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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Behavioral Health System Alignment

2024

# Why System Alignment

- In the current system:
  - Lowans do not know how to access services
  - Health outcomes for lowans are not satisfactory
  - There's a large amount of duplicative administration system-wide
- Through alignment HHS plans to:
  - Ensure lowans have consistent access to health and human services
  - Use funding more effectively to achieve outcomes
  - Consolidate and streamline contracting and administration



# Assessment

- HHS worked with Health Management Associates (HMA) to conduct an assessment.
- HMA's recommendation report includes:
  - An overview of the service delivery areas
  - Proposed funding models for the local HHS systems
  - Identification of Iowa Code and Iowa Administrative Rules impacted by the recommendations.

## 7 Town Halls

**PARTICIPANTS: 764**

**IN-PERSON: 4**  
(232 people)

**VIRTUAL: 3**  
(532 people)

HMA asked  
*"What's working?"*  
*"What issues should be addressed?"*

## 35 Stakeholder Interviews

**PARTICIPANTS: 167**

- ▶ HHS staff
- ▶ HHS contractors
- ▶ Iowa State Association of Counties (ISAC)
- ▶ Managed Care Organizations (MCOs).

## 3,152 Stakeholder Surveys

**PARTNERS: 860**

**CONSUMERS: 2,292**

**Challenges**  
Insufficient funding, lack of workforce, training needed in best practices.

**Strengths**  
Committed local providers, good communication between services and support.

## 7 Director Roundtables

**PARTICIPANTS: 160**

- ▶ Local Service Providers
- ▶ County System Administrators
- ▶ Legislators

HHS SYSTEM SNAPSHOT

STATE OF IOWA

Population	3,200,517
Life Expectancy	78.7 years

UNITED STATES

Population	335,893,238
Life Expectancy	76.4 years

The five counties with the **highest life expectancy** (in years):  
 Winneshiek – 83.5 years  
 Sioux – 83.3 years  
 Johnson – 82.6 years  
 Story – 82.1 years  
 Dallas – 81.8 years  
 Hancock – 81.8 years

The five counties with the **lowest life expectancy** (in years):  
 Harrison – 75.8 years  
 Cass – 75.6 years  
 Wapello – 75.5 years  
 Monona – 75.3 years  
 Montgomery – 74.9 years

ACCESS TO CARE



37 counties have a **shortage of Primary Care Physicians** throughout the county



82 counties have a **shortage of Dental Care Providers** throughout the county

**Access to care includes** the ability to navigate the health care system, find care locally, and pay for services. When someone lacks one or more of these abilities, disparities may emerge.

MENTAL HEALTH

**4.4**  
 Poor mental health days per month

4.4 days/mo.  
 U.S. avg

Poor mental health is associated with **smoking, physical inactivity, housing insecurity, food insecurity, and insufficient sleep**. Mental disorders like **depression and anxiety** can affect people's ability to take part in healthy behaviors.

92 counties have a **shortage of Mental Health Care Providers** throughout the county

**There are far fewer mental health providers in Iowa** than the national average. There are wide differences in **access to mental health providers across the state**.

ADDICTIVE DISORDERS

**24.7%**  
 of adults report binge drinking

19% U.S. avg

Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation.

**17,477**  
 residents received substance use treatment in 2023

\* National data not available

**Substance use disorders** involve misuse of one or more substances and may lead to social, physical, mental, and public health problems. Drug use rates in Iowa are similar to the rest of the nation.

# HHS System Snapshots

## State snapshot

## 99 county snapshots

### Social, Economic and Environmental Factors

#### ECONOMIC STABILITY & INCOME

Economic stability is the connection between the financial resources people have and their physical and mental health.

People living in poverty are at greater risk for mental illness and chronic diseases.



**11%**

Live below the rate of poverty  
11.5% U.S. avg



**849,270**

are enrolled in Medicaid  
98,228,339 U.S. enrollment

#### HOUSING & TRANSPORTATION

In Iowa, cost-burden, spending more than 30% of income on housing costs, is the most common housing problem.

Housing instability as well as unsafe, unhealthy, or unaffordable housing negatively affects mental and physical health. Transportation issues may result in missed or delayed health care appointments, increased health expenditures and overall poor health outcomes.



**23%**

Households spend 30% or more on housing  
31% U.S. avg



**5.6%**

Households do not have a vehicle  
8.3% U.S. avg

### Healthy Behaviors and Outcomes

#### ACTIVE LIVING & HEALTHY EATING

Being overweight or obese can lead to serious health issues such as cardiovascular disease, diabetes, stroke, depression, and certain cancers. A lack of consistent access to healthy food can lead to chronic diseases, obesity, or developmental problems. In Iowa, 89 out of 99 counties have areas identified as having low food access.



**36.3%**

of adults have an unhealthy body weight (BMI of 30.0 or higher)  
33% U.S. avg



**238,290**

Individuals experiencing food insecurity  
33,844,000 nationwide

#### CANCER

Many risk behaviors linked to cancer can be prevented such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Cancer screening tests can help detect cancer at earlier stages, making treatment easier and improving rates of survival.



**486.8**

County incidence rate for cancer (per 100,000 people)  
442.3 U.S. avg



**154.2**

County death rate from cancer (per 100,000 people)  
149.4 U.S. avg

# HHS System Snapshots

State snapshot

99 county snapshots

# Case for Behavioral Health System Alignment

## Significant Need

- Nationally, 38.3% of adults aged 18 or older with any mental illness reported unmet need for mental health treatment due to not knowing where to go for services (2021).
- Nationally, 17.9% of individuals 12 or older reported unmet need for substance use treatment due to not knowing where to go for services (2021).
- 13.5% of Iowans reported experiencing frequent mental distress in 2022.

## Incentive Fund

- Currently, the incentive fund includes \$23,955,429 in unspent dollars by the Mental Health and Disability Services (MHDS) regions.
- Areas in need of support include statewide efforts such as 988, Your Life Iowa, and the development of Certified Community Behavioral Health Clinics (CCBHCs).

## Ongoing Litigation

- Both the Children's Mental Health lawsuit and the DOJ consent decree target areas of inconsistent support by MHDS regions: crisis services for children and services for individuals with disabilities.

## System-wide Redundancies Exist

- Certified Community Behavioral Health Clinics (CCBHCs) will transform the provider network in Iowa. Review of existing structures in the behavioral health safety net and continued system alignment will be critical.

# Goals for Behavioral Health System Alignment

A well coordinated system with clear access points for Iowans.

Iowans will have access to the same set of behavioral health services across the state no matter where they live.

Reduce system redundancies by linking Federal, State and local governance.

Eliminate administrative red tape and duplicative efforts.

# Current State → Future State

Funding a variety of things not linked to outcomes.



Funding tied to measurable outcomes aligned at a system level

# Legislation



## A new Behavioral Health Services System:

- Establish new code chapter for Iowa's Behavioral Health Service System
- Integrate disability services language with Aging to concentrate focus on home and community based long term services and supports
- Establish structure, function, governance and authority for new district Administrative Service Organizations (ASO).

# HHS Behavioral Health Bill

## Division I – Behavioral Health Service System

225A – Department of Health and Human Services – Behavioral Health

Establishes a behavioral health service system effective July 1, 2025

- 225A.1 - Definitions
- 225A.2 - State mental health authority - state agency for substance abuse
- 225A.3 - Department powers and duties
- 225A.4 - Districts and administrative services organizations
- 225A.5 - District behavioral health advisory councils
- 225A.6 - Data collection and use
- 225A.7 - Behavioral health fund

# HHS Behavioral Health Bill

## Division I – Behavioral Health Service System

- HHS powers and duties
  - Establish behavioral health districts to assure equitable access to services
  - Designate administrative service organizations (ASO s)
  - Develop a State Behavioral Health Service System Plan
    - Includes prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health, substance use, tobacco use, and problem gambling
    - Align with HHS Strategic Plan and State Health Improvement Plan
    - Includes public input and vetting

# HHS Behavioral Health Bill

## Division I – Behavioral Health Service System

- Administrative Service Organization (ASO) duties
  - Develop and administer a district behavioral health plan in alignment with State Behavioral Health Service System Plan
  - Enter into contracts to provide local services under the district plan
  - Oversee, provide technical assistance, and monitor the compliance of providers

# HHS Behavioral Health Bill

## Division I – Behavioral Health Service System

- Behavioral Health Advisory Councils
  - Advise the ASO
  - Consist of 9 members that includes representation from local elected officials, representation of populations served, and representation of experienced and practiced behavioral health practitioners

# HHS Behavioral Health Bill

## Division I – Behavioral Health Service System

- Behavioral Health Fund
  - Combining existing appropriations from mental health and addictive disorders
  - Funds services for needs identified through the State Plan and district plans

# HHS Behavioral Health Bill

## Division II – Behavioral Health Service System Conforming Changes

Outlines subsequent conforming changes for when the following are repealed on July 1, 2025:

- Select sections of Chapter 125
- The entirety of chapters:
  - 142A
  - 225C
  - 227
  - 230A
  - 347B

# HHS Behavioral Health Bill

## Division III – Aging and Disability

Makes the following changes effective July 1, 2024:

- Removes the requirement that Aging and Disability Services can only designate Area Agencies on Aging as Aging and Disability Resource Centers
- Renames 231 - HHS - Aging - Older Iowans to HHS – Aging and Disability Services
- Repeals select sections of Chapter 225C (225C.35 – 225C.42 & 225C.45)

Makes the following changes effective July 1, 2025:

- Moves relevant disability services sections from 225C - Mental Health and Disability Services to 231 - Aging and Disability Services
- Revises definitions of who can be served under amended chapter 231 to include:
  - Individuals with disabilities
  - Persons of all ages (not just persons with disabilities eighteen years of age and older)

# HHS Behavioral Health Bill

## Division IV – Transition of Mental Health, Addictive Disorder, and Disability Services

- Outlines HHS' powers and duties to create the behavioral health service system
- Transfers disability services from Behavioral Health to Aging and Disability Services on July 1, 2025
- Outlines HHS' responsibilities during the transition period (July 1, 2024 – June 30, 2025)
- Establishes the responsibility of HHS to publish the initial transition plan, by September 30, 2024, on the HHS website
- Outlines the requirement for MHDS regions to revert remaining funds to HHS by July 1, 2025
- Outlines provisions for MHDS regions to collect outstanding debts, claims, or other liabilities owed to the county, for services rendered prior to July 1, 2025

# Next Steps

- Behavioral Health system has clear intersections with each of these systems
  - Public Health
  - Community Access
  - Family Well Being and Protection
- Proposed Behavioral Health system provides framework for deliberate and shared responsibility
  - Create consistency in the way Iowans access health and human services
- Continued engagement with partners to identify opportunities to strengthen those connections in order to better serve Iowans

## Media Point of Contact

Alex Murphy, [amurphy2@dhs.state.ia.us](mailto:amurphy2@dhs.state.ia.us)