Iowa Department of Human Services

Children's Mental Health Crisis Services and Children's Well-being Learning Labs Report

January 15, 2017

Executive Summary

The 2016 legislature directed the Department of Human Services (Department) to complete a report based on the reports completed by the two agencies awarded grants to plan and implement children's mental health crisis services and a report on the work being done by the two children's well-being learning labs. The Department has combined these reports into one report.

The Department submitted the Children's Mental Health Study report on December 15, 2016 which provides recommendations from the Children's Mental Health and Wellbeing Workgroup on the development of Children's Wellbeing Collaboratives using lessons learned by the two children's mental health crisis grants and the two children's well-being learning labs. The Collaboratives would coordinate the resources of all entities towards a common goal of ensuring children and families receive effective prevention and early intervention services, including mental health services, which improve

The children's mental health crisis services reports can be found at:
http://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup

The Children's Mental Health Study report can be found at:
http://dhs.iowa.gov/sites/default/files/MHDS-Childrens-Mental-Health-Study-Report.pdf

Introduction

2016 Iowa Acts, Chapter 1139, Section 64 directs the Department to award competitively bid grants to two agencies to plan and implement children's mental health crisis services. Section 64 requires the grantees to submit reports to the Department and directs the Department to combine the essentials of the reports and include recommendations for children's mental health crisis services.

2016 Iowa Acts, Chapter 1139, Section 65 directs the Department to award competitively bid grants to two agencies to develop an expansive structured learning network (children's learning labs) for improving child wellbeing. Section 65 requires the Department to submit a report with recommendations including lessons learned, suggested program design refinements, and implications for funding, policy changes, and best practices.

The 2016 legislature directed the Department to reconvene the Children's Mental Health and Wellbeing Workgroup and to submit a report regarding children's mental health crisis services. The Workgroup was charged with making recommendations regarding the next steps in establishing a children's system. The Department submitted the Children's Mental Health Study report on December 15, 2016.

The Workgroup recommended building on the lessons learned by the two children's mental health crisis grants and the two child wellbeing learning labs by requesting appropriations to fund competitively bid grants for Children's Wellbeing Collaboratives that focus on child and family wellbeing, including mental health, through prevention and early intervention.

The goal of Wellbeing Collaboratives is to bring a broad cross section of entities together in a defined geographic area to collaborate and cooperate in their efforts to build and improve the effectiveness of prevention services. The Collaboratives' prevention services are to measurably improve the wellbeing of children and families, including children's mental health.

Summary of Children's Mental Health Crisis Services Reports

The Department released a Request for Proposal (RFP) in August 2016 to fund two planning grants for Children's Mental Health Crisis Services. Seasons Center for Behavioral Health (Seasons Center) and Youth and Shelter Services-Francis Lauer (YSS) were the successful bidders.

Seasons Center is developing a children's crisis mental health system in nine counties targeting children ages 0-21. Services will include mobile crisis services and other crisis response services currently offered by the agency. Seasons Center will develop care coordination and respite services to support the child and family's continued stabilization after the initial mental health crisis.

YSS is developing a "Kids' Mobile Crisis Team" based on the current mental health crisis stabilization program offered to adolescents at YSS. YSS will provide screening and referral for children ages 2-17, determine the need for hospitalization or intensive community-based services, and provide post-service support for the child and family. YSS crisis services will include mobile response and community-based crisis stabilization in the home for children of all ages, as well as short-term intensive services in a shelter setting for children ages 2-11, and short term shelter stays for adolescents.

Each grantee submitted a report to the Department in December 2016 which described the agencies services and summarized their mental health crisis planning process and collaborating partners and outlined recommendations for further development of children's mental health crisis services. The following is a summary of the information included in Seasons Center and YSS's reports as required by the legislation.

Identification of the existing children's mental health crisis services in the defined area:

- Seasons Center reports that there are no mobile crisis response teams within the identified service area. Seasons Center provides emergency services through a 24 hour crisis line. Outpatient psychiatric services, psychological testing, and psychological evaluation are also available in the service area.

- YSS provides the only crisis mental health services in the service area. The agency provides mobile crisis response with the purpose of diverting children from shelter placement and connecting families with services. This program is funded through the agency's contract with the Department to provide child welfare emergency services (CWES). Families not eligible for CWES are funded through a separate grant. The agency also operates a crisis stabilization program for children referred by the local hospital, inpatient psychiatric unit, or other professional referral sources.

Identification of gaps in children's mental health crisis services in the defined area:

- Seasons Center
    - Incompatible health records systems leading to difficulty sharing information across providers and coordinating care.
    - Multiple screening and assessment tools and processes across providers.
    - Workforce shortage - All counties in the catchment area are designated as mental health provider shortage areas. Waiting lists for services make it difficult for families to access services in a crisis. Availability of services on evenings and weekends, lack of young adults to join the workforce, and less competitive salaries were identified as key factors affecting the workforce.
    - Culture and language barriers - Two counties in the catchment area have populations that experience barriers related to translation, interpretation, and other cultural differences that affect their ability to access mental health services.
    - Stigma, shame, and lack of information - Stakeholders surveyed reported that lack of knowledge on mental health and shame about other knowing were barriers to accessing mental health services.
    - Access barriers for families - Transportation, work schedules and financial challenges are barriers for families, especially due to the rural nature of the catchment area.
    - Inadequate funding and resources - Funding is often limited to specific programs. Care coordination is a needed service but is not widely available due to funding limitations. Lack of capacity or availability of inpatient psychiatric services, mobile crisis, respite, or other crisis services are a gap as well.
    - Criminalization of children - The criminal justice system is being used to address children's unmet mental or behavioral health needs.
    - System barriers, differing perspectives, and reluctance to change – Multiple systems do not communicate or collaborate effectively.
    - Complex child and family cases - The system doesn't appear equipped to meet the complex needs of children and their families, including abuse, neglect, trauma, financial, education, health, and complex mental health needs.
    - Need for promotion, prevention, and early intervention - Need for services in schools and public education on mental health, health relationships, and parenting. Also more early intervention and detection of mental health

conditions, and education of schools, law enforcement and other providers on children's mental health and strategies to intervene early.

- YSS
    - Lack of collaboration among providers.
    - Lack of a system of care to ensure coordinated services.
    - Lack of clear definitions of what constitutes a crisis, what it means to have a mental health condition, and what it means to be stabilized.
    - Lack of places to refer children and concerns about how quickly services can be accessed.
    - Lack of services for children ages 6-12 who are in crisis.
    - Need for crisis services for children who do not meet hospitalization criteria or for whom inpatient care is not available.
    - Families feel helpless and hopeless when seeking services for their child's mental health condition and they think psychiatric medical institutions for children (PMIC) is the only option.
    - Lack of awareness by families of services currently available.
    - Lack of transportation to service providers.
    - Need for therapeutic schools and classrooms.

A plan for collection of data that demonstrates the effects of children's mental health crisis services through the collection of outcome data and surveys of the children affected and their families:

- On Pages 26-27 of Seasons Center report is an overview of the plan for collection of data. In addition to demographic and process data, Seasons Center will gather data on functional improvement of the client, caregiver satisfaction, least restrictive services achieved, community satisfaction and staff satisfaction. Seasons Center plans to use its electronic health record to assist in data collection and also to provide qualitative data that includes success stories, challenges, and lessons learned.

- On pages 20-21 of the YSS report is a list of outcome measures for the mobile response teams. Outcomes include reduction of children presenting to emergency departments due to mental health crisis, reduction in children admitted to hospital psychiatric units, increase in numbers of children diverted from PMIC placement, and an increase in parent and child perception of ability to manage mental health issues.

A method for using federal, state, and other funding including funding currently available, to implement and support children's mental health crisis services:

- Seasons Center has uses multiple funding sources to support programs. Services are funded by third party payments, private pay, and general agency funds. The agency will pursue additional grant funding to support program services. Mental Health and Disability Services (MHDS) regional funds help support the 24/7 crisis line.

- YSS's proposed budget includes Medicaid and MHDS regional funding. Private insurance will also be utilized if available.

Utilization of collaborative processes developed from the recommendations from the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015:

- Seasons Center formed a coalition of community stakeholders to develop the crisis mental health services plan. The coalition partners include Seasons Center, Boys Town, Juvenile Court Services, Avera Health, and Prairie Lakes Area Education Agency. The coalition partners meet monthly and implementation meetings are held on a regular basis. Public input was sought through online surveys, community conversations and interviews with community agencies. An advisory team will be formed from members of the community to continue to provide input on system development.

- YSS formed a planning work group comprised of representatives from YSS, Mason City and Clear Lake Schools, Mercy Health Care North Iowa, WellSource Health, DECAT, Mason City Youth Task Force, Child and Adolescent Integrated Health, County Social Services, and a parent of a child who utilized crisis stabilization services. Regular work group meetings are scheduled and interviews are planned with parents and youth. Listening circles will be held with youth and parents in various programs and settings. An advisory committee will be formed from community stakeholders to provide further review and insight on a final plan.

A recommendation for any additional state funding needed to establish a children's mental health crisis service system in the defined area:

- Seasons Center included a summary of additional state funding needed to implement a children's mental health crisis service system on pages 29-30 of their report. Seasons Center identifies children's mobile crisis, respite care, and care coordination/wraparound services needing $1,800,000.

- YSS included a proposed budget for the YSS mobile crisis program on pages 21-25 of the report. The budget projects a need of approximately $489,000 after Medicaid and MHDS regional reimbursements.

A recommendation for statewide standard requirements for children's mental health crisis services, as defined in the children's mental health and workgroup final report submitted to the department of human services on December 15, 2015, including but not limited to all of the following:

(1) Standardized primary care practitioner screenings.
(2) Standardized mental health crisis screenings.
(3) Standardized mental health and substance use disorder assessments.

(4) Requirements for certain inpatient psychiatric hospitals and PMIC to accept and treat all children regardless of the acuity of their condition.

- Seasons Center plans to use the Adverse Childhood Experiences (ACES) questionnaire as the first step in providing more comprehensive recommendations about screenings and assessments. Seasons Center will be piloting the ACES questionnaire across other service systems such as primary care, hospitals, schools, law enforcement, child welfare, and juvenile justice. They will also create a workgroup to work with partners and stakeholders to review current screening and assessment tools in use by providers and pilot usage of recommended screening and assessment tools. Seasons Center will provide recommendations for standardized screening and assessment tools and adopt a plan for reviewing intake requirements and processes for children's inpatient psychiatric hospitals and PMIC by June, 2017.

- YSS will use standard screenings and assessments based on the age of the child. The screenings will be completed by YSS and Lifelong Links using the same screening tools depending on the age of the child. YSS will also use the CWES Screening Tool and the Modified Mini Screen to measure parental distress. YSS will use a licensed mental health provider to administer the assessment which will identify appropriate services and treatment, including psychiatric hospital services and PMIC. The following assessments will be used as appropriate:
    - The Ages and Stages Questionnaire (ASQ-SE)
    - The Conners 3 Assessment Tool, as well as the PHQ-9 for children ages 6-18
    - A Mental Health Assessment tool that includes a drug and alcohol assessment and medical contacts
    - The Comprehensive Addiction Severity Index (CASI) to assess drug and alcohol usage concerns, as appropriate

Summary of Children's Well-being Learning Labs

In July of 2016, the Department began the process to form a multi-site learning network for the purpose of studying existing systems of care that have successfully implemented a framework for well-being focused system integration that included elements from each of the four categories identified below:

- Commitment
    - Leadership: lead agency ideal & strong leadership among all
    - Shared and articulated definition of wellbeing is advanced in all policies and practices
    - Shared articulated values
    - Transparency among partners including data, policies, imperatives, and priorities
    - Communication: routine and problem-solving protocols

    - Efficiencies: compromises and coordination are privileged over paperwork/business rules
    - Policy myths, practice myths, & agency/service cultural preferences are on the table to reform
- Clarity
    - Pathways for vulnerable families are clearly lit
    - Front-line workers and families inform pathway development
    - Shared outcomes are agreed upon across service arms/agencies
    - Data integration is mapped and undertaken – step by step – with shared data dictionary
    - Implementation is mapped, tracked, and measured
    - Population of highest concern is well identified across various measurement sources considerate of needs, strengths, assets, and liabilities
- Accountability
    - Achievement of outcomes requires mutual dependency of agencies Services that maximize FFP are delivered by relevant agency (rational financing)
    - Roles of all for each critical element are described and managed
    - Tireless pursuit of quality
    - 360 degree evaluation of quality
- Service Elements
    - Screening/assessment and early identification
    - Comprehensive, coordinated care management/Care management
    - Health promotion
    - Transitional care (hand-offs and on-boards)
    - Individual and family support (including governance voice)
    - Community based service array: accessible and expert
    - Services: right time, right dose, right care
    - Re-evaluation of need/strength at regular intervals

Additionally, the Department determined that the systems of care selected to participate in the study would be required to demonstrate an approach that aligned with the Core Values and Guiding Principles established by the Children's Mental Health and Well-being Workgroup as outlined below.

- Core Values
    - Family driven and youth guided, with the strengths and needs of the Child and family determining the types and mix of services and supports provided.
    - Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
    - Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of

the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

- Guiding Principles
    - Ensure availability and access to a broad, flexible array of effective, community-based services and supports for Children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
    - Provide individualized services in accordance with the unique potentials and needs of each Child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the Child and family.
    - Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for Children and their families.
    - Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
    - Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all Children and youth in their community, state, territory, tribe, and nation.
    - Ensure that services are integrated at the system level, with linkages between Child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
    - Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that Children and their families can move through the system of services in accordance with their changing needs.
    - Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young Children and their families in their homes, schools and community settings.
    - Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
    - Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all Children and adolescents.
    - Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and Child and family level.

- Protect the rights of Children and families and promote effective advocacy efforts.
- Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.
- Ensure that data driven decisions are utilized to help determine individual service delivery, system resource allocation, and to ensure substantive outcome measures for change at both the individual and system level. Data should consist of objective and timely sources comprised of objective facts as well as the more informal wisdom rich information gathered from youth, families, and communities.

The Department secured funding through a grant from Casey Family Programs to support this study, and in August of 2016 released an RFP to solicit bids from systems of care interested in acting as a children's learning lab (learning lab). The successful bidders were:

- Four Oaks Family and Children's Services - TotalChild system of care
- The University of Iowa, Child Health and Specialty Clinics – Pediatric Integrated Health Home program

Each bidder will establish a formal learning lab within their existing system of care that is responsible for studying and assessing the outcomes of the children and families they serve. Learning labs will use this opportunity to refine their assessment tools and process and begin to lay a solid foundation for system integration and shared outcomes management at the case level. Each learning lab will include a minimum of 80 cases in their study and will look at children and families from both rural and urban communities.

The learning lab will be supported by the Department, in partnership with Casey Family Programs, in implementing a formal learning network in which the learning lab will work together to collect and assess data and share information on emerging, collaborative efforts that have proven to be successful in improving well-being for children with complex needs and their families across the state. It is anticipated that through the formal learning network we will be able to identify:

- Practices that increase in home and community based services.
- Increased family participation and levels of satisfaction.
- Approaches to increase levels of functioning across domains and an evidence based assessment tool to measure it.
- Practices to seamlessly coordinate services
- Needed supports to ensure sustainability.

In January 2017 Department staff, representatives from Casey Family Programs, and the leadership from each of the selected learning lab sites will meet to develop a Memorandum of Agreement (MOA) to guide the work of the project and to develop a standardized data reporting mechanism for the sites to use. The Agency is requiring

ongoing quarterly reporting from the sites through calendar year 2017, with an initial report due April 30, 2017.

Conclusions/Recommendations

The Children's Mental Health Workgroup provided recommendations in the Children's Mental Health Study Report submitted on December 15, 2016. The Workgroup concluded that the most effective approach would be to have community entities form a collaborative that would coordinate the resources of all the entities toward a common goal of ensuring children and families receive effective prevention and early intervention services, including mental health services, which improve the child and family's wellbeing. These community entities will be expected to engage in intentional collaboration that drives toward improving outcomes for children and families.