



The Coalition

Coalition for Family and Children's Services in Iowa

I-PAC Presentation

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The Coalition's alliance of agencies provides the safety net to children and youth who have been, or are now, in danger of being abused, neglected, or delinquent, and all children and youth with mental health or substance abuse needs.

We advocate for the people who provide services to children and families AND for the needs of children and families.

In practical terms, we are seen as both a trade association and an advocacy organization.

The Coalition was established in 1979 and incorporated in 1980 to provide an organized vehicle for organizations to improve services to children and families in Iowa and impact public policy through combined resources and a unified voice.

Vision and Mission



Families and children in Iowa are safe, secure, healthy, and well in their communities



To enhance the collective impact of member's agencies' services to children and families

VISION

- ❖ Why we exist
- ❖ The future we want to achieve
- ❖ What the world will look like when we achieve our purpose

MISSION

- ❖ Our unique calling; what we do
- ❖ Guide for long-term AND every-day decision making
- ❖ Effective in moving us closer to our vision

Members



Counseling and Family Centered Services



Members



MID-IOWA *family* THERAPY CLINIC, INC.



Quakerdale Family Services



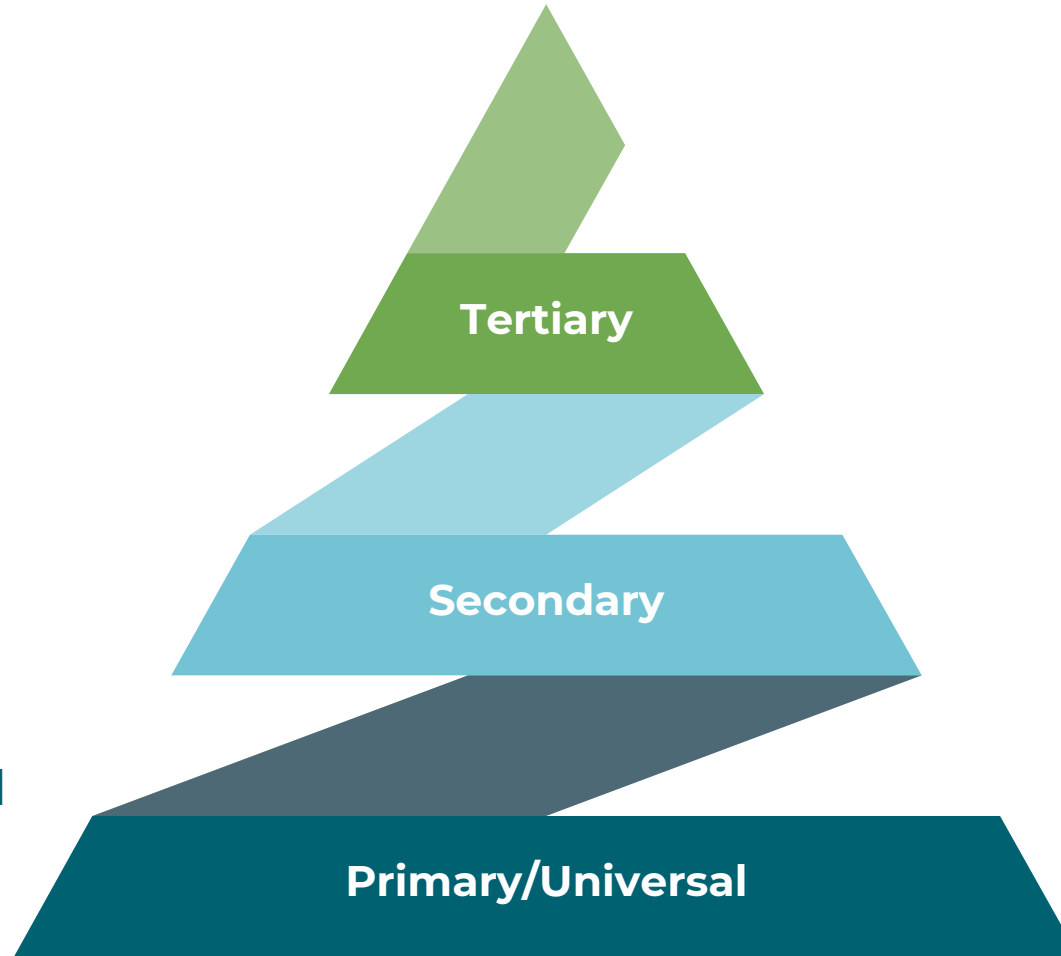
Public Health Model of Child Protection

Kids and families may need all three service types, but they don't experience needs within "service lines". The sector has work to do to reduce care silos in Iowa.

Services and interventions for children and families where there is abuse and neglect.

Targeted services for families to alleviate emerging problems and prevent escalation.

Services and programs for entire populations to provide support and education before problems occur.



Coalition members provide an array of programming, typically most heavily focused on Secondary and/or Tertiary Prevention, though some do offer Primary/Universal Prevention Programming

PYRAMID OF CHILDREN AND SERVICE NEEDS

Public Health Approach



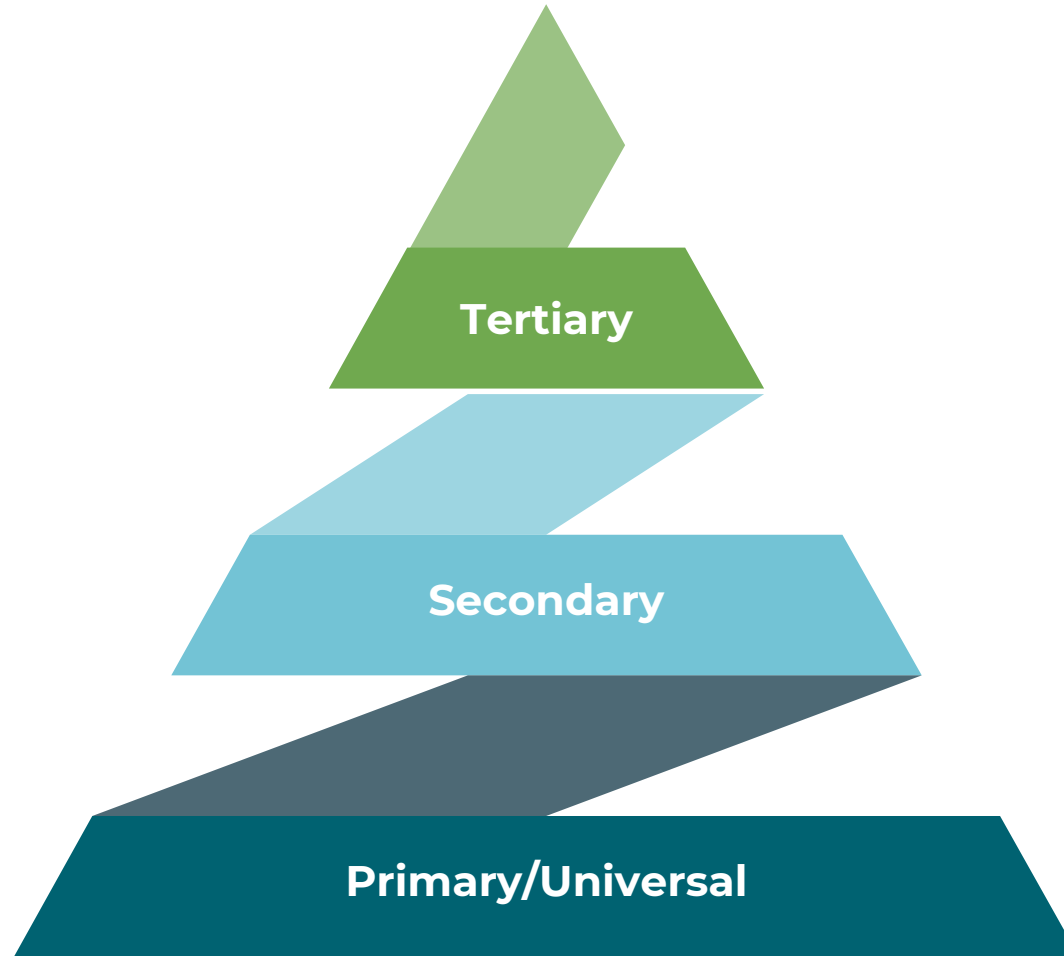


Getting help can be hard and confusing...

Keeping Kids in Iowa & Reducing Lengths of Inappropriate Placements

Barrier: Current Referral Process is inconsistent and unclear. It is who knows what. In addition, the referral process does not loop back.

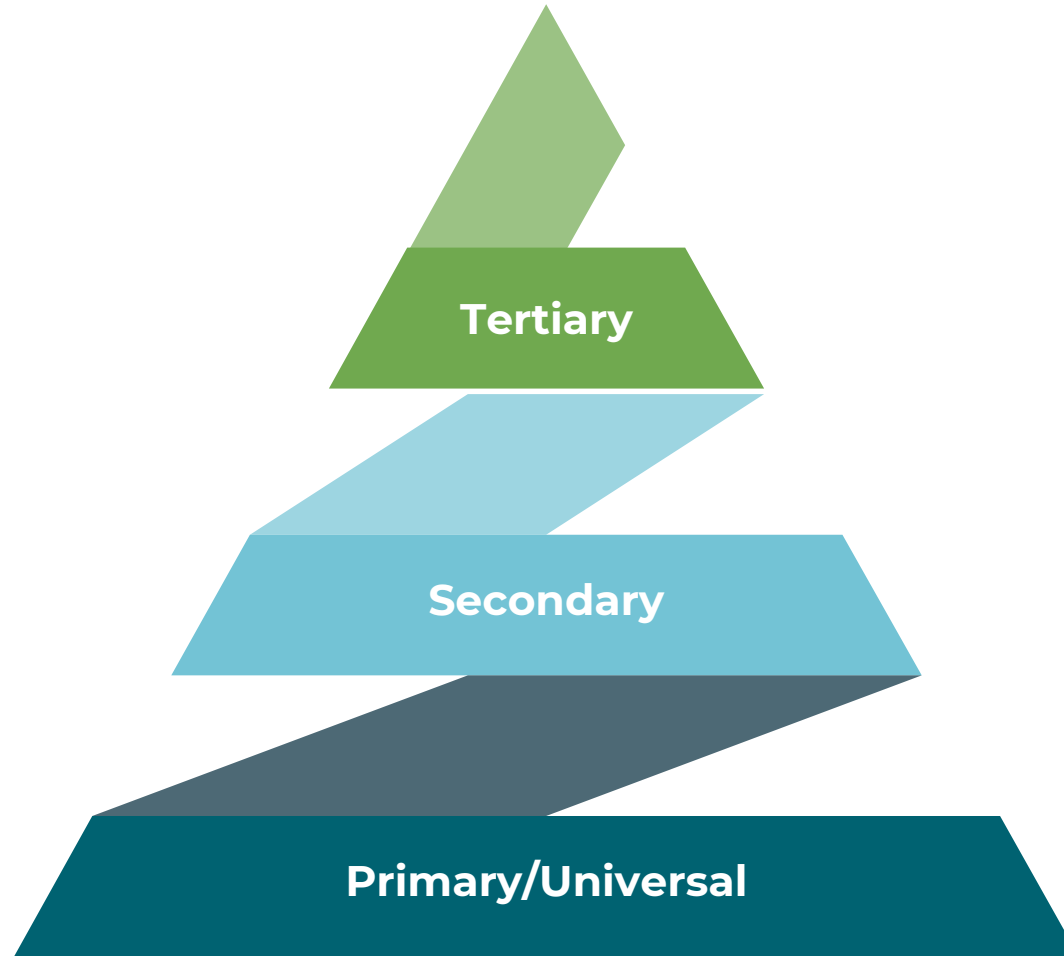
Solution: Establish a standardized, transparent referral process with clear criteria and follow-up procedures



Operational Sustainability

Barrier: Operational sustainability and fair cost coverage.

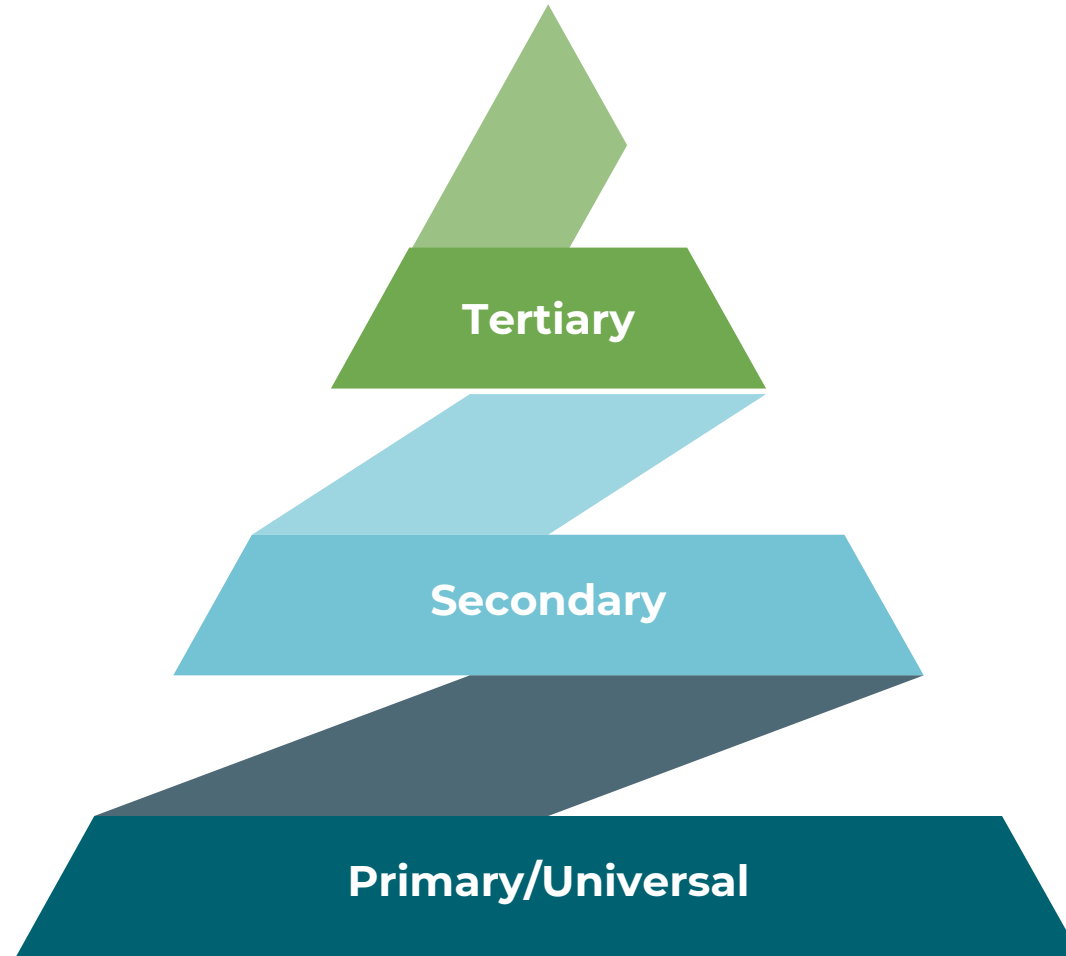
Solution: Annual Cost of Living Adjustments & Infrastructure Funding.



Medical Needs of Youth

Barrier: QRTPs are designed primarily for behavioral health interventions and are not equipped with the billing permissions to provide a full range of multidisciplinary care.

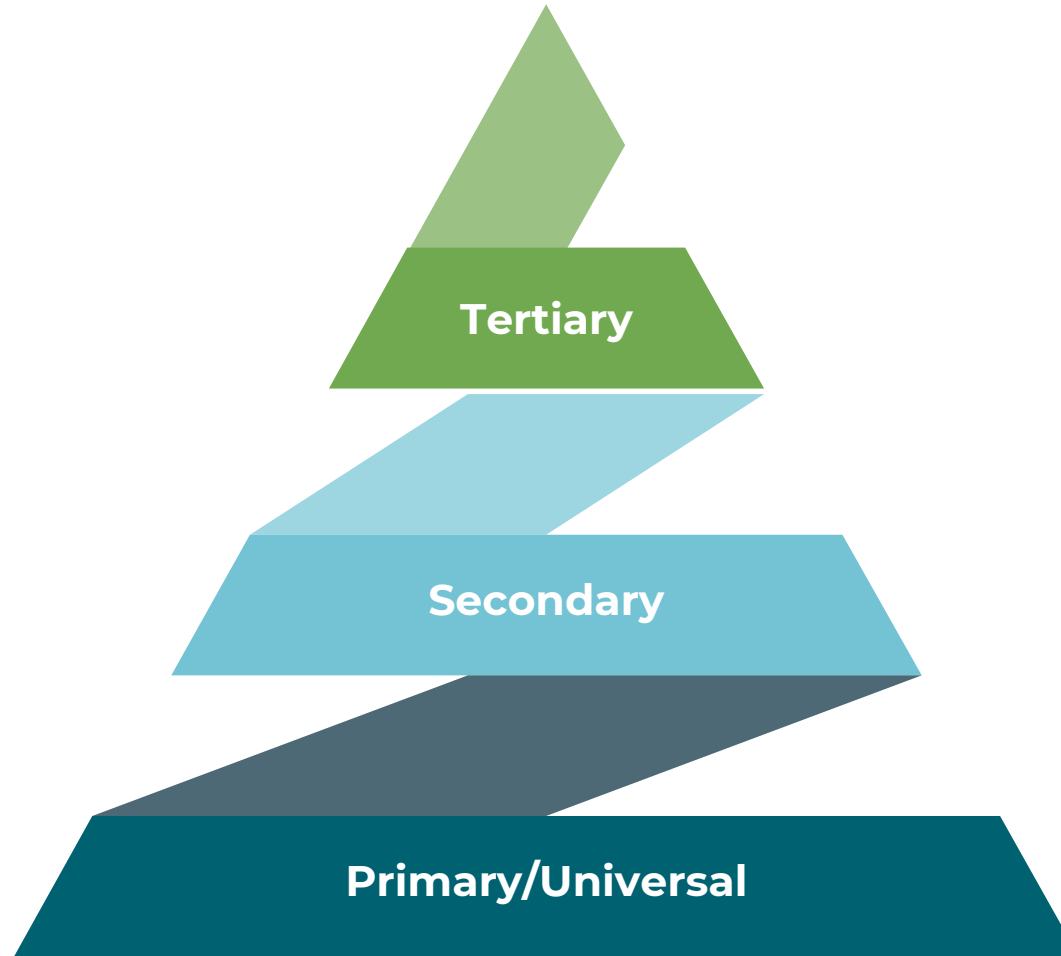
Solution: Make changes to the laws/rules/policies that QRTPs can bill Medicaid separately for nursing and Occupational Therapy (OT)



Medical Needs of Youth

Barrier: BHIS is QRTP needs to be authorized which delays treatment and/or nonpayment for the treatment.

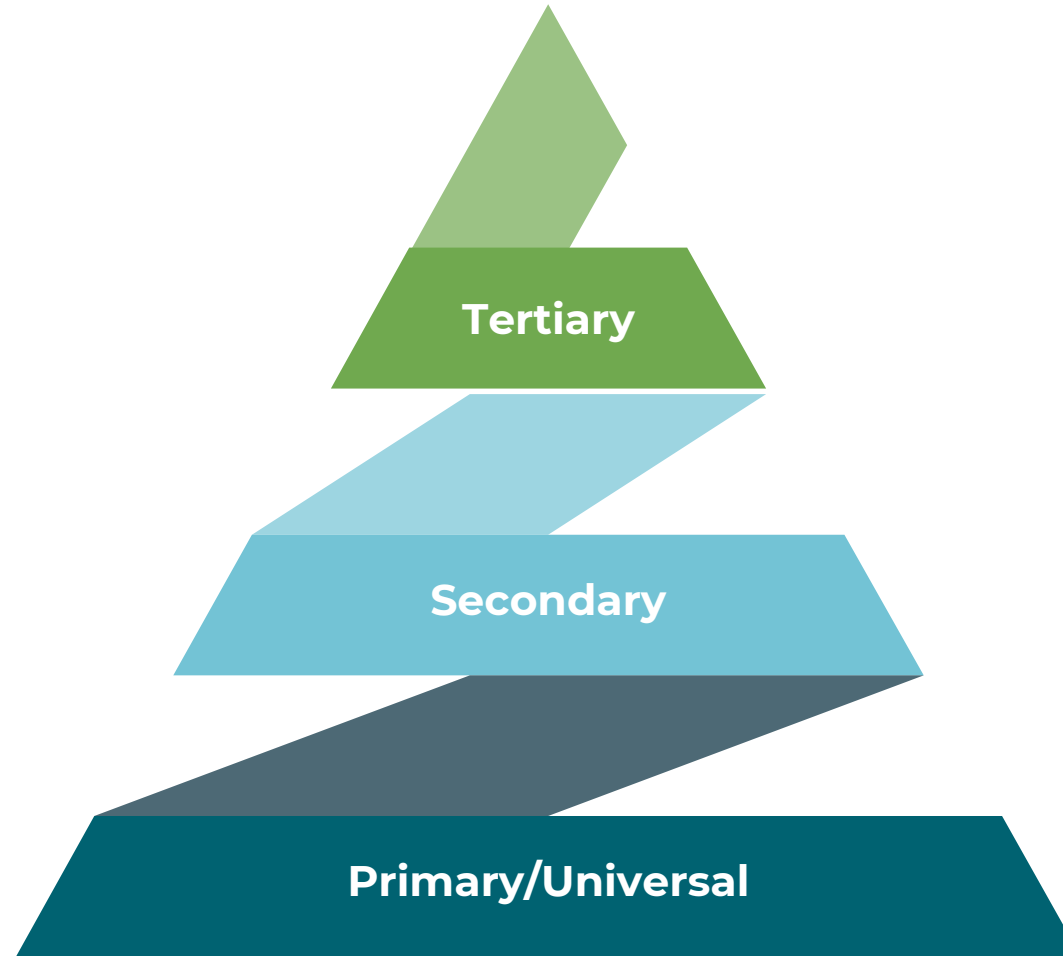
Solution: Make BHIS a pass-through service in QRTPs like therapy.



Medical Needs of Youth

Barrier: HF 2402 has not been implemented. HF 2402 addressed current administrative and billing burdens)
(e.g. Allow family therapy and family BHIS to be billed during the placement of a child in PMIC, along with ancillary treatments, such as autism and substance use)

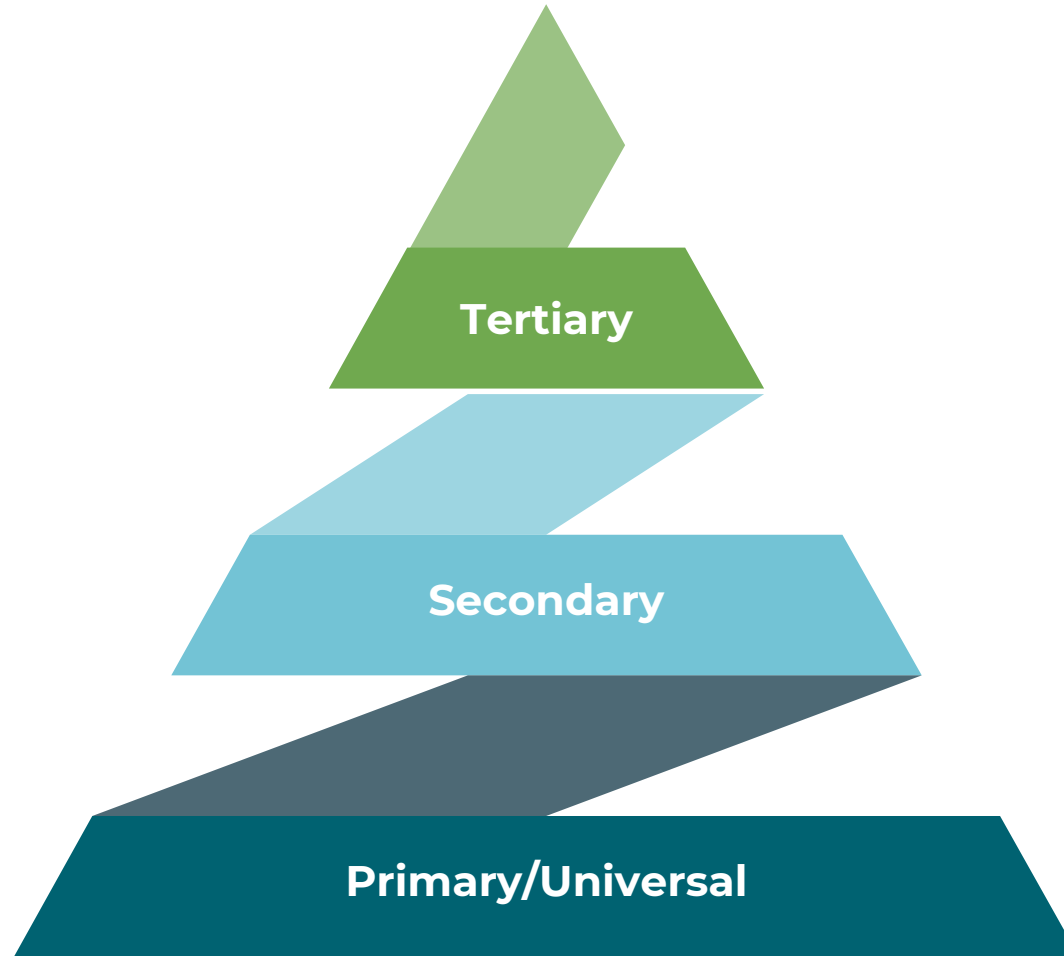
Solution: Implement HF 2402



Standardized Assessment Protocols

Barrier: Inconsistent use of evidence-based assessment tools.

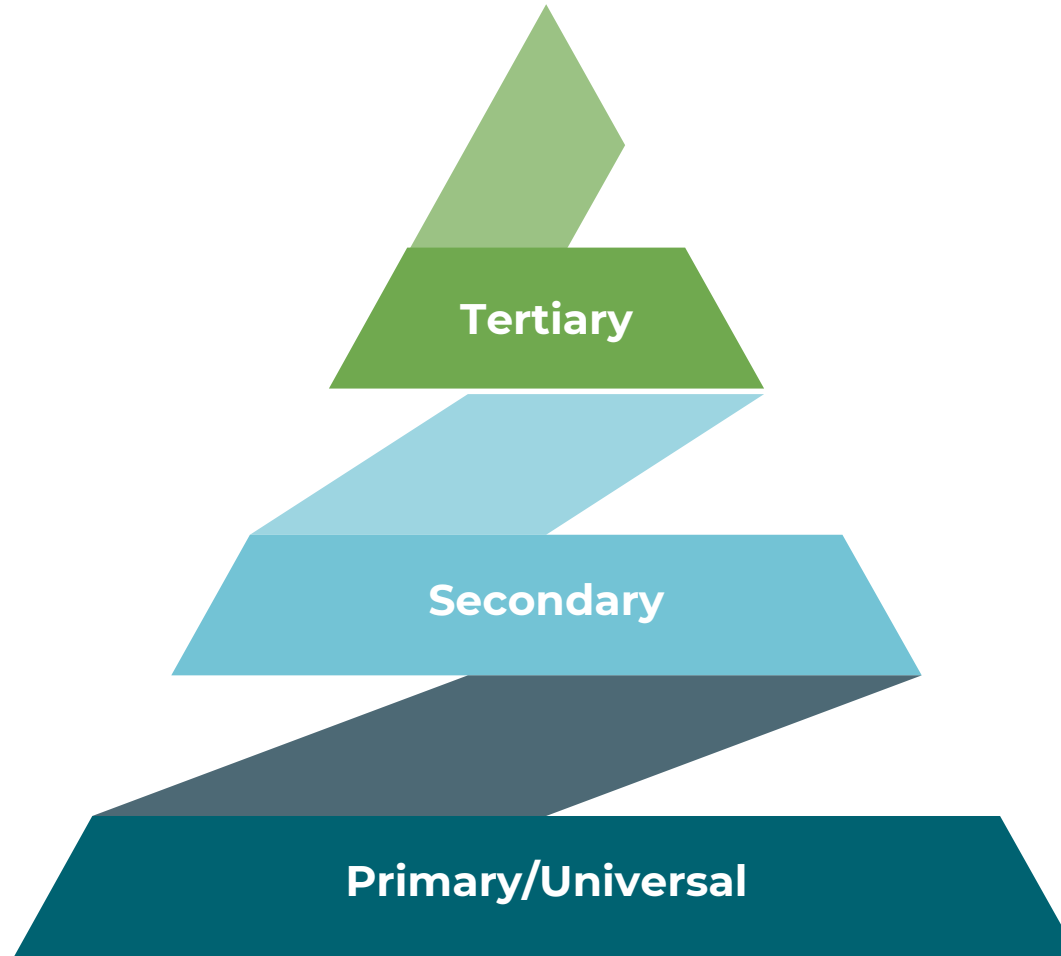
Solution: Mandate the use of standardized assessment tools.



Standardized Evidence-Based Models of Practice

Barrier: Inconsistent application of evidence-based models.

Solution: Standardize and Fund implementation of Evidence-Based Models.



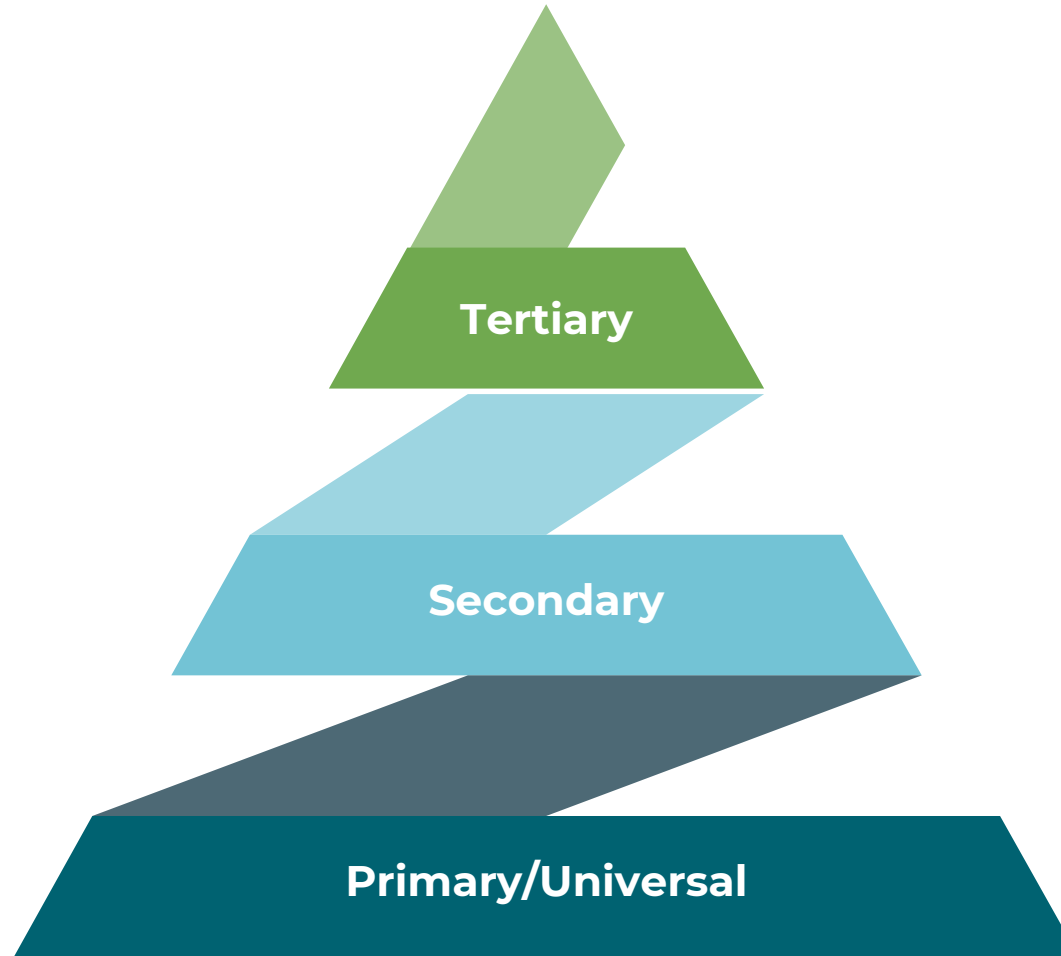
Provider Prevention & Support Services (PPAS)

Barrier: Lack of funding for a comprehensive support services like the START model.

<https://elevateccbhc.org/our-services/#i-start>

<https://iod.unh.edu/national-center-start-services/start-model>

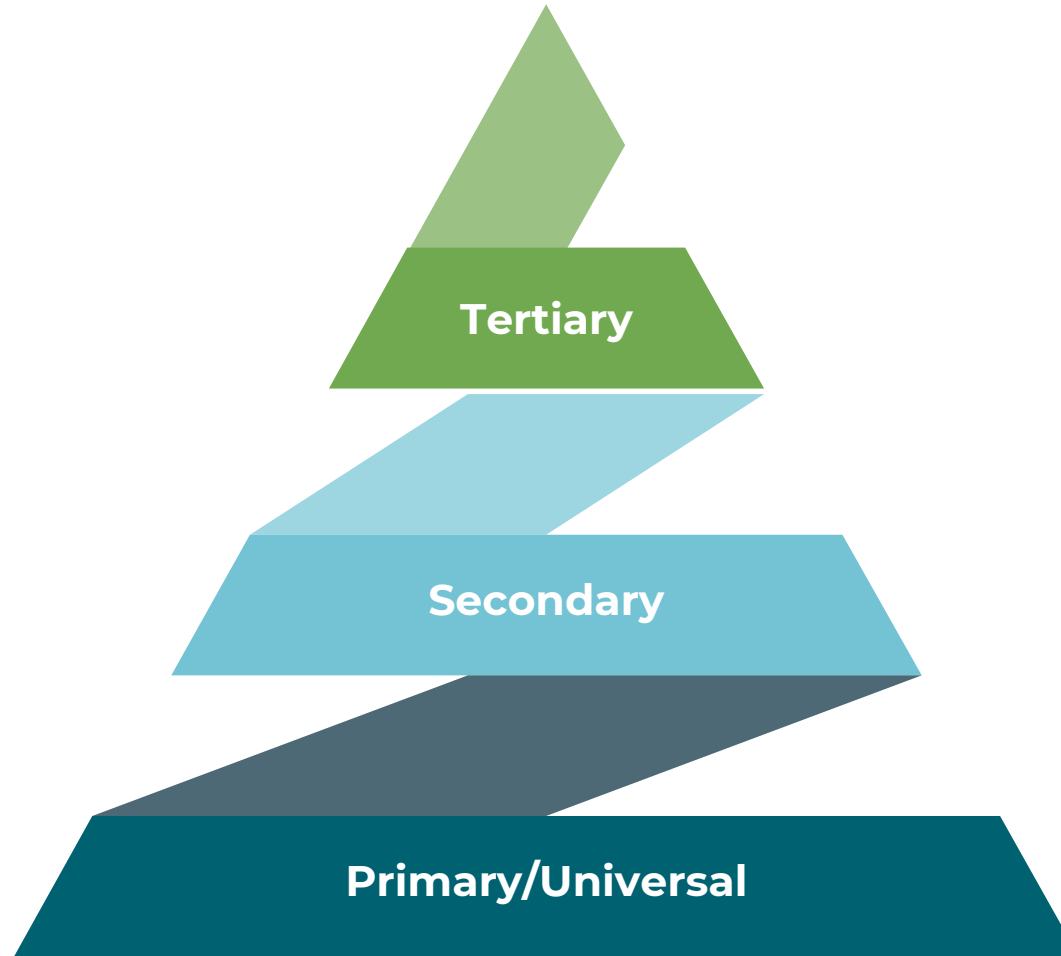
Solution: Collaborate with the MCOs to fund the START model for youth under 6 years of age.



Enhance Worker Skills

Barrier: Shortage of trained professionals and lack of standardized training.

Solution: Investment in hiring, retraining, professional development and supervision of staff.





Systems of Care can help

DEFINITION OF SYSTEMS OF CARE

1.

a **comprehensive spectrum of effective services and supports** for children, youth, and young adults with or at risk for mental health or other challenges and their families

3.

incorporates **mental health promotion, prevention, early identification, and early intervention**

2.

evidenced informed interventions to address the needs of all children, youth, and young adults organized into a **coordinated network** of care

4.

builds **meaningful partnerships with families and youth** to help them thrive at home, in school, in the community, and throughout life.

