July 2026: Behavioral Health Town Hall

Marissa Eyanson, Director of Behavioral Health, Iowa HHS

IOWA Health and Human Services

Overview

- Welcome!
- Behavioral Health District Assessment Toolkit
  - HHS Data Team
- Year 1 in Review
  - Iowa PCA
- Questions

Behavioral Health District Assessment Toolkit

Sarah Vannice & Kayla Sankey

HHS Behavioral Health Data Team

What is the toolkit?

- Collection of resources that helps us understand the behavioral health needs of Iowans and guide improvements across the state.

Where is the toolkit?

- Iowa's Behavioral Health Service System | Health & Human Services
- Posted on July 1, 2026.

What is included in the toolkit?

- Behavioral Health Dashboard
- Iowa Health and Wellbeing Survey
- Behavioral Health Service System Reports
- Community Based Organizations and Community Member Feedback

Behavioral Health Dashboard

Data Reference

IOWA Health and Human Services

Behavioral Health Dashboard

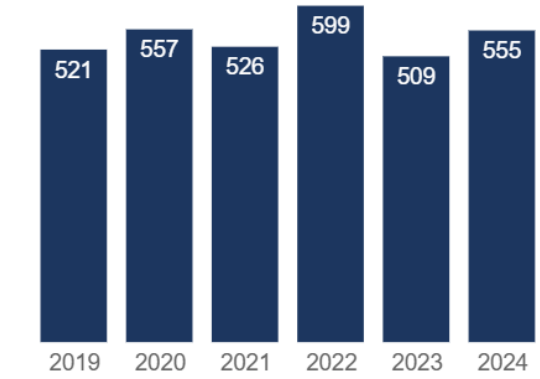
Published

X/XX/2026

Iowa's Behavioral Health Service System is dedicated to improving health outcomes and decreasing the number of Iowans who die due to substance-involvement, overdose, or suicide.

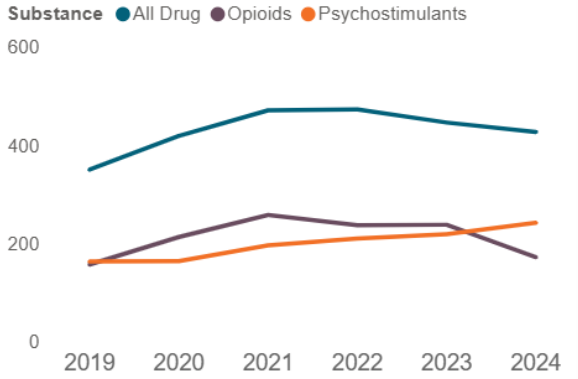
This dashboard shows the numbers and rates of deaths from overdose, suicide and alcohol to inform efforts across the Behavioral Health Continuum (prevention, early intervention, treatment, recovery, and crisis) in Iowa.

Iowa Suicide Deaths by Year



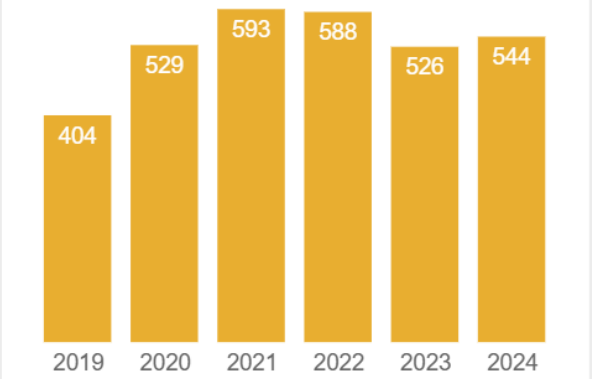
Suicide Dashboard

Iowa Overdose Deaths by Year



Overdose Dashboard

Iowa Alcohol-Involved Deaths by Year



Alcohol Dashboard

Data source: Iowa Department of Health and Human Services. Bureau of Health Statistics

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Behavioral Health Dashboard: Suicide Deaths

Data Reference

IOWA Health and Human Services

Suicide Deaths

Published X/XX/2026

Iowa's seven Behavioral Health Districts were created to promote fair distribution of resources, balanced workloads, and consistent access to care across the state.

555

People in Iowa died from Suicide in 2024

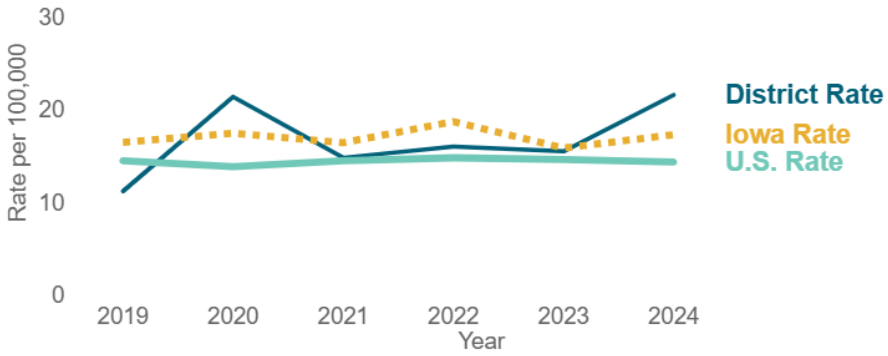
Suicide is death caused by injuring oneself with the intent to die. Many factors can increase the risk for suicide or protect against it.[1]

District: 2

Year: 2024

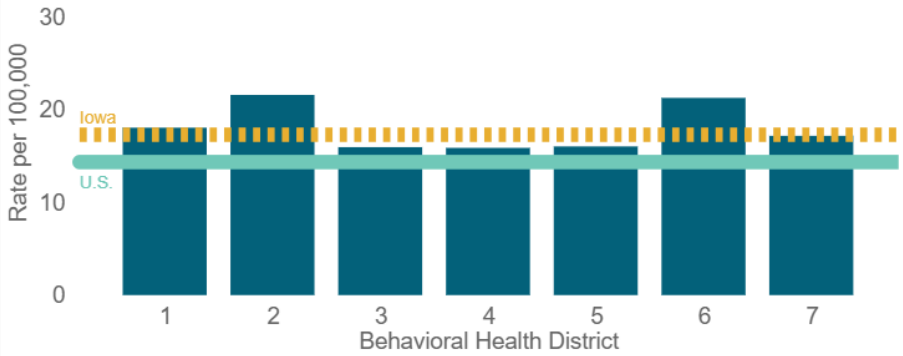
Rate of suicide deaths over time

The rate of suicide deaths was higher in **Iowa** than the **U.S.**



Rate of suicide deaths in 2024

The rate of suicide deaths was higher in most **Behavioral Health Districts** than the **U.S.**



Data source: Iowa Department of Health and Human Services. Bureau of Health Statistics

1 "Facts About Suicide", www.cdc.gov/suicide/facts/index.html, accessed May 6, 2026.

Behavioral Health Dashboard: Data Reference

Data Reference

IOWA | Health and Human Services

Data Reference

Published

X/XX/2026

Data Definitions

All of the data in these dashboards are from Vital Statistics. The U.S. numbers are from the National Vital Statistics program pulled from the CDC Wonder database and Iowa data are from the Iowa HHS Bureau of Health Statistics. All ages were included.

Rates were calculated using occurrence data, as more than 90% of occurrent deaths were Iowa residents, and understanding the burden of overdose deaths in relation to population size can be helpful for informing local resources and prevention efforts.

All Drugs is defined by any of the following codes as the underlying cause of death: X40-X44, X60-X64, X85, or Y10-Y14.

Opioids is defined by the **All Drugs** definition and the inclusion of any of the following codes: T40.0-T40.4, T40.6.

Psychostimulants is defined by the **All Drugs** definition and T43.6.

Suicide is defined by the underlaying cause of death codes: X60-X84, Y87.0

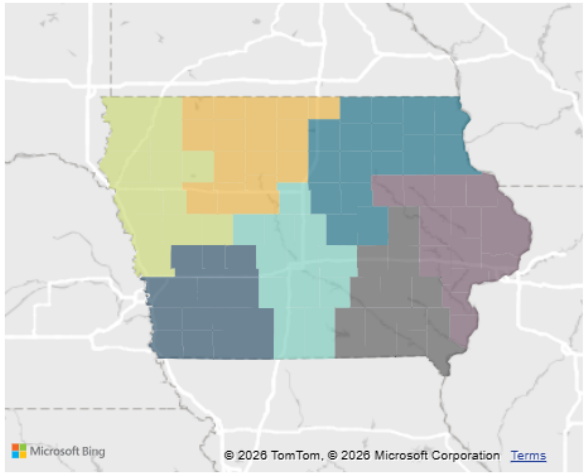
Alcohol-involved deaths is defined by: F10.3-F10.9, F10.0, F10.1, F10.2, G62.1, G31.2, G72.1, I42.6, K29.2, K70.0-K70.4, K70.9, K85.2, K86.0, Q86.0, P04.3,X45, X65, Y15

To learn more about Iowa's Behavioral Health Service System and the full map, please see this website: https://hhs.iowa.gov/initiatives/system-alignment/behavioral-health-service-system

Behavioral Health District

All

District Map



Iowa Counties

- Adair,Iowa
- Adams,Iowa
- Allamakee,Iowa
- Appanoose,Iowa
- Audubon,Iowa
- Benton,Iowa
- Black Hawk,Iowa
- Boone,Iowa
- Bremer,Iowa
- Buchanan,Iowa
- Buena Vista,Iowa
- Butler,Iowa
- Calhoun,Iowa
- Carroll ,Iowa
- Cass,Iowa
- Cedar,Iowa

Iowa Health and Wellbeing Survey

Prepared for
Iowa Department of
Health and Human Services

Prepared by
Ki H. Park
Kyle Endres
Justine Radunzel
Erin O. Heiden

April 2026

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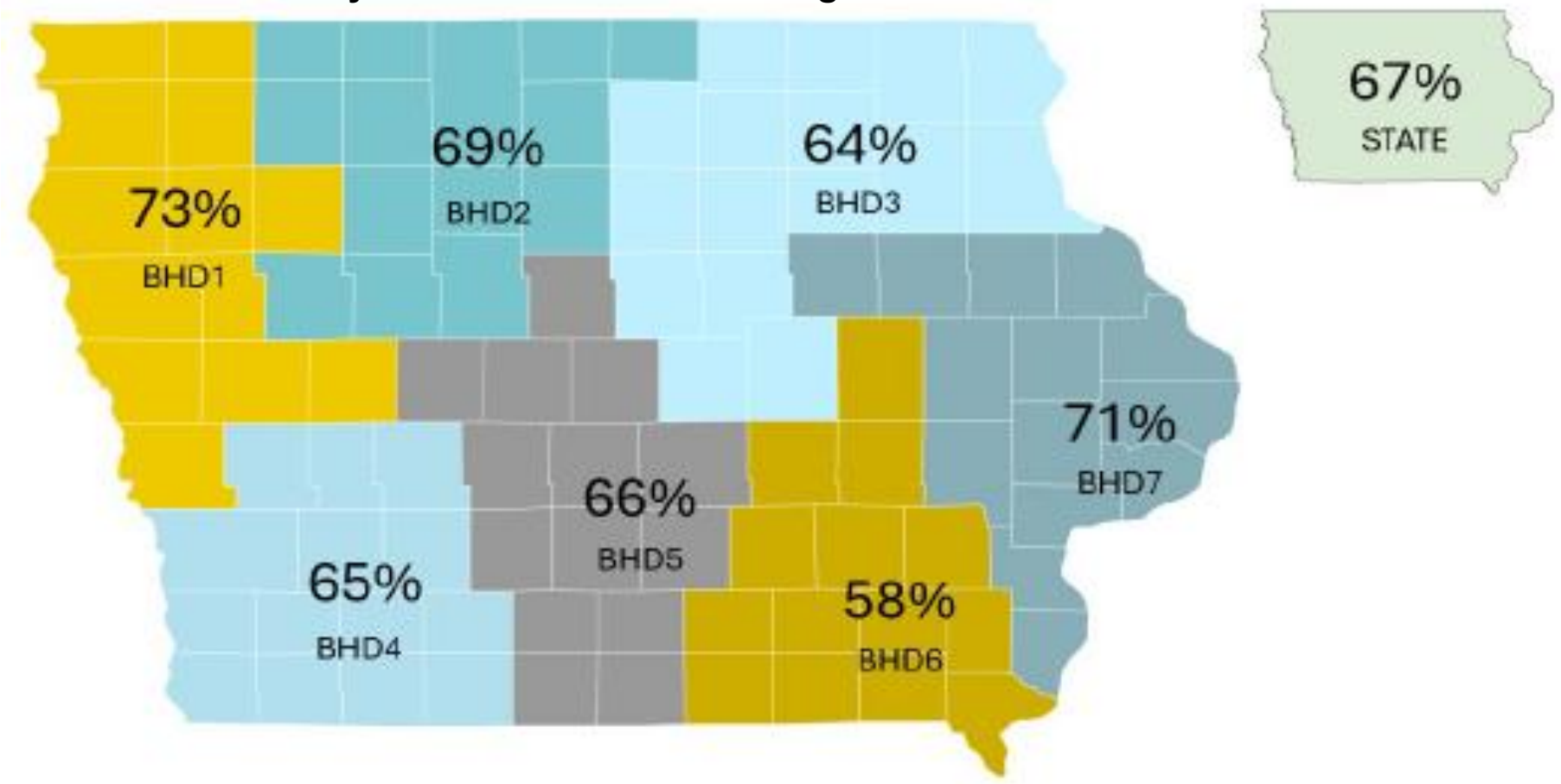
Iowa Health and Wellbeing Survey: Services

Awareness of any substance use counseling or treatment services



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Behavioral Health Service System Reports

Behavioral Health Service System Annual Report

| July 1, 2026 |

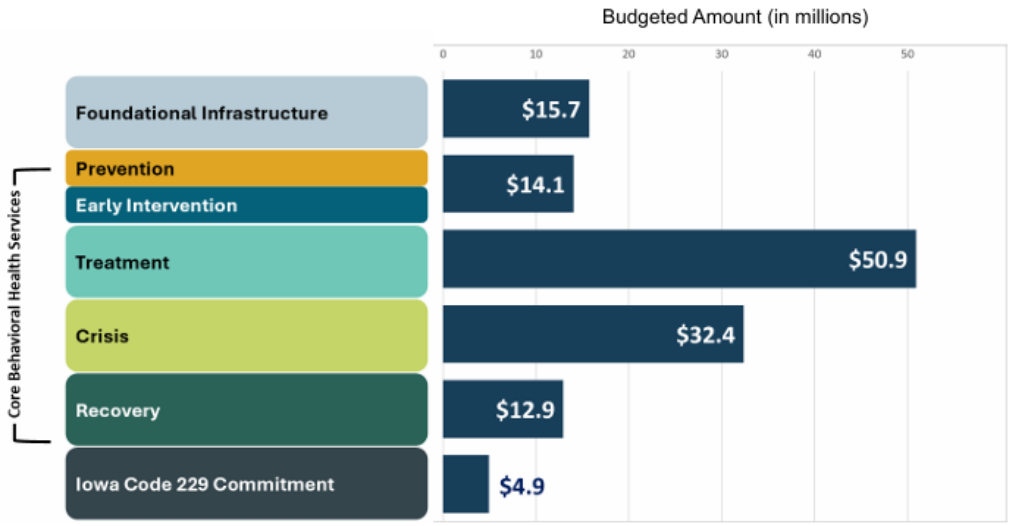
IOWA Health and Human Services Behavioral Health

The Behavioral Health Service System (BHSS) was launched July 1, 2025. Based on the feedback of thousands of Iowans and with District Advisory Councils serving as local advisors, the successful launch relied on shared responsibility, partnership and effort between the Iowa Health and Human Services (Iowa HHS), the Behavioral Health Administrative Services Organization (BH-ASO), and Community Based Organizations (CBOs).

This report is respectfully submitted to the Governor and General Assembly to fulfill the required report outlined in 249N.8 by detailing budget allocation targets for the Behavioral Health Service System for FY26, outcomes, and effectiveness of services delivered by the Behavioral Health Service System during the first year of implementation. Information regarding activities utilized to inform the report is limited to the first three quarters of the fiscal year (July 1, 2025 through March 31, 2026) due to preparation of this report prior to the end of FY26 to meet the July 1, 2026 report submission deadline.

State and federal funds were combined to address the strategies and tactics outlined in the Behavioral Health Service System State Plan. The graph below shows the investment made in Behavioral Health Service System efforts for state fiscal year 2026.

Behavioral Health Service System Investments (State & Federal Funds)
Budgeted Amounts for State Fiscal Year 2026



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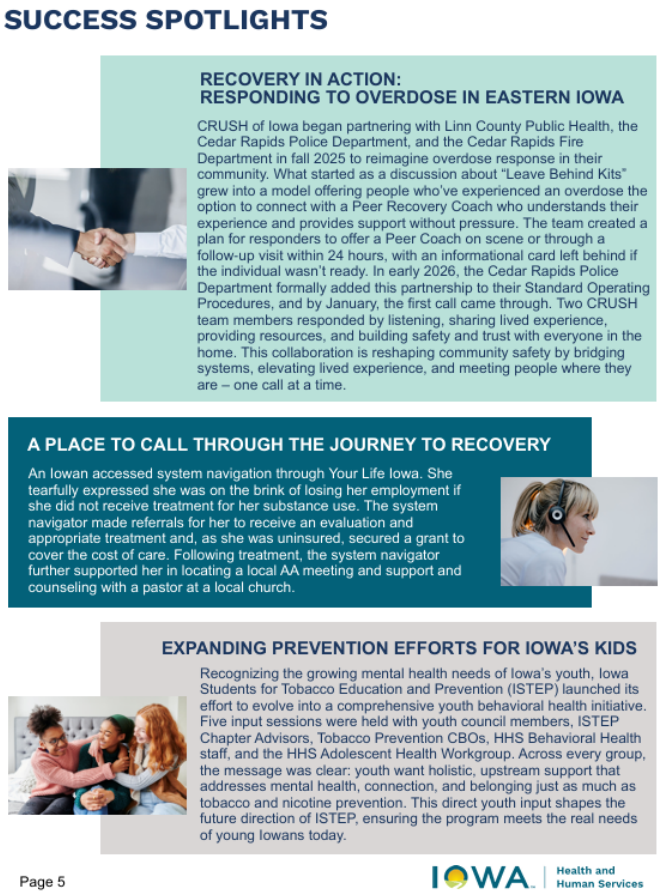
Behavioral Health Service System Reports - Highlights

- As of March 31, 2026, Behavioral Health System Navigators had established 26 on-site location partners throughout the state where Iowans can connect with a system navigator.
- Received 53,380 contacts through 988; maintained an 88% answer rate, ensuring that Iowans are receiving the help they need when in crisis.
- Expanded reimbursable services to include peer coaching and peer support specialist services.



SUCCESS SPOTLIGHTS

RECOVERY IN ACTION:
RESPONDING TO OVERDOSE IN EASTERN IOWA

CRUSH of Iowa began partnering with Linn County Public Health, the Cedar Rapids Police Department, and the Cedar Rapids Fire Department in fall 2025 to reimagine overdose response in their community. What started as a discussion about "Leave Behind Kits" grew into a model offering people who've experienced an overdose the option to connect with a Peer Recovery Coach who understands their experience and provides support without pressure. The team created a plan for responders to offer a Peer Coach on scene or through a follow-up visit within 24 hours, with an informational card left behind if the individual wasn't ready. In early 2026, the Cedar Rapids Police Department formally added this partnership to their Standard Operating Procedures, and by January, the first call came through. Two CRUSH team members responded by listening, sharing lived experience, providing resources, and building safety and trust with everyone in the home. This collaboration is reshaping community safety by bridging systems, elevating lived experience, and meeting people where they are – one call at a time.

A PLACE TO CALL THROUGH THE JOURNEY TO RECOVERY

An Iowan accessed system navigation through Your Life Iowa. She tearfully expressed she was on the brink of losing her employment if she did not receive treatment for her substance use. The system navigator made referrals for her to receive an evaluation and appropriate treatment and, as she was uninsured, secured a grant to cover the cost of care. Following treatment, the system navigator further supported her in locating a local AA meeting and support and counseling with a pastor at a local church.

EXPANDING PREVENTION EFFORTS FOR IOWA'S KIDS

Recognizing the growing mental health needs of Iowa's youth, Iowa Students for Tobacco Education and Prevention (ISTEP) launched its effort to evolve into a comprehensive youth behavioral health initiative. Five input sessions were held with youth council members, ISTEP Chapter Advisors, Tobacco Prevention CBOs, HHS Behavioral Health staff, and the HHS Adolescent Health Workgroup. Across every group, the message was clear: youth want holistic, upstream support that addresses mental health, connection, and belonging just as much as tobacco and nicotine prevention. This direct youth input shapes the future direction of ISTEP, ensuring the program meets the real needs of young Iowans today.

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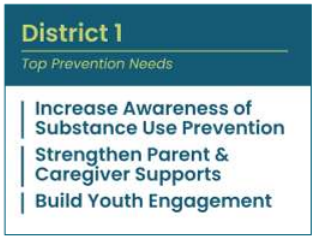
Community Based Organizations and Community Member Feedback

- District-level feedback from behavioral health Community Based Organizations and community members across Iowa highlighting their perspectives on behavioral health services.
- 1,127 CBO and community member surveys completed
- 111 guided provider conversations

Prevention



- 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.

Treatment

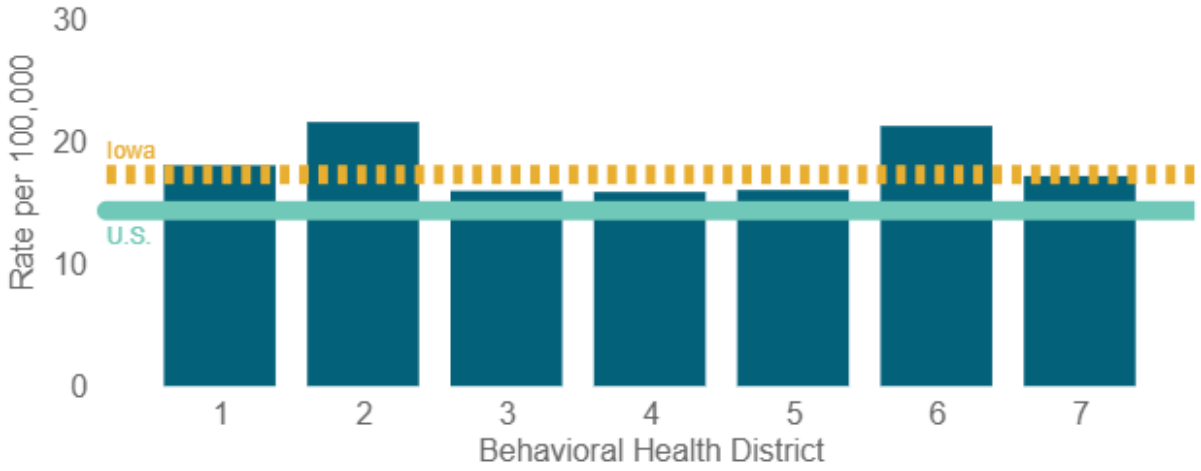
- The top needs identified in District 1 for Treatment are treatment capacity to meet population needs, coordination and referral pathway post treatment and reduced wait times to ensure timely treatment.
- In guided conversations, CBOs described that they struggle with finding capacity to meet the need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

Using the Toolkit: Suicide

Behavioral Health Dashboard

Rate of suicide deaths in 2024

The rate of suicide deaths was higher in most **Behavioral Health Districts** than the **U.S.**



- Suicide mortality rates were highest in Districts 2 & 6 in 2024.

Using the Toolkit: Suicide

Iowa Health and Wellbeing Survey

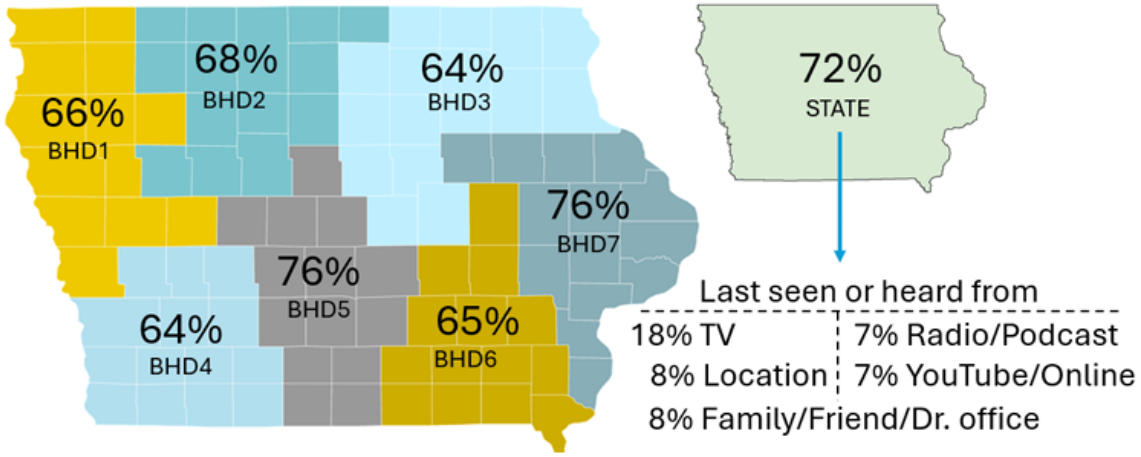


Figure 14. Seen or heard of 988 Suicide and Crisis Lifeline (state and by BHD)

- District 2
  - Awareness of 988 Suicide and Crisis Lifeline among District 2 respondents (**68%**) was lower than the state overall (**72%**).
- District 6
  - Awareness of 988 Suicide and Crisis Lifeline among District 6 respondents (**65%**) was lower than the state overall (**72%**).

Using the Toolkit: Suicide

Community Based Organizations and Community Members Feedback

- Top needs identified in District 2:
  - **Prevention**: more mental health promotion/prevention services.
  - **Early Intervention:** increase awareness of services to public.
  - **Treatment:** expand access to telehealth and psychiatry.
  - **Recovery:** increase awareness of services.
  - **Crisis:** improve follow-up and care transitions.

Using the Toolkit: Suicide

Behavioral Health Service System Reports

- Learn about:
  - the resources currently available for prevention, like the ISTEP connection and mental well-being for youth toolkit;
  - the system navigator locations;
  - the CCBHC project and locations for treatment;
  - Crisis service availability and mobile response to behavioral health crises;
  - Suicide prevention and crisis trainings available.

Using the Toolkit: Putting it all together for District 2

- **Assess:** District 2 had a higher burden of death from suicide, lower awareness of 988 services, and community feedback indicated the need for more health promotion and service awareness.
- **Compare:** the services offered by the state to what's available in District 2. Identify service gaps and opportunities to increase services or service awareness in these areas.
- **Act:** what can you do in your space to address gaps: increase service awareness, implement new services, build workforce through trainings, etc.?

BH-ASO: Year 1 in Review

Iowa PCA

Liza Maxwell, Director of District Operations and Strategy

Emma Hall, Director of System Navigation

Abbey Ferenzi, Senior Director of Behavioral Health Services

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Year 1: What We've Achieved

- **Built the Foundation**
  - Statewide team established
  - District Advisory Councils launched
  - Consistent processes implemented; timely payments
- **Engaged Stakeholders**
  - Cross-sector partnerships strengthened
  - Extensive stakeholder input gathered
- **Informed Decision-Making**
  - Statewide needs and priorities identified
  - Data collection and analysis
- **Expanded Impact**
  - Additional statewide services implemented
  - Training and technical assistance provided
  - Individuals connected to needed resources and supports

Year 1: What We've Learned

- Dedicated time for dialogue is critical to getting useful input.
- Local context matters — district needs vary and require tailored solutions.
- Progress will be focused and incremental.
- The expertise that we have in our system is impressive.
- Awareness and navigation are essential, even when services already exist.
- Behavioral health needs do not occur in silos, and neither should our solutions. People seek support connecting to providers, community resources, social supports, and non-traditional services across all stages of need.
- We have so many unique opportunities with this new system—we are just getting started!

Engaging District Advisory Councils

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Turning local perspective into district priorities

Year 1 engagement moved from information sharing to structured input, prioritization, and follow-through.

1 Listen early

Pre-meeting outreach
1:1 conversations & check-ins
Priority topics, challenges, emerging needs

2 Ground the discussion

District toolkit
Survey results
Guided conversations
CBO + community feedback

3 Prioritize together

Structured facilitation
3–4 focused priority areas
Data + stakeholder + council input

4 Carry forward

Document themes and recommendations
Use feedback to inform district planning
Share next steps and progress

Bottom line

DACs are helping translate data and lived/local experience into clear, actionable planning priorities for Year 2.

Training & Technical Assistance

NAMI and SolutionPoint+ Trainings:

- 177 attendees
- Crisis Intervention Training (CIT)
  - 100% of participants reported they would recommend this training
  - Post test indicated an average of 25% improvement in CIT-related knowledge and its practical application
- Crisis De-Escalation
  - 97% of attendees reported confidence in responding to crises because of the training.
  - 95% of attendees would recommend this training

Two Financial Symposiums:

- 65 attendees
- Provided practical strategies to strengthen financial stability, respond to operational challenges, and support long-term sustainability in mission-driven organizations.

Contracting

- Funding was generally held steady state to FY26, some reduction decisions made for programs deemed out of scope.
- Agreements were sent out this year to all providers as an amendment to last year's agreement.
    - Changes included streamlining the Attachments and adding a Provider Manual, both to limit the need for future amendments and administrative burden.
- Continued expansion in school-based and jail-based BH Services.

Behavioral Health System Navigation

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Ongoing outreach to:

- Community-based organizations
- Hospitals
- Providers
- Schools
- Faith-based organizations
- State-wide phone lines
- Associations
- Libraries
- Public health agencies
- Criminal justice and judicial entities

Total Call Contacts from July 1, 2025 – June 30, 2026:

52,916

Behavioral Health System Navigation: Year 1

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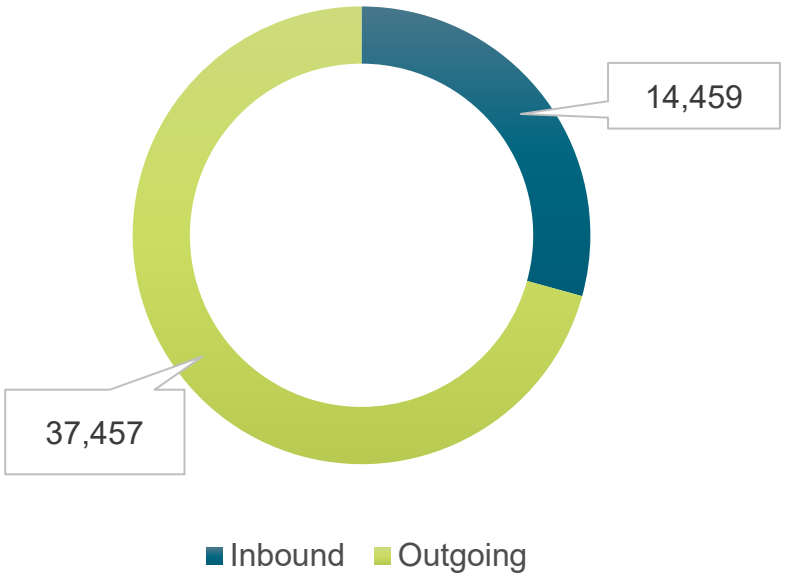
System Navigation Calls
July 1 2025 through June 30 2026



Top 10 Presenting Needs:

1. Mental Health
2. Housing
3. Substance Use
4. Medical Care
5. Benefits
6. Transportation
7. Disability Needs
8. Financial Concerns
9. Food Insecurity
10. Long-Term Care

Optimizing Behavioral Health System Navigation

- Evaluate in-person site locations.
- Formalize and enhance referral workflows for community providers.
- Gather individual, provider, and partner feedback regarding their experience with Iowa PCA System Navigation.
- Refine system navigation data collection, tracking, and reporting.

Accessing System Navigation:
Your Entry Points

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For Patients, Supporters, and Caregivers

YOUR LIFE IOWA
Iowa HHS

Call: 855-581-8111

Text: 855-895-8398

Chat: yourlifeiowa.org

Accessing System Navigation:
Your Entry Points

IOWA Health and Human Services | Iowa Primary Care Association

For Providers and Partners

Providers/Partners are provided direct numbers to District System Navigators.

Providers and community Partners can coordinate directly with Iowa PCA System Navigators by calling **(515) 505-8988**.

- Providers and Partners (including hospitals and schools)
- Crisis (i.e., 988)
- Disability Access Points
- Other Support Lines (i.e., Warm Line, Iowa Concern)
- Managed Care Organizations
- Law Enforcement, Jails

Accessing System Navigation: Your Entry Points

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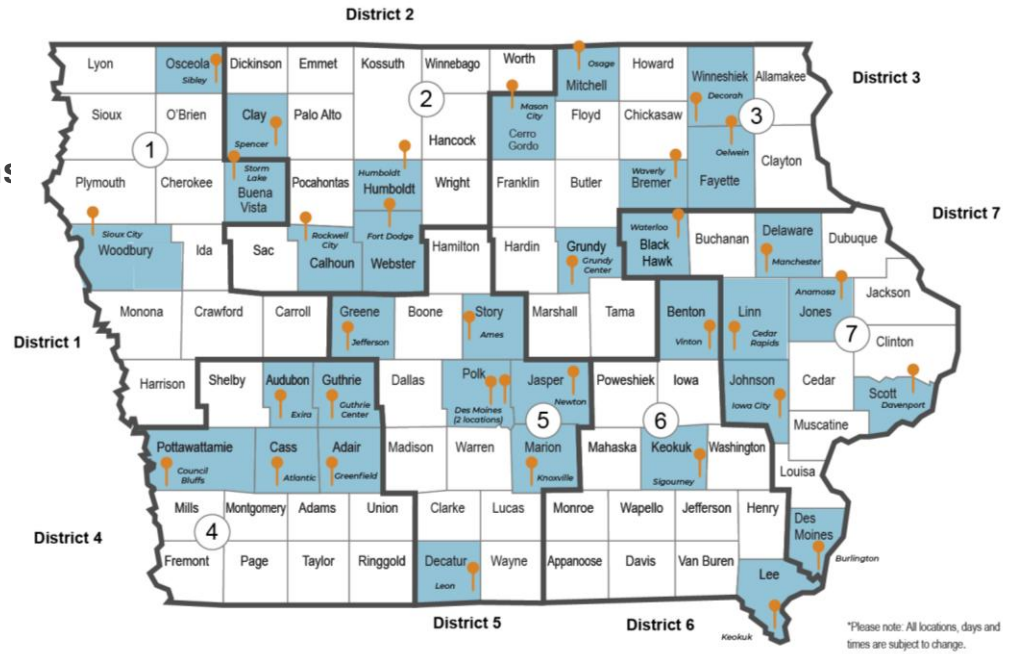
Meet in-person with a System Navigator

The Iowa PCA's Behavioral Health System Navigators are available for in-person meetings at select locations

- Locations in every district.
- No appointments necessary.
- Walk-ins are welcome.



Scan to find locations and hours.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Iowa
PRIMARY CARE ASSOCIATION

What's Next

Looking Ahead to Year 2

Data & Performance Improvement

- Refine provider and system navigation data collection, tracking, and reporting.
- Improve data quality, accuracy, and usefulness.
- Use data to better understand outcomes, identify gaps, and measure progress.

Strategic Planning & Action

- Shift from gathering feedback to applying insights.
- Proactively use District Advisory Councils, provider, and community input to establish priorities.
- Translate priorities into actionable district and statewide strategies.

Continuous Quality Improvement

- Focus on continuous quality improvement and network adequacy.
- Regularly assess performance, monitor progress, and adjust strategies as needed.

Service Growth & System Development

- Identify opportunities for service expansion and system enhancement.
- Use data and stakeholder feedback to guide future investments and development.

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Questions