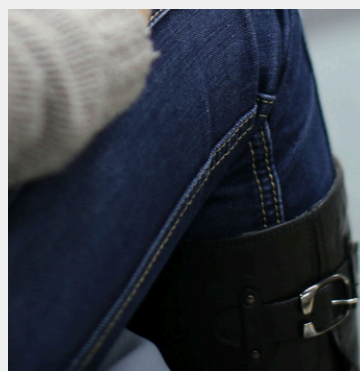
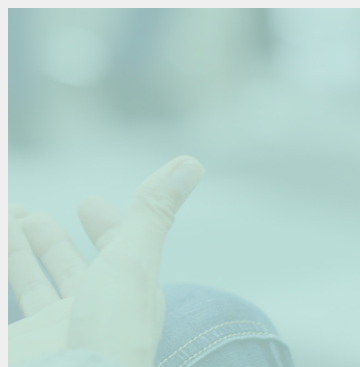
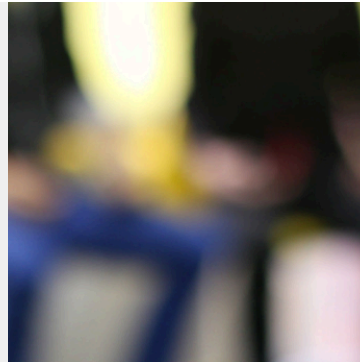


Iowa's Behavioral Health Service System

District 3 Profile and Plan

October 2025



Introduction

As a part of Iowa Health and Human Services’ (Iowa HHS) efforts to develop a new Behavioral Health Service System, a comprehensive review was conducted to begin understanding each of the Behavioral Health Districts. Information from the review was used to create a unique profile for each District. This profile is a part of a larger assessment process. Additional assessment activities to further understand the behavioral health work within each District will take place starting late summer 2025.



District 3

This document contains both the behavioral health profile for District 3 and a plan for year one activities that will take place within the district from July 1, 2025 – June 30, 2026.

District Behavioral Health Profile

Geography

District 3 encompasses 16 counties across North Central and Northeast Iowa and has a population of 294,400.

Most counties in District 3 are rural with three counties classified as micropolitan and no counties classified as metropolitan.

County Classification	Total
Rural County (fewer than 20,000 people)	13
Micropolitan County (20,000 - 49,999 people)	3
Metropolitan County (more than 50,000 people)	0

Source: CDC Wonder 2023 Population Estimates; Iowa HHS System Snapshots, 2024

Demographics

District 3 is primarily comprised of individuals who identify as Not Hispanic or Latino (92%), White (94%), and in the age group of early to middle adulthood (ages 25 - 64, 47%).

District 3 – 2023 Demographics			
Age Groups		Race	
0 - 4 years	6%	American Indian or Alaska Native	1%
5 - 19 years	19%	Asian	1%
20 - 24 years	6%	Black or African American	2%
25 - 64 years	47%	Native Hawaiian or Other Pacific Islander	<1%
65+ years	22%	White	94%
		More than one race	2%
Sex		Ethnicity	
Female	50%	Hispanic or Latino	8%
Male	50%	Not Hispanic or Latino	92%

Source: CDC Wonder 2023 Population Estimates

Risk Factors

Some major modifiable risk factors for behavioral health conditions and disorders include poverty, transportation needs, poor mental health, and access to mental health professionals.



Poverty

Almost half of counties (44%) in District 3 have a higher percentage of people living below the poverty rate compared to the State of Iowa.

Range of Percent Below Poverty Rate in

District 3: 5.9– 15.2%

Avg of Percent Below Poverty Rate in Iowa: 11.1%



Poor Mental Health

Half of counties (50%) in District 3 report a higher number of poor mental health days per month compared to the State of Iowa.

Range of Poor Mental Health Days per

Month in District 3: 4.2 – 5.1

Avg of Poor Mental Health Days per Month in Iowa: 4.5



Transportation

Five counties (31%) in District 3 report a higher number of households with no vehicles compared to the State of Iowa.

Range of Households with No Vehicles in

District 3: 2.0 – 7.5%

Avg of Households with No Vehicles in Iowa: 5.6%



Mental Health Access

A majority of counties (88%) in District 3 have a shortage of mental health professionals.

Iowa: 88 out of 99 counties (89%) have a shortage of mental health professionals

Source: Iowa HHS System Snapshots, 2024

Outcome Data

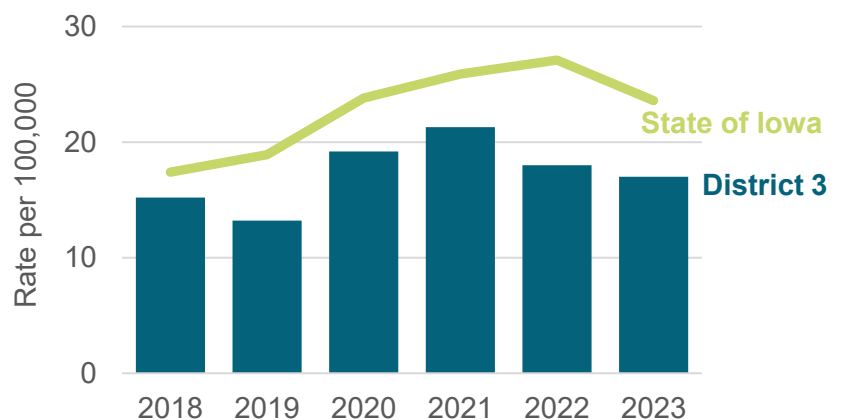
Iowans want to build healthy, resilient families and communities and reduce the number of youths, family members, and neighbors impacted by substance-involvement, overdose, or suicide. A breakdown of alcohol-involved mortality, tobacco use, overdose mortality, and suicide for District 3 can be found below.

Alcohol

District 3 saw an increase in alcohol-involved mortality rates from 2018 to 2021 with rates ranging from 13 deaths to 21 deaths per 100,000. District 3's alcohol-involved mortality rate decreased between 2021 and 2023, however the rates are still higher than what was observed in 2018 and 2019.

Source: Iowa HHS, Bureau of Health Statistics, 2018-2023.

Alcohol-involved mortality rates, 2018-2023

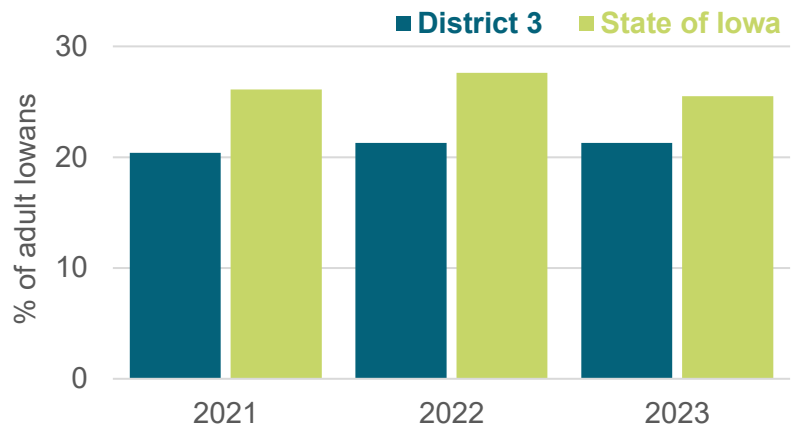


Tobacco

Between the years of 2021 to 2023, District 3 saw a lower percentage of adults reporting any current tobacco use compared to the State of Iowa average. This percentage has remained constant at around one in five adults (ranging from 20% to 21%) reporting any current tobacco use between 2021 and 2023.

Source: Iowa HHS, Behavioral Risk Factor Surveillance System, 2021-2023.

Percent of adult Iowans who report any current tobacco use, 2021-2023

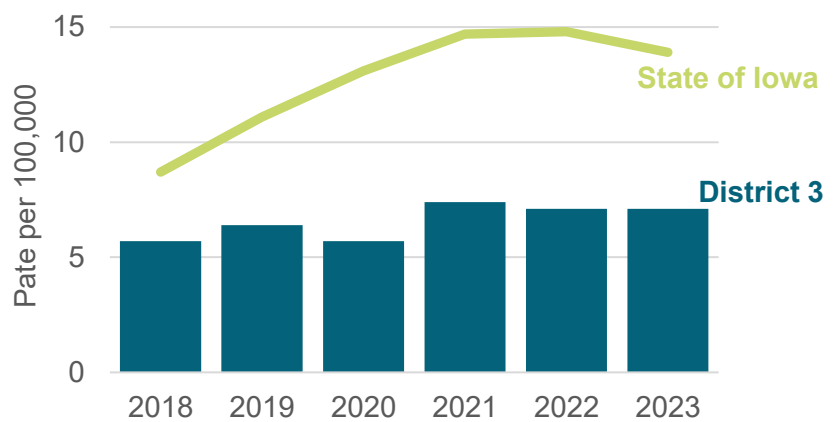


Overdose

District 3's all drug-involved overdose mortality rate* was about half that of the State of Iowa's from 2019 to 2023, ranging from around 6 to 7 deaths per 100,000. The all drug-involved overdose mortality rate in District 3 peaked in 2021 but has remained rather constant during this time.

Source: Iowa HHS, Bureau of Health Statistics, 2018-2023. *Some rates may be unstable due to counts less than 16.

All drug-involved overdose mortality rates*, 2018-2023

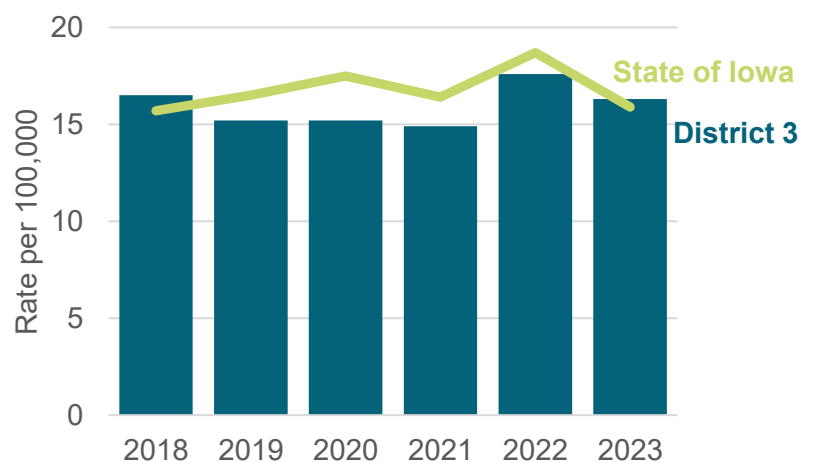


Suicide

District 3's suicide mortality rate has been similar to or slightly below the State of Iowa's between the years of 2018 to 2023. The suicide mortality rate in District 3 has ranged from 15 to 18 deaths per 100,000 between 2018 and 2023. In 2023, the suicide mortality rate for District 3 and the State of Iowa were both around 16 per 100,000.

Source: Iowa HHS, Bureau of Health Statistics, 2018-2023.

Suicide mortality rates, 2018-2023



Behavioral Health Continuum

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. 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. Iowans recognize the importance of access to a full continuum of behavioral health that includes prevention, early intervention, treatment, recovery support and crisis services.

The following section describes each of the behavioral health continuum areas and the current Iowa HHS contracted safety net network providers and organizations in the district. Providers that were formerly a part of the Integrated Provider Network (IPN) have specialized training and infrastructure developed to adhere to the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant requirements, and are designated to receive SUPTRS Block Grant funding as a result. Additional providers and organizations provide behavioral health services in the district but are not currently funded by Iowa HHS. This section also includes the vision for what each continuum area will look like in the district in the new Behavioral Health Service System.

Prevention

Prevention is defined as strategies or efforts organized to prevent the development of behavioral health disorders.

District 3 Current State - The current prevention network includes prevention services primarily focused on substance use, gambling and tobacco prevention through:

- **SUPTRS Designated Providers** - A statewide, community-based, resiliency and recovery-oriented system of care for substance use and problem gambling services (prevention, treatment, and recovery support).



4

SUPTRS Prevention Designees

- **Tobacco Community Partnerships (CPs)** - Community partnerships support and implement tobacco prevention and control within communities in Iowa.



7

Tobacco Community Partnerships

Vision for Prevention – Prevention promotes resiliency and healthy behaviors. Investing in prevention results in a reduced need for treatment and recovery services because preventing behavioral health disorders is easier than treating them. Prevention seeks to reduce risk factors and strengthen protective factors associated with behavioral health outcomes. Prevention efforts include activities and services that focus on education, skill development, policy work and decreasing stigma in Iowa communities. Most prevention programs in Iowa have focused on substance use and problem gambling topics and will expand to include focus on the prevention of mental health disorders.

Early Intervention

Early intervention is defined as interventions, services and support to at-risk individuals to address early symptoms and/or prevent the development of behavioral health disorders.

District 3 Current State - Safety net service systems for behavioral health have historically funded early intervention activities through various practices and models across the continuum; however:

- Efforts have not been systematically categorized or recognized as a distinct part of the continuum; and
- Some early intervention programs and practices, especially those for young children, occur outside of the behavioral health safety net system.

Vision for Early Intervention – Iowa HHS and Iowa’s Behavioral Health Administrative Services Organization (BH-ASO) will utilize the state plan to implement strategies aimed at prioritizing and organizing early intervention efforts as a first step in identifying and establishing these services as a safety net component of Iowa’s Behavioral Health Service System. Early intervention is a phrase used to describe a spectrum of services that aim to delay or mitigate the long-term impacts associated with behavioral health disorders. Notably, most of these services do not require a person to have a diagnosis as a part of its definition, because they are aimed at preventing the development, reducing the symptoms, and/or delaying the onset.

Treatment

Treatment is defined as clinical outpatient, inpatient and residential care for individuals with a behavioral health disorder/s.

District 3 Current State – Behavioral health treatment is available through a network of safety net service providers within District 3, including:

- **Certified Community Behavioral Health Clinics (CCBHCs)** - A qualifying clinic that must provide nine specific outpatient services and must be able to directly provide mental health and substance use services to children, youth, and adults with serious mental illness, serious emotional disorders, and substance use disorders. CCBHCs serve **anyone** who walks through their doors.
- **Community Mental Health Centers (CMHCs)** – Centers designated by Iowa HHS according to Iowa law. CMHCs are required to provide a set of core services to defined target populations.



- **SUPTRS Designated Providers** – A statewide, community-based, resiliency and recovery-oriented system of care for substance use and problem gambling services (prevention, treatment, and recovery support).



5 SUPTRS Treatment Designees

4 – outpatient substance use disorder treatment

1 – residential substance use disorder treatment program

The treatment network also includes specialty treatment pathways as a part of the safety net service system. These treatment pathways focus on specific target populations and include:

- Psychiatric medical institutions for children (PMIC);
- Youth residential treatment for substance use disorders;
- Medication units or opioid treatment programs;
- Outpatient gambling treatment;
- Women and children (tailored programs for pregnant and parenting individuals with a substance use disorder);
- Subacute wrap-around services.

Vision for Treatment – The treatment system is the most developed out of the five behavioral health continuum components. While the system offers an array of comprehensive services that support the well-being of Iowans, the system is still in need of expansion. Iowa HHS and the BH-ASO will work alongside Iowans to begin this expansion through the following: 1) Improve system coordination which will include the development of statewide system navigation, and 2) Improve access to behavioral health which will begin with District assessment and planning. System navigation will aid Iowans who find it difficult to navigate the array of services and supports available for behavioral health disorders and District assessment and planning will begin assessing the needs of Iowans across the state and identify strategies for improving access to behavioral health services.

Recovery

Recovery is defined as non-clinical support that promotes recovery, wellness and connection. Recovery can also mean the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

District 3 Current State - The main recovery pathways and supports that Iowa HHS funds include:

- **Peer Run Centers and Programs**
 - **Recovery Community Centers** - Peer run programs that serve individuals with substance use disorders through peer supports and services.



0 Recovery Community Centers

- **Recovery Services** - Other peer programs that serve individuals with mental health disorders through peer supports.
- **Wellness Centers** - Places where people with mental health conditions have a space of their own to learn new skills, set goals for a healthy lifestyle, socialize and provide help for others.
- **Projects for Assistance in Transition from Homelessness (PATH)** – Programs that serve people with serious mental illness, or with co-occurring substance use disorder, experiencing homelessness.
- **Recovery Housing** - Supportive living environments designed for individuals recovering from substance use disorders.



6 Wellness Centers



0 PATH Programs



0 Certified Recovery Houses

Vision for Recovery – Recovery from behavioral health disorders is the expectation rather than the exception. Recovery as a part of the behavioral health continuum is not new but it hasn't been around as long as the others. Recovery having its own space in the continuum recognizes that not all individuals will begin or maintain recovery through traditional pathways and that people may need lifelong support to maintain their health and well-being. As such, it is vital to have multiple pathways by which people can live self-directed lives and strive to reach their full potential. One of the most significant challenges with recovery is that it is not funded like traditional pathways, and it has not typically been as well supported. Iowa HHS and the BH-ASO alongside Iowans will change that by highlighting recovery a priority for all involved and this will save lives. The first step for recovery is to participate in assessing the needs of Iowans across the state and identify strategies for improving access to behavioral health services.

Crisis

Crisis is defined as community-based services that focus on the immediate de-escalation and relief of the distress associated with a behavioral health crisis.

District 3 Current State – The continuum of crisis services in Iowa includes:

- **Crisis Stabilization Residential Services (CSRS)** - A short-term alternative living arrangement designed to de-escalate a crisis and stabilize an individual following a mental health crisis.



3 CSRSs

1 – CSRS for adults
2 – CSRSs for children

- **Access Centers** – Centers that provide a variety of services for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home and community-based settings.
- **Twenty-three Hour Observation and Holding** - A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.
- **Mobile Crisis Response** - A mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health wherever the crisis is occurring.
- **Crisis Stabilization Community-based Services (CSCBS)** - Short-term services, designed to de-escalate a crisis and stabilize an individual following a mental health crisis, provided where the individual lives, works or recreates.



0 Access Centers



1 23-Hour Observation Program



3 Mobile Crisis Services Organizations



3 Crisis Stabilization Community-Based Services Organizations

Vision for Crisis – An essential component of a comprehensive Behavioral Health Service System is crisis care, ensuring that there is someone to talk to, someone to respond and a safe place to go. The current array of crisis services was developed by Iowa's Mental Health and Disability Services Regions and is not fully 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 care and provided a report. The recommendations address expanding and supporting a high-quality behavioral health crisis workforce, streamlining access to reduce confusion for people in crisis, and providing responsive crisis care across the lifespan.

This profile summarizes the size, population, risk factors, outcome data, and current behavioral health network of the district. The profile also provides a vision for future District 3 behavioral health activities. As mentioned above, this profile is a part of a larger assessment process. Additional assessment activities to further understand the behavioral health work within each district will take place starting fall 2025.

District Behavioral Health Plan - Year One

On May 15, 2024, Governor Reynolds signed House File (HF) 2673 to implement a new Behavioral Health Service System for Iowa beginning on July 1, 2025. The bill directed Iowa HHS to create behavioral health districts and identify BH-ASOs to oversee each district. This district behavioral health plan provides information about the tasks the BH-ASO will undertake to ensure the successful transition from previous mental health and addictive disorders systems to the new behavioral health service system.

The year one district plan includes work centered around four main activities:

1. Ensuring continuity of care;
2. Establishing the team and the work for System Navigation;
3. Developing a further understanding of the behavioral health district; and
4. Creating a plan for year two activities.

Plan Timeline

Starting July 1, 2025, and continuing through June 30, 2026:

- Ensure continuity of care by:
 - Maintaining and building the Behavioral Health Safety Net Service System;
 - Engaging with existing providers of services to explore growth opportunities with regional boundaries dissolving;
 - Helping partners navigate changes within the district;
 - Providing education and technical assistance to behavioral health providers and practitioners;
 - Monitoring contracts with behavioral health providers for prevention, treatment, recovery, and crisis services;
 - Proactively communicating to policymakers, providers, community partners, and statewide associations about the implementation process.
- Establish the team and the work for system navigation by:
 - Developing processes and protocols for system navigation, in conjunction with Iowa HHS;
 - Hiring and training system navigators for the district;
 - Partnering to triage and communicate through the year one transition;
 - Developing workflows for consent and needs identification, service matching and closed loop referrals, and follow up and coordination;
 - Enhancing websites to feature information for Iowans and reinforce communications to all stakeholders;
 - Promoting Your Life Iowa as a brightly lit front door for calls, emails, and texts.

Starting September 1, 2025, and continuing through March 31, 2026:

- Develop a further understanding of the behavioral health district by:
 - Gathering information from providers about current activities and services.
 - Completing a district level assessment to inform system efforts that includes:
 - An overview of behavioral health activities and services throughout the district;
 - A summary of partnerships, strengths, and needs; and

- A gap analysis that identifies unmet needs and critical gaps to be addressed within the district.
- Create a plan for year two activities by:
 - Sharing assessment results with partners and stakeholders; and
 - Collaborating with partners and stakeholders to identify district-level activities to:
 - Meet state Behavioral Health Service System tactics;
 - Provide the full continuum of behavioral health services within the district, for people throughout the lifespan;
 - Ensure district-wide, equitable access to the full continuum of behavioral health services;
 - Ensure specialized services are provided with a focus on at-risk individuals and at-risk populations.

Support for District Plan Activities

District plan activities will be supported through guidance and technical assistance to the BH-ASO by the District Behavioral Health Advisory Council and Iowa HHS.

District Advisory Council

As a part of the new Behavioral Health Service System, HF2673 directed the BH-ASO to establish a District Behavioral Health Advisory Council for each district to:

- Identify opportunities and address challenges throughout the implementation of the district behavioral health plan.
- Provide advice and feedback on behavioral health policies.
- Share information about how to best provide access to behavioral health prevention, education, early intervention, treatment, recovery support, and crisis services throughout the district.

The bill also outlined the membership requirements for each district advisory council including total number of members and the expertise needed to fulfil the advisory council's duties. The names of the district's advisory council members are listed below. To see county and role representation of advisory council members, please visit the [District Advisory Council Seats map](#).

District 3 Behavioral Health Advisory Council Members

Jeff Brinkley
Michelle Vore
Jen Stolka
Lindsay Stack
Christina Maulsby

Jennifer Riley
Ashley Evans
Heidi Nederhoff
Ryan Shawver
David McDaniel

Iowa Health and Human Services

Using Iowa's shared responsibility model, Iowa HHS will support the BH-ASO's work in implementing year one district plan activities by:

- Developing policies and procedures for behavioral health activities and services;
- Implementing statewide activities that complement the work done within the district;
- Providing education and technical assistance to the BH-ASO;
- Working collaboratively with the BH-ASO to address district needs; and
- Reporting progress related to Behavioral Health Service System activities and milestones via District Advisory Councils, behavioral health townhalls, and the HHS webpage.

