EMBEDDING DC:0–5 INTO STATE POLICY AND SYSTEMS

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Across the country, states are working to build a policy and systems infrastructure that creates a robust continuum of supports and services for infants and young children. The continuum includes supports and services addressing promotion, prevention, assessment, diagnosis, and treatment. Developmentally appropriate diagnosis is one essential element of the continuum. *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5)[1] is a system for the classification of mental health and developmental disorders of infants and young children and is the recommended practice for the clinical conceptualization and diagnosis of children (birth through 5 years old). Adopting DC:0–5 can be a valuable strategy for improving access to infant and early childhood mental health (IECMH) services and supports and improving outcomes for infants and young children. This is an area where states have been innovating since DC:0–5 was published in December 2016.

This resource highlights how DC:0–5 can support the work of grantees, discusses the benefits of adding DC:0–5 to early childhood systems, provides four examples of how states are embedding DC:0–5 into policy and systems, and shares a mini self-assessment tool that provides a framework for grantees to engage in team conversations about DC:0–5.

WHAT IS DC:0–5™?

DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood **(DC:0–5) is a diagnostic classification system for infants and young children, birth through 5 years old. It was created to provide developmentally specific diagnostic criteria and information about mental health disorders in infants and young children. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM, 2013) and the World Health Organization's *International Classification of Diseases* (ICD, 1992) are comparable classification systems for older children, adolescents, and adults. DC:0–5, published in December 2016, revised and updated *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition* (DC:0–3R) by expanding the age range from 3 years old to 5 years old, extending criteria to younger ages, and including all disorders relevant for young children. Several new disorders are introduced including Relationship Specific Disorder of Early Childhood, Disorder of Dysregulated Anger and Aggression of Early Childhood, and Early Atypical Autism Spectrum Disorder.**

1. *ZERO TO THREE. (2016). DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood (DC:0–5)*

HOW CAN DC:0–5 SUPPORT THE WORK OF GRANTEES?

IECMH is grounded in positive, supportive, and reciprocal relationships. The social–emotional health of infants and young children is closely connected to that of their parents and other caregivers. Mental health challenges often present much differently in early childhood than in later childhood and adulthood. Existing classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)[2], are geared toward disorders in school-age children, adolescents, and adults, and do not adequately reflect the relationship-based mental health issues that are typically first diagnosed in infancy and early childhood. DC:0–5 provides empirically based, developmentally appropriate criteria to determine clinical disorders. Assessing the relationship between a child and caregiver helps to determine the strength of the caregiver–child dyad and any opportunities for growth. DC:0–5 is used and recognized as the system for diagnosing mental health and developmental disorders in infants and young children within their caregiving relationship.

WHAT ARE THE BENEFITS OF EMBEDDING DC:0–5 INTO YOUR EARLY CHILDHOOD SYSTEM?

DC:0–5 is an important diagnostic classification system for clinicians and researchers. Prior to 1994, the early childhood field lacked any widely accepted system to classify mental health and developmental disorders for infants and toddlers. Since the publication of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*[3] in 1994, much progress has been made to describe and categorize, through research and empirical evidence, mental health disorders specific to infants and toddlers. The most recent edition, DC:0–5, represents the best available evidence for accurate identification of early childhood mental health disorders.

DC:0–5 also provides a common language that allows individuals across disciplines—including mental health clinicians, counselors, physicians, nurses, early interventionists, social workers, and researchers—to communicate accurately and efficiently with each other. Because IECMH is multi-disciplinary and grantees are supporting integration across service delivery agencies and systems, this shared language and perspective concerning children's mental health is extremely important. An accurate diagnosis using DC:0–5 directs treatment for the child, may reveal services needed for the family, and can help ascertain the need for additional services. It also allows clinicians and researchers to link knowledge about early childhood disorders to treatment approaches and outcomes. Finally, a DC:0–5 diagnosis may indicate medical necessity and serve to authorize treatment and reimbursement.

2. *American Psychiatric Association. (2013). Diagnostic and statistical manual of mental health disorders (5th ed.). American Psychiatric Publishing*
3. *ZERO TO THREE. (1994). Diagnostic classification of mental health and developmental disorders of infancy and early childhood (DC:0-3)*

STATE STRATEGIES

States have pursued a range of strategies to embed DC:0–5 into state policy and systems. For example, some states are allowing, promoting, or even requiring that mental health clinicians use DC:0–5 for IECMH diagnoses to receive reimbursement. A few states are exploring incorporation of DC:0–5 into electronic health record (EHR) systems so they can (a) record and track DC:0–5 diagnoses and (b) track treatment for specific diagnoses of infants and young children. Other states are using DC:0–5 in cross-sector professional development efforts to build workforce capacity and support widespread use of DC:0–5. Washington, Nevada, Massachusetts, and Minnesota took on the challenge of embedding DC:0–5 into state policy and systems. Each focused on a distinct aspect of policy and systems building to spur significant change for infants, young children, and their families. These state examples provide just a sample of the innovative work going on across the United States. For those interested in learning about other efforts closer to home, consider reaching out to leaders in your state.

STATE STRATEGIES IN BRIEF

- **Legislating the Use of DC:0–5: Washington**
- **Embedding DC:0–5 Into the EHR System: Nevada**
- **Advancing DC:0–5 Professional Development Efforts: Massachusetts and Minnesota**

LEGISLATING THE USE OF DC:0–5

States are starting to recognize and require DC:0–5 disorders for eligibility of behavioral health conditions for children under 5 years old. Infants and young children manifest mental health challenges in different ways than older children. Several states have explicitly called for the use of DC:0–5 in state policy. **Washington** passed legislation in April 2021, HB1325: Implementing Policies Related to Children and Youth Behavioral Health, requiring Medicaid providers to use DC:0–5 for assessment and diagnosis of children from birth through 5 years old. The legislation also allows for reimbursement for up to five sessions for purposes of intake and assessment, as well as allowing for reimbursement for provider travel so assessments can be done in the home or in community settings. While not written into the legislation, accompanying proviso funds include monies to provide training for mental health clinicians who are diagnosing and allied professionals who are part of that system of care. There is also money to fund the development of a community-informed DC:0–5-ICD-10 crosswalk. Washington has 29 Federally Recognized Tribes and 2 Urban Indian Health Organizations in the state. In acknowledging the important role of Tribal Health Centers in supporting the American Indian/Alaskan Native communities, the implementation team provided customized presentations and support to Tribal health care providers about the changes to policy and practice, in partnership with the Office of Tribal Affairs. Tribal partners have also supported this work through advocacy for legislation and participation in the DC:0–5 Crosswalk Workgroup. In closing, the state has shared that this project would not have been possible without the support of key champions including the Children and Youth Behavioral Health Workgroup, University of Washington, Partners for Our Children, Medicaid staff, Perigee Fund, Washington Association of Infant Mental Health, Washington legislators, and IECMH clinical providers.

EMBEDDING DC:0–5 INTO THE EHR SYSTEM

EHRs are preloaded with DSM-5 and ICD-10 diagnostic codes. When treating infants and young children, a crosswalk is often used to allow billing and reimbursement. The EHR displays either the DSM-5 or the ICD-10 code. However, use of these codes does not provide accurate diagnostic information or allow tracking of treatment for specific diagnoses of infants and young children. **Nevada** is one of the first states to embed DC:0–5 into their EHR system, and the first state to embed DC:0–5 into **MyAvatar™**. It is important to note that not all organizations in Nevada use the same EHR. MyAvatar now has a look-up field where clinicians can search for the term associated with each DC:0–5 Axis 1 diagnosis that is cross-mapped to the ICD-10 code

EMBEDDING DC:0–5 INTO THE EHR SYSTEM (CONTINUED)

for billing purposes. Nevada Health & Human Services Division of Child & Family Services (DCFS) developed specific internal reports, documenting the treatment plan and psychosocial assessment, that are cross-mapped to the DC:0–5 search term. This allows for the DC:0–5 search term to populate the report instead of the ICD-10 diagnosis. Narrative fields were added to the reports to allow for the DC:0–5 diagnosis to be included in the report. Due to Nevada's efforts, any organization across the country using MyAvatar may now access the Nevada cross-map to ICD-10 by using the DC:0–5 search terms. These efforts would not have been possible without the support of key champions, including DCFS staff and representatives from Netsmart and MyAvatar.

ADVANCING DC:0–5 PROFESSIONAL DEVELOPMENT EFFORTS

All states are concerned with shortages of qualified child psychiatrists, psychologists, and other mental health providers. Providing training on DC:0–5 and IECMH treatment strategies can help to ensure access to a cadre of mental health clinicians qualified to serve young children. DC:0–5 training can also be helpful for professionals who do not diagnose, so they are able to recognize signs that a child needs additional supports or assessment.

▪ **MASSACHUSETTS** is working to advance DC:0–5 professional development efforts across the state and has developed a streamlined system for the delivery of professional development and implementation support, founded in workforce diversity, equity, and inclusion. A pilot was developed that included DC:0–5 training and follow-up consultation in the form of onsite technical assistance and reflective case consultation webinars. The success of the pilot resulted in support from MassHealth that included funding for several new trainings and a grant to support case consultation. Since the pilot in 2017, the Department of Public Health, the Boston Public Health Commission (BPHC), the Department of Mental Health (DMH) and MassHealth have sponsored four large DC:0–5 trainings with participation from 210 professionals – mental health clinicians, family partners, psychiatrists, pediatricians, policymakers, and influencers. To achieve more widespread access to DC:0–5 training, MassHealth used a "train the trainer" model, requiring that participants commit to providing at minimum one free training in their community following certification. After the implementation of this model, 10 new trainings led by in-state trainers have been supported by contracts with DMH, with coordination led by the state's IMH Association (MassAIMH/Massachusetts Society for the Prevention of Cruelty to Children Partnership). Braided funding with BPHC and MassHealth has added the ability to provide free trainings and manuals at no cost. As of March 2022, there are close to 500 trained professionals, more than 100 of whom also participated in DC:0–5 reflective case consultation webinars. In FY22, the trainings provided included three hours of additional reflective case consultation as part of the offering.

- **MINNESOTA** has invested in statewide training on DC:0–5, reaching more than 3,000 clinicians. The state has incorporated a full day of developmental training prior to the 2-day DC:0–5 training to provide context and increase provider awareness that DC:0–5 is the clinically appropriate diagnostic classification. Clinicians who attend the 3-day DC:0–5 training are then eligible to participate in a voluntary and no-cost peer-learning opportunity to hone their assessment skills. The consultation group, Great Start Clinician's Group, meets monthly (with up to 300 participants) for a DC:0–5 clinical consultation that is televised statewide. The group provides the space for clinicians to discuss cases and receive additional feedback and support. Three tribal nations in Minnesota (White Earth, Leech Lake, and Fond Du Lac) have been engaged in the utilization of and quality assurance related to DC:0–5 for the past decade and participate in the Great Start Clinician's Group. Indian Health Services also received case consultation when they presented at the Great Start Clinician's Group. The state funds all DC:0–5 trainings and the Great Start Clinician's Group meetings through its Federal Mental Health Block Grant. It also offers grants to cover billed hours that clinicians lose to participation.

ADDITIONAL RESOURCES

- Diagnosing Mental Health and Developmental Disorders in Infants and Toddlers: A 5-Year Retrospective on DC:0–5: This special issue of the ZERO TO THREE Journal spotlights the 5-year anniversary of DC:0–5 through stories from clinical practice, examples of state policy and systems initiative, workforce development efforts, and lessons about cultural content and use of DC:0–5 internationally. Available here.
- DC:0–5 Manual and Training: Information about the DC:0–5 manual, how to request DC:0–5 training, and training resources is available on the ZERO TO THREE website. Available here.
- DC:0–5 Crosswalk: ZERO TO THREE created a crosswalk between DC:0–5 diagnoses, DSM-5 diagnoses, and ICD-10 codes. States and agencies may need to adapt the links from DC:0–5 to DSM-5 and ICD-10 codes based on their own service delivery policies. Available here.
- DC:0–5 in State Policy and Systems: This policy brief discusses why and how states are integrating DC:0–5 into state policy and systems and provides state examples and recommendations. Available here.
- DC:0–5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: A Briefing Paper: This briefing paper introduces DC:0–5, discusses why it is important, and provides policy recommendations. Available here.

This mini self-assessment tool can provide a framework for grantees to engage in team conversations about *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5),[4] help grantees prioritize DC:0–5 recommendations for practice and policy change, and help grantees identify short- and long-term goals and next steps for promoting developmentally appropriate assessment and diagnosis.

ADVANCING POLICY AND PRACTICE	STATUS	COMMENTS, SUPPORTING INFORMATION, AND/OR QUESTIONS FOR INVESTIGATION	TOP PRIORITY FOR FUTURE ACTION
Are developmentally appropriate assessments and interview protocols used?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Are initial comprehensive diagnostic assessments conducted over 3–5 sessions?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is the DC:0–5 multiaxial framework used in formulating diagnosis and determining needed interventions?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do treatment goals include parent/caregiver input?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do clinicians revisit diagnoses over time?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Are DC:0–5 disorders recognized and required as eligible behavioral health conditions for children under 5 years old?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is specialized training in the use of DC:0–5 required of clinicians involved with the assessment, diagnosis, or treatment of infants/young children and their families?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do state policies crosswalk DC:0–5 with DSM-5 or ICD-10 codes?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do electronic health record systems record and track the DC:0–5 diagnosis in its multiaxial framework?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is DC:0–5 used in research and data collection?	☐ Not Sure ☐ Not Yet ☐ Yes		☐

4. ZERO TO THREE. (2016). DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood (DC:0–5)

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SAMHSA Substance Abuse and Mental Health Services Administration

Georgetown University Center for Child and Human Development

ZERO TO THREE Early connections last a lifetime

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