



# Welcome 2021-23 CBO Grantees!

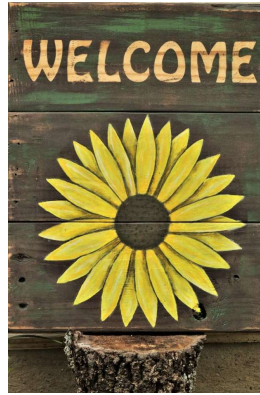
CBO Program Start Up  
July 27th, 2021  
10:30 -11:30

Washington State  
Health Care Authority

## Hello and introductions!

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- Staff introductions
- CBO site introductions



Washington State  
Health Care Authority

## Agenda

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- General program start up
  - Data collection
  - Survey selection
  - Program fidelity
  - Background checks
  - Documentation expectations and retention
  - Reporting
- Q&A

## Program start-up

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- Get the required training, materials, and space
  - ▶ May require special reporting and billing guidance from your PSM
- Have data collection plan
  - ▶ Make sign-in sheets
    - Name, date, signatures needed
    - Separate sections for participants and facilitators
  - ▶ Create aggregate data sheets
    - Required demographic data (Age, Sex, Race, Ethnicity) by categories
  - ▶ Track impressions or total reach for data entry
    - Only need total number of people reached (may be an estimate).
- Confirm that staff/facilitators have background checks completed when appropriate
- Trained facilitators
- Contract – subcontract vs MOU

Program start-up activities such as training of providers, curriculum purchases etc. are reported and billed slightly differently than direct service. Work with your PSM in advance if this is a need.

## Data collection & pre/post surveys

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- Why do we do surveys?
- How do we do surveys?
- Common Pitfalls
- Collecting and reporting personally identifiable information may be covered by HIPAA or FERPA and you will need to follow agency policy. HCA data systems are both HIPAA and FERPA compliant

Surveys track short term proxy measures for pre/post shift in knowledge, attitudes, beliefs, and perceptions.

Surveys are selected using the Survey Selection Guide and may or may not align with the program survey requirements.

Common pitfalls include: selecting incorrect service type (aggregate instead of individual); Using the incorrect survey; failing to administer the pre or post at the correct time; failing to plan for how to link pre and post surveys together for a specific participant.

## Survey selection

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- Use the Minerva survey selection guide
  - ▶ Identify the proper survey
    - <https://www.theathenaforum.org/surveyselection>
    - Ensure this matches your measurable goals and objectives
    - You may also have to do program surveys per the program developer and these are unrelated to DBHR survey requirements

### Contract:

- i. Pre/Post test are required for all recurring direct service programs.
- ii. Specific surveys for Information Dissemination or Environmental strategies/programs based on specific program to be determined and approved in Action Plan. (Check with PSM for assistance)

Surveys are used for evaluating participants and partners and the effectiveness of programs. When you created your Action Plan you selected the primary risk factor or protective factor and associated measurable objective that describes the goal of the programs you plan to implement.

The list of survey(s) to measure an identified objective and aligns with the selected risk or protective factor are located on the Athena Forum under survey Selection. All listed Goals must align properly with the Objectives.

Questions within each of the listed surveys have been identified by DBHR as measuring the effectiveness of prevention services. DBHR Surveys are required for some “individual” and/or aggregate data collection.

Some programs have a developer evaluation, but please note this does not replace the

required DBHR selected survey evaluations listed in your action plan.

Some may also want to provide an overall evaluation of a training (facilitators, time allocation, breaks, conference room feedback etc

## Survey selection

Goal	Objective	Survey
(P)Family: Bonding (opportunity, skills, and recognition)	Knowledge of nurturing parenting techniques	Learning Coalition Parent Skills Index (revised) [Org131007_2]
		Learning Coalition Parent Skills Index – Extended Version
	Opportunities, skills and recognition to contribute to family bonding	AM Bonding/Attachment [Y1]
		Mentee Quality of Match – Follow Up
		Mentee Teacher Survey
		Mentor Support Tracking
		Positive Family Management [APMF03]
		Sembrando Salud 10-12 [Org127_2]
<b>Protective Factors</b>		
Community: Bonding (opportunity, skills, and recognition)		
(P)Family: Bonding (opportunity, skills, and recognition)		
(P)Peer: Bonding (opportunity, skills, and recognition)		

When you ready to identify potential surveys, use the Survey Selection Guide which shown here is one sample. If you don't see an expected survey on this list or in Minerva or need more help identifying risk/protective factors and measurable objectives, Contact the Prevention System Manager you work with for assistance with surveys in Minerva.

The first column includes risk and protective factors(=Goal on Action Plan) and the second column lists measurable objectives.

For each survey, you will be reporting the date the survey was taken by the participant, the participants responses, and you will also be indicating whether the survey was one-time, pre, mid, post, or follow-up.

Contract Language:

For Protective Factors: Really important to make sure you identify the domains, because as you can see there is a multitude of survey choices attached to different Protective Factors.

Example:

Program to implement – Guiding Good Choices –

Goal: (P) Family Bonding



Objective; Increase Opportunities, skills and recognition to contribute to family bonding  
CSAP Strategy: Education  
Survey Selected: Positive Family Management

Make sure you pull any number associated with the selected survey[APMF03] as again there may be multiple versions of a survey.

## Survey implementation

- Ensure the survey you have in hand matches the survey selected in your plan
- Have a plan and a back-up plan for ensuring they are administered as required
  - ▶ Check with implementation staff in advance
- Contractor is required to collect surveys but does not have the authority to require participants to complete them
  - ▶ 80% rule

Collecting surveys requires time and planning to ensure they are completed.

For planning, make sure you have the “right” survey – that is, it matches the one selected in the Action Plan. Ensure that the facilitators physically have the surveys with them at start and end of the program.

During Covid-19, some contractors have utilized “creative” ways to collect surveys. Please follow your agencies protocol and what is cited in your contract under Data Security Standards when utilizing any online survey completion methods.

Participants have the right to not complete a survey. But we do want to encourage and explain why survey completion is important. Surveys help to guide future decisions making as to the selection of programming and also ensure if the program selected is a “good fit” for the community. (feasible, accessible, culturally relevance and shows positive outcomes ) HCA is looking for Positive Outcomes.

Contract:

- a. Contractor shall ensure program results show positive outcomes for at least half of the participants in each program group as determined by Activity Log with individual participant sessions.
  - I. “Positive outcomes” means that at least half of the participants in a group report positive improvement or maintenance as determined by the program measurable objective between pre and post-tests.
  - II. Positive outcomes will be determined using the pre-test and post-test data reported in Minerva.

For Mentoring Matches – Some Mentees stay with their Mentor for many years, take a survey at the beginning of the match and at least yearly, and at the close of a match.

Other Survey Exceptions and Rules- All contract Language

- a. Special situations and exceptions regarding evaluation tools identified in Minerva include, but are not limited to, the following:
  - I. Contractor may negotiate with the Contract Manager or designee to reduce multiple administrations of surveys to individual participants.
  - II. Participants in recurring program groups in which the majority of participants are younger than ten (10) years old on the date of that group’s first service.

80% Rule:

- i. Performance Work Statement/Evaluation.
  - a. HCA shall use the following protocol for evaluation:
    - I. Matched pre-test and post-test pairs will be used in the analysis.
    - II. To allow for normal attendance drop-off, a 20% leeway will be given for missing post-tests.
    - III. If there are missing post-tests for entered pre-tests in excess of 20% of pre-tests, missing post-test will be counted as a negative outcome.

## Program fidelity

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- Identify a system to monitor and ensure fidelity of all programs implemented, particularly among EBPs
- Program adaptations
  - ▶ Tracking and evaluation
  - ▶ Pre-approval from developer
    - For example, you can make adaptations to meet the cultural needs of your targeted audience

Program fidelity is the extent to which delivery of an intervention adheres to the protocols and program model originally developed. Program fidelity – During COVID many adaptation, not anymore - follow curriculum (no picking and choosing), appropriate for age/domains, setting, culture etc. Program adaptations are not guaranteed and are contingent on DBHR and program developer approval. Talk to your PSM if you have any questions.

## Background checks

- Required to be on record for all staff and/or volunteers doing work under the contract with DBHR who has unsupervised access to at risk populations as defined in your contract
- Ensure complying with WAC 388-06-0170
- Storage of Background Checks
- Contractor must have these on file and be able to produce them to DBHR staff upon request or at site visit (we will ask to see them at a site visit)
  - ▶ DBHR should not see results of checks only the type of check, the date it was completed, and that the individual was eligible for employment

### Contract:

- i. Background Checks.
  - a. The Contactor shall ensure a criminal background check is conducted for all staff members, case managers, outreach staff members, etc. or volunteers who have unsupervised access to children, adolescents, vulnerable adults, and persons who have developmental disabilities.
  - b. When providing services to youth, Contractor shall ensure that requirements of WAC 388-06-0170 are met.
- ii. Paper documents. Any paper records containing Confidential Information must be protected by storing the records in a Secured Area that is accessible only to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

DBHR requires that you have a local background check policy – but beyond the initial

checks, it is up to your internal policy to guide for re-checks.

It is also your responsible to ensure that background checks are completed. Don't assume if you use a third-party or an agencies human resources to complete them that they have been done.

What will DBHR want to see? Type of Check, date completed and if eligible for employment.

## Documentation expectations

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- ◉ Retain all records for all services and expenses
  - ▶ Receipts for purchases
  - ▶ Hours logs or time sheets for staff time
  - ▶ Attendance sheets and records
  - ▶ Pre post surveys
  - ▶ Background checks
  - ▶ Media materials and any approvals
  - ▶ Training and conference certificates
  - ▶ Any and all records associated with invoicing and/or contract deliverables
    - A checklist of required documents for a site visit will be sent in advance of any official site visit

All data cited does not have to be provide to DBHR regularly, but you are contractually obligated to retain all such records, and review documentation during future site visits or to confirm any discrepancies.

## Adjustments needed?

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- Reminder: Follow your action plan and budget
  - ▶ If changes are needed: prior approval is required
  - ▶ Budget adjustments over 10% need prior approval
    - This is in total so if you are making small adjustments over time, you need to track the amount.
    - Budget changes that are approved must also be updated in the MIS system.
- Reporting in the Management Information System (MIS), currently known as Minerva, is also required and details on these requirements will be made available to you via your PSM as soon as they are available.



## Reporting

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- Report data into MIS (all data must be **submitted by the 15<sup>th</sup> of the month following the month of service**)
  - ▶ Pre/post surveys
  - ▶ Attendance
  - ▶ Staff time
    - Program start up typically recorded separately

All data is required to be submitted 15th of the month following the month of service in the current and future MIS systems. Data entries related to program start up are usually recorded as indirect time as a “roll up” for the month and not direct time in Minerva. New CBOs, who do not currently have access to Minerva, continue to collect data during this start up period, but connect with your PSM about further guidance around data entry expectations during transition between our current and new MIS system.

## Discussion

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- What is one new thing you learned today?
- What is one action item you are going to do following today's meeting?

## Upcoming Trainings

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- What is coming up?
  - August 9-12<sup>th</sup> SAPST (optional)
  - August 20<sup>th</sup> MHPP CBO info (req. for MHPP); CPP overview (optional)
  - August 31<sup>st</sup> A19/Fiscal training



## Questions?

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Washington State  
Health Care Authority

## Resources

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- ◉ Program start up
  - ▶ <https://www.theathenaforum.org/minerva-reference-document-reporting-program-start>
- ◉ Data Entry reference
  - ▶ <https://www.theathenaforum.org/planning-data-entry>