

Infant-early childhood mental health (IECMH) at HCA

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Background

Early life is critically important in shaping lifelong health and well-being. 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) across Washington state.

Provider perspectives are valuable in shaping ongoing work to build a strong IECMH system of care. In 2023, HCA's IECMH team conducted a **Statewide Tour of listening sessions** with **almost 100 Washington behavioral health providers**, to understand barriers and potential solutions around improving access to quality IECMH services. These voices, as well as best practice evidence and research from the field, informed the development of HCA IECMH priorities and strategies, which build on goals identified in HCA's Strategic Plan (2022-2025).

This brief provides an update on HCA's progress towards our IECMH priorities to date.

Priority 1: Strengthen and support a diverse infant-early childhood mental health workforce.

DC:0-5 training: HCA has continued to sponsor the Infant-Early Childhood Mental Health Workforce Collaborative (IECMH WC), a legislatively created professional development initiative to supports Apple Health providers in developmentally appropriate mental health diagnosis and assessment, including use of the DC:0-5.

670 mental health professionals and **450 allied professionals** have received **DC:0-5 training**, and **28 additional workshops** on assessment and diagnosis have been provided. As one participant shared, "*I took so much information from this course and am so excited to utilize it. This entire [DC:]0-5 diagnostic system really makes sense to me, and I am very excited to start using it."*

Child Parent Psychotherapy (CPP) learning collaborative: In 2024, the **Barnard Center for Infant and Early Childhood Mental Health** launched a new **Child Parent Psychotherapy** (CPP) Learning Collaborative, with support from **Perigee Fund** and HCA. Providers in the CPP Learning Collaborative receive technical assistance from HCA and the **Evidence Based Practice Initiative** around evidence-based practice (EBP) reporting for CPP. Additionally, Barnard partners with current and past CPP participants to assess implementation of EBPs in licensed behavioral health agencies.

Washington's work to support CPP statewide was recently **highlighted** by the national CPP Dissemination and Implementation team in a CPP State Policy Feature, showcasing the impact of public-private partnerships, policy, and financing to advance IECMH.

40 clinicians at **12 behavioral health agencies (BHAs)** are participating in the current CPP Learning Collaborative, with at least one BHA offering CPP in most regions of the state. As one provider shared, *"We've shifted from addressing behavioral health to providing dyadic therapy, centering the relationship, and doing intensive assessment with caregivers, diving into their childhood. Everyone loves it. We're seeing fruits of it and why it makes a difference."*

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Priority 2: Ensure equitable access to developmentally appropriate IECMH services for young children

Apple Health billing and clinical policy support: HCA staff continue to collaborate with providers around understanding and implementing Apple Health billing and clinical policies related to IECMH services. These interactive opportunities inform the development of new tools and resources, often resulting in both internal and external collaborations across adult- and child- serving teams.

In October 2025, HCA released **new guidance** on Apple Health reimbursement for mental health services for children who reside with their parents in **residential substance use treatment**.

Referral pathways: HCA is working with other state agencies and referral systems to improve current referral pathways for IECMH services. The Department of Health (DOH), the Department of Children, Youth and Families (DCYF), **Within Reach**, and HCA are exploring opportunities for collaboration through **Help Me Grow**, a statewide service that connects parents and caregivers to resources in their community. DCYF and HCA are also supporting greater coordination between child welfare and IECMH services, by building awareness of programs and establishing a workgroup with **Early Childhood Courts**, also known as Safe Baby Courts.

The IECMH-WC is working to develop an interactive **IECMH referral and care coordination training** for anyone who works with young children and families. An initial version of the training was provided to 94 providers. As one participant shared, "*I really appreciated and loved the lens of being attentive to family culture and cultural context in working with family, and for determining what behavior is normal/functional and causing the family challenges.*"



Priority 3: Build person- and community- centered IECMH services and systems

Tribal partnerships: HCA is taking an active approach to strengthen partnerships with Tribal communities. HCA staff, including regional Tribal Liaisons, meet regularly to explore the unique needs of each Tribe, and what supports can be provided. HCA is also partnering with DCYF on their Tribal-specific IECMH consultation initiative, exploring opportunities for sustainable funding and supporting the development of a culturally-responsive workforce pathway.

In 2024, the IECMH WC sponsored the first Tribal-specific DC:0-5 trainings for the Colville Tribe.

The Cowlitz Tribe also invited HCA and the **Tulalip Tribes** to present on infant-early childhood mental health services at the **Tribal Behavioral Health Conference** in 2024.

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Provider Spotlights: In July 2024, HCA launched the **Provider Spotlight series**, intended to support providers in implementing **Mental Health Assessment for Young Children** (MHAYC) at their organizations. Each spotlight features providers implementing different aspects of the MHAYC policy, elevating their voices and strengthening provider-to-provider relationships.

Over the first four Spotlights, **10 provider panelists** have shared their experiences with **75 attendees**. As one attendee shared, "There was good info on how some organizations are having specialized clinicians do the DC:0-5 [evaluation], and others are having all staff utilize it. It is helpful to hear how others are using this!"

Priority 4: Achieve value-based, sustainable IECMH care through aligned payments and systems.

Managed care partnerships: HCA is working with managed care organizations to improve IECMH supports, including through strengthened contract language, increased monitoring and oversight, enhanced technical assistance, and deeper understanding of IECMH services and provider networks.

In July 2025, managed care organizations (MCO) contracts will be updated to require more **accessible and updated IECMH information**, as well as **data-informed technical assistance** to support providers.

MCO contracts were also updated in January 2025 to clarify requirements for **Early Supports for Infants and Toddlers (ESIT)** services, which support early development and may integrate IECMH services for children younger than three.

Measuring outcomes: HCA continues to partner with Department of Social and Health Services Research and Data Analysis (DSHS RDA) team to evaluate the impact of the MHAYC policy on access to mental health care for young children. This work will support innovative metric design for IECMH needs and services. A report on the findings will be published in the summer of 2025.

Alternative payment models: HCA has partnered with the **Evidence-Based Practice Institute (EBPI)** to conduct a literature review identifying commonalities across IECMH evidence-based models, to inform potential metric and model design.

Priority 5: Strengthen cross-system alignment to achieve integrated whole person care for young children and their families.

HCA and our partners are working to intentionally align efforts to prioritize IECMH in the state (see Appendix K of HCA's IECMH Statewide Tour Report).

Zero To Three Finance and Policy Project (ZTT FPP): The ZTT FPP is a national learning collaborative to support states' advancement of IECMH policies and financing. Washington state has participated in the project since 2018. HCA staff currently serve as state leads for the project, engage in technical assistance offerings, and facilitate an inter-agency workgroup for state agency staff to coordinate on IECMH policies and finance.

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In March 2025, HCA and DCYF staff attended the **national ZTT FPP convening**, where they learned from subject matter experts on a variety of topics. HCA staff also presented on **using data to advance IECMH** and **statewide implementation of the DC:0-5**.

Pregnancy, Infancy, and Early Childhood (PIE) Group: HCA has continued to facilitate the PIE Group, a crossagency group for state agency staff who focus on pregnancy, infancy, and early childhood.

In August 2024, Department of Health (DOH), Department of Children, Youth and Families (DCYF), and HCA hosted the **first in-person PIE convening**, focused on **enhancing collaboration and strengthening the PIE system of care**.

Early Childhood Convenings: HCA continues to participate in other early childhood convenings, such as the Early Childhood Courts State Advisory Council, the Early Learning Coordination Plan Impact Network, Washington State Communities for Children state networks, the People Powered Workforce project team, and the Children and Youth Behavioral Health Workgroup (CYBHWG) Prenatal to Five Relational Health Subgroup (P5RHS).

Get involved

Washington's IECMH system is complex, spanning across different settings and sectors, and so everyone has a role to play in building a stronger IECMH system for Washington state. See HCA's Statewide Tour report (Appendix J) for concrete action steps to support best practices and address challenges

Want to stay connected to HCA's IECMH work? Visit our IECMH webpage and subscribe to receive our monthly Prenatal – Five Grow & Thrive newsletter.