



Iowa HHS System Alignment

AGING AND DISABILITY SERVICES and BEHAVIORAL HEALTH

Kelly Garcia, Director, Iowa HHS

Alexandra Bauman, Aging & Disability
Services Bureau Chief, Iowa HHS

Marissa Eyanson, Behavioral Health
Director, Iowa HHS

Summer 2024

Overview

Why System Alignment?

Aging & Disability Resource Centers

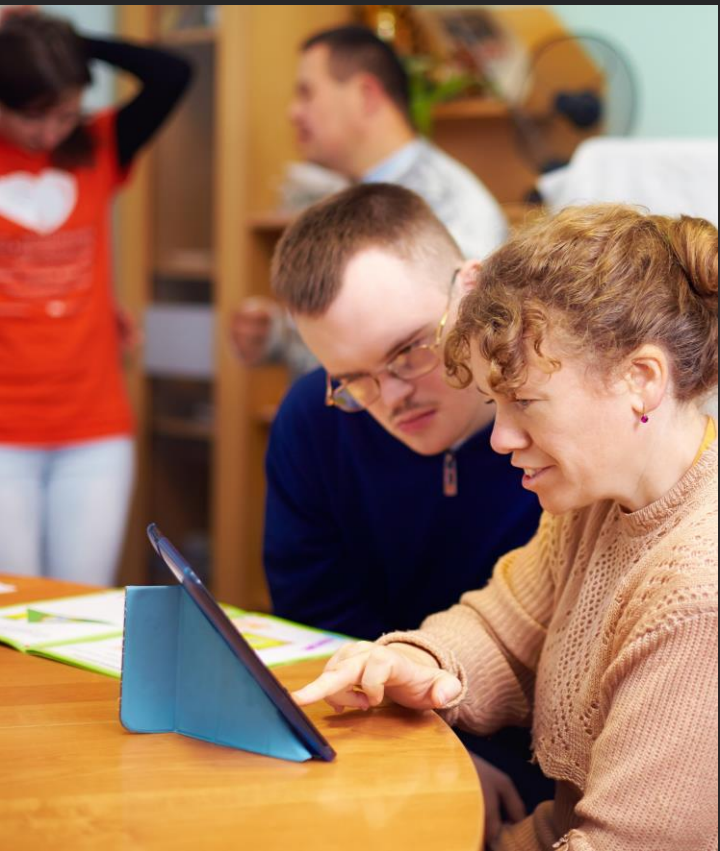
- What is an ADRC?
- Goals
- Disability Access Points

Behavioral Health

- Vision
- Changes
- Timeline

Facilitated Feedback

Why System Alignment?



In the current system:

- Navigation is confusing..
- Outcomes are not satisfactory.
- There's a large amount of duplicative administrative red tape.

Through alignment Iowa will:

- Create consistent pathways for accessing services.
- Use existing funding more effectively towards outcomes.
- Streamline administrative work.

“For the first time, we will have an intentionally planned system that includes in statute, prevention, treatment and recovery.
It’s phenomenal.”

Kelly Garcia, Iowa HHS Director



Aging & Disability Resource Center (ADRC) Expansion

Aging & Disability Services

What is an Aging and Disability Resource Center (ADRC)?

Hope-centered service navigation.

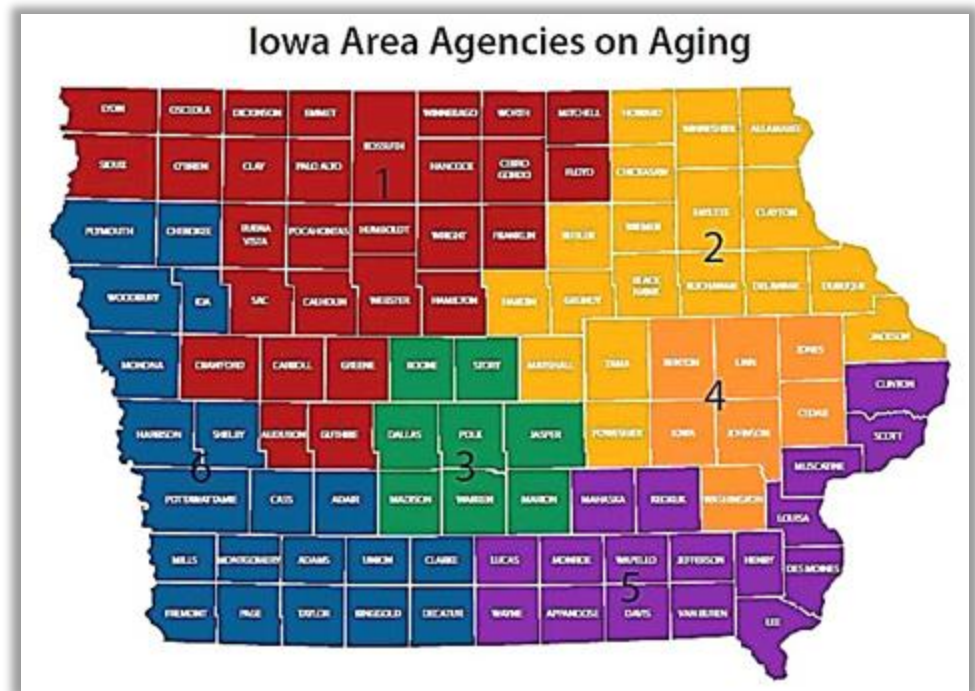
Provides objective information, advice, and counseling on LTSS.

Helps people apply for programs and benefits.

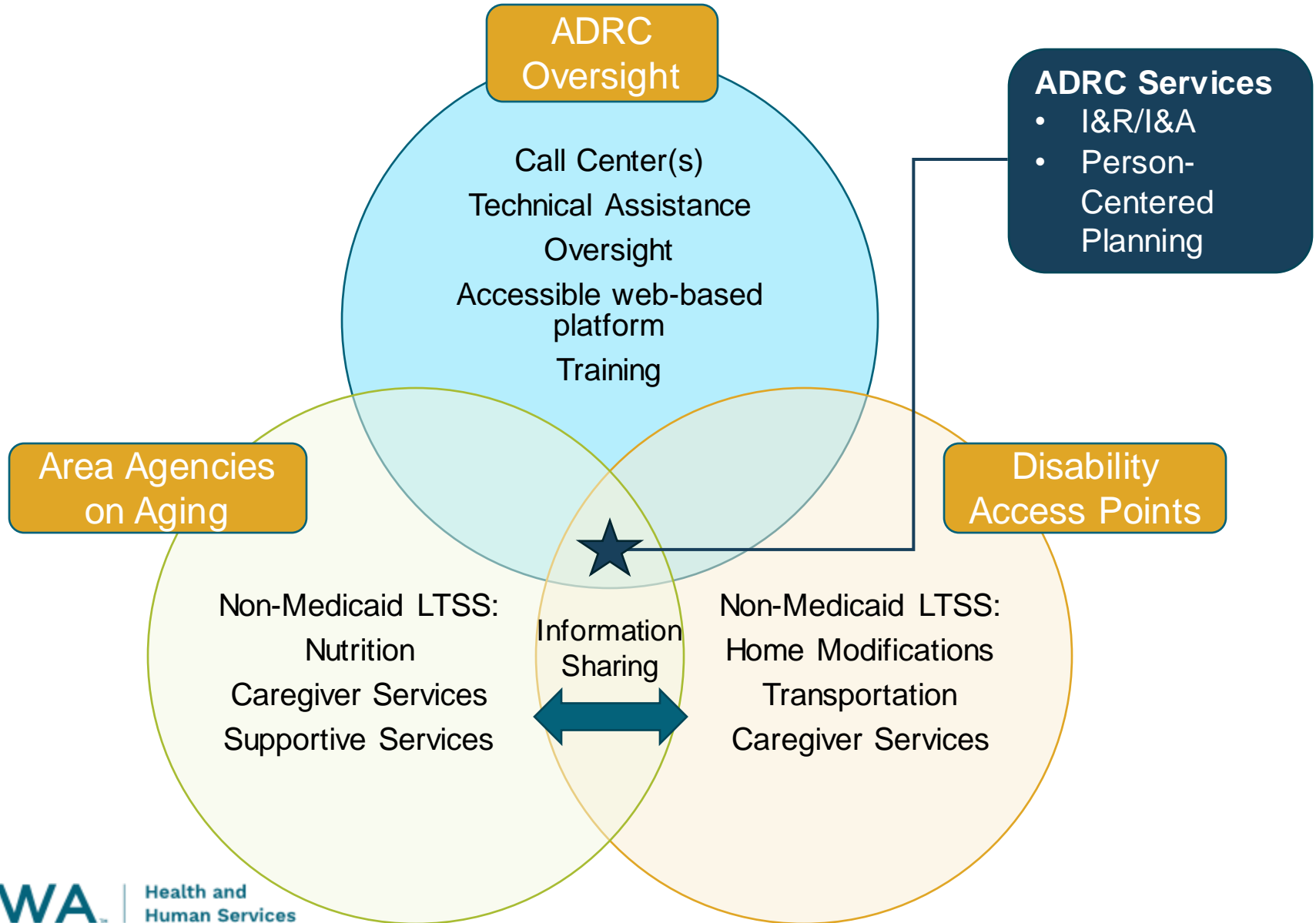
Empowers people to make informed decisions about their LTSS.

What is the current state of ADRC in Iowa?

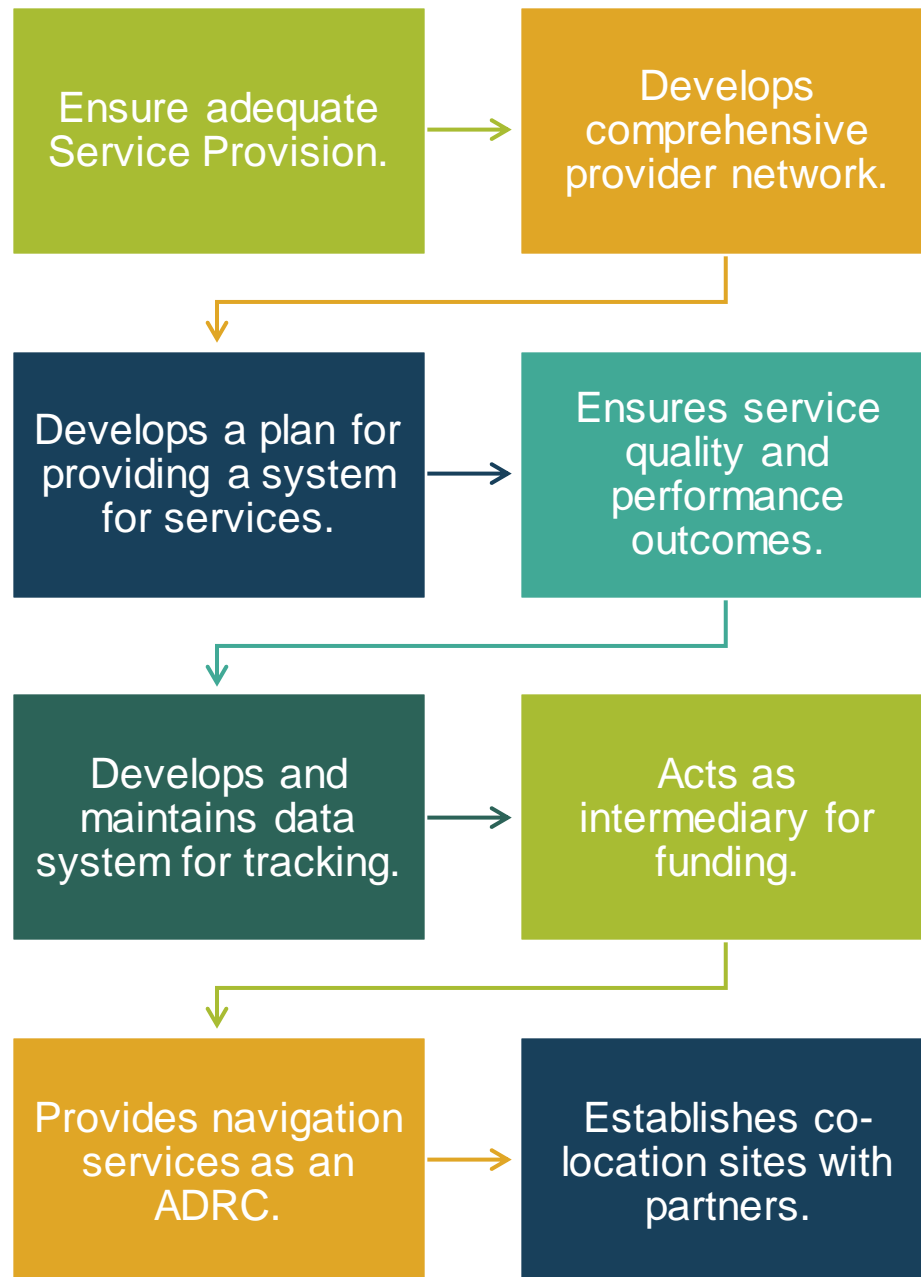
- ▶ Iowa AAAs (six) are designated as the ADRCs.
- ▶ Lack of funding and ability to serve Iowans with disabilities under age 60.
- ▶ Aging focused expertise.



Coordinated Aging & Disability Network



Area Agency on Aging (AAA) and Disability Access Points Functions



ADRC Oversight Functions

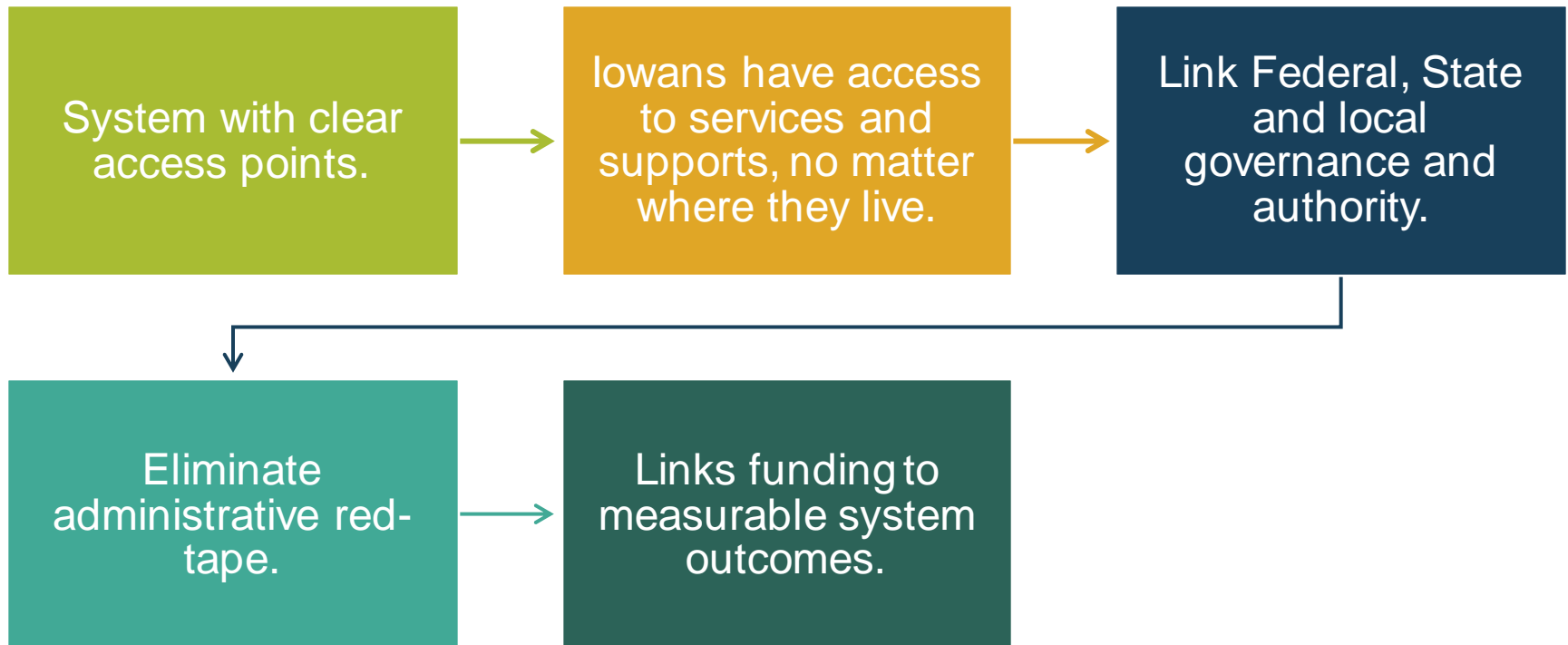




Behavioral Health

Building a System for Iowa's Future

Vision for Behavioral Health



What is Behavioral Health?



Behavioral health means mental health, addictive disorders and life stressors and crises.



Behavioral health disorders are common and treatable.



Behavioral health care refers to a full spectrum of prevention, early intervention, treatment, recovery support and crisis care.

Behavioral Health Administrative Service Organizations (BH-ASO)


Iowa HHS will hire BH-ASOs to organize local service delivery and ensure access to high quality services.



BH-ASOs will be funded by braiding state and federal funds.



Important services, like crisis services, will be required and available for all Iowans.



Other services are safety net services paid for by BH-ASOs.

What will change?



Organize local behavioral health districts.



Procure behavioral health administrative service organizations.



Form local advisory councils.



Develop a comprehensive statewide plan for behavioral health.



Incorporate stakeholder feedback and public comment.

HHS

Health and Human Services

- Establishes service system districts
- Develops the service system state plan; approves district plans
- Administers funding to lead entities
- Develops service definitions and standards, reporting requirements, and performance outcomes
- Provides training and technical assistance to lead entities
- Provides activities as indicated by the service system state plan

Lead Entity

- Develops and implements a district-wide plan to ensure adequate service provision in every county within the district.
- Contracts with local providers.
- Provides training and technical assistance to contracted local providers.
- Ensures service quality and performance outcomes.
- May provide activities and services as indicated by the district plan
- Collaborates with HHS and other district lead entities for the service system.
- Reports progress and outcomes to HHS.

Local Provider

For example: community partnerships, substance use treatment providers, disability service providers, etc.

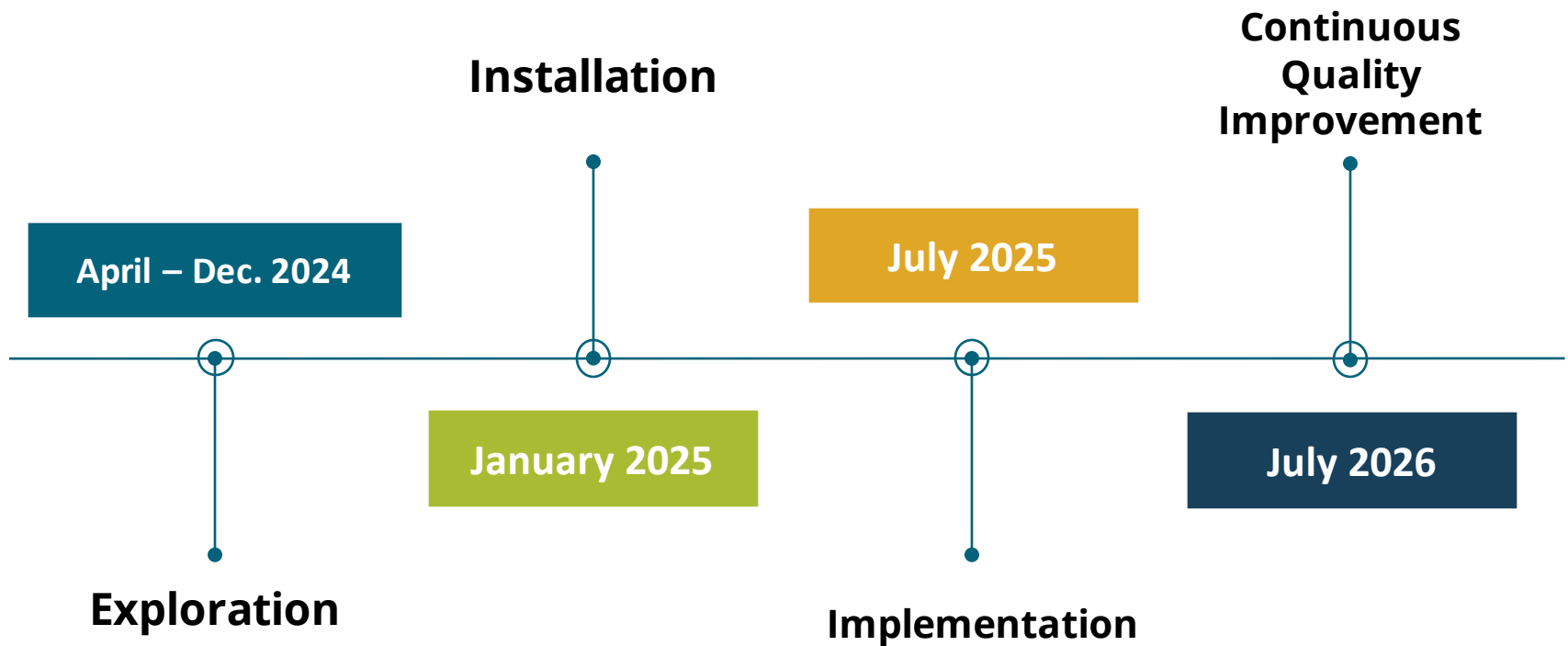
Contracts with a lead entity(ies)

Provides activities and services according to the lead entity district plan

Collaborates with the lead entity and other local providers in the district to ensure service provision in every county within the district

Reports progress and outcome data to the district lead entity(ies)

Implementation Timeline

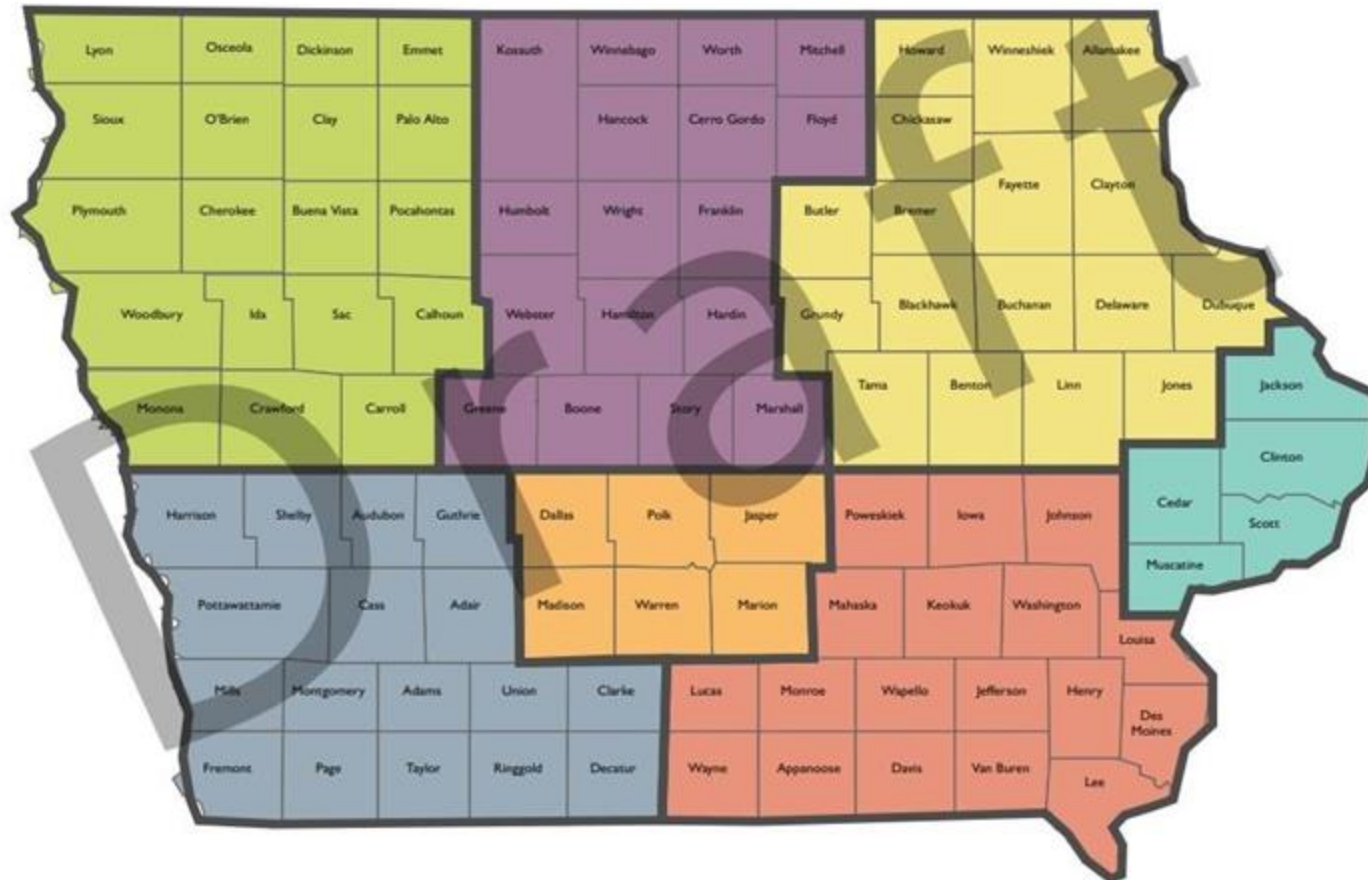


Facilitated Feedback

Cara Henley, Health
Management
Associates

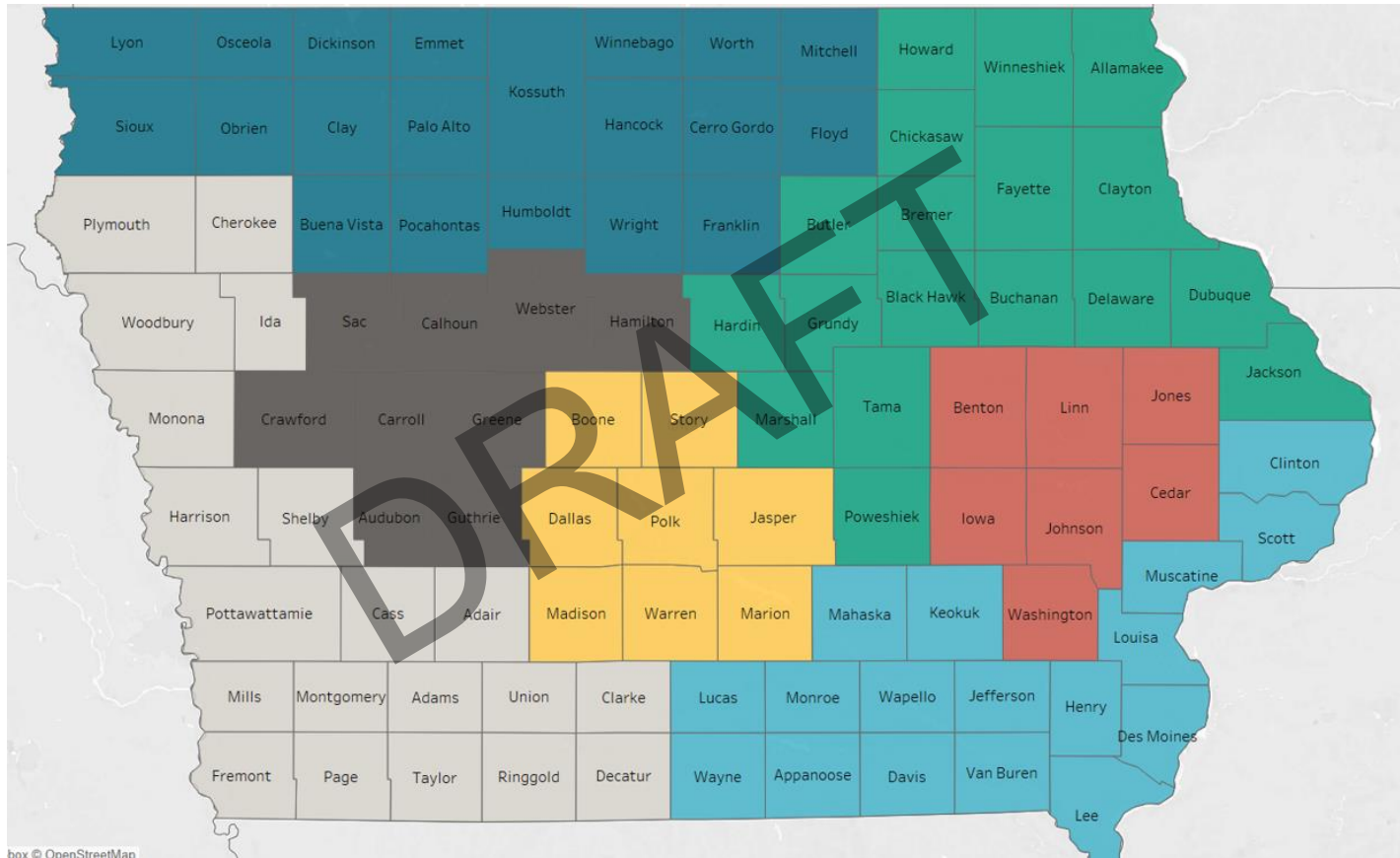


Behavioral Health District – Option 1



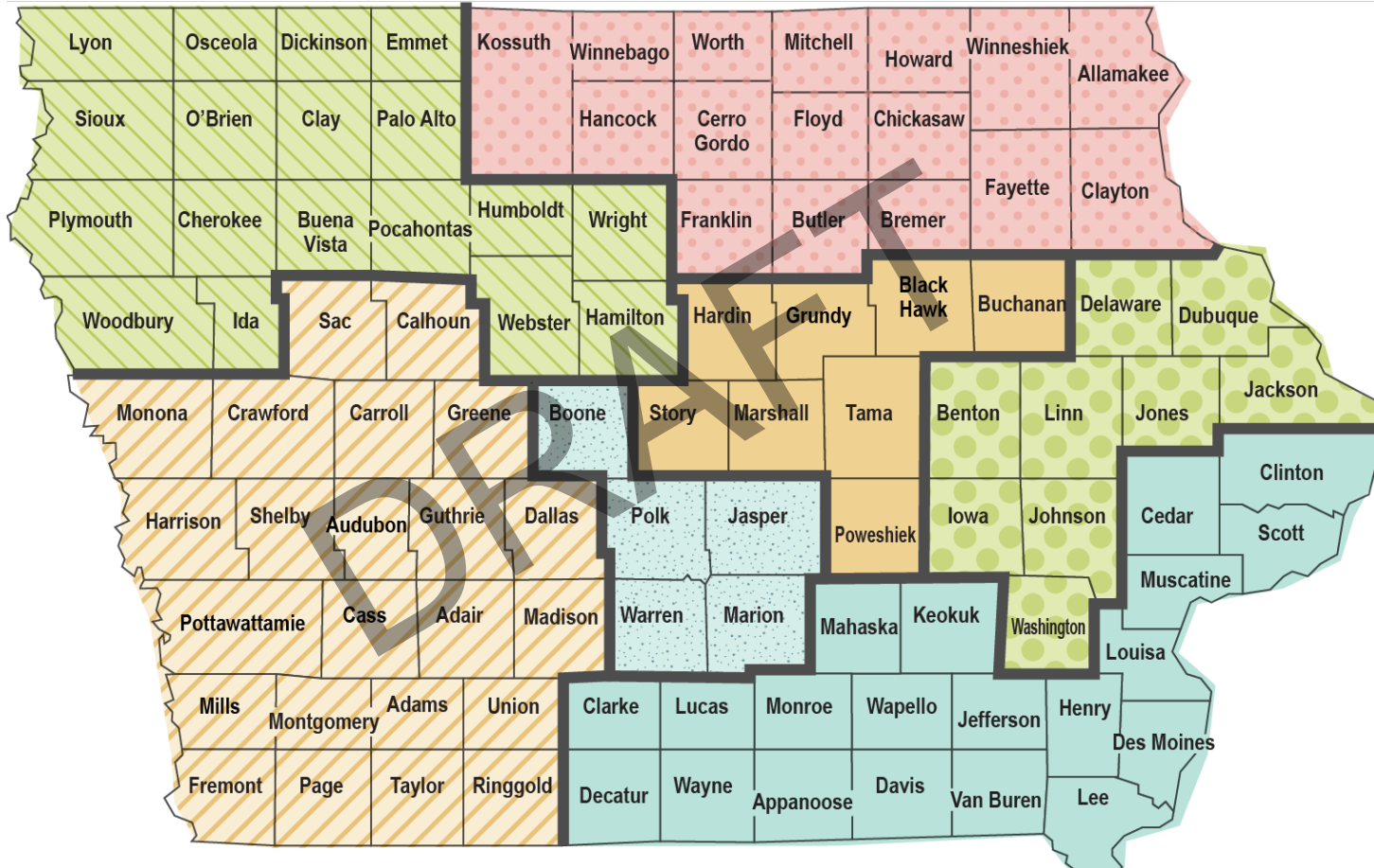
This option 1 map reflects patterns of care related specifically to behavioral health treatment.

Behavioral Health District – Option 2



The option 2 map contemplates the intersection with current Area Agency on Aging coverage.

Behavioral Health Districts – Option 3



The option 3 map contemplates current community action agency coverage.

Questions

What considerations (funding, workforce, provider capacity, etc.) are most important for planning behavioral health district boundaries?

Are there any areas or communities that should be in a different district than in any of the the proposed district options? Why?

Do any of the proposed district options reflect community needs and resources? Why or why not?

What is essential to a smooth transition to a new system design that maximizes resources and minimizes disruptions to care?

Thank you!

Learn more about the Behavioral Health Alignment on the HHS website.



Health and
Human Services

<https://hhs.iowa.gov/initiatives/system-alignment/ibhss>