



Mental Health and Disability Services Redesign

Children's Disability Services Workgroup

Meeting #1
August 6, 2012, 10:00 am – 3:00 pm
Polk County River Place
2309 Euclid Avenue
Des Moines, IA 50310

Minutes

ATTENDANCE

Workgroup Members: Jennifer Vermeer, Mark Petlan, Gail Barber, Nicole Beaman, Dana Cheek, Deb Dixon, Jim Ernst, Nick Juliano, Sheila Kobliska, Samuel Kuperman, Janice Lane, Marilyn Lantz, Kathy Nesteby, Wendy Rickman, Jason Smith, David Stout, Shanell Wagler, Debra Waldron

Legislative Representation: Lisa Heddens, Renee Schulte, Nancy Boettger

Facilitator: Elizabeth 'Liz' Waetzig, Change Matrix

DHS/IME Staff: Director Charles Palmer, Joanna Schroeder, Laura Larkin, Don Gookin, Lauren Erickson, Diane Diamond, Pam Alger, Marni Bussell, Carmen Davenport

Other Attendees:

Joan Discher	Magellan
Kelley Pennington	Magellan
Maria Montanaro	Magellan
David Basure	Child Serve
Brice Oakley	Iowa Alliance CMHC & Orchard Place
Susan Fenton	Four Oaks
Martha Munro	Coalition
Arey McGuire	Meridian Health Plan
Aaron Todd	LSA
Susan Osby	PCHS
Kris Bell	SDC
Ann Criswell Tubbs	Vera French MHC
Sheila Hansen	CFPC
Patrica Freeland	Iowa Nurses Association
Paula Feltner	CC& FS/ Boys Town

Other Attendees, con't.

Susan Whitty
John Pollack

Iowa Nurses Association
LSA

AGENDA

Agenda Topics:

- Review of 2011 Children's Workgroup work
- Update on progress from 2011 Children's Workgroup recommendations
 - Update on Out of State Placements
 - Update on State Plan Amendment
- Group discussion over progress
- Review of Workgroup Charge
(http://www.dhs.state.ia.us/docs/ChildDisabWrkgrp_ChargeFINAL_080312.pdf)
- Small group activity creating a practical shared vision
- Identifying current reality at state and local systems level
 - SWOT analysis
- Defining the work
 - Moving from the current reality to achieving the vision
 - What needs to happen to get there

WORKGROUP OVERVIEW

Jennifer Vermeer and Mark Petlan welcomed new and returning workgroup members to the meeting. Ms. Vermeer commented that a lot has been accomplished from the Redesign workgroups, and the Children's Disability Services Workgroup has ambitious goals for this year. Ms. Vermeer asked the workgroup members to introduce themselves.

Ms. Waetzig introduced herself and provided a brief biography and work history to the workgroup.

Ms. Vermeer revisited why the workgroup members were interested in serving on the workgroup, and where the workgroup wanted to be by the end of November. Ms. Vermeer shared a report would be written and presented to the Iowa Department of Human Services (DHS) Director in December 2012. Ms. Vermeer focused on how the DHS/IME is focused on developing a system of care based on integrated care models with the intent of reducing a lack of coordination across systems within Medicaid. The goal is to have Medicaid systems that can function in a coordinated and efficient fashion.

Given the desire to focus on integrated care models for children, Ms. Waetzig asked workgroup members to share their vision for the workgroup. The following are the workgroup members' vision/comments:

- Desire to streamline the system with child welfare, education, etc. to reduce the 'silos' people operate in. It is important for the services to fit where the child is at.

- Create a seamless system for children and redesign the system that makes accessing the system easier for families/parents. It will be important to reduce the gaps in services and reduce the duplicative work between providers.
- To help families/children find the services they qualify for in a coordinated system.
- To design a system that will serve youth more efficiently and reduce out of state placements.
- Find a way to serve youth in the communities where they live. There are a number of revolving door cases that end up in the hospital because there are no services in the youth's hometown.
- Children's special care needs are on a continuum. There is a need to develop a systems approach to keep children/youth out of the system. There is a need to prepare the community where the child/youth lives, and to build a data system to track what is going on. There is a need to develop innovative ways to use technology so children/youth can get the services in their hometown rather than having to get services and resources at the UIHC/Iowa City.
- Develop a way to connect communities for children who are young, and reduce the fragmentation of services in rural areas.
- Engage families from the beginning and provide a full array of services to children/youth coming back to Iowa from out of state placements.
- Concerned about the multiple placements for children/youth and the growing number of Residential Care Facility (RCF) placements for young adults.
- Need to keep records on what is working and where the system is failing.
- Need to focus on child welfare cases and their involvement in the juvenile justice system (JJS).
- Focus on what can be funded via federal funding. Services to children/youth in the JJS need to be complementary to the services for other children/youth.
- Develop a recognizable array of services for children/youth. The current systems works in silos. While silos serve a purpose, there is a need to make sure the services are clinically sound and best practices are used in service delivery.
- Need to work on a workforce development initiative. There are few mental health professionals in practice, and having qualified professionals may reduce inpatient stays.
- Child welfare and JJS children/youth have significant mental health needs. There is a lack of coordination between these two (2) populations and the services they need access to.
- Focus on prevention and educating families and children/youth on what is available in their communities.
- Create a connection between JJS and DHS children/youth, and create services to meet their needs in rural and urban area.
- Develop a list of recommendations to give the Legislature. This will be an ongoing process of change, and data collection will be needed to document outcomes and see where more change is needed.

Ms. Waetzig acknowledged all the work that has been done to date, and summarized the themes noted above. The themes centered on creating a blueprint for change, access to services regardless of age/diagnosis/concern, looking at prevention and

education, and securing adequate funding to create a coordinated and integrated system for children/youth.

Ms. Vermeer discussed the system of care framework for Iowa. The vision for this system of care would include coordination, being family driven, and services delivered where the children/youth live. Basic tenets of the Redesign would include the following:

- Core services that include a full array of services to all children/youth. This would include intensive care coordination and family peer support within a Health Home Model of Care and the funding to support a Health Home Model of Care.
- Crisis services and crisis stabilization for children/youth to prevent admissions to a higher level of care.
- Repatriating children/youth to Iowa from out of state placements.

Mr. Peltan commented on the lack of service coordination, problems in transitioning for children/youth to lower levels of care, and children/youth in inappropriate levels of care. Mr. Peltan also noted there is a lack of crisis stabilization in communities for children/youth, and expressed a desire to build on the two (2) Systems of Care currently in operation in Iowa. He also would like to explore what other states are doing about children/youth mental health needs and what philosophies other states take in caring for children/youth with mental health problems.

Joan Discher/Magellan provided an update on out of state placements (http://www.dhs.state.ia.us/docs/OOSStatePMICWrkqpPaperDRAFTJuly31_080312.pdf). Magellan took over the authorizations of all PMIC stays, in state and out of state, effective July 1, 2012. To date the transition has been smooth and Magellan staff work closely with PMIC staff to ensure that the children/youth and their families are at the center of the transition/discharge planning. The vision for this project is the same as with other services Magellan authorizes for children/youth: serve the kids. Since July 1, 2012, five (5) children/youth have been diverted from an out of state placement with Magellan's involvement.

Magellan staff is dialoguing with PMIC staff and this has created a solid foundation as both entities move forward with this change. This has helped to reduce the fear during this transition, and to keep the children/youth at the center of the mission. Magellan views this as a long term evolution as the system changes.

The out of state placements have had less interaction with families as the families find it difficult to participate in active treatment. The children become disconnected with their families and this will often disrupt the child's treatment. It was also noted that social supports are lost when a child/youth goes out of state for treatment. In addition, out of state placements are very costly, with the average daily cost approximately two times higher than in state care. Magellan is committed to reducing out of state placements by bringing children/youth back to Iowa with services and supports in place and by having children/youth served in Iowa PMICs.

Magellan has partnered with DHS and Iowa PMICs to look at each individual in an out of state placement, and to begin talking about what it will take to serve this individual in

Iowa. Magellan intensive care managers (ICMs) conduct Joint Treatment Planning Calls (JTTCs) to begin the transition/discharge planning for children/youth in PMIC settings. ([Click here](#) to view the final PMIC Transition Plan.)

Workgroup members expressed the following in response to Joan Discher's presentation:

- Expressed ideas on where the PMIC dollars are placed - on the front end of treatment or the back end of treatment.
- Hospitals struggle with children/youth with a diagnosis of intellectual disability.
- How does this process interact with child welfare children/youth?

Magellan is looking at these factors and desires to manage the Medicaid dollars effectively while ensuring that all children/youth get the mental health services they need.

Marni Bussell/IME provided an update on the State Plan Amendment (SPA). Ms. Bussell shared that as part of Section 2703 of the Affordable Care Act that Iowa is moving forward in implementing health home services targeted to individuals with chronic conditions. The first SPA was effective July 1, 2012.

(http://www.dhs.state.ia.us/docs/20120806_KidsWrkGrp_Meet_080312.pdf)

For children/youth, a SPA for a specialized population is being developed with CMS. The target date to begin health home services for children/youth is early 2013 (http://www.dhs.state.ia.us/docs/HealthHomeforChildren71512_080312.pdf). Ms. Bussell shared the financial impact for health homes and the federal match for providers to be involved. This will enable Iowa to develop the Primary Care Health Home and Specialized Health Home models. Both will have specific criteria in serving children/youth and provide payment tiers depending on the child/youth's chronic condition, mental health diagnosis and functional impairments.

Health home providers use case coordination in a proactive manner, create more opportunities to track/coach/engage individuals in the management of their healthcare needs, and use health information technology to maintain records. The health home concept is aligning with what Blue Cross Blue Shield (BCBS) is looking to monitor.

At the present time, Magellan is piloting a health home program for adults. There are five (5) providers in Iowa with 765 individuals enrolled in the health home project. Individuals can opt out the program if desired. The providers are community mental health centers (CMHCs) and the CMHCs partner with federally qualified health centers (FQHCs). The premise is that individuals who frequent the CMHC would be comfortable accessing primary care services at the same location.

Ms. Waetzig led the discussion on creating a system to address mental health needs for children/youth. With the Children's Disability Workgroup charge in mind, Ms. Waetzig pointed out that the first three (3) goals are for the present time, and the 4th goals

reflects the ongoing work from last year's workgroup. Workgroup members expressed that the SPA makes sense and wondered if the health home concept will push us forward in a meaningful way for children/youth and their families.

One challenge is the tendency to look at the redesign around philosophy and service design. But in reality, what happens is that it is managed or controlled by a funding entity. There is a need to focus on what is needed on the macro level — structurally from a funding perspective, funding silos, and that the vast majority of funding comes from federal and state dollars. Workgroup members expressed concern that CMHCs have waiting lists and some CMHCs do not serve children/youth. The primary care health home and specialized health home for children/youth are good concepts, but who will meet the needs of the children/youth and to what extent if the CMHCs do not serve children/youth. There is a need for more data in relationship to the number of children/youth with needs, identifying the need(s), and to make a case to meet the need(s).

Data was presented to the workgroup in the past. There are other mechanisms to getting data like using the data gleaned from the mental health block grants. This would help others understand the need and build a system to support the need.

Another discussion focused on defining need and how it relates to children/youth in out of home placement regardless of the location of the placement. Children/youth are getting needed services, but the current system is so disjointed.

The workgroup task is to understand what data exists and what is needed from the data. Ms. Vermeer shared that DHS has a strong interest in taking into account the various disabilities, culture, etc. There is a broad spectrum of disabilities, and if we are going to take into account physical disabilities, the workgroup needs other professionals around the table. The intellectual disability systems and the mental health systems will have crossover, and there is a need to have professionals to help both populations.

Ms. Waetzig began asking the workgroup to consider the following questions:

- What does it mean to be seamless?
- What does integrated mean?
- How do we keep initiative going in terms of the provider network and capacity?
- What does each part of the system expect from each other when individuals have co-occurring diagnoses?
- Does the programming drive the funding or does the funding drive the programming?

With those questions in mind, it is important to keep flexibility in the process for DHS, meet unique individual needs and get the word out of what changes are occurring, keep track of data, and have a macro and micro level of understanding what is available for children/youth. The Legislature likes data and results, but often views the funding as pouring money into a 'black hole.'

Ms. Waetzig asked if DHS tracks children/youth in the system, with an emphasis on any longitudinal studies. One System of Care has some data on longitudinal studies. Each of the current service systems are complex in their own way, and the workgroup would need to also take into account how the new service system will blend with adult services when a child/youth turns 18. Workgroup members wondered if the Outcomes Workgroup would address these matters and could the same benchmarks be used for children/youth. Magellan could be used to get data, social history, and previous hospitalizations. Once data is collected it will be imperative to have a professional interpret the data and communicate the results.

Prior to the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, Ms. Waetzig asked workgroup members to break off into three (3) groups to write a newspaper headline that could appear in a newspaper three (3) years from now. The group responses are as follows, with one group having multiple headlines:

- “Children and Families with Mental Health and Developmental Disabilities Have Access to Community-Based Services that Meet Their Needs”
- “Child Abuse Cases are Lowest in the Country”, “Out of Home Placements Eliminated”, “National Study Proves Iowa Keeps Kids In State”, “Juvenile Crime Drops”, “Families and Children Report 98% Satisfaction Rate with Services”, and “90% of Children Enrolled in Appropriate Level of Health Homes”
- *USA TODAY*: “Children’s Mental Health and Disabilities Black Hole Closes in Iowa” with a subtitle of “Kids graduate, Kids stay in their home communities and Outcomes improve across the board!”

The SWOT analysis generated ideas from a state level and a regional level perspective. Each component is explored below.

Strengths

State Level:

- Size is manageable
- Involve quality providers
- Forward thinking
- Practice with collaboration
- Public-private partnerships
- Common sense approach to incremental change
- Relationships
- Not a lot of competition
- Political will
- State is not broke
- Partnerships among leaders
- Common understanding of the problems and why the problems exist
- State-wide commitment

Regional Level:

- Quality providers
- Programs as pockets of expertise and excellence

- Regional planning groups (DCAT)
- Effective System of Care (SOC) in place across regions
- Good communication with professionals

Weaknesses

State Level:

- Reluctance to replicate regional success/pockets of excellence
- Lack of providers
- Lack of transportation and access in rural areas
- Lack of shared data
- Lack of infrastructure to develop a data system to share data and lack of workforce infrastructure
- Potential to politicize
- Lack of infrastructure due to lack of funding
- Adult and children's systems compete for funding
- Fear and anxiety about change
- Funding is confusing and siloed
- We like residential services and the Feds are moving away from residential services
- Did not apply for the federal expansion grant

Regional Level:

- Regions are hard to define. There are many regions and they have conflicts.
- Many counties/districts/service area and few people.
- Services are siloed and there is variability from region to region
- Varied communication between providers
- Define child population to get critical mass
- Areas will develop a service and all the kids go to that provider making a 'one size fits all' model
- Data does not always drive decisions – results do
- Child and adult systems do not talk
- Increased number of children in poverty
- Becoming more diverse and diverse populations are hard to serve. Need to become more culturally competent — reactive, not proactive.

Opportunities

State Level:

- New options available to the state for financing and program development — integrated care models
- Political will to keep mental health and intellectual disability in focus
- Create a linked child and adult system
- Implement a System of Care statewide
- Look at access points for different responses and services
- Work across child serving systems
- Look at whole child and family

- Make data driven decisions and create a data system
- Educate the mental health workforce
- Use technology and create new models for integrated care
- Have accessible services

Regional Level:

- Get services where none exist
- Regions can co-exist and share services
- Have children stay in communities
- Collaboration and communication can increase
- To be innovative
- Get families involved
- Use non-traditional partners
- Look at other states successes

Threats

State Level:

- Lack of understanding of what the system does
- Stigma of mental illness and developmental disabilities in general
- Inertia and staying the same because it is overwhelming
- Shift in political will
- Federal and state financial difficulties
- Aging population
- Families' stress is increasing
- Increasing need while federal funding decreases to those in poverty
- Sustainability of non-profit providers
- Unwillingness to honestly share and change
- Shortage of resources
- Competition with other states
- Earlier assessment could lead to decreased outcomes
- Workforce is deprived

Regional Level:

- Getting providers to live in rural areas
- Disparities between regions in finances and services
- Scope of practice threat when talking about workforce development
- Community fatigue that is difficult to overcome
- Anti-government perception
- Threat to local politics
- Differences in expectations
- Challenges of serving children in regions
- Lack of parental involvement and differences in tolerance
- Funding/resources are tenuous
- Identity of local system is compromised

Next Steps:

Data is on the forefront, and there is a need to create a blueprint to gather data. The workgroup needs to be directional about the data and there may be a need to create a subgroup to focus on data collection. The discussion centered on what the Outcomes Workgroup is doing. It was suggested that a member of the Outcomes Workgroup be invited to the next Children's Disability Workgroup meeting to talk about the direction of their work and how it might parallel the work with children. Laruen Erickson offered to summarize the data presentations from the Outcomes Workgroup for the next meeting.

There was discussion on working with the Iowa Department of Education on sharing data. It was mentioned that the schools often have information related to mental health that could contribute to the data the workgroup envisions needing. Ms. Waetzig also inquired about what the workgroup wants to glean from the data and what would the system look like once the data was collected/compiled.

Ms. Waetzig also asked the workgroup what does the Legislature want from the workgroup? Ms. Waetzig focused on case coordination for children on a case level and a systems level.

PUBLIC COMMENT:

Comment: There has been no discussion on how the out of state providers have reacted to the Iowa initiative with Magellan. Has it been helpful/unhelpful/neutral?

Response: Joan Discher reported that the out of state PMICs wanted to contract with Magellan but Magellan decided to do case-by-case agreements for each child/youth. Out of state providers are working very hard to keep the referral source happy hoping they will get more admissions.

Comment: Does the Governor's decision for enhanced Medicaid funding have any impact on the SPAs?

Response: The Medicaid expansion will primarily impact adults who are not currently covered by Medicaid. IME is also committed to the Balancing Incentive Payments Program (BIPP) that is designed to balance states' spending on long term supports and services (LTSS). LTSS are home and community based services and services in institutional settings. The goal of the BIPP is to provide individuals with greater access to home and community based services and reduces unnecessary reliance on institutional services

Comment: This is more an observation than a comment. Specific workforce issues have been mentioned but there has been

no discussion on how workforce issues will coordinate with other workgroups to meet the need.

Comment: There is a need to improve mental health care and to involve the schools in the process. It is important to remember that mental health and substance abuse issues often go together.

Comment: Magellan staff report that Magellan has collected data since 2008 and offered to present the outcomes at the next Children's Disability Workgroup meeting. Another Magellan staff also commented on specific surveys to consider.

Response: A workgroup member cited specific surveys for this workgroup to look at as the data collection process is designed.

Comment: There are no families represented on the workgroup today. System of Care staff cited that there are two (2) opportunities for family involvement: at the local and regional level to help identify what is missing from the local level in terms of services, and the need for families to involve unnatural partners in the System of Care, like bus drivers, members of a faith-based community, etc.

Response: The family members on the workgroup could not attend the meeting today.

Comment: There is a need to explore what other states have done in the area of data collection, and an exchange system that contains mental health information. It was suggested that the workgroup talk with other agencies that use surveys and find out which surveys work the best in gathering data.

Next meeting is August 22, 2012, from 10:00 am to 3:00 pm at Polk County River Place, 2309 Euclid Ave., Des Moines, IA 50310.

For more information:

Handouts and meeting information for each workgroup will be made available at:
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.