



OPIOID SETTLEMENT FUND

Planning and Investment Recommendations

NOVEMBER 2026

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OPIOID SETTLEMENT FUND

House File 1038

As outlined in House File 1038, the Iowa Department of Health and Human Services (Iowa HHS) and the Office of the Attorney General of Iowa (Iowa AG) are to submit an annual report on or before November 1st to the general assembly and the governor that contains all of the following for the immediately preceding fiscal year:

- *Information related to each disbursement from the fund and if the intended outcomes of each disbursement were achieved.*
- *Input from each district behavioral health advisory council regarding disbursements from the fund, intended outcomes, and recommendations for future disbursements from the fund.*
- *A list of the current opioid-related initiatives within the behavioral health district that are funded by moneys from the national settlements that are earmarked for or otherwise required to be transferred or distributed to counties, cities, or other local governmental entities.*

The following is a summary of activities conducted by Iowa HHS following Governor Reynolds' approval of House File 1038.

A. Information related to each disbursement from the fund, and if the intended outcomes of each disbursement were achieved.

Division II Funding Recipients

Prior to the conclusion of FY25, as directed, Iowa HHS issued or approved funding to the following organizations for the outlined projects indicated in Division II of House File 1038. The table below identifies the awarded organizations.

House File 1038: Division II Funding Recipients Project End date: June 30, 2027			
Organization Name	Project Description	Original Amount of Award	Behavioral Health District
ADDS	Peer Recovery Post Overdose Response	\$500,000	7
AGAPE	Recovery Housing/Recovery Cafe	\$2,000,000	1
ASAC	Recovery Respite for Women with Children	\$375,000	7
Barikiwa	Recovery Cafe	\$750,000	5
Center of Attention	Recovery Community Center	\$900,000	7
CFR	Substance Use Treatment Provider	\$3,000,000	2
CRUSH	Recovery Community Center	\$900,000	7
Flowstate Health	Jail-based Services	\$1,500,000	5
Full Circle Recovery	Recovery Community Center	\$900,000	4/5
Heartland Family	Recovery Respite for Women with Children	\$375,000	4
House of Mercy	Recovery Respite for Women with Children	\$375,000	5

New Opportunities	Peer Recovery Post Overdose Response	\$500,000	1
One City United	Recovery Cafe	\$750,000	7
Pathways Behavioral	Peer Recovery Post Overdose Response	\$500,000	7
Rediscover Recovery	Recovery Community Center	\$900,000	7
RISE Recovery	Recovery Community Center	\$900,000	5
Rosecrance/Jackson	Recovery Respite for Women with Children	\$375,000	1
SIEDA	Peer Recovery Post Overdose Response	\$500,000	6
UCS Health Care	Expand/Support Medication Assisted Treatment	\$5,000,000	5
Vera French	Community Mental Health Center	\$2,000,000	7
YSS	Workforce Training; Recovery High School	\$3,000,000	5

Several types of projects have been funded. Most involve purchasing, constructing, or renovating facilities, or developing new services, which extends the timeline for spending the funds. If a project cannot be completed within the allotted timeframe, Iowa HHS may extend the deadline or recoup the funds.

Recovery Housing RFP Funding Recipients

One additional funding opportunity was identified as part of Division II of the approved legislation. Specifically:

Notwithstanding any provision of law to the contrary, of the moneys appropriated to the department of health and human services under subsection 1, \$3,000,000 shall be disbursed as grants to nonprofit organizations that submit a proposal to the department of health and human services for development of recovery housing in behavioral health districts that do not have established recovery housing capacity.

Iowa HHS announced availability of the Recovery Housing funding opportunity on September 24, 2025. Applications were due on October 23, 2025, with award announcements made on November 14, 2025. The table below identifies the awarded organizations.

House File 1038: Recovery Housing RFP Funding Recipients Project End Date: December 4, 2026			
Organization Name	Project Description	Original Amount of Award	Behavioral Health District
Beacon of Life	Recovery Housing	\$500,000	5
Cedar River Haven	Recovery Housing	\$276,200	7
Copperstone	Recovery Housing	\$500,000	1
Drogadictos Anonimos	Recovery Housing	\$500,000	Withdrawn*
Freedom Inn	Recovery Housing	\$399,500	3

*Drogadictos Anonimos withdrew their award acceptance following a leadership change and the new leadership deciding they did not want to pursue this funding opportunity. No funding was ever provided.

For those organizations that have been offering services outlined in their project description, two common performance indicators have been tracked.

- Number of unduplicated individuals that were provided services
- Number of unduplicated individuals with an opioid use history that were provided services

By the end of FY26 (June 30, 2026), 10,633 unduplicated individuals were provided services, and 1,975 individuals with an opioid use history were provided services. Iowa HHS anticipates

a significant increase in the number of individuals served in FY2027 as many of the programs funded are still in development and haven't begun providing services.

Division I Funding Recipients

Division I of House File 1038 appropriated the remaining state portion of the opioid settlement funds received to Iowa HHS and Iowa AG. Specifically:

For each fiscal year for the period beginning July 1, 2025, and ending June 30, 2030, of the total amount of the state portion of the moneys paid to the state as described in paragraph "b" and deposited in the fund, plus any interest and earnings on moneys in the fund, seventy-five percent is appropriated to the department and twenty-five percent is appropriated to the office of the attorney general for purposes of abating the opioid crisis in this state.

To meet the legislative requirements, Iowa HHS released the first of two funding opportunities on October 31, 2025. This opportunity sought applications from organizations able to implement opioid abatement strategies. Applicants could propose any service permitted under Iowa law and included in Exhibit E of the national opioid settlements.

A total of \$7,000,000 was available, with a maximum award of \$1,000,000 per project. Fifty-three applications were submitted. Applications were scored by seven three-person teams, each consisting of a representative from Iowa HHS, Iowa PCA, and a Behavioral Health District Advisory Council member, based on alignment with statewide and local needs, measurable outcomes, and collaboration.

Award announcements were made on December 30, 2025. In total, ten awards were made to support proposed projects. The table below outlines the awarded organizations.

Opioid Settlement Fund RFP: Round One Funding Recipients Project End Date: January 8, 2027			
Organization Name	Project Description	Original Amount of Award	Behavioral Health District
Community Health Care	Expand availability to medications for opioid use disorder and behavioral health care to eastern Iowa residents	\$1,000,000	7
CHC of SE Iowa	Expand availability to medications for opioid use disorder and behavioral health care to southeastern Iowa residents	\$1,000,000	7
Compass Health (IHC)	Conduct prevention, treatment and recovery support services in Page, Montgomery, Union and Audubon Counties. This includes naloxone administration training, proper opioid prescribing practices; MAT education; and expansion of warm handoffs for referrals	\$999,099	5
EFR	Expand opioid specific prevention services in Polk County at three levels: individual; family; and community	\$207,730	5
Heartland Family Services	Develop a 15-bed residential treatment program for men in Council Bluffs	\$1,000,000	4
NAMI Southwest Iowa	Expand access to peer-led co-occurring disorder education across nine rural counties in southwest Iowa	\$251,233	4

Johnson County	Expand mobile integrated health and post-overdose response in Johnson County through use of EMS providers	\$440,633	7
Manning Regional	Expand availability to medications for opioid use disorder by opening an Opioid Treatment Program (OTP) within the Manning Regional Health Center, and implement a chronic pain management program	\$565,103	1
University of Iowa	Support a variety of efforts, including: establish a statewide addiction medicine service; increase access to medication for opioid use disorder; creation of a traveling exhibit to increase awareness about the human aspects of addiction	\$511,904	7
YSS	Expand early intervention and prevention strategies statewide through: use of group-based early intervention; Hidden in Plain Sight trailer; community-based prevention coalitions; and family skill building	\$982,043	5

To continue meeting the legislative requirements, Iowa HHS released the second funding opportunity on April 13, 2026. Like the first round, this opportunity invited applications from organizations able to implement opioid abatement strategies. Applicants could propose any service permitted under Iowa law and included in Exhibit E of the national opioid settlements.

A total of \$10,000,000 was available, with a maximum award of \$1,000,000 per project. Fifty-one applications were submitted. Applications were evaluated by three, three-person scoring teams consisting of representatives from Iowa HHS, Iowa PCA, and a Behavioral Health District Advisory Council member, based on alignment with statewide and local needs, measurable outcomes, and collaboration.

Award announcements were made on June 23, 2026. In total, 17 awards were made to support proposed projects. The table below outlines the awarded organizations.

Opioid Settlement Fund RFP: Round Two Funding Recipients Project End Date: June 29, 2027			
Organization Name	Project Description	Original Amount of Award	Behavioral Health District
43 North Iowa	Expanding the Community Crisis Response Team (CCRT) in Mason City to 24/7 service availability, serving individuals experiencing mental health and substance use crises, including opioid-related needs	\$780,594	3
Beacon of Life	Provide trauma-informed recovery housing, peer support, case management, and opioid recovery navigation to adult women with OUD in Polk County	\$351,548	5
CommUnity Crisis Services and Food Bank	Expanding follow-up recovery support in crisis services for Johnson and Iowa County residents by embedding two recovery support specialists as part of their mobile crisis response team	\$201,928	7
GS Federal	Train 250 Iowa prevention, behavioral health, education, law enforcement, nonprofit, and government partners to use	\$125,000	5

	AI safely for opioid-abatement education, emerging-drug awareness, communication, and efficiency		
Iowa Society of Addiction Medicine	Expand the IASAM statewide capacity to train and recruit Iowa addiction medicine providers, which includes employing an experienced executive director, who will oversee the organization's mission and project deliverables	\$122,850	7
Iowa State University	Increase workforce capacity by building a centralized recovery data system and a novel recovery capital data pipeline; develop a State of Recovery report series; deliver TA; and update the Recovery-Iowa.org data infrastructure	\$656,370	5
Iowa Statewide Poison Control Center	Launch a statewide initiative expanding access to medication for opioid use disorder (MOUD) across all 99 Iowa counties, offering real-time clinical consultation to healthcare providers initiating buprenorphine treatment	\$381,142	1
Kingdom Living Iowa	Provide recovery housing vouchers and wraparound supports for pregnant and postpartum women, and parents in recovery, in the Polk County area	\$1,000,000	5
One City United	Expand workforce recovery and peer-based support through employment training, supportive services, and Recovery Café circles, in the Waterloo and Black Hawk County area	\$497,485	7
Oxford House, Inc.	Expand the Oxford House recovery housing model in Iowa	\$435,000	Withdrawn*
Prairie Ridge Integrated Behavioral Health	Conduct structured MOUD education sessions, naloxone training, and a multi-channel media campaign for public education, focusing on: law enforcement; corrections; healthcare providers; EMTs; residential treatment patients; and the public; across north central Iowa	\$120,912	3
Refugee and Immigrant Voices in Action	Develop a statewide multilingual opioid awareness and prevention campaign for refugee youth, parents, and families in Polk and Johnson Counties through community navigator outreach, resiliency programs, and culturally responsive warm handoffs to MAT/MOUD services	\$859,688	5
Rosecrance/Jackson	Expand halfway house capacity for adults with SUD, including OUD, in the Siouxland area	\$997,708	1
Siouxland Community Health Center	Expand the SBIRT and MOUD Access Program in Sioux City to include opioid use disorder treatment, rapid MOUD access, peer support, and harm reduction	\$926,881	1
Siouxland Mental Health Center	Expand SMHC's Adolescent Opioid Risk and Substance Misuse Treatment capacity for youth in the Siouxland area, through early identification; adolescent SUD treatment; family peer support;	\$412,218	1

	psychiatric/nurse consultation; care coordination; and prevention education		
University of Iowa	Partner with intermediary organizations to build construction industry awareness and employer engagement regarding opioid use and overdose	\$295,431	7
YSS	Renovate a YSS property into recovery housing, specifically designed for youth/young adults aged 18-24 recovering from substance use, including opioid use	\$1,000,000	5

*Oxford House withdrew their award acceptance due to Iowa's requirements that they obtain certification from the accrediting body utilized by Iowa (National Alliance for Recovery Residences/NARR). No funding was ever provided.

For both of the funding opportunities released by Iowa HHS, award recipients were assigned the same specific performance measure outcomes as those identified in Division II of House File 1038:

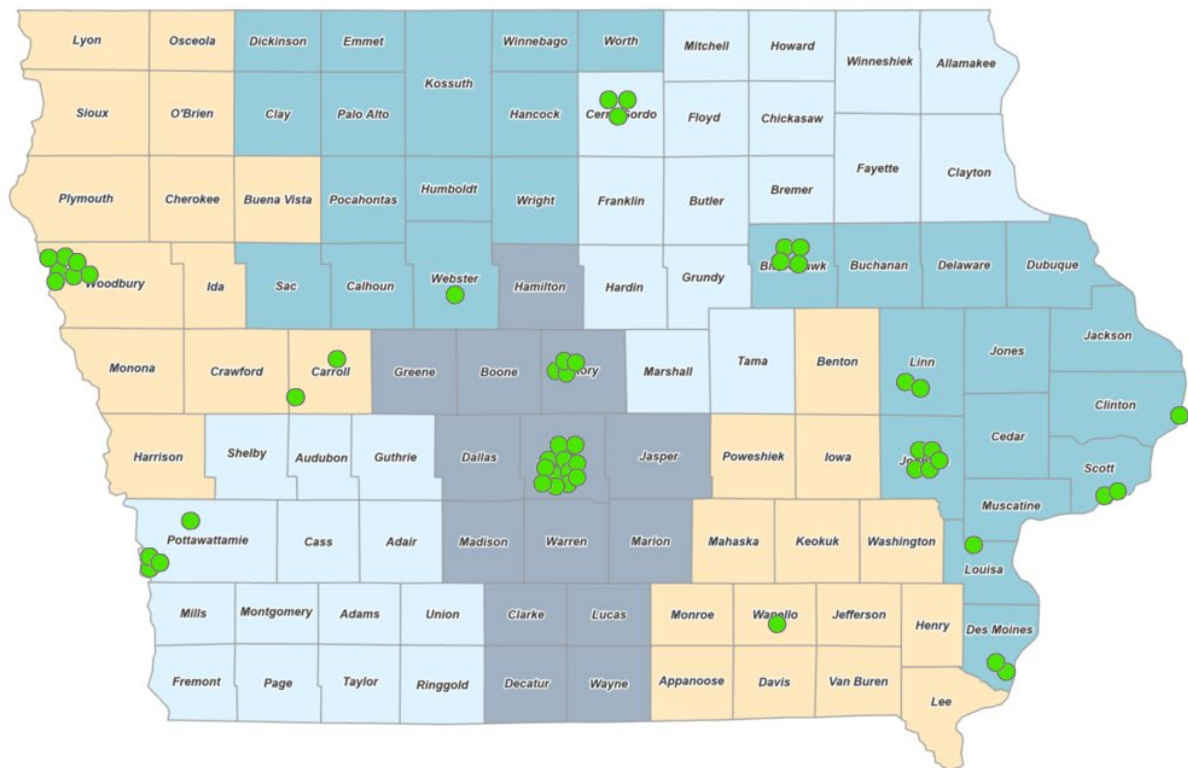
- Number of unduplicated individuals that were provided services
- Number of unduplicated individuals with an opioid use history that were provided services

Because award notices were issued on December 23, 2025, and June 23, 2026, only limited service data is available. By the end of FY26, 2,912 unduplicated individuals received services, including 127 individuals with an opioid use history. These numbers reflect the broad scope of the funding opportunities, which allowed applicants to focus on a wide range of approved uses in Exhibit E. Many funded projects emphasized primary prevention services, which serve individuals who have not previously used substances.

Iowa HHS Administered Opioid Settlement Funding

While the total number of individuals served with the awarded opioid settlement funds is encouraging, it's important to note just how many different service providers and programs have/are being developed. In total, through support of Division I and Division II of HF 1038, Iowa HHS has administered nearly **\$44,000,000** of the state portion of opioid settlement funding, which is being used to support **51 separate projects** (see the map on the following page).

Locations of State-Distributed Opioid Settlement Funds



B. Input from each district behavioral health advisory council regarding disbursements from the fund, intended outcomes, and recommendations for future disbursements from the fund.

In collaboration with the Iowa Primary Care Association, Iowa HHS staff participated in the Behavioral Health District Advisory Council meetings. Conducted over four days in September (2026), Iowa HHS presented on a variety of opioid-related topics which included the opioid settlement fund history and framework, the current opioid funding landscape, and a list of opioid settlement funded projects that utilized the state portion of settlement funds received. In addition, using the following questions, feedback from District Advisory Council members was solicited:

1. How do you feel about the availability of OSF for services in your district?
2. Are there OSF services that you would like to see added or expanded in your district?
3. Are you knowledgeable regarding how to access OSF in your district?
4. What other suggestions or recommendations related to OSF would you like to share?

Responses to the questions that pertained to OSF were collected by Iowa HHS and reported as follows

Question 1: How do you feel about the availability of OSF for services in your district?

Summarized responses: Respondents reported mixed awareness and uneven availability of OSF-funded services across districts. Many were unsure what services exist or who is using them, and several noted limited service availability and hesitancy among entities to apply.

Counties cited challenges such as unclear funding timelines, questions about approval authority, OSF restrictions, and limited local resources, including grant-writing capacity. Some counties, like Black Hawk and Linn, were seen as using funds effectively, while others are prioritizing ARPA funds or navigating broader fiscal considerations. Participants emphasized the need for clearer guidance, best-practice sharing, improved communication, and tools such as service maps, along with attention to appropriate fund use and anticipated oversight. A complete list of the responses can be found in the Appendix.

Question 2: Are there OSF Services that you would like to see added or expanded in your district?

Summarized responses: Respondents expressed interest in expanding several OSF services, including peer support, peer recovery, medical detox beds, MAT access, residential and long-term treatment programs, and recovery housing—especially for women. They also highlighted needs for pain-management support, co-responder teams, improved continuity of care, and transportation assistance. Rural counties noted barriers such as limited funds, hesitancy to seek services, and the need for clearer guidance on allowable uses of OSF funds. Participants emphasized expanding prevention and intervention efforts, including those involving schools and law enforcement, and broadening the focus beyond opioids to address other emerging substances. A complete list of the responses can be found in the Appendix.

Question 3: Are you knowledgeable regarding how to access OSF in your district?

Summarized responses: Respondents reported varying levels of understanding about how to access OSF funds, noting that processes typically run through county boards, committees, or department heads, but that overall awareness is low. Many were unsure whom to contact, when funds are available, or how to navigate OSF requirements, with rural counties facing additional challenges due to limited familiarity and resources. Participants emphasized the need for clearer guidance, better outreach, and simple tools—such as directories or instructions—to support consistent access across counties. While some organizations understand the process, others expressed hesitancy, uncertainty about expectations, and frustration with low spending levels. Improved communication, education, and planning support were identified as key needs to help counties use OSF funds more effectively. A complete list of the responses can be found in the Appendix.

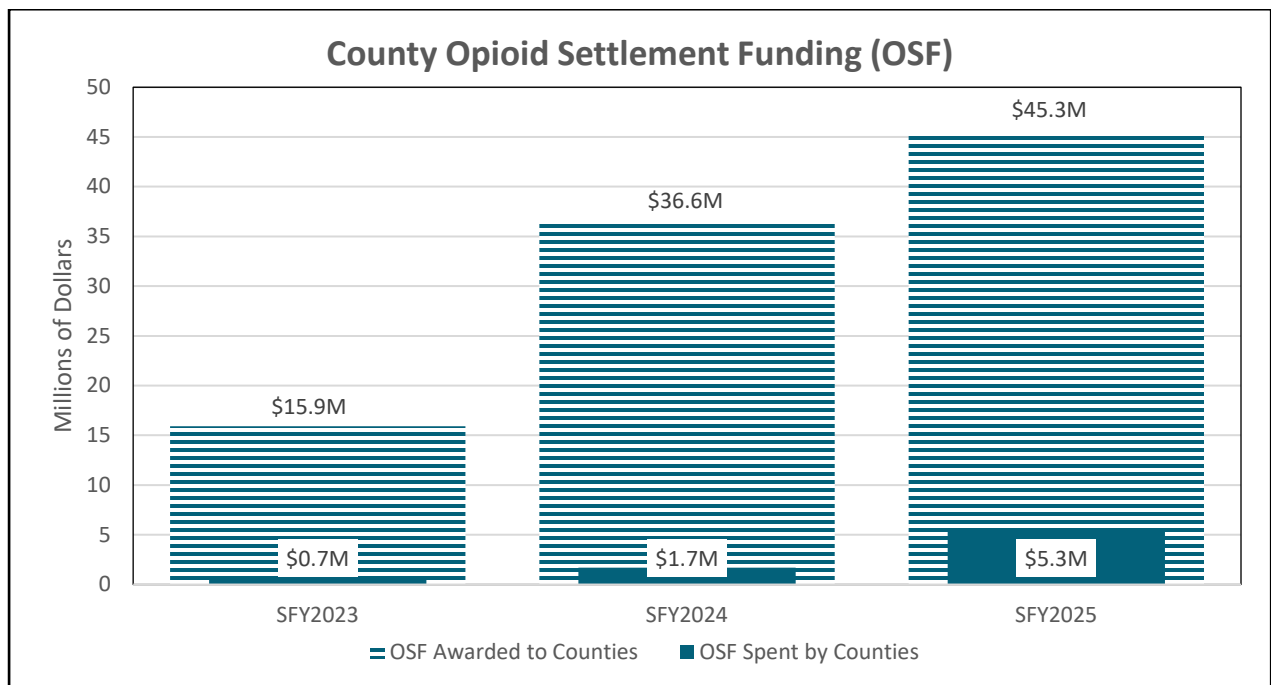
Question 4: What other suggestions or recommendations related to OSF would you like to share?

Summarized responses: Respondents recommended stronger communication and outreach about OSF, including increased advertising, wider use of state messaging channels, and clearer information on allowable uses of funds. They encouraged more county-level engagement, support for agencies applying, and consideration of tailored processes for rural areas. Participants also suggested developing multi-year strategic plans, sustainability tools, and resources to help counties understand fund longevity and maintain alignment across systems. Additional recommendations included reducing matching requirements when appropriate, sharing best practices, addressing emerging substance-use issues such as methamphetamine, and ensuring that unused funds are effectively utilized. A complete list of the responses can be found in the Appendix.

C. A list of the current opioid-related initiatives within the behavioral health district that are funded by moneys from the national settlements that are earmarked for or otherwise required to be transferred or distributed to counties, cities, or other local governmental entities.

Following completion of mediation in 2021 between the Office of the Attorney General of Iowa (Iowa AG) and representation for the Iowa counties (Iowa State Association of Counties), the decision was made to evenly divide national opioid settlement funding awarded to Iowa (50-50) between the state and the counties. The portion of funding reserved for the counties was utilized, beginning in SFY2023.

With oversight provided to the counties by Iowa AG, annual reports outlining expenditures for each previous state fiscal year were required to be submitted by December 1st of that year. The following table outlines the total amount of funding awarded and expended by the counties, and a detailed list of some of the expenditures can be found in the Appendix.



Under the current reporting schedule, counties must submit their opioid settlement expenditure reports by December 1 each year for the preceding fiscal year. As a result, the SFY2026 data will not be available before the Iowa HHS report is due on November 1, so county expenditures for SFY2026 cannot be included until the 2027 report. To improve timeliness, Iowa AG is considering requiring counties to submit reports by October 1, allowing more current information to be included in the November 1 legislative report.

D. FY27 State Opioid Settlement Fund Recommendations

As outlined in Division I of House File 1038:

For each fiscal year for the period beginning July 1, 2025, and ending June 30, 2030, of the total amount of the state portion of the moneys paid to the state as described in paragraph “b” and deposited in the fund, plus any interest and earnings on moneys in the

fund, seventy-five percent is appropriated to the department and twenty-five percent is appropriated to the office of the attorney general for purposes of abating the opioid crisis in this state.

In FY2026, Iowa HHS received more than 100 applications across the two OSF funding opportunities, reflecting a wide range of proposed services. While many applications addressed documented community needs, others focused on the strengths or service areas of the applying organization. To better target future funding to community, district, and statewide needs, Iowa HHS plans to introduce a more focused approach for the next OSF funding cycle in fall 2026.

Recovery Community Centers

Iowa HHS introduced Recovery Community Centers (RCCs) in 2022 to expand access to non-clinical, peer-based recovery support. RCCs are independent, nonprofit organizations led by people in recovery and offer services such as recovery coaching, virtual and in-person support, all-recovery meetings, and substance-free community activities. These centers serve as hubs for recovery support nationwide.

Iowa currently has five RCCs operating in three behavioral health districts (4, 5, and 7). In 2025, these centers received more than 55,000 visits, and they are projected to reach nearly 80,000 visits in 2026. Their continued operation is at risk due to shifting federal funding priorities.

To strengthen and sustain RCCs, Iowa HHS plans to release a funding opportunity in fall 2026 dedicated solely to RCC support and development.

This opportunity will include:

- \$4M per year for two years, for the establishment of eight new RCCs in the behavioral health districts currently underserved (two awards per district). Organizations will be selected using a competitive procurement process and scored based on how well the proposed project(s) align with statewide and local needs, demonstrate measurable outcomes, and show collaboration.
- \$2M per year for two years, for the five awarded RCCs identified in Division II of HF 1038, for ongoing service delivery and support of new Council on Accreditation of Peer Recovery Support Services (CAPRSS) accreditation. CAPRSS is a recovery-oriented evaluation process for organizations delivering peer recovery support services, ensuring quality, accountability, and excellence in recovery community programs. In addition to a recognition of quality, this designation lends credibility to the organization and can increase their competitiveness when applying for other funding opportunities.

Naloxone Distribution

The Division of Behavioral Health has been supporting distribution of naloxone since legislation was passed that expanded access to “persons in a position to assist” in 2016. Initially, support was provided through the implementation of a Statewide Standing Order that allowed an individual to walk into any pharmacy and purchase a kit under the State Medical Director’s authority, to activities such as sponsoring a statewide Narcan Access Day and launching a Tele-Naloxone program. In 2020, the Division introduced initiatives that provided naloxone kits to Iowa businesses, organizations and schools, to have on hand for

administration purposes, should they encounter an individual experiencing a suspected opioid overdose. Since launching this initiative, the Division has provided:

- Over **900 school locations** with naloxone kits
- Over **14,000 naloxone kits** for law enforcement agencies
- Over **700 Iowa organizations and businesses** with naloxone kits

In 2023, legislation was passed that allowed specific entities to distribute naloxone kits in their communities, without the requirement of having to visit a pharmacy. Referred to as the Narcan and Secondary Distribution initiatives, these projects have seen widespread acceptance and support, as evidenced by the demand for kits outlined below:

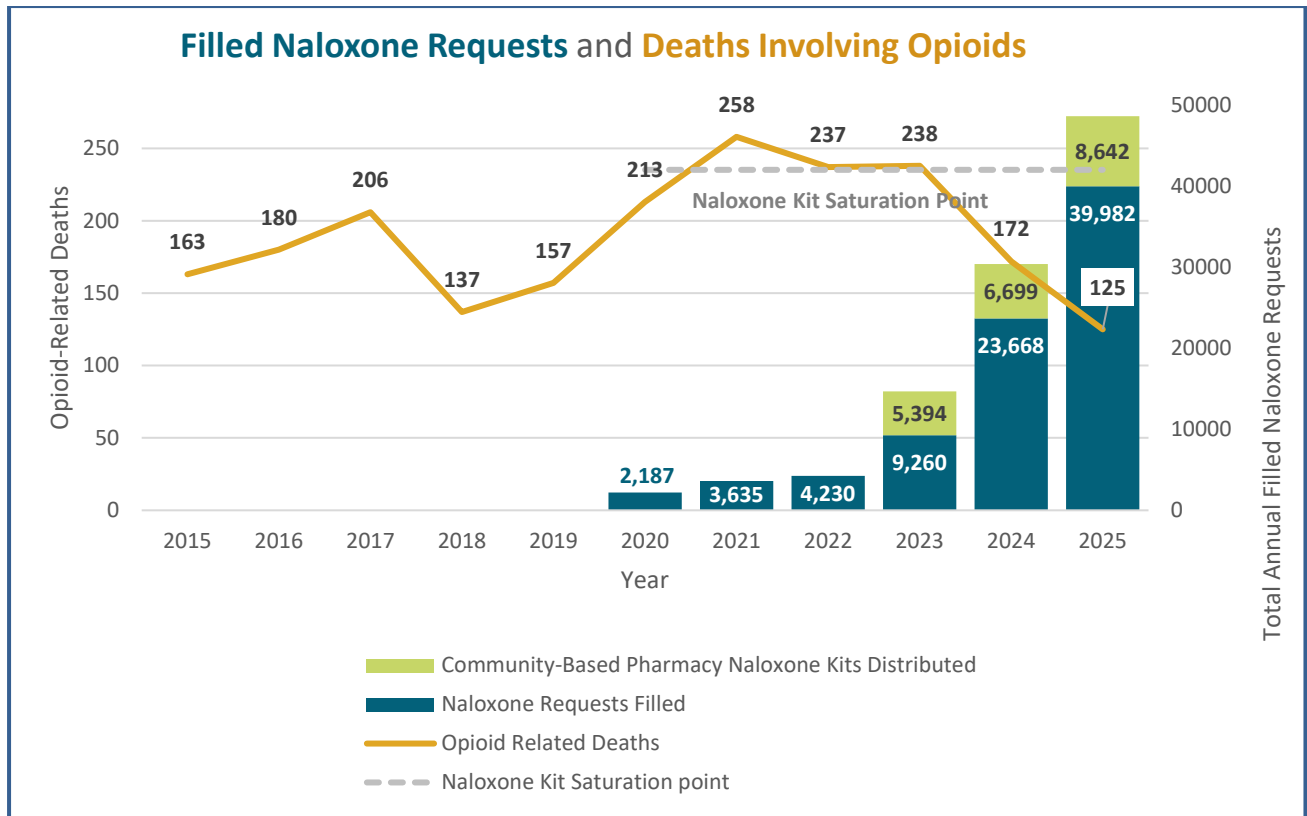
Naloxone Requests Filled 2020-2025 (calendar year)						
Year	Narcan Administration	Kloxxado Administration	Narcan Distribution	Secondary Distribution	Teva Distribution	Total Annual
2020	2,187	0	0	0	0	2,187
2021	3,635	0	0	0	0	3,635
2022	3,309	921	0	0	0	4,230
2023	4,373	1,995	1,752	1,140	0	*9,260
2024	4,029	979	14,564	1,932	2,164	*23,668
2025	4,048	1,090	18,144	1,548	15,152	*39,982

*In 2023, there were an additional **5,394** naloxone kits distributed at community-based pharmacies

*In 2024, there were an additional **6,699** naloxone kits distributed at community-based pharmacies

*In 2025, there were an additional **8,642** naloxone kits distributed at community-based pharmacies

Notably, Iowa HHS is seeing an increase in the demand for naloxone, and a corresponding decrease in the number of deaths involving opioids. While a causal relationship cannot be identified, since launching the distribution initiative in late 2023 where a stable number of deaths involving opioids from the previous year was observed (237 deaths in 2022; 238 deaths in 2023), the two following years experienced a 27% decrease each year (172 deaths in 2024; 125 deaths in 2025). The final count of 125 deaths involving opioids in 2025 is the lowest number of deaths involving opioids in Iowa since 2007. The graph on the following page demonstrates the intersection of naloxone distribution with the reduction in deaths involving opioids.



As the demand for naloxone continues to increase, so do the demands on the funding used to support this effort. Previously funded through federal grants, this program cannot continue supporting this initiative at the same previous levels or keep up with the increasing demand. As a result, in SFY 2025, state appropriations had to be utilized to supplement the federal shortfall in funding. Therefore, Iowa HHS is proposing the following:

- Iowa HHS will continue to directly support the statewide naloxone distribution efforts, utilizing opioid settlement funding allocated to Iowa HHS as part of the previously passed legislation. In total, \$2M per year, for the next three years, will be used to support this initiative.

Appendix

District Advisory Council Feedback:

Question 1: How do you feel about the availability of OSF for services in your district?

- Not familiar with what services are available or who the people are accessing the OSF services.
- It looks very limited in our district. Plenty of opportunities to expand services in this district than what is seen in the slides.
- What is making entities hesitant to apply?
- Work Sessions expose challenge is we haven't seen the allocation for this year. It makes it hard to discuss county dollars when we don't know when they are going to come in.
- Great use of funds in Blackhawk County – embedded in Sheriff's Office and in jails. Meth is a bigger problem.
- Linn County doing well getting funds out. Look at opportunities to pair with counties that are spending funds.
- Counties have been cautious about distributing funds.
- Concerns exist about whether proposed projects meet OSF restrictions.
- Recommendation to engage county boards of supervisors and public health departments for guidance.
- Counties have autonomy as long as projects align with Exhibit E.
- Information gathered will be shared with the Attorney General's office and included in the legislative report.
- Counties are prioritizing ARPA funds first due to time-sensitive requirements.
- Long-term considerations (legislation, taxation) influence their approach to OSF funds.
- From a county perspective, questions came up about who has control to approve funds and who county boards of supervisors should contact.
- Consideration was given to equitable distribution of funds; some counties have access to more grant writers than others.
- Suggestion to narrow grant applications to Exhibit E (prevention/treatment), which is already fairly comprehensive.
- Recommendation to provide or share best practices from other districts so counties can see what is working elsewhere.
- Very good; lots of funding available
- Sensitive use of funds is important; ensure money goes toward opioid treatment/services
- Expect increased oversight over time
- Would appreciate loosening some restrictions
- Some might not familiar be familiar with services or with people/businesses utilizing them.
- A map would be helpful, referenced showing limited distribution of OSF services; currently only one provider exists, so there is room for growth
- Counties face challenges accessing resources.

Question 2: Are there OSF Services that you would like to see added or expanded in your district?

- Interest in expanding peer support services
- Questions raised about addressing pain-management needs for individuals with addiction.
- Medical detox beds
- Accessibility to MAT services/providers (transportation)
- Access to residential programs and long-term treatment programs
- SE needs co-responder teams
- Uninsured individuals that want to access treatment.
- Peer recovery expansion
- Continuity of care.
- Recovery houses are very important for this area.
- Prevention and intervention (programs school districts and law enforcement and best practice strategies) and what was identified in the plan.
- Very rural counties have a lot of people that are hesitant to sign up for services due to lack of funds. However, local AA county funds from OSF in addition to state (Recovery Centers). Look into a link with updated information on guide to what counties can spend OSF on.
- Transportation is a problem.
- Recovery Housing & treatment beds - specifically for women especially for women without children.
- Would like to see the base broadened; although the focus is opioids, many other substances are becoming issues (example: Kratom).
- Need more rural recovery housing and additional recovery centers.
- Recovery housing.
- Prevention and intervention services, including specific types involving law enforcement, schools, and best-practice strategies.

Question 3: Are you knowledgeable regarding how to access OSF in your district?

- Access typically occurs through county boards of supervisors, committees, and department heads.
- Most counties have a committee
- Not everyone is aware of how to access funds or when they are available.
- Making sure more people are informed
- We are a bit hesitant, almost immobilized. Need to operationalize and know the expectations better.
- Who to approach for OSF in district?
- Broad awareness – public knowledge is low. Directory?
- In rural counties it is hard for dollars to get spent – the committees in each of these small counties are not as familiar with how they can use the OSF.
- How to communicate how to utilize OSF funds with the small committees.
- At the county level, it can be more difficult and varies from county to county.
- Local public health can sometimes be a helpful resource.
- Understand the RFP process and how funds are distributed

- Appreciate feedback being given to counties
- Disappointed in how little money is spent at the county level
- Counties face additional issues (e.g., early-age vaping) and could use more funding autonomy
- Organization knows how to access OSF because it receives Narcan for law enforcement officers
- Feedback emphasized that accessing OSF is more difficult for rural communities, where committee members may not be fully familiar with the processes.
- There is a need for better outreach, education, and simple, accessible guidance on how to apply for OSF funds.
- Cleanup and data-priority planning could help.
- Public awareness surrounding OSF is complex due to the large amount of funding involved.

Question 4: What other suggestions or recommendations related to OSF would you like to share?

- Increase advertising and communication; public discussion has decreased.
- Encourage agencies to apply and consider forming task forces.
- Promote greater county-level engagement and proactive outreach.
- Use state resources such as IowaGrants, distribution lists, public health, and ISAC for wider messaging.
- Counties want reassurance that cautious decision-making will not lead to funds being retracted.
- Funding available but local and state level is not being spent. More work to be done - need to improve and provide resources.
- At Iowa University: MAT walk-in clinic 50% retention at 1yr follow up. Great utilization for other counties to use.
- Can there be a different RFP process for rural areas?
- List of what OSF can be used for.
- Have a 3–4-year strategic plan. What best practices are effective and identifying the gaps.
- Help counties to understand the longevity of the funds – calculator to give idea how many years the funds will be sustainable.
- Consider eliminating or reducing matching fund requirements if there is proof of good stewardship.
- Grants for overall SUD may be limited if only written for BH risk for LEO; if a grant is written for BH and services become more SUD-focused (or vice versa), challenges arise.
- Methamphetamine concerns are increasing in addition to the opioid-related crisis.
- Participants requested broad sustainability planning tools or frameworks to help counties make responsible, future-oriented decisions.
- Implement 3–5 year strategic planning.
- Ensure alignment across systems.
- Measure best-practice outcomes.
- Identify gaps in service or resource availability.

County Opioid Settlement Funding Expenditures:

- In SFY2023, the total amount of funding awarded to Iowa counties was \$15.9M. Of that amount, the total spend reported by counties for SFY2023 was \$695k (4.37%). Some of the expenditures include:
 - Naloxone distribution
 - Prevention programs
 - Treating opioid use disorder
 - Supporting people in treatment and recovery
 - Preventing misuse of opioids
 - Addressing the needs of those involved in the criminal justice system
 - Preventing overdose deaths
 - First responders
 - Leadership planning
 - Travel expenses
 - Hiring a peer support specialist
 - Administration
 - Safety equipment
- In SFY2024, the total amount of funding awarded to Iowa counties (cumulative) was \$36.6M. Of that amount, the total spend reported by counties through SFY2024 was \$1.7M (4.59%). Some of the expenditures include:
 - Naloxone distribution
 - Prevention programs
 - Addressing the needs of those involved in the criminal justice system
 - Training
 - Expansion of warm hand-off programs and recovery services
 - Prevent overdose deaths and other harms
 - Addressing the needs of pregnant or parenting women
 - DARE
 - Prevention coalitions
 - TruNarc
 - Discovery House
 - New Opportunities
 - Travel expenses
 - Talbot House
 - Media
 - Locking pill bottles
 - Drug court
 - Administration
 - Data collection and research analysis
 - Drug disposal bags
- In SFY2025, the total amount of funding awarded to Iowa counties (cumulative) was \$45.3M. Of that amount, the total spend reported by counties through SFY2025 was \$5.3M (11.72%). Some of the expenditures include:
 - Naloxone distribution

- Prevention programs
- DARE
- Jail-based mentoring
- Warm hand-offs in ED's, law enforcement settings and community locations
- Treatment for incarcerated populations
- Medical sensors in jail
- Lucas devices for county EMS
- Media
- Training
- Phone apps
- Vending machines
- Jail medical detection, treatment and referral
- TruNarc
- Jail ministry
- Hidden in Plain Sight trailer
- Apex Raman Spectrometer
- County drug court
- People With Lived Experience grants
- Opioid Care Coordinator
- Truck vault to lock opioids
- Data collection