

Children's Mental Health and Well-being Advisory Committee
Iowa's Children's System for Mental Health and Well-being
SUMMARY OF RECOMMENDATIONS

February 20, 2018

Introduction

The goal for Iowa's Children's System is for children with mental health and other challenges to experience recovery and build resiliency so they can live successfully with their families and in their community, experience educational growth, and become successful adults. Children's mental health and well-being cannot be compartmentalized and addressed separately from the rest of a child's life. Children must be served and supported in the context of their family, school, and community at large with the child's family being the most critical core component. This requires a Children's System that uses an effective cross-systems approach with all involved entities, through providing or advocating for children and families' mental health and well-being services and supports.

The Children's Mental Health and Well-being Advisory Committee (Committee) concluded that children and families needing mental health and well-being services and supports include more than treating the child's mental health symptoms. The broader well-being of the child and the family must be addressed, including education, health care, basic needs, etc. The Committee believes, and evidence supports, that if these community entities intentionally collaborate and coordinate their efforts while maintaining the integrity of each of their roles:

- Children and families will experience improved well-being;
- Prevention, services, and supports will be more effective for children, families and the community at large; and
- Existing available resources will be used more efficiently.

However, Iowa has no point of responsibility or dedicated funding for a children's system. While a large number of community entities contribute to the enhanced mental health and well-being of children and families, none of them has the authority or financial responsibility to ensure children and families receive prevention services, treatment services, and the supports they need. Children are being served by disconnected services and fragmented resources.

The Legislature supported and the Committee oversaw the implementation of the first elements of a statewide Children's System:

- Two crisis intervention pilots in 2016
- Two well-being learning labs in 2016
- Three children's well-being collaboratives in 2017

From experience in these efforts the Committee concluded that the Children's System must provide services and supports to children with a full array of needs, from those that are at-risk to those with complex needs, and their families. Further, the children's system must use a cross-systems approach that does more than just treat a child's mental health symptoms, but provide broader well-being of the child and family that addresses education, health care, employment and basic needs (food, housing, transportation, etc.).

The Committee concluded that Iowa should have a Children's System that ensures:

- Local Delivery of Services - children and families have equitable access to a full array of available core cross-system mental health and well-being services and supports provided at the local level;
- Area Leadership (Driver Group) – entities involved with services and supports build cross-system advocacy, coordination, and intentional collaboration of efforts and resources toward a common goal of effective prevention, services, and supports that measurably improve outcomes for the mental health and well-being of children and families; and
- Statewide Standards – these collaborative and coordinated efforts need to be organized and directed from the state level.

Children's System Overview

The Children's System should include the following characteristics and principles:

- Children ranging in age from birth through 18 years of age with an effective handoff for transition age youth
- Maximization of mental health and well-being with intentional collaboration and coordination across all systems including, but not limited to: mental health, education, judicial, child welfare, health care, public health, juvenile justice, substance use disorder, mental health and disability services regions, early childhood, and accountable care organizations
- Access to a full array of trauma-informed services and supports including care coordination, identification, assessment, service utilization, and effective follow up
- All level of care needs from prevention through crisis (tiered level of care) are addressed (see example in Appendix A)
- Trauma-informed crisis response for children with complex needs and ability to handle and de-escalate behavior
- Accountable for data driven quality results (individual and aggregate)
- Efforts to increase capacity and professional development of the workforce across systems
- Shared organizational system commitment, accountability and integration
- Holistic approach that addresses social determinants for a culture of recovery and resiliency
- Consumer friendly, family driven, youth guided, two generation approach, and culturally competent

The following briefly outlines local delivery of service, Area Boards, and State Level standards:

Local Delivery of Services: Assure equitable access to the full array of available local services and supports

The Committee believes that children and families should have access to a set of required core mental health (see example in Appendix B) and well-being services and supports by doing the following:

- Expand Children’s Well-being Collaboratives statewide
- Create a local plan and timeline to implement the full array of core cross-system children’s mental health and well-being services and supports
- Increase the availability of core cross-system services and supports by mapping what exists and identifying gaps in mental health and well-being services, against the local plan
- Identify and braid funding and other resources needed to fill the gaps to fully implement the plan.

Local Children’s System Area Boards

The State Board should establish Area Boards to guide, oversee, and direct the intentional collaborative and coordinated efforts of entities in the designated area under the guidance and direction of the State Board and provide the State Board information and assessments necessary to continuously improve core cross-systems services and supports.

Characteristics

Area Boards should intentionally collaborate and coordinate efforts to establish, provide and maintain prevention efforts, services, and supports that promote improved mental health and well-being for children and families that are:

- Community based;
- Family centered;
- Family driven and youth guided;
- Trauma informed;
- Culturally and linguistically competent; and
- Focused on treatment, prevention (primary, secondary, and tertiary) and early intervention

Responsibilities

Area Boards should have at least the following initial responsibilities

- Bring together strong representation of local area entities, advocates, and providers whose mission is to intentionally collaborate and coordinate efforts to ensure the mental health and well-being of children and families in the area;
- Identify and locate existing core cross-system services (See example in Appendix C);
- Identify gaps in core cross-system services; and
- Report successes and gaps in core cross-system services, and aggregate reports of children’s progress and outcomes to the State Board.

The on-going responsibilities of the Area Board should be at least the following:

- Effectively use intentional collaboration and coordination to make available all core cross-system mental health and well-being services and supports for children and families in the area;

- Gather and report required data to the State Board including:
 - Local assessment of the availability of core cross-system services and supports;
 - Identification of gaps in services and supports; and
 - Identification of funding and other resources needed to fill the gaps.

Membership

The Committee recommends that the Area Board be made up of entities similar to those identified for the Children’s Well-being Collaboratives such as the following:

- Parent of a child
- An older adolescent
- Mental health
- Education
- Judicial
- Child welfare
- Health care
- Public health
- Juvenile justice
- Substance use disorder
- Mental Health and Disability Services Regions
- Early childhood
- Accountable Care Organizations
- Community leisure and recreation
- Other entities as appropriate

Children’s System State Board

Iowa should establish a Children’s System State Board to establish criteria, standards, and measures for programs and collaborations, and assess the success of intentional collaboration and coordination efforts in providing needed services and supports statewide.

Responsibilities

The state board should be initially responsible for at least the following:

- Be the decision-making body to support and move the Children’s System forward
- Establish/affirm core cross-system mental health and well-being services and supports based on recommendations of the Committee;
- Identify and locate existing core cross-system services;
- Identify gaps in core cross-system services;
- Identify and establish Children’s System Area boards

The state board’s on-going responsibilities should be at least the following:

- Provide guidance to Area Boards regarding:
 - Support and guidance for effective intentional collaboration and coordination of services and supports including methods to combine funding streams to improve efficiency (“Braided Funding”);

- Establish statewide standards and expectations for core cross-system mental health and well-being services and supports;
- Identify and promote professional development for the local providers and collaborative partners that promotes higher quality and consistency
- Establish standard measures of effectiveness of core cross-system services including, but not limited to:
 - Improve domains such as basic needs, education and workforce, family supports, and community engagement;
 - Increase school attendance and academic performance;
 - Reduce the number of students with behavior issues related to mental health that are referred to child welfare and juvenile justice;
 - Reduce the number of hospitalizations and residential stays;
 - Reduction in medications unnecessarily prescribed; and
 - Improve community prevention and early intervention services and resources.
- Utilize information and planning from Area Boards to:
 - Evaluate information provided by the Area Boards;
 - Determine the effectiveness of core cross-system services;
 - Identify gaps in core cross-system services and the financial and other resources needed to fill the gaps; and
 - Communicate successes, gaps, and resource needs to the Governor and Legislature.

Membership

The state board could be made up of key leadership such as: Parent of a child with special needs

- An older adolescent with special needs
- Department of Human Services
- Department of Education
- Department of Public Health
- Department of Human Rights
- Early Childhood Iowa
- Judiciary
- Department of Workforce Development
- Legislators
- Children's mental health provider
- Local educator or education administrator
- Child welfare provider
- Advocacy organization
- Citizen(s)

Policymakers: Make 2018 a Year to Prioritize Kids

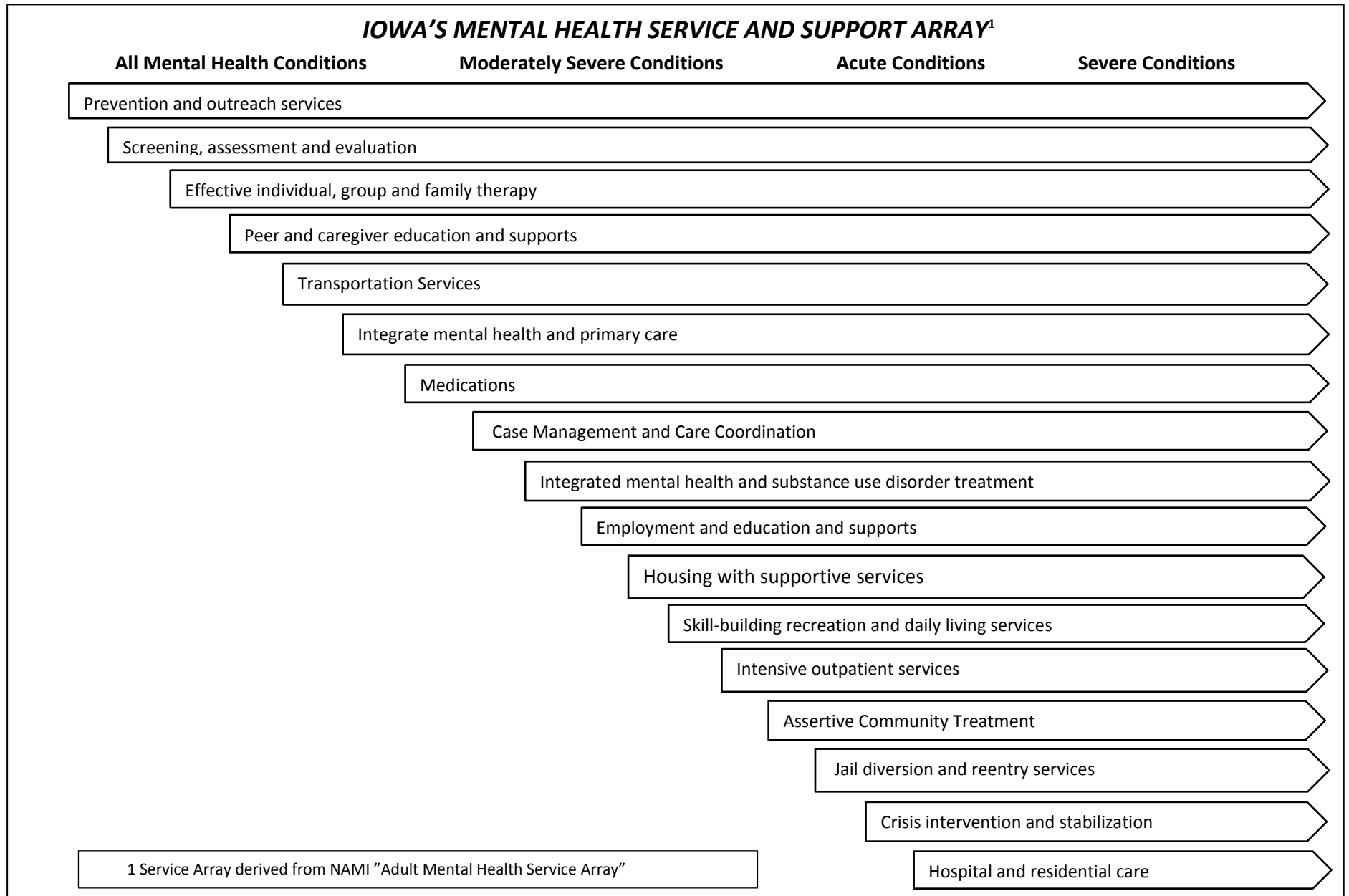
It is time for Iowa to prioritize kids and families by taking the first steps towards creating a state-wide Children's System to better address mental health and well-being. Iowa's Children's

System requires funding to be effective. The cost of creating a Children's System is a small price to pay for the positive outcomes Iowa's children and families will experience as a result of an efficient and effective Children's System. Fully achieving the complete plan for a Children's System will take several years, but the first steps include:

- Support and maintain existing services
- Continue and expand collaboratives (\$300,000 - \$600,000)
- The State Board should be established and charged to complete its initial responsibilities (\$80,000 to \$100,000)
- The State Board should request initial funding to establish Area Boards and filling identified gaps in core services (funding estimate to be determined)
- The State Board and Area Boards should begin coordination, collaboration, and monitoring activities
- Identify and begin filling service gaps (funding estimate to be determined)

Appendices

Appendix A: Iowa's Mental Health Service and Support Array



Appendix B: Recommended Youth Core Services (2013 Children’s Disability Services Workgroup Final Report)

Youth core service domains	Youth core services
<p>Prevention, Early Identification, and Early Intervention</p>	<ul style="list-style-type: none"> • Behavioral health and substance use education • Medical homes • Behavioral health and disabilities consultation to primary care • Surveillance, screening and referrals for issues related to trauma and family stress, including substance abuse, domestic violence, mental health, child development and behavior concerns in pediatric primary care as part of well-child visit • Assessment and evaluation • Home based health supports • Home visiting (e.g. Nurse Family Partnership or other maternal/child health visiting models)
<p>Behavioral Health Treatment</p>	<ul style="list-style-type: none"> • Behavioral health and substance use education • Assessment and evaluation • Medication prescribing & management • Mobile crisis intervention and stabilization including 24-hr crisis hotline • Acute and sub-acute treatment such as: <ul style="list-style-type: none"> ○ 23 hour crisis stabilization ○ Crisis residential ○ Inpatient treatment ○ PMIC • Behavioral support services through the ID/IDD waiver • Integrated Health Homes • Care Coordination including transitional services (e.g. from inpatient to outpatient, PMIC to home) • Outpatient treatment in home and community-based settings • Evidence-based therapies
<p>Recovery Supports</p>	<ul style="list-style-type: none"> • Transition-age youth services including employment related supports • Behavioral Health Intervention Services • Recovery coaches • Family and peer support • In and out of home respite • Integrated Health Homes • E-health strategies
<p>Community-based flexible supports</p>	<p>Services and supports as identified in a plan of care for youth and family including educational supports</p>

Appendix C: Examples of Existing Local Children's Mental Health and Well-Being Services in Iowa

- Children's Mental Health Waiver
- Decategorization programs
 - Functional Family Therapy
 - Mental Health Services (evaluations, therapy, medication)
 - Crisis Intervention
 - School-Based Mental Health
- Systems of Care in 14 counties
- First Episode Psychosis Programs (Transition Age)
- Dedicated Mental Health Block Grant funding for children services