Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

February 26, 2010

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Mark Brandsgard
Chief Clerk of the House
State Capitol
LOCAL

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed please find copies of the report to the General Assembly relative to the Implementation Status of the Mental Health Services System for Children and Youth.

These reports were prepared pursuant to directive contained in code section 225C. 54 (5).

Sincerely,

Julie A. Fleming
Legislative Liaison

Enclosure

cc: Governor Chester J. Culver
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Peter Matthes, Senate Minority Caucus
Zeke Furlong, House Majority Caucus
Brad Trow, House Minority Caucus
Dale Todd, Chair, MHMRDDBI Commission

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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

February 26, 2010

The Honorable Chester J. Culver
Governor
State Capitol
LOCAL

Dear Governor Culver:

Enclosed please find a copy of the report to the General Assembly relative to the Implementation Status of the Mental Health Services System for Children and Youth.

This report was prepared pursuant to directive contained in code section 225C.54 (5).

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Julie A. Fleming
Legislative Liaison

Enclosure

cc: Michael Marshall, Secretary Iowa Senate
Mark Brandsgard, Chief Clerk of the House

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STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

February 26, 2010

Dale Todd, Chair
Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission
1821 Grand Avenue SE
Cedar Rapids, IA 52403

Dear Mr. Todd:

Enclosed please find a copy of the report to the General Assembly relative to the Implementation Status of the Mental Health Services System for Children and Youth.

This report was prepared pursuant to directive contained in code section 225C. 54 (5).

Sincerely,

Julie A. Fleming
Legislative Liaison

Enclosure

cc: Governor Chester J. Culver
Michael Marshall, Secretary Iowa Senate
Mark Brandsgard, Chief Clerk of the House
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Peter Matthes, Senate Minority Caucus
Zeke Furlong, House Majority Caucus
Brad Trow, House Minority Caucus

Iowa Department of Human Services

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

Submitted to:
Governor Culver, the Iowa General Assembly, and the Mental Health, Mental Retardation, Developmental Disabilities Commission

Submitted by:
Charles J. Krogmeier, Director
Iowa Department of Human Services
February 26, 2010

Introduction:

This is the Department of Human Services' annual implementation status report submitted to the Governor, the General Assembly and the MHMRDDBI Commission regarding the agency's establishment of a statewide comprehensive community based children's mental health services system.

The 2008 General Assembly passed legislation to revise Iowa Code Chapter 225C designating the Department of Human Services – Division of Mental Health and Disability Services with the responsibility to develop, implement, oversee, and manage the mental health services system for children, youth, and their families.

The Department of Human Services continues to establish a comprehensive community based mental health services system for children, youth, and families through the development of local/regional Systems of Care. A core component of the Systems of Care development in Iowa is to establish a lead agency at the local/regional level with responsibility to provide management of, and facilitate access to, services and supports in the community. Following the Systems of Care Model, the local lead agency coordinates mental health services with formal and informal supports, including the services of other involved agencies such as education, child welfare, law enforcement, juvenile court services, primary health care, inpatient/residential treatment and others who are involved with the child and child's family. Systems of Care development for children, youth, and families is also Iowa's effort to have a comprehensive, effectively working Olmsted plan to serve children in the most integrated setting appropriate to their needs.

Iowa's Systems of Care sites are supported by state general funds, local funds, and federal grant funds or a combination of state, local and federal funding. Federal financial support for grant funded site(s) is significant and requires state matching funds. State funding is also necessary for the long-term sustainability of the existing Systems of Care sites and to implement additional Systems of Care sites in other regions of the state.

There is a critical need to develop Systems of Care for children, youth and their families across disability populations with statewide service availability. However, initial implementation is limited to the targeted population of children and youth with serious emotional disturbance in designated catchment areas, based on the limitations of resources currently dedicated to the development of the children's service system. The long range plan for the future is that comprehensive community based services will be accessible to families through an organized statewide service structure across disability populations as funding is appropriated and local/regional Systems of Care sites are developed.

The overall purpose of establishing local/regional Systems of Care is to improve options for families who have children or youth with mental health disorders by developing community based service capacity to support these children and youth in the places they thrive the most – living at home with their own families, attending their own schools, and participating as members of their own communities.

Background:

Iowa does not have an organized statewide structure or governance system for children's mental health and disability services. Although community based mental health and disability services for children exist, services vary statewide, and access is typically limited by location, service availability, family resources, and/or the insurance status of the family.

The children's service system in Iowa has not had an identified agency at the local level with responsibility to provide or coordinate mental health and disability services for children and youth in the community. Mental Health and Disability funding allocated to local county administrators is primarily limited to coverage of services for adults in certain targeted population groups. Mental health services for children, youth, and their families in Iowa have also not been integrated and coordinated with other aspects of the children's services network such as education, child welfare, juvenile court services, primary health care, substance abuse, or other services. Families are often left on their own to find services, service options are limited, and parents do not know how to navigate the service system to access what is available for their child or youth. The juvenile court and child welfare systems have become the mental health systems of "default" which causes unnecessary burden and cost to those systems and also does not adequately meet child, youth and family needs.

A review of data in Iowa regarding children indicates:

- In the last five years, applications for involuntary mental health and substance abuse commitments of children have increased 114%. In calendar year 2008 there were 2,064 filings for the involuntary commitment of children for mental health or substance abuse treatment (Source: Iowa Judicial Branch). Most states do not have involuntary committal practices for children, but rather use community-based options such as community based supports and services, crisis intervention or mobile crisis response to address the emergency mental health crisis service needs of children, youth, and their families.

- On any given day, there are approximately 150 children who are served by out of state treatment or placement facilities. The majority of these children have serious emotional disabilities (Source: Iowa DHS)

- In 2006, Iowa ranked second highest in the nation for utilization of out of home placement of children (Source: Annie Casey Foundation). Although Iowa has made progress in reducing the utilization of out of home placement options, there is still a need to improve home and community based service options for children with mental health disorders and other disabilities.

- In calendar year 2008, approximately 30% of the children served through the Department of Human Services child welfare system were identified as having a mental health condition that impacted their family's functioning and 40% of the

children served through child welfare system were identified as having a parent with a mental health condition that impacted the family's functioning (Source: Iowa DHS).

- Suicide is the third highest cause of death of youth ages 15-24 in the United States. In Iowa, suicide is the ***second*** leading cause of death among the same age group. (Source: Iowa Department of Public Health).

Iowans have been cognizant of the need for major transformation of the children's mental health and disability service system. Several strategic planning efforts and reviews of children's services in Iowa have been undertaken since 1997 that have identified the need to create a community based mental health and disability services system. These strategic planning efforts have identified key challenges and needed improvements for children's mental health and disability services in Iowa. DHS is pleased to report that several very positive enhancements in the children's services system have been implemented, including:

Achievements gained in FY 2006:

- Child Welfare and children's mental health services are de-linked. Access to public mental health services focuses on clinical need regardless of custody status or youth/family involvement with other state agencies/systems. This allows families to access services in Psychiatric Medical Institutes through Medicaid without the need to relinquish custody of their child.
- Enhancements of community based mental health benefits with the addition of Remedial services to the Iowa Medicaid Plan. These services provide intensive home and community based services. These services were previously limited to children involved in the Child Welfare System and are now available to any child eligible for Medicaid who meets the criteria to receive them.
- Children's Mental Health Medicaid Waiver which:
    - Further expands the array of community based mental health services for youth with serious emotional disturbance.
    - Determines eligibility based on certain clinical criteria and allows financial eligibility to be based on a child's resources rather than family income.
    - Is managed through a slot and monthly per child expense capitation which results in limiting access (waiting lists).
    - Has made a significant difference for eligible youth and their families.
    - Provides Iowa with a means to demonstrate the successes that can be achieved in serving youth in their own homes and in their communities.
    - Holds a lot of promise for the sustainability of future transformation efforts for Children's Mental Health Services in Iowa.

Achievements in SFY 2007:

- Iowa is awarded a federal SAMHSA System of Care Grant. This grant:

- Covers a 10-county area in North East Iowa: Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek Counties.
- Establishes a "front door" - a lead agency at the local level through the Child Health Specialty Clinics in the 10 county region.
- Utilizes a "Lighthouse model" which promotes access through information and referral, Care Coordination, and direct service provision.
- Integrates health and mental health through a comprehensive assessment provided by a team of specialists through the Child Health Specialty Clinics.
- Is research and outcomes driven involving a local outcomes process and participation in a longitudinal evaluation process administered by SAMHSA.

Achievements in SFY 2008:

- Emergency Mental Health Crisis Services legislation introduced:
  - Revised Iowa code to establish emergency mental health services as core safety net services.
  - Includes children among the eligible service population.
  - Was appropriated 1.5 million dollars for the latter 6 months of SFY 09. Legislation in 2009 extended use of these funds through SFY 10 and SFY 11.

- Children's Mental Health legislation introduced:
  - Revised Iowa Code to establish state responsibility for children and youth with mental health disorders.
  - Promotes the provision of mental health treatment, services and other supports in the community for children and youth so they can live with their families and remain in their communities.
  - Limits the community based service approach to what can be achieved within allowed appropriations.
  - Promotes a Systems of Care approach by requiring the coordination of mental health services with services of education, child welfare, court services, inpatient/residential treatment, health care, and other services.
  - Requires outcomes that are focused on achieving positive results for children, youth, and their families.
  - Was appropriated $500,000 for the latter 6 months of SFY 09. Legislation in 2009 extended use of these funds through SFY 10 and SFY 11.
  - Funding has been appropriated through a competitive bid process to establish a local System of Care project.
  - This project is known as the Central Iowa System of Care project and is summarized in further detail later in this document.

Although efforts to improve the community based mental health and disability services system for children, youth, and families have been significant, critical gaps still remain. The 2006 SED/MR/DD/BI Children's Oversight Committee report to the Mental Health/Mental Retardation/Developmental Disability/Brain Injury Commission identified critical gaps in children's services that still remain and made recommendations for improvements. This report proposes that Iowa develop a framework for a System of Care[1] that builds formal linkages among all the many disparate elements and funding sources to reduce gaps in services for children, youth and their families and increase service options and flexibility. The report recommends that the new system be guided by agreed upon principles and values and supported by a strong statewide infrastructure and a governance structure that provides an umbrella of oversight and accountability for the system. The report recommends implementing what is referred to as Iowa's "Lighthouse model" to improve access to information and referral; assist families to navigate the system of services; coordinate services, supports and resources through a plan of care; and to plan smooth transitions to adulthood.

Systems of Care for Children, Youth, and Families:

The recommendations made through the 2006 SED/MR/DD/BI Children's Oversight Committee Report and the other strategic planning efforts for children's services have laid the foundation for the Iowa Systems of Care model. The Iowa model is specifically designed to address the needs and gaps that remain in the children's services system today; diminish the disparities between the adult and child service systems; and also build upon the existing strengths and other elements of the children's service system.

Implementation of local/regional Systems of Care for children, youth and families in Iowa means establishing a lead agency at the local/regional level to be the "front door" access point for services (similar to the CPC role in the adult system). Responsibilities of the local lead agency are to:

- Provide care coordination/service navigation.
- Provide Information and Referral services to families and others who work with children.
- Lead and facilitate the Wrap Around process and individualized service planning.
- Convene and coordinate children's service agencies, providers, families and other stakeholders to create the community based service network.
- Provide funding support for services for children who are uninsured and underinsured.
- Establish a medical/mental health home for children with mental illness.
- Is accountable for achieving defined results.

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[1] A Systems of Care is defined as 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.

Expected Results of a System of Care are:
Iowa's System of Care development for children, youth, and families is outcomes and data driven. Providers who participate in System of Care services provide outcomes data related to living situation, education, treatment participation, law enforcement contact, and other key areas that indicate success. Performance is measured through the tracking and reporting of outcomes and other data regarding the children served through the local Systems of Care sites. Systems of Care sites are expected to achieve the following results:

- Provision of needed treatment, services, and supports to children in the community.
- Divert children with mental illness from unnecessary involvement with law enforcement, corrections, detention, and juvenile court services.
- Reduce/prevent need for involuntary mental health commitments.
- Reduce unnecessary involvement of children and youth with child welfare services.
- Reduce unnecessary utilization of the state juvenile institutions, state mental health institutions, other public or private residential care facilities, out of state treatment, or other out-of-home placement options.
- Promote strengths-based, community and family-driven services and supports.

Local Systems of Care Development for Children's Mental Health and Disability Services is designed to provide services and supports that are family-driven, child-focused, and community based, in the least restrictive, most appropriate setting for the child and family. **The goal is that Iowa's children and youth receive mental health treatment, services, and support where they live, work, and learn, so that they can remain with their families and in their communities - without the unnecessary involvement of the Child Welfare or Juvenile Court systems or other out of home options.**

Iowa's Systems of Care Development Activities

Systems of Care development for children and youth has already started in some regions in Iowa. Summaries of these activities are provided below. The information is presented in the order of the most recent System of Care activity to the most established.

I. East Central Iowa Children's Mental Health Project:

This is a proposed second SAMHSA System of Care grant. The application for the SAMHSA grant was submitted in December 2009. Notification of the award is not expected until the fall of 2010. If awarded, this project will serve children and youth (ages 0 - 21) with serious emotional disturbance and their families in five East Central Iowa counties: Benton, Iowa, Johnson, Jones and Linn. The counties include both the Cedar Rapids/Iowa City urban corridor and extensive rural areas.

Known as the ***East Central Iowa Children's Mental Health System of Care (ECI SOC)*** this grant is a collaborative effort of the Department of Human Services with the five counties, parents of children with mental health disorders, community mental health centers, community mental health and substance abuse providers, public schools and the Grant Wood Area Education Agency, the Juvenile Court Office, early childhood programs, United Way, and advocacy organizations. Linn County, through contract with DHS, will serve as local fiscal agent for the grant and employer of some of the key project staff. The lead provider agency for this System of Care site will be the two community mental health centers who serve the five counties participating in the grant application.

Approximately 600 families are expected to have access to care coordination in Years 2 – 6, with many more receiving information and referral assistance. Major goals include the reduction in use of costly, more restrictive out-of-home placements, greater participation in and satisfaction with care decisions by youth and families, and improved child and family functioning in the home, school and community. SOC infrastructure development will include culturally competent parent and youth outreach, education and leadership development, technical assistance and training for providers, including primary care physicians, management information system development, and a comprehensive evaluation by researchers at the University of Iowa. Sustainability planning will involve multiple systems and State and local partners.

II. Davenport Service Area Systems of Care:

A DHS Service Area (based on the Service Area structure prior to the recent re-organization in 2010) has developed a Children's System of Care proposal repurposing existing funds currently allocated for group care, child welfare services, and decategorization. The project has three main areas of focus:

- Return children in group care outside of the service area or out of state to the service area.
- Improve adult transitions out of the foster care system for children with mental health issues.
- Improve the community system of child mental health care to prevent children from entering the child welfare and juvenile justice systems to receive services.

This proposal is a collaborative effort of the Department of Human Services, Juvenile Court Services, Scott County Decategorization, Local Education Agencies, providers, Scott County CPC, and other community partners. The lead agency for developing the local system of care has not yet been determined. This SOC proposal is on hold due to the tenuousness of funding and DHS reorganization.

III. Family Support 360-Iowa Navigator Network project.

DHS-MHDS applied for a new grant funded through the federal Administration for Children and Families and received notice of award in late October 2009. The project goal is to support families of children with developmental disabilities in obtaining community based services and supports necessary to keep their child at home, in school, and in the community.

Although not a full Systems of Care site and limited by funding, this project provides direct Care Coordination to help families of children with disabilities navigate the service system. The service model of this project is to build a one-stop navigation network as a key component in the development of a family-driven statewide System of Care for children in Iowa. The grant also supports enhanced training and electronic resources that families and their Care Coordinators/system navigators will use. The lead agency is the Child Health Specialty Clinics in 3 geographic locations in Iowa. Services will begin in March 2010.

The grant will serve approximately 40 families each year of the five year grant through the direct provision of care coordination to help families navigate the children's service system. Due to funding limitations, care coordination services through this project are targeted to the families with children who are:

- On a waiting list for Medicaid funded home and community based services for their child, or
- Have a child with developmental disabilities and co-occurring or complex health care needs, or
- Have a child receiving services in an out-of-state residential facility, or
- Have a youth age 14-21 facing transition from the educational system and into an adult disability system.

IV. Central Iowa System of Care:

Central Iowa System of Care is a Systems of Care site funded through a 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). Based on the evidence that 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 dedicated $60,000 to help support state funded Systems of Care development. 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.

This SOC site began hiring staff and developing infrastructure in August 2009 and is expected to serve 30 - 40 children and families a year with care coordination, access to 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. As of January 2010, the fourth month of direct service provision, this SOC site is serving approximately 20 children and families.

The project has convened a local stakeholder advisory group that meets monthly comprised of families of children with serious emotional disturbance, DHS-Child Welfare and TCM, Juvenile Court Services, local school staff, Heartland AEA, providers of mental health services, emergency shelter providers, a juvenile court judge, representatives from the county CPC offices, and other community stakeholders. The SOC is partnering with local stakeholders to identify children and families most in need of System of Care services, to ensure timely engagement of those families to identify strengths and needs, and develop a service plan that incorporates both formal and informal supports. The SOC has also been working with PMICs to assist children and families with the transition back home, as well as working with children identified as being at-risk of entering a PMIC without the intensive community based services provided through the System of Care.

V. Community Circle of Care:

The "Community Circle of Care" is an existing community based Systems of Care (SOC) for children, youth, and families sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA) that 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 10 state appropriation is

$300,000. As state match expectations increase in SFY 11 additional funding of $626,000 will be needed in SFY 11 to maintain the current service level of the project. Some local resources also support the grant project and serve as match for federal funding. FY10 is the 4th year of a 6-year grant cycle. ***Additional information regarding the Community Circle of Care is provided in an attachment.***

The Mission of the Community Circle of Care initiative is as follows: *To build a community-based, comprehensive, family and youth-driven system of care that is fluid and flexible, while blending best practices with the needs, wants and preferences of the child, youth and family. The Community Circle of Care will improve mental health services through collaboration among partners by maximizing resources.*

Community Circle of Care (CCC) uses a medical model and a family team approach to provide services in the community to children and their families. An individualized service planning process begins with a combined high quality medical assessment and social history in recommending successful treatment interventions. Once children are stabilized and linked with community services, the child can be referred back to their own medical home for medication intervention, if needed, while remaining with CCC for ongoing intensive Care Coordination services. CCC also employs "Parent Consultants" in each of the clinic locations. These parents have had the personal experience of raising a child with an SED and are available to assist parents and caregivers with a variety of needs including parenting tips, how to manage stress, and offering parent to parent peer support. CCC also provides opportunities for parenting classes and support groups so parents can build their network and learn needed skills.

Children served through CCC must live within the 10 county service area, be between the ages of birth through 21, and have a diagnosed, or diagnosable, Axis 1 serious emotional disorder to be eligible for services. The counties served by CCC are: Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek.

After a year of planning and building capacity (SFY 07), Community Circle of Care (CCC) started serving youth ages 3-21 in four clinic sites (Oelwein, Dubuque, Decorah, and Clinton) in February, 2008. The clinics serve as a home base for CCC staff and are also generally the location in which the full medical assessment is conducted. However, CCC services are provided throughout the 10 county area in homes, schools, or other community locations based on the needs of the children, youth and families involved in CCC.

CCC has been fortunate to partner with local service agencies and other entities in order to provide community based services within the 10 county geographic area. Building partnerships in the local CCC communities has improved relationships and communication among providers within the System of Care network. This has also resulted in less duplication of efforts and a more efficient use of resources as the Systems of Care approach requires entities to work together to wrap needed services around a child and family. CCC is able to provide funding for a variety of wrap around services

which can enhance services that are already provided by an agency. For families and children, the coordinated efforts among providers result in a higher quality of care as well as practical savings of fewer out of town trips for needed services, which saves the family's gas, energy and time.

Community Circle of Care ***SFY 09 Service Statistics Summary*** ***July 2008-June 2009***	
Number of Children/Youth	Types of Services
507	Intensive Care Coordination and/or Home and Community Based Wrap Around Services
347	Other Support Services
1,614	Awareness/Prevention //Expression Activities
605	Information and Referral - calls have been made by families and concerned individuals to CCC to obtain information and referral in order to assist a child who is struggling with mental, emotional, or behavioral challenges.
3,073	**Total Receiving Services**

The 507 children served in SFY 09 through intensive care coordination and/or in-home and community based services through CCC are being successfully maintained in the least restrictive, most appropriate setting and are experiencing other successful outcomes. In SFY 2009, 92% (466) of the 507 children served by CCC were able to be supported in a family home or family foster home setting without the need to utilize any inpatient or residential treatment or placement service options.

As psychiatric hospitalization, residential treatment or placement, and other types of intensive treatment are also important components of the mental health service array for children and youth, these options are indicated for some children at various points. Of the children served by CCC in SFY 2009, 8% (41) needed inpatient or residential treatment or placement at some point through the year. When children are admitted to inpatient or residential treatment or placement settings, CCC staff remain involved to work with the child and family, the school, the facility, and other community service providers to secure the community services needed to promote timely discharge and the child's return to their home.

Data regarding the utilization of home and out of home treatment or placement settings of the children and youth served through CCC is detailed in the following chart:

Home/ Out of Home Utilization	Children	
	Number	Percent
Family Home, permanency or foster home setting: - 446 (88%) children were served in their family or permanency home setting. - 20 (4%) children in the custody of DHS were served in their family foster home setting.	466	92%
Inpatient Acute Care Hospital (Voluntary): - 16 returned home upon discharge - 1 was not ready for community treatment and was referred to a PMIC.	17*	3.4%
Inpatient Acute Care Hospital (Chapter 229/Involuntary): - 4 returned home upon discharge with CCC supports in place. - 3 were not ready for community based services and were referred to a PMIC for ongoing treatment.	7*	1.4%
PMIC: A total of 12 children served by CCC had severe mental health and behavioral symptoms that could not be adequately met in the community or in a short-term acute care setting and needed further psychiatric treatment to be successful in their community. This includes the 4 children who were in an inpatient care hospital prior to the PMIC admission (referred to above under voluntary and involuntary acute admissions). - These children remained in their parents' custody while receiving treatment in a PMIC. - CCC worked with the PMIC and families to facilitate community based services plans for 8 of these children upon discharge. - At the end of SFY 09, the other 4 children were still receiving treatment in a PMIC. CCC was working with these children, their families, and the PMIC to facilitate community based services plans to support timely discharge.	12*	2.4%
Congregate foster group care/DHS Custody: 6 children who were in the custody of DHS upon referral to CCC were ordered into congregate foster	6	1.2%

group care placement while receiving CCC services.		
Inpatient Substance Abuse Treatment	3	0.6%
Unduplicated Total: Inpatient/residential options	41*	8%
Unduplicated Total Served	507	100%
*NOTE: 4 children were served in an inpatient hospital and also in a PMIC. Therefore the unduplicated total number of children who needed inpatient or residential treatment/ placement is 41 children or 8% of the 507 children served by CCC in SFY 2009.		

Lessons Learned by CCC:

By the end of SFY 2009, Community Circle of Care provided direct services to children and families for a total of 17 months (i.e. February 2008 through June 2009). In the first 17 months, CCC has learned several things about the positive impact of working collaboratively across service providers and other child serving agencies through a Systems of Care approach to support families in meeting the needs of their children in the community. These lessons learned include:

1. **Timely, often immediate, access to community based service options is critical.** Many of the children served by CCC would have been referred to services in out of home placement or treatment settings, if CCC did not have the service capability and funding support to develop a community based service plan and facilitate child and family connections to those services in a timely manner.

2. **Care Coordination as a formal service with designated staff is a critical core service within a System of Care.** Yet, the absence of this service is one of the largest services gaps within the children's mental health service system in Iowa. **Please see attachment for more information on Care Coordination.**

3. **Access to community based services is limited by family resources and limited insurance benefits.** Funding to support services for children who are uninsured or underinsured is another critical component of a System of Care. Insurance benefit packages for mental health are typically limited to therapy (individual family, group), psychiatric services, psychological testing, medication, and inpatient acute care. Some insurance plans do not include mental health benefits at all or have higher deductible and co-pays for mental health services. At the same time, there is a broad array of community based services that are known to be the most effective treatment options for children and youth with SED and are also less expensive than inpatient or residential treatment options. Yet, such community based services are not typically covered under private health care plans or through Hawk-i. Common examples of these services include Care Coordination; Parent Support, Education, and Training Services; In-Home and Community Based Supports; Wrap-Around Planning; and Respite services. Just as most families cannot typically afford to pay directly for physical health care services, these community based mental health services are also cost prohibitive for families. One of the critical roles of CCC is to provide funding

support for services that are not otherwise covered through third party payers. This is similar to the important role counties have in funding services for adults.

4. **The importance of partnering with inpatient, residential, and group care providers:** CCC Care Coordinators remain involved with the child and family when a child is admitted to an out of home placement or treatment setting in order to:
    - Participate in the service provision and discharge planning of the inpatient or residential facility.
    - Coordinate the inpatient/residential services with the family, school, and other local service providers.
    - Help the child, family, and facility achieve timely discharge.
    - Facilitate access to services in the community which are in place upon discharge.

5. **Systems of Care can shorten length of stay when residential treatment or other out of home services are necessary.** CCC worked with a child who received psychiatric residential treatment in an out of state facility. This child had a long history of mental illness, DHS involvement and had already received treatment in several facilities in Iowa with limited success. Although attempts were made to find other Iowa PMICs to treat this child, no facility in Iowa would accept the referral. As a result CCC helped facilitate access to residential treatment in another state. While, receiving out of state treatment, CCC staff remained in contact with the youth, the family, and the out of state provider. CCC's involvement during this child's out of state treatment resulted in successful discharge within 6 months of admission with community based services in place upon the child's return home. This child currently resides successfully at home, and is experiencing success in school and in the community. This is of particular note because data regarding the out of state treatment of Iowa children indicates that these children typically remain in the out of state facility for a year or more (Source: Iowa DHS).

6. **Immediate access to 24/7 crisis intervention services is a necessary component of the community based service array.** CCC partnered with Lutheran Services of Iowa to provide an array of community based crisis intervention services with 24/7 availability. Known as "STEP-IN", crisis intervention services uses de-escalation techniques to calm the immediate crisis situation and provides flexible interventions that can include daily contact or multiple face to face encounters in a day. The crisis service array also includes 48 hour out-of-home crisis stabilization/respite services for situations where family members need a cool down period before they can effectively address the crisis situation with their child in a calm and caring manner. This 48 hour out-of-home crisis respite option is voluntary, does not require DHS or juvenile court authority and was used for 17 of the 88 children served by "STEP-IN" during SFY 2009. The 17 youth who experienced the 48 hour out-of-home crisis respite services all returned home within 48 hours and did not require deeper, more restrictive system services. Additionally, "STEP-IN" was able to reduce the involuntary mental health commitments of children from two counties to an inpatient acute care hospital by

33% in SFY 2009. **Please see attachment for more information about "STEP-IN" services.**

7. **Partnering with Child Welfare Services when children are in foster care placements:** When children are involved with the Child Welfare system, CCC works with the child, family, foster family, and DHS staff to tailor community based mental health services so that children can be maintained in the least restrictive, most appropriate foster care placement. During SFY 2009, CCC was able to help support 20 children with SED who were in placement through DHS in family foster home settings. Of these children:
    - 2 entered foster care while being served by CCC due to lack of family resources to manage their child's mental health and behavioral health needs.
    - 3 were in foster care prior to referral to CCC due to lack of family resources to manage their child's mental health and behavioral health needs.
    - 15 were in foster care prior to referral to CCC due to child safety or protection reasons.

8. **Partnering with Child Welfare *prior to* custody relinquishment or child placement:** Partnering effectively with child welfare workers is critical to ensure that all community based services have been attempted prior to the child being sent to a congregate care group home to live for a substantial amount of time. In situations where CCC is involved with the youth/family, prior to DHS custody, innovative solutions can be tried to resolve or prevent the need to disrupt the child's home environment. Providing services in the child's home environment creates an opportunity for the family to remain intact and for the child to remain in their home, community, and school environment. Children and youth are more successful in the long term if they are maintained in their home environment.

Please see the attachment for further information regarding the service model and successes of the Community Circle of Care.

Attachment

Community Circle of Care

Annual Report

SFY 2009

Community Circle of Care

Wrap Around Services for Iowa Families

The **Community Circle of Care** (CCC) is a regional Systems of Care (SOC) site for children and youth with serious emotional disturbance and their families. CCC is a state/federal cooperative agreement through the Substance Abuse Mental Health Services Administration (SAMHSA). This grant requires state/local matching dollars based on a formula that increases the state portion in later years of the grant. FY11 will be the 5th year of the 6 year grant cycle.

A **System of Care** is a coordinated network of community-based services and supports that is 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.
- A System of Care improves access to mental health treatment, care coordination, services, and other support in the least restrictive setting possible, so that children and youth can live with their families and remain in their communities.

Community Circle of Care Mission

To build a community-based, comprehensive, family and youth-driven system of care that is fluid and flexible, while blending best practices with the needs, wants and preferences of the child, youth, and family.

Establishing a System of Care in Iowa is about **improving options for families** who have children or youth with mental health disorders and supporting these children and youth **in the places they will thrive the most** — living at **home** with their own families, attending their own **schools**, and participating as members of their own **communities**.

THE IOWA MODEL FOR SYSTEMS OF CARE

Systems of Care development for children, youth and families in Iowa means establishing a lead agency at the local/regional level to be the "front door" access point for services (somewhat similar to the CPC role in the adult system).

Responsibilities of the local lead agency are to:

- Provide care coordination and service navigation.
- Lead and facilitate the wrap-around process and individualized service planning.
- Convene and coordinate children's service agencies, providers, families, and other stakeholders to create a community-based service network.
- Provide funding support for services for children who are uninsured or underinsured.
- Establish a medical/mental health home for children.

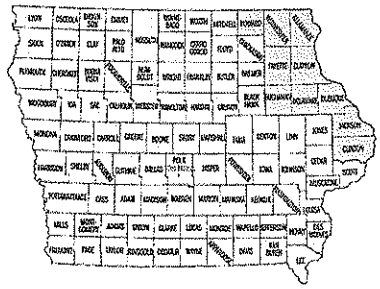
System of Care development for children and families in Iowa is expected to:

- Improve access to needed treatment, services, and supports to children in the community.
- Prevent or reduce the utilization of more costly, restrictive care.
- Divert children with mental illness from unnecessary involvement with law enforcement, corrections, detention, and juvenile court services.
- Reduce or prevent the need for involuntary mental health commitments of children.
- Reduce unnecessary involvement of children and youth with child welfare services.
- Reduce unnecessary utilization of the state juvenile institutions, state mental health institutions, other public or private residential care facilities, out of state treatment or other out-of-home placement options.
- Promote strengths-based, community and family-driven services and supports.

The **Community Circle of Care** is a collaboration among the Iowa Department of Human Services, University of Iowa Child Health Specialty Clinics, and the UI Center for Disabilities and Development.

ABOUT THE COMMUNITY CIRCLE OF CARE

The **CCC service area** includes ten counties in Northeast Iowa. Children served through CCC must live within the ten county service area, be between the ages of birth through 21, have a diagnosed or diagnosable mental health disorder and also meet the criteria for serious emotional disturbance (SED) to be eligible for services. The local lead agency for the CCC System of Care is Child Health Specialty Clinics (CHSC). Although CHSC/CCC clinics are located in Dubuque, Decorah, Oelwein, and Clinton, CCC staff provide services anywhere in the 10 counties that a child or their family may need them: in their home, at school, and in other community locations.



Community Circle of Care began providing direct services to children and families in February, 2008. Since then Community Circle of Care has...

- Served over 3,000 children and families.
- Opened 3 new Child Health Specialty Clinics in northeast Iowa.
- Conducted rigorous research to evaluate program outcomes.

Who are CCC children and their families?

Some Demographics

- 65% of children are boys.
- 43% of youth are 7-11 years old at intake.
- 89% of families are white.
- 78% of families make less than $50,000 per year.
- 31% of caregivers' highest education is a high school diploma or GED.

Incidence of mental health/substance abuse disorders among child's caregiver

- 70% of caregivers report a family history of depression.
- 38% of caregivers report a family history of mental illness other than depression.
- 51% of caregivers report a family history of substance use.

Children's Diagnosis/Presenting Problems

- 73% of CCC children receive a primary diagnosis within the attention-deficit/behavior disorder spectrum. This includes Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, Oppositional Defiant Disorder (ODD), and Disruptive Behavior Disorder.
- 70% of CCC youth have multiple diagnoses. Of those with more than one diagnosis, 56% have two or more diagnoses within the attention-deficit/behavior disorder category.

Iowa's Suicide Rate:

Suicide is the third highest cause of death of youth ages 15-24 in the United States. In Iowa, suicide is the second leading cause of death among this age group. (IDPH)

PRAISE FOR THE COMMUNITY CIRCLE OF CARE

"You're the first people to really listen to us. We don't know where we would be without you." - **CCC Parent**

"You were honest and direct with the family that I referred. They needed to hear that they all need to make changes to improve life for their youth. They are making those changes - it's great to see their success." - **Juvenile Court Officer**

"Since I have been involved with Community Circle of Care, I have had the opportunity to learn about leadership and to give presentations about things that need to change in the system to hundreds of people." - **CCC Youth**

"We have been to a lot of places, but had never found the answers. This is the beginning of some good things that have happened." - **CCC Parent**

SYSTEMS OF CARE KEEPS KIDS AT HOME

CCC staff conducted a comprehensive review of charts of the 507 children served through CCC in SFY 09 and found that in the absence of CCC services, 368 children and youth would have received the costly traditional services as listed below:

- **107** children/youth would have been referred to DHS for services through the child welfare system.
- **132** children/youth would have become involved with juvenile court services.
- **69** children and youth would have received an involuntary court-ordered mental health committal.
- **60** children and youth would have received out of home placement or treatment.

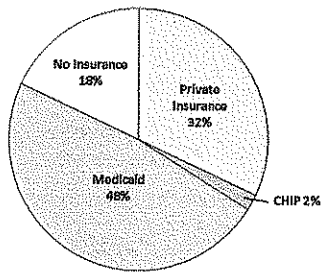
IMPROVED ACCESS TO SERVICES IN THE COMMUNITY

Community Circle of Care
SFY 09 Service Statistics Summary
July 2008-June 2009

Number of Children/Youth	Types of Services
507	Intensive Care Coordination and/or Home and Community Based Wrap Around Services
347	Other Support Services
1614	Awareness/Prevention/Expression Activities
605	Information and Referral contacts: Calls made by families and concerned individuals to CCC to obtain information and referral in order to assist a child who is struggling with mental, emotional, or behavioral challenges.
3073	**Total receiving services**

Healthcare Coverage

The chart below shows the types of health care coverage of children who are served through CCC. Private insurance does not provide coverage for intensive home and community based mental health services. One way CCC improves access to services for children in the community is by providing funding support for services to children who are underinsured or uninsured. CCC is often the only agency that is able to serve children who do not have third party coverage for their services. This is similar to the important role of county funding for adults who do not have adequate third party coverage.



HOW IS COMMUNITY CIRCLE OF CARE DIFFERENT?

Family-Driven & Youth Guided: CCC principles include mutual respect and the development of a meaningful partnership between families and program staff.

Community-Based: CCC engages school and community-based resources as the optimal method for providing support to families.

Collaborative: CCC engages child and family-serving agencies from the public, private, and faith-based sectors.

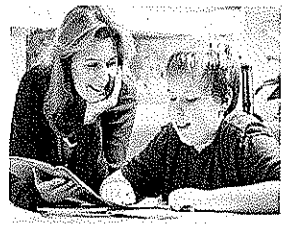
Individualized: CCC is based on the strengths of each child and their family.

Culturally-Competent: CCC staff are sensitive and responsive to each family's culture, language, and community.

Wrap-around Philosophy

The Community Circle of Care uses a wrap-around approach to service delivery which includes an individualized planning process for children and their families that integrates services from multiple providers/agencies into one plan of care resulting in a unique set of community services and natural supports being "wrapped-around" the child and child's family.

As one parent of a child explained their experiences with wrap-around planning to another parent, *"Wrap-around is like getting one great big community hug."*



IMPROVED ACCESS BY ADDRESSING SERVICE GAPS

Care Coordination is a critical core service and the foundation of a Systems of Care approach for children's mental health services. Yet, as a formal service, lack of care coordination is one of the **largest service gaps** within Iowa's community-based Mental Health Service System for children, youth, and families. As a key component of the Community Circle of Care, care coordination is provided by CCC staff. Care coordination includes:

- Building upon the strengths of children and their families.
- Leading and facilitating the individualized wraparound process.
- Coordinating the services to create a strong network of community support.

Typical tasks of a care coordinator include the coordination of services **across agencies**, resource acquisition, **parent support** and education in navigating the service system, securing **crisis services**, finding new services, tracking outcomes, and providing **ongoing assessment** of children to monitor progress.

Care Coordinators work in partnership with parents, service providers, and others to develop a community service plan that will best meet each child's needs.

STEP-IN CRISIS INTERVENTION SERVICES

State of Iowa Juvenile Involuntary Mental Health Commitment Data (Iowa Judicial Branch)

- In the last five years involuntary mental health/substance commitment filings for children (Chapter 229) **increased 114%.**
- In Calendar Year 2008, 2,064 children were the subject of a filing for an involuntary mental health or substance abuse committal.

In order to address this issue, CCC has partnered with Lutheran Services of Iowa to pilot an intensive crisis intervention program in Clinton and Jackson Counties. These services are designed for youth ages 12-18 who are on the verge of entering a hospital due to their mental and/or behavioral health. During SFY 2009, STEP-IN provided crisis intervention services to 88 children.

Referrals came from the following sources:

- 19 referrals were received from an entity of the court; either a clerk who received a 229/125 filing or from a judge.
- 5 referrals were received from a hospital ER or directly from a doctor assessing the need for hospitalization.
- 28 referrals were made by law enforcement requesting an immediate response. In the absence of immediate access to crisis services, these 28 youth would have been brought directly to the hospital by law enforcement.
- Other referral sources include schools, other service providers, CCC staff, and families.

Outcomes of STEP-IN:

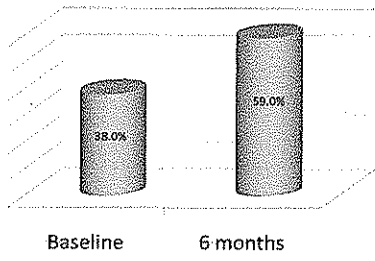
1. Following the establishment of this program, the involuntary mental health committals of children from two counties to a local inpatient hospital dropped from approximately 15 per month to 9-10 per month.

2. During FY2009, 17 children received 48 hour out-of-home crisis stabilization services. All 17 children returned to their family home without need for a hospital admission or other more restrictive services.

3. Preliminary results from STEP-IN show change in a positive direction in **reducing the number of involuntary mental health commitments among this age group**.

IMPROVED CHILD AND FAMILY FUNCTIONING

- Over 90% of caregivers report positive attributes about their families, such as relying on each other and spending time together.
- After the first 6 months of services, there was a 21% increase in the number of caregivers with a positive perception of self-functioning (see figure at right).



PROMISING PROGRAM INFORMATION

The Community Circle of Care is participating in a national evaluation of Systems of Care grant sites funded through SAMHSA grants. This evaluation is the most comprehensive study to date of a mental health service delivery system for children. Since 1993, SOC grants have been awarded to 144 communities through this program and as part of this evaluation, CCC has access to outcome data collected at the national level. Data from the national evaluation of Systems of Care sites indicates the following positive results:

- **Caregiver Employment**: Caregiver's ability to maintain gainful employment can be adversely affected by their child's behavioral and emotional problems. Data from the national evaluation show that within the first 6 months of services, over 25% of caregivers who were unemployed because of their child's behavioral problems gain employment and report significant improvement in their ability to provide for their family.
- **Children's Education**: Mental health issues in children and youth can often lead to poor academic functioning and inconsistent school attendance. Data from the national evaluation show that within 12 months of enrollment, children and youth improve their grades, spend more time in school, and change schools less often.
- **Juvenile Justice**: Youth with mental health needs in the juvenile justice system often have difficulties receiving services to address these needs. Data from the national evaluation indicated that youth are substantially less likely to have had contact with law enforcement after they have participated in the SOC program for up to two years.

As we continue to interview families and conduct our program evaluation over the next several years, we expect local results to follow these same trends.

For more information about Community Circle of Care call 1-888-583-5545 or visit us as www.communitycircleofcare.org.