

# CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP

October 8, 2015 – 10:00 am to 3:00 pm  
Iowa Capitol Building, Room G19  
1007 E. Grand Ave, 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  
Scott Hobart  
Marcus Johnson-Miller  
Senator Liz Mathis

Vickie Miene  
Krista Moellers  
Tammy Nyden  
Charles Palmer  
Wendy Rickman  
Kim Scorza  
Rick Shults  
Renee Speh  
Representative Art Staed  
Michele Tilotta  
Shanell Wagler

## WORKGROUP MEMBERS ABSENT:

Representative David Heaton  
Senator Mark Segebart

David Tilly

**The Workgroup meeting on October 29<sup>th</sup> has been canceled. The Workgroup subcommittees will be meeting separately before the November 12 full meeting. Peter Schumacher will give notice of the separate subcommittee meetings as they are scheduled.**

### Welcome and Introductory Remarks

Charles Palmer welcomed the Workgroup and led introductions.

Director Palmer thanked the group for their work in the last meeting. The Children's Mental Health subcommittee will continue working to define children's mental health crisis services and designing crisis intervention systems. The Children's Well-Being subcommittee will further examine the current state of children's well-being systems in the state, and work to

The Workgroup separated into the two subcommittees to work on their respective sections of the Workgroup's charge.

### Children's Mental Health Subcommittee

The subcommittee reviewed materials that were collected by the division of Mental Health and Disability Services since last meeting. Materials included Medicaid statistics on how many children are served by various programs and Medicaid health services compared to the Hawk-I program and private insurance. The subcommittee also reviewed children's mental health services in place in other states such as Minnesota, Texas, and Kentucky.

The subcommittee also revisited the definition of mental health crisis. There was concern that the phrase “A danger to themselves or others” is narrow and carries a negative connotation that may increase stigma. The subcommittee agreed up an alternative definition “lacking immediate internal and external resources that place the child at risk of maintaining a healthy and safe environment.”

The subcommittee looked at children’s crisis services in Minnesota as a template for Iowa. The subcommittee described the process by which a child would interact with a full children’s mental health crisis intervention system including the first contact, assessment, intervention, and stabilization.

There was consensus that the first contact needs to be immediately available twenty-four hours a day and seven days a week such as a hotline. There should be a standardized screening guide with levels of seriousness that can be used statewide. The hotline should gather information, determine whether a crisis exists, identify the parties involved, and implement an appropriate response.

A crisis assessment is an immediate face-to-face evaluation by a physician, mental health professional, or mental health practitioner. The assessment will determine the individual’s presenting situation, underlying and coexisting conditions, and identify any immediate need for emergency services.

A crisis intervention is a series of face-to-face, short term, and intensive mental health services that are culturally appropriate and started during a mental health crisis or emergency in order to help the recipient.

Crisis Stabilization services are mental health services provided to a recipient after crisis intervention to help the recipient fully recover from a mental health crisis or emergency. These services will be available in the community, and be based on the individual’s crisis assessment. The stabilization services will follow a crisis treatment plan, and include family and care team meetings. There was discussion on a possible need for further assessment and referrals and updates to crisis treatment plans.

### **Children’s Well-Being Subcommittee**

Shanell Wagler presented trend data she had collected on children in poverty, founded cases of abuse, children in foster care, school dropout rates, and teen births.

Jeff Berger presented the 2014 Condition of Education Report. This report is generated every year and shows information on Iowa’s schools. Jeff presented this report to show the subcommittee how powerful the Department of Education’s data collection system is. The system can gather individual-level data as each student has an individual identifier that is not a social security number. In small groups, information can be suppressed to protect the privacy of students. These data could be shared between departments for very specific populations.

Wendy Rickman presented several materials from the Department of Human Services. Documents included service standards from the bureau of Adult, Child, and Family Services. These are provider-side standards that do not depend on outcomes for the child or family. Wendy also shared documents showing the complexity that foster parents and families work with. Many children or families interact with multiple systems, and may have several case managers or other workers who they must meet with on a regular basis. Wendy also shared a document showing the various funding streams the Department of Human Services has, and

the very specific guidelines for those funds. Wendy expressed concern that rigid and complex funding is a barrier to the integration of services and supports.

Bob Lincoln shared materials on the infrastructure of what the County Social Services region is doing in terms of services and supports for families and options counseling. Options counseling is a service that helps families navigate through complex systems of resources.

Bob Lincoln shared information on options counseling and what the County Social Services Region was doing to support individuals at various levels of care.

Director Palmer urged the subcommittee to think about what an overarching system looks like. What are the essential elements? What is the problem with the current system that this workgroup is trying to solve? Why is it a problem? Answering these questions will help the subcommittee build the necessary framework for the general system.

Gail Barber spoke about children and adolescents in various types of placements in the judicial system. She noted that over the years, the number have remained relatively constant.

There was discussion on the need to build a broad framework that will be applicable across children's mental health services, education, juvenile justice, child welfare, and all supports for children's well-being. Bob Lincoln suggested working from a collection of case-studies that participate in children's well-being in a variety of ways to examine how a framework would function practically.

The subcommittee discussed work to be completed for the next meeting. Three major projects were identified; a framework for the beginning of their report consisting of an identification of the problem the subcommittee is trying to solve, an explanation of why it is a problem, and reasons why this problem hasn't been solved, a selection of case-studies that can be used to test the subcommittee's framework, and an outline of the guiding principles behind the framework.

### **Full Committee Reconvened**

The full workgroup reconvened and reported their progress. Representative Staed asked if this system would be part of the IA Health Link system. Director Palmer answered that the governance of the system would be discussed by this workgroup. If the system includes the networks from IA Health Link, their contracts can be amended as necessary. Director Palmer stressed the need to have specific recommendations for the legislature.

Wayne Clinton expressed an interest in this workgroup remaining in existence after the report is submitted. There is a significant amount of work to be done, and a very short timeframe in which to do it.

### **Public Comment**

Kathy Leggett from Blank Children's Hospital spoke about the importance of early detection and prevention. She urged the Workgroup to look at the primary care system as a possible model for children's mental health services and supports. She said that it is essential to help parents in order to help children.

The meeting was adjourned at 3:00 pm.