



# IOWA VOTER

A Publication of the  
League of Women Voters of Iowa  
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### FROM THE PRESIDENT



LWVIA invites all members to attend LOBBY DAY on Wednesday, February 18. It will begin with registration and coffee at 9:30 a.m. at Calvary Baptist Church, just a block from the capitol in Des Moines. You may want to see if you can meet your legislator for lunch that day! Hope to see everyone there.

Please read the second background paper from the Mental Health Study. Two additional background papers and the proposed League position will follow soon in a special mailing. The first background paper was in the Fall VOTER. If you would like a copy, let me know and I will send it to you. Save all these background papers for reference. Audrey's e-mail: [alhauter@iowatelecom.net](mailto:alhauter@iowatelecom.net).

The study group is accepting invitations from local Leagues to present "Transforming Iowa's Mental Health System" and lead discussion on the proposed position. Contact Nancy Brown at 515-292-3388 or [nebrownames@hotmail.com](mailto:nebrownames@hotmail.com).

Also, watch your e-mail for the "First Call to Convention" for League of Women Voters of Iowa. The State Convention will be held in Ottumwa on June 6 at the Bridge View Convention Center.

The LWVIA Board has now held two Board meetings by telephone conference, in November and January. Both went well, in spite of the president's doubts. (I am definitely a non-techie person.)

*Audrey Hauter*  
President, LWVIA

### COME TO THE CAPITOL FEBRUARY 18 FOR LWVIA LOBBY DAY

Make sure to reserve **Wednesday, February 18** to come to Des Moines for League Lobby Day. The day will start at



**9:30 AM** with coffee at Calvary Baptist Church at 606 E. 9<sup>th</sup> Street, just a block from the Capitol.

**Please read details in the last Legislative letter or on our website <http://www.lwvia.org>**

### Public Advocacy for Voter Protection (PAVP) Report – January 2009

From December 5-7, 2008, Abbi Swanson and Myrna Loehrlein attended a PAVP training held just outside of Washington DC. Expenses for this training, including transportation and housing, were paid for by the national league. We learned about targeting our effort, a little bit about on-line communication options, and had a review of Cap Wiz.

Upon return from the training, we hired a video producer to help us develop the DVD called for in our grant contract. We contacted a political science instructor at a local college to arrange for a focus group to review our drafted script. We asked our office assistant, Ginger Wood, to continue to assemble lists of possible contact persons.

I have continued to work with Eric Wylie, our video producer on a

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**PLEASE MAKE SURE YOU READ THE MENTAL HEALTH STUDY PART II STARTING ON PAGE 3**

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script draft and options for graphics. I am in communication with Sue Wold of the Linn County Auditor's Office to be sure we are including accurate information on our video.

Ginger resigned in December to take a full-time job. While she was with us, she did a great deal

to set the stage for distribution of the video and to assist us in fundraising for the state league.

We will continue to work on the video and plan to discuss fundraising with the board soon.

*Myrna Loehrlein*

[lwvia@live.com](mailto:lwvia@live.com)

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**Friday, April 3, 2009**

**Scheman Building, Iowa State Center, Iowa State University - Ames, Iowa**

Registration is underway for the 2009 Ready to Run™ Iowa campaign training school. Registration is \$75 a person if postmarked by March 21, 2009, and \$100 per person after March 21. Support from sponsors keeps tuition below our actual costs, and scholarships may be available to help cover travel and registration fees.

Ready to Run™ Iowa is a one-day, comprehensive, bi-partisan campaign training workshop offered every other year by the Carrie Chapman Catt Center for Women and Politics and the Ames League of Women Voters. It is based on the very successful Ready to Run™ New Jersey campaign training for women initiated by the Center for American Women and Politics at Rutgers University in 1998. Of the nearly 1,000 women who have attended Ready to Run™ New Jersey, more than 25% have run for office and more than 70% of those who ran won their elections!

We are hoping to have the same impact in Iowa, which is still one of only four states that has not elected a woman to the U.S. Congress. Iowa has not elected a woman as governor and it ranks below the national average of 24.2% with 34 women (22.7%) in the State Legislature.

Although Ready to Run™ Iowa addresses topics unique to women as they seek greater participation in the political process, the campaign school is open to anyone who is interested in running for elected office, serving on public boards and commissions, and/or working on a political campaign.

**Please visit the Ready to Run™ link on the Catt Center web site to learn more about the history and content of this program, download registration forms and information about scholarships, see who is serving on our bi-partisan Advisory Board, and check out Frequently Asked Questions: <http://www.las.iastate.edu/CattCenter/readytorun.shtml>**

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**Strengthening Equal Pay Protections in Iowa: Questions and Answers**  
**SSB1089/HSB73**



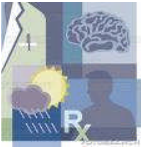
Current equal pay protections have been threatened by the 2007 Ledbetter decision of the US Supreme Court, which found that a person filing a pay discrimination complaint was entitled to no redress if they file more than 180 days after the discriminatory action, even if it was not discovered until years later. Because many private employers have policies against discussing wages, this creates an unfair advantage for employers who discriminate. Iowa ranks 37<sup>th</sup> among all states for gender wage equity. On average, Iowa women earn 62% of what men in their same industry earn.

The Iowa Commission on the Status of Women has pre-filed a bill that would amend the Iowa Civil Rights Code to explicitly make it illegal to discriminate in pay based on gender, race, national origin, disability, or sexual orientation, and clarify the discovery rule for cause of action. For more information on the bill, contact ICSW at [women@iowa.gov](mailto:women@iowa.gov).

With a shortage of qualified workers for high-skill jobs, Iowa cannot afford to lose its educated women to states that offer better economic opportunities. For instance, in addition to higher overall wages, women in their 30s with a bachelor's attainment in Minnesota earn **85%** of what their male counterparts earn<sup>[1]</sup>, while Iowa women in their 30s with a bachelor's attainment earn only **80%** of what their male counterparts earn<sup>[2]</sup>. The addition of protection of equal pay for race and national origin would make Iowa's equal pay laws some of the most comprehensive in the nation, making Iowa a more attractive place for women and families to earn a good living.

<sup>[1]</sup> "Gender Gap: Women in their 20s and 30s." Minnesota's Office on the Economic Status of Women (2008).

<sup>[2]</sup> "The Wage Gap for Iowa Women in their 20s and 30s." Iowa Commission on the Status of Women (2008).



## League of Women Voters of Iowa Comprehensive Study of Mental Health Delivery Systems in Iowa

### Part II: Mental Health Services for Children and Youth

January 2009

The public health approach to mental health emphasizes promoting mental wellness as well as preventing mental health problems and disorders. The majority of lifetime mental illnesses begin in the early years. Half of lifetime cases of diagnosable mental illnesses begin by age 14 and three-fourths by age 24. Early intervention efforts have been effective in contributing to overall well being of children as well as reducing delinquency, substance abuse, risky sexual behaviors, and school failure (1, p. 10).

Early intervention and treatment are particularly important for serious mental illnesses. Research points to the need to forestall brain cell deterioration through early identification and treatment of individuals at risk of schizophrenia. Once the process of brain damage has begun and cognitive defects have been incurred, currently available drugs cannot repair this damage nor can the process be reversed (2, p. 27). It is estimated that 60% of cases of bipolar disorder begin before age 18, and the earlier the onset the more severe the problem. A research study found that it took an average of 8 years from onset of symptoms to arrive at the correct diagnosis, and the subjects had received on average six different courses of medication during that time (3, p. 22).

It is reported that 90% of people who die by suicide have a mental illness (4). In Iowa, suicide is the second leading cause of death for 11-18 year olds. Of the 2,240 deaths by suicide in Iowa from 1999-2005, 150 or 7% were young people of this age (5).

#### Description of Current "System"

The mental health care system for children in Iowa is fragmented and lacks coordination. Children in need of mental health services might be identified by their primary care physicians or through the school system (under the Iowa Department of Education), the child welfare and protection system (under the Iowa Department of Human Services), or the juvenile justice system (under Iowa Juvenile Court Services). If substance abuse is a co-occurring disorder then the Iowa Department of Public Health might be involved. Families often are on their own to find appropriate services, availability of services is limited and may not be available in parts of Iowa, and resources to support these services are limited. A recommendation acted upon by the 2008 legislature was to "establish a comprehensive, community based children's mental health system" and to modify Iowa Code 225C to assign responsibility to the Division of Mental Health and Disability Services (6, Appendix J, p. 7).

#### Primary Health Care System

Primary care practitioners often are the first to identify children with mental health issues. They prescribe the majority of psychotropic drugs and often provide counseling to families about behavior and emotional problems or disorders displayed by children. Referrals from primary care physicians usually are to child psychologists. Accessing treatment can be impeded by such barriers as lack of available specialists, insurance restrictions, and appointment delays (7, panel 1). All of these barriers exist in Iowa. In addition, transportation and distance to providers are issues. Referrals might be made to various types of therapists or counselors.

#### Education System

Children with mental health issues may be identified by teachers in the classroom. School counselors may work with these children to help them function effectively, and large school districts may have programs for children with special needs. Area Education Agencies (AEA) employ school psychologists "to provide mental health services that address needs at home and school to help students succeed academically, emotionally, and socially" (8). These services include developing a plan for each child specific to the particular situation, working with students individually and in groups, and also developing programs to train teachers and parents. Some children with mental health needs may be referred by the school district or AEA to a specialized school that focuses on children with special needs and has low pupil to staff ratios. For example,

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Tanager Place School in Cedar Rapids provided individual and group instruction to 82 students in FY 2007. The maximum number of students in a classroom was nine. Not all classes were for those experiencing mental illness (9).

School-based mental health programs can help prevent children from developing mental health problems. An example is Potential Achievers – Elementary. This is a comprehensive school-based mental health program in the Ottumwa schools, currently funded by a grant from United Way and administered by the Southern Iowa Mental Health Center. The focus is on children in grades K-2, but the program is available to students in grades 3-6 also. Mental health services are administered by trained professionals who understand child development and recognize child mental health pathology. The program involves not only the children referred for individual therapy, but parents, caregivers, school staff, and other community professionals. Pre and post assessments of the children have indicated improvement on various measures (10).

Another type of program is TeenScreen. This is a voluntary program that assesses youth for mental illness and suicide risk. It was developed by the Child and Adolescent Psychiatry Division of Columbia University. Both the young person and his/her parents sign a consent form before participating. The teen completes a 10-minute, self-administered, computerized questionnaire. This instrument screens for depression, anxiety, and alcohol/substance abuse. A high score on the risk scale leads to an immediate clinical interview by a mental health professional and, if determined to be at risk, the youth is offered a referral for a complete mental health evaluation. Confidentiality is protected. Results are not shared with school staff nor included in school records (11). Screening in Iowa began in 2004, and during 2006 almost 3,000 families were offered mental health screening through local TeenScreen programs. A listing for June 15, 2007, that has since been removed from the website, identified 13 schools in Iowa as participating in the screenings (5). There are detractors of programs such as TeenScreen (12).

### **Community-based Treatment and Services**

Many mental disorders can be effectively treated with one or a combination of therapies such as medication, psychotherapy, group therapy, or specific therapies (13). Community-based interventions for children and youth with mental illness are considered by mental health experts to be preferable to treatment in residential facilities. Such interventions can be cost effective and often have better clinical outcomes and allow the child to remain in the family home (14, p. 11).

A number of the social service agencies that provide mental health services in Iowa offer a wide range of programs and often include substance abuse treatment services, a recognition that co-occurring disorders (mental illness and substance abuse) are a prevalent condition. Programs may involve prevention, treatment, intervention, and aftercare services for children and may include counseling and other programs for parents and family members. Here is a sampling of types of programs available in some communities in Iowa.

Prevention services. Orchard Place in Des Moines runs a Child Guidance Center that offers a number of child-focused and family-centered treatment and prevention services. One of these is Healthy Start, an empowerment case management program for pregnant women and families with newborns and children up to age 4 (15).

Outpatient behavioral health services. Community mental health centers provide assessments and psychotherapy and psychiatric services for all ages in an office setting. Medication management may be among the services available.

Day treatment services. Four Oaks, Inc. of Iowa provides one-half day education and one-half day treatment to mentally-ill children in two communities that allow the children to live at home (16). A similar type of program for adolescents, ages 12-17, is provided by Young House Family Services in three communities (17).

Intervention programs. Lutheran Services in Iowa offers a family advocacy program to avoid out-of-home placement of a young person by providing case coordination and support for the youth and family. Another program, CARE (community, advocacy, resources, education), provides intense, collaborative case

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management to families with seriously emotionally disturbed (SED) children to keep the family together (18). Tanager Place provides several types of family centered in-home services, such as family team meetings and services funded by the children's mental health waiver. These services might include therapy, teaching skills to assist in community and family living, and providing respite care for SED children (9).

**Aftercare services.** After a mentally-ill youth has been discharged from an institution, a residential care facility, or detention center an aftercare program can provide such services as medication monitoring and outpatient therapy to ease the adjustment back into the family and community. These services are provided by such agencies as Orchard Place, Quakerdale, and Lutheran Services in Iowa (15, 19,18).

Each of these programs meets a specific need, but a child or adolescent may have multiple needs that would require finding more than one program. A system of care with wrap-around services coordinates all the services needed by an individual and is an example of the direction that community-based services may take in the future. This example, Community Circle of Care, is serving as a possible model for the comprehensive, community-based children's mental health system envisioned in the *Mental Health Systems Improvement in Iowa* report (6, Appendix J). Community Circle of Care serves eligible children and youth ages 0 to 21 from 10 counties in northeast Iowa who have serious emotional and behavioral challenges that severely disrupt relationships and daily activities. The program is funded with a 6-year federal grant and represents a collaborative partnership involving the Iowa Department of Human Services, the Center for Disability and Development at the University of Iowa, and the Iowa Child Health Specialty Clinics at the University of Iowa. The Community Circle of Care uses a team approach and a wide range of services to support and service children/youth and their families. The approach focuses on the strengths of the client, family, and community in which they reside to help the client and family function better at home, in school, in the community, and throughout life. The approach is clinically informed; it views childhood emotional/behavioral problems as illness vs. weakness and tries to wrap treatment and services around the child and family in an effort to solve the problems and create positive change and growth.

**Education programs.** Education and support can help families learn to cope with mental illness of children and youth. National Alliance on Mental Illness (NAMI) offers a number of education and support programs using materials that are professionally developed either by the national organization or a state affiliate and taught by individuals certified for that program. Two programs are focused on helping family members understand and cope with mental illness within the family unit. Both programs focus on major psychiatric illnesses, emphasizing the clinical treatment of these illnesses, and teaching the knowledge and skills family members need to cope more effectively plus additional topics. These programs are *NAMI Family to Family*, a 12-week, 30-hour series of classes and *Visions for Tomorrow*, an 8-week, 16-hour series of classes. There are 13 NAMI affiliates in Iowa plus four affiliated campus groups and eight support groups (20).

It is helpful to families when they are able to go to a single location to find out what services are available within the community and get connected to those services. Success Street is a youth and family resource center serving individuals ages 0 – 21. The center is owned and operated by the Black Hawk County Health Department and provides access to a variety of services through collaboration with other agencies. Individual mental health counseling is available through Black Hawk-Grundy Mental Health Center and mental health and substance abuse services are provided by Pathways Behavioral Services (21).

## Residential Treatment

When treatment in less restrictive environments is unsuccessful, residential treatment is the next level of care. There apparently are two levels of residential care. These are residential care facilities for children with serious emotional disturbances (SED) and Psychiatric Medical Institutes for Children (PMIC) that provide sub-acute care. By contrast, hospitals provide in-patient acute care.

In 2007, Iowa had 10 social service organizations operating residential care facilities specifically identified as treating children with SED. These residential facilities were located in nine counties in the state. The same database one year later listed eight organizations in eight counties simply as providing residential care (22). At the same time *The 2007 Iowa Health Fact Book* listed 32 PMIC facilities in 10 counties with a total of 534 beds (23, pp. 191-192). It appears that this list counted the number of housing units even

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though several units are part of the same campus operated by one organization and that all residential care beds were considered PMIC beds. The Department of Human Services reported that during FY 2008 there were 476 community-based licensed PMIC beds in the state (24, p. 126).

Residential treatment and PMIC facilities provide a structured environment with children living in unit settings with a group of peers. Treatment may include such common therapy components as individual therapy, group therapy, family therapy, and educational services along with supervised recreation. An individual treatment plan is developed for each child by a team that meets on a regular basis, such as weekly, to evaluate progress (15, 16, 18). The most effective residential treatment programs tend to involve the families, begin planning for discharge at time of admission, and include community involvement and services. Maintaining gains made during residential treatment depends on the amount of family involvement in the treatment before discharge, stability of placement following discharge, and the availability of aftercare supports for both the youth and family (14, p. 6).

### **Inpatient Hospital Treatment**

There are 21 community hospitals in Iowa, located in 16 counties, that have separate psychiatric units for short-term acute care. Some hospitals, such as Mary Greeley Medical Center in Story County, have behavioral health units specifically for youth (25). The age range of clients that are accepted into these units usually is specified.

Two of the four mental health institutes in Iowa have beds reserved for children and adolescents. In Cherokee there are six beds for children and six beds for adolescents among the 58 total beds. At Independence, there are 15 beds for children, 10 beds for adolescents, plus 30 beds in a Psychiatric Medical Institute for Children (PMIC) among the 95 total beds. These institutes provide acute psychiatric care. Most of the patients (83%) have been admitted involuntarily. Services during FY 2008 were provided to 417 children and adolescents plus 186 youth in the PMIC (24, pp. 123-125)

### **Juvenile Justice System**

Studies have shown that 65-70% of youth in the juvenile justice system in the United States have a diagnosable mental health disorder, and that about 25% of all youth in the system have severe mental disorders and are in need of mental health treatment (26, p. 1). Information about mental health status of juveniles in detention in Iowa was not found in the annual reports of detention centers or in the annual reports of Juvenile Court Services.

Juvenile Detention Centers. Iowa has 11 secure juvenile detention centers, with at least one in each of the eight judicial districts. Six of these centers serve a region, whereas five are operated by single counties (Woodbury, Polk, Linn, Scott, Dubuque). Counties provide most of the funding for the centers (27, p. 3). The Iowa Code allows state reimbursement at rates ranging from 10% to 50% of the centers' operating budgets. Scott County Juvenile Detention Center reported receiving 22-24% in recent years (28). Detention centers provide educational services through Area Education Agencies, recreational activities, group sessions, structured activity, and chores (28,29). Scott County Juvenile Detention Center provides crisis counseling that may include mental health evaluation (if requested by the Juvenile Court) and various tests and evaluations.

Iowa is participating in a juvenile detention alternatives initiative. This initiative is in cooperation with the Annie E. Casey Foundation and involves a pilot program to change policies, practices, and programs to ensure that only those youth who are at greatest risk to public safety are held in secure detention (30). The central objectives of this program are to:

- Safely eliminate inappropriate or unnecessary use of secure detention
- Minimize re-arrest and failure-to-appear rates pending adjudication
- Ensure appropriate conditions of confinement with secure facilities
- Redirect public finances to sustain successful reforms
- Reduce racial and ethnic disparities found in the juvenile justice system (31, p. 5).

Three counties are participating in this program (Black Hawk, Polk, Woodbury). An initial step was to identify detention alternatives within the county to provide appropriate treatment or services to juveniles

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who were not a risk to public safety. Among the alternatives, each county identified mental health services, but also indicated that there was a serious gap in mental health services available and that services had decreased over time. This resulted in decisions sometimes being made based on services that were available and funds to pay for those services rather than solely on identified needs or appropriateness. Lack of funding was reported to be a growing concern because lack of services can lead to involvement in other systems (32, p. 4).

State Training Schools and Juvenile Home. Iowa operates the State Training School for Girls and Iowa Juvenile Home in Toledo and the State Training School for Boys in Eldora. The most troubled and delinquent youth aged 12-18 years old are ordered by the court for placement in these facilities. The training schools are for youth adjudicated as delinquent, whereas those adjudicated as Children in Need of Assistance are placed in the juvenile home. One of the many reasons a child could be declared a Child in Need of Assistance is when there is "need of treatment to cure or alleviate serious mental illness or disorder, or emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior toward self or others" and the custodial adult cannot provide the necessary treatment (33, section 6f). These facilities are used when other placements have been tried and found either to be inappropriate or ineffective. At both institutions the adolescents have access to behavioral programming, basic educational and vocational programs, and substance abuse treatment and mental health services. Individualized care plans are developed to guide treatment of each youth (34, 35).

The facility in Toledo has 84 beds. Of the 102 admissions in FY 2008, 54% came as mental health care placements, 27% had five or more separate psychiatric diagnoses, 84% had psychiatric diagnoses that included a diagnosis of a depressive disorder of some type, and 71% required psychotropic medication. In addition, 34% needed substance abuse treatment. Average length of stay was 8 months for delinquents and 9 months for Children in Need of Assistance. An additional 25 children received 30-day diagnostic evaluations while awaiting placement. The facility in Eldora has 189 beds and had an average daily census of 167 during FY 2008. There were 233 admissions; 34% had five or more psychotropic medications and 69% needed substance abuse treatment. Average length of stay was 8.1 months. In addition, there were 94 30-day diagnostic evaluations (36).

### **Public Funding**

Public financing of health care for qualifying children includes some mental health services. Funding is provided through the Medicaid and SCHIP programs. Both are federal-state programs requiring the state to provide funding to access the federal money. The federal matching rates for Iowa in FY 2008 were 62% (Medicaid) and 73% (SCHIP). The rates for FY 2009 are 63% and 74%, respectively (37). The counties in Iowa do not have any explicit responsibility to fund services for children. Data for 2006 indicated that services for mentally ill and chronically mentally ill children and youth were provided to 18,963 ages 0-12 years, 11,879 ages 13-17, and 3,715 ages 18-20 (6, Appendix M, p. 2). Other funds for specific types of programs may be available from competitive block grants from the federal or state government.

Medicaid. This program provides health insurance for certain groups of low-income people, including a child under age 21 or a parent living with a child under age 19 (38). Health care providers of services must be enrolled in Iowa Medicaid. In some counties, Medicaid recipients have a free choice among those providers, and the providers are paid by Medicaid on a fee for service basis according to a predetermined fee schedule. In other counties, Medicaid recipients may be required to enroll in managed health care. To access mental health or substance abuse services, prior approval is required.

Prior to the Children's Mental Health Waiver program in 2005, parents of a child under 18 years of age with serious emotional disturbances were required to have the child adjudicated a Child in Need of Assistance or delinquent to access institutional services. Under the waiver program, parents do not have to give up custody of the child and choose to use services and individual supports that allow the child to remain in the family home. An interdisciplinary team of the child, family, providers, targeted case manager, and others is formed to plan interventions, identify services, and guide implementation (39).

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**SCHIP.** The State Children’s Health Insurance Program (SCHIP) includes two programs – Medicaid Expansion and Health and Well Kids in Iowa or *hawk-I*. Countable family income that qualifies children for Medicaid Expansion coverage is 185-200% of federal poverty guidelines for infants and 100-133% for children aged 6-18. On June 30, 2008, there were 12,368 children enrolled in the Medicaid Expansion program (number includes those with and without mental illness). The *hawk-I* program is for uninsured children under age 19 who are not eligible for Medicaid and with countable family income of 133-200% of federal poverty guidelines. On June 30, 2008 it was estimated that 22,212 children were enrolled in *hawk-I* (number includes those with and without mental illness) (40, p. 49). However, *hawk-I* is not comparable to Medicaid. A recommendation included in the *Mental Health Systems Improvement in Iowa* report is to revise *hawk-I* “to include core required mental health safety net services and to offer a similar mental health benefit package as Medicaid” (6, Appendix O, p. 5).

SCHIP was designed as a commercial health care model. Insurance companies decide whether they wish to provide insurance plans for SCHIP. In Iowa, each county determines which of the insurance plans available will provide *hawk-I* coverage for qualifying children in that county. For enrollment effective March 2008, the choices were Wellmark Classic Blue (indemnity) with Blue dental, Wellmark Health Plan of Iowa (managed care) with Blue dental, and AmeriChoice with Delta Dental. These plans provide mental health services only from health care providers who are part of a network (Wellmark) or from a provider approved prior to treatment (AmeriChoice). Both companies limit inpatient care to 30 days per calendar year. Wellmark covers 30 outpatient visits per calendar year; AmeriChoice covers 20 outpatient visits per calendar year. The same restrictions apply to substance abuse services. Coverage of medications is an important benefit. Wellmark Blue covers only generic drugs; brand name drugs are not covered unless specifically approved by Wellmark. The same restrictions apply to Wellmark Health except drugs are covered only if a network pharmacy is used and quantity limitations and step therapy may apply for certain drugs. AmeriChoice requires use of a network pharmacy, and drugs must be on a preferred list. Some drugs may require approval to be covered, and a generic equivalent will be provided versus a name drug (41).

**Further Expansion of Medicaid and *hawk-I*.** The Iowa Legislature in 2008, passed H.F. 2539 stating the intent that all Iowans will have health care coverage, with initial priority being to cover all children eligible for Medicaid or *hawk-I* by January 1, 2011. A *hawk-I* expansion program would cover children under 300% of the federal poverty level by July 1, 2009 if the federal reauthorization of SCHIP provides Iowa with sufficient resources and approves extension of SCHIP coverage to children under 300% of the federal poverty level (42, p.2).

### To Be Continued

At the age of 18, adolescents must transition into a structured county-run mental health system for adults. The assessment process begins again to fit the requirements of this system. The issue of confidentiality may create a barrier for continued involvement of the family. The system for delivering mental health services to adults is the focus of Part III.

**Study group:** Carol Hagen (Upper Iowa League), Judy Meyers (Black Hawk/Bremer League), Jamie Sawin (Jasper County League), Nancy E. Brown, chair (Ames League)

**Funding:** League of Women Voters Education Fund

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