



*Fiscal Services Division*

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**Inside this Fiscal Research Brief**

**Summary**

This *Fiscal Research Brief* provides an indepth review of the State-Operated Specialty Care facilities managed by the Department of Health and Human Services (HHS), including an overview of their purposes, populations served, staff, and funding.

**Affected Agencies**

Department of Health and Human Services

**Iowa Code Authority**

Iowa Code chapters [135C](#), [218](#), [222](#), [226](#), [229A](#), and [233A](#)

Prepared by:

Lindsey Ingraham  
 Iowa Legislative Services Agency  
 State Capitol  
 Des Moines, Iowa 50319  
 515.281.6764  
 lindsey.ingraham@legis.iowa.gov

**State-Operated Specialty Care Facilities**

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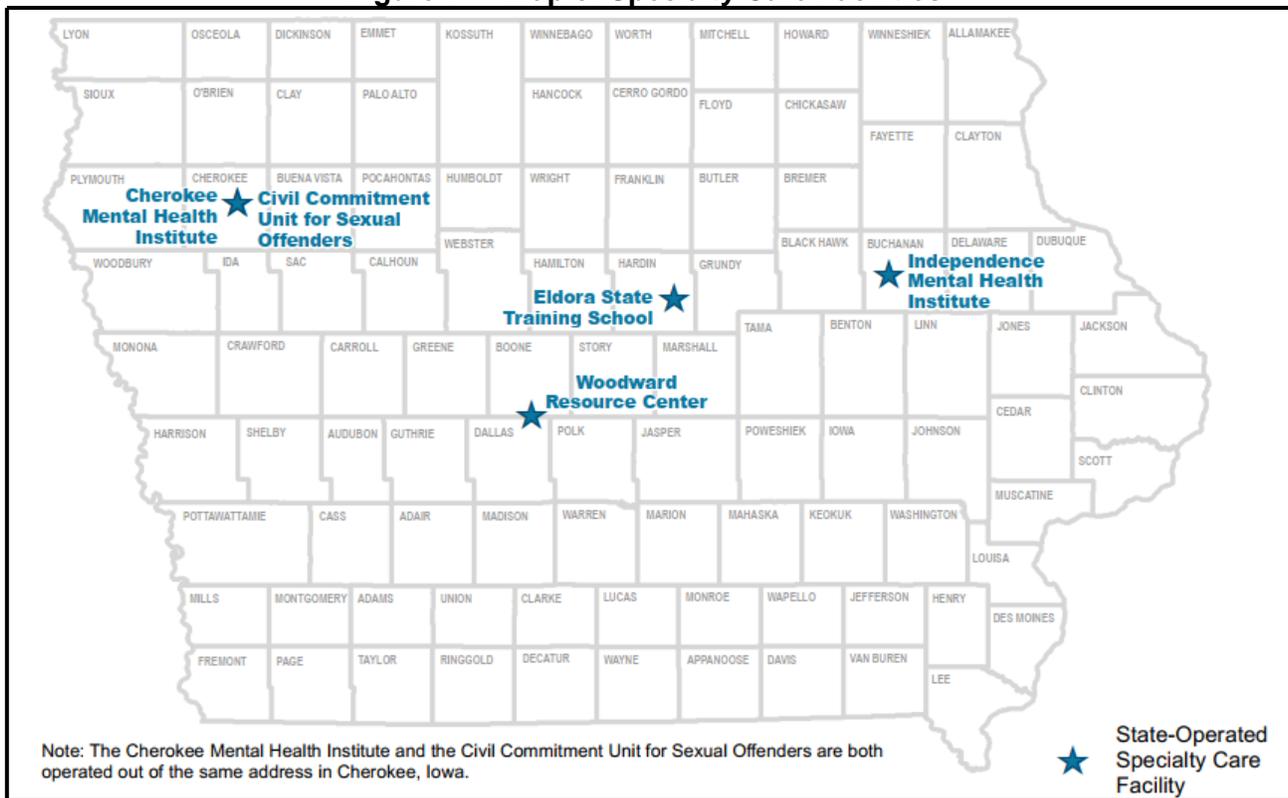
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**Background**

In Iowa, there are five specialty care facilities operated by the State-Operated Specialty Care Division of the Iowa Department of Health and Human Services (HHS) that provide specialized institutional services and treatments related to mental health, behavioral health, education, and rehabilitation for adults and adolescents in Iowa. These facilities include the Cherokee Mental Health Institute (MHI), the Independence MHI, the Civil Commitment Unit for Sexual Offenders (CCUSO), the Woodward Resource Center, and the State Training School (STS) at Eldora. The specialty care facilities are intended to serve Iowans with a variety of mental health, behavioral health, and rehabilitation needs who cannot access necessary care through other sources. Over the course of Iowa’s history, the State has operated four other facilities that provided institutional care and treatment to Iowans that have since been closed. The services offered, populations served, and missions of the institutions have shifted over the course of their history as Iowa’s policies on mental health and institutionalization have changed. **Figure 1** shows the locations of each of Iowa’s specialty care facilities.

**Figure 1 — Map of Specialty Care Facilities**



**History of Institutionalization Policy and Facility Closures**

The Mount Pleasant MHI was the first state-funded psychiatric institution in Iowa and began operations in 1861. Individuals who were previously housed in county homes, jails, private hospitals, and almshouses throughout the State were sent to the Mount Pleasant MHI after its opening.<sup>1</sup> Over the course of the next century, the General Assembly would periodically appropriate funds to expand the Mount Pleasant MHI and for the construction of other facilities. The Eldora STS opened in 1873, originally operating as the Boys’ Industrial School beginning in 1868. The Independence MHI also

<sup>1</sup> Calvert, G., (1972) “A Short History of the Mental Health Institute at Mount Pleasant 1855-1899”, *The Annals of Iowa* 41(5), 1022-1039. [doi.org/10.17077/0003-4827.8275](https://doi.org/10.17077/0003-4827.8275)

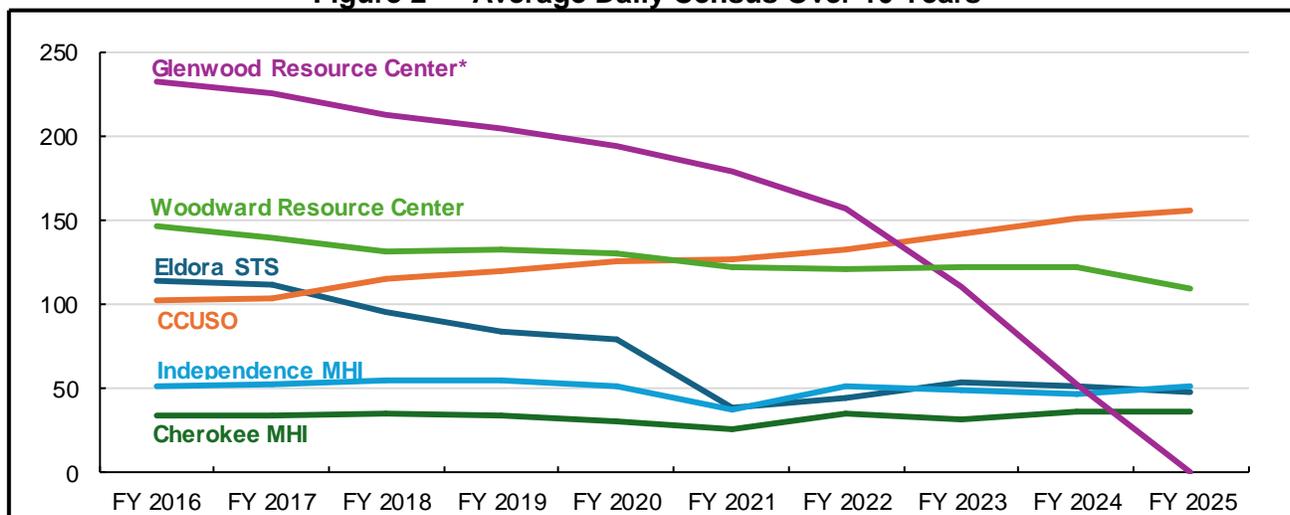
began operations in 1873, which helped alleviate overcrowding that had persisted at the Mount Pleasant MHI in the preceding years. The Glenwood Resource Center was opened as the Iowa Institution for Feeble-Minded Children in 1877 after originally operating as a home for orphaned children of Civil War veterans beginning in 1866. The Clarinda MHI began operations in 1885, providing further relief from overcrowding at the other MHIs. The final MHI opened in Iowa was the Cherokee MHI, opened in 1902. The Iowa Juvenile Home and STS for Girls at Toledo began operations in 1920. The last facility opened was the CCUSO, originally established at the Iowa Medical and Classification Center at Oakdale in 1998 before being relocated to the Cherokee MHI campus in 2003.

In the mid-20<sup>th</sup> century, due to advancements in medication and care standards, policy regarding the care and treatment of the mentally ill shifted towards deinstitutionalization. Deinstitutionalization shifted mental health care and support from long-term stays at psychiatric institutions to mental health services within communities. Inpatient psychiatric services were considered then, and are still considered, to be essential forms of psychiatric care but an emphasis was placed on developing resources within communities to allow for less reliance on inpatient institutionalized care. At that time, the State operated four MHIs for the treatment of those with psychiatric needs, two resource centers for the treatment of those with intellectual disabilities, and two State Training Schools for the treatment and education of youth adjudicated as delinquents. The development of mental health resources on the community level eventually resulted in decreasing censuses at the specialty care facilities. Over time, the State reevaluated how many specialty care facilities were needed in the State to meet the needs of Iowans. The State eventually closed the Iowa Juvenile Home and STS for Girls at Toledo (January 15, 2014), the Clarinda MHI (April 10, 2015), the Mount Pleasant MHI (April 10, 2015), and the Glenwood Resource Center (June 30, 2024).

**Census**

The average daily census for specialty care facilities has been decreasing annually over the last several decades. This decrease can be attributed to the development of resources at the community level as well as the closure of facilities. In FY 1985, the average daily census total across all the specialty care facilities was 2,299. In FY 2025, the average daily census total across all the specialty care facilities was 345. **Figure 2** shows the average daily census for each specialty care facility over the last 10 years.

**Figure 2 — Average Daily Census Over 10 Years**



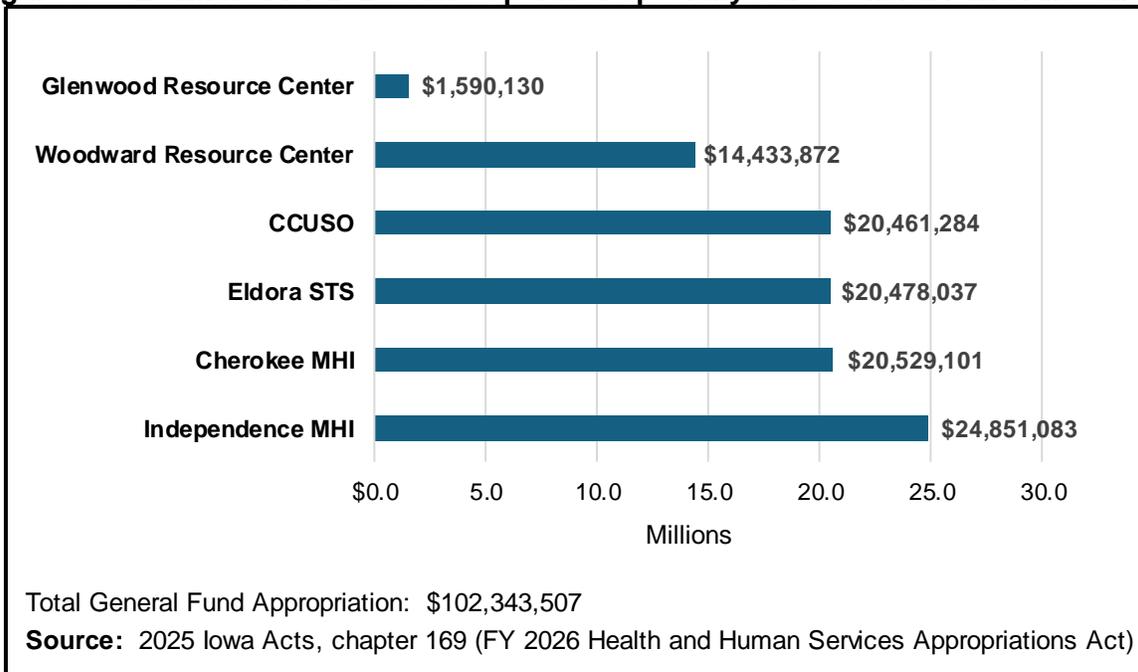
Note: The Glenwood Resource Center closed at the end of FY 2024.

Source: Iowa Department of Health and Human Services

**Appropriations**

Until FY 2025, each specialty care facility received a General Fund appropriation through the annual HHS Appropriations Act. 2024 Iowa Acts, chapter [1157](#) (FY 2025 Health and Human Services Appropriations Act) combined the individual facility appropriations into the State-Operated Specialty Care appropriation. The appropriation is allocated to each of the five operating facilities, with a portion allocated for ongoing costs following the closure of the Glenwood Resource Center. These General Fund appropriations fund salaries, administration, and operations at the facilities. In FY 2026, the specialty care facilities were appropriated \$102,343,507 from the General Fund.<sup>2</sup> **Figure 3** shows the FY 2026 General Fund appropriation for State-Operated Specialty Care split into the allocations for each facility.

**Figure 3 — Estimated FY 2026 State-Operated Specialty Care General Fund Allocations**



There have been several renovation projects at the facilities that have received appropriations from the Rebuild Iowa Infrastructure Fund (RIIF). **Figure 4** shows the breakdown of RIIF funding for the various facilities projects over the last five years.

**Figure 4 — Rebuild Iowa Infrastructure Fund**

Project	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Eldora STS Dorm Renovation	\$ 6,500,000	\$ 0	\$ 0	\$ 0	\$ 0
CCUSO Patient Doors Conversion	0	0	0	50,000	0
CCUSO Renovation	0	1,814,285	0	7,000,000	0
Woodward Tunnel Decentralization	0	0	5,572,736	14,500,000	14,275,000
<b>Total</b>	<b>\$ 6,500,000</b>	<b>\$ 1,814,285</b>	<b>\$ 5,572,736</b>	<b>\$ 21,550,000</b>	<b>\$ 14,275,000</b>

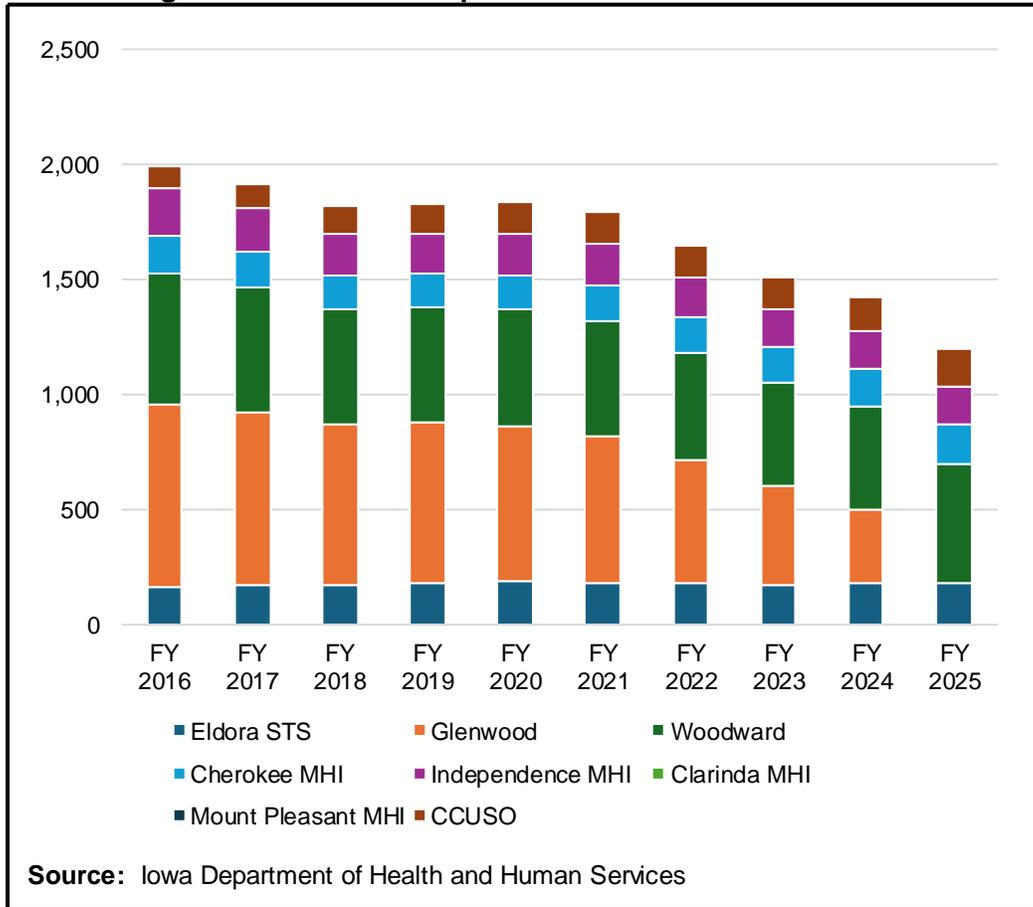
**Source:** Legislative Services Agency, annual Infrastructure Acts

<sup>2</sup> 2025 Iowa Acts, chapter [169](#) (FY 2026 Health and Human Services Appropriations Act)

**Full-Time Equivalent (FTE) Positions**

The number of full-time equivalent (FTE) positions at the specialty care facilities has been decreasing over the last several decades due to facility closures and decreasing facility census. In FY 1984, the total number of FTE positions at the specialty care facilities was 3,826.0. In FY 2024, the total number of FTE positions at the specialty care facilities was 1,279.0. 2025 Iowa Acts, chapter 169 (FY 2026 Health and Human Services Appropriations Act) appropriated 756.0 FTE positions for facilities from General Fund moneys. **Figure 5** shows the number of FTE positions at the facilities from FY 2015 to FY 2024.

**Figure 5 — Full-Time Equivalent Positions Over 10 Years**



**Closed Facilities**

**Toledo**

The Iowa Juvenile Home and STS for Girls at Toledo, herein referred to as the Juvenile Home, operated from 1920 to 2014. The Juvenile Home provided a specialized structured setting to evaluate and treat youth between 12 and 18 years of age who had been determined by the juvenile justice system to require specialized structured program care, evaluation, and/or treatment due to numerous out-of-home placements, disruptive behavior, or extensive involvement in the system.

The Juvenile Home provided the following educational, vocational, and health services:

- A comprehensive residential treatment program that was available 24 hours a day, 7 days a week. This program provided educational, skill-building, and treatment services to meet the individualized needs of the youth.
- Behavior-focused programs intended to improve youth and staff safety, develop social skills, and enhance academic achievement.

- Remedial, vocational, general, special, and postsecondary education; job readiness and active social skill building; and assessment, counseling, and treatment for substance abuse. Youth were able to receive a General Education Diploma (GED), high school diploma, and/or vocational training.
- Medication management, counseling, trauma care, testing, and assessment were used to address medical, psychiatric, and psychological needs.
- Specialized evaluation training services for juvenile court officers and judges.

Over the final decade of operations, the Juvenile Home received an average General Fund appropriation of \$7,341,638 through the annual HHS Appropriations Act. In FY 2013, the funding for the Juvenile Home totaled \$10,327,685 and was comprised of 97.58% General Fund appropriations, 2.09% federal funds, and 0.33% other funds.

On August 20, 2013, Governor Terry Branstad created the Iowa Juvenile Home Protection Task Force by signing [Executive Order 82](#). The Task Force was comprised of five members appointed by the Governor, including the Department of Human Services (DHS) Director at the time; the Executive Director of the Drake Legal Clinic; the Director of Behavioral Services at Mercy Medical Center North Iowa; the Director of Special Education, Area Education Agency 267; and an additional consultant. The Task Force held four public meetings, and it delivered its report on October 9, 2013, including the following:

- Limiting both the Juvenile Home and Training School to serving only girls and continuing operations as a “girls-only” facility.
- Operating the school at the Juvenile Home on a year-round basis but removing the DHS as the operator and placing the local school district in charge of education. Funding would have been needed for the local school district, and the mission would have included integration and collaboration between treatment and education.
- Replacing the cottages on the Toledo campus with living units designed to meet current standards, minimize the opportunity for self-harm, and remove the need for seclusion rooms. The campus cottages had been built or remodeled during the mid-1900s and had outdated floor plans and accommodations. Past campus improvements had included an FY 2006 appropriation of \$8.1 million for a new school, infirmary, and support unit.
- Subjecting any facility operated in the Juvenile Home to third-party oversight or licensure.
- Establishing a funding mechanism to allow private providers the additional funds needed to maintain the children in need of assistance (CINA) youth in private facilities near the residence of each youth and working with Magellan Behavioral Services to assist with arrangements. Once full capacity within private facilities had been reached, placement of CINA youth at the Juvenile Home would have been suspended and the facility would have served only as a State Training School. Any transition would have included ceasing new placements.

On December 9, 2013, the DHS announced the closure of the Iowa Juvenile Home and State Training School and alternative placement of the youth being served at that time. The DHS stated that the closure and alternative placement decision was based on Executive Branch interpretations of recommendations from the Task Force’s report. The facility officially closed on January 15, 2014, with the layoff of DHS staff employed at the Juvenile Home effective on January 16, 2014.

### **Clarinda**

The Clarinda MHI operated from 1888 to 2015. The facility was co-located on the same campus as the Clarinda Correctional Facility operated by the Department of Corrections (DOC). The purpose of the facility was to operate as a regional resource center providing inpatient treatment, training, care, habilitation, and support of persons with a mental illness or a substance use problem. Additionally, the facility was directed to provide services and other support to the communities

located in the region being served by the MHI to maximize the usefulness of the facility while minimizing overall costs.

In the final decade of operations, the Clarinda MHI received an average General Fund appropriation of \$6,468,708 through the annual Health and Human Services Appropriations Act. In FY 2014, the funding for the Clarinda MHI totaled \$8,972,331 and was comprised of 97.29% General Fund appropriations and 2.71% other funds.

In 2015, Governor Branstad line-item vetoed funding for the Clarinda and Mount Pleasant MHIs in 2015 Iowa Acts, chapter [137](#) (FY 2016 Health and Human Services Appropriations Act). Division XLV of the Act was also line-item vetoed, which included provisions related to a private provider for the Clarinda MHI and shared services between the Clarinda MHI and the Clarinda Correctional Facility. The Clarinda MHI closed that year, with funding not appropriated for FY 2016.

### **Mount Pleasant**

The Mount Pleasant MHI operated from 1861 to 2015. The facility shared a campus with the Mount Pleasant Correctional Facility operated by the DOC. The purpose of the facility was to operate as a regional resource center providing inpatient treatment, training, care, habilitation, and support of persons with a mental illness or a substance use problem. Additionally, the facility was directed to provide services and other support to the communities located in the region being served by the MHI to maximize the usefulness of the facility while minimizing overall costs.

The Mount Pleasant MHI operated a dual diagnosis mental health and substance abuse program.<sup>3</sup> Before being admitted to the dual diagnosis program for treatment, individuals were required to be prescreened by a mental health professional and screened through a county's central point of coordination process. This program was funded on a net budgeting basis in which 50.0% of the actual per diem and ancillary services costs are chargeable to the patient's county of legal settlement or as a State case, as appropriate. Revenues attributable to the dual diagnosis program for each fiscal year were appropriated to the DHS for the dual diagnosis program, subject to the approval of the DHS. In FY 2014, the revenue from the dual diagnosis program totaled \$2,032,924. If an individual was committed to the custody of the DOC at the same time the individual was referred to the dual diagnosis program, the DOC was charged for the costs of treatment. Additionally, counties were not charged for costs of treatment for individuals enrolled in and authorized by or decertified by a managed behavioral care plan under the Medical Assistance program.

In the final decade of operations, the Mount Pleasant MHI received an average General Fund appropriation of \$1,258,882 through the annual Health and Human Services Appropriations Act. In FY 2014, the funding for the Mount Pleasant MHI totaled \$9,227,237 and was comprised of 77.85% General Fund appropriations and 22.15% other funds.

In 2015, Governor Branstad line-item vetoed funding for the Clarinda and Mount Pleasant MHIs in 2015 Iowa Acts, chapter [137](#) (FY 2016 Health and Human Services Appropriations Act). The facility closed that year, with funding for the facility lapsing on June 30, 2015.

### **Glenwood**

The Glenwood Resource Center (GRC) operated from 1876 to 2024. The GRC facility was initially built during the Civil War as a home for orphaned children of Civil War veterans. In 1876, the GRC was repurposed as the Iowa Asylum for Feebleminded Children before being renamed the Glenwood State Hospital in 1911 and finally being renamed the Glenwood Resource Center in 2000. The GRC was an intermediate care facility that provided a wide range of treatment and habilitation services for individuals with severe intellectual disabilities. In addition, the GRC provided outreach services to

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<sup>3</sup> 2013 Iowa Code section [226.9C](#)

support individuals with intellectual disabilities in the community and aimed to support individuals to live in the community of their choice.

According to the HHS, a typical individual at the GRC had an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who were admitted to the GRC had typically gone through multiple community-based providers and had not been able to find one that could meet their needs.

The HHS used a multidisciplinary team to provide an integrated service approach for residents at the GRC. The team included the individual, the individual's family or guardian, local county or HHS staff, direct-support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech-language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

Work and leisure opportunities were offered and available for the residents at the GRC. Approximately 39.0% of GRC individuals earned wages through employment. The GRC also provided daily home- and community-based supported community living services to individuals at five locations in Glenwood.

The GRC was required to comply with the [Conner Consent Decree](#) resulting from a court challenge to Iowa's institutionally based model of services for persons with developmental disabilities. The decree requires the State to provide individualized treatment plans to class members, provide training and employment opportunities, notify individuals if they are eligible to receive community-based services, and develop a five-year plan for creating community support and services.

In the final decade of operations, the GRC received an average General Fund appropriation of \$17,951,633 through the annual Health and Human Services Appropriations Act. In FY 2024, the revenue for the GRC totaled \$60,163,803 and was comprised of 53.54% General Fund appropriations, 35.14% federal funds, and 11.32% other funds. The largest source of funding for the Glenwood Resource Center was Title XIX Medicaid grants, which totaled \$21,140,134 in FY 2024.

Beginning in 2019, the U.S. Department of Justice (DOJ) began an investigation into the GRC, with [results](#) announced on December 22, 2020, that included uncontrolled and unsupervised experimentation, inadequate physical and behavioral health care, and inadequate protection from harm. Due to concerns regarding available staff in southwest Iowa and an inability to adequately address federal requirements, the State decided in 2022 to close the GRC and transition existing patients to the Woodward Resource Center and home- and community-based living situations. The GRC officially ceased operations on June 30, 2024.

### **Mental Health Institutes**

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The MHIs provide active inpatient psychiatric treatment for Iowans who need acute psychiatric care. The purpose of the MHIs is to operate as regional resource centers providing treatment, training, care, and support of persons with mental illness.<sup>4</sup> In addition, the MHIs are encouraged to act as a training resource for community-based program staff, medical students, and other participants in professional education programs. They are licensed as hospitals and are also accredited by the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations). In the 1950s, with the advent of psychiatric medication and the recruitment of qualified professionals, the emphasis at the MHIs began shifting toward treatment, rather than housing individuals.

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<sup>4</sup> Iowa Code section [226.1](#)

The majority of individuals admitted at the MHIs are committed involuntarily by the court because they are a danger to themselves or others. Other admissions include individuals who have committed a crime and are at the MHIs for an evaluation to determine if they are competent to stand trial and individuals found not guilty of a crime by reason of insanity.

The following are a variety of both subacute- and acute-care treatment services provided at the MHIs:

- Counseling
- Psychotropic medication
- Psychiatric rehabilitation classes
- Leisure skills development
- Recreational activities
- Discharge planning

Individuals have their own personalized treatment plans based on individual assets and needs, including physical, psychological, educational/vocational, and social/cultural needs. There are a variety of therapies available in addition to psychotherapy, including recreational therapy, music therapy, and creative arts. Patients at the MHIs have a number of rights and privileges designed to safeguard personal dignity and respect cultural, psychosocial, and spiritual values.

Prior to 2023, each MHI provided acute psychiatric care for both children and adults. In 2023, the General Assembly designated the Independence MHI for specialized treatment and care of behaviorally complex youth, while transferring the treatment of adults ordered by a court into the custody of the State to the Cherokee MHI.

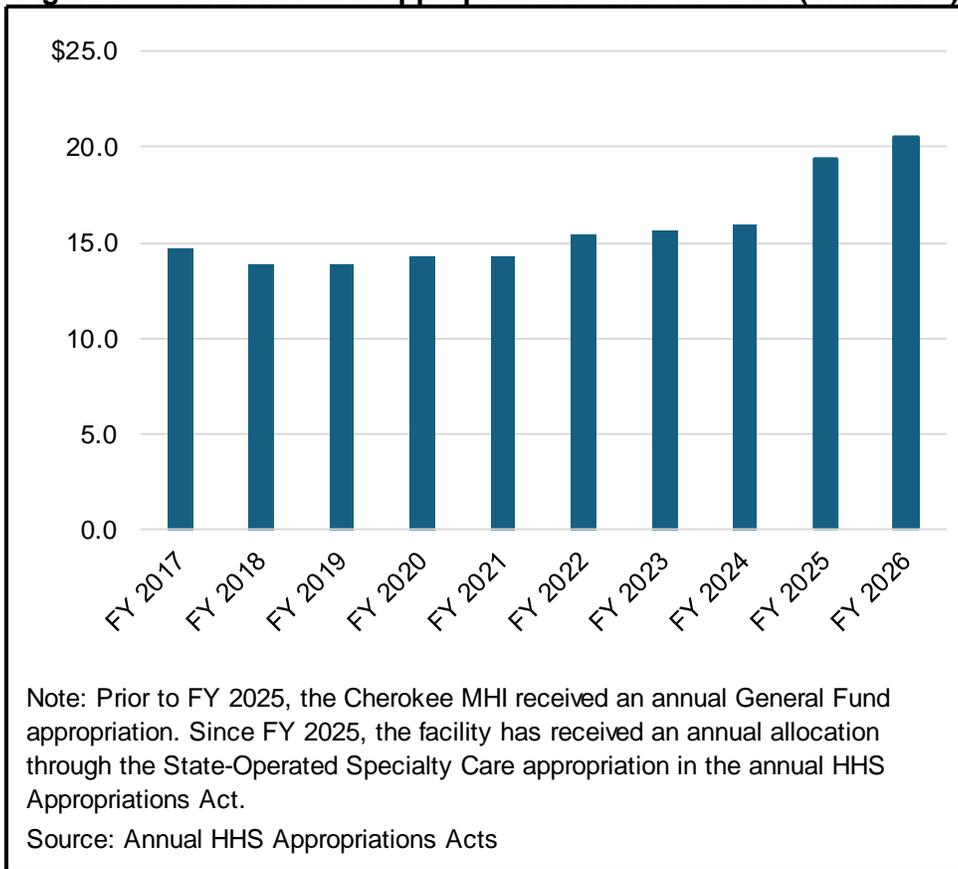
### **Cherokee Mental Health Institute**

After the Cherokee MHI opened on August 15, 1902, treatment in the early years at the facility included working on the farm and other jobs within the hospital, and hydrotherapy and massage. With the shift in the 1950s from housing individuals to focusing on treatment, the population of the Cherokee MHI decreased from more than 1,000 individuals in 1960 to approximately 330 individuals in 1969.

The Cherokee MHI provides treatment and security for adults ordered into the custody of the State for the purposes of competency restoration, adults who have been acquitted of a crime by reason of insanity, and similarly situated adults. The most common diagnoses for the adults served at the Cherokee MHI are schizoaffective disorder, depression and other mood disorders, schizophrenia, bipolar disorders, and intermittent explosive disorder. In many cases, individuals have a co-occurring substance use disorder.

In FY 2025, the funding for the Cherokee MHI totaled \$22,633,681, which consisted of 96.90% General Fund appropriations and 3.10% other funds. That year, the Cherokee MHI received an allocation of \$19,239,086 from the State-Operated Specialty Care appropriation in 2024 Iowa Acts, chapter [1157](#) (FY 2024 Health and Human Services Appropriations Act). **Figure 6** shows the appropriations and allocations for the Cherokee MHI from the annual HHS Appropriations Act from FY 2017 to FY 2026.

**Figure 6 — Cherokee MHI Appropriations Over 10 Years (in Millions)**



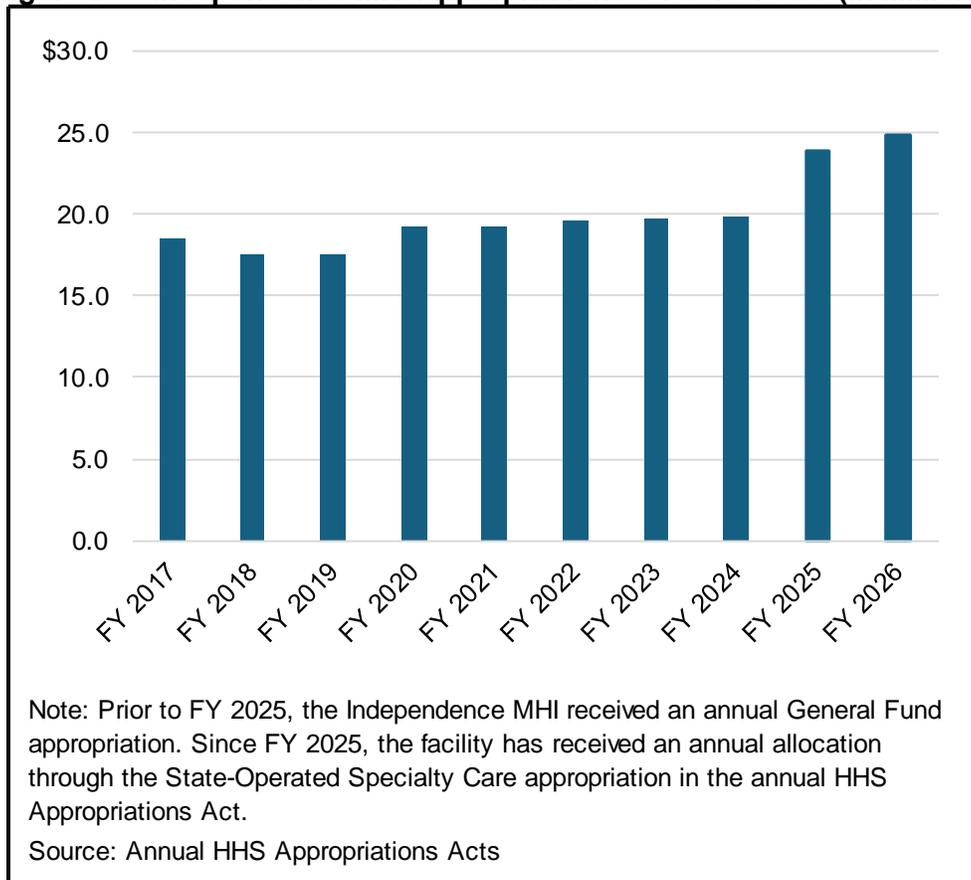
**Independence Mental Health Institute**

The Independence MHI opened on May 1, 1873, and for the first seven decades of operation, the Independence MHI was a custodial facility with individuals being hospitalized for the greater part of their lives. With the shift in the 1950s from housing individuals to focusing on treatment, the population of the Independence MHI decreased from 1,800 individuals in 1946 to approximately 300 individuals in 1970.

The Independence MHI provides acute psychiatric services for adults, adolescents, and children, including specialized treatment of behaviorally complex youth. The most common diagnoses for the children and adolescents served are oppositional defiant disorder and conduct disorders, depression and other mood disorders, attention deficit and hyperactivity disorders, post-traumatic stress disorder, and eating disorders.

In FY 2025, the funding for the Independence MHI totaled \$25,120,999, which consisted of 96.92% General Fund appropriations, 0.60% federal funds, and 2.47% other funds. That year, the Independence MHI received an allocation of \$23,916,279 from the State-Operated Specialty Care appropriation in 2024 Iowa Acts, chapter [1157](#) (FY 2024 Health and Human Services Appropriations Act). **Figure 7** shows the appropriations and allocations for the Independence MHI from the annual HHS Appropriations Act from FY 2017 to FY 2026.

**Figure 7 — Independence MHI Appropriations Over 10 Years (in Millions)**



**Civil Commitment Unit for Sexual Offenders (CCUSO)**

The CCUSO at the Cherokee Mental Health Institute provides secure, long-term, and highly structured treatment for sexually violent predators. The individuals committed to the CCUSO have served their prison sentences but have been found likely to reoffend in a separate civil trial. The CCUSO was established at the Iowa Medical and Classification Center at Oakdale in 1998 but relocated to the Cherokee MHI campus in 2003. The CCUSO was modeled after a similar program in Kansas and has withstood numerous constitutional challenges in both the United States Supreme Court and the Iowa Supreme Court. There are currently 20 other states with inpatient treatment programs similar to the CCUSO and one federal program in the District of Columbia.

Individuals committed to the CCUSO are generally identified in prison and must have committed a sexually violent offense, have a mental abnormality, and be at a risk level of “more likely than not” to commit a sexually violent offense. The DOC, the Attorney General’s Office, and the HHS work together during the commitment process, and the court makes the final determination on commitment. If committed, the individual is placed in the CCUSO, and if not committed, the individual is released. The HHS may not deny a court-ordered admission to the facility.

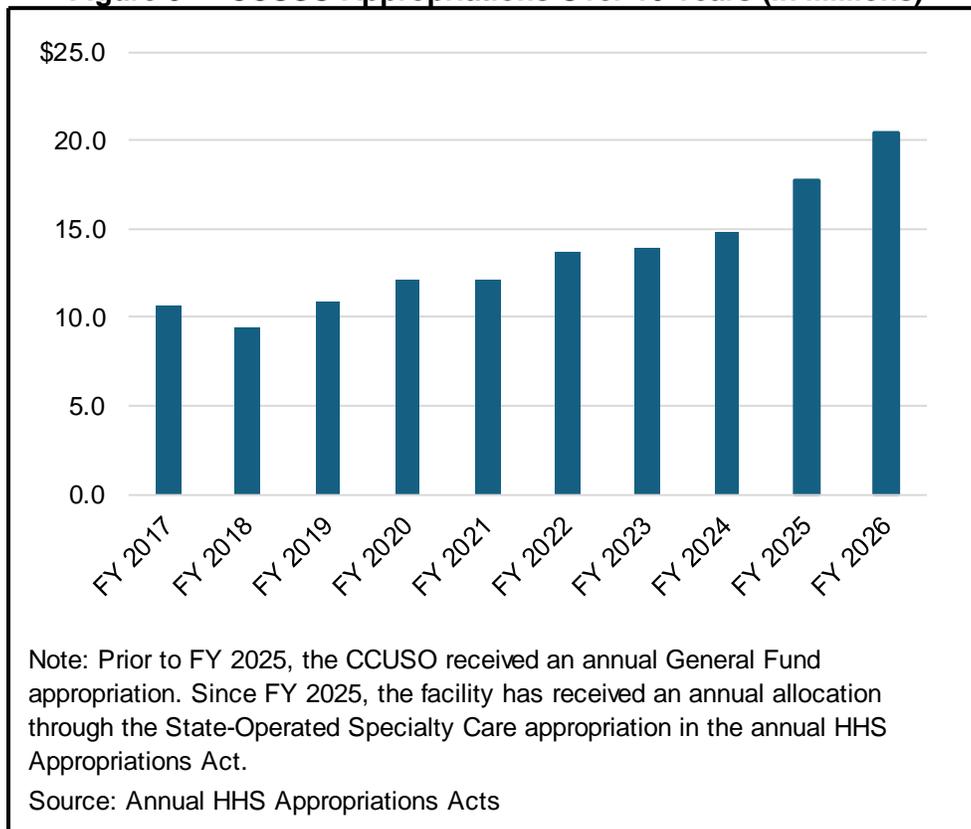
All patients at the CCUSO are male, with an average age of 51. The average patient has one or more chronic medical conditions and receives multiple medications.

There are five phases of treatment at the CCUSO, consisting of group and individual therapy, educational programming, physiological assessments, a transition program, and a discharge program. As individuals progress in treatment, they move up in phase. Phase five of the treatment

is a transitional release program and is only obtained through court order. There is an annual review of each individual’s treatment progress to determine if the commitment will continue.

In FY 2025, the funding for the CCUSO totaled \$32,294,803, which consisted of 73.82% General Fund appropriations and 26.18% other funds. That year, the CCUSO received an allocation of \$17,755,397 from the State-Operated Specialty Care appropriation in 2024 Iowa Acts, chapter [1157](#) (FY 2024 Health and Human Services Appropriations Act). **Figure 8** shows the appropriations and allocations for the CCUSO from the annual HHS Appropriations Act from FY 2017 to FY 2026.

**Figure 8 — CCUSO Appropriations Over 10 Years (in Millions)**



**Renovation and Patient Doors Conversion Projects**

There are two ongoing building projects at the CCUSO funded by the RIIF. These projects are a renovation project and a patient doors conversion project.

The funding for the renovation project supports the remodel of the Voldeng Building to house the growing Transition Release Program (TRP) and to house secure patients. The scope of work includes increasing the bed capacity to 51 beds with additional space flexibility. The total cost for the project is estimated to be \$9.5 million. The renovation project at CCUSO received \$1.8 million in RIIF funding in FY 2023 and an appropriation of \$7.0 million in FY 2025 from the RIIF after the cost estimate for the project was increased. The HHS anticipates that the Voldeng Building will be ready to house patients again in the spring of 2026.

The funding for patient doors conversion supports the redesign of an estimated 67 doors at the CCUSO to allow them to swing outward for safety reasons. The total cost for the project is estimated to be \$225,000. The General Assembly appropriated \$50,000 from the RIIF in FY 2025 for this project. Planning for the project is expected to begin in the spring of 2026 following the remodel and reopening of the Voldeng Building.

### State Training School

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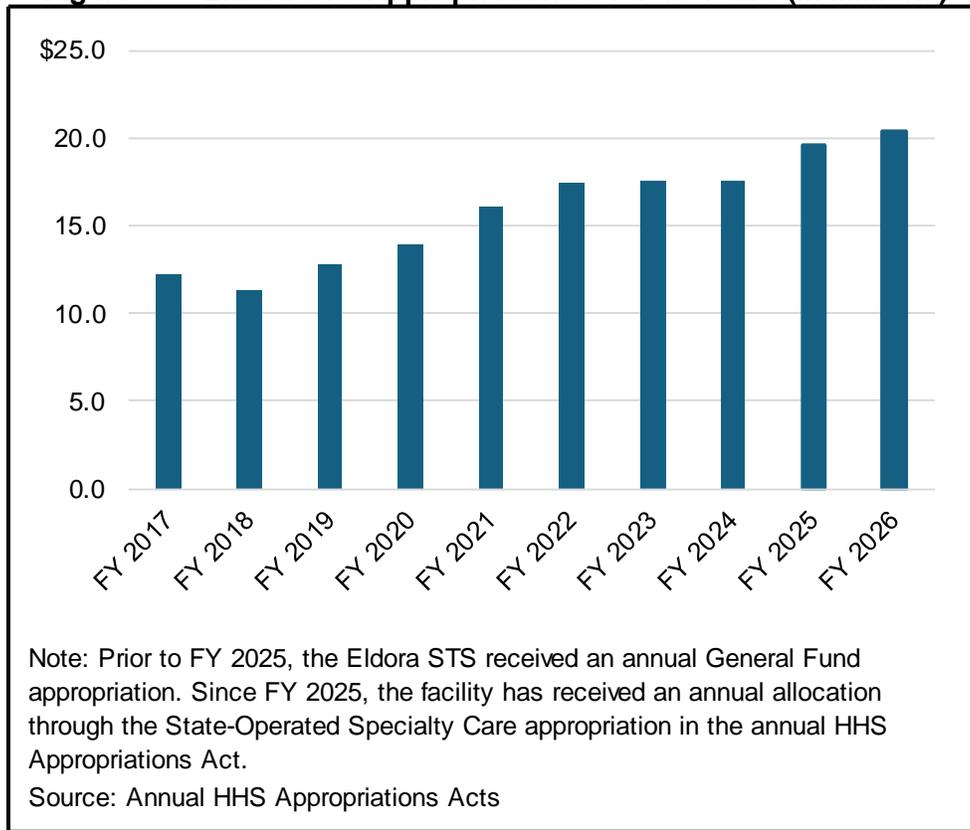
The STS at Eldora provides supervision, rehabilitation, and educational services within a highly structured setting to assist male youth who are adjudicated delinquent. The STS was originally established as the Boys' Industrial School in March of 1868. The STS provides treatment and educational services to delinquent boys 12 through 18 years of age.

The STS provides the following educational, vocational, and health services:

- A comprehensive residential treatment program available 24 hours per day, 7 days per week. This program provides a variety of educational, psychological, psychiatric, and behavioral services.
- Specialized treatment services to sex offender youth and intensive substance abuse treatment.
- High school, high school equivalency, and college credits. The Honors Corps is comprised of the top 10.0% of the student body and provides students with a forum for leadership and achievement.
- Vocational certifications in welding and other crafts. The Baker Careers Program provides an opportunity to learn the food service industry. Students in the Program provide 95.0% of the desserts and 33.0% of the bread and rolls for the menu at the STS.
- Treatment, including anger management, gang diversion, basic social skills, and behavior modification.
- Specialized evaluation services for juvenile court officers and judges.

In FY 2025, the funding for the STS totaled \$21,550,435, which consisted of 97.45% General Fund appropriations, 1.89% federal funds, and 0.66% other funds. That year, the STS received an allocation of \$19,621,517 from the State-Operated Specialty Care appropriation in 2024 Iowa Acts, chapter [1157](#) (FY 2024 Health and Human Services Appropriations Act). **Figure 9** shows the appropriations and allocations for the STS from the annual HHS Appropriations Act from FY 2017 to FY 2026.

**Figure 9 — Eldora STS Appropriations Over 10 Years (in Millions)**



**Eldora Dorm Renovation Project**

In FY 2022, the Eldora STS was appropriated \$6.5 million from the RIF to fund a dorm renovation project. Funding for the dorm renovation project at the STS was used to remodel dorms that individuals live in while at the STS. Prior to renovations, the three dorms were modeled with an open floor plan with residents sleeping in common areas. The remodel provided 48 individual sleeping rooms. Each room has a window, a sink, a toilet, and electronic door hardware. These renovations and accommodations were intended to improve safety and privacy and to create a better working and living environment at the STS. The dorm renovation project was completed in July of 2024.

**Woodward Resource Center**

The Woodward Resource Center provides a range of treatment, training, instruction, care, habilitation, and support services for individuals with severe intellectual disabilities.<sup>5</sup> In addition, the Woodward Resource Center provides outreach services to support individuals with intellectual disabilities in the community. The facility is also encouraged by Iowa Code section [221.1](#) to serve as a training resource for community-based program staff, medical students, and other participants in professional education programs. The goal of the Woodward Resource Center is to support individuals to live in the community of their choice. The Woodward Resource Center opened on September 6, 1917, as a State epileptic colony. In 1921, the facility began accepting individuals with intellectual disabilities. The facility was eventually renamed Woodward State Hospital before being renamed to the Woodward Resource Center in 2000. The Woodward Resource Center was originally a working farm and was almost entirely self-sufficient until the late 1970s.

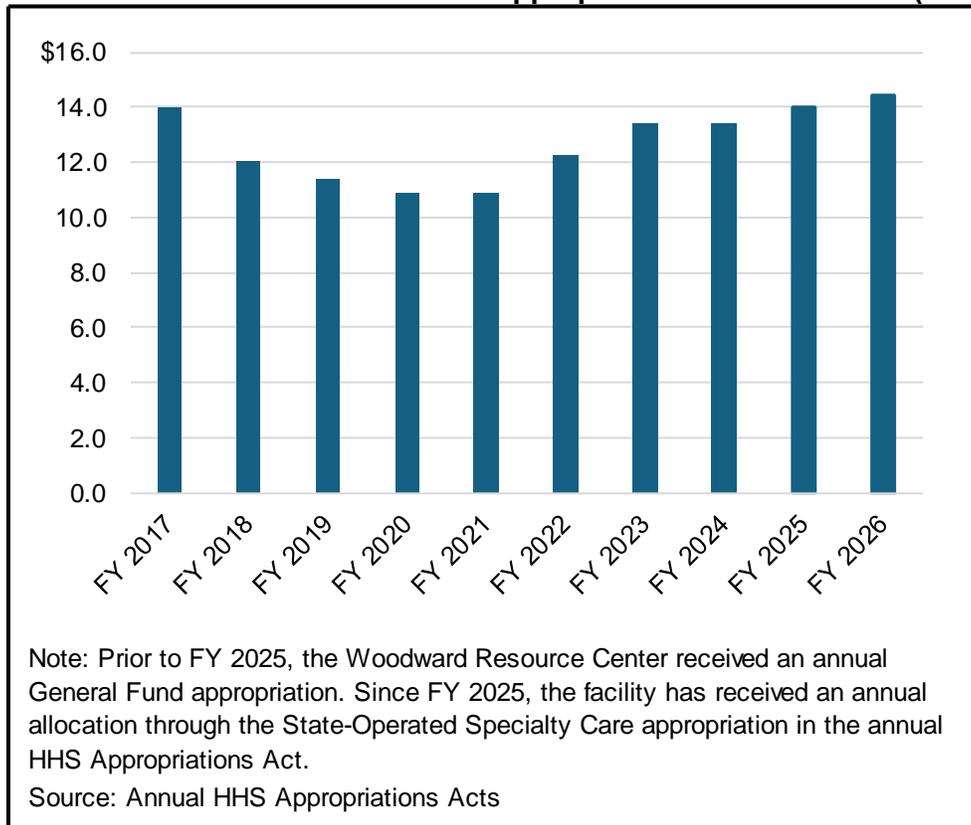
<sup>5</sup> Iowa Code section [222.1](#)

The Woodward Resource Center serves individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. According to the HHS, a typical individual at the Woodward Resource Center has an intellectual disability and an additional co-occurring condition, such as an eating and chewing disorder (dysphagia); ingesting inedible objects; self-injurious or assaultive behaviors; or other severe health and behavioral difficulties, including sexual offending. Individuals who are admitted to the Woodward Resource Center have typically gone through multiple community-based providers and have not been able to find one that can meet their needs.

The Woodward Resource Center is an intermediate care facility for individuals with intellectual disabilities (ICF/ID) and provides a wide variety of treatment and support to help prepare individuals to move into an appropriate community-based living setting. The HHS uses a multidisciplinary team to provide an integrated service approach. The team includes the individual, the individual’s family/guardian, local county or HHS staff, direct-support professionals, a psychologist, a psychology assistant, a social worker, an occupational therapist, a speech/language pathologist, a physical therapist, an audiologist, a vocational/day program specialist, a leisure specialist, a dietitian, a nurse, a physician, a pharmacist, a psychiatrist, and a dental assistant.

In FY 2025, the funding for the Woodward Resource Center totaled \$84,267,115, which consisted of 33.75% General Fund appropriations, 44.42% federal funds, and 21.83% other funds. The largest source of revenue for the Woodward Resource Center is Title XIX Medicaid grants, which totaled \$36,511,163 in FY 2025. That year, the Woodward Resource Center received an allocation of \$14,018,717 from the State-Operated Specialty Care appropriation in 2024 Iowa Acts, chapter [1157](#) (FY 2024 Health and Human Services Appropriations Act). **Figure 10** shows the appropriations and allocations for the Woodward Resource Center from the annual HHS Appropriations Act from FY 2017 to FY 2026.

**Figure 10 — Woodward Resource Center Appropriations Over 10 Years (in Millions)**



**Woodward Tunnel Decentralization**

The Woodward tunnel decentralization project is a multiyear project to decentralize the utilities, replace the fire alarm system, and decommission the tunnel system at the Woodward Resource Center. The utility distribution system at the Woodward Resource Center was built in the 1960s with much of its original equipment and piping still in place. Major maintenance at the Woodward Resource Center and all other HHS facilities is administered by the Department of Administrative Services (DAS), but decentralization of the utility distribution system required funding beyond what the DAS had available to address the issue. In 2018, [Shive-Hattery](#), an architecture and engineering firm, assessed the tunnel systems at the Woodward Resource Center and the Eldora STS for the DAS. It was determined at that time that the maintenance needs at the Eldora STS were a higher priority, so that project was completed before work on the Woodward tunnel decentralization could begin. After the initial assessment by Shive-Hattery in 2018 and a supplemental assessment completed in 2022, the majority of the tunnel system was classified as having moderate to severe structural deterioration. The total cost to complete the project was estimated to be approximately \$42.3 million. The project has been funded between DAS major maintenance funding and RIIF appropriations. **Figure 11** shows the yearly funding for the Woodward tunnel decentralization project.

**Figure 11 — Woodward Tunnel Decentralization Funding**

<b>Fiscal Year</b>	<b>Funding Source</b>	<b>Amount</b>
FY 2021	DAS Major Maintenance	\$ 100,000
FY 2022	DAS Major Maintenance	776,917
FY 2023	DAS Major Maintenance	5,081,616
FY 2024	DAS Major Maintenance	2,020,000
FY 2024	RIIF Appropriation	5,572,736
FY 2025	RIIF Appropriation	14,500,000
FY 2026	RIIF Appropriation	14,275,000
	<b>Total</b>	<b>\$ 42,326,269</b>

**Source:** Legislative Services Agency

**Summary**

The HHS operates five specialty care facilities that provide specialized institutional services and treatments related to mental health, behavioral health, education, and rehabilitation for adults and adolescents in Iowa. These facilities include the Cherokee MHI, the Independence MHI, the CCUSO, the Woodward Resource Center, and the Eldora STS. For each of the facilities operated by the HHS, there is a designated purpose and target population. The MHIs provide inpatient psychiatric services for adults, with the Independence MHI providing services for adolescents and children, including specialized treatment of behaviorally complex youth. The Woodward Resource Center provides services for individuals with severe intellectual disabilities. The Eldora STS provides treatment and educational services to assist adolescent males adjudicated as delinquents. The CCUSO provides treatment for sexually violent predators who are believed to be at a high risk for re-offending.

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