

District 2 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 2. 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 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 2, there were 86 total survey responses, including 65 from community members and 21 from contracted CBOs.

In addition, the Iowa PCA facilitated 111 guided conversations with contracted CBOs statewide. Eight of the CBOs that participated in the guided conversation are based in District 2 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 2, transportation was cited as a barrier to access more frequently by contracted CBO respondents (86%) than it was by community members surveyed (35%).
- 52% of District 2 contracted CBO respondents said it is hard to hire staff, but 71% of the contracted CBOs said they are able to retain the staff they have.

Prevention

District 2
Top Prevention Needs

- | Substance Use Prevention
- | Mental Health Promotion Prevention Services
- | Parent & Caregiver Support

- Top needs in District 2 for Prevention include substance use prevention, mental health promotion/prevention services, and parent and caregiver support.
- Respondents from both CBO and community member surveys see the importance of prevention and report that they are ready to expand efforts.
- CBO survey respondents identified that limitations imposed by funding requirements were a barrier to them providing services in their communities.

Early Intervention

District 2
Top Early Intervention Needs

- | Awareness of System Navigation
- | Access to Navigation Services
- | Coordination Between Services

- The top needs reported in District 2 for Early Intervention were awareness of Behavioral Health (BH) System Navigation, improved access to navigation services, and stronger coordination between services.
- BH System Navigation helps connect people to services early, but respondents indicated that they were not aware of the program or how it should be used.
- In District 2, 52% of community members surveyed had heard of BH System Navigation, and 17% said they had accessed the service.

Treatment

District 2
Top Treatment Needs

- | Workforce Capacity
- | Reduced Administrative Burden
- | Expanded Access to Telehealth & Psychiatry

- The top needs reported in District 2 for Treatment are workforce capacity, reduced administrative burden, and expanded access to telehealth and psychiatry.
- 87% of community members surveyed believe that people in District 2 do not have the same access to treatment as people in other parts of the state.
- CBO survey respondents noted that limited access to phones, computers, and broadband coverage exists in rural parts of the district.

Recovery

District 2
Top Recovery Needs

- | Peer Support Recovery Services
- | Recovery Housing
- | Clear Pathways to Recovery Services

- The top needs reported in District 2 for Recovery include peer support services, recovery housing, and clear pathways to recovery services.
- Among District 2 recovery provider respondents, 60% agreed or strongly agreed that individuals receive services when they need them—a more positive result than community member feedback.
- In District 2, survey responses reflected that people do not know where to go to access recovery services and access and/or awareness are inconsistent after treatment or crisis services.

Crisis

District 2
Top Crisis Needs

- | Consistent Crisis Services
- | Expanded Options Outside Emergency Departments
- | Improved Follow-up & Care Transitions

- The top needs reported in District 2 for Crisis are consistent services across counties, expanded options outside of emergency departments, and improved follow-up and care transitions.
- Community members surveyed in District 2 believe that crisis services are inconsistent and do not have sufficient options outside of the emergency room.
- Respondents in District 2 noted gaps in timeliness, youth services, and follow-up after a crisis.

Next Steps

The feedback provided by community members and CBO's 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, CBO's 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 the 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