Iowa Behavioral Health Service System Alignment: District Map Overview

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Background/History of HHS Alignment

The alignment of Iowa's Health and Human Services (HHS) is rooted in a comprehensive initiative aimed at integrating and improving access and service delivery across the state. Effective July 1, 2023, the Iowa Departments of Public Health (IDPH) and Human Services (DHS) merged into the newly formed Iowa Department of Health and Human Services. This consolidation also integrated the Iowa Departments of Aging, Human Rights, Early Childhood Iowa, the Iowa Child Advocacy Board, and Volunteer Iowa, creating a unified HHS department designed to streamline services and enhance efficiency. The alignment seeks to create consistent pathways for accessing services, reduce administrative redundancies, and utilize existing funding more effectively to achieve better outcomes for Iowans.

Behavioral health service system alignment activities involve the organization of local behavioral health districts, the procurement of behavioral health administrative service organizations (BH-ASOs), and the formation of local advisory councils. The legislative framework mandated that the new districts consider several critical factors, including equitable resource distribution, minimizing service disruption, enhancing access to quality care, and addressing the specific needs of various populations such as individuals reentering the community from correctional systems and their families. Another key component of building an integrated behavioral health service system is the establishment of a Medicaid demonstration program for Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC initiative aims to standardize core safety net services, ensure consistent access and high fidelity and expand integrated practice, thereby enhancing the outpatient behavioral health safety net service delivery system.

Stakeholder Engagement

Iowa HHS embarked on a stakeholder engagement effort to gather feedback on the district maps to be overseen by the Behavioral Health Administrative Service Organizations (BH-ASOs). These engagement events were facilitated by Health Management Associates. A total of four sessions were held on June 13, July 1, July 8, and July 18, with two sessions conducted virtually and two in-person in Des Moines and Sioux City. Feedback was also collected from respondents through our Public Comment Form.

The effort resulted in a robust turnout of over 1,000 attendees across all sessions, including those who attended multiple times. The majority of attendees were providers (48%), followed by advocates (38%). Among the provider attendees, the largest groups were outpatient substance use disorder (SUD) providers (31%) and outpatient mental health providers (39%). A significant portion, 27%, identified as persons and/or family members with lived experience. Details about attendee roles are depicted in Figures 1 and 2 below. The targeted facilitation questions included:

1. What considerations (funding, workforce, provider capacity, others) are most important for planning the district boundaries? How can the proposed district structure improve or hinder local service provision?
2. Do the proposed district boundaries reflect community needs and resources? Why or why not?
3. Are there specific areas or communities that should be in a different county/district than in the proposed districts? And why?
4. What is essential for ensuring a smooth transition to the new structure, minimizing resource allocation challenges, and care disruptions?

Figure 1. Role of Attendees in Behavioral Health Services

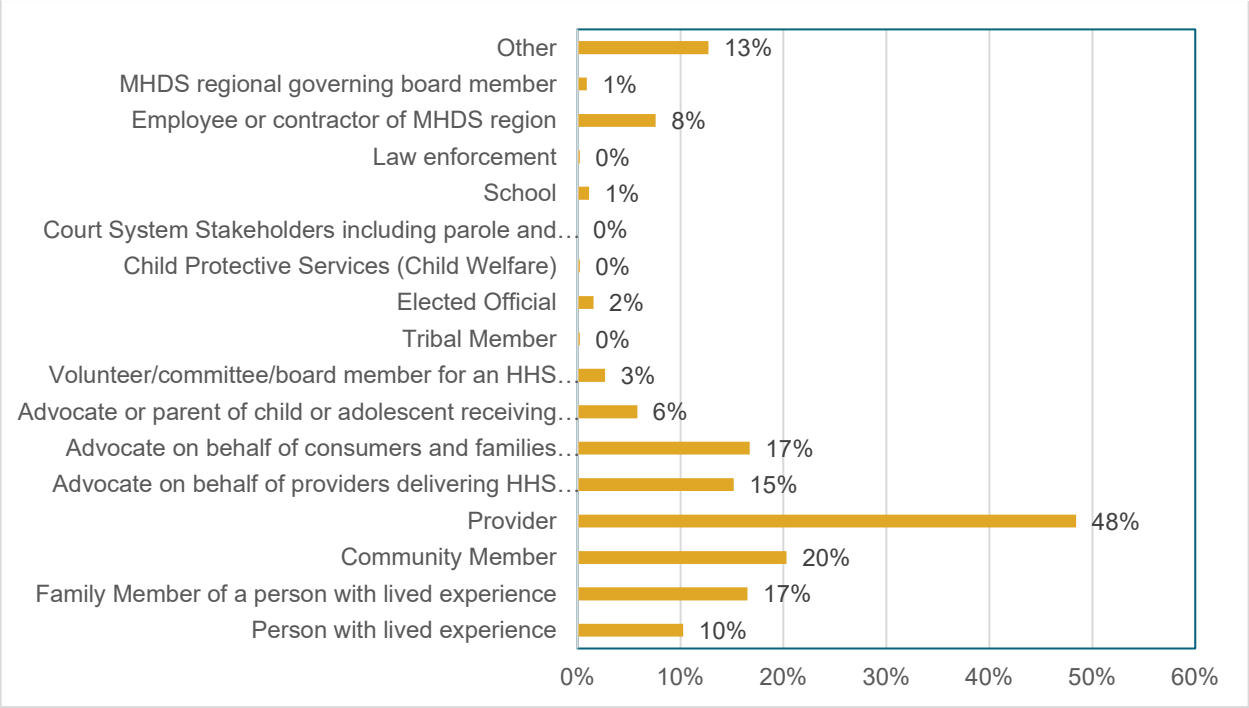
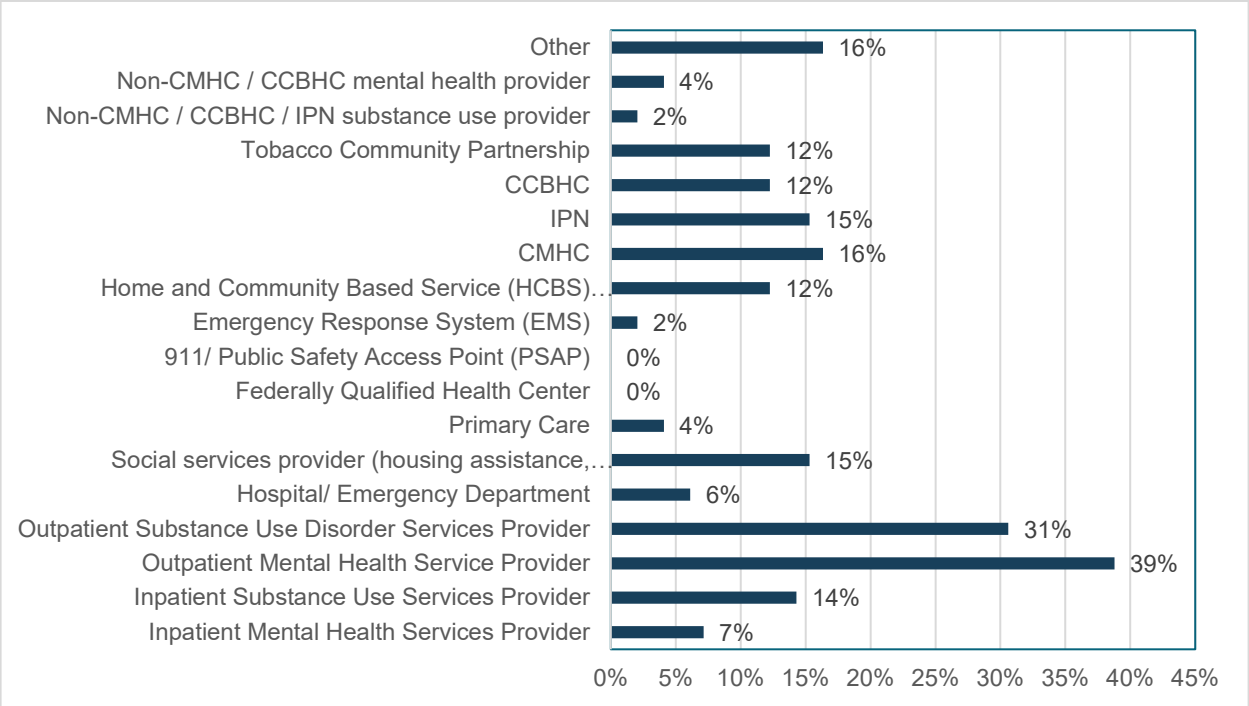


Figure 2. Provider Types



Key Themes from Stakeholder Sessions

Provider Network and Adequacy

- District maps must take into account needs at the local level, as well as current service gaps and areas of provider- and workforce-concentration.
- BH-ASOs will cover numerous populations, and it is critical to provide specialized service offerings for sub-populations including children, families, those from diverse cultural backgrounds and those with justice-system involvement.
- The most critical services for BH-ASOs to purchase include: Peer and family supports, mobile crisis services, recovery services, and SUD services.

Equitable Access and Resourcing

- BH-ASOs must ensure equitable access. Geographic disparities in resourcing and access (urban vs rural) stood out as a primary concern.
- Stakeholders advocated for an Advisory Council with representation from groups including (but not limited to) rural communities, people with lived experience, and family members, to ensure the needs of all areas are considered.
- The BH-ASOs should not split apart counties and communities with integrated services and workforces.
- Stakeholders expressed concern for appropriate prioritization and resourcing of the aging and disability scope of the BH-ASOs.

Coordination, Collaboration, and Continuity of Care

- To ensure success and avoid disruption of care, provide a grace period/ramp-up time for gradual transition.
- Consistent policies and procedures across BH-ASOs are key. If providers and consumers can cross BH-ASOs as needed, the system will be more person-centered, and the district boundaries may become less important.
- A universal contract would promote transparency and simplicity.
- An excellent data system will be needed to support BH-ASO coordination and performance.

Themes from Input Received from Individuals with Lived Experience and Family Members *(overlaps with other themes)*

- Having the best districts is meaningless without sufficient providers.
- Significant workforce challenges limit service adequacy, types, and access. For example, there is a notable lack of therapy resources, which is a critical issue.
- Districts need to convey to the public the services that are available.
- Peer services, particularly from Peer run community organizations, are crucial for prevention before needing higher levels of care.

Performance

- BH-ASOs should be accountable for financial management, timely access, service quality/consumer satisfaction, system outcomes, levels of jail-, and ER-, and homelessness-diversion.

Conclusion

The stakeholder engagement effort provided valuable insights into the needs and concerns of Iowans regarding the proposed behavioral health district maps. Feedback focused less on where the map boundaries were drawn and more on ensuring that the districts are adequately resourced with to meet demands. The sessions emphasized the importance of minimizing disruption to individuals currently receiving services. Ensuring an equitable distribution of resources and workload across districts emerged as a critical theme, alongside the necessity for maintaining high standards of quality and access to care.

Furthermore, the feedback underscored the importance of capturing the needs of specialty providers and specific populations, such as individuals reentering the community from correctional systems and their families. By prioritizing these thematic elements, the Behavioral Health Service System District Map builds the geographic foundation for an integrated and efficient behavioral health system that serves all Iowans. The synthesis of this feedback guided the finalization of the map, ensuring it reflected community needs and supports a seamless transition to the new structure.
The district map for Iowa was created using a data-driven approach to ensure effective service delivery and equitable access to care. Key criteria included areas of high need, access to care, and city and county boundaries. Publicly available data, such as the Primary Care Physician ratio (HRSA), dentist ratio (HRSA), mental health provider rate (HRSA), social vulnerability index (CDC), and Medicaid rate from the American Community Survey 2018-2022, were used in the analysis.

A suitability analysis was conducted to rank and score counties based on these criteria, with higher scores indicating greater needs. This analysis identified significant clusters of high-need areas. Using the Build Balanced Zones tool (in ArcGIS Business Analyst Pro), the state was divided into zones that were spatially contiguous, approximately equal in area, and consistent in key statistical measures. This tool helped create balanced and compact districts that reflect the varied, data-driven needs of the population while considering existing administrative boundaries and potential collaborations. The district map, in combination with the development and utilization of a data-informed funding formula, will ensure that resources are allocated effectively to support the full array of behavioral health needs of Iowans.

Figure 3. Iowa Behavioral Health Service System Districts