

Children's Disability Workgroup

DRAFT Recommendations

November 5, 2012

RECOMMENDATIONS

Recommendation: Commit to building toward a comprehensive system of care that is accessible to all Iowans. A system of care is defined as a child and family-driven, cross-system spectrum of effective, community-based services, supports, policies and process for children and youth, from birth-young adulthood, with or at risk for physical, emotional, behavioral, developmental, and social challenges and their families that is organized into a flexible and coordinated network of resources, builds meaningful partnerships with families, children and young adults, and addresses their cultural and linguistic needs, in order for them to optimally live, learn, work, and recreate in their communities and throughout life.

Recommendation: Create a state level group that will provide guidance, oversight, problem solving, long term-strategic thinking, and collaboration in partnership with IME and local systems as they create Specialized Health Homes and build out from serving a discrete population to a comprehensive, coordinated system for all children

Draft Charge of State Level Group

*This group will support and promote optimal, **well-being/whole person/person centered***, cross-system long and short term outcomes for children and youth. Families, agencies, disciplines and others will convene to build and oversee implementation of a successful children's system that starts with quality, effective, specialized health homes and evolves to a comprehensive and coordinated statewide children's system.*

Recommendation: As specialized health homes will be in effect and will require immediate implementation, building the comprehensive community system of care will begin with the specialized health homes to provide care coordination/case management, family/peer support services and other related and important services that have historically been difficult to pay for children and youth with serious emotional disturbance who are eligible for Medicaid.

Health homes are consistent with system of care in that they:

- both involve alliance building with various professionals involved with the youth and family;
- support the family to receive what they want and maintain a balance with what the system can provide;
- have different levels of care coordination based on the child and families' level of need
- are both cross agency systems; and
- are both are a medical model that is blended with a social service model.

Recommendation: Initially, the Department in partnership with IME will have the authority to determine the criteria to designate a health home that includes geographic distribution and number of specialized health homes. As the system expands to include a broader percentage of the population, the state leadership team will work collaboratively with key stakeholders to determine future distribution.

Recommendation: As the system evolves, it should be to support children and youth with serious emotional disturbance who have private payers.

Recommendation: Building on the best practices of Specialized Health Homes/ for children with SED, the system will evolve to include children and youth with mental health and other disabilities and challenges. Ultimately, community base systems of care for children will have a coordinated approach to promoting and supporting optimal health in all of the dimensions that lead to health for all children and youth in Iowa.

Recommendation: Legislation will be enacted to create and give authority to an ongoing state level group with the responsibility to:

- Set expectations regarding quality for cost, growth, and outcomes for Health Homes;
- Enforce or hold health homes accountable for /performance on individual health homes;
- Gather information and understand how the community based system is working;
- Resolve tensions inherent in complex and diverse systems and problem solve;
- Ensure the system continues to evolve to include more children and families through process improvement methodology;
- Understand and manage costs for the system;
- Ensure services are evidence-based;
- Provide guidelines around what services are being delivered;
- Population management: ensure that in addition to children and families are doing well, the entire population is doing well; and
- Set strategies that would decrease further involvement in higher level services, i.e. original goal is to bring kids back from out of state (OOS) and ensure they don't go OOS.

Recommendation: Initially DHS in partnership with IME should provide leadership for the state level team in the beginning as the community based systems will evolve from the specialized health home. As the system is built out, the lead and the members of the group may change/grow.

Recommendation: At the beginning, members for the state level group should include representation from the following agencies and stakeholders: (should we include subcategories?)

- Department of Human Services (DHS)
 - Child Welfare
 - Mental Health & Disabilities
- Iowa Medicaid Enterprise (IME)
- Department of Public Health
- PMICs
- Judicial Districts
 - Juvenile Justice
 - Courts
- Department of Education
 - AEA
- Primary Care Providers
 - Mental Health
 - Substance Abuse
- Community-Based Agencies
 - Peer and family supports / peer support / youth movement
 - Vocational Rehabilitation
 - Respite

Recommendation: As the system evolves to include more children with a variety of payers, other voices at the state level will be important to include as either permanent members or advisors.

- Higher Education
 - Board of Regents
- Hospitals
- Faith-based Organizations
- Business Entities
- Military partners
- Foundations
- FQHCs
- PMICs
- YMCA's/Fitness Clubs/Park and Rec
- Medical Director
 - Psychologist
 - Nurses/Nurse Practitioners
 - Therapists
 - Targeted Case Management Providers
 - Adult System / Regional Coordinators (CPCs)
- Advisory committee

Recommendation: IME and ultimately the state level group will be responsible for evaluating the specialized health home and the evolution to a comprehensive system of care for all children and youth. The evaluation will address process, structure and child and family outcomes.