

Iowa's Behavioral Health Service System Year One

Introduction

In May 2024, House File 2673 was signed, combining mental health and substance use services into one integrated system, now called the Behavioral Health Service System (BHSS). This new system combined three existing systems into one; the integrated community-based organization network (IPN) that focused on substance use and problem gambling prevention, treatment, and recovery services, part of the mental health and disabilities regions (MHDS), and tobacco community partnerships (CPs) which provided tobacco services and resources across the state. Iowa's BHSS was developed to support mental health and addictive disorders across prevention, early intervention, treatment, recovery support, and crisis services. Addictive disorders include but are not limited to alcohol use, substance use, tobacco use, and problem gambling. While problem gambling services are included in the BHSS, details regarding this topic are included in a separate legislative report.

This new system launched on July 1st, 2025, with Iowa Primary Care Association (Iowa PCA) taking on the role as the Behavioral Health Administrative Service Organization (BH-ASO). As the BH-ASO, Iowa PCA is responsible for the development, planning, and administrative services in accordance with the district behavioral health service system. To ensure BH services were provided across the state, a map (Figure 1) was created that unified the state into seven behavioral health districts. These districts were designed through collaboration with Health Management Associates (HMA) and through utilizing data and input from the public and other external and internal stakeholders.

Based on feedback from statewide partners through townhalls, roundtable discussions, and other conversations, Iowa HHS developed a Behavioral Health Service System Statewide Plan. This plan outlines the desired outcomes of the new service system, and the means with which the system will be operationalized and implemented. The Behavioral Health Statewide plan defines the components of the service system and how they will work together to ensure consistent, statewide access to behavioral health services. The overall outcomes of the statewide plan are as follows:

- **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 stigma associated with asking for care and support.**

- **Improve health outcomes and decrease the number of Iowans who die due to substance-involvement, overdose, or suicide.**

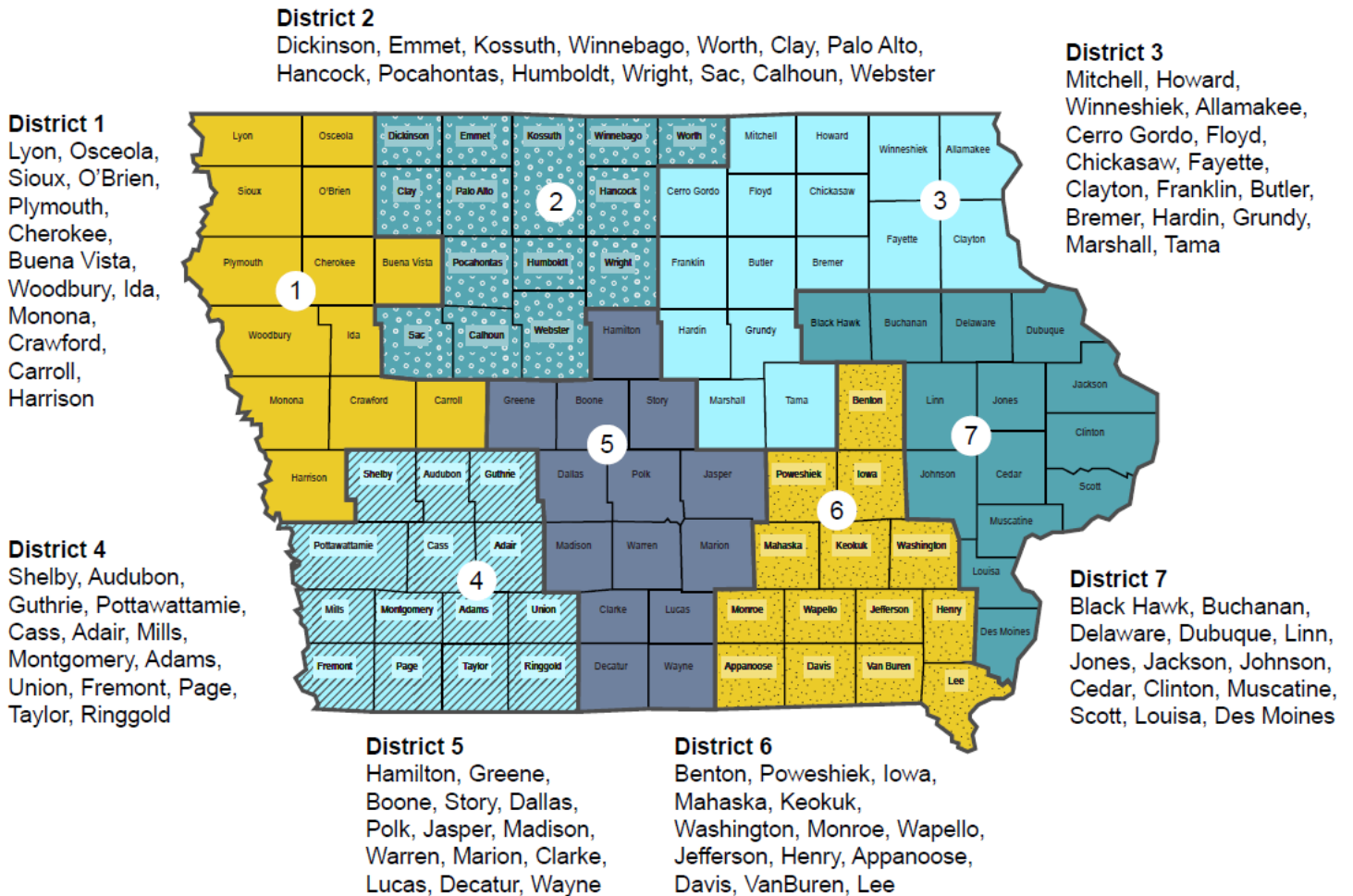


Figure 1. State of Iowa Behavioral Health Districts.

These five outcomes have been the guiding principle behind all planning and implementation of the new service system in the first year of its launch. Also outlined in the statewide plan are the five continuum lanes that comprise the new service system. Definitions and descriptions of each of the five behavioral health continuum lanes are outlined below.

- **Prevention:** strategies or efforts organized to prevent the development of behavioral health disorders.
- **Early Intervention:** interventions, services and support to at-risk individuals to address early symptoms and/or prevent the development of behavioral health disorders.
- **Treatment:** clinical outpatient, inpatient and residential care for individuals with a behavioral health disorder(s).
- **Recovery:** 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.

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

To review the full Behavioral Health Service System Statewide Plan, please click [here](#).

Fiscal Reporting and Spend Down for Year One of the Behavioral Health Service System

The following section includes the Division of Behavioral Health, Iowa HHS SFY26 budget and funding sources.

Table 1. SFY26 Budget by BH continuum lane and Program.

Program	SFY26 Budget (millions)
Prevention/Early Intervention	\$14,052,571
Treatment	\$50,914,105
Recovery	\$12,949,312
Crisis	\$32,351,748
Administration	\$5,821,666
Additional Opioid Programs	\$17,000,000
Training/Public Awareness	\$6,150,300
System Navigation	\$9,586,970
Iowa 229 Commitment	\$4,927,400
Other Efforts	\$16,409,935

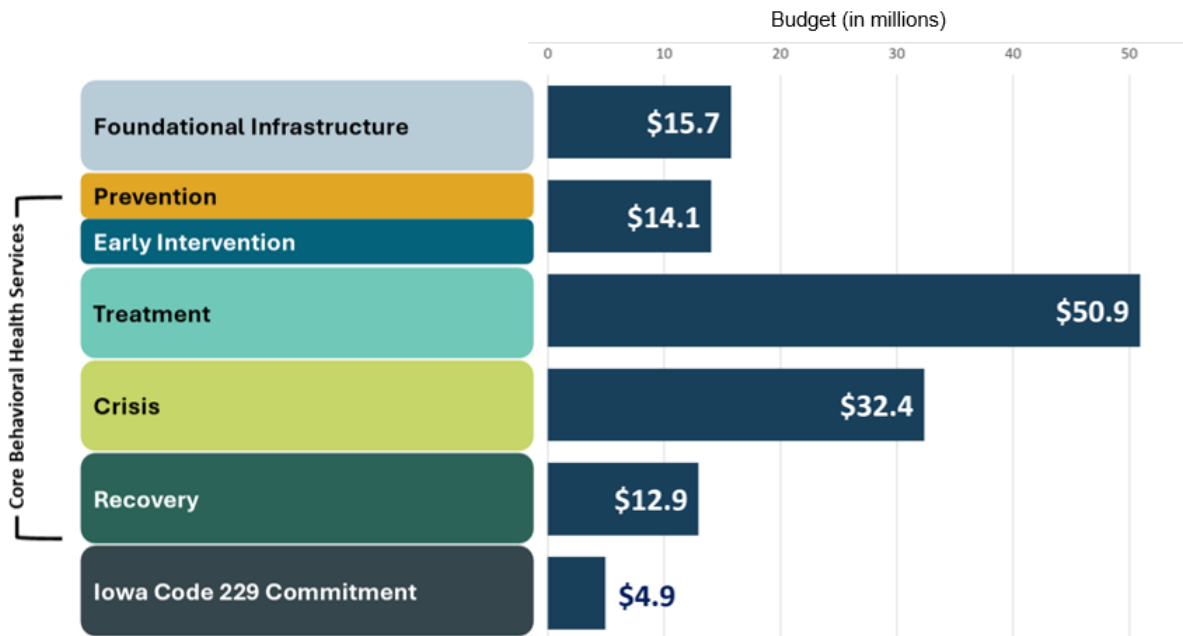


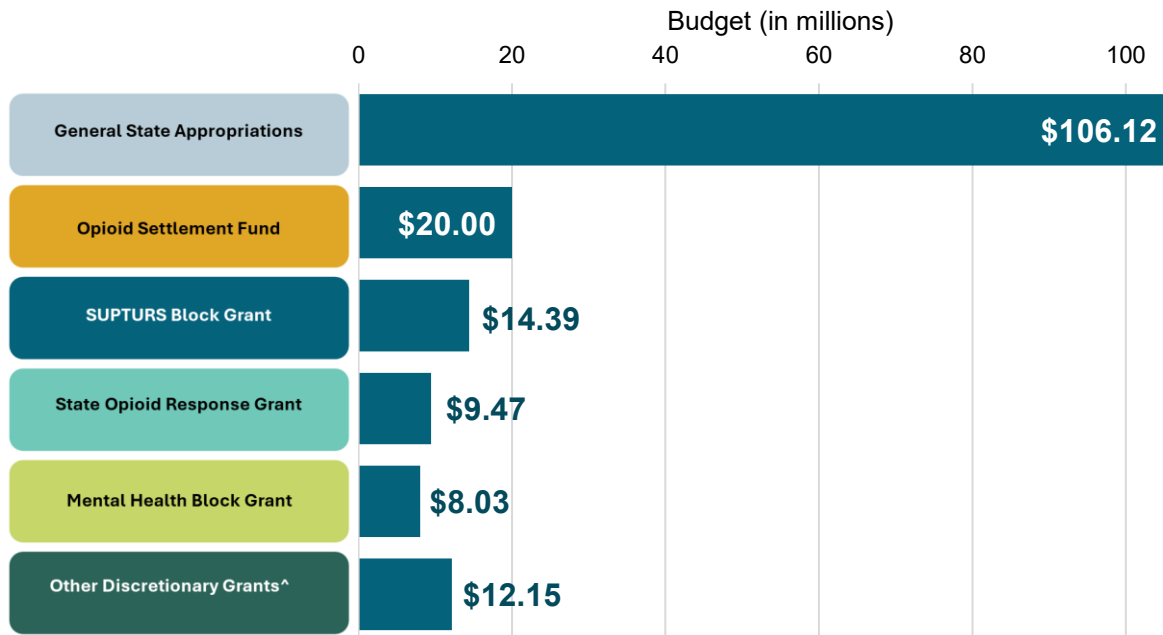
Figure 2. SFY26 Budget by BH continuum lane and Program.

Table 2. Funding Sources (in Millions)

Awards	Funding	Source
General State Appropriations	\$106,122,903.00	State
Opioid Settlement Fund	\$20,000,000.00	State
SUPTRS Block Grant	\$14,393,792.00	Federal
State Opioid Response Grant	\$9,465,676.00	Federal
Mental Health Block Grant	\$8,031,128.00	Federal
Overdose to Action Grant	\$3,379,438.00	Federal
988 Grant	\$2,056,753.00	Federal
Alcohol Related Deaths Grant (ended 2/27/26)	\$1,250,000.00	Federal
Tobacco Grant	\$1,137,971.00	Federal
Transformation Initiative Grant	\$995,878.00	Federal
Pregnant & Postpartum Women Grant (ends 9/29/26)	\$900,000.00	Federal
GLS Suicide Grant	\$735,000.00	Federal
Bipartisan Safer Communities Act Grant	\$628,259.00	Federal
Projects for Homelessness Grant	\$460,253.00	Federal
Strategic Prevention Grant (ends 9/29/26)	\$417,140.00	Federal
BH Services Information System Grant	\$189,816.00	Federal
Total (does not include other HHS internal support)	\$170,164,007.00	

Figure 3. Funding Sources (in Millions)

Evaluation of the Outcomes from the Behavioral Health Service System Statewide Plan



The following section will demonstrate progress and future planning towards achieving the five major outcomes listed in the Behavioral Health Service System Statewide Plan. Data included in this report are from the time frame of **7/1/2025-3/31/2026**, unless otherwise specified.

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

Prevention

Starting on August 1st, 2025, the Division of Behavioral Health, Iowa HHS, launched the new Prevention Reporting System (PRS). The PRS is a data collection tool, capturing data from substance use disorder (SUD), problem gambling (PG), and tobacco prevention (TP) Community Based organizations (CBOs). Historically, these data were collected across different systems, but the PRS allows CBOs to submit their data with one tool, streamlining the process, while also integrating the behavioral health prevention system. Collecting this data is not only required for monitoring implementation of prevention efforts but it will also aid the BHSS in data driven decision making.

Evidence-based practice, program, or policy generally refers to approaches to prevention that are validated by a form of documented evidence. Evidence often is defined as findings established through scientific research, but other methods of

establishing evidence are considered valid as well. Evidence-based practices (EBPs), programs or policies have a high likelihood of producing positive prevention outcomes. The PRS collects data related to the number and type of implemented EBPs for prevention community-based organizations across the state. The data below (Figure 4) demonstrates the EBPs that have the highest number of participants across Iowa. The top 5 EBPs target elementary, middle school, and high school populations (age range 5-17) with a total of 4,061 youth reached. Generation Rx ranks in the top 6 of highest EBP participants (age range 45+) with 375 individuals reached through this EBP. Iowa HHS has placed a large focus on youth-related prevention efforts, but these data demonstrate that there are prevention efforts targeted across the lifespan. As the BHSS continues to develop, Iowa HHS will continue to track prevention related data to make sure Iowans are receiving targeted prevention services that align with the Behavioral Health State Plan.

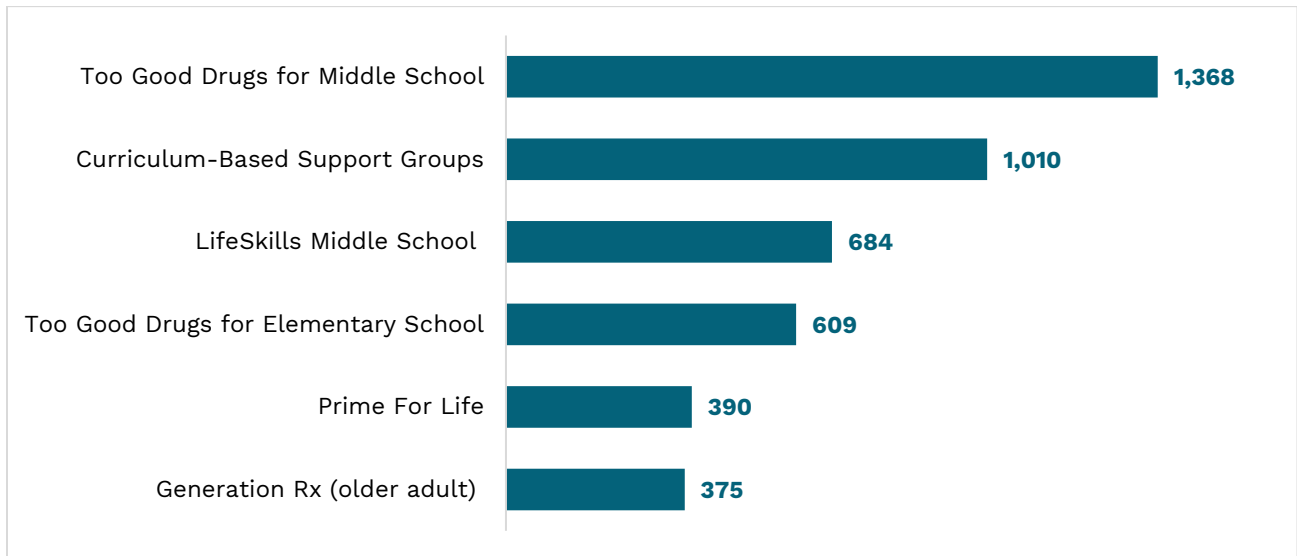


Figure 4. The most widely implemented prevention evidence-based programs across Iowa. Data Source: Prevention Reporting System. Iowa HHS. Data accessed 4/16/2026.

Direct service hours (the actual time spent providing prevention services with the identified populations) are tracked within the PRS by county. Examples include but are not limited to:

- Implementing evidence-based or other curriculum to youth or adults in schools or other community settings.
- Actively participating in public forums or with public officials to educate and assist with local policy changes.

Direct service hours are closely monitored to ensure that all counties across the State of Iowa are receiving prevention services. From July 1st, 2025-March 31st, 2026, there was a total of 13,510.5 direct service hours recorded across the state. This averages to be just under 2,000 direct service hours per month. The high volume of hours being reported by prevention CBOs speaks to the level of effort Iowa HHS and

prevention agencies have demonstrated this fiscal year to reach as many lowans as possible. While there are many direct service hours reported, there are some counties and districts that have lower direct service hours than others. Iowa HHS and Iowa PCA will work with prevention CBOs to ensure counties with lower direct service hours are receiving efficacious prevention services.

In addition to problem gambling and substance use prevention, the Behavioral Health Service System (BHSS) has a comprehensive tobacco prevention network. One important aspect of tobacco prevention includes the passing and implementation of tobacco-free and nicotine-free policies. Tobacco-free and nicotine-free policies are crucial for reducing involuntary exposure to secondhand smoke and vapor, preventing initiation of nicotine addiction, and encouraging quitting. These policies improve public health, reduce healthcare costs, increase productivity, and promote cleaner environments. They are critical for creating healthier, safer, and cleaner environments in workplaces, public spaces, and campuses. From July 1st, 2025-March 31st, 2026, there were a total of 63 policies that were passed or adopted across the state. As tobacco and nicotine use continues to rise in Iowa and contributes to cancer rates, the passing and implementation of additional tobacco and nicotine-free policies will be instrumental in lowering the use and harms of tobacco and nicotine in Iowa.

Early Intervention

System Navigation was a strategic initiative launched as a part of the new BHSS on July 1st, 2026. Iowa HHS and Iowa PCA recognized access to behavioral health services as one of the most challenging parts of an Iowan's experience and created system navigation in response. BH system navigation helps lowans understand and access the services they need by educating them on available services and options, helping to schedule appointments, connect to support groups and other resources, and helping to address barriers to care. There are no eligibility requirements for BH system navigation, and it is provided at no cost to the individual. To date, there is a total of 42 system navigators that are employed by Iowa PCA to offer resources and support to lowans.

From July 1st, 2025-March 31st, 2026, there was a total of 33,749 total calls (9,897 inbound calls, 23,852 outbound calls) with system navigation. A phone call is any call made or received by a system navigator. This may include direct client or provider contacts, outreach, or triage.

lowans contact system navigation for a variety of supports and resources. To provide relevant information to lowans, the reason for the contact is tracked (Figure 5). The top five reasons lowans are contacting system navigation is for mental health referrals, housing, substance use, and benefits. Iowa HHS and Iowa PCA will continue expanding resources available to system navigators, with a growing emphasis on mental health promotion and education to ensure lowans can access needed services.

System navigators continue supporting clients even after clients have been referred or gain the help they are seeking. The following two success stories highlight the reach and impact of system navigation within the BHSS and across Iowa.

“An individual experiencing homelessness with their spouse and four children was transferred to our system navigation line from Your Life Iowa. Our system navigator supported the individual in walking her through resources and making more than 60 calls across the state, over the course of several days, to help her and her family secure permanent housing, employment, and obtain transportation.”

“A woman transferred to our system navigation line from Your Life Iowa. She tearfully expressed that she was on the brink of losing her employment if she did not receive treatment for her substance use. The system navigator supported her in receiving an evaluation, accessing inpatient treatment, and securing a grant to cover the cost of care, as she was uninsured. Following her inpatient treatment, the system navigator supported her in locating an AA meeting and counseling with a pastor at a local church.”

In addition to system navigation, Your Life Iowa (YLI) is a statewide resource designed to help individuals who are struggling with behavioral health concerns. Individuals can access resources on the YLI website or connect with behavioral health professionals via chat, call or text. From July 1st, 2025- February 28th, 2026, most YLI contacts were related to mental health (Figure 5). The “Other” category reflects broader social determinates of health that are separate from the categories below. Iowa HHS is working with YLI to streamline contact reason categories and use these to strengthen YLI resources, support system navigators and better meet community needs.

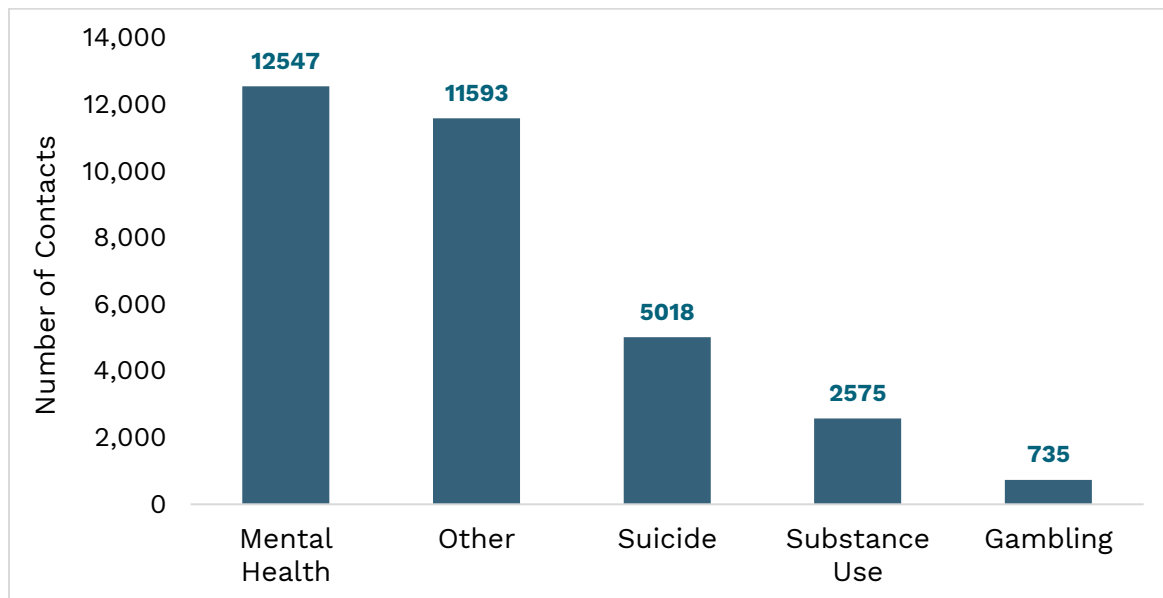


Figure 5. Reasons for contacting Your Life Iowa.
Data Source: Monthly YLI Reports. Data Accessed 4/22/2026.

Treatment

Prior to the implementation of the BHSS, treatment for gambling and substance use disorder were administered through the integrated provider network (IPN), and mental health services were administered through the mental health and disability services (MHDS) regions. Under these legacy systems, service Community Based organizations (CBOs) received payment for gambling and substance use disorder treatment services through the IowaGrants system in addition to submitting service data to the Iowa Behavioral Health Reporting System (IBHRS), while mental health or disability services CBOs submitted invoices to the MHDS Regions, who utilized a system called the Community Services Network (CSN) to track claims. The IBHRS system is run by Iowa HHS, but the CSN system was owned and operated by the Iowa State Association of Counties (ISAC). Both systems had disadvantages in that they utilized non-standard billing codes and required separate systems for claims payment and data reporting.

To overcome these issues, Iowa HHS leveraged existing technology to pay CBO claims. The Safety Net Management Information System (SNMIS) system was based on the architecture of the department's existing Medicaid Management Information System (MMIS), while keeping the two payment sources separate from each other. This allowed the agency to have a functional claims payment system up and running in a much shorter period and with less expenses than procuring and developing a new system or using one of the previously mentioned legacy systems. The SNMIS system allows CBOs to submit electronic claims in a nationally standardized, HIPAA and 42CFR part 2 compliant manner. Community-based organizations receive a standardized remittance advice file detailing how each claim was processed, in the same manner they do with other payers such as Medicare, Medicaid, and commercial insurance companies. All SNMIS payments are made by electronic funds transfer, which reduces community-based organization burden, consolidates two systems into one, and allows for further integration and alignment of historical systems into one BHSS. The Division of Behavioral Health continues to expand SNMIS to allow for additional claims of behavioral health services from community-based organizations across the state.

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 has recently been rapidly growing in Iowa. Recovery having dedicated 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 always been as well supported as other lanes. Research has shown that peer support has many positive benefits including reducing inpatient utilization (including rehospitalization), reducing the overall cost of health and behavioral health

services, increasing the use of outpatient services, increasing hope, quality of life, and engagement into services, and other positive outcomes linked to sustained recovery. The first step for the recovery system is to assess the needs of Iowans across the state and identify strategies for improving access to behavioral health recovery services.

Because HHS wants to support recovery wherever it may occur, peer coaching and peer support specialist services are reimbursable services in SNMIS to the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), Behavioral Health, and the CMHC fee schedules. This will significantly increase availability of these services and continue to reinforce multiple pathways of recovery approach for Iowans. The addition of these services as reimbursable, will provide more services for Iowans across the state and expand the comprehensiveness of BHSS. Definitions of what Recovery Peer Coaching and Peer Support Specialists can be seen below.

Recovery Peer Coach: A person with lived/living experience, either directly or through a current/former connection, involving a problematic substance use condition(s), and who supports other people experiencing similar challenges in a wide range of nonclinical activities.

Peer Support Specialist: A person with lived/living experience, involving serious mental health condition(s), and who supports other people experiencing similar challenges in a wide range of non-clinical activities.

Crisis

The 988 Suicide and Crisis Lifeline is a partnership between federal and state governments and local crisis centers to provide free and confidential crisis counseling through call, text, and chat. The 988 lifeline is available to anyone experiencing mental health, substance use, or suicidal crisis, or in emotional distress. Iowa has two 988 crisis contact centers, who in addition to call, text, and chat, also provide a direct connection to mobile crisis response and additional behavioral health services. With the launch of the BHSS, 988 has become the centralized crisis line, further integrating and aligning behavioral health into one complete system. Due to this centralization, Iowa has seen a significant rise in contacts to the 988 lifeline over the past state fiscal year. From July 1st, 2025-March 31st, 2026, there have been a total of 53,380 contacts to 988. The 988 contact centers have maintained an 88% answer rate, ensuring that Iowans are receiving the help they need when in crisis.

Iowa HHS contracted with the University of Northern Iowa to implement a statewide Health and Wellbeing survey for adults (aged 18+). The survey was available in English and Spanish with web and paper options available and nearly 3,500 individuals were surveyed across Iowa. Iowa HHS utilized this survey to gain knowledge about Iowans' awareness of behavioral health services. 72%, or 7 of 10 adult Iowans, responded that they were aware of 988². While almost three quarters of the state is aware of 988, but as the centralized crisis line, Iowa HHS hopes to increase this percentage and will continue to work to increase awareness to all Iowans.

To further integrate the BHSS, the following crisis services are billable through SNMIS: mobile response, crisis evaluation (including crisis screening and assessment), crisis stabilization-residential, crisis stabilization-community-based, and 23-hour observation and holding.

References:

²Park, K.H., Endres, K., Radunzel, J., and Heiden, E.O. (2026). *2025 Iowa Health and Wellbeing Survey, April 2026*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

Improve access to behavioral healthcare.

Prevention

To prevent substance use, tobacco and nicotine use, problem gambling and support early mental health intervention, Iowa youth are a key focus for the BHSS. One youth initiative within Iowa HHS is Iowa Students for Tobacco Education and Prevention (ISTEP). Historically, ISTEP focused on preventing youth tobacco and nicotine use but has expanded to cover the full spectrum of behavioral health. The program currently includes 55 active chapters across 32 Iowa counties with more than 1,400 participating youth members. Over the past year, ISTEP has made significant strides to expand reach, strengthen partnerships, and elevate youth voices. One of the most impactful developments has been ISTEP's partnership with the State of Iowa Youth Advisory Council (SIYAC) and the Youth Justice Council (YJC), supported by the Office of Youth and Family Engagement. This collaboration provided new opportunities for youth to advocate for mental health, share lived experiences, and influence statewide systems through events such as Youth Council Day on the Hill and Youth Shadow Week.

ISTEP Expansion Project: Broadening the Mission to Behavioral Health

Recognizing the growing mental health needs of Iowa's youth, ISTEP launched an expansion effort to evolve into a comprehensive youth behavioral health initiative. Five input sessions were held with youth council members, ISTEP Chapter Advisors, Tobacco Prevention CBOs, HHS Behavioral Health staff, and the HHS Adolescent Health Workgroup. Across every group, the message was clear: youth want holistic, upstream support that addresses mental health, connection, and belonging just as much as tobacco and nicotine prevention. This direct youth guidance has shaped the future direction of ISTEP, ensuring its programming meets the real needs of young Iowans.

Youth-Led Mental Health Focus at the 2025 ISTEP Summit

The 2025 ISTEP Summit exemplified what is possible when cross-division collaboration and youth leadership come together. Nearly 180 middle and high school students gathered at the Boone County Fairgrounds for a day of learning, connection, and empowerment. Led entirely by the ISTEP Council, 18 high school

students representing communities statewide, the Summit centered youth mental health as its primary theme. The Summit also demonstrated what strong inter-division collaboration looks like. The Office of Youth and Family Engagement and the Child and Adolescent Health team in the Family Health Bureau partnered closely with Behavioral Health staff to enhance the event. Title V funding enabled hands-on activities, facilitated discussions, and “Talking Wall” sessions, interactive spaces where youth shared honest feedback about their mental health needs and the types of support they find most meaningful. This collective effort brought mental health to the forefront in a way that resonated deeply with Iowa’s young people.

Toolkits Centered on Connection and Mental Well-Being

Beyond statewide events, ISTEP continues to support local student-led initiatives through annual toolkits planned by the ISTEP Youth Council. This year, two of the four toolkits were funded through the Family Health Bureau’s Child and Adolescent Health team and focused specifically on youth mental health and social connection. These toolkits empower ISTEP chapters to host activities that strengthen belonging, reduce stigma, promote coping strategies, and encourage safer conversations around mental health, all guided by ideas generated directly from Iowa youth.

The momentum of the past year reflects a growing, department wide commitment to elevating youth voice and strengthening behavioral health support for young people across Iowa. Through stronger partnerships, expanded programming, and an intentional focus on mental health, ISTEP has become more than a prevention program, it is a statewide platform for youth leadership, collaboration, and change. As ISTEP continues expanding, its impact will extend far beyond tobacco prevention, shaping a healthier and more supportive future for Iowa’s youth.

Additional prevention efforts to increase behavioral health access can be seen through the Overdose Data to Action in States (OD2A-S) grant, funded by the Centers for Disease Control (CDC). Through OD2A-S there have been several public health related policies passed, including Public Health and Public Safety Toolkit (PHAST) Policies and Healthcare Referral Policies. These policies help to increase access to overdose prevention supports and make treatment more accessible to Iowans. Using data, Iowa counties, alongside Iowa HHS, can make data-informed decisions to support coordinated and sustainable overdose prevention efforts. Eight Memoranda of Understanding (MOU) were executed in Linn, Scott, Blackhawk, and Johnson Counties. These MOUs were used to formalize leadership roles and strengthen cross-sector collaboration focused on reducing overdose deaths. These agreements defined public health and safety champions as visible and vocal leaders responsible for driving team activities, modeling mutual respect between public health and public safety disciplines, and promoting sustained engagement among multi-sector partners. The MOUs outlined expectations for champions to organize and engage new partners and resources, foster data-driven discussion and innovative problem-solving, and maintain forward momentum toward shared goals. Champion

organizations committed, through these agreements, to support team sustainability beyond the project period by contributing non-financial, in-kind resources such as staff time, expertise, data access, training, and operational support.

Two counties in Iowa, Linn and Scott, have adopted Healthcare Referral Policies.

There are two different facets of healthcare referral policies that are outlined below:

1. Health or clinical settings where protocols or policies have been implemented or improved for evidence-based SUD treatment.
2. Health or clinical settings where protocols or policies have been implemented or improved for evidence-based SUD referrals.

A total of 17 Healthcare Referral Policies have been adopted between these two counties. Linn County has 8 policies for SUD treatment and 8 policies for SUD Referrals. Scott County has 1 policy for SUD Referrals.

In addition to HHS cross-collaborative efforts and adoption of public health policies, Iowa HHS has worked to prevent opioid related-overdoses through the distribution of naloxone. Naloxone is a medication that rapidly reverses opioid overdoses by acting as an opioid antagonist. Naloxone has no adverse effects when administered to individuals who have not taken opioids but can prevent serious brain damage in individuals who are experiencing an opioid-related overdose. Through several different initiatives, Iowa HHS has partnered with local communities and organizations to increase the spread and awareness of naloxone. Between July 1st, 2025, and March 31st, 2026, the State Opioid Response (SOR) grant has funded the distribution of 19,679 naloxone kits which have resulted in 240 reported overdose reversals. In SFY27, Iowa HHS will continue to partner with local organizations to distribute naloxone and prevent overdose across Iowa.

Early Intervention

To improve access to behavioral healthcare, system navigation was created. For a more detailed description of system navigation, please see the information above in **Building an Integrated System** under the **Early Intervention** section. In addition to having system navigators available through phone, there are also system navigators available at physical locations to try to increase the availability of behavioral health resources. The district and physical location where these navigators are located can be seen on the map below (Figure 6). Based on feedback from stakeholders, local communities, and data, Iowa HHS and Iowa PCA will continue to expand the reach of system navigators to meet the needs of Iowans.

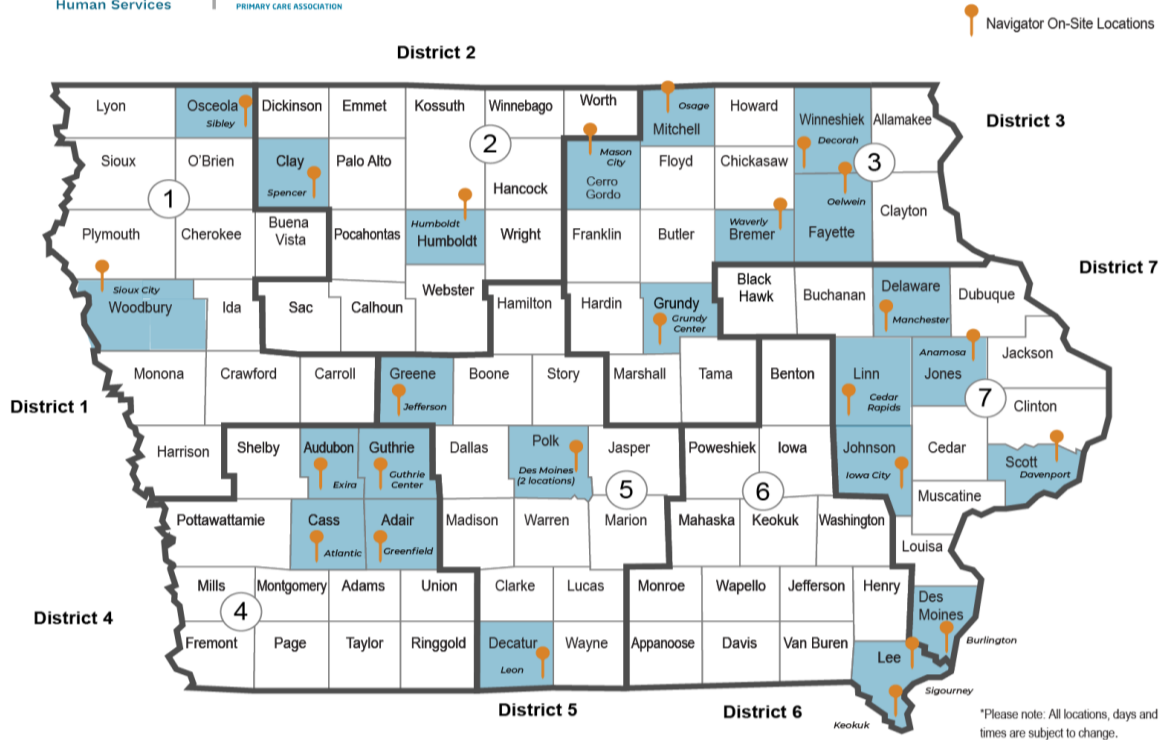


Figure 6. Map of Physical Locations of System Navigators.
Data accessed: 6/9/2026.

Your Life Iowa (YLI) has been created as the statewide entry point for behavioral health information, services and referrals. Between July 1st, 2025-March 31st, 2026, the YLI website received over 500,00 views, with the gambling page, facility locator, and alcohol use pages being the most visited. This data helps inform media campaigns and outreach. YLI also offers brief screening quizzes for substance use, alcohol use, problem gambling, adult and children’s mental health, and maternal health. When a screening is completed and indicates a need, and the individual consents, the information is shared with a system navigator for follow-up. From July 31st, 2025-March 31st, 2026, there were a total of 184 screening quizzes submitted on YLI. As the awareness of YLI and the BHSS grows, it is expected that there will be an increase in the number of screenings fielded on YLI. Iowa HHS and Iowa PCA will continue to monitor these screenings and connect Iowans to services.

Another screening tool utilized across the state is Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is an evidence-based screening process used to identify individuals at risk of developing substance use concerns before they develop. Often, the process uses a brief two-question pre-screener to identify individuals that may be at risk. For those that score positive on the pre-screener, they are then provided a short 10-question screener that determines if any further intervention is warranted. Depending on the results, individuals may receive no additional services, a

brief intervention, or a referral to treatment. Iowa is in the process of operationalizing SBIRT through CMHC and SUPTRS community-based organizations in settings like primary care and emergency departments, helping normalize routine substance use screening as part of standard healthcare delivery. By utilizing this approach, a foundation is created in which screening for other overlooked behavioral health issues can be completed (e.g., gambling disorder). Currently, SBIRT is funded through the State Opioid Response (SOR) grant. Data from SOR SBIRT screenings can be seen below (Figure 7) and highlight that from July 1st, 2025-March 31st, 2026, there were a total of 7,038 individuals prescreened. As SBIRT becomes a billable service, Iowa HHS expects screening numbers, and early intervention opportunities, to grow.

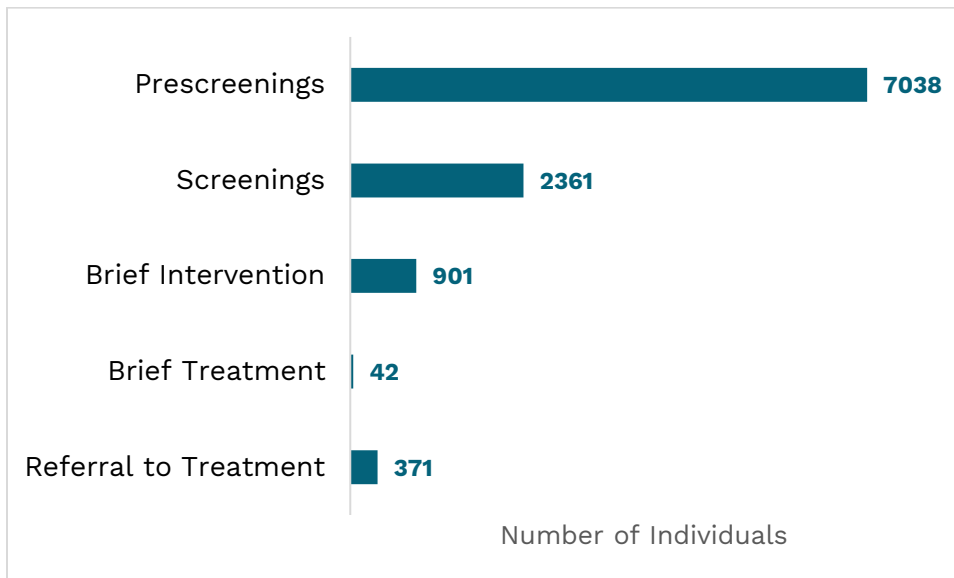


Figure 7. Number of Individuals screened by State Opioid Response Grant Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program.

Data Source: SOR Quarterly Reports. Data Accessed 4/29/2026.

Additional early intervention services available to Iowans include Quitline Iowa. Quitline Iowa is a free, confidential, state-sponsored service providing evidence-based tools, 24/7 coaching, and nicotine replacement therapy (patches, gum, or lozenges) to help Iowans quit tobacco and nicotine. Participants can choose between phone, web, or combined programs, featuring personalized support to overcome addiction. As cigarette use in Iowa is higher than the national average (12.9% vs. 11.5%, respectively²), ensuring that Iowans have access to tobacco and nicotine replacement therapy is essential in lowering use in Iowans. From July 1st, 2025-March 31st, 2026, there was a total of 2,005 unique individuals enrolled in Quitline Iowa services. Iowa HHS continues to promote Quitline Iowa to local communities and external and internal stakeholders to increase awareness of these services.

References:

²Iowa Department of Health and Human Services, Division of Strategic Operations, Bureau of Performance. Iowa BRFSS Brief: 2024 Survey Findings. Des Moines: Iowa

Department of Health and Human Services. Published February 2026. Web.
<https://hhs.iowa.gov/brfss>.

Treatment

From the statewide adult (18+) survey mentioned above, Iowa HHS was able to gain insights on Iowans' awareness of behavioral health services. Results of the survey showed that 67% of the state, or two in every three adults, were aware of substance use treatment services in their area and 76%, or 3 in 4 Iowans, were aware of mental health services in their area¹. Data from the statewide survey demonstrates that over half of Iowans are aware of where to find substance use or mental health treatment services and from system navigation, Iowans are being connected to care. As the BHSS continues to grow, Iowa HHS would like to see a higher percentage of Iowans knowing where to seek help.

To increase access to behavioral healthcare Iowa applied for the Certified Community Behavioral Health Clinic (CCBHC) demonstration through SAMSHA. The CCBHC demonstration began on July 1st, 2025, and will continue for a 4-year period. The demonstration allows the state to receive enhanced federal funding once CCBHCs have been certified by the State.

Through this 4-year demonstration the State of Iowa will be required to:

- Certify community-based organizations that meet a high threshold of Federal criteria
- Develop a specialized prospective payment system (PPS) rate methodology for Medicaid payment

There are 10 CCBHCs across the State of Iowa and their primary locations are indicated on the map below (Figure 8). Figure 8 demonstrates the physical locations of CCBHCs but is not reflective of the areas they serve, as CCBHCs serve all Iowans regardless of their geography. From 7/1/2025-3/31/2026, CCBHCs served 45,274 individuals. As this project continues to grow and develop, more Iowans will receive CCBHC services, increasing the access to behavioral healthcare across the state.

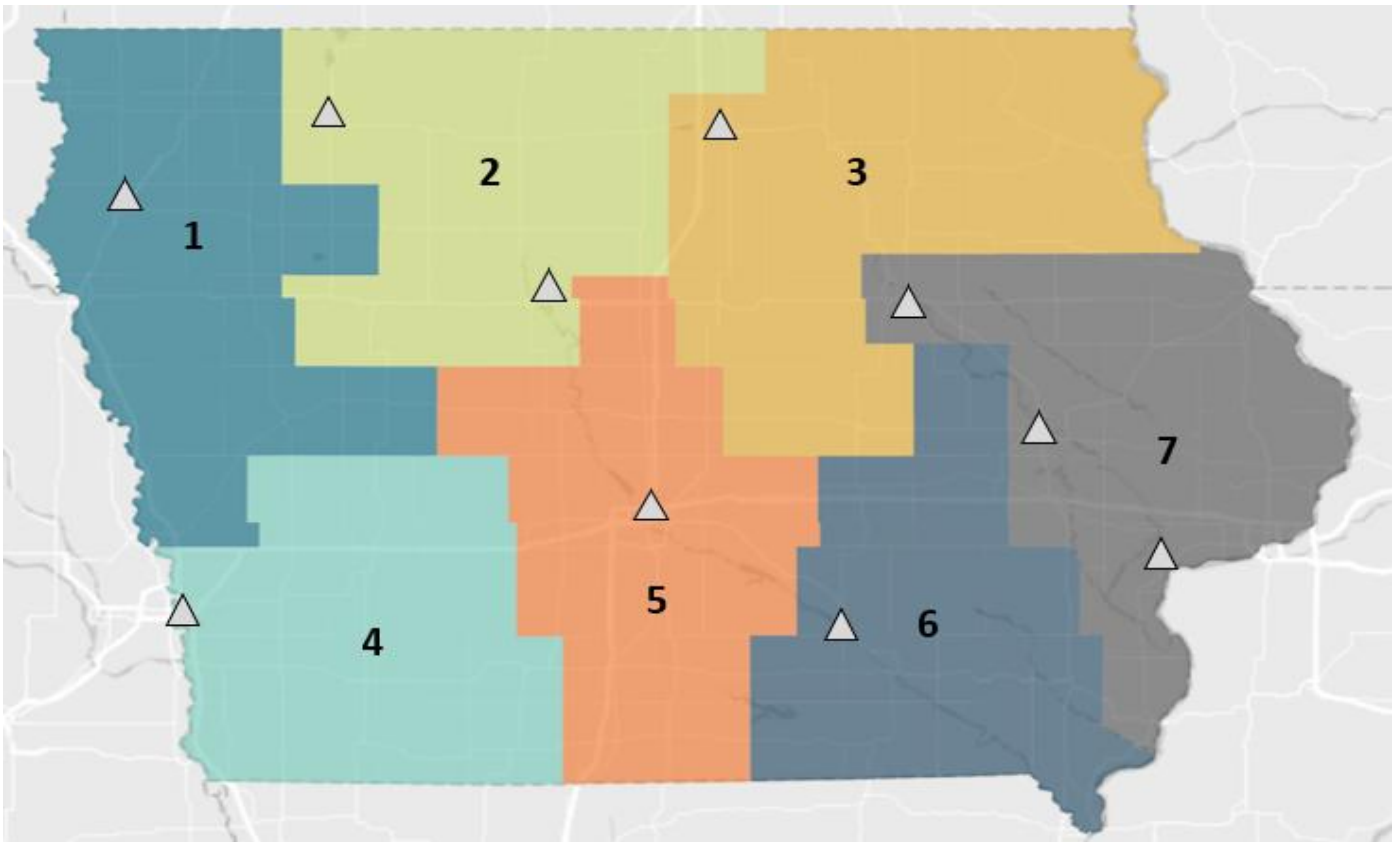


Figure 8. Map of Certified Community Behavioral Health Clinics (CCBHC) across Iowa.

To increase access to services in jails and in schools, Iowa HHS and Iowa PCA launched two statewide projects to provide behavioral healthcare to these populations. Iowa HHS and Iowa PCA have created a framework with which Iowa's county jails can rapidly and reliably identify behavioral health needs for incarcerated individuals and connect those individuals to behavioral health services during their jail stay and after release. This framework employs targeted updates to a jail's existing protocols for identifying behavioral health challenges by implementing validated screening tools. Once an incarcerated individual's behavioral health needs are identified, the framework enables behavioral health services to be provided during the participant's jail stay and promotes linkage to the Iowa PCA system navigation team to assist with arranging behavioral health services after release from jail. To incentivize adoption of these processes and protocol updates in jails, Iowa PCA will establish agreements with jails choosing to participate. These agreements will enable funding support for implementation costs, as well as value-based reimbursement for meeting timeliness and completeness metrics. For State Fiscal Year 2026, as part of the state agency's continuity of care efforts, a total of 18 contractors offer jail-based treatment services. From July 2025-January 2026, these programs were able to reach and serve 3,852 clients. This data was compiled from Integrated Telehealth Partners and FlowState, who are currently contracted to offer services statewide. Data from contractors who work at a county or local level are still

currently being collected and reported. From July 2025-March 2026, jail-based service contractors have billed a total of \$3,129,806.

The second statewide project has been centered on providing behavioral healthcare services in schools. These services are offered in schools (K-12) to provide telehealth services to students in need. On-demand licensed therapists and other health professionals offer youth high-quality mental and physical healthcare to help them receive the support they need to thrive in and out of the classroom. Prior to 7/1/2025, both Hazel Health and Classroom Clinic had been actively providing school-based services in the state. Building on this existing school-based work, Iowa PCA contracted with Hazel Health and Classroom Clinic to maintain and expand the capacity to deliver critical behavioral health services in schools. Schools have opted into these opportunities based on a variety of local factors and previously established efforts. From July 2025-March 2026, there have been a total of 394 schools (K-12) reached through this project. Out of the 394 schools who have been involved in this project, over 1,000 students have received services. This data was collected from 3 of the 5 contractors (including Hazel Health and Classroom Clinic) that provide school-based services. Iowa HHS and Iowa PCA will continue to work with these community-based organizations to collect relevant data and service information.

References:

¹Park, K.H., Endres, K., Radunzel, J., and Heiden, E.O. (2026). *2025 Iowa Health and Wellbeing Survey, April 2026*. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

Recovery

Access to recovery services has been shown to be vital in a person's recovery from substance use and mental health. Specifically, research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to substance use, lower rates of incarceration, higher income, increased employment, and improved family relationships³⁻⁵. SAMHSA has endorsed NARR standards as a "Best Practice for Recovery Housing". The American Society of Addiction Medicine (ASAM) Criteria, 4th Edition, continuum of care now includes Recovery Residences. ASAM worked closely with NARR to align these standards and has given NARR Recovery Residences their full endorsement. A Recovery Residence is a term describing a National Alliance for Recovery Residences (NARR) Certified recovery house. Recovery residences are safe, healthy, family-like, substance-free living environments that support individuals in recovery from addiction. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of supports or actively link residents to recovery or clinical services in the community (SAMHSA).

Iowa currently has 19 NARR Certified Recovery Residences that represent 301 certified beds. Additionally, 11 of the 19 NARR Certified Recovery Residences are located in Polk County. The distribution of Recovery Residences across the State of Iowa by behavioral health district can be seen below (Figure 9). Further data and benchmarks for Recovery Residences are outlined below:

- In 2022, the first Recovery Residence in Iowa was certified with 37 beds.
- At the end of 2025, Iowa crossed 300 certified.
- From August 1st, 2025-March 31st, 2026, there have been a total of 1,483 unique individuals admitted to Recovery Residences.

Iowa HHS is looking to certify several women and children’s SUD Treatment programs as NARR level 4 Recovery Residences, allowing mothers and their children to remain in a safe and secure living accommodation when coming out of residential SUD treatment. In addition to this expansion, Iowa HHS will continue to expand the number of recovery residences and diversify the locations of Recovery Residences to reach across the state.

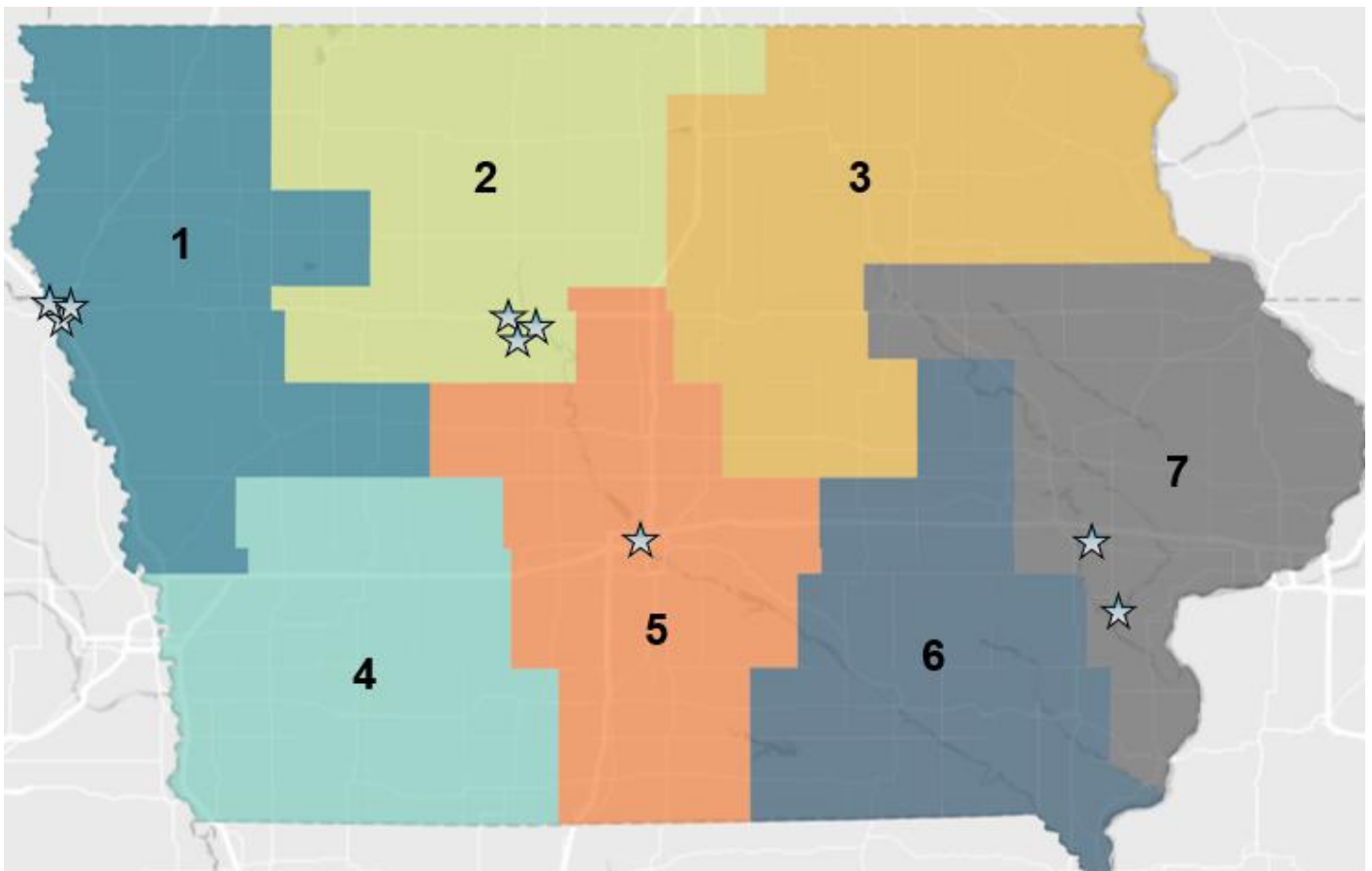


Figure 9. Map of NARR Certified Recovery Residences across Iowa. There are 11 Recovery Residences located in District 5 (signified by one star).

In addition to Recovery Residences, Recovery Community Centers (RCC) are peer-run and peer-led community organizations providing services to individuals seeking or in recovery from substance use disorder. Services are person-centered and embrace multiple pathways of recovery to provide the opportunity for individuals to find their personal version of recovery. The services, led by trained recovery coaches with help from a large base of volunteers, include recovery coaching, a myriad of groups, referrals to treatment or social determinants of health-based organizations, community events, training, and other needs identified by the community. They also provide services for specific populations, including veterans and individuals re-entering from jail or prison, among others. In SFY24, two new RCCs joined the original three-funded organizations to expand services (Figure 10). Two RCCs were also awarded Opioid Settlement Funds in HF1038 but are not under contract for long-term services at this time. Between July 1st, 2025-March 31st, 2026, there have been a total of 40,837 visits to RCCs. Through the first six months of SFY26, RCCs are averaging just under 7,000 visits to their facilities a month and are on track to provide services to over 80,000 lowans this fiscal year. These data demonstrate that the recovery community continues to be an important and impactful part of an individual's overall recovery.

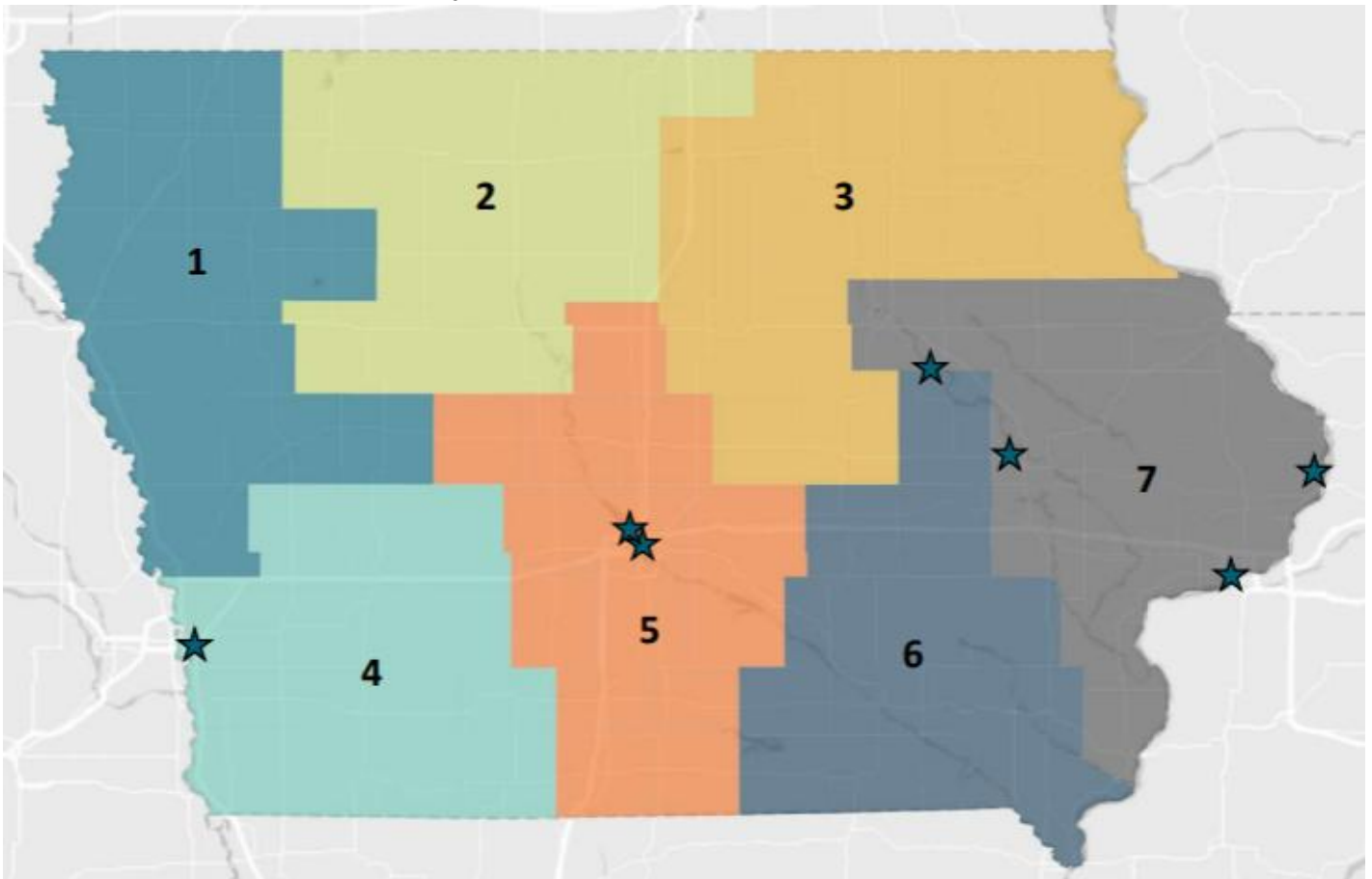


Figure 10. Map of Recovery Community Centers across Iowa.

RCCs and Recovery Residences are not the only recovery services provided across the state. Peer operated organizations are defined as an organization, owned, administratively controlled, and operated by at least 51% of individuals with lived mental health and/or substance use experience. These organizations operate in the community and provide peer support services. Examples of some of the activities that these organizations participate in include advocating for people in recovery, sharing resources, building skills, educating the public and policy makers, building community and relationships, leading recovery groups, mentoring and setting goals, providing services and/or training, and supervising other peer workers.

Another peer operated organization available to Iowans is peer wellness centers. Peer wellness centers promote health equity, are trauma-informed, and focus on resilience, empowerment and personal autonomy by utilizing the services of individuals with lived experience and specific peer training. The peer run centers are welcoming and have a low barrier to entry. Utilizing evidence-based services, this service is for individuals who are interested in a pathway outside or alongside traditional treatment for behavioral health disorder(s) and for those looking for support in their recovery. The peer run centers will offer a variety of recovery-oriented programs including mutual aid groups, training opportunities and community building events.

Starting in SFY27, Iowa HHS is working on creating an aligned, comprehensive, streamlined data collection tool for RCCs, peer wellness centers, and peer operated organizations. Currently, there are efforts to align data metrics for these three types of recovery organizations.

References:

³Jason et al., 2006

⁴Jason & Ferrari, 2010

⁵Polcin et al., 2010

Crisis

Ensuring crisis services are available and accessible 24/7 is a critical component of an effective crisis care system and requires a comprehensive funding strategy. Crisis sustainability and access funding supports mobile response and crisis stabilization community-based organizations by ensuring they have the staffing and infrastructure necessary to assist Iowans at any time a crisis occurs. From July 2025–March 2026, Iowa PCA received a total of \$14,839,430 in invoices from crisis sustainability and access funding. From SUPTRs funding there has been a total of \$2,768,667 spent through invoices from community-based organizations across the state.

To ensure that crisis services are accessible 24/7, Iowa HHS, Iowa PCA, and Foundation 2 partner to provide mobile response dispatch services. Mobile response dispatch is the process of deploying teams of crisis response staff to individuals experiencing a behavioral health crisis in the community. When a call comes in, the

dispatcher assesses the situation and coordinates with the appropriate staff to respond on-site. Foundation 2 provides mobile response dispatch services for five of the 11 mobile response community-based organizations covering 57 counties. Foundation 2 initiated 4,691 mobile response dispatches, between July 2025-March 2026, from contacts coming into the 988 Suicide and Crisis Lifeline and Your Life Iowa.

Strengthening Iowa’s behavioral health workforce.

Training the Behavioral Health workforce is a vital part of the BHSS and a major goal for Iowa HHS and the Iowa PCA. Historically, behavioral health organizations and agencies have faced difficulties retaining a knowledgeable workforce. This can be credited to many things; low pay, high standards of employment, licensure/accreditation standards, lack of continued education, etc. To combat this issue across the behavioral health continuum, there are many different initiatives that both Iowa HHS and the Iowa PCA have launched to increase the knowledge of the behavioral health workforce.

The Iowa HHS Behavioral Health Prevention team has launched a new Behavioral Health Prevention Learning Collaborative Series designed to provide direct support to Tobacco Prevention, Substance Use, and Problem Gambling contractors. Beginning in December 2025, the collaborative meets twice a month with each session focusing on different prevention-related topics. Some topics align closely with current grant requirements, while others are intended to broaden participants’ knowledge and awareness of prevention efforts across Iowa. CEUs (Continuing Education Credits) are offered when approved. A list of topics and the number of participants for each topic of learning collaboratives held from December 2025-March 2026 can be seen below (Table 3). Learning collaboratives will continue to be held for prevention contractors with a wide variety of behavioral health related topics to keep the prevention workforce current on the different data and resources across the state.

Table 3. Learning Collaboratives from December 2025-March 2026.

Learning Collaborative Topic	Number of Participants
Behavioral Health System Navigation	N/A
Adolescent Sports Gambling	40
Tobacco Cessation Programs	45
National Mentoring Month	46
Overdose Data to Action in State: Biosurveillance	43
Recovery Programs-Recovery in Iowa’s Evolving Behavioral Health System	57

The Center of Excellence for Behavioral Health (CEBH), housed within the University of Iowa Center for Disabilities and Development (CDD), works closely with Iowa HHS to strengthen Iowa’s behavioral health system through training, technical assistance, and fidelity monitoring of evidence-based practices (EBPs).

Beginning in March 2025, CEBH expanded its role to support workforce development across the continuum, with an initial focus on building capacity within the Behavioral Health Prevention workforce. This effort reflects a broader need to address ongoing workforce challenges, including the demand for accessible, high-quality training and continued professional development opportunities. To support this need, CEBH developed and delivered a range of training opportunities designed to enhance knowledge and skills across prevention, clinical practice, and system alignment. Training topics included prevention science, trauma-informed care, suicide prevention, motivational interviewing, substance use, and workforce wellness. Through this work, CEBH delivered 35 live training sessions reaching 3,476 participants, in addition to 7 on-demand trainings with 250 enrollees, demonstrating strong engagement and continued demand for workforce development across Iowa’s behavioral health system. A breakdown of the training type and the number of participants who engaged in the training courses are listed in the table below (Tables 4 and 5).

Table 4. Centers of Excellence for Behavioral Health (CEBH) Live Trainings and Participants.

Center of Excellence Live Training (March 2025-March 2026)	Number of Participants
CALM	98
Social Determinants of Health (SDOH)	187
Technology of Survival	60
Motivational Interviewing and Stages of Change	242
Leading with Hope: Understanding Adverse Childhood Experiences	113
Trauma-informed Leadership and Supervision	115
EBP Summit	126
P1: Foundations of Prevention Science	81
P2: Foundations of Prevention Theory	82
P3: Overview of SPF	77
P4: Building Collaboration for Behavioral Health Prevention	92
P5: Understanding & Identifying Your Population	80
P6: Implementing Evidence-Based PPPs	95

Youth Suicide – Clinical Implications	98
Youth Suicide Prevention Summit (In-Person)	94
Introduction to CEBH	97
Connecting Paradigms: Trauma-Informed Motivational Interviewing	185
CALM Conversations	110
Safety Planning for Behavioral Health	122
Application Session: Safety Planning	17
BH 101: Mood and Anxiety	104
CALM Counseling (2 hr)	53
Application Session 2: Safety Planning	19
BH 101: Schizophrenia and Related Psychosis	93
BH 101: Trauma and Stressor-Related	76
BH 101: Neurodevelopmental and Behavioral	79
Counseling on Access to Lethal Means	33
Sources of Strength (Elementary)	10
Staff Resiliency & Wellness	138
How to Talk About Suicide	101
BH 201: Introduction to SUD	130
BH 201: Understanding Opioids	188
BH 201: Understanding Stimulants	136
BH 201: Understanding Depressants	137
Sources of Strength (Secondary)	8
Total	3476

Table 5. Centers of Excellence for Behavioral Health (CEBH) On-Demand Trainings and Participants.

Training Title	Participants
Addiction in the Brain	173
Intro to Suicide Prevention with Youth	12
Conducting Suicide Risk Assessments with Youth	16
Creating Safety Plans with Youth	15
Community Health Workers in Behavioral Health	15
Pre-Course: Strategic Prevention Framework	10

Application of the Strategic Prevention Framework in Iowa	9
Total	250

Iowa PCA has also provided training to CBOs and local communities across the state. The type of training, a brief description of the training, and number of individuals who participated can be seen below. Iowa HHS will continue to work with Iowa PCA and local agencies to offer training opportunities to help strengthen behavioral health workforce across the continuum of care.

- National Alliance on Mental Illness (NAMI) Support Groups
 - These trainings are available to all NAMI Affiliates and their members. The audience for these trainings are affiliate members who have been actively involved, such as regularly attending a support group, and who have been identified as individuals with interest and potential to be more engaged in NAMI’s mission and program offerings.
 - Training has been held 2 times thus far with 24 individuals in attendance with future trainings available for this year.
- SolutionPoint+: 24-Hour Advanced De-escalation Training
 - This training is tailored for non-law enforcement professionals who seek to enhance their ability to identify and respond to crises involving behavioral health and substance use disorders.
 - Training has been held 2 times thus far with 37 individuals in attendance with future trainings available for this year.
- 40-Hour Crisis Intervention Training
 - This training is designed specifically for first responders and focuses on the critical issues of behavioral health and substance use disorders.
 - No trainings have been held so far this year, but there are multiple offerings available later this spring and summer.

Iowa HHS has historically hosted the Governor’s Conference on Substance Use (GCSU), but with the launch of the new BHSS, GCSU has evolved to encompass all of behavioral health and was renamed the Governor’s Conference on Behavioral Health (GCBH). This year GCBH was held in late April and had over 840 participants. During this conference there is a wide variety of behavioral health topics covered by professionals and experts in the field. The three-day conference provides 16 hours of continuing education. While continuing education is developed for behavioral and medical professionals, the education is tailored to be beneficial to anyone who is interested in learning more about behavioral health.

In addition to GCSU, the Division of Behavioral Health also hosts an annual Recovery Conference. This conference has brought together leaders in the recovery continuum; along with peers, volunteers, and prospective new organizational leaders to share what’s happening around Iowa. Along with discussing efforts in Iowa, national leaders have shared recovery programs, successes, and personal stories over the two days of learning, collaboration, and community building. The third annual Recovery

Conference was held in September 2025, with a total of over 250 registrants. With the launch of the BHSS, Iowa HHS will continue to host conferences relevant to expanding and growing behavioral health across the state.

Workforce development was a significant area of focus for the BHSS plan as it is consistently identified as a contributing factor to the BHSS top priorities. Each continuum in the BHSS plan denoted a focus on workforce development and the first step was to create a workforce development plan. The remaining two years of the BHSS plan will focus on finalizing the plan and then begin implementation of the plan in SFY27.

Increase behavioral health wellness and reduce stigma associated with asking for care and support.

From the statewide Health and Wellbeing survey mentioned above, another goal of this survey was to create a baseline of behavioral health stigma. More than half of survey respondents (**55%**) reported that they agree or strongly agree that substance use disorder (SUD), problem gambling (PG), or mental health treatment could harm their chances when applying for jobs (Figure 11). About one in three Iowans (**30%**) stated that they would be embarrassed or ashamed about receiving treatment. **36%** of those surveyed were concerned that people would not take them seriously and **40%** reported that they would be concerned about what people at work might think, say, or do if they found out that they were seeking care¹ (Figure 11). Over the next year, the Division of Behavioral Health will use the results from this survey to create actionable items to address reducing stigma associated with behavioral health.

In addition to stigma, this survey also set a baseline for general wellbeing. Questions about quality of life, general wellbeing, and day to day life were asked to survey respondents to get a clear picture on quality of life for lowans. A total of eight questions were asked, and a quality of life (QoL) index⁶ was calculated. The QoL has a range of 1-5, with 1 being associated with a low quality of life and 5 being associated with high quality of life. Overall, the QoL for Iowa was calculated to be 3.9. While this is a relatively high score on the index scale, there are still opportunities for behavioral health services to improve the overall wellbeing of lowans. Iowa HHS will use these data to help educate the public, prevent, and treat behavioral health conditions across Iowa.

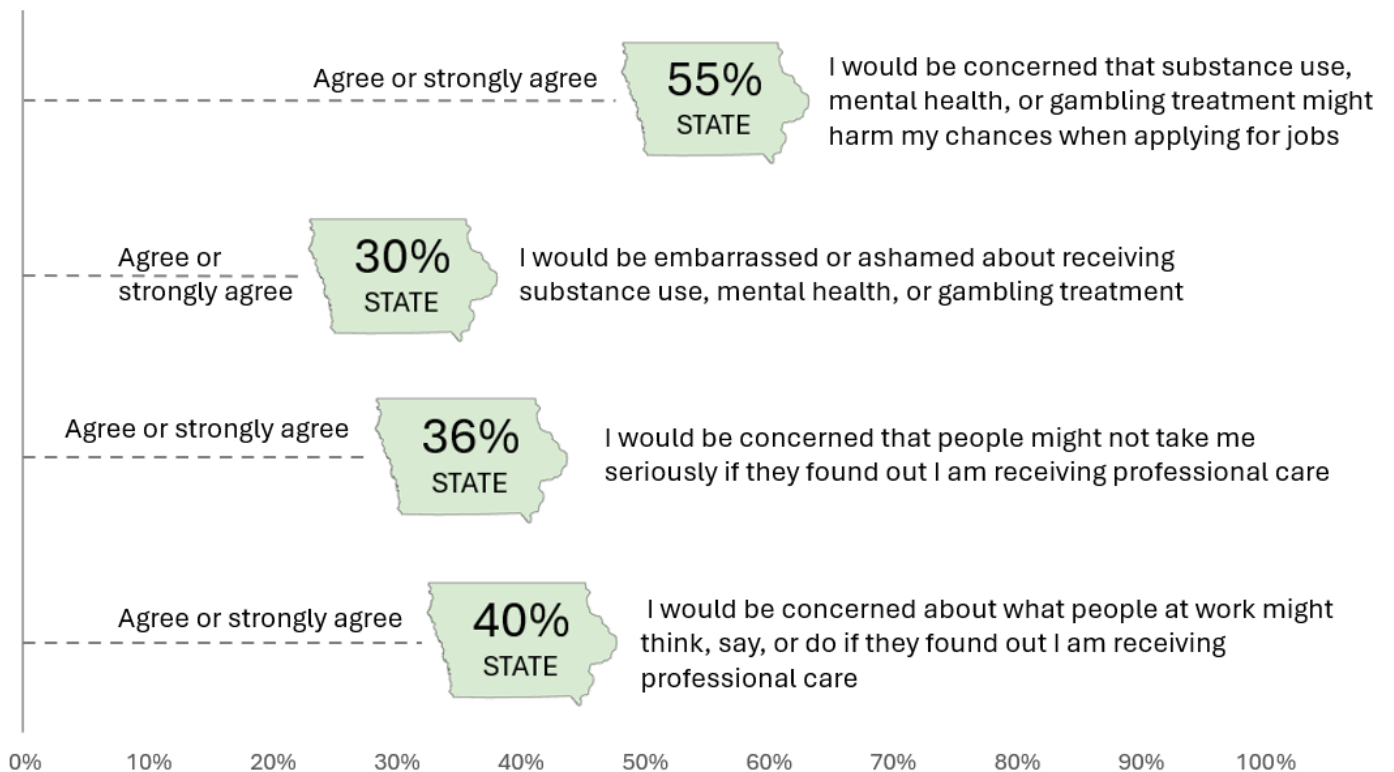


Figure 11. Perceived Stigma Results from Statewide Adult Health and Wellbeing Survey. Data Source: Park, K.H., Endres, K., Radunzel, J., and Heiden, E.O. (2026). 2025 Iowa Health and Wellbeing Survey, April 2026. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

References:

- ¹Park, K.H., Endres, K., Radunzel, J., and Heiden, E.O. (2026). 2025 Iowa Health and Wellbeing Survey, April 2026. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.
- ⁶Schmidt, S., Mühlhan, H., & Power, M. (2006). The EUROHIS-QOL 8-item index: psychometric results of a cross-cultural field study. *The European Journal of Public Health*, 16(4), 420–428. <https://doi.org/10.1093/eurpub/cki155>

Improve health outcomes and decrease the number of lowans who die due to substance-involvement, overdose, or suicide.

The last goal of the Behavioral Health State Plan is to reduce the number of lowans who die from overdose, suicide, or substance involvement. Iowa HHS uses data from various sources to track overdose, suicide, and substance use. Data is used to track trends over years to determine if efforts towards lowering deaths is effective. Iowa HHS also uses this data to look for spikes in deaths related to specific substances along with determining where these spikes are happening to allow for targeted efforts in certain districts or counties. Data outlined below displays opioid and stimulant related overdose deaths and suicide deaths from 2020-2024 in Iowa.

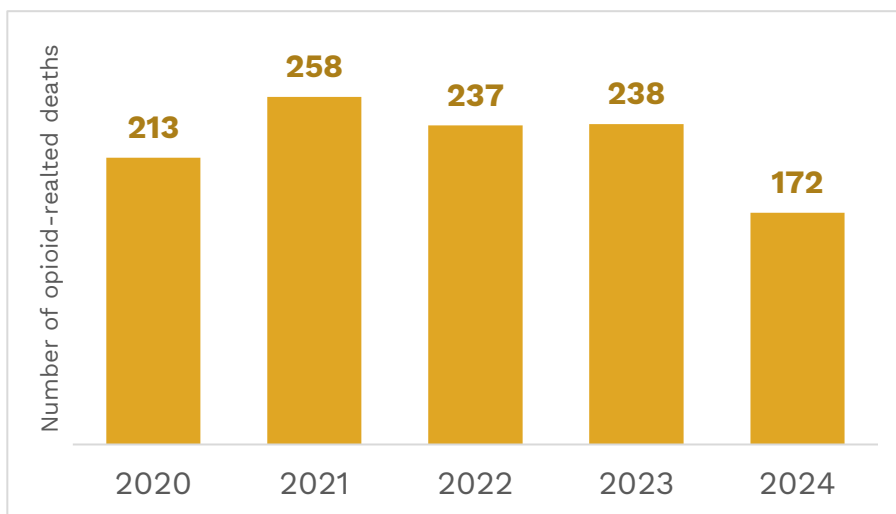


Figure 12. Opioid-Related Deaths in Iowa from 2020-2024.
Data Source: Iowa Department of Health and Human Services, Bureau of Health Statistics.
Data Accessed: March 4, 2026.

The number of opioid-related deaths in Iowa decreased in 2024 (Figure 12). Over the past 10 years, Iowa HHS has worked to address the opioid crisis in Iowa through federally funded grants and initiatives, partnerships with local communities and organizations, policy reform, and others. Iowa HHS will continue to promote overdose prevention and education to ensure that opioid overdoses remain on a downward trend.

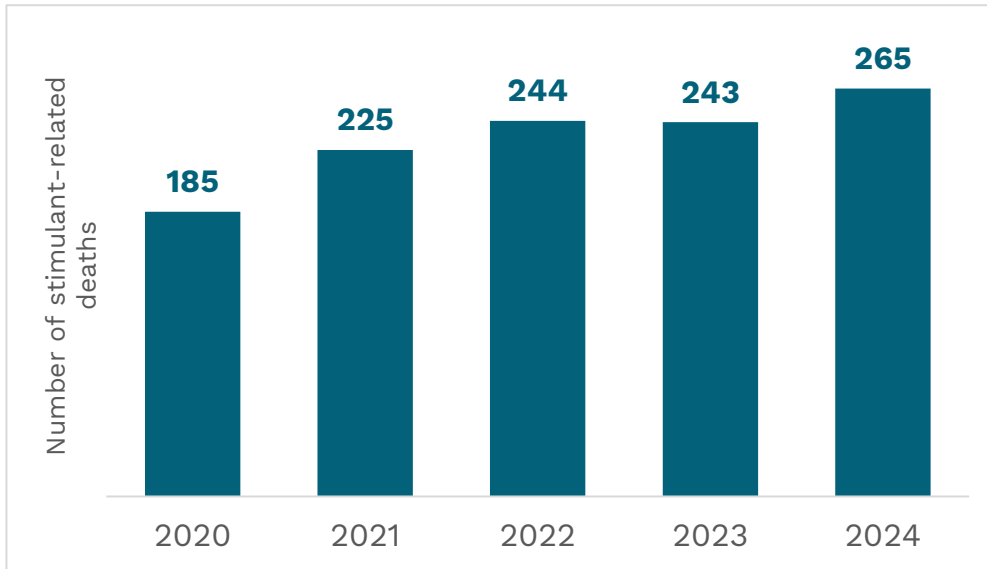


Figure 13. Stimulant-Related Deaths in Iowa from 2020-2024.

Data Source: Iowa Department of Health and Human Services, Bureau of Health Statistics.
Data Accessed: March 4, 2026.

While the number of opioid related deaths have decreased over the past few years, stimulant involved deaths in Iowa have increased (Figure 13). In efforts to decrease this upward trend, starting in SFY27 Iowa HHS will be requiring prevention community-based organizations to prioritize EBPs and outreach centered on illicit drug use, with a focus on stimulants. The Division of Behavioral Health, Iowa HHS, has also put together a stimulant workgroup to devise efforts and planning targeted at lowering stimulant-related deaths in Iowa. Iowa HHS will continue to track this data and work with the BH-ASO and community-based organizations to reduce the number of stimulant-involved overdose in Iowa.

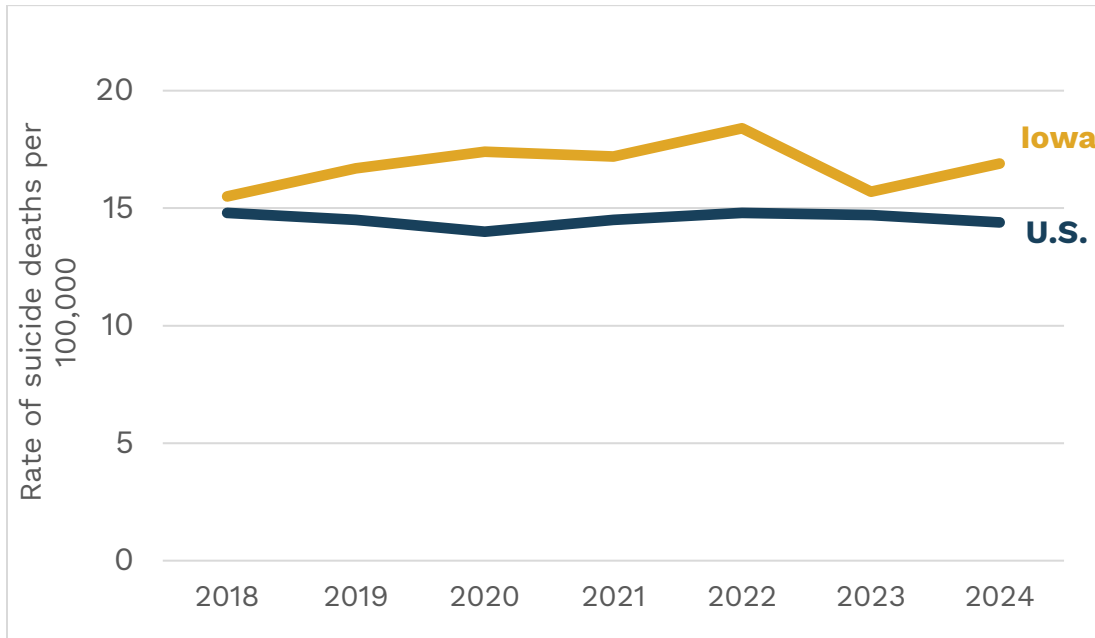


Figure 14. Suicide Deaths from 2018-2024.
 Data Source: CDC Wonder, Date Accessed: January 29, 2026.
 Data Accessed: March 4, 2026.

From the years 2018-2024, the rate of suicide in Iowa has remained above the national rate (Figure 14). To address this, Iowa HHS has promoted the 988 Crisis hotline as the centralized crisis line across the state. More information about 988 and 988 contacts can be seen above in the **Building an Integrated System** goal under the **Crisis** section. Additionally, in SFY27 Iowa HHS will be requiring prevention community-based organizations to prioritize EBPs and outreach centered on preventing suicide and mental health promotion and education. Additionally, Iowa HHS has recently applied for the Zero Suicide discretionary grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant specifically works to lower suicide in adults through providing resources to healthcare systems to implement a Zero Suicide framework. The overall goals of this grant are to reduce suicide ideation, suicide attempts, and deaths due to suicide. Through combining efforts across the continuum of care, Iowa HHS is working to lower the overall rate of suicide in Iowa.

Conclusion

The first year of the Behavioral Health Service System demonstrates meaningful progress toward building an integrated, accountable and data-driven statewide behavioral health system. Iowa HHS, in partnership with the Iowa PCA and community community-based organizations, has expanded access to services, strengthened prevention and early intervention efforts, enhanced crisis response, and advanced recovery supports across all seven behavioral health districts. Data collected throughout State Fiscal Year 2026 highlight both the growing reach of

initiatives, such as system navigation, SBIRT implementation, and expanded youth engagement, as well as the ongoing needs of Iowans, particularly in mental health, substance use, and housing stability. As the BHSS continues to mature, Iowa HHS remains committed to improving service coordination, strengthening the behavioral health workforce, reducing stigma, and supporting improved health outcomes for all Iowans.