



SOUTHWEST IOWA MHDS REGION

**CHILDREN'S BEHAVIORAL HEALTH SERVICES
IMPLEMENTATION PLAN**

PREPARED BY:

SOUTHWEST IOWA MHDS REGION

**SUBMITTED
03/24/20**

GEOGRAPHIC AREA: *Cass, Fremont, Harrison, Mills, Monona,
Montgomery, Page, Pottawattamie, Shelby*

APPROVED BY GOVERNING BOARD: 03/23/20

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CHILDREN’S BEHAVIORAL HEALTH SERVICES IMPLEMENTATION PLAN

Each mental health and disability services region shall submit to the department of human services an implementation plan to implement the children’s behavioral health services described under section 331.397A, as enacted in HF690, no later than April 1, 2020.

A. Creating a Regional Children’s Advisory Committee

The Region values community stakeholder input and is in the planning stages of developing a plan to establish a Regional Children’s Behavioral Health Services Advisory Committee.

1. Process and Time Frames

Targeted Completion Date	Activity
2/27/20	The region holds Local Advisory Council meetings for community input, information and sharing. The meetings were held in three different areas of the region on February 25, 26 and 27. Children’s Behavioral Health was the focus (as it was in September 23, 24 and 25, 2019). This Implementation Plan was discussed and input was sought from those present. The application process for the future Advisory Committee was explained.
5/22/20	Promote need for Advisory Committee members through email, in person visits, and other opportunities. Publicize Advisory Committee application in the Region newsletter and on the region website. Gather interest and Advisory Committee applications.
6/1/20	Region Leadership team recommends Advisory Committee members to the Region Governing Board for approval. Notify Advisory Committee members of selection and first meeting date to be held in June, 2020.
6/30/20	The regional children’s behavioral health services advisory committee designate/recommend Governing Board representation for: (a) a parent/actively involved relative of a child who utilizes children’s behavioral health services; (b) the educational system; and (c) a regional children’s behavioral health services provider.

2. Regional Children’s Advisory Committee

Member	Representing
TBD	Parents/Actively Involved Relatives of a Child who Utilizes Children’s Behavioral Health Services
TBD	The Education System
TBD	Early Childhood Advocates
TBD	Child Welfare Advocates
TBD	Children’s Behavioral Health Service Providers
TBD	The Juvenile Court System
TBD	Pediatricians
TBD	Child Care Providers
TBD	Local Law Enforcement
TBD	Regional Governing Board

B. Regional Governance Board Changes

The Regional Governing Board is ultimately responsible for: (a) the advancement of a regional management plan; (b) the development of access to a regional service system for adults with mental illness, intellectual disabilities, developmental disabilities and brain injuries and to children with serious emotional disturbances; and (c) the administration of the non-Medicaid funded Mental Health Disability Services (MHDS) and children’s behavioral health services as outlined in Iowa Code. The Region is in the planning stages of identifying the time frames to change the Regional Governance Board composition.

1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
4/1/20	The Region Annual Service and Budget Plan is due April 1 of each year. For FY21, this plan will be taken to the Region Governing Board meeting for finalization and approval on March 23, 2020. If changes are needed to the plan due to the current Iowa legislative session surrounding changes to the funding formula and funding revenue sources, this may be amended according to any prescribed legislation.
6/1/20	The Region Governing Board must include new voting and ex-officio members which will be done through the 28E agreement revised with the new composition of members.
7/1/20	Changes will be made to the regional management plan which contains three parts: Policy and Procedure Manual, Annual Service and Budget Plan and the Annual Report. These will change to include references to the new children’s services requirements.
7/6/20	The new Region Governing Board will meet for the first time on July 6, 2020. The board sets its annual meeting schedule in January of each year.

2. Regional Governing Board

<u>Member</u>	<u>Representing</u>	<u>Voting Member</u>
Frank Waters	Cass County Board of Supervisors	Yes
Randy Hickey	Fremont County Board of Supervisors	Yes
Tony Smith	Harrison County Board of Supervisors	Yes
Richard Crouch	Mills County Board of Supervisors	Yes
Tom Brouillette	Monona County Board of Supervisors	Yes
Mark Peterson	Montgomery County Board of Supervisors	Yes
Chuck Morris	Page County Board of Supervisors	Yes
Marilyn Drake	Pottawattamie County Board of Supervisors	Yes
Steve Kenkel	Shelby County Board of Supervisors	Yes
TBD	Adults/Actively Involved Relatives of an Adult who Utilizes Mental Health and Disability Services <i>(recommended by the regional adult mental health and disability services advisory committee)</i>	Yes
TBD	Parents/Actively Involved Relatives of a Child who Utilizes Children’s Behavioral Health Services <i>(recommended by the regional children’s behavioral health services advisory committee)</i>	Yes

TBD	The Regional Education System <i>(recommended by the regional children's behavioral health services advisory committee)</i>	Yes
TBD	Regional MHDS Adult Service Providers <i>(recommended by the regional adult mental health and disability services advisory committee)</i>	No
TBD	Regional Children's Behavioral Health Service Providers <i>(recommended by the regional children's behavioral health services advisory committee)</i>	No

C. Regional 28E Agreement Amendment

There is an existing regional 28E agreement between the counties in The Region. The Region is in the planning stages of identifying the time frames to amend and file the regional 28E agreement.

1. Process and Time Frames

Targeted Completion Date	Activity
3/23/20	Amend the Regional 28E agreement to include: <ul style="list-style-type: none"> • Updates indicating changes since the original July 2014 28E document including reference to finances, distribution of assets, wind up of region, additional member counties, and member county removal. • Remove references to adults to indicate system is for all ages • Add additional board members to include new children membership requirements • Add reference to changes to board member voting structure • Change advisory committee structure, recommendation and appointment to include a children's committee • Include reference to Service Coordinators for both children and adult populations as part of the region's staffing
6/19/20	Obtain all required approvals/signatures for 28E
6/26/20	File the Regional 28E agreement with the Secretary of State.

D. Regional Staff Changes

The Region is in the planning stages of identifying staffing needs by the Region to implement the new children's behavioral health services coordinator requirements and other anticipated staffing needs, including timeframes.

1. Process and Time Frames

<u>Targeted Completion Date</u>	<u>Activity</u>
7/1/20	The Region currently has 5 FTE Service Coordinators with a wealth of experience working with children. They meet the guidelines for Coordinator of children's behavioral health services. The region will utilize current Service Coordinators at the outset of this new region management system that serves all ages. As the need for additional Service Coordinators warrants, the region will add additional Service Coordination staff.
7/1/20	The region also has a designated Intake and Referral Coordinator. This staff member will continue with such duties and if there is a need to hire additional assistance for this position due to significant increased call volume, the region board will be asked to fill this additional position.
7/1/20	The leadership team of the region currently consists of one CEO and two Disability Services Directors. No changes are foreseen.
7/1/20	The region employs two additional Jail Based Service Coordinators, one Financial Coordinator, two Administrative Assistants, one Data Analyst, 1.5 FTE SOAR Service Coordinators and a .5 Mental Health Court Case Manager. No changes are foreseen for these positions.

E. Regional Management Plan Changes

The Region is in the planning stages of identifying the timelines and integration of the new children’s behavioral health services requirements into the Regional Policies and Procedures Manual and the Regional Annual Service and Budget Plan.

1. Process and Time Frames – Regional Policies and Procedures Manual

<u>Targeted Completion Date</u>	<u>Activity</u>
6/1/20	<p>Amend the Regional Policies and Procedures Manual. Include or attach a summary of the changes to be made when submitted to DHS for the approval process.</p> <p>Changes will include at minimum the following items:</p> <ul style="list-style-type: none"> • Application and enrollment procedures including diagnostic and financial eligibility (including copayments) for children requesting behavioral health services. • Changes in the information technology and data management system to incorporate children. • Addition of “education” to performance and outcome measures for targeted case management and service coordination services. • Review and update regional waiting list policy. • Addition of new children’s services to plan Service Matrix. • Changes to Region Governing Board membership. • Addition of Children’s Advisory Board. • Addition of coordinator of children’s behavioral health services to the administrative team.
6/20/20	Submit Amended Regional Policies and Procedures to Advisory Boards for review and recommendation to approve.
7/6/20	Submit Amended Regional Policies and Procedures to Governing Board for approval.
7/6/20?	Submit Amended Regional Policies and Procedures to DHS for approval.

2. Process and Time Frames – Annual Service and Budget Plan

<u>Targeted Completion Date</u>	<u>Activity</u>
4/1/20	<p>Update the Annual Service and Budget Plan framework. Changes will include:</p> <ul style="list-style-type: none"> • List of the local access points for the children’s behavioral health services. • Service coordination entities for children seeking services regardless of funding source. • Children’s behavioral health core services and planned implementation time frames. • Identification of and budget for required core children’s behavioral health services • Addition of the children’s behavioral health services provider network.