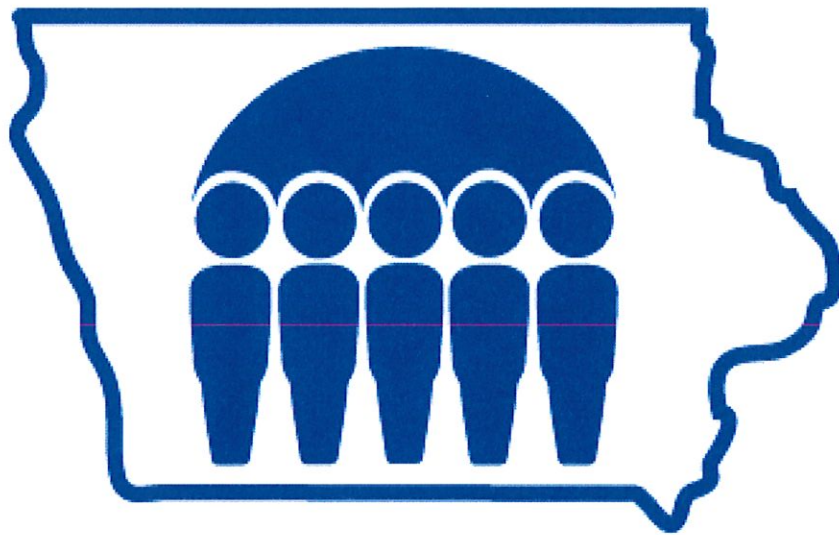


Iowa Department of Human Services



Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families

December, 2017

Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families

Executive Summary

This is the Department of Human Services' (Department) 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 an overview of the children's mental health system, activities and initiatives that occurred during 2017 that have promoted development of comprehensive community-based mental health services for children and youth, and a report on utilization and outcomes of state-funded children's mental health programs.

Introduction

Iowa Code Section 225C.51-54, Mental Health Services System for Children and Youth, directs the Department to submit an annual report to the Governor, General Assembly, and Mental Health and Disability Services Commission regarding the implementation of the children's mental health system.

Discussion

Children's Mental Health and Well-being Advisory Committee and Children's Well-being Collaboratives:

The Dec. 15, 2016 Children's Mental Health Study Report 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 Well-being Collaboratives focused on child and family wellbeing, including mental health, through prevention and early intervention. The goal of the 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, early intervention, and mental health services. The Well-being Collaboratives are to measurably improve the wellbeing of children and families, including children's mental health. The Workgroup recommended that Wellbeing Collaboratives' use sound public health principles of prevention and population health.

House File (HF) 653 enacted in 2017, required the Department to issue a request for proposals (RFP) based on the recommendations of the 2016 Children's Mental Health Study report. HF 653 identified specific requirements for the children's well-being collaboratives and allocated \$300,000 for the RFP. The Department issued an RFP for the Children's Wellbeing Collaboratives in July 2017. Three contractors were selected and contracts are in effect from October 15, 2017 through June 30, 2018. The three contractors and the catchment areas they serve are:

- Prevent Child Abuse Iowa (Wapello, Jefferson, Van Buren Counties)
- Seasons Center (Buena Vista, Calhoun, Carroll, Clay, Cherokee, Crawford, Dickinson, Emmet, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury Counties)
- YSS (Boone, Franklin, Hamilton, Hardin, Marshall, and Story Counties)

Each of the contractors have developed local collaboratives, comprised of early childhood providers, public health, IHH and children's mental health providers, health care providers, K-12 education, and other entities invested in development of services and supports for children and their families. The collaboratives meet regularly and are working together to assess catchment area needs and develop and implement plans to improve the wellbeing of children in their area.

HF 653 also required the Department to create and provide support to a children's mental health and well-being advisory committee to continue efforts relating to improving children's mental health crisis services and children's well-being learning labs and supporting the children's well-being collaboratives. The Department convened this group on September 26 and December 5, 2017 and is scheduled to meet three times in 2018. The committee has reviewed the work of the crisis planning and learning lab grants, and has also been updated on the initial work of the Children's Well-being Collaboratives. The committee is working on a blueprint for the ideal children's mental health system.

Additional Children's Mental Health and Wellbeing workgroup documents can be viewed at the DHS website:

<https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup>

Integrated Health Homes for Children with a Serious Emotional Disturbance: The 2012 Children's Workgroup Report recommended development of Medicaid-funded Integrated Health Homes (IHHs) for children with a serious emotional disturbance (SED) as the first step toward the overall goal of a comprehensive statewide system of care. The purpose of a pediatric IHH is to provide whole-person care coordination to children with an SED and their families. The care coordination is provided by a team of professionals, including a care coordinator, a nurse care manager, and a family peer support specialist. Medicaid-eligible children formerly served through System of Care (SOC) funding are served through the IHH programs, with SOC funding providing a similar package of services to non-Medicaid eligible children with an SED.

System of Care (SOC) Programs: Iowa currently has four SOC programs funded through state appropriations. The four programs are the Community Circle of Care serving 10 counties in northeast Iowa, the Central Iowa System of Care serving Polk and Warren Counties, the Four Oaks System of Care serving Linn and Cerro Gordo Counties, and Tanager Place, serving Linn and surrounding counties. The total SFY18

appropriation for the four programs is \$1,643,562. These programs are also Integrated Health Homes for Medicaid-eligible children with an SED. The programs use the state grant funds to provide IHH care coordination services to children and youth with an SED who are not eligible for Medicaid. All of Iowa's IHHs that serve children receive training on incorporating SOC principles and practices into their programs. These principles include the importance of family voice and choice in services, care coordination as a primary service, and use of wraparound services to meet family and child needs in their home, school, and community.

The SOC funding is targeted to non-Medicaid eligible children or youth ages 0-21 who meet criteria of having an SED. This is the same clinical criteria used to determine eligibility for the Medicaid-funded IHH program. Due to the limited SOC funding, children and youth who are at high risk of out of home placement or treatment are a priority population served by the SOC funding. The SOC funding is paid to each program on a per member per month (PMPM) basis. The PMPM is used to fund services provided by the IHH care coordination team as well as funding for flexible wraparound services that strengthen the child's ability to function in the home, school, and community. These wraparound services include in-home services such as Behavioral Health Intervention Services (BHIS) or other types of mental health services and supports not available through the child's insurance coverage or that are unaffordable for the family. The following provides a brief overview of each SOC program.

Community Circle of Care (CCC): CCC funding supports IHH and wraparound services for non-Medicaid eligible children through four University of Iowa Child Health Specialty Clinics (CHSC) that serve 10 counties in northeast Iowa. The SFY18 appropriation for this program is \$1,136,595. For SFY18, the program is contracted with the state for \$1,086,690. While less than the appropriation, this contractual amount is estimated to be a more accurate reflection of the annual cost of providing services to non-Medicaid eligible children in the service area. CHSC offers clinical services such as psychiatry and medication management in addition to the IHH/SOC care coordination, family support, and wraparound services. CCC served 290 unduplicated children in SFY 17, an increase of 38 from the previous year. The program has served 259 unduplicated children to date in SFY18, and is serving an average of 196 children per month in the first five months of the fiscal year. The program reports 25 children on the waiting list for services. The medical, care coordination and family support staff work with families, providers and community resources to assist children with complex needs and their families to succeed in the community. An example of community supports offered includes helping a family access wellness services in the community to improve the identified child's physical health. CCC frequently works with families of younger children experiencing behavioral challenges related to mental health. The program has worked closely with early childhood providers, day care providers and families to provide additional community and educational supports to help young children succeed in child care and early childhood education settings. The program has also worked with children with co-occurring physical and mental health challenges to improve both

conditions. Access to in-home skill building services and flexible funds for individualized supports is a critical part of the CCC program.

Central Iowa System of Care (CISOC) Funding: CISOC, operated by Orchard Place, began in October 2009. The SFY18 appropriation for this program is \$211,872. CISOC served 91 children in SFY 17, an increase of 8 from the previous year. CISOC has served 67 children to date in SFY 18, with an average of 51 served per month. CISOC currently has a waiting list of 2 children. The program works closely with schools and families on behavior plans, accommodations, and helping children whose mental health conditions interfere with their ability to attend and be successful at school. Funding of in-home services not available to non-Medicaid eligible children is also a key service that the program funds as part of its care coordination program. Families served by the program benefit from the family peer support provided to parents struggling with the effects of the child's serious emotional disturbance as well as access to services usually funded by Medicaid.

Four Oaks: Four Oaks began operation of the SOC program in March 2012 for children from Linn and Cerro Gordo Counties. The program was originally procured through an RFP. The contract executed through that RFP expired June 30, 2017. The program is now authorized through a legislative appropriation. The SFY 18 appropriation for this program is \$235,000. Of this funding, \$135,000 is dedicated to the SOC program and \$100,000 supports the Total Child program. The SOC program provides IHH care coordination for non-Medicaid eligible children with a serious emotional disturbance. The SOC care coordinators and family support staff also help parents access mental health care for themselves, provide educational supports by assisting families with IEPs and 504 plans, help develop crisis management plans that help children remain in school, and work to integrate skills that children learn in therapy into the school setting. The Total Child program provides case management/care coordination and also focuses on the domains of youth, school, family, and community as measured through a stability assessment. Total Child also stays connected to children until the age of 18 and is available to any child, regardless of insurance status, who has had service through a Four Oaks program. In SFY17, 58 non-Medicaid eligible children were served by the SOC funding which is 2 less than the previous year. At this point in SFY18, 37 children have been served by the SOC program, with an average of 32 served per month. There are 6 children on the waiting list for the SOC program. The Total Child program served a total of 56 children in SFY17 and an average of 42 children per month so far in SFY18.

Tanager Place: Tanager Place's SFY18 funding is \$110,000 to provide IHH services to non-Medicaid eligible children in Linn and surrounding counties. Tanager Place began providing services in September 2014. The program served 43 children in SFY17, an increase of 8 from the previous year. At this point in SFY18, 28 children have been served by the SOC program, with an average of 20 served per month. 16 children are currently on the waiting list. The program is a valuable resource to help families experiencing crisis or challenges due to their child's mental health needs. These families do not have access to services or have knowledge of available services. The

program, through care coordination and family peer support services, helps families connect to community resources such as outpatient mental health care and in-home services. For some, barriers to services are financial. For others, it is awareness of the available services and a need for support while working through their challenging situation. The program also works with schools, therapists, primary health care providers and other supports to help children avoid out of home placements and thrive in their community.

As Tanager Place and Four Oaks are both located in Linn County, the two programs hold joint stakeholder meetings in Linn County to educate referral sources on the SOC programs for non-Medicaid children and youth and to ensure non-duplication of services.

Program Outcomes:

Table 1, SFY17 SOC Program Outcomes, identifies numbers of children and youth served in SFY17 and common outcomes reported by the programs.

Conclusion

The 2016 Children's Mental Health Study Report provided recommendations for development of Wellbeing Collaboratives to improve short term and long term mental health and wellbeing outcomes for children and their families. The report recommends that the Children's Mental Health and Wellbeing Workgroup continue to meet to help steer the work of developing a children and family service system. This workgroup would be in a position to provide an update on the implementation of the system as required by Iowa Code 225C.

IHHs are providing care coordination using SOC principles to children with an SED in Medicaid and their families. This evidenced based practice increases the likelihood of improved outcomes for children and families.

In the 14 counties served by the SOC programs children at risk of out of home placement or treatment are served in the community and remain with their families and in their schools. Children and their families are able to access care coordination and community based services that would not otherwise be available to them. Families are able to connect with other families in their area for support in dealing with their child's mental health challenges and become more empowered to manage their children's mental health needs.

Table 1-SFY17 Program Outcomes

Systems of Care Site	Performance Measure #1	Performance Measure #2
	Children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)	Children & youth served by the System of Care will demonstrate improved functioning in school attendance and academic performance.
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	For children served in SFY17, at baseline, 86% of those served were living with a parent or guardian. At 12 months of service, 97% were living with a parent or guardian. (91 served in SFY17)	Percentage of clients with moderate to severe attendance issues remained the same at 16% from baseline to 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 12% to 8% at 12 months of service.
Community Circle of Care (CCC)	For children served in SFY 17, at baseline, 92% of those served were living with a parent or guardian. At 12 months of service, 97% were living with a parent or guardian. (290 served in SFY17)	Percentage of clients with moderate to severe attendance issues remained the same at 9% from baseline to 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 9% to 8% at 12 months of service.
Four Oaks	For children served in SFY17, at baseline, 98% of those served were living with a parent or guardian. At 12 months of service, 96% were living with a parent or guardian. (58 served in SFY17)	Percentage of clients with moderate to severe attendance issues decreased from 31% to 13% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 26% to 16% at 12 months of service.
Tanager Place	For children served in SFY17, at baseline, 80% of those served were living with a parent or guardian. At 12 months of service, 94% were living with a parent or guardian. (43 served in SFY17)	Percentage of clients with moderate to severe attendance issues decreased from 41% to 21% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 23% to 7% at 12 months of service.