

The background of the page is a photograph of the Iowa State Capitol building. The building is a large, ornate structure with a prominent golden dome. In the foreground, there is a field of yellow wildflowers, some of which are in focus. An American flag is visible on a pole to the left of the building. The sky is a pale blue with some light clouds.

Community Based Organization Guidance

Access Funds - Behavioral Health

July 1, 2025 – June 30, 2026



Health and Human Services
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:**
hasoproviderrelations@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.

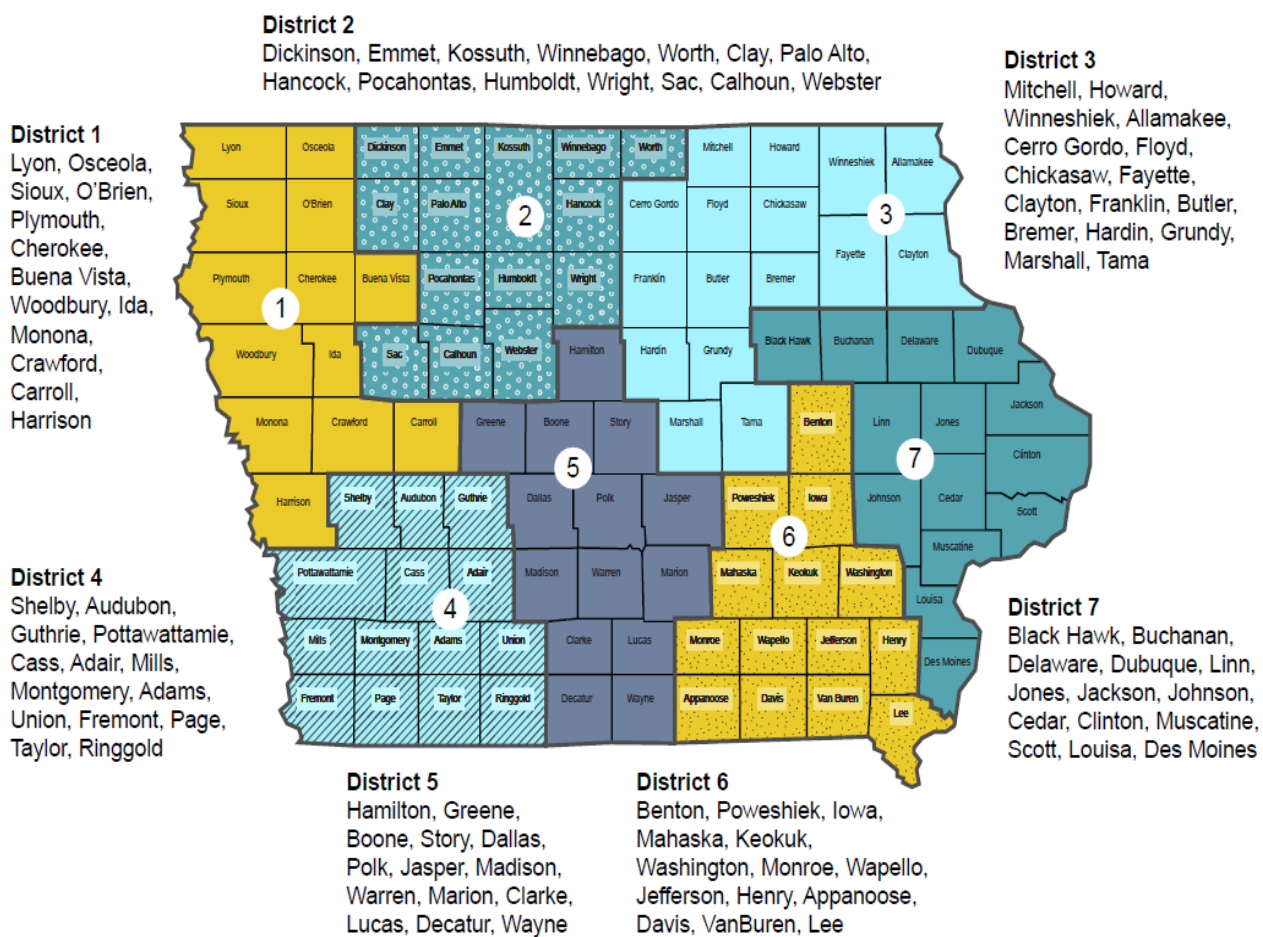
Local Providers

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



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 as outlined in the continuum area-specific guidance below. 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.

Access Funds

Access funds, as defined by Iowa Administrative Rules 441—300.1(225A), means funding provided to a behavioral health safety net provider by a behavioral health administrative services organization to support enhanced service delivery, maintain access to services, and fund other necessary expenses that fall outside of the scope and payment structures of other available funding. Access funds may include but are not limited to startup funding to establish or expand access to services; costs associated with maintaining access to services; data and continuous quality improvement activities to identify, implement, and monitor critical performance measures; and workforce development to recruit, retain, and develop highly qualified staff to provide behavioral health services.

Availability of access funds will be based on individual contract terms with Iowa Primary Care Association (Iowa PCA). Certain access funds categories, or expenditures within a category may not be available to all Community Based Organizations (CBO's). Iowa PCA may make direct investments into the Behavioral Health Service System with access funds. All access funds expenditures must align with the allowable activities categories below.

Allowable Activities

- Information Systems
 - Collecting and analyzing treatment and prevention data to monitor performance and outcomes. Costs for electronic health record changes and/or updates and other health information technology may also be considered under this category.
- Infrastructure Support
 - Activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include startup funding to establish or expand access to services, cost associated with maintaining access to services, recruitment and development of a highly qualified workforce, development and maintenance of a crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.
- Partnerships, Community Outreach, and Needs Assessment
 - Time and materials to support planning meetings, coordination of services, information collection, analysis, and travel.
 - Community and network development activities, such as marketing, communication, provider & stakeholder collaboration, and public education.
 - Needs assessment expenditures may include projects to identify the scope and magnitude of a problem, available resources, gaps in services and strategies to close those gaps.
- Quality Assurance and Improvement

- Activities to improve the overall quality of services, including assuring conformity to acceptable professional standards, adaptation, review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes and feedback.
 - Administrative agency contracts to monitor service-provider quality and independent peer review activities.
- Research and Evaluation
 - Program performance measurement, evaluation, and research, such as clinical trials and demonstration projects to test feasibility and effectiveness of a new approach and the dissemination.
- Training and Education
 - Evidence-based skill development and continuing education for personnel within a CBO or Administrative Service Organization. Training may relate to service delivery (prevention, early intervention, treatment, recovery, and crisis), system development (i.e.: train-the-trainer), and/or stigma reduction. Typical costs include training fees, expense reimbursements to employees, trainer(s) and support staff for attendance and certification expenditures.
- Recovery Support Services (RSS) Transportation
 - Description: The CBO may offer transportation services for recipients' travel to and from treatment and recovery services. RSS Transportation includes bus passes, gas cards, and ride share vouchers.
 - Requirements: RSS Transportation is available to CMHC's, SUPTRS Designated CBOs, and Crisis CBOs only. The CBO must track all RSS Transportation dispensed within service recipient records for monitoring purposes. This documentation must include dates that transportation services were provided, the exact cost of each service, and who the service recipient is. The provided RSS Transportation service must be prudent and efficient with respect to the service recipient's destination and other available means for travel. Documentation must also include a Receipt Form for each RSS Transportation service provided. The Receipt Form must be signed by the recipient, must show which RSS Transportation service was provided, and the exact service cost. Before additional RSS Transportation can be distributed, the recipient must provide a receipt/invoice showing the use of the service. This receipt/invoice must be returned to the CBO for verification that the service was used in alignment with this guidance.
 - Restrictions: Recipients must meet all applicable service recipient eligibility requirements as outlined in Iowa Administrative Rules 441—301.1(225A). Recipients must be 18 years of age or older. Persons may not utilize RSS Transportation if they are experiencing acute intoxication, need medical supervision, are experiencing active suicidal ideations, or present as being a harm to themselves or others. Limitations per service recipient are to be determined by the CBO.

Reporting

The CBO must submit bi-annual reports which utilize the Plan, Do, Study, Act (PDSA) cycle for improving a minimum of two of the Key Performance Indicator options listed below. The first bi-annual report will cover the “Plan” phase of the PDSA cycle and is due on February 15th of the current reporting period. The second bi-annual report will include the “Do”, “Study”, and “Act” phases of the PDSA cycle, and is due July 31st following the end of the current reporting period.

The reporting period be the same as the period of performance for the CBO contract. If the due date falls on a weekend, the report will be due on the adjacent weekday. A SUPTRS Access Funds reporting guide is provided (see attachments/forms) which outlines the information required in each of the bi-annual reports. Reports must be submitted to the Iowa Primary Care Association for review and approval.

NIATx Model

Access Funds performance measures and reporting will utilize principles from the Network for the Improvement of Addiction Treatment (NIATx) model. For additional information on choosing Key Performance Indicators, appointing a Change Team, or developing and deploying walk-through exercises, refer to the “NIATx Workbook” attachment.

Key Performance Indicator Options

- Reduce waiting times
 - Defined as the time/date of initial contact to time/date of admission to the recommended level of care.
- Reduce no-shows
 - Defined as attendance at the service recipients first scheduled service.
- Increase admissions
 - Defined as the number of individuals admitted to substance use and/or gambling disorder treatment.
- Increase continuation/retention
 - Defined as the number of individuals receiving a discharge status of “treatment completed.”

Walk-through Exercises

Activities designed to help CBO staff experience a process from a service recipient’s perspective. These activities also assist in identifying things that are not working in a process and provide front-line staff opportunities to share ideas for improving a process. Examples of walk-through activities include, but are not limited to:

- Simulated initial-contact phone calls
- Simulated intakes
- Simulated scheduling & reminder messages

Change Team

A multidisciplinary team, typically consisting of up to seven CBO staff members, which is appointed to assess and enact change within a process or performance indicator. A change

team will also appoint a Change Leader, who is not a member of the CBO's senior leadership, but has the ability to communicate with all levels of CBO leadership to carry out activities within the Change Team.

Additional Notes and Attachments/Forms

- RSS Transportation Receipt Form
- SUPTRS Access Funds Bi-Annual Report Outline
- NIATx Workbook
- Eligibility Form

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.

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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