



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

December 28, 2016

Michael Marshall  
Secretary of Senate  
State Capitol Building  
LOCAL

Carmine Boal  
Chief Clerk of the House  
State Capitol Building  
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find a copy of a report to the General Assembly relative to the Mental Health Services for Children and Youth Annual Report, pursuant to the directive contained in Iowa Code 225C.54(5).

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

Sincerely,

A handwritten signature in blue ink that reads "Sally Titus".

Sally Titus  
Deputy Director

ST/tam

Enclosure

cc: Terry E. Branstad, Governor

# Iowa Department of Human Services



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

December 30, 2016

# ***Implementation Status Report Regarding the Mental Health Service 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 2016 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**

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**

**Children's Mental Health Study Report:** 2016 Iowa Acts, Chapter 1139, Section 66 directs the Department of Human Services to submit a report with recommendations to the General Assembly regarding improving the effectiveness and access to children's mental health crisis services. Section 67 directs the Department to reconvene a Children's Mental Health and Wellbeing Workgroup in 2016 to provide guidance regarding implementation of recommendations in the 2015 Children's Mental Health and Wellbeing Workgroup final report. The Department Director convened the 2016 Workgroup and charged them with developing recommendations for next steps regarding children's mental health and wellbeing.

In addition, in response to 2016 Iowa Acts Chapter 1139, Sections 64 and 65, the Department awarded competitively bid grants to two agencies to plan and implement children's mental health crisis services and two agencies to develop an expansive structured learning network (learning labs) for improving child wellbeing. The grantees submitted reports to the Department on December 15, 2016. Section 64 and Section 65 directs the Department to combine the essentials of the crisis grant reports and recommendations from the learning lab reports and report to the Legislature by January 15, 2017. The Department's children's mental health crisis report will provide more information regarding what steps are needed to develop crisis services and the learning lab report will provide an up-date on progress and lessons learned from those grantees.

The Workgroup recommended building on the lessons being learned by the two children's mental health crisis grants and the two child wellbeing learning labs by

requesting appropriations to fund competitively bid grants for Children's Wellbeing Collaboratives that focus on child and family wellbeing, including mental health, through prevention and early intervention.

The goal of Wellbeing Collaboratives is 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 services. The Collaboratives' prevention services are to measurably improve the wellbeing of children and families, including children's mental health. The Workgroup recommended that Wellbeing Collaboratives' use sound public health principles of prevention and population health.

The Workgroup recommends that the Collaboratives regularly report their progress and that the Workgroup continue to meet to help steer the work of developing a children and family service system.

The report is available at this link:

[http://dhs.iowa.gov/sites/default/files/Children-s\\_Mental\\_Health\\_Study\\_12-15-16.pdf](http://dhs.iowa.gov/sites/default/files/Children-s_Mental_Health_Study_12-15-16.pdf)

Additional Children's Mental Health and Wellbeing workgroup documents can be viewed at the DHS website:

<https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup>

**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 a serious emotional disturbance (SED) as the first step toward the overall goal of a comprehensive statewide system of care. The purpose of a 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. 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.

**System of Care (SOC) Programs:** 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 SFY17 appropriation for the four programs is \$1,743,467. These programs are also Integrated Health Homes for Medicaid-eligible children with an SED. The programs use the state grant funds to provide IHH care coordination services to children and youth with an SED that are not eligible for Medicaid. 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 SOC funding is targeted to non-Medicaid eligible children or youth ages 0-21 who meet criteria of having an SED. 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. The following provides a brief overview of each SOC program.

*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. The SFY17 appropriation for this program is \$1,186,595. For SFY17, the program is contracted with the state for \$847,296. While less than the appropriation, this contractual amount appears to be a more accurate reflection of the annual cost of providing services to non-Medicaid eligible children in the service area. 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 252 unduplicated children in SFY 16. The program has served 200 unduplicated children to date in SFY17, and is serving an average of 162 children per month in the first four months of the fiscal year with the number served increasing every month. Program staff have worked with community referral sources such as schools and other health care providers to encourage referrals for non-Medicaid eligible children and have seen an increase in numbers served as a result.

*Central Iowa System of Care (CISOC) Funding:* CISOC, operated by Orchard Place, began in October 2009. The SFY17 appropriation for this program is \$211,872. CISOC served 83 children in SFY 16. CISOC has served 67 children to date in SFY 17, with an average of 49 served per month. CISOC currently has a waiting list of 5 children. The program has been able to serve new children recently due to children previously served obtaining Children's Mental Health Home and Community Based Services Waiver slots, opening up SOC services for non-Medicaid eligible children. The program is also noticing an increase in younger children with intensive needs and dedicates significant staff time to assisting families in navigating the special education system.

*Four Oaks:* Four Oaks began operation of the SOC program in March 2012 for children from Linn and Cerro Gordo Counties. This program was procured as part of a competitive RFP. The contract with Four Oaks expires June 30, 2017. The SFY 17

appropriation for this program is \$235,000. Of this funding, \$135,000 is dedicated to the SOC program and \$100,000 supports the Total Child program. 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 also 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. In SFY 16, 60 non-Medicaid eligible children were served by the SOC funding. Thus far in SFY17, 42 children have been served by the SOC program, with an average of 33 served per month. There are 4 children on the waiting list for the SOC program. The program has seen growth in the number of children served in Cerro Gordo County due to increased outreach and collaboration with schools and other providers. The Total Child program served a total of 59 children in SFY16 and an average of 39 children per month so far in SFY17.

*Tanager Place:* Tanager Place's SFY17 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 35 children in SFY16. Up until this point in SFY17, 26 children have been served by the SOC program, with an average of 16 served per month. No children are currently on the waiting list. The program is working to increase referrals to the program through outreach to schools and the community. The program has also experienced openings due to children served receiving waiver slots and leaving SOC services.

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, SFY16 SOC Program Outcomes, identifies numbers of children and youth served in SFY16 and common outcomes reported by the programs.

## **Conclusion**

The Children's Mental Health Study Report provides recommendations for development of Wellbeing Collaboratives to improve short term and long term mental health and wellbeing outcomes for children and their families. The report recommends that the Children's Mental Health and Wellbeing Workgroup continue to meet to help steer the work of developing a children and family service system. This workgroup would be in a position to provide an update on the implementation of the system as required by Iowa Code 225C.

IHHs are providing care coordination using SOC principles to children with an SED in Medicaid and their families. This evidenced based practice increases the likelihood of improved outcomes for children and families.

In the 14 counties served by the SOC programs children at risk of out of home placement or treatment are served in the community and remain with their families and in their schools. Children and their families are able to access care coordination and community based services that would not otherwise be available to them. 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-SFY16 Program Outcomes**

<b>Systems of Care Site</b>	<b>Performance Measure #1</b>	<b>Performance Measure #2</b>
<b>Central Iowa System of Care (CISOC) – serving Polk and Warren Counties</b>	<p><b>Children &amp; youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)</b></p> <p>For children served in SFY16, at baseline, 100% of those served were living with a parent or guardian. At 12 months of service, 100% were living with a parent or guardian. (83 served in SFY16)</p>	<p><b>Children &amp; youth served by the System of Care will demonstrate improved functioning in school attendance and academic performance.</b></p> <p>Percentage of clients with moderate to severe attendance issues decreased from 25% to 21% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 18% to 10% at 12 months of service.</p>
<b>Community Circle of Care (CCC)</b>	<p>For children served in SFY 16, at baseline, 93% of those served were living with a parent or guardian. At 12 months of service, 97% were living with a parent or guardian. (252 served in SFY16)</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 13% to 10% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 11% to 10% at 12 months of service.</p>
<b>Four Oaks</b>	<p>For children served in SFY16, at baseline, 97% of those served were living with a parent or guardian. At 12 months of service, 98% were living with a parent or guardian. (60 served in SFY16)</p>	<p>Percentage of clients with moderate to severe attendance issues decreased from 25% to 18% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 30% to 14% at 12 months of service.</p>
<b>Tanager Place</b>	<p>For children served in SFY16, at baseline, 91% of those served were living with a parent or guardian. At 12 months of service, 96% were living with a parent or guardian. (35 served in SFY16)</p>	<p>Percentage of clients with moderate to severe attendance issues remained stable at 21% at 12 months of service. Percentage of clients with below average, failing or unsatisfactory grades decreased from 15% to 7% at 12 months of service.</p>