

Community Based Organization Guidance

Peer Operated Organizations - Behavioral Health

July 1, 2025 – June 30, 2026



Health and Human Services
Division of Behavioral Health

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Introduction

The vision for Iowa's Behavioral Health Service System is rooted in shared responsibility, transparency, and partnership across all levels of service from state leadership to Community Based Organizations. Through the collaborative efforts of Iowa Department of Health and Human Services (Iowa HHS), the Behavioral Health Administrative Services Organization (BH-ASO), and local Community Based Organizations (CBOs), Iowa is creating a more integrated and person-centered behavioral health system.

This document provides operational guidance for local contractors implementing services under the redesigned behavioral health infrastructure. It is intended to clarify roles, define expectations, and align service delivery with the statewide vision outlined in the Iowa Behavioral Health Service System Statewide Plan. Additional guidance in the form of program manuals will be provided dependent upon the needs of the contract.

The period from July 1, 2025, through June 30, 2026, serves as a transition year, during which Iowa HHS and the BH-ASO will work closely with contracted CBOs to ensure continued service delivery while also adopting new procedures, performance standards, and reporting mechanisms. This shift is designed to strengthen local systems, reduce administrative burden, and improve access and outcomes for Iowans.

Points of Contact

For questions, technical assistance, or guidance related to the implementation of behavioral health services, CBOs should use the following points of contact:

- **Iowa Department of Health and Human Services (Iowa HHS):**
bhassistance@hhs.iowa.gov
- **Behavioral Health Administrative Services Organization (BH-ASO) – Iowa Primary Care Association:**
hasoproviderrelations@iowapca.org

Roles and Responsibilities

The BH-ASO functions as an instrumentality of the state and will serve each district as the responsible entity for behavioral health. This section outlines the roles and responsibilities of the Iowa Department of Health and Human Services (Iowa HHS), the Behavioral Health Administrative Services Organization (BH-ASO) and Community Based Organizations (for the purpose of this document, CBOs will be referred to as Contractors or CBOs).

Iowa Department of Health & Human Services

Iowa HHS is responsible for overseeing the alignment and implementation of Iowa's Behavioral Health Service System. The Department's primary roles and responsibilities are as follows:

- **Establish Service System Districts:** Iowa HHS is responsible for dividing the state into behavioral health service system districts, ensuring appropriate coverage and access to services across all regions of Iowa.
- **Develop Service System State Plan:** Iowa HHS develops a comprehensive statewide behavioral health service system plan. This plan outlines the strategic framework for the delivery of behavioral health services, including prevention, early intervention, treatment, recovery, and crisis services.
- **Administer Funding to BH-ASOs:** Iowa HHS budgets, allocates and administers funds to Behavioral Health Administrative Service Organizations (BH-ASOs), ensuring resources are appropriately distributed to support district-level services and initiatives.
- **Develop Service Definitions, Standards, and Reporting Requirements:** Iowa HHS establishes clear service definitions, sets performance standards, and defines reporting requirements for community-based organizations. This ensures that services are delivered consistently and effectively, and that outcomes can be measured to monitor progress.
- **Provide Training and Technical Assistance:** Iowa HHS offers training and technical assistance to the BH-ASO and service providers to support the effective delivery of behavioral health services. This includes guidance on best practices, compliance with state and federal regulations, and navigating the behavioral health system.
- **Execute Activities as Defined by the State Plan:** Iowa HHS oversees and coordinates all activities outlined in the state plan, ensuring that behavioral health services are delivered according to established goals and objectives.

Behavioral Health ASO

Iowa HHS has designated the Iowa Primary Care Association (Iowa PCA) as the BH-ASO for each district in the state. In their role as BH-ASO, the Iowa PCA is responsible for:

- **Ensuring Comprehensive Access to Behavioral Health Services:** The BH-ASO is tasked with ensuring that all Iowans, regardless of location or background, have access to comprehensive services for mental and behavioral health issues, including prevention, early intervention, treatment, recovery and crisis services. This includes

services for mental health conditions, substance use disorders (e.g., alcohol, drugs), tobacco use, gambling and thoughts of suicide.

- **Contracts with CBOs:** The BH-ASO contracts with CBOs to establish a statewide behavioral health service network. These contracts outline the specific services to be provided, and this document provides guidance on the implementation of these contracts.
- **Work with Local Leaders:** The BH-ASO partners with local leaders in education, law enforcement, public health and other community organizations to ensure that behavioral health needs are met. This collaborative approach is key to addressing the complex and multifaceted nature of behavioral health and ensuring that services are integrated into broader community health systems.
- **Provide System Navigation:** The BH-ASO is responsible for establishing and maintaining system navigation services to help individuals and families access the appropriate behavioral health resources and services. This includes providing information, referrals, and support to help Iowans navigate the behavioral health system.
- **Community Engagement:** The BH-ASO facilitates stakeholder engagement and feedback through activities such as town halls, advisory councils, and public comment periods. These opportunities help shape the development of local behavioral health strategies and ensure that community voices are heard and incorporated into decision-making.

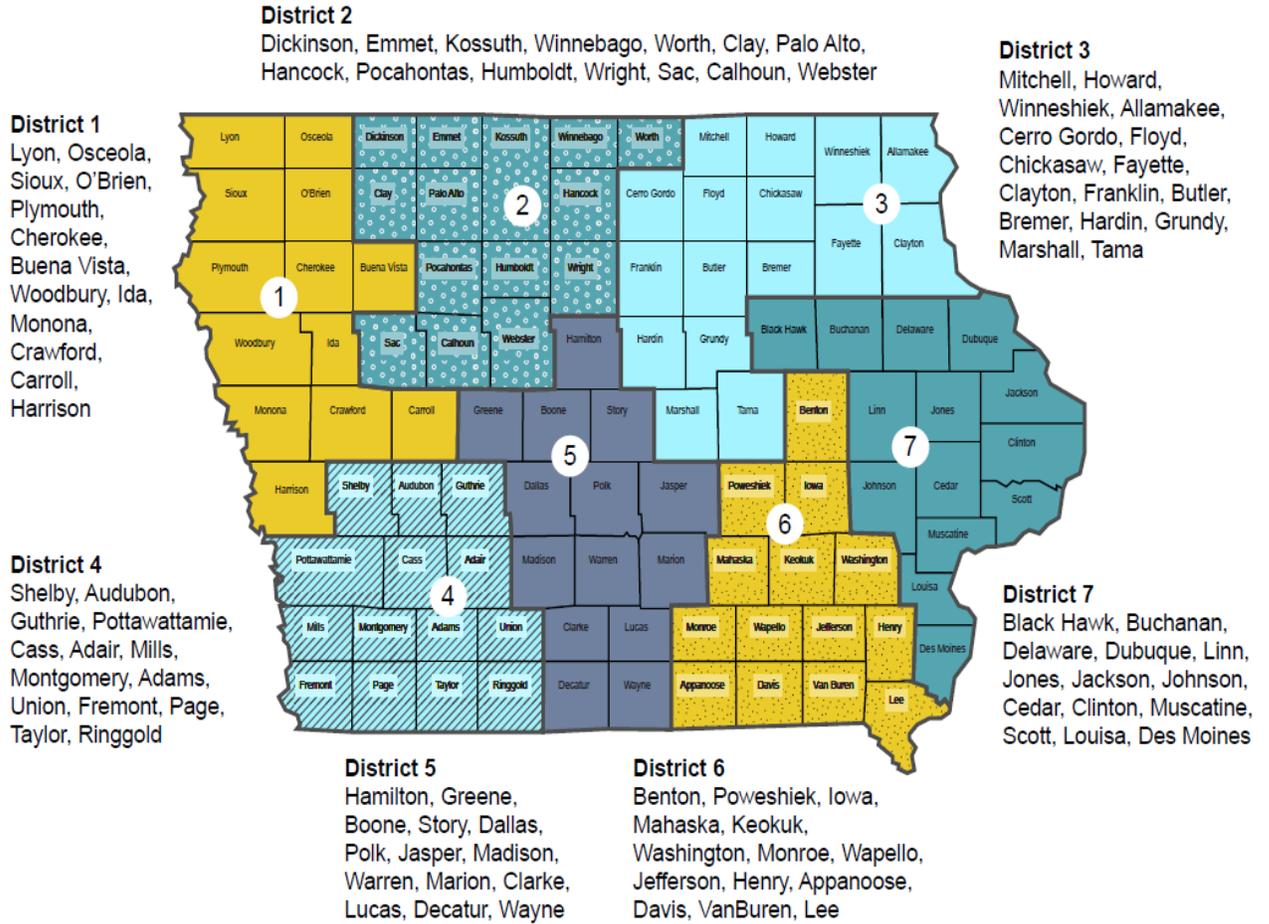
Local Providers

Local providers, also called Community Based Organizations, include community partnerships, substance use/problem gambling prevention and treatment providers, mental health service providers, recovery focused organizations such as peer operation organizations and other related entities play a crucial role in delivering behavioral health services across Iowa. Their roles and responsibilities include:

- **Contracts with the BH-ASO:** CBOs will establish contracts with the Iowa PCA statewide behavioral health service network. These contracts outline the specific services to be provided and the expectations for performance and outcomes and this document provides guidance on the implementation of these contracts.
- **Provide Services According to the District Plan:** CBOs are responsible for delivering services that align with the BH-ASO district plan. This plan includes the identification of service priorities, community needs, and the allocation of resources to ensure services are available in each county within the district.
- **Report Progress and Outcome Data:** CBOs must regularly report on the progress of their services and the outcomes achieved. This data is vital for tracking the effectiveness of the behavioral health system and ensuring that services are meeting the needs of Iowans. Specific requirements are denoted within each contract section.
- **Help Iowans Access Services:** CBOs help guide people to the right services, making sure they get the care they need.

- **Engage in System Assessment and Feedback:** CBOs play a significant role in the ongoing assessment of the behavioral health system. This includes responding to surveys, participating in public comment periods, and engaging in town hall meetings. Their feedback is critical in shaping future service plans and addressing challenges within the system.
- **Provide Specialized Support:** CBOs are often involved in providing specialized services, such as crisis intervention, warm hand-offs to other services, and coordinating care for individuals with complex needs. The system is designed to ensure there is no wrong door for lowans seeking help, and providers play a role in implementing this approach.
- **Provide Prevention Services:** Prevention is a critical element of Iowa's Behavioral Health Service System, and CBOs will work in coordination with the BH-ASO to ensure that prevention efforts are aligned with the district plan. This includes supporting community education, outreach and implementing evidence-based practices to reduce the onset of behavioral health disorders.
- **Crisis Services and Support:** CBOs play an active role in helping people in urgent need of care. They offer services that reduce distress during a behavioral health crisis and connect individuals to services that reduce the need for more intense care.
- **Providing Care That Meets Individual Needs and Preferences:** CBOs must ensure that services are appropriate for the populations they serve. This includes addressing barriers for communities and ensuring that services are accessible to lowans with various needs.
- **Quality Improvement and Continuous Learning:** CBOs must engage in continuous quality improvement processes, utilizing feedback from individuals served, performance data and training opportunities to enhance the quality of care provided. Iowa HHS and the BH-ASO will support this ongoing improvement process through technical assistance and training initiatives.

Behavioral Health District Map



State and District Plans

Iowa's Behavioral Health Service System is grounded in a unified Iowa Behavioral Health Service System (BHSS) Statewide Plan that provides the strategic framework for service delivery across Iowa. This framework is operationalized through District Plans, which ensure that strategies are tailored to meet the unique needs of local communities.

Iowa BHSS Statewide Plan

The Iowa BHSS Statewide Plan establishes the foundation for:

- Statewide priorities across the behavioral health continuum (prevention, early intervention, treatment, recovery, and crisis).
- Core strategies to achieve person-centered and data-informed service delivery.
- Defined performance measures and outcomes that support accountability and system improvement.
- Funding guidelines and expectations for service categories and populations of focus.

The Iowa BHSS Statewide Plan is the central document that informs contract development, service standards, and expectations for all system partners.

BHSS District Plans

Each District Plan, developed by the BH-ASO in coordination with stakeholders, translates the goals of the State Plan into localized action by:

- Identifying county-specific needs, service gaps, and priority populations.
- Defining target strategies and service types based on available resources.
- Establishing locally relevant partnerships and community initiatives.

District Plans provide flexibility to address local challenges while maintaining alignment with statewide goals. They ensure that each county's services are contextually appropriate and coordinated within the district network.

Accessing and Using BHSS Plans

All contracted CBO's must:

- **Develop familiarity with the State Plan and District Plan** through the BH-ASO.
- **Use the District Plan** to inform future program design, service delivery models, and community outreach efforts.
- **Demonstrate alignment** between their activities and the strategies or service priorities outlined in the District Plan.

- **Participate in updates**, feedback opportunities, and assessments that support refinement of District Plans over time.

By grounding their work in the BHSS State and District Plans, CBOs contribute to a more cohesive, transparent, and responsive behavioral health system for Iowans.

System Focus

Iowa's Behavioral Health Service System is focused on creating a cohesive, responsive, and accountable service environment that supports Iowans across the full continuum of need from prevention to crisis care to long-term recovery. The system is guided by four core principles:

1. **Person-Centered**

Services are designed to reflect the unique needs, identities, and experiences of individuals and families.

2. **Locally Informed, State-Supported**

While local CBOs bring deep knowledge of community strengths and needs, Iowa HHS and the BH-ASO provide statewide coordination, data infrastructure, training, and funding mechanisms that support consistent, high-quality service delivery.

3. **Cross-System Collaboration**

Behavioral health intersects with education, law enforcement, housing, and public health.

4. **Data-Informed and Outcome-Focused**

Programs must demonstrate effectiveness through measurable outcomes. Reporting and quality improvement processes are streamlined and standardized to reduce burden and increase transparency.

Together, these principles provide a foundation for aligning resources, reducing duplication, and ensuring all Iowans can access the care they need, when they need it.

Iowa is building a Behavioral Health Service System that leverages shared responsibility. This work will make significant changes in Iowa's state and local system structures to bring existing work together. Iowa HHS worked collaboratively with partners all over the state to gather feedback, conduct assessments and develop the framework for the Behavioral Health Service System. In town halls and round table discussions, Iowa HHS listened and learned about what Iowans are experiencing in their hometowns, what they hoped would change, and what they hoped would remain in place as we built a new system together. In response, Iowa HHS developed a model for coordination and collaboration amongst Iowa HHS system partners within a service delivery system. The [Iowa HHS Shared Responsibility Model](#) defines three main system partners within a service system: Iowa HHS, district lead entities, and community based organizations (CBO). Each system partner plays a role in achieving shared system goals and improving health and social outcomes for Iowans. For the Behavioral Health Service System, district lead entities are known as Behavioral Health Administrative Services Organizations (BH-ASO).

The Iowa HHS Shared Responsibility emphasizes the importance and necessity in sharing responsibility amongst system partners and this approach will assist in bringing existing work together to form one system. We recognize that with all significant changes, growth is required and sometimes growth is uncomfortable and challenging. Iowa HHS and Iowa PCA are committed to walking alongside system partners as we build Iowa's Behavioral Health Service System.

Contract Guidance for CBOs

This section outlines core expectations for all CBOs delivering behavioral health services as part of the statewide system. While detailed requirements will vary by service type, district plan, and population served, all CBOs must:

- **Align with the Behavioral Health State Plan and District Priorities**
Services must reflect the goals, tactics, and service definitions identified in the Iowa Behavioral Health Service System Statewide Plan. District-specific priorities established by the BH-ASO must guide local implementation.
- **Ensure Access and Reduce Barriers**
CBOs must ensure that services are appropriate for the populations they serve. This includes addressing barriers for communities and ensuring that services are accessible to Iowans with various needs.
- **Implement Evidence-Based and Promising Practices**
CBOs are expected to utilize practices that are supported by research, recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) or Iowa HHS, and adaptable to local needs. Training and technical assistance will be available through Iowa HHS and the BH-ASO.
- **Maintain Quality and Continuity of Care**
CBOs must engage in quality improvement activities, coordinate care across the continuum (including warm handoffs), and participate in system learning opportunities to improve service outcomes.
- **Report Data Consistently and Transparently**
All services must adhere to the required reporting standards including using the standardized reporting formats (e.g., Quarterly Progress Reports, SNMIS). Data should be used internally by CBOs to support continuous improvement and quality improvement efforts should be communicated back with the BH-ASO, as requested.
- **Engage in Ongoing Communication and Collaboration**
CBOs are expected to participate in regular check-ins, learning collaboratives, and training opportunities offered by the BH-ASO and/or Iowa HHS. This ensures a two-way exchange of information and strengthens the collective system.
- **Respond to Community Needs**
CBOs should maintain strong community partnerships, use local input to inform service adaptations, and communicate effectively with Iowans seeking support.

Recovery

Recovery is non-clinical support that promotes wellness, connection and a holistic, self-defined pathway to thriving, including system navigation, peer services and recovery supports to improve quality of life. The purpose of developing recovery as part of the continuum is to support individuals within maintaining long term wellness through multiple, self-defined pathways of recovery. Individuals access recovery in ways that work for them and for as long as needed.

Peer Operated Organizations

Peer support services are required in all Iowa counties under Adult Core Services (Iowa Code 331.397.4 / IAC 441-25.2).

The Iowa Behavioral Health Service System Statewide Plan includes enhancing Iowa's peer support capacity for work in crisis services and to further develop the capacity for peer-operated respite programs.

The Iowa Behavioral Health Service System Statewide Plan includes enhancing Iowa's peer support capacity for work in crisis services and to further develop the capacity for peer-operated respite programs. The strategies outlined in this guidance are consistent with Iowa's vision for a person-centered, prevention-focused behavioral health system. Activities outlined support broader goals in the Behavioral Health State Plan including:

- **Recovery Strategy 1:** Create and support a comprehensive and integrated, statewide system of recovery related to the behavioral health needs of individuals, families and communities.
- **Recovery Strategy 2:** Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health recovery system.
- **Recovery Strategy 3:** Help recovery providers increase their behavioral health knowledge and skills.
- **Crisis Strategy 1:** Create and support a comprehensive and integrated, statewide behavioral health crisis system.
- **Crisis Strategy 3:** Create and follow steps for success in building a comprehensive and integrated, statewide behavioral health crisis system.

A peer operated organization is defined as an organization, owned, administratively controlled, and operated by at least 51% of individuals with lived mental health and/or substance use experience. These organizations operate in the community and provide peer support services. Peer support workers engage in a wide range of activities.

- Advocating for people in recovery.
- Sharing resources and building skills.
- Building community and relationships.
- Leading recovery groups.
- Mentoring and setting goals.

Peer support roles may also extend to the following:

- Providing services and/or training.
- Supervising other peer workers.
- Developing resources.
- Administering programs or services.
- Educating the public and policymakers.

Peer Support Bridging is a service provided to individuals in addition to the work of their treatment team to support their recovery and re-entry into the community from an inpatient or outpatient setting, such as community-based crisis services, hospitals, respite homes, or other institutions. Peer Support Bridging offers peer support to individuals in facilities prior and after discharge. Peer Support Bridging functions outside out of the individual's treatment team and does not provide case management or crisis services.

Peer Operated Respite Homes are home-like facilities run by and for individuals who have lived experience of mental health and/or substance use disorders. These programs are intended to serve as a short-term, residential resource for individuals who are experiencing an increase in symptoms, stressors or exacerbations, and who need support and supportive services to aid in their recovery and thereby avert crises and avoid hospitalization. Facilities are generally between four and six beds in private rooms, serving adults of both genders with mental health and/or substance use disorders free of charge. Entry is through self-referral, and the respites do not provide medication management or other formal medical services. Wellness and recovery-oriented activities are offered within the program, along with opportunities for guests to participate in the community.

Recovery Peer Coaching Services include but are not limited to: resource brokering and system navigation, education and information, communication skills, recovery wellness plans, and multiple pathways of recovery.

Peer Wellness Centers and Recovery Community Centers promote health equity, are trauma-informed, and focus on resilience, empowerment and personal autonomy by utilizing the services of individuals with lived experience and specific peer training. The peer run centers are welcoming and have a low barrier to entry. Utilizing evidence-based services, this service is for individuals who are interested in a pathway outside or alongside traditional treatment for behavioral health disorder/s and for those looking for support in their recovery. The peer run centers will offer a variety of recovery-oriented programs including mutual aid groups, training opportunities and community building events.

Required Activities

- Identifying linkages to services in addition to treatment through use of system navigation, service coordination and connection to recovery services and supports.
- Creating and support a comprehensive and integrated, statewide system of recovery related to the behavioral health needs of individuals, families and communities.
- Educating recovery providers to increase their behavioral health knowledge and skills.
- Continued development of workforce recruitment and retention strategies including training and technical assistance.
- Continued support of Iowa's peer workforce, including supervision and management.
- Determining how to create sustainable funding for recovery supports and services.
- All Impact Strategies in Recovery directly relate to the work of peer support and peer respite.

Family Peer Support Specialists (FPSS) provide a variety of services including:

- Sharing expertise by providing information, teaching coping skills, providing emotional support and helping parents become advocates.
- Family Peer Support Specialists often help families navigate the child serving systems and help them understand available options for their child.
- Family Peer Support Specialists may accompany parents to meetings to ensure the parents' voices are heard.
- They assist families by modeling good communication skills and sharing their own experiences in a positive manner.

Family Peer Support Specialists may be employed at social service agencies, clinics, residential programs and other community-based organizations. Family Peer Support Specialists may also serve on a variety of advisory boards and committees at local, state, and national levels.

Compliance

Peer Operated Organizations hire the following positions in peer support, family peer support and recovery coach positions:

A Peer Support Specialist (PSS)

- An individual who is personally living well in recovery from a serious mental illness.
- A Peer Support Specialist, Family Peer Support Specialist and Recovery Coach use their recovery story to instill hope.
- Peer support services assist in reaching and maintaining personal recovery goals.
- Serves as an advocate, provides information, help access community resources, and model competency in recovery and wellness.
- Peer Support Specialists promote skills for improving mental and physical wellbeing and increasing resiliency. They promote self-determination and support in maintaining relationships and increasing a higher level of control and satisfaction.

Peer Support Specialists are employed in behavioral health facilities, social service agencies, peer run recovery centers, peer run respites, integrated health homes, hospitals, prisons, with law enforcement agencies and other healthcare organizations. Peer Support Specialists may also serve on a variety of advisory boards and committees at local, state, and national levels.

A Recovery Coach (RC) is an individual with lived experience of substance misuse who is living well in recovery.

- A RC uses their lived experience and recovery story to instill hope.
- They discuss recovery issues from a peer perspective and support adult peers in reaching and maintaining their own personal recovery goals.
- A RC may serve as an advocate, guide peers on accessing resources, and model competency in recovery and wellness.

- RCs promote skills for improving mental and physical wellbeing and increased resiliency.
- They promote self-determination, recognize there are multiple pathways of recovery, and help peers become and stay engaged in their own recovery.

RCs are employed in substance use treatment facilities, social service agencies, peer-run recovery centers, peer-run respites, community-based organizations, hospitals, prisons, law enforcement agencies, mobile crisis teams, and other community-based organizations. RCs may also serve on a variety of advisory boards and committees at local, state, and national levels.

Reporting

- Number of individuals served
 - Demographics of individuals served
 - Services received by individuals
- Services provided
- Training and support of staff provided
- Outreach services provided
- Feedback from individuals receiving services
- Hours of operation

Annual Report Requirements generally include:

- Revenue and expenses by cost category and service provided.
- De-identified data regarding outcomes of a standardized Satisfaction and Impact Survey.
- Program closings, client incident reports, or significant program changes that would alter the scope of work and services provided.

Training

- State approved training certification through the Iowa Peer Workforce Collaborative and the Connecticut Community for Addiction Recovery. This training certification is recognized by Iowa Medicaid for billing purposes.
- Continued Education is required by for certification by the Iowa Board of Certification and is not mandated by Iowa HHS.
 - [Iowa Peer Workforce Collaborative | The University of Iowa](#)
 - <https://addictionrecoverytraining.org/certification/>

Peer Support Specialist Trainings

To be eligible for this training, you must:

- Be at least 18 years old,
- Have a GED or high school diploma,
- Have or had a serious mental illness and be living well in recovery as identified by the individual.

Family Peer Support Specialist Trainings

To be eligible for the FPSS training, you must:

- Be at least 21 years of age,
- Have a GED or high school diploma, and
- be the parent or primary caregiver of a child who was diagnosed with a serious mental illness or serious emotional disturbance before the age of 21.

Training for Family Peer Support Specialists is in two parts:

- Phase 1: Self-Paced Online Content Training (approximately 25-35 hours to complete).
- Phase 2: In-Person Skills Training. Participants must complete Phase 1: Self-Paced Online Content Training to be admitted into Phase 2: In-Person Skills Training, and participants must complete both phases to complete training.

Offering self-paced online content training allows flexibility; new hires can start training immediately rather than wait for a scheduled in-person session. Because time away from work is reduced to only three days, the program expects participants will be given at-work time to complete online training.

Recovery Coach Trainings (Offered through CCAR's Recovery Coach Academy or an entity authorized to train by CCAR)

To apply for this training, you must:

- Be at least 18 years old,
- Have a GED or high school diploma,
- Have a substance use disorder and be living well in recovery or be a family member of a person in recovery from a substance use disorder.

Resources and Tools

- Iowa Peer Workforce Collaborative
 - [Iowa Peer Workforce Collaborative | The University of Iowa](#)
 - [Supervisor Resources | Iowa Peer Workforce Collaborative - The University of Iowa](#)
- Division of Behavioral Health Recovery Bureau and Crisis Bureau
- SAMHSA Guidance
 - [Consumer-Operated Services Evidence-Based Practices \(EBP\) KIT | SAMHSA Library](#)
- The Pillars of Peer Support provides ongoing resources to promote Peer Support Services in state mental health systems of care. The original Pillars of Peer Support Summits brought together nationally recognized experts from across the U.S. to identify fundamental elements that greatly facilitate the use of Peer Support Services. Each summit produced a unique toolkit for building a foundation for the successful implementation of peer support services.
- [Pillars of Peer Support](#)
- <https://recovery-iowa.org/>

Glossary of Acronyms

Acronym	Full Term	Definition / Use
ASO	Administrative Services Organization	Manages provider contracts on behalf of Iowa HHS.
BH	Behavioral Health	Refers to services and programs addressing mental health (including problem gambling) and substance use.
CBO	Community Based Organization	Umbrella term used to describe organizations providing behavioral health services in communities.
CCAR	Connecticut Community for Addiction Recovery	Organization offering peer recovery coach training.
CMHC	Community Mental Health Center	Accredited provider of mental health services in Iowa.
ESMI	Early Serious Mental Illness	Category of mental illness targeted through NAVIGATE.
FEP	Family Education Provider	A NAVIGATE team role.
FTE	Full-Time Equivalent	Measure of staffing levels.
FY	Fiscal Year	State fiscal year (July 1 – June 30).
Iowa HHS	Iowa Health and Human Services	State department overseeing ASO, contracts and programs.
IAC	Iowa Administrative Code	Legal regulations governing services.
IPN	Integrated Provider Network	Legacy system for managing SUD/gambling prevention/treatment.
IRT	Individual Resiliency Trainer	A NAVIGATE team role.
MHBG	Mental Health Block Grant	Federal funding for mental health services.
MOUD	Medications for Opioid Use Disorder	Includes methadone, buprenorphine, and naltrexone.
NAVIGATE	(Proper name)	An evidence-based program for ESMI.
PCA	Primary Care Association	Entity coordinating contract work (Iowa PCA).
PSS	Peer Support Specialist	Certified individual offering lived experience based support.

QPR	Quarterly Progress Report	Required reporting format for contractors.
RCC	Recovery Community Center	Peer-run center offering recovery support and services.
RSS	Recovery Support Services	Non-clinical services supporting individuals in recovery.
SAMHSA	Substance Abuse and Mental Health Services Administration	Federal agency overseeing block grants.
SBIRT	Screening, Brief Intervention, and Referral to Treatment	Clinical practice approach, unallowable under certain prevention funds.
SED	Serious Emotional Disturbance	Is a category of mental health conditions that severely impact daily life for individuals 17 and under
SEE	Supported Employment and Education	NAVIGATE team role.
SMI	Serious Mental Illness	is a category of mental health conditions that severely impact daily life for individuals 18 and over
SNMIS	Safety Net Management Information System	Claims payment system for BH safety net services.
SPF	Strategic Prevention Framework	SAMHSA's model for prevention planning and implementation.
SUBG / SUPTRS	Substance Use Prevention, Treatment, and Recovery Services Block Grant	Federal funding for SUD programs.
TA	Technical Assistance	Support provided to contractors by Iowa HHS or PCA.
TEDS	Treatment Episode Data Set	SAMHSA required data system for treatment providers.



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