



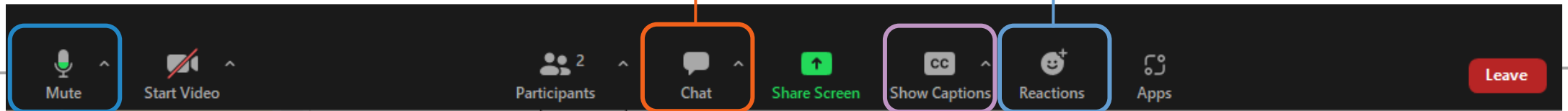
# Infant-Early Childhood Mental Health Statewide Tour Report

Community Presentation  
March 2024

# Housekeeping

Put questions or comments in the chat. If you have a technical issue, you can chat Gen directly.

Use the emojis to show your reactions 😊



Attendees are automatically muted to prevent background noise.

Enable live closed captions for yourself by clicking this button.

# Today's agenda

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## Questions & Comments

Reflective prompts have been added throughout the presentation to share your thoughts.

Please drop questions in the chat throughout. HCA's team will respond throughout the presentation as time allows.

1

Welcome and Introductions

2

Making the case for infant-early childhood mental health

3

Key findings

4

Moving ahead

# Welcome from HCA's IECMH Team



**Christine Cole, LCSW, IMH-E®**

IECMH Program Manager  
Clinical Quality Care Transformation  
Christine.Cole@hca.wa.gov

## Infant and Early Childhood Mental Health The foundation of all future development

*Everyone who touches the life of a child can promote social and emotional well-being*

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure  
**adult and peer  
relationships...**



Experience, manage  
and express a **full  
range of emotions...**



**Explore the  
environment  
and learn...**

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



**Kimberly "Kiki" Fabian, M.Ed.**

IECMH Analyst  
Behavioral Health & Recovery  
Kiki.Fabian@hca.wa.gov

# Getting to know one another

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In the chat box:

- ▶ Your name
- ▶ Your role & organization
- ▶ What do you hope to learn today?

PASSION LED US HERE



# Thank you!

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



# Why infant-early childhood mental health (IECMH)?



“

*“Mental health matters for the growth and maturity of the brain and body and for the social and emotional development of a person — now and for the whole lifetime.”*

Michigan Association for Infant Mental Health



Turn to p. 13  
to follow along

# Making the Case



## Need for IECMH services

*“We were getting referrals for B-5, and we couldn’t find a place to refer them. We would hear, ‘Oh, we don’t serve that population.’ So that moved us to thinking about how we could provide those services in-house.”*

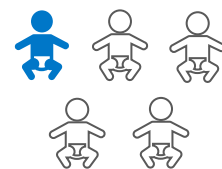
## Moving upstream

*“The kids we see at older ages, you can already spot problems started when they were 2, 3, 4, and 5 years old. We can either address it before everyone’s burned out or see them later when the problems are entrenched.”*



## Agency support

*“I’m lucky we have this perspective that IECMH is really important to us, and that really was never a question for our leadership.”*



have a mental, behavioral, or developmental disorder<sup>1</sup>

**50%**

of those in Apple Health who need mental health services receive them<sup>2</sup>



behavioral health agencies (BHAs) serve children under 6<sup>3</sup>

**8%**

serve children under the age of 3<sup>3</sup>



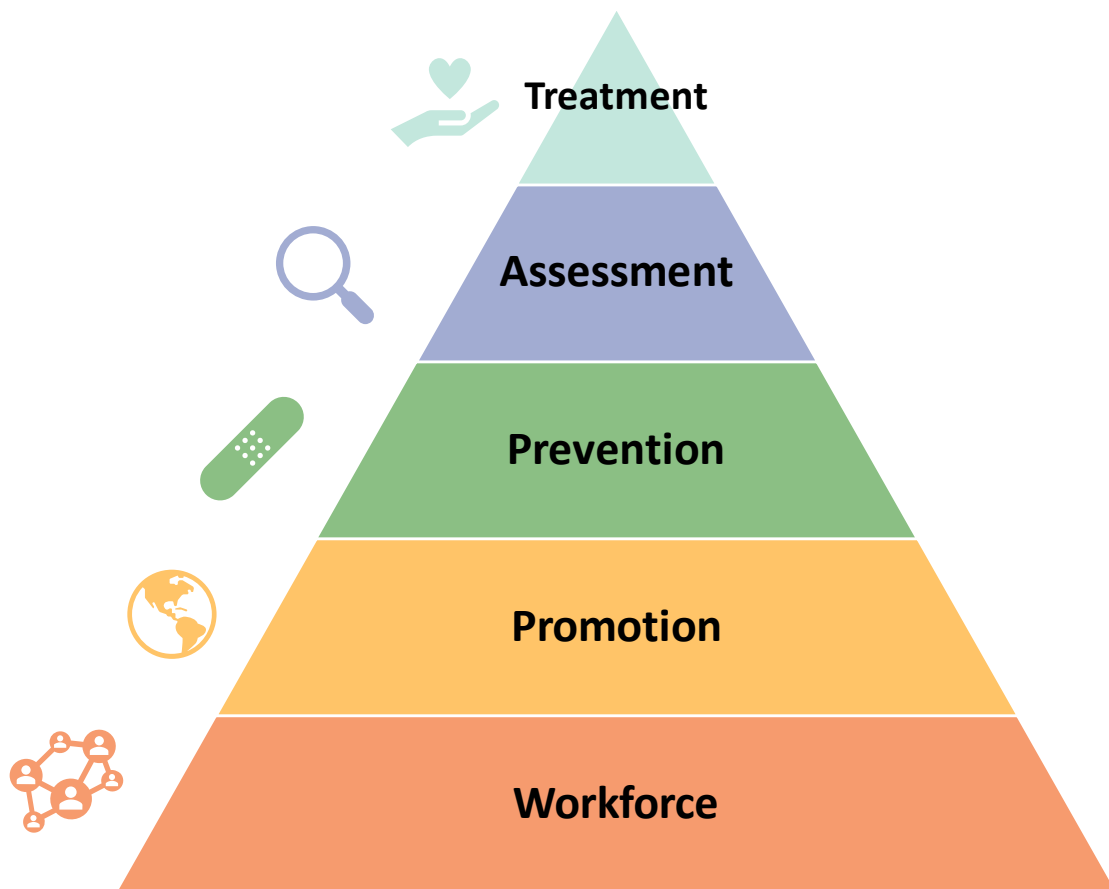
# Key Findings: 7 Core Themes

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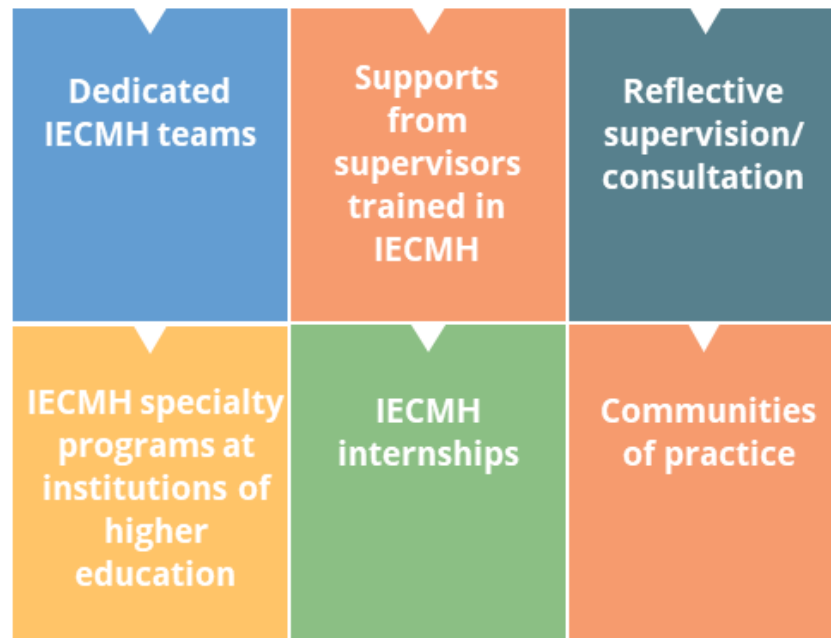
## Who is the IECMH workforce?

- ▶ Anyone who is in relationship with a young child plays a part in their mental health and well-being
- ▶ A key workforce challenge is assessing the needs across disciplines and the continuum of services
- ▶ The statewide tour focused on professionals providing mental health services to children enrolled in Apple Health (Medicaid)



# Best practices in building a strong workforce

## IECMH-specialty training and professional development supports



## Centering DEI in workforce development

*“We try to hire bilingual therapists, and we pay more for people who are bilingual and bicultural.”*

“

”

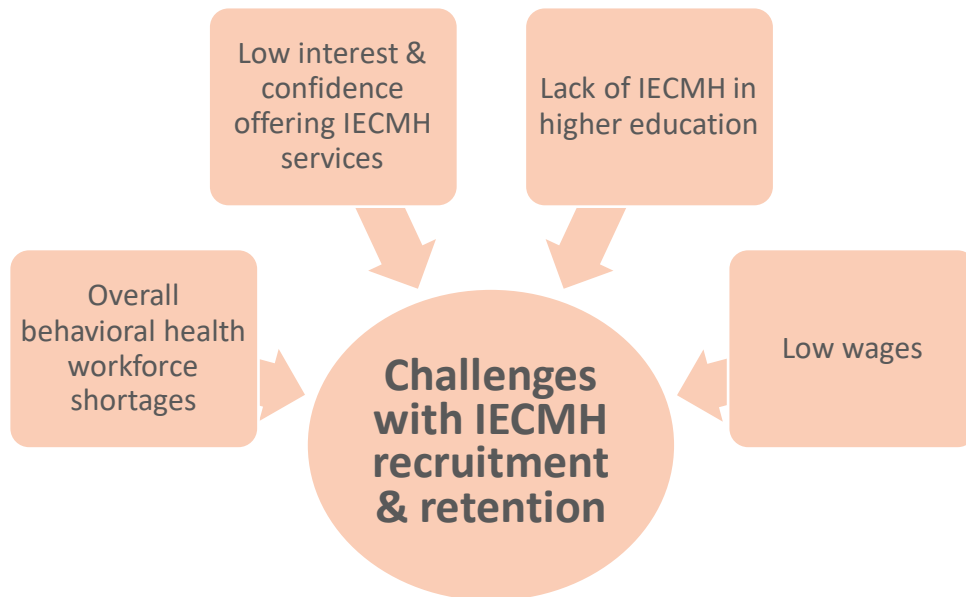
*“We are implementing more conversations and training with our staff around how cultural competency is essential, as well as how systemic oppression impacts access to services.”*



# What did we hear about the workforce?

Top  
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## Challenges with IECMH recruitment & retention



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## Need for IECMH specialty training & professional development supports

“

*“Many clinicians struggle with seeing young children as they aren’t quite sure the best course of treatment, due to lack of training.”*

A 2019 WA survey: 33% of providers saw the cost and associated expenses for training as barriers, with 7% also noting ‘release time’ (Perigee Fund, 2021d).



# Reflecting Together

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In the chat, share responses to the following:

*“As we develop our B-5 capacity, what core competencies would we want to see for staff working on B-5 teams? Which trainings would we want to prioritize for our B5 staff?”*




*“I’m a parent too, so I know there is a really strong need for these services. What would it take to get more people interested in the field?”*





Turn to p. 23  
to follow along

# Mental Health Assessment for Young Children (MHAYC)

- ▶ 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:**





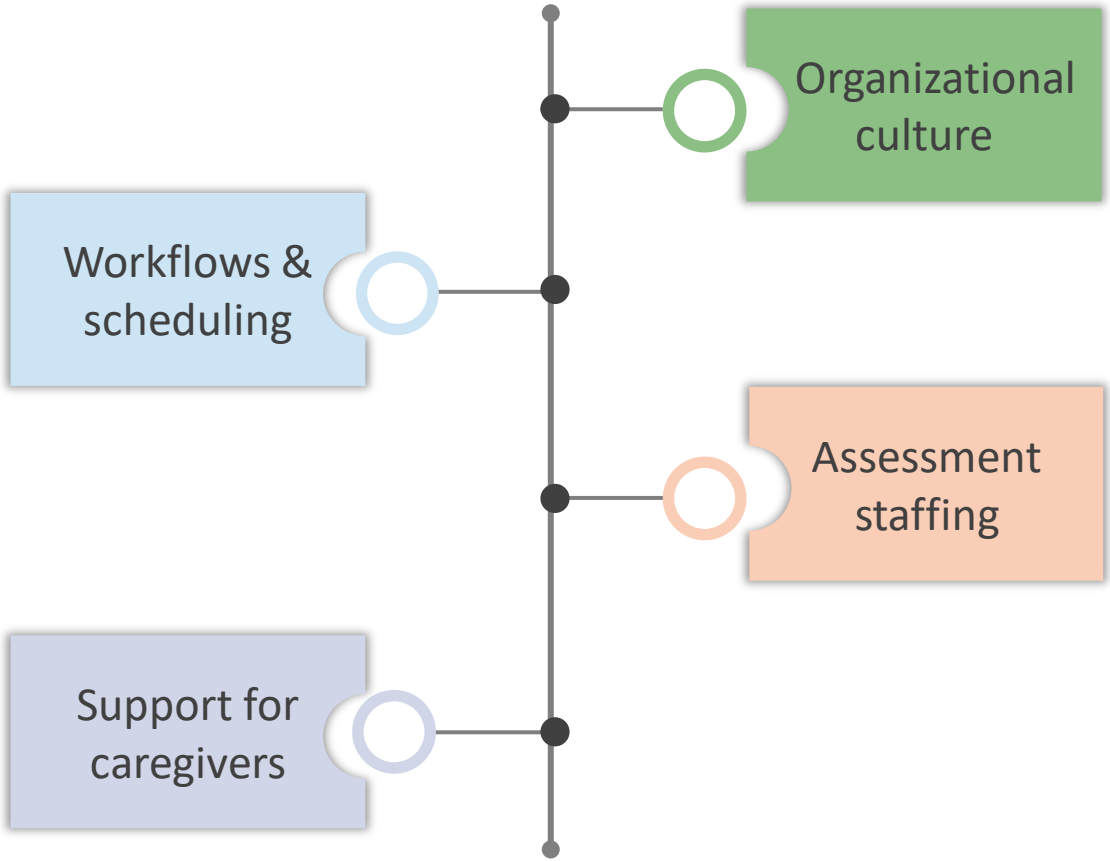
# Shifts needed to implement MHAYC policy

“

*“We have a workflow created, but it’s still a culture shift. For so long, we had to do intakes that were 2 hours, and that was it. So, we need time to create that culture shift.”*


*“Families were used to a one-session assessment. We saw a 50% drop off rate after we started doing multi-session assessments. So, we changed the script to explain why, and now we book two sessions to start with.”*

”






# 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.”*

# What is mental health treatment with young children?



Turn to p. 34  
to follow along

*“How do you treat a child 0-3? You’re not; you’re treating the parent and the relationship. So, you’re not just holding the child, you’re holding the caregiver too.”*

”

“

*“In our B-5 work, more time is spent with caregivers. We are relationship focused rather than focused on the individual.”*

Mental health treatment for young children is designated to **alleviate the distress and suffering** of the young child’s mental health problems and **support the return to healthy development** and behavior, by **enhancing the quality of the caregiver-child relationships.**



# Centering equity in mental health care



*"I go to churches, mosques, and temples. Many people in the BIPOC [Black, Indigenous, and People of Color] community may be more likely to listen to their spiritual leader than a mental health professional."*

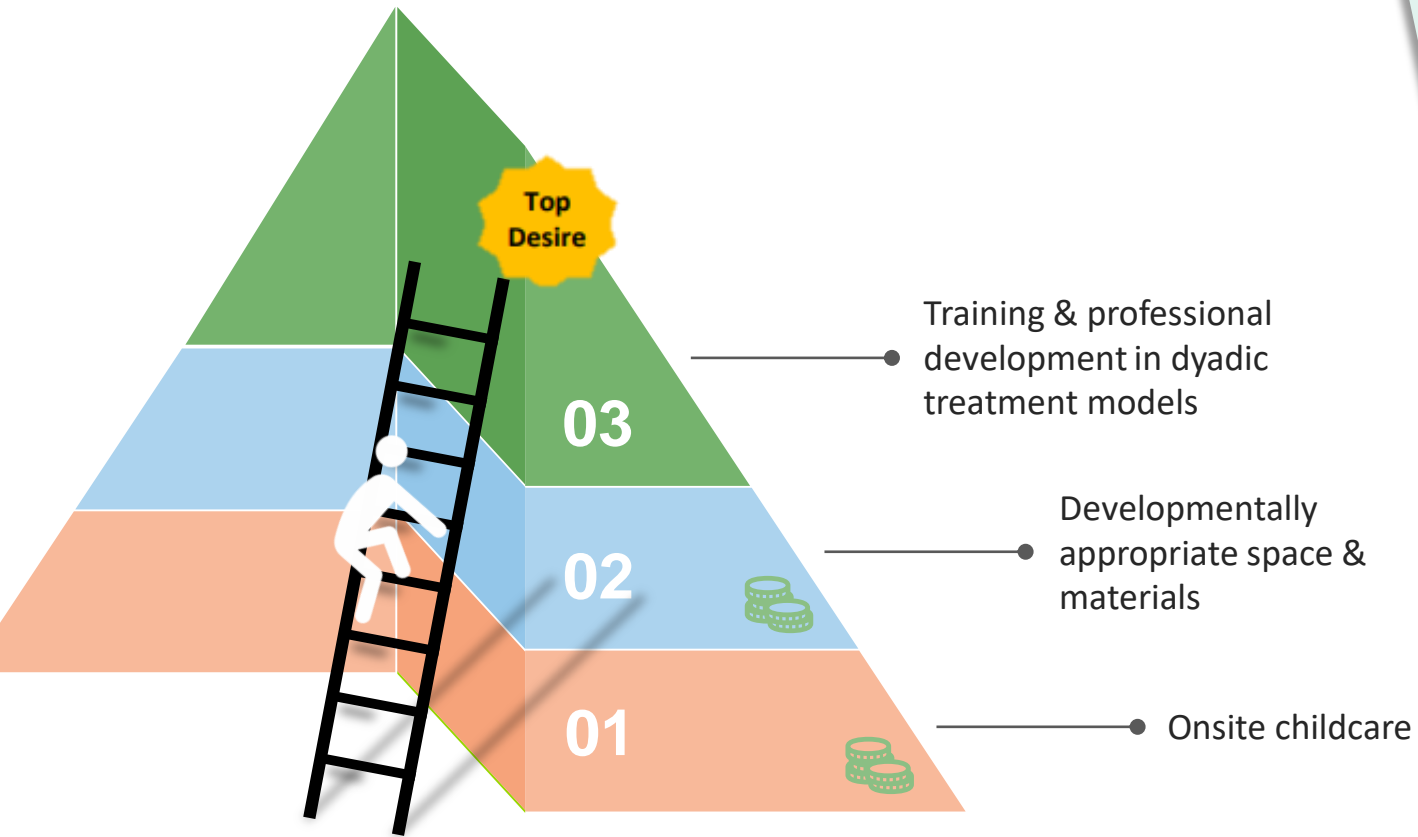


*"It's so great having the Canoe Journey back. We also used to have elders in the early learning center reading and telling stories, and the Fatherhood is Sacred men's group. We're hoping to reinstate these."*





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



*“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.”*

“

*“We did lots of training because lots of staff didn’t come with knowledge... Everyone loves it. We’re seeing fruits of it and why it makes a difference.”*

”

## IECMH Evidence Based Practice (EBP) training

- 2019 WA survey: **Fewer than 10%** of providers had formal training in any of the IECMH EBPs) (Pergee Fund, 2021d)
- 2022 WA survey: **Less than half** of all BHAs who serve children younger than 6 provide dyadic treatment (Fabian et al., 2023)

# Reflecting Together

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In the chat, share responses to the following:

*What does doing this work WELL look like? What processes or procedures do people have for assessment and treatment?*

*What are some specific intake questions for B-5 that aren't asked in other assessments?*



Turn to p. 39 to follow along

# Providing services in home & community settings

*“I observe in childcare and other places [because] behaviors are different across different environments.”*

*“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.”*

*“It’s a whole different thing to sit on a pile of laundry or wonder, ‘what is that smell?’ and still do your therapy.”*

## Best practices for ensuring provider safety



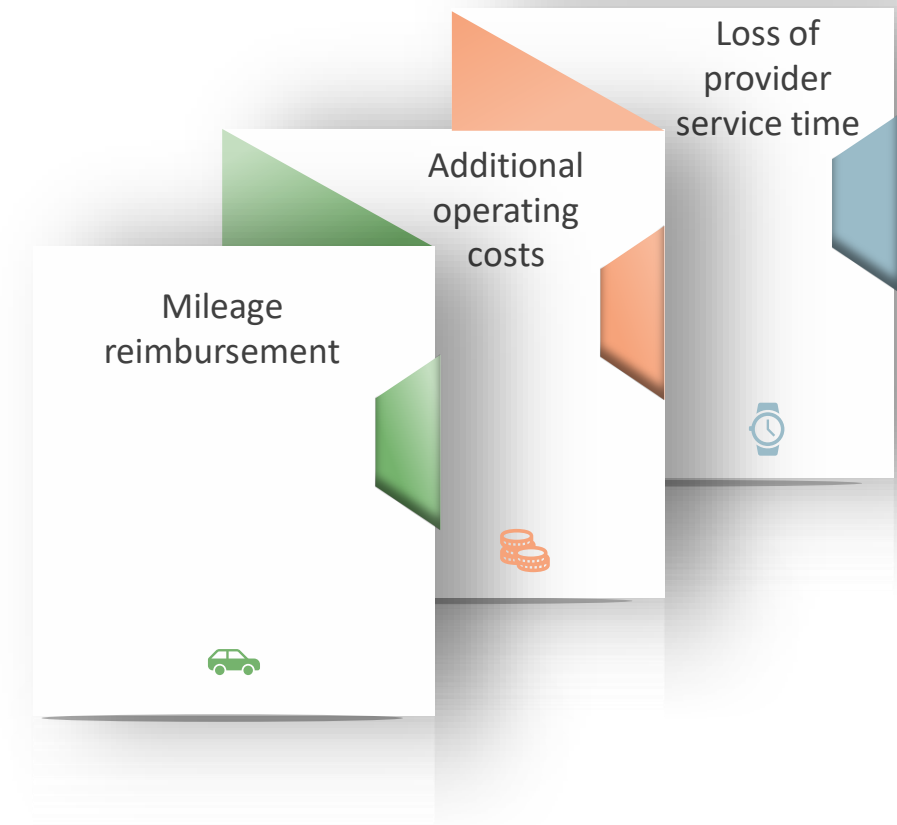


# Addressing the costs of travel

## Barriers to MHAYC travel reimbursement

- ▶ Lack of awareness
- ▶ Administrative complexity
- ▶ Insufficient reimbursement

*“It is evidence-based that home visiting has a huge benefit: providing care flexibly and in the child's main environment. 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.”*



# Centering caregivers



Turn to p. 44  
to follow along

*“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.”*



## Family-centered practices:

- ▶ Case management services
- ▶ Flexible funds for concrete supports
- ▶ Referrals to allied services
- ▶ Evening & weekend hours
- ▶ Client-centered ‘no show’ policies



# Opportunities to strengthen caregiver involvement

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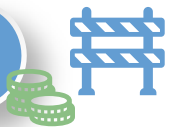
**Strengthening awareness**

2



**Fostering buy-in for ongoing participation**

3



**Addressing financial & logistical barriers**

4



**Building capacity for allied services**

*“Most parents wouldn’t even think their young child has a mental health issue; they think, ‘oh, it’s just a tantrum.’ How would parents know if there’s a situation?”*

*“We could provide services for the parents, but the need is so great, so we prioritize the kiddos. We would love to provide more for caregivers on their own.”*

*“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. Other needs, like housing and transportation, are often prioritized.”*



Turn to p. 51  
to follow along

“

*“When we do assessment, the intake clinician may hear something and think, ‘Oh, this parent would benefit from their own mental health services.’ Sometimes they can have that conversation right away, and say, ‘Let’s walk you over [to adult mental health services] right now.’”*

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

”

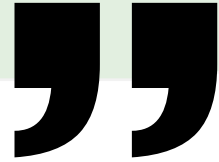
# Collaboration is essential



# Fostering collaboration



*“People are waiting for the wheels to come off before referring, especially for children of color. Sometimes I start working with a child, I think to myself, ‘Where have you been, my little person?’”*



## Key challenges:

- ▶ Greater cross-system **understanding of IECMH**
- ▶ **Earlier identification** of mental health needs
- ▶ **Top Desire** **Up-to-date** information about **available services**
- ▶ **Collaborating** with allied providers during **assessment and treatment**

# Reflecting Together

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In the chat, share responses to the following:

*How do you integrate early childhood education and IECMH? For prevention and intervention, how do we make it work all together?*

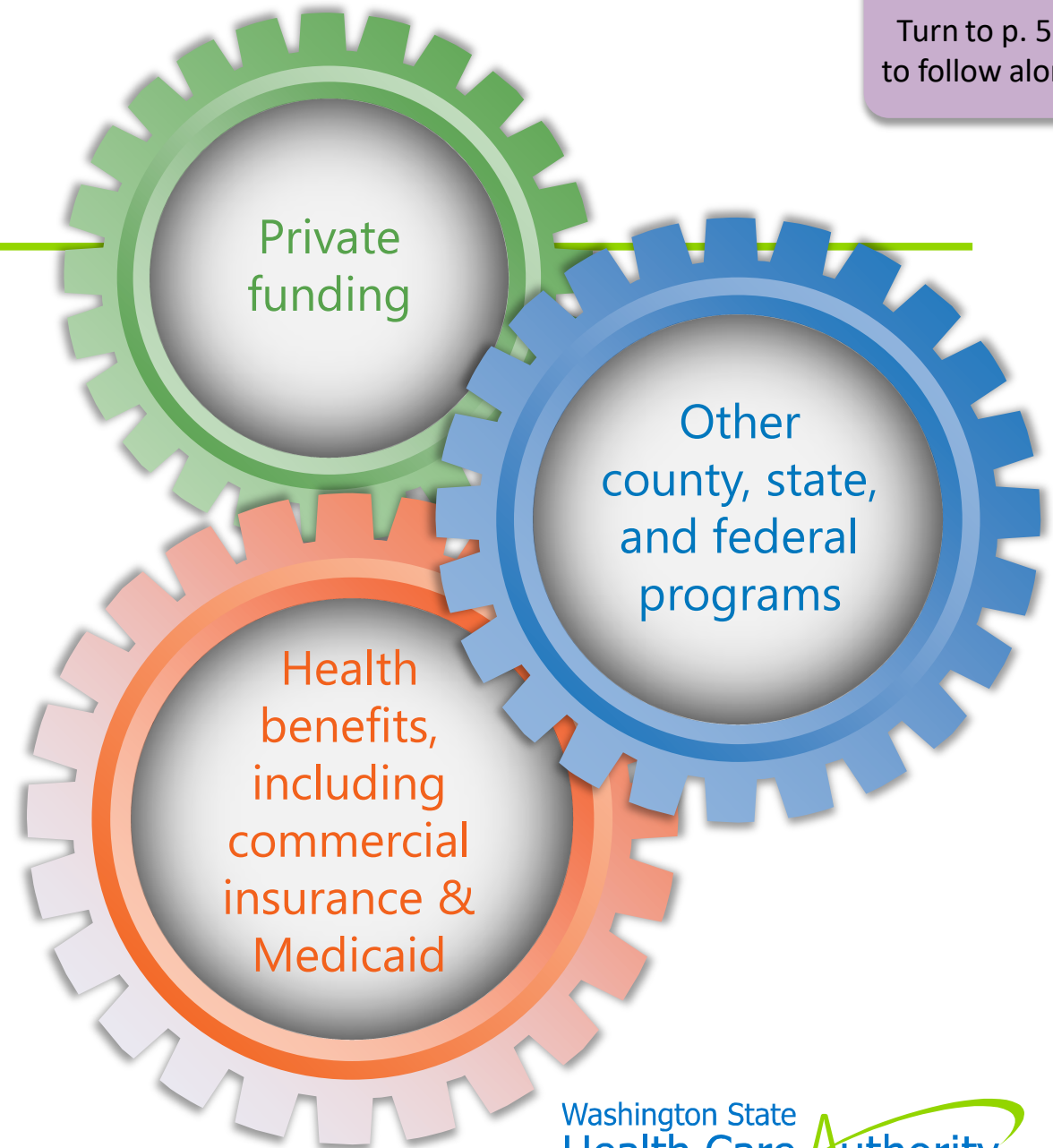
What are the opportunities in your current role to fostering caregiver engagement and allied professional collaboration?

# IECMH Financing

*“Whatever coverage the child has, whether Coordinated Care, [other MCOs], or private insurance – that determines what we can do.”*

*“The way mental health is structured today, billing is led by insurance companies, and not structured to help families. The system is not meant for care; it is meant to make money.”*

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



Turn to p. 57  
to follow along



# Navigating a complex system

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## Understanding Apple Health billing

*“When we’re not sure how to bill, we just don’t bill in those circumstances. Eating the costs seems better than potential risk of getting in trouble.”*

”

“

*“The [Apple Health] IECMH Toolkit is a valuable tool, and I look forward to its continued development.”*

Top  
Desire

### Administratively burdensome

- Apple Health provider enrollment
- Working with managed care

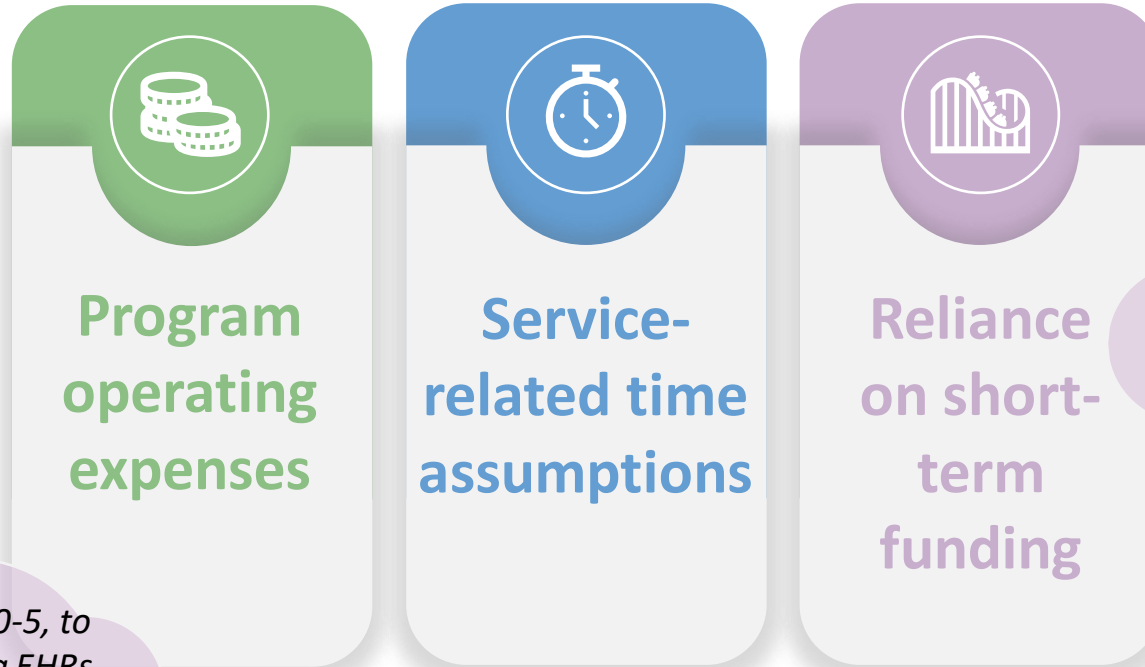
### Variability across the system

- Differences with plans: commercial & MCOs
- Billing differences across the system



# Factors impacting sustainable IECMH services

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*“We need funding for starting up 0-5, to help to cover the costs of updating EHRs and forms and training staff, because billing takes time to kick in. We want and need these services.”*

*“We have a patchwork of grant funding often in 1- to 2-year cycles, which makes it hard to maintain positions and sustain programming.”*

”



Top  
Desire

# IECMH-Specific Payment Models



*“The dream is that I think this needs to be done with families too, who are engaging in the mental health system. Once you hear from providers and families, instead of taking their ideas and trying to shove them into existing billing, go to the legislature and see if we could get funds to fill in the spaces and the gaps.”*

## Alternative payment models (APM)

- ▶ APMs provide structures and incentives with the goal of transforming the health care system and improving outcomes.
- ▶ APMs do not create new programs; they change the way services are paid for.





# Reflecting Together



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




In the chat, share responses to the following:

*“The marginalized are staying marginalized – how can our funding systems change that?”*



Turn to p. 103 to follow along

# Washington state plans to prioritize IECMH

HCA's IECMH Priorities	King County IECMH Strategic Plan	Early Learning Coordination Plan	Early Childhood Comprehensive System Strategic Activities <sup>47</sup>
 Priority 1: Strengthen and support a diverse infant-early childhood mental health workforce	Priority 4: Support all direct service providers across the continuum of care	Outcome area 4: A Strong and supported early learning workforce	Health Care Provider Training and Technical Assistance
 Priority 2: Ensure equitable access to developmentally appropriate IECMH services for young children	Priority 2: Connect more families with services for IECMH, including promotion, prevention, and treatment	Outcome area 5: Healthy children and families	Health Care Practice Change
 Priority 3: Build person- and community centered IECMH systems.	Priority 1: Promote social and emotional well-being for all children and families.	Outcome area 2: Strong, stable, nurturing, safe, and supported families.	Equity and Engagement Coordinated Intake and Referral System: Help Me Grow
 Priority 4: Achieve value-based, sustainable IECMH care through aligned payments and systems.	Priority 3: Provide high-quality, culturally relevant services that meet the needs of families.	Outcome 3: Positive early learning experiences. <sup>48</sup>	Early Childhood Systems Policy and Financing Health Care Systems Policy
 Priority 5: Strengthen cross-system alignment to achieve integrated whole person care for young children and their families.	Priority 5: Build and strengthen a network of IECMH services countywide.	Outcomes area 1: Powerful communities and a responsive early learning system.	Early Childhood Systems Coordination and Infrastructure



Turn to p. 68  
to follow along

# Building community-informed priorities

1



## Priority 1

Strengthen and support a diverse infant-early childhood mental health workforce

2



## Priority 2

Ensure equitable access to developmentally appropriate IECMH services for young children

3



## Priority 3

Build person- and community centered IECMH systems.

4



## Priority 4

Achieve value-based, sustainable IECMH care through aligned payments and systems.

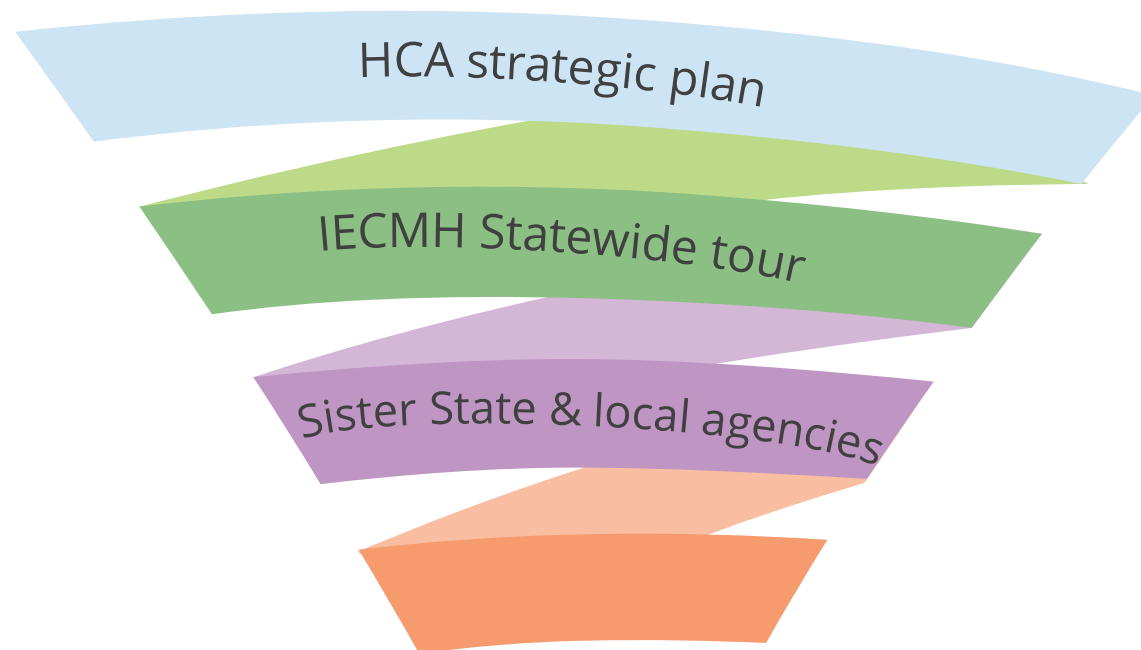
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## Priority 5

Strengthen cross system alignment to achieve integrated whole person care for young children and their families.

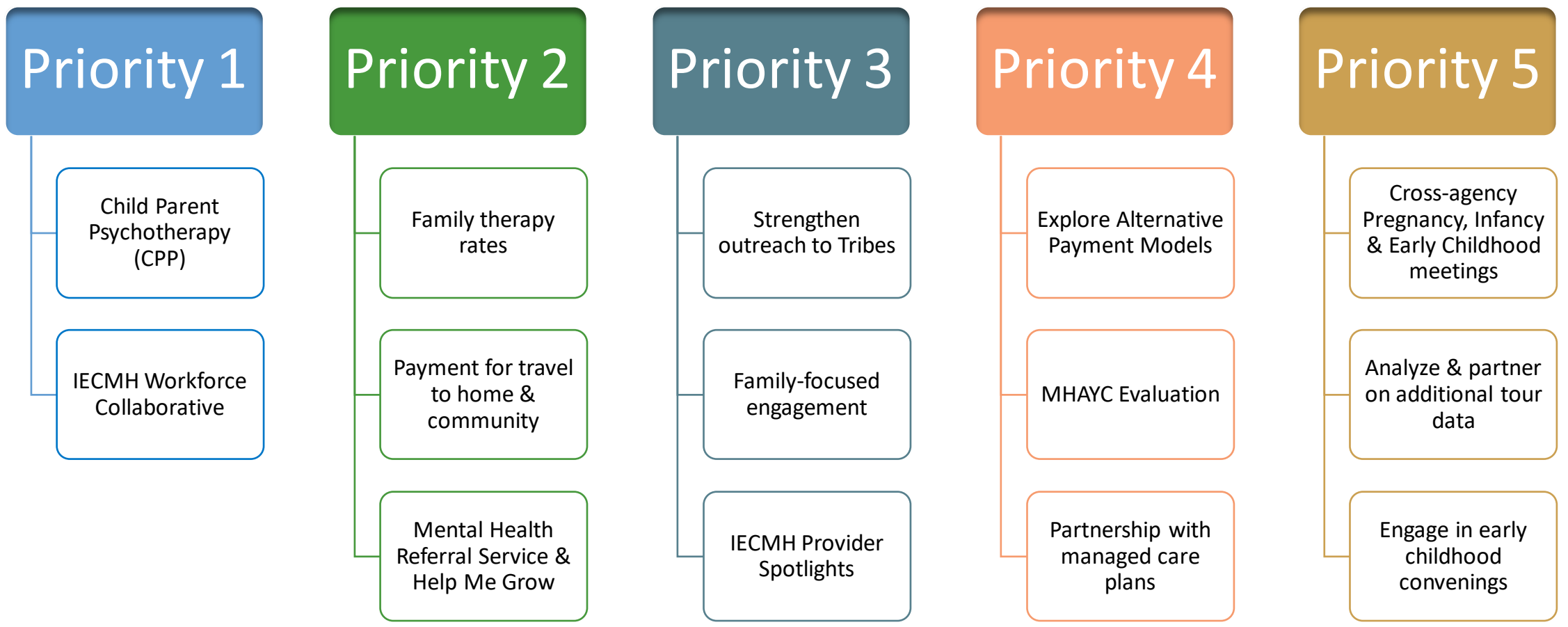
## HCA's IECMH priorities





Turn to p. 75  
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# Taking action at HCA



# Reflecting Together

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What can you do to support IECMH in your work, agency, community?

How do you see yourself using this report?

What do you hope comes from this report?

# What else is in the report?

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## More information

- Our approach & methods
- Participants & their experiences
- MHAYC claims data

## Participant examples

- Assessment processes
- Screening, assessment, & observation tools
- Evidence-based practices

## Resources

- Resources spotlights
- Organizations, websites, & guides referenced in the report
- Resources from the Statewide tour

# Want to learn more from HCA?



## Visit our websites

[Infant-early childhood mental health](#)  
[Mental Health Assessment for Young Children](#)



## Find MHAYC billing resources

Recordings, slides, and other resources under  
**How Do I Bill?** on our [MHAYC website](#)

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[Kiki Fabian](#)  
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