

December 31, 2019

Charles Smithson
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Smithson:

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

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

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

Sincerely,



Mikki Stier
Deputy Director

Enclosure

cc: Kim Reynolds, Governor
Senator Amanda Ragan
Senator Mark Costello
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Kris Bell, Senate Democrat Caucus
Josh Bronsink, Senate Republican Caucus
Natalie Ginty, House Republican Caucus
Kelsey Thien, House Democrat Caucus



Department of
HUMAN SERVICES

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

December 2018

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

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 2018 that have promoted the 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

Iowa Code Section 225C.51-54, Mental Health Services System for Children and Youth, directs the Department to submit an annual report to the Governor, General Assembly, and Mental Health and Disability Services Commission regarding the implementation of the children's mental health system.

Discussion

Legislative Initiatives and Children's System State Board:

The December 15, 2016 Children's Mental Health Study Report recommended building on the lessons learned by the two children's mental health crisis grants and the two child well-being learning labs by requesting appropriations to fund competitively bid grants for Children's Well-being Collaboratives (collaboratives) focused on child and family wellbeing, including mental health, through prevention and early intervention. The goal of the collaboratives was 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, early intervention, and mental health services. The collaboratives were to measurably improve the well-being of children and families, including children's mental health. The collaboratives were to use sound public health principles of prevention and population health.

2017 Iowa Acts, chapter 174, section 88 (HF653) required the Department to issue a request for proposals (RFP) based on the recommendations of the 2016 Children's Mental Health Study report. The legislation identified specific requirements for the collaboratives and allocated \$300,000 for the RFP. The Department issued an RFP for the collaboratives in July 2017. Three contractors were selected and contracts were issued for October 2017-June 2018.

The three contractors and the catchment areas they serve were:

- Prevent Child Abuse Iowa (Wapello, Jefferson, Van Buren Counties-Davis, Henry, Lee and Mahaska Counties added in 2018)
- Seasons Center (Buena Vista, Calhoun, Carroll, Clay, Cherokee, Crawford, Dickinson, Emmet, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury Counties)
- YSS (Boone, Franklin, Hamilton, Hardin, Marshall, and Story Counties-Greene, Jasper, Madison, Poweshiek, and Warren counties added in 2018)

Each of the contractors developed local collaboratives, comprised of early childhood providers, public health departments, integrated health homes (IHH), children's mental health providers, health care providers, K-12 education, and other entities invested in the development of prevention and early intervention services and supports for children and their families. The collaboratives met regularly and worked together to assess catchment area needs and develop and implement plans to improve the well-being of children in their area. The collaboratives also developed public outreach materials to promote public awareness of children's mental health and the need for early intervention.

2018 Iowa Acts, chapter 1165, section 66 (SF2418) allocated \$300,000 and required the Department to continue to contract for collaboratives as enacted in HF653. The Department issued another RFP and awarded contracts for October 2018-June 2019 to the same three collaboratives awarded in SFY18. The collaboratives have developed plans to continue the work begun in SFY18 to promote prevention and early intervention for children at risk of mental health issues. Two of the three collaboratives expanded the numbers of counties in their catchment areas. All three are required to submit reports on their progress in December 2018 and April 2019.

From September 2017 to June 2018, the Children's Mental Health and Wellbeing Advisory Committee met as directed by HF653. The legislation required the committee to continue efforts relating to improving children's mental health crisis services and children's well-being learning labs and to support the children's well-being collaboratives. The committee developed a white paper with recommendations for the development of a children's mental health system. The report identified the goal for the Iowa Children's System as "children with mental health and other challenges to experience recovery and build resiliency so they can live successfully with their families and in their community, experience educational growth, and become successful adults." The report also identified gaps in the current system and focused on developing cross-system approaches that address mental health symptoms as well as other social-emotional determinants of health and well-being. The white paper recommended development of local children's system area boards to promote local delivery of services, a children's system state board to establish statewide standards and provide guidance to local boards, and ensuring adequate funding for a children's system.

In April 2018, Governor Reynolds signed Executive Order 2. This executive order created the Children's System State Board (Children's Board). The Children's Board is the single point of responsibility in the development and implementation of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for those in need. Board members were appointed by the Governor, representing legislators, providers, family members of children with mental health needs, and other state agencies. The board was co-chaired by the directors of the Departments of Human Services and Education and submitted a strategic plan on November 15, 2018. This report reinforced the vision of all children living safe, healthy, successful lives in their homes, schools, and communities, with access to an array of core behavioral health services and supports. The report identified implementation strategies including access to universal behavioral health screening, development of administrative rules for children's core services, development of state and regional governance through the children's state board and mental health and disability services regions with children's advisory committees. Two additional significant recommendations were to eliminate the Children's Mental Health Waiver waiting list and to expand Systems of Care programs statewide. The report and other documents related to the Children's System State Board are available at this link: <https://dhs.iowa.gov/about/mhds-advisory-groups/childrens-system-state-board>

System of Care (SOC) Programs: Iowa currently has four legislatively mandated SOC programs. 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 SFY19 appropriation for the four programs is \$1,408,467 (\$100,000 is directed to the Four Oaks Total Child program). These programs are also Integrated Health Homes for Medicaid-eligible children with a serious emotional disturbance (SED). SED means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria that result in functional impairment. This is the same clinical criteria used to determine eligibility for the Medicaid-funded IHH program. The programs use state grant funds to provide IHH care coordination services to children and youth age 0-21 with an SED who are not eligible for Medicaid. All of Iowa's IHHs that serve children are required to incorporate 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.

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 services provided by 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. As success in school is sometimes negatively impacted by a child's mental health needs, SOC programs work closely with schools to ensure

that the child's educational needs are being met and support parents in advocating for their child. SOC programs work to use all available community resources to provide support for program participants. In some areas, local funding helps support needed wraparound services. 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. The following provides a brief overview of each SOC program.

Community Circle of Care (CCC):

- CCC is operated by the University of Iowa Child Health Specialty Clinics (CHSC) and serves 10 counties in northeast Iowa through four CHSC clinics. CHSC is also a provider of clinical services such as psychiatry and medication management.
- The SFY19 appropriation for the program is \$851,595.
- CCC served 334 children in SFY 18, an increase of 40 from the previous year. The program has served 250 children to date in SFY19, and has served an average of 208 children per month in the first five months of the fiscal year.
- The program reports continued success in working with children at risk of out of home placement, including children on waiting lists to enter PMIC by providing community-based services to the child and family.

Central Iowa System of Care (CISOC):

- CISOC, is operated by Orchard Place and serves Polk and Warren Counties.
- The SFY19 appropriation for the program is \$211,872.
- CISOC served 91 children in SFY 18, the same amount as the previous year. CISOC has served 65 children to date in SFY 19, with an average of 52 served per month.
- The program reports success in advocating for the children served to receive all appropriate educational supports and to support parents in advocating for their children. This includes supporting evaluations for special education and implementation of behavior plans and accommodations for the children served.

Four Oaks:

- Four Oaks SOC program serves children from Linn and Cerro Gordo Counties.
- The SFY 19 appropriation for the program is \$235,000. Of this funding, \$135,000 is dedicated to the SOC program and \$100,000 supports the Total Child program.
- In SFY18, 55 children were served by the SOC funding which is 3 less than the previous year. At this point in SFY19, 46 children have been served by the SOC program, with an average of 32 served per month. The Total Child program served a total of 67 children in SFY18 and an average of 45 children per month so far in SFY19.
- The SOC program provides IHH care coordination for non-Medicaid eligible children with a serious emotional disturbance. The Total Child program provides case management/care coordination and also focuses on the domains of youth,

school, family, and community as measured through a stability assessment. Total Child stays connected to children until the age of 18 and is available to any child, regardless of insurance status, who has had service through a Four Oaks program.

- Four Oaks reports success in working with children at risk of out of home placement and children at risk of negative educational outcomes, with children served able to remain in the community and attend school with appropriate supports in place.

Tanager Place:

- Tanager Place serves children primarily from Linn County.
- The SFY19 appropriation for the program is \$110,000.
- The program served 51 children in SFY18, an increase of 8 from the previous year. At this point in SFY19, 25 children have been served by the SOC program, with an average of 21 served per month.
- The program reports success assisting the children and youth served receive appropriate educational supports, including GED classes, online schools, and other individualized education programs.

As Tanager Place and Four Oaks are both located in Linn County, the two programs hold joint stakeholder meetings in Linn County to educate referral sources on the SOC programs for non-Medicaid children and youth and to ensure non-duplication of services.

Program Outcomes:

Table 1, SFY18 SOC Program Outcomes, identifies numbers of children and youth served in SFY18 and common outcomes reported by the programs.

Conclusion

The Governor's Executive Order issued in April 2018 created the Children's System State Board and directed the Board to, among other duties, oversee, implement, and maintain the Children's Mental Health System. The Board submitted a report on November 15, 2018 with recommendations including the elimination of the CMH waiver waiting list and statewide expansion of SOC services. This recommendation acknowledges the importance of expanding access to care coordination and community-based services for children with an SED.

In the 14 counties served by the SOC programs children at risk of out of home placement or treatment have access to community-based services and supports that allow them to remain in their communities and with their families. Children and their families are able to access care coordination and community-based services that would otherwise be unavailable to them. Families are able to access formal and informal supports to help meet their child's mental health needs.

Table 1-SFY18 Program Outcomes

Systems of Care Site	Performance Measure #1	Performance Measure #2
<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>For children served in SFY19, at baseline, 87% of those served were living with a parent or guardian. At 12 months of service, 94% were living with a parent or guardian. (91 served in SFY19)</p>	<p>Children & youth served by the System of Care will demonstrate improved functioning in school attendance and academic performance.</p> <p>Percentage of clients with moderate to severe attendance issues decreased from 21% at baseline to 14% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades increased from 14% at baseline to 18% at 12 months of service.</p>
<p>Community Circle of Care (CCC)</p>	<p>For children served in SFY 18, at baseline, 91% of those served were living with a parent or guardian and this remained the same at 12 months of service, (334 served in SFY18)</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 8% at baseline to 7% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 9% to 7% at 12 months of service.</p>
<p>Four Oaks</p>	<p>For children served in SFY18, at baseline, 95% of those served were living with a parent or guardian. At 12 months of service, 98% were living with a parent or guardian. (55 served in SFY18)</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 31% to 16% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 16% to 9% at 12 months of service.</p>
<p>Tanager Place</p>	<p>For children served in SFY18, at baseline, 86% of those served were living with a parent or guardian. At 12 months of service, 97% were living with a parent or guardian. (51 served in SFY18)</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 37% to 29% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 33% to 18% at 12 months of service.</p>