

Developmentally appropriate mental health assessment & diagnosis for young children

Overview

Governor Inslee signed into law ESSB 6168 (2020); Section 215(62), requiring the Health Care Authority (HCA) to conduct an analysis on the impact of changing policy in Apple Health (Medicaid) to match best practices for mental health assessment and diagnosis for infants and children from birth through five years of age.

Approximately 10-14 percent of children birth to 5-years-old experience emotional, relational, or behavioral disturbancesⁱ. In light of the Covid-19 pandemic, analyses indicate an impending statewide increase in behavioral health impacts and an expected increase in child abuse occurrencesⁱⁱ. These disorders, if properly identified using diagnostic criteria relevant to infant and early childhood development, can be effectively treated. Appropriate assessment leads to more effective treatment and reduces behavioral, school, and physical health risk factors over the long term.

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) is the internationally accepted system for developmentally appropriate assessment of young children's mental health. It includes disorders that are specific to that stage of development (e.g., Excessive Crying Disorder), as well as general disorders that manifest themselves in particular ways in the infant-toddler population (e.g., Autism Spectrum Disorder). Assessment using the DC 0-5™ system requires multiple assessment visits, must involve caregivers, and must include observing children in their natural environments, such as their home or child care settingⁱⁱⁱ.

Several statewide policy changes would be required to fully implement the DC 0-5 system in the Apple Health program.

In partnership with Mercer, HCA is conducting an analysis of cost estimates associated with the following policy changes:

- (a) Allow reimbursement for three to five sessions for intake and assessment;
- (b) Allow reimbursement for assessments in home or community settings, including reimbursement for clinician travel; and
- (c) Require clinician use of the diagnostic classification of mental health and developmental disorders of infancy and early childhood.

A final report summarizing the results of the analysis and cost estimates will be provided to the Office of Financial Management (OFM) and the appropriate committees of the Legislature by December 1, 2020.

Authority

ESSB 6168; Section 215(62); Chapter 357; Laws of 2020; Washington State Health Care Authority.

Budget

\$31,000 of the general fund—state appropriation for fiscal year 2020, \$94,000 of the general fund—state appropriation for fiscal year 2021, and \$125,000 of the general fund—federal appropriation.

Partners


The Health Care Authority contracted with Mercer for the actuarial analysis and cost estimates. Input to the cost estimate work was provided by key infant & early childhood mental health stakeholders from Navos, Hope Sparks, King County Division of Behavioral Health and Recovery (DBHR), and Washington Association for Infant Mental Health.

Oversight

Health Care Authority

For more information

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ⁱ Brauner CB, Stephens CB. Estimating the prevalence of early childhood serious emotional/behavioral disorders: challenges and recommendations. *Public Health Rep.* 2006;121(3):303-310. doi:10.1177/003335490612100314

ⁱⁱ Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19. August 2020. Drawn from the web 11/20:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19StatewideSummaryForecastofBHImpacts-Aug2020Update.pdf>.

ⁱⁱⁱ Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: The diagnostic classification of mental health and developmental disorders of infancy and early childhood DC: 0–5 approach. *Infant Mental Health Journal*, 37(5), 509-520.