infants and toddlers reported that they served preschoolers as well.

Q5: In terms of age, which of these client populations do you serve at this facility? (n=226)	# of agencies	% of agencies
Adults (18 years old and over)	206	91%
Youth (13-17 years old)	126	56%
School-age children (6-14 years old)	96	43%
Preschoolers (3-5 years old)	65	29%
Infants/Toddlers (birth – 2 years old)	19	8%

The following map displays the geographic distribution (i.e., location) of the agencies² who reported serving infants, toddlers, and preschoolers³. A table of these agencies and their location by region, county, and city is also available in [Appendix A](#).



² Agencies that had multiple sites were given the option of consolidating their sites into a single survey response. Among the 65 agencies who reported that they served infants, toddlers, and/or preschoolers, 55 responded to the survey as single-site agencies, and eight agencies were multi-site agencies who rolled their respective sites into a single survey response. To show the geographical distribution of all sites, the eight multi-site agencies were disaggregated into 59 individual sites. The combination of the 55 single-site agencies and 59 disaggregated sites yielded a total number of 114 sites shown on the map.

³ As noted previously, the 2022 Behavioral Health Provider Survey (BHPS) had a 35% response rate, and therefore, the following map does not show all the agencies that could be serving young children in Washington state. It only includes those who responded to the survey and reported that they served young children.

Agencies actively accepting new infant-toddler clients

Even if agencies have the intention to serve clients from specific age groups, staff turnover, high caseloads, and other factors may prevent them from actively accepting new clients during specific time periods. Agencies who reported serving infants and toddlers were asked: *Was this facility actively accepting new infant/toddler clients in the last 12 months?*⁴ Of the 19 agencies who served infants and toddlers, 17 agencies (90%) were accepting new infant-toddler clients in the last 12 months.

Q13d: Was this facility actively accepting new infant/toddler clients in the last 12 months?	# of agencies	% of agencies
Yes	17	90%
No	1	5%
Don't Know	1	5%
Total	19	100%

Agency policies on the use of the DC:0-5™

The DC:0-5™ (Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood) is the internationally accepted system for developmentally appropriate assessment of young children's mental health, as it uses developmentally specific diagnostic criteria and includes mental health disorders diagnosed in infancy and early childhood. It is recommended as a best practice by both the Centers for Medicare and Medicaid, or CMS, (Tsai, 2022) and the Substance Abuse and Mental Health Services Administration (SAMHSA, 2022). Agencies completing the Behavioral Health Provider Survey were provided with this [background information about the DC:0-5™](#) alongside this question.

Agencies who reported serving infants and toddlers were asked: *For the diagnostic assessment of children birth through age five, does your agency offer any guidance on using the DC:0-5™?*⁵ Of the 19 agencies serving infants and toddlers, seven agencies (37%) currently recommend the use of the DC:0-5™ for children younger than six, while another seven require it (37%); in total, approximately 75% of agencies who reported serving infants and toddlers require or recommend the use of the DC:0-5™.

13e. For the diagnostic assessment of children birth through age five, does your agency offer any guidance on using the DC:0-5™? (n=19)	# of agencies	% of agencies
No, we do not offer any specific guidance on using the DC:0-5™	4	21%
Yes, we recommend that clinicians use the DC:0-5 for the diagnostic assessment of children birth through age five	7	37%
Yes, we require that clinicians use the DC:0-5™ for the diagnostic assessment of children birth through age five	7	37%
Don't know	1	5%
Total	19	100%

⁴ The percentage of agencies actively accepting new preschooler clients was not available from the 2022 survey, but this information will be available from the 2023 survey.

⁵ Although the use of the DC:0-5™ is a best practice for infants, toddlers, and preschoolers, the 2022 survey only included a question about use of the DC:0-5™ for agencies who reported serving infants and toddlers. Agencies who serve preschoolers will have the option to respond to this question in the 2023 survey.

Agency use of dyadic treatment for young children

Dyadic treatment is designed to alleviate the distress of the young child’s mental health problems (and support the return to healthy development and behavior), specifically by enhancing the quality of the caregiver-child relationship. Dyadic treatment is considered an evidence-based practice for infant-early childhood mental health, as certain models, such as Child-Parent Psychotherapy (CPP), Attachment & Biobehavioral Catch-up (ABC), and Promoting First Relationships (PFR), have demonstrated improved outcomes for both children and their caregivers through rigorous research studies (Shafi et al., 2019; see the [2021 Reporting Guide for Research and Evidence-based Practices in Children’s Mental Health](#) from the Evidence-Based Practice Institute).

Agencies who reported that they provide mental health treatment services were asked: *What mental health treatment services are provided at this facility?* One of the options for types of mental health services that could be provided was *dyadic treatment (parental caregiver with infant, toddler, or preschooler)*. Of the 64 agencies who reported serving infants, toddlers, and preschoolers, 29 agencies (45%) reported that they provide dyadic treatment services.⁶

Q7D: Mental health treatment services provided at this facility:		
Dyadic treatment (parental caregiver with infant, toddler, or preschooler)	# of agencies	% of agencies
Yes	29	45%
No	35	55%
Total	64	100%

Barriers to Medicaid reimbursement for IECMH treatment services

Previous reports on IECMH systems both nationally (Cohen et al., 2012) and in Washington state (Oxford & Lecheile, 2022; Perigee Fund, 2021) have found that IECMH treatment providers face challenges in billing for their services. Agencies who reported serving infants and toddlers⁷ were asked: *Have you experienced barriers to accessing Medicaid reimbursement for IECMH assessment, diagnosis, and treatment?* Of the 19 agencies who reported serving infants and toddlers, 4 agencies (20%) said that they have experienced barriers; the majority reported that they had not experienced barriers or did not know.

Q13g: Have you experienced barriers to accessing Medicaid reimbursement for IECMH assessment, diagnosis, and treatment?		
	# of agencies	% of agencies
Yes	4	21%
No	10	53%
Don’t Know	5	26%
Total	19	100%

⁶ One agency out of the 65 agencies serving infants, toddlers, and preschoolers skipped this question.

⁷ The percentage of agencies who serve preschoolers and experience barriers to Medicaid reimbursement for IECMH services was not available from the 2022 survey, but this information will be available from the 2023 survey.

Agencies providing infant-early childhood mental health promotion services

While many of the survey questions focused on questions related to mental health treatment, there were a few questions about mental health promotion. Within the field of infant-early childhood mental health, promotion and prevention services are designed to maintain the social and emotional well-being of all children, identify risk factors, and, for children and families for whom risks have been identified, recognize opportunities to enhance child/caregiver dynamics (Cohen & Andujar, 2022).

Agencies who reported that they provide mental health promotion services were asked: *What mental health promotion services are offered at this facility?* Two of the response choices for mental health promotion services were:

- infant-early childhood home visiting⁸
- infant-early childhood mental health consultation⁹

Of the 33 agencies who reported serving infants, toddlers, and preschoolers and offering mental health promotion services, 10 agencies (30%) offered infant-early childhood mental health consultation, and seven agencies (21%) offered infant-early childhood home visiting.

Q11aH: Mental health promotion services offered at this facility: Infant-early childhood mental health consultation	# of agencies	% of agencies
Yes	10	30%
No	23	70%
Total	33	100%

Q11aI: Mental health promotion services offered at this facility: Infant-early childhood home visiting	# of agencies	% of agencies
Yes	7	21%
No	26	79%
Total	33	100%

⁸ Infant-early childhood home visiting is a service delivery strategy that matches expectant parents and caregivers of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist—who guides them through the early stages of raising a family. Home visiting views child and family development from a holistic perspective that encompasses child health and well-being, child development and school readiness, positive parent-child relationships, parent health and well-being, family economic self-sufficiency, and family functioning. For more information, please visit the [National Home Visiting Resource Center](#).

⁹ Infant-early childhood mental health consultation is a prevention-based model that pairs a mental health consultant with adults who work with infants and young children in the different settings. Through a relationship-based approach, consultants help to build the adults' capacity to strengthen the healthy social and emotional development of children. For more information, please visit the [National Center of Excellence for Infant Early Childhood Mental Health Consultation](#).

Discussion

Infant-early childhood mental health (IECMH) is an emerging field of practice within the Washington state behavioral health care system. Understanding how community behavioral health agencies, the backbone of the publicly funded behavioral health network, are serving infants, toddlers, preschoolers is critical to ensuring families receive high quality supports from the very start. Data from the 2022 Behavioral Health Provider Survey (BHPS), a survey completed by approximately 35% of all publicly funded behavioral health agencies in Washington state, provides several key data points regarding the state of IECMH services in Washington.

IECMH provider availability

Like many states, behavioral health agencies in Washington have a limited capacity to provide mental health services to young children. While nearly all agencies completing the survey reported that they served adults, less than a third reported that they served children younger than age five, and less than 10% reported serving children younger than three. While comparable data is limited, a survey of mental health providers in New York City found that a similar proportion of clinics served young children¹⁰, which prompted the creation of an extensive [professional development initiative](#) dedicated to bolstering this workforce in New York (Kadik et al., 2020).

While the data from this survey is not representative of all behavioral health agencies in Washington who might serve young children, agencies who did respond were located in the majority of Washington counties, although urban compared to rural counties were more likely to have multiple agencies serving this population. Data from the National Survey of Children's Health suggests that young children living in rural areas are more likely to suffer from mental health conditions, and these children are also more likely to face additional family challenges, such as poor parent mental health and financial difficulties (Robinson et al., 2017). Given the widespread shortage of children's behavioral health providers in rural areas (Kelleher & Gardner, 2018), expanding this workforce will be critical to ensuring that young children and their families have equitable access to the care they need.

Lastly, of those agencies serving children younger than three, 90% reported that they were accepting new infant-toddler clients in the past year. Given the recent reports of long waitlists for care at many behavioral health agencies (Seattle Children's Hospital, 2022; JLARC, 2022; Perigee Fund, 2021), this suggests availability among those who do serve this population, which is a bright spot for access to care.

Developmentally appropriate diagnosis and assessment

Among agencies serving infants and toddlers, approximately 75% either recommend or require the use of the DC:0-5™ for the diagnosis of young children, which is considered a best practice for infant-early childhood mental health. Through implementation of policies created in 2021 regarding [mental health assessment for young children](#), the Health Care Authority has invested in resources to support utilization of the DC:0-5 among Apple Health (Medicaid) providers, including by providing [free DC:0-5 manuals and training](#), developing [the Apple Health Community-Informed DC:0-5 crosswalk](#), and aligning [reimbursement policies and billing guidance](#). The 2023 Behavioral Health Provider Survey will ask about use of the DC:0-5 for all agencies who serve infants, toddlers, and preschoolers, and tracking the results from this question over time may help to better understand how policies that support developmentally appropriate services translate into practice.

Developmentally appropriate treatment for young children and their caregivers

Among agencies who serve children younger than five, about half reported that they provide dyadic treatment, which is considered an evidence-based best practice for infant-early childhood mental health. [Quarterly reports](#) from the [Evidence-Based Practice Institute](#) (EBPI) at the Co-lab for Community and Behavioral Health Policy, which track the use of certain evidence-based practices by behavioral health agencies serving children and youth enrolled in Apple Health (Medicaid), also suggest the use of dyadic treatment models may be limited.

¹⁰ The survey conducted in New York City (which had a 98% response rate) was of clinics that served children and adolescents; it found that approximately half of those clinics served children birth to age five. When looking only at the behavioral health agencies in Washington who reported that they served children (birth to age 14), roughly 30% served children birth to age five and 67% served children ages three to five.

However, resources provided by the EBPI, such as the recent webinar on [Family-based Interventions for Infant Mental Health](#), may encourage the use of these models when serving young children and families. The 2023 Behavioral Health Provider Survey will also include an additional question about the specific models of IECMH therapy that agencies provide, to better understand their approaches to dyadic treatment.

Barriers to Medicaid (Apple Health) reimbursement for IECMH treatment services

As noted previously, accessing reimbursement for IECMH services through Medicaid (referred to as Apple Health in Washington state) can prove a challenge. Among agencies serving infants and toddlers who responded to this survey, the majority (53%) reported that they did *not* experience barriers to Medicaid (Apple Health) reimbursement for these services. A quarter of the agencies did report experiencing challenges, and another quarter were not sure. This suggests that while a number of agencies are successfully receiving Apple Health reimbursement for IECMH services, there are still some agencies who experience barriers. In addition, those who complete the survey may not have enough information about both IECMH services and Apple Health reimbursement to fully answer the question, so these results should be interpreted with caution.

Over the past two years, HCA has focused on aligning, clarifying, and creating [Medicaid \(Apple Health\) guidance specifically for IECMH providers](#), through webpages, toolkits, office hours, webinars, and individually tailored technical assistance calls. The 2023 Behavioral Health Provider Survey will ask about barriers to Apple Health reimbursement for all agencies who serve infants, toddlers, and preschoolers; tracking the results from this question over time may help to better understand how HCA's work in this area has impacted the field.

IECMH promotion & prevention services

While many behavioral health agencies focus on the provision of clinical treatment services, some agencies may act as central hubs for behavioral health services across the continuum, including promotion and prevention services. Among the agencies responding to this survey who reported providing treatment services to children younger than five and also reported offering mental health promotion services, 21% offered infant-early childhood home visiting and 30% offered infant-early childhood mental health consultation. This suggests that at least some behavioral health agencies in Washington offer a continuum of care for young children and families.

While promotion and prevention services are often found across a variety of community settings, such as early learning centers and primary care clinics, the co-location of IECMH promotion and prevention services with IECMH treatment services at behavioral health agencies may create a more integrated experience for both families and providers ([King County Best Start for Kids, 2021](#)). Future work through the [Prenatal to Age 25 Behavioral Health Strategic Plan](#), which aims to develop system-wide strategies across education, promotion, prevention, intervention, recovery, and ongoing well-being, may further increase the availability of integrated IECMH services across the continuum of care.

Conclusion

This report marks the first time that findings from the Behavioral Health Provider Survey regarding infant-early childhood mental health (IECMH) services are being shared. The results demonstrate that there are behavioral health agencies in Washington state who provide mental health promotion, prevention, and treatment services to young children and who successfully receive Apple Health reimbursement for treatment services. Some of these agencies are also following IECMH best practices, such as using the DC:0-5 for diagnosis and assessment. However, agencies that do serve young children (especially those serving infants and toddlers) are in the minority, and they are concentrated in more densely populated areas. In addition, there is still room for growth in the implementation of IECMH best practices, particularly the use of dyadic treatment, and in the supports that are available to help providers access Apple Health reimbursement.

HCA has increased their focus on developing supports for the field of infant-early childhood mental health over the past few years, recognizing the substantial need in this area. HCA will continue using data, such as the results from this survey, to understand barriers in the field and to inform efforts to address them. To learn more about HCA's work around infant-early childhood mental health services, visit HCA's [IECMH webpage](#). To ask questions or make suggestions about this report or any other IECMH topics, please email [Kiki Fabian](#) or [Christine Cole](#).

Appendix A – Location of behavioral health agency facilities serving infants, toddlers, and/or young children

Region & County	City	Number of facilities
Great Rivers		7
Cowlitz	Kelso	1
Cowlitz	Longview	1
Wahkiakum	Cathlamet	1
Lewis	Centralia	2
Lewis	Morton	1
Grays Harbor	Aberdeen	1
Greater Columbia		13
Benton	Kennewick	2
Benton	Richland	1
Franklin	Pasco	1
Kittitas	Cle Elum	1
Kittitas	Ellensburg	2
Whitman	Pullman	1
Walla Walla	Walla Walla	1
Yakima	Yakima	4
King		35
King	Auburn	2
King	Bellevue	6
King	Federal Way	1
King	Kent	3
King	Renton	1
King	Seattle	17
King	Snoqualmie	2
King	Tukwila	3
North Central		13
Chelan	Chelan	1
Chelan	Wenatchee	6
Douglas	East Wenatchee	1
Grant	Grand Coulee	1
Grant	Mattawa	1
Grant	Moses Lake	1
Grant	Royal City	1
Okanogan	Nespelem	1

Region & County	City	Number of facilities
North Sound		5
Island	Oak Harbor	1
Whatcom	Bellingham	2
San Juan	Eastsound	1
San Juan	Friday Harbor	1
Pierce		11
Pierce	Graham	1
Pierce	Lakewood	2
Pierce	Puyallup	1
Pierce	Tacoma	6
Pierce	University Place	1
Salish		13
Clallam	Port Angeles	2
Clallam	Sequim	1
Jefferson	Port Townsend	1
Kitsap	Bremerton	6
Kitsap	Port Orchard	1
Kitsap	Poulsbo	1
Kitsap	Silverdale	1
Southwest		4
Clark	Vancouver	4
Spokane		7
Adams	Othello	1
Adams	Ritzville	1
Spokane	Spokane	5
Thurston-Mason		6
Mason	Belfair	1
Mason	Shelton	2
Thurston	Olympia	1
Thurston	Tumwater	1
Thurston	Yelm	1

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