

House Study Bill 246

Section 3. MATERNAL AND CHILD HEALTH SERVICES APPROPRIATIONS.

1. There is appropriated from the fund created by section 8.41 to the department of public health for the following federal fiscal years beginning October 1, and ending September 30, the following amounts:

FFY 2019-2020: \$ 6,508,785

FFY 2020-2021: \$ 6,508,785

a. The appropriations made in this subsection are in the amounts anticipated to be received from the federal government for the designated federal fiscal years under 42 U.S.C., ch. 7, subch. V, which provides for the maternal and child health services block grant. The department shall expend the funds appropriated in this subsection as provided in the federal law making the funds available and in conformance with chapter 17A .

b. Funds appropriated in this subsection shall not be used by the university of Iowa hospitals and clinics for indirect costs.

2. An amount not exceeding percent of the funds appropriated in subsection 1 for each federal fiscal year shall be used by the department of public health for administrative expenses.

3. The departments of public health, human services, and education and the university of Iowa’s mobile and regional child health specialty clinics shall continue to pursue to the maximum extent feasible the coordination and integration of services to women and children.

4. a. Sixty-three percent of the amount remaining after the allocation made in subsection 2 for each federal fiscal year shall be allocated to supplement appropriations for maternal and child health programs within the department of public health. Of these funds, the following amounts shall be set aside for the statewide perinatal care program for the following federal fiscal years:

FFY 2019-2020: \$ 300,291

FFY 2020-2021: \$ 300,291

b. Thirty-seven percent of the amount remaining after the allocation made in subsection 2 for each federal fiscal year shall be allocated to the university of Iowa hospitals and clinics under the control of the state board of regents for mobile and regional child health specialty clinics. The university of Iowa hospitals and clinics shall not receive an allocation for indirect costs from the funds for this program. Priority shall be given to establishment and maintenance of a statewide system of mobile and regional child health specialty clinics.

5. The department of public health shall administer the statewide maternal and child health program and the disabled children’s program by conducting mobile and regional child health specialty clinics and conducting other activities to improve the health of low-income women and children and to promote the welfare of children with actual or potential handicapping conditions and chronic illnesses in accordance with the requirements of Tit. V of the federal Social Security Act.

2018 Year in Review

Division of Child & Community Health - Child Health Specialty Clinics

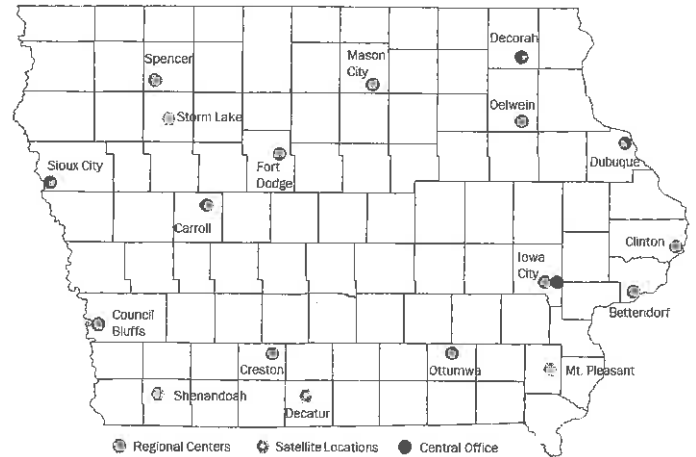
The Division of Child & Community Health (DCCH) and Child Health Specialty Clinics (CHSC) are part of the University of Iowa Carver College of Medicine and the Stead Family Department of Pediatrics. DCCH has a network of 14 regional centers and four satellite locations across Iowa employing over 100 public health professionals, clinical providers, and Family Navigators.

Our Vision:

To assure a systems-oriented approach to Iowa's Children and Youth with Special Health Care Needs and their families.

Our Mission:

To improve the health, development and well-being of Iowa Children and Youth with Special Health Care Needs in partnership with families, service providers, communities, and policymakers.



Maternal & Child Health Title V Block Grant

DCCH administers Iowa's Maternal and Child Health Title V Program for Children and Youth with Special Health Care Needs. This program is the oldest federal-state partnership in the United States, enacted in 1935 as part of the Social Security Act to promote the health of children and pregnant women. For every \$4 of federal funds, states must provide at least \$3 in state or local matching funds. DCCH is one of only a few Title V programs associated with an academic institution like the University of Iowa, providing unique opportunities to partner with specialty providers and researchers statewide.

128,000

Over 128,000 Iowa children and youth have or are at risk of having a special health care need including chronic conditions like asthma or diabetes, behavioral or developmental disorders like attention deficit hyperactivity disorder, and more complex medical needs like spina bifida.



7,600

In 2018, DCCH provided direct clinical care, care coordination, and family to family support to over 7,600 Iowa Children and Youth with Special Health Care Needs and their families.

Division Director - Thomas Scholz, MD

Dr. Scholz is the Director of the Division of Child and Community Health and Child Health Specialty Clinics, and has been with the University of Iowa since 1993. A pediatric cardiologist, he has worked with the Office of Physician Relations and the Vice-President for Research and Economic Development. Dr. Scholz sees patients at the Pediatric Cardiology Outreach Clinic in Dubuque and the Cardio-Metabolic Clinic at Iowa River Landing in Coralville.



Medical Director - Jessie Marks, MD

Dr. Marks is the Medical Director of the Division of Child and Community Health and Child Health Specialty Clinics, and has been part of University of Iowa Hospitals and Clinics since 2009. After residency, she spent time in pediatric primary care before joining the hospitalist team serving those admitted to the Stead Family Children's Hospital, many with complex and special health care needs. Dr. Marks has held several leadership positions within the American Academy of Pediatrics and led the advocacy curriculum for the University of Iowa Pediatrics Residency Program for 6 years.

2018 Year in Review

Priorities for Iowa Children and Youth with Special Health Care Needs



In partnership with the Iowa Department of Public Health, DCCH has identified three main priorities for Iowa Children and Youth with Special Health Care Needs and their families.

1. Integration of Services

The Division's plan to increase the Integration of Services includes improving communication among providers and families with a focus on Shared Plans of Care, family-driven goal-setting, and increased access to pediatric specialty providers through an established statewide telehealth network.

2. Health Care Transition to Adulthood

The Division has created and implemented Iowa-specific health care transition to adulthood tools for Youth with Special Health Care Needs including learning more about their condition and how to manage it, finding health care providers that serve adults, and making healthy choices. chsciowa.org/transition-resources

3. Coordination of Care through a Medical/Health Home Approach

The Division's care coordination activities support families through programs that enhance family leadership capacity and workforce, and conducting outreach to Iowa organizations that serve families from underrepresented populations.

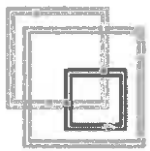
Featured Programs



RAP
Iowa Regional
Autism Assistance
Program

More information: iowa-RAP@uiowa.edu

The **Iowa Regional Autism Assistance Program (RAP)** provides community-based clinical consultation, multi-disciplinary care planning recommendations, and family to family support for Iowa children with autism and their families. RAP teams who work with families include Nurse Practitioners, Registered Nurses and Family Navigators. They use standardized tools to identify children at risk for autism and help families find diagnostic services and community-based supports. RAP also provides technical assistance and training on evidence-based screening and assessment tools to medical home providers, Area Education Agencies, and other early intervention community providers.



**Iowa Pediatric
Mental Health**
Collaborative

More information: kafi-dixon@uiowa.edu

The **Iowa Pediatric Mental Health Collaborative** is a new five-year program funded by the Maternal and Child Health Bureau. The goal of this project is to strengthen the capacity of Iowa's primary care workforce to treat children and youth with mild to moderate mental and behavioral health concerns within their medical home. Program activities include in-person training events, webinars, and the development of an online resource. This project will also provide primary care providers with access to consultations with pediatric psychiatry specialty providers, including direct services to children and youth via telehealth.

Partnering with Education

In an effort to provide gap-filling services and increase access to autism services for rural Iowa families, CHSC and the Green Hills Area Education Agency formed an innovative partnership called the **Regional Autism Clinic of Iowa**. Created in 2015, this collaborative provides support to children at risk for autism including early diagnosis, entry into services, and help with transition. "As a member of the Green Hills autism team, I value our relationship with CHSC so much," said Kellie Peterson. "I believe that we are providing a valuable service in our ability to work together to perform ADOS testing (Autism Diagnostic Observation Schedule), collaborate, and provide medical diagnoses for students with autism. Our children receive testing in a timely fashion, are treated with the utmost respect, and receive the help they need, whether it be medical, behavioral, or school-related. This is all due to our relationship with CHSC."



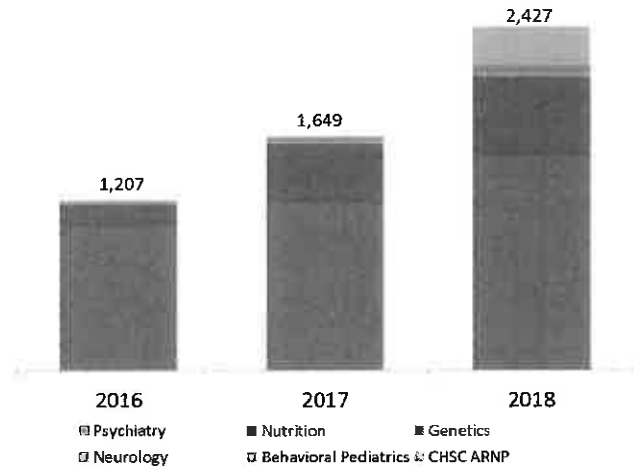


Expanding Access for Families through Telehealth

For Iowa families of Children and Youth with Special Health Care Needs, especially those from rural areas, accessing pediatric specialty health services can be a challenge. In 2018, over 2,400 telehealth visits were completed, an increase of 47% over 2017. A survey of families who completed telehealth appointments showed that 23% would have had to travel more than three hours roundtrip for a similar in-person appointment. 94% of families said they would be willing to participate in another telehealth appointment and 91% said they would recommend telehealth to friends or family.

Telehealth Appointments Completed 2016-2018

Specialty	2016	2017	2018
Psychiatry	1,014	1,189	1,517
Nutrition	163	417	557
Genetics	19	11	15
Neurology	7	4	8
Behavioral Pediatrics	4	28	55
CHSC ARNP	0	1	275
Total	1,207	1,649	2,427



Division Programs

Child & Youth Psychiatric Consult Project (CYC-I)
 Consultation, support services, training, and education for primary care providers to treat children and youth with mild to moderate emotional and behavioral health challenges within their medical home.

Community Circle of Care
 Regional System of Care program providing care coordination and community-based supports to non-Medicaid children and youth with behavioral or mental health needs in northeast Iowa.

Pediatric Integrated Health Home
 Care coordination services and family support for Medicaid-eligible children and youth with mental health needs in eastern and north-eastern Iowa.

Iowa Peer Support & Family Peer Support Training Program
 Training for Iowa's Peer Support and Family Peer Support workforce including the development of statewide networks and continuing education opportunities.

Iowa Family Leadership Training Institute
 Training program for parents and caregivers of Children and Youth with Special Health Care Needs to develop advocacy skills and to promote family-professional partnerships.

Nutrition Services
 Registered Dietitians provide families with a nutrition assessment at a provider's request with follow-up care coordination through telemedicine as needed.

Early ACCESS
 Service coordination, nutrition services, and health assessments for children 0-3 years old enrolled in Early ACCESS, Iowa's system of early intervention for infants and toddlers with or at risk of a developmental delay.

Health and Disability Waiver
 Supports families and organizes services for children and youth who are eligible for the Health and Disability Waiver or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

Iowa Act Early
 State affiliate for the Learn the Signs. Act Early. initiative, working to improve the early identification of developmental delays among children 0-5 years old.

IDPH 1st Five Healthy Mental Development Initiative
 Iowa Department of Public Health (IDPH) program to support primary care providers in the early detection of social-emotional delays, developmental delays, and family risk-related factors in Iowa children 0-5 years old.

The Schminke Family

Grayson is almost three years old and lives with his parents, Dion and Kristin. In January 2018 Grayson was diagnosed with Late Infantile Meta-chromatic Leukodystrophy, a disorder that affects both the brain and the nervous system. Although Grayson started walking when he was 15 months old, his parents started to notice balance issues three months later.

At first Kristin thought it was an ear infection, then doctors did a blood test for Muscular Dystrophy. A couple of weeks later Grayson's eyes crossed and he was admitted to the hospital for a suspected brain tumor. Eventually the results of a broad scan genetics test revealed the diagnosis of Late Infantile Meta-chromatic Leukodystrophy.

The family traveled to Pittsburgh to talk with specialists about managing Grayson's symptoms, which were still mild at the time. They were told about an experimental treatment involving a bone marrow transplant, however, their doctor explained that even with the treatment, Grayson's overall prognosis would not change.

"The transplant may slow the disease down," said Kristin, "but the deterioration is going to happen. Grayson's best time is right now." After four days of consultations, Dion and Kristin made the difficult decision to take their son home. "We want Grayson to have quality of life, not quantity," said Kristin. The family welcomed Milo the puppy shortly after Grayson's diagnosis to be a companion for him as his mobility decreases.



Grayson and his family are now receiving services and supports through CHSC and Early ACCESS, Iowa's system of early intervention for infants and toddlers. Their Service Coordinator, Diane, helped them to complete Grayson's evaluations and to submit the paperwork required for an Individualized Family Service

Plan. She also connected the family to several University of Iowa specialists including those from Pediatric Pain and Palliative Care and Neurology.

A Speech Language Pathologist from the University of Iowa Center for Disabilities and Development provided the family with equipment and training for Grayson to record and save words to a "word bank." In the future, when he is no longer able to speak on his own, Grayson will be able to use an assistive device to "talk" in his own words,

Diane was also able to secure priority tickets for a city trolley ride, so that Grayson's extended family can share his love of horses over the holidays.

The Dang Family

Matthew is 8 years old and lives with his parents, Jenny and Bach, his grandmother Thao, his two brothers, and one sister. Matthew was diagnosed with moderate to severe autism, ADHD, and intellectual disability when he was three years old. His brother Levi,



age 10, was diagnosed with ADHD, and brother Nicholas, age 6, has mild autism and ADHD. Matthew loves going to the park and going for rides, but he rarely plays with other children.

Jenny and Bach connected with the CHSC Regional Autism Assistance Program (RAP) and their Family Navigator, Rachell,

in 2014 when they moved to Iowa from New Orleans. Rachell worked with the family to help them find community based services and supports for their children and to help them understand Iowa's insurance guidelines.

Matthew has been receiving Applied Behavior Analysis, speech therapy, and occupational therapy, but is still on the waiting list for community living supports.

"It can be very stressful trying to juggle day to day needs and meet all the responsibilities of the children's different needs," said Jenny. "Especially balancing activities, school, work, and home." Jenny's mother, Thao, is like a second mother to the children and makes most of the meals for the family.

Over the past four years, Jenny and Bach have become their children's strongest advocates. Jenny serves on the Iowa Autism Council and both Jenny and Bach have participated in a number of autism advocacy and awareness events. The family also receives support from neighborhood families and members of their church,

Jenny and Bach hope that Matthew will find someone who will love and take care of him, someone who will "take their place" someday. They dream that Matthew will develop and grow in his talents and skills so that one day he can use those in an occupation he enjoys.



The Mental Health Block grant funding has been extremely helpful in serving children and youth with SED by providing a mechanism to train staff in evidenced based interventions such as Trauma Focused Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization Reprocessing (EMDR), Child Parent Psychotherapy (CPP), and Trust Based Relational Intervention (TBRI). These interventions are then used to meet the therapy needs of children/youth from 0-17 at each of the Orchard Place Branches where more than 8,500 youth are treated annually. The trainings build capacity for mental health professionals to serve multiple age groups in a variety of settings such as residential, community based and in schools.

Orchard Place trains all clinicians in TF-CBT. Each year approximately 20-25 new clinicians are trained in this models and also Advanced training and consultation is provided. Each year ten clinicians are trained in EMDR focused specifically on children. Below are numbers of staff trained for the last 5 years in these EBTs.

- TF-CBT Basic: 115
- TF-CBT Advanced: 51
- EMDR – Part 1: 59
- EMDR – Part 2: 50
- CPP: 27
- TBRI: 190 have completed at least one module, 132 have completed Module 4, so that’s likely the best number for full TBRI completion

Orchard Place has seen an increase in referrals for Early Childhood Mental Health. As a result, we have trained 15 OP staff and some community partners in CPP, which is evidenced based for 0-5year olds and parents. Below is a graph demonstrating the growth in the referrals to Orchard Place’s Early Childhood Mental Health team.

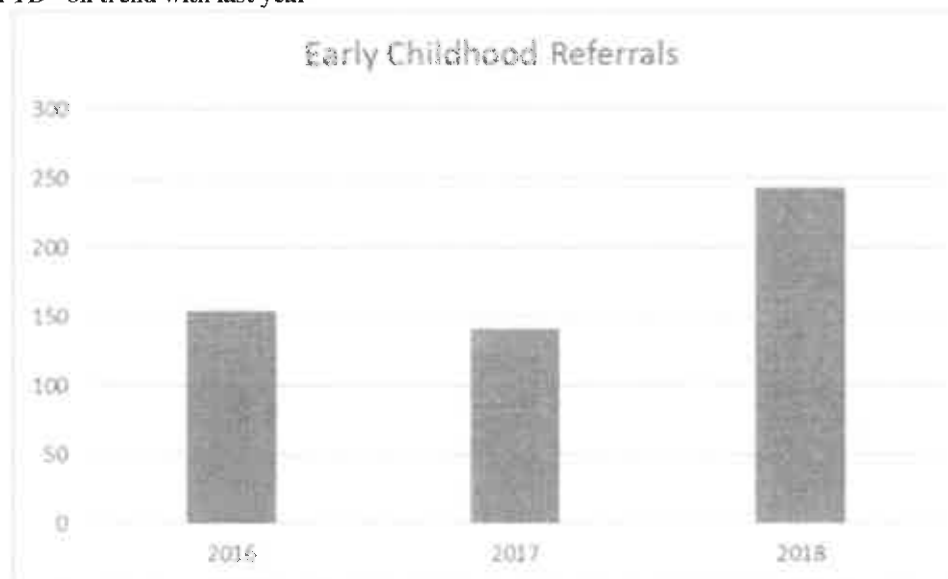
Trend in referrals ages 0-8 years with average age of 4 years:

2016 = 154 children

2017 = 141 children

2018 = 243 children

2019 = YTD - on trend with last year



Gladys Noll Alvarez LISW, IMH-E ®
 Trauma Informed Care Project Coordinator
 Infant Mental Health Mentor-Clinical
 CPP Rostered Therapist
 Orchard Place/Child Guidance Center

NEIBH

October 1, 2017 through September 30, 2018

Adult \$36,363.00 Child \$36,363.00 Total \$72,726.00

Training on Advanced EMDR (Eye Movement Desensitization Reprocessing) to work with serious mentally ill adults of processing trauma.

Question, Persuade and Refer (QPR)- 14 free training on sight throughout catchment area to educated community members on signs of suicidality and how to respond effectively.

Collaboration with schools, physicians, juvenile court, DHS, and families to increase communication and success by partnering on interventions and approaches for individual youth with serious emotional diagnosis.

Training on TF-CBT (Trauma Focused Cognitive Behavioral therapy) to increase effectiveness in treating youth with serious emotional diagnosis.

October 1, 2018 through September 30, 2019

Adult \$46550.00 Child \$46550.00 Total \$93,100.00

Training on Acceptance and Commitment Therapy (ACT) for adults with serious mental health issues.

Training on Motivational Interviewing for Adults with serious mental health issues.

Training on Adlerian Play therapy for children with serious emotional diagnosis.

Training on Parent Management Training (PMT) to work with parents of children with serious emotional diagnosis.

- ✓ The CMHC block grant allows us to train all our clinicians on the same interventions and therapies.
- ✓ It ensures that we can staff and supervise implementation of new therapies.
- ✓ It is expensive to send staff to Des Moines for training- lost revenue for travel days, motels, meals, mileage all add up significantly.
- ✓ It is a great recruitment tool to say that we are able to provide training on sight.
- ✓ Our rural area is designated a healthcare shortage area so recruitment and retention are very important to our agency.
- ✓ DHS provides oversight and feedback on how we are utilizing the funds and accountability
- ✓ Each CMHC can decide what their center training or intervention needs are for the next year. Sometimes funds may be used for staff training, community training or consultation.
- ✓ Each area is different and needs and staff change annually so this allows flexibility in deciding how to use the funds.
- ✓ All trainings are Evidenced Based Best Practices.
- ✓ Without these funds we would not be able to provide as much training to our staff; they would need to shoulder a portion of the costs to get the required CEUs to practice.