

# District 7 Community Based Organizations and Community Member Assessment

## 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 7. 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 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 7, there were 296 total surveys, including 222 from community members and 74 from contracted CBOs.

In addition, the Iowa PCA facilitated 111 guided CBO conversations that were conducted statewide. Thirty-one of the CBOs that participated in the guided conversations are based in District 7 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, early intervention, 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 7, 82% of CBO respondents identified transportation as a barrier, and 22% of community stakeholders surveyed named it a top challenge.
- 69% of CBO respondents reported staffing as a barrier, with 49% saying it is difficult to recruit staff.

## Prevention

**District 7**  
*Top Prevention Needs*

- Flexible Resources for Prevention Services
- Awareness of School & Community-Based Prevention
- Access to Prevention Services

- The top Prevention needs identified by respondents in District 7 are flexibility and resources for prevention services, awareness of school and community-based prevention services, and increased access to prevention services.
- 61% of CBOs surveyed said prevention is a priority for their organization's leadership.
- 69% of community members surveyed in District 7 responded that they do not believe community members know how to access prevention services.

## Early Intervention

**District 7**  
*Top Early Intervention Needs*

- Awareness of System Navigation Services
- Clarity on Use of Navigation 211, 988, & Your Life Iowa
- Access to Early Intervention Services

- The top Early Intervention needs identified by respondents in District 7 are awareness of Behavioral Health (BH) System Navigation services, clarity on navigation types (i.e. 211, 988, YLI) and access to Early Intervention services.
- 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. 19% of community members surveyed have used BH System Navigation or knew someone who had used it.

## Treatment

**District 7**  
*Top Treatment Needs*

- Care Coordination & Referral Processes
- Awareness of Treatment Services
- Consistent Access to Treatment Services

- The top Treatment needs identified by respondents in District 7 are improve care coordination and referral processes, increase awareness of how to access treatment services and improving equitable access to treatment services
- Community members surveyed noted that they recognize strong commitment from organizations who provide treatment services.
- 23% of community members surveyed said people know how to access treatment services, and just 16% believe access to treatment is consistent to other parts of the state.

## Recovery



**District 7**  
*Top Recovery Needs*

- Access to Recovery Services
- Awareness of Recovery Supports & Pathways
- Connection to Recovery Pathways

- The top Recovery needs identified by respondents in District 7 are access to recovery services, awareness of recovery supports and pathways, and connections to recovery pathways.
- 43% of community members surveyed in District 7 said there are multiple recovery pathways available.
- 21% of community members surveyed reported people know how to access recovery services.
- 53% of community members surveyed believe people do not receive recovery services when needed.

## Crisis



**District 7**  
*Top Crisis Needs*

- Access to Crisis Services
- Timelines of Mobile Crisis & Crisis Response
- Access to Crisis Services Across Communities

- The top Crisis needs identified by respondents in District 7 are improving access to crisis services, timeliness of mobile crisis and crisis response, and access to crisis services across communities.
- Respondents in District 7 identified crisis access and follow-up support vary across communities, especially outside of larger population centers.
- 66% of community members surveyed said people do not know how to access crisis services.
- 72% of community members surveyed disagreed that individuals receive crisis services in a timely manner.

## 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 this assessment process. Thank you also for the perspectives 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.