

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)"b."**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 225C.6(1), the Department of Human Services proposes to adopt Chapter 27, "Mental Health Services for Children and Youth," Iowa Administrative Code.

The proposed chapter is the initial step in meeting the Department's mandate to establish a comprehensive community-based mental health services system for children and youth. Legislation defines "children" as persons under 18 years of age and "youth" as persons 18 through 21 years of age who had a serious emotional disturbance before reaching age 18.

Legislation requires the Department to establish a system that allows children and youth with mental health disorders to have access to mental health services in the least restrictive setting possible so that they can live with their families and remain in their communities. These rules direct the development of local community-based systems of care by establishing a lead agency at the local level that will be responsible for directly providing or coordinating the mental health services for this population in the community. The lead agency will also be responsible for developing school-based mental health collaborations with local educational entities.

The goal of the lead agencies and the local systems of care is to promote access to less restrictive, more appropriate, and less costly services in the community. Access to community-based services has the potential to:

- Decrease unnecessary involvement of children and youth with the child welfare and juvenile justice systems;
- Reduce the number of mental health commitments and placements in inpatient, residential, out-of-state, and other more costly care;
- Improve educational outcomes of children and youth; and
- Result in keeping children and youth with their families.

These rules reflect the formulation of basic administrative procedures. Other, more comprehensive policies and procedures about service delivery will be developed through provider contracts and provider accreditation processes. The system will be implemented through a competitive bidding process, and its scope will be limited to the extent of the legislative appropriation. For state fiscal year 2009, \$500,000 has been appropriated for this purpose. The Department expects to issue a request for proposals in October 2008 to begin one or more pilot projects.

These rules do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

Any interested person may make written comments on these proposed rules on or before October 29, 2008. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Analysis and Appeals, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These rules are intended to implement Iowa Code chapter 225C as amended by 2008 Iowa Acts, Senate File 2425, sections 53 to 56.

The following amendment is proposed.

Adopt the following **new** 441—Chapter 27:

CHAPTER 27  
MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

PREAMBLE

The purpose of this chapter is to establish a comprehensive community-based mental health services system for children and youth. The system is intended to improve access to mental health treatment, services, and other supports in the least restrictive setting possible so that children and youth who have serious emotional disturbances or other qualifying mental health disorders can live with their families and remain in their communities.

**441—27.1(225C) Definitions.**

“*Catchment area*” means the designated service area of the local lead agency as identified in its contract with the department.

“*Child*” means a person under 18 years of age.

“*Commission*” means the mental health, mental retardation, developmental disabilities, and brain injury commission established by Iowa Code section 225C.5.

“*Comprehensive community-based services*” means services that are provided in a variety of community settings, including home, school, child care facilities, and other typical environments for children, youth, and families.

“*Comprehensive mental health assessment*” means a comprehensive assessment of a child or youth to identify functional skills, strengths, and needed services. Mental health assessments are delivered as established through provider accreditation standards for evaluation services under 441—Chapter 24.

“*Culturally competent*” means that an organization:

1. Has a defined set of values and principles and demonstrates behaviors, attitudes, policies, and structures that enable the organization to work effectively cross-culturally;
2. Has the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities the organization serves;
3. Systematically involves consumers, key stakeholders, and communities in all aspects of policy making, administration, practice, and service delivery.

“*Department*” means the Iowa department of human services.

“*Division*” means the division of mental health and disability services within the department.

“*Functional impairment*” means difficulties that (1) substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; and (2) substantially interfere with or limit the person’s role or functioning in family, school, or community activities. “Functional impairment” includes difficulties of episodic, recurrent, and continuous duration. “Functional impairment” does not include difficulties resulting from temporary and expected responses to stressful events in a person’s environment.

“*Intensive care coordination*” means the process by which mental health services are coordinated with the services of other involved agencies and with informal supports. The service model for intensive care coordination is a combined brokerage and direct service model of care.

“*Local lead agency*” means the agency designated through a contract with the department to have responsibility for the implementation of a comprehensive community-based mental health service system at the local or regional level through the development of local systems of care for children and youth with mental health disorders.

“*Mental health disorder*” means a diagnosable Axis I mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders IV-R (4th edition), published by the American Psychiatric Association.

“*Other qualifying mental health disorder*” means a mental health crisis or any diagnosable mental health disorder that is likely to lead to a mental health crisis unless there is an intervention.

“*Serious emotional disturbance*” means a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders IV-R (4th edition), published by the American Psychiatric Association, and (2) results in functional impairment. “*Serious emotional disturbance*” does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

“*System of care*” means a coordinated network of community-based supports and services that are organized to meet the challenges of children and youth with serious emotional disturbance and their families.

“*Youth*” means a person who is 18 years of age or older but under 22 years of age and who met the criteria for having a serious emotional disturbance before reaching the age of 18.

**441—27.2(225C) Administration.** 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 mental health and disability services division shall fulfill the department’s responsibilities.

**27.2(1) Delegation of duties.** The division shall develop comprehensive community-based systems of care for children and youth through entering into contracts with eligible applicants to establish a local lead agency.

a. A local lead agency may be:

(1) A community mental health center under Iowa Code chapter 230A, or

(2) A provider approved in a waiver adopted by the commission to provide services to a county in lieu of a community mental health center that is accredited through 441—Chapter 24 to provide outpatient services, emergency services, and evaluation services.

(3) A local service partner.

b. A local lead agency must be accredited through 441—Chapter 24 for outpatient services, emergency services, and evaluation services.

c. The lead agency’s catchment area may be one county or a group of contiguous counties served by one or more community mental health centers or county-designated providers approved in waivers adopted by the commission to provide services to a county in lieu of a community mental health center.

d. Lead agencies shall demonstrate collaboration with existing local service providers, county central point of coordination administrators, and other stakeholders in the children’s mental health system to:

(1) Reduce duplication of services,

(2) Increase coordination among service providers, and

(3) Improve access to comprehensive community-based services for children, youth, and families.

**27.2(2) Responsibilities.** The local lead agency shall directly provide, contract for, or coordinate mental health treatment, services, and supports in the community for children and youth among the targeted population groups and their families. Local systems of care shall demonstrate that:

a. Children and youth are served in the least restrictive, most appropriate manner.

b. Within the limits of appropriations for the system of care, children and youth are not inappropriately denied necessary mental health services.

c. Mental health services for children and youth are coordinated with other community services for children and youth in the fields of:

(1) Child welfare;

(2) Court services and juvenile justice;

(3) Education, including public and nonpublic schools, area education agencies, and any other educational setting; and

(4) Health care, including inpatient and residential care.

d. School-based mental health collaborations are developed.

e. Children and youth receive individualized service planning through a strengths-based process in which parents and families are full participants.

*f.* Services for children and youth with co-occurring disorders are provided without regard to which diagnosis is primary.

*g.* Parents of children and guardians of children or youth have a primary decision-making role in the planning, provision, and coordination of services for the child or youth as well as with the policies and procedures regarding the comprehensive community-based mental health services system for children and youth.

*h.* Service access is determined by the individualized needs of each child or youth and shall comply with the standards of cultural competency as defined in this chapter.

**441—27.3(225C) Targeted population groups.** Services shall be directed toward children and youth in the following targeted population groups and their families:

**27.3(1)** Children and youth who have or are at risk for serious emotional disturbance including:

*a.* Children and youth with serious emotional disturbance who have co-occurring substance abuse, developmental disability, or other special health care needs.

*b.* Children and youth with serious emotional disturbance who are at risk for placement in, who are involved with, or who are returning to the community from other more restrictive settings, such as psychiatric hospitals, substance abuse treatment facilities, foster family homes, foster group care, emergency shelters, psychiatric medical institutions for children, mental health institutes, or detention centers.

**27.3(2)** Children and youth who have other qualifying mental health disorders.

**27.3(3)** Children and youth who have mental health disorders.

**27.3(4)** Children and youth whose mental or emotional condition, whether chronic or acute, represents a danger to themselves, their families, school students or staff, or the community.

**441—27.4(225C) Determination of services.** Services for children and youth shall be determined by:

**27.4(1)** Comprehensive mental health assessments of children and youth that are designed to identify functional skills, strengths, and services needed; and

**27.4(2)** The development of an individualized service plan comprised of services and supports that are clinically indicated based on the information gathered through the mental health assessment process.

**441—27.5(225C) Requirements for local lead agencies.**

**27.5(1) Service responsibilities.** Each local lead agency shall be responsible for:

*a.* Implementation of a comprehensive community-based mental health services system for children and youth within the catchment area through the development of local systems of care.

*b.* Leadership and coordination of the local system of care through creating a shared community vision, set of values, and outcomes among participants in the collaboration that is monitored through community governance structures.

*c.* Partnership with existing resources, such as parents, families, advocacy groups, local providers and other stakeholders in children's mental health services, to meet the service needs of children and youth with mental health disorders and their families.

*d.* Direct provision of, coordination of, or contracts for mental health services to be provided in the community for children and youth within the targeted population groups.

*e.* Coordination of other community services and supports to meet the needs of children and youth within the targeted population groups.

*f.* Directly providing intensive care coordination functions, which include the facilitation of the individualized service planning process, or coordinating those functions with targeted case management or other case managers involved with the child or youth to ensure nonduplication of services and to maximize resources.

*g.* Administration of Form 470-4592, SED Criteria Checklist, a standardized functional assessment tool, to identify children and youth with serious emotional disturbance.

*h.* Provision of comprehensive mental health assessments of children and youth that are designed to identify functional skills, strengths, and needed services and result in the development of an individualized service plan.

*i.* Direct provision of outpatient psychotherapy and counseling services, emergency services, and evaluation services as defined in 441—Chapter 24.

*j.* Direct provision or coordination of remedial services, children’s mental health waiver services, and respite services.

*k.* Coordination of mental health services with the services of other involved agencies, such as child welfare, juvenile justice, court services, and inpatient facilities.

*l.* Provision of intensive care coordination with the mental health institutes, other inpatient hospitals, psychiatric medical institutions for children, foster group homes, the child’s or youth’s family, local schools, and other involved services or agencies when a child or youth needs more extensive care. Staff from the lead agency shall:

- (1) Continue to provide intensive care coordination during any out-of-home placement;
- (2) Serve as a liaison among the family, school, and other local service providers; and
- (3) Facilitate follow-up services in the community upon discharge.

*m.* Collaboration with the division about the individualized service needs of children and youth in out-of-state residential treatment or other group care with the goal of addressing those service needs in Iowa.

*n.* Implementation and management of school-based mental health collaborations that focus on:

- (1) Early identification and assessment of children and youth with mental health disorders;
- (2) Facilitation of access to and provision of treatment for identified children and youth; and
- (3) Provision of training, consultation, and technical assistance to schools, educational staff, and parents regarding children’s mental health.

*o.* Provision of information and referral to families and others to address other service needs and promotion of communication with parents, guardians, and other caregivers.

*p.* Promotion of public awareness and provision of community education about children’s mental health needs, issues, and resources.

**27.5(2) Reporting responsibilities.** Each local lead agency shall:

*a.* Have the capacity to collect, aggregate, and report data on the children and youth served as required by contract.

*b.* Have the capacity to bill Medicaid and private insurers.

*c.* Maintain and report data on children who are unable to obtain a needed community service. It is the agency’s obligation to attempt all possible means to make that service available and to report the child’s unmet need to the division.

**27.5(3) Funding.**

*a.* The local lead agency shall use the funding issued under this chapter to:

- (1) Fulfill the duties and responsibilities established in this chapter;
- (2) Address service gaps;
- (3) Support services to children and youth who are uninsured or underinsured; and
- (4) Otherwise fund necessary and appropriate community-based services and activities that are not funded through third-party reimbursement mechanisms.

*b.* Funds issued under this chapter may be used:

- (1) For prevention of residential or institutional treatment or hospitalization;
- (2) For necessary community treatment, services, and support following a residential or institutional placement or a hospitalization; and
- (3) For continued intensive care coordination throughout a residential or institutional service or hospitalization.

*c.* Funding issued under this chapter shall not be used to:

- (1) Supplant current activities or existing responsibilities; or

(2) Provide residential or institutional services for children or youth, including but not limited to shelter care, detention, out-of-state residential placements, group homes, psychiatric medical institutions for children, voluntary or involuntary hospitalization, or care in a state facility.

These rules are intended to implement Iowa Code chapter 225C as amended by 2008 Iowa Acts, Senate File 2425, sections 53 to 56.