



# Mental Health and Disability Services Redesign 2011

## Children's Disability Workgroup Report Summary

Source: Children's Disability Workgroup / DHS

Date Created: November 10, 2011

### Charge

The Children's Workgroup has a two-year charter to create programs and services designed to bring children and youth home from out of state placements (OOS) as well as to keep children and youth from leaving the state to receive needed services. In the first year, the Workgroup was to focus on identifying gaps in Iowa's current system, review promising practices in children/youth mental health and disability services, develop initial recommendations for implementing a set of core services and propose a process to begin bringing children and youth home from OOS.

### Gaps

- There are no clear points of accountability or organizing entities for children's disability services in Iowa.
- There are no clearly defined, accessible, logical pathways into treatment for children and their families.
- Child-serving systems are disconnected. Care is not coordinated. Services are delivered and outcomes are measured at a program rather than systems level.
- There is an over-reliance on Medicaid as the first or sole funder of services.
- Children/youth get "what we have" rather than "what they need".
- The unique needs of parents, guardians, caretakers, and family members are not adequately addressed when interventions are developed and implemented.
- Residential/PMIC services are not providing optimal impact due to disconnect with community-based services, reimbursement practices and insufficient care/continuity management.
- Lack of timely access to key individual services delays care, risks harm and contributes to demand for out-of-state care.
- 24/7/365 in-community, resolution-focused, crisis intervention, support, and brief stabilization for children and families is largely unavailable throughout the state.
- Transition planning in and out of institutional settings is insufficient.
- There is insufficient focus on health promotion.
- There is insufficient focus on prevention and early identification of needs.

- Transition-Age Youth are underserved by both the child/youth and adult systems. There is no mechanism to assure smooth transition into needed adult services and supports when aging out of the children's/youth's system.
- Education supports are inconsistently available and not sufficiently coordinated or tied to the larger treatment services.
- Providers need expanded ability to manage needs and behaviors in-state.
- There is no "repository" that tracks numbers and types of providers for children/youth to assure adequate capacity and competency to match the unique needs of children, youth and families.

## Recommendations

- Rollout new and expanded core services necessary to bring children and youth home from out of state treatment centers and provide alternative services to keep children and youth from leaving Iowa.
- Develop a children/youth Health Home model for service delivery.
- Develop a short-term strategy to bring children and youth back to Iowa through a managed care plan that uses the Health Home model.
- Institute a Systems of Care Framework for Children's Services in Iowa. Here is a summary definition:

*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 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.*

## Core Services

- Implement intensive care coordination services.
- Implement family peer support services.
- Implement comprehensive crisis services.
- Enhance current intensive community-based treatment services.
- More flexibility in use of Psychiatric Medical Institute for Children.

## Outcome and Performance Measures

- Outcome and performance measures should measure what is meaningful to a child, youth or family member.
- Create a standard uniform measurement of outcome and performance.
- There should be a central repository for data collection and analysis that is shared across child and youth-serving systems.