

Community Based Organization Guidance

Tobacco 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
- **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.

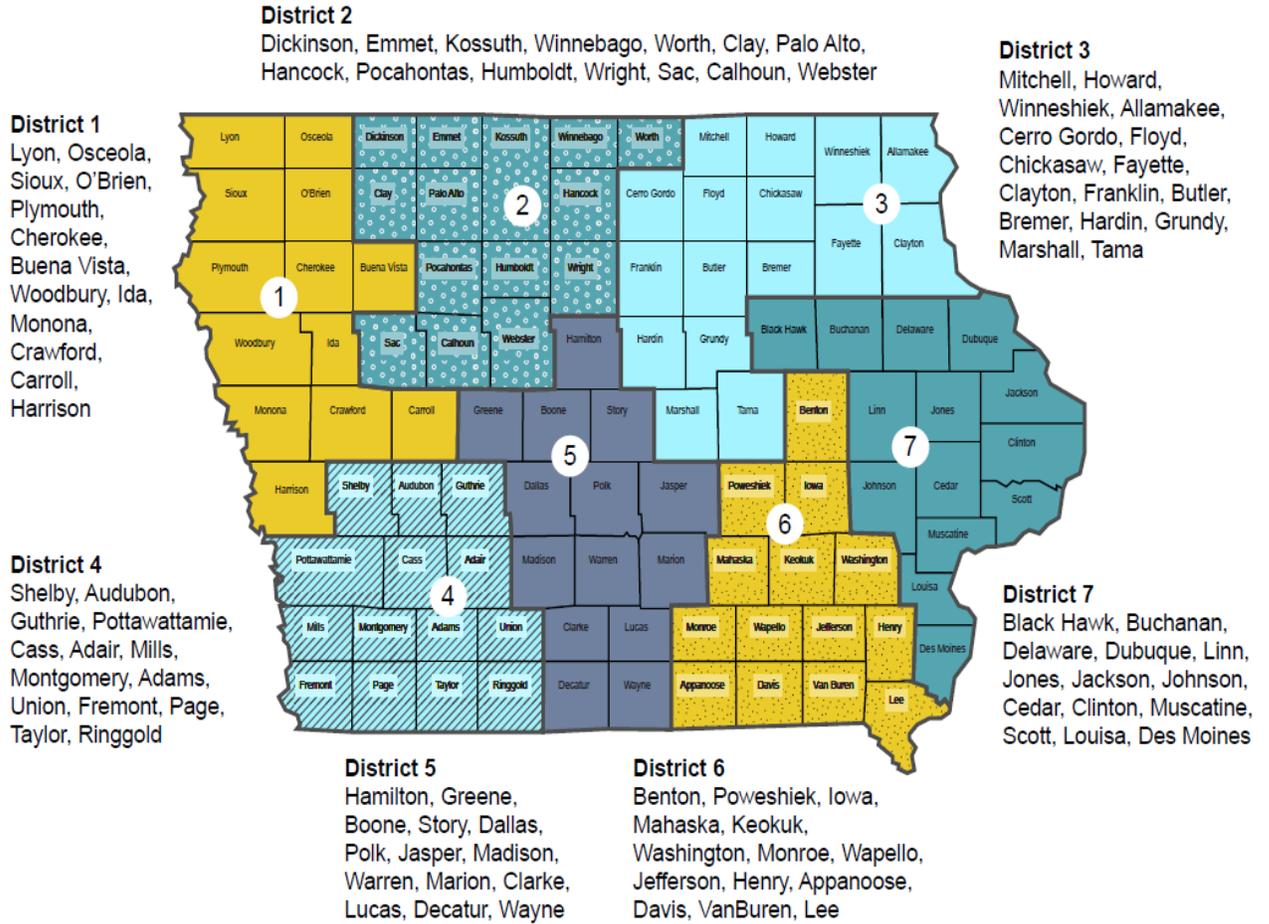
Local Providers

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.

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.

Tobacco Prevention

The Iowa Behavioral Health Service System Statewide Plan outlines a vision for a coordinated and person-centered behavioral health system. Tobacco prevention efforts intersect in several key takeaways especially under early intervention, health equity, cross-sector collaboration, and prevention-focused system change.

The tobacco prevention strategies outlined in this guidance are consistent with Iowa's vision for a person-centered, prevention-focused behavioral health system. Activities outlined in each goal listed below support broader goals in the Behavioral Health State Plan, including:

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

Contractors are encouraged to engage local behavioral health partners, housing providers, and healthcare systems in their work and document collaborative efforts in their progress reports.

Refer to the **Funding Allocation Table** to determine the number of goals that must be implemented per county. For each goal selected (or required) in a county, contractors must:

- Provide baseline data
- Select a target area
- Implement all required activities for that target area

Required Activities

Goal 1: Prevent initiation of tobacco use among young people

Due to the rising use of electronic smoking devices (ESDs) among youth and frequent community requests for updated information, this goal focuses on adult-to-adult and youth-to-youth education.

State Plan Alignment: Youth-focused education and engagement through Iowa Students for Tobacco Education and Prevention (ISTEP) and school-based programming strengthens protective factors and builds resilience. Key elements in preventing both substance use and mental health disorders.

Prevent the onset of behavioral health disorders through upstream strategies:

- **Prevention Strategy 1:** Create and follow an integrated, system-wide approach to behavioral health promotion and prevention.
- **Early Intervention Strategy 1:** Create and support an integrated, statewide behavioral health early intervention system to assist individuals, families, and communities in accessing behavioral health interventions and services.

Target Area Options:

- A. Formation and maintenance of ISTEP chapters.
- B. Educate adults (e.g., parents, coaches, school staff, law enforcement, youth leaders).
- C. Educate youth directly.

Required activities by target area:

Target Area A – ISTEP Chapters

- Meet with school administration to discuss voluntary ISTEP chapter formation
- Deliver ISTEP informational presentations
- Promote Quitline Iowa and My Life My Quit to school staff and administration
- Provide ongoing technical assistance for chapter formation and maintenance
- Identify and engage with populations experiencing tobacco-related health disparities
- Offer policy support, product education, and signage to all school districts in the service area
- Maintain existing ISTEP Chapters (if applicable)

Target Area B – Educating Adults

- Create and deliver Iowa HHS approved presentations on emerging tobacco/nicotine trends
- Educate adults on health effects of tobacco/ESDs
- Provide updates on new products and industry trends
- Report number of presentations and audience types
- Maintain existing ISTEP Chapters (if applicable)

Target Area C – Educating Youth

- Implement one or both of the following approved curricula:
 - *Stanford “You and Me, Together Vape-Free” Toolkit* (6 lessons)
 - *Let’s Make Healthy Choices* presentation (grades 3–6)
- Maintain existing ISTEP Chapters (if applicable)

Goal 2: Eliminate Nonsmokers' Exposure to Secondhand Smoke

This goal focuses on advancing tobacco-free/nicotine-free (TF/NF) policy adoption and/or implementation of the Smoke Free Homes (SFH) program.

State Plan Alignment: Policy changes around smoke-free environments contributes to safer, healthier communities and reduces triggers for individuals in recovery. Housing-focused work in the Smoke Free Homes program aligns directly with behavioral health housing and stability priorities.

Promote healthy environments:

- **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).

Target Area Options:

- A. TF/NF policy adoption (e.g., businesses, events, schools, parks)
- B. SFH education and technical assistance for rental properties

Required Activities:

- Contact key stakeholders to discuss voluntary policy adoption
- Deliver TF/NF or SFH presentations
- Educate stakeholders on Quitline Iowa and the Smokefree Air Act
- Identify and engage with populations experiencing tobacco-related health disparities
- Provide technical assistance for policy development and implementation
- Ensure contact frequency aligns with county size, report activity in progress reports

Goal 3: Promote Quitting Among Young People and Adults

Contractors must encourage systems-level changes to increase cessation support and Quitline Iowa engagement.

State Plan Alignment: Promotion of Quitline Iowa and My Life My Quit connects individuals, especially those with co-occurring behavioral health conditions, to effective, non-judgmental cessation support, fulfilling early intervention goals and supporting recovery-oriented care. Improve access to evidence-based interventions across systems:

- **Early Intervention Strategy-2:** Embed low-barrier access through system navigation and expand the behavioral health early intervention referral system.

Target Area Options:

- Promote Quitline Iowa usage through outreach and education
- Implement *Ask, Advise, Connect* protocols in provider settings

Required Activities:

- Complete all Quitline Iowa training modules on Quitlogix
- Contact and train staff at healthcare and behavioral health facilities
- Use Iowa HHS provided materials to support education
- Offer ongoing Quitline Iowa support and referral system assistance
- Build relationships and provide Technical Assistance (TA) on e-referral implementation (where applicable)
- Promote Quitline Iowa via community outreach and events
- Tailor education to include all appropriate Quitline Iowa programs:

- Behavioral Health
- My Life My Quit
- Pregnancy Program
- Young Adult Program
- American Indian Program
- Match activity volume with county size; report presentations, outreach, and outcomes in progress reports

Goal 4 (Required): Engage in Coalition Development

Contractors must support coalition development and engagement in each county to ensure community mobilization and integration of tobacco control strategies.

State Plan Alignment: Coalitions are a mechanism for embedding behavioral health prevention into local decision-making and action. They offer an opportunity to collaborate with local organizations and build shared community capacity.

Build coordinated local capacity to support behavioral health:

- **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-2.1:** 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.

Target Area:

- Attend at least one coalition meeting per quarter in each county served.

Required Activities:

- Provide quarterly updates to coalition members using the Coalition Report Form
- Involve coalition members in action plan activities and development
- Invite and report to other community organizations on prevention programming
- Collaborate with key organizations such as:
 - Local public health, substance use disorder (SUD) providers, schools, mental health clinics
 - DCAT, SPF-SIG partners, health-focused community groups
 - Faith organizations, nonprofits, elected officials
 - Substance misuse prevention agencies
- Report in person to each local board of health at least once annually
- Invite ISTEP chapter advisors and youth members and youth-serving organizations to coalition meetings
- Support ISTEP planning and street marketing events (if applicable)

- Identify and engage with populations experiencing tobacco-related health disparities
- Educate coalitions and partners on other Iowa HHS programs, including:
 - Quitline Iowa
 - My Life My Quit
 - ISTEP
 - Smoke Free Homes
 - Other tobacco control initiatives

Compliance

- CBO will not accept funding from nor have an affiliation or contractual relationship with a company engaged in the manufacture of tobacco or tobacco products.

Reporting

- [Progress Report](#)
- [Coalition Report Form](#)

Training (required trainings listed below)

- [Quitlogix Education | Quitlogix Education for Iowa Providers](#) - evidence-based and accredited trainings from National Jewish Health (Iowa's Quitline provider). These are free, self-paced, and have CEUs that can be earned as courses are completed. The trainings provide a comprehensive look into tobacco and nicotine cessation, how it affects different populations.
- Qualtrics Data Entry
- Strategic Prevention Framework Overview
- Institute of Medicine Classifications for Prevention
- Prevention and Promotion for Mental Health

Resources & Tools

- [Tobacco Prevention Manual](#)

Invoices

- Match Requirement: Funding received shall be matched at 25% of awarded funds.
 - Match may come from local and/or private sources
 - Match may include in-kind services, office support, other tangible support or offset of costs
 - State and Federal dollars cannot be used as match
 - Match funds must be used solely for approved tobacco control activities.
 - Documentation of all costs used to satisfy the matching requirements must be maintained.

Additional Notes and Attachments/Forms

- [Tobacco Purchase Request Form](#)
- [Materials Order Form](#). Tobacco Free/Nicotine Free resources are available free of charge to be compliant with the Iowa Smoke Free Air Act. Email the order form and details of how the promotional materials will be used to Iowa HHS.

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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