



# Transforming Iowa's Behavioral Health Service System

**Marissa Eyanson**, Director  
Division of Behavioral Health, Iowa HHS

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# Behavioral Health Service System Alignment

HF 2673 Implementation

# System Alignment



## **In the current system:**

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

## **Through alignment Iowa will:**

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

# HF 2673: What is changing?



Organize local behavioral health districts.



Competitively procure behavioral health administrative service organizations.



Recruit and form district advisory councils.



Develop the multi-sector statewide plan for behavioral health.

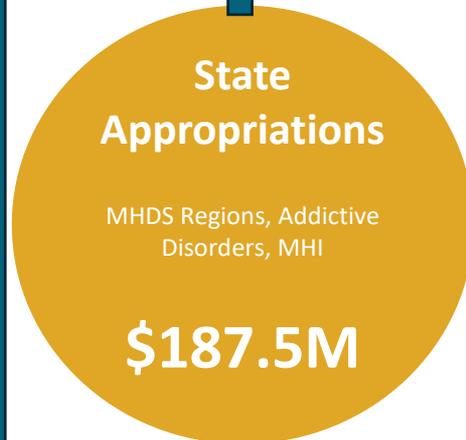
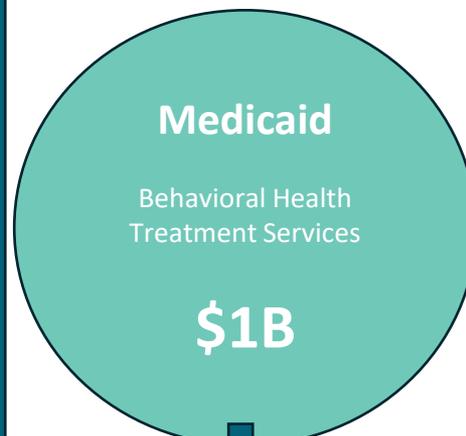


Enhance outpatient behavioral healthcare via CCBHC.



Include meaningful stakeholder feedback and public comment.

*Funding Iowa's Behavioral Health Safety Net System*



# Behavioral Health Service System Fund

Total SFY26 Available Funding Projections	
Regional Services Appropriation	\$ 134,694,168
Region Incentive Fund	40,224,960
Other State Funds	27,150,114
Federal Block Grants	21,873,601
Federal Discretionary	19,346,141
Total	\$ 243,288,984

- MHDS regional services funding of \$42 per capita for SFY26.
- State funds include General Fund and Sports Wagering Receipts Fund.
- Block grants include Community Mental Health and Substance Use Prevention, Treatment and Recovery Services.
- A portion of funding will be allocated by HHS to the Disability Services System.

# Legacy Regional *Projected Expenditures* SFY26

	SFY24 Actual	SFY26 High Estimate	SFY26 Low Estimate
Services	\$ 129,995,329	\$ 130,707,701	\$ 125,428,431
Administration	14,582,101	9,428,592	9,428,592
Adjust to 200% FPL	-	5,640,651	5,640,651
Medicaid Offset	-	(5,000,000)	(5,000,000)
<b>Total Expenditures</b>	<b>\$ 144,577,430</b>	<b>\$ 140,776,944</b>	<b>\$ 135,497,674</b>
SFY26 Appropriation		134,694,168	134,694,168
Incentive Fund		\$ 6,082,776	\$ 803,506

- SFY26 administrative costs are calculated at 7% of appropriated revenue consistent with Iowa Code 225A.7 requirements
- Additional savings anticipated via efficiencies & Medicaid offsets
- SFY26 funding need will be covered by current incentive fund balance

# Behavioral Health Administrative Service Organization

Aaron Todd, CEO

*Iowa Primary Care Association*

# Who is the Iowa PCA?

## Iowa Primary Care Association (Iowa PCA)

- ▶ Non-profit association
- ▶ Ongoing commitment to expanding access to quality, affordable, and accessible healthcare to meet local needs
- ▶ Members include 14 Community Health Centers (CHCs) across the state
- ▶ Support a continuum of care including integrated behavioral health, medical, oral health, and pharmacy services

## Organizational Values



Accountable



Collaborative



Deliberate



Proactive



Respectful



Transformative

# Iowa's Community Health Centers (CHCs)

**868,483**

TOTAL CLINIC VISITS\*

**241,126**

TOTAL PATIENTS

**34,513**

TOTAL VIRTUAL VISITS

**2,265**

TOTAL EMPLOYEES

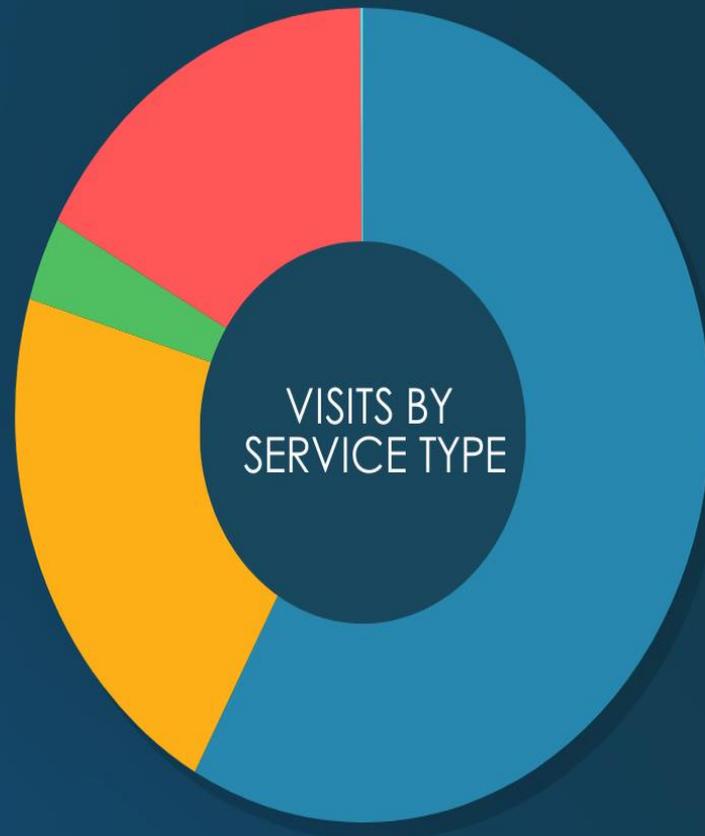
**MEDICAL**  
503,977 VISITS

**DENTAL**  
187,523 VISITS

**BEHAVIORAL HEALTH**  
142,092 VISITS

**ENABLING<sup>^</sup>**  
28,870 VISITS

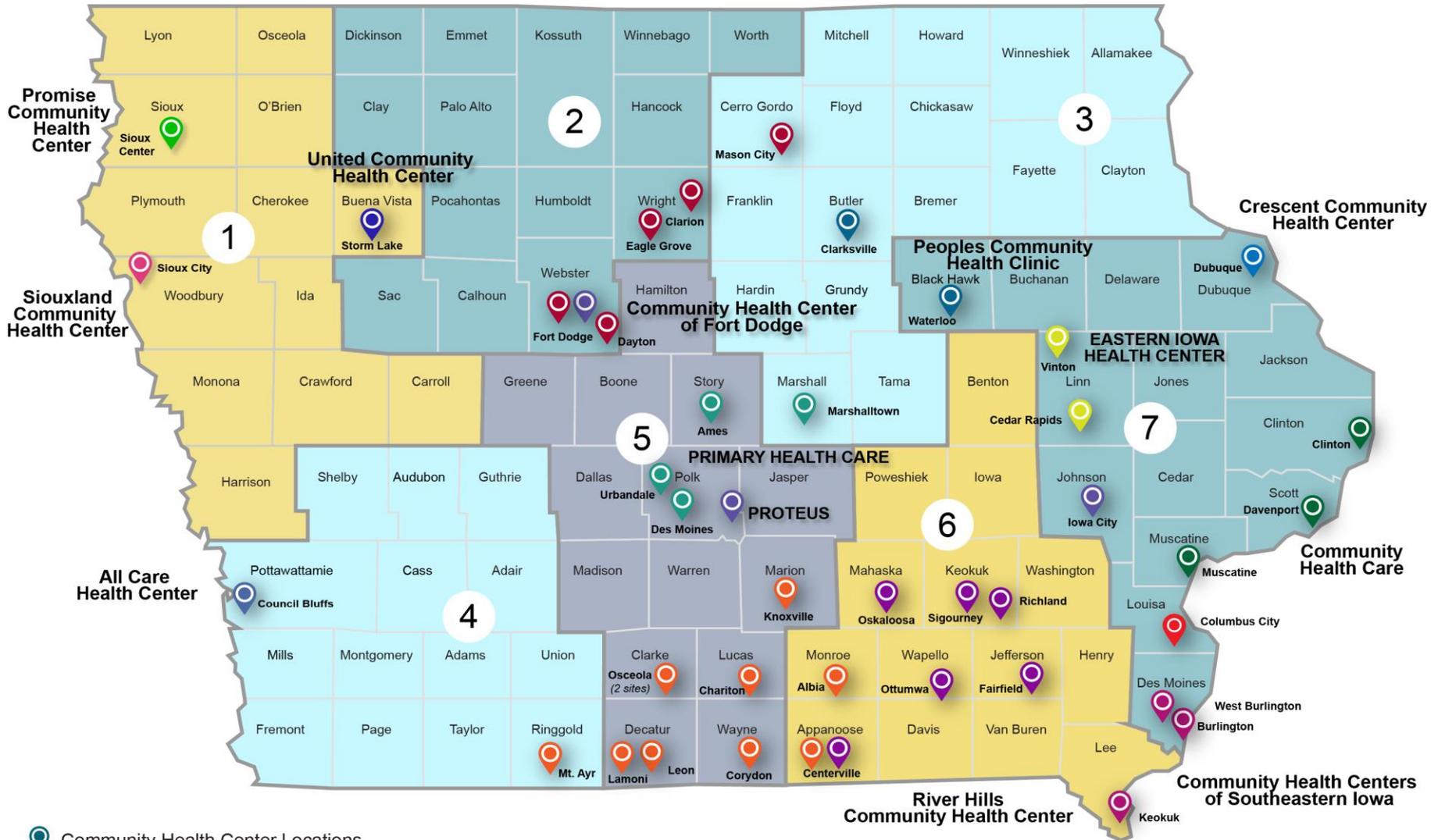
**VISION**  
1,021 VISITS



\*Patients can receive multiple services  
<sup>^</sup>Enabling services reduce barriers to care through: outreach, transportation, interpretation, housing, health management, eligibility, food insecurity, etc.

Source: 2023 HRSA Uniform Data System | All Iowa CHCs

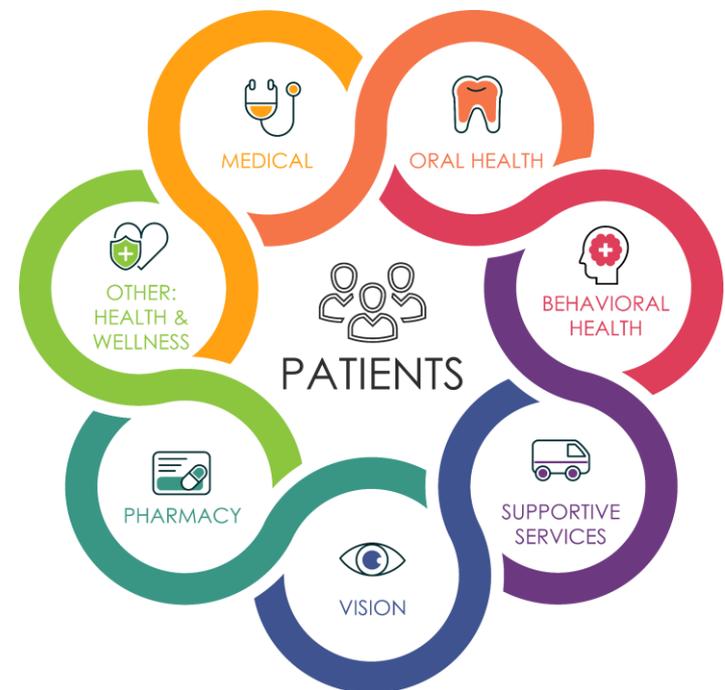
# CHC Footprint Across the State



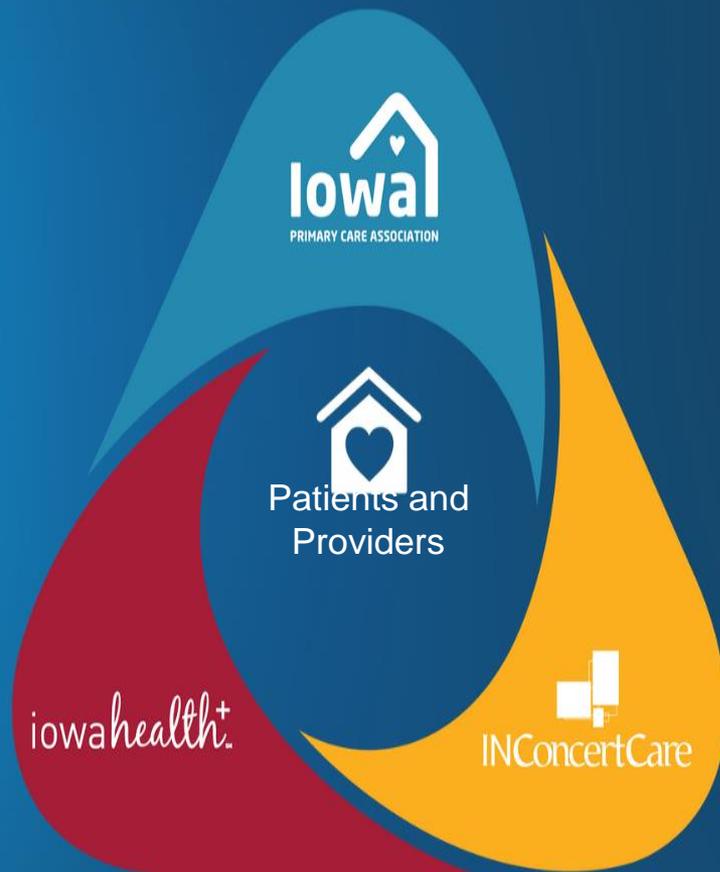
Community Health Center Locations

# Experience Supporting the Continuum of Care

- Roots in prevention, education, and early intervention in a comprehensive approach to the full continuum of care
- **440% growth** in behavioral health visits at Iowa CHCs over the last nine years



# Supportive Statewide Ecosystem



## **Iowa PCA**

Training, technical assistance, and capacity building

## **INConcertCare**

Health information technology support and training

## **IowaHealth+**

Quality performance improvement

# Trusted Safety Net Partner



Reducing Barriers  
to Whole-Person  
Care

Aligned Vision  
with the Iowa  
BHSS Statewide  
Plan

Convenor of  
State & Local  
Partners

Nationally  
Recognized Data  
Infrastructure and  
Expertise

# Statewide Staffing Model



# Unified Statewide Approach



# Collaboration and Partnership Building

Recruitment &  
Engagement of  
District Advisory  
Councils

Comprehensive  
Framework for  
System  
Navigation

Relationships &  
Partnership  
Development

Expanded  
Technical  
Assistance &  
Support



# Questions

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**Nick Crawford**  
Legislative Liaison, Iowa HHS  
[nicholas.crawford@hhs.iowa.gov](mailto:nicholas.crawford@hhs.iowa.gov)



Health and  
Human Services

# Appendix

# Shared Responsibility Model

## HHS

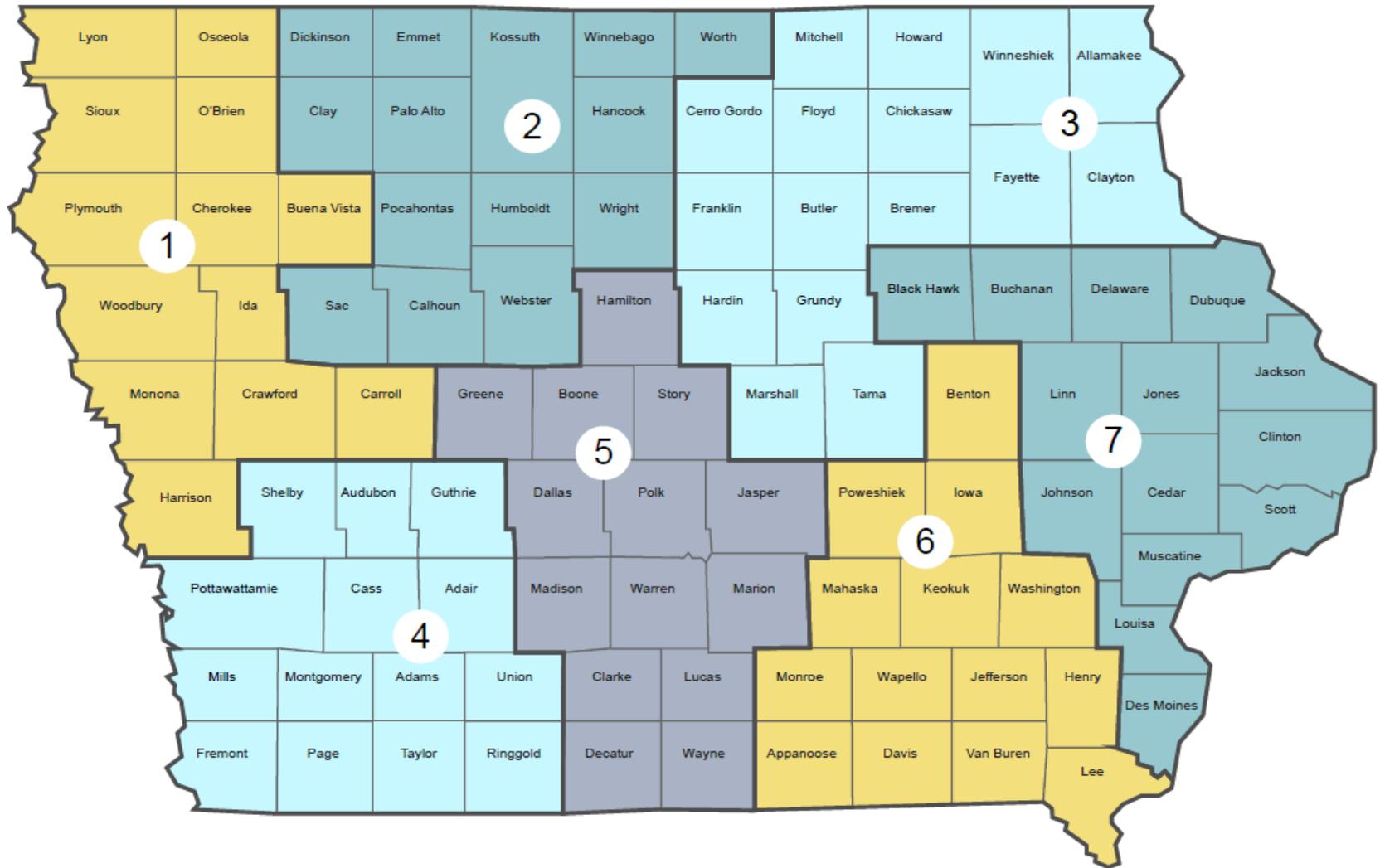
- Establish and monitor service system districts.
- Gather and utilize meaningful data to assess system strengths and gaps, develop statewide service system plan, and approve district plans.
- Administer funding to lead entities and local partners.
- Develop and monitor service definitions and standards, reporting requirements, and performance outcomes.
- Develop training and deliver technical assistance to lead entities and local partners.
- Direct activity provision as indicated in the statewide service system plan.
- Monitor and assure compliance with federal and state requirements.

## Lead Entity

- Develop, implement, and monitor district-wide plans that ensure equitable access throughout the district.
- Streamline contracts with local partners and providers to deliver services and supports as indicated in the district plan.
- Provide training, technical assistance, and support to develop network connections between local partners, providers and system stakeholders.
- Direct activity provision as indicated by the statewide or district service system plans.
- Collaborate with HHS, other lead entities, advisory councils, and local partners and providers in service system development.
- Aggregate system data and report progress and outcomes.

## Local Partners

- Fulfill HHS and lead entity requirements to ensure access to high quality services and supports and meet performance expectations.
- Participate in activities and deliver direct services according to the district plan.
- Collaborate with HHS, lead entities, and other local partners and providers to ensure seamless service provision throughout the district.
- Participate in ongoing planning and development activities at the local, district and state level.
- Report progress and outcomes.



# 988 & Your Life Iowa

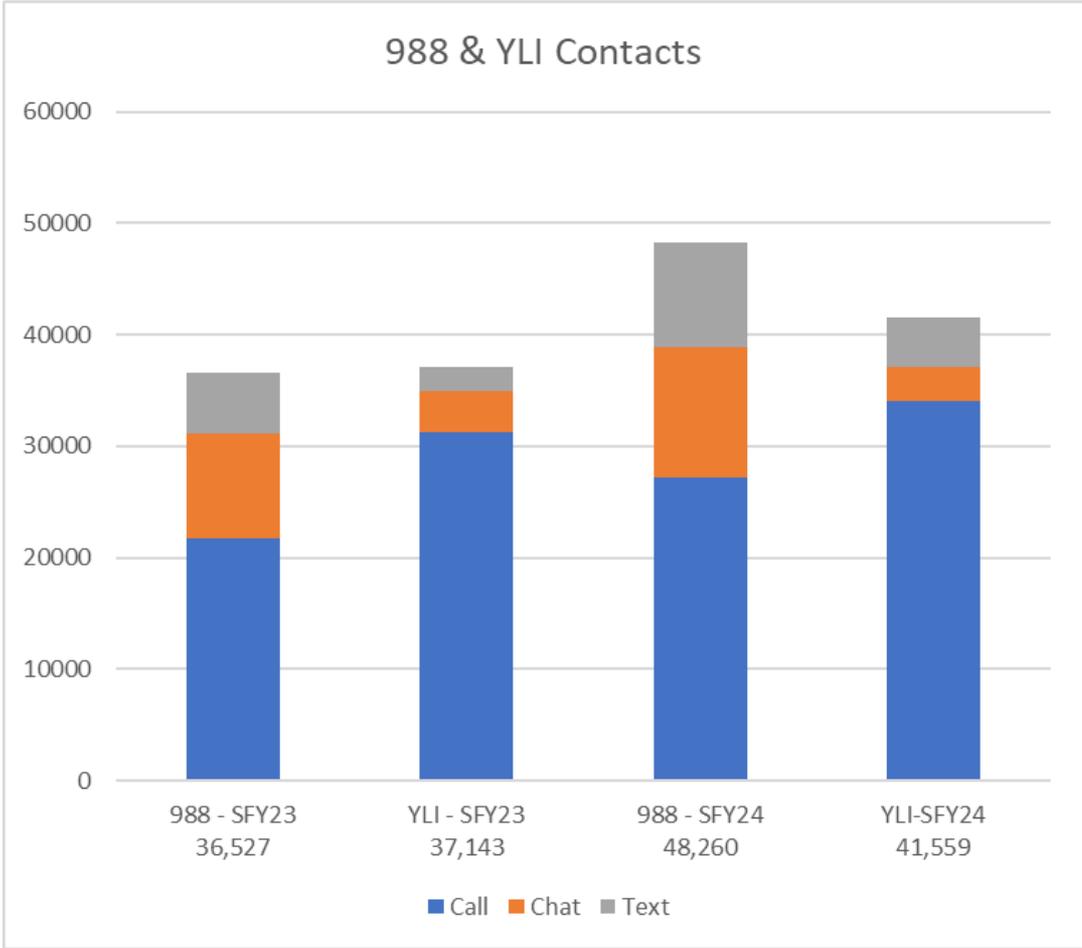
## 988

Free and confidential 24/7 crisis call, text, and chat for people in suicidal crisis or emotional distress.

## Your Life Iowa

Trusted resource for free, confidential 24/7 access to information, referral, and support for mental health and addiction related concerns.

# 988 & YLI Contacts



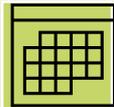
# What is a Certified Community Behavioral Health Clinic (CCBHC)?



Certified Community Behavioral Health Clinics (CCBHCs) provide a range of mental health and substance use disorder services that serve anyone who walks through their doors, regardless of age, diagnosis or insurance status.



In June 2024, Iowa was one of ten states selected by SAMHSA/CMS to participate a four-year Medicaid Demonstration program.



Iowa's Medicaid demonstration will launch on July 1, 2025 as a key component of behavioral health service system alignment.



Participation in the Medicaid Demonstration allows the state to receive enhanced federal funding to assist in expanding access to high quality, low barrier, integrated behavioral healthcare services.

# MHDS Region Incentive Fund

Region Incentive Fund Balance		
	SFY24	SFY25
Beginning Balance	\$ 29,571,491	\$ 39,884,732
Region Deposits	15,929,302	9,724,002
<b>Total Revenue</b>	<b>45,500,793</b>	<b>49,608,734</b>
Polk County Distribution	5,616,061	4,738,595
Appropriations	-	4,645,179
<b>Total Expenditures</b>	<b>5,616,061</b>	<b>9,383,774</b>
Ending Balance	\$ 39,884,732	\$ 40,224,960

- Six regions had their SFY2025 service payments reduced by excess ending fund balance amounts
- Appropriations include 988 Crisis Line (\$3M), Implementation (\$1M), and Central Data Repository (\$645,179)

# Behavioral Health Administrative Service Organization (BH-ASO)

Partner with local advisory councils and stakeholders to assess needs, identify priorities and develop plans.

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

Administer service system and support individuals navigating the system to ensure timely, equitable access to behavioral health services.

Funded by state and federal funds, meet all assurances and standards including collection and reporting of outcomes data.