

District 4 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) completed 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 4. This work is part of our collaborative efforts 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 CBO's 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 4, there were 119 total survey responses, including 91 from community members and 28 from contracted CBOs.

In addition, the Iowa PCA facilitated 111 guided conversations with contracted CBOs statewide. Ten of the CBOs that participated in the guided conversations are based in District 4 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.

- 82% of District 4 CBOs respondents identified transportation as a barrier to individuals and families accessing behavioral health services. This was also identified in all District 4 guided conversations.
- 68% of CBOs that participated in the survey identified staffing as a barrier to individuals and families accessing behavioral health services.
- 29% of District 4 survey respondents cited workforce shortages, limited provider availability, or lack of staff as barriers to accessing behavioral health services.

Prevention

District 4
Top Prevention Needs

- Substance Use Prevention
- Parent & Caregiver Support
- Community-Level Prevention

- The top Prevention needs identified in District 4 were substance use prevention services, parent and caregiver support and community-level prevention services.
- 46% of CBOs respondents identified that resource limitations were a barrier when providing prevention services.
- 60% of community members surveyed report that individuals and families do not know how to access prevention services.

Early Intervention

District 4
Top Early Intervention Needs

- Clarified Roles Across Navigation & Care Coordination Functions
- Increased Awareness of the Behavioral Health System
- Consistent Referral & Utilization Pathways

- The top Early Intervention needs identified for District 4 were clarified roles across navigation and care coordination functions, increased awareness of the Behavioral Health (BH) System Navigation, and consistent referral and utilization pathways.
- Respondents noted that BH System Navigation helps connect people to services early, but additional awareness and service clarity is needed. 43% of community members reported awareness of BH System Navigation services.
- During guided conversations, CBO's described community members who do not know navigation exists, referral partners who are uncertain when and how to use it, and a broader system where the distinction between system navigators, care coordinators, community health workers, and managed care case managers is not clearly understood.

Treatment

District 4
Top Treatment Needs

- Capacity for Specialty & Higher Acuity Services
- Timely Access to Treatment for Youth & Rural Populations
- Standardized Referral Pathways

- The top Treatment needs identified in District 4 were capacity for specialty and higher acuity care services, timely access to treatment for youth and rural populations and standardized referral pathways.
- CBO respondents also described difficulty in both recruitment and retention of staff.
- Of the community members surveyed, 22% report they know how to access treatment services and 28% believe that coordination prevents service gaps.

Recovery

District 4
Top Recovery Needs

- Referral Pathways from Treatment & Crisis Services
- Increased Access to Recovery Supports
- Awareness & Understanding of Recovery Services

- The top Recovery needs identified in District 4 were strengthened referral pathways from treatment and crisis services, increased access to recovery supports, and improved awareness and understanding of recovery services.
- 65% of District 4 survey respondents disagreed or strongly disagreed that community members know how to access recovery services.
- 83% of District 4 recovery CBO respondents cited funding and stigma as the top barriers to providing recovery services in their communities.

Crisis

District 4
Top Crisis Needs

- Limited Post-Crisis Options
- Inconsistent Response in Rural Areas
- General Lack of Awareness & Options

- Respondents in District 4 identified top Crisis needs of limited post-crisis options, inconsistent response in rural areas and a general lack of awareness of options.
- 19% of community members surveyed do not believe that individuals know how to access crisis services, and 60% said they know where to get their questions about crisis services answered.
 - 12% of District 4 community members surveyed believed the district has equal crisis access compared to the rest of the state.
- During guided conversations, CBOs identified limited post-crisis options and rural access challenges as key barriers, leading to repeated crisis cycling.

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.