

2020 IOWA ACES POLICY COALITION PRIORITIES

SUPPORT THE DEVELOPMENT OF A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM

- **Provide adequate funding** to address the current patchwork of children's behavioral health services.
- **Expand programs that support prevention, early identification and early intervention** for children's social-emotional development (e.g. extend the 1st Five Healthy Mental Development Initiative statewide).
- **Promote recommended universal social, emotional and cognitive developmental screening** as recommended by the Universal Screening Panel convened by the Children's Behavioral Health System State Board.
- **Address workforce shortages within children's behavioral health** through workforce incentives such as Future Ready Iowa, tuition reimbursement programs, tax credits for behavioral health professionals, and student loan forgiveness programs. Such incentives should include a focus on increasing providers of color.

IMPROVE THE HEALTH AND WELL-BEING OF IOWA'S KIDS

- **Protect Medicaid from harmful changes and funding cuts** that would take away health care from eligible children and families.
- **Initiate a children's quality improvement focus in Medicaid** by publicly reporting all Child Core Set quality measures, disaggregating by child demographics (e.g. race/ethnicity) and service location (e.g. region, plan, and provider).
- **Increase data collection on racial and economic disparities in children's health** in order to promote health equity and reduce disparities in health care access and outcomes.

INCREASE PREGNATAL AND MATERNAL HEALTH COMMUNITY SUPPORT

- **Increase access to prenatal and maternal health home-visitation services** as a primary prevention and early intervention strategy to reduce childhood trauma and family stress.
- **Invest funding into local community providers** to reimburse community support services that reduce maternal stressors, reduce cultural and economic barriers to prenatal care, and enhance community connection.
- **Pilot strategies to increase maternal depression and mental health screenings** during well-child checks for mothers and families on public insurance.
- **Require a study across state departments to review and identify opportunities to improve state policies and programs that impact social determinants of health for infants and women** of child-bearing age (including transportation, housing, education, employment, intergenerational trauma). Reference: Ohio legislative study.

ADVANCE A TRAUMA-INFORMED CHILD WELFARE SYSTEM

- **Reduce the caseloads of Iowa DHS Social Workers** to meet the recommended Child Welfare League of America standards of no more than 12 cases per social worker investigating child abuse, and no more than 17 cases per social worker for ongoing in-home cases.
- **Support a quality workforce** in order to transform and enhance a trauma-informed, culturally competent, and family-centered child welfare system to build and sustain healthy communities.
- **Address workforce shortages within child welfare** through workforce incentives such as Future Ready Iowa, tuition reimbursement programs, and student loan forgiveness programs. Such incentives should include a focus on recruiting and retaining workers of color.
- **Expand or increase support and resources for kinship/relative caregivers** to keep children and youth connected to family.