

Iowa Department of Human Services



The Children's Mental Health Study Report

December 15, 2016

Executive Summary

The 2016 legislature directed the Department of Human Services (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 Workgroup recommends building on the lessons being 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. The Workgroup recommended that Wellbeing Collaboratives' use sound public health principles of prevention and population health.

The Workgroup recommends that the Collaboratives regularly report their progress and that the Workgroup continue to meet to help steer the work of developing a children and family service system.

Introduction

2016 Iowa Acts, Chapter 1139, Section 66 directs the Department of Human Services (Department) to submit a report with recommendations to the General Assembly regarding improving the effectiveness and access to children's mental health crisis services. Section 67 directs the Department to reconvene a Children's Mental Health and Wellbeing Workgroup in 2016 to provide guidance regarding implementation of recommendations in the 2015 Children's Mental Health and Wellbeing Workgroup final report. The Department Director convened the 2016 Workgroup and charged them with developing recommendations for next steps regarding children's mental health and wellbeing.

In addition, in response to 2016 Iowa Acts Chapter 1139, Sections 64 and 65, the Department awarded competitively bid grants to two agencies to plan and implement children's mental health crisis services and two agencies to develop an expansive structured learning network (learning labs) for improving child wellbeing. The grantees are required to submit reports to the Department by December 15, 2016. Section 64 and Section 65 directs the Department to combine the essentials of the crisis grant reports and recommendations from the learning lab reports and report to the Legislature by January 15, 2017. The Department's children's mental health crisis report will provide more information regarding what steps are needed to develop crisis services that will supplement this report. The learning lab report will provide an up-date on progress and lessons learned from those grantees.

Discussion

The 2016 Children's Mental Health and Wellbeing Workgroup met in person five times from July through December. The Workgroup reviewed and discussed the following during those meetings:

- The legislative charge;
- The definition of children's mental health services from the 2015 report;
- The Requests for Information (RFI) for the children's mental health crisis and learning lab grants;
- Presentations from the two agencies that were awarded the crisis grants;
- Presentations from the two agencies that were awarded the learning lab grants;
- ACEs (Adverse Childhood Experiences) Policy Coalition presentation; and
- Presentations from Early Childhood Iowa.

The Workgroup also benefitted from participation of Legislators that actively engaged in the discussions and deliberations and provided valuable assistance and guidance.

After considering and discussing the presentations, the Workgroup reached agreement that prevention and early intervention, including mental health crisis services, will have the largest positive impact on children and family wellbeing. Prevention services are designed to reduce problems, disorders, and risk. The various levels of prevention services are generally described as follows:

- Primary prevention: Efforts to prevent future cases of a disorder;
- Secondary prevention: Early intervention to reduce or limit the effects of a disorder; and
- Tertiary prevention: Slowing progression and minimizing the effects of the disorder.

We know that screening for risk-factors, early identification and early intervention are critical to identifying developmental, emotional and behavioral issues that can present at an early age. The impact can be devastating long-term if not identified and addressed early in life. Early identification of mental health issues in young children often reduces the need for intensive types of treatment, and decreases costs to the healthcare, education and social service sectors.

By working on both ends of the continuum, crisis and prevention, much will be learned regarding how to better serve children and families and develop an effective children and families' wellbeing system.

The Workgroup agreed that prevention efforts should be based on established best or promising practices and reflect a public health approach and a population health focus. A public health approach emphasizes prevention by:

- Focusing on specific populations;

- Emphasizing health promotion and prevention;
- Addressing determinants of health; and
- Requiring a series of action steps.

Population health strives to improve the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Children's mental health issues are not separate and apart from the rest of the child's life. This was reinforced by presentations to the Workgroup by the learning labs, Early Childhood Iowa, ACEs and others. The most effective method of prevention is to reduce exposure of young children to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance use disorder, violence or repeated conflict.

The Workgroup concluded that the next steps for children and families' mental health and wellbeing should include more than treating the child's mental health symptoms, but address the broader wellbeing of the child and the family through prevention.

The Workgroup agreed there are a number of community entities, including mental health providers, which contribute to the enhanced wellbeing of children and families. While each of these entities can and do contribute to child and family wellbeing, none of them has the authority or the financial responsibility to ensure children and families receive prevention and early intervention services. The Workgroup believes that if these community entities worked together in a constructive and collaborative fashion while at the same time maintain integrity of each of their roles:

- Children and families will experience improved wellbeing;
- Prevention will be more effective for children, families and the community at large; and
- Existing available resources will be used much more efficiently.

Therefore, the Workgroup concluded that the most effective approach would be to have these 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.

The Department reviewed and discussed conclusions of the Workgroup with the Mental Health and Disability Services Commission and Mental Health Planning Council.

Recommendations

The Workgroup requests that the General Assembly appropriate \$300,000 for SFY2018. The Workgroup recommends these funds be used by the Department to

issue a request for proposals and award up to three grants to form and operate Children's Wellbeing Collaboratives consistent with the expectations described below. The appropriation can come from the Department's status quo budget request that includes funds used for planning and implementing the two children's mental health crisis services grants in SFY2017.

Children's Wellbeing Collaboratives should establish and coordinate prevention and early intervention services to promote improved mental health and wellbeing for children and families. These services should be:

- Community based;
- Family centered;
- Family driven and youth guided;
- Trauma informed;
- Culturally and Linguistically competent; and
- Focused on prevention and early intervention

Wellbeing Collaboratives should be a broad based group of entities in a defined geographical area represented by a lead agency. Entities in the Wellbeing Collaborative should be a broad based representation of key providers with some portion of prevention and early intervention services, including mental health services, to the target population. Wellbeing Collaborative members include entities such as, but not limited to:

- Mental health
- Education
- Judicial
- Child welfare
- Health care
- Public health
- Juvenile justice
- Substance use disorder
- Mental Health and Disability Services Regions
- Early childhood
- Accountable Care Organizations
- Community leisure and recreation
- Other entities as appropriate

Wellbeing Collaboratives should be responsible for developing interagency coordination and collaboration for the provision of prevention and early intervention services within the designated geographic area and shall at minimum demonstrate:

- Experience and a strong understanding of how best to engage children and families to achieve positive mental health and wellbeing outcomes.

- An ability to provide or administer the delivery of prevention services for improved mental health and wellbeing.
- Experience and effectiveness in coordinating the efforts of multiple stakeholders working toward a common goal for the purposes of collaboration to improve the effectiveness of the group's efforts to achieve measurable improved outcomes.

Wellbeing Collaboratives should build and maintain intentional collaboration among all of the entities that drives toward measurable improvement of outcomes for children and families. The collaboration should build and improve coordination and effectiveness among entities to develop and provide primary, secondary, and tertiary prevention and early intervention services that are non-duplicative and aligned to meet the needs of children and families in the geographic area. The Wellbeing Collaboratives should provide technical assistance to a diverse array of stakeholders, distribute public awareness materials that include targeting reducing the stigma of mental illness, and provide updates on changes in state and federal policy in relation to prevention and early intervention efforts around children's mental health and wellbeing.

Wellbeing Collaboratives should establish or enhance collaborative efforts in the following areas:

- Select and implement evidence-based or promising prevention and early intervention models;
- Understand funding sources and how to use available funding most effectively;
- Adopt or develop, implement and analyze a community needs assessment;
- Develop, implement, and analyze a community work plan based on the results of the community needs assessment;
- Adopt or develop and implement a uniform family assessment;
- Use research, data, and data analysis to guide the work;
- Provide culturally competent services and address issues related to disproportionate representation;
- Provide public awareness and stigma reduction campaigns; and
- Recruit and retain collaborative membership.

The overarching goals of the Children's Wellbeing Collaboratives will be to improve short term and long term mental health and wellbeing outcomes for children and families and community capacity within the defined region. Examples of such long and short term goals include, but are not limited to:

- Improving domains such as basic needs, education and workforce, family supports, and community engagement;
- Increased school attendance and decreased suspensions and expulsions from school;
- Decreased use of restraint and seclusion in schools;

- Implementing behavior intervention plans to fidelity resulting in decreased behavior problems in school;
- Reducing the number of students with behavior issues related to mental health that are referred to juvenile justice; and
- Improved community prevention and early intervention services and resources.

The Wellbeing Collaboratives should engage with and understand the work of the children's mental health crisis grantees and the learning lab grantees to maximize lessons learned from those efforts.

The Wellbeing Collaboratives should provide reports to the Department by December 15, 2017 and April 15, 2018 describing what has been accomplished thus far, what gaps continue to exist and what next steps have been planned.

The Workgroup also recommends that a comprehensive group of key entities, such as the Children's Mental Health and Wellbeing Workgroup, be established to guide and steer the children's mental health crisis, learning labs, and Wellbeing Collaboratives initiatives. Such a group should be charged with providing progress up-dates and additional recommendations to the 2018 General Assembly.

Appendix A: List of Workgroup Members

Workgroup Members

Gail Barber	Iowa Courts
Lynn Bopes	MHDS Region, Eastern Iowa MHDS
Sarah Brown	Iowa Department of Education
Susan Christensen	District Associate Judge, Fourth Judicial District
Wayne Clinton	County Supervisor, Story County
Erin Drinnin	United Way of Iowa
Jerry Foxhoven	Drake University Law School
Anne Gruenewald	Four Oaks
Phyllis Hansell	Council on Human Services
Scott Hobart	Chief Juvenile Court Officer, Scott County
Marcus Johnson-Miller	Iowa Department of Public Health
Bob Lincoln	MHDS Region, County Social Services
Vickie Miene	Iowa Institute of Public Health Research and Policy
Tammy Nyden	Coalition for a Children's Mental Health Redesign in Iowa
Kristina Richey	Crossroads Integrated Health Home
Kim Scorza	Seasons Community Mental Health Center
Steve Seid	Superintendent, Clarke Community Schools
Dr. Amy Shriver	Blank Children's Hospital
Renee Speh	Coalition for a Children's Mental Health Redesign in Iowa
David Tilly	Iowa Department of Education
Michele Tilotta	Iowa Department of Public Health
Shanell Wagler	Early Childhood Iowa

Legislators Participating

Senator Liz Mathis	Representative David Heaton
Senator Mark Segebart	Representative Art Staed

Department of Human Services

Charles M. Palmer	Director
Wendy Rickman	Adult, Child, and Family Services
Rick Shults	Mental Health and Disability Services

Appendix B: Inventory of Children’s Crisis Services

2016 Iowa Acts, Chapter 1139, Section 66 directed the Department to provide an inventory of children’s crisis mental health services including the mental health crisis services telephone lines that are available to children and families. No single entity is responsible at the local or regional level for children’s mental health services, including crisis services. Therefore, the Department needed to search in a variety of places to identify what may be available in Iowa such as: services provided by mental health and disability service regions that are available to children and families, requirements of Chapter 24 mental health service provider accreditation, and crisis services available through child welfare. Because of the lack of direct responsibility for the delivery of children’s mental health services this list cannot be exhaustive and should be considered a broad sample of available services.

Mental Health Crisis Services System Telephone Line

Most of the following crisis lines are provided by MHDS Regions and do not differentiate between calls from children and families from calls from adults. However MHDS Regions are not required to develop or arrange children and family crisis response services callers may need. They primarily provide information and referral, connections with services where available and connection with first responders as needed.

Provider	Service Area
Foundation 2	Buena Vista, Calhoun, Carroll, Cedar, Cherokee, Clinton, Crawford, Decatur, Des Moines, Franklin, Hamilton, Hardin, Ida, Jackson, Jasper, Lee, Lucas, Madison, Marion, Marshall, Monroe, Muscatine, Plymouth, Poweshiek, Ringgold, Sac, Scott, Clarke, Story, Van Buren, Boone, Warren Wayne
Genesis Mental Health	Audubon, Dallas, Greene and Guthrie
Hope4Iowa Crisis Call Line (Boys Town)	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page Pottawattamie, and Shelby
Seasons Center (CMHC)	Buena Vista, Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola, Palo Alto, and Sioux

Additional numbers: Your Life Iowa (teen suicide and bullying hotline); Teen line (through ISU extension center and website says it’s not a crisis line)

Other Crisis Screening

Community Mental Health Centers (CMHCs) are required by their state accreditation to provide emergency services that consist of a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. These services are to be available 24 hours a day by telephone or face to face. Community mental health centers or mental health service providers cover every county in Iowa.

Crisis Assessment

A standardized crisis assessment is an immediate, face-to-face evaluation by a physician, mental health professional or practitioner, to determine the recipient's presenting situation across all life domains, and identifying any immediate need for emergency services.

CMHCs are required by their state accreditation to provide emergency services that consist of a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress. These services are to be available 24 hours a day by telephone or face to face. Some CMHCs provide same day access and prioritize individuals who are in crisis; however, in-office same day access does not meet the requirement that the crisis assessment can be completed in the community.

Community mental health centers or mental health service providers cover every county in Iowa. Some entities collaborate to arrange crisis assessment services such as in Linn County where Foundation 2 collaborates with five local behavioral health agencies to arrange for this service.

Crisis Intervention

Crisis interventions are face-to-face, short-term intensive mental health services started during a mental health crisis or emergency to help the recipient. Crisis intervention services must be:

- Available 24 hours a day, seven days per week, 365 days per year;
- Provided on-site by a mobile team in a community setting;
- Culturally appropriate; and
- Provided promptly

Provider	Service Area
Broadlawns Medical Center	Polk
Crisis Center of Johnson County	Johnson
Foundation 2	Benton, Bremer, Buchanan, Delaware, Iowa, Johnson, Jones, and Linn
Genesis Mental Health Services	Audubon, Dallas, Greene, and Guthrie
Heartland Family Service	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby

Crisis Stabilization

Crisis stabilization services are mental health services provided to a recipient after crisis intervention to help the recipient obtain his/her functional level as it was before the crisis. Provide stabilization services in the community, based on the crisis assessment and crisis plan.

Provider	Location
Foundation 2	Cedar Rapids
Jackson Recovery	Sioux City
Lutheran Services in Iowa (LSI)	Clinton/Jackson Counties

Child Welfare Emergency Services (CWES) provides an array of short term and temporary services that focus on safety, permanence, and well-being for children up to the age of 18 who are under the care of the Department of Human Services or Juvenile Court Services. The state contracts with fifteen shelters to provide emergency services.