

2025-2027

Behavioral Health Service System Statewide Plan WINTER 2025 DRAFT



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Letter From Director Kelly Garcia

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 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 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,



Kelly Garcia

Director, Iowa Department of Health and Human Services

Letter From 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 care 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,

A handwritten signature in black ink, reading "Marissa Eyanson". The signature is fluid and cursive, with a long horizontal stroke at the end.

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, HF 2673 made changes to system structures. It brings together work and funding to form an integrated behavioral health service system which will ensure equitable access to 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.

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

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.¹ 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 healthcare 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

¹ U.S. Centers for Disease Control and Prevention, 2024

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, Iowans stressed 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 local providers. 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 local resources and easily accessible to anyone in need of help. They are also connected with cross-system partners.

3 Improve Access to Behavioral Healthcare: 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.

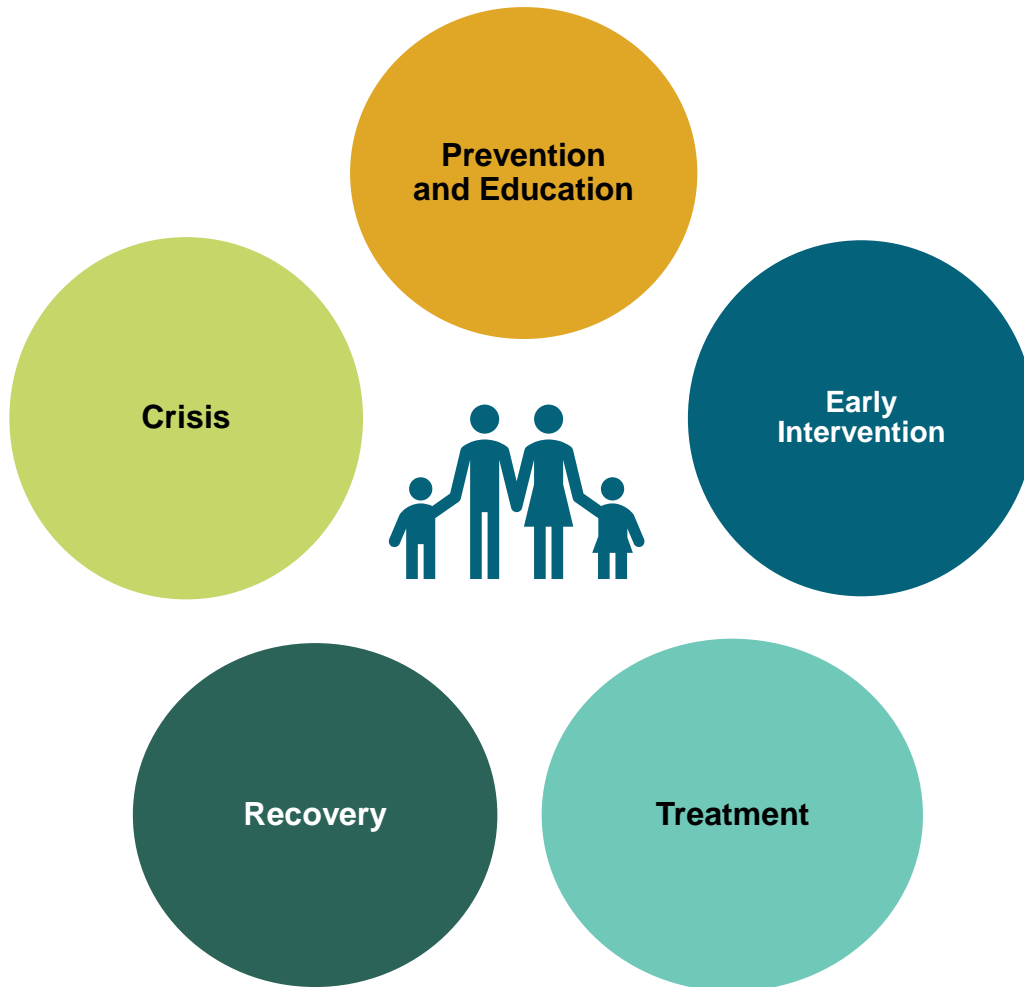
There were three significant recommendations that emerged related to access to care. The first of these was that Iowa needs to take on significant regulatory reform. Behavioral health providers said that it is far too difficult for them to do their jobs. Iowa's currently regulatory framework is outdated and often holds providers accountable to navigating multiple, separate regulatory processes. This is through different departments and divisions of state government, as well as non-governmental private entities who have been installed in lieu of establishment of consistent regulation. Providers stressed that the administrative burden associated to multiple requirements placed upon them by multiple entities makes some leave their field of practice. Many other states have developed simplified, single stream regulatory processes for their providers that removes additional layers of governmental and non-governmental oversight and builds a clear, streamlined process focused on allowing providers to focus on practice rather than navigating bureaucratic red tape.

The second recommendation to emerge related to access to care is for Iowa to examine its current crisis services and build a comprehensive crisis care system. Iowa's current mental health crisis system was developed by Iowa's Mental Health and Disability Services Regions. The current array of crisis services 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 continuum of care and provided a report of their findings and recommendations to develop a coordinate, statewide behavioral health crisis system. The recommendations address a wide array of concerns identified by stakeholders including expanding and supporting a high-quality behavioral health crisis workforce, streamlining access to reduce confusion for people and families in crisis, and providing responsive crisis care across the lifespan.

The third recommendation to emerge around access is for Iowa to adopt and expand access to high-quality, integrated outpatient behavioral healthcare through the development of Certified Community Behavioral Health Clinic's (CCBHCs) across the state. CCBHCs provide a range of outpatient mental health and substance use disorder services and serve anyone who walks through their doors, regardless of age, diagnosis or insurance status. In June 2024, Iowa was one of 10 states selected by SAMHSA and CMS to participate in a four-year Medicaid Demonstration. Iowa's Medicaid CCBHC Demonstration will launch on July 1, 2025. Participation in the Demonstration will allow the state to receive enhanced federal funding to expand access to high quality behavioral healthcare by building a network of certified clinics throughout the state. Iowa's initial cohort of 10 state-certified CCBHCs will begin offering services 71 counties on July 1, 2025.

Iowa's Behavioral Health Service System

The Behavioral Healthcare Continuum



Iowa's behavioral health service system encompasses a full continuum of behavioral healthcare (prevention, early intervention, treatment, recovery support and crisis services).

The Behavioral Healthcare Continuum

PREVENTION

Providing information, educating on prevention, promoting wellness, strengthening communities, improving environments, offering alternative activities, and building resilience through structured learning. This includes developing essential life and social skills like decision-making, peer resistance, stress management, problem-solving, communication, and sound judgment.

EARLY INTERVENTION

Providing support and services to at-risk individuals to address early symptoms and prevent behavioral health disorders. This includes identifying problems and offering referrals to reduce impact and improve well-being.

TREATMENT

Behavioral health care, including inpatient, outpatient, and residential treatment, for individuals diagnosed using the latest DSM criteria. Treatment type, duration, and intensity are based on the individual's symptoms.

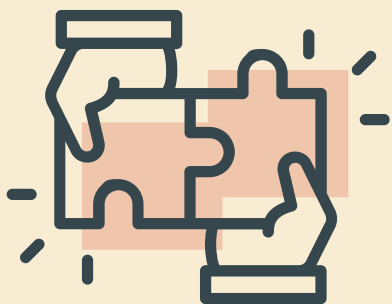
RECOVERY

Non-clinical support that promotes recovery, wellness, and connection, including help with system navigation, peer coaching, and peer support to improve quality of life.

CRISIS

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.

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.

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 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 **local providers**. 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).

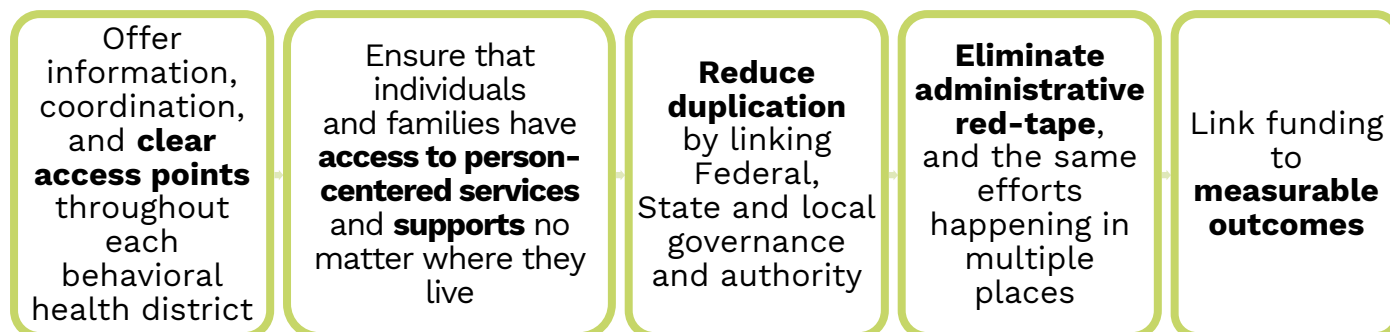
Iowa HHS Shared Responsibility Model

Iowa HHS

District Lead Entities

Local Providers

Iowa's Behavioral Health Service System will:



Behavioral Health Administrative Service Organizations (BH-ASO)

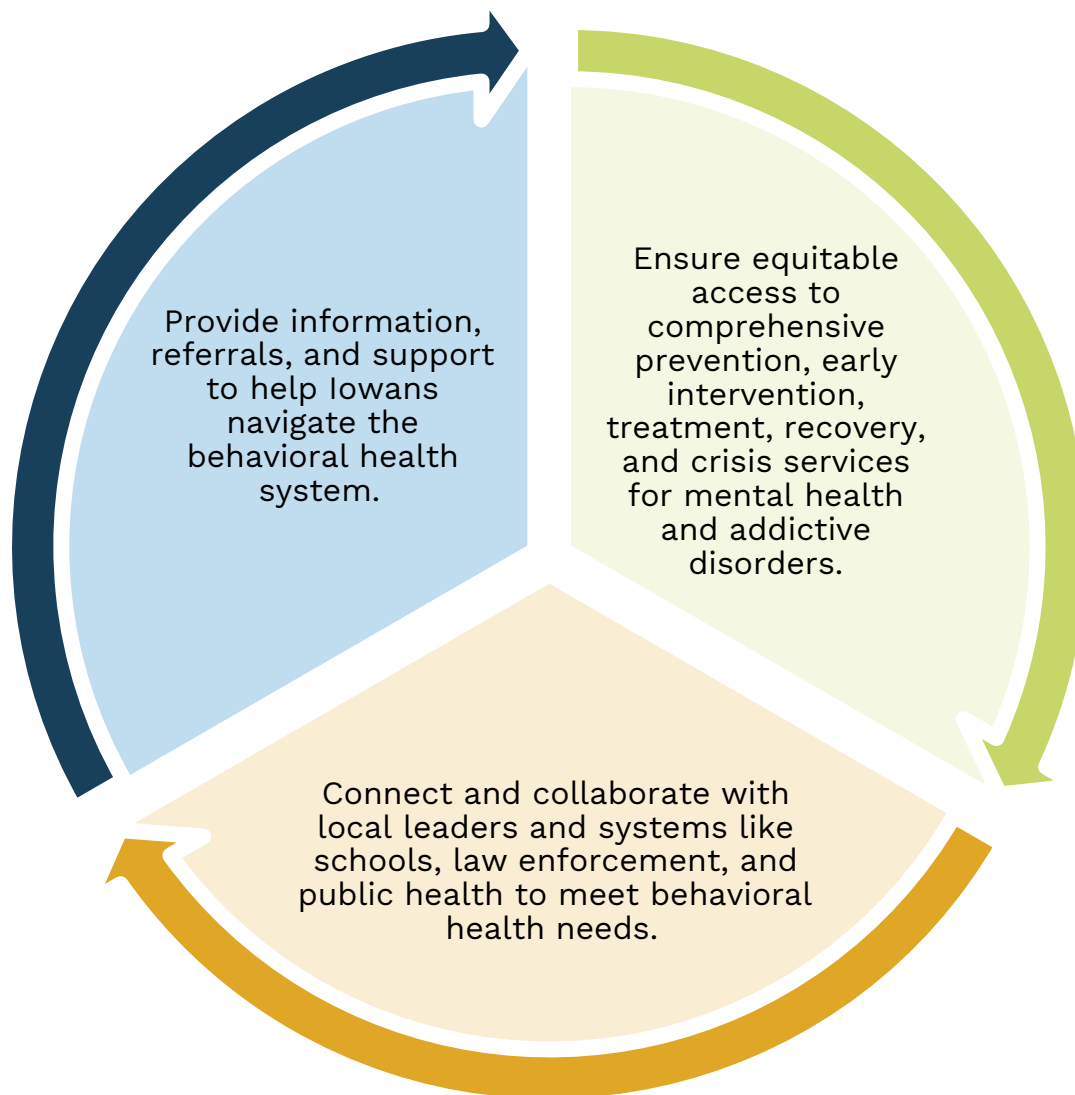
For the Behavioral Health Service System, district lead entities are Behavioral Health Administrative Services Organizations, or BH-ASO. The organizations will coordinate a wide array of functions within each district, serving as a connection point between Iowa HHS and local assessment of needs, resource planning, and the support of local provider networks. This includes connection and collaboration with local decision-makers and systems such as schools, law enforcement, healthcare systems and local public health. At the district level, an advisory council will help ensure these key connections points are embedded into the planning and oversight of the work.

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 access to information, build prevention collaborations, 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 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 activities to help ensure each of Iowa's behavioral health districts has access to a full continuum of supports and services in the right place at the right time.

Behavioral Health Districts

Behavioral health districts outline geographic boundaries for local coordination and connection. Iowa HHS will work alongside lead entities and local advisory councils to collaborate, coordinate and oversee services in each behavioral health district.





Behavioral Health Districts

District 2

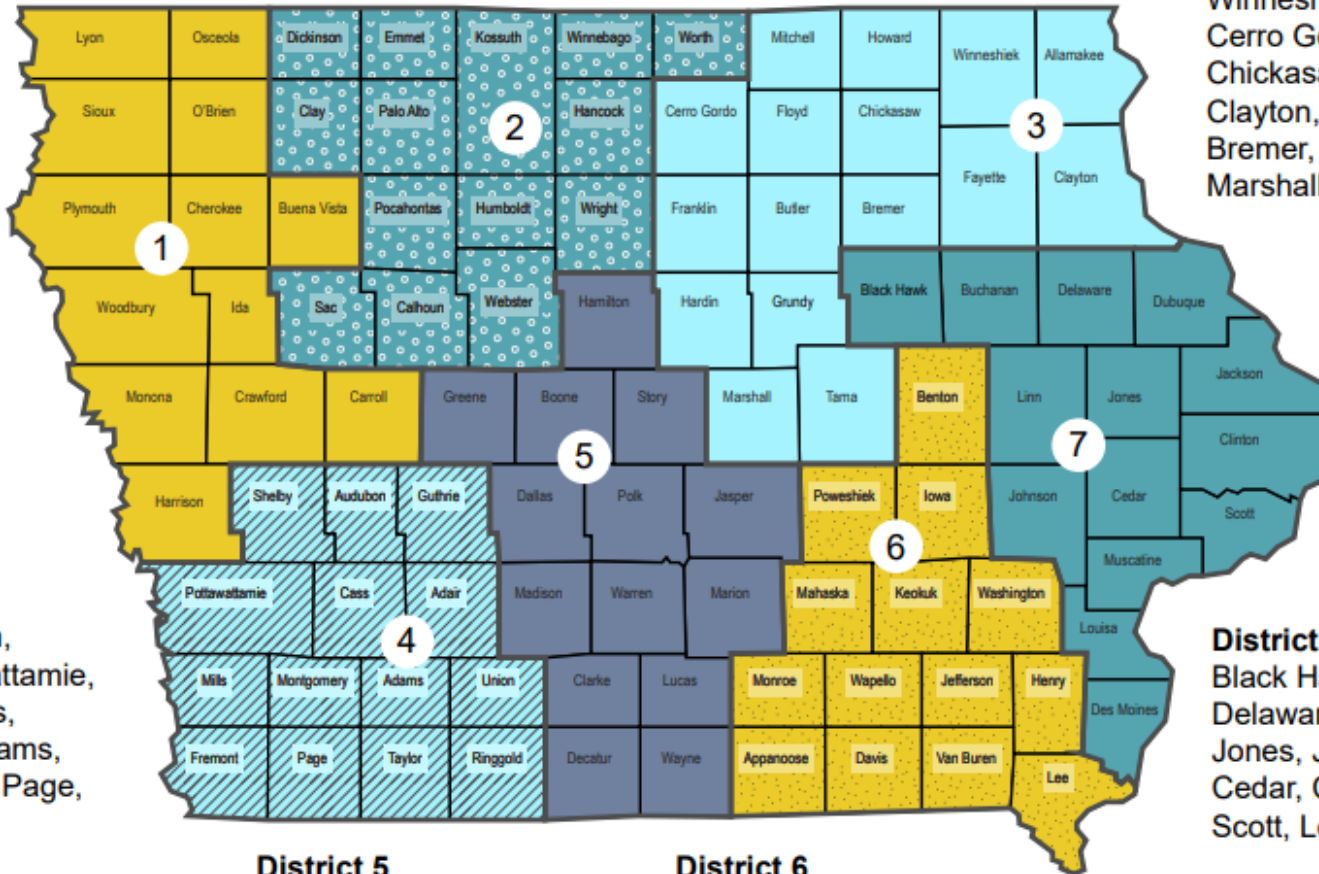
Dickinson, Emmet, Kossuth, Winnebago, Worth, Clay, Palo Alto, Hancock, Pocahontas, Humboldt, Wright, Sac, Calhoun, Webster

District 1

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

District 3

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



District 4

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

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 7

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

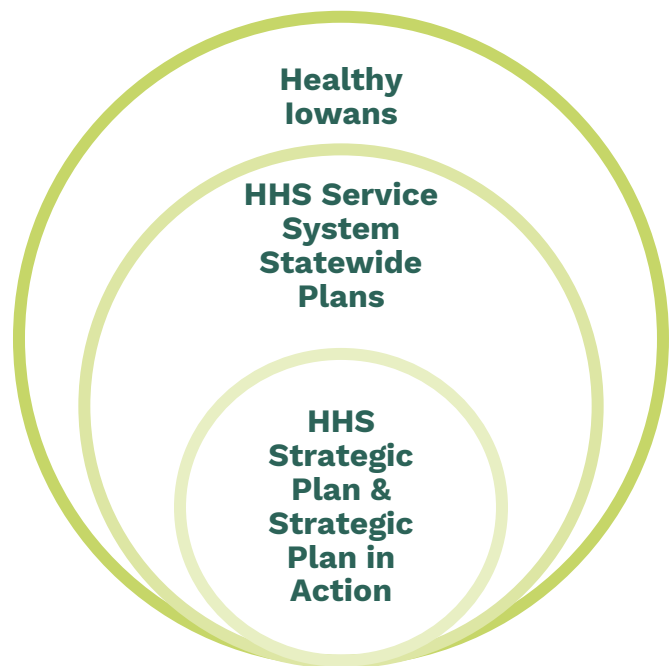
Partner	Collaborate	Administer	Support
Partner with local advisory councils and stakeholders to assess needs, identify priorities and develop plans.	Build and manage local collaborations and partnerships such as education, judicial, law enforcement, public health, and healthcare systems.	Funded by state and federal funds, meet all assurances and standards including collection and reporting of outcomes data.	Administer the local service system and support individuals navigating the system to ensure timely, equitable access to behavioral health services.

Behavioral Health Statewide Plan Development

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.

The Healthy Iowans process, directed by the Healthy Iowans Partnership, 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 and mental disorders as two of Iowa's top seven health issues.



Consequently, the Healthy Iowans Partnership Steering Committee and Workgroups selected access to care for behavioral health as one of the top priority areas for the 2023-2027 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 provider levels. Our service system statewide plan must also be connected to the HHS Strategic Plan and will also connect to Iowa HHS' Strategic Plans in Action.

Iowa HHS' strategic priorities for 2024-2027 include:

CULTURE

Elevate Organizational Health

OPERATIONS

Advance Operational Excellence

IMPACT

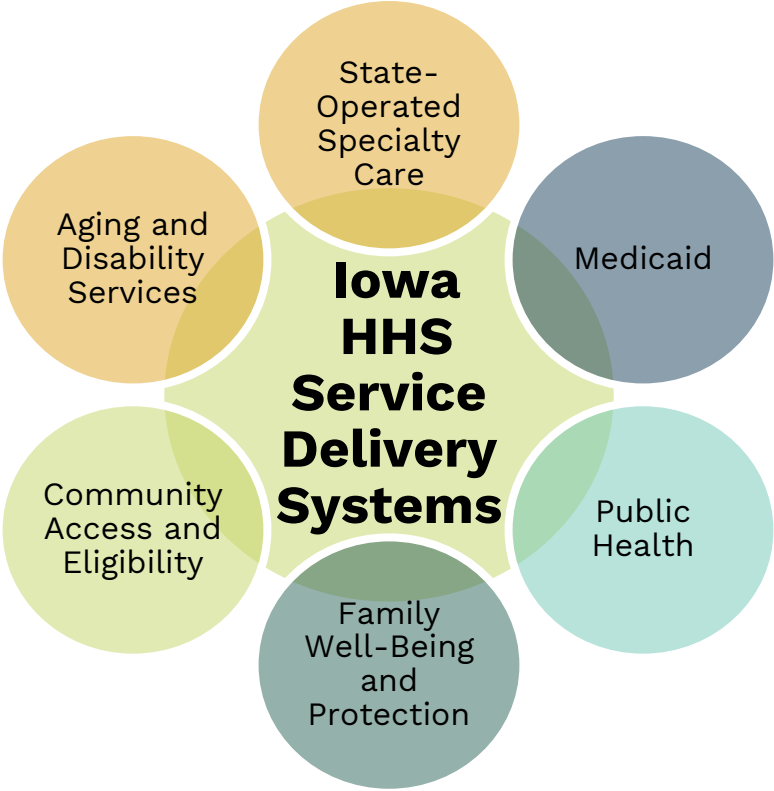
Help Iowa Thrive

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

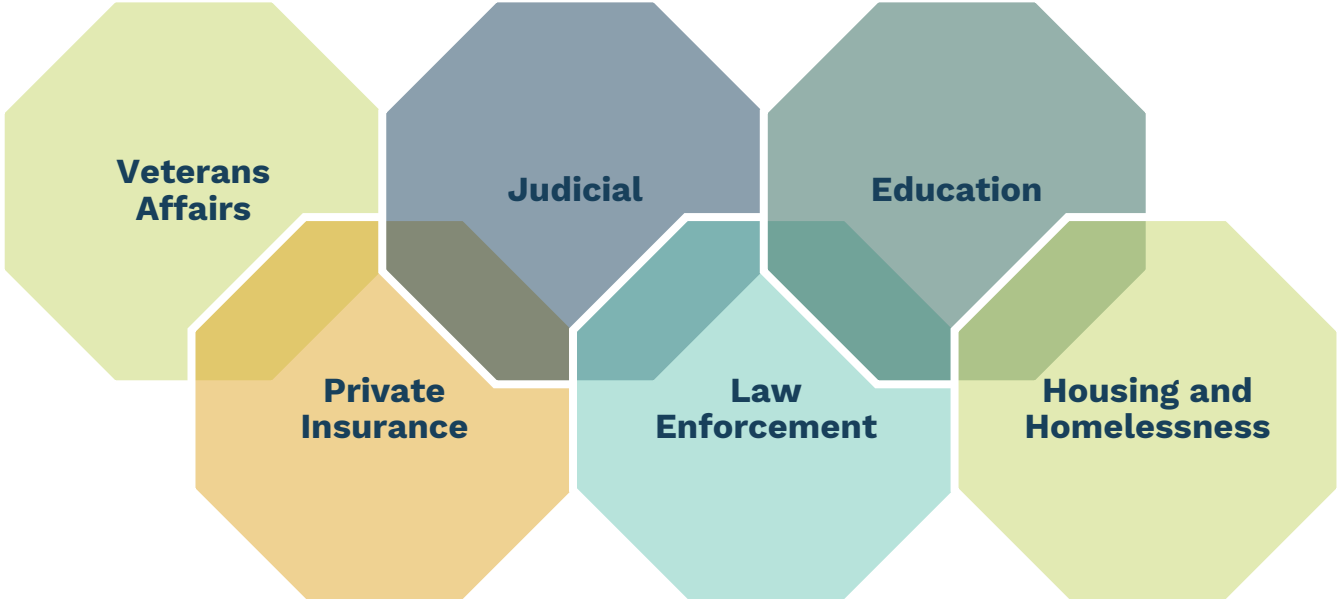
The statewide plan will help direct strategies and tactics for the Behavioral Health Service System and will be used to guide the development of district level plans for each of the seven behavioral health districts.

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 lowans. Below is a summary of system partners and their role in Iowa's Behavioral Health Service System.



External Partner Systems



Connections to Iowa HHS Service Delivery Systems

State-Operated Specialty Care

Iowa's Mental Health Institutes (MHIs) provide specialized inpatient psychiatric care for behaviorally complex children, youth, and adults. 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 (HAWK-I) provide free or low-cost health insurance coverage to Iowans with limited resources to ensure they can receive outpatient, inpatient, and residential behavioral healthcare that is tailored to their needs. Effective Medicaid benefit design for behavioral healthcare contributes to improved health equity and accessibility and is part of Iowa's comprehensive approach to improving behavioral health outcomes for all Iowans.

Public Health

Public Health works with state and local partners to address health priorities, including behavioral health, by reducing health disparities, promoting healthy behaviors, and preventing disease. Public health 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 healthcare 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 healthcare 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 to divert and delay the onset of serious illness.

Law Enforcement

The intersection between our law enforcement system and the behavioral healthcare continuum is significant. It is estimated that 20% of police calls for service involve a mental health or substance use crisis. Expanding current state and local efforts designed 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

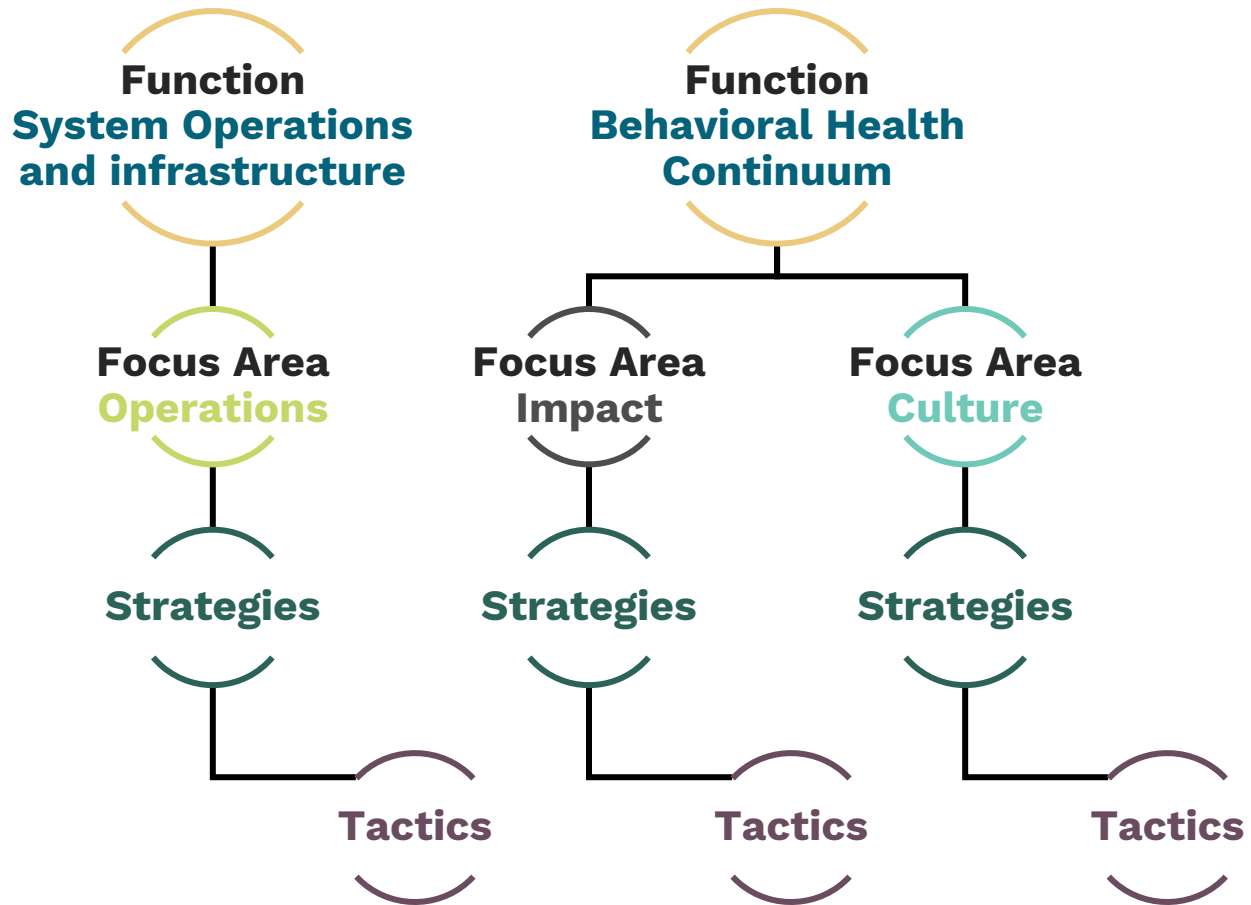
In 2020, Iowa Code expanded access to behavioral health services for students by using the telehealth in school setting and telehealth. The legislation also allowed school districts, accredited non-public schools, and Area Education Agencies to contract with licensed behavioral health providers to conduct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

Housing and Homelessness

67% of people experiencing homelessness have a behavioral health disorder. In Iowa, several grant funded programs and services aim to improve access to care for individuals experiencing homelessness. Most are facilitated by local 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, resilience, housing, treatment and recovery.

How This Plan was Developed

To develop a comprehensive statewide 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 plan methodology using four components: functions, focus areas, 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 and Infrastructure The Behavioral Health Continuum

- Prevention & Education
- 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 to advance excellence (operations), help Iowa thrive (impact) and elevate organizational health (culture).

During the development of this plan, partners identified strategies that fell into one of three focus areas:

Operations

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 and Infrastructure function.

Impact

Impact strategies describe how service delivery will lead to equitable access to health and human services resources helping individuals, families, children, and communities thrive. These strategies are directly related to the Behavioral Health Continuum functions.

Culture

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. These strategies are directly related to the Behavioral Health Continuum functions.

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 identify who is responsible for implementing the tactic (Iowa HHS, BH-ASO, Local Provider/Local Partner). Tactics have been identified for each strategy; the responsible system partners have also been identified for each tactic.

Partner and Stakeholder Engagement – Strategies and Tactics

Development of the statewide plan began in mid-August 2024. HHS, with support from Health Management Associates (HMA), held virtual round table discussions 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 townhall 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 service system strategies and tactics, took place in Winter 2025.

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. 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 any necessary 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
HHS	SHA SHIP	SHA SHIP 2023-2027			SHA SHIP 2028-2034					
	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		

Iowa's Behavioral Health Service System Outcomes

Build an integrated, comprehensive, statewide system of high-quality behavioral health services

Improve access to behavioral healthcare

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

Behavioral Health Service System Baseline Measures

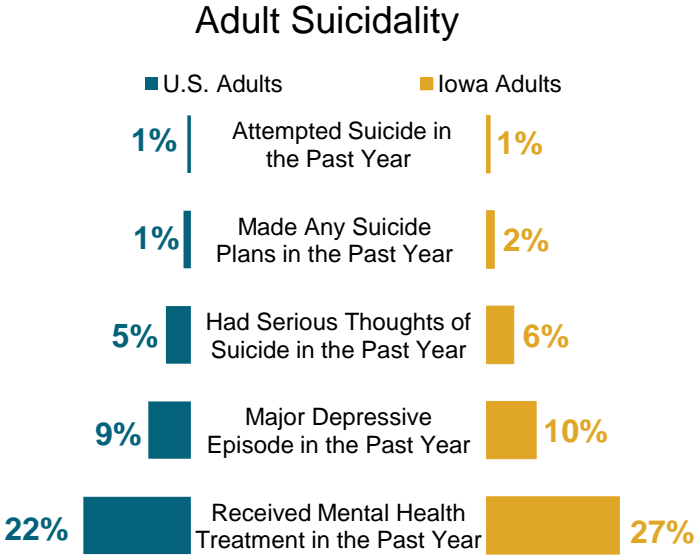
Baseline measures give us a fixed reference point to measure our progress over time. As we've collected the experiences of lowans to guide Iowa's behavioral health service system plan, we've connected those experiences to data. Often, when we asked stakeholders to describe their hope for Iowa's delivery systems, they first shared personal stories of loss. lowans want to build healthy families and communities and reduce the number of youths, family members, and neighbors impacted by substance-involvement, overdose or suicide.

Suicide

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

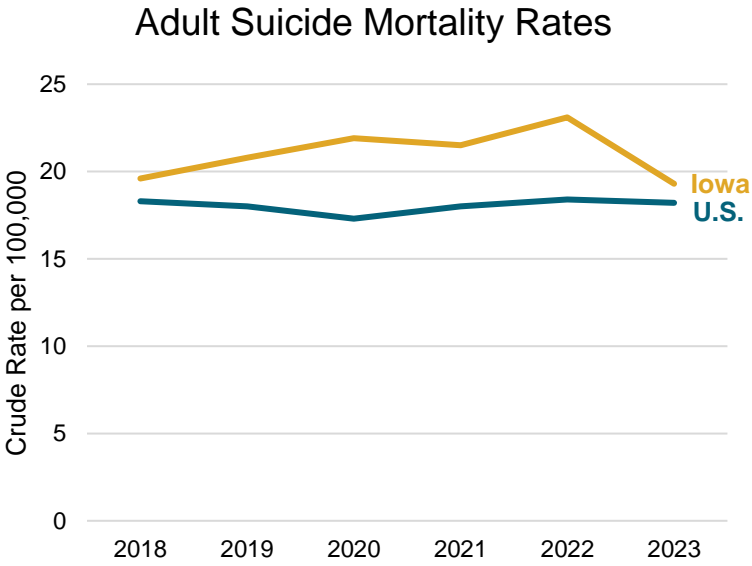
The 2021-2022 National Survey on Drug Use and Health (NSDUH) estimates indicated a similar proportion of Iowa and U.S. adults aged 18 and older attempted suicide, made any suicide plans, had serious thoughts of suicide, or experienced a major depressive episode in the past year (Figure 1). However, a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

Figure 1.



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

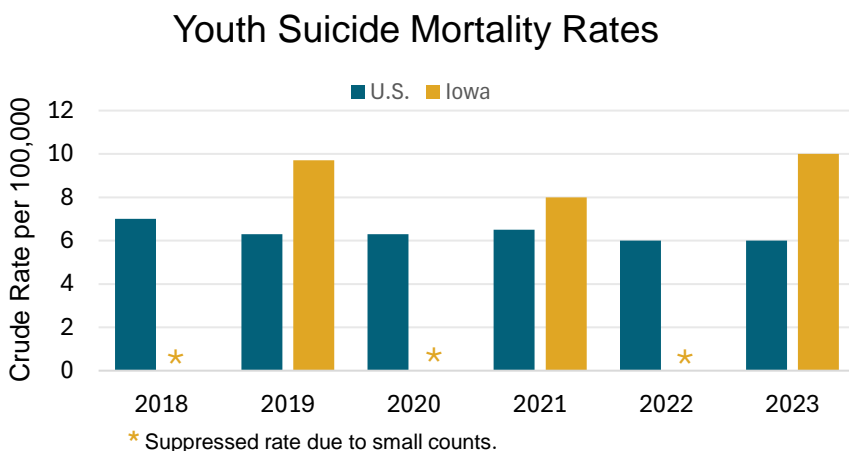
Figure 2.



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.



Data source: [CDC Wonder 2025](#)

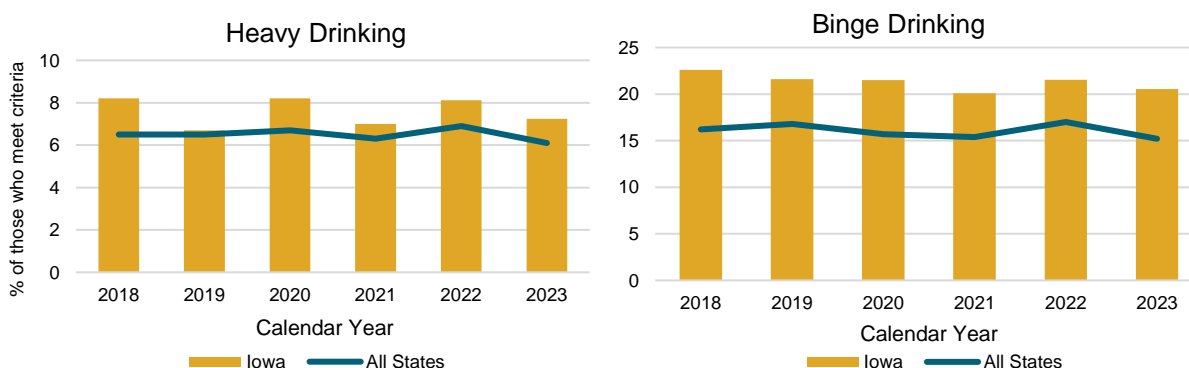
Alcohol

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. overall.

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%).

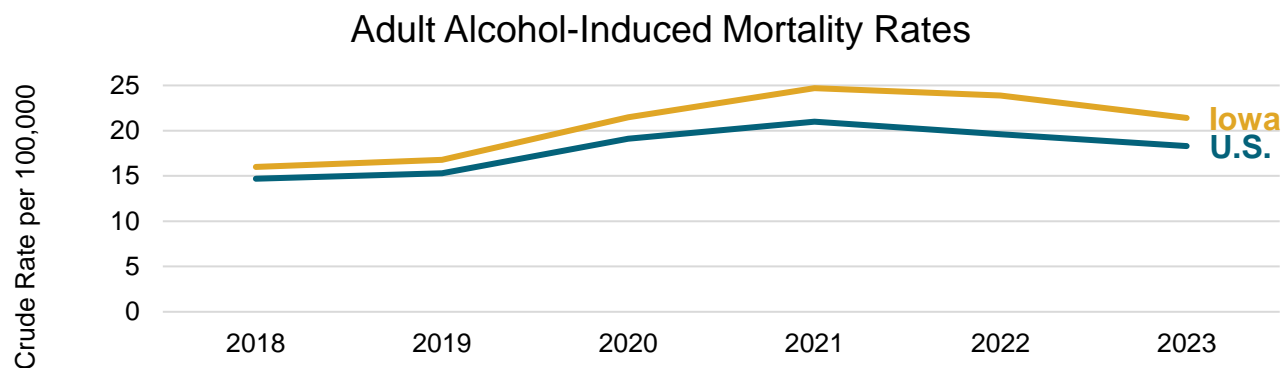
Figure 4.



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.

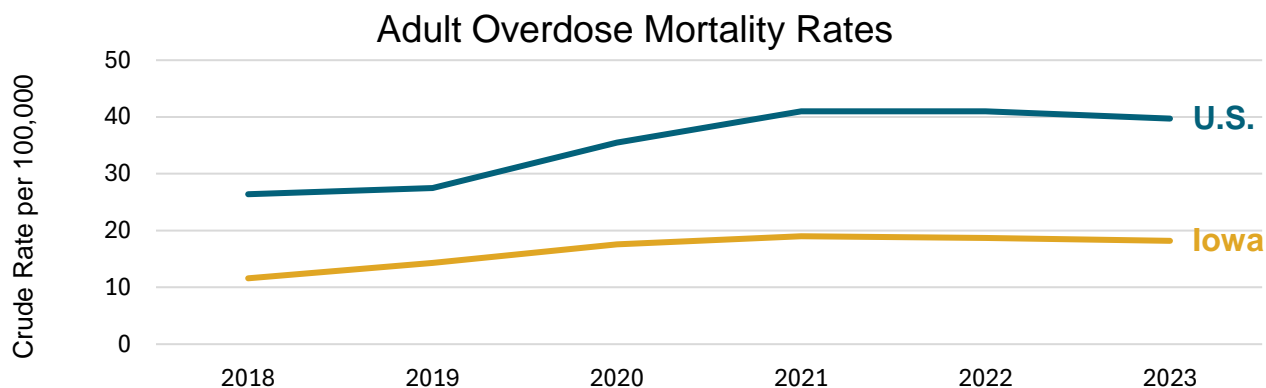
The prevalence of **past year and current use of illicit substances, along with past year use disorder and treatment access in Iowa were comparable to the U.S. overall** for adults 18 and older, according to the 2021-2022 NSDUH estimates. Similarly, Iowa youth aged 12-17 were comparable with U.S. youth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

Figure 6.



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

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.

Tobacco

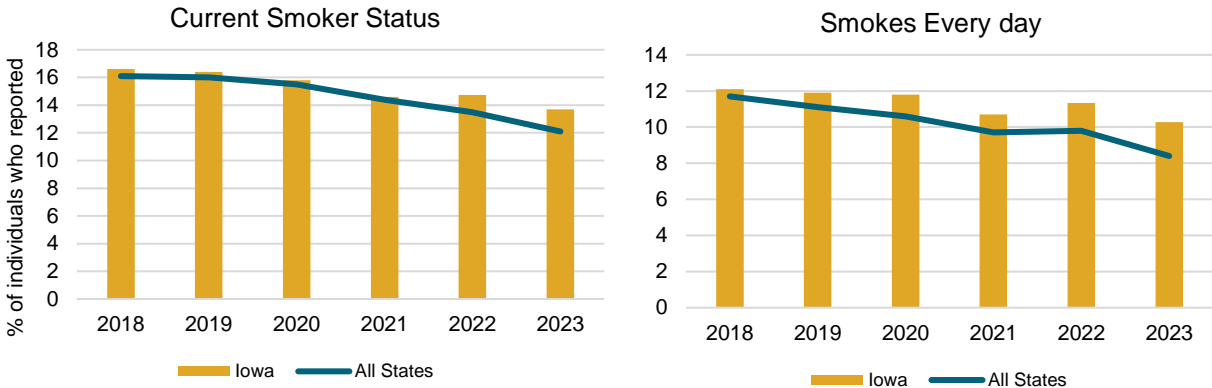
Tobacco use is the leading cause of preventable disease and death in the United States. More Iowans report daily smoking and smokeless tobacco use than the U.S. overall.

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](#)).

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%).

BRFSS data illustrates the **smoking status of adult Iowans was generally comparable to the U.S.** overall between 2018-2023, with both Iowa and the U.S. showing a generally downward trend. However, **in 2022 and 2023, 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**).

Figure 7.



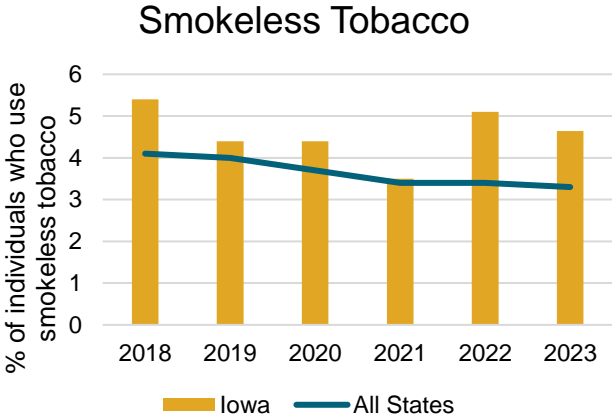
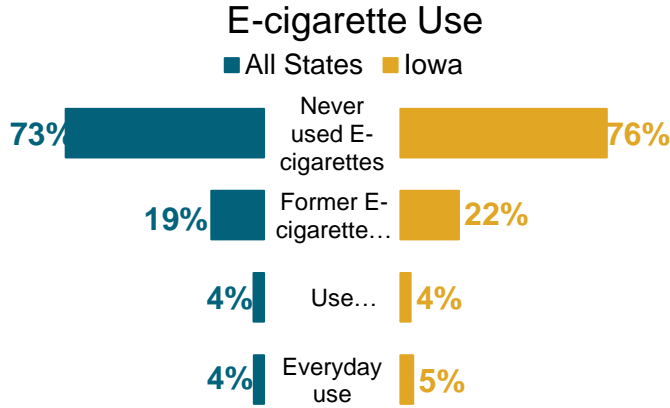
Data source: [BRFSS, 2025](#)

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.

Figure 9.



Data source: [BRFSS, 2025](#)

Data source: [BRFSS, 2025](#)

Iowa's Behavioral Health Service System

Outcomes, Strategies and Tactics

System Operations and Infrastructure

Systems operations and infrastructure strategies are those things needed to operationalize and implement to support the new service system, including:

Use meaningful data to guide planning and decision-making.

Create, support, and follow plans.

Create and follow consistent policies and protocols.

Develop solutions to address behavioral health inequities.

Manage financial, human, and technology resources.

Assess how well the system is working and use the data from assessment to make adjustments.

Operations Strategies

Strategy 1

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

Tactics

- 1.1: Collect, access, analyze, interpret, and use data from a variety of sources that fully describe behavioral health needs statewide, of districts, and of communities and the factors that influence behavioral health.**

Responsible Entity

HHS, Behavioral Health ASO

- 1.2: Assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer behavioral health outcomes.**

Responsible Entity

HHS, Behavioral Health ASO

- 1.3: Conduct and participate in the assessment of state, district, and local community needs to identify behavioral health priorities.**

- ▶ Participate in the State Health Assessment (Healthy Iowans) process.
- ▶ Conduct district level assessments.
- ▶ Participate in local assessment activities.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 1.4: Participate in or support surveillance systems to rapidly detect emerging behavioral health issues and threats.**

Responsible Entity

HHS, Behavioral Health ASO

- 1.5: Work with state, district and community partners to collect, report, and use behavioral health data that is relevant to districts and communities experiencing health inequities.**

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 2

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

Tactics

- 2.1: Develop plans that guide behavioral health activities.**

- ▶ Use assessment data and findings to inform plan development.
- ▶ Develop behavioral health service system plans that detail:
 - System strategies and tactics.
 - HHS tactics and activities to achieve system level strategies and tactics.
 - District level tactics and activities to achieve system level strategies and tactics.

- Develop district plans that identify district level activities to meet the unique needs of the district.
- ▶ Participate in the State Health Assessment and Health Improvement Plan process (Healthy Iowans).
- ▶ Participate in the development of local plans.
 - Work across partners and community to develop local health improvement plans.

Responsible Entity

HHS, Behavioral Health ASO

2.2: Collaborate with partners, including multi-sector partners, to systematically implement behavioral health plans and activities.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 3

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

Tactics

3.1: Develop policies and protocols that guide the practice of behavioral health.

- ▶ Use data and lived experience to inform policy development.
- ▶ Develop administrative rules, policies, protocols, and/or procedures for behavioral health activities and services to detail:
 - Continuum specific requirements.
 - Data collection, use, reporting, and sharing
 - BH-ASO oversight.
 - Behavioral health service provider oversight.
 - Licensure, certification, and accreditation.
- ▶ Collaborate with partners, including multi-sector partners, to inform law and policy development.
 - Educate decision makers about the impacts of proposed policies, standards, and regulations of behavioral health activities and services.
 - Inform policies being considered by other governmental and nongovernmental agencies that can improve behavioral health activities and services.

Responsible Entity

HHS, Behavioral Health ASO

3.2: Implement federal regulations and state laws, administrative rules, polices, protocols and procedures.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 4

Use data, community voices, and evidence-based strategies to create meaningful solutions for behavioral health inequities.

Tactics

- 4.1: Strategically address the social and structural determinants of health that impact behavioral health, through policy, programs, and services.**

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 4.2: Work collaboratively with partners to build support for and foster a shared understanding of the critical importance of equity to achieve behavioral health outcomes.**

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 4.3: Develop and support staff to address health equity.**

Responsible Entity

HHS, Behavioral Health ASO

- 4.4: Create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.**

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 4.5: Create accountability structures and internal and external equity-related metrics to measure the equity impact of Behavioral Health Service System efforts and performance.**

Responsible Entity

HHS, Behavioral Health ASO

Strategy 5

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

Tactics

- 5.1: Secure sustainable, adequate funding to support the full continuum of behavioral health activities and services statewide and at the district level.**

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 5.2: Administer state and federal funds to deliver behavioral health activities and services.**

- ▶ Develop comprehensive funding opportunities that include both targeted and flexible funds.
- ▶ Establish and implement budgeting, auditing, and billing procedures in compliance with federal and state standards and policies.

Responsible Entity

HHS, Behavioral Health ASO

- 5.3: Ensure that appropriate, needed resources are allocated equitably across the Behavioral Health Service System.**

Responsible Entity

HHS, Behavioral Health ASO

- 5.4: Use robust information technology services that are current, meet privacy and security standards, and assist in collecting, reporting, and sharing data.**

- ▶ Closed-loop referral
- ▶ Central data repository

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

- 5.5: Deploy workforce development practices to build, enhance, and maintain a skilled and compassionate behavioral health workforce statewide.**

Responsible Entity

HHS, Behavioral Health ASO

Strategy 6

Assess how well the behavioral health service system works.

Tactics

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

- ▶ Conduct monitoring activities.
 - Ensure proficient use of evidence-based practices and strategies.
 - Use specific fidelity monitoring processes and tools.
 - Assure the full continuum of Behavioral Health services are provided statewide.
 - Hold providers accountable for quality services.
- ▶ Report monitoring findings.
 - Use findings to make improvements to policies and procedures, streamline processes, and reduce administrative burden.

Responsible Entity

HHS, Behavioral Health ASO

- 6.2: Conduct performance management and continuous quality improvement activities.**

- ▶ Identify and monitor measures to ensure the performance of behavioral health services.
- ▶ Provide multiple pathways for feedback from individuals accessing the behavioral health system.
 - Use feedback via routine quality improvement activities.
 - Conduct client satisfaction surveys.
 - Develop a standardized process for the collection of feedback directly from those that use services.
 - Identify and implement improvement activities.

Responsible Entity

HHS, Behavioral Health ASO Local Providers

6.3: Conduct system-level evaluation activities.

- ▶ Identify performance measures to monitor the performance of the Behavioral Health Service System.
- ▶ Monitor performance measures.
- ▶ Report and share monitoring findings.
 - Use findings to make improvements to the Behavioral Health Service System.

Responsible Entity

HHS, Behavioral Health ASO

Behavioral Health Continuum

PREVENTION

Information dissemination; prevention education; wellness promotion; organizing, planning and enhancing community-based processes; developing environmental approaches; offering alternative activities; and 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.

EARLY INTERVENTION

Intervention, service, or support provided to at-risk individuals to make better or relieve early presenting symptoms prior to the development of a behavioral health condition or disorder; problem identification and referral designed to reduce the impact and mitigate the effects of a behavioral health condition.

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 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 recovery coaching, and peer support.

CRISIS

Community-based services that focus on the immediate de-escalation and relief of the distress associated with a behavioral health crisis. Crisis service providers reduce the risk that an individual in a crisis harms themselves or others and provide 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.

Prevention and Education

IMPACT STRATEGIES

Strategy 1

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

Tactics

- 1.1: Identify areas of emphasis to prevent behavioral health problems and promote positive mental health and emotional wellbeing across the lifespan including the identifications of opportunities in universal, selective and indicated prevention.**

Responsible Entity

HHS, Behavioral Health ASO

- 1.2: Develop and implement strategic initiatives and proactive activities and interventions to prevent behavioral health problems and promote behavioral health and wellness.**

- ▶ Identify/develop activities and interventions that focus on:
 - Information dissemination (to increase knowledge and change attitudes)
 - Group-level education (to teach participants about skills that promote behavioral health and wellness)
 - Develop guidance for the use of evidence-based and evidence informed practices and interventions and emerging practices that address risk factors and protective factors.
 - Community-based engagement
 - Develop guidance for the use of evidence-based and evidence informed practices and interventions and emerging practices for community engagement including peer lead and youth lead engagement opportunities.
 - Environmental policies
 - Develop guidance for the use of evidence-based and evidence informed practices and interventions and emerging practices that address risk factors and protective factors.
 - Develop and disseminate example environmental policies to reduce risk factors and increase protective factors.
 - Broad social drivers of behavioral health problems
 - Develop and disseminate example social policies to reduce risk factors and increase protective factors.
- ▶ Ensure equitable implementation of activities and interventions statewide.
- ▶ Provide technical assistance to the BH-ASO and promotion and prevention providers.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

- 1.3: Identify, expand, and strengthen collaborative opportunities with behavioral health partners.**

- ▶ Strengthen and 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.

- Lead or participate in coalitions and workgroups to strengthen and promote prevention and promotion activities.
- Develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health prevention interventions.
- Organize and/or actively participate in community engagement opportunities that increase positive attachments to family, school, neighborhood and community.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 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

2.1: 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.
- ▶ 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.
- ▶ Prevention focused, to include at a minimum:
 - Messages about preventing behavioral health conditions.
 - Messages that promote positive mental health, norms, and emotional wellbeing.
- ▶ Early intervention 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 lowans should go to access early intervention resources (Your Life Iowa).
 - Messages to reduce stigma around behavioral health disorders.
- ▶ Treatment focused, to include at a minimum:
 - Consistent messages to access for care.
 - Messages that make seeking behavioral health care normal, just like any other health care.
 - Messages that assist people in understanding what behavioral health treatment is.
- ▶ Recovery focused, to include at a minimum:

- Messages that help reduce stigma.
- Messages that promote recovery as the expectation instead of the exception.
- 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).
- ▶ 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.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

2.2: Leverage Your Life Iowa (YLI) to communicate behavioral health strategies and resources to Iowans.

- ▶ Create a centralized repository of resources with an emphasis on prevention and early intervention strategies.
 - Determine early intervention resource gaps, particularly for youth.
 - Conduct an inventory of current resources.
 - Develop user ready resources, as needed.
- ▶ Build and maintain accuracy in the treatment facility locator.
- ▶ Explore capabilities for improving treatment access.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

2.3: Develop and deliver educational presentations to increase knowledge and change attitudes about behavioral health.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

2.4: Develop resources to assist the BH-ASO and local providers with prevention and education activities. Resources include, but are not limited to:

- ▶ Media toolkits
- ▶ Communication planning and messaging guides

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

CULTURE STRATEGIES

Strategy 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

3.1: Develop definitions and expectations for the behavioral health promotion and prevention system.

Responsible Entity

HHS

3.2: Create consistency in promotion and prevention planning and the implementation of prevention system activities.

- ▶ Inventory and assess current promotion and prevention approaches.
 - Identify the prevention models that are currently being used.
 - Identify strategies and evidence-based or evidence informed practices that are currently being used.
 - Identify current alignment with the State Health Improvement Plan (Healthy Iowans).
- ▶ Develop and implement a comprehensive behavioral health strategic prevention framework.
 - Identify research and evidence-based and evidence informed practices to:
 - Inform statewide and district planning.
 - Drive decision making.
 - Develop strategic initiatives and proactive activities and interventions.
 - Adopt a health promotion model for the Behavioral Health Service System.
 - Analyze readiness for implementation of the behavioral health strategic prevention framework.
 - Support implementation of the strategic prevention framework.
 - Develop guidance for BH-ASO and local providers.
 - Train BH-ASO and local providers.
 - Support BH-ASO and local providers through direct technical assistance.
- ▶ Evaluate the strategic prevention framework's effectiveness.
- ▶ Collect regular feedback from HHS staff, BH-ASO, local providers and other stakeholders.

Responsible Entity

HHS, Behavioral Health ASO

3.3: Ensure HHS, BH-ASO, and local providers work collectively to:

- ▶ Develop and follow consistent implementation guidance.
 - Provide technical assistance as needed.
- ▶ Assess promotion and prevention efforts.
- ▶ Identify emerging promotion and prevention needs to develop and implement results-based solutions.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 4

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

Tactics

4.1: Ensure HHS, BH-ASO, and prevention providers have the necessary knowledge and skills to administer and deliver effective behavioral health prevention and education activities and interventions.

- ▶ Identify training needs.
 - Assess workforce knowledge and skills related to behavioral health promotion and prevention.
 - Conduct a Prevention Workforce Survey.
- ▶ Develop a workforce development plan to increase behavioral health knowledge and skills.
- ▶ Identify and address technical assistance needs of the BH-ASO and prevention providers.
- ▶ Promote behavioral health profession apprenticeship programs.

Responsible Entity

HHS, Behavioral Health ASO

4.2: Support professionalization of the prevention field:

- ▶ Research credentialing for prevention professionals; develop recommendations.
- ▶ Develop and implement a plan for credentialing prevention professionals.

Responsible Entity

HHS, Behavioral Health ASO

4.3: Work with the HHS Prevention and Early Intervention Team to develop HHS employee-focused, prevention science-based training.

Responsible Entity

HHS

Early Intervention

IMPACT STRATEGIES

Strategy 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

1.1: Establish a network of early intervention partners to identify, provide, and coordinate early intervention activities at the community level.

- ▶ Identify current early intervention partners.
- ▶ Identify gaps in districts.
- ▶ Recruit new early intervention partners.
- ▶ Establish a network of system navigators.

Responsible Entity

HHS, Behavioral Health ASO

1.2: Assess, identify, and consistently define early intervention, identification, and screening.

- ▶ Identify system partners to collaborate in the development of strategies to promote community-based outreach and education.
- ▶ Develop strategies to promote universal screening for behavioral health problems.
- ▶ Provide training and technical assistance.
- ▶ Actively participate in community engagement opportunities that promote early identification and screening.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

1.3: Identify, provide, and coordinate early intervention activities.

- ▶ Coordinate services across sectors to improve service delivery.
- ▶ Identify and collectively address emerging behavioral health early intervention needs.
 - Conduct syndromic surveillance.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

1.4: Identify and address health and social outcomes related to behavioral health.

- ▶ Identify indicators (ACEs, etc.).
- ▶ Develop actionable steps to address social determinants of health and improve behavioral health equity.
- ▶ Disseminate training and provide technical assistance to system partners and providers regarding actionable steps to effect outcomes.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

1.5: Identify, expand, and strengthen collaborative opportunities with behavioral health partners.

- ▶ 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.
 - Lead or participate in coalitions and workgroups to strengthen and promote early intervention activities.
 - Develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health early intervention services.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

1.6: Build community readiness.

- ▶ Identify community readiness levels for early intervention activities in each district.
- ▶ Support communities at all levels of readiness.
 - Develop resources and technical assistance tools.
 - Share resources.
 - Provide technical assistance.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

Strategy 2

Expand the behavioral health early intervention referral system.

Tactics

2.1: Develop referral situations and pathways.

- ▶ Identify problems and referrals to services.
 - Determine when the needs of clients require additional education or intensive services and strategies.
 - Determine client eligibility for referrals to individualized services.
- ▶ Identify connections between Thrive and early intervention services.
- ▶ Provide Thrive/Science of Hope training.
- ▶ Connect Thrive with behavioral health system navigators, and crisis and early intervention providers to ensure follow up and efficacy of next steps beyond just a referral.

Responsible Entity

HHS, Behavioral Health ASO

2.2: Work collaboratively with the Thrive Iowa initiative to ensure Iowans receive the assistance they need.

- ▶ Identify connections between Thrive Iowa and early intervention services.
- ▶ Provide Thrive/Science of Hope training.
- ▶ Connect Thrive Iowa with behavioral health system navigators, and crisis and early intervention providers to ensure follow up and efficacy of next steps beyond just a referral.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

2.3: Leverage existing statewide partners to identify and assist individuals, children, and families at risk including:

- ▶ Iowa Department of Education
- ▶ HHS Child Protective Services
- ▶ Iowa Judicial Districts
- ▶ Aging and Disability Resource Centers
- ▶ Iowa Finance Authority (Coordinated Entry)
- ▶ Law Enforcement

Responsible Entity

HHS, Behavioral Health ASO

2.4: Develop and deploy closed-loop referral systems.

- ▶ Assure coordinated referrals from non-traditional pathways including:
 - Healthcare
 - Hospitals
 - Emergency Departments
 - Urgent Care
 - Primary Care Providers
 - Law Enforcement
 - Schools
 - Crisis Providers
 - Workplaces
 - Jails
- ▶ Assure common pathways to diagnosis and referral.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

IMPACT STRATEGIES

Strategy 3

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

Tactics

3.1: Explore and develop system connections to strengthen the behavioral health service system.

- ▶ Develop definitions and expectations for the behavioral health early intervention system.
 - Determine when the needs of clients require additional education or intensive services and strategies.
 - Determine client eligibility for referrals to individualized services.

Responsible Entity

HHS

3.2: Review and establish consistent service access standards that:

- ▶ Set 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)

Responsible Entity

HHS

3.3: Create consistency in early intervention planning and service delivery.

- ▶ Use early intervention research as well as evidence-based and evidence informed practices and policies to drive decision making and planning.
- ▶ Develop a comprehensive behavioral health strategic early intervention framework for behavioral health.
 - Inventory and assess current early intervention activities and practices.
 - Identify strategies and evidence-based/best practices that are currently being used.
 - Identify alignment with the State Health Improvement Plan (Healthy Iowans).
- ▶ Support implementation of the early intervention framework.
 - Develop guidance for system partners.
 - Provide technical assistance and support to the BH-ASO and local providers.
 - Develop training to support statewide early intervention partners.
 - Conduct targeted training for the BH-ASO and local providers.
- ▶ Evaluate the early intervention framework's effectiveness.
 - Collect regular feedback from HHS staff, the BH-ASO, local providers, and other stakeholders.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

3.4: Identify, expand, and strengthen pathways for early intervention services and supports.

- ▶ Inventory/map current services and supports.
- ▶ Connect pathways to utilization and outcome data.
 - Track and inventory what data are available to help improve decision making.
- ▶ Establish access pathways that expand accessibility.
 - Engage with hospitals, ED, Urgent Care, Law Enforcement, Schools (DE), Primary Care Providers, Crisis Providers, Workplaces, Jails, and Juvenile Justice.
 - Promote and offer Mental Health First Aid training, teen Mental Health First Aid and other community-focused education.
 - Create and build sustainability for SBIRT (Brief Treatment).
 - Identify and incentivize co-location of ASOs/local providers with other local service organizations (bi-directional).
- ▶ Develop resources to increase early intervention partner connections.
- ▶ Explore mechanisms to incentivize and/or pay for early intervention services.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

3.5: Ensure HHS, BH-ASO, and local partners work collectively to:

- ▶ Develop and follow consistent implementation guidance.
 - Provide technical assistance as needed.
- ▶ Assess early intervention efforts.

- ▶ Identify emerging early intervention trends to develop and implement results-based solutions.

Responsible Entity

HHS, Behavioral Health ASO, Local Partners

Strategy 4

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

Tactics

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

- ▶ Assess current state of knowledge and skillsets related to behavioral health early intervention.
 - Conduct an Early Intervention Partner Survey.
- ▶ Identify the knowledge and skill needs of early intervention partners.
- ▶ Develop a workforce development plan to increase behavioral health knowledge and skills.
 - Develop trainings for:
 - Onboarding new partners
 - Topic specific early intervention priorities
 - Educate partners about when and how to identify early signs and develop and share concrete tools and supports to discuss behavioral health wellness and behavioral health concerns.
 - Develop and disseminate evidence-based and evidence-informed tools to identify and assist persons at risk.
 - Educate partners about referral pathways.
 - Train providers on how to connect patients to the ASO system by changing knowledge, attitudes, and behaviors.
 - Develop consistent training for system navigators.
- ▶ Provide technical assistance to early intervention partners.

Responsible Entity

HHS, Behavioral Health, ASO

Treatment

IMPACT STRATEGIES

Strategy 1

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

Tactics

1.1: Use current and clinically accepted evidence-based and evidence informed practices and approaches to meet the identified needs of the community.

- ▶ Identify and operationalize relevant practices to meet client needs.
- ▶ Implement support services based on community needs assessment data.
- ▶ Identify linkages to services in addition to treatment (before during and after) through use of system navigation, care coordination, and connection to recovery services and supports.

Responsible Entity

HHS

1.2: Employ human centered design for services paid for by Iowa HHS.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.3: Develop and implement recommendations and strategies for youth treatment.

- ▶ Identify treatment gaps for youth and transition-aged youth.
- ▶ Identify and develop awareness for youth and transition-aged youth specific treatment.
- ▶ Develop policy recommendations to address identified youth care continuum gaps.
- ▶ Engage families and partners in validation of recommendations and strategies.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.4: Identify and address gaps in the behavioral health care continuum.

- ▶ Identify treatment gaps for specific populations.
 - Step down
 - Day treatment
 - IOP
 - AH to inpatient versus residential
 - Intensive in-home services for children and youth
- ▶ Identify and develop awareness for population specific treatment.
 - Define and reinforce the need to serve special populations (outreach and health education).
 - Inventory and assess and subspecialty care lanes.
- ▶ Develop policy recommendations to address identified care continuum gaps.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.5: Identify, expand, and strengthen collaborative opportunities with behavioral health partners.

- ▶ 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.
 - Lead or participate in coalitions and workgroups to enhance service delivery.
 - Develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health treatment services.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.6: Promote behavioral health parity.

Responsible Entity

HHS, Behavioral Health ASO

Strategy 2

Increase access to behavioral health treatment services.

Tactics

2.1: Address costs of treatment and reimbursement.

- ▶ Inventory reimbursement mechanisms.
- ▶ Identify reimbursement challenges.
- ▶ Maximize Medicaid and CHIP (financial, last payor, etc.).
- ▶ Establish common coding and consistent allowable cost for treatment.

Responsible Entity

HHS

2.2: Expand and support the behavioral health treatment provider network.

- ▶ Simplify licensure/accreditation through regulatory reform.
- ▶ Build a robust peer support workforce.
 - Expand the use of peers across the spectrum of treatment services.
- ▶ Build active connection points across the network of behavioral health safety net providers.
- ▶ Develop technical assistance and continuing education opportunities.
- ▶ Promote the practice of behavioral health services as a valuable and fulfilling career path.
- ▶ Leverage various workforce-related funding streams.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

2.3: Leverage innovative treatment options to expand access to care (e.g., Telehealth, Telepeer support, mobile services, enabling technology).

- ▶ Develop and disseminate informational resources for individuals, families, providers and communities about low barrier, low-cost technology options.
- ▶ Inventory existing options that support improved access to technology in public spaces (e.g., libraries, public buildings) for potential use as a private telehealth access point.

- ▶ Navigate barriers to access at the community level through expanded use of enabling technology and mobile services.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

2.4: Reduce stigma.

- ▶ Make seeking behavioral health care normal, just like any other health care.
- ▶ Assist people in understanding what behavioral health treatment is.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

CULTURE STRATEGIES

Strategy 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 problem gambling.

Tactics

3.1: Develop definitions and expectations for the behavioral health treatment system.

- ▶ Define and reinforce the need to serve special populations (outreach and health education).
- ▶ Define system-level roles and responsibilities to enhance collaboration across the treatment system in Iowa.
 - Develop roles to coordinate access across sectors and address behavioral health treatment needs.

Responsible Entity

HHS, Behavioral Health ASO

3.2: Research tactics such as incentive funding, strengthening of regulatory requirements or tiered reimbursement models to encourage providers to enhance service delivery.

Responsible Entity

HHS

3.3: Ensure HHS, BH-ASO, and local providers work collectively to:

- ▶ Ensure consistency in treatment protocols and procedures across topic areas.
 - Develop and follow consistent implementation guidance.
 - Ensure fidelity of treatment protocols and procedures.
 - Provide technical assistance as needed.
- ▶ Build consistent pathways to care.
- ▶ Identify emerging treatment trends to develop and implement results-based solutions.

Responsible Entity

HHS, Behavioral Health ASO

Strategy 4

Help behavioral health treatment providers increase their knowledge and skills.

Tactics

4.1: Ensure providers have the necessary skills to deliver effective behavioral health treatment services.

- ▶ Provide education on treatment resources to include first contacts for crisis and primary health providers and psychiatrists.
 - Create a warm hand off guide that both providers referring and those receiving referrals operate by to ensure smooth system navigation for people.

Responsible Entity

HHS, Behavioral Health ASO

4.2: Identify, address and invest in training and technical assistance to support enhancing the knowledge and skills of Iowa's behavioral health treatment workforce including, but not limited to:

- ▶ Didactic learning opportunities
- ▶ Action oriented, community-based training
- ▶ Hands-on learning opportunities

Responsible Entity

HHS, Behavioral Health ASO

Recovery

IMPACT STRATEGIES

Strategy 1

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

Tactics

1.1: Expand and support the behavioral health recovery workforce.

- ▶ 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).
- ▶ Develop and nurture career pathways within the recovery workforce.

Responsible Entity

HHS, Behavioral Health ASO

1.2: Improve statewide awareness and visibility of recovery support services.

- ▶ Map current recovery support services and funding mechanisms.
- ▶ Create a connections map or resource locator that functions as a tool for connecting individuals to all available services/resources.
- ▶ 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 local level.

Responsible Entity

HHS, Behavioral Health ASO

1.3: Create equitable access to recovery services and supports.

- ▶ Identify applicable populations and link to additional HHS services and supports, as needed.
- ▶ Ensure recovery support services are accessible.
- ▶ Assess current access to recovery services, research recovery service models and make recommendations for local access standards.
- ▶ Install recommended access standard requirements through targeted approaches to funding for BH-ASO and local providers that ensure consistent access.
- ▶ Incubate new providers of recovery services and supports by assessing training and technical assistance needs and deploying technical assistance and training targeted at addressing knowledge gaps to improve recruitment and retention.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.4: Make recovery visible through the promotion of support services and recovery resources (see Prevention and Education strategy #2).

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.5: Deploy environmental strategies related to supporting recovery in Iowa's communities.

- ▶ Develop and disseminate environmental strategies.
 - Identify ways to support a recovery-oriented workforce.
- ▶ Assist providers in implementing environmental strategies.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

1.6: Determine how to create sustainable funding for recovery.

- ▶ Leverage funding opportunities to reimburse expanded peer support activities.
- ▶ Inventory what is reimbursable by insurance providers.
 - Determine barriers
 - Determine changes needed
- ▶ Identify and secure funding to promote recovery.

Responsible Entity

HHS, Behavioral Health ASO

1.7: Identify, expand, and strengthen collaborative opportunities for a unified behavioral health recovery ecosystem promoting safety, resiliency, and health.

- ▶ Build local collaborations to enhance the recovery network.
- ▶ Build partnerships with associations, schools, community organizations, faith-based groups, and other stakeholders to enhance behavioral health recovery efforts and support results-based solutions.
 - Lead or participate in coalitions/workgroups to strengthen and promote recovery.
 - Develop and nurture public/private partnerships to identify innovative solutions and expand access to behavioral health recovery services and supports.
 - Identify stable, flexible funding.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

CULTURE STRATEGIES

Strategy 2

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

Tactics

2.1: Adopt SAMHSAs Working Definition of Recovery to guide HHS efforts in expanding pathways to recovery.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

2.2: Develop and implement HHS' Recovery in Action Plan based on SAMHSAs Working Definition of Recovery.

- ▶ Define recovery support services and domains.
- ▶ Conduct an inventory of current efforts.

- Include HHS funded SUD and MH recovery services and their funding streams.
- Include SUD and MH recovery services funded outside of HHS.
- ▶ Establish regular HHS staff meetings about addictive disorder and MH activities related to recovery efforts.
- ▶ Identify policies and procedures to guide system staff on implementation of behavioral health recovery work.
- ▶ Build internal capacity to provide the level of technical assistance and training needed for a BH-ASO.

Responsible Entity

HHS

2.3: Ensure HHS, BH-ASO, and local providers work collectively to:

- ▶ Develop and follow consistent implementation guidance.
 - Provide technical assistance as needed.
- ▶ Assess recovery efforts.
- ▶ Identify emerging recovery needs to develop and implement results-based solutions.

Responsible Entity

HHS, Behavioral Health ASO, Local Providers

Strategy 3

Help recovery providers increase their behavioral health knowledge and skills.

Tactics

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

- ▶ Build multi-disciplinary teams based on best practices.
 - Identify appropriate situations for law enforcement involvement.

Responsible Entity

HHS, Behavioral Health ASO

3.2: Identify and address training and technical assistance needs to support retention of a skilled behavioral health recovery workforce.

- ▶ Reevaluate recovery education for providers (consider using a multi-perspective approach to determine training/education).
 - Certification

Responsible Entity

HHS, Behavioral Health ASO

Crisis

IMPACT STRATEGIES

Strategy 1

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

Tactics

1.1: Expand and support the behavioral health crisis network.

- ▶ Build multi-disciplinary teams based on best practices.
 - Identify appropriate situations for law enforcement involvement
- ▶ Build a robust crisis peer workforce.
 - Develop capacity for Peer-Operated Respite programs.
- ▶ Build a robust disaster response behavioral health workforce.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

1.2: Identify and maintain a statewide crisis center (e.g., 988) that follows and incorporates best practices.

- ▶ Establish capacity to answer every contact (call, text, chat).
- ▶ Implement consistent call assessment and triage with appropriate clinical oversight.
 - Centralized dispatch to mobile response, law enforcement, 911, etc.
- ▶ Promote crisis resources.
- ▶ Educate lowans about crisis services in their communities.

Responsible Entity

HHS, Crisis Center Staff, Crisis Service Providers

1.3: Connect lowans to the services and supports they seek.

- ▶ Use the closed-loop referral system
- ▶ Promote crisis resources.
- ▶ Educate lowans about crisis services in their communities.
- ▶ Identify and address crisis needs of diverse populations.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

1.4: Implement crisis services across the lifespan with an emphasis on youth and family crisis.

- ▶ Centralize dispatch for mobile response.
- ▶ Coordinate services related to behavioral health crisis care across sectors including law enforcement, hospital systems child welfare, education, justice systems, and community-based organizations.
- ▶ Assure comprehensive post crisis follow up and coordination including connecting individuals to ongoing behavioral health services.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

1.5: Identify, expand, and strengthen collaborative opportunities with behavioral health partners.

- ▶ Strengthen partnerships and collaboration between mobile crisis teams, law enforcement co-responders, and emergency responders and behavioral health system partners.
- ▶ Strengthen and support connection to ongoing medical and behavioral health care.
 - Establish crisis planning and follow-up care expectations.
- ▶ Nurture and grow crisis response partnerships with Law Enforcement, Dispatch, and Emergency Medical Services (EMS).

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

Strategy 2

Increase access to behavioral health crisis services.

Tactics

2.1: Standardize bed tracking and referral to crisis receiving and stabilization services.

- ▶ Make bed tracking information visible.

Responsible Entity

HHS

2.2: Ensure equitable access to crisis receiving and stabilization services statewide.

- ▶ Establish capacity to accept all referrals and to serve additional behavioral health conditions.
 - Do not require medical clearance prior to admission.
 - Standardize client paperwork.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

2.3: Establish walk-in and first responder drop-off options including development and implementation of no rejection policies.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

CULTURE STRATEGIES

Strategy 3

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

Tactics

3.1: Develop definitions and expectations for the behavioral health crisis system. Develop acceptable standards for Iowa's crisis care delivery.

Responsible Entity

HHS, Behavioral Health ASO

3.2: Ensure HHS, BH-ASO, and local providers work collectively to:

- ▶ 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.
- ▶ Assess crisis response efforts.
- ▶ Identify emerging crisis needs to develop and implement results-based solutions.

Responsible Entity

HHS, Behavioral Health ASO, Crisis Service Providers

Strategy 4

Help crisis providers increase their behavioral health knowledge and skills.

Tactics

4.1: Assess district level workforce and crisis training needs to support recruitment and retention:

- ▶ Identify and address deficiencies and barriers.
- ▶ Provide training and technical assistance.

Responsible Entity

HHS, Behavioral Health ASO

4.2: Ensure providers have the necessary skills to deliver effective, integrated behavioral health crisis services:

- ▶ Develop and implement a standardized training curriculum for crisis services workers.
- ▶ Bolster training on SUD, co-occurring, special populations including youth and families, problem gambling, tobacco and nicotine use, suicide prevention, harm reduction, recovery needs, Trauma-Informed Care, and Evidence Based Practices.

Responsible Entity

HHS, Behavioral Health ASO

4.3: Assure statewide behavioral health and crisis training for first responders and frontline health workers (CIT, crisis de-escalation, MH First Aid, Trauma-responsive & Strengths-based service planning and provision).

Responsible Entity

HHS, Behavioral Health ASO



Health and
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