Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 31, 2013

Michael Marshall
Secretary of the Senate
State Capitol Building
L O C A L

Carmine Boal
Chief Clerk of the House
State Capitol Building
L O C A L

Dear Mr. Marshall and Ms. Boal:

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

This report was prepared pursuant to directive contained in Iowa Code Section 225C.54 (5)

This report is also available on the Department of Human Services website at http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html.

Sincerely,

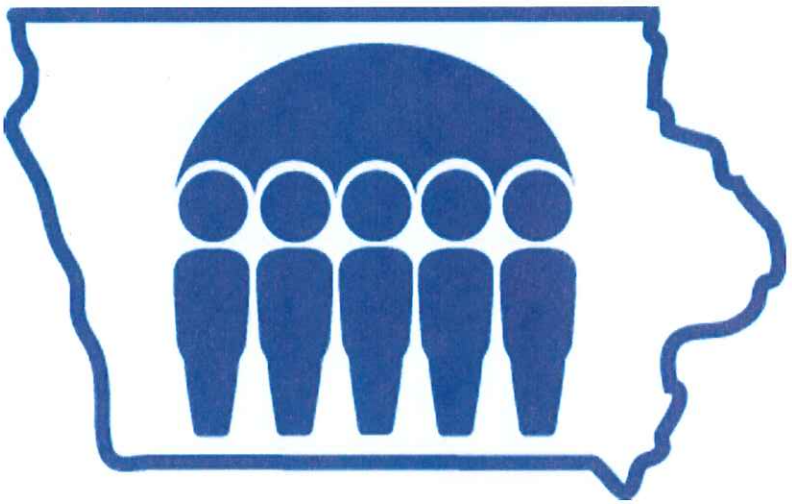
Jennifer Davis Harbison (dy)

Jennifer Davis Harbison
Policy Advisor

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Kris Bell, Senate Majority Staff
Josh Bronsink, Senate Minority Staff
Carrie Kobrinetz, House Majority Staff
Zeke Furlong, House Minority Staff
John Willey, Chair, Mental Health and Disability Services Commission

Iowa Department of Human Services



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

January 2013

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 2012 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.

Current Legislation and Workgroup Activities regarding Children's Mental Health

In 2011 the Iowa General Assembly passed Senate File 525 legislation focused on redesigning the adult mental health and disability services system. Language included in that legislation directed the formation of a children's disability services workgroup. SF 525 also mandated formation of a psychiatric medical institution for children (PMIC) transition workgroup to facilitate the transition of management of PMIC services from the Iowa Medicaid Enterprise to the Iowa Plan.

The children's disability services workgroup was tasked with "developing a proposal for redesign of publicly funded children's disability services, including but not limited to the needs of children who are placed out of state due to the lack of treatment services in this state."

The children's disability services workgroup met in 2011 and 2012. A preliminary report was submitted in 2011 and a final report submitted in December 2012. The final report is available on the Department's website: http://www.dhs.state.ia.us/uploads/Childrens-Disability-Services-Workgroup-Final-Report-Dec-10-2012.pdf . The final report recommended that a "statewide comprehensive system of care be accessible to all Iowans." The report recommended creation of a state level Iowa Children's Cabinet to provide guidance, oversight, problem solving, long-term strategic thinking, and collaboration led by the Department of Human Services. The Children's Cabinet is to include representatives of child serving agencies and local systems as they create specialized health homes for children with serious emotional disturbance and build out to a comprehensive, coordinated system for all children. Development of Medicaid-funded specialized health homes for children with an SED is identified as the first step toward the overall goal of a comprehensive statewide system of care. A state plan amendment is expected to be submitted in January 2012 adding integrated health homes to Iowa's Medicaid state plan. Iowa is planning a phased development of health homes to allow for development of service provider capacity and expansion. Iowa is working to integrate system of care principles and practices into the specialized health homes model.

The PMIC transition workgroup supported the transfer of management of PMIC services to the Iowa Plan for Behavioral Health contractor, Magellan. The transfer was effective July 1, 2012. The PMIC transition workgroup has continued to meet quarterly and review delivery and usage of PMIC services though the Iowa Plan. The PMIC transition workgroup has also developed two subgroups. The PMIC clinical leadership team is comprised of Magellan staff, PMIC clinical directors, state staff, and community providers. The PMIC schools transition workgroup is comprised of PMIC educational staff, Department of Education, Department staff, and other stakeholders. The purpose of the PMIC schools transition workgroup is to ensure that children receiving PMIC level of care receive effective, appropriate educational transition planning when entering and leaving PMIC level of care.

The PMIC clinical leadership team works directly with providers regarding children at risk for out of state placement. The team works collaboratively to find in-state options for children at risk of out of state placement or returning from out of state placement through biweekly conference calls where children in these categories are staffed with the team members.

Current Children's Mental Health System

For the majority of children in Iowa, mental health services continue to be provided through multiple sources and access points dependent on their county of residence, income, insurance, or mental health status. Children's mental health services and supports are funded by a patchwork of private, state and federal grants, Medicaid and private insurance, and decategorization funds in some areas. There is little uniformity regarding services or funding available beyond the Medicaid program. Children on Medicaid and Home and Community Based Services (HCBS) waivers also have access to intensive community-based services and supports that are not available for children with private insurance or HAWK-I.

Funding for mental health services is provided by:

- Medicaid for children deemed financially eligible, or eligible due to an SED or disability status, foster care status, or institutional placement. Services available are dependent on program eligibility and include Iowa Plan services (inpatient and outpatient mental health services, Behavioral Health Intervention Services (BHIS), and treatment in a PMIC), medication, and HCBS Children's Mental Health Waiver services (access to the Iowa Plan, in-home family therapy, family and community supports, environmental adaptations, respite, and targeted case management).

- HCBS Children's Mental Health Waiver and PMIC services eligibility is determined by a level of care process that determines if the child's mental health needs meet an institutional level of care, regardless of financial status. There are lengthy waiting lists for both programs and access to services is inconsistent, with rural areas having less access to mental health services and supports than urban areas. The number of funded slots for the Children's Mental Health Waiver has risen in the past year to 1,139 due to increased funding for reducing the waiver waiting lists. However, the waiting list has remained at approximately 1,000 children demonstrating continued need for home and community based services for children with serious mental health needs. Iowa currently has 430 Medicaid-funded PMIC beds in private facilities, in addition to 15 PMIC beds at Independence Mental Health Institute.

- Systems of care (SOC) programs serve 14 counties. Community Circle of Care, Central Iowa System of Care, and Four Oaks, are funded by a combination of local and/or state grants and appropriations. In these areas, there is a local agency that has the responsibility to connect families to available services and

provide coordinated services within limits of available resources. Funding is available to supplement insurance coverage for children who require intensive community based services and supports that are typically not covered by private insurance. Coverage in the 14 counties is limited by the amount of funding available to each program.

- Local/County funding is utilized in some areas of the state. Multiple areas of the state have made efforts toward development of local systems of care or similar projects to address unmet mental health needs in the community. These projects are funded by the federal Mental Health Block Grant, decategorization, or local or county funds. Services funded have included individual therapy, medication, BHIS services for non-Medicaid eligible children, afterschool programs, respite, and care coordination. The goal of these projects is to help children who are at high risk of involvement with child welfare, juvenile court, involuntary commitment, or out of home treatment and placement remain successfully with their families, homes, schools, and communities. Local projects struggle with uncertain funding and long-term sustainability. There is no mandate that these types of services be funded at the county or local level for children and youth, compared to mandates requiring services for adults at a defined poverty level with defined disabilities.

Outcomes of the Community-Based Children's Mental Health System

Central Iowa System of Care, Community Circle of Care, and Four Oaks System of Care

The Central Iowa System of Care (CISOC), Four Oaks System of Care and the Community Circle of Care (CCC) serve children and youth ages 0-21 years of age who are diagnosed with a mental health disorder and meet the criteria for an SED or are at risk for negative outcomes without intervention. The children and youth served by these programs are assessed to be at high risk of involvement with more intensive and restrictive levels of treatment due to their serious behavioral and mental health challenges.

Goals: The goal of the SOC programs is to help the identified child remain successfully in, or return to, their home, school, and community unless safety or clinical reasons require more intensive services. Families referred to an SOC are often at the point of requesting assistance from the court or child welfare system or are seeking PMIC placement. SOC programs offer a community-based alternative to children who are at risk of out of home treatment and their families. If out of home services are recommended, the program can remain involved with the family to support the child's return to the family home by providing ongoing coordination and parent support. In some cases, this ongoing support can help shorten the length of stay in out of home treatment. Services provided include care coordination, access to clinical mental health services, wraparound and family team facilitation, family peer support, and funding for

flexible services that strengthen the child's ability to function in the home, school, and community.

Referral sources for SOC programs include parents, Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers.

In SFY13, the SOC programs are also increasing their services for children who are returning from, or at risk for, out of state placement. While some children in out of state placement have case managers, for children whose placement is voluntary, care coordination and access to wraparound services are essential when a child is transitioning back to the community from an out of state facility.

Funding: All services billable to third-party insurance are billed accordingly. Local, state, and federal funds are used to fund non-billable services such as care coordination for all eligible participants, as well as in-home or BHIS services to non-Medicaid eligible children.

Community Circle of Care (CCC) Funding: CCC was funded through a six-year cooperative agreement between the State of Iowa, the Department, and the Substance Abuse and Mental Health Services Administration (SAMHSA) which expired Sept. 30, 2012. CCC operates in 10 counties in northeast Iowa and has continued operations at the four existing clinic sites in Decorah, Dubuque, Clinton, and Oelwein with a mix of state and local funding and insurance reimbursement for direct services. The program served 1,845 children with direct clinical and coordination services in SFY12. The Department has requested level funding of $1,436,595 for SFY14 and15.

Central Iowa System of Care (CISOC) Funding: CISOC was initially funded through the state appropriation of $500,000 to begin the development of the community based mental health services system for children and youth with an SED, and began operation in October 2009. Current funding is a legislative appropriation of $327,947 for SFY13. The program served 137 children and youth in SFY12. The Department has requested level funding for SFY14 and 15.

Four Oaks Funding: Four Oaks received an initial grant of $160,000 through a request for proposal process in January 2012 and began operation of the SOC program in March 2012 for children from Linn and Cerro Gordo Counties. The program served 31 children in SFY12 (March through June 2012) and is expected to serve 70 children in SFY 13. An additional $160,000 was allocated by the General Assembly for SFY13. The Department has requested level funding for SFY14 and 15.

Program Outcomes

The SOC programs currently measure outcomes differently, but have many common outcomes which have been identified in the chart below. Four Oaks SOC program only operated for four months in SFY12, therefore outcomes reported are preliminary and the cohort reported on is small.

In SFY12, CCC estimated that of 1,016 youth served, 583 (57%) would have received more costly and restrictive services such as out-of-home placement, juvenile court and child welfare involvement, and involuntary committal. These children instead remained in home and community settings.

Central Iowa System of Care reported that of the 137 children served in SFY12, 42 (31%) who were at risk of entering a PMIC or foster group care, were prevented from entering PMIC or foster group care due to involvement with CISOC. CISOC also served two children who were in out of state treatment, with one child returning to Iowa during SFY12.

Four Oaks has established a goal of reducing PMIC stays for children served to 90 days, from the current average length of stay of approximately 300 days as well as diverting children from PMIC when clinically appropriate. Initial data suggests that families are responsive to receiving diversion services and also benefit from the increased family support and care coordination available through the SOC program while their child is in the PMIC.

Table 1, Results Achieved in SFY12 in SOC Programs, identifies numbers of children and youth served in SFY12 and common outcomes reported by the programs.

Conclusion

The 2011 children's disability workgroup report recommended that the state institute SOC practices for children's services in Iowa through a health home model of service delivery and develop plans to divert children from out of home and out of state placements. The 2012 children's disability workgroup report recommended creation of a children's cabinet to provide guidance and oversight of the children's system. Development of health homes for children with an SED was identified as the first step in development of children's mental health and disability service system.

The Department and Magellan are working together to develop a health homes model that will integrate systems of care principles and practices into the expectations of a health home for children with an SED. It is expected that access to care coordination through a health home will improve outcomes for Medicaid-eligible children at risk of out of home treatment or placement due to serious mental and behavioral challenges. Systems of care programs will be the specialized health home for children with an SED without Medicaid eligibility, within geographic service areas and available funding.

Systems of Care Site	Table 1-Results Achieved in SFY 2012 in SOC Programs			
	Performance Measure #1 **Children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)**	**Performance Measure #2** **Children & youth served will not have CINA[1] petitions filed due to need for mental health services**	**Performance Measure #3** **Children & youth served by the System of Care will be diverted from involuntary commitment for mental health treatment**	**Performance Measure #4 [2]** **Children & youth served by the System of Care will demonstrate improved functioning in school**
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	89% of those who began services in a community setting, remained in the community. 95% of those who began services in a PMIC or out of home placement returned to and remained in a community setting (n=137 served in SFY12)	97% of children served did not have a CINA petition filed for purposes of accessing mental health treatment.	99% of children served were not subject to an involuntary mental health commitment filing.	Number of clients with moderate to severe attendance issues decreased from 44% to 22% while receiving SOC services. Number of clients with failing or unsatisfactory grades decreased from 32% to 11% at 12 months of service.
Community Circle of Care (CCC)	98% remained in the least restrictive setting-home or family foster care (n=1,845 in SFY12)	99% of children served did not have a CINA petition filed for purposes of accessing mental health treatment.	99% of children served were not subject to an involuntary mental health commitment filing.	After 6 months of service, 40% of clients improved school attendance and 46% improved their grades.
Four Oaks [3](data represents, March-June 2012)	(n=31 served March-June 2012)	97% of children served did not have a CINA petition filed for purposes of accessing mental health treatment.	94% of children served were not subject to an involuntary mental health commitment filing. (baseline-3 months)	Number of clients with moderate to severe attendance issues decreased from 29% to 7% while receiving SOC services. Number of clients with failing or unsatisfactory grades decreased from 35% to 10% (baseline-3 months)

[1] Child In Need of Assistance

[2] The programs did not measure school performance using the same methodology.

[3] Residential setting for Four Oaks clients is not comparable to the other two programs, as Four Oaks' program is focused on shortening lengths of stay in PMIC, as well as diverting children from PMIC placement when appropriate. A higher proportion of children start services while in a PMIC than the other two programs.