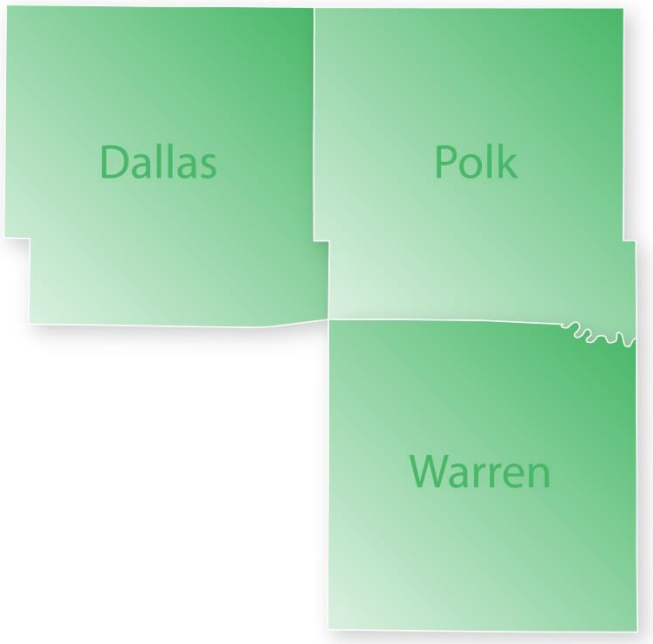
Central Iowa
Children's Mental Health
Crisis Services Planning Initiative



Lead Organization:
Orchard Place

Funding Partners:
Mid Iowa Health Foundation
Community Foundation of Greater Des Moines
United Way of Central Iowa

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Background on the Lead Agency:

Orchard Place was founded in 1886 and is accredited by the Joint Commission as a provider of behavioral health services for children, youth and their families. Orchard Place works with children, youth and their families who experience mental health and behavioral challenges. In 2016, Orchard Place provided care to 9,903 Iowa children and youth. By intervening early with appropriate care, we build stronger futures for our young clients. To fulfill this goal, we provide a continuum of services through our four operating divisions.

- Orchard Place Campus provides a 24-hour psychiatric medial institute for children (PMIC) with a serious emotional disturbance needing intensive residential treatment. The Campus provides an individualized treatment program including individual and family psychotherapy, social skills building, life skills training, psychiatric evaluation/medication management, and educational programing. This division has 88 beds and offers services to youth 10-18 years old from across the state of Iowa.

- Orchard Place/PACE Juvenile Center (PACE) provides community based services to meet the needs of at-risk youth who have been unable to be successful in school or the community. PACE serves these youth and their families by providing service that develop social, academic, and functional life skills, allowing for positive growth of youth and their families. PACE offers a wide range of services which include substance abuse services, alcohol diversion/education classes, Behavioral Health Intervention Services (BHIS), Latino Outreach services with bilingual workers, and Early Services Prevention Programing (ESP) with Juvenile Court services.

- Orchard Place/Child Guidance Center promotes community mental health through multiple professional mental health services for children, youth and their families on an outpatient basis and consultation to those persons/organizations influential in the emotional development and well-being of children. Child Guidance Center is an accredited children's Community Mental Health Center providing outpatient services by a multi-disciplined staff in the fields of child psychiatry, clinical psychology, clinical social work/mental health and child development. Child Guidance Center offers a wide range of services including individual, group and family therapy (utilizing evidenced based therapies), psychiatric evaluation/medication management, psychological evaluation, in-service training on trauma informed care, consultation and trainings from Child Care Resources & Referrals for providers and parents.

- Orchard Place/Integrated Health Program (IHP) promotes whole child wellness for children facing behavioral and emotional challenges. IHP serves families and youth by listening to needs and providing resources based on these needs, creating a team of support to help children be successful at home, in school and in the community. Each family has a care team consisting of a coordinator, nurse manager and family peer support specialist to ensure services are matched to each child. The care team works alongside families to develop whole-health goals for their children that focus on physical, emotional and social well-being.

Children's Mental Health and Well-Being Workgroup:

The Children's Mental Health and Well-Being Workgroup was formed in response to legislative direction to make recommendations regarding the system of services to support children and families in Iowa. A subcommittee of this group identified, defined and prioritized a core set of mental health services for children, one of these focusing on crisis services.

It is important to understand that the research and development of crisis services, does not happen in a vacuum. Many of the services are connected, related and in some instances are provided by the same entities. As defined by the Children's Mental Health and Well-Being Workgroup, the four broad key categories of necessary service are:

1. Prevention, early identification and early intervention
2. Mental health and substance use disorder treatment
3. Recovery supports
4. Community based flexible supports

The subcommittee recognized that not all of the identified services identified under these broad categories could be implemented at once, and agreed that **children's mental health crisis services are the highest priority service**. Thus, the RFP's were issued to have at least two sites across the state build out a plan for Children's Mental Health Crisis Services.

This state RFP was made available, based on the recommendation of the Children's Mental Health and Wellbeing Workgroup. Seasons Center in Spencer and Youth Emergency Shelter in Ames (Francis Lauer Youth Services division) were the two recipients of the state RFP dollars with a start date of October 3, 2016.

Central Iowa Workgroup:

In July 2016 Orchard Place received funding from three private entities, Mid Iowa Health Foundation, Community Foundation of Greater Des Moines and United Way of Central Iowa, on behalf of a community collaboration, to review current and plan for future needs of children's mental health crisis services. The goal of the Central Iowa group, led by Orchard Place is to create a plan in early 2017, which can be shared with key legislators during the 2017 session.

Deliverables:

The intent of the central Iowa workgroup, is to line up with the deliverables and the timeline as set forth in the state issued RFP. The deliverables defined below will be captured for Polk, Dallas and Warren counties:

- Geographically defined area descriptions and characteristics
- Coalition and stakeholder input in the planning process
- Data collection
- Proposed children mental health crisis response system
- Funding processed and proposed budget

Geographically Defined Area Descriptions and Characteristics:

This plan is focused on the counties of Polk, Dallas and Warren. The population of the three county area is 564,318 and the population under to age of 18 is 145,582 (American Community Survey, 5-year estimate 2010-2014). The population is an urban and rural mix. Specifics of each county are listed below according to the estimates by the Census Bureau's Population Estimates Program (PEP) for July 1, 2015.

- Polk County: Population is 467,711; under the age of 18 is 25.2%; persons in poverty 11.9%; population per square mile in 2010 was 750.5
- Warren County: Population is 48,626; under the age of 18 is 25%; persons in poverty 7.8%; population per square mile in 2010 was 81.1
- Dallas County: Population is 80,133; under the age of 18 is 28.4%; persons in poverty 5.3%; population per square mile in 2010 was 112.4

School Enrollment Data:

The three county area has become very diverse in the student population within each school districts. Below are the school districts which make up the three county area, as identified by the Department of Education.

Polk County:

DISTRICT NAME	Total PK12	Total Hispanic	Native American Total	Asian Total	Black Total	Pacific Islander Total	White Total	Multi-Race Total
Ankeny	11473	546	12	288	236	13	9917	461
Bondurant-Farrar	2092	90	1	28	19	2	1881	71
Des Moines Independent	33884	8677	164	2760	6368	63	13651	2201
Johnston	7185	400	5	518	436	5	5477	344
North Polk	1685	31	0	10	9	0	1603	32
Saydel	1355	179	10	13	25	5	1088	35
Southeast Polk	7091	467	5	139	314	24	5837	305
Urbandale	4255	391	5	163	280	9	3206	201
West Des Moines	9230	1243	31	737	725	3	6046	445
TOTAL STUDENTS	78250	12024	233	4656	8412	124	48706	4095

2016-2017 Iowa Public School District PreK-12 Enrollments by District, Grade, Race and Gender
Source: Iowa Department of Education, Bureau of Information and Analysis, Address File, and SRI Fall Merged 1617 file

In the Polk County School districts, 62.2% of the students are White, 15.4% are Hispanic, 0.3% are Native American, 6.0% are Asian, 10.8% are Black, 0.2% are Pacific Islander and 5.2% are Multi-Race. The chart above shows that within each school district the percentage varies. Overall, the percentage of non-white students in Polk County School districts is 37.8%. The largest percentage of non-white student population is in the Des Moines Independent School system at 40.3%. Many of these students represent immigrant and refugee communities and bring with them a variety of challenging issues including language barriers and trauma.

Warren County:

DISTRICT NAME	Total PK12	Total Hispanic	Native American Total	Asian Total	Black Total	Pacific Islander Total	White Total	Multi-Race Total
Carlisle	2127	104	2	61	32	2	1872	54
Indianola	3641	114	1	35	37	5	3329	120
Martensdale-St Marys	567	21	1	4	3	0	534	4
Norwalk	2904	134	8	37	40	1	2607	77
Southeast Warren	503	17	0	0	2	1	481	2
TOTAL STUDENTS	9742	390	12	137	114	9	8823	257

2016-2017 Iowa Public School District PreK-12 Enrollments by District, Grade, Race and Gender
Source: Iowa Department of Education, Bureau of Information and Analysis, Address File, and SRI Fall Merged 1617 file

In the Warren County School districts, 90.6% of the students are White, 4.0% are Hispanic, 0.1% are Native American, 1.4% are Asian, 1.2% are Black, 0.1% are Pacific Islander and 2.6% are Multi-Race. The chart above shows that within each school district the percentage varies. In Warren County, 9.4% of the county school population PreK to 12th grade is non-white.

Dallas County:

DISTRICT NAME	Total PK12	Total Hispanic	Native American Total	Asian Total	Black Total	Pacific Islander Total	White Total	Multi-Race Total
Adel DeSoto Minburn	1834	47	1	12	4	1	1737	32
Dallas Center-Grimes	3140	107	2	42	59	1	2888	41
Perry	1836	935	6	18	51	2	789	35
Van Meter	743	21	3	3	6	1	707	2
Waukee	9813	506	21	712	328	7	7817	422
Woodward-Granger	1217	66	8	1	88	1	1025	28
TOTAL STUDENTS	18583	1682	41	788	536	13	14963	560

In the Dallas County School districts, 80.5% of the students are White, 9.1% are Hispanic, 0.2% are Native American, 4.2% are Asian, 2.9% are Black, 0.1% are Pacific Islander and 3.0% are Multi-Race. The chart above shows that within each school district the percentage varies. Overall, the percentage of non-white students in Dallas County School districts is 19.5%. The largest percentage of non-white student population is in the Perry School system at 57.0% with 50.9% of the student population being Hispanic. Many of these students represent immigrant and refugee communities and bring with them a variety of challenging issues including language barriers and trauma.

Free and Reduced Price Lunch Data:

The Department of Education has provided the number of students in Polk, Warren and Dallas counties who are eligible for Free and Reduced Price Lunch. As with the above statistics on student enrollment within each of the three counties, the data regarding free and reduced price lunches demonstrates a wide variance in food insecurity within the counties, with some school districts having a very high percentage of children eligible. Two of these school districts (highlighted in yellow), Des Moines Independent and Perry, have over 75% of the student population eligible for free and reduced lunch, indicating high food insecurity. Below are the breakdowns for each county.

Polk County:

District Name	K-12 Enrollment	Free or Reduced Lunch	Percent Eligible
Ankeny	10605	1292	12.18
Bondurant-Farrar	1888	365	19.33
Des Moines Independent	31609	23733	75.08
Johnston	6747	1228	18.20
North Polk	1510	159	10.53
Saydel	1277	540	42.29
Southeast Polk	6741	1919	28.47
Urbandale	3949	1017	25.75
West Des Moines	8804	2964	33.67
TOTAL	**73130**	**33217**	**45.42**

2015-16 Iowa Public School K-12 Students Eligible for Free and Reduced-Price Lunch by District, Source: Iowa Department of Education, Bureau of Information and Analysis, SRI Merged 2015-2016 Fall File.

Warren County:

District Name	K-12 Enrollment	Free or Reduced Lunch	Percent Eligible
Ankeny	10605	1292	12.18
Carlisle	2011	640	31.82
Indianola	3523	1008	28.61
Martensdale-St Marys	561	136	24.24
Norwalk	2703	496	18.35
Southeast Warren	489	150	30.67
TOTAL	**9287**	**2430**	**26.17**

2015-16 Iowa Public School K-12 Students Eligible for Free and Reduced-Price Lunch by District, Source: Iowa Department of Education, Bureau of Information and Analysis, SRI Merged 2015-2016 Fall File.

Dallas County:

District Name	K-12 Enrollment	Free or Reduced Lunch	Percent Eligible
Adel DeSoto Minburn	1679	408	24.30
Dallas Center-Grimes	2753	492	17.87
Perry	1694	1274	75.21
Van Meter	728	92	12.64
Waukee	9167	1329	14.50
Woodward-Granger	1085	401	36.96
TOTAL	**17106**	**3996**	**23.36**

2015-16 Iowa Public School K-12 Students Eligible for Free and Reduced-Price Lunch by District, Source: Iowa Department of Education, Bureau of Information and Analysis, SRI Merged 2015-2016 Fall File.

We know from the Adverse Childhood Experience (ACE) study, the impact of childhood adversity can be substantial on the long term mental health and well-being of children and adults without appropriate intervention or a supportive community environment. Poverty is a stressor for families and food insecurity can create many behavioral issues in students, which impacts their ability to learn, develop and succeed in school and the community.

Coalition and Stakeholder Input in the Planning Process:

In July 2016, Orchard Place staff began the process of reaching out to community partners inviting them to the table for a conversation regarding Mental Health Crisis Planning for Children. Participants were drawn from the Trauma Informed Care Stakeholders group, children's service organizations, Juvenile Court, Police, Iowa's MCO's, and other community partners. The original group had 16 agencies and 20 individuals (plus Orchard Place) represented. However, some important entities were missing, such as representation from Dallas and Warren counties as well as consumer/parent representation. These groups are now represented in the Stakeholder's group. The current list of the Mental Health Crisis Planning group is listed below

Mental Health Crisis Planning Initiative Group Members:

1. 5th Judicial District - Judge Colin Witt
2. Amerigroup Iowa Inc - Kelly Pennington, Emma Badgley, David Klinkenborg, Kristi Younis, Leslie Cardoza
3. AmeriHealth Caritas - Dr. Steven Sehr
4. Broadlawns Hospital - Dr. Janice Landy, Jeffrey Scott
5. Central Iowa Community Services - Jess Van DeVoort
6. ChildServe - Carrie VanQuathem, Misti Johnson
7. Dallas County - Lisa Anderson, Darci Alt
8. DSM Police - Officer Drane
9. Grandview University: - Cathy Beck-Cross
10. HCI Services & Visiting Nurse Services - Trey Wade, Jen Stout
11. Iowa Department of Human Services - Mike McInroy, Kristin Walker
12. Mercy Hospital - Mary Thompson
13. Mosaic Haven - Ruth Mwangangi, Lisa Shaw
14. National Alliance of the Mentally Ill (NAMI) - Teresa Bomhoff
15. Orchard Place - Gladys Noll Alvarez, Kerby Hanson, Nicole Beaman, Anne Starr, Mandy Harris, Lisa Clement
16. Polk County Attorney - Andrea Vitzthum, Stephanie Brown
17. Polk County Health Services - Annie Uetz
18. Polk County Juvenile Court - Chad Jensen, Kathy McDonnell
19. United Health Care - Cheryl Chophard, Diane Johnson, Brenda Lechner, Tya Fisher
20. Unity Point - Lana Herteen, Jennifer Early, Kevin Carrol, Dana Cheek, Brenda Downey, Chaney Yeast
21. Warren County - Betsy Stursma
22. Youth Emergency Shelter & Services - Steve Quirk
23. Youth Justice Initiative - Ashlee Swinton
24. Iowa Department of Education - Angela Van Polen

In addition, Orchard Place has had a working committee at its residential campus looking at what a crisis stabilization unit might look like. This committee has made an onsite visit to Jackson Recovery's Crisis Unit to gather information. The committee also did research on various other crisis programs in Iowa such as Foundation 2 in Cedar Rapids and The Network in SW Iowa. This information was shared with the Community Stakeholder's Mental Health Crisis Planning Group.

As the Community Stakeholder's Mental Health Crisis Planning workgroup has gathered for meetings, participants have varied. We have had 24 organizations and 49 individuals participate in the planning meetings. The group has met July, August, October, December 2016, and January 2017. To maintain consistent communication, minutes have been sent after each meeting to allow those who were unable to attend to stay up to speed and offer input on the work.

Data Collection:

The Community Stakeholder's Mental Health Crisis Planning workgroup obtained data regarding existing services and gaps through a variety of methods. Initially the group began with their own expertise in the areas they represented on the Crisis Planning Workgroup. They then sought to gather survey data from the community at large, other researchers and programs (state and national) that were utilizing crisis programing.

Map of Existing Services and Pathways

At the first meeting of the workgroup, a series of 4 questions were discussed.

1. What services are available currently?
    - Mobile crisis that is focused on adults
    - Hospital emergency rooms
    - Outpatient settings
    - Behavioral Health Intervention Services (BHIS)
    - School based therapy
    - Crisis lines (most are specific to an agency, not the community)
    - Employee Assistance Programs (EAP) and Student Assistance Programs (SAP) programs
    - Family navigation/Family peer support
    - National Alliance on Mental Illness (NAMI)
    - Early childhood Services
2. How are youth and families accessing the current services?
    - Primary care physicians
    - Word of mouth
    - Child Abuse Hotline- call needing guidance not to report
    - Electronic message to agency
    - Message boards
    - Call County Attorney's office re: committals
    - Truancy court
    - 911
    - Churches
    - Call insurance companies 24/7 phone line
    - Through private agencies providing services
3. How are these services being funded?
    - Title XIX
    - Private insurance
    - Sliding fee scales
    - United Way
    - Children's Mental Health Waiver
    - Juvenile Court Services
    - Child Welfare Emergency Service Funds 4E
    - County payment

4. What gaps exist?
    - Appointment times in the evening/weekend
    - Access points to obtain services
    - Intensive outpatient services
    - Transportation assistance
    - In-home services
    - Not enough beds available in hospitals or shelters
    - Family support/parent support
    - Training for staff for special populations
    - Respite services for the non-waiver population
    - Cost of medication
    - Preventative services/supportive services
    - Family team conferencing/wraparound meetings to engage family, friends, faith communities for system and non-system kids
    - Languages for services-providers to speak or translation services
    - Lack of child psychiatry providers, including those that will accept Title XIX clients
    - Telehealth services

In the second meeting, the group focused on who was providing the current available services and the current payment methods for these services. The document on the next page was developed from that information, to give a visual representation of the needs. This information was used to help the Community Stakeholder's group see where there were gaps in services and possible glitches in funding issues.

Current Services and Access Points

Continuum of Children's Mental Health Services

Level of services	Service Offered	Agency Providing	Current Funding Stream	How to Access Services
Prevention and Outreach Services	Healthy Start Home Visitation	Visiting Nurse Services (VNS)	Free to clients, grant funded	Through physicians, therapist
	Early Access Services	Area Education Agency (AEA) and Early Access, Dept of Education	Free to family, funded through Dept of Education	Referral by physician or self 800 #
	Support Groups, Family Navigation, Family Peer Support	National Alliance of Mentally Ill (NAMI), Mosaic Haven, Visiting Nurse Services (VNS), BHIS	Free (NAMI), Mosaic-fee	Peers, Referrals, Police, Hospitals
	Parent Education	C.A.N. Prevention Council	Free to family, Council Funds	Council Website
	Childcare Provider Education	Orchard Place/CCR&R	Free to providers	Phone, calendar sign up
	211	United Way	Free to community, funded by United Way	Phone call 24/7
	Crisis Line	Youth Emergency Service & Shelter (YESS)	Child Welfare Emergency Funds (CWES)	Phone call 24/7
Screening, Assessment, and Evaluation	Employee Assistance Programs (EAP) & Stident Assistance Programs (SAP)	Employee & Family Resources (EFR), an HR benefit through employer, School	Employer through HR Life Insurance, School	Employer service contract, School counselor
	Mobile Crisis Services	Broadlawns in Polk, Dallas County through Police, Warren County through Police	County Moines	Broadlawns Mobile Crisis is through Police Phone or Police
	Outpatient therapy, evaluations	Private agencies, Orchard Place, Therapist with Hospitals, Mental Health Centers	Fee for services, sliding fee scales, private insurance, Managed Care Organizations (MCOs)	Set up appointment by legal guardian
Integrated Mental Health, Addictions, and Primary Health	Depression Screening Kid/parent, Substance Abuse Screenings in prenatal care	Primary Health Care, OBGYNs	Insurance, Fee for service	Through physicians
Medications	Assessment & Ongoing management	Orchard Place, Hospital outpatient clinics, hospitals	Insurance, Fee for service	Phone, Referrals from therapists
Case Management and Care Coordination *** These services have a mental health care coordination component**	Integrated Health Program	Orchard Place, Youth Emergency Services & Shelter (YESS), Community Services Advocates (CSA)	Managed Care Organizations (MCOs) (Title 19)	Through therapists, MCOs, phone
	Behavioral Health Intervention Services	Orchard Place, Youth Emergency Services & Shelter (YESS), Children & Families of Iowa (CFI), LifeWorks	Managed Care Organizations (MCOs) (Title 19)	Therapist referral
	School Based Therapy	Private agencies	Sliding fee, insurance	School referral
	Outpatient Therapy	Orchard Place, Youth Emergency Services & Shelter (YESS), Children & Families of Iowa (CFI), Stepping Stones, Private Practice	Sliding fee, insurance	Legal guardian calls, court ordered
	Child Mental Health Waiver	Community Service Advocates	State	Legal guardian calls, court ordered
Intensive, Evidence-based Interventions	Functional Family Therapy (FFT)	Orchard Place	Juvenile Court Funded	Court Referral
	Multi Demensional Family Therapy (MDFT)	Youth Emergency Service & Shelter (YESS) in Polk City	Juvenile Court Funded	Court Referral
Wraparound Planning Services	Integrated Health Program	Orchard Place, Youth Emergency Services & Shelter (YESS), CSA	Insurance, Managed Care Organizations (MCOs)	Family referal, therapist referral
	DHS Family, Pre-removal meetings	Visitng Nurse Services (VNS), Youth Emergency Services & Shelter (YESS), DHS	Decat, State Funds	Family asks, DHS referral
Behavioral School Programs	Alternative School Programs, No Tx Component in program	DSM Public Schools	Schools	Federal money from Dept of Education
Day Treatment or Intensive Outpatient Treatment	Focus Program	Broadlawns	Blended w/school & insurance	School staffs into program
Shelter/Respite Care	Crisis Nursery	Youth Emergency Services & Shelter (YESS)	Child Welfare Emergency Services (CWES)	DHS, Family comes
	Shelter Care	Youth Emergency Services & Shelter (YESS)	Child Welfare Emergency Services (CWES)	DHS, Family comes, Court
	Respite	Luthern Services of Iowa (LSI), Youth Emergency Services & Shelter (YESS)	Waivers	Case managers
Residental Care	PMIC	Orchard Place	Insurance, Managed Care Organizations (MCOs)	family and therapist referrals, Hospitals
Partial Hospitalization	Partial Hospitalization	Luthern Hospital/Unity Point/Mercy Hospital	Insurance, Managed Care Organizations (MCOs)	Dr. referal, ER's
Hospitalization	ER's	Broadlawns, Mercy, Luthern, Methodist	Insurance, Managed Care Organizations (MCOs)	Family shows up, therapist sends, police brings
	Inpatient child/youth	Luthern, Mercy	Insurance, Managed Care Organizations (MCOs)	Dr. admits

From this discussion, the workgroup divided the tasks of obtaining information to address these gaps into three subgroups: Focus Groups, Geo Mapping/Data, and Evidenced Based Practices for Crisis Programming.

Focus Groups

The Focus Group sub-committee undertook the effort to develop a survey to gather wider community response on needs for Children's Crisis response services. An 11 question survey was developed and sent out to the broader community via various community email networks. This effort resulted in 160 responses to the survey.

Key data includes:

- 85% of the respondents were from Polk County
- Of the respondents
    - 26% human service providers
    - 25% parents
    - 21% mental health therapists
    - 9% school personal
    - 8% court staff
    - 8% hospital staff
    - 3% other
- For those experiencing a past crisis, 58% were referred to a hospital, while 25% were referred to a community agency or mental health therapist.
- When asked what types of crisis a child was experiencing at the time of crisis, 54% noted behavior/aggression and 38% noted suicide/depression.
- When asked what services should be available for children and families, 40% noted a pediatric crisis observation center and 30% noted a crisis hotline.

From these surveys, it was decided to conduct a focus group to dive deeper into some of the identified issues. This conversation would allow a deeper dialogue with community providers, as well as, parents to hear their experience and knowledge of working with the current system.

During that focus group, the following questions were asked:

1. If a child/your child is experiencing a crisis, would you prefer to have a team that could respond to your home or a physical center to take the child and/or family to, to receive services?
2. If there were a physical crisis center located in Des Moines, would you take a child/your child who was in crisis there versus the hospital?
3. If there is a children's crisis response team, would you want police involved?
4. Would a crisis phone line be a helpful resource for the community?
5. What is the best way to share communication regarding services in the community?

From these questions, the following themes emerged:

- If home environment is causing issues, respondents would like a neutral space they could go to and access crisis services

    - Details of what would be helpful in this center were discussed
        - Room – comfortable/open/home feeling
        - People friendly
        - Streamlined intake so don't have to repeat story
        - Have peer support – someone with lived experience there to greet you, welcome and mitigate feelings

- If home is safe and child is responding well, then respondents would like to have trained team come to home and help de-escalate the situation:
    - Police are helpful from a safety perspective, but sometimes families have had poor experience or it brings fear
    - Perhaps plain clothes officer, or officer that responds with other staff such as a therapist

- Schools is often where crisis occur, respondents would like to have:
    - Safe rooms/calming rooms where children/youth can de-escalate – sensory, claiming, lighting
    - Education for teachers and staff on trauma and crisis stabilization
    - Ability to respond at school site to coach and train, as opposed to being an out for the child to get out of school
    - Peer support for teens in schools

- Crisis phone line would be helpful
    - If it activated a team to respond
    - As a resource for parents
    - If kids could text and get a response
    - Reduce stigma regarding mental health, encourage people to reach out and ask for help

- Communication across the community is needed; people should know what resources are available and how to access them.

Geo Mapping/Data

The Geo Mapping/Data group looked for any existing information regarding provider availability. In this search, they found A Mid-Iowa Organizing Strategy (AMOS) mental health researchers, Nicole Keller and Cara Keller, had done a study in 2016 of the exchange (commercial) insurer's mental health specialty prescribers in provider networks. The committee met with one of the researchers, Nicole Keller, to discuss this study and to learn what, if any, new research was occurring.

Nicole Keller informed the subgroup that the AMOS study of 2016 exchange (commercial) insurers' mental health specialty prescribers in provider networks revealed an embarrassing provider workforce shortage. The average full time employee (FTE) work was 28 hours or 65

FTEs for the state of Iowa. They concluded this indicated that Iowa's mental health care workforce is in crisis.

Managed Care Organizations (MCO's) began in Iowa on April 1, 2016. Nicole and Cara Keller were approached by the DSM Register to use the same methodology used to assess the mental health provider adequacy of Iowa's insurance exchange to access the adequacy of the MCO's provider networks. Using the electronic files which the DSM Register had requested and received from all three MCO's listing all providers in each of their provider networks, they began a like review. This review was difficult for many reasons and they found that there were many difficulties discovered in these electronic files in regards to accessing adequacy and completing geo mapping. Ultimately, the researchers were unable to do geo mapping analysis given the current records. Much of the needed data was not in the files. To complete an accurate geo mapping the following must be considered:

1. Not all MCOs include active specialty licenses and none include the area of specialty practice, if any for each provider.
2. There are several records for each provider in each MCO. There is, and should be, a record for each location at which each provider provides care. The MCO network files do not indicate at which locations each provider works. To accurately count the health care workforce, the average FTEs (full-time equivalents) for each provider at each location is needed.
3. Information about MCO enrollees is not available to researchers. Assessments of provider adequacy in rural areas are an essential measure of provider network adequacy according to CMS (Centers for Medicare and Medicaid Services). A file of enrollees by a unique Medicaid enrollee identifier (to protect enrollee privacy) and zip code needs to be made available for geo-mapping.

The Geo Mapping/Data group saw this as a problem which needed to be identified to the larger group. It is essential that adequate and accurate research be able to be conducted to assess the adequacy of the mental health provider workforce in the state. This group recognizes that this is a public health workforce development issue and sees it as a priority for Iowa in order to develop a Children's Mental Health Crisis Service Plan. The methodology developed to measure adequacy of any provider network must be uniform, be non-duplicative, and have uniform radius and uniform appointment availability timeframes. It is critical that electronic provider directories be kept up to date following the HHS 30 day rule and there be a way for consumers/providers to automatically report an out-of-date entry which would flag a responsible person to update this entry.

Evidenced Based Practices for Crisis Programming

The Evidenced Based Practices for Crisis Programing subgroup had two charges: Research Evidenced Based Crisis Models and Research agencies currently implementing Crisis Programing in the State and Nation. The group found that SAMSHA had an ideal resource for the essential elements in Crisis Programming. The article, "Practice Guidelines: Core Elements for Reponses to Mental Health Crisis" (Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009) spoke to what a

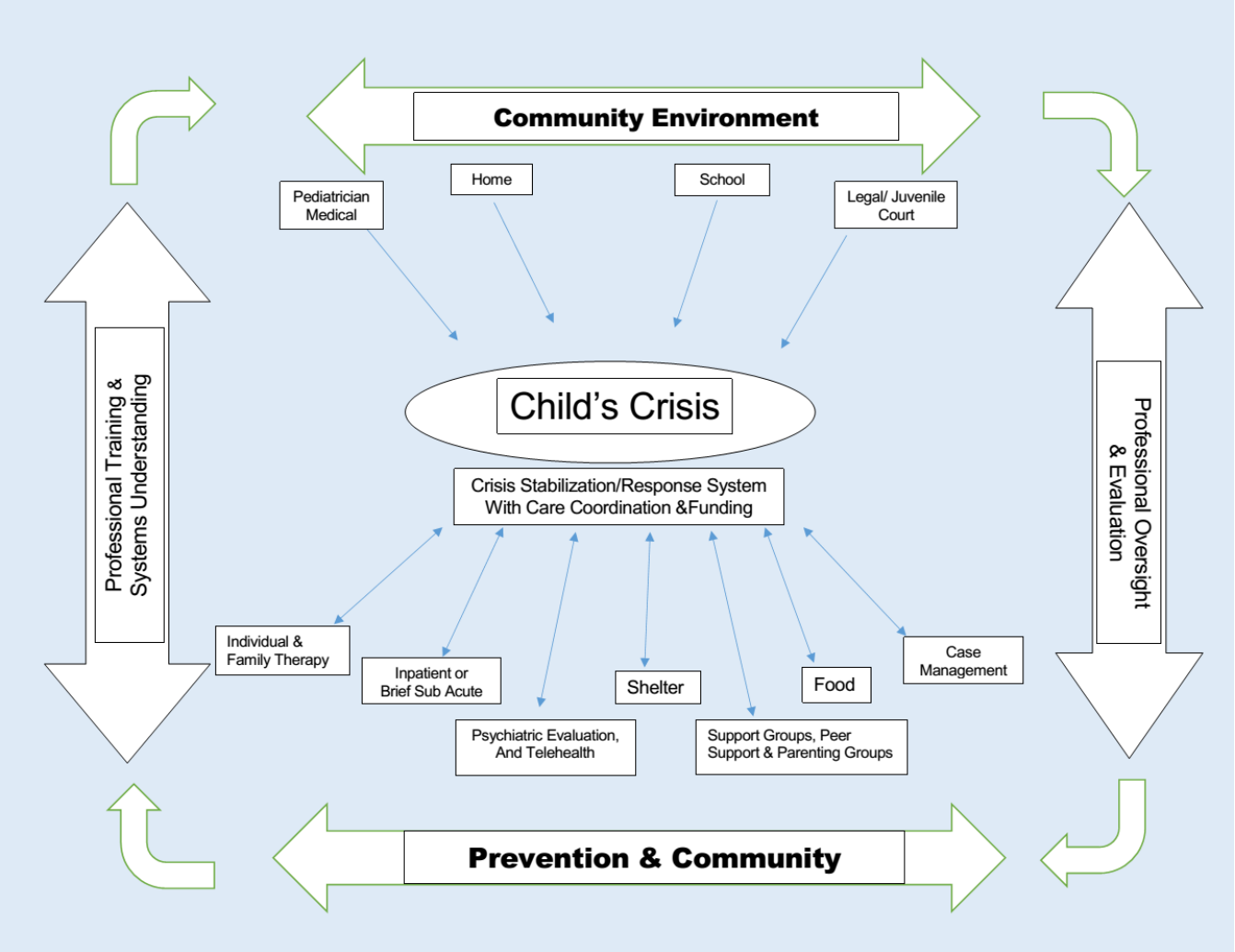
mental health crisis is, the need for crisis standards and the essential values in responding to mental health crisis.

The ten essential values per SAMHSA's " Practice Guidelines for Responding to Mental Health Crisis" were identified as a way to review crisis programs and develop standards. The following ten items are listed as essential values:

1. Avoiding harm
2. Intervening in person centered ways
3. Shared responsibility
4. Addressing trauma
5. Establishing feelings of personal safety
6. Based on strengths
7. The whole person
8. The person as a credible source
9. Recovery, resilience and natural supports
10. Prevention

The work group gathered additional information from others in the state and around the country who are doing similar work. As this information has been gathered, it has been sorted using the Substance Abuse and Mental Health Services Administration (SAMHSA) publication "Practice Guidelines: Core Elements in Responding to Mental Health Crises" (HHS Publication No. SMA-09-4427 Printed 2009).

Examining these values resulted in a diagram being developed for Crisis services. The diagram demonstrates all of the factors that influence a crisis and that should be considered in a mental health crisis stabilization and/or response system for children and families.



At the top of the chart we see that a crisis can begin or be recognized in various areas of a child's life or be in response to stressors from any of these areas. Often, the child's behavior is a call for help when the need or stress comes from other family domains such as finances, housing, need for support, help navigating the system or respite. A crisis stabilization/response system would have at its base a continuum of services to assist the child/family in obtaining needed prevention and community resources/services. Throughout the continuum would be professional and systemic training regarding the understanding of trauma informed services and responses for all professionals. As well as, professional oversight and evaluation of the system at all levels.

Proposed Children's Mental Health Crisis Response System:

The Community Mental Health Crisis Initiative Planning group developed a list of concrete items and services which had been discussed in meetings as components identified as important in building a Crisis System for Polk, Warren and Dallas counties. These items fell into several broad categories which the Stakeholder's group felt were essential in developing a crisis stabilization and response system in Polk, Warren and Dallas Counties.

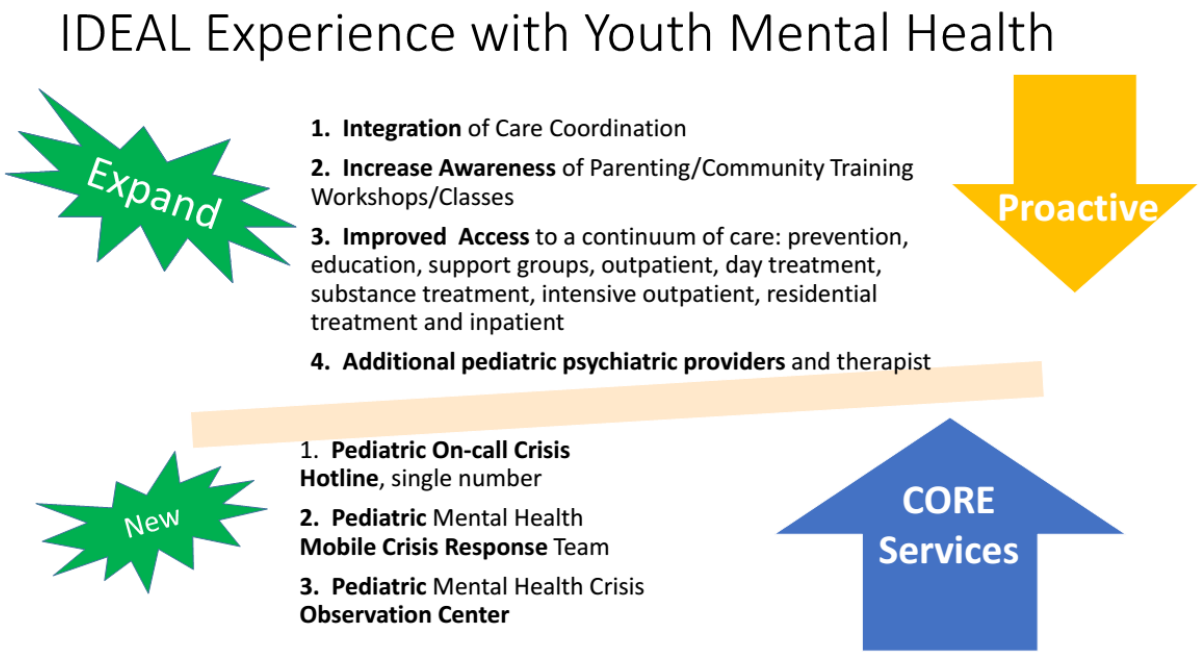
The Community Stakeholder's group agreed that a Youth Mental Health Crisis Response System should include all ten essential elements listed by SAMSHA. The three important categories to concentrate on in building a system; Services, Funding and Workforce Development; would contain these ten essential elements.

- **Services provided on a Continuum of Care**: These services would go from preventative and supportive in nature to community based, in-home services, shelter, residential or hospitalization. The emphasis on prevention and community based services would reduce the expense and inappropriate use of hospital emergency rooms. The existence of one phone number to call which could help direct individuals to the appropriate available service. In addition, a pediatric mobile crisis team for children and families would be a component of the continuum of care. The intention, is there would be no wrong door to enter the system.

- **Funding provided for services on a Continuum of Care:** The ability to have flexibility in funding streams so that blended funding could be examined is essential. Payment for in-home services, mobile crisis team assessment, skill development, early childhood mental health and screening services through insurance providers. The flexibility in how or what services are reimbursed to coordinate with the continuum of care for each individualized need is essential. Collaboration between existing service providers to work together in providing the continuum of services and coordinating or blending funding streams is ideal.

- **Workforce Development to provide the services on the continuum of care**: As mentioned previously, there is a shortage in the available workforce. To address this shortage services on the continuum of care could be offered in a variety of ways such as telehealth and psychiatric consultation to primary care such as the Massachusetts Child Psychiatry Access Program. Training for staff on all levels of the continuum is needed.

The diagram below depicts in a visual way, the IDEAL experience that youth with mental health would have in our community. This is capturing the input from the surveys, the focus groups and driving the work regarding next steps.



Funding Processed and Proposed Budget:

The Central Iowa Mental Health Crisis Planning Children and Families group has the advantage to have multiple providers within the urban and rural areas as members of the team. Our community workgroup is unique in that multiple agencies are participating and can help provide services related to various parts of the continuum, thus not having service delivery falling to one primary agency. At the meeting in January 2017, the group agreed the next step would be to have a small work group plan next steps to implement the proposed plan outlined in this report. This workgroup will assess what components currently exist, what organizations house the services and how funding is currently accessed or may be obtained.

This work group will look at the following three areas and develop a plan to bring back to the larger workgroup in May 2017.

1. Crisis Line which is answered 24/7 in response to children and families
2. Pediatric Mobile Crisis Response Team
3. Physical Center for Crisis Stabilization

Communication and Education

A key to ensuring services are accessed by those in need, is developing ways to share the services with the public and providers. It will be helpful to:

- Describe the signs and symptoms of mental health, so parents and caregivers know when to reach out for support
- Helping individuals to be aware of resources available in the community
- Connecting individuals and families with the resources to initiate services (either via phone or in person)

If successful in setting up these services in the community, the roll out of communication and education will take part in two steps.

1. Digital marketing campaign
    a. Develop a website that is accessible to members of the community
    b. Develop a Facebook and social media campaign to reach members of the community
2. Print campaign
    a. Develop brochures, one pagers and other relevant written materials to be distributed by community providers, schools, doctors' offices
    b. Develop TV and/or radio adds to share word about services available

These efforts will need to be supported by our committee, as well as grass roots efforts, to have a deep reach into the community. We will rely on the ability of those we have engaged thus far, to help spread the word and link to communications regarding these services.

Projected Costs

The primary cost of these efforts will be based on staffing and program related costs. The stakeholders group decided to have the smaller workgroup build out plans specific to the three areas of a Crisis Line, Pediatric Mobile Crisis Response Team and a Physical Center for Crisis Stabilization, before establishing a budget. These project costs will be impacted by existing services, existing staffing and the need for expansion. The targeted date for completion of a proposed budget is May 2017.