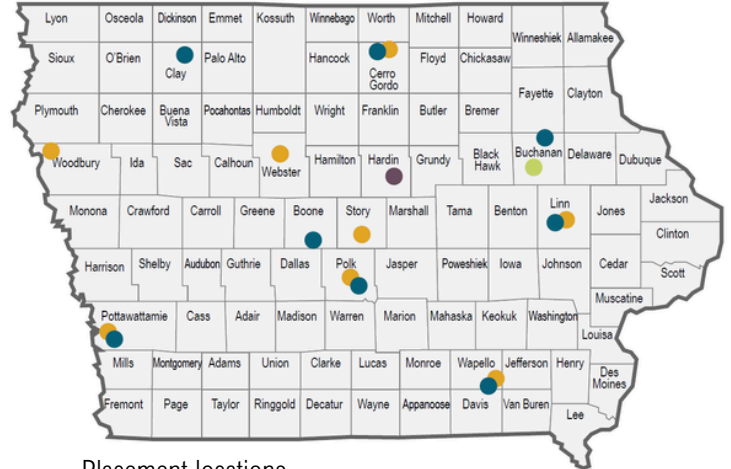


## Behavioral Health

**40%** The number of people with behavioral health conditions has almost doubled in the past 3 years.<sup>1</sup>

Before the pandemic, about 20% of the population experienced these conditions. Today, these numbers have doubled to approximately 40%. Social isolation during the pandemic, social media use by impressionable youth, phone use in school and trauma are all contributing factors to behavioral health conditions. Trauma is a key indicator as it has significant negative impacts on the development of a child's brain.

<sup>1</sup> Manderscheid, R. W., & Ward, A. A. (2024). Stepping into the future of behavioral health: Opportunities, challenges, and possibilities. American Journal of Orthopsychiatry.



Placement locations

- Shelter
- Qualified Residential Treatment Program (QRTP)
- State Training School for Boys (STS)
- Independence Mental Health Institute (IMHI)

Children enter the foster care system in a variety of ways, most commonly when a caregiver is failing to keep a child safe from abuse or neglect. This can also happen when otherwise appropriate parents do not believe they can care for their child and voluntarily relinquish the child to the state as a Child In Need of Assistance (CINA) case. When youth are in foster care, juvenile judges determine the level of care and the State ensures placements are appropriate.

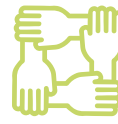
HHS Placement Type	2024 Total Youth Placed*
State Mental Health	33
Qualified Residential Treatment Program (QRTP)/ Neurodevelopmental and Comorbid Conditions (NACC) over 365 days	139
Shelter over 60 days	241
Entered foster care due to behavioral/mental health	49
Child in Need of Assistance (CINA)	23

\*Each youth is only listed once per applicable category.

## What is HHS proposing?



**Division 1**  
Residential assessment, evaluation and treatment for youth



**Division 2**  
Home and Community-Based Services (HCBS) waiver and other Medicaid program services for certain youth



**Division 3**  
Juvenile Court Services (JCS) administration and supervision



**Division 4**  
HAWK-I changes for incarcerated youth

## Division 1

### Proposed: Safety and Security

- Clarify in Iowa code which child serving settings can be secure and what level of security is allowed.
- Focus on structural improvements.

### Proposed: 30-Day Evaluations

- Create a clear pathway for 30-day, court-ordered behavioral health evaluations for child welfare and non-child welfare involved youth.
- Child welfare evaluations may take place at the State Training School for Boys (STS)
- Non-child welfare evaluations may take place at public hospitals which includes Independence Mental Health Institute.

## Division 2

### Current State

- Youth between the ages of 16-17 years old who need Supported Community Living (SCL), a service provided through Home and Community-Based Services (HCBS), are seeing a delay in the initiation of those services because current provider certification requirements only allow them to care for those who are 18 and above.

### Proposed

- Allow those who are certified to provide HCBS services for adults to also serve youth ages 16 and 17 in the same setting. This will smooth the transition process between a youth setting and an adult setting.

## Division 3

### Current State

- Under Iowa's current structure within Juvenile Court Services (JCS), chief juvenile court officers in each judicial district report to the chief judge of their respective judicial district.

### Proposed

- Adopt the governance structure changes as outlined in the 2023 report from Iowa Supreme Court's Juvenile Justice Task Force.
- The task force recommended amending chapter 602 to transfer the administrative authority of JCS within the Judicial Branch from the chief judges to state court administration and the JCS Director.
- Promote consistency in practice and standardization of policies and procedures across the state to support the safety of youth, staff and Iowa's communities.

## Division 4

### Current State

- Iowa currently terminates coverage for HAWK-I covered youth upon incarceration as instructed by federal regulation.
- As of January 1, the federal government require states to suspend HAWK-I coverage for youth upon incarceration.

### Proposed

- Align policies for suspending HAWK-I coverage with suspension of Medicaid coverage for incarcerated youth.
- Amend code to remove the restriction that ends HAWK-I coverage for minor inmates and add a provision to mirror the process used for Medicaid youth.