

Tanager Place & Orchard Place

As the only two free-standing Psychiatric Medical Institutions for Children (PMICs) in the state, Tanager Place and Orchard Place serve mentally ill children with complex psychiatric and health needs. Tanager Place and Orchard Place are proposing initial key steps to lay the foundation for the creation of a system of care for children in Iowa with mental illness. The ultimate goals of this long-term, multifaceted approach are:

1

To provide continuity of care for children and their families that allows for effective and smooth transitions.

2

To create an accountable and efficient system that will meet the unique needs of these children and provide savings in the long-term.

3

To improve outcomes for children with mental illness in family, school, and social settings in the community.



Tanager Place



Orchard Place

The Children

- The average child in the PMICs at Tanager Place and Orchard Place is thirteen years old with four prior out-of-home placements, with the first placement at 10 years of age.
- Almost a quarter of the children served by Tanager Place and Orchard Place have parental rights terminated and have no permanent family of their own.
- Approximately 35% of children do not return home, and they have an array of needs that are not easily addressed by the current service delivery system, creating barriers to their recovery and stability.

Current Environment

- **No mental health system of care.** PMIC is the only level of care in Iowa that specifically treats children with mental illness. Most mental health services provided to children in Iowa are provided by default through the child welfare system, juvenile justice system, family physicians, and schools. Current foster care homes often have many children in their homes, have multiple service providers, and do not receive the individualized training and supports they need to care for children with mental health needs. Iowa lacks any transitional services, which leads to longer lengths of stay in PMICs. Left untreated, childhood mental health disorders lead to school failure and drop-out, drug use, criminal and risky behaviors, and suicide.
- **Outdated guidance for PMICs.** Administrative rules for PMICs do not allow for flexibility in meeting increasingly more complex and severe needs with limited funding. PMICs receive the lowest rate of reimbursement in the country for these specialized services, and cost reporting does not reflect actual costs incurred by PMICs in Iowa. Successful transition to community-level services requires that current services are appropriate and accountable.
- **Stigma.** There is a reluctance to label children with a “mental illness.” Mental illness must be recognized as a serious disorder which requires treatment throughout the course of a person’s life.

Building a System of Care

Transitional and support services are desperately needed to serve children with complex needs who can be treated in their communities with appropriate assistance following discharge from PMIC treatment. We propose three steps to begin to lay the foundation for a continuum of care for children with mental illness.

- **Multidimensional Treatment Level Foster Care.** Provide enhanced recruitment, retention and individualized and ongoing training supports to foster parents of children with treatment needs. Working with the family as part of the team, Tanager Place and Orchard Place will offer ongoing support and assistance to ensure consistency and stability for the child, including 24 hour on-call crisis intervention. The support staff will have intimate knowledge of the treatment needs of the child, which will allow for smoother transitions from the residential setting to the foster family. Quality foster care homes will be retained because they have access to the supports they need.
- **Accurate Cost Reporting by PMICs.** Adjust cost reporting policies to allow PMICs to uniformly report the costs associated with providing services. Understanding the true cost of current services provides a basis for building a system of care with an array of service options.
- **Increase Efficiency and Flexibility.** Revise administrative rules, which were last updated in 1962, to correspond with today’s practices and to provide more flexibility in providing services. Allow Advanced Registered Nurse Practitioners to provide services, and realign supervision requirements for licensed social workers.