

CHILDREN'S MENTAL HEALTH AND WELL-BEING WORKGROUP

September 24, 2015 – 10:00 am to 3:00 pm
Iowa Capitol Building, Room 103
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
Representative David Heaton
Scott Hobart

Senator Liz Mathis
Vickie Miene
Tammy Nyden
Charles Palmer
Wendy Rickman
Kim Scorza
Rick Shults
Renee Speh
Representative Art Staed
Shanell Wagler

WORKGROUP MEMBERS ABSENT:

Phyllis Hansel
Marcus Johnson-Miller
Senator Mark Segebart

David Tilly
Michele Tilotta

We have been made aware of events that conflict with the scheduled meeting of the workgroup on October 29th. Please let Peter Schumacher know if you have conflicts and cannot attend the October 29th meeting. The Department is considering scheduling options.

Welcome and Introductory Remarks

Charles Palmer welcomed the Workgroup and led introductions.

Director Palmer explained the charge of the Workgroup and why the group was separated into two subcommittees. The Children's Mental Health Subcommittee will focus on children's mental health services and developing a children's mental health system. The Children's Well-Being Subcommittee will be examining broad systems around children that contribute to healthy and well children.

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 addressed children's mental health crisis needs. The group defined mental health crisis as "Due to a child or youth's mental health condition, the child is likely to harm him/herself or others, or has no place to go that can successfully address the mental health condition. SAMHSA (Substance Abuse and Mental Health Administration) could also be a resource to assist with defining children in crisis.

The Subcommittee discussed several crisis services that could be utilized in a children's system. These services included mobile crisis response teams, integrated health home, safe and secure shelter-type beds, effective education, mental health first aid training especially in schools, therapeutic foster care, trained mental health counselors in schools, peer support for youth, family support, and twenty-four hour hotlines.

The Subcommittee discussed characteristics of crisis services. It was agreed that crisis services need to be available twenty-four hours a day and seven days a week, must not reject individuals needing treatment, and utilize trauma informed care.

The Subcommittee discussed possible entry points for early crisis services including hospital and/or clinic emergency departments, police departments and other first responders, schools, primary care physicians, and parents.

The Subcommittee discussed barriers to developing children's crisis response services. There is a general mental health workforce shortage in Iowa. There was a suggestion to use primary care physicians more effectively through billable peer counselling to address this shortage. Underinsurance is another significant barrier as private insurance does not cover family support, in-home support, or respite care. Privacy laws prevent health information from being shared between health providers.

Children's Well-Being Subcommittee

The Subcommittee reviewed the Children's Well-Being Committee packet. The packet included a tentative timeline for the Subcommittee's portion of the report as well as several statistics on Iowa's children's services.

The Subcommittee discussed the disconnected services currently available to children. Many children are involved with several systems within the state. The Subcommittee emphasized the importance of maintaining and supporting families in raising healthy and well children.

The Subcommittee discussed barriers that make linking disconnected activities difficult. Those barriers included grants that require funds be used for certain services and certain populations, issues that reach across departments such as poor school performance due to poor nutrition, and privacy laws that restrict how information about children can be shared across state departments.

One question the Subcommittee had was whether there were currently enough dollars for this system reform currently, or would more be needed? Does the money just need to be moved, or does it need to be raised?

The Subcommittee resolved to come to the next meeting with specific examples of funding hurdles they had in their departments as well as practical hurdles that inhibit collaboration between departments. Page Walley volunteered to research what was being done in other states for comparison.

Full Committee Reconvened

The Children's Mental Health and Children's Well-Being Subcommittees reported their progress to the full workgroup. Director Palmer thanked the workgroup for a productive first meeting, and asked members to work through their subcommittee co-chairs with any questions, input, or information.

Director Palmer encouraged the group to think about the question of governance. He identified three things that this workgroup will need to lay out in its report: what needs to be done, the cost, and who will make the decisions.

Public Comment

There was no public comment offered.

The meeting was adjourned at 3:00 pm.