

As a PMIC facility we have seen many changes in the system that have had directly affected the children and families that we serve. Through this process we have been consistently asking if the changes made have been a good idea and have they given children and families the resources needed to maintain healthy and stable environments efficiently and effectively.

It is clear that as a state we do not have a well integrated mental health system of care for our families. This broken system has taken shape for our children and families in ways that provide them limited and often isolated resources to manage their mental health issues. A lack of accessibility for families to participate in community resources has prompted an increase in referrals for PMIC. Once admitted into the facility the family faces challenges associated with readiness for discharge. Many times a child progresses in treatment and does not meet the criteria for level of care for PMIC from a clinical perspective, however, the family is apprehensive to have the child home with limited support. As discharge approaches we ensure that families are set up with necessary services, unfortunately when working with families with severe mental health issues this may not adequately meet their individual needs and can result in recidivism and reentry into a PMIC facility. We experience children who have been in 2 to 3 facilities prior and children who are exhibiting signs of institutionalized behavior at an alarmingly young age.

It is important to recognize that an efficient and effective system will not only positively affect the children in Iowa, but those Iowa children that are being served in an out of state facility. Children are best served close to their homes to give them more opportunities for family involvement in the treatment process promoting therapeutic bonding, family skill building, and family relationship building. PMIC's have been working for over a year to find ways to bring Iowa's population back in state. Understanding the importance of this we also understand the challenges that we are faced with. LSI supports further conversations with Magellan on how PMIC's can be a part of an integrated system of care to accomplish the charge to keep Iowa's children in-state. This conversation will need to be an open discussion that is considerate of the needs of the children and how PMIC's can support those needs. A partnership discussion needs to occur to identify what out of state facilities are providing that our current system in Iowa has not built into the capacity and resources of Iowa providers. Capacity building could include identification of lower staffing ratios to support the higher need children, conversations around licensing standards that may allow for expanded psychiatric or medication care, greater mental health resources when planning for discharge, and greater occupancy capacity to serve children quicker. With the right resources we are confident that we can minimize the need to send children out of state.

The transfer of PMIC's to Magellan is neither a panacea nor a problem; it is a mechanism for funding. We do not object to working towards finding an efficient and effective solution in a funding stream with the premise that we are working towards an integrated

system of care. As a PMIC in Iowa we want to be a collaborative partner in the process and we understand that providers and families will benefit from implementing a continuum of quality of services in Iowa.

We are eager to improve the system of care for children and families in Iowa. Care for children that is truly integrated, involves facility and community care, is supported by research and builds upon the established practice in the system. Research identifies family involvement and shorter lengths of stays are better for children in care. To partner together we have to have the conversation that identifies how you reduce lengths of stay and minimize the negative impacts shorter lengths of stays can have on children and families, negative impacts which include higher rates of recidivism and regression in family functioning.

Reality is the above system issues are not easy issues to solve, however, by incorporating sufficient ability for families to receive intensive aftercare services from an individualized perspective, maintaining consistency in providers, putting significant resources in the home prior to discharge, and open conversations that include families, providers, and funders we can create an integrated system of care that will benefit children and families.

Respectfully submitted,

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