# Community Based Organization Guidance

## Community Mental Health Centers (CMHC) - Behavioral Health

**July 1, 2025 – June 30, 2026**

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Division of Behavioral Health

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# Introduction

The vision for Iowa's Behavioral Health Service System is rooted in shared responsibility, transparency, and partnership across all levels of service from state leadership to Community Based Organizations. Through the collaborative efforts of Iowa Department of Health and Human Services (Iowa HHS), the Behavioral Health Administrative Services Organization (BH-ASO), and local Community Based Organizations (CBOs), Iowa is creating a more integrated and person-centered behavioral health system.

This document provides operational guidance for local contractors implementing services under the redesigned behavioral health infrastructure. It is intended to clarify roles, define expectations, and align service delivery with the statewide vision outlined in the Iowa Behavioral Health Service System Statewide Plan. Additional guidance in the form of program manuals will be provided dependent upon the needs of the contract.

The period from July 1, 2025, through June 30, 2026, serves as a transition year, during which Iowa HHS and the BH-ASO will work closely with contracted CBOs to ensure continued service delivery while also adopting new procedures, performance standards, and reporting mechanisms. This shift is designed to strengthen local systems, reduce administrative burden, and improve access and outcomes for Iowans.

## Points of Contact

For questions, technical assistance, or guidance related to the implementation of behavioral health services, CBOs should use the following points of contact:

- **Iowa Department of Health and Human Services (Iowa HHS):** bhassistance@hhs.iowa.gov
- **Behavioral Health Administrative Services Organization (BH-ASO) – Iowa Primary Care Association:** bhasoproviderrelations@iowapca.org

# Roles and Responsibilities

The BH-ASO functions as an instrumentality of the state and will serve each district as the responsible entity for behavioral health. This section outlines the roles and responsibilities of the Iowa Department of Health and Human Services (Iowa HHS), the Behavioral Health Administrative Services Organization (BH-ASO) and Community Based Organizations (for the purpose of this document, CBOs will be referred to as Contractors or CBOs).

## Iowa Department of Health & Human Services

Iowa HHS is responsible for overseeing the alignment and implementation of Iowa's Behavioral Health Service System. The Department's primary roles and responsibilities are as follows:

- **Establish Service System Districts:** Iowa HHS is responsible for dividing the state into behavioral health service system districts, ensuring appropriate coverage and access to services across all regions of Iowa.
- **Develop Service System State Plan:** Iowa HHS develops a comprehensive statewide behavioral health service system plan. This plan outlines the strategic framework for the delivery of behavioral health services, including prevention, early intervention, treatment, recovery, and crisis services.
- **Administer Funding to BH-ASOs:** Iowa HHS budgets, allocates and administers funds to Behavioral Health Administrative Service Organizations (BH-ASOs), ensuring resources are appropriately distributed to support district-level services and initiatives.
- **Develop Service Definitions, Standards, and Reporting Requirements:** Iowa HHS establishes clear service definitions, sets performance standards, and defines reporting requirements for community-based organizations. This ensures that services are delivered consistently and effectively, and that outcomes can be measured to monitor progress.
- **Provide Training and Technical Assistance:** Iowa HHS offers training and technical assistance to the BH-ASO and service providers to support the effective delivery of behavioral health services. This includes guidance on best practices, compliance with state and federal regulations, and navigating the behavioral health system.
- **Execute Activities as Defined by the State Plan:** Iowa HHS oversees and coordinates all activities outlined in the state plan, ensuring that behavioral health services are delivered according to established goals and objectives.

## Behavioral Health ASO

Iowa HHS has designated the Iowa Primary Care Association (Iowa PCA) as the BH-ASO for each district in the state. In their role as BH-ASO, the Iowa PCA is responsible for:

- **Ensuring Comprehensive Access to Behavioral Health Services:** The BH-ASO is tasked with ensuring that all Iowans, regardless of location or background, have access to comprehensive services for mental and behavioral health issues, including prevention, early intervention, treatment, recovery and crisis services. This includes

services for mental health conditions, substance use disorders (e.g., alcohol, drugs), tobacco use, gambling and thoughts of suicide.

- **Contracts with CBOs:** The BH-ASO contracts with CBOs to establish a statewide behavioral health service network. These contracts outline the specific services to be provided, and this document provides guidance on the implementation of these contracts.
- **Work with Local Leaders:** The BH-ASO partners with local leaders in education, law enforcement, public health and other community organizations to ensure that behavioral health needs are met. This collaborative approach is key to addressing the complex and multifaceted nature of behavioral health and ensuring that services are integrated into broader community health systems.
- **Provide System Navigation:** The BH-ASO is responsible for establishing and maintaining system navigation services to help individuals and families access the appropriate behavioral health resources and services. This includes providing information, referrals, and support to help Iowans navigate the behavioral health system.
- **Community Engagement:** The BH-ASO facilitates stakeholder engagement and feedback through activities such as town halls, advisory councils, and public comment periods. These opportunities help shape the development of local behavioral health strategies and ensure that community voices are heard and incorporated into decision-making.

## Local Providers

Local providers, also called Community Based Organizations, include community partnerships, substance use/problem gambling prevention and treatment providers, mental health service providers, recovery focused organizations such as peer operation organizations and other related entities play a crucial role in delivering behavioral health services across Iowa. Their roles and responsibilities include:

- **Contracts with the BH-ASO:** CBOs will establish contracts with the Iowa PCA statewide behavioral health service network. These contracts outline the specific services to be provided and the expectations for performance and outcomes and this document provides guidance on the implementation of these contracts.
- **Provide Services According to the District Plan:** CBOs are responsible for delivering services that align with the BH-ASO district plan. This plan includes the identification of service priorities, community needs, and the allocation of resources to ensure services are available in each county within the district.
- **Report Progress and Outcome Data:** CBOs must regularly report on the progress of their services and the outcomes achieved. This data is vital for tracking the effectiveness of the behavioral health system and ensuring that services are meeting the needs of Iowans. Specific requirements are denoted within each contract section.
- **Help Iowans Access Services:** CBOs help guide people to the right services, making sure they get the care they need.

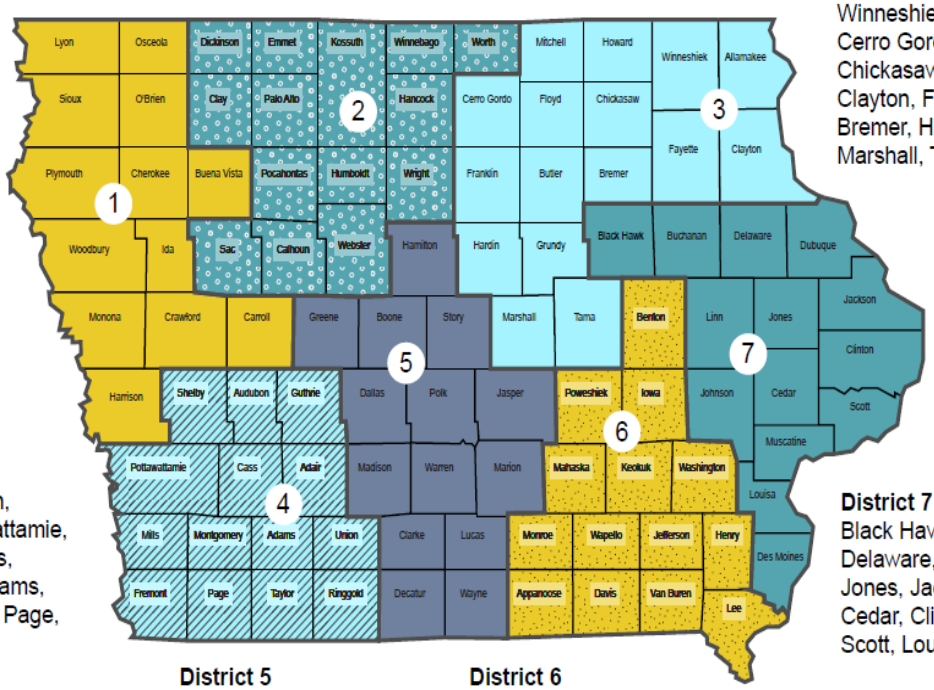
- **Engage in System Assessment and Feedback:** CBOs play a significant role in the ongoing assessment of the behavioral health system. This includes responding to surveys, participating in public comment periods, and engaging in town hall meetings. Their feedback is critical in shaping future service plans and addressing challenges within the system.
- **Provide Specialized Support:** CBOs are often involved in providing specialized services, such as crisis intervention, warm hand-offs to other services, and coordinating care for individuals with complex needs. The system is designed to ensure there is no wrong door for Iowans seeking help, and providers play a role in implementing this approach.
- **Provide Prevention Services:** Prevention is a critical element of Iowa's Behavioral Health Service System, and CBOs will work in coordination with the BH-ASO to ensure that prevention efforts are aligned with the district plan. This includes supporting community education, outreach and implementing evidence-based practices to reduce the onset of behavioral health disorders.
- **Crisis Services and Support:** CBOs play an active role in helping people in urgent need of care. They offer services that reduce distress during a behavioral health crisis and connect individuals to services that reduce the need for more intense care.
- **Providing Care That Meets Individual Needs and Preferences:** CBOs must ensure that services are appropriate for the populations they serve. This includes addressing barriers for communities and ensuring that services are accessible to Iowans with various needs.
- **Quality Improvement and Continuous Learning:** CBOs must engage in continuous quality improvement processes, utilizing feedback from individuals served, performance data and training opportunities to enhance the quality of care provided. Iowa HHS and the BH-ASO will support this ongoing improvement process through technical assistance and training initiatives.

# Behavioral Health District Map

**District 1**
Lyon, Osceola, Sioux, O'Brien, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Monona, Crawford, Carroll, Harrison

**District 2**
Dickinson, Emmet, Kossuth, Winnebago, Worth, Clay, Palo Alto, Hancock, Pocahontas, Humboldt, Wright, Sac, Calhoun, Webster

**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

# State and District Plans

Iowa's Behavioral Health Service System is grounded in a unified Iowa Behavioral Health Service System (BHSS) Statewide Plan that provides the strategic framework for service delivery across Iowa. This framework is operationalized through District Plans, which ensure that strategies are tailored to meet the unique needs of local communities.

### Iowa BHSS Statewide Plan

The Iowa BHSS Statewide Plan establishes the foundation for:

- Statewide priorities across the behavioral health continuum (prevention, early intervention, treatment, recovery, and crisis).
- Core strategies to achieve person-centered and data-informed service delivery.
- Defined performance measures and outcomes that support accountability and system improvement.
- Funding guidelines and expectations for service categories and populations of focus.

The Iowa BHSS Statewide Plan is the central document that informs contract development, service standards, and expectations for all system partners.

### BHSS District Plans

Each District Plan, developed by the BH-ASO in coordination with stakeholders, translates the goals of the State Plan into localized action by:

- Identifying county-specific needs, service gaps, and priority populations.
- Defining target strategies and service types based on available resources.
- Establishing locally relevant partnerships and community initiatives.

District Plans provide flexibility to address local challenges while maintaining alignment with statewide goals. They ensure that each county's services are contextually appropriate and coordinated within the district network.

### Accessing and Using BHSS Plans

All contracted CBO's must:

- **Develop familiarity with the State Plan and District Plan** through the BH-ASO.
- **Use the District Plan** to inform future program design, service delivery models, and community outreach efforts.
- **Demonstrate alignment** between their activities and the strategies or service priorities outlined in the District Plan.

- **Participate in updates**, feedback opportunities, and assessments that support refinement of District Plans over time.

By grounding their work in the BHSS State and District Plans, CBOs contribute to a more cohesive, transparent, and responsive behavioral health system for Iowans.

# System Focus

Iowa's Behavioral Health Service System is focused on creating a cohesive, responsive, and accountable service environment that supports Iowans across the full continuum of need from prevention to crisis care to long-term recovery. The system is guided by four core principles:

1. **Person-Centered**
   Services are designed to reflect the unique needs, identities, and experiences of individuals and families.
2. **Locally Informed, State-Supported**
   While local CBOs bring deep knowledge of community strengths and needs, Iowa HHS and the BH-ASO provide statewide coordination, data infrastructure, training, and funding mechanisms that support consistent, high-quality service delivery.
3. **Cross-System Collaboration**
   Behavioral health intersects with education, law enforcement, housing, and public health.
4. **Data-Informed and Outcome-Focused**
   Programs must demonstrate effectiveness through measurable outcomes. Reporting and quality improvement processes are streamlined and standardized to reduce burden and increase transparency.

Together, these principles provide a foundation for aligning resources, reducing duplication, and ensuring all Iowans can access the care they need, when they need it.

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. Iowa HHS worked collaboratively with partners all over the state to gather feedback, conduct assessments and develop the framework for the Behavioral Health Service System. 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. In response, Iowa HHS developed a model for coordination and collaboration amongst Iowa HHS system partners within a service delivery system. The Iowa HHS Shared Responsibility Model defines three main system partners within a service system: Iowa HHS, district lead entities, and community based organizations (CBO). Each system partner plays a role in achieving shared system goals and improving health and social outcomes for Iowans. For the Behavioral Health Service System, district lead entities are known as Behavioral Health Administrative Services Organizations (BH-ASO).

The Iowa HHS Shared Responsibility emphasizes the importance and necessity in sharing responsibility amongst system partners and this approach will assist in bringing existing work together to form one system. We recognize that with all significant changes, growth is

required and sometimes growth is uncomfortable and challenging. Iowa HHS and Iowa PCA are committed to walking alongside system partners as we build Iowa's Behavioral Health Service System.

# Contract Guidance for CBOs

This section outlines core expectations for all CBOs delivering behavioral health services as part of the statewide system. While detailed requirements will vary by service type, district plan, and population served, all CBOs must:

- **Align with the Behavioral Health State Plan and District Priorities**
  Services must reflect the goals, tactics, and service definitions identified in the Iowa Behavioral Health Service System Statewide Plan. District-specific priorities established by the BH-ASO must guide local implementation.
- **Ensure Access and Reduce Barriers**
  CBOs must ensure that services are appropriate for the populations they serve. This includes addressing barriers for communities and ensuring that services are accessible to Iowans with various needs.
- **Implement Evidence-Based and Promising Practices**
  CBOs are expected to utilize practices that are supported by research, recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) or Iowa HHS, and adaptable to local needs. Training and technical assistance will be available through Iowa HHS and the BH-ASO.
- **Maintain Quality and Continuity of Care**
  CBOs must engage in quality improvement activities, coordinate care across the continuum (including warm handoffs), and participate in system learning opportunities to improve service outcomes.
- **Report Data Consistently and Transparently**
  All services must adhere to the required reporting standards including using the standardized reporting formats (e.g., Quarterly Progress Reports, SNMIS). Data should be used internally by CBOs to support continuous improvement and quality improvement efforts should be communicated back with the BH-ASO, as requested.
- **Engage in Ongoing Communication and Collaboration**
  CBOs are expected to participate in regular check-ins, learning collaboratives, and training opportunities offered by the BH-ASO and/or Iowa HHS. This ensures a two-way exchange of information and strengthens the collective system.
- **Respond to Community Needs**
  CBOs should maintain strong community partnerships, use local input to inform service adaptations, and communicate effectively with Iowans seeking support.

## 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.

While the work of treatment is the most developed of continuum spaces, there are significant areas of growth needed to improve access to treatment services for Iowans. Treatment believes that recovery from a behavioral health disorder is not only possible but the expectation rather than the exception. Most treatment services will use the Safety Network Management Information System (SNMIS) for the submission of treatment claims. Iowa HHS will release the SNMIS Claims Guidance.

# Community Mental Health Centers (CMHC)

Federal regulations require that Mental Health Block Grant (MHBG) funds be used to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI), children with serious emotional disturbances (SED), and to monitor progress in implementing a comprehensive, community-based mental health system.
MHBG laws and regulations are located at https://www.samhsa.gov/grants/block-grants/laws-regulations.

Iowa's Community Mental Health Center's (CMHC) will receive 70% of the state's MHBG funds through contracts with the BH-ASO. CMHC's are responsible for planning, expenditures, and reporting to ensure funds are maximized and address the needs identified through assessment in alignment with the statewide and district Behavioral Health Service System plans.

The Iowa Behavioral Health Service System Statewide Plan outlines a vision for a coordinated and person-centered behavioral health system. Services and supports offered through Iowa's Community Mental Health Centers assist Iowans in many areas, including the identified categories of early intervention, treatment, and recovery.

The strategies outlined in this guidance are consistent with Iowa's vision for a person-centered, prevention-focused behavioral health system. Activities outlined support broader goals in the Behavioral Health State Plan including:

- **Early Intervention 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.
- **Treatment Strategy 4:** Help behavioral health treatment providers increase their knowledge and skills.
- **Recovery Strategy 1:** Create and support a comprehensive and integrated, statewide system of recovery related to the behavioral health needs of individuals, families and communities.

### Required Activities

Activity implementation dependent on funding and district needs.

- Support for peer support and family peer support, this may include support for wellness/drop-in centers, training of peer and family peer support specialists, supervisors of peer and family peer support specialists, direct peer and family peer support not otherwise funded by insurance or Medicaid.
- Staff training for Evidence-Based Practices (EBP) for adults with SMI and children with SED. This may include reimbursement for staff time, training costs, training materials, travel costs to be trained and implement an EBP.

- Building workforce capacity for services that require professional licensure, this includes reimbursement of licensure supervision activities by CMHC staff for potential mental health professional licensees.
- Provision of evidence-based education and consultation for the target population to the community including schools, families, community providers and other supports-this may include training, information and referral activities, and consultation to the above groups on services and supports to adults with SMI and children with SED.
- Reimbursement to the provider for copays and deductibles for mental health services for individuals with an SED or SMI.
- NAVIGATE program for youth and adults experiencing a first episode of psychosis or early onset of symptoms. NAVIGATE requirements are detailed in separate Iowa HHS guidance. Abbe Center, Eyerly Ball and Siouxland are the only eligible CBO's for NAVIGATE.

### Compliance

Unallowable costs for Mental Health Block Grant funds:

- Inpatient services.
- Cash payments to intended recipients of health services.
- Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.
- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of Federal funds.
- Provide financial assistance to any entity other than a public or nonprofit private entity.
- Pay for salaries of administrators and supervisors not directly involved in carrying out the contract.
- Ongoing overhead costs such as space, utilities, clerical services, and accounting services or cost of any audits.
- Supplant existing resources dedicated to the funding of services.
- Purchase goods for a client (example-food, phone service, phones, computers)

### Federal Requirements

- Funding for MHBG contracts is to be expended equitably on services and training for adults with SMI services, and children with SED and their family. If an agency chooses not to serve both populations, the allocation will be reduced by 50%.
- An adult deliverable serves only adults with SMI.
- A child deliverable serves only children with SED and their families.
- A blended deliverable serves adults with SMI, children with SED and their family in a comprehensive manner.

### Reporting

- Must submit quarterly report on progress at achieving each deliverable along with a budget report detailing expenditures and percentage of budget expended per quarter and year-to-date.

### Training

- Not applicable to this contract.

### Resources & Tools

- Budget Template
- Deliverable Template
- CBOs may propose to implement a new EBP. CBOs must provide documentation of the effectiveness of the proposed EBP for approval. Proposed EBPs must be found to be effective, for example on clearinghouses such as the California Evidence-Based Clearinghouse (https://www.cebc4cw.org/) or other nationally recognized registries.

### Monitoring and Documentation

- Site visits may be conducted during the contract year. This will be arranged in advance.
- Federal record retention requirements
- CBOs must comply with expectations of federal grantees as provided in contract attestations and guidance.

### Additional Notes and Attachments/Forms

All forms and attachments can be found on the Iowa HHS website at Iowa's Behavioral Health Service System | Health & Human Services

See SFY26 NAVIGATE guidance for deliverables, allowable and unallowable activities and program guidance.

# Glossary of Acronyms

| Acronym | Full Term | Definition / Use |
|---|---|---|
| ASO | Administrative Services Organization | Manages provider contracts on behalf of Iowa HHS. |
| BH | Behavioral Health | Refers to services and programs addressing mental health (including problem gambling) and substance use. |
| CBO | Community Based Organization | Umbrella term used to describe organizations providing behavioral health services in communities. |
| CCAR | Connecticut Community for Addiction Recovery | Organization offering peer recovery coach training. |
| CMHC | Community Mental Health Center | Accredited provider of mental health services in Iowa. |
| ESMI | Early Serious Mental Illness | Category of mental illness targeted through NAVIGATE. |
| FEP | Family Education Provider | A NAVIGATE team role. |
| FTE | Full-Time Equivalent | Measure of staffing levels. |
| FY | Fiscal Year | State fiscal year (July 1 – June 30). |
| Iowa HHS | Iowa Health and Human Services | State department overseeing ASO, contracts and programs. |
| IAC | Iowa Administrative Code | Legal regulations governing services. |
| IPN | Integrated Provider Network | Legacy system for managing SUD/gambling prevention/treatment. |
| IRT | Individual Resiliency Trainer | A NAVIGATE team role. |
| MHBG | Mental Health Block Grant | Federal funding for mental health services. |
| MOUD | Medications for Opioid Use Disorder | Includes methadone, buprenorphine, and naltrexone. |
| NAVIGATE | (Proper name) | An evidence-based program for ESMI. |
| PCA | Primary Care Association | Entity coordinating contract work (Iowa PCA). |
| PSS | Peer Support Specialist | Certified individual offering lived experience based support. |

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|---|---|---|
| QPR | Quarterly Progress Report | Required reporting format for contractors. |
| RCC | Recovery Community Center | Peer-run center offering recovery support and services. |
| RSS | Recovery Support Services | Non-clinical services supporting individuals in recovery. |
| SAMHSA | Substance Abuse and Mental Health Services Administration | Federal agency overseeing block grants. |
| SBIRT | Screening, Brief Intervention, and Referral to Treatment | Clinical practice approach, unallowable under certain prevention funds. |
| SED | Serious Emotional Disturbance | Is a category of mental health conditions that severely impact daily life for individuals 17 and under |
| SEE | Supported Employment and Education | NAVIGATE team role. |
| SMI | Serious Mental Illness | is a category of mental health conditions that severely impact daily life for individuals 18 and over |
| SNMIS | Safety Net Management Information System | Claims payment system for BH safety net services. |
| SPF | Strategic Prevention Framework | SAMHSA's model for prevention planning and implementation. |
| SUBG / SUPTRS | Substance Use Prevention, Treatment, and Recovery Services Block Grant | Federal funding for SUD programs. |
| TA | Technical Assistance | Support provided to contractors by Iowa HHS or PCA. |
| TEDS | Treatment Episode Data Set | SAMHSA required data system for treatment providers. |

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