

The Children's Mental Health and Well-being Committee Recommendations to the Children's State Board

6.12.18

Summary of Recommendations

The Children's Mental Health and Well-being Advisory Committee recommends and expects:

- Every member of the Children's System State Board agrees to sign a letter of commitment stating that they have read all the included materials, seek outside consultation, have a sincere desire to actively participate, and passion to implement and be accountable for the children's statewide system
- A children's mental health and well-being system will be fully implemented within at least five years built on the principles of local service delivery, area governance, and statewide standards.
- The Children's State Board's five year strategic work plan due November 15, 2018 that develops and implements within the first eighteen months at least:
 - Concrete and transparent accountability measures that ensure all elements of work plans are accomplished
 - Local Area Boards within a year
 - Structures and services already demonstrated by projects associated with advisory committee
 - Funding for a children's system and services for SFY2020
 - Statute changes that codify the state board, area boards, and required core services
 - Statewide accountability standards and performance measures
 - Next steps for areas of the children's system not addressed by the Workgroup including but not limited to:
 - Children with complex service needs
 - Data sharing
 - Juvenile justice
 - Schools
 - State and local outcomes data sharing and analysis
- The work of the advisory committee and associated projects be fully funded and implemented beginning in month eighteen and fully implemented by year five as reflected in the crosswalk and detailed reports. All remaining services identified by the advisory committee will be implemented in five years.

Additional details regarding these recommendations can be found in the attached reports.

Executive Summary

Background

The Children's Mental Health & Well-being Workgroup (Workgroup) was formed in 2015 by legislative direction to facilitate a study and make recommendations regarding children's mental health and the systems that assist children and families in Iowa. The Workgroup submitted recommendations to the Governor and General Assembly in 2015 and 2016. The Workgroup transitioned to an advisory committee in 2017 and presented their recommendations to the Health and Human Services Joint Budget Subcommittee.

Introduction

The Workgroup has concluded that:

- Children and families needing mental health and well-being services and supports include more than treating the child's mental health symptoms
- Children's mental health and well-being cannot be compartmentalized and addressed separately from the rest of a child's life.
- Children must be served and supported in the context of their family, school, and community at large with the child's family being the most critical core component.
- A children's system must use an effective cross-systems approach with all involved entities, through providing or advocating for children and families' mental health and well-being services and supports.

Children's Mental Health and Well-being Projects

Children's Mental Health Crisis Pilots

In 2016, the Department of Human Services (Department) released a Request for Proposal to fund two planning grants for Children's Mental Health Crisis Services. Seasons Center for Behavioral Health (Seasons Center) and Youth and Shelter Services – Francis Lauer (YSS) were the successful bidders. The crisis grant contracts ended on June 30, 2017. A summary report including recommendations and service gaps as well as reports from each of the crisis pilots can be found in section 4.

Children's Well-being Learning Labs

In 2016, the Department began the process to form a multi-site learning network for the purpose of studying existing systems of care that have successfully implemented a framework for well-being focused system integration. The Department secured funding through a grant from Casey Family Programs to support the study and released an RFP to solicit bids from systems of care interested in acting as a children's learning lab. Four Oaks Family and Children's Services – TotalChild system of care and The University of Iowa, Child Health and Specialty Clinics – Pediatric Integrated Health Home program were the successful bidders. The Learning Lab contracts ended on December 31, 2017. Reports from each of the learning labs can be found in section 4.

Children's Well-being Collaboratives

In 2017, the Department released an RFP to fund up to three Children's Well-being Collaboratives (Collaboratives). The successful bidders were Prevent Child Abuse Iowa, Seasons Center, and YSS. The goal of the Collaboratives is to bring a broad cross-section of entities together in a defined geographic area to collaborate and cooperate in their efforts to build and improve the effectiveness of prevention, early intervention, and mental health services. The Collaborative contracts end on June 30, 2018. Reports from each of the Collaboratives can be found in section 4.

Children's State Board Charge

The Children's State Board was tasked with developing a strategic plan with specific recommendations to create and implement the children's system. In an effort to reduce duplication of work, the Workgroup has put together a chart of their previous work related to the elements of the strategic plan as described in the Governor's executive order.

Crosswalk of the Strategic Plan Components and the Workgroup's Previous Work

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Strategic Plan Component	Workgroup's Previous Work
Identify target populations to be served by the children's system	Children ranging in age from birth through 18 years of age with a full array of needs (Section 2, White Paper, pg. 2)
Analyze and identify services to be delivered locally to target populations to be served by the children's system	<p>Recommendations for core mental health services can be found in Section 2, White Paper, pg. 9. Four categories of services should include:</p> <ul style="list-style-type: none"> • Prevention, early identification, and early intervention <ul style="list-style-type: none"> ○ Mental health and substance use education ○ Primary care screening for mental health and substance use disorder • Mental health and substance use disorder treatment <ul style="list-style-type: none"> ○ Assessment and evaluation ○ Medication prescribing and management ○ Collaborative psychiatric consultation services ○ Crisis intervention and stabilization ○ Individual, group, and family therapy ○ Integrated health home care coordination ○ Intensive evidence-based treatment ○ Residential or inpatient treatment • Recovery supports <ul style="list-style-type: none"> ○ Family and youth support ○ Respite care ○ Attendant care ○ Family resource home ○ Education support • Community-based flexible support <ul style="list-style-type: none"> ○ Wraparound services
Analyze and design long-term sustainable funding structure for the children's system	Braid private funds with those available from several state departments. (Section 2, Power Point, slide 12)
Establish, as necessary or appropriate, any local area boards, commissions, or entities' membership components and governance expectations	Local Boards should be made up of members able to effect change, representative of all aspects of systems, and have sufficient family representation. A list of Local Board characteristics, responsibilities, and membership can be found in Section 2, White Paper, pg. 3.

Analyze and identify any legislative, regulatory, and policy ideas that are designed to improve children’s mental health in Iowa

- Codify the state board, area boards, and core services
- Funding request for SFY2020
- Develop legislation for a children’s system that incorporates:

Core Values

- Family driven and youth guided
- Community based
- Culturally and linguistically competent

Guiding Principles

- Ensure availability and access to a full array of individualized and strengths based services including care coordination
- Children and families are full partners in all aspects of the planning and delivery of services
- Evidence-based and promising practices are a part of services and supports
- Incorporate continuous accountability and quality improvement mechanisms at all levels of the system to track, monitor, and manage the achievement of goals

A full list of core values and guiding principles can be found in Section 3, 2015 Report, pg. 19.

State and local Outcomes and Measurements

- Children and families will experience improved well-being;
- Prevention, services, and supports will be more effective for children, families and the community at large; and
- Existing available resources will be used more efficiently.

Potential measures of effectiveness of core cross system services include:

- Improve domains such as basic needs, education and workforce, family supports, and community engagement;
- Increase school attendance and academic performance;
- Reduce the number of students with behavior issues related to mental health that are referred to child welfare and juvenile justice;
- Reduce the number of hospitalizations and residential stays;
- Reduction in medications unnecessarily prescribed; and
- Improve community prevention and early intervention services and resources.

More information can be found in Section 2, White Paper, pg. 1 & 5