



By Katelyn
Akright,
BA

Shifts in Iowa's Peer Workforce Amid Integrated Health Home Closure

Background

In 2025, Iowa began a major system realignment. As part of this transition, Integrated Health Homes (IHHs) were closed December 2025. Many Family Peer Support Specialists (FPSS) were employed by IHHs, raising concerns about the loss of peer support professionals in Iowa. Peer support professionals, including FPSS, Peer Support Specialists (PSS), and Recovery Coaches (RC), have been part of Iowa's behavioral health workforce for many years.

Given the scale of the transition and the role of peer professionals in behavioral health, understanding workforce changes during this period is essential. In this research brief, we describe the number, type, and program location of employed peer professionals in 2024 and 2025, using the Iowa [Peer Support Inventory](#) (PSI), which is available on the [Iowa Peer Support Collaborative website](#). We considered both statewide trends and regional variation, as well as shifts in the type of peer professional (PSS, FPSS and RC).

Methods

The PSI was developed as a statewide database of organizations that hire peer support professionals. The PSI provides detailed information on program locations, contact details, type of peer positions, and employment opportunities. It serves as both a workforce development tool and a community resource, reflecting the ongoing commitment to strengthening peer support.

We updated the Inventory in October 2024 and again in October 2025 by contacting agencies and collecting data from online job boards and organizational websites. These data have limitations. For example, some peer programs may not have been included.

Data Analysis

We used descriptive statistics to summarize workforce trends, including frequencies and percentages by peer type, behavioral health district, and employment status, and compared 2024 to 2025.

Results

Between 2024 and 2025, the number of organizations reporting peer programs in Iowa decreased from 243 to 174 (see Figures 1 and 2). Despite this reduction, the total number of employed peer professionals declined only slightly, from 392 in 2024 to 377 in 2025 (see Figure 3).

The type of peer, however, shifted during this period. Employed PSS decreased 15%, while FPSS declined more sharply by 40%. In contrast, RCs grew substantially, increasing by 67% statewide (see Tables 1 and 2).

Regional variation was also evident. District 7 continued to employ the largest share of peer professionals, with 45.75% ($N=179$) in 2024 and 41.4% ($N=156$) in 2025. District 5 experienced notable growth in recovery coaches, rising 67% from 2024 ($N=13$) to 2025 ($N=45$), while District 3 saw a sharp decline in overall peer staffing, dropping 64% from 42 to 15 (see Tables 1 and 2).

Discussion

Although the number of peer programs declined, the overall number of employed peer professionals remained relatively stable. This finding suggests that services realignment did not result in a substantial reduction in peer employees in Iowa, but rather a redistribution of peer professional types across fewer peer programs.

The type of employed peers in Iowa shifted in ways that reflect broader policy changes. FPSS experienced a notable decline, consistent with the closure of IHHs, where many of these positions were located.

At the same time, recovery coaching expanded substantially, indicating that agencies may be adapting to new service models by emphasizing recovery-oriented peer positions. PSS remained the largest group, though their numbers decreased slightly.

Regional variation highlights uneven impacts across Iowa. District 7 continued to employ the largest share of peer professionals, while District 5 saw growth in recovery coaches. District 3, however, experienced a sharp decline in overall peer staffing, underscoring the need to monitor localized workforce challenges.

In short, state-level changes influenced workforce composition, particularly for FPSS. However, peer support remained a vital component of Iowa's behavioral health system.

Recommendations

Based on our findings, we recommend the following be considered:

- Support peer role diversification. Training and workforce development initiatives should address the growing demand for recovery coaches.
- Preserve FPSS positions. As Iowa transitions to new service models, stakeholders should explore additional employment pathways, including schools and child welfare settings, to maintain FPSS capacity and ensure families continue to receive this essential support.
- Continue to monitor changes. Regular updates to the PSI are important to track workforce shifts as Iowa HHS and agencies adapt to new service models. Continued monitoring will provide a clearer picture of trends.
- Recognize the value of the peer workforce. Even amid structural changes, employed peer professionals remain embedded in agencies statewide. Agencies and policymakers should continue to invest in peer jobs as a cornerstone of recovery-oriented and family-centered practice.

Figure 1
Number of Iowa Peer Programs by County, 2024

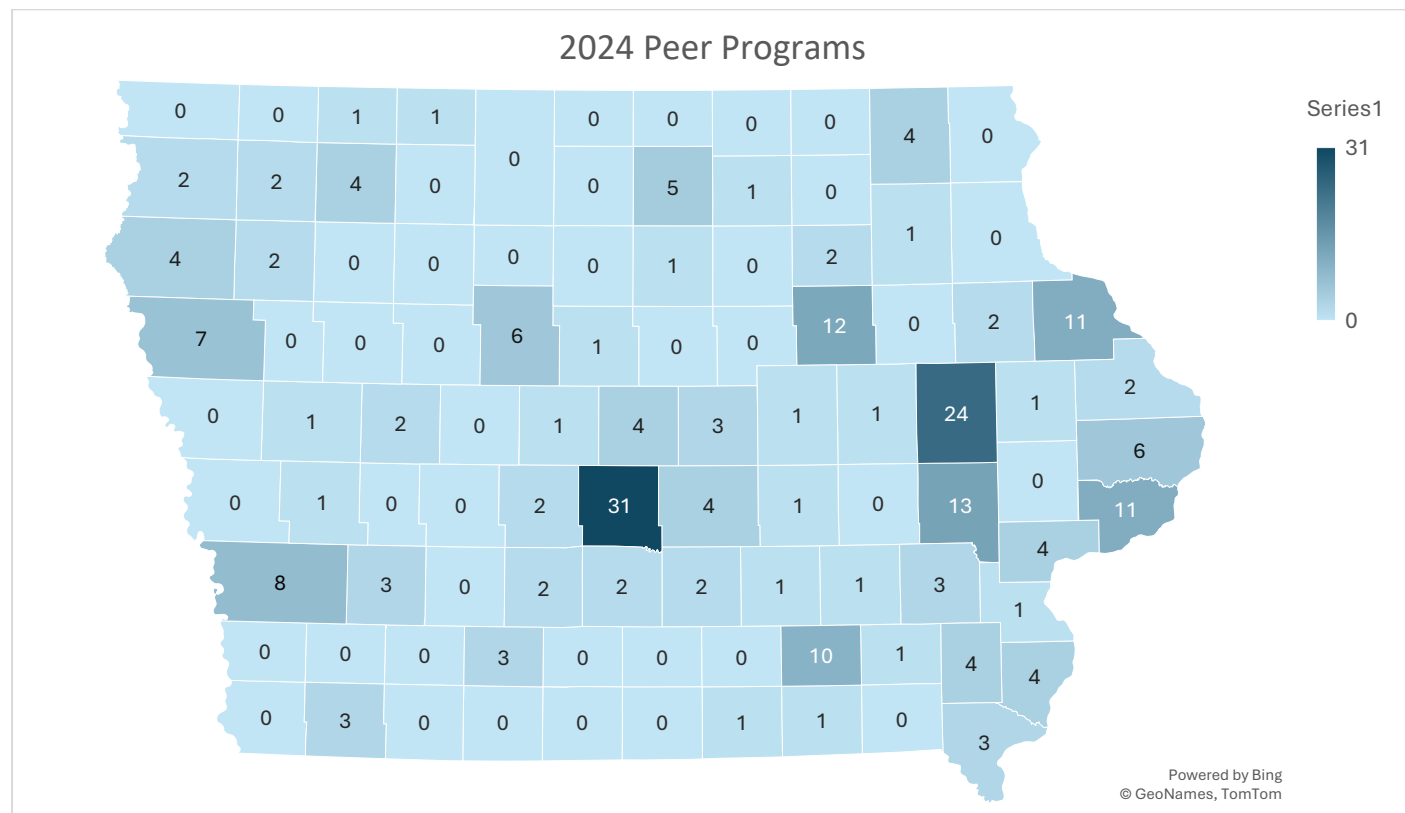


Figure 2
Number of Iowa Peer Programs by County, 2025

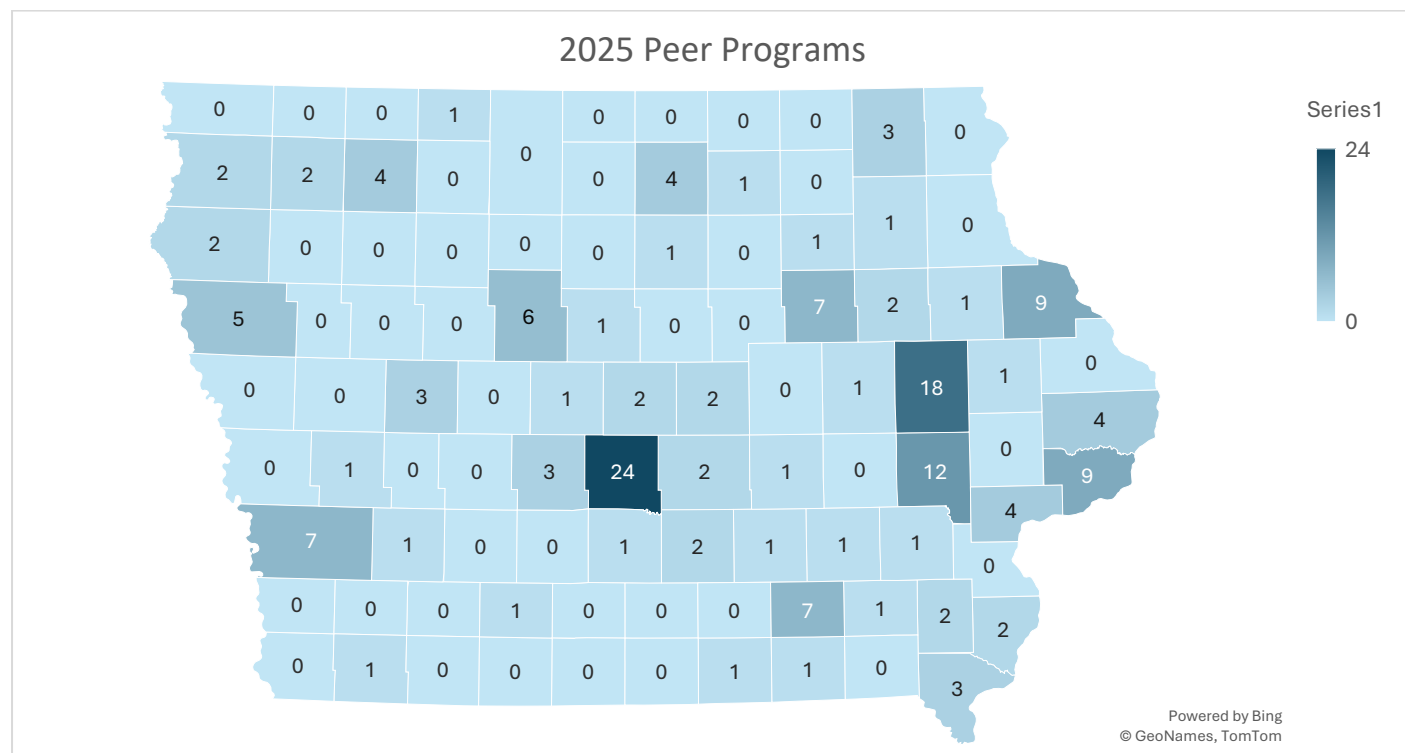


Figure 3

Statewide Employment by Peer Support Professional, 2024-2025

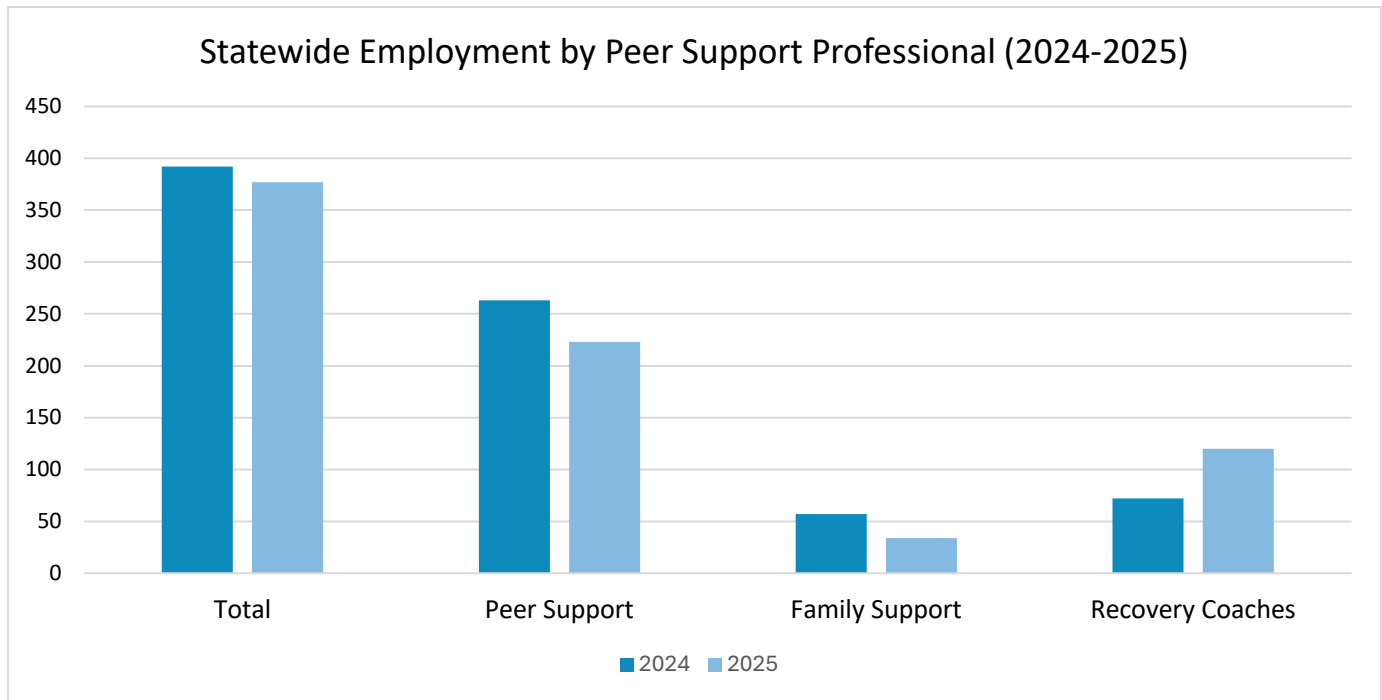


Figure 4

Total Employed Peer Professionals by District, 2024-2025

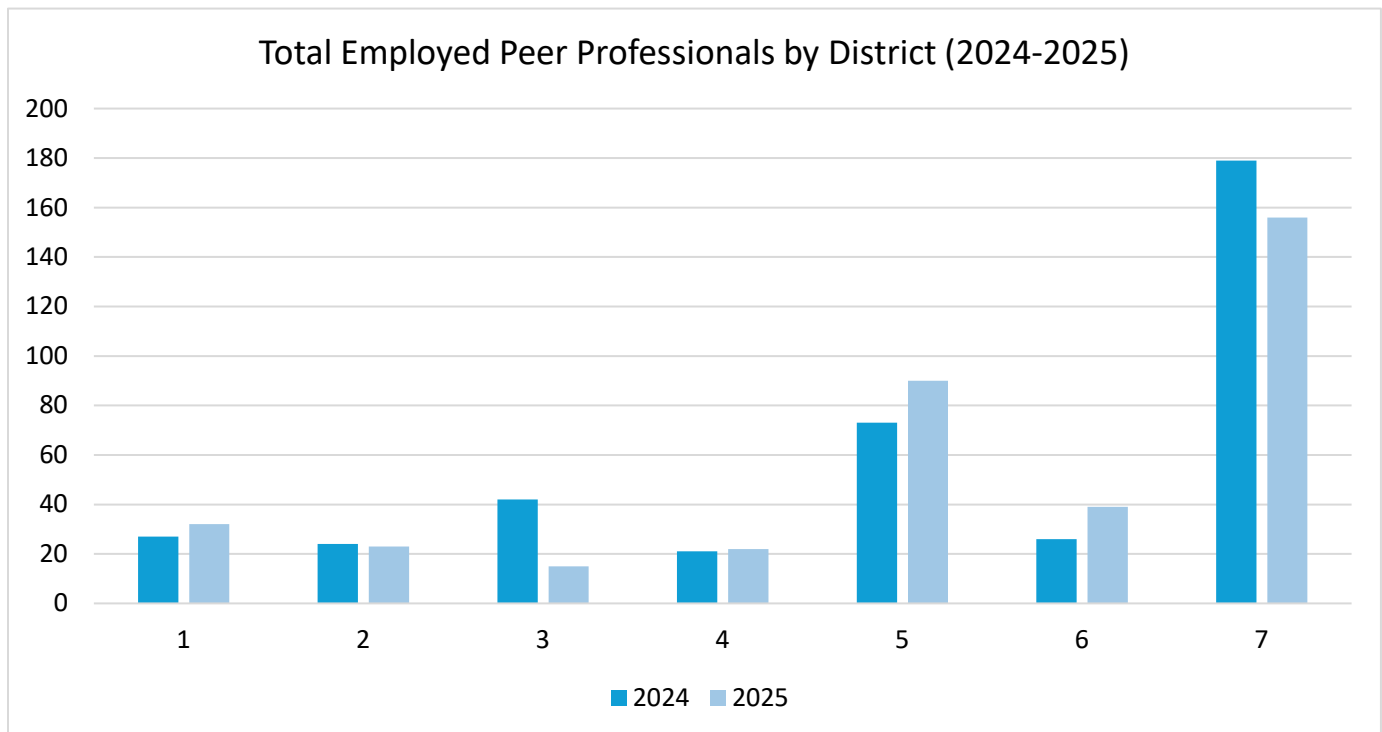


Table 1*Peer Support Professional by District, 2024*

District	Peer Support	% Statewide PS	Family Support	% Statewide FS	Recovery Coaches	% Statewide RC	Total	% Statewide Total
1	22	8.4	4	7.0	1	1.4	27	6.9
2	17	6.5	5	8.8	2	2.8	24	6.1
3	25	9.5	5	8.8	12	16.7	42	10.7
4	14	5.3	5	8.8	2	2.8	21	5.4
5	47	17.9	13	22.8	13	18.1	73	18.6
6	18	6.8	3	5.3	5	6.9	26	6.6
7	120	45.6	22	38.6	37	51.4	179	45.7
	263	100.0	57	100.0	72	100.0	392	100.0

Table 2*Peer Support Professional by District, 2025*

District	Peer Support	% Statewide PS	Family Support	% Statewide FS	Recovery Coaches	% Statewide RC	Total	% Statewide Total
1	24	10.8	2	5.9	6	5.0	32	8.5
2	13	5.8	6	17.7	4	3.3	23	6.1
3	9	4.0	5	14.7	1	0.8	15	4.0
4	14	6.3	2	5.9	6	5.0	22	5.8
5	40	17.9	5	14.7	45	37.5	90	23.9
6	21	9.4	3	8.8	15	12.5	39	10.3
7	102	45.7	11	32.4	43	35.8	156	41.4
	223	100.0	34	100.0	120	100.0	377	100.0

References

Iowa Health and Human Services. (2025, June 30). *Public notice: State plan amendment (SPA IA-25-0030) public comment period—Sunsetting Integrated Health Homes*. Iowa HHS. <https://hhs.iowa.gov/public-notice/2025-06-30/public-notice-state-plan-amendment-spa-ia-25-0030-public-comment-period-sunsetting-integrated-health>

Iowa Peer Workforce Collaborative. (2024). *Iowa Peer Support Inventory*. University of Iowa, School of Social Work.

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The IPWC at the [National Resource Center for Family-Centered Practice](#) is a project of the University of Iowa's [School of Social Work](#).