



CHILDREN'S BEHAVIORAL HEALTH SYSTEM

DECEMBER 2024



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INTRODUCTION

This Annual Report of the Iowa Children’s Behavioral Health System is being submitted pursuant to Senate File 2385, which was signed into law by Governor Kim Reynolds on May 17, 2024. Division XIII of the bill repeals the Children’s Behavioral Health System State Board (Children’s Board) and reassigns the duties to the Council on Health and Human Services (HHS Council) effective July 1, 2024.

This report includes a summary of all activities undertaken by the HHS Council and the Children’s Board relating to the children’s behavioral health system and results from identified behavioral health outcomes and indicators for the children’s behavioral health system.

Executive Summary

HHS COUNCIL

The HHS Council was established in Iowa Code § 217.2 to act in a policy making and advisory capacity on matters within the jurisdiction of the Department of Health and Human Services.

HHS COUNCIL MEMBERSHIP

Iowa Code § 217.2 requires members of the HHS Council to be individuals with an interest in public affairs, good judgment and knowledge and ability in the field of health and human services. The HHS Council membership consists of nine voting members appointed by the Governor and subject to confirmation by the senate. See Appendix B for membership list.

HHS COUNCIL MEETINGS

The HHS Council met a total of seven times virtually during 2024. The HHS Council had discussions on the following topics: HHS System Alignment, Behavioral Health Service System, Certified Community Behavioral Health Clinics (CCBHCs), and Disaster Behavioral Health Response Team (DBHRT) also known as Project Recovery Iowa. See Appendix C for presentation details.

CHILDREN'S BOARD

The Children's Board was established in Iowa Code § 225C to oversee and guide the implementation and management of a Children's System for the provision of services to children with a serious emotional disturbance. The members of the Children's Board identify the needs of Iowa's children and work to resolve gaps in service by providing guidance to the Iowa Department of Health and Human Services (HHS) and Department of Education (DE) to promote the development of an effective Children's System in our state.

CHILDREN'S BOARD MEMBERSHIP

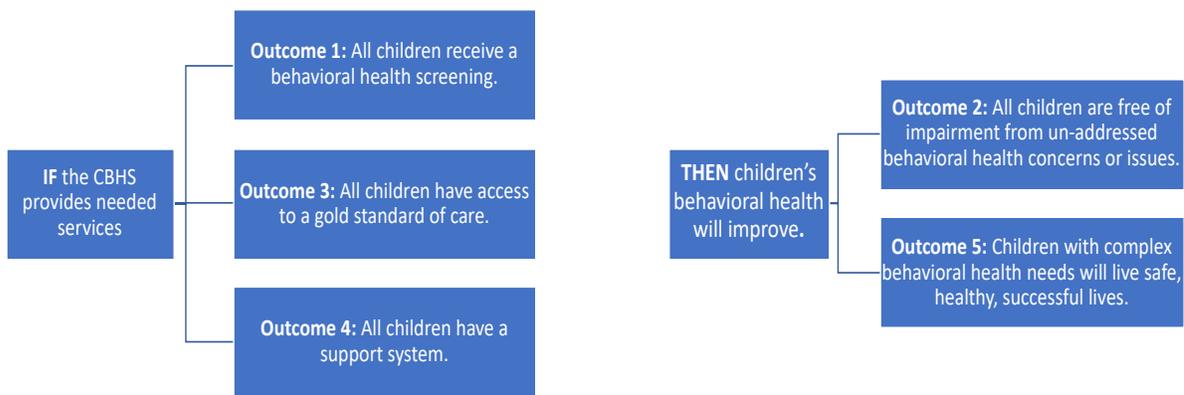
Iowa Code § 225C required members of the Children's Board to be individuals with lived experience and individuals with experience and knowledge about children's behavioral health services. The Children's Board membership included the Directors of the Department of Education (DE) and Department of Health and Human Services (HHS) serving as co-chairs and public members appointed by the Governor. See Appendix D for membership list.

CHILDREN'S BOARD MEETINGS

The Children’s Board met virtually a total of three times during 2024. The Children’s Board had discussions on the following topics: Current Events impacting the Children’s System, Data Dashboard Vision and Proposal, Universal Screenings, State of Iowa Youth Advisory Council (SIYAC), and Behavioral Health Alignment. See Appendix D for presentation details.

Outcomes and Indicators for the Children’s Behavioral Health System

The Children’s Board has prioritized five key outcomes (See Appendix A) that are central to monitoring the implementation and impact of the Children’s Behavioral Health System. The Board’s approach to monitoring is displayed in the graphic below.



Through the most recent strategic planning process undertaken by the Children’s Board, *Outcome 2: All children are free of impairment from un-addressed behavioral health concerns or issues*, was prioritized for analysis for this report.

METRIC 2.1: DECREASE IN YOUTH SUICIDE IDEATION, ATTEMPTS, AND DEATHS BY SUICIDE.

%of students reporting suicidal ideation (full sample) within the last 12 months for 6th, 8th, and 11th grade

State Fiscal Year	6 th Grade	8 th Grade	11 th Grade
SFY2016	17%	21%	24%
SFY2018	15%	22%	26%
SFY2021	17%	21%	24%

According to the Iowa Youth Survey, the percentage of students anonymously reporting they have seriously thought about ending their life has remained relatively consistent over the last three data collections. With higher rates reported in middle and high school.

% of students reporting attempting suicide (full sample) within the last 12 months for 6th, 8th, and 11th grade

State Fiscal Year	6 th Grade	8 th Grade	11 th Grade
SFY2016	3%	4%	5%
SFY2018	3%	6%	5%
SFY2021	4%	5%	5%

According to the Iowa Youth Survey, the percentage of students anonymously reporting they have attempted ending their life has remained relatively consistent over the last three data collections. With higher rates reported in middle and high school.

of teenage deaths by suicide

State Fiscal Year	Ages 10-19
SFY2018	31
SFY2019	35
SFY2020	32
SFY2021	36
SFY2022	35

According to the Vital Statistics of Iowa reports, there has been some variation in the number of teenage deaths by suicide over the last three state fiscal years, with an overall upward trend.

Overall, the data trends indicate that the rates of suicidal ideation, attempts, and deaths by suicide are not decreasing as desired.

METRIC 2.2. DECREASE IN HOSPITALIZATION DUE TO MENTAL HEALTH

Data are not available at the time of this report.

METRIC 2.3. DECREASE IN THE NUMBER OF CHILDREN NEEDING BEHAVIORAL HEALTH SERVICES

Iowa Medicaid and Children with Serious Emotional Disturbance (SED), Iowa Medicaid Dashboard, Serious Emotional Disturbance – Managed Care Organization (SED – MCO) & Fee for Service (FFS)

Description	SFY2020	SFY2021	SFY2022	SFY2023
Unique Iowa Medicaid members Ages 0-21	371,354	399,159	412,581	411,364
Unique Iowa Medicaid members with an SED diagnosis , Ages 0-21	83,195	86,048	90,325	92,808
Member Rate Per 1,000 (Lower rates better for this measure type), Ages 0-21	224.0	215.6	218.9	225.6
Total Visits, Ages 0-21	1,080,904	1,109,337	1,133,912	1,111,876

Iowa Medicaid and Children with Mental Health Assessment as Part of Treatment, Iowa Medicaid Dashboard, Mental Health Treatment & Services – MCO & FFS

Description	SFY2020	SFY2021	SFY2022	SFY2023
Unique Iowa Medicaid members Ages 0-21	371,354	399,159	412,581	411,364
Unique Iowa Medicaid members with a mental health assessment , Ages 0-21	39,119	40,518	43,191	42,069
Member Rate Per 1,000 (Higher rates better for this measure type), Ages 0-21	105.3	101.5	104.7	102.3
Total Visits, Ages 0-21	55,386	58,703	62,426	59,523

Overall, Iowa Medicaid Membership Data for children indicate a general upward trend in terms of the number and rate of children with an SED diagnosis and needing treatment. It is important to note that the first year available is SFY2020, which was during the COVID-19 pandemic.

Appendix A: Identified Outcomes for the Children's System

Outcome 1: All children receive a behavioral health screening.

Outcome 2: All children are free of impairment from un-addressed behavioral health concerns or issues.

Outcome 3: All children have access to a gold standard of care.

Outcome 4: All children have a support system.

Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.

Appendix B: HHS Council Membership List 2024

MEMBER	CITY	TERM ENDING
Andrew Allen	Huxley	4/30/2029
Kay Fisk	Mount Vernon	4/30/2025
Dr. Monika Jindal	Tiffin	4/30/2025
Dr. Donald Macfarlane	Iowa City	4/30/2027
Sandra McGrath	Eagle Grove	4/30/2027
Rebecca Peterson	Clive	4/30/2029
Samantha Rozeboom	Inwood	4/30/2029
Samuel Wallace	Des Moines	4/30/2025
John Willey	Maquoketa	4/30/2025
EX-OFFICIO LEGISLATIVE MEMBERS		
Senator Jeff Edler	State Center	1/12/2024
Senator Sarah Trone Garriott	Waukee	1/12/2024
Representative Heather Matson	Ankeny	1/12/2024
Representative Ann Meyer	Fort Dodge	1/12/2024

Appendix C: HHS Council Presentations

Throughout the past year, the HHS Council heard the following additional presentations relating to the children's system:

- 1. System Alignment** – Health Management Associates (HMA) produced a report of system alignment recommendations to stakeholders. The goal of the alignment is to create consistency in access to services for Iowans, and better use funding, talent, and other resources with an initial focus on behavioral health services and supports.
- 2. Legislative Updates** – Legislation was introduced in February 2024 to establish a Behavioral Health Service System (HSB 653 and SSB3146). The legislation establishes a new code chapter for Iowa's Behavioral Health Service System effective July 1, 2025. It outlines the structure, function, governance, and authority for a new district Administrative Service Organization (ASO) structure to truly stand up a BH system in the state that integrates mental health and addictive disorders into one cohesive system. It also integrates disability services language with Aging to concentrate on home and community based long term services and supports.
- 3. Certified Community Behavioral Health Clinics (CCBHCs)** – In April 2024, the Behavioral Health team finalized and submitted Iowa's application for a Medicaid demonstration project for Certified Community Behavioral Health Clinics (CCBHCs). Nine Iowa providers met the threshold of provisional certification.
- 4. Disaster Behavioral Health Response Team also known as Project Recovery Iowa (DBHRT/PRI)** – HHS was awarded on June 1 as one of the state's designated for a Community Behavioral Health Demonstration. The Project Recovery Team provides short-term crisis counseling services to those in need, translation services for those with language barriers, and assist with other navigation, including transportation and helping individuals find food, and partnering with local agencies in any way possible.

Appendix D: Children’s Board Membership List 2024

MEMBER CITY (COUNTY)	TERM SERVING	REPRESENTS
Kelly Garcia, Co-Chair (Polk)	Standing	Department of Health and Human Services (Director)
Kim Buryanek, Co-Chair (Polk)	Standing	Department of Education Designee (Division Administrator)
Marcus Johnson-Miller (Polk)	Standing	Iowa Department of Public Health (Bureau Chief)
Beth Townsend Adel (Dallas)	Standing	Department of Iowa Workforce Development (Director)
Sue Gehling Breda (Carroll)	Standing	Iowa Mental Health and Disability Services Commission (Representative)
Vacant	Vacant	Iowa State Court Administrator (Chief Juvenile Court Officer)
Aaron Johnson Ankeny (Polk)	1 st Term 5/1/23 to 4/30/27	Early Childhood Iowa Designee
Vacant	Vacant	Child Mental Health Provider
Andrew Allen Huxley (Story)	2 nd Term 7/11/23 to 4/30/26	Child Welfare Provider (President and CEO of YSS)
Cindy Yelick Pella (Marion County)	1 st Term 5/1/23 to 4/30/27	Area Education Agency Administrator (Northwest AEA)
Kari Price Altoona (Polk)	1 st Term 2/25/22 to 4/30/25	School District Educator, Counselor, or Administrator (Des Moines Public Schools)
Kristie Oliver Des Moines (Polk)	1 st Term 2/6/23 to 4/30/26	Children’s Health Organization Advocate (Executive Director, Coalition for Family & Children’s Services in Iowa)
Mary Neubauer Clive (Dallas)	3 rd Term 5/1/23 to 4/30/27	Parent or Guardian of a Child with Serious Emotional Disturbance (Parent Advocate)

Sheriff Jason Sandholdt Knoxville (Marion)	2 nd Term 7/11/23 to 4/30/26	County Sheriff (Marion County Sheriff)
Dr. Nathan Noble Clive (Dallas)	2 nd Term 7/11/23 to 4/30/26	Pediatrician (UnityPoint Health Des Moines)
Carol Meade, MSW, LISW Newhall (Benton)	2 nd Term 6/30/21 to 4/30/25	Health Care System Representative (Director of Behavioral Health Services, St. Luke's)
Darci Alt Redfield (Dallas)	2 nd Term 6/30/21 to 4/30/25	Mental Health and Disability Services Region Chief Executive Officer (CEO, Heart of Iowa Region)
Bradley Niebling, Ph.D. West Des Moines (Dallas)	Standing	Ex Officio Representative (non-voting)
Representative Timi Brown-Powers Waterloo (Black Hawk)	3 rd Term 5/11/23 to 1/12/25	House Minority Leader (non-voting)
Senator Claire Celsi West Des Moines (Polk)	1 st Term 2/10/23 to 1/12/25	Senate Minority Leader (non-voting)
Senator Jeff Edler State Center (Marshall)	3 rd Term 1/22/23 to 1/12/25	Senate Majority Leader (non-voting)
Representative Jeff Shipley Fairfield (Van Buren)	1 st Term 5/03/23 to 1/12/25	Speaker of the House (non-voting)

Appendix E: Children’s Board Presentations

Throughout the past year, the Children’s Board heard the following additional presentations relating to the children’s system:

1. **Data Dashboard Proposal and Vision** - Members of the Children’s Board Metrics and Outcome Subcommittee reviewed board member’s vision and goals for a data dashboard focused on children’s needs.
2. **Universal Screening** – Iowa HHS shared work that is being done in screening and early intervention to ensure children receive appropriate developmental, behavioral, or medical evaluation, or special education services.
3. **State of Iowa Youth Advisory Council (SIYAC)** - Established in 2001 by former Governor Tom Vilsack as a way for youth to inform legislators and policymakers on youth issues, SIYAC became a statutory council in 2009 under the umbrella of the Iowa Collaboration of Youth Development. SIYAC’s purpose is to foster communication among a group of engaged Iowa youth and the governor, general assembly, and state and local policymakers regarding programs, policies, and practices affecting youth and families; and to advocate for youth on important issues affecting youth.
4. **Behavioral Health Alignment** - The Iowa Department of Health and Human Services (Iowa HHS) reviewed the Behavioral Health (BH) system alignment timeline that has been developed by HHS in response to the passing of HF 2673, a bill that aligns Iowa’s 32 mental health and substance use regions into 7 unified behavioral health districts to improve outcomes for Iowans.