

Services and Providers Subcommittee Meeting

November 4, 2025



Health and
Human Services



Agenda

- ▶ Provider Training and Supports
- ▶ Crisis Services
- ▶ Public Comment

Provider Training and Support



Idaho Provider Requirements

Services Included in REACH	Idaho Requirements
Family and individual therapy	Providers must have relevant certifications for therapies offered
Functional Family Therapy	Provider agencies required to have a certification
Multisystemic Therapy	Provider agencies are required to have MST certification
Peer Supports	High school diploma and personal experience, certification
Trauma Focused CBT	Not specifically noted
Family Education	Not specifically noted
Behavior Management	Not specifically noted
Motivational Interviewing	Not specifically noted

Discussion

- ▶ We acknowledge that the Subcommittee has shared concerns about implementing too many training and education requirements
- ▶ Are there any general requirements we should have for service providers?
- ▶ Are there additional requirements that should be implemented for specific services, or for providers caring for youth with the most intense level of need?



Provider Supports

- ▶ Washington WISe offers online and in-person training and learning content on topics such as:
 - Bridging The Gap To Culturally Specific Practices
 - Meeting the mental health needs of people with intellectual disabilities

- ▶ Subcommittee members have also described system supports which may help providers, including:
 - The ability to bill for care coordination
 - A centralized place to see assessment results
 - Coaching and support networks

Discussion

- ▶ What are some of the primary challenges youth behavioral health providers face?
- ▶ Are there any support systems that could address these challenges?
- ▶ Would providers find value in optional online trainings? If these were produced, how could we encourage engagement?

Crisis Services



Context of Crisis Services

- ▶ Through the behavioral health system transformation, crisis services are evolving across the state
 - [Behavioral Health Service System Statewide Plan](#)
- ▶ People across the state, including children in REACH, will have access to this new crisis service system
- ▶ Our goal is to ensure that the new crisis service system meets the needs of youth with SED and the requirements of the [Settlement Agreement](#)

General Requirements for Crisis Services

Settlement Agreement

- ▶ **Improve, develop and strengthen mobile crisis intervention and stabilization** services continuum of care to ensure services are available 24 hours a day, seven days a week, 365 days a year to all children and youth through the state at the location where the crisis is occurring.

Crisis Service Transformation

- ▶ Strategy 1: Create and support a comprehensive and integrated, statewide behavioral health crisis system.
 - HHS, BH-ASOs, and CBOs will build **multi-disciplinary crisis teams** and coordinate to **strengthen partnerships**
 - HHS and BH-ASOs will build a **robust crisis peer workforce**

Included Crisis Services

Settlement Agreement

Strengthen and improve current crisis services offered through the implementation of CCBHC model of care and Crisis Response Services including:

- a. Mobile crisis
- b. Crisis evaluation
- c. Crisis stabilization community-based services
- d. Crisis stabilization residential services

Crisis Service Transformation

- ▶ Strategy 1: Create and support a comprehensive and integrated, statewide behavioral health crisis system.
 - A **statewide crisis center** (988) will provide consistent call assessment and triage
 - HHS will **centralize dispatch** for mobile response
 - HHS, BH-ASOs, and CBOs will develop and assure **comprehensive post-crisis follow-up and coordination**

Additional Included Crisis Services

Settlement Agreement

Crisis services include, but are not limited to:

- ▶ **Responding** to the immediate crisis and assessing child and family safety, and what kinds of resources are available to address immediate problems.
- ▶ **Stabilization** of functioning by reducing or eliminating immediate stressors and providing counseling to assist in de-escalating behaviors and interactions;
- ▶ **Referral and coordination** with (a) other services and supports necessary to continue stabilization or prevent future crises from reoccurring, and (b) any current providers and team members, including the care coordinator, therapists, family members, primary care practitioners, and school personnel; and
- ▶ **Post-crisis follow-up services** (stabilization services) in compliance with state regulations and timeframes.

Crisis Service Transformation

- ▶ Strategy 3: Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health crisis system.
 - Iowa HHS, BH-ASOs, and CBOs will work together to implement strategies to ensure Iowans have
 - Someone to talk to when in crisis
 - People in place to respond
 - A place to go when in crisis

Additional Requirements for Crisis Services

Settlement Agreement

- ▶ Settings: During a crisis, MCIS should be provided **at the location where the crisis is occurring**, including the home (biological, foster, relative, or adoptive) or any other setting where the child is naturally located, including schools, recreational settings, childcare centers, and other settings.
- ▶ Availability: MCIS are available **24 hours a day, seven days a week, 365 days a year**.

Crisis Service Transformation

- ▶ Strategy 2: Increase access to behavioral health crisis services.
 - Iowa HHS, BH-ASO and CBOs will ensure **consistent access to crisis receiving and stabilization services statewide**.
 - All parties will work to establish capacity to **accept all referrals**
 - Iowa HHS, BH-ASO and CBOs will establish walk-in and first responder drop off options including development and implementation of **no rejection policies**.

Provider Requirements for Crisis Services

Settlement Agreement

- *Providers:* **Pre-crisis planning and post-crisis services** are typically provided by qualified providers drawn from **members of the CPT** as part of the provision of ICC and IHTS. **During the crisis, MCIS are provided by a trained and experienced mobile crisis professional or team.** Sufficient MCIS providers to meet the expected needs of members of the Defined Class should be available. MCIS providers may include paraprofessionals.

Crisis Service Transformation

- Strategy 4: Help crisis providers increase their behavioral health knowledge and skills.
 - HHS and BH-ASOs will assess workforce and training needs and provide support
 - HHS and BH-ASOs will **develop a standardized training curriculum** including bolstered training on
 - Youth and families
 - Suicide prevention
 - Harm reduction
 - Trauma-informed care and more
 - First responders and frontline health workers will be trained in crisis de-escalation, trauma-responsive and strengths-based service provision and more

Discussion

- ▶ As the state continues to improve crisis services, what special considerations are needed for youth with SED?
- ▶ What do crisis providers need to do to ensure children are well served? Are there specific trainings or other requirements crisis providers should have to work with children?
- ▶ What are the best practices for connecting youth and families in crisis to appropriate crisis services in the future?
- ▶ What challenges do you anticipate in implementing effective crisis services for this population?



Public Comment



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