



Transition Plan for Behavioral Health Service System Alignment

SFY25 – Quarter 1 Update

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**Health and
Human Services**

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Overview

On May 15, 2024, Governor Reynolds signed HF2673 to implement a new Behavioral Health Service System for Iowa beginning on July 1, 2025. This transition plan provides information about the tasks the Iowa Department of Health and Human Services (Iowa HHS) will undertake to assure the successful establishment of the new behavioral health service system, the transition of mental health services from mental health and disability services regions to the Behavioral Health Service System, and the transfer of disability services from to the Division of Aging and Disability Services at HHS. This plan will be updated quarterly.

The Behavioral Health Service System supports a statewide system of prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders. The transfer of disability services to the Division of Aging and Disability Services is a key component of the development of the new Behavioral Health Service System.

Organizational Structure of the Behavioral Health Service System

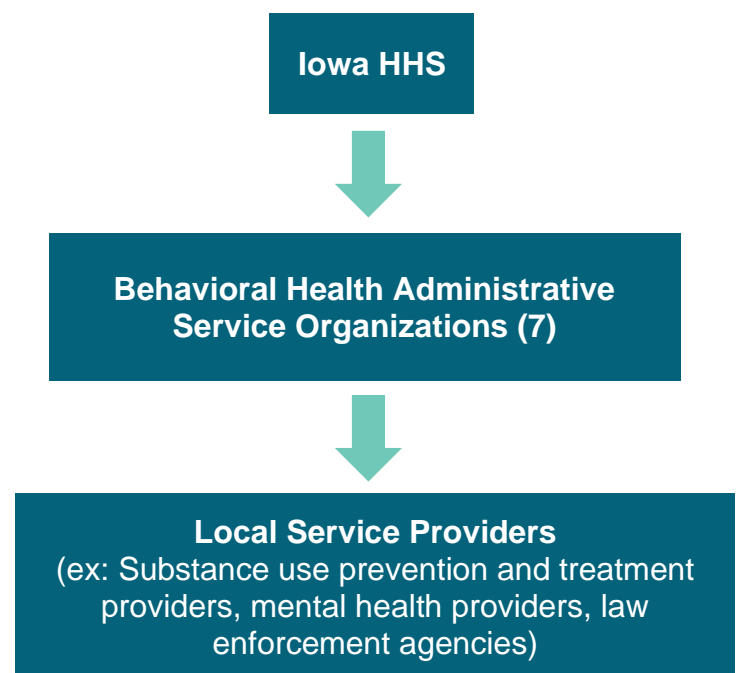
The structure for the behavioral health service system includes the Iowa Department of Health and Human Services (Iowa HHS), behavioral health administrative services organizations (BH-ASOs) serving as lead entities, and local providers as a shared responsibility model.

Iowa HHS will:

- Establish service system districts;
- Develop the service system state plan and approve district plans;
- Administer funding to BH-ASOs;
- Develop service definitions and standards, reporting requirements, and performance outcomes;
- Provide training and technical assistance to BH-ASOs; and
- Provide activities as indicated by the Behavioral Service System State Plan.

Through their contracts with HHS, BH-ASOs will:

- Develop and implement a district-wide plan to ensure adequate service provision in every county within the district;
- Contract with local providers;
- Provide training and technical assistance to contracted local providers;
- Ensure service quality and performance outcomes;
- Provide activities and services as indicated by the district plan, as appropriate;
- Collaborate with HHS and other BH-ASOs; and
- Reports progress and outcomes to HHS.



BH-ASOs will contract with local providers to provide activities and services within each district. Local providers will:

- Contract with a BH-ASO(s);
- Provide activities and services according to the Behavioral Health district plan;
- Collaborate with the BH-ASO and other local providers in the district to ensure service provision in every county within the district; and
- Report progress and outcome data to the BH-ASO(s).

Transition Funding

Iowa HHS will develop guidance, for mental health and disability services regions and counties, for the following:

- Transferring all unencumbered and unobligated moneys remaining in a mental health and disability services region's combined account (pursuant to section 225C.58, subsection 1) to the treasurer of state for deposit into the behavioral health fund (as established in section 225A.7).
- Transferring all unencumbered and unobligated moneys remaining in a mental health and disability services fund (pursuant to section 225C.58, subsection 1) to the treasurer of state for deposit into the behavioral health fund (as established in section 225A.7).

This work has not yet begun. Progress toward meeting these tasks will be provided in future transition plan updates.

Transition activities for HHS are being funded as follows:

- \$1,000,000 is appropriated from the mental health and disability services regional incentive fund to support staffing needs to assess current practices, research and design future state activities, and implement future state and transition activities.
- \$645,179 is appropriated from the mental health and disability services regional service fund to establish a data repository.

Ensuring Service Provision for Iowans

Starting July 1, 2025, Iowans will be able to receive services at the location of their choice -- the behavioral district of their residence will not affect where they can receive services. Upon selection of local providers by BH-ASOs, Iowa HHS will collaborate with BH-ASOs to develop communications about what services are available, who is eligible to receive services, and where services are located. In the event that service delivery sites change locations, Iowa HHS will work with BH-ASOs to develop a plan to assist with the transition of service delivery from the current locations to the new locations. This plan would also include how those changes will be communicated to current clients and the public.

Transition Plan

As a part of HF2673, HHS was directed to develop a transition plan that included all tasks to be completed before July 1, 2025, and provide quarterly status updates of the identified tasks. Tasks were identified for both the implementation of the Behavioral Health Service System and the transfer of disability services to the Division of Aging and Disability Services. The transition plan was posted to the [HHS System Alignment webpage](#) on July 1, 2024. **The status of the tasks from the transition plan can be found below; this update reflects progress through September 30, 2024.**

Behavioral Health Service System Implementation

During the first three months of the transition period, HHS completed the following tasks:

- Held public comment sessions to receive feedback about draft Behavioral Health district maps;
- Complied and reviewed Behavioral Health district map feedback and district recommendations;
- Designated Behavioral Health districts;
- Defined roles and responsibilities for HHS, Behavioral Health Administrative Service Organizations (BH-ASOs) and local providers;
- Developed the scope of work for BH-ASOs;
- Developed and posted the BH-ASO request for proposal (RFP);
- Held partner input sessions about the Behavioral Health Service System State Plan;
- Developed minimum accreditation standards for the maintenance and operation of community mental health centers; and
- Designated community mental health centers.

HHS also began work on a number of tasks including:

- Developing performance measures for BH-ASOs;
- Developing notice of award documents for the BH-ASO RFP;
- Drafting administrative rules to support Chapter 225A;
- Identifying current contracts that will be impacted by mental health and disability services being transferred to the Behavioral Health Service System;
- Developing the Behavioral Health Service System State Plan;
- Developing funding allocation and distribution methodologies;
- Identifying workforce development needs;
- Determining processes for claiming and reimbursement;
- Planning for the Behavioral Health central data repository; and
- Determining client eligibility requirements.

Additional tasks that are in development to implement the Behavioral Health Service System include:

- Developing minimum access standards;
- Developing standards and operational policies and procedures for HHS and BH-ASOs;
- Developing contracts for state-level activities and services;
- Developing methods to ensure individuals who are eligible for Behavioral Health services receive an uninterrupted continuum of care;
- Establishing technical and clinical guidance and support;

- Developing training for external awardees/contractors and internal HHS staff;
- Collaborating with the Iowa Department of Inspections, Appeals, and Licensing (Iowa DIAL) to make recommendations to the general assembly regarding accreditation, certification, and licensure;
- Developing guidance for transferring funds from the mental health and disability services regions to the treasurer of state for deposit into the Behavioral Health Fund; and
- Developing an evaluation plan for the Behavioral Health Service System.

Transfer of Disability Services to the Division of Aging and Disability Services

During the first three months of the transition period, HHS completed the following tasks:

- Defined roles and responsibilities for the Aging and Disability Resource Center (ADRC) Technical Assistance and Call Center;
- Developed the scope of work and performance measures for the ADRC Technical Assistance and Call Center;
- Developed and posted the ADRC Technical Assistance and Call Center request for proposal (RFP);
- Defined roles and responsibilities for HHS, Disability Access Points (lead entities for the Disability Services System) and local providers; and
- Developed the scope of work for Disability Access Points.

HHS also began work on a number of tasks including:

- Developing contract documents for the ADRC Technical Assistance and Call Center;
- Developing the Disability Access Points request for proposal (RFP);
- Developing contract documents for Disability Access Points;
- Developing performance measures for Disability Access Points;
- Developing funding allocation and distribution methodologies;
- Identifying statutory changes needed for the ADRC system and the Disability Services System;
- Drafting administrative rule changes and additions to support Chapter 231;
- Developing standards and operational policies and procedures for HHS and the ADRC Technical Assistance and Call Center;
- Identifying workforce development needs;
- Determining client eligibility requirements; and
- Determining processes for claiming and reimbursement.

Additional tasks that are in development to transfer disability service to the Division of Aging and Disability Services include:

- Developing minimum access standards;
- Developing methods to ensure individuals who are eligible for disability services receive an uninterrupted continuum of care;
- Developing standards and operational policies and procedures for HHS and Disability Access Points;
- Develop training for external awardees/contractors and internal HHS staff; and
- Developing an evaluation plan for the Disability Services System.

Iowa HHS, through the work of department staff across multiple divisions, will continue to plan for and implement activities necessary to assure the successful establishment of the Behavioral Health Service System and the Disability Services System. Partner and stakeholder feedback will continue to be vital to ensure the success of the two systems and their abilities to serve Iowans.

One such example is the development of the Behavioral Health Service System State Plan. In August, HHS embarked on a stakeholder engagement effort to gather feedback on Iowa's current behavioral health safety net system across the care continuum. These stakeholder meetings were facilitated by Health Management Associates. A total of nine sessions were held virtually between August 12 and August 23. Each session focused on a particular segment of the behavioral health safety net including prevention/education, early intervention, crisis, treatment, recovery, as well as specific stakeholder groups such as the Iowa State Sheriffs' and Deputies' Association, Iowa Hospital Association (IHA), Iowa Primary Care Association (IPCA), Iowa Behavioral Health Association (IBHA), Iowa Association of Community Providers (IACP), the Coalition for Family and Children's Services, and Iowa Mental Health and Disability Services (MHDS) regions. The feedback from these meetings is being used to develop strategies and tactics for HHS, BH-ASOs and local service providers over the next three years.

Additional opportunities to collect stakeholder feedback regarding the state plan are also forthcoming. Behavioral Health Service System partners will be asked to review and provide input on state plan strategies and tactics in late October. Starting this winter, system partners and the public will have the opportunity to comment on the draft Behavioral Health Service System State Plan.

Tasks Requiring Completion After July 1, 2025

During this quarter, HHS did not identify tasks needing completion after July 1, 2025.