



**Ohio Senate
Finance Committee – RE: HB-7**

**Cuyahoga County Office of Early Childhood Written Testimony
Submitted December 17, 2024**

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes and members of the Senate Finance Committee, thank you for your time and attention considering House Bill 7, The Strong Foundations Act. This bill included many important provisions to support Ohio’s youngest children and their families, and we appreciate Representatives White and Humphrey for their vision of a system that will enable children and families to thrive. We support all provisions in the revised bill, but will focus our comments on supporting infant and early childhood mental health through the recognition of the DC:0-5 by the Ohio Department of Medicaid.

The mental health needs of Ohio children are not being met. We know this to be true of school-aged children, but it is also true of children 5 and under. At those ages, we do not see mental health manifest as it does with older children. Instead, the mental health needs of our youngest children typically stem from their relationship with their caregiver, what early childhood professionals refer to as their attachment. The attachment a child has with their parent, guardian, and other key adults in their life lays the foundation for their future—that relationship is the context for the child’s brain development, which is happening at its quickest pace before the child enters kindergarten. A secure and loving attachment with the caregiver will shape the child’s development in a positive way, whereas insecure, anxious attachments can do the opposite. Supporting the child and family in these early years is essential for healthy development, and is a critical form of prevention for later onset of the mental health challenges we are all too familiar with among school aged children and young adults. This is the work of Infant and Early Childhood Mental Health (IECMH) therapists.

IECMH therapists work with the young child and parent or caregiver together to strengthen the relationship and support that child’s opportunities to thrive—often working with children who have experienced trauma, abuse, or neglect. Yet, this work happens far less than is needed in Ohio because insurance does not cover the services. Medicaid billing requires diagnosis with either the DSM or the ICD, which is largely developmentally inappropriate for young children. There are some cases where IECMH clinicians can accurately diagnose a child with the DSM or ICD, and when appropriate they will do so. But in the frequent cases where the clinician’s diagnosis is of the *parent-child relationship*, the DSM and ICD are not appropriate, and the services must be paid out of pocket or foregone altogether.

The DC:0-5 (formally known as the *Diagnostic Classification of Mental Health and*



Developmental Disorders of Infancy and Early Childhood) was first published in 1994 by ZERO TO THREE, a national organization focused on the well-being of infants and toddlers, to address the very issues outlined above. According to Georgetown University's School of Public Policy, the DC:0-5 is the only system designed to provide age-appropriate assessment of the mental health of children under age 5. Consistent utilization of DC:0-5 avoids under-, over-, and misdiagnosis for young children and can help avoid the unnecessary labeling of children, which can have lifelong effects. It also provides guidance on effective intervention and treatment strategies, which can reduce or even eliminate the escalation of early childhood challenges into adolescent and young adult mental illness.

Currently, Ohio is one of 16 states that does not permit use of the DC:0-5 for billing of IECMH services to Medicaid (per a Georgetown University study). This means that Ohio IECMH clinicians working with young children and their parent/caregiver may not be able to provide services at all if the family cannot afford them. In some communities, like Cuyahoga County, local funds have been able to support these services when insurance does not, but in a limited way, serving a fraction of the children who could benefit.

Passing HB7 and requiring the recognition of DC:0-5 for Medicaid billing would be a significant step toward mental health support, and mental illness prevention, in Ohio. It will not only ensure all children and families who are covered by Medicaid would have access to the age-appropriate services they need, but also would likely spark increased provision of IECMH treatment across the state.

Thank you for your time and attention.

FOLLOW UP CONTACT INFORMATION

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