



Community Based Organization Manual

Behavioral Health Prevention v2

July 1, 2026 – June 30, 2027



Health and Human Services
Division of Behavioral Health

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Introduction

Behavioral Health Prevention Services

Behavioral health prevention services are contracted by Iowa Primary Care Association (Iowa PCA) who serves as Iowa's Behavioral Health Administrative Service Organization (BH-ASO). The purpose of this manual is to provide instruction for SFY 2027 (July 1, 2026 – June 30, 2027) behavioral health prevention service delivery.

While information within this manual is comprised of substance use/problem gambling (SU/PG) prevention, tobacco prevention, and prevention focused mentoring, contracted providers will only need to apply information for services in which they are awarded. The term “community-based organization” (CBO) in this document refers to behavioral health prevention providers who have contracted with Iowa PCA to provide prevention services.

This manual along with additional contract information will be shared during the **Behavioral Health Prevention Services Overview Webinar** that will occur on June 8th, 2026, from 8:30 – 10:00 a.m. A registration link has been provided to prevention CBOs via a separate message.

Guidance in each section of this manual includes four subsections:

All Prevention CBOs

Section contains guidance which is equally applicable across SU/PG and tobacco prevention.

SU/PG Prevention

Section contains guidance which applies only to those CBOs providing SU/PG prevention services.

Tobacco Prevention

Section contains guidance which applies only to those CBOs providing tobacco prevention services.

Prevention Focused Mentoring

Section contains guidance which applies only to those CBOs providing Improving Tomorrow: Prevention Focused Mentoring Services.

Prevention Reporting System (PRS)

All Prevention CBOs

Behavioral health prevention CBOs will use the Iowa HHS Division of Behavioral Health Prevention Reporting System (PRS) through Qualtrics to report prevention services. A link to the PRS has been provided to prevention CBOs via a separate message.

CBOs are responsible for completing monthly data entries by the 15th day of the month following service. Data must be entered in its entirety on or before the due date.

Data reporting is an opportunity for CBOs to highlight the level of effort that took place each month to work towards identified goals. This information can also be used by CBOs to track staff's progress in meeting goals.

CBOs are expected to report data consistently and transparently. All prevention services must adhere to the required reporting standards using the standardized reporting formats identified in the PRS.

Only data related to activities occurring in the current month and current fiscal year can be documented. Information or data for future months or fiscal years will need to be documented during the corresponding month and fiscal year.

Prevention data should be used internally by CBOs to support continuous improvement. Quality improvement efforts should be communicated to the BH-ASO, as requested. PRS data may not be shared outside of your organization without prior approval from Iowa HHS.

Funding should only be used to support approved priorities and strategies.

Questions and technical assistance requests related to the PRS should be directed to:

- SU/PG CBOs - Aaron.Swanson@hhs.iowa.gov
- Tobacco Prevention CBOs - Adam.Shanks@hhs.iowa.gov
- Prevention Focused Mentoring CBOs – Chandra.Jennings@hhs.iowa.gov

SU/PG Prevention

Monthly Reporting

CBOs are responsible for entering all direct service hours for prevention into the PRS. Information must be entered in the PRS by the 15th of the month following service delivery.

Through this funding, prevention priorities and strategies that are included in the approved SFY 2027 action plan should be provided and reported in the PRS, unless prior approval has been received from Iowa HHS and Iowa PCA.

An updated SFY 2027 Prevention Reporting System User Manual and Prevention Reporting System training will be provided to CBOs at a later date.

Prevention Quarterly Reporting

CBOs are responsible for submitting quarterly progress updates in the PRS. For each strategy in the approved county action plan, CBOs will provide an update on progress towards meeting each short-term outcome and provide an update on the work completed for each strategy during the quarter.

Quarterly reporting must be entered in the PRS for each county in which the CBO is awarded funding to provide services in alignment with the table below.

Quarter	Report Period	Report Due Date
Quarter 1	July – September 2026	October 15, 2026
Quarter 2	October – December 2026	January 15, 2027
Quarter 3	January – March 2027	April 15, 2027
Quarter 4	April – June 2027	July 15, 2027

Prevention Focused Mentoring

Monthly Reporting

CBOs are responsible for entering mentoring matches (rollover, new, rematched, and closed), match events and match support hours into the PRS monthly.

Information must be entered in the PRS by the 15th of the month following service delivery.

An SFY 2027 Prevention Reporting System training will be provided to CBOs at a later date to support prevention focused mentoring data entry.

Quarterly Reporting

CBOs are responsible for submitting quarterly progress updates in the PRS. For each goal in the approved action plan, CBOs will provide an update on progress towards meeting each short-term outcome and provide an update on the work completed for each goal during the quarter. The quarterly reporting periods and due dates are identified in the table above.

Required Activities and Key Performance Indicators

Prevention CBOs contracted through Iowa PCA are required to adhere to the following required activities and key performance indicators (KPI) in SFY 2027 (July 1, 2026 – June 30, 2027).

SU/PG Prevention

Required Activities

Each SU/PG CBO will be required to develop and implement a SFY 2027 action plan and budget according to the information listed in this manual.

In addition, CBOs will be responsible for completing the following:

KPIs

- A minimum of 80% of the approved short-term outcomes listed in the SFY 2027 action plans must be achieved as documented in a form provided by Iowa PCA and submitted quarterly.
- CBOs will ensure that 100% of evidence-based prevention strategies will be implemented with fidelity in each county as shown by completed fidelity checklists as indicated in the EBP Registry found on the Center of Excellence for Behavioral Health website
- CBO will submit accurate and timely data in the Prevention Reporting System (PRS) that aligns with reported activities and supporting documentation.
- CBO will submit complete and accurate monthly invoices that include allowable, properly documented costs and align with reported activities in the Prevention Reporting System (PRS) and approved budget.

Tobacco Prevention

Required Activities

CBOs will identify and implement activities for each county that is contracted from the following three goals that align with the county action plan:

- Goal 1 - Prevention initiation of tobacco and nicotine use among young people.
 - Target A – Educating adults
 - Target B – Educating youth

- Target C - ISTEP
- Goal 2 - Eliminate exposure to secondhand smoke and vapor.
 - Target A – Tobacco and nicotine free policy adoption
 - Target B – Smoke Free Homes
- Goal 3 - Promote quitting tobacco and nicotine use among young people and adults.
 - Target A – Increase users to Quitline
 - Target B – Ask, Advise, Connect
- Goal 4 – Coalition development

KPIs

- CBO will implement and document completed activities within each Goal Area identified in each county's Action Plan. Required reporting shall include, if applicable, documentation of:
 - (1) number of new or enhanced tobacco-free/nicotine-free or smoke-free homes policy adoptions;
 - (2) number of community organizations educated and supported in implementing Quitline Iowa referral protocols;
 - (3) number of Quitline/My Life My Quit enrollments; and
 - (4) number of youth presentations, school curriculum activities, and youth engagement activities completed.
- CBO will participate in and support coalition meetings in each county that is contracted.
- CBO will submit accurate and timely data in PRS that aligns with reported activities and supporting documentation.
- CBO will submit complete and accurate monthly invoices that include allowable, properly documented costs and align with reported activities in the Prevention Reporting System (PRS) and approved budget.

Prevention Focused Mentoring

Required Activities

CBOs will identify and implement activities in their awarded counties for the following three goals that align with the action plan.

- Goal 1 – A minimum of one mentoring match will be served for every \$1,000 of funding, up to 91 matches.
- Goal 2 – Substance use (alcohol, tobacco and nicotine products, and other drugs) prevention, problem gambling prevention, suicide prevention and mental health promotion information will be distributed quarterly to mentoring program staff, mentors, mentees and families.
- Goal 3 - Your Life Iowa and Behavioral Health System Navigation materials and resources will be provided to all mentoring program staff, mentors, mentees and families.

KPIs

- CBOs will support a minimum of one mentoring match for every \$1,000 of funding as documented in the monthly PRS data submission.
- A minimum of 80% of the approved short-term outcomes listed in the approved SFY 2027 action plans must be achieved as documented in the quarterly PRS progress report submission.
- CBO will submit accurate and timely data in PRS that aligns with reported activities and supporting documentation.
- CBO will submit complete and accurate monthly invoices that include allowable, properly documented costs and align with reported activities in the Prevention Reporting System (PRS) and approved budget.

Budgets

All Prevention CBOs

CBOs will submit their proposed budget to Iowa PCA for review by **Wednesday, June 24, 2026**. Prevention budgets must be submitted to bhproviderrelations@iowapca.org.

Subject lines must read “Provider Name” SFY 2027 “Project Name (i.e. SU/PG, Tobacco, Prevention Focused Mentoring)” Budget “County Name”.

Budgets must be completed using the template provided on the Iowa HHS website at [Iowa's Behavioral Health Service System | Health & Human Services](#). CBOs will demonstrate a budget adequate to support the behavioral health prevention action plan based on specific line-item categories outlined in the developed template.

A budget justification narrative is required, shall describe how the budget was calculated, and justify the expenses detailed.

Permitted direct line-item costs must directly support the approved SFY 2027 action plan (e.g. curriculum costs, mileage, in-state prevention training, and prevention program supplies) and the staff person/s salary/fringe who is carrying out the action plan as well as the prevention supervisor.

Organizational wide costs are not permissible in the direct cost budget category.

Administrative & Indirect Costs (Where Applicable)

CBOs may request reimbursement for administrative and/or indirect costs. Administrative costs may include but are not limited to, costs that have been incurred for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective.

For the purposes of this Contract, examples of administrative costs may include but are not limited to general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

CBOs may request reimbursement for administrative/indirect costs with a standard capitation of 15% of direct costs. CBOs may only request a rate above 15% if they have a current Negotiated Indirect Cost Rate Agreement (NICRA). Please note that even once a current NICRA is approved, Iowa PCA reserves the right to negotiate the application of the Indirect Rate per individual contract. Iowa PCA is not required to accept the federally approved rate automatically. Accordingly, if a future NICRA is obtained, Iowa PCA retains the discretion to negotiate the application of that rate, including application at a lower percentage. Iowa PCA does not anticipate accepting a rate higher than 15%.

Travel and Lodging Reimbursement Limitations

If travel is allowed, the reimbursement of travel expenses is capped at the limits established by the [Iowa Department of Administrative Services](#).

To be reimbursed for lodging that occurred at a lodging provider that must pay Iowa hotel/motel taxes, prior to the lodging event, confirm that the lodging provider has received the Human Trafficking Prevention Training Certification at the website maintained by the Iowa Department of Public Safety, currently at <https://stophiowa.org/certified-locations>, as required by Iowa Code § 80.45A(5).

SU/PG Prevention

Unallowable Costs

Substance Abuse Prevention, Treatment and Recovery Services (SUPTRS)

- Provision of inpatient hospital services.
- Making cash payments to intended recipients of health services.
- Purchase or improvement of land; purchase, construct, or permanent improvement (other than minor remodeling) of 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.

Block Grant Prevention Funding

- 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 (Including Prevention Focused Mentoring)

- 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.

Tobacco Prevention

Purchase Approval Request Form

Tobacco Prevention CBOs are required to submit a Purchase Approval Request Form prior to:

- Any single purchase exceeding \$200; and
- All promotional materials, marketing, or media activities, trainings, regardless of cost.

All requests must include any applicable draft advertising or promotional materials.

Failure to obtain written approval prior to implementation or purchase may result in denial of the claim being paid.

Materials Order Form

A variety of tobacco and nicotine free resources are available free of charge on the Tobacco Prevention Materials Order Form. This can be found on the [Iowa's Behavioral Health Service System | Health & Human Services](#) website by scrolling down to Prevention. The link is located within the Tobacco section.

Once materials have been selected on the materials order form, email the completed order form and details of how the promotional materials will be used to Adam.Shanks@hhs.iowa.gov for approval.

Invoicing and Billing

All Prevention CBOs

CBOs will directly invoice Iowa PCA for payment of SU/PG, tobacco, and prevention focused mentoring services utilizing the SFY 2027 Behavioral Health Prevention Invoice Template found on the Iowa HHS website at [Iowa's Behavioral Health Service System | Health & Human Services](#).

Invoices are to be submitted to the BH-ASO on a monthly basis to the following email address: ASOacntpay@iowapca.org. The final invoice for June 2027 is to be submitted no later than 30 days after June 30, 2027.

All items invoiced must align with the items listed in the approved SFY 2027 budget. Items claimed outside of the approved budget may not be approved.

For additional details, review the Iowa PCA [Invoicing and Billing Guidance for Community Based Organizations](#).

Questions related to invoicing must be directed to Iowa PCA at bhproviderrelations@iowapca.org.

Monitoring and Documentation

All Prevention CBOs

Record of Prevention Services

CBOs must maintain a record of all prevention services provided. Records shall 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 may be 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

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.

Iowa HHS and Iowa PCA may periodically conduct site visits and reviews of prevention organizations, which may be in-person or virtual.

Training and Meetings

All Prevention CBOs

CBO prevention staff will participate in ongoing staff development training throughout SFY 2027. Additional training may occur as determined by Iowa HHS and Iowa PCA.

Trainings

- Behavioral Health Prevention Collaborative Learning Series (optional)
- Strategic Prevention Framework (SPF) Training
- Logic Model and Action Plan Development Training
- Capacity Building and Coalition Development

Meetings

- Monthly Behavioral Health Prevention Open Office Hours (virtual)
- Monthly Prevention Focused Mentoring Meetings (virtual, optional)
- Quarterly Behavioral Health Prevention District Meetings (virtual)
- Bi-annual Behavioral Health Prevention District Meetings (in-person)

Optional On-Demand Trainings

- University of Iowa's Center of Excellence for Behavioral Health:
<https://www.iowacebh.org/prevention/>
- Mid-America Prevention Technology Transfer Center (PTTC):
<https://pttcnetwork.org/>

**Identified trainings and meetings are subject to change.*

Tobacco Prevention

CBOs will participate in staff development training as determined by Iowa HHS and Iowa PCA.

Quitline Iowa Trainings

Quitline Iowa provides evidence-based and accredited trainings at [Quitlogix Education](#) from National Jewish Health (Iowa's Quitline provider). Trainings are free, self-paced, and offer CEUs. Trainings provide a comprehensive look into tobacco and nicotine cessation, how it affects different populations (i.e. behavioral health, pregnant/postpartum, American Indian, etc.), and more.

Certification

CBOs contracted to provide tobacco prevention services can use grant funds to obtain and/or work towards their Prevention Specialist Certification and Tobacco Treatment Specialist Certification. A Purchase Approval Request Form will need to be submitted prior to registration.

Personnel

All Prevention CBOs

CBOs shall notify Iowa PCA of any personnel updates using bhproviderrelations@iowapca.org. This includes existing staff leaving or new staff starting.

Coalition Development

All Prevention CBOs

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/or individuals and build shared community capacity.

The behavioral health prevention workforce will be expected to engage with a county-level coalition to help guide behavioral health prevention services. If it is not already in place, it is strongly encouraged to support coalition development and engagement of a single behavioral health prevention coalition in each county that supports (at a minimum) SU/PG and/or tobacco prevention.

Required activities for all CBOs include:

- Attend at least one coalition meeting per quarter in each county served.
- Provide quarterly updates to coalition members
 - Tobacco Prevention CBO [Coalition Report Form](#)
 - Involve coalition members in action plan activities and development (including action plan modifications).
- Invite and report to other community organizations on prevention programming.
- Collaborate with key organizations.
- Report to each District Advisory Council at least once annually.

Coalitions provide an opportunity to extend the reach of local prevention efforts. The strategies below have been identified to strengthen collaboration and implementation of prevention initiatives:

- **Provide Information:** Providing pertinent information in an effective manner can help achieve the desired results in the community. Knowing the audience allows presentations to be tailored so the information resonates with the group(s).
- **Build Capacity:** One of the best strategies a coalition can undertake is to create opportunities for people to seek support from a variety members of their community, which will provide a different perspective and additional momentum for coalition initiatives.
 - An example would be encouraging coalition members to assist with behavioral health policies.
- **Skill Training:** Seminars, workshops and activities designed to enhance the skills of coalition members can help promote an effective prevention campaign.
 - Example: provide policy talking points and invite a coalition member to attend a meeting with the management to discuss benefits of a behavioral health policy.

Resources for coalition development may be found at the Center for [Community Health and Development](#) at the University of Kansas. This site provides practical, step-by-step guidance in community-building skills. The University of Kansas resource also provides a [toolkit](#) for creating a partnership among different organizations to address a common goal.

Behavioral Health Prevention Action Plan Development

All Prevention CBOs

CBOs will provide prevention services that are directly included in the approved SFY 2027 action plan.

CBOs will be expected to work closely with other community-based prevention organizations, mental health promotion organizations, and coalitions to identify and implement effective prevention strategies at the county level.

Additional resources and guidance will be provided to further direct services.

Action Plans

CBOs will complete a SFY 2027 action plan for the timeframe of July 1, 2026 – June 30, 2027, for each county in which they previously provided services.

All forms and attachments, including the action plan template, can be found on the Iowa HHS website at [Iowa's Behavioral Health Service System | Health & Human Services](#).

CBOs will submit their action plan to Iowa PCA at bhproviderrelations@iowapca.org by **Wednesday, June 24, 2026**.

Subject lines must read “Provider Name” SFY 2027 “Project Name (i.e. SU/PG, Tobacco, Prevention Focused Mentoring)” Action Plan “County Name”.

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.

SU/PG Prevention

SFY 2027 Action Plan Development

CBOs will develop a SFY 2027 action plan that aligns with the [Behavioral Health Service System State Plan](#) and [District Profiles and Plans](#).

- CBOs shall include the following:
 - **Priority areas:** Each CBO will be expected to address Alcohol, Stimulants, and Problem Gambling within each of the counties in which they receive funding.
 - Prevention organizations may select up to two additional prevention priorities per county to include. Additional Priority areas must be based on community need, have local buy-in, and be supported by data. Additional prevention priorities may address Tobacco, Prescription Medication/Opioids, Marijuana, or Suicide.
 - **Prevention strategies:** One individual level or population level strategy must be selected for each priority area. Strategies must be chosen from the [Evidence-Based Programs and Policy Registry](#), be data driven, and receive community buy-in prior to selection.
 - For CBOs who are funded to support multiple counties, a mix of individual level and population level strategies must be implemented within the funded counties but not necessarily within each county.

- For CBOs who are funded to provide services in one county there must be a mix of individual level and population level prevention services implemented.
- **Institute of Medicine Categories:** Indicated, Selective, and Universal prevention categories shall be implemented.
 - For CBOs who are funded to support multiple counties, a mix of IOM Categories must be implemented within the funded counties but not necessarily within each county.
 - For CBOs who are funded to provide services in one county all IOM Categories must be implemented.
- **Center for Substance Abuse Prevention Strategies:** Community Based Process, Education, Environmental, and Information Dissemination strategies shall be implemented. Problem ID & Referral and Alternative strategies can be included but are not required.
 - For CBOs who are funded to support multiple counties, a mix of all required CSAP strategies must be implemented within the funded counties but not necessarily within each county.
 - For CBOs who are funded to provide services in one county all required CSAP strategies must be implemented.
- **Services Across the Lifespan:** prevention services shall be delivered to lowans across the lifespan.
 - Examples include but are not limited to:
 - Media advocacy efforts
 - Parent/guardian letters discussing prevention services

Evidence-Based Programs and Policy (EBP) Registry

CBOs will select prevention strategies from the Evidence-Based Programs and Policy Registry and shall include the following in their SFY 2027 action plans.

- Include the core components and required key steps as action steps for each strategy selected.
 - Action steps must be customized to meet community needs for each county action plan and not simply be a copy/paste from the registry.
- When identifying a strategy from the EBP Registry that addresses stimulants, CBOs should select from those found under “illicit drugs.”
- Include the corresponding fidelity checklist as an action step for each strategy to ensure the proper steps are being followed.
 - Population-level strategies have customized fidelity checklists available, while one fidelity checklist is available for individual-level strategies.

Fidelity

CBOs funded to provide SU/PG services will check fidelity of the evidence-based programs and strategies implemented to ensure the desired outcomes are achieved. Fidelity is defined as the degree to which a program or practice is implemented according to its design. Delivering an EBP with fidelity increases the likelihood that the stated outcomes will occur.

Once strategies have been decided upon, CBOs must utilize the fidelity checklist located on the EBP Registry and are encouraged to also use fidelity checklists provided by the strategy developer if one is available.

Each strategy should be checked at a minimum for fidelity two times per year.

Fidelity checklists must be completed by coordinators, supervisors, or coalition members involved in strategy planning and implementation. It is the responsibility of the person completing the fidelity checklist to review the data collected and address any fidelity issues with the prevention staff person who implemented the strategy.

For strategies occurring from July 2026 through December 2026, CBOs must submit fidelity checklists by January 15, 2027. For strategies occurring January 2027 through June 2027, CBOs must submit fidelity checklists by July 15, 2027.

Completed fidelity checklists should be submitted to Iowa PCA at bhproviderrelations@iowapca.org.

Action Plan Modifications

If the SFY 2027 action plan requires a modification following approval, the following steps must occur:

- Engage coalition and/or community partners to discuss modifications.
- Identify the barrier(s) encountered with the strategy and the specific steps taken to address these challenges prior to making a change.
- If necessary, determine a new course of action the coalition and/or community partners would like to pursue based on district assessment data and available resources.
- Once community support is received for the modification, including buy-in from partners receiving the new strategy, updates to the SFY 2027 action plan may occur.
- CBOs must submit updated SFY 2027 action plans to Iowa PCA at bhproviderrelations@iowapca.org. Include in the message a description of the change that occurred and reason behind the decision.

Before eliminating or replacing a priority/strategy/goal in the action plan, CBOs should 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, 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.

CBOs will need to ensure that modified action plans continue to address Alcohol, Stimulants, and Problem Gambling within each of the counties in which they receive funding.

Direct Service Hour Expectations

Direct service hours are actual time spent providing prevention services with identified populations as indicated in an approved action plan.

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

The direct service hour expectation is 752 direct service hours per 1.0 FTE. A 40% level of effort expectation for direct service hours is an overarching productivity goal.

Direct service hour expectations do not apply to prevention supervisors.

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

Staffing Requirements

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

CBOs are encouraged to have a **Prevention Supervisor** with a minimum of three years' experience in the field of substance use or problem gambling prevention services and a minimum of a bachelor's degree.

If the level of experience outlined above for the Prevention Lead role is not met, then CBOs must submit details to Iowa PCA at bhproviderrelations@iowapca.org. 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.

Certification

CBOs contracted to provide prevention services will be required to obtain and/or work towards their Prevention Specialist Certification within 24 months of hire.

Tobacco Prevention

Action Plan Goals Per County

CBOs will select tobacco prevention strategies to be implemented in each county (see below). Select action plan goals and activities based on data and community need. Decisions should be supported by the local coalition and/or community partners receiving services. Iowa HHS has predetermined four goals, including activities that are proven to be successful in reaching the desired goals and outcomes for tobacco prevention in Iowa.

All CBOs are required to implement Goal 4 within all service counties. Additional Goals 1-3 may be selected for implementation by the applicant based on funding received per county as shown in the tables below.

Counties Receiving \$25,000	Action Plan Minimum Expectations
Required Number of Action Plan Goals	<ul style="list-style-type: none"> • 1 Action Plan Goal <ul style="list-style-type: none"> ○ 1 Target • Coalition Engagement/Development
Expectation	All minimum required activities completed for each action plan goal.

Counties Receiving \$25,001 to \$37,500	Action Plan Minimum Expectations
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Required Number of Action Plan Goals	<ul style="list-style-type: none"> • 2 Action Plan Goals <ul style="list-style-type: none"> ○ 1 Target for each • Coalition Engagement/Development
Expectation	All minimum required activities completed for each action plan goal.

Counties Receiving \$37,501 to \$75,000	Action Plan Minimum Expectations
Required Number of Action Plan Goals	<ul style="list-style-type: none"> • 3 Action Plan Goals <ul style="list-style-type: none"> ○ 1 Target for each • Coalition Engagement/Development
Expectation	All minimum required activities completed for each action plan goal.

Counties Receiving \$75,001 or more	Action Plan Minimum Expectations
Required Number of Action Plan Goals	<ul style="list-style-type: none"> • 2 Action Plan Goals <ul style="list-style-type: none"> ○ 2 Targets for each • Coalition Engagement/Development
Expectation	All minimum required activities completed for each action plan goal.

Action Plan Goal Activities

Based on the funding table above, Providers will identify and implement activities from the following three goals:

- Goal 1 - Prevent initiation of tobacco and nicotine use among young people.
- Goal 2 - Eliminate exposure to secondhand smoke and vapor.
- Goal 3 - Promote quitting tobacco and nicotine use among young people and adults.

Goal 1 - Prevent the initiation of Tobacco and Nicotine Use Among Young People

Target A – Educate adult community members who influence and connect with youth (i.e. coaches, parents, school staff, youth groups and other youth influencers) on the negative health effects of vaping, nicotine pouches and tobacco use as well as new and emerging tobacco trends. Required Activities for this Target Area include:

- Create presentations regarding new and emerging tobacco and nicotine products (requires approval from Iowa HHS).
- Contact community members who influence and connect with youth (i.e. coaches, parents, school staff, youth groups and other youth influencers) on the negative health effects of vaping, nicotine pouches, and tobacco/nicotine use about providing presentations about Quitline Iowa, My Life My Quit, ISTEP, and other forms of tobacco.
- Provide community members who influence and connect with youth ongoing updates with the latest new and emerging tobacco products trends.
- Report the number of presentations given in a quarter and audience at presentations.
- Maintain existing ISTEP Chapter(s), if applicable.

Target B - Educate youth on the negative health effects of vaping, nicotine pouches, and tobacco/nicotine use as well as new and emerging tobacco trends. Required Activities for this Target Area include:

- Implement approved school curriculum (one or multiple):
 - Iowa HHS:
 - Let's Make Healthy Choices, including being Tobacco and Vape Free
 - 3rd – 6th grade students: 1 lesson
 - [Stanford Medicine Tobacco Prevention Toolkit](#):
 - You and Me, Together Vape-Free
 - Elementary School: 2 lessons
 - Middle School: 5 lessons
 - High School: 5 lessons
 - Healthy Futures: Alternative-to-Suspension Program
 - Middle School, High School and/or Young Adults: 60 minute self-paced or a 2–4-hour interactive facilitated course
 - Not so Sweet: Oral Nicotine & Smokeless Tobacco Curriculum
 - Middle School and High School: 2 lessons
 - Healthy Habits, Healthy Planet
 - Middle School and High School: 3 lessons
 - What's Menthol Got to Do Wit It?

- All Ages: 2 lessons
 - Un-PACK-ing Cigarettes
 - All Ages: 1 lesson
 - Hookah TellMe?
 - All Ages: 1 lesson
- Maintain existing ISTEP Chapter(s), if applicable.
 - Support the target area in maintaining current ISTEP Chapter(s).
 - Provide ongoing technical assistance to ISTEP Chapter Advisors in the target area.
 - Provide ISTEP Chapter members with leadership development opportunities.
 - Support and encourage ISTEP Chapter(s) in implementing youth initiatives provided by Iowa HHS.
 - Support ISTEP Chapter(s) in attending the annual ISTEP Summit.
 - Encourage local ISTEP Chapter members to apply to join the ISTEP Executive Council.
 - Support and encourage ISTEP Chapter members to speak to their peers about the My Life My Quit program.
 - Support and encourage ISTEP Chapter(s) to address mental health concerns among people who use tobacco and nicotine.

Target C - Formation of Iowa Students for Tobacco Education and Prevention (ISTEP) Chapters. Required Activities for this Target Area include:

- Contact administration of the target area to discuss ISTEP Chapter formation.
- Conduct presentation(s) to the administration of the target area to discuss voluntary ISTEP Chapter formation.
- Provide education and promote Quitline Iowa to administration and others of target area, including education on My Life My Quit youth cessation program.
- Assist key players of the target area on ISTEP Chapter formation.
- Provide ongoing technical assistance and support to administration pertaining to ISTEP Chapter formation.
- Identify group(s) or population(s) that are affected by tobacco-related health disparities the agency plans to work with on this goal.
- Contact all school districts in service area to offer technical assistance to review school district policy, educate on the ISTEP program, educate on new tobacco products, offer signage, and address any tobacco control questions administration may have.
- Maintain existing ISTEP Chapter(s), if applicable.

Goal 2 - Eliminate Exposure to Secondhand Smoke and Vapor

Required Activities for this Target Area include:

- Target A - Tobacco free and nicotine free (TF/NF) policy adoption (can include businesses, community events, schools, parks, etc.).
- Target B - Smoke Free Homes program education and policy adoption technical assistance for rental properties.
 - Required Activities for both Target Areas include:
 - Contact key stakeholders of target area to discuss voluntary TF and NF policy or Smoke Free Homes program policy adoption.
 - Conduct presentation(s) to the key stakeholders of target area to discuss voluntary policy adoption.
 - Provide education and promote Quitline Iowa to key stakeholders of target area.
 - Provide education on the Smokefree Air Act to key stakeholders of target area.
 - Identify group(s) or population(s) that are affected by tobacco related health disparities that your agency plans to work with on this Action plan Area.
 - Assist key players of target area on adoption and implementation of TF and NF policy or Smoke Free Homes program policies.

Goal 3 - Promote Quitting Tobacco and Nicotine Use Among Young People and Adults

Required Activities for this Target Area include:

- Target A - Increase the number of users to Quitline Iowa by encouraging systems change through education, outreach, and presentations.
- Target B - Implement the Ask, Advise, Connect protocol within a provider practice, or program.

Required Activities for all Target Areas include:

- Review and complete all Quitline Iowa training courses hosted on the Quitlogix website.
- Contact local health care facilities and other key organizations to educate and or train staff on Quitline Iowa and referral systems.
- Conduct training to key organizations on Quitline Iowa programs and referral systems.
- Utilize resources to educate key organizations on Quitline Iowa.
- Provide key organizations ongoing support for Quitline Iowa and the referral system.
- Develop relationships and provide technical assistance with healthcare facility staff that have the ability to implement an e-referral system, as applicable.
- Complete Tobacco Training Specialist through Mayo Clinic or Duke University

- Promote Quitline Iowa through community events, education and outreach opportunities.
 - When educating on Quitline Iowa please include all programs that are offered via Quitline based on your audience that you are educating or training. Programs include:
 - Behavioral Health
 - My Life My Quit
 - Pregnancy and Postpartum Program
 - Young Adult Program
 - American Indian Program

Goal 4 - Coalition Development and Engagement

CBOs must support coalition development and engagement in each county to ensure community mobilization and integration of tobacco prevention and control strategies. CBOs must attend at least one coalition meeting per quarter in each county served. Required activities include:

- Provide quarterly updates to coalition members using the Coalition Report Form
- Involve coalition members in action plan area activities and development.
- Assist local ISTEP chapters in their planning and implementation of street marketing events, as applicable.
- Invite and report to other community organizations on prevention programming.
- Collaborate with key organizations such as: Local public health, SUD providers, schools, mental health clinics, DCAT, SPF-SIG partners, health-focused community groups, faith organizations, nonprofits, elected officials, substance misuse prevention agencies.
- Report to each District Advisory Council 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

Prevention Focused Mentoring

Action Plan Overview

CBOs will develop a single action plan to address each of the three pre-identified goals for prevention focused mentoring for the counties in which they are awarded to provide services. Action plan short-term outcomes and action steps will be based on data and community needs. Development, and any modifications necessary, should be supported by the advisory council, local coalition and/or community partners.

Action Plan Requirements

- **Goal 1** – A minimum of one mentoring match will be served for every \$1,000 of funding, up to 91 matches.
- **Goal 2** – Substance use (alcohol, tobacco and nicotine products, and other drugs) prevention, problem gambling prevention, suicide prevention, and mental health promotion information will be distributed quarterly to mentoring program staff, mentors, mentees and families. Mentoring programs will engage and collaborate with SU/PG CBOs, Tobacco CBOs, and other behavioral health partners/subject matter experts to design and deliver the information where appropriate. At a minimum,
 - Two (2) trainings will be delivered quarterly.
 - Two (2) passive health education items (e.g. newsletters, discussion questions, printed resources) will be disseminated quarterly.
 - Two (2) alternative health promotion activities (e.g. match events) will be offered quarterly.
- **Goal 3** - Your Life Iowa and Behavioral Health System Navigation materials and resources will be provided to all mentoring program staff, mentors, mentees and families. Mentoring programs will engage Iowa PCA to receive Behavioral Health System Navigation information. At a minimum,
 - Mentoring program staff must receive a minimum of one (1) training on Your Life Iowa and Behavioral Health System Navigation during the first quarter.
 - Your Life Iowa link and description shall be included in all CBO materials provided to mentor/mentee families (e.g. orientation materials, webpage, social media platforms).
 - Behavioral Health System Navigation resources available in the provider toolkit from Iowa PCA shall be provided to mentor/mentee families through multiple dissemination routes (e.g. printable documents, social media).

Prevention Focused Mentoring Program Requirements

CBOs must implement the action plan in accordance with the following mentoring program requirements:

- Mentoring programs will engage 5–18-year-old youth.
- Mentoring programs will continue to improve the health of Iowans by focusing on the important role youth mentoring has in behavioral health prevention for all 12 months of the year.
- Mentoring programs must adhere to the [Elements of Effective Practice for Mentoring](#) and maintain certification through [Iowa MENTOR](#), keeping their certification in “good standing” which entails completing required paperwork and quarterly reporting to Iowa MENTOR.
- Programs must utilize one of the mentoring program formats below:
 - Community-Based Youth Mentoring - These programs provide consistent contact between one mentor and one mentee over the course of a contract period for a minimum of nine months. Meetings need to occur several times each month, meeting a minimum of four hours per month.
 - School-Based Youth Mentoring – These programs provide weekly contact between one mentor and one mentee for a minimum of one school year/contract period. Period of service for the match shall be at least nine months. Contact between mentee and mentor needs to be a minimum of four hours per month. School-based mentoring should not focus on academic needs (i.e., tutoring, reading, etc.).
- Programs can choose to implement optional mentoring program components listed below to existing community-based or school-based mentoring programs. If programs choose to utilize any of these additional components, these definitions will be adhered to:
 - Group Mentoring – This type of mentoring operates on a ratio of no more than four mentees to one adult mentor. Group mentoring includes a consistent relationship between the one mentor and the same four (or less) mentees. Contact between mentees and mentor needs to be a minimum of four hours per month. Group mentoring can only be used with middle and high school youth. Middle and high school youth mentors shall not be permitted to lead a group mentoring process.
 - Peer Mentoring – If youth are utilized as peer mentors, there needs to be a minimum of a three-year age difference between the mentor and mentee. These programs provide weekly contact between one mentor and one mentee for a minimum of one school year/contract period. Period of service for the match shall be at least nine months. Contact between mentee and mentor needs to be a minimum of four hours per month. Peer mentoring often includes high school students mentoring elementary or

middle school students and focuses on providing recreational and developmental activities.

- o Team Mentoring – This type of mentoring pairs several consistent adult mentors to work with the same small group of youth mentees, in which the adult-to-youth ratio is not greater than 1:4. Contact between mentees and mentor needs to be a minimum of four hours per month. For best results, mentoring match length should be nine (9) to twelve (12) months.
- Programs must maintain an Advisory Council to guide the mentoring project. Membership should reflect a diverse group of stakeholders that represent the service area. At a minimum, the advisory council must include (or be actively recruiting) at least one mentor representative, one mentee parent/guardian representative, one mentee representative, and one school representative (for school-based programs). The advisory council must meet quarterly.
- Programs must adhere to the cost ration of \$1,000 of funding to support one mentoring match, up to 91 matches. For example, a program receiving the maximum amount of funding at \$91,213 must support at least 91 matches during the fiscal year. These matches can include matches that continue with the program from SFY 2026 and new matches established.
- Screening practices, including face-to-face interviews with prospective mentors, reference checks and criminal background checks, are required. Reference checks are also essential for assessing the suitability of the prospective mentor for a mentoring relationship. Criminal background checks are a necessary component of screening prospective mentors and must be conducted before initiating any contact between the mentor and the mentee.

Staffing and Personnel Requirements

CBOs will maintain staffing sufficient to implement the services described above and meet the outcomes identified in the approved action plan.

A minimum of 1.0 FTE must be funded by the project. The 1.0 FTE may be a single Mentoring Coordinator, or a minimum of .5 FTE Mentoring Coordinator and additional part-time FTE personnel to comprise the 1.0 FTE. All mentoring staff funded will have experience in providing the following services:

- Substance use (alcohol, tobacco and nicotine products, and other drugs) prevention, problem gambling prevention, suicide prevention, and mental health promotion for youth;
- Skilled in active listening and have experience working with a diverse group of stakeholders;
- Engagement of diverse community members and multiple community sectors; and,
- Mentoring services, program development and evaluation.



Health and
Human Services

**Division of
Behavioral Health**