CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP

October 29 and November 2, 2015
Hoover Building, Cabinet Room
1305 E. Walnut St, Des Moines, Iowa
MEETING MINUTES

CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP MEMBERS PRESENT:

Gail Barber
Lynn Bopes
Sarah Brown
Susan Christensen
Wayne Clinton
Jerry Foxhoven
Erin Drinnin
Anne Gruenewald
Phyllis Hansell
Marcus Johnson-Miller
Senator Liz Mathis
Vickie Miene
Krista Moellers
Charles Palmer
Kim Scorza
Senator Mark Segebart
Rick Shults
Renee Speh
Michele Tilotta
Shanell Wagler

WORKGROUP MEMBERS ABSENT:

Representative David Heaton
Scott Hobart
Tammy Nyden
Wendy Rickman
Representative Art Staed
David Tilly

The Workgroup subcommittees held two separate meetings in lieu of their scheduled meeting for October 29th. The Children's Well-Being Subcommittee held a conference call on October 29th, and the Children's Mental Health Subcommittee held a meeting on November 2 in Room G19 at the Iowa Capitol Building. These minutes combine those two meetings.

Children's Well-Being Subcommittee
Anne Gruenewald thanked the subcommittee for making time for a conference call and led introductions at 10:00 am. The subcommittee reviewed work they had done since the last meeting.

Shanell Wagler had met with Kathy Leggett from Blank Children's Hospital to talk about the primary care model and things the hospital has found effective. This work is similar to First 5, but more specific. Kathy Leggett had said she would share a packet of information.

The subcommittee discussed "homework" they had done with regards to framework. Phyllis Hansell expressed interest in focusing a framework to the context of children interacting with state agencies trying to help them.

The subcommittee had considered guiding principles for Children's Well-Being systems. The core values were as follows:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

There are fourteen additional principles that are included in the full document which is attached and available on the Children's Mental Health and Well-Being Workgroup webpage.

The subcommittee also wanted to consider case-studies with which to test the system they design. Bob Lincoln developed a PowerPoint presentation with the case studies. The PowerPoint presentation is attached and available on the Children's Mental Health and Well-Being Workgroup webpage.

The subcommittee held a discussion to identify a possible target population for a pilot of this system. There was consideration on age ranges, and either focusing on children under five years old, or school-aged children. There was discussion in favor of both areas that included intervening where youth are already having trouble, or preventing youth from entering the system with early identification and support. It was noted that 20% of children likely to enter foster care have interacted with the system in their first five years.

Shanell Wagler offered to work with IDPH to examine Iowa's population under five years of age and identify supports that are already in place. There was discussion about the differences between children's mental health services and adults' mental health services. Phyllis Hansell noted that services for teenagers will be very similar to adult services whereas younger children have very different needs. There was a suggestion to identify the children with the most acute needs, and work backward to find ways to prevent children from escalating to that level.

The subcommittee discussed operational elements of a children's system. While the system involves multiple departments, the consensus was that it should have a clear home. The subcommittee considered MHDS regions being a center for operations, but there was concern about all fourteen regions being equipped to be a home for children's services as well. One suggestion was to find consistent elements between departments such as case management, policies and procedures, eligibility criteria, consent, and universal assessments. It was agreed that a children's system should have flexible funding that allows for allocation to meet needs.

The subcommittee discussed cross-cutting case management. Director Palmer suggested using a different term as there are many kinds of case management being used by many different entities in very different ways. A case manager in a children's system should be a single point of contact for families, and should have a clear line of authority. It is important that service providers respect the recommendations of a case manager.

The meeting adjourned at 11:35 am

Children's Mental Health Subcommittee

Jerry Foxhoven thanked the members of the subcommittee for making time for this meeting and led introductions. Wayne Clinton said he appreciated the group's work to focus the system around the child and the family.

Jerry Foxhoven began by saying that one of the main challenges to this group will be deciding on who will govern this system, and how it will be funded. Senator Mathis agreed and said that counties have not previously had any involvement in child welfare, and asked DHS if they could provide an explanation on how MHDS regions are organized.

There was discussion on ensuring the children that consume crisis services are referred to providers of more community-based services to help the child resume a normal life. There was interest in having a "warm hand-off" from crisis providers to outpatient and community-based providers.

The subcommittee discussed a draft service list presented by Rick Shults. All of these services would be delivered through a system of care approach. The following is a brief summary of the discussion on the services list:

Under Prevention, Early Identification, and Early Intervention:

- Behavioral health and substance use education
    - Include core training on adverse childhood events (ACEs) and trauma informed care for community members who work with children such as bus drivers and librarians.
    - Educate children and youths so they may act as natural supports for their peers.
- Primary care screening for mental health and substance use disorder
    - Add pre-natal care providers to the list of primary care providers who should be trained to perform crisis screenings.

Under Behavioral Health Treatment

- Assessment and Evaluation
    - There was discussion on expanding behavioral health assessments to whole health assessments. There were concerns that this may lead to scope of practice issues.
    - A possible compromise would be to refer the individual to a primary care provider for a physical health evaluation.
- Medication Prescribing and Management
    - Minnesota has collaborative psychiatric services to ensure that care teams are knowledgeable about mental and behavioral health as well as their specialties. There was concern over adequate workforce and possible drug-seeking.
    - There was a typographical error in the last sentence. Licensed professionals would investigate potentially criminal activities.
    - The subcommittee wanted to make note of the current mental health workforce shortage in Iowa in the final report.
- Individual, group, and Family Therapy
    - There was a consensus that therapy follows evidence-based practices, and specifically evidence-based practiced with fidelity measures.

Under Recover Supports

- Respite Care
    - The subcommittee noted that there are overlays between respite care and resource homes. However, they have different processes and are paid for in different ways.

The next meeting of the Children's Mental Health and Well-Being Workgroup will be on November 12, 2015 from 10:00 am to 3:00 pm. This will be a full meeting with both subcommittees and begin in the Ronald Reagan Committee Room, Room G19 in the Iowa Capitol Building.

The meeting was adjourned at 12:00 pm.