

Behavioral Health Service System Annual Report

| July 1, 2026 |

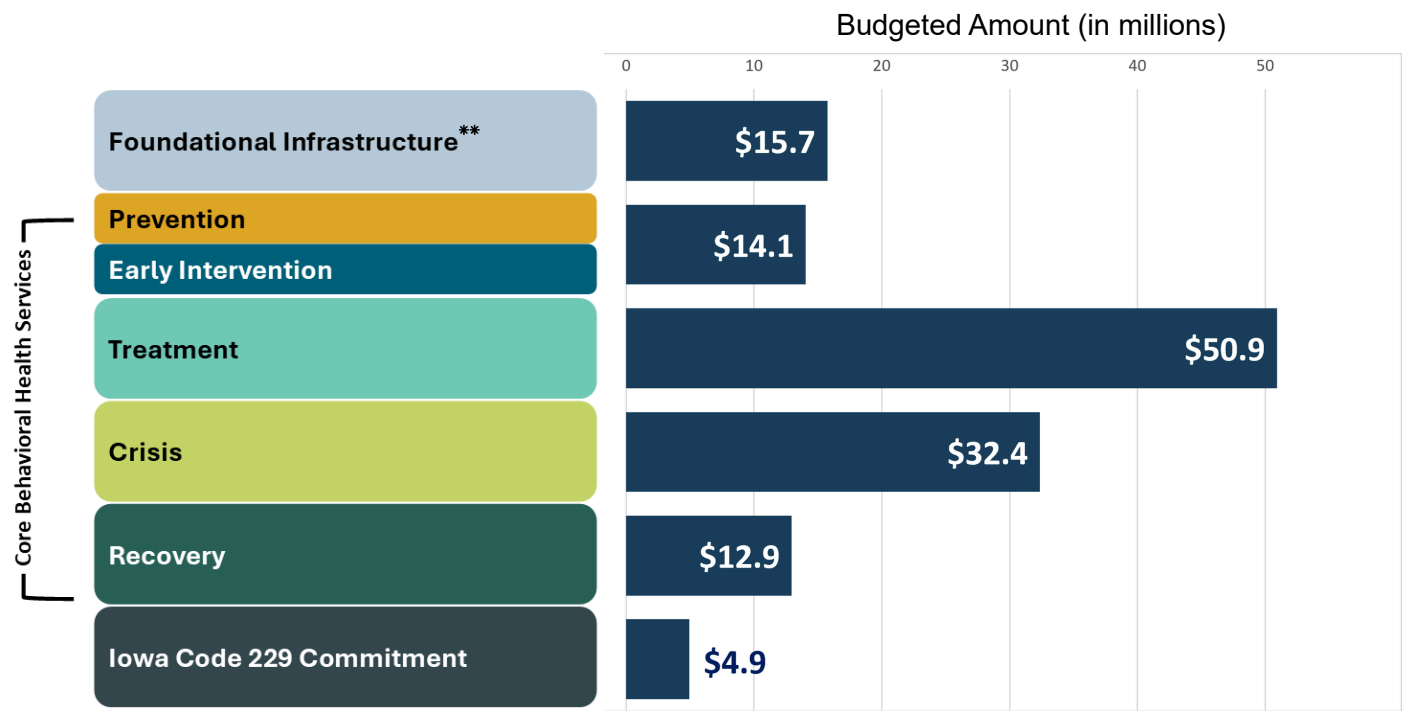


The Behavioral Health Service System (BHSS) was launched July 1, 2025. Based on the feedback of thousands of lowans and with District Advisory Councils serving as local advisors, the successful launch relied on shared responsibility, partnership and effort between the Iowa Health and Human Services (Iowa 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 (SFY26).

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



* SFY24 MHDS Region administrative expenditures were \$14.6M. SFY26 administrative budget for Disability Access Points was \$3.9M and \$5.8M for the BH-ASO. HHS SFY26 budgets reflect a year 1 administrative savings of \$4.9M.

** Foundational infrastructure reflects both one time and ongoing costs such as system navigation, provider training, and public awareness. One time start up costs for SFY26 were \$2M; maintenance and operations costs were \$13.7M.

Behavioral Health Service System

Activities and Successes

The goal for year one of the new service system was to ensure continuity of care while building the foundational infrastructure (e.g., partnerships, data systems, and resources) needed for the new system. Multiple entities share responsibility for the Behavioral Health Service System and each contributed to its successful first year. Statewide partners engaged in Iowa's Behavioral Health Service System joined together to build the new system, expand access to services, strengthen prevention and early intervention efforts, enhance crisis response, and advance recovery supports across all seven of Iowa's HHS districts.

The information provided below highlights the specific accomplishments of Iowa HHS, Iowa PCA, and CBOs through March 31, 2026 (Note: This is not an all-inclusive list.)



Behavioral Health

- Established a Behavioral Health Administrative Service Organization, Iowa Primary Care Association (Iowa PCA), to better organize and manage statewide administrative efforts and connect and collaborate at the district and local level to achieve positive outcomes for Iowans.
- Projected system needs and braided multiple funding sources to target budgets and ensure all requirements are met and priorities are addressed; **limited total administrative costs to less than 5%** and captured \$5 million in reduced administrative costs.
- Developed and launched modernized, streamlined data systems, tools, and processes, including:
 - Prevention and recovery reporting systems - allows community-based organizations to submit service level data using a simple tool and assists HHS in monitoring efforts and making data driven decisions.
 - Safety Net Management Information System (SNMIS) - consolidated multiple payment and invoicing processes and rates into a common, statewide claims payment system to pay providers.
 - Use of fee schedules and common definition for consistency.
 - Payments are made by electronic funds transfer to simplify process and reduce administrative burden.
- Implemented the first cohort of ten Certified Community Behavioral Health Clinics (CCBHC) as part of Iowa's CCBHC demonstration project.
- Enhanced youth education and prevention efforts to integrate suicide prevention, mental health awareness and promotion, and substance use, nicotine, alcohol and problem gambling prevention efforts.
- Expanded reimbursable services to include peer coaching and peer support specialist services. This supports recovery wherever it may occur.

SHARED SUCCESSES

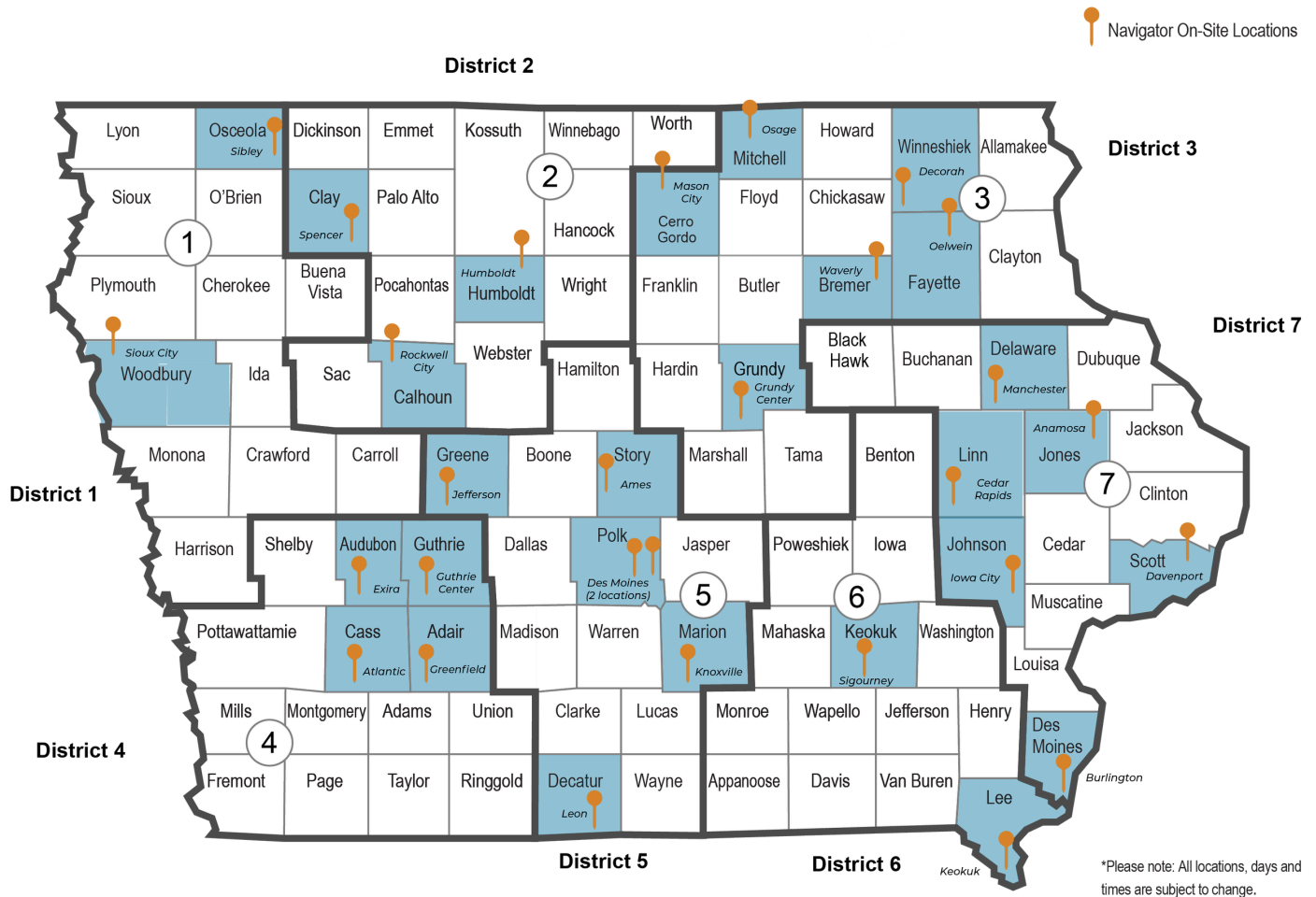


Health and
Human Services
Behavioral Health



- Leveraged existing partners to launch two statewide shared resource projects to provide behavioral healthcare services to individuals in jails and schools.
- Established System Navigation across multiple Iowa HHS service systems focused on the embodiment of low threshold, "no wrong door" support to address needs sooner and closer to home.
- As of June 30, 2026, Behavioral Health System Navigators had established **29** on-site location partners throughout the state where Iowans can connect with a system navigator.

ON-SITE SYSTEM NAVIGATOR LOCATIONS



ASO IMPACT AND EFFICIENCIES



- Contributed to improved assessment of need by leading guided behavioral health provider network conversations, gathering direct stakeholder input, and working with District Advisory Councils to ensure ongoing connection, planning, and activities and improve local experience.
- Streamlined local contracts from **403 to 128** and established modern, simplified invoice processing and payment monitoring.
- Provided access to a uniform online training platform for behavioral health providers and partners and offered in person training academies such as crisis de-escalation to community-based organizations and local communities across the state.
- Hired system navigators (42) to offer information, referral and connection to resources and support for lowans across all HHS districts.
- Facilitated **23,852 calls/visits** through system navigation. The top three presenting needs were mental health referral, housing support, and substance use referral.
- Focused on access to care by sustaining 24/7/365 crisis services, supported non-clinical recovery work, ensured sustainability through technical assistance to improve business modeling for clinics and other community-based service providers, identified opportunities for shared administration and support to further reduce administrative burden and streamline effort.

COMMUNITY BASED ORGANIZATIONS

Service Provision Data * SFY26: Q1 - Q3 (7.1.25 - 3.31.26)	Estimated SFY26	SFY25	Status
Engaged 4,601 youth in prevention activities	6,000	6,212	Stable
Provided 13,510 direct prevention services hours	20,000	19,209	Stable
Logged 53,830 988 Call Center contacts	70,000	55,125	Increase
Maintained an 88% in-state 988 answer rate	90%	89%	Stable
Enrolled 2,005 people in Quitline Iowa	2,700	2,717	Stable
Served 45,274 people - CCBHCs	60,000	NA - new	Increase
Served 1,000 students - School-based Services	1,200	NA - new	Increase
Served 3,852 people - Jail-based Services	5,000	NA - new	Increase
Initiated 4,691 dispatches - Mobile Crisis Response	6,000	4,076	Increase
Served 1,483 people - Recovery Residences	1,900	NA - new	Increase
Logged 40,387 visits - Recovery Community Centers	65,000	53,337	Increase
Provided evidence-based practice training and support to 3,726 providers	4,000	1,374	Increase

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.