



# Provider Spotlight: Assessments in natural settings

April 24, 2025

Washington State  
Health Care Authority

# Our time together

**Note:** Please drop questions in the chat throughout. HCA's team will respond during open floor portion.



Welcome



Background



Provider Spotlight



Open Floor

# Welcome from HCA's IECMH team

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# Getting to know one another

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## In the chat box:

- ▶ Your name
- ▶ Your role
- ▶ Your organization
- ▶ What are you hoping to get from joining today?



# HCA IECMH updates – free trainings

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## DC:0-5 Clinical

- May 21-23 | 9am – 1pm
- June 6, 13, & 20 | 9am – 1pm

## Neuro-Relational Framework for Assessments

- May 6 | 9am – 12pm  
(especially for supervisors)
- May 22 | 9am – 12pm

## DC:0-5 Overview

- May 20 | 1pm – 5pm

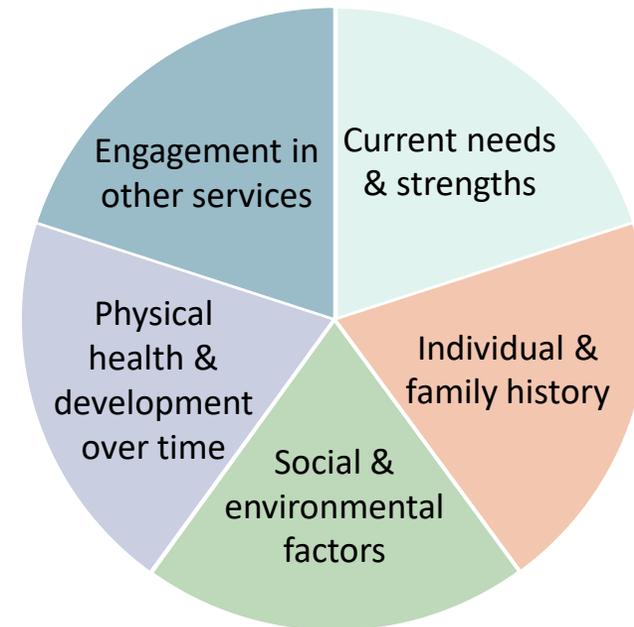
# Background

# Mental Health Assessment for Young Children (MHAYC)

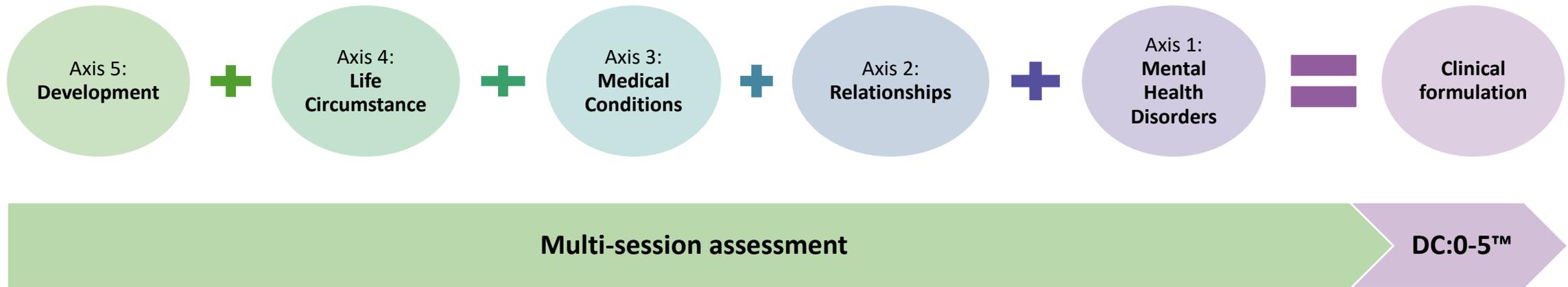
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- ▶ Mental health assessments for children birth through age 5, Apple Health will:
  - ▶ Allow reimbursement for:
    - ▶ Multi-session assessments
    - ▶ Provider travel to home and community settings
  - ▶ Require providers to:
    - ▶ Use the DC:0-5™

**Assessments include topics such as:**



# Multi-session assessment & DC:0-5™



- ▶ **Start with** understanding multiple aspects of a child's life from the family's perspective **BEFORE** diagnosing
  - ▶ It is important to understand the culture & community context of the behaviors
- ▶ **Then,** use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) to assess **emotional/behavioral symptoms**, with a **developmental lens**

# IECMH Statewide Tour

*“We need improved connection with other partners agencies who work with prenatal to five [age]. We need more days like today.”*



**By the numbers**

**10** listening sessions

**96** mental health providers

**53** organizations

**1,720** direct quotes



# What else do providers need to offer mental health assessment to young children?



**IECMH-specific assessment process**



**DC:0-5 training and application**



**Electronic health records & documentation**



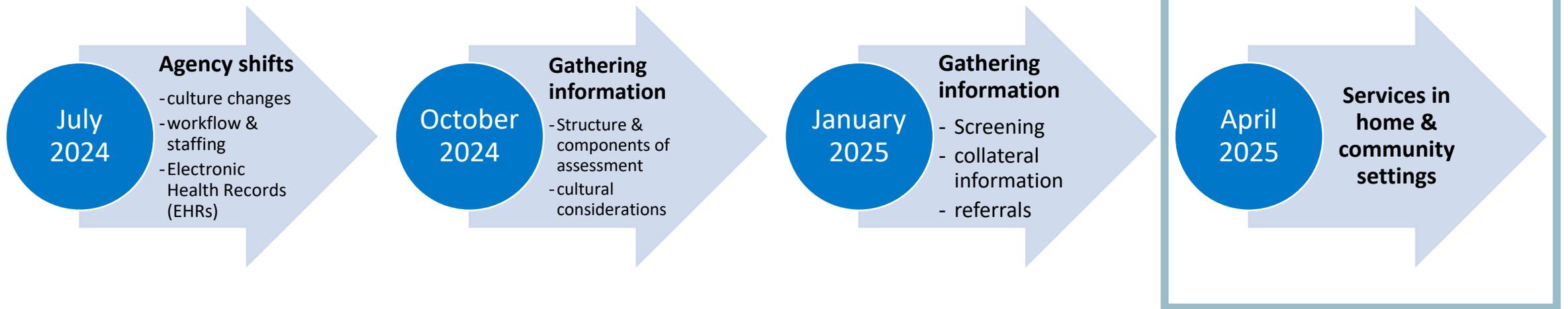
**Screening, assessment, & observation**



*“DC:0-5 training didn't always translate well into practice, particularly for highly stressed, low-income families. The cultural component particularly is challenging to translate.”*

# MHAYC Provider Spotlight Series

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Look for our upcoming series to hear from providers like you about how they are making these changes.

[Subscribe for updates](#)

# IECMH Provider Spotlight

# Meet our panelists!

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## Jillian Bates

Community-based Intensive Services Clinical Manager

Center for Human Services, Community-based Intensive Services (CBIS) team

Center for Human Services is a behavioral health agency. CBIS houses WISE and IECMH teams, and services are primarily provided in home and community settings.



## Kathryn McCormick

Administrative Clinical Supervisor and Licensed Marriage & Family Therapist (LMFT)

Tulalip Tribes Betty J. Taylor Early Learning Academy (BJTELA)

BJTELA serves about 200 children (most but not all are Tribal children), and it has on-site, integrated mental health services that.

# Why IECMH?

## Jillian

I was introduced to attachment theory early on, and the world makes so much sense now. I understand how important it is to support young kids and their caregivers. Starting early means we can make a generational impact.

## Kathryn

Our BJTELA Therapies program provides therapeutic support to all students and therapeutic services to our child clients. We work with families, teachers and children to encourage them to be emotionally, physically, spiritually, and mentally healthy.

We center Tribal experiences and voices as we integrate cultural practices and language immersion into early childhood development. Strong and supportive belonging and identity can help buffer the impacts of colonization and generational trauma. Our work is centered in decolonizing therapeutic systems and healing the relationships many of our people have with health systems.

Our aim to provide supports and resources that are non-judgmental and assist our families in healing from colonial structures. Destigmatizing emotional and spiritual responses to historical genocide is always at the center of our work.

# What does your assessment process look like?

## Jillian

- ▶ **Working with caregivers:** The first session is with the caregiver only, for paperwork and for hard questions that should be asked without the child present
  - ▶ We involve other caregivers that are part of the child's life to better understand the family and child, such as child welfare case workers, child care providers, and relatives like grandparents.
  - ▶ When we are following the CPP model, we may also spend time really getting to understand the caregiver's story and their experience of being parented themselves.
- ▶ **Observations:** Another session will include an observation of the child and caregiver interactions and emotional functioning using the Functional Emotional Assessment Scale (FEAS).
- ▶ **Flexibility:** Everything is outlined with different options, and nothing is too prescriptive, because every family is different.
- ▶ **Natural settings:** Sessions usually takes place in the family's home.

## Kathryn

- ▶ **Caregiver voice and choice:** Relationship, relationship, relationship! Everything we do centers on this. Our assessment process really begins through listening to what is shared (experiences, concerns, needs, questions) in a good way, being reflective and non-judgmental, and in centering what the caregiver notices or is worried about. Even with the first contact, we aim to be mindful of a caregiver's voice and choice. We lean into the relationship, that is the center of the work we do.
- ▶ **Intergenerational grief and loss:** We are aim to be mindful of centering the impact of colonization, intergenerational trauma, grief and loss that for generations has impacted Natives. With the idea of having a young child assessed in Indian Country, it's important to pause. The child and caregiver are both at the center of the conversation, and we need to build connection with the caregiver to help see what they see and to understand what they experience. Relationship and consent are at the center as we aim to build and support holistic child, caregiver and community health and healing.
- ▶ **Natural settings:** Sessions usually takes place at the early learning center.

# What are the benefits of seeing families in natural settings?

## Jillian

- ▶ **Increasing access:** Home-based work increases access because it reduces barriers to services for families who may not be able to come in.
- ▶ **Showing care:** By literally going to where the family lives and meeting them where they're at, we're showing that care is coming to them: we care about them and we want to come to them. Some families may not have experiences of this before.
- ▶ **Reducing stress:** Caregivers and families already under a lot of stress with daily stressors & systems barriers; home-based work is one way to take something off their plate.

## Kathryn

- ▶ **Natural connection point:** Increased access. Services and supports are provided on-site for the child, caregiver and community. The school is the 'Grand Central' for the Tribes, the connection point. Basically, everyone is here at some point.
- ▶ **Information from early learning providers:** As part of the assessment, we meet with the caregiver and early learning provider/teacher 'as needed'. We also have the Ages, Stages Questionnaire (ASQ) which is completed by the early learning provider/teacher and caregiver – at the beginning and the end of the school year.
- ▶ **Support for children, caregivers, families, teachers and staff:** Our therapists are 'on-site' to help provide support, consultations and help to access therapeutic resources for children, caregivers, families, teachers and staff.

# Do you have any strategies for working in natural settings?

## Jillian

- ▶ **Safety screens:** We conduct a home-based safety screen before the visit.
  - ▶ We ask about things like domestic violence, substance use, weapons, and bed bugs.
  - ▶ It helps us identify what needs to be addressed before we can safely enter the home. When there are safety concerns, we create a safety plan.
  - ▶ If we can't address the concerns, we can meet in a park or nearby space, or sometimes the WISE team can pick up the family to bring them to the office.
- ▶ **Doubling up:** We try to send two staff members to the home visits for multiple reasons.

## Kathryn

- ▶ **Flexibility, fluidity and natural pacing:** We aim to 'read' and be responsive to the needs of the child, caregiver, teaching staff and environment. This includes changing our structure 'as needed' to best accommodate needs in a busy and dynamic school environment and community.
- ▶ **Making use of the space:** We will move to whatever room is the best fit for who is showing up; sometimes that needs to be a bigger room for more people.
- ▶ **Work cellphones:** All members of our team have work cellphones, which allows us to communicate more easily with each other, with teachers, and with caregivers, when we are not our desks.

# Are there any challenges or other considerations to working in natural settings?

## Jillian

- ▶ **Control and discomfort:** When we are in our own clinical setting like an office, we have more control as providers. When you go into homes & the community, there's a lack of control, which can feel uncomfortable. We don't always know what we're walking into, and that's okay – we can still do dyadic work there. But that unpredictability takes some time to get use to - figuring out how to regulate and find stability in this process, so that we can show up and be present with a family.
- ▶ **Isolation and connection:** For us as a team, we are in the community a lot. That may sometimes feel isolating, especially if there is a challenging session. We do have the office to come back to and we have meetings to connect, but we are thinking about how to better connected and feel supported.

## Kathryn

- ▶ **Historical trauma:** Even though the school is a center of culture, many caregivers have experienced historical trauma with boarding schools, and they have strong feelings about what is going on being in a school setting. That is something we are always considering.
- ▶ **Privacy and confidentiality:** The school as Grand Central is helpful, but it can also be an added consideration, because caregivers may have relatives nearby. We are mindful about privacy, working in a 'fishbowl.' We are also mindful about managing both HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act).

Thank you, panelists!