

# District 1 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 1. 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 1, there were 153 total survey responses, including 124 from community members and 29 from contracted CBOs.

In addition, the Iowa PCA facilitated 111 guided conversations with contracted CBOs statewide. Twelve of the CBOs that participated in the guided conversations are based in District 1 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 1, transportation was cited as a barrier to access more frequently by contracted CBO respondents (72%) than it was by community members surveyed (25%).
- 52% of District 1 contracted CBO respondents identified staffing as a barrier to accessing behavioral health services.

## Prevention

**District 1**  
*Top Prevention Needs*

- Increase Awareness of Substance Use Prevention
- Strengthen Parent & Caregiver Supports
- Build Youth Engagement

- The top needs identified in District 1 for Prevention are awareness of available substance use prevention services, parent and caregiver support, and building youth engagement
- Respondents noted that prevention services in District 1 are provided by dedicated CBOs that are closely connected to the communities they serve.
- 50% of community members surveyed reported they believe individuals and families do not know how to access prevention services.
- 67% of District 1 contracted CBO respondents identified funding resources as a barrier to prevention service delivery.

## Early Intervention

**District 1**  
*Top Early Intervention Needs*

- Awareness of Behavioral Health System Navigation
- Understanding of How to Use & Connect to Services
- Consistent Referral & Utilization Pathways

- The top needs in District 1 for Early Intervention were identified as awareness of Behavioral Health (BH) System Navigation, understanding how to use and connect to services and understanding consistent referral and utilization pathways.
- Respondents noted that BH System Navigation helps connect people to services early, but many community members and CBO respondents were not fully aware of the program or how it should be used.
- In District 1, 51% of community members surveyed said they had heard of BH System Navigation, and 21% reported that they've used the service or knew of someone who had used it.

## Treatment

**District 1**  
*Top Treatment Needs*

- Treatment Capacity To Meet Population Needs
- Coordination & Referral Pathway Post Treatment
- Reduced Wait Times to Ensure Timely Treatment Access

- The top needs identified in District 1 for Treatment are treatment capacity to meet population needs, coordination and referral pathway post treatment and reduced wait times to ensure timely treatment.
- In guided conversations, CBOs described that they struggle with finding capacity to meet the need for specialty and higher-acuity care.
- 26% of community members surveyed believe people in District 1 know how to access treatment services.

## Recovery



- Top needs identified in this District 1 for Recovery are access to recovery supports, awareness and understanding of recovery services and coordination and referral pathways between services.
- 40% of community members surveyed say recovery services are received when needed, and 29% of CBO respondents agreed individuals receive recovery services when needed.
- 32% of community members surveyed believe people in District 1 know how to access recovery services.

## Crisis



- Respondents reported the top needs in District 1 for Crisis were access to mobile and after-hours crisis services, expanded stabilization and step-down capacity, and awareness of how to access services.
- Respondents in District 1 identified that crisis services were among the most developed services with strong collaboration; however, demand exceeds capacity.
- Respondents identified a significant gap exists in step down care, transition between care, and follow up which leads to fragmented care pathways and repeated crisis utilization rather than sustained recovery.
- 39% of community members surveyed believe people get crisis services when they need them in District 1.

## 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 that contributed gave 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.