



# The Coalition

Coalition for Family and Children's Services in Iowa

## High-Acuity Youth: Addressing the Urgent Needs of Youth in Crisis

### Building a Brighter Future for Iowa's Youth

**Introduction** The youth we work with in the juvenile justice and child welfare systems often face trauma and complex behavioral challenges that require specialized care and support. Their stories are not just statistics; they are the faces of children who need our help and the support of the systems in place. We are advocating for necessary funding and policy changes to provide these youth with the appropriate services they need, ensuring a safer, healthier future for them and our communities.

**The Need for Specialized Services for High-Acuity Youth** High-acuity youth, like Marcus, Greg, and Aubrey, represent a critical segment of the juvenile justice and child welfare population. These youth often face compounded challenges, including early exposure to abuse, neglect, violence, and instability. Their behaviors—manifested as aggression, self-harm, or criminal activity—are symptoms of deep, unresolved trauma. As their history shows, the system must adapt to provide ongoing and intensive support to prevent further harm and reduce recidivism.

#### Case Examples: Marcus, Greg, and Aubrey

**Marcus's Story:** Marcus, a 15-year-old male, has been through unimaginable trauma since birth, experiencing neglect, abuse, and the loss of both parents. His path has been marked by severe mental health challenges, criminal behavior, and multiple placements in facilities such as Psychiatric Medical Institution for Children (PMIC), Qualified Residential Treatment Program (QRTP), Problematic Sexual Behavior (PSB), Child Welfare Emergency Shelters (Shelter), and Juvenile Detention. Despite his repeated stays in various care settings, Marcus continues to struggle with impulsiveness, respect for authority, and empathy for others. His complex diagnoses, including Oppositional Defiant Disorder, Conduct Disorder, Post-Traumatic Stress Disorder (PTSD), and ADHD, require specialized care and a coordinated approach from multiple systems, including HHS and JCS.

Marcus's story illustrates the need for long-term, trauma-informed care, as traditional interventions have failed to fully address his needs. The current system lacks the capacity to meet the needs of youth like Marcus, who require intensive therapeutic care and specialized services.

**Greg's Story:** Greg, a 16-year-old male, has also faced years of abuse, including physical and sexual trauma, and the loss of both parents. His history of aggressive behaviors, including homicidal ideation, and his diagnoses of Post-traumatic stress disorder (PTSD), Intermittent Explosive Disorder, and Conduct Disorder, highlight the complexity of his needs. Greg cycles between periods of stability and violent, chaotic outbursts, leading to repeated placements in residential treatment and foster care.

Greg's story underscores the importance of ongoing support and intervention. His dual case status with Health and Human Services (HHS) and Juvenile Court Services (JCS) complicates the coordination of services, and the lack of consistent, specialized care leads to a revolving door of placements and increasing risk to his well-being.

**Aubrey's Story:** Aubrey is a 13-year-old female who was removed from her biological mother at the age of 2. Aubrey and her half-brother were placed with maternal grandparents and adopted by them in 2014. They terminated their rights in 2020 as they did not feel they could provide the level of supervision Aubrey needed to manage her behaviors. Aubrey has been at multiple PMICs, QRTP's, Shelter, family foster care, two pre-adoptive homes, State Mental Health Institution, hospital placement, received Crisis Stabilization Services (residential and community based) and juvenile detention. Prior to her arrival at AHFA she had been in 15 different placements. Aubrey has been diagnosed with Disruptive Mood Dysregulation Disorder, Disinhibited social engagement disorder, ODD, RAD, and ADHD. There are concerns that prior to the adoption Aubrey had exposure to illegal drugs, domestic violence and was sexually inappropriate with younger peers. She has a lengthy history of elopement, violence towards others, thefts, suicidal ideation and self-harm. She has had multiple charges of assault, to include assault on Persons Engaged in Certain Occupations, Aiding and Abetting and Burglary in the Third Degree. During one elopement she broke into a residence and forced entry into the vacant home by breaking a window to get into the residence. During another elopement she used a blunt object to break into a storage shed and admitted she was going to steal objects. While in placement she climbed an electric pole to get on the roof of the building and had multiple incidents of property damage. Aubrey shows little to no emotion about her behaviors and at times seems confused about reality. She often makes decisions that put herself at risk of harm. For example, hopping on a train during an elopement, or running through corn fields in 100-degree weather. When Aubrey is upset she has displayed a pattern of behavior of swallowing objects that could harm her.

**Why This Matters** The challenges faced by Marcus, Greg, and Aubrey are not isolated incidents. They reflect broader trends and challenges faced by high-acuity youth in Iowa and across the country. These youth often face significant challenges transitioning from one system to another, and the lack of appropriate, long-term care facilities often leaves them cycling through emergency services, including shelters, detention, and hospitals.

For these youth, one-size-fits-all solutions do not work. They need individualized, trauma-informed care that integrates mental health services, behavioral health, and specialized treatment. The need for additional resources, including funding for QRTPs and child welfare emergency shelters is urgent.

**The Path Forward** To meet the needs of high-acuity youth, we must invest in the development and expansion of services that provide comprehensive care. This includes:

- Increased funding for specialized treatment programs like QRTPs and shelters that cater to youth with complex trauma and behavioral health needs.

- Policy changes that prioritize long-term, trauma-informed care over short-term solutions.
- Enhanced coordination between HHS, JCS, and other involved agencies to ensure holistic and individualized support for each youth.
- Greater support for the development of staff and resources capable of meeting the needs of these youth, including better compensation and training for providers.

**Conclusion** The stories of Marcus, Greg, and Aubrey illustrate the profound challenges faced by high-acuity youth and the gaps in the current system. They represent the challenges faced by high-acuity youth who require specialized, long-term care. Our advocacy for increased funding and policy changes is essential to ensuring that these youth receive the services they deserve. Only with sustained investment and systemic change can we provide these children with the opportunities they need to heal and succeed.

The stories of Marcus, Greg and Aubrey serve as a call to action.

**Call to Action** We urge legislators, stakeholders, and decision-makers to prioritize the needs of high-acuity youth. By supporting the necessary funding for specialized care and implementing policy changes, we can provide these children with the future they deserve.