Substance Use and Problem Gambling Prevention Manual v2

August 2025

Comm. 171 (07/25)

Table of Contents

Introduction **2**

Substance Use and Problem Gambling Prevention Services 2

Behavioral Health Service System Statewide Plan - Prevention Strategies **3**

Prevention Service Expectations **4**

Action Plan Guidance 4

CSAP Strategies/IOM Categories 5

Changes in Prevention Service Delivery Expectations 6

Collaborative Behavioral Health Prevention Strategies 6

Direct Service Hour Expectations 6

Compliance **7**

Coalition Engagement 7

Certification 7

Training **7**

Prevention Training Logs 8

Behavioral Health Prevention Meetings 8

Staffing **8**

Prevention Staffing Requirements 8

Monitoring and Documentation **9**

Record of Prevention Services 9

Data Entry 9

Youth Surveying 9

Prevention Budgets **9**

SUPTRS Unallowable 10

SUPTRS BG Prevention Funding Unallowable 10

Prevention Funding Unallowable 11

Invoicing and Billing **11**

Prevention Resources **12**

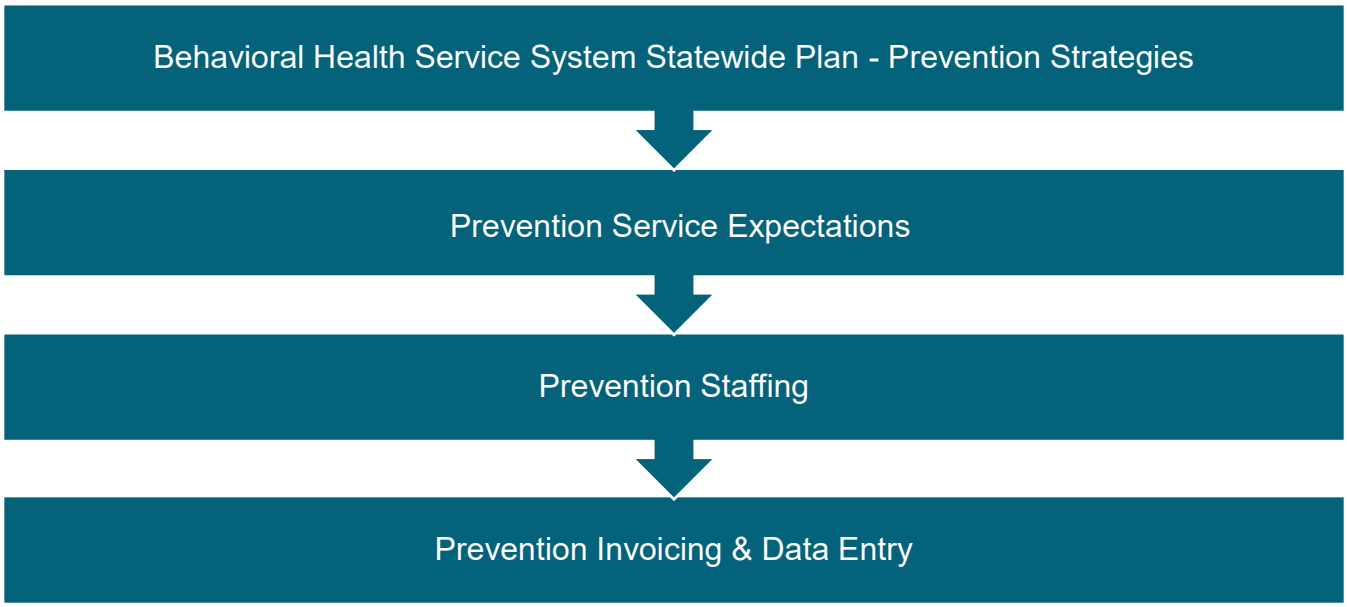
Introduction

Substance Use and Problem Gambling Prevention Services

The Substance Use and Problem Gambling Services Integrated Provider Network (IPN) grant will end on June 30, 2025. Beginning on July 1, 2025, prevention services will be contracted by the Iowa Primary Care Association (Iowa PCA) who serves as Iowa's Behavioral Health Administrative Service Organization (BH-ASO).

Legacy substance misuse and problem gambling prevention providers will continue to deliver prevention services with the goal of moving into Iowa's fully integrated statewide behavioral health prevention system come July 1, 2026.

The purpose of this manual is to provide instruction specific to prevention service delivery. Additional guidance will be provided by Iowa HHS and/or Iowa PCA after July 1, 2025. Information within this manual will highlight the following:



The term "community-based organization" in this document refers to substance use and problem gambling prevention providers who have contracted with Iowa PCA to provide prevention services.

Behavioral Health Service System Statewide Plan - Prevention Tactics

Prevention Service Expectations

Community-based organizations (CBOs) will raise awareness of Iowa's behavioral health system through local collaboration and community engagement. Communication with community partners regarding grant changes and new approaches to prevention services will be key to a successful transition.

CBOs will provide substance misuse and problem gambling prevention services through a streamlined action plan based on the previously approved action plan.

CBOs will be expected to work closely with tobacco prevention community-based organizations, mental health promotion organizations and coalitions. Additional resources and guidance will be provided to further direct these services.

Action Plan Guidance

CBOs will complete their action plan for the timeframe of July 1, 2025 – June 30, 2026, for each county in which they previously provided services. An action plan template will be provided by Iowa HHS. All forms and attachments can be found on the Iowa HHS website at Iowa's Behavioral Health Service System | Health & Human Services.

The action plan will be a continuation of the previously approved SFY25 IPN prevention action plan which was based on developed logic models and strategic plans.

CBOs will **select two legacy prevention strategies** (one which must be address problem gambling, if applicable) per county to continue.

CBOs will need to support an action plan that shows how the primary prevention strategies are being provided with enough frequency (how often services need to be provided through the strategy for change to occur) and dosage (how much of the population of focus needs to be engaged through the strategy for change to occur) to make an impact in each county.

The following legacy prevention services will no longer be a requirement.

- 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. The exception to this would be for the following:
    - The CBO is funded to only provide services that address the substance use or problem gambling priority in a county, then the two previously approved strategies addressing the single priority should be carried into SFY 2026.
- Problem identification and referral and alternative Center for Substance Abuse Prevention (CSAP) Strategies.

CBOs will submit their action plan to Iowa HHS at BHassistance@hhs.iowa.gov by **August 1, 2025.**

Subject lines must read “Provider Name” SFY 2026 Substance Use and Problem Gambling Prevention Action Plan “County Name”.

Action Plan Modifications

In the event an existing strategy requires a modification, including action steps, population of focus, or short-term outcome, the following steps should occur:

- Engage coalition/s and/or community partners to modify a strategy or service and document the collective decision.
- Identify the barriers encountered with the strategy.
- Determine a new course of action the coalition and/or community partner(s) would like to pursue based on assessment data and available resources.
- Review the Iowa HHS Evidence-Based Selection and Implementation Guide for details about key steps and additional resources.
- Once community support is received for the modification, include the strategy in the action plan.

Before deciding to eliminate or replace a priority or strategy included in the action plan, CBOs should first carefully consider adjusting the approach to improve chances of success. For example, if a CBO had previously planned to implement an environmental policy change strategy but found that the community was not yet ready or interested, it may be more effective to maintain the strategy but shift the action steps to focus on community awareness and readiness building through information sharing. This can help build community understanding and capacity, laying the groundwork for future policy changes.

In the event a CBO determines they are unable to achieve their short-term outcome(s), the Iowa PCA team will be available for technical assistance.

CSAP Strategies/IOM Categories

CBOs are expected to provide prevention services utilizing the CSAP strategies and Institute of Medicine (IOM) categories within their awarded counties which include the following:

CSAP Strategies

- Alternative Activities (optional)
- Community-Based Process
- Education (reflected in at least one of the awarded counties)
- Environmental
- Information Dissemination
- Problem Identification & Referral (optional)

IOM Categories

- Universal

- Selective
- Indicated

Action plans should include the CSAP strategies and IOM categories. Prevention providers may choose at their discretion to implement the problem identification & referral and alternative strategies.

Prevention supervisors will be expected to monitor their team's CSAP allocation on a regular basis to ensure comprehensive services are delivered across the lifespan.

Changes in Prevention Service Delivery Expectations

Collaborative Behavioral Health Prevention Strategies

New collaborative behavioral health prevention strategies will be implemented within each county in the action plan. The purpose of the collaborative behavioral health prevention strategies is to ensure a consistent and collaborative message is being shared as Iowa moves towards a fully aligned prevention system come July 1, 2026.

CBOs must facilitate a minimum of ten in person community presentations, regardless of population/size, to partner organizations per county assigned for coverage on prevention and expanding the work of prevention through Iowa HHS Guidance (for Iowa's Behavioral Health service system transformation). No length of time has been established for the collaborative behavioral health prevention strategy.

A collaborative prevention strategy has been included in the action plan template with prepopulated action steps that must be followed.

Presentation materials (e.g. PowerPoint template, survey tool, etc.) as well as staff training to complete this new strategy will be provided soon. CBOs should not conduct community presentations until they have received the necessary training and materials to do so.

Direct Service Hour Expectations

Provision of direct service hours by each funded prevention staff is a requirement of this funding opportunity. Direct service hours are actual time spent providing prevention services with identified populations as indicated in an approved action plan. Refer to legacy prevention data collection system manual(s) for examples of activities that may be considered direct service.

Preparation time, travel time, training/conference attendance, staff training time, and day-to-day business planning are counted as indirect service hours.

Based on feedback provided by CBOs, the direct service hour expectation has been modified to 752 direct service hours per 1.0 FTE funded. The reduction in direct hours

accommodates time off for prevention staff. A 40% level of effort expectation for direct service hours is an overarching productivity goal.

CBOs have the flexibility to manage expectations and extenuating circumstances at the staff level. Iowa HHS prevention team members are available for technical assistance and support for any CBO struggling to balance expectations.

The Iowa PCA team will also be available to assist CBOs in finding process inefficiencies, building more streamlined systems and collaborating around practice improvement.

Direct service hour expectations do not apply to prevention supervisors.

Compliance

Coalition Engagement

The behavioral health prevention workforce will be expected to engage with a county-level coalition to help guide prevention services. At a minimum, coalition meetings must occur on a quarterly basis. Details regarding these expectations can be found in the collaborative behavioral health prevention strategy in the action plan.

Certification

Community-based organizations contracted to provide prevention services will be required to obtain and/or work towards their Prevention Specialist Certification.

Training

CBO prevention staff will participate in ongoing staff development training(s). Training(s) may include:

- Adverse Childhood Experiences (ACEs)
- Coalition development
- Core competencies
- Evidence-based Programs
- Environmental strategies
- Introduction to addiction
- Introduction to Strategic Prevention Framework
- Prevention foundations
- Substances and the brain
- Training on funding requirements/expectations
- Youth development

Technical assistance is available on the Strategic Prevention Framework or other prevention requirements.

Information regarding dates, times, and meeting formats (i.e. virtual vs. in-person) will be provided soon.

Prevention Training Logs

Prevention staff must complete training logs to accurately document trainings that have been fully completed. Training logs should include any prevention-related training that support and enhance each funded prevention staff member's role in the prevention field. Training logs will be submitted through the Prevention Reporting System via a link provided by Iowa HHS. Additional details will be provided soon.

Behavioral Health Prevention Meetings

As part of the Behavioral Health Service System, CBOs will be required to attend collaborative meetings with the behavioral health prevention workforce. Meetings may occur in-person or virtually. Information regarding dates, times, and meeting formats (i.e. virtual vs. in-person) will be provided soon.

Staffing

Prevention Staffing Requirements

CBOs must ensure staffing and staff qualifications are sufficient to implement prevention services. No single staff member may exceed 1.0 FTE.

CBOs are encouraged to have:

Prevention Services Lead

Minimum of three years' experience in the field of substance use or problem gambling prevention services; minimum of bachelor's degree.

If the level of experience outlined above for the Prevention Lead role are not met, then CBOs must submit details to Iowa HHS at BHassistance@hhs.iowa.gov with responses to the following questions:

- Describe the knowledge/experience this person has in substance use and/or problem gambling prevention as well as supervision/data requirements.
- Explain how the skills this person has will transfer into the work required in the prevention project.
- Provide the supervision process (overseen by a Certified Prevention Specialist) the agency will provide to ensure the new Prevention Lead has support.
- Provide a specific training plan for the new Prevention Lead including:
    - General orientation to the behavioral health prevention project.
    - Onboarding to the fields of substance use and problem gambling prevention.

- Ensure attendance at the Substance Abuse Prevention Skills Training within one year and Prevention Ethics within three months.

Once submitted, the information will be reviewed and if approved, the plan must be implemented by the CBO to ensure prevention services are supported.

Monitoring and Documentation

Record of Prevention Services

CBOs must maintain a record of all prevention services provided. Records shall, at a minimum, include but are not limited to:

- Record of prevention services.
- Date(s) of prevention service provision.
- Number of participants and demographic characteristics of participants, including but not limited to:
  - Age
  - Race/ethnicity
  - Sex
  - Group or population served; and
  - Other information as requested by Iowa HHS and/or Iowa PCA.
- Consent for participation or for release of information, per Iowa HHS requirements.
- Copies of programmatic materials; and
- Copies of program evaluation documents per Iowa HHS requirements.

Data Entry

CBOs are responsible for entering all direct service hours for prevention into the Iowa HHS Prevention Reporting System. **Direct service hours must be entered on or before the 15th of every month following the month of service.** Additional training will be provided on prevention data entry. Details will be shared soon.

Youth Surveying

The Iowa HHS Prevention survey will not be administered. CBOs are not permitted to utilize any Iowa HHS developed youth survey instruments, tools, or associated resources.

No youth surveying will be completed; therefore, no pre/post surveys will be collected or entered in the data collection system.

Adult surveying is permitted.

Prevention Budgets

A Substance Use and Problem Gambling Budget template has been provided and can be found on the Iowa HHS website at Iowa's Behavioral Health Service System | Health & Human Services. This template is intended to be a tool but is not required. CBOs are encouraged to develop a budget that adheres to the organization's contract with the Iowa Primary Care Association and the organization is responsible for ensuring that the budget is utilized in alignment with the intent of the contract and approved action plan.

Organizational wide costs are not permissible in the direct cost budget category as funding is intended to directly support the approved work and services impacting Iowans as identified in the prevention action plan. Organizational wide costs include, but are not limited to, audits, insurance (e.g., professional liability, property insurance, etc.), staff physicals and drug testing, costs related to occupancy (e.g., utilities, cleaning services, building repairs, trash removal, pest control, janitorial staff, snow removal, computer services or repairs, etc.), general agency rental or space costs (except for office space for grant funded staff only), general agency communication costs (e.g., main office phone support, internet, administrative support staff, agency website costs, agency promotional supports, etc.) and payroll preparation costs. These costs should be included in the Indirect or Administrative Cost budget category only.

SUPTRS Unallowable

- Provision of inpatient hospital services.
- Making cash payments to intended recipients of health services.
- Purchase or improvement land; purchase, construct, or permanent improvement (other than minor remodeling) any building or other facility; or purchase of major medical equipment.
- Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- Provision of financial assistance to any entity other than a public or nonprofit private entity.
- Provision of individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.

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.

CBOs must maintain supporting documentation on-site for retrospective reviews. Supporting documentation may include but is not limited to the following: agendas, meeting minutes, sign-in sheets, itemized receipts, etc.

Questions regarding the prevention budget should be directed to the Iowa Primary Care Association at BHASOproviderrelations@iowapca.org.

Invoicing and Billing

Beginning on July 1, 2025, CBOs will directly invoice the Iowa Primary Care Association for payment of substance use and problem gambling prevention services.

According to the *Behavioral Health Administrative Service Organization (BH-ASO) Invoicing and Billing Guidance for Community Based Organizations (CBOs)*, “During this transition period of maintaining “stable state,” the BH-ASO requests that each CBO submits invoices in the same format as current state for each given service/category for which they are contracted. Throughout this first year, the BH-ASO will begin to build toward a more standardized invoicing process to be implemented in year two.”

Questions related to invoicing must be directed to the Iowa Primary Care Association at ASOacntpay@iowapca.org.

Prevention Resources

To learn more about prevention best practices, training and Iowa HHS prevention supports for CBOs, go to https://www.iowacebh.org/prevention/.