



ZERO to THREE
Early connections last a lifetime

Tennessee

Dozens of Stakeholders Work Together to Bring Attention to
Infant and Early Childhood Mental Health Financing

This policy vignette examines how dozens of stakeholders came together to advance both policy and practice changes related to infant and early childhood mental health (IECMH). With workforce development as the ultimate goal, the stakeholders focused on four essential subgoals: (1) identifying and utilizing current mechanisms to finance IECMH services, (2) exploring options to finance core IECMH services that are currently not reimbursable, (3) expanding the workforce and supporting more effective messaging of IECMH to families and stakeholders, and (4) holding a state summit to learn more about efforts to expand financing and access to IECMH services. The vignette also shares key lessons learned.

the Innovation

Leaders in Tennessee, led by the newly formed Association of Infant Mental Health in Tennessee (AIMHiTN) and TennCare (the state's Medicaid program), organized more than three dozen people, representing 30 different state and community agencies and organizations, to engage in a set of activities that will move the state toward a comprehensive financing system to support the mental health assessment and treatment of infants and young children. Although Medicaid is an important payer, the leaders agreed from the start that there would be a commitment to diversifying funding sources to not overburden the state system.

the Impetus

When the [ZERO TO THREE IECMH Financing Policy Project](#) was first announced, leaders in the state were eager to sign up. They knew that participation would bring legitimacy to their conversations about advancing IECMH. Tennessee was not selected for the first cohort, but the passionate advocates did not give up. A year later—with an even broader pool of stakeholders, more commitment to identifying solutions, a new and growing infant mental health association, and an infant mental health endorsement system in place—they reapplied

// We had great interest and many passionate voices eager to contribute. We needed to find the best ways to harness that enthusiasm and use it to move the process forward.” — Angela Webster, Executive Director, Association of Infant Mental Health in Tennessee



and were selected. Immediately following the Cohort 2 kick-off meeting in May 2018, the state team gathered for a planning session to develop the *Tennessee State Plan for Infant and Early Childhood Mental Health Financing Policy*.

the Process

The Tennessee State Plan outlined four goals that together aim to enhance the assessment and treatment of infants and young children. Action teams with shared leadership gathered to work on the goals. Each action team developed clear steps and monitored their progress.

Goal 1: Identify and utilize current mechanisms in place (Medicaid and alternatives) to finance IECMH services.

Led By: TN Department of Health and AIMHiTN

Select Accomplishments:

- Sustained engagement and participation from cross-agency leaders including: AIMHiTN, managed care organization¹ (MCO) partners, infant mental health experts, TN Association of Mental Health Organizations (TAMHO), TN Chapter of the American Academy of Pediatrics (TNAAP), Centers of Excellence for Children in State Custody (COE), and representatives from TN Department of Mental Health and Substance Abuse Services (TDMHSAS), the TN Department of Health (TDH), and the TN Department of Education (DOE).
- Designed a resource mapping project and secured funding through the Child Care and Development Block Grant to support the work.

Goal 2: Identify core IECMH services not currently reimbursable and explore options to finance those services.

Led By: TennCare

Select Accomplishments:

- Sustained engagement and participation from cross-agency leaders including: MCO partners, AIMHiTN, infant mental health experts, TAMHO, TNAAP, COE, and representatives from the TDMHSAS, DOE.
- Drafted a program description for a billing code to address barriers to best practices for infant mental health assessments.
- Finalized a program and provider qualifications description for infant mental health assessment that will be operationalized and disseminated by MCOs.
- In collaboration with a project of Allied Behavioral Health Solutions, created a *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* crosswalk.²

Goal 3: Expand the IECMH workforce and develop IECMH messaging for use with families and stakeholders.

Led By: TN Commission on Children and Youth and AIMHiTN

Select Accomplishments:

- Sustained engagement and participation from cross-agency leaders including: TN Council on Children and Youth, AIMHiTN, infant mental health experts, TAMHO,

² A crosswalk provides a means of connecting diagnostic codes between different classification systems to facilitate billing. In many states, the crosswalk has been an important tool for infant and early childhood mental health providers to bill for treatment services under existing adult, adolescent, and child codes while making appropriate diagnostic assessments of young children.

TennCare, COE, and representatives from the TDMHSAS, DOE, and TDH.

- Undertook an environmental scan of in-service professional development activities.
- Initiated scan of marketing and promotion materials used by other states to inform IECMH messaging.

Goal 4: Hold a “summit” for stakeholders to learn more about the efforts to expand financing and access to IECMH services.

Led By: AIMHiTN and TN Department of Health

Select Accomplishments:

- Sustained engagement and participation from cross-agency leaders including: TN Council on Children and Youth, infant mental health experts, TAMHO, TennCare, COE, and representatives from the TDMHSAS, TN Department of Children’s Services and TN Department of Health.
- Hosted the “Little Brain Builders: Investing in Infant and Early Childhood Mental Health for a Strong Tennessee” summit on June 27, 2019. It was attended by more than 100 participants including high-level state policy administrators and state policymakers.

Financing

“It was important that we invited individuals to the table from TennCare behavioral health and the MCOs to initially discuss billing for assessment, and then move to diagnosis and treatment. After much back-and-forth we decided a billing code was needed,” said Brent Robinson of TennCare. The next step will be to

develop service descriptions and billing codes for evidence-based IECMH treatments.

Angela Webster, Executive Director of AIMHiTN, emphasizes that from the beginning, the state team was committed to ensuring Medicaid would not provide the sole support. The resource mapping project will be key to inform discussions about diversifying funding beyond Medicaid. Robinson points out that although Medicaid is currently the main payer, private insurance companies tend to follow in Medicaid’s footsteps, so they anticipate that private insurance will shift, over time, to provide reimbursement as well.

next Steps

Future plans include completion of the resource mapping project, development of bundled billing for IECMH treatment services, enhanced messaging that targets specific disciplines, completion of the professional development scan, and more comprehensive professional development opportunities. With such a robust agenda for next steps, the team recognizes that they will need to stay intentional and resist the desire to push to accomplish more than resources will allow.

important Lessons

- Engage Medicaid and the MCOs from the start so that they can understand the complexities of IECMH service delivery, the importance of assessment, and the benefits of early treatment. Although the ultimate goal is to ensure that the continuum of IECMH assessment, diagnosis, and treatment is reimbursable, start with assessment. Once that program description is agreed on, then consider the others.

- Relationships are everything. Learn the language, approaches, and needs of individual stakeholders. Some may approach the work with personal connection and passion, while others may be focused on meeting deadlines and sticking with decisions. Trusting relationships will help people step out of their silos and collaborate successfully.
- The reflective process may be new to some partners. Assure them that slowing down and reassessing to make sure there is agreement may take time, but that the end product will be more effective as a result.

for more **Information**

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