Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 28, 2016

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Marshall:

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

The Department of Human Services respectfully submits this report as required by Iowa Code Sections 225C.51-54.

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

Sincerely,

Paige M Thorsom

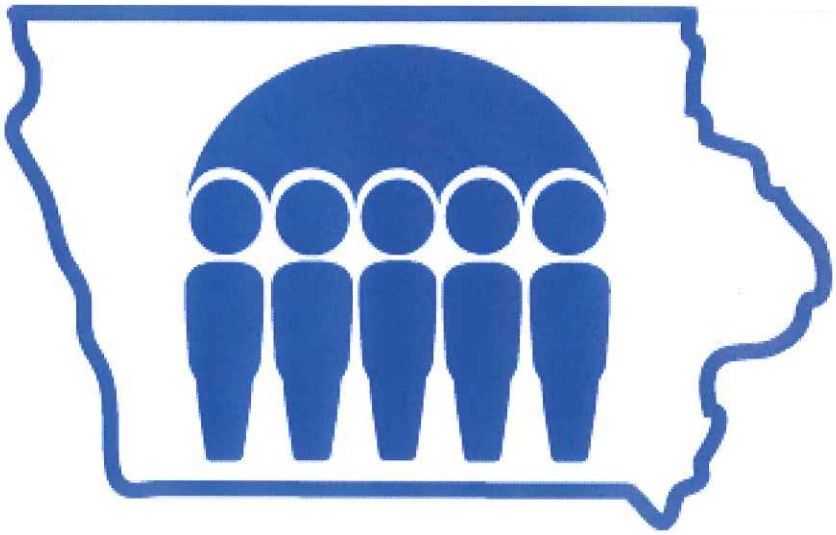
Paige Thorson
Policy Advisor

PT/av

Enclosure

cc: Terry E. Branstad, Governor
Mental Health and Disabilities Services Commission

Iowa Department of Human Services



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

January 2016

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 2015 that have promoted development of comprehensive community based mental health services for children and youth, and a report on utilization and outcomes of state-funded children's mental health programs.

Introduction

In 2008, Iowa Code Sections 225C.51-54, Mental Health Services System for Children and Youth were enacted. The code states that the Department of Human Services is the lead agency responsible for the development, implementation, oversight, and management of the mental health services system for children and youth. The Department's responsibilities are to be fulfilled by the Division of Mental Health and Disability Services (MHDS). The Department is to report to the Governor, the General Assembly, and the Mental Health and Disability Services Commission regarding the implementation status of the children's mental health system each January.

Section 225C.52 (1) identifies the purpose and goals of the children's mental health system as follows:

- The purpose of establishing the children's system is to improve access for children and youth with serious emotional disturbances (SED) and youth with other qualifying mental health disorders to mental health treatment, services, and other support in the least restrictive setting possible so the children and youth can live with their families and remain in their communities. The children's system is also intended to meet the needs of children and youth who have mental health disorders that co-occur with substance abuse, intellectual disability, developmental disabilities, or other disabilities. The children's system shall emphasize community-level collaborative efforts between children and youth and the families and the state's systems of education, child welfare, juvenile justice, health care, substance abuse, and mental health.

This legislation also identified children with an SED and other qualifying mental health disorders as the target population for the children's mental health system.

- "Serious emotional disturbance" is defined as meeting diagnostic criteria for a mental health, behavioral, or emotional disorder that results in a functional impairment.
- "Other qualifying mental health disorder" is defined as a mental health crisis or any other diagnosable mental health disorder that is likely to lead to a mental health crisis unless there is intervention.

Children's Mental Health and Well-Being Workgroup

Senate File 505 directed the Department, in cooperation with the departments of education and public health, to facilitate a study by a workgroup of stakeholders to make recommendations regarding children's mental health. The workgroup was directed to develop interdepartmental strategies for helping improve children's mental health and to develop community partnerships to help address issues of children's mental health. The workgroup was also directed to develop recommendations related to creation and implementation of a children's mental health crisis response system. The workgroup submitted a report to the legislature on December 15, 2015. The report and associated workgroup documents can be viewed at the DHS website: https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup

The workgroup was divided into two subcommittees, one focused on children's mental health and one focused on children's well-being. The workgroup reinforced the importance of System of Care (SOC) values and evidence-based practices in the children's mental health system. Recommendations included development of crisis mental health services for children on a phased basis, as well as learning labs to develop cross-system, family-focused case management and family support approaches. At this time, legislative action has not occurred in response to the report.

Integrated Health Homes for Children with a Serious Emotional Disturbance

The 2012 Children's Workgroup Report recommended development of Medicaid-funded Integrated Health Homes (IHHs) for children with an SED as the first step toward the overall goal of a comprehensive statewide system of care. The purpose of the pediatric IHH is to provide whole-person care coordination to children with an SED and their families. The care coordination is provided by a team of professionals, including a care coordinator, a nurse care manager, and a family peer support specialist. There are 28 IHH that serve children across the state. Medicaid-eligible children formerly served through System of Care (SOC) funding are served through the IHH programs, with SOC funding providing a similar package of services to non-Medicaid eligible children with an SED.

SAMHSA Certified Community Behavioral Health Clinics Planning Grant

In October 2015, the Department was awarded a Certified Community Behavioral Health Clinic (CCBHC) planning grant. The CCBHC grant is a one-year grant awarded to the Department by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The grant is intended to assist states in improving the behavioral health of their citizens through high-quality, coordinated, community-based mental health and substance use disorder services built on evidence-based practices and integration of physical health care services. CCBHC facilities are expected to serve both adults with a serious mental illness and children with a serious emotional disturbance.

The Department is soliciting input from providers and stakeholders on evidence-based practices for adults with a serious mental illness and children with a serious emotional disturbance. In October 2016, the Department can submit an application for a demonstration grant that would allow the state to operate 2-4 CCBHC for two years and receive enhanced federal reimbursement for Medicaid recipients receiving services at the CCBHC clinics.

SOC Programs

Overview:

Iowa currently has four SOC programs funded through state appropriations. 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 SFY16 appropriation for the four programs is $1,743,467. These programs are also Integrated Health Homes for Medicaid-eligible children with a serious emotional disturbance. The programs use the state funding to provide IHH care coordination services to non-Medicaid children and youth with an SED. All of Iowa's IHHs that serve children receive training on incorporating 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.

The target population for the SOC funding is: a non-Medicaid eligible child or youth ages 0-21 who meets criteria of having a serious emotional disturbance. This is the same clinical criteria used to determine eligibility for the Medicaid-funded IHH program. 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. These 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.

SOC Program Status:

Community Circle of Care (CCC): CCC funding supports IHH and wraparound services for non-Medicaid eligible children through four University of Iowa Child Health Specialty Clinics (CHSC) that serve 10 counties in northeast Iowa. SFY16 funding is a legislative appropriation of $1,186,595. CHSC offers clinical services such as psychiatry and medication management in addition to the IHH/SOC care coordination, family support, and wraparound services. CCC served 669 children in SFY 15. This number included children who received clinical services as well as care coordination, and included three months of transition of Medicaid-eligible children to IHH services. In SFY16, the SOC funds are being used exclusively for IHH care coordination and

wraparound services for non-Medicaid eligible children. The program has served 194 children to date in SFY16, and is serving an average of 117 children per month.

Central Iowa System of Care (CISOC) Funding: CISOC, operated by Orchard Place, began operation in October 2009. SFY16 funding is a legislative appropriation of $211,872. CISOC funding served 66 children in SFY 15. In SFY16, CISOC has served 61 children to date in SFY 16, with an average of 48 served per month. CISOC currently has a waiting list of 4.

Four Oaks: Four Oaks began operation of the SOC program in March 2012 for children from Linn and Cerro Gordo Counties. SFY 16 funding is $235,000. Four Oaks received an increase of $100,000 from SFY15 to SFY16. The additional funding was directed to the Total Child program. 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 also stays connected to children until the age of 18 and is available to any child who has had service through a Four Oaks program. Total Child is available to Medicaid and non-Medicaid eligible children and their families. In SFY 15, 48 non-Medicaid eligible children were served by the SOC funding. In SFY16, 42 children have been served by the SOC program, with an average of 29 served per month. There are 2 children on the waiting list for the SOC program. The Total Child program has served 25 children and an average of 18 children per month in SFY16.

Tanager Place: Tanager Place SFY16 funding is $110,000 to provide IHH services to non-Medicaid eligible children in Linn and surrounding counties. Tanager Place began providing services in September 2014. The program served 24 children in SFY15. In SFY16, 33 children have been served by the SOC program, with an average of 22 served per month. Tanager Place SOC has one 1 child on the waiting list.

As Tanager Place and Four Oaks are both located in Linn County, the two programs have held 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, SFY15 SOC Program Outcomes, identifies numbers of children and youth served in SFY15 and common outcomes reported by the programs.

Conclusion:

In the 14 counties served, the SOC programs allow children at risk of out of home placement or treatment to be served in the community and remain with their families and in their schools. Families are able to connect with other families in their area for support in dealing with their child's mental health challenges and become more empowered to manage their children's mental health needs.

Table 1-SFY15 Program Outcomes		
Systems of Care Site	**Performance Measure #1** **Children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)**	**Performance Measure #2** **Children & youth served by the System of Care will demonstrate improved functioning in school attendance and academic performance.**
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	For children served in SFY15, at baseline, 96% of those served were living with a parent or guardian. At 12 months of service, 96% were living with a parent or guardian. (66 served in SFY15)	Percentage of clients with moderate to severe attendance issues decreased from 30% to 15% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 30% to 12% at 12 months of service.
Community Circle of Care (CCC) (data represents a sample of the 669 children served in SFY15)	For children served in SFY 15, at baseline, 86% of those served were living with a parent or guardian. At 12 months of service, 95% were living with a parent or guardian. (669 served in SFY15)	Percentage of clients with moderate to severe attendance issues decreased from 14% to 12% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 22% to 11% at 12 months of service.
Four Oaks	For children served in SFY15, at baseline, 92% of those served were living with a parent or guardian. At 12 months of service, 95% were living with a parent or guardian. (49 served in SFY15)	Percentage of clients with moderate to severe attendance issues decreased from 24% to 13% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 39% to 4% at 12 months of service.
Tanager Place	For children served in SFY15, at baseline, 83% of those served were living with a parent or guardian. At 12 months of service, 93% were living with a parent or guardian. (24 served in SFY15)	Percentage of clients with moderate to severe attendance issues decreased from 17% to 0% at 12 months of service. Percentage of clients with failing or unsatisfactory grades decreased from 22% to 0% at 12 months of service.

Van Pelt, Angela

From: Titus, Sally
Sent: Friday, January 29, 2016 6:00 PM
To: Ehlers, Connie M
Cc: Shults, Richard; Van Pelt, Angela; Thorson, Paige M
Subject: Re: Mental Health Services for Chilren Youth Families Report

Categories: Red Category

I am good but I thought I saw something from jerry foxhoven. So if I read wrong sorry

Sent from my iPhone

On Jan 29, 2016, at 3:53 PM, Ehlers, Connie M <cehlers@dhs.state.ia.us> wrote:

> Rick and Theresa verified that the submitted report has Rick's edits.
>
> **From:** Titus, Sally
> **Sent:** Friday, January 29, 2016 2:29 PM
> **To:** Van Pelt, Angela; Thorson, Paige M; Shults, Richard
> **Subject:** RE: Mental Health Services for Chilren Youth Families Report
>
> I think this had additional edits. IS this correct Rick?
>
> **From:** Van Pelt, Angela
> **Sent:** Friday, January 29, 2016 11:25 AM
> **To:** Thorson, Paige M; Titus, Sally
> **Subject:** FW: Mental Health Services for Chilren Youth Families Report
> **Importance:** High
>
> Please review and approve
>
> **From:** Ehlers, Connie M
> **Sent:** Thursday, January 28, 2016 10:10 AM
> **To:** Van Pelt, Angela
> **Subject:** MHDS Rpt & Q and a BR assignment request