

# Community Based Organization Guidance

## **Substance Use and Problem Gambling Prevention - 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](mailto:bhassistance@hhs.iowa.gov)
- **Behavioral Health Administrative Services Organization (BH-ASO) – Iowa Primary Care Association:**  
[hasoproviderrelations@iowapca.org](mailto: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.

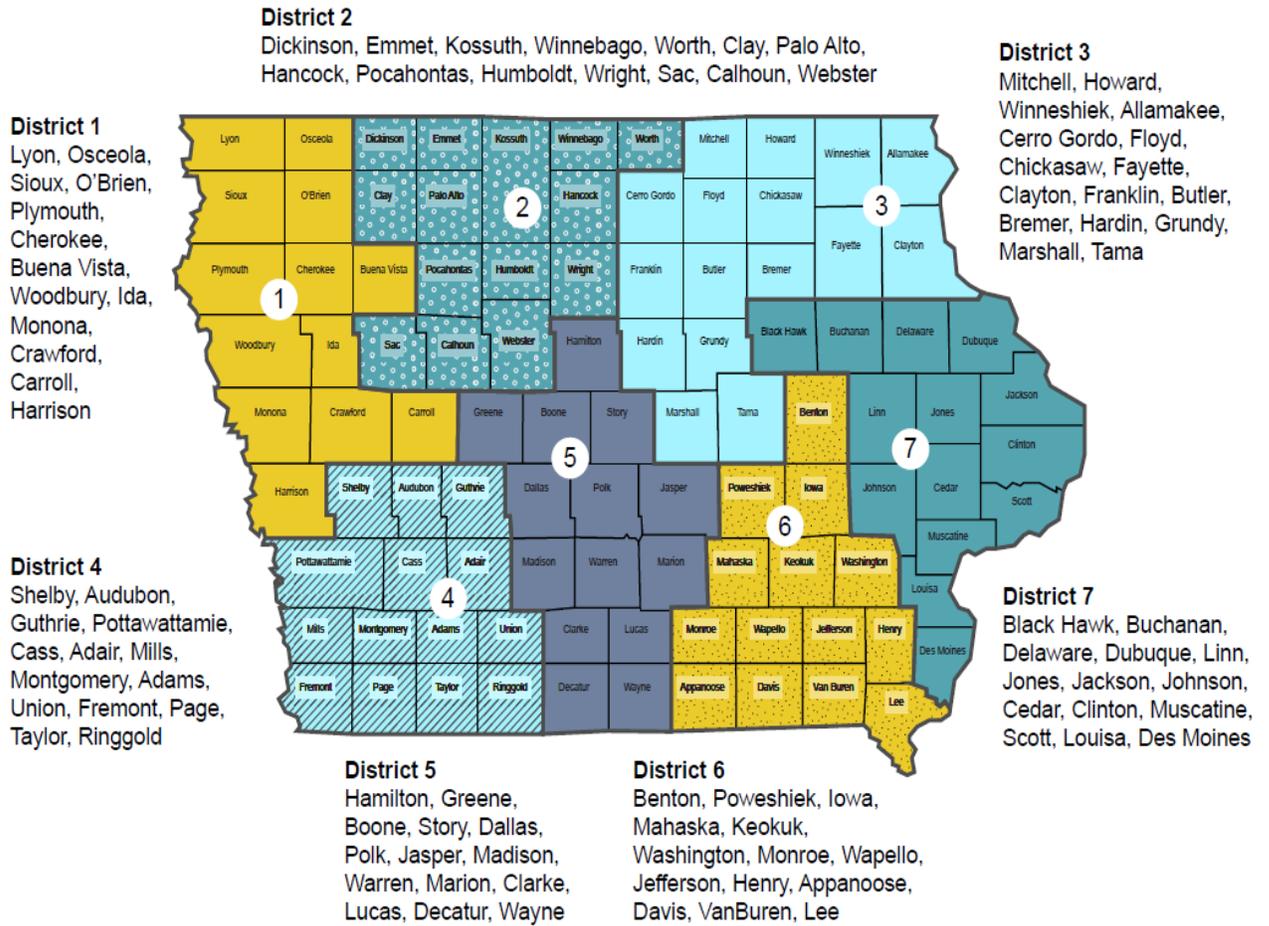
## Local Providers

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

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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.

### Prevention

Prevention includes information dissemination; education; wellness promotion; organizing and enhancing community-based processes; developing environmental approaches; offering

alternative activities; and building resiliency skills through structured learning, including support of critical life and social skills such as decision making, coping with stress, problem solving, interpersonal communication, and improving judgment. This definition was outlined with accompanying strategies and tactics in the [Behavioral Health Service System Statewide Plan](#) for prevention.

The work of prevention promotes resiliency and healthy behaviors and the work of early intervention, to delay or divert the long-term impacts associated with serious behavioral health disorders, are key components of the behavioral health continuum. This work includes educational programs and messaging as well as the promotion of healthy decision making to empower people to make good decisions about their health. It is also the work of early identification, intervention and support for individuals and families at risk or in the early stages of developing of a behavioral health condition or disorder to access treatment sooner and create opportunities for better long-term outcomes. As this document outlines the guidance for contracts administered by the BH-ASO, there is not a section titled Early Intervention as there were not contracts or projects that focused solely on Early Intervention.

Iowa HHS previously funded two primary prevention projects, the Integrated Provider Network and Tobacco Community Partnerships. Guidance for the transition year for Tobacco Prevention and Substance Use and Problem Gambling Prevention are shared in the next two sections. Guidance with additional details in the form of a manual will be provided by Iowa HHS and posted to the Iowa HHS and Iowa PCA websites, as well as sent out by Iowa PCA, to the contacts noted on the CBO's contracts with Iowa PCA.

## Substance Use and Problem Gambling Prevention

Substance use prevention services are funded through state appropriations and the Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant, funded by the Substance Abuse Mental Health Services Administration (SAMHSA). SUPTRS block grant funding requires that the state support a comprehensive primary prevention program. While this is a requirement of SAMHSA, it is also aligned with the Behavioral Health Statewide Service System Plan which identified the expansion of prevention services as part of continuum. This funding supports services provided in a variety of settings as well as focuses on both the general population across the lifespan and populations that are at higher risk for substance misuse.

SUPTRS block grant funds are to be expended on primary prevention which is defined as “programs for individuals who do not require treatment for substance abuse.” The SUPTRS block grant requires utilization of the Strategic Prevention Framework (SPF) Planning Model, SAMHSA Prevention Strategies and the Institute of Medicine Model.

Primary Prevention is a public health approach to reduce the health and social harms of substance misuse and problem gambling. It is often referred to as [“upstream” prevention](#), which focuses on strategies to improve social structures and systems in a community in order to decrease risk factors and increase protective factors that allow people to achieve their full health potential.

Problem gambling prevention services are funded through state appropriations and are guided through a public health approach that considers the biological, behavioral, economic that influence problem gambling behaviors and overall health. The Iowa Behavioral Health Service System Statewide Plan outlines a vision for a coordinated and person-centered behavioral health system. Substance use and problem gambling prevention efforts intersect in several keyways especially under early intervention, health equity, cross-sector collaboration, and prevention-focused system change.

The substance use and problem gambling prevention 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 Service System Statewide Plan, including:

- Preventing onset of substance use, gambling disorders and mental health disorders
- Strengthening early intervention through systems partnerships
- Building local capacity and cross-sector collaboration

CBOs providing prevention services must engage local behavioral health partners, schools and educational institutions, business organizations and public health partners in their work and document collaborative efforts in their progress reports.

## Required Activities

**Activity 1: Prevention intervention programs must incorporate indicated prevention, selective prevention, and universal prevention strategies. Prevention services shall be delivered to lowans across the lifespan.**

### State Plan Alignment:

- **Prevention Strategy Tactic 1.1:** Iowa HHS and BH-ASO will develop and implement a framework for the delivery of behavioral health promotion and prevention across the human life span.
- **Prevention Strategy Tactic 2.1:** Iowa HHS, BH-ASO and CBOs will promote public awareness of behavioral health through the development and deployment of communication strategies, education campaigns, and publicly available resources.
- **Prevention Strategy Tactic 2.3:** Iowa HHS and BH-ASO will deliver educational presentations to increase knowledge and change attitudes about behavioral health.
- **Prevention Strategy Tactic 3.1:** Iowa HHS will develop consistent expectations for the behavioral health promotion and prevention system.

As required through the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTR BG), CBOs must:

- Provide indicated prevention, selective prevention, and universal prevention strategies. Deliver prevention services to lowans across the lifespan. Prevention services shall not be provided to persons identified as in need of substance use disorder or those receiving treatment.
- Provide prevention services using the following prevention practices:
  - Institute of Medicine (IOM) Prevention Classifications
  - Strategic Prevention Framework (SPF)
  - Center for Substance Abuse Prevention (CSAP) strategies
    - ✦ Reference the *Substance Use and Problem Gambling Prevention Manual* for details.
- Provide prevention strategies year-round (i.e., not limited to only during the school year).
- Provide prevention services to a variety of locations and sectors not to school settings.

**Activity 2: Implement at least two evidence-based prevention strategies per county with fidelity.**

### State Plan Alignment:

**PRS 1.1:** Iowa HHS and BH-ASO will develop and implement a framework for the delivery of behavioral health promotion and prevention across the human life span.

- CBOs must provide prevention services that are evidence-based, as found in the *Evidence-Based Practices, Programs and Policies Selection and Implementation Guide*, and have outcomes directly related to substance use and/or problem gambling.
- CBOs must develop a prevention county action plan every state fiscal year via a template provided by Iowa HHS and submitted for review and approval. See Resources and Tools section for the template.
- CBOs must select and implement at least two prevention strategies (one which must address problem gambling, if applicable) per county from the approved previous state fiscal year prevention action plan.
- The following prevention strategies are no longer required to be implemented:
  - Paid media campaigns/ad placements. If a media campaign is implemented, this will not count towards one of the two required evidence-based prevention strategies.
  - Problem Identification and Referral and Alternative CSAP Strategies.

Reference the *Substance Use and Problem Gambling Prevention Manual* for details on action plan completion. Technical assistance will be provided by Iowa HHS to support fidelity processes.

**Activity 3: Facilitate a minimum of 10 in-person community presentations to partner organizations per county on prevention and expanding the work of prevention through Iowa’s Behavioral Health Service System transformation.**

State Plan Alignment:

- **Prevention Strategy Tactic 1.2:** Iowa HHS and BH-ASO will identify, expand, and strengthen collaborative opportunities with behavioral health partners (CBOs and other organizations).
- **Prevention Strategy Tactic 2.3:** Iowa HHS and BH-ASO will deliver educational presentations to increase knowledge and change attitudes about behavioral health.
- **Prevention Strategy Tactic 3.1:** Iowa HHS will develop consistent expectations for the behavioral health promotion and prevention system.

CBOs must raise awareness of Iowa’s behavioral health system through local collaboration and community engagement. Collaborative behavioral health prevention strategies will be implemented within each county. Activities have been identified in the Behavioral Health Prevention Action Plan (see Resources and Tools section for the template) with prepopulated action steps that must be followed. CBOs will facilitate a minimum of ten in-person community presentations to partner organizations in the county on the prevention system alignment through guidance provided by Iowa HHS. Technical assistance will be provided by Iowa HHS to support these community presentations.

## Compliance

### Direct Service Hour Expectations

A minimum of 832 direct service hours (approximately 16 hours per week) must be provided by each 1.0 Full Time Equivalent (FTE) funded under the grant (e.g. 2,080 hours x .40 = 832).

CBOs are required to have a Prevention Services Lead with a minimum of three years' experience in the field of substance use or problem gambling prevention services; minimum of bachelor's degree. No single staff person may exceed 1.0 FTE.

### SUPTRS BG Prevention Funding Unallowable:

- Purchase of Naloxone
- Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (e.g. compliance checks, party patrols, shoulder taps, etc.)
- Services to enforce ATOD state laws
- Services that support Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening
- Services that support mental health promotion and mental disorder prevention strategies

### Prevention Funding Unallowable:

- Any item not directly supporting contracted activities
- Cash payments or incentives
- Dues, subscriptions, or certifications without prior approval
- Fentanyl test strips
- Food and beverages
- Implementing or expansion of drug "take back" programs or other drug disposal programs (e.g. drop boxes or disposal bags)
- Paraphernalia, concealment or other items to support concealment-type activities (e.g. mock rooms)
- Promotional, incentive or giveaway items such as t-shirts, magnets, pencils/pens, toys, banners, etc.
- Purchase of gift cards
- Vehicle rentals

## Reporting

- Bi-annual Training Logs
  - Must include any prevention-related training that supports and enhances each funded prevention staff member's role in the prevention field provided by Iowa HHS, the CBO and/or other prevention organizations.
  - Must be submitted bi-annually. See Resources and Tools section for the template.
- Monthly direct service reporting through the Iowa HHS identified prevention data collection system

- o Direct service hours are required to be submitted to Iowa HHS data collection system, must be entered on or before the 15<sup>th</sup> of every month following the month of service.

### Training

CBO staff providing behavioral health prevention services will be required to obtain Prevention Specialist Certification. Refer to Iowa HHS manual.

Required Trainings:

- Prevention Action Plan Development & Submission – Iowa HHS
- Qualtrics Data Entry – Iowa HHS
- Strategic Prevention Framework Overview – Center of Excellence
- Institute of Medicine Classifications for Prevention – Center of Excellence
- Prevention and Promotion for Mental Health – Center of Excellence
- Other state and federal required prevention training

### Resources & Tools

- Behavioral Health Prevention Action Plan (template)
- Prevention Training Logs (template)
- Substance Use and Problem Gambling Prevention Manual

### Monitoring and Documentation

CBOs must maintain a record of all prevention services provided.

## Glossary of Acronyms

<b>Acronym</b>	<b>Full Term</b>	<b>Definition / Use</b>
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.



Health and  
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