

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

Health: A Partnership between Title V and SAMHSA

GARY LIPPE: Well, some of you are going to feel like you're at a wedding reception, where the bride gets up, and they tell all about her history, what got her to this point, and then the groom gets up, and they tell all about how the groom got to this point, and ta-da, they found each other and they got married. Well, Jeff and I feel a little bit like that at times.

So, this morning, my role is to tell a little bit about how, from my perspective, we got to where we are in Northeast Iowa. I'm Gary Lippe. I'm the Service Area Manager for the Department of Human Services in 10 counties in Northeast Iowa. That means I manage the offices there that do child welfare, they do Medicaid determination, we do childcare assistance, we do food assistance, but the majority of my time, actually, is spent around child welfare.

I started in Dubuque County in 1991. And one of the things that I wanted to do was to develop individualized services for families and to figure out how to do that. So, we started that there by pulling together the director of the area education agency, the school administrators, the juvenile justice administrator for the area, and myself. And we spent a lot of time together in what we call a little

project called PPP, Pennies, Policies and Procedures, because what we were finding is we had families where there were particular needs that none of us could address, but if we got together as a group, as administrators, we could deal with some of those issues. At the same time, at the family level, the kids that were in juvenile justice and the kids that were in child welfare were having what we called family team meetings, or in those days, we call them case facilitations. And they were trying to develop individualized plans to meet the needs of those families. So, that's sort of the background that evolved in--on my side to why we needed to do something bigger. Because what we were finding in child welfare was we were serving families that, really, the children had mental health needs, they didn't have child welfare needs, but the only way they can access the services that they needed was through child welfare. And that usually meant surrender of many of their rights to the juvenile court to determine what service was going to happen, with no impound under the family, except what we could do in the case facilitation process. And most of those kids were being served in some kind of residential environment, treatment environment, either a PMEC in state, Psychiatric Medical Institution for Children, or residential treatment, or far too often, outside the state. And so, those things were troubling to me because that wasn't where those kids needed to be served in child welfare. First of all, it was troubling to me because my primary mission in child welfare was protecting kids from abuse and neglect. And a lot of the resources that I had available to me was spent on mental health issues that I felt, and the state as a whole really felt, should be addressed elsewhere but was not happening. So, as Jeff mentioned,

that brought us to a system of care grant. It's really a coalition of--between SAMHSA, System of Care Cooperative Agreement, Department of Human Services, who received that grant, and then we form what we called the Community Circle of Care and contracted with child health specialty clinics then to become the primary deliver of services.

How did that happen? Well, it happened because we dreamed. I had to throw in a few a slides from Northeast Iowa. Field of Dreams movie happened, what, 18 years ago. You can go out there today and there are cars there all the time and people who have never forgotten that dream. So, we dreamed. We dreamed that we could do better. And that was really my dream with the mental health kids was, how could we provide better access. And so, one of the things that we try to do was to overcome the barriers that needed to be overcome, because it always seem to parents like they were hitting the wrong the door. They would go to a mental health center and they would say, "Well, we can provide counseling." But the parent would say, "They need more than that." Or they would go to a mental health center and they need some sort of diagnostic work, "Well, we don't do that. You have to go to the area education agency for that. And we don't"--there, they would say, "Don't--we don't provide services. You need to go to DHS for services." And the last (inaudible) a family happened to have very good insurance. That was sort of the runaround that they got.

So, we needed to change that so that there was no wrong door, that there was

this lighthouse, and actually, we don't have the oceans, but we do have the Mississippi River. So, it's a little bit appropriate, maybe not the lighthouse, but at least the navigation part. And the other thing that families needed was someone that could help them navigate all of those systems and services, because we didn't find that we were so short of services as we were of a way of accessing those and a way of helping families get the parts of those services that they needed, and also providing coordination. There was the educational services, there was the medical services, there was maybe mental health services, and there were other things, none of which were talking to each other very effectively in most situations. So, there need to be some way of coordinating that.

And finally, the thing that we found that was preventing often success was individualized supports. We also happen to be close to Wisconsin. These are Wisconsin cows, these are Iowa cows, but we have dairy industry there. But anyway, it was not the individual supports. For example, we had a child who was at MHI, which is--was our State Mental Institution. Ironically, this lot facility, which housed thousands of people over the years since the 1800's, when it was founded, was in a little town called Independence. So, you never know whether you told families the child was going to MHI or you told them they were going to Independence. So, it's just contradictory. But in any case, we had a girl there that was a teenager, who we were trying to get back to live closer in her community in Dubuque. And the staff at MHI said, "There is no way this girl can leave. She, in fact, most likely, she's going to be need to be here at the institution for a long

time, maybe most of her life.” And I had a person on my staff who did these case facilitations, family team meetings, that just would not believe that. And so, we were working to try to get her in a residential facility closer. And the residential facility would not take her. She--they felt that her needs were too great. So, instead, what we try to do was to figure out what are really the exact supports and services that this family needs to serve this child in their own home. And low and behold, they put together a plan, because they ended up with individual supports that suited this family and this girl’s needs. She came out of the institution, not to her residential treatment facility, but to her own home, received the treatment services that she needed there and has stayed there most of her teenage years with very few, infrequent and more intensive services. That really was the dream that we had. Can we do that more and more?

In those meetings with families and people from the schools and child welfare and juvenile justice, we really figured out we had common goals. We wanted children and youth to be safe and stable in their own homes. We wanted to assist families to meet their children’s needs. We wanted to seek, to preserve the family, or reunify the family if they have been removed. We found by meeting the mental health needs of children and youth that was what was one of the critical things that we needed to meet those new goals.

We had discussed in our groups within the local area, really, what had worked and it appeared to us that there were several things that worked. And then when

I became familiar with the system of care grants, they had documented a number of things that worked, and I'm not going to read all of those, but what it basically means is that when you meet the children's mental health needs and their medical needs and educational needs, you can become successful. But it takes a collaboration of all kinds of people to partner with the families to accomplish that. And they also had talked about the same goals that we had really discovered and values that we discovered locally. So, the documented benefits when you've met the mental health needs of the children are the homes--the families are much more stable, that the need for out-of-home placement decreases. Families are stronger. Caregivers have less strain. There is--the family is functioning better. Families have more resources. Parents don't have to quit or lose their jobs to care for their kids, and they have more time to support their children.

So, where we ended up between Jeff's path and my path and an opportunity by the State of Iowa to apply for the SAMHSA system of care grant, DHS had decided to apply again for this grant. We were the--one of the last two states to not have any of these grants, and they selected my service area as the location where they would focus on, primarily based on the work that had been done around this case facilitation, family team meetings, and our success at keeping families and kids together. So, once there was an application submitted, it was--it was accepted, but we missed the cutoff by a couple of points. And during that time, Jeff and I were working together on that oversight committee, and I started to hear a number of the things that he was doing within the child's health

specialty clinics, which meshed very well with what I was wanting to accomplish with the system of care grant. So, then we've put our heads together, wrote an addendum to the original grant, which actually never was submitted, but which became the model for when we actually were awarded the grant in the subsequent year when they moved on down the scoring by a point or two, and we were able to be successful. So, together now, we had not only the grant, but we had the plan that Jeff has outlined. The things that we hope to accomplish parallel the things that I've identified, improved access, empowered caregivers, coordinated services, decreased out-of-home placements, individualized services and supports to each family. I want to talk a little bit about that because I believe that is one of the keys, and as already been noted, it's one of the things that was most needed sometimes with families. We really needed the access, we needed the diagnostic work, but once all of that was done, one of the things that the specialty clinics brought to us was kind of a protocol, a medical protocol that was rigorous in the sense that it did use some evidence-based practices or best practices and could inform the family very well. But it also--we also needed to empower the families to identify what did it--would it take to help keep this child at home? What supports did you really need? And so, we, in the grant, have an opportunity to provide wraparound services. But we also have the philosophy that would develop, that will drive us in developing additional supports and services, not because a group of us think that's what ought to happen. But when you're doing individualized service plans, you start to identify, this family needs this. Well, we can provide that under wraparound. This family needs this. We can

provide that maybe under wraparound because it's a little thing in addition to the, maybe, the standard treatment. But pretty soon, you find this family, this family, and this family needs that. And that's what could drive your service development. That's, to large extent, what we've done in child welfare in my service area, and that's really what I hope to do with this and mental health, as well, is to let those family needs drive the service development.

So, we hope to accomplish a great deal. We're well on our way of getting this thing up and running. We dread that that Dr. Lobas is leaving, but we think we can continue our dream anyway. Thank you.