



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 30, 2015

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Marshall:

Enclosed please find copies of reports to the General Assembly relative to the Report Regarding the Mental Health Service System for Children, Youth and their Families.

This report was prepared pursuant to the directive contained in Iowa Code Sections 225C.51-54.

Please feel free to contact me if you need additional information.

Sincerely,

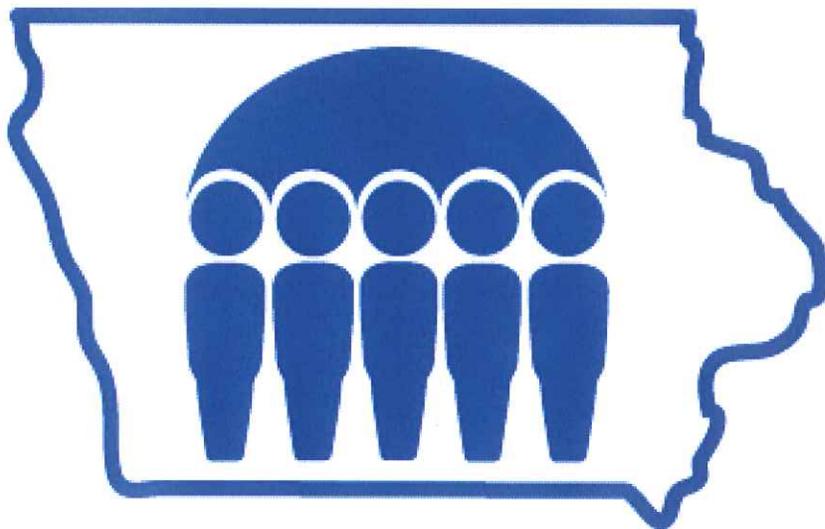
Jennifer Davis Harbison
Policy Advisor

JDH/av

Enclosure

cc: Terry E. Branstad, Governor
Senator Amanda Ragan
Senator Mark Segebart
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Aaron Todd, Senate Democrat Caucus
Josh Bronsink, Senate Republican Caucus
Carrie Malone, House Republican Caucus
Zeke Furlong, House Democrat Caucus

Iowa Department of Human Services



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

January 2015

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 2014 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

In 2008, Iowa Code Sections 225C.51-54, Mental Health Services System for Children and Youth were enacted. The code states that the Department of Human Services is the lead agency responsible for the development, implementation, oversight, and management of the mental health services system for children and youth. The Department's responsibilities are to be fulfilled by the Division of Mental Health and Disability Services (MHDS). The Department is to report to the Governor, the General Assembly, and the Mental Health and Disability Services Commission regarding the implementation status of the children's mental health system each January.

Section 225C.52 (1) identifies the purpose and goals of the children's mental health system as follows:

- The purpose of establishing the children's system is to improve access for children and youth with serious emotional disturbances (SED) and youth with other qualifying mental health disorders to mental health treatment, services, and other support in the least restrictive setting possible so the children and youth can live with their families and remain in their communities. The children's system is also intended to meet the needs of children and youth who have mental health disorders that co-occur with substance abuse, intellectual disability, developmental disabilities, or other disabilities. The children's system shall emphasize community-level collaborative efforts between children and youth and the families and the state's systems of education, child welfare, juvenile justice, health care, substance abuse, and mental health.

This legislation also identified children with an SED and other qualifying mental health disorders as the target population for the children's mental health system.

- "Serious emotional disturbance" is defined as meeting diagnostic criteria for a mental health, behavioral, or emotional disorder that results in a functional impairment.
- "Other qualifying mental health disorder" is defined as a mental health crisis or any other diagnosable mental health disorder that is likely to lead to a mental health crisis unless there is intervention.

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 an SED as the first step toward the overall goal of a comprehensive statewide system of care. In July 2013, IHHs for Medicaid-eligible children with an SED started operations in Dubuque, Linn, Polk, Warren, and Woodbury Counties. As of July 2014, IHH programs are available statewide for children with an SED and adults with an SMI. The purpose of the 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. As of January 19, 2015, 9,799 children are enrolled in IHH programs. Medicaid-eligible children formerly served through System of Care (SOC) funding have now been transitioned to IHH.

Transition of SOC Programs to Integrated Health Homes

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 SFY15 appropriation for the four programs is \$1,643,467. These programs are also Integrated Health Homes for Medicaid-eligible children with a serious emotional disturbance. The programs use the state funding to provide IHH care coordination services to non-Medicaid children and youth with an SED. 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 target population for the SOC funding is: a non-Medicaid eligible child or youth ages 0-21 who meets criteria of having a serious emotional disturbance. 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 access to 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. Detailed information about each program begins on page 4 of this report.

SAMHSA System of Care Planning Grant

In July 2013, the Department was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care expansion planning grant. The purpose of the planning grant was for the Department to work with stakeholders to develop a strategic plan for statewide expansion of SOC principles and practices through the IHH model. This one-year planning grant provided a forum for family members of children with mental health challenges, youth, stakeholders, providers, and advocates to identify strengths and gaps of the children's mental health system and make recommendations for development of a statewide system of care for children with a serious emotional disturbance and their families, regardless of insurance coverage or family residence.

Community stakeholder and family forums, and training on cultural competence and high-fidelity wraparound services were offered in multiple locations across the state. The State SOC Planning Team made up of stakeholders, advocates, providers, and family and youth members provided guidance and direction for the grant activities.

The planning team considered the information gathered and identified the following areas of focus: sub-acute and crisis services for youth are needed statewide, lack of transportation affects access to services, additional training of professionals on trauma-informed care and strategies for working with children with an SED is needed, families need support in order to be effective partners with child-serving professionals, children without Medicaid need access to supports and services, and more availability of respite is needed. The strategic plan identifies areas where stakeholders, families, and advocates can take action to affect these focus areas.

A final report and strategic plan was submitted to SAMHSA on Sept. 30, 2014.

Status of Current SOC Programs

Community Circle of Care (CCC): CCC funding supports IHH services for non-Medicaid eligible children through four University of Iowa Child Health Specialty Clinics (CHSC) that serve 10 counties in northeast Iowa. SFY15 funding is a legislative appropriation of \$1,186,595. CHSC offers clinical services such as psychiatry and medication management in addition to the IHH/SOC care coordination, family support, and wraparound services. CCC has served 620 children in SFY 15.

Central Iowa System of Care (CISOC) Funding: CISOC, operated by Orchard Place, began operation in October 2009. Current funding is a legislative appropriation of \$211,872 for SFY15. During SFY14, the program had a decrease in children served as Orchard Place implemented the IHH program and transferred Medicaid-eligible children from SOC to IHH. Numbers served have increased as the program has marketed its

services for non-Medicaid eligible children to the community. CISOC funding has served 63 children in SFY 15 and currently has a waiting list of 8.

Four Oaks: Four Oaks began operation of the SOC program in March 2012 for children from Linn and Cerro Gordo Counties. SFY 15 funding is \$135,000. Previously, this program focused on serving Medicaid and non-Medicaid eligible children at risk of a PMIC placement or who were in need of additional services to successfully return home from a PMIC placement. With the implementation of IHH, PMIC residents have access to care coordination through Medicaid; therefore the program has shifted its focus to serving non-Medicaid eligible children and youth in Linn and Cerro Gordo Counties. The program has served 36 children in SFY15 and has a current waiting list of 3.

Tanager Place: Tanager Place SFY15 is \$110,000 to provide system of care services. Tanager Place began providing SOC services to non-Medicaid eligible children in Linn County in September 2014. The program has served 8 children so far in SFY15. As Tanager Place and Four Oaks are both located in Linn County, the two programs have started collaborating to ensure that families have access to available services from both agencies.

Program Outcomes:

Table 1, Results Achieved in SFY14 in SOC programs, identifies numbers of children and youth served in SFY14 and common outcomes reported by the programs.

Conclusion

With the implementation of IHH, the four programs receiving SOC funds have transitioned to providing IHH services to children with an SED who are not Medicaid-eligible. In the 14 counties served, the SOC programs allows children at risk of out of home placement or treatment to be served in the community and remain with their families and in their schools. 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, Results Achieved in SFY14 in SOC Programs

Systems of Care Site	Performance Measure #1	Performance Measure #2	Performance Measure #3
<p>Central Iowa System of Care (CISOC) – serving Polk and Warren Counties</p>	<p>Children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)</p> <p>94% of those who began services in a community setting, remained in the community. (72 served in SFY14)</p>	<p>Children & youth served by the System of Care will be diverted from involuntary commitment for mental health treatment</p> <p>91% of children served were not subject to an involuntary mental health commitment filing.</p>	<p>Children & youth served by the System of Care will demonstrate improved functioning in school</p> <p>Percentage of clients with moderate to severe attendance issues decreased from 31% to 22% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 22% to 14% at 12 months of service.</p>
<p>Community Circle of Care (CCC) (data represents a sample of the 1,038 children served in SFY14)</p>	<p>94% of those served for 12 months were served in the least restrictive setting-home or family foster care, compared to 88% at beginning of services. (1,038 served in SFY14)</p>	<p>96% of children served were not subject to an involuntary mental health commitment filing.</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 20% to 7% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 28% to 11% at 12 months of service.</p>
<p>Four Oaks</p>	<p>The Four Oaks data is not comparable to the other two programs as in SFY14 a higher percentage of Four Oaks clients were referred from the Four Oaks PMIC or at risk of entry to the PMIC. 72% of Four Oaks clients' were in a home setting at the beginning of services. At 12 months of service, 84% were in a home or family setting. (71 served in SFY14)</p>	<p>92% of children served were not subject to an involuntary mental health commitment filing.</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 33% to 0% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 46% to 20% at 12 months of service.</p>

***Tanager Place did not begin services until September 2014.**