



2025-2027

Behavioral Health Service System Statewide Plan

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Table of Contents

Message From the Agency Director Kelly Garcia.....	i
Letter From Director Marissa Eyanson	ii
Introduction	iii
The Behavioral Health Continuum.....	1
Prevention.....	2
Early Intervention	2
Treatment.....	2
Recovery	2
Crisis	2
Shared Responsibility	3
Behavioral Health Districts.....	4
Behavioral Health Administrative Service Organization.....	4
Intersections Across Systems	6
Connections to External Partner Systems	8
Behavioral Health Service System Data	9
Developing Iowa’s Behavioral Health Service System	
Statewide Plan	14
Healthy Iowans.....	14
The Behavioral Health Service System Statewide	
Planning Framework	16
Functions	16
Focus Areas.....	17
Strategies and Tactics.....	17
Iowa’s Behavioral Health Service System Outcomes.....	17
Planning Schedules.....	18
System Operations.....	19
Themes within Strategies and Tactics to Optimize	
Behavioral Health Service System Operation	19
Prevention Strategies.....	27
Early Intervention Strategies.....	33
Treatment Strategies.....	38
Recovery Strategies.....	44
Crisis Strategies	49
Appendix A	55
Appendix B.....	56
Definitions	56

Message From the Director of Iowa HHS



Iowan, regardless of where they live, has access to high quality behavioral health resources that best fits their needs.

The behavioral health solutions we've developed are built to make real, lasting change and coexist alongside the other resources and services in the state that make up our behavioral health system of care. I'm encouraged by the conversations

“ For two years, we've been collaborating, planning, meeting, and listening... ”

Dear Iowans,

We are at an exciting moment in time because **together**, we are building a strong behavioral health system for Iowa. For two years, we've been collaborating, planning, meeting, and listening in every corner of our state to craft a comprehensive plan for change. This effort has resulted in the first-ever Behavioral Health State Plan.

Throughout this process, we've worked hand in hand with direct care professionals, behavioral health advocates, law enforcement, state law makers, local governments, anyone who wanted to contribute to this work to identify key issues and develop meaningful solutions. Our goal is simple: to ensure that every

we've had, proud of the ideas that have taken shape, and inspired by the passion and dedication of those working toward better outcomes for all Iowans.

This is just the beginning. While we have laid a strong foundation, there is still work to be done, and we will continue to seek feedback and input as we, collectively, shape the future of the behavioral health system in Iowa.

All my best

A handwritten signature in black ink that reads "Kelly Garcia".

Kelly Garcia
Agency Director

Letter From Behavioral Health Division Director Marissa Eyanson

Fellow Iowans,

Our vision for Iowa's Behavioral Health Service System is simple, but impactful – we envision Iowa as a state where recovery is not only possible, but the expectation. The Iowa Department of Health and Human Services (Iowa HHS) team is committed to ensuring that all Iowans have access to high quality behavioral health services by removing barriers and engaging with individuals, families, and communities all over the state working together to improve everyone's health and well-being.

The system we are building together will focus on the building a full behavioral health continuum – prevention, early intervention, treatment, recovery and crisis services. Each piece is critical to our success. Many of you have joined us in this work to offer your feedback and comments, and we all agree that change won't happen overnight; it's a constant goal we have in our sights that we will strive for each day.

This Behavioral Health Statewide Service System Plan serves as our northern star, a guide to direct us towards completing our goals. We are grateful for the opportunity to provide this work that documents Iowa's vision for behavioral health and identifies the steps we will take together to make it a reality. We will also continue to seek feedback from you, on every step of the process.

Thank you for your interest and your contributions to this effort thus far. I look forward to continued partnership to make our vision a reality.

With sincere gratitude,



Marissa Eyanson
Director, Division of Behavioral Health



Introduction

In 2024, Iowa Governor Kim Reynolds proposed landmark legislation to reimagine Iowa's Behavioral Health Service System. Built on feedback from Iowans and passed with bi-partisan support from the legislature, House File 2673 made changes to system structures. It brings together work and funding to form an integrated Behavioral Health Service System which will ensure consistent, statewide access to behavioral health prevention, early intervention, treatment, recovery and crisis services.



The Iowa Department of Health and Human Services (Iowa HHS) has worked collaboratively with partners all over the state to gather feedback, conduct assessments and develop the framework for the Behavioral Health Service System that is outlined by the new law. In town halls and round table discussions, Iowa HHS listened and learned




about what Iowans are experiencing in their hometowns, what they hoped would change, and what they hoped would remain in place as we built a new system together.

Based on this feedback, Iowa HHS developed this first Behavioral Health Service System plan. Guided by this plan, Iowans will work together to implement strategies and tactics designed to improve system collaboration, coordination and communication and improve health and outcomes for Iowans.

The 2025-2027 Behavioral Health Service System Statewide Plan provides context about current systems and partners, data that describes baseline system measures, summarizes system components and provides an overview of how the strategies and tactics were developed. The final section of the plan identifies desired outcomes for the system and details what is needed to operationalize and implement the Iowa's new Behavioral Health Service System.

(continued)



Throughout the process of gathering feedback and developing this initial plan, **three clear, consistent themes emerged as priorities for lowans:**

1

Prioritize Prevention and Early Intervention

Behavioral health refers to a general state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. Improving the overall health and quality of life for individuals, families and communities by working to promote mental, emotional and social well-being and prevent the long-term impacts of mental illness and addictions is a shared goal across system partners.

The work of prevention promotes resiliency and healthy behaviors and the work of early intervention, to delay or divert the long-term impacts associated with serious behavioral health disorders are key components of the behavioral health continuum. This work includes educational programs and messaging as well as the promotion of healthy decision making to empower people to make good decisions about their health. It is also the work of early identification, intervention and support for individuals and families at risk or in the early stages of developing of a behavioral health condition or disorder to access treatment sooner and create opportunities for better long-term outcomes.

Historically, resource allocation has prioritized deep-end treatment and crisis services, too often waiting for people to be seriously ill before offering help. Across the state, lowans voiced the need to intervene sooner by expanding prevention and early intervention programs, activities and services and identifying sustainable funding to support this vital work.

2

Improved System Coordination

The work envisioned for Iowa's Behavioral Health Service System will use a shared responsibility model that defines the roles and responsibilities of three main partners: Iowa HHS, district lead entities and community based organizations (CBOs). Each part of the system plays a key role in achieving goals and improving overall health and quality of life for individuals, families and communities. Throughout feedback sessions, Iowans emphasized the need to improve coordination and communication to ensure consistent access to high-quality behavioral health prevention, early intervention, treatment, recovery and crisis services.

An essential part of improving system coordination is the installation of system navigation. Iowans have expressed difficulties in navigating the array of services and supports. Often, people delay care because they don't know where to go. System navigation will deploy low barrier, just-in-time supports to help individuals and families with information, referral and connection with other system partners such as child welfare, aging and disability services, and Medicaid, including Home and Community Based Services (HCBS). System navigators will be an embedded part of their community, familiar with community resources and easily accessible to anyone in need of help. They are also connected with cross-system partners.

3

Improve Access to Behavioral Health

Another priority consistently voiced by Iowans is a lack of consistent access to a full continuum of behavioral health services. In Iowa's current systems, the type of care and accessibility behavioral health services is inconsistent and, too often, inadequate. Many rural areas lack access and often voice feeling left behind. This disparity creates barriers or delays in accessing care and supportive services. Delays in care predict poorer outcomes.

Three significant recommendations emerged related to improving access to behavioral health.

The first of these was that Iowa needs to take on significant regulatory reform.

Behavioral health providers said that it's too difficult for them to do their jobs. Iowa's current regulatory framework is outdated, providers are left to navigate multiple regulatory processes through different divisions of state government and private entities installed instead of consistent regulation. Providers stressed how the administrative burden by multiple entities makes some leave the practice altogether.

Other states have developed simplified, single stream regulatory processes focused on allowing providers to focus on practice rather than navigating bureaucratic red tape.

The second recommendation to emerge is for Iowa to examine its current crisis services and build a comprehensive crisis care system.

The current array of crisis services was developed by Iowa's Mental Health and Disability Services Regions and is not equipped to respond to substance use crisis and access to crisis care, such as mobile crisis, varies significantly throughout the state.

Health Management Associates (HMA) helped Iowa HHS conduct a focused assessment of Iowa's crisis care and provided a report. The recommendations address expanding and supporting a high-quality behavioral health crisis workforce, streamlining access to reduce confusion for people in crisis, and providing responsive crisis care across the lifespan.

The third recommendation is to adopt and expand access to high-quality, integrated outpatient behavioral health services through development of Certified Community Behavioral Health Clinic's (CCBHCs) across the state.

CCBHCs provide a range of outpatient mental health care and substance use disorder services, and serve anyone who walks through their doors. In June 2024, Iowa was one of 10 states selected by Substance Abuse Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid Services (CMS) to participate in a four-year Medicaid Demonstration.

Iowa's Medicaid CCBHC Demonstration will launch on July 1, 2025. Participation in the Demonstration allows Iowa to receive more federal funding to build a network of high-quality, certified clinics throughout the state. Iowa's initial cohort of 10 state-certified CCBHCs will begin offering services in 71 counties on July 1, 2025.

Iowans recognize the importance of accessing a full continuum of behavioral health that includes prevention, early intervention, treatment, recovery support and crisis services.

The Behavioral Health Continuum

Iowans recognize the importance of access to a full continuum of behavioral health that includes prevention, early intervention, treatment, recovery support and crisis services.





Prevention

Prevention includes information dissemination; education; wellness promotion; organizing and enhancing community-based processes; developing environmental approaches; offering alternative activities; and building resiliency skills through structured learning, including support of critical life and social skills such as decision making, coping with stress, problem solving, interpersonal communication, and improving judgment.



Early Intervention

Early Intervention are interventions, services and support to at-risk individuals to address early symptoms and prevent the development of behavioral health disorders. This includes identifying problems and offering referrals to reduce impact and improve well-being.



Treatment

Clinical inpatient, outpatient, and residential care for individuals with a behavioral health condition or disorder diagnosed utilizing the most recently published Diagnostic and Statistical Manual (DSM) criteria. The type, length, and intensity or frequency of intervention(s) used by a behavioral health provider is based on the presenting symptoms of the individual.



Recovery

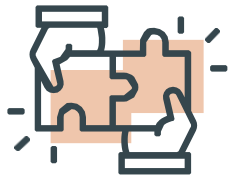
Non-clinical support that promotes recovery, wellness, and connection, including system navigation, peer services and recovery supports to improve quality of life. The purpose of developing the recovery part of the continuum is to support individuals with multiple pathways of recovery. People access recovery in ways that work for them and for as long as they need, even for the rest of their lives



Crisis

Community-based services that focus on the immediate de-escalation and relief of the distress associated with a behavioral health crisis, reducing the risk that an individual in a crisis harms themselves or others, and providing after care and connection to ongoing follow up to ensure post-crisis stabilization and reduce the reliance on high acuity care or more restrictive environments.

Building Iowa's Behavioral Health Service System



Bring mental health and addictive disorders together in a comprehensive Behavioral Health Service System

- ▶ Eliminate the silos of Iowa's mental health and disability services (MHDS) regions, substance use service areas, and tobacco community partnership areas.
- ▶ Guided by common goals, strategies and tactics in a statewide plan.
- ▶ Focus on ensuring access to prevention, early intervention, treatment, recovery, and crisis services. corresponds



Transfer the management of disability services from the local Mental Health and Disability Services (MHDS) Regions to the Division of Aging & Disability Services

Create more intentional focus on systems of support, care, and connection for all Iowans and families.

- ▶ Identify additional organizations to participate in the Aging and Disability Resource Center (ADRC) network and the creation of a disability services system.



Strengthen important system connections to Medicaid, Public Health, and Child Protective Services

- ▶ Gather meaningful feedback from Iowans to inform system planning.

Shared Responsibility

Iowa is building a Behavioral Health Service System that leverages shared responsibility. This work will make significant changes in Iowa's state and local system structures to bring existing work together.

In response to assessment findings, Iowa HHS developed a model for coordination and collaboration amongst Iowa HHS system partners within a service delivery system. The [Iowa HHS Shared Responsibility Model](#) defines three main system partners within a service system: **Iowa HHS, district lead entities**, and **community based organizations (CBO)**. Each system partner plays a role in achieving shared system goals and improving health and social outcomes for Iowans. For the Behavioral Health Service System, district lead entities are known as **Behavioral Health Administrative Services Organizations (BH-ASO)**.

Iowa HHS Shared Responsibility Model

Iowa HHS

District Lead Entities

Community Based Organizations

Iowa's Behavioral Health Service System will:

- Offer information, coordination, and **clear access points** throughout each behavioral health district
- Ensure that individuals and families have **access to person-centered services and supports** no matter where they live
- **Reduce duplication** by linking federal, state and local governance and authority
- **Eliminate administrative red-tape**, and the same efforts happening in multiple places
- Link funding to **measurable outcomes**

Behavioral Health Districts

Behavioral health districts outline geographic boundaries for local coordination and connection and help inform budget targets.

During the summer of 2024, Iowa HHS sought stakeholder feedback and held a public comment period to develop new district maps for the Behavioral Health Service System. Feedback was sought through a variety of means including written comment and town hall style feedback sessions. Existing maps were utilized to gather stakeholder response.



From this feedback, Iowa HHS was able to identify common priorities of stakeholders and existing data to inform the district mapping.

Priorities identified were: access to care, level of need, and overall risk of poor health outcomes. County level data utilized included: Health Professional Shortage Areas (HPSA), Medicaid enrollment per 1,000 residents and Social Vulnerability Index scores. Stakeholders also identified that districts needed to be geographically balanced. Using a Build Balanced Zones tool, the resulting district map is balanced based on access, need, risk and geography with each county and district receiving an adjustment score to help inform a balanced approach to funding.

Full map of the seven behavioral health districts is in Appendix A on page 55.

Behavioral Health Administrative Service Organization

To ensure access to the behavioral health continuum throughout each district, Iowa HHS will work alongside a lead entity known as a **Behavioral Health Administrative Service Organization or BH-ASO**.

The BH-ASO will coordinate a wide array of functions within each district and serve as a connection point between Iowa HHS and district communities for assessment, resource planning, and network support. The BH-ASO will connect and collaborate with local decision-makers and systems such as schools, law enforcement, health and local public health. At the district level, advisory councils will help ensure key connections are embedded into the planning and oversight of the BH-ASO's work.



Behavioral Health Administrative Service Organization



Partner

Partner with Iowa HHS and local stakeholders to assess needs, identify priorities, and develop plans.



Collaborate

Build and manage local collaborations such as education, judicial, law enforcement, public health, and health systems.



Administer

Meet all state and federal assurances and standards including collection and reporting of meaningful data.



Support

Maintain the district behavioral health safety net service system and provide low barrier information and support via System Navigation.

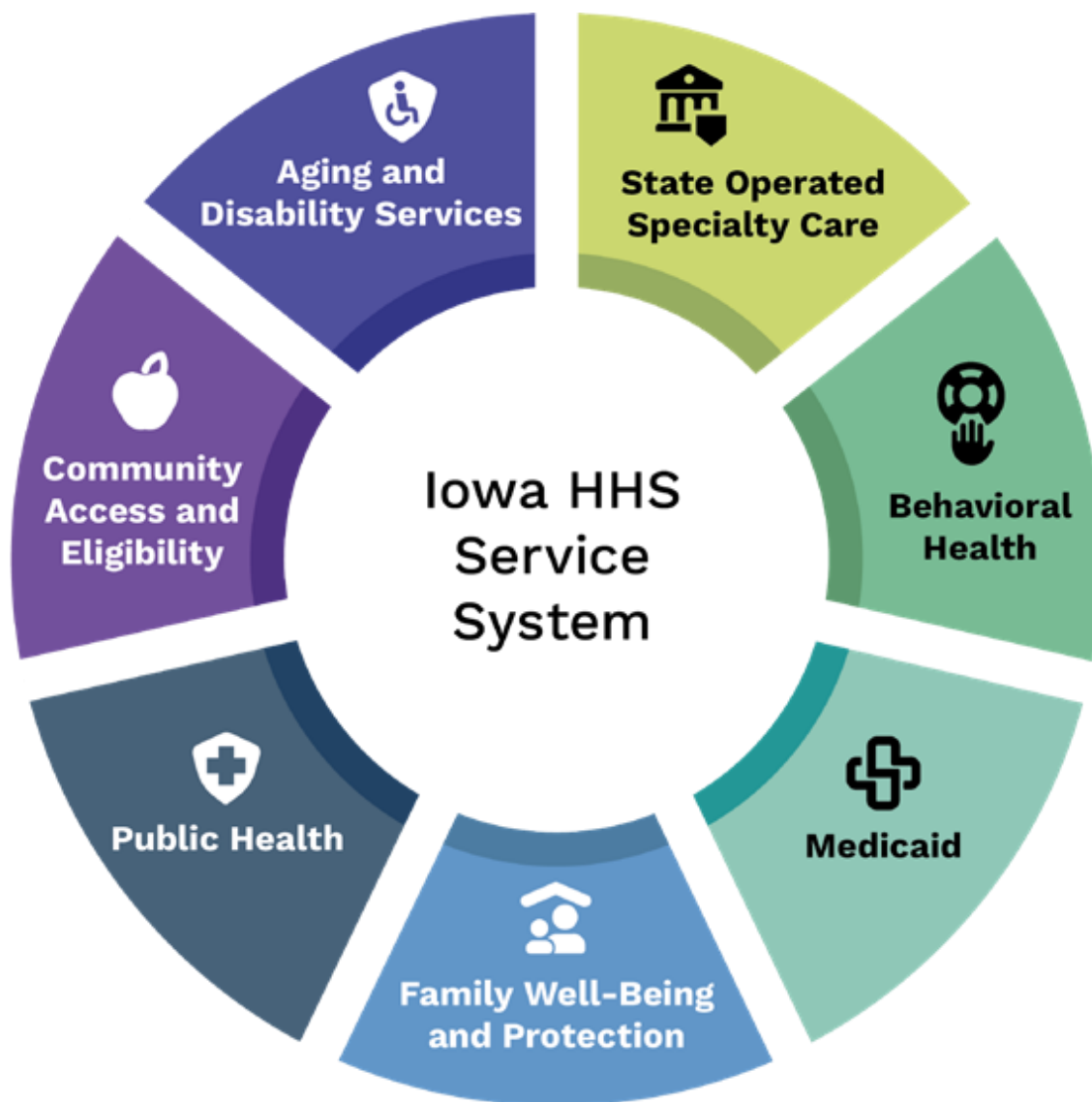
Led by this statewide Behavioral Health Service System plan, the BH-ASO administers the district service system, ensuring access, and supporting System Navigation. They will build, leverage, and fund local collaborations and partnerships to improve outreach, support public education and information, enhance collaboration, guide early intervention, and support recovery efforts. These are areas of significant focus and development for the BH-ASO because, unlike traditional behavioral health treatment services, they are not typically paid for by other payors.

Through improved connection and system navigation, the BH-ASO will assist people through eligibility processes, make referrals and direct connections to service providers, and help individuals connect to other necessary support such as applying for Medicaid, food, or housing.

The BH-ASO will also support Iowa's behavioral health safety net service providers through flexible funding to support the work that falls outside of the mechanisms of fee-for-service payment arrangements. This support will include technical assistance, network support, and other capacity building funds and activities to help ensure all Iowans have access to a full continuum of supports and services in the right place at the right time.

Intersections Across Systems

Behavioral health services connect across a wide of array systems and partners. Working together helps us identify strengths, gaps, and areas for improvement. Ongoing collaboration in the new Behavioral Health Service System will be key to creating effective strategies that ensure fair access to services and better outcomes for Iowans. Below is a summary of system partners and their role in Iowa's Behavioral Health Service System.



Connections throughout the Iowa HHS Service System

State-Operated Specialty Care

Iowa's Mental Health Institutes (MHIs) provide specialized inpatient psychiatric care for children, youth, and adults with significant needs. Multi-disciplinary teams of doctors, nurses, social workers, and specialists support planning and treatment services including medication, psychotherapy, group counseling, and activities therapies. MHIs are a critical piece of the behavioral health continuum of care working to ensure Iowans receive care in the least restrictive setting possible and enabling Iowans to safely return to their home and community.

Medicaid

Iowa's Medicaid programs including Iowa Health Link, Iowa Health and Wellness Plan (IHAWP), and Healthy and Well Kids in Iowa (Hawki) provide free or low-cost health insurance coverage to Iowans with limited resources to ensure they can receive outpatient, inpatient, and residential behavioral health that is tailored to their needs. Effective Medicaid benefit design for behavioral health contributes to improved outcomes and is part of Iowa's comprehensive approach to improving the health status of all Iowans.

Public Health

Public Health (PH) works with state and local partners to address health priorities, including behavioral health, by reducing health disparities, promoting healthy behaviors, and preventing disease. PH and behavioral health professionals work collaboratively to engage communities in prevention and early intervention efforts to decrease the impact of behavioral health conditions and improve the resiliency and overall health and well-being of Iowans.

Family Well-Being and Protection

Family Well-Being and Protection is dedicated to ensuring Iowa's children and families are safe, healthy, stable, and equipped to build and sustain positive relationships. Child Protective Services (CPS) and programs such as Family Centered Services (FCS) connect families to evidence-based behavioral health services that build on strengths, change unhealthy patterns, and provide trauma-informed, focused care to build healthy, supportive family environments.

Community Access and Eligibility

Community Access and Eligibility serves as an entry point for Iowans to numerous services, programs, and benefits offered by and through Iowa HHS. Staff help Iowans understand what programs and services they are eligible for, assist with enrollment, directly provide health services to families and make referrals that support Iowans' timely access to care.

Aging and Disability Services

Aging and Disability Services provides connection and care to ensure that Iowans who experience challenges related to aging or disability can live in the home and community of their choice. Through Aging and Disability Resource Centers (ADRCs), older Iowans, people with disabilities and their families and caregivers can learn about long-term services and supports and find connection to behavioral health services.

Connections to External Partner Systems

Veterans Affairs

Iowa has two Veterans' Administration (VA) health centers in Iowa City and Des Moines that provide comprehensive behavioral health for veterans. Iowa veterans are also served by VA systems in Omaha, NE and Sioux Falls, SD. The VA system connects veterans and families with providers in their communities to ensure access to care and services. VA staff also partner with communities throughout Iowa to develop local suicide prevention coalitions for veterans and all Iowans.

Private Insurance

Most Iowans receive health services covered by their private (such as employer-sponsored) health insurance. Iowa Code requires larger employers to cover services for certain behavioral health conditions for fully insured plans but does not require smaller plans to cover any behavioral health treatment. Iowans who are uninsured or underinsured may rely on free or reduced cost behavioral health services through the state's behavioral health safety net service providers

Judicial

Individuals involved in the criminal justice system overwhelmingly present needs related to behavioral health, about 1/3 have a history of mental health disorder and about 3/5 have a substance use disorder. For many people, they learn about their behavioral health condition after they become involved in the judicial system. This speaks to the importance of building prevention, earlier intervention and clear pathways to care.

Law Enforcement

The intersection between our law enforcement system and the behavioral health continuum is significant. It is estimated that 20% of police calls involve a mental health or substance use crisis. Expanding current state and local efforts to intercept and support people in crisis, create access points, and build connections between systems is essential and enhances safety for individuals, families, and communities across Iowa

Education

In 2020, Iowa Code expanded access to behavioral health services for students by using the telehealth in school setting and telehealth. The legislation also allowed school districts, accredited non-public schools, and Area Education Agencies to contract with licensed behavioral health providers to conduct in-person, universal behavioral health screenings, which aids in expanding early intervention for our youth. Ongoing collaboration expanding behavioral health services is necessary for Iowa's youth.

Housing and Homelessness

Sixty-seven percent (67%) of people experiencing homelessness have a behavioral health disorder. Several grant programs and services in Iowa aim to improve access to care for people experiencing homelessness. Most are facilitated by community service organizations and funded through state agencies, such as the Iowa Finance Authority and Iowa HHS. These programs support adults who are homeless and by offering connection to hope, healing, housing, treatment and recovery.

Behavioral Health Service System Data

Developing a baseline “data story” gives us a fixed reference point to measure progress over time. As we’ve collected the experiences of Iowans to guide Iowa’s Behavioral Health Service System plan, we’ve connected those experiences to data using the 2021-2022 National Survey on Drug Use and Health (NSDUH) which provides context for both Iowa and national data. A limitation associated with this data is that it comes from interviews with people, so it is self-reported information. When we asked stakeholders to describe what they need from Iowa’s behavioral health system, so many people shared their stories of loss and so many people shared their stories of hope.

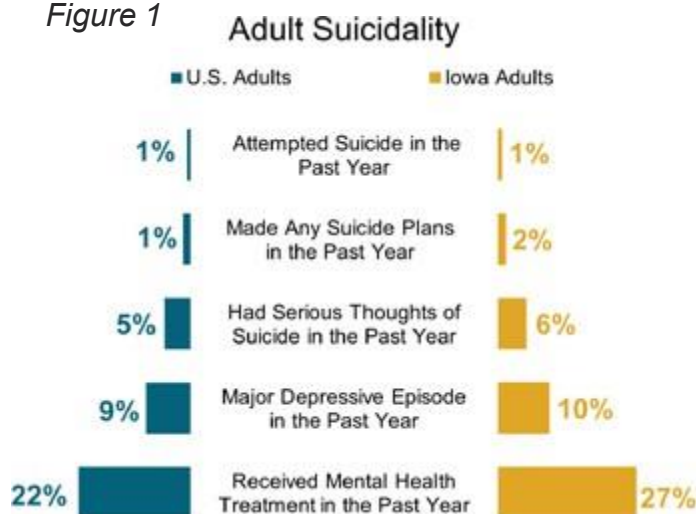
Iowans want to build healthy, resilient families and communities and reduce the number of youths, family members, and neighbors impacted by substance-involvement, overdose or suicide.

Suicide

More adult Iowans received mental health treatment than the national average, but Iowans died by suicide at a higher rate than the U.S. overall.

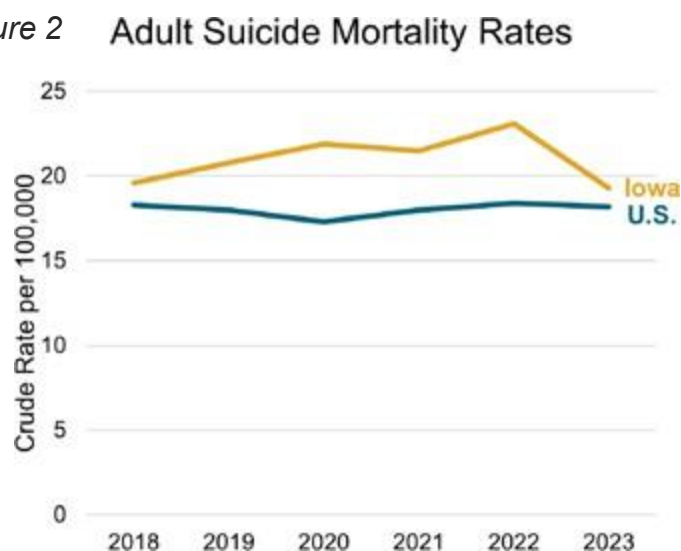
The 2021-2022 National Survey on Drug Use and Health (NSDUH) estimates indicated a similar proportion of Iowa and U.S. adults aged 18 and older attempted suicide, made any suicide plans, had serious thoughts of suicide, or experienced a major depressive episode in the past year (Figure 1). However, a **higher percentage of Iowa adults reported receiving mental health treatment** in the past year than the U.S. overall (Figure 1) and the **suicide mortality rates of adult Iowans were higher than the U.S.** from 2018-2023 (Figure 2).

Figure 1



Data source: [NSDUH, 2021-2022](#)

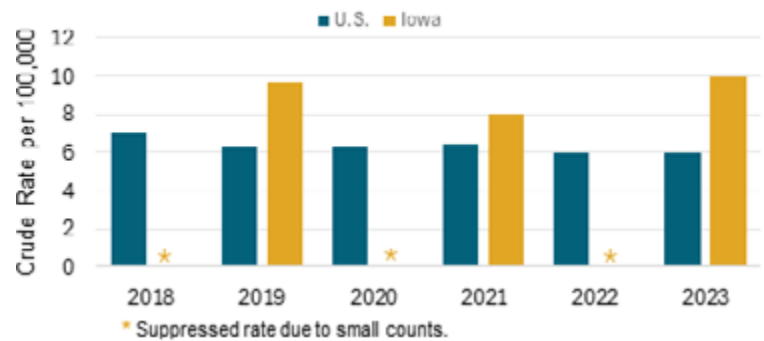
Figure 2



Data source: [CDC Wonder, 2025](#)

For Iowa youth aged 12-17, 2021-2022 NSDUH estimates indicate similar percentages of suicidality as the estimates of U.S. youth the same age. Unlike Iowa adults, the percentage of Iowa youth that reported receiving mental health treatment in the past year was similar to U.S. youth of the same age. However, **suicide mortality rates among Iowa youth aged 12-17 were higher than U.S. youth** of the same ages in 2019, 2021, and 2023 (Figure 3).

Figure 3
Youth Suicide Mortality Rates



Data source: [CDC Wonder, 2025](#)

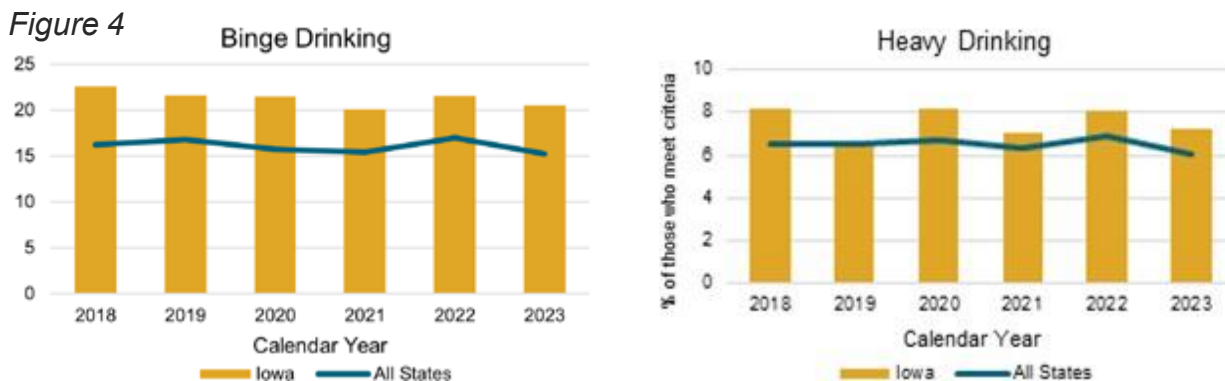
Alcohol

National estimates indicate adult Iowans drink more alcohol than the U.S. overall. Iowa ranks third highest in the nation for adult binge drinking and adult Iowans died by alcohol-induced deaths at a higher rate than the U.S.

The 2021-2022 NSDUH estimates that **more adult Iowans used alcohol** than the U.S. overall (59% of Iowans vs 52% of the U.S.).

Behavioral Risk Factor Surveillance System (BRFSS) survey data from 2018-2023 indicates that **more adult Iowans met criteria for heavy drinking and binge drinking** than the U.S. overall (Figure 4). As of 2023, **Iowa ranks third highest in the nation for adult binge drinking**, after DC (27.1%) and North Dakota (21.2%).

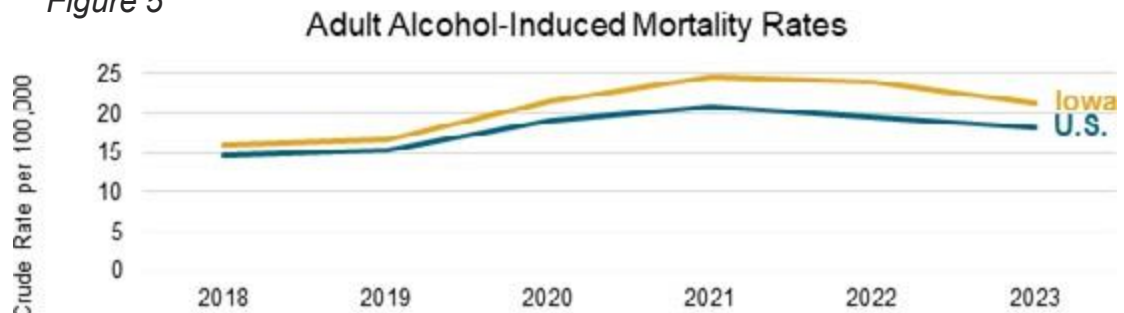
Figure 4



Data source: [BRFSS, 2025](#)

Iowa's adult alcohol-induced mortality rates were also higher than the U.S. overall from 2018 to 2023 (Figure 5).

Figure 5



Data source: [CDC Wonder, 2025](#)

Substance Use, Treatment Access and Overdose

National estimates indicate that Iowa substance use was similar to the U.S. overall. However, overdose mortality rates were lower in Iowa than the U.S.

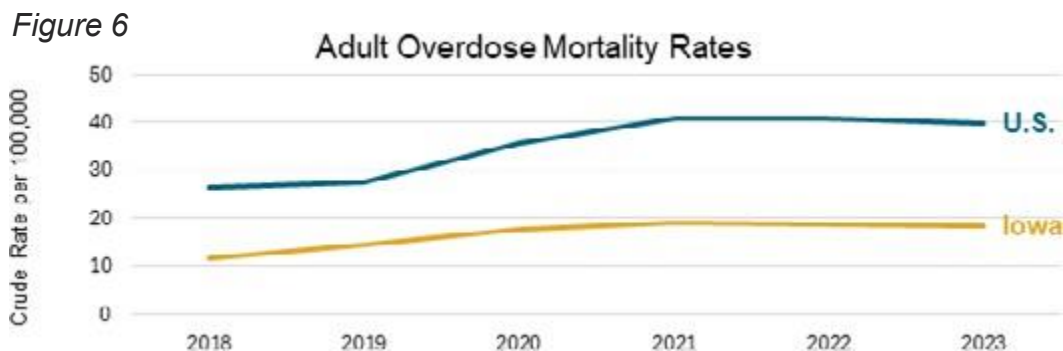
The prevalence of **past year and current use of illicit substances, along with past year use disorder and treatment access in Iowa were comparable to the U.S. overall** for adults 18 and older, according to the 2021-2022 National Survey on Drug Use and Health (NSDUH) estimates. Similarly, Iowa youth aged 12-17 were comparable with U.S. youth for past year and current use of illicit substances as well as use disorder and treatment access.

NSDUH 2021-2022 Adult Estimates	Iowa	U.S.
Past Year Use		
Hallucinogen Use in the Past Year	3%	3%
Methamphetamine Use in the Past Year	1%	1%
Prescription Pain Reliever Misuse in the Past Year	3%	3%
Opioid Misuse in the Past Year	3%	3%
Past Month Use (Current Use)		
Illicit Drug Use in the Past Month	14%	16%
Illicit Drug Use Other Than Marijuana in the Past Month	4%	3%
Use Disorder in the Past Year		
Substance Use Disorder in the Past Year	19%	18%
Drug Use Disorder in the Past Year	10%	9%
Pain Reliever Use Disorder in the Past Year	2%	2%
Opioid Use Disorder in the Past Year	2%	2%
Treatment Access		
Received Substance Use Treatment in the Past Year	5%	5%
Classified as Needing Substance Use Treatment in the Past Year	20%	20%
Did Not Receive Substance Use Treatment in the Past Year	73%	77%

Data source: [NSDUH 2021-2022](#)

Iowa's overdose mortality rates were almost half the U.S. rates for adults from 2018 to 2023 (Figure 6). However, according to the CDC's State Unintentional Drug Overdose Reporting System (SUDORS), 86% of Iowa's unintentional and undetermined overdose deaths had at least one potential opportunity for intervention in 2023.

Similarly, overdose mortality rates from 2018-2023 among Iowa youth were low. The combined count for all overdose deaths in Iowa among youth aged 12-17 for the years of 2018-2023 was 28, or a combined rate of 1.8, which is comparable to the U.S. rate of 2.1.



Data source: [CDC Wonder, 2025](#)

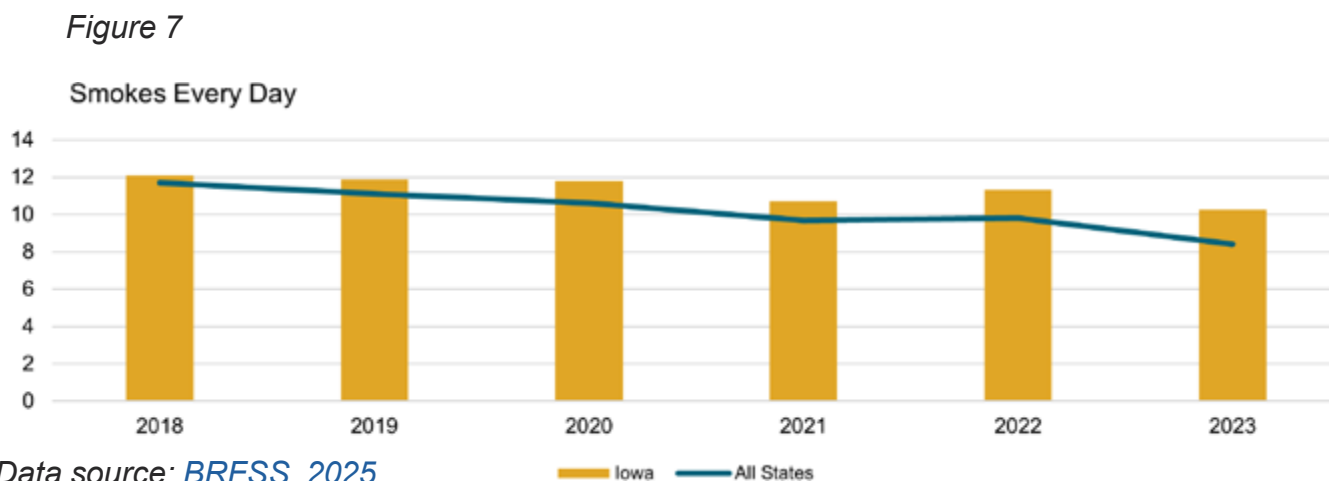
Tobacco

Tobacco use is the leading cause of preventable disease and death in the United States. More Iowans report daily smoking and smokeless tobacco use than the U.S. overall.

Smoking causes many diseases including cancer, cardiovascular and lung diseases. Smokeless tobacco use is a risk factor for cancers of the mouth, esophagus, and pancreas, and tobacco use remains the leading cause of preventable disease and death in the United States (CDC, 2024).

The 2021-2022 NSDUH estimates that almost a quarter of Iowa adults aged 18 years and older (23%) used a tobacco product in the past month, which is slightly higher than the U.S. overall (21%).

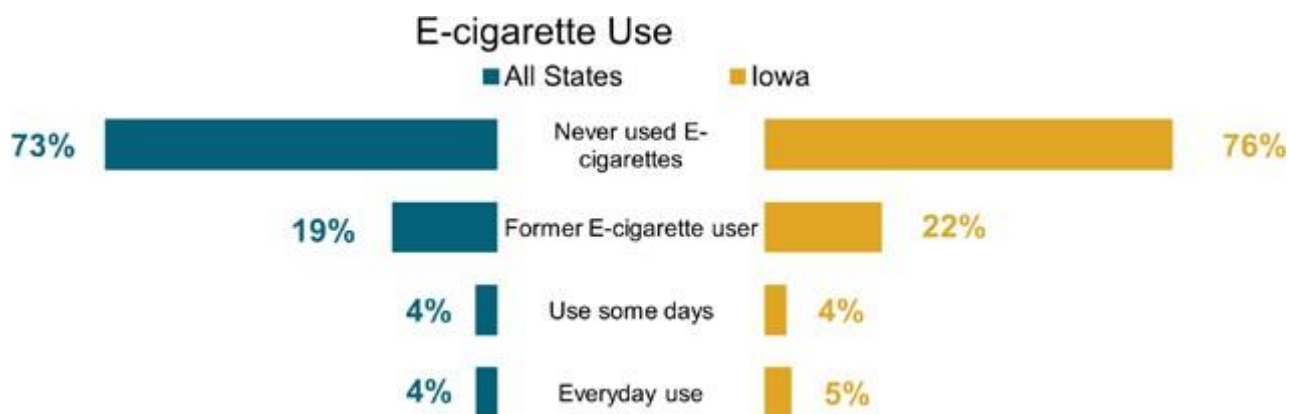
In 2022 and 2023 (BRFSS, 2025), there were slightly more current cigarette smokers in Iowa than the U.S. average, and more adult Iowans reported daily smoking than the U.S. overall from 2018-2023 (Figure 7).



In 2023, there were **more adult lowans reporting everyday e-cigarette use** compared to the U.S, however, lowans reported a **higher percentage of those who have never used e-cigarettes and former e-cigarette users** (Figure 8).

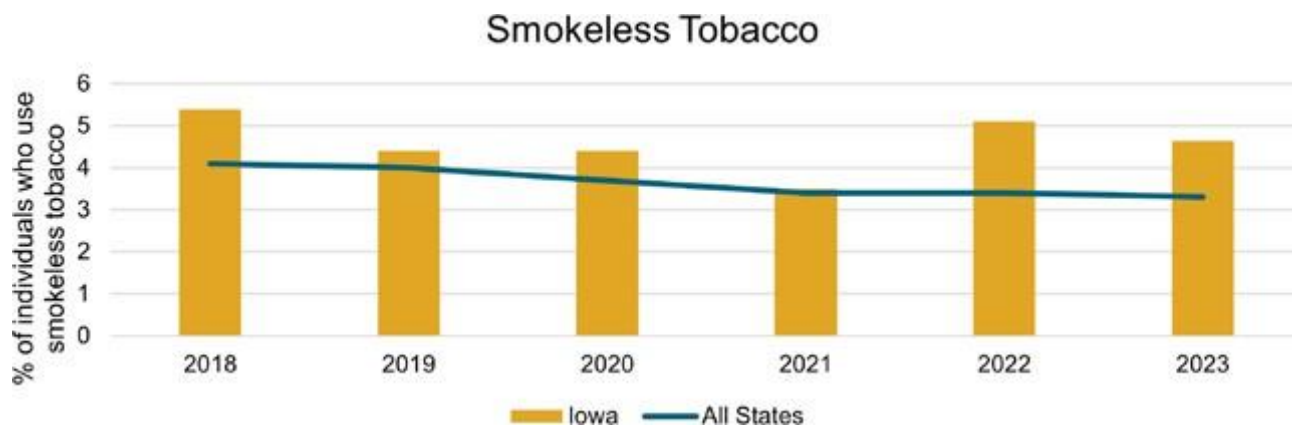
Additionally, **more lowans reported using smokeless tobacco (chewing tobacco, snuff, and snus)** then the U.S. overall (Figure 9), especially in 2022 and 2023.

Figure 8



Data source: [BRFSS, 2025](#)

Figure 9



Data source: [BRFSS, 2025](#)

Developing Iowa's Behavioral Health Service System Statewide Plan

In the new Behavioral Health Service System, system partners will work collectively to achieve service system goals. To guide this work Iowa HHS has partnered with stakeholders statewide in the development of this Behavioral Health Service System Statewide Plan.

This plan is intended to be a comprehensive document that outlines our work and a roadmap to achieve our common goals. Linking this Behavioral Health Service System Statewide Plan to other statewide initiatives helps to set service systems up for success. These linkages include Healthy Iowans, Iowa's State Health Assessment (SHA), the State Health Improvement Plan (SHIP), the Iowa HHS Strategic Plan and Iowa HHS' Strategic Plans in Action.

Healthy Iowans

The Healthy Iowans planning process is completed every five years and includes the identification of Iowa's top health issues through a SHA and the development of a SHIP. The most recent SHA identified **substance use and mental health disorders as two of Iowa's top seven health issues.**

Consequently, the Healthy Iowans Partnership Steering Committee and Workgroups selected **access to behavioral health** as one of the top priority areas for the 2023-2028 SHIP. Connection between service systems and the Healthy Iowans Steering Committee and Workgroups initiatives strengthens implementation of strategies and tactics at the district and local level.



Iowa HHS Strategic Plan

Iowa HHS' Strategic Plan guides all the work of Iowa HHS. Through the strategic planning process, we set priorities for new initiatives, connect our work through identified priorities, reflect and embed our priorities in our communications, and guide our culture and day to day collaboration.

Iowa HHS' strategic priorities for 2024-2027 include



Culture

Elevate organizational health



Operations

Advance operational excellence



Impact

Help Iowa thrive

Connection between service systems and the Iowa HHS Strategic Plan strengthens implementation of strategies and tactics at the state level and bolsters the service system's ability to build system infrastructure.

Stakeholder Engagement and Public Comment

Development of the statewide plan began in mid-August 2024. Iowa HHS, with support from **Health Management Associates (HMA)**, held virtual round table conversations to collect information from a variety of partners and stakeholders. These discussions were designed to gather feedback on the current behavioral health safety net system in Iowa across the behavioral health continuum. A total of 245 individuals, representing over 143 organizations, participated in a virtual round table discussion. The key themes from these discussions were used to help develop the

desired outcomes, strategies, and tactics for the Behavioral Health Service System Statewide Plan throughout September and October.

A second stakeholder engagement opportunity took place in late fall 2024. During the last week of October, advisory group meetings were held in each of the seven Behavioral Health Service System districts to gather feedback on draft Behavioral Health Service System Statewide Plan strategies and tactics. Each advisory group consisted of partner and stakeholder representatives from throughout the behavioral health district; over 200 people attended one, or more, of the seven meetings and an additional 400 people attended virtual town hall presentations the following week. Input from this process was collected through November 29th and was incorporated into the strategies and tactics outlined in this plan.

A formal public comment period regarding this plan, including the services system strategies and tactics, took place in March of 2025. Public comment included opportunities to provide both written and verbal comment through virtual public comment meetings. Feedback from the formal public comment period was incorporated in late March and early April of 2025 resulting in this final version of the Behavioral Health Service System statewide plan.

Iowa's Behavioral Health Service System statewide plan is informed by significant stakeholder feedback and the Healthy Iowans planning process and structured based on the Iowa HHS strategic plan. This plan will direct strategies and tactics for the Behavioral Health Service System and will be used to guide the development of district level plans for each of the seven behavioral health districts.



The Behavioral Health Service System Statewide Planning Framework

To develop a comprehensive plan that outlines the work of multiple service system partners and is aligned with both Iowa's SHA/SHIP and the HHS Strategic Plan, Iowa HHS created a framework of four components: **Functions**, **Focus Areas**, and **Strategies and Tactics**.

Functions

Functions define the main aspects of work to be completed by service system partners.

Functions of the Behavioral Health Service System include:

System Operations

The Behavioral Health Continuum

- ▶ Prevention
- ▶ Early Intervention
- ▶ Treatment
- ▶ Recovery
- ▶ Crisis

Focus Areas

Focus areas are descriptive topics that categorize related strategies under each of the system's functions. The focus areas align with the Iowa HHS strategic plan priorities.

Partners identified strategies that fell into one of three focus areas:

Operations

To advance excellence.

Operations strategies optimize Behavioral Health Service System efficiency, resilience, and effectiveness through the integration of aligned technology and updated policies and processes, with a focus on team collaboration and coordination. These strategies are directly related to the System Operations function.

Impact

To help Iowa thrive.

Impact strategies describe how service delivery will lead to better access to health and human services resources that help individuals, families, children, and communities thrive. These strategies are directly related to the behavioral health continuum functions.

Culture

To elevate organizational health.

Culture strategies advance and accomplish Behavioral Health Service System initiatives by leveraging responsive leadership, engaged and motivated team, effective internal communication, innovation and positive work culture. The culture of our state system has a direct impact on our behavioral health continuum, and we invest in it.

Strategies and Tactics

Strategies are high-level statements of what will be done within each focus area.

Tactics detail how each strategy will be achieved.

Strategies

Strategies have been identified for each of the focus areas.

Tactics

Tactics describe what will be done by whom. Tactics have been identified for each strategy and the responsible system partners have been identified for each tactic.

Iowa's Behavioral Health Service System Outcomes

- ▶ Build an integrated, comprehensive, statewide system of high-quality behavioral health services.
- ▶ Improve access to behavioral health.
- ▶ Strengthen Iowa's behavioral health workforce.
- ▶ Increase behavioral health wellness and reduce the stigma associated to asking for care and support.
- ▶ Improve health outcomes and decrease the number of Iowans who die due to substance-involvement, overdose, or suicide.

The themes for the Operations and the Behavioral Health Continuum are outlined before each section and provide context for this essential work that will support the outcomes.

Planning Schedules

The statewide plan will be finalized in the spring of 2025 and will be in effect through December 2027. It is anticipated that future statewide plans will use a similar, three-year timeframe and will rely on engagement from stakeholders. District plans will follow a one-year timeframe from July 2025 – June 2026, followed by an 18-month timeframe from July 2026 – December 2027.

The statewide plan and district plans will be reviewed on an annual basis and revisions will be made as needed. Below is the projection of this work over the next several years and as always has the potential for change, but Iowa HHS is seeking to commit to this work in a public and transparent way.

		2025	2026	2027	2028	2029	2030	2031	2032	2033
IOWA HHS	SHA SHIP	SHA SHIP 2023-2028				SHA SHIP 2029-2034				
	HHS Strategic Plan	HHS Strategic Plan 2024-2026		HHS Strategic Plan 2027-2029			HHS Strategic Plan 2030-2032			
Behavioral Health	BHSS State Plan	BH State Plan 1 March 2025 - December 2027			BH State Plan 2 January 2028 - December 2030			BH State Plan 3 January 2031 - December 2033		
	District Plans BH-ASO	District Plan 1 July 2025 - June 2026	District Plan 2 July 2026 - December 2027		District Plan 3 January 2028 - December 2030			District Plan 4 January 2031 - December 2033		

System Operations

Themes within Strategies and Tactics to Optimize Behavioral Health Service System Operation

The Division of Behavioral Health has created strategies and tactics for System Operations and each part of the behavioral health continuum: prevention, early intervention, treatment, recovery and crisis.

A formula was used to be able to track throughout the strategies and tactics: Operations (OPS), Prevention (PR), Early Intervention (EI), Treatment (TR), Recovery (RC) and Crisis (CR). For Operation Strategy 1, the formula is OPS-1.



Themes within Strategies and Tactics to Optimize Behavioral Health Service System Operation



To develop a comprehensive plan that outlines the work of multiple service system partners and is aligned with both Iowa's SHA/SHIP and the HHS Strategic Plan, Iowa HHS created a framework of four components: **Functions, Focus Areas, and Strategies and Tactics.**

- ▶ **Use meaningful data to guide planning and decision-making.**
- ▶ **Create, support, and follow plans.**
- ▶ **Create and follow consistent policies and protocols.**
- ▶ **Develop solutions that address community needs.**
- ▶ **Manage financial, human, and technology resources.**
- ▶ **Assess how well the system is working and use the data and information to make adjustments.**



Operations Strategy 1 (OPS-1)

Use meaningful data to guide behavioral health planning at the state and community level.

Tactics

OPS 1.1: The Iowa Department of Health and Human Services (Iowa HHS) and the Behavioral Health-Administrative Services Organization (BH-ASO) will collect, interpret, and use data to describe behavioral health needs.

- a. Iowa HHS will utilize data to operationalize tactics to expand, establish and sustain each part of the BH continuum.
- b. BH-ASO will utilize data to develop district assessment and planning.

OPS 1.2: Iowa HHS and BH-ASO will assess and address disparities in the distribution of risk factors.

- a. Iowa HHS will incorporate approaches for addressing identified disparities (such as rural access) into the state plan continuum tactics.
- b. BH-ASO will incorporate approaches for addressing disparities into district assessment and planning.
- c. Iowa HHS and BH-ASO will work with state, district and community partners to collect, report and use behavioral health data that is relevant to districts and communities experiencing impacts of disparity.

OPS 1.3: Iowa HHS, BH-ASO and community based organizations (CBOs) will conduct and participate in the assessment of state, district, and community needs to identify behavioral health priorities.

- a. All parties will participate in the State Health Assessment (Healthy Iowans).
- b. Iowa HHS will conduct a statewide need assessment for the behavioral health continuum.
- c. BH-ASO will conduct district level assessments to establish behavioral health priorities.
- d. CBOs will participate in district (including community level) assessments to provide insight and information on the needs of Iowans.

OPS 1.4: Iowa HHS and BH-ASO will participate in or support surveillance systems to rapidly detect emerging behavioral health issues and threats.

- a. Iowa HHS will dedicate resources to quickly identify potential behavioral health threats (such as new substances that present with life threatening effects).
- b. Iowa HHS and BH-ASO will develop district level procedures to mitigate potential behavioral health threats within Iowa communities.



Operations Strategy 2 (OPS-2)

Create, support, and follow plans that direct behavioral health work at the state and community level.

Tactics

OPS 2.1: Iowa HHS and BH-ASO will develop plans that guide behavioral health activities.

- a. Iowa HHS and BH-ASO will use assessment data and findings to inform plan development.
- b. Iowa HHS will develop a statewide Behavioral Health Service System plan and continuum tactics to further develop each part of the continuum.
- c. Iowa HHS and BH-ASO will participate in the State Health Assessment and Health Improvement Plan process (Healthy Iowans).
- d. BH-ASO will lead the development of district plans with Iowa HHS assistance and oversight.

OPS 2.2: Iowa HHS and BH-ASO will collaborate with CBOs and other organizations integral to the behavioral health system to implement behavioral health plans.

- a. Iowa HHS will continue existing stakeholder engagement and communicate how feedback obtained is incorporated into planning activities.
- b. BH-ASO will establish and lead district advisory councils (compiled with members from each district).
- c. BH-ASO will develop additional stakeholder engagement strategies to ensure community level engagement with the planning processes.



Operations Strategy 3 (OPS-3)

Create and follow policies and protocols that positively impact behavioral health.

Tactics

OPS 3.1: Iowa HHS and BH-ASO will develop policies and protocols that guide the practice of behavioral health.

- a. Iowa HHS and BH-ASO will use data and lived experience to inform policy development.
- b. Iowa HHS will develop administrative rules, policies, protocols, and/or procedures for behavioral health activities and services to address the following, but not limited to:
 - Continuum specific requirements.
 - Data collection, use, reporting, and sharing
 - BH-ASO oversight.
 - Behavioral health service provider oversight.
 - Licensure, certification, and accreditation.
- c. Iowa HHS and BH-ASO will collaborate with CBOs and other organizations integral to the behavioral health system to inform law and policy development.
- d. Iowa HHS and BH-ASO will educate decision makers about the impacts of proposed policies, standards, and regulations of behavioral health activities and services.
- e. Iowa HHS and BH-ASO will inform on policies being considered by other governmental and nongovernmental agencies that can improve behavioral health activities and services.

OPS 3.2: Iowa HHS, BH-ASO and CBOs will implement federal regulations and state laws, administrative rules, policies, protocols and procedures.

- a. Iowa HHS will designate responsible parties, ensure compliance and monitor for implementation.
- b. BH-ASO will function as an instrumentality of the state and ensure compliance and monitor for implementation.
- c. CBOs will adhere to compliancy expectations as outlined/identified in their respective regulations/laws that impact organizational work.



Operations Strategy 4 (OPS-4)

Use data, community voices, and evidence-based strategies to create meaningful solutions that address community needs.

Tactics

OPS 4.1: Iowa HHS, BH-ASO and CBOs will strategically address community needs that impact behavioral health, through policy, programs, and services.

- a. Iowa HHS will utilize the statewide assessment process to assess the impact of community needs in policy, programs and services.
- b. BH-ASO will utilize the district assessment process to assess the impact of community strengths and needs in policy, programs and services.
- c. Iowa HHS, BH-ASO and CBOs will utilize assessment information to identify opportunities for improving behavioral health outcomes through policy, program and services.



Operations Strategy 5 (OPS-5)

Manage the financial, human, and technology resources needed to provide behavioral health activities and services statewide.

Tactics

OPS 5.1: Iowa HHS, BH-ASO and CBOs will secure sustainable and adequate funding to support the full continuum of behavioral health activities and services statewide and at the district level.

- a. Iowa HHS will administer state and federal funds to deliver behavioral health activities and services.
- b. Iowa HHS will develop comprehensive funding opportunities that include both targeted and flexible funds.
- c. Iowa HHS and BH-ASO will establish and implement budgeting, auditing, and billing procedures in compliance with federal and state standards and policies

OPS 5.2: Iowa HHS, BH-ASO and CBOs will use robust information technology services that are current, meet privacy and security standards, and assist in collecting, reporting, and sharing data.

- a. Iowa HHS will establish and administer a central data repository for collecting and analyzing state, district, and contracted CBO data.
- b. Iowa HHS and the BH-ASO will develop a closed-loop referral system to improve system navigation.

OPS 5.3: Iowa HHS and BH-ASO will deploy workforce development practices to build, strengthen, and maintain a skilled and compassionate behavioral health workforce.

- a. Iowa HHS and BH-ASO will organize efforts across the continuum tactics to create an efficient and effective design for workforce improvement.
- b. Iowa HHS and BH-ASO will establish metrics and tracking functions to measure how or if we are strengthening the workforce.



Operations Strategy 6 (OPS-6)

Assess how well the Behavioral Health Service System works.

Tactics

OPS 6.1: Ensure Iowa HHS, BH-ASO, and provider compliance with federal regulations and state code, rules, policies, and procedures.

- a. Iowa HHS and BH-ASO will conduct monitoring activities and utilize outcome information to assess services and system functioning
 - Assure the continuum of behavioral health services are provided statewide.
 - Ensure the inclusion and proficient use of evidence-based and evidence-informed practices.
 - Assure that priority populations and interim services are provided as required.
- b. Iowa HHS and BH-ASO will use findings to identify opportunities for improvements with policies and procedures to streamline and reduce administrative burden.

OPS 6.2: Iowa HHS and BH-ASO will conduct continuous quality improvement activities, evaluation and performance management.

- a. Iowa HHS will conduct system level evaluation and monitor measures to assess the behavioral health system.
- b. Iowa HHS and BH-ASO will create and implement quality improvement projects to improve the performance of the behavioral health system.
- c. Iowa HHS and BH-ASO will provide multiple pathways for feedback on the efficacy of the Behavioral Health Service System.
 - Develop a standardized multi-pronged approach for the collection of feedback directly from those that use services (i.e. district advisory councils, client satisfaction surveys, etc.).
 - Develop a standardized multi-pronged approach for the collection of feedback directly from those that provide services (i.e. district advisory councils, surveys, etc.).

Themes within Strategies and Tactics for the Behavioral Health Continuum



- ▶ **Create ways to increase behavioral health awareness and reduce stigma.**
- ▶ **Detail how to expand referral systems and increase access to behavioral health services.**
- ▶ **Outline steps for success in building an integrated, statewide Behavioral Health Service System.**
- ▶ **Help increase behavioral health providers' and partners' knowledge, confidence and skills.**

Prevention Strategies

- ▶ Create and follow an integrated, system-wide approach to behavioral health promotion and prevention.
- ▶ Create and use a system-wide communication plan to make behavioral health visible, prevent behavioral health conditions, promote behavioral health services, and reduce stigma.
- ▶ Create and follow steps for success in building an integrated, statewide behavioral health promotion and prevention system for mental health, suicide, and addictive disorders.
- ▶ Help the behavioral health prevention workforce increase their knowledge and skills.

Prevention includes information dissemination; education; wellness promotion; organizing and enhancing community-based processes; developing environmental approaches; offering alternative activities; and building resiliency skills through structured learning, including support of critical life and social skills such as decision making, coping with stress, problem solving, interpersonal communication, and improving judgment.

Impact Strategies



Prevention Strategy 1 (PRS-1)

Create and follow an integrated, system-wide approach to behavioral health promotion and prevention.

Tactics

PRS 1.1: Iowa HHS and BH-ASO will develop and implement a framework for the delivery of behavioral health promotion and prevention across the human life span.

- a. Iowa HHS and BH-ASO will establish priorities for behavioral health promotion and prevention.
- b. Iowa HHS, BH-ASO and CBO's will identify/develop activities and interventions utilizing information dissemination, group-level education, community-based engagement, environmental and social policies.
- c. Iowa HHS will develop guidance for the use of evidence-based practices, evidence-informed practices, interventions and emerging practices that address:
 - Risk factors and protective factors
 - Community engagement including peer led and youth engagement.
- d. Iowa HHS will develop and disseminate examples of environmental and social policies to reduce risk factors and increase protective factors.
- e. Iowa HHS will provide technical assistance to BH-ASO and CBOs providing promotion and prevention.

PRS 1.2: Iowa HHS and BH-ASO will identify, expand, and strengthen collaborative opportunities with behavioral health partners (CBOs and other organizations).

- a. Iowa HHS and BH-ASO will foster opportunities to build partnerships with associations, schools, community organizations, faith-based groups, the judicial system, and other stakeholders to enhance behavioral health prevention and promotion efforts and support results-based solutions.
- b. Iowa HHS, BH-ASO and CBOs will lead and/or participate in coalitions and workgroups to strengthen and promote prevention and promotion activities.
- c. Iowa HHS, BH-ASO and CBOs will develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health promotion and prevention interventions.
- d. Iowa HHS, BH-ASO and CBOs will organize and/or actively participate in community engagement opportunities that increase positive attachments to family, school, neighborhood and community.



Prevention Strategy 2 (PRS-2)

Create and use a system-wide communication plan to make behavioral health visible, prevent behavioral health conditions, promote behavioral health services, and reduce stigma

Tactics

PRS 2.1: Iowa HHS, BH-ASO and CBOs will promote public awareness of behavioral health through the development and deployment of communication strategies, education campaigns, and publicly available resources that are:

- ▶ Based on science, evidence-based health communication strategies (where appropriate/applicable).
 - ▶ Tailored to a variety of audiences' specific needs.
 - Include resources designed for all stages of the behavioral health continuum.
 - Include targeted outreach for at-risk individuals, at-risk populations, and early identifiers (e.g. rural, education system, juvenile justice, child welfare).
 - Based on national promotion and education campaigns, as available.
 - ▶ Contain input from or are created by people with lived experience.
 - ▶ Incorporate Culturally and Linguistically Appropriate Services (CLAS) standards.
 - ▶ Widely available and accessible.
- a. Prevention focused, to include at a minimum:
 - Messages about preventing behavioral health conditions.
 - Messages that promote positive mental health, norms, and emotional wellbeing.
 - b. Brain focused, to include at a minimum:
 - Messages about the signs and symptoms of behavioral health conditions and disorders.
 - Messages to increase awareness of early intervention services supports to mitigate the need for crisis services.
 - Messages about where Iowans should go to access early intervention resources (Your Life Iowa).
 - Messages to reduce stigma around behavioral health disorders.
 - c. Treatment focused, to include at a minimum:
 - Consistent messages to access for care.
 - Messages that make seeking behavioral health normal, just like any other health care.
 - Messages that assist people in understanding what behavioral health treatment is.
 - d. Recovery focused, to include at a minimum:
 - 1. Messages that help reduce stigma.
 - 2. Messages that promote recovery as the expectation instead of the exception.
 - 3. Messages about the recovery system including messages for professionals who are not associated with the recovery system.
 - Develop messages about how to share information about the system and how professionals can connect with recovery support service providers. (consider rural, urban, micro recovery connections in message development).

- e. Crisis focused, to include at a minimum:
 - Messages that encourage help-seeking behaviors.
 - Messages about crisis resources.
 - Messages that raise awareness about crisis services.
 - Messages about pathways for accessing crisis services.

PRS 2.2: Iowa HHS, BH-ASO and CBOs will leverage Your Life Iowa (YLI) to carry out the communication plan, and to communicate behavioral health strategies and resources to Iowans.

- a. Iowa HHS and BH-ASO will create a centralized repository of resources with an emphasis on promotion, prevention and early intervention strategies.
- b. Iowa HHS will develop resources to support the BH-ASO and CBOs with promotion, prevention and education activities, such as media toolkits, communication planning and messaging guides and publicly make available.
- c. Iowa HHS and BH-ASO will build and improve on the treatment facility locator.

PRS 2.3: Iowa HHS and BH-ASO will deliver educational presentations to increase knowledge and change attitudes about behavioral health.

- a. Iowa HHS and BH-ASO will conduct presentations on the prevention framework and develop materials to provide education on how prevention can shape the future of public health.

Culture Strategies



Prevention Strategy 3 (PRS-3)

Create and follow steps for success in building an integrated, statewide behavioral health promotion and prevention system for mental health, suicide, and addictive disorders.

Tactics

PRS 3.1: Iowa HHS will develop consistent expectations for the behavioral health promotion and prevention system.

- a. Iowa HHS will create guidance, including definitions for behavioral health prevention and promotion, for CBOs carrying out activities.
- b. Iowa HHS and the BH-ASO will inventory and assess current prevention and promotion approaches (including models, evidence-based or evidence-informed practices, and activities).
- c. Iowa HHS and the BH-ASO will align prevention assessment and planning with the State Health Improvement Plan (Healthy Iowans).
- d. Iowa HHS and the BH-ASO will support the CBOs in develop and implement a comprehensive behavioral health strategic prevention framework.



Prevention Strategy 4 (PRS-4)

Help the behavioral health prevention workforce increase their knowledge and skills.

Tactics

PRS 4.1: Ensure Iowa HHS, BH-ASO, and prevention providers (CBOs) have the necessary knowledge and skills to administer and deliver effective behavioral health prevention and promotion activities.

- a. Iowa HHS and BH-ASO will assess workforce knowledge and skills through a prevention and promotion workforce survey.
- b. Iowa HHS and BH-ASO will develop a workforce development plan that includes addressing needs related to training and technical assistance as well as strategies for increasing the prevention and promotion workforce (i.e. behavioral health profession apprenticeship programs).

PRS 4.2: Iowa HHS and BH-ASO will support professionalization of the prevention field.

- a. Iowa HHS and BH-ASO will research credentialing for prevention professionals and develop recommendations that would strengthen the prevention and promotion workforce.
- b. Iowa HHS will develop and implement a plan for credentialing prevention professionals.



Early Intervention Strategies

- Create and support an integrated, statewide behavioral health early intervention system to assist individuals, families, and communities in accessing behavioral health interventions and services.
- Help early intervention partners increase their behavioral health knowledge and skills.
- Embed low-barrier access through System Navigation and expand the behavioral health early intervention referral system.
- Create and follow an integrated, statewide approach to behavioral health early intervention activities.

Early Intervention are interventions, services and support to at-risk individuals to address early symptoms and prevent the development of behavioral health disorders. This includes identifying problems and offering referrals to reduce impact and improve well-being.

Impact Strategies



Early Intervention Strategy 1 (EIS-1)

Create and support an integrated, statewide behavioral health early intervention system to assist individuals, families, and communities in accessing behavioral health interventions and services.

Tactics

EIS 1.1: Iowa HHS and BH-ASO will assess, identify, and consistently define early intervention for behavioral health.

- a. Iowa HHS will create guidance, including definitions for behavioral health early intervention.
- b. Iowa HHS and BH-ASO will inventory approaches, identify partners and assess for gaps in early intervention.
- c. Iowa HHS and BH-ASO will utilize the district assessment and planning processes to develop and implement strategies for expanding early intervention approaches.

EIS 1.2: Iowa HHS and BH-ASO will establish a network of early intervention partners to identify, provide, and coordinate early intervention activities at the district (community) levels.

- a. Iowa HHS and BH-ASO will establish a network of system navigators, system navigators will function as an initial layer of early intervention within each district.
- b. Iowa HHS and BH-ASO will identify system partners to collaborate in the development of strategies to promote universal screening, community-based outreach and education.

EIS 1.3: Iowa HHS and BH-ASO will identify, expand, and strengthen collaborative opportunities with behavioral health partners (CBOs and other organizations).

- a. Iowa HHS and BH-ASO will foster opportunities to build partnerships with associations, schools, community organizations, faith-based groups, the judicial system, and other stakeholders to enhance behavioral health early intervention efforts and support results-based solutions.
- b. Iowa HHS, BH-ASO and/or CBOs will lead or participate in coalitions and workgroups to strengthen and promote early intervention activities.
- c. Iowa HHS and BH-ASO develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health early intervention services.

EIS 1.4: Iowa HHS and the BH-ASO will build community readiness where early intervention is needed and not established.

- a. BH-ASO will identify community readiness levels for early intervention activities in each district.
- b. Iowa HHS and BH-ASO will support communities at all levels of readiness.
 - Develop resources and technical assistance tools.
 - Share resources.
 - Provide technical assistance.



Early Intervention Strategy 2 (EIS-2)

Embed low-barrier access through System Navigation and expand the behavioral health early intervention referral system.

Tactics

EIS 2.1: Iowa HHS, BH-ASO and CBOs will develop and expand referral pathways to behavioral health services.

- a. Iowa HHS and BH-ASO and CBOs will establish a network of system navigation.
- b. Iowa HHS and BH-ASO will utilize district level assessment and planning to identify additional referral pathways to incorporate into the early intervention system within each district.
- c. Iowa HHS and BH-ASO will engage with existing statewide partnership to identify and explore application of early intervention services for populations served by the systems that may be at risk of developing behavioral health conditions (Aging and Disability Resource Centers, Department of Corrections, Department of Education, HHS Child Protective Services, Iowa Finance Authority, Iowa Judicial District, Law Enforcement, Veteran's Administration and other state department/state associations).
- d. Iowa HHS and BH-ASO will engage with district (community level) organizations such as hospitals, emergency departments, urgent care, law enforcement, schools, primary care providers, crisis service providers, workplaces, jails, and juvenile justice to explore need.
- e. Iowa HHS and BH-ASO will identify connections between Thrive and early intervention services.
- f. Iowa HHS and BH-ASO will initially connect Thrive with the network of system navigators, and crisis and early intervention providers to ensure follow up and efficacy of next steps beyond just a referral.
- g. Iowa HHS and BH-ASO will provide Thrive and Science of Hope training.

EIS 2.2: Iowa HHS and BH-ASO will develop and deploy closed-loop referral systems.

- a. Iowa HHS and BH-ASO will assure coordinated referrals from non-traditional pathways including, but not limited to, health (hospitals, emergency departments, urgent care, primary care providers, specialty health such as OG/GYNs, pain specialists, etc.), schools, crisis providers, workplaces and jails.

Impact Strategies



Early Intervention Strategy 3 (EIS-3)

Create and follow an integrated, statewide approach to behavioral health early intervention activities.

Tactics

EIS 3.1: Iowa HHS and BH-ASO will review and establish consistent service access standards that:

- Sets expectations for travel times
- Establishes consistent guidance on access and service delivery
- Improves understanding of appropriate placement criteria
- Helps decrease wait times
- Assures priority population requirements are met (federal regs)

EIS 3.2: Iowa HHS and BH-ASO will create consistency in early intervention planning and service delivery.

- a. Iowa HHS and BH-ASO will use early intervention research as well as evidence-based and evidence-informed practices and policies to drive decision making and planning.
- b. Iowa HHS and BH-ASO will develop a comprehensive behavioral health strategic early intervention framework and deploy guidance.
- c. Iowa HHS and BH-ASO will align early intervention assessment and planning with the State Health Improvement Plan (Healthy Iowans).

EIS 3.3: Iowa HHS and BH-ASO will examine and strengthen pathways for early intervention services and supports.

- a. Iowa HHS and BH-ASO will evaluate utilization and develop metrics for monitoring outcomes of early intervention pathways.
- b. Iowa HHS and BH-ASO will utilize inventory, evaluation and monitoring to support decision making about early intervention needs.
- c. Iowa HHS and BH-ASO will utilize inventory process to gather how current early intervention efforts are funded and explore mechanisms for incentivizing and/or funding early intervention services.
- d. Iowa HHS and BH-ASO will provide technical assistance as needed.



Early Intervention Strategy 4 (EIS-4)

Help early intervention partners increase their behavioral health knowledge and skills.

Tactics

EIS 4.1: Ensure Iowa HHS, BH-ASO, and early intervention partners have the necessary knowledge and skills to deliver effective behavioral health early Intervention activities and services.

- a. Iowa HHS and BH-ASO will assess current state of knowledge and skillsets related to behavioral health early intervention.
- b. Iowa HHS and BH-ASO will conduct an Early Intervention Survey to identify the needs of early intervention partners.
- c. Iowa HHS and BH-ASO will develop a workforce development plan.
- d. Iowa HHS and BH-ASO will provide education to partners about when and how to identify early signs, develop and share tools and supports to discuss behavioral health wellness and explain how to provide referrals for behavioral health concerns.
- e. Iowa HHS and BH-ASO will provide education and training for providers will include how to connect patients to the ASO system.
- f. Iowa HHS and BH-ASO will develop consistent training for system navigators.
- g. Iowa HHS and BH-ASO will dedicate resources to provide ongoing technical assistance to early intervention partners.
 - Promote and offer Mental Health First Aid (MHFA) training, teen Mental Health First Aid and other community-focused education.
 - Create and build sustainability for Screening, Brief Intervention and Referral to Treatment (SBIRT).

Treatment Strategies

- ▶ Create and support a comprehensive and integrated, statewide behavioral health treatment system.
- ▶ Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health treatment system for mental health, and addictive disorders including alcohol use, substance use, tobacco use, and gambling.
- ▶ Increase access to behavioral health treatment services.
- ▶ Help behavioral health treatment providers increase their knowledge and skills.

Clinical inpatient, outpatient, and residential care for individuals with a behavioral health condition or disorder diagnosed utilizing the most recently published Diagnostic and Statistical Manual (DSM) criteria. The type, length, and intensity or frequency of intervention(s) used by a behavioral health provider is based on the presenting symptoms of the individual.

Impact Strategies



Treatment Strategy 1 (TRS-1)

Create and support a comprehensive and integrated, statewide behavioral health treatment system.

Tactics

TRS 1.1: Iowa HHS, BH-ASO and CBOs will employ human centered design for all treatment services.

- a. All parties will utilize a person-centered approach to treatment services from the time of first contact until their last contact with a person and/or their family.
- b. Iowa HHS, BH-ASO and CBOs will incorporate the person-centered approach throughout each aspect of care that is a part of the treatment experience.
- c. Iowa HHS and BH-ASO will create strategies for enhancing the experience of services.
- d. Iowa HHS and BH-ASO will ensure continuity of care for the safety net behavioral health system through implementation of the requirements outlined in House File 2673.

TRS 1.2 Iowa HHS and BH-ASO will ensure the use current and clinically accepted evidence-based and evidence-informed practices and approaches to meet the identified needs of the community.

- a. Iowa HHS and BH-ASO will identify and operationalize relevant practices to meet client needs.
- b. Iowa HHS and BH-ASO will implement support services based on community needs assessment data.
- c. Iowa HHS and BH-ASO will identify linkages to services in addition to treatment (before during and after) through use of system navigation, service coordination, and connection to recovery services and supports.

TRS 1.3: Iowa HHS, BH-ASO and CBOs will develop and implement recommendations and strategies for youth treatment.

- a. Iowa HHS, BH-ASO and CBOs will identify treatment gaps for youth and transition-aged youth.
- b. Iowa HHS, BH-ASO and CBOs will identify and develop awareness for youth and transition-aged youth specific treatment.
- c. Iowa HHS and BH-ASO will leverage Your Life Iowa to promote awareness and create connections to youth and transition-aged youth specific treatment.
- d. Iowa HHS and BH-ASO will develop policy recommendations to address identified youth care continuum gaps.
- e. Iowa HHS and BH-ASO will engage families and partners in validation of recommendations and strategies.

TRS 1.4: Iowa HHS, BH-ASO and CBOs will identify and address gaps in the behavioral health continuum.

- a. Iowa HHS, BH-ASO and CBOs will identify gaps for specific populations throughout the levels of care for treatment (step down, day treatment, intensive outpatient, AH to inpatient versus residential, intensive in-home services for children and youth, etc.).
- b. Iowa HHS, BH-ASO and CBOs will identify and develop awareness for population specific treatment (leverage current resources such as Your Life Iowa).
- c. Iowa HHS and BH-ASO will define and reinforce the need to serve special populations (outreach and health education). Iowa HHS and the BH-ASO will also inventory and assess and subspecialty care lanes.
- d. Iowa HHS will develop policy recommendations to address identified care continuum gaps.

TRS 1.5: Iowa HHS and BH-ASO will identify, expand, and strengthen collaborative opportunities with behavioral health partners (CBOs and other partners).

- a. Iowa HHS and BH-ASO will foster opportunities to build partnerships with associations, schools, community organizations, faith-based groups, and other stakeholders to enhance behavioral health treatment efforts, increase access to care, and support results-based solutions.
- b. Iowa HHS, BH-ASO and/or CBOs will lead and/or participate in coalitions and workgroups to enhance service delivery.
- c. Iowa HHS and BH-ASO will develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health treatment services.

TRS 1.6: Iowa HHS and BH-ASO will promote behavioral health parity.

- a. HHS and BH-ASO will continue efforts for behavioral health parity through promotion, identification and connection strategies.



Treatment Strategy 2 (TRS-2)

Increase access to behavioral health treatment services.

Tactics

TRS 2.1: Iowa HHS will address costs of treatment and reimbursement

- a. Iowa HHS will inventory reimbursement mechanisms.
- b. Iowa HHS will identify reimbursement challenges.
- c. Iowa HHS will maximize Medicaid and Child Health Insurance Plan (financial, last payor, etc.).
- d. Iowa HHS will establish common coding and consistent allowable cost for treatment.

TRS 2.2: Iowa HHS, BH-ASO and CBOs will expand and support the behavioral health treatment provider network.

- a. Iowa HHS will simplify licensure/accreditation through regulatory reform.
- b. Iowa HHS, BH-ASO and CBOs will build a robust peer support workforce and expand the use of peers across the spectrum of treatment services.
- c. Iowa HHS and BH-ASO will build active connection points across the network of behavioral health safety net providers.
- d. Iowa HHS and BH-ASO will develop technical assistance and continuing education opportunities.
- e. Iowa HHS, BH-ASO and CBOs will promote the practice of behavioral health services as a valuable and fulfilling career path.
- f. Iowa HHS and BH-ASO will leverage various workforce-related funding streams.

TRS 2.3: Iowa HHS, BH-ASO and CBOs will leverage innovative treatment options to expand access to care (e.g., telehealth, telepeer support, mobile services, enabling technology).

- a. Iowa HHS and BH-ASO will establish the safety network for treatment services and inventory available levels of care/capacity of organizations.
- b. Iowa HHS, BH-ASO and CBOs will develop and disseminate informational resources for individuals, families, providers and communities about low barrier, low-cost technology options.
- c. Iowa HHS and BH-ASO will inventory existing options that support improved access to technology in public spaces (e.g., libraries, public buildings) for potential use as a telehealth access point.
- d. Iowa HHS and BH-ASO will navigate barriers to access at the community level through expanded use of enabling technology and mobile services.

TRS 2.4: Iowa HHS, BH-ASO and CBOs will reduce stigma.

- a. Iowa HHS, BH-ASO and CBOs will develop strategies that make seeking behavioral health normal, just like any other health care.
- b. Iowa HHS, BH-ASO and CBOs will assist people in understanding what behavioral health treatment is.

Culture Strategies



Treatment Strategy 3 (TRS-3)

Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health treatment system for mental health, and addictive disorders including alcohol use, substance use, tobacco use, and gambling.

Tactics

TRS 3.1: Iowa HHS and BH-ASO will develop definitions and expectations for the behavioral health treatment system.

- a. Iowa HHS and BH-ASO will define and reinforce the need to serve special populations (outreach and health education).
- b. Iowa HHS and BH-ASO will define system-level roles and responsibilities to enhance collaboration across the treatment system in Iowa.
- c. Iowa HHS and BH-ASO will develop roles to coordinate access across sectors and address behavioral health treatment needs.

TRS 3.2: Iowa HHS will research tactics such as incentive funding, strengthening of regulatory requirements or tiered reimbursement models to encourage providers to enhance service delivery.

- a. Iowa HHS will utilize operational tactics for quality improvement activities aimed at enhancing service delivery within treatment.

TRS 3.3: Ensure Iowa HHS, BH-ASO, and community providers (CBOs) work collectively to:

- a. Iowa HHS and BH-ASO will ensure consistency in treatment protocols and procedures across topic areas.
- b. Iowa HHS and BH-ASO will develop and follow consistent implementation guidance, including guidance on fidelity adherence and monitoring.
- c. Iowa HHS and BH-ASO will assess treatment services and provide technical assistance to the treatment system.
- d. Iowa HHS and BH-ASO will identify emerging treatment trends to develop and implement results-based solutions.



Treatment Strategy 4 (TRS-4)

Help behavioral health treatment providers increase their knowledge and skills.

Tactics

TRS 4.1: Iowa HHS and BH-ASO will ensure providers have the necessary skills to deliver effective behavioral health treatment services.

- a. Iowa HHS and BH-ASO will provide education on treatment resources to include first contacts for crisis and primary health providers and psychiatrists.
- b. Iowa HHS and BH-ASO will create a warm hand off guide that both providers referring and those receiving referrals operate by to ensure smooth system navigation for people.

TRS 4.2: Iowa HHS and BH-ASO will invest in training and technical assistance to support enhancing the knowledge and skills of Iowa's behavioral health treatment workforce.

- a. Iowa HHS and BH-ASO will assess current state of knowledge and skillsets related to behavioral health treatment.
- b. Iowa HHS and BH-ASO will conduct a Treatment Partner Survey to identify the knowledge and skill needs.
- c. Iowa HHS and BH-ASO will develop a workforce development plan to increase behavioral health knowledge and skills that includes trainings for new partners and information on treatment priorities.
- d. Iowa HHS and BH-ASO will create training opportunities through multiple methods such didactic learning opportunities, community-based hands on training, on-demand learning, and virtual reality.



Recovery Strategies

- Create and support a comprehensive and integrated, statewide system of recovery related to the behavioral health needs of individuals, families and communities.
- Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health recovery system.
- Help recovery providers increase their behavioral health knowledge and skills

Non-clinical support that promotes recovery, wellness, and connection, including system navigation, peer services and recovery supports to improve quality of life. The purpose of developing the recovery part of the continuum is to support individuals with multiple pathways of recovery. People access recovery in ways that work for them and for as long as they need, even for the rest of their lives.

Impact Strategies



Recovery Strategy 1 (RCS-1)

Create and support a comprehensive and integrated, statewide system of recovery related to the behavioral health needs of individuals, families and communities.

Tactics

RCS 1.1: Iowa HHS and BH-ASO will expand and support the behavioral health Recovery workforce.

- a. Iowa HHS and BH-ASO will develop and deploy workforce recruitment and retention strategies such as training, technical assistance and building professional pathways (e.g., certifications to support peers, community health workers, system navigators and others).
- b. Iowa HHS and BH-ASO will develop and nurture career pathways within the recovery workforce.

RCS 1.2: Iowa HHS and BH-ASO will improve statewide awareness and visibility of recovery support services.

- a. Iowa HHS and BH-ASO will inventory and map current recovery support services and funding mechanisms.
- b. Iowa HHS and BH-ASO will determine the appropriate location for a connections map or resource locator and create one (that functions as a tool for connecting individuals to all available services/resources).
- c. Iowa HHS and BH-ASO will leverage Your Life Iowa as a trusted resource to share information about recovery services and supports and connect individuals to recovery supports or to system navigation at the district (community) level.
- d. Iowa HHS and BH-ASO will make recovery visible through the promotion of support services and recovery resources (see Prevention and Education strategy #2).
- e. Iowa HHS and BH-ASO will utilize communication strategies that are appropriate and relevant to the recovery community and recovery service provider population.

RCS 1.3: Iowa HHS, BH-ASO and CBHOs will improve access to recovery services and supports.

- a. All parties will identify populations and link individuals to additional Iowa HHS services and supports, as needed.
- b. All parties will ensure recovery support services are accessible.
- c. Iowa HHS and BH-ASO will assess current access to recovery services, research recovery service models and make recommendations for community access standards.
- f. Iowa HHS and BH-ASO will install recommended access standard requirements through targeted approaches to funding for BH-ASO and community providers that ensure consistent access.

- g. Iowa HHS and BH-ASO will expand the number of new providers of recovery services and supports by providing significant training and technical assistance needs and identifying solutions to challenges of retention within Iowa communities

RCS 1.4: Iowa HHS, the BH-ASO and CBOs will support and deploy environmental strategies related to supporting recovery in Iowa's communities.

- a. Iowa HHS and BH-ASO will develop and disseminate environmental strategies as well as assist CBHOs in implementing environmental strategies.
- b. Iowa HHS and BH-ASO will identify ways to support a recovery-oriented workforce.

RCS 1.5: Iowa HHS and BH-ASO will determine how to create sustainable funding for recovery.

- a. Iowa HHS will leverage funding opportunities to reimburse expanded peer support activities.
- b. Iowa HHS and BH-ASO will inventory what is reimbursable by insurance providers.
- c. Iowa HHS and BH-ASO will determine barriers to sustainable funding, determine changes needed and identify/secure funding to promote and implement recovery in Iowa.

RCS 1.6: Iowa HHS, BH-ASO and CBOs will identify, expand, and strengthen Collaborative opportunities for a unified behavioral health recovery ecosystem promoting safety, resiliency, and health.

- a. Iowa HHS and BH-ASO will foster opportunities to build local collaborations to enhance the recovery network.
- b. Iowa HHS and BH-ASO will build partnerships with associations, schools, community organizations, faith-based groups, and other stakeholders to enhance behavioral health recovery efforts and support results-based solutions.
- c. Iowa HHS, BH-ASO, CBOs and the recovery community will lead and/or participate in coalitions and workgroups to strengthen and promote recovery.
- d. Iowa HHS, BH-ASO and CBOs will develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health recovery services and supports.

Culture Strategies



Recovery Strategy 2 (RCS-2)

Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health recovery system.

Tactics

RCS 2.1: Iowa HHS, BH-ASO and CBOs will adopt the Substance Abuse Mental Health Services Administration (SAMHSA)’s Working Definition of Recovery to guide Iowa HHS efforts in expanding pathways to recovery.

- a. Iowa HHS and BH-ASO will develop and implement HHS’ Recovery in Action Plan based on SAMHSA’s Working Definition of Recovery.
- b. Iowa HHS will define recovery support services and domains.
- c. Iowa HHS and BH-ASO will conduct an inventory of current efforts.
 - Include Iowa HHS funded SUD and MH recovery services and their funding streams.
 - Include SUD and MH recovery services funded outside of Iowa HHS.
- e. Iowa HHS and BH-ASO will identify policies and procedures to guide system staff on implementation of behavioral health recovery work.
- f. Iowa HHS and BH-ASO will build internal capacity to provide the level of technical assistance and training needed for the recovery network (BH-ASO, CBOs, other organizations and the recovery community).

RCS 2.2: Ensure Iowa HHS, BH-ASO, CBOs and the recovery community work collectively to:

- a. Iowa HHS and BH-ASO will develop and follow consistent implementation guidance.
- b. Iowa HHS and BH-ASO will work with the recovery community to assess recovery efforts and provide technical assistance to the recovery community.
- c. Iowa HHS and BH-ASO will identify emerging recovery needs to develop and implement results-based solutions.



Recovery Strategy 3 (RCS-3)

Help recovery providers increase their behavioral health knowledge and skills.

Tactics

RCS 3.1: Ensure Iowa HHS, BH-ASO, and local partners (CBOs) have the necessary skills to deliver effective behavioral health recovery services based on SAMHSA's Working Definition of Recovery.

- a. Iowa HHS and BH-ASO will build multi-disciplinary teams based on best practices.
- b. Iowa HHS and BH-ASO will identify appropriate situations for law enforcement involvement.

RCS 3.2: Iowa HHS and BH-ASO will identify and address training and technical assistance needs to support retention of a skilled behavioral health recovery workforce.

- a. Iowa HHS and BH-ASO will reevaluate recovery education for providers (consider using a multi-perspective approach to determine training/education).
- b. Iowa HHS and BH-ASO will assess impact of certification on the recovery workforce.



Crisis Strategies

- ▶ Create and support a comprehensive and integrated, statewide behavioral health crisis system.
- ▶ Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health crisis system.
- ▶ Increase access to behavioral health crisis services.
- ▶ Help crisis providers increase their behavioral health knowledge and skills.

Crisis services are community services that help quickly reduce distress during a behavioral health crisis. These services prevent harm, provide aftercare, and connect individuals to follow-up support, aiming to stabilize them and reduce the need for intensive or restrictive care.



Crisis Strategy 1 (CRS-1)

Create and support a comprehensive and integrated, statewide behavioral health crisis system.

Tactics

CRS 1.1: Iowa HHS, BH-ASO and CBOs (crisis service providers) will expand and support the behavioral health crisis network.

- a. All parties will build multi-disciplinary crisis teams based on best practices.
- b. Iowa HHS and BH-ASO will identify appropriate situations for law enforcement involvement.
- c. Iowa HHS and BH-ASO will build a robust crisis peer workforce.
 - Develop capacity for Peer-Operated Respite programs.
 - Build a robust disaster response behavioral health workforce.

CRS 1.2: Iowa HHS, BH-ASO, CBOs will identify and maintain a statewide crisis center (e.g., 988) that follows and incorporates best practices.

- a. All parties will participate in establishing capacity to answer every contact (call, text, chat).
- b. All parties will participate in implementing consistent call assessment and triage with appropriate clinical oversight.
 - Centralized dispatch to mobile response, law enforcement, 911, etc.
- c. All parties will participate in promoting crisis resources.
- d. All parties will participate in educating Iowans about crisis services in their communities.

CRS 1.3: Iowa HHS, BH-ASO and CBOs will connect Iowans to the services and supports they seek.

- a. All parties will participate in the development and use of a closed-loop referral system.
- b. All parties will educate Iowans about crisis services in their communities.
- c. All parties will identify and address crisis needs of diverse populations.

CRS 1.4: Iowa HHS, BH-ASO and CBO's will implement crisis services across the Lifespan with an emphasis on youth and family crisis.

- a. Iowa HHS will centralize dispatch for mobile response.
- b. All parties will ensure behavioral health crisis care is coordinated across sectors including law enforcement, hospital systems child welfare, education, justice systems, and community-based organizations.
- c. All parties will develop and assure comprehensive post crisis follow up and coordination are provided including connecting individuals to ongoing behavioral health services.

Crisis Strategy 1 (CRS-1) continued

CRS 1.5: Iowa HHS and BH-ASO will identify, expand, and strengthen collaborative opportunities with behavioral health partners (CBOs).

- a. Iowa HHS and BH-ASO will foster collaboration between CBOs such as mobile crisis teams, law enforcement co-responders, and emergency responders and behavioral health system partners to strengthen partnerships.
- b. Iowa HHS and BH-ASO will support connection to ongoing medical and behavioral health.
- c. Iowa HHS and BH-ASO will establish crisis planning and follow-up care expectations.
- d. Iowa HHS and BH-ASO will nurture and grow crisis response partnerships with Law Enforcement, Dispatch, and Emergency Medical Services (EMS).



Crisis Strategy 2 (CRS-2)

Increase access to behavioral health crisis services.

Tactics

CRS 2.1: Iowa HHS will standardize bed tracking and referral to crisis receiving and stabilization services.

a. Iowa HHS will make bed tracking information visible.

CRS 2.2: Iowa HHS, BH-ASO and CBOs will ensure consistent access to crisis receiving and stabilization services statewide.

a. All parties will work to establish capacity to accept all referrals and to serve additional behavioral health conditions.

- Do not require medical clearance prior to admission.
- Standardize client paperwork.

CRS 2.3: Iowa HHS, BH-ASO and CBOs will establish walk-in and first responder drop-off options including development and implementation of no rejection policies.

Culture Strategies



Crisis Strategy 3 (CRS-3)

Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health crisis system.

Tactics

CRS 3.1: Iowa HHS Develop definitions and expectations for the behavioral health crisis system.

- a. Iowa HHS will develop acceptable standards for Iowa's crisis care delivery

CRS 3.2: Ensure Iowa HHS, BH-ASO, and local providers (CBOs) work collectively to:

- a. All parties will implement recommendations to improve Iowa's Crisis System.
 - Collaborate with system partners to implement strategies designed to ensure Iowans have someone to talk to when in crisis.
 - Collaborate with system partners to implement strategies designed to ensure people are in place to respond when Iowans need emergency care or assistance.
 - Collaborate with system partners to implement strategies designed to ensure Iowans have a place to go when in crisis.
- b. All parties will assess crisis response efforts.
- c. All parties will identify emerging crisis needs to develop and implement results-based solutions.



Crisis Strategy 4 (CRS-4)

Help crisis providers increase their behavioral health knowledge and skills.

Tactics

CRS 4.1: Iowa HHS and BH-ASO will assess district level workforce and crisis training needs to support recruitment and retention:

- a. Iowa HHS and BH-ASO will identify and address areas of need and support
- b. Iowa HHS and BH-ASO will provide training and technical assistance.

CRS 4.2: Iowa HHS and BH-ASO will ensure providers (CBOs) have the necessary Skills to deliver effective, integrated behavioral health crisis services:

- a. Iowa HHS and BH-ASO will develop and implement a standardized training curriculum for crisis services workers.
- b. Iowa HHS and BH-ASO will bolster training on substance use disorder/s (SUD), co-occurring, special populations including youth and families, gambling, tobacco and nicotine use, suicide prevention, recovery needs, trauma-informed care, and evidence-based practices.

CRS 4.3: Iowa HHS and BH-ASO will assure statewide behavioral health and crisis training for first responders and frontline health workers.

- a. Iowa HHS and BH-ASO will provide and coordinate training, including the following but not limited to: crisis intervention teams (CIT), crisis de-escalation, MHFA, trauma-responsive & strengths-based service planning and provision).



District 1

Lyon, Osceola, Sioux, O'Brien, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Monona, Crawford, Carroll, Harrison

District 4

Shelby, Audubon, Guthrie, Pottawattamie, Cass, Adair, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, Ringgold

District 2

Dickinson, Emmet, Kossuth, Winnebago, Worth, Clay, Palo Alto, Hancock, Pocahontas, Humboldt, Wright, Sac, Calhoun, Webster

District 5

Hamilton, Greene, Boone, Story, Dallas, Polk, Jasper, Madison, Warren, Marion, Clarke, Lucas, Decatur, Wayne

District 6

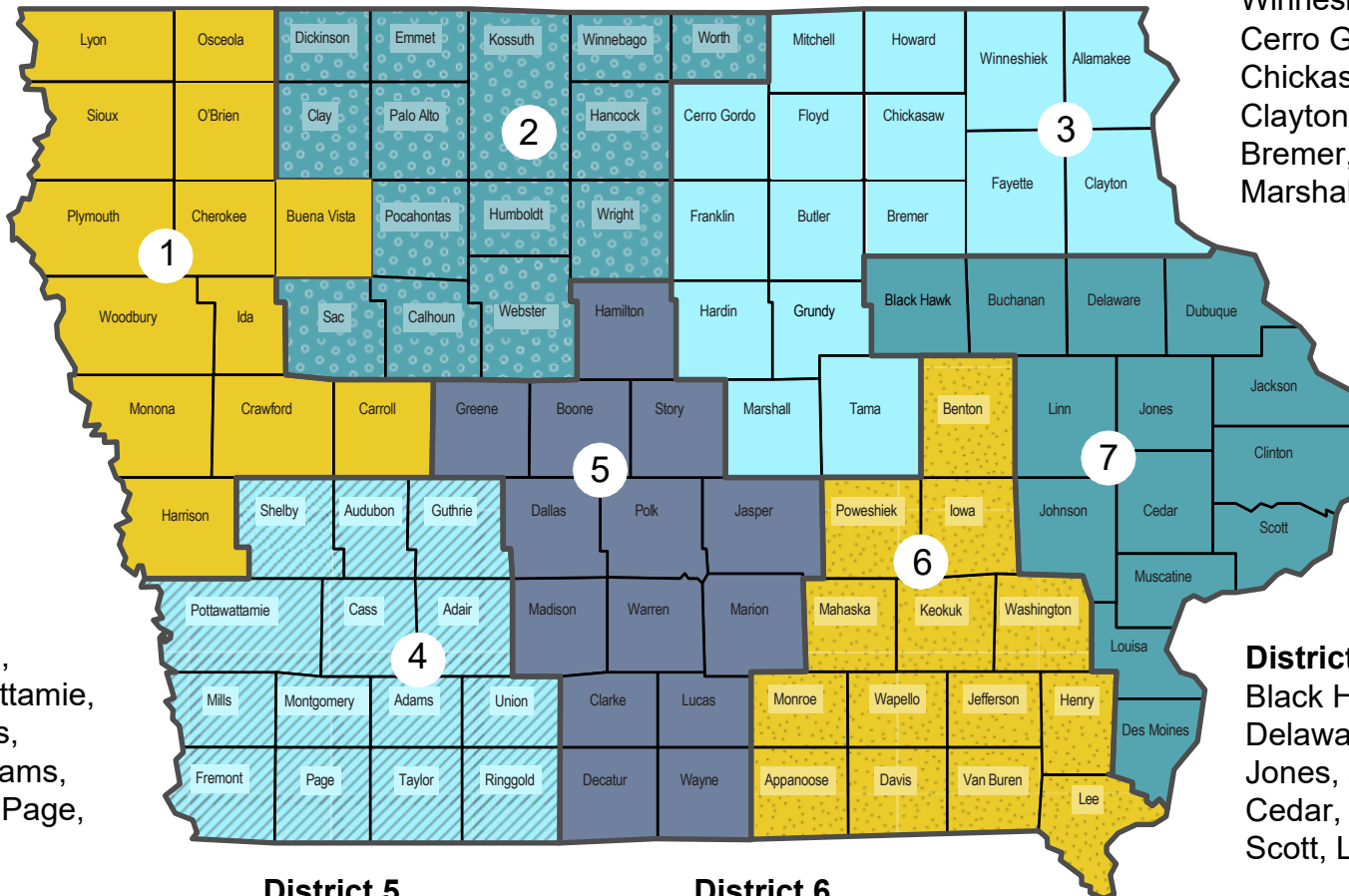
Benton, Poweshiek, Iowa, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Henry, Appanoose, Davis, VanBuren, Lee

District 3

Mitchell, Howard, Winneshiek, Allamakee, Cerro Gordo, Floyd, Chickasaw, Fayette, Clayton, Franklin, Butler, Bremer, Hardin, Grundy, Marshall, Tama

District 7

Black Hawk, Buchanan, Delaware, Dubuque, Linn, Jones, Jackson, Johnson, Cedar, Clinton, Muscatine, Scott, Louisa, Des Moines





Appendix B

Definitions

Specific to the state plan

“at-risk individuals” means individuals with access limits or functional needs (temporary or permanent) that indicate enhanced risk of development or exacerbation of a Behavioral Health Condition or interferes with their ability to access care.

“at-risk populations” means groups of children, youth, young adults, adults, or older adults at higher risk of developing a behavioral health condition including, but not limited to: individuals with disabilities, pregnant and parenting women, people with limited English proficiency, individuals with limited financial resources, people without access or means to access transportation, or individuals who lack a system of social supports.

“Behavioral Health” means mental health and addictive disorders and is inclusive of, but not limited to, mental illness, substance use, gambling disorder, and tobacco and nicotine dependence.

“Behavioral Health Administrative Services Organization (BH-ASO)” means the lead entity designated by the Agency to plan, develop, coordinate, and assure Behavioral Health Services throughout a District in accordance with the Statewide Behavioral Health Service System Plan.

“Behavioral Health” means an integrated, recovery-oriented approach to care that acknowledges co-occurring conditions are the expectation, not the exception and contemplates the full continuum of behavioral health prevention, education, early intervention, assessment, diagnosis, treatment, recovery, and crisis services and supports.

“Behavioral Health Condition or Disorder” means a substantial limitation in major life activities due to a mental, behavioral, or addictive disorder or condition diagnosed in accordance with the criteria provided in the most current edition of the diagnostic and statistical manual of mental disorders (DSM), published by the American Psychiatric Association.

“Behavioral Health Safety Net Service Providers” means individuals or organizations who primarily provide behavioral health safety net services and supports to uninsured, underinsured, at-risk populations, at-risk individuals, special populations and/or targeted populations.

“Behavioral Health Safety Net Services” means, at a minimum, the following for all children, youth, young adults, adults, and older adults statewide: prevention, education, and crisis services. Subject to need-based, functional, and financial eligibility criteria, Behavioral Health Safety Net Services for uninsured, underinsured, at-risk populations and/or at-risk individuals include, at a minimum: mental health and substance use outpatient treatment services; mental health and substance use high-intensity outpatient treatment services; substance use residential treatment services; sobering services; mental health and substance use inpatient treatment services; recovery supports; care coordination; outreach, education, and engagement services; outpatient competency restoration; hospital alternatives; screening, assessment, and diagnosis, including risk assessment and crisis planning; and additional services as required by Iowa Code or

Administrative Rule or deemed necessary for a behavioral health district or throughout the state as determined by the State Behavioral Health Service System Plan and approved by the Agency in the District Plan. Behavioral Health Safety Net Services are subject to available funds.

“Behavioral Health Services” means any of the following parts of behavioral health continuum: prevention, early intervention, treatment, recovery, and crisis services and supports.

“Behavioral Health Service System” means a statewide system of prevention, education, early intervention, treatment, recovery support, and crisis services related to mental health and addictive disorders, including, but not limited to, alcohol use, substance use, tobacco use, and gambling led by the Agency.

“Behavioral Health Service System Statewide Plan” or **“Statewide Plan”** means the plan developed by the Agency, subject to public review and comment, that identifies and addresses systemic needs and adopts key strategies, tactics, and goals for the Behavioral Health Service System.

“Central Data Repository” means a data system for collecting and analyzing statewide, Behavioral Health District, and contracted behavioral health provider data.

“Children’s Health Insurance Program (CHIP)” is a program that specifically focuses on providing health coverage to children in low-income families.

“Community Based Organizations” are organizations based in local communities that provide behavioral health support and/or services.

“Crisis Services” means community-based services that focus on the immediate de-escalation and relief of the distress associated with a behavioral health crisis, reducing the risk that an individual in a crisis harms themselves or others, and providing after care and connection to ongoing follow up to ensure post-crisis stabilization and reduce the reliance on high acuity care or more restrictive environments.

Crisis services include but are not limited to: immediate access to crisis assessment and evaluation, Access Center, Sobering Units, naloxone administration, 24/7/365 Mobile Crisis Response, Community-Based Crisis Stabilization and Crisis Stabilization Residential Services.

“Culturally and Linguistically Appropriate Services (CLAS) Standards” means to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers.

“District” means a sub-state geographic area determined by the Agency to define the geographic boundaries of the Iowa Behavioral Health Service System.

“District Behavioral Health Advisory Council” or **“District Advisory Council”** means a council established by a BH-ASO to identify opportunities, address challenges, and advise the BH-ASO. The structure of the District Behavioral Health Advisory Council must follow the requirements of legislation⁴ as outlined in 2024 Iowa Acts, chapter 1161 (House File 2673).

“District Behavioral Health Service System Plan” or “District Plan” means a plan developed by the BH-ASO and approved by the Agency to outline the District Plan to assure access to Behavioral Health and Behavioral Health Services throughout the designated District. The District Plans are connected to this Behavioral Health Service System Statewide Plan.

“Early Intervention” are interventions, services and support to at-risk individuals to address early symptoms and prevent the development of behavioral health disorders. This includes identifying problems and offering referrals to reduce impact and improve well-being.

“Education” means disseminating behavioral health knowledge or building resiliency skills through structured learning processes, including support of critical life and social skills such as: decision making, peer resistance and refusal, coping with stress, problem solving, interpersonal communication, and improving judgment capabilities.

“Group level education” means to teach participants about skills that promote behavioral health and wellness.

“Home and Community Based Services (HCBS)” are Medicaid-funded services that allow individuals to receive assistance in their own homes or communities instead of institutions. These services include home health, adult day health, personal care, case management, and other programs that address both medical and daily living needs.

“House File (HF) 2673” under this legislation, Iowa will:

1. Combine the work and funding for mental health and addictive disorders into a Behavioral Health Service System, guided by a statewide plan, focused on ensuring equitable access to prevention, treatment, recovery, and crisis services.
2. Transfer the management of disability services from the local Mental Health and Disability Services (MHDS) Regions to the Division of Aging & Disability Services.
3. Strengthen important system connections to Medicaid, Public Health, and Child Protective Services by gathering meaningful feedback from Iowans to inform system planning.

“Information dissemination” means to increase knowledge and change attitudes through sharing information.

“Minimum Access Standards” means standards established by the Agency, by Iowa Code or by administrative rules to ensure equitable access to Behavioral Health Safety Net Services provided through the Behavioral Health Service System including but not limited to when and where services are made available, service and funding eligibility criteria, and Behavioral Health Safety Net Service Provider requirements.

“National Survey on Drug Use and Health (NSDUH)” means data conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, non-institutionalized population aged 12 or older in the United States.

“Prevention” means information dissemination; education; wellness promotion; organizing and enhancing community-based processes; developing environmental approaches; offering alternative activities; and building resiliency skills through structured learning, including support of critical life and social skills such as decision making, coping with stress, problem solving, interpersonal communication, and improving judgment.

“Recovery” means non-clinical assistance that facilitates recovery, wellness, and connection between individuals in recovery, service providers, and other supports known to enhance people's quality of life, including system navigation, peer services, and recovery supports.

“State Health Assessment (SHA)” is a statewide initiative that involves public and private partners as well as people from across Iowa identifying Iowa's top health issues.

“State Health Improvement Plan (SHIP)” is a statewide initiative that engages public and private partners as well as people from across Iowa to develop a plan for Iowa's top health issues.

“Substance Abuse Mental Health Services Administration (SAMHSA)” is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

“Special Populations” for the purposes of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) means pregnant women, women with dependent children, injection drug users, and substance abusers who have tuberculosis.

“System Navigation” means in person, online and telephonic support for problem solving and navigation of the services and supports available. System navigators ensure individuals and families who encounter barriers in accessing services and support are able to navigate health, social services, and legal systems.

“Thrive Iowa” means a Hope-centered initiative to use existing and new resources to make and manage closed-loop referrals that will connect Iowans with health and human services and concrete supports.

“Treatment” means clinical inpatient, outpatient, and residential care for individuals with a behavioral health condition or disorder diagnosed utilizing the most recently published Diagnostic and Statistical Manual (DSM) criteria. The type, length, and intensity/frequency of intervention(s) used by a behavioral health provider is based on the presenting symptoms of the individual.

“Recovery Ecosystem” means is an evidence-based approach that creates the environment that individuals and families need by providing all the necessary tools, services, and supports for recovery to occur.

“SAMHSA's Working Definition of Recovery” means the ten guiding principles for recovery from mental illness and substance use disorders.

“Strategic Prevention Framework (SPF)” is a comprehensive guide used to plan, implement, and evaluate prevention practices and programs.

“Youth” for the purpose of the state plan this means age 17 and younger.

“Your Life Iowa (YLI)” is the integrated system for free and confidential help and information for alcohol, drugs, gambling and suicide. 24/7/365 (twenty-four hours a day, seven days a week, three hundred sixty-five days a year) resources include a telephone helpline, mobile-friendly internet-based communications (e.g., online chat), texting and social media (@YourLifeIowa).



Health and Human Services
Division of Behavioral Health

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<https://hhs.iowa.gov/initiatives/system-alignment/behavioral-health-service-system>