



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

November 15, 2018

Charles Smithson
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Smithson:

Enclosed please find copies of reports to the General Assembly relative to the Children's System State Board Strategic Plan.

This report was prepared pursuant to the directive contained in Governor Reynold's Executive Order 2.

Please feel free to contact me if you need additional information.

Sincerely,



Mikki Stier
Deputy Director

Enclosure

cc: Kim Reynolds, Governor
Senator Amanda Ragan
Senator Mark Costello
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Kris Bell, Senate Democrat Caucus
Josh Bronsink, Senate Republican Caucus
Natalie Ginty, House Republican Caucus
Kelsey Thien, House Democrat Caucus

Iowa Department of Human Services



Children's System State Board Strategic Plan

November 15, 2018

Children's System State Board Strategic Plan

Executive Summary

Governor Reynold's Executive Order 2 issued in April 2018 created the Children's System State Board and directed the State Board to:

- Find concrete solutions to the unique challenges that exist relating to children's mental health in the State of Iowa;
- Study and consider existing information and data from previous working group's materials and reports;
- Collect and utilize new information and data;
- Develop and implement the Children's Mental Health System;
- Develop a strategic plan by November 15, 2018; and
- Oversee, implement, and maintain the Children's Mental Health System and provide technical advice or assistance to the Children's System or other governmental or non-governmental entities involved.

The State Board recommends that the 2019 General Assembly pass and the Governor sign legislation requiring the following that are described in more detail in the *Implementation Strategies and Initial Funding Needs* sections of this strategic plan:

- By July 1, 2020, age-appropriate, universal behavioral health screenings that determine whether a child needs behavioral health services¹ shall be provided at periodic intervals to Iowa's children and their families.
- Iowa's children with an identified need for behavioral health services shall have access to the right services by the right provider at the right time provided in the right amount to address the identified behavioral health needs through services in the following required set of behavioral health core services and supports domains developed by dates recommended in the body of the report:
 - Prevention, early identification, early intervention and community prevention;
 - Comprehensive crisis services;
 - Behavioral health treatment; and
 - Community-based flexible supports.
- Effective July 1, 2019, the Children's Behavioral Health System State Board (State Board) be codified in statute, beginning with language from Governor Reynold's Executive Order 2.
- Beginning July 1, 2019, the Department of Human Services shall support and carry out the directions of the State Board and direct and guide the regional governance system throughout the state.

¹ Behavioral health services includes mental health and substance use disorder treatment and support services

- Regional governance shall be designated as the point of responsibility and accountability for developing access to the required set of core services regardless of funding source by the dates specified in the body of the report.
- Stable, ongoing funding shall be identified and secured that maximizes available funds from all private, local, state, and federal sources beginning July 2019.
- By March 2020, administrative rules shall be written and adopted, in consultation with the Children’s Behavioral Health Board, for the following:
 - A universal screening process;
 - Minimum required services and access standards²; and
 - State and regional governance.

Introduction

The State Board used the following vision, mission, reason to act, and core value statements as a guide for its work.

Vision

All Iowa children will live safe, healthy, successful lives with their families and friends, and in their schools and communities and have access to an array of behavioral health core services and supports that they need.

Mission

The Children’s Behavioral Health System will improve Iowa’s well-being as a whole; build healthy, resilient children and families; and provide educational growth through an array of behavioral health services and supports across systems in Iowa.

Iowa will create and sustain a high quality Children’s Behavioral Health System driven by defined outcomes that provides comprehensive education and screening, effective services and supports, coordinated governance, and robust funding.

Reason to Act

The health, safety, and welfare of Iowa’s children are of utmost importance. Access to an array of services and supports is essential. The current children’s behavioral health system is inadequate to address our children’s behavioral health needs. Iowa has the opportunity to become a leader in children’s behavioral health services and as a result attract and retain residents and businesses.

² Access standards describe the maximum time and/or distance traveled to access a core service.

Core Values

The State Board's strategic plan is built around a Children's Behavioral Health System that has the following core values:

- Children's behavioral health and well-being requires a coordinated and accessible array of services and supports;
- Children must be served and supported in the context of their family, school, and community with the child's family being the critical component; and
- A Children's Behavioral Health System must use an effective cross-systems approach with all involved entities that advocate for children's behavioral health.

Implementation Strategies

The following components are intended to be a package and each component is required to build an effective, comprehensive Children's Behavioral Health System (Children's System) in Iowa.

Target Population

By July 1, 2020, the Children's System shall begin providing all Iowa children birth through 18 years of age universal, age appropriate, periodic behavioral health screenings (screenings). Children identified to be in need of behavioral health services and supports will receive the prevention, intervention, treatment and follow-up services they need. The Children's System shall coordinate services for individuals through age 23 when necessary for a smooth transition from the Children's System to the adult system.

Screening

Screening tools are simple, easy to administer checklists or questionnaires used for identifying biological and environmental factors that put some children at a higher risk for behavioral health conditions. These instruments are intended to be either predictive in nature for assessing at-risk tendencies or be diagnostic in nature to determine appropriate treatments or interventions. Screening tools are meant to identify the need for a referral for an appropriate, in-depth assessment to determine if behavioral health services are needed. Periodic screenings are essential for the early detection of behavioral health conditions since conditions can present at different stages of development.

Screenings shall be:

- Accessible to all children in Iowa;
- Administered at key developmental stages of childhood by qualified individuals after informed consent is given by the child's parent or guardian;
- Developmentally, age, gender, and culturally appropriate for the child or adolescent being screened;
- Linked to appropriate assessments and services;
- Valid and reliable in identifying children and adolescents in need of further assessment; and

- Administered at multiple locations including, but not limited to: schools, primary care clinics, and detention centers.

The Department of Human Services, the Department of Education, and the Department of Public Health shall coordinate efforts regarding the behavioral health screenings each state department currently require and/or provide and, in consultation with the Children’s Behavioral Health State Board, determine by rule which screening tools shall be used in Iowa.

By March 2020, administrative rules for screening shall be written and adopted, in consultation with the Children’s Behavioral Health State Board, which describes:

- When screenings will occur;
- Where screenings will be provided;
- Who will provide screenings; and
- What will be included in the screenings.

The screening tools that are selected shall be appropriate to the child with regard to age, gender, ethnicity, cultural background, sexual orientation, disability, or any other factor that would influence the developmental appropriateness of the instrument being administered. They shall be research-informed and evidence-based to ensure validity and reliability in identifying children and adolescents in need of further assessment.

Required Core Services

The Regional Governance shall be responsible and accountable to develop and make available the full array of behavioral health core services and supports for children and their families that meet accessibility standards by the dates indicated in the following chart:

Domain	Service – Including, But Not Limited To	Date
Prevention, Early Identification, and Early Intervention	<ul style="list-style-type: none"> • Universal, periodic behavioral health screening; and • Assessments 	July 2020
	Behavioral Health education and prevention	July 2021
	Primary care has access to behavioral health and disabilities consultation	July 2021
Crisis Services	Comprehensive behavioral health crisis services including mobile crisis intervention and crisis stabilization	July 2020
Behavioral Health Treatment	Medication prescribing and management	July 2020
	Care Coordination, Integrated Health Home services, and/or System of Care Coordination including assistance for system/service navigation	July 2020
	A statewide hotline that includes chat and text features and information about possible sources of behavioral health services	July 2020
	Outpatient individual and family therapy	July 2020
	Behavioral health support services (Including in schools)	July 2021
	Outpatient treatment in home and community-based settings	July 2021
	Therapeutic “foster care” and child care – without requiring a child in need of assistance (CINA) determination	July 2021
	Acute and sub-acute treatment	July 2021
	Transition-age youth services including education and employment related supports (i.e. vocational rehabilitation services)	July 2021
	Assertive Community Treatment	July 2021
	Behavioral Health Intervention Services	July 2021
	Family and peer support	July 2021
	In and out of home respite	July 2021
Community-based flexible supports	System of Care services	July 2020
	Services and supports as identified in a plan of care for youth and family	July 2021
	Assistance with transportation	July 2021

The State Board also recognizes the critical need to address workforce shortages across the state in the area of children’s behavioral health services. The State Board recommends workforce incentives be established by July 1, 2020 for professionals working in the behavioral health field. These incentives include:

- Support for the Future Ready Iowa Act and healthcare high demand jobs;
- Tuition reimbursement for contracted residence;
- Moving incentive for current professionals;
- Tax credits for professionals;
- Housing program for students/professionals;
- Forgivable student loans;
- Internships for students; and

- Creation of a fund to provide competitive grants to create new programs to increase the number of trained providers in Iowa for children’s behavioral health services.

By March 2020, administrative rules for the minimum required core services shall be written and adopted, in consultation with the Children’s Behavioral Health State Board, which describes:

- Required core services;
- Access standards for services;
- Eligibility for services; and
- Timeframes in which the services will be provided based on the chart above.

Administrative rules for services listed above shall include provision for the following:

- Expanding telehealth as a service delivery modality;
- Evidence based practices;
- Trauma informed treatment;
- Services that address reactive attachment disorder; and
- Services designed to meet the needs of children in foster care and special needs adoptions.

The following chart graphically displays the comprehensive behavioral health service array.

IOWA'S CHILDREN'S BEHAVIORAL HEALTH SERVICE AND SUPPORT ARRAY¹

All Behavioral Health Conditions

Moderately Severe Conditions

Acute Conditions

Severe Conditions

Prevention, education and outreach

Screening, assessment and evaluation

Individual, group and family therapy

Peer and caregiver education and supports

Integrate mental health and physical health care

Medication management

Integrated mental health and substance use disorder treatment

Care Coordination such as Integrated Health Homes

Education, employment, housing and support services

Supports, skill building, wellness and recovery

Juvenile justice

Crisis intervention and stabilization

Assertive Community Treatment/Intensive wrap-around services

Residential support

Inpatient hospital psychiatric

Service Array derived from NAMI "Adult Mental Health Service Array" and should include substance use disorder treatment at every level.

Governance

State and regional governance is necessary to guide, oversee and direct the development and implementation of a Children's System. The State Board will provide a vision for the system as well as leadership functions to create an efficient, collaborative system of programs and supports for Iowa's children and families. The Regional Children's Behavioral Health Boards (Regional Children's Boards) will provide the administration and management needed to ensure equitable access to services and supports throughout the state.

The Children's Behavioral Health System Board (State Board)

Enact language regarding the establishment and duties of the State Board including membership, roles, responsibilities, and system accountability. Language from Governor Reynold's Executive Order 2 regarding board membership shall be utilized.

Language to support the State Board establishment and duties shall also include:

- Board membership including guidance on terms and number of meetings per year;
- Oversight of the Regional Children's Boards and Advisory Committees;
- Create a strategic plan to support the Children's System with specific items to be addressed;
- Develop guidance regarding the required set of core services and supports established for the Children's System;
- Development of statewide standards and promote evidence-based strategies;
- Development of statewide performance and outcome measures and/or data requirements
- Establish an integrated data system;
- Approve geographic boundaries of regional and service delivery system; and
- Submit an annual report with required items to be reported on to the Governor and General Assembly

Department of Human Services

The Department of Human Services shall dedicate adequate staff to provide administrative support for the implementation of the Children's System. The responsibilities of the Department include, but are not limited to:

- Providing leadership, facilitation, communication, and coordination for the Children's System;
- Working with private sector, foundations, insurance, and other entities for this system to establish sustained funding;
- Managing, in coordination with the State Board and Regional Children's Boards, the federal mental health block grant funds designated to serve children;
- Coordinating, administering and managing any state funding and other moneys made available to the Regional Children's Boards;
- Staffing for the State Board;
- Representing the State Board with Regional Children's Boards;
- Reporting requirements;

- Implement administrative rules for this section in Law; and
- Addressing disputes as necessary.

The Regional Children's Behavioral Health Boards

The Regional Children's Boards shall be built on the already existing administrative and geographic structure of the mental health and disability services (MHDS) regions. The State Board recognizes that each MHDS region already has an existing governance board and recommends that the existing governance boards be allowed to choose from the following two options when adding the children's system to the boards' responsibilities.

Combined Board

The existing MHDS Regional Boards shall also be the Regional Children's Board for the Children's System. The MHDS Regional Boards shall fulfill all of the requirements and responsibilities of developing, implementing, making accessible, and, where specified, funding children's behavioral health services.

The Regional Children's Board shall be locally overseen and assisted in its Children's System responsibilities by a Children's Regional Advisory and Oversight Committee. The Regional Children's Behavioral Health Advisory and Oversight Committee (Children's Regional Advisory and Oversight Committee) shall be made up of participant members similar to the State Board that are:

- Empowered to effect change;
- Representative of all aspects of the service system; and
- Representative of diverse families.

The MHDS Regional Board shall include members of the Children's Regional Advisory and Oversight Committee as voting members on the Board. The minimum number of Children's Regional Advisory and Oversight Committee members included as voting members on the MHDS Regional Board shall be proportional to the amount of funds available for children and adult services. The Children's Regional Advisory and Oversight Committee members included as voting members to the MHDS Regional Board shall not have a conflict of interest regarding funding decisions of the Board.

The Children's Regional Advisory and Oversight Committee shall report to the State Board through the Department of Human Services an evaluation of the MHDS Region's performance in its duties related to the Children's System no less than once per year. The Department of Human Services shall summarize such reports, any Regional Children's Board responses to the reports, and recommendations to the State Board, Governor and General Assembly.

Separate Boards

The MHDS Region shall establish a separate regional children's board made up of cross system participant members similar to the State Board that are:

- Empowered to effect change;
- Representative of all aspects of the service system; and

- Representative of diverse families.

The separate Regional Children's Board shall fulfill all of the requirements and responsibilities of developing, implementing, making accessible, and, where specified, funding children's behavioral health services.

The MHDS regional chief executive officer (CEO) shall equally report to a Regional Children's Board related to children's behavioral health services and supports. The Regional Children's Board and the MHDS Region adult governance board shall share equally in the supervision of the CEO.

The Regional Children's Board shall be locally overseen and assisted in its Children's System responsibilities by a Children's Regional Advisory and Oversight Committee. The Children's Regional Advisory and Oversight Committee shall be made up of participant members similar to the State Board that are:

- Empowered to effect change;
- Representative of all aspects of the service system; and
- Representative of diverse families.

The Regional Children's Board shall regularly seek the Children's Regional Advisory and Oversight Committee's guidance through consultation and scheduling members of the Children's Regional Advisory and Oversight Committee to speak at each meeting of the MHDS Regional Children's Board meeting.

The Children's Regional Advisory and Oversight Committee shall report to the State Board through the Department of Human Services an evaluation of the MHDS Region's performance in its duties related to the Children's System no less than once per year. The Department of Human Services shall summarize such reports, any Regional Children's Board responses to the reports, and recommendations to the State Board, Governor and General Assembly.

*Regional Children's Board's Responsibilities – Regardless of How the Board is Formed
Administrative Responsibilities*

Regional Children's Board's administrative responsibilities shall include, but not be limited to:

- Developing access to required behavioral health core services and supports that meet access standards regardless of the source of funding;
- Actively seeking guidance and accepting oversight from the Children's Regional Advisory and Oversight Committee;
- Administering funds provided for the Children's System in a separate account;
- Collecting and reporting data to the Children's Regional Advisory and Oversight Committee and State Board;
- Receiving and incorporating provider and family input in the decision making process;
- Completing needs assessments as directed by the State Board;
- Facilitating transitions from Children's System to adult systems;
- Funding services for eligible children; and
- Employing one or more staff directly responsible to the MHDS Region CEO.

Funding Responsibilities

Regional Children's Board's funding responsibilities include at a minimum:

- Establishing a screening process as a preventative strategy that is not subject to eligibility criteria; and
- Funding needed behavioral health services for children that meet the following eligibility criteria:
 - Identified through screening as being in need of behavioral health services;
 - Not covered by Medicaid, private insurance or other available public or private insurance that covers the needed services; and
 - Have a household income level equal to or less than 500³ percent of the federal poverty level.

By March 2020, the Department of Human Services shall write and adopt rules, in consultation with the Children's Behavioral Health State Board, for the responsibilities of the Regional Children's Boards and the Children's Regional Advisory and Oversight Committee.

Funding

A stable funding source must be identified and utilized for the development and maintenance of the Children's System since funding will be the driver for developing the system.

The following funding sources are already being used to pay for children's behavioral health services:

- Private insurance;
- Medical assistance program;
- Iowa Department of Education;
- Iowa Department of Public Health (i.e. substance abuse treatment);
- Juvenile Justice;
- MHDS Regions;
- Community Mental Health Block Grant; and
- Substance Use Disorder Block Grant.

The following provide opportunities to optimize funding for children's screening and behavioral health services:

- Children's screening and behavioral health core services and supports shall be defined, to the extent possible, to qualify for reimbursement from private insurance and Medicaid;
- The various state departments that provide funding for children's behavioral health services shall be directed to analyze and coordinate funding for children's screening and behavioral health services so it is used in the most efficient manner possible.

³ 500 percent aligns with the sliding fee schedule already in place for the Autism Support Program

Services not covered by private insurance or Medicaid or services provided to individuals not covered by private insurance or Medicaid that meet the eligibility criteria shall be paid by public funds consisting of a combination of:

- General fund appropriations; and/or
- Property tax levy designated.

Initial Funding Need for Services

The State Board recommends that the 2019 General Assembly and Governor consider the following initial funding proposals as a beginning to funding the Children's Behavioral Health System in state fiscal year 2020. The actual cost of each proposal will be determined through fiscal notes provided through the Legislative Services Agency.

Eliminating the Children's Mental Health (CMH) Home and Community Based Services Waiver Waiting List

Funding shall be provided beginning July 1, 2019 to eliminate the CMH waiver waiting list by July 1, 2020. The CMH waiver is currently capped at 1,014 children served. As of August 2018, 1,035 children are approved for a CMH Waiver and 882 children are on the waiting list for the CMH waiver funded services and supports. Not all children on the waiting list will meet level of care when offered access to the CMH Waiver.

Expanding Systems of Care (SOC) Programs

The SOC program shall be expanded to serve all Iowa children that need the service by July 1, 2020. There are currently four SOC programs serving 531 children in fourteen counties. SOC programs serve non-Medicaid eligible children or youth age 0-21 who meet the criteria of having a serious emotional disturbance (SED) and are in need of care coordination and community supports not otherwise available. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides estimates of the prevalence of SED for children ages 9-17 in each state. The estimate for the lowest level of functioning (LOF) score of 50 is 18,615 children.

Required Services

Funding shall be provided for the cost of providing the following required core services where it is not already available and funded:

- Universal screenings, and assessments;
- Comprehensive behavioral health crisis services including mobile crisis intervention and stabilization;
- Medication prescribing and management;
- Care Coordination, Integrated Health Home services, and/or System of Care Coordination including assistance for system/service navigation;
- A statewide hotline that includes chat and text features and information about possible sources of behavioral health services;
- Outpatient individual and family therapy; and
- System of care services.

Appendix A: Board Activities and Membership

Board Activities

The Children System State Board, chaired by the Department of Human Services and the Department of Education and comprised of a diverse membership (see chart below), conducted its work during four open public meetings on August 26, September 27, October 26, and November 8, 2018. The Board reviewed work done by previous groups on children’s mental health as well as information gathered from nine regional listening posts, an online listening post, and a survey that was widely distributed throughout the state.

BOARD MEMBER	REPRESENTS
Jerry Foxhoven (Co-Chair)	Department of Human Services
Dr. Ryan Wise (Co-Chair)	Department of Education
Andrew Allen	Child Welfare Provider
Darci Alt	Chief Operating Officer of Mental Health Disability Region
Gerd Clabaugh	Department of Public Health Designee
Melanie Cleveringa	K-12 Designee
Dr. Troyce Fisher	K-12 Designee
Jeff Herzberg	Iowa Area Education Agency Designee
Scott Hobart	Iowa State Court Administrator Designee
Peggy Huppert	Children’s Health Organization Advocate
Carol Meade	Iowa Hospital Association Designee
Mary Neubauer	Parent or Guardian of a Child with Serious Emotional Disturbance
John Parmeter	Iowa Mental Health and Disability Services Commission Designee
Okpara Rice	Child Welfare Provider
Jason Sandholdt	Law Enforcement Designee
Dawn Schott	Iowa Juvenile Court Detention Center Designee
Monica Stone	Department of Human Rights Designee
Beth Townsend	Department of Workforce Development Designee
Dr. Joyce Vista-Wayne	Children’s Mental Health Provider
Shanell Wagler	Early Childhood Iowa Designee
Representative Michael Bergan	Speaker of the House (non-voting)
Senator Jeff Edler	Senate Majority Leader (non-voting)
Representative Mary Mascher	House Minority Leader (non-voting)
Senator Liz Mathis	Senate Minority Leader (non-voting)