Iowa Department of Human Services

Implementation Status Report regarding the Mental Health Services System for Children, Youth, and their Families

Submitted to:
Governor Branstad, the Iowa General Assembly, and the Mental Health and Disability Services Commission

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Introduction:

This is the Department of Human Services' 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.

Background:

In 2008, the Iowa General Assembly passed Iowa Code Sections 225C.51-54. DHS was designated the lead agency responsible for the development, implementation, oversight, and management of the mental health services system for children and youth in accordance with the chapter, with the department's responsibilities to be fulfilled by the Division of Mental Health and Disability Services (MHDS). DHS was allocated $500,000 to begin the initial development of children's mental health services through existing community mental health centers, providers approved by the commission to provide services in lieu of a community mental health center, and other local service providers. *Further funds were not provided*.

Section 225C.52 (1) identifies the purpose and the 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 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, mental retardation, 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 serious emotional disturbance (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 has resulted 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.

MHDS selected Systems of Care, a nationally recognized model for serving children and youth with serious emotional disturbance, as the service delivery model to be used for development of the children's mental health system. A system of care is a coordinated network of community-based supports and services that are organized to meet the challenges of children and youth with serious mental health needs and their families. A system of care assures families that there is no "wrong door" to access services and ensures coordination among providers so that services are delivered in the most effective and efficient method possible.

The Current Status of the Children's Mental Health System

For the majority of children in Iowa, funding for mental health services may be provided through multiple access points dependent on their county of residence, income, insurance, or mental health/disability 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.

Funding for mental health services are provided by:

- Systems of Care programs in 12 counties-funded by a combination of local, state, and federal grants and appropriations. In these areas, there is a local agency that has the responsibility to

connect the family to available services and provide coordinated services within limits of available resources. Funding is available to supplement insurance coverage for children who require more intensive community based services that are typically not covered by private insurance.

- Medicaid for children deemed eligible by income, SED or disability status, foster care status, or institutional placement. Services that are available dependent on program eligibility include Iowa Plan services (inpatient and outpatient mental health), medication, remedial services, Children's Mental Health Waiver services, and treatment in a PMIC.

- Local areas- multiple areas of the state are in the process of developing local systems of care or similar projects to address unmet mental health needs in the community. These projects are typically funded by the federal Mental Health Block Grants, decategorization, and local or county funds. Scott County and the East Central Iowa Children's Mental Health Initiative (Linn, Johnson, Jones, Benton, and Iowa Counties) as well as other localities are working diligently at bringing multiple funding sources together in order to meet the mental health needs of children in those communities. Services funded include individual counseling, medication, remedial services for non-Medicaid eligible children, afterschool programs, respite, and care coordination. The goal of these projects is to help children remain in their homes, schools, and communities who are at high-risk of involvement with Child Welfare, Juvenile Court, involuntary commitment, or out of home treatment and placement.

- For the majority of children, Iowa does not have an organized statewide structure or system for children's mental health and disability services. There is no local central point of coordination or "front door" for children in need of mental health or disability-related services as there is in the adult mental health and disability system. Mental Health and Disability funding allocated to counties is primarily limited to coverage of services for adults in certain disability groups.

House File 45 identifies the following issues as reasons for redesigning the current adult mental health and disability system. These issues are also significant for children in need of mental health services and supports:

- **Lack of a set of core services uniformly available throughout the state and lack of uniformity of service expenditures.**
    - This is also a significant issue for children as counties have minimal responsibility or funding to provide intensive community-based mental health services for children. There is not a statewide mental health system or central point of coordination in Iowa available to assist families with access to mental health services; or with providing assistance if services are available but unaffordable for the family. If they do not have access to a System of Care or similar program, the family is on their own to connect with services, find providers, and ensure that providers are working together. If the family does not have Medicaid, the opportunity to receive in-home or remedial services is severely limited.

- **The need to improve the array of community-based services and services to avoid the use or continued use of crisis services.**

    - Children as well as adults access emergency mental health services, such as emergency rooms, and inpatient mental health facilities due to lack of access to less restrictive crisis intervention services. The rate of involuntary mental health commitment filings for juveniles has doubled in the last six years. (Chart 1)

    - Parents are left to be their own case manager without the expertise and knowledge needed to navigate the mental health system. They turn to the traditional access points for intensive services for children-DHS Child Welfare, the Juvenile Court System, the involuntary commitment process, acute mental health care settings, and PMIC's, even

though community-based options, when available, can help avert these more costly and restrictive interventions, and keep the child in their home, school, and community.

- MHDS and Magellan are in the process of implementing two contracts with local community mental health centers to develop regional emergency mental health services for both children and adults with the goal of diverting individuals from involuntary commitment proceedings and acute care hospitalizations.

Chart 1-
Juvenile Mental Health and Substance Abuse Commitment Filings
(Source-Iowa Judicial Branch, 2010)

Laws governing entry to the Psychiatric Medical Institution for Children (PMIC) level of care and the grounds for seeking a CINA petition for mental health treatment both changed in 2005. Families were allowed to access PMIC services without relinquishing custody through the CINA process, which was a positive step. Currently there are 430 private PMIC beds in the state of Iowa. 71% of the admissions to PMIC were voluntarily initiated by parents in SFY10. (IME Medical Services 2010).

At the same time that the CINA law was changed, the Children's Mental Health Waiver was created in an attempt to serve children with serious emotional disturbance without requiring involvement with the Child Welfare system. 683 children are currently approved for Children's Mental Health Waiver services across the state. These children have access to in-home and community based services and supports, respite, and environmental adaptations, but also face a lack of access to providers who are trained to work with children with serious mental health issues. There is also a cap of 730 slots in SFY11 for the waiver program with 679 children currently on the waiting list to receive CMH waiver services. (IME January 2011) The next child eligible for a slot on the waiver applied in February 2010, meaning a child with serious emotional disturbance could wait up to one year for the opportunity to receive specialized services and supports to help that child avoid out of home placement or treatment.

An unintended consequence of these changes was that an access point to community-based, outpatient, and inpatient mental health services, especially for children and families in crisis, was closed without an alternative system available. Families are using the courts and hospitals for crisis intervention because, in most areas of the state, they do not have any other options. Counties, providers, and hospitals are expressing concern over this increase in involuntary commitments but are often at a loss to respond to families in crisis related to the child's mental health needs.

Where Systems of Care and other community-based programs are available, they are able to respond to crisis mental health situations with the goal of diverting children and youth from higher end, more restrictive treatments and placements. When there is no other access point to local services, families will continue to access the courts, PMICs, and emergency rooms.

Integration of Systems of Care with the Medical Home Model

Since the enactment of the children's mental health legislation, the Affordable Care Act has been enacted and there has been an increased state and federal focus on the development of medical homes for individuals with chronic illnesses, including mental health and substance abuse. ACA Section 2703 has created a potential opportunity for increased federal financial participation in the cost of services to Medicaid-eligible individuals by creation of health home services. Health homes coordinate and provide medical, behavioral health and social supports needed by a member with chronic conditions. The goal of the health home program is to lower rates of emergency room use, reduction in hospital admissions and readmissions, reduction in health care costs, less reliance on long term care facilities, improved experience of care and improved quality of care outcomes. While these goals apply to individuals with any chronic health condition, they are also consistent with the goals of Systems of Care.

The recent work group convened to plan the transfer of remedial services to the Iowa Plan also recommended that Magellan begin to develop behavioral health home pilots that would serve essentially the same function for the Medicaid population as Systems of Care does. This is another opportunity to integrate Systems of Care into the behavioral /medical home model as existing Systems of Care sites may also be interested in developing behavioral health home pilot sites. As remedial services become integrated with Iowa Plan clinical services, it is hoped that coordination of treatment and supports across all service delivery systems will improve mental health outcomes for the Medicaid and non-Medicaid populations.

While DHS will continue to work toward integration of current Systems of Care programs into the medical home model, the essential focus of children's mental health system development remains to provide Iowa's children and youth with serious mental health issues and their families, an array of services and supports that will allow those children and youth to be served in their homes, schools, and communities without unnecessary involvement in juvenile justice, child welfare, or involuntary mental health procedures.

Children's Mental Health and the DHS Olmstead Plan

Development of the comprehensive community –based mental health services system for children and youth for children, youth, and families is also Iowa's effort to have a comprehensive, effectively working Olmstead plan to serve children in the most integrated setting appropriate to their needs. Iowa's vision for services to children with mental health and disability issues is described in the Olmstead Plan for Mental Health and Disability Services. The following are priorities identified in the DHS Internal Olmstead Work Plan, Jan.1, 2011-June 30, 2012 that relate to children's mental health system development.

2.1.a: SFY11/SFY12

Promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavioral health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds.

3.2.a: SFY11/SFY12

Develop and maintain a mental health delivery system that meets the needs of children with SED in the community by extending children's mental health systems of care: (1) Continue to build the sustainability of the NE Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties; (3) Seek support for the E Central Iowa Children's Mental Health Initiative; (4) Promote expansion to additional regions in Iowa, with emphasis on the western region of the State.

3.2.c: SFY11
Develop service definitions and expectations regarding the use of remedial services and integration of remedial services with other services. Improve coordination and quality of mental health services by transferring remedial services administration to the Iowa Behavioral Health Plan.

The Olmstead Plan identifies the goal of a life in the community for everyone, including children with mental health and disability needs, and development of a comprehensive, community-based children's mental health system is essential for Iowa to meet this goal. These goals are being addressed through MHDS partnership with families, Magellan, the University of Iowa-CDD and Child Health Specialty Clinics, community mental health centers and other mental health providers, other state agencies, and county representatives.

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

Central Iowa System of Care and Community Circle of Care
The Central Iowa System of Care (CISOC) and the Community Circle of Care (CCC) serve children and youth ages 0-21 who are diagnosed with a mental health disorder and meet the criteria for Serious Emotional Disturbance. The children and youth served by both 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.

All services billable to third-party insurance are billed accordingly. Local, state, and federal funds are used to fund non-billable services such as those listed above, as well as in-home or remedial services to non-Medicaid eligible children.

Goals: The goal of both programs is to help the identified child remain in their home, school, and community unless safety or clinical reasons require more intensive services. If such services are recommended, the program can remain involved with the family to support the child's return to the family home more quickly by providing ongoing coordination and parent support. Services provided include care coordination, access to clinical mental health services, wraparound and family team facilitation, and the ability to fund flexible services that strengthen the child's ability to function in the home, school, and community.

Families referred to a System of Care are often at the point of requesting assistance from the court or child welfare system or are seeking PMIC placement. They need an organized system of services and supports to avert placement or treatment of their child out of the home. Referral sources for both programs include parents, Department of Human Services (DHS) Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers.

CCC Funding: The Community Circle of Care (CCC) is funded through a cooperative agreement between the State of Iowa and the Substance Abuse and Mental Health Services Administration (SAMHSA). CCC is located in 10 counties in NE Iowa. Although this is a federally funded SAMHSA grant with significant federal financial support, the grant requires state-matching dollars based on a formula that increases the state match portion in the later years of the grant. The SFY 11 state appropriation is $925,306. SFY 11 begins the fifth year of the 6 –year grant cycle and includes a change in the match rate that increases the state share of the project to 67% state and local cash/in-kind match to 33% federal funds. CCC anticipates serving approximately 500 children per year during SFY's 11 and 12. DHS has requested current service level funding for this program for SFY12 in the amount of $1,200,495.

CCC has engaged in significant community education regarding children's mental health issues including a new consultation program to assist family practitioners in managing children with mental health issues. This project is meant to address the shortage of children's mental health providers, especially in rural areas, by providing access to psychiatric consultation for family practitioners. CCC is also working with Magellan to explore conversion of some non-billable services to Medicaid billable services in order to develop sustainability when the federal grant cycle is completed.

CISOC Funding: Central Iowa System of Care (CISOC) is currently 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 serious emotional disturbance (SED). Because children and youth with mental health disorders are often at risk for involvement with law enforcement or other juvenile court services involvement, Iowa's Juvenile Justice Advisory Council awarded a total of $120,000 in grants for FFY 10 and FFY11 to support diversion of children with mental health issues away from the Juvenile Justice system. This funding was pooled with the state appropriation to be awarded through the competitive bidding process. DHS-MHDS issued the RFP for eligible providers on Nov. 12, 2008. The successful bidder was Orchard Place- Child Guidance Center, a community mental health center for children, serving Polk and Warren Counties. During the 2009 General Assembly, the $500,000 dedicated to this project was extended through SFY 10 and 11, to end on June 30, 2011. A contract reflecting the extended time frame was signed between Orchard Place and DHS on August 13, 2009.

CISOC began hiring staff and developing infrastructure in August 2009 and began direct services in October 2009. The program served 52 children and families in SFY10 (Oct.2009-June 2010). As of January 2011, the program is serving 80 children and their families through three care coordinators and a project supervisor. The program is at capacity and will begin utilizing a waiting list for services due to the high demand in Polk and Warren Counties. DHS requested current service level funding for the project of $340,000 for SFY12. The funding is not in the Governor's budget request for SFY 2012.

SFY 10 Children Served and Results Achieved

System of Care Site	# of Children & Youth Served			
	Activities	SFY 2010 Actual	SFY 2011 Projected	SFY 2012 Projected
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	**Care coordination, wraparound family team meetings, parent support, flexible funding, crisis intervention, community education.**	**52** (35 DHS funded + 17 Juvenile Justice funded)	**80** (60 DHS funded + 20 Juvenile Justice funded)	**80** (60 DHS funded + 20 Juvenile Justice funded)
Community Circle of Care (CCC) – former Dubuque Service Area		**509**	**500**	**500**

System of Care Site	Results Achieved in SFY 2010			
	Performance Measure #1 90% of children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)	**Performance Measure #2** 95% of children & youth served will not have CINA 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 98% of the time	**Performance Measure #4** [1] 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	88% (n=52)	94%	100%	88% maintained or improved grades 90% had reduced or no suspensions
Community Circle of Care (CCC) – former Dubuque Service Area	92% (n=509)	n/a [2]	98%	94% were neither suspended nor expelled, 37% had improved school performance

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

[2] Although CCC does not collect the data related to this measure, a survey of CCC clinical providers indicates that 78 children would have been referred for CINA for purposes of out of home placement without CCC.