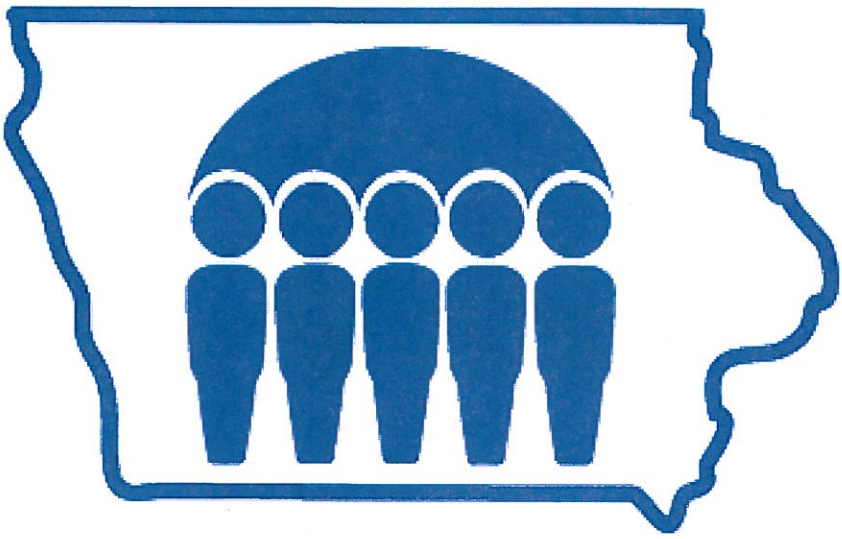
Iowa Department of Human Services



Implementation Status Report regarding the Mental Health Services System for Children, Youth, and their Families

January 2012

Introduction:
This is the Department's annual implementation status report submitted to the Governor, the General Assembly and the Mental Health and Disability Services Commission regarding the agency's establishment of a statewide comprehensive community based children's mental health services system. This report is mandated by Code Section 225C.54.

Foundational Legislation and Funding :
In 2008, Code Sections 225C.51-54, Mental Health Services System for Children and Youth were enacted. The code states that the Department is the lead agency responsible for the development, implementation, oversight, and management of the mental health services system for children and youth. The Department's responsibilities are to be fulfilled by the Division of Mental Health and Disability Services (MHDS). The Department was allocated $500,000 to begin the initial development of children's mental health services through existing community mental health centers, providers approved by the MHDS Commission to provide services in lieu of a community mental health center, and other local service providers. An additional legislative appropriation of $250,000 was provided in FY 2012 for the Central Iowa System of Care pilot program funded by the initial appropriation,

Section 225C.52 (1) identifies the purpose and goals of the children's mental health system as follows:

- The purpose of establishing the children's system is to improve access for children and youth with serious emotional disturbances and youth with other qualifying mental health disorders to mental health treatment, services, and other support in the least restrictive setting possible so the children and youth can live with their families and remain in their communities. The children's system is also intended to meet the needs of children and youth who have mental health disorders that co-occur with substance abuse, mental retardation, developmental disabilities, or other disabilities. The children's system shall emphasize community-level collaborative efforts between children and youth and the families and the state's systems of education, child welfare, juvenile justice, health care, substance abuse, and mental health.

This legislation also identified children with an SED and other qualifying mental health disorders as the target population for the children's mental health system.

- "Serious emotional disturbance" is defined as meeting diagnostic criteria for a mental health, behavioral, or emotional disorder that has results in a functional impairment.
- "Other qualifying mental health disorder" is defined as a mental health crisis or any other diagnosable mental health disorder that is likely to lead to a mental health crisis unless there is intervention.

Current Legislation and Workgroup Activities regarding Children's Mental Health

In 2011, the Iowa General Assembly passed Senate File 525, legislation focused on redesigning the adult mental health and disability services system. Included in that legislation was language that directed the formation of a children's disability services workgroup. SF 525 also mandated formation of a Psychiatric Medical Institution for Children (PMIC) transition workgroup to facilitate the transition of management of PMIC services from the Iowa Medicaid Enterprise to the Iowa Plan.

The Children's Disability Services Workgroup was tasked with "developing a proposal for redesign of publicly funded children's disability services, including but not limited to the needs of children who are placed out of state due to the lack of treatment services in this state." In October 2011, the children's workgroup submitted a preliminary report that included an analysis of gaps in the children's system, recommendations for new core services, and proposals regarding services to support return of children from out of state placement, and is to submit a final proposal on or before December 10, 2012. The Department submitted a final redesign report on December 19, 2011 that endorsed the workgroup's recommendations. The Mental Health and Disability Services Study Committee met on December 19, 2011 and accepted the Department's recommendations as proposed, with the modification that the charge for the children's workgroup in 2012 is "to submit a proposal for an integrated children's system involving child welfare, juvenile justice, children's mental health, education, and the usage of the health home approach." In addition, it was recommended that cost estimates be developed for the workgroup proposals. The Children's Disability Services Workgroup will resume meeting in 2012 following the completion of the 2012 legislative session and continue work on this charge.

The PMIC transition workgroup submitted a final report on January 16, 2012 that supported the vision for the children's mental health system identified by the Children's Disability workgroup. The PMIC workgroup also supported the specific recommendations regarding the need for PMIC services to be flexible, accessible, more strategically used, integrated with the wider system, inclusive of family and community involvement, and coordinated before and after admission to PMIC. The PMIC workgroup recommended transition of PMIC services to the Iowa Plan with no major changes in funding or service authorization. The PMIC workgroup will continue to meet through 2013 to ensure a smooth transition to the Iowa Plan and continued coordination with the children's disability services Workgroup and children's service system redesign efforts

Many of the gaps identified by the workgroup were previously identified in the 2011 annual children's mental health system report, the state Olmstead plan, and numerous advisory group reports. Significant gaps identified include:

1. No clear points of accountability or organizing entities.
2. No logical pathways for access to treatment
3. Child-serving systems are disconnected.
4. Over-reliance on Medicaid as the first or sole funder of services.
5. Children receive services based on availability of services rather than need.

6. Needs of parents, guardians, caretakers, and family members are not adequately addressed.
7. Residential/PMIC services are not providing optimal impact due to disconnect from community-based services and insufficient care management.
8. Lack of timely access to key individual services leads to delays in care, potential harm, and increased utilization of out of home/state treatment options
9. Statewide access to crisis intervention and brief stabilization/intervention services are needed
10. Transition planning in and out of institutional settings is insufficient
11. Insufficient focus on health promotion.
12. Insufficient focus on prevention and early identification of needs
13. Transition-age youth are underserved by both the child and adult systems.
14. Education supports are inconsistently available and not sufficiently coordinated with treatment services.
15. Providers need expanded ability to manage needs and behaviors in-state.

One of the initial recommendations to address these gaps was for Iowa to institute a "Systems of Care[1] framework for Children's Services in Iowa." This recommendation is consistent with the goals that the Department has identified in previous implementation reports to the Legislature. The Department has supported Systems of Care development for the children's mental health system through state and local funding for the Community Circle of Care program in northeast Iowa and the Central Iowa System of Care program in Polk and Warren Counties. The Legislature also included additional funding in SFY12 for a System of Care in Linn and Cerro Gordo Counties. An RFP was released in December 2011, with a contract to be awarded in spring 2012. Current expansion of Systems of Care to the rest of the state is limited by availability of funding, as well as a need for further local system organization and training. It is anticipated that the final workgroup report to be submitted in December 2012 will provide further recommendations for developing a statewide System of Care for children and youth that is integrated with the regional system to be developed for adults with mental health and disabilities.

To complement the Workgroup's definition of System of Care, the Department developed an operational definition of Systems of Care:

A system of care provides children with, or at risk of serious emotional disturbance or other disabilities, and their families, the following services and supports:

[1] The Workgroup defined Systems of Care as a child and family-driven, cross-system spectrum of effective, community-based services, supports, policies, and processes 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.

1. A centralized access point for information, services and supports, including assessment and diagnostic evaluation, to ensure that children receive appropriate services in the least restrictive, most community-based settings.

2. Individualized service planning through family and youth driven models of planning and intensive care coordination. Development of a family's natural support systems is a critical part of the planning process. Children involved with multiple service systems are of particular focus in Systems of Care due to increased need for coordination when multiple systems are involved.

3. A coordinated network of flexible community-based supports and services that is dedicated to meeting the needs of children and families with serious mental health needs and other disabilities in their homes, schools, and communities.

4. Flexible funding to help families access community-based services or supports that are otherwise unavailable through third-party insurance or Medicaid funding. These services are deemed necessary to support the child's successful tenure in the community and may include Behavioral Health Intervention Services (BHIS) or other in-home services, respite, environmental adaptations, and family supports.

Initial Core Services

The Workgroup also identified new core services needed to effect system transformation. These include:

- Intensive care coordination
- Family Peer Support
- Crisis Services

These services are currently available through the Systems of Care programs and individually through local programs. The recommendation is that these are core services that should be available statewide.

The Workgroup also identified enhancement to two existing services to encourage flexibility, coordination of services, and full use of available resources. Systems of Care also work with these two programs to encourage the most effective use of the services available and to reduce lengths of stay in out of home settings whenever possible.

- Intensive-Community Based Treatment (BHIS through the Iowa Plan)
- Psychiatric Medical Institutions for Children (PMIC)

Integration of Health Homes and Systems of Care Models

Another significant recommendation proposed during the workgroup process was the development of a Child/Youth Health Home Model for service delivery within the System of Care framework.

The Patient Protection and Affordable Care Act, Section 2703 offers the opportunity for increased federal financial participation in the cost of services to Medicaid-eligible individuals by providing states the option of developing health homes. Health homes coordinate and provide medical, behavioral health and social supports needed by individuals with two chronic conditions, one chronic condition and at risk of another, or a serious and persistent mental health condition. The goal of the health home program is improved wraparound and care coordination that results in lower rates of emergency room use, reduction in hospital admissions and readmissions, reduction in health care costs, less reliance on long term care facilities, improved experience of care and improved quality of care that results in improved services and outcomes. While these goals apply to individuals with any chronic health condition, they are also consistent with the vision and principles of Systems of Care identified in the workgroup report.

Iowa Medicaid is in the process of developing a state plan amendment to develop specialized health homes that would provide comprehensive care coordination, a holistic approach to health care, and promote individualized service planning for children and youth with serious mental health conditions. This will help develop a model of service delivery for both Medicaid and non-Medicaid children that builds on the service delivery models used by the two existing Systems of Care programs and makes specialized community-based services available to children who are at risk of out of home placement as well as those children returning to the community from out of home or out of state placement and treatment settings.

The Current Children's Mental Health System

For the majority of children in Iowa, mental health services continue to be provided through multiple sources and access points dependent on their county of residence, income, insurance, or mental health/disability status. Children's mental health services and supports are funded by a patchwork of private, state and federal grants, Medicaid and private insurance, and decategorization funds in some areas. There is little uniformity regarding services or funding available beyond the Medicaid program. Children on Medicaid and Home and Community Based Services waivers also have access to intensive community-based services and supports that are not available for children with private insurance or HAWK-I.

Funding for mental health services is provided by:

- Systems of Care programs in 13 counties-funded by a combination of local, state, and federal grants and appropriations. In these areas, there is a local agency that has the responsibility to connect the family to available services and provide coordinated services within limits of available resources. Funding is available to supplement insurance coverage for children who require intensive community based services and supports that are typically not covered by private insurance.

- Medicaid for children deemed financially eligible, or eligible due to SED or disability status, foster care status, or institutional placement. Services available

are dependent on program eligibility and include Iowa Plan services (inpatient and outpatient mental health services, Behavioral Health Intervention Services-BHIS), medication, Children's Mental Health Waiver services, and treatment in a PMIC.

- Eligibility for the Children's Mental Health Waiver and PMIC services is determined by a level of care process that determines if the child's mental health needs meet an institutional level of care, regardless of their financial status. There are lengthy waiting lists for both programs, signifying the need for more intensive services and supports that are not readily available when families are in crisis. Access to services when funding is available is also inconsistent, with rural areas having less access to mental health services and supports than urban areas.

- Local/County Funding- Multiple areas of the state have made efforts toward development of local systems of care or similar projects to address unmet mental health needs in the community. These projects are typically funded by the federal Mental Health Block Grant, decategorization, and local or county funds. Services funded have included individual therapy, medication, BHIS services for non-Medicaid eligible children, afterschool programs, respite, and care coordination. The goal of these projects is to help children who are at high risk of involvement with Child Welfare, Juvenile Court, involuntary commitment, or out of home treatment and placement remain successfully with their families, homes, schools, and communities. Local projects struggle with uncertain funding and long-term sustainability. There is no mandate that these types of services be funded at the county or local level for children and youth, compared to mandates requiring services for adults at a defined poverty level with defined disabilities.

The workgroup process demonstrated that there is wide-ranging support for designing a statewide System of Care that provides information, services, and supports to children and their families with mental health and other disability-related needs not met by the current system. The process also defined in detail the gaps and barriers that children and their families face when seeking assistance for mental health and behavioral challenges. As the workgroup process moves forward during 2012, it will be important to integrate current children's mental health programs and efforts, including the existing Systems of Care, Medicaid-funded services, and local programs, with the further recommendations that the Workgroup will offer in their final report due December 2012. Iowa currently has a fragmented system of children's services, but there are many programs attempting to meet the needs identified in their areas. It will be important to maintain current capacity while recognizing that changes may be made to existing programs in support of the overall goal of consistent statewide Systems of Care services.

Outcomes of the Community-Based Children's Mental Health System

Central Iowa System of Care and Community Circle of Care

The Central Iowa System of Care (CISOC) and the Community Circle of Care (CCC) serve children and youth ages 0-21 who are diagnosed with a mental health disorder and meet the criteria for Serious Emotional Disturbance or are at risk for negative outcomes without intervention. The children and youth served by both programs are assessed to be at high risk of involvement with more intensive and restrictive levels of treatment due to their serious behavioral and mental health challenges.

All services billable to third-party insurance are billed accordingly. Local, state, and federal funds are used to fund non-billable services such as care coordination for all eligible participants, as well as in-home or BHIS services to non-Medicaid eligible children.

Goals: The goal of both programs is to help the identified child remain successfully in their home, school, and community unless safety or clinical reasons require more intensive services. If such services are recommended, the program can remain involved with the family to support the child's return to the family home by providing ongoing coordination and parent support. In some cases, this ongoing support can help shorten the length of stay in out of home treatment. Services provided include care coordination, access to clinical mental health services, wraparound and family team facilitation, and the ability to fund flexible services that strengthen the child's ability to function in the home, school, and community.

Families referred to a System of Care are often at the point of requesting assistance from the court or child welfare system or are seeking PMIC placement. They need an organized system of services and supports to avert placement or treatment of their child out of the home or on occasion, out of state. Referral sources for both programs include parents, Department of Human Services (DHS) Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers.

CCC Funding: The Community Circle of Care (CCC) is funded through a cooperative agreement between the State of Iowa, Department of Human Services, and the Substance Abuse and Mental Health Services Administration (SAMHSA). CCC is located in 10 counties in NE Iowa and also is collaborating with Scott County Kids, a local System of Care program, through a technical assistance agreement. CCC is in the final year of the six year SAMHSA grant. The grant will expire on Sept. 30, 2012. The program plans to continue operations at the four existing clinic sites with a mix of state funding, insurance reimbursement for direct services, and local decategorization funding. The program served 1,567 children with direct clinical and coordination services in FY2011. The Department has requested funding totaling $1,436,595 for FY2013 to maintain the current service level.

CISOC Funding: Central Iowa System of Care (CISOC) was initially funded through the state appropriation of $500,000 to begin the development of the community based

mental health services system for children and youth with an SED effective Jan. 1, 2009. This funding carried forward through the first quarter of SFY 12. Iowa's Juvenile Justice Advisory Council also awarded a total of $120,000 in grants for FFY 10 and FFY11 to support diversion of children with mental health issues away from the Juvenile Justice system. Current funding is a legislative appropriation of $250,000 for SFY12. In SFY11, the program served 120 children and anticipates serving a similar number in SFY12. DHS has requested funding totaling $327,947 for SFY13 to maintain the current service level.

Program Outcomes

The two SOC programs currently use different outcomes measurement tools due to differences in required grant reporting, however common outcomes have been identified in the chart below. Additionally, through chart reviews, both programs identified children that would have accessed more restrictive and costly settings without SOC involvement.

In SFY11, Community Circle of Care estimated that of 1,016 youth served, 583 (57%) would have received more costly and restrictive services such as out-of-home placement, juvenile court and child welfare involvement, and involuntary committal. These children instead remained in home and community settings.

Central Iowa System of Care reported that of the 120 children served in SFY 11, 29 (24%) were prevented from entering PMIC or had a shortened stay in a residential treatment setting or hospitalization due to involvement with CISOC services.

The following chart identifies numbers of children and youth served in SFY11 and common outcomes reported by the two programs.

Systems of Care Site	Results Achieved in SFY 2011			
	Performance Measure #1 90% of children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)	Performance Measure #2 95% of children & youth served will not have CINA petitions filed due to need for mental health services	Performance Measure #3 Children & youth served by the System of Care will be diverted from involuntary commitment for mental health treatment 98% of the time	Performance Measure #4 [2] Children & youth served by the System of Care will demonstrate improved functioning in school
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	89% (n=120 served in SFY11)	94%	98%	92% of clients maintained or improved their attendance, 49% of clients with moderate or severe attendance issues improved their attendance. After 6 months of service, 63% of children had satisfactory grades compared to 55% at intake.
Community Circle of Care (CCC) – former Dubuque Service Area	99% (n=1,567 served in SFY11)	99%	99%	After 6 months of service, 28% of clients improved school attendance and 39% improved their grades.

[2] The two programs did not measure school performance using the same methodology.