

District 3 Community Based Organization and Community Member Feedback

Introduction

In 2024, Iowa Governor Kim Reynolds proposed landmark legislation to reimagine Iowa's Behavioral Health Service System. As part of this new system, the Iowa Department of Health & Human Services (Iowa HHS) and the Iowa Primary Care Association (Iowa PCA) complete district-level assessment and planning to identify needs and opportunities. This report is one component of the assessment process and shares what was learned from local behavioral health providers and partners that are contracted with Iowa PCA, also known as Community Based Organizations (CBOs), and other community members in District 3. This work is part of our collaborative effort to build a stronger behavioral health system for all Iowans.

Brief Methods

From December 2025 to February 2026, the Iowa PCA and Iowa HHS developed and distributed surveys to contracted CBOs and community members to inform this year's assessment. Across Iowa, 1,127 surveys were completed, including 171 from contracted CBOs and 956 from community members. In District 3, there were 193 total survey responses, including 156 from community members and 37 from contracted CBOs.

In addition, the Iowa PCA facilitated 111 guided conversations with contracted CBOs statewide. Eleven of the CBOs that participated in the guided conversations are based in District 3 and included organizations that exclusively provide prevention, early intervention and peer services as well as larger organizations that provide services across the continuum of behavioral healthcare – prevention, treatment, recovery and crisis services.

What We Heard Across the Continuum

Transportation and workforce shortages were identified by respondents as challenges that affect access to services across the behavioral health continuum.

- In District 3, transportation was cited as a major barrier to access more frequently by contracted CBO respondents (78%) than it was by community members surveyed (25%).

Prevention

District 3
Top Prevention Needs

- | Mental Health Promotion
- | Improved Community Awareness
- | Funding Flexibility & Staffing Capacity

- The top needs identified in District 3 for Prevention include mental health promotion, improved community awareness, and funding flexibility and staffing capacity.
- Respondents reported that prevention programs are available through schools and community organizations, but notice local availability of prevention services vary and are inconsistent across the district.
- Respondents in District 3 expressed the need for additional mental health promotion and prevention.

Early Intervention

District 3
Top Early Intervention Needs

- | System Navigation Awareness
- | Early Support Connection
- | Referral Pathway Clarity

- The top needs identified in District 3 for Early Intervention were Behavioral Health (BH) System Navigation awareness, early intervention support connections, and referral pathway clarity.
- Respondents noted that BH System Navigation helps connect people to services, but many community members and CBO respondents were not aware of the program or how it should be used.
- In District 3, 37% of community members surveyed said they had heard of BH System Navigation, and 29% reported that they've used the service or knew of someone who had used it.

Treatment

District 3
Top Treatment Needs

- | Specialty Treatment Capacity
- | Treatment Access Pathways
- | Timely Access & Follow-Up

- The top needs identified in District 3 for Treatment were specialty treatment capacity, access pathways and timely access and follow-up.
- 70% of community members surveyed noted familiarity with services, but only 19% agreed that people know how to access them.
- 29% of community members surveyed do not believe that local treatment providers serve people in need of services in a timely manner.

Recovery

District 3

Top Recovery Needs

- | Peer & Recovery Supports
- | Recovery Housing & Transitions
- | Recovery Coordination & Continuity

- The top needs identified in District 3 for Recovery were peer and recovery supports, additional recovery housing and recovery coordination and continuity support.
- 33% of community members surveyed in District 3 agreed or strongly agreed that individuals and families in their district can access multiple pathways of recovery, but only 16% agreed or strongly agreed that people receive recovery services when needed.
- 80% of the CBO guided conversations in District 3 identified stigma as a key barrier to recovery focused services, 73% identified funding, and 40% pointed to coordination challenges.

Crisis

District 3

Top Crisis Needs

- | Crisis Service Awareness
- | Rural Crisis Response
- | Stabilization & Step-Down Options

- The top needs identified in District 3 for Crisis are general crisis service awareness, inconsistent response in rural areas, and a lack of awareness regarding options, such as stabilization and step-down options.
- 39% of community members surveyed do not believe people know how to access crisis services in District 3.

Next Steps

The feedback provided by community members and CBOs is a component of Iowa HHS' Behavioral Health Service System assessment toolkit. The toolkit has been developed to be utilized by Iowa HHS, the Iowa PCA, District Advisory Councils, CBOs, and community members in support of ongoing system improvement efforts. Iowa HHS' system assessments are thematically built around answering questions that are important to Iowans: **How much did we do? How well did we do it? Are Iowans better off?** By gathering and using meaningful data, we are better able to identify the right targets and plan next steps

The Iowa PCA and Iowa HHS team members wish to extend sincere appreciation to the many individuals and organizations who contributed their time and perspectives as part of this year's assessment process. Thank you also for the perspective offered by the members of the seven District Advisory Councils who contributed to the early development of focus and themes for district assessment and planning.