



Accessing Mental Health Services in Iowa: Serving Children and Youth in their Homes, Schools, and Communities

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Overview of the Workshop

- Introduction
- Expectations of the workshop
- Identification of knowledge or service gaps that you would like information about
- Review of national and state data re: children's mental health needs.
- Overview of outpatient, wraparound, system of care, remedial, and children's mental health waiver programs
- Funding of services
- Questions, comments, review and conclusions

Why do children need coordinated school/community based mental health?

- National statistics - the National Center for Children in Poverty- www.nccp.org.
- In 2007, 3.1 million youth (12.7 percent) received treatment or counseling in a specialty mental health setting for emotional or behavior problems. An additional 11.8 percent of youth received mental health services in an education setting, along with 2.9 percent who received services in a general medical setting.
- Only 29 percent of youth expressing suicide ideation in the prior year received mental health services.

Continued...

- Forty percent of children and youth in need of mental health services do not receive those services. (National Survey of Child Health 2007)
- The majority of lifetime mental illnesses begin in childhood. According to the *National Comorbidity Survey Replication*, half of all diagnosable cases of mental illness begin by age 14. The survey results also showed that untreated mental disorders in youth can lead to more severe and difficult to treat mental illness in adulthood.

Mental Health Affects Educational Success

- Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade—a factor partly attributed to lack of attention to social-emotional needs.
- Children and Youth with mental health problems are more likely to be suspended, expelled, absent, and unhappy at school.
- Youth in high school with mental health problems are more likely to fail or drop out of school, at a higher rate than peers with other disabilities. (National Center on Children and Poverty)

The Iowa Statistics Regarding Children's Mental Health Needs

- Suicide is the second leading cause of death for youth ages 15-24 in Iowa, according to the Iowa Department of Public Health (Vital Statistics 2008, Table 16)
- Iowa Youth Survey Data also identifies that suicidal ideation and attempts are a serious problem for Iowa youth, especially females. Females in 8th and 11th grades consider or attempt suicide at a rate that is significantly higher than that of males.
(www.iowayouthsurvey.org)

Iowa Youth Survey • State of Iowa Results (weighted)

In the last 12 months, did you make a plan about how you would attempt suicide?

IYS Question B53	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female
	Yes	5%	5%	5%	10%	7%	13%	12%	9%	15%	9%	7%
No	95%	95%	95%	90%	93%	87%	88%	91%	85%	91%	93%	89%
Percent who answered question	97%	97%	97%	98%	98%	99%	99%	99%	99%	98%	98%	98%

Iowa Youth Survey • State of Iowa Results (weighted)

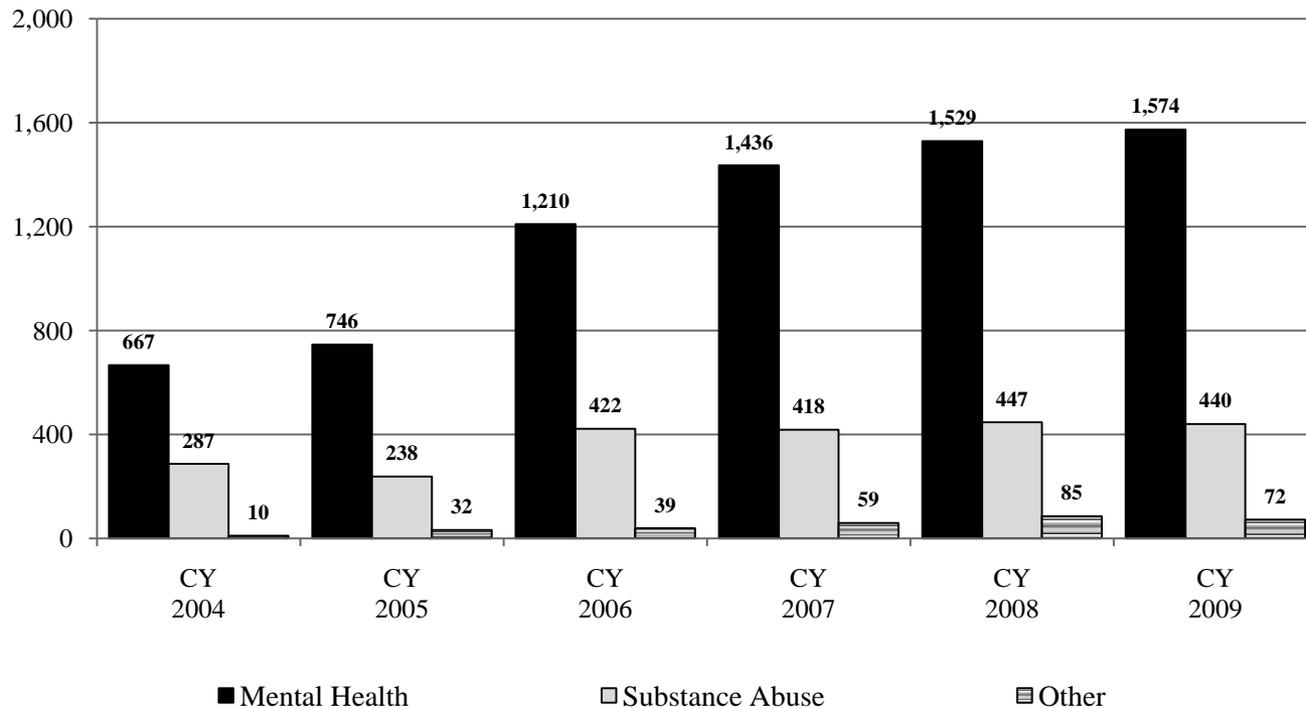
Have you ever tried to kill yourself?

IYS Question B54	6th Grade			8th Grade			11th Grade			All Grades		
	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female
	No	94%	94%	94%	90%	93%	87%	87%	91%	83%	90%	92%
Yes, once	4%	4%	4%	6%	5%	8%	7%	5%	9%	6%	5%	7%
Yes, twice	1%	1%	1%	2%	1%	2%	3%	1%	4%	2%	1%	2%
Yes, three or more times	1%	1%	1%	2%	2%	3%	3%	3%	4%	2%	2%	3%
Percent who answered question	98%	98%	98%	98%	99%	99%	99%	99%	99%	98%	98%	99%

More Iowa Data...

- In estimates provided to the state by SAMHSA, the prevalence of serious emotional disturbance, (a mental health diagnosis plus significant functional impairment) ranges from 17,701 to 38,943 which equates to 5-11% of the population of children ages 9-17.
- According to the National Survey on Drug Use and Health 2004-05, 8% of Iowa youth ages 12-17 reported at least one major depressive episode in the year prior to the survey.
- 25% of Iowa children ages 2-17 years did not receive needed mental health services. (2007 National Survey of Children's Health)
- There has been a dramatic increase in the number of juvenile mental health and substance abuse commitments filed with the court system in the last five years.

Iowa Juvenile Mental Health and Substance Abuse Commitments 2004-2009



Why is a rising number of mental health commitments a concern for the community or the school?

- When individuals are committed, there is a cost to the community for court services, the costs for law enforcement to serve orders and transport individuals to hospitals which may be on the other side of the state, and the cost to families for lost productivity due to the legal process, as well as the emotional disruption to the family. There is also trauma and disruption to the child in being placed in a secure acute care setting away from family, friends, and school.
- This is in no way meant to discourage individuals from receiving inpatient care who are a danger to themselves or others.

Concerns related to MH Commitments of Children

- However, what is being shared from those involved with the commitment process is that not every child who enters the commitment process necessarily meets the criteria of being a danger to self or others.
- Frequently, families seek the option of commitment because they feel they have no other choice. They don't know where to turn or how to access services.
- Having more options available in the school and community can provide less restrictive and more supportive choices for children and families.
- Intervention can and should occur before the situation develops into a crisis.

Where should schools go for help for children with mental health needs and their families?

- Primary Care
- Outpatient Mental Health Services (Community Mental Health Centers and other private providers)
- School Based Mental Health Services (provided by CMHC's and other private providers)
- Remedial Services
- Children's Mental Health Waiver (funding source and access to more intensive services)
- County Central Point of Coordination (CPC)

Community Mental Health Centers and other Mental Health Providers

- Every county in Iowa has a community mental health center or equivalent provider who is designated to serve children and adults in that county.
- Some, but not all community mental health centers offer some level of school based mental health. Each program has its own model, funding sources, and limits on how they provide services.
- You will receive a list of the CMHC's in Iowa with contact information for each center.

School-Based Mental Health Services

- School based mental health services are provided in schools across Iowa, using a variety of service delivery models that vary from building to building, and district to district.
- Some schools have full-time therapists who are dedicated to individual schools while some schools are served by therapists on an itinerant basis. Some schools also utilize remedial service providers to provide mental health services and supports.
- In some districts, the school district provides funding support for the services while in others, a combination of community funders, Medicaid, and private insurance support the service.

School-Based Mental Health Services

- Magellan Behavioral Health, which is the managed care organization for Iowa Medicaid mental health services, credentials schools as satellite offices for provision of clinical mental health services. For Magellan to reimburse for services provided in the school, this step must occur.
- Approximately 441 school sites across Iowa are credentialed as satellite offices. There are also restrictions on what types of professionals can practice in satellite offices and supervision is required if they are not independently licensed.
- This does not include remedial services which are not currently managed by Magellan but may be moved to the Magellan contract within the next year. This will hopefully increase integration of clinical and remedial (behavioral health intervention) services.

Remedial (Behavioral Health Intervention) Services

- Any child who has Medicaid and has a psychological disorder is now eligible to receive remedial services (which replaced rehabilitative services) without involvement with the Child Welfare system. These services are currently managed through Iowa Medicaid Enterprise-IME.
- The child must receive a mental health assessment through a Licensed Practitioner of the Healing Arts-usually a mental health professional who then provides the family with an order for services. The family can choose their provider who submits a service plan to IME for review and approval.
- There are approximately 120 remedial service provider organizations in Iowa serving between 15,000-20,000 children per year.

What are Remedial (Behavioral Health Intervention) Services?

Remedial Services Array:

- Health and Behavior Intervention - individual, family, or group
- Crisis Intervention
- Community Psychiatric Supportive Treatment
- Skills Training and Development (*adult only)
- Rehabilitation (*adult only)

Intended to build skills to help decrease psychological symptoms and behaviors.

Services also include instructional strategies to help the family cope with the individual's symptoms and manage his/her behaviors.

Remedial services can be provided in an individual's home, school, or other community locations.

Child Welfare and Mental Health

- In the past, DHS-Child Welfare (CW) provided mental health services through the rehabilitative treatment and services program. This was funded by Medicaid, but was used to provide services to children who came to the attention of DHS for mental health and child protective issues.
- This practice was changed in 2006, and DHS –CW refocused their efforts on safety and protection as criteria for involvement with families. At the same time, the Children’s Mental Health Waiver and Remedial Services were created.
- In 2005, Iowa code was also changed to allow parents to place their child in a PMIC without relinquishing custody to DHS.

Child Welfare and Mental Health

- This has led to confusion for those who work directly with children as some children and families that the department previously were required to provide case management and services to, do not meet the criteria for intervention if there is not an issue of safety or protection.
- Many children involved with DHS- CW do receive MH services but it is not the primary reason for involvement with DHS.

Children's Mental Health Waiver

- The CMH Waiver exists to meet the needs of children under 18 years old with serious emotional disturbance (SED) who would qualify for services in a medical institution.
- The parents of eligible children “waive” using services in an institution and choose instead to use services and individual supports to keep their children in the home.

Children's Mental Health Waiver

- The intent of the CMH Waiver is to identify services and supports that are not available through other mental health programs/services. CMH Waiver services can be utilized in conjunction with traditional mental health services to develop a comprehensive support system for children with SED.
- To enable children in this population to remain in their own homes and communities, the CMH Waiver offers a range of services that support the child and family in the home, school, and community.
- The waiver program is limited to 730 slots statewide. Currently approximately 634 children and youth are receiving waiver services that help them remain in their homes, schools, and communities. 622 children are on the waiting list to receive a slot. Families may apply for this program through their local DHS office.

The CPC-County Central Point of Coordination

- For adults, a public mental health and disability system does exist in each county, with some similarities and basic requirements across counties to serve individuals with mental health and disability needs who meet income and eligibility guidelines. Counties do not have the same overall responsibilities to provide services to children.
- Every county has a central point of coordination (CPC), a person whose job is to coordinate the services that the county has included in their mental health and disability plan. This provides a place for adults to access the system and be connected to a network of services if the person is eligible, based on income and disability status.

CPC-County Funded Services

- Many CPC's assist children and families in accessing available mental health and disability services. The CPC is a valuable resource in locating available services in your community although their primary function is coordinating adult services to individuals with mental illness, intellectual disability, and developmental disabilities.
- This is also important to know for parents of the children you serve who may have mental health service needs but have no insurance or funds for services.

Who pays for services?

- Private insurance-limited to inpatient and outpatient services
- Hawk-I (for children who do not qualify for Medicaid due to income)- a child cannot have Hawk-I if they have another insurance
- Medicaid (Title 19)- for children or adults who meet income and/or disability guidelines
- Counties through property taxes and state funds
- Schools/education funding
- Federal grants, state grants (System of care programs, community mental health block grant, education programs, special grants)
- United Way or local community organizations
- Decategorization and/or empowerment funds
- Sliding fee scales funded through counties or private funds
- Private pay

Funding Issues

- A child may need a specialized mental health service such as remedial or respite. These services are normally funded only through Medicaid, and then only if the child meets certain criteria or is on the waiver program.
- For children not eligible for Medicaid, typically their access to community based services is nonexistent or severely limited. This is one reason that children are referred to higher levels of care such as hospitals or PMIC. A child can receive Medicaid funding for a PMIC through institutional deeming but not for community based services at the time of the crisis or need.

Initiatives that Encourage Integration and Collaboration between Mental Health and Education

- The Dept of Education's LINC program trains school and community providers in wraparound principles and practice for children with mental health needs and their families. Community resources and supports are included in the wraparound process.
- Magellan and DHS are in the process of developing contracts for crisis mental health services for children and adults in targeted areas. This may be of assistance to schools who need assistance in managing mental and behavioral health crises in the school setting. This will initially occur in North Central and North Eastern Iowa.
- Systems of Care development

Systems of Care Programs

- There are currently two Systems of Care in Iowa
- Community Circle of Care-serving 10 counties in NE Iowa. An existing federal-state program that funds wraparound along with care coordination and services for children with serious emotional disturbance in the 10 county area.
- Central Iowa System of Care-serving Polk and Warren Counties- a new program funded through state dollars focused on providing care coordination, access to mental health services, wraparound/family team meeting facilitation, and other flexible supports to children and youth with serious emotional disturbance.
- The principles we will discuss in the next slides are based on System of Care/wraparound ideals although wraparound philosophies can be actualized in any setting.

Definition of System of Care

- Systems of care is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs. Wraparound is an essential element of a System of Care. Systems of Care are usually focused on services to children and youth with serious emotional disturbance

Care Coordination/Wraparound in the School and Community Setting

- What is care coordination?
- Care Coordinators are responsible to navigate the service systems and link the family to needed services. Care Coordinators:
 - Initiate wraparound meetings
 - Develop Care Plan in coordination with the family, support team, and wraparound facilitator
 - Research resources and make referrals
 - Assist with insurance/waiver/support paperwork
 - Assist youth/family in coordinating appointments, IEP meetings, etc
 - Assist youth/family in finding funding for ancillary services like respite, mentoring, and transportation

Wraparound

- What is wraparound?
- Wraparound is a term used to describe a process by which service providers agree to collaborate to improve the lives of children, families and adults by creating, enhancing, and accessing a coordinated system of support through a strengths-based, client-driven model. An emphasis is placed on identifying and enhancing the client's natural and informal supports, or to assist them in finding new informal supports. The client may be defined as an individual or as an entire family. *www.coloradohealthpartnerships.com*
- **Wraparound is not a funding source.**
- The question is, as always, who will be responsible, and who will fund this service? The answer depends on if and how each locality chooses to allocate their resources .

The Future of Mental Health Services

- Issues that will affect mental health services to all Iowans-
 - Affordable Health Care reform-development of Medical and Behavioral Health Homes
 - Proposed redesign of the Iowa “Adult” Mental Health System-how does that relate to children?
 - Budgetary issues at all levels of government
 - The Iowa Olmstead Plan-focused on helping individuals with mental health and disabilities live in the communities of their choice and have the freedom to live their lives outside of institutions.

Resources

- DHS website- www.dhs.state.ia.us
- Within this website, it is possible to:
 - apply for Medicaid or other state services on line.
 - Search for Medicaid approved providers for health or mental health services-including remedial services.
 - Check the waiting list regarding any DHS -managed waiver

Conclusions

- Questions-comments
- Schools are a critical access point for children in need of mental health services. Schools are an essential partner in providing mental health services and supports and developing new ways of addressing the mental health needs of children and their families.
- We hope that the information presented today will provide you with a comprehensive overview of the mental health system and will help you access mental health services and supports for the children that you serve.
- Thank you for your time and attention.



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