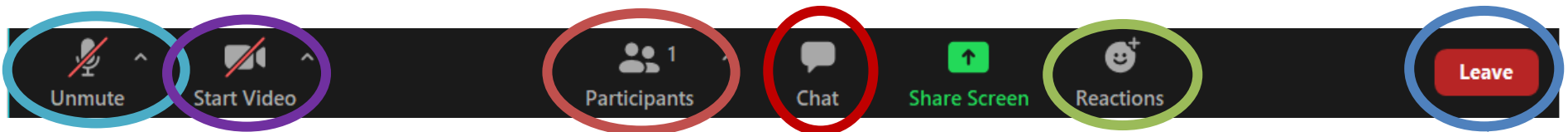




- Good morning!
- We will get started right at 9:00 AM.
- As we are getting started, we'd like to start off with a question of the day! Please enter your response in the chat.
  - Name
  - Title/Role
  - How long have you been working as a DBHR CPWI and/or CBO grantee?
  - If we only accomplished one thing during our time together today, what should it be?

# Zoom Controls



## Video control

Allows you to control webcam to be on or off – When crossed-out (like above), you are not using webcam. If not crossed-out you are not using webcam.

## Audio control

Displays audio format – if using computer audio will have microphone icon (like above), if called in with phone will have phone icon. Controls mute/unmute of Zoom audio.

## Participants pane

Allows you to open/close the participants pane to see list of all participants and yourself.

In this pane, you will be able to find the hand-raising function.

## Chat pane

Allows you to open/close the Chat box to send a chat/question to Host/Co-hosts.

## Reactions pane

This function allows for you to show us what you are feeling! There's a thumbs up, thumbs down, smiley face, clapping hands and a few others!

## Leave Button

This button allows you to leave the meeting when needed.

# Hand-Raising on Zoom

You will need to have the Participant's Pane open on the side. Should look like this:

Participants (1)

To raise your hand, click the 3 dots & select "Raise Hand"

Invite Unmute Me ...

Chat

Raise Hand  
Claim host

KT Kersten Tano (Me)

Participants (1)

KT Kersten Tano (Me)

To lower your hand, click the 3 dots again & select "Lower Hand"

Invite Unmute Me ...

Chat

Lower Hand  
Claim host

If you see this, your hand is raised.



Have a question or comment during the meeting today? Add it into the chat! Please note, the chat is public.





Washington State  
Health Care Authority

# Contractor Fiscal & A-19 Training



# Agenda

Time	Agenda
8:30-9:00 a.m.	Login & Virtual Energizer
9:00-9:30 a.m.	Welcome & Introductions
9:30-10:00 a.m.	DBHR Updates
10:00-10:15 a.m.	Break
10:15-10:35 a.m.	Overview of Funding Sources
10:35-11:00 a.m.	Overview of Contract
11:00-11:30 a.m.	Billing Overview
11:30-12:30 p.m.	Optional Lunch Session: A deeper dive into CSAP/IOM <i>During the lunch break, CPWI Cohort 1-6 Contractors are excused unless they are a new fiscal agent, a new staff member, and/or a new grantee as part of CPWI Cohort 7 or the new CBO DMA and/or MHPP awards, then we ask you please return after the lunch break.</i>
12:30-2:00 p.m.	Minerva
2:00-2:30 p.m.	Q&A
2:30-3:00 p.m.	Final Resources & Tips

# Statewide updates

- Congratulations to the new CPWI Cohort 7 communities and CBO grantees!
- Updates on the Management Information System transition – from Minerva 1.0 to Minerva 2.0.

# DBHR fiscal/program requirements

- Contractors and fiscal agents are **required** to follow these rules as outlined in their Contract.
- This overview is provided solely for technical assistance and not intended to circumvent the Contractor's need to follow the referenced rules.
- Additional local fiscal agent rules and policies may apply.



# Overview of Funding Sources

# Show me the money!

- SABG (Substance Abuse Block Grant)
  - SABG Admin for Funding Adjustment
- SABG COVID Enhancement Funding
- GF-State (General Fund – State)
  - Admin for SABG & MHPP/Suicide Px
- MHPP (Mental Health Promotion Projects)
- DMA (Dedicated Marijuana Account)
- PFS (Partnerships for Success 2018)
- SOR II



\*Carryover (CO) and No Cost Extension (NCE) may occur for discretionary grant funding

# Available guidance on federal and state funds

- **The following guidance is referenced under the “Applicable Law” section of your contract.**
- We follow the **Federal Cost Principles** for all of our direct services funds (this includes state funds).
  - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards 2 CFR Part 200 in 45 CFR Part 75
  - <https://www.law.cornell.edu/cfr/text/2/part-200>
  - <https://www.law.cornell.edu/cfr/text/45/part-75>
  - Note that each funding sources has additional/unique un-allowable costs and requirements.
- For discretionary grant funds, we also follow the **Notice of Awards (NOAs) and SAMHSA’s Additional Directives**.
  - <https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>.
- We use the **“Substance Use Disorder Prevention and Mental Health Promotion Billing Guide”** to further define our billing practices.
  - <https://www.hca.wa.gov/assets/program/fiscal-program-requirements-sud.pdf>
  - Note that this is in the process of being updated for the new contracting period.

# General unallowable costs

- Cash payment to clients
- Meals (some exceptions, see contract)
- Equipment over \$5,000
- Construction
- Entertainment: movie tickets, sporting tickets, theaters, etc.
- Needle exchanges
- Honorariums
- Giveaways, door prizes
- Enforcement
- School Teachers salary
- Excessive costs (i.e., excessive speaker fees)
- Promotional Materials: tote bags, t-shirts etc. (unless has prevention message)

# FAQs: entertainment

- Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency.
- Note: Budget and Federal awarding agency further defined.
- Source: <https://www.law.cornell.edu/cfr/text/2/200.438>.

## FAQs: food

- No more than \$1000/year per community
- Meals may be provided only with SABG, MHPP, or DMA funds when:
  - Training is four (4) hours or more in duration; or
  - Program is a recurring direct service family domain program included in strategic plan; and
  - State per-diem rates are followed.
- Light refreshments may be provided with other fund sources.
  - Limit \$3/person
  - See terms within contract.
  - See fund source FOA and NOA.

# FAQs: memberships

- Costs of the [non-Federal entity](#)'s membership in business, technical, and professional organizations are allowable.
- Costs of the [non-Federal entity](#)'s subscriptions to business, professional, and technical periodicals are allowable.
- Costs of membership in any civic or community organization are allowable with prior approval by the [Federal awarding agency](#) or [pass-through entity](#).
- Costs of membership in any country club or social or dining club or organization are unallowable.
- Costs of membership in organizations whose primary purpose is lobbying are unallowable. See also [§ 200.450](#) Lobbying.
- Source: <https://www.law.cornell.edu/cfr/text/2/200.454>.

# FAQs: incentives

- **Incentives** may be allowable with discretionary funds but are not allowable with SABG or State funds.
- Follow guidance regarding **incentives**:
  - Discretionary grant funds **MAY** be used for non-cash incentives.
  - Incentives should be the minimum amount necessary to meet the program and evaluation goals of the grant, **up to \$30**.
  - You **may not** use discretionary grant funds to make direct payments to individuals to induce them to enter treatment or prevention programs.
  - You **may use** discretionary grant funds for "wrap-around services" (non-clinical supportive services) that intend to:
    - *Improve access to and retention in prevention programs.*

See SAMHSA's Additional Directives (<https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>) for more information.



# SABG

- Supports:
  - CPWI coalitions and Student Assistance Professionals (cohorts 1-3),
  - Tribal Prevention, and
  - Other project-based work
- Starting SFY 2021, additional \$20,000 funding increase to CPWI prevention services (cohorts 1-6; note, cohort 7 has the increase allocated through other funds).
  - Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- Admin/Indirect
  - GFS = core SABG
  - SABG Admin = Funding Adjustment
- SABG should be used as payer of last resort.
- Carryover between state fiscal years of the biennium.
- No incentives with SABG funds.
- Limitations on meals.
- Per coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: [www.TheAthenaForum.org/EBP](http://www.TheAthenaForum.org/EBP)

# SABG COVID Enhancement

- Supports:
  - CPWI coalitions and Student Assistance Professionals (Cohort 7),
  - Tribal Prevention, and
  - Other project-based work
- Starting SFY 2022, new funding to expand CPWI prevention services (Cohort 7)
  - 2-year grant (March 15, 2021-March 14, 2023)
  - Allocated March 15-March 14 and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Up to 8% can be used for Admin (Admin can be used for program).
- SABG should be used as payer of last resort.
- Carryover between state fiscal years of the biennium.
- No incentives with SABG funds.
- Limitations on meals.
- Per coalition, 60% of programs must be Evidence-Based Programs.
- Excellence in Prevention Strategy List: [www.TheAthenaForum.org/EBP](http://www.TheAthenaForum.org/EBP)

## GF-S

- Admin for core SABG for CPWI communities (cohorts 1-3).
- Must be spent in relationship to SABG project costs.
- No carryover from year-to-year.
- Allocated and awarded by State Fiscal Year (SFY= July 1- June 30).

# DMA

- Supports
  - CPWI coalitions (primary fund source for cohort 4 and supplemental fund source for cohorts 1-3)
  - SAPs, OSPI LST grants, Tribal prevention, CBOs, HYS, YAHS and staff position.
- Part of I-502 Implementation.
- Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- Up to 8% can be used for admin (admin can be used for program).
- No carryover from year-to-year.
- Limitations on meals.
- A minimum of 85% of funds must be used for Evidence-Based Programs, per coalition.
- Two DMA lists posted at [www.TheAthenaForum.EBP](http://www.TheAthenaForum.EBP).

# DMA - RCW 69.50.540

## Implementing I-502 - Prevention and Treatment services

For development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence among middle school and high school age students.

- 85% of the funds must be directed to evidence-based or research-based programs and practices that produce objectively measurable result, and by September 1, 2020, are cost-beneficial.
- 15% of the funds may be directed to proven and tested practices, emerging best practices or promising practices.

Program lists: [www.theathenaforum.org/I502PreventionPlanImplementation](http://www.theathenaforum.org/I502PreventionPlanImplementation)

Allocated State Fiscal Years, no carryover.

# MHPP

- Must be a Tribal government or Urban Indian programs, public or private Community-Based Organization, or government agency (e.g. school districts, law enforcement agencies, city/county, and/or ESDs) within the state of Washington.
- Allocated and awarded through the State Fiscal Year (SFY= July 1- June 30).
- No carry over year to year.
- Up to 8% can be used for admin (admin can be used for program).
- Must implement:
  - One Youth Mental Health First Aid training with a maximum cost of \$5,000
    - One session with 8 hours of instruction
    - Two sessions with a total of 8 hours of instruction
  - One community awareness project
- Limitations on meals.
- MHPP list posted at [www.TheAthenaForum/EBP](http://www.TheAthenaForum/EBP).

# PFS 2018

- Supports:
  - CPWI coalitions (Cohort 6)
  - SAPs, WSU CPWI evaluation, CADCA/other training and/or consultation, statewide campaign, Minerva, and staff positions.
- Starting SFY 2019 (cohort 5)
  - 5-year grant (Sept 30, 2018 – Sept 29, 2023)
  - Allocated (Sept 30-Sept 29) and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Priority areas: underage drinking, tobacco use, method of vaping.
- No carryover from year to year.
  - May include PFS CO and/or PFS NCE from year-to-year.
- Up to 8% may be used for admin (admin can be used for program).
- Per coalition, 60% of programs must be EBPs.
- Excellence in Prevention Strategy List: [www.TheAthenaForum/EBP](http://www.TheAthenaForum/EBP).

## SOR II

- Supports:
  - CPWI coalitions (cohort 5 and 6)
  - SAPs, CBOs, Take Back promotion/events, Starts with One, Opioid Summit, prescriber education, naloxone distribution and staff positions.
- Starting SFY 2021 (cohorts 5/6)
  - 2-year grant (Sept 30, 2020 – Sept 29, 2022)
  - Allocated (Sept 30-Sept 29) and awarded through the State Fiscal Year (SFY= July 1- June 30)
- Priority area: opioids.
- No carryover from year to year.
  - May include SORII CO and/or SORII NCE from year-to-year.
- Up to 8% may be used for admin (admin can be used for program).
- Per coalition, 60% of programs must be EBPs.
- Excellence in Prevention Strategy List: [www.TheAthenaForum/EBP](http://www.TheAthenaForum/EBP).



# ***Q & A:* Funding sources**

# Overview of Contract

# Contract roles and responsibilities

- It is important to be familiar with your contract and guidance documents referenced in your contract.
- Provide a copy of the contract to your program staff who have implementation responsibilities.
- DBHR Prevention Managers will provide on-going contract management and technical assistance.

# DBHR prevention manager

- Contract management.
- Technical Assistance for strategic planning and implementing prevention services.
- Review and approval of invoices (A-19s).
- Managers also have statewide prevention projects.

# DBHR prevention section

- Section Manager, Substance Use Disorder Prevention and Mental Health Promotion
- CBO and Grant Development Supervisor
- Mental Health Promotion and Integration Supervisor
- Tribal and CPWI Implementation Supervisor
- Policy and Program Managers
- Prevention System Project Managers
- Prevention System Managers
- Prevention System Research & Evaluation Managers
- Admin & Fellows

# The face page

CONTRACTOR NAME		CONTRACTOR DOING BUSINESS AS (DBA)		
CONTRACTOR	Street	City	State WA	Zip Code
CONTRACTOR CONTACT		CONTRACTOR TELEPHONE	CONTRACTOR E-MAIL ADDRESS	
Is Contractor a Subrecipient under this Contract? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CFDA NUMBER(S):	FFATA Form Required <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HCA PROGRAM Substance Use Disorder Prevention		HCA DIVISION/SECTION Division of Behavioral Health and Recovery		
HCA CONTACT NAME AND TITLE		HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE PO Box 42730 Olympia, WA 98504-2730		
HCA CONTACT TELEPHONE		HCA CONTACT E-MAIL ADDRESS		
CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT		

The following Attachments and Exhibits are attached and are incorporated into this Contract by reference:

Attachments (specify):

Attachment 1: Statement of Work

Attachment 2: Confidential Information Security Requirements

Attachment 3: Business Associate Agreement

Attachment 4: Data Use, Security and Confidentiality

Attachment 5: Federal Compliance, Certifications and Assurances

Attachment 6: Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form

Attachment 7: SAMHSA Award Terms

Attachment 8: Federal Award Identification for Subrecipients

# Contents: commonly referenced sections

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# FAQs: subcontracts

- Prior approval required prior to engaging in subcontract
  - Send boilerplate/subcontract to DBHR for review prior to entering into contract.
- Subcontract language requirements:
  - Follow the list of required inclusions in contract.
  - Be sure to include the HIPAA Business Associate Language.
- Subcontract monitoring:
  - Submit monitoring plan to DBHR.
  - Annual on-site reviews by contractor of subcontractor:
    - Send written documentation/reports to DBHR.
  - Monitor Minerva data entry:
    - All data entry is due on the 15<sup>th</sup>.
    - Work with subcontractors to ensure compliance.



## Definitions: commonly referenced terms

- **Awards and Revenue (A&R)**
- **HCA Contract Manager (aka Prevention Manager)**
- **Regular Annual Schedule**
- **Statement of Work**
- **Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Prevention MIS or Minerva)**

## Statement of Work: commonly asked questions

- How often should prevention services be provided?
  - Must ensure a regular annual schedule of prevention services.
- Can I make adjustments to my Budget?
  - Yes, however a change of more than 10% of total budget needs approval.
- We made changes to our prevention programs so do I update my Action Plan too?
  - Yes, and they must also be approved.
  - Note, CBOs were approved off of an evaluation process as part of RFA.


## CBO funding-specific additional requirements


- Mental Health Promotion Project:
  - Implement at least 1 Youth Mental Health First Aid.
  - Implement at least 1 Community Awareness Project.
- State Opioid Response:
  - Participate in the bi-annual National Drug Take-Back days in April and October.
  - Disseminate the statewide Opioid Response campaign, Starts with One.

# Reporting requirements

- Cost-reimbursable, performance-based contracts.
- Reporting requirements:
  - Ensure unduplicated reporting.
  - All required demographics collected and entered.
  - Staff trained in Minerva data entry and back-up.
- Evaluation tools (i.e., pre/post tests).
  - Required for all direct services if at least half of the participants in each group are over the age of 10.

# Prevention Activity Data Reports

Reporting Period	Report(s)	Report Due Dates	Reporting System
Annually	Enter programs listed on approved Strategic Action Plan by HCA into Minerva.	Within 30 business days of Strategic Action Plan approval	Minerva
As requested	GPRA Measures.	As requested	Minerva
Monthly	Prevention activity data input for all active services including community coalition coordination staff hours and efforts, services, participant information, training, evaluation tools and assessments.	15 <sup>th</sup> of each month for activities from the previous month	Minerva
 Quarterly	CPWI Quarterly Reporting.	October 15, January 15, April 15, July 15	Minerva
As requested	As required by SAMHSA.	As requested	Minerva or as required

 This is only done for CPWI.

# Key requirements to pay attention to

- Background Checks:
  - DBHR monitors during on-site visits.
- Services & Activities to Ethnic Minorities and Diverse Populations:
  - Services delivered with sensitivity to all diverse populations.
  - Improve access, retention and cultural relevance of prevention services for ethnic minorities and diverse populations.

## Key requirements (cont.)

- Single Source Funding
  - One source of funds at any given time.
  - No billing for the same service more than once and only with one funding source.
- Federal Block Grant Requirements
  - Charitable Choice CFR 42 Part 54.

## FAQs: training

- Specific training is approved with strategic plan, action plan, or email request for approval by DBHR prevention manager if not in plan.
- Follow government rates for per-diem, hotel, and flights – coach flights.



# Training overview

Please check Athena Forum for ongoing updates on various trainings-

<https://www.theathenaforum.org/event-calendar/month>.

Name of Training	Who Attends?	When?
<b>Monthly TA and Monitoring Calls**</b>	DBHR Prevention Manager; CBO staff; CPWI staff; for CPWI, ESD/SAPs invited to attend.	Typically monthly with specific time and date scheduled by attendees.
<b>Twice a Month Minerva Technical Assistance Calls</b>	MIS Project Manager; DBHR Prevention Manager; CBO staff; CPWI staff.	Occurs twice a month; upcoming 09/28/2021.
<b>Learning Community Meetings**</b>	DBHR Prevention Team; CPWI staff; CBO staff; OSPI; ESD/SAPs staff.	Hosted by DBHR, typically occurs every other month, upcoming November 1 <sup>st</sup> (Provider Meeting). <i>Schedule for 2022 in-process.</i>
<b>Coalition Leadership Institute*</b>	DBHR Prevention Manager; CPWI staff; for CPWI, ESD Prevention Directors.	Occurs annually in May or June.

\*Required for CPWI Coordinators.

\*\*Required for CPWI & CBO Coordinators.

## Training overview, continued

Name of Training	Who Attends?	When?
<b>Substance Abuse Prevention Skills Training*</b>	New coordinators. Within six months of hire.	<i>TBD</i> <i>Visit Athena for updates!</i>
<b>Prevention Summit**</b>	Prevention professionals in WA state.	11/01/2021 – 11/03/2021 <i>Visit <a href="http://preventionsummit.org">preventionsummit.org</a></i>
<b>All-Provider Meeting**</b>	DBHR Prevention System Manager; CBO staff; CPWI staff; for CPWI, OSPI; ESD/SAPs; Tribal Prevention Partners.	11/01/2021 <i>Visit <a href="http://preventionsummit.org">preventionsummit.org</a></i>
<b>Annual Contractor Training**</b>	All Contractors (Fiscal Agents, Contract Contacts, or Designees).	Annually in the late summer/fall.

\*Required for CPWI Coordinators \*\*Required for CPWI & CBO Coordinators.

# ***Q & A: Contracts***

# Billing Overview

# Who is part of the billing process?

- HCA/DBHR A-19 Intake Manager
- HCA/DBHR Prevention Manager
- HCA/DBHR Second Line Review
- HCA Accounting Office

# What is needed for successful billing?

*First and foremost...*

*Establish a communication plan with your program staff and fiscal staff to ensure that costs are coded to the appropriate program/activity.*



# What is needed for successful billing?

- Service data reported in Minerva.
- Use the most up-to-date A-19 template.
- A-19 Excel file correctly completed and labeled with correct file naming convention.
- A-19 PDF file correctly completed, signed, and labeled with correct file naming convention.
- Both files sent to [a-19DBHR@hca.wa.gov](mailto:a-19DBHR@hca.wa.gov) with correct email subject line with prevention manager cc-ed.
- Only include one billing month per email.
- Costs invoiced are approved costs per Action Plan and Budget.
- Costs invoiced are allowable costs per funding source and related rules and regulations.
- Will not overdraw (utilization rate).



# Successful Tips for Billing

## Instructions for Successful Billing of Prevention Services Expenditures: Submitting Prevention Reimbursement Invoices (A-19s)

"A-19" is the term we use for the reimbursement invoice template that we provide to you. Please follow this guidance for successful invoice processing for all prevention services.

- A. Use the current A-19 Template provided to you by DBHR for monthly invoicing.
  - a. All prevention service contracts are cost reimbursement.
  - b. Please do not make changes to the A-19 Template. If you have questions about your template please reach out to your DBHR contract manager.
- B. Submit A-19 for the month of service after all data entry is complete in Minerva for that month.
  - a. Data is due in Minerva by the 15<sup>th</sup> of each month for the previous month's services.

## Instructions for Successful Billing of Prevention Services Expenditures: Submitting Prevention Reimbursement Invoices (A-19s)

"A-19" is the term we use for the reimbursement invoice template that we provide to you. Please follow this guidance for successful invoice processing for all prevention services.

- A. Use the current A-19 Template provided to you by DBHR for monthly invoicing.
  - a. All prevention service contracts are cost reimbursement.
  - b. Please do not make changes or additions to the A-19 Template. If you have questions about your template, please reach out to your DBHR Prevention Manager.
- B. Submit A-19 for the month of service after all data entry is complete in Minerva for that month.
  - a. Data is due in Minerva or its successor by the 15<sup>th</sup> of each month for the previous month's services.
- C. For months that you do not plan to bill to DBHR, please send an email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager using the naming convention shown in Part F below. Be sure to indicate the month that you will not have billing. Please include only one billing month per email.
 

**NOTE:** A-19DBHR@hca.wa.gov and hcadbhr.a-19dbhr@hca.wa.gov are the same inbox and can be used interchangeably.
- D. For months you plan to submit a credit invoice, we request that a debit invoice(s) be submitted at the same time, and please be sure that the debit invoice(s) total is greater than the credit invoice total. In doing so, this allows HCA to issue one payment netting all of the applicable credit and debit invoices together. Please reach out to your DBHR Prevention Manager with any questions.
- E. Submit the A-19 invoice via **email only**.
  - a. In your email include: the Excel format of the month's A-19 **AND** the PDF of the signed A-19 in the same email. **\*\*\*Please make sure all completed fields in the Excel and the PDF are EXACTLY the same minus the signature information\*\*\***
  - b. Please ensure that the Excel includes only one invoice, and that the PDF is legible, and the orientation is right-side up (i.e., portrait).
    - i. Please see the [PDF Tips for Contractors](#) guidance document for more information regarding PDF submission options.
  - c. Send only one A-19 (Excel & PDF set for the month) per email to A-19DBHR@hca.wa.gov and CC your DBHR Prevention Manager. If you have multiple months to invoice for at the same time, please send them in separate emails.
- F. Use the following **naming convention** for the Subject Line of the email and as the title of the PDF and Excel file for each month's A-19 invoice:
 

**Contract Number/Contractor name/Service Year/Service Month/Billing#/CPWI or CBO or SAP.**

  - a. For example, a County's June 2021 original invoice for CPWI Prevention would be: K0000SampleProvider20210600CPWI.
  - b. If there is a Supplemental Invoice for June 2021 it would be: K0000SampleProvider20210601CPWI.

# Original v. Supplemental

*What's the difference between an original and supplemental invoice?*

# Naming conventions

An **original invoice** for Sample County CPWI for December 2021 would be named as:

**K0000HappyCounty20211200CPWI**

**ContractNumber**ContractedEntityNameYYYYMMInvoice#CPWI/CB  
O/SAP

**ContractNumber** Name of Contracted Entity Year Service Month  
Invoice Number CPWI or CBO or SAP

If CBO or MHPP contractor, add CBO at end.

If CPWI contractor, add CPWI at the end.

If SAP contractor, add SAP at the end.

If contractor has CPWI and CBO or SAP please use CPWI\_CBO/SAP  
at end.

# Naming conventions - supplemental

The first **supplemental invoice** for Sample County CPWI for service month and year December 2021 would be named as:

**K0000HappyCounty20211201CPWI**

Form A19-1A		State of Washington Invoice Voucher		Agency No. 1070		Agreement ID or Contract Number K0000										
AGENCY NAME Health Care Authority 621 8th Avenue SE Olympia, WA 98504				Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.  BY _____ (sign in ink)  _____ (title) _____ (date)												
VENDOR OR CLAIMANT [Redacted]																
TAX IDENTIFICATION NUMBER **.*1268		MONTH/YEAR OF SERVICE December 2021 Supp 1		RECEIVED BY		DATE RECEIVED										
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	SABG	GFS	PFS 2018	PFS Carryover	DMA			SOR NCE	SOR	SOR Supp	SOR II	MHPP	Total
								EBP	PP	General						
11.1	Admin															0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect													0.00
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct													0.00
22.5	Community Coalition	Community-Based Process	Universal-Direct													0.00

## Naming conventions – scenario

You submitted an invoice to the A-19 inbox. It is the first December invoice you have sent to DBHR. However, there is an error on the invoice and you receive a denial from your Prevention Manager asking for you to correct and resubmit the December invoice. When you submit the updated December invoice, should you use an original or supplemental invoice naming convention?

*Hint: p. 1 of the Successful Tips for Billing document may be useful.*

# CSAP strategies



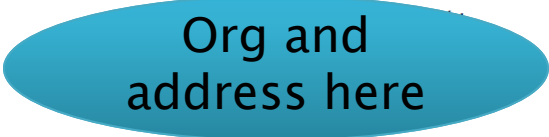

CSAP designations for each program are determined during the Action Plan and Budget process.

You may use an approved Action Plan to make sure you are including the correct CSAP Strategy on their invoice.

You may also choose to work with your Prevention Manager to build-out an invoice template.

Form		State of Washington	
A19-1A		Invoice Voucher	
AGENCY NAME			
Health Care Authority PO Box 42691 Olympia, WA 98504-2691			
VENDOR OR CLAIMANT			
[REDACTED]			
TAX IDENTIFICATION NUMBER			MONTH/YEAR OF SERVICE
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM
11.1	Admin		
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct
22.5	Community Coalition	Community-Based Process	Universal-Direct
22.2.1	Strengthening Families Program	Education	Universal-Direct
22.1.2	Public Awareness	Information Dissemination	Universal-Indirect
22.1.2	Prescription Take Back	Information Dissemination	Universal-Indirect
22.2.1	Guiding Good Choices	Education	Universal-Direct
22.7.1	Training: [Name of Training]	Other	Universal-Direct

# Sample A-19

Form A19-1A		 State of Washington Invoice Voucher		Agency No. 1070											
AGENCY NAME Health Care Authority 621 8th Avenue SE Olympia, WA 98504				Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.											
VENDOR OR CLAIMANT 				BY 											
TAX IDENTIFICATION NUMBER			MONTH/YEAR OF SERVICE (MM/YYYY) Jul-21	RECEIVED BY			DATE RECEIVED								
BARS	PROGRAM ACTIVITY NAME	CSAP STRATEGY	IOM	SABG	SABG COVID	GFS	PFS 2018	PFS C/O	DMA			SOR NCE	SOR II	MHPP	Total
									EBP	PP	General				
11.1	Admin / Indirect														0.00
21	Community-Based Coordination-Px	Community-Based Process	Universal-Indirect												0.00
22.5	Community Coalition Coordinator	Community-Based Process	Universal-Direct	6,343.81											6,343.81
22.5	Community Coalition	Community-Based Process	Universal-Direct	55.10											55.10
22.3.3	Community Based Mentoring	Alternatives	Selective						3,712.50						3,712.50
22.2.1	Parenting Wisely	Education	Universal-Direct	800.00											800.00
22.1.2	Public Awareness	Information Dissemination	Universal-Indirect												0.00
22.1.2	Start Talking Now	Information Dissemination	Universal-Indirect												0.00
22.1.2	Starts With One	Information Dissemination	Universal-Indirect												0.00
22.1.1	Samantha Skunk	Information Dissemination	Universal-Direct												0.00

# ***Q & A:* Billing Overview**





11:30-12:30 PM

- **You are welcome to stay for optional content during the lunch hour otherwise, enjoy your lunch break!**
- *Note: CPWI Cohort 1-6 Contractors are excused unless they are a new fiscal agent, a new staff member, and/or a new grantee as part of CPWI Cohort 7 or the new CBO DMA and/or MHPP awards, then we ask you please return after the lunch break.*



# The IOM Model and CSAP Strategies

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## Tools for Prevention Planning and Implementation

58

## Mindful Pause

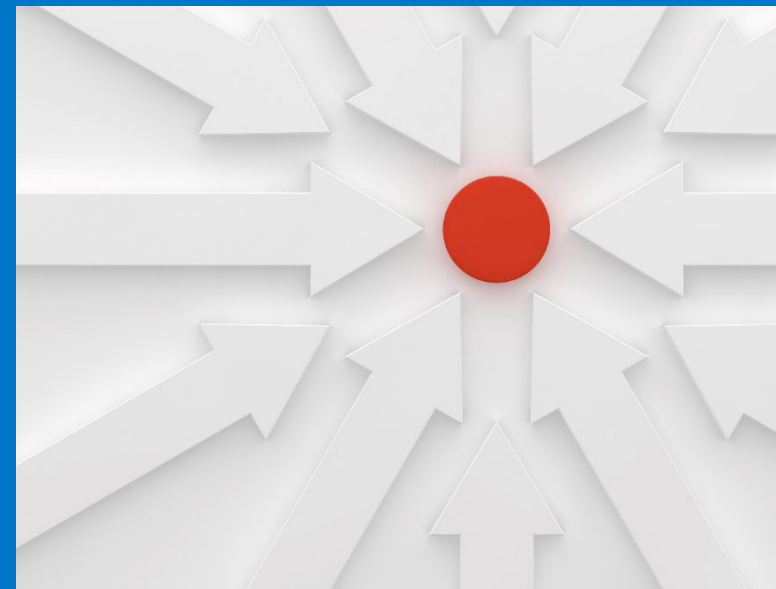
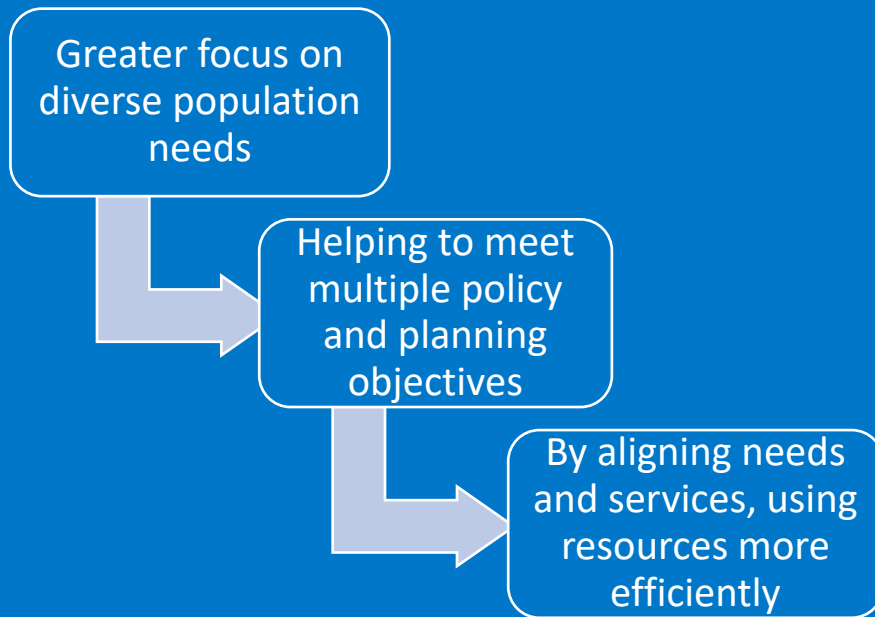
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Let's take a moment to truly transition to this time together



# Institute of Medicine (IOM) Model

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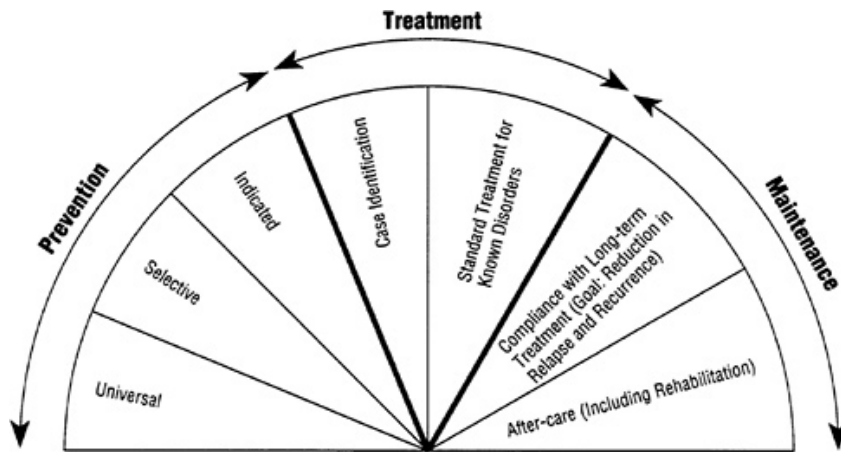


# A Brief History of the IOM Model

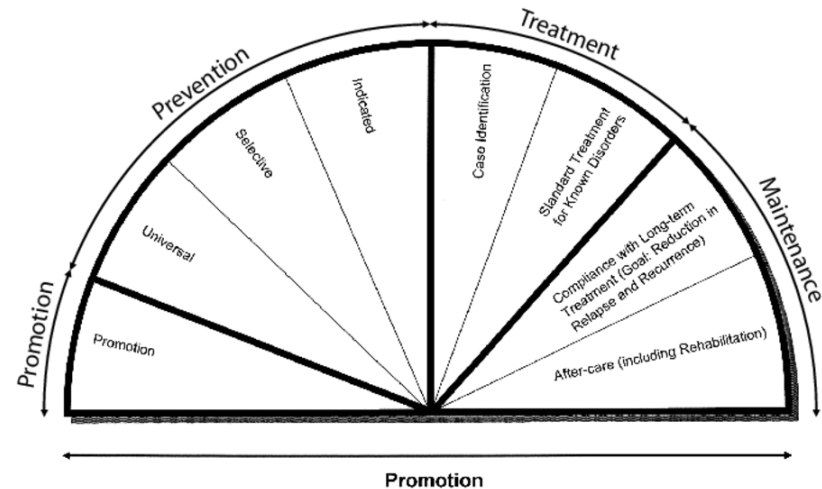
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- ▶ Successor to the 1957 Commission on Chronic Health model
  - ▶ Primary (prevention)
  - ▶ Secondary (intervention)
  - ▶ Tertiary (treatment)
  
- ▶ The terms *universal*, *selected*, and *indicated* introduced in 1983 by Robert Gordon

# Evolution of the Spectrum/Continuum

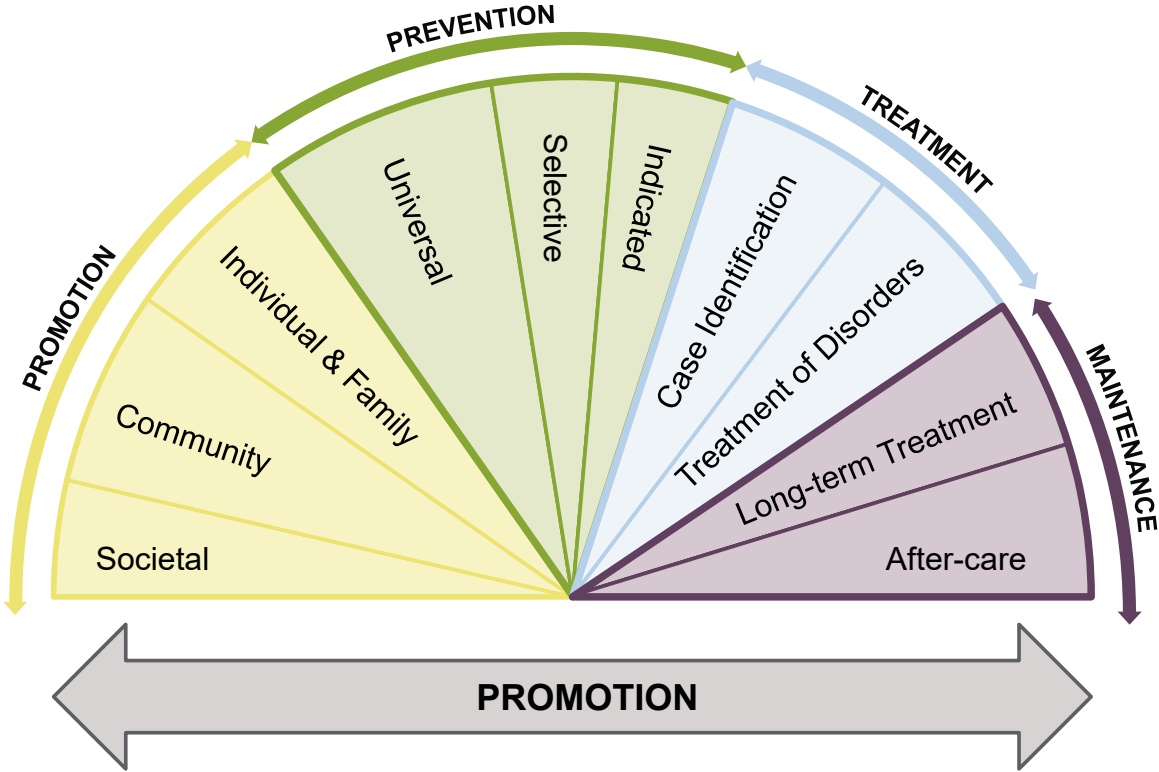


1994



2009

# 2019: Spectrum of Mental, Emotional, and Behavioral (MEB) Interventions





## 2 Noteworthy Changes in the 2019 Spectrum of MEB

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- 1) Promotion has been divided from 1 segment into 3 segments:

This is based on the understanding that we need an increase in promotion services and they should be focused on different levels of influence on health and well-being.

- 2) The size of the segments, with the larger segments reflecting where more MEB interventions needs to be focused when developing and implementing a comprehensive, community prevention plan to prevent MEBs.

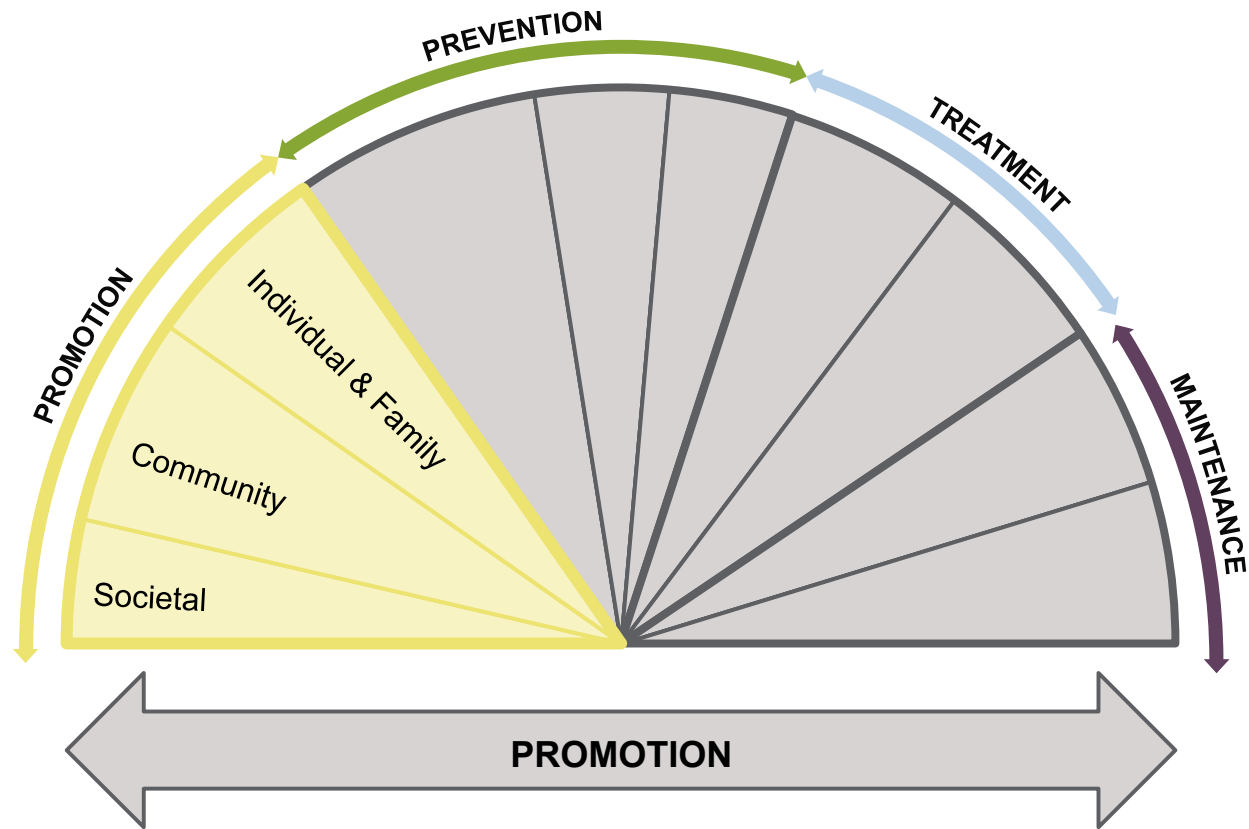


# 2019 Spectrum of MEB

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- ▶ We need MEB interventions in every category along the spectrum
- ▶ Every intervention should incorporate promotion within it
- ▶ We need a greater proportion of interventions to focus on Promotion and Prevention.

# Promotion



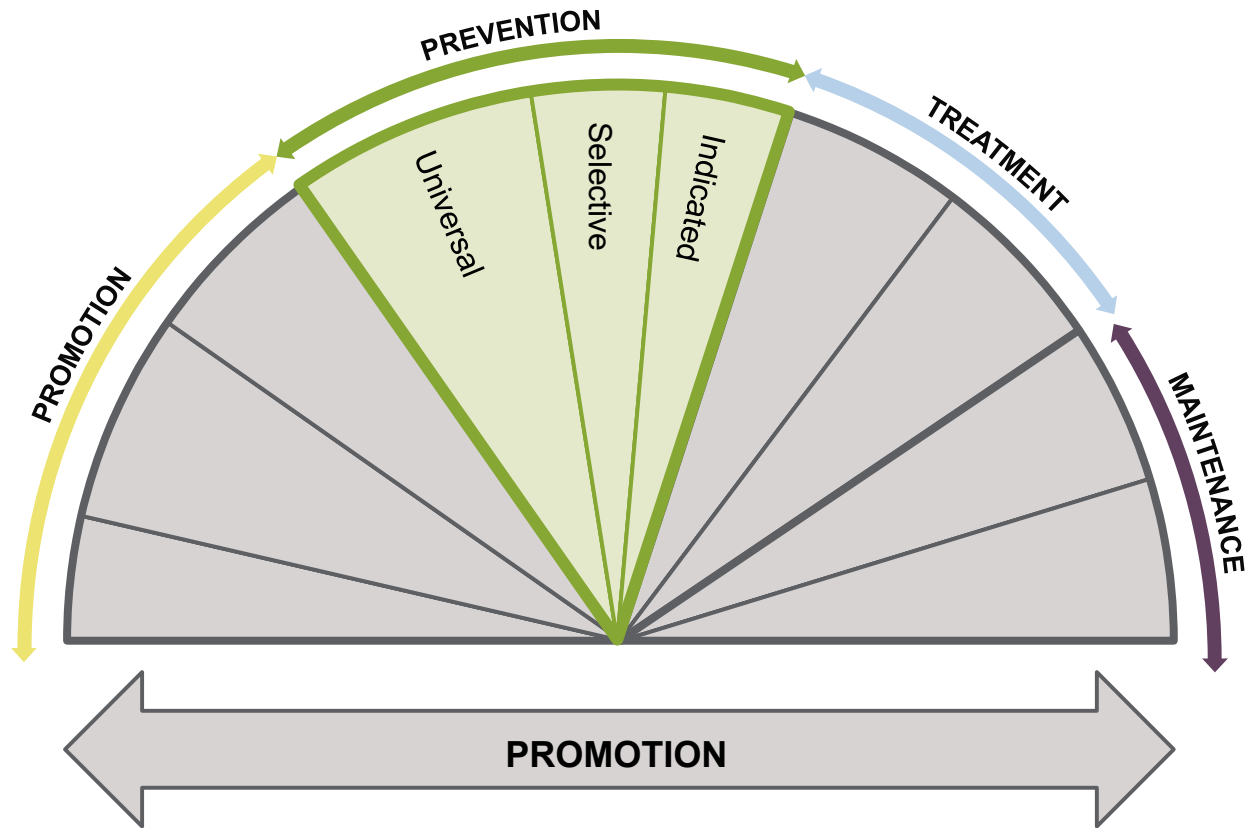
# Promotion

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- ▶ **Promotion** involves interventions (programs, practices, and environmental strategies) that enable people to increase control over, and to improve, their health.
- ▶ It includes strategies that develop skills-based positive attributes, such as:
  - ▶ self-regulation
  - ▶ self-efficacy
  - ▶ goal setting
  - ▶ positive relationships that promote MEB development.

# Prevention

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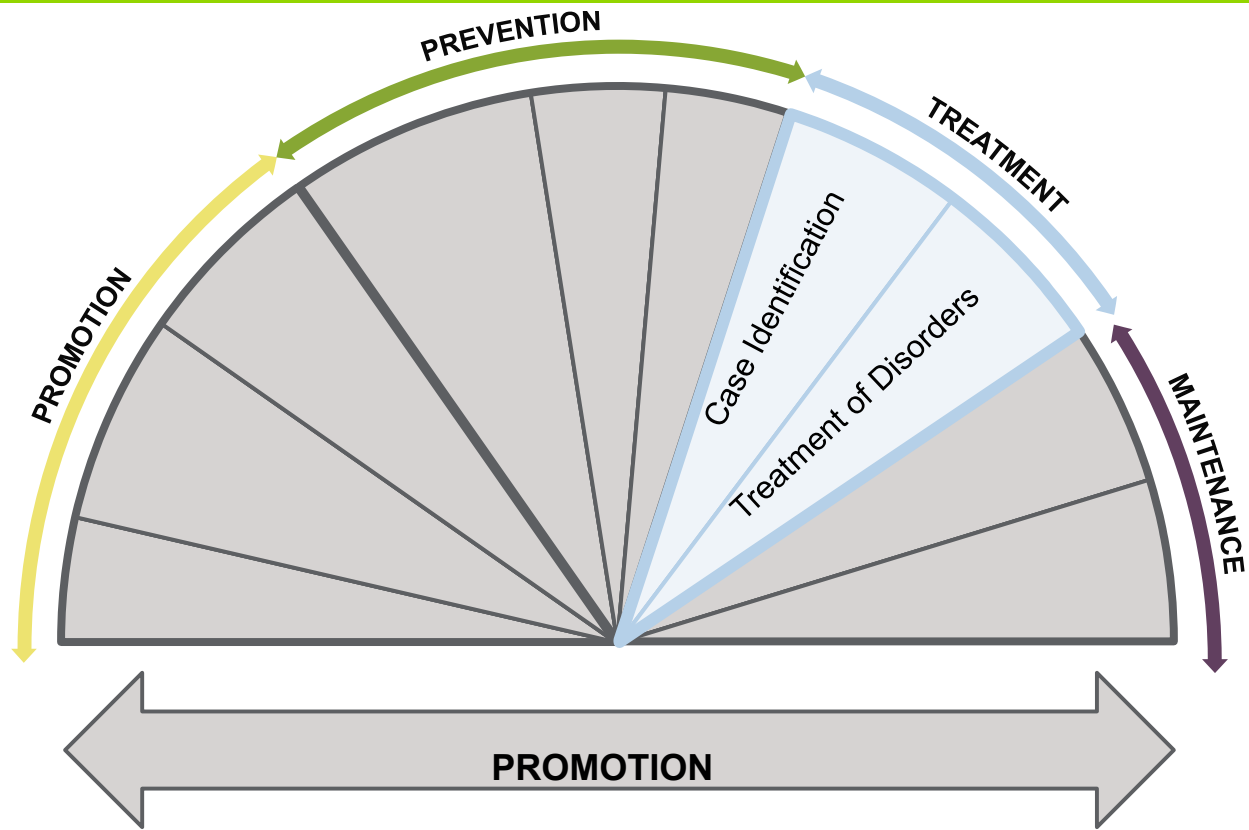


# Promotion

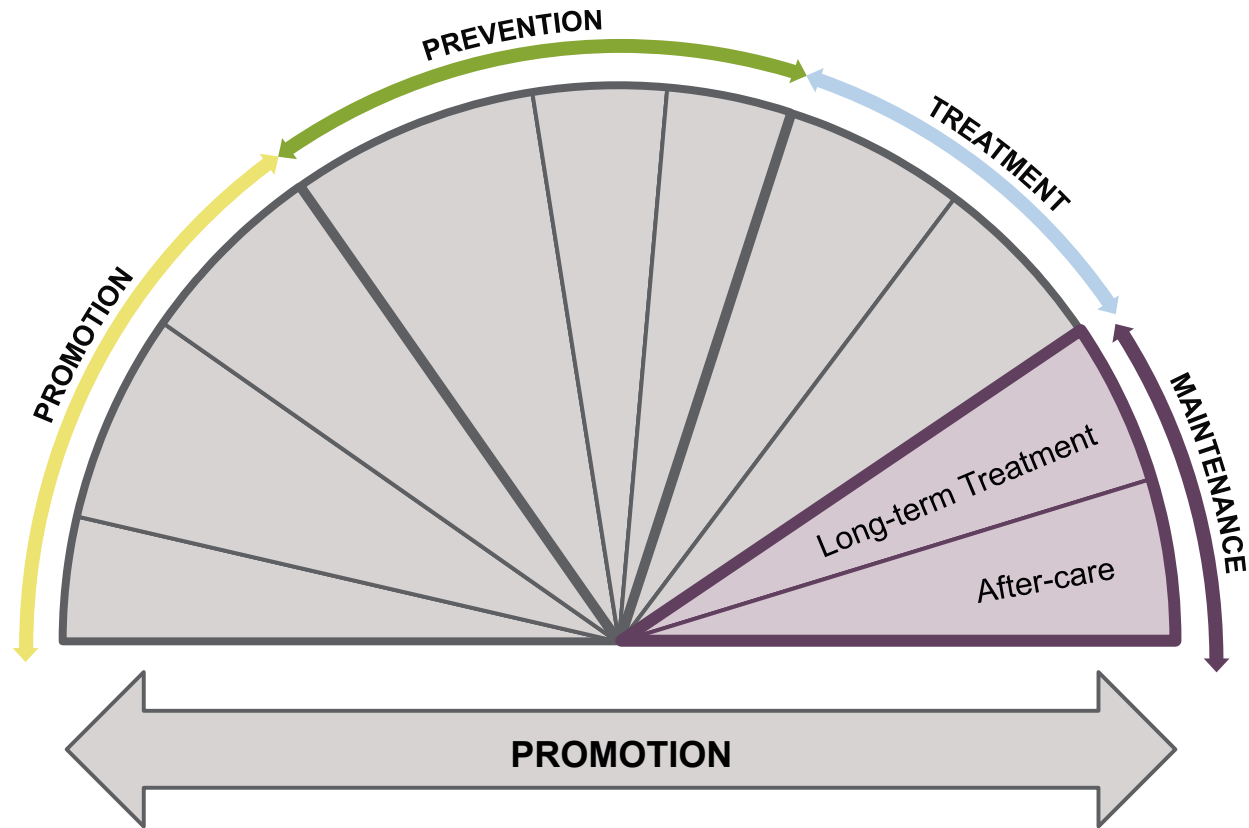
---

- ▶ **Prevention** focuses on interventions that occur *prior to the onset of a disorder* and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder.
- ▶ Prevention is also about striving to optimize well-being.
- ▶ Note: The universal segment is larger than selective or indicated. Why:
  - ▶ Research demonstrates that universal programs have a greater impact on changing overall substance misuse rates.

# Treatment

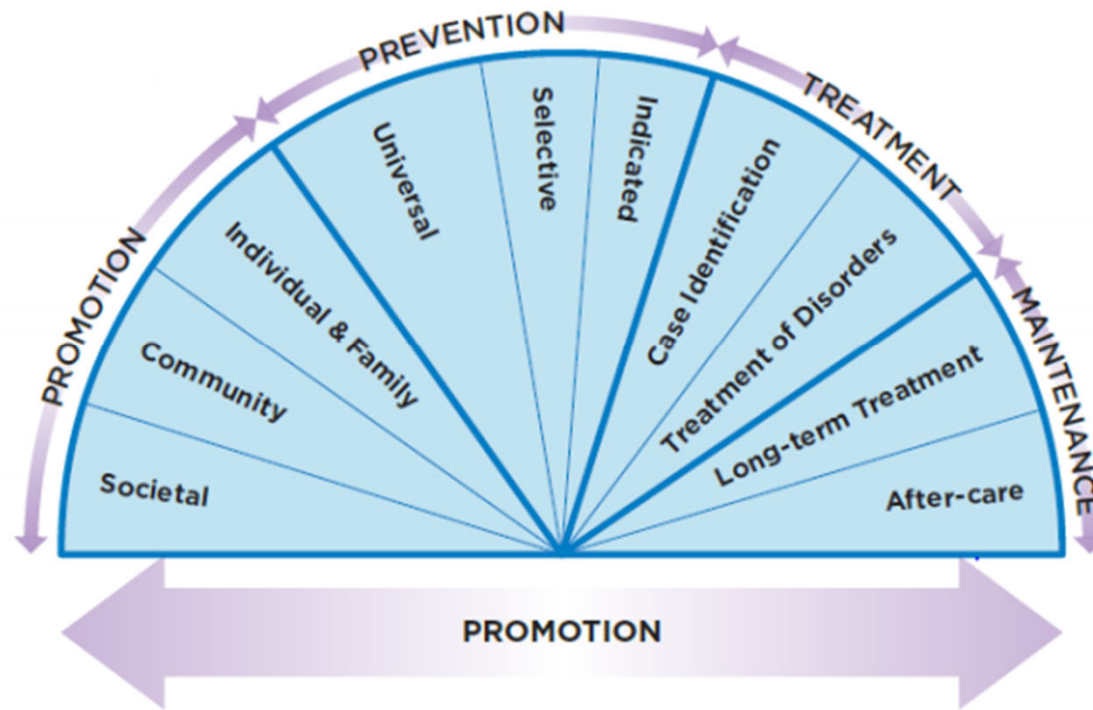


# Maintenance



# Spectrum of MEB Interventions

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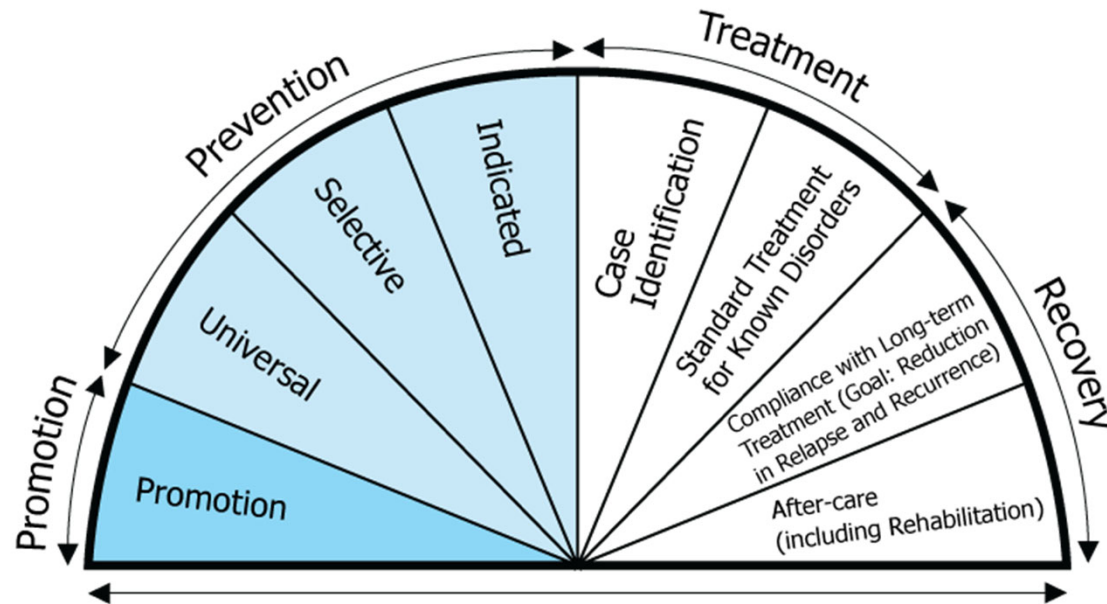
# To truly improve the MEB health of our youth, young people, and all future generations

---

- ▶ **Comprehensive** set of services ranging from promotion through prevention, treatment, and maintenance available.
- ▶ Services should be **evidence-based, accessible, and without stigma.**
- ▶ **Increased promotion and prevention services**
  - ▶ community promotion and universal so we can make the **maximum impact** to reduce the prevalence of MEB health disorders.

# The IOM Continuum of Human Service

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# Mental Health Promotion

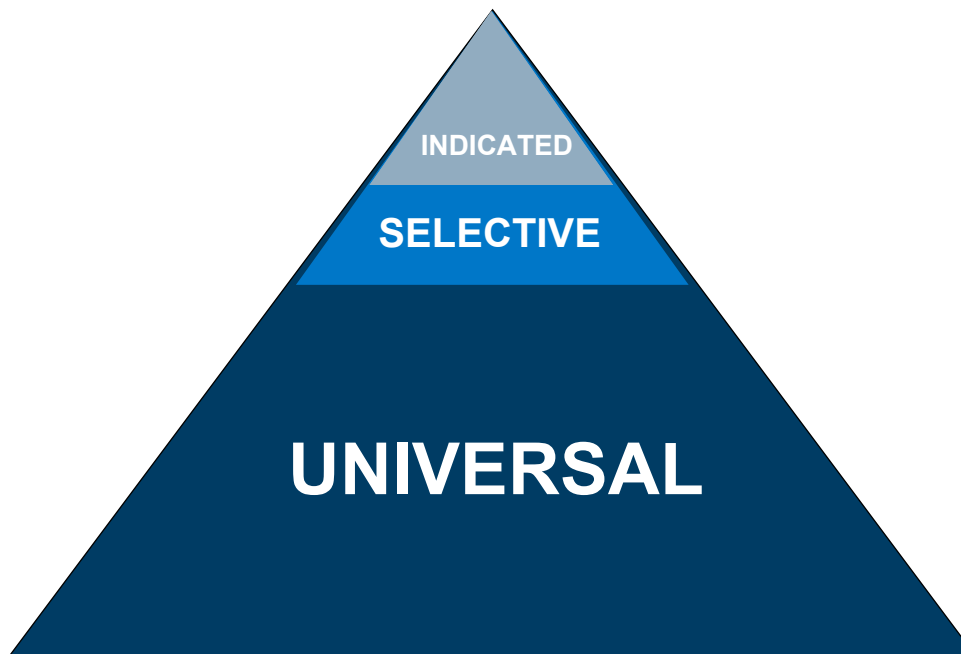
---

Targeted to the general public or a whole population with the aim to:

- ▶ Enhance individuals' abilities to achieve developmentally appropriate tasks (competence)
- ▶ Achieve a positive sense of self-esteem, mastery, well-being, and social inclusion
- ▶ Strengthen the ability to cope with adversity

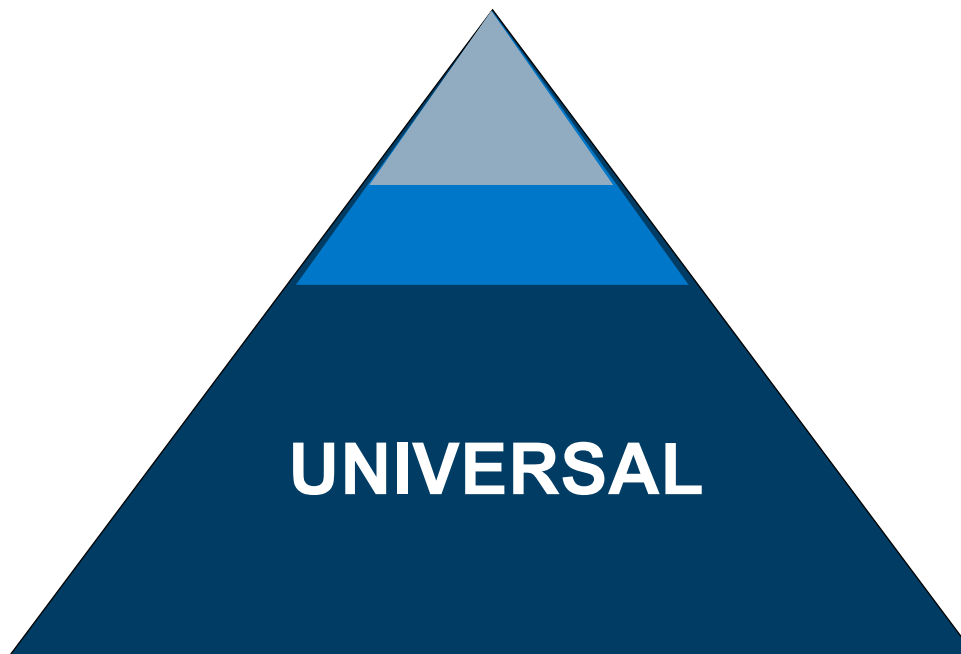
# Universal, Selective, Indicated

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# Universal, Selective, Indicated

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# Universal Category

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Addresses the entire population aimed at preventing or delaying misuse of substances.

▶ **Direct**

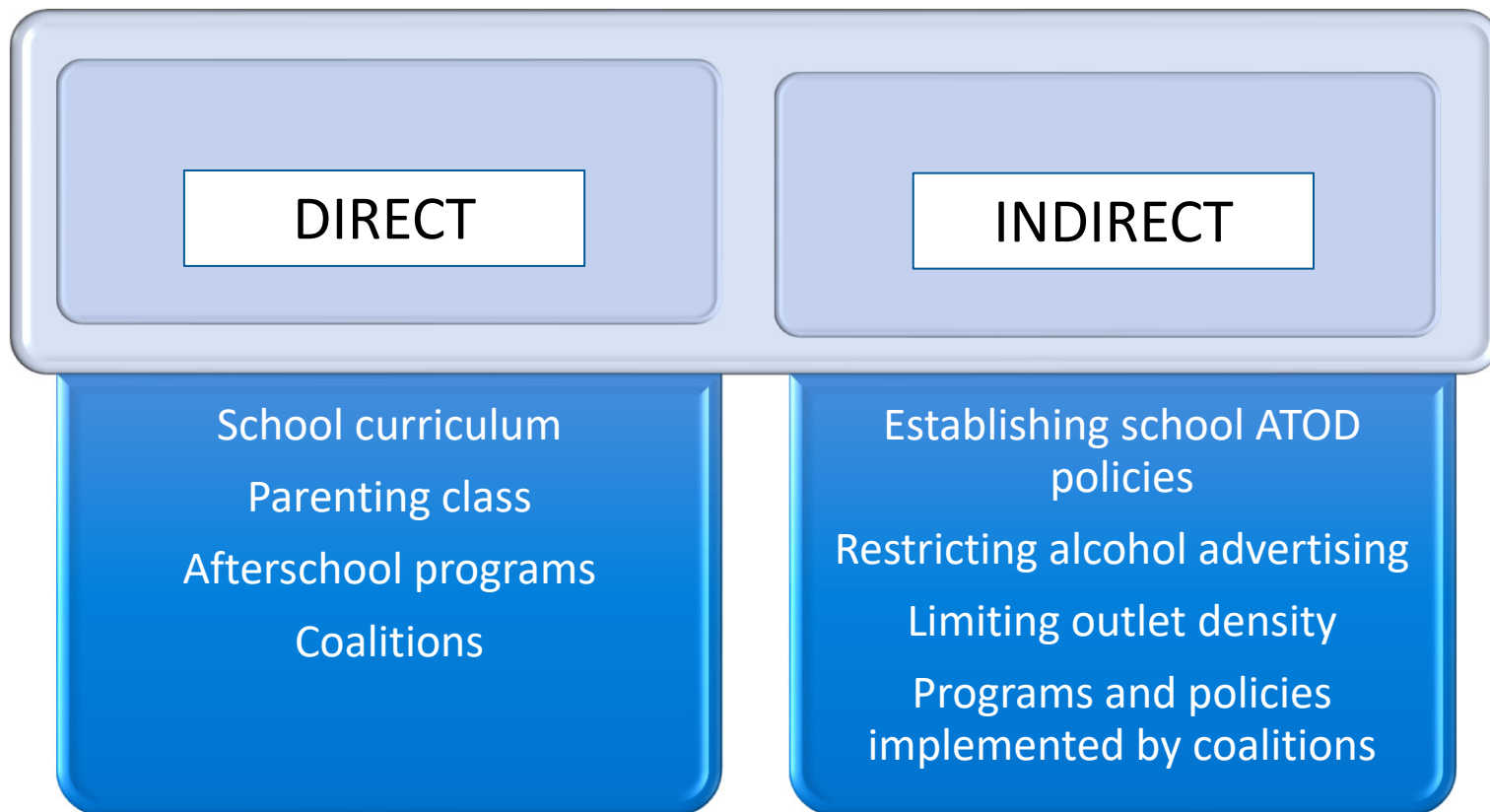
- ▶ Targets an identifiable group of participants who have not been identified on the basis of individual risk

▶ **Indirect**

- ▶ Supports population-based programs and environmental strategies

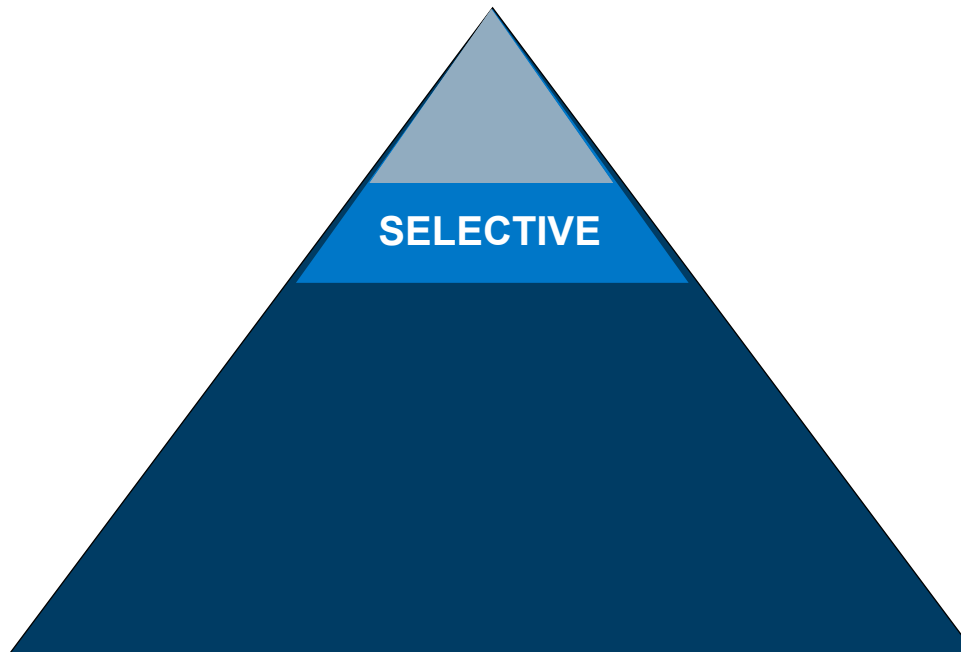
# Universal Category

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# Universal, Selective, Indicated

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# Selective Category

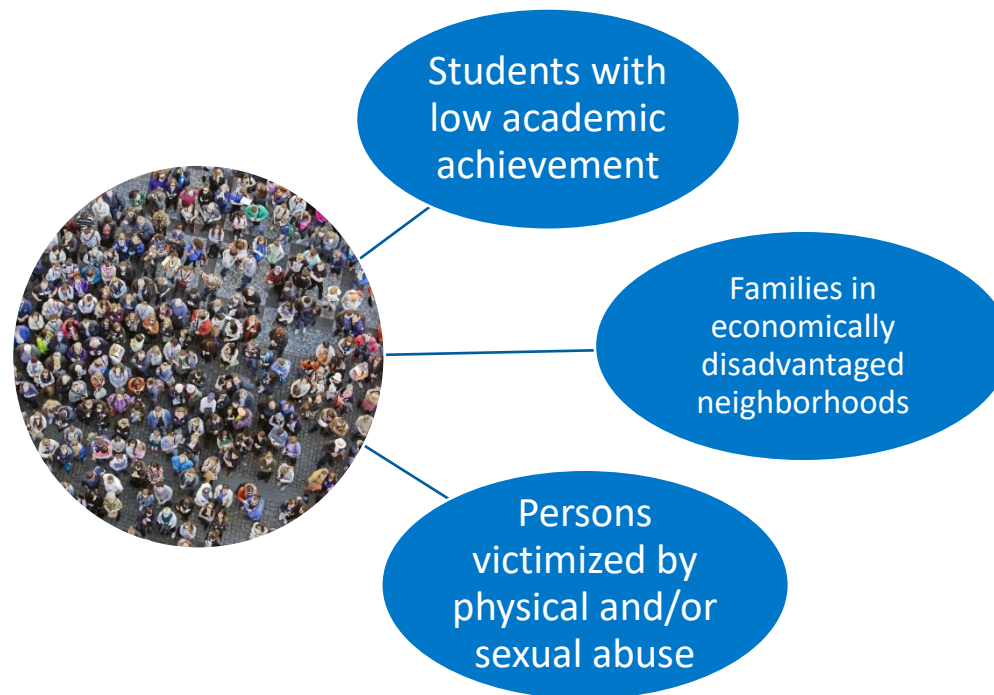
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Targets subsets of the total population deemed to be at higher-than-average risk.

- ▶ May be identified on basis of biological, psychological, social, or environmental risk
- ▶ Subgroup may be defined by age, gender, family history, place of residence, and victimization by physical and/or sexual abuse
- ▶ Targets entire group regardless of degree of risk of any individual within the group

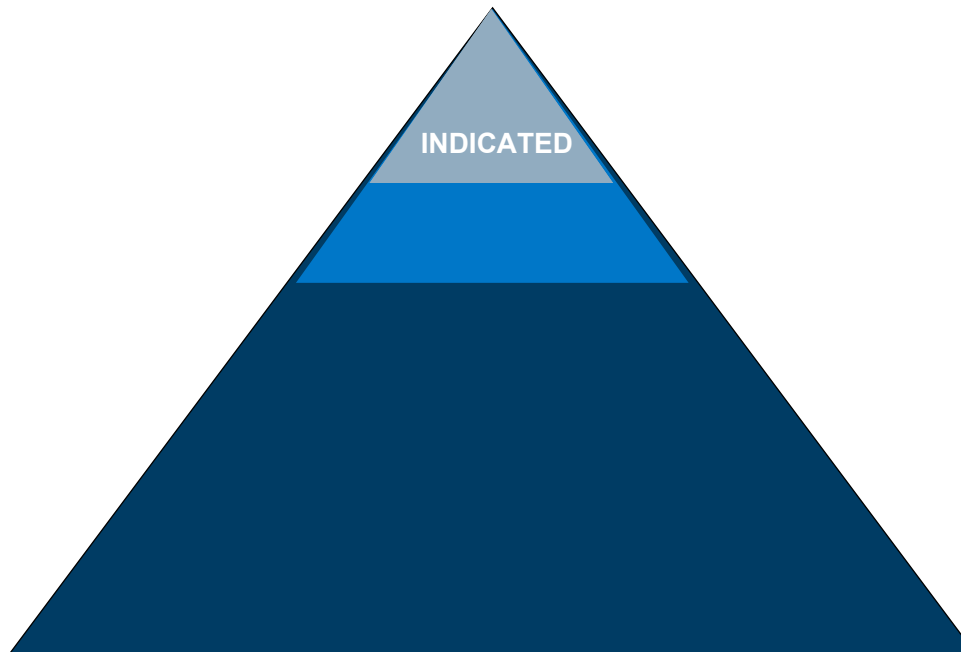
# Selective Category

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# Universal, Selective, Indicated

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# Indicated Category

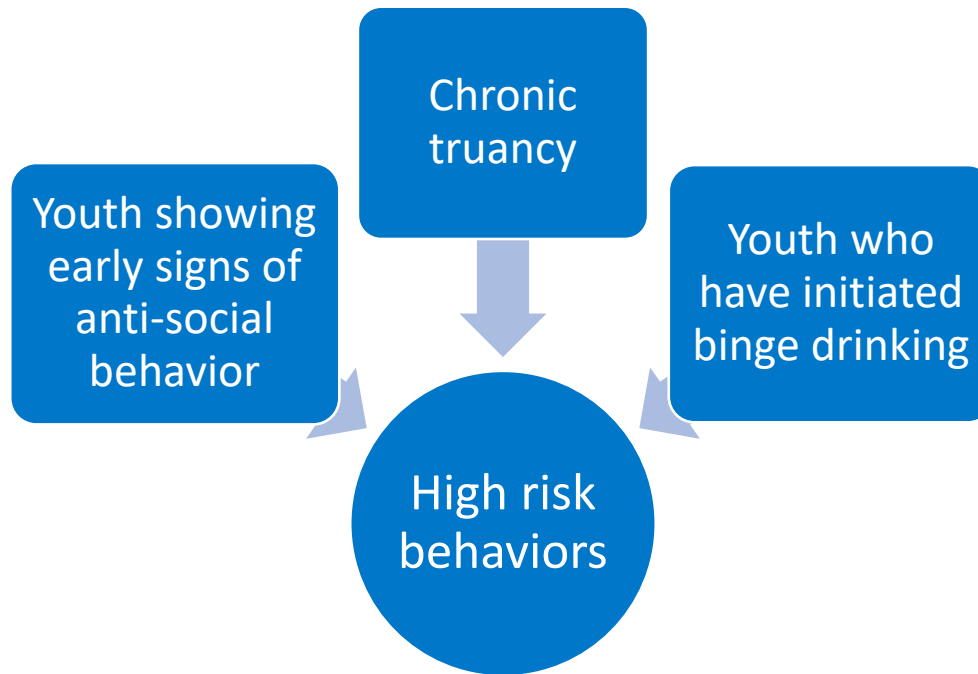
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Designed to prevent the onset of substance misuse in individuals who do not meet the medical criteria for addiction but are showing early danger signs.

- ▶ Identify individuals with early signs, problem behaviors
- ▶ Target the individuals with special programs that address associated risk factors
- ▶ Less emphasis placed on assessing or addressing environmental influences
- ▶ Goals:
  - ▶ Reduce first-time substance use
  - ▶ Reduce length of time signs continue
  - ▶ Delay onset of substance misuse
  - ▶ Reduce severity of substance misuse

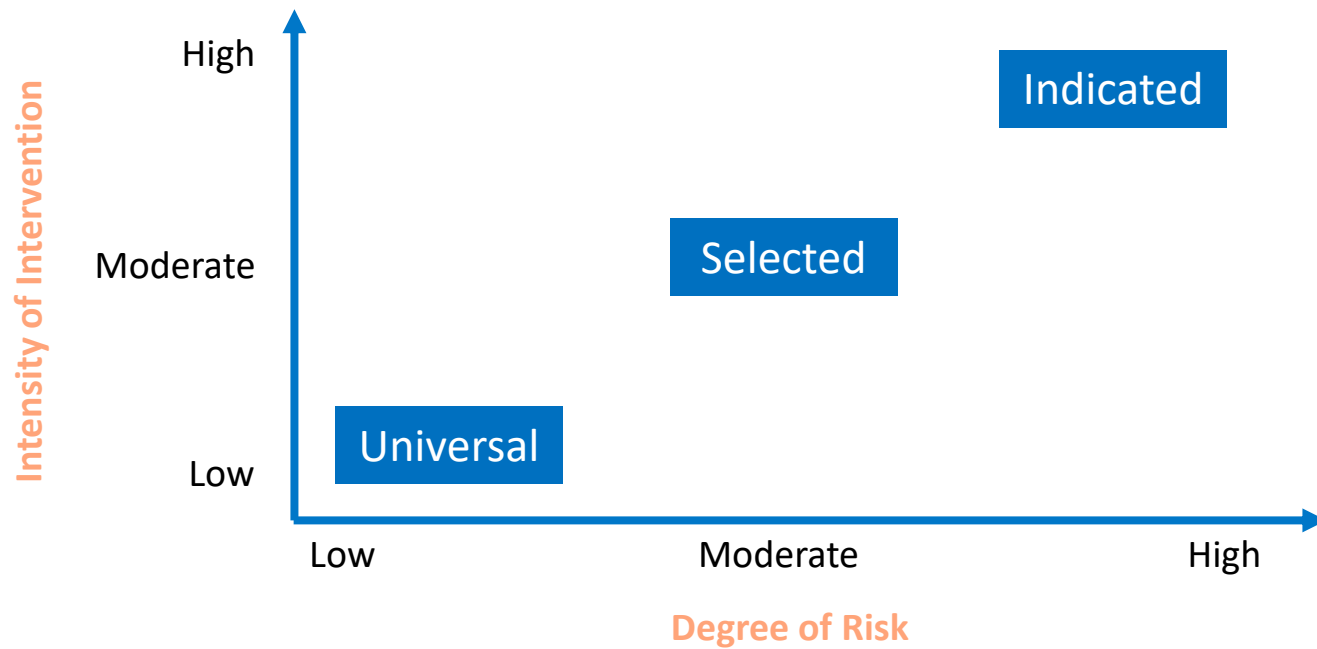
# Indicated Category

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# IOM Prevention Categories, Risk, and Intervention Intensity

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# The Value of the IOM Model

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- ▶ Highlights the need for careful attention to setting and access
- ▶ Aligns the participant need with the nature and intensity of the prevention strategy
- ▶ Improves outcome evaluation and use
  - ▶ Developing different evaluation expectations for different IOM levels makes evaluations more productive and useful



# Types of Prevention Strategies

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From the Center for Substance Abuse Prevention (CSAP). . . .

6 Major Strategies





# Information Dissemination

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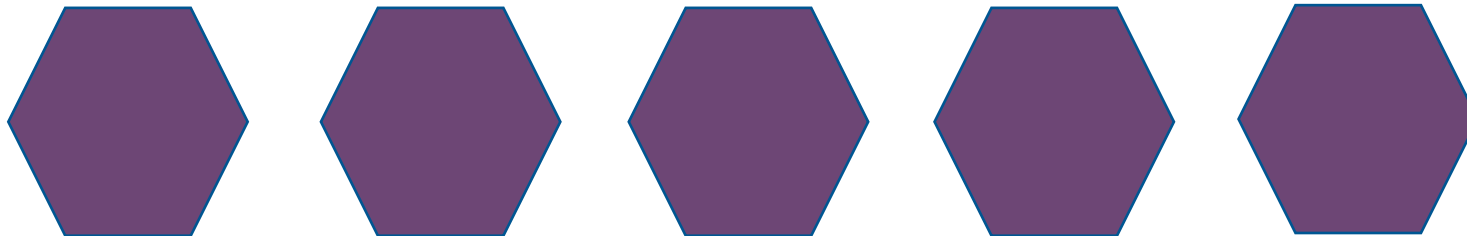
- ▶ Provides awareness and increases knowledge of:
  - ▶ Nature and extent of alcohol, tobacco, and other drug use, misuse, and addiction
  - ▶ The effects of use, misuse, and addiction on individuals, families, and communities
  - ▶ Available prevention programs and services



# Education

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- ▶ Two-way communication with interaction between the educator and the participants
  - ▶ Seeks to improve critical life and social skills
    - ▶ Decision-making, refusal skills, critical analysis, systematic judgment abilities
  - ▶ Includes ability to interact and ask questions



# Education

---

▶ **Two-way communication** with interaction between the educator and the participants

- ▶ Seeks to improve critical life and social skills
  - ▶ Decision-making, refusal skills, critical analysis, systematic judgment abilities
- ▶ Includes ability to interact and ask questions



# Alternatives

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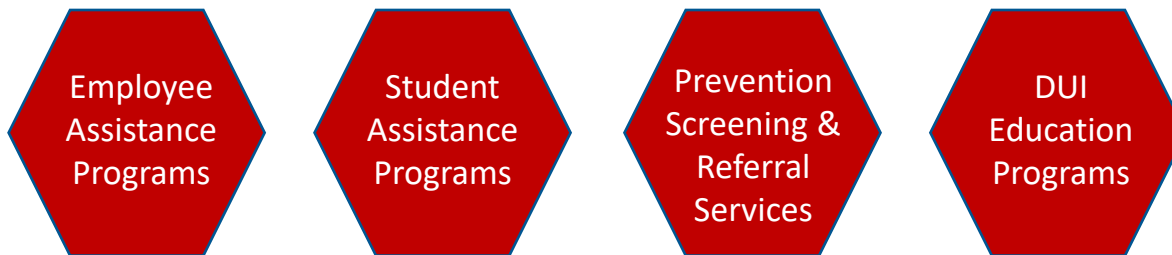
- ▶ Safe and health activities that exclude substance use
- ▶ Redirects target audience from problem settings



# Problem Identification and Referral

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- ▶ Identification of individuals exposed to multiple risk factors
- ▶ Identification of individuals who have experimented with substances to assess whether behavior can be reversed through education
- ▶ Activities or services geared toward behavior change without therapy



# Community-Based Processes

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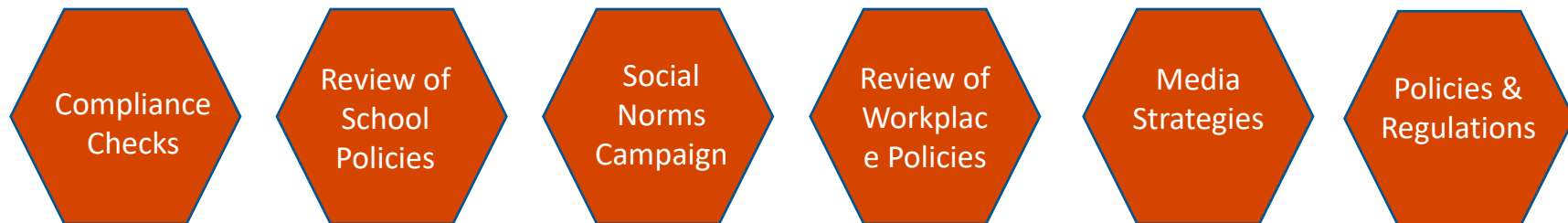
- ▶ Encourage the planning necessary to implement effective prevention strategies and programs in a community
  - ▶ Includes activities that organize, plan, and enhance the efficiency and effectiveness of program implementation, collaboration, coalition building, and networking



# Environmental

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- ▶ Focus is on community-level impact instead of solely on individuals
- ▶ Involves the creation, modification, and/or passage of written and unwritten codes, legislation, ordinances, policies, and regulations



## Guiding Our Work

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Using many or all of the six strategies has the greatest potential to reduce and prevent substance misuse by reducing risk and increasing protective factors.







# Questions

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## Contact Info

Jen Hogge, LMFT

Mental Health Promotion and  
Integration Supervisor

Division of Behavioral Health and  
Recovery

[jen.hogge@hca.wa.gov](mailto:jen.hogge@hca.wa.gov)

# References

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Institute of Medicine (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Washington, DC: National Academies Press.

National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. Washington, DC: National Academies Press.

National Academies of Sciences, Engineering, and Medicine (2019). *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201>.

World Health Organization. (n.d.) *Health promotion* [[Website](#)].

National Prevention Council. (2011). *National Prevention Strategy: America's Plan for Better Health and Wellness*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

Compton, M. T. (2009). *Clinical Manual of Prevention in Mental Health* (1st ed.). Arlington, VA: American Psychiatric Publishing, Inc.

Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working Definition of Recovery. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>

# References

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- ▶ *CSAP Strategies*, [The Athena Forum](#).
- ▶ *IOM Categories*, [The Athena Forum](#).
- ▶ National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors. "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." Washington (DC): National Academies Press (US); 2009. 3, Defining the Scope of Prevention. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK32789>
- ▶ "Prevention Definitions and Strategies," [Delaware Division of Substance Abuse and Mental Health](#).
- ▶ Springer F., Phillips, J. "The IOM Model: A Tool for Prevention Planning and Implementation." *Prevention Tactics*, 8:13 (2006). \*Note: The model has been updated since this publication.

# Reporting & Minerva

- For new grantees, reporting and invoicing are needed before Action Plan & Budget Process is complete.
- DBHR will create and approve in Minerva the approved programs for CBO Community-based Prevention Services grantees.

## Reporting & Minerva, continued

- There are follow-up steps needed to ensure reporting and invoicing are completed.
- ***We need to know via email to [PrevMIS@hca.wa.gov](mailto:PrevMIS@hca.wa.gov):***
  - Who is responsible for Minerva data entry? Is it the fiscal agent or another person?
  - Does that person need a Minerva account?

## Slide 101

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**SS(35**

Kasey - is Lauren planning on supporting this training with us? If so we will want to check in with her and determine if slides 56 and 57 are useful. Do we want to add any additional content related to Minerva or the new MIS?

Schrader, Samantha (HCA), 4/12/2021

**BFD(20**

Loop Lauren in to this training to allow for Minerva related build-out.

Baraga, Fallon D (HCA), 6/3/2021

DBHR	Contracting Entity: Tier 1	Coordinating Entity: Tier 2	Performing Entity: Tier 3
Add & Manage Organizations	Review Tier 1 Organization Profiles	Review Tier 2 Organization Profiles	Review Tier 3 Organization Profiles
Create & Manage Users	Allocate Funds to Tier 2	Allocate Funds to Tier 3	Create Activity Logs
Create Funding Sources	Assist with creation of Program Planning Profiles	Assist with creation of Program Planning Profiles	Manage Partners & Staff
Allocate Funds to Tier 1	Review Data Entry Using Reports	Manage Partners & Staff	Enter Session Data
Review & Approve Program Profiles		Review Data Entry Using Reports	Enter Participant Information and Survey Data
Review Data Entry Using Reports			Review Data Entry Using Reports

# What goes into Minerva?

- Create a Program Planning Profile for each prevention program on an **Action Plan**.
- Enter into each Program Planning Profile the program-level budget from a **Budget**.



# Planning: Program Planning Profiles

- Program Planning Profiles describe at the most general level the SUD prevention and MH promotion services to be performed.
- Includes information required by funding sources.

# Planning: Program Planning Profiles

- Key information includes:
  - Tier 1, Tier 2, and Tier 3 Entities.
  - Start Date and End Date.
  - Program level budget, per funding source.
  - CSAP Strategy, Implementation Type, IOM Category.
  - Risk factor or protective factor to be addressed, measurable objective, and direction of change.
  - Expected number of series of activities, sessions, participants, and direct service hours.
  - Survey and frequency of survey.

# Implementation: Activity Logs

- Describes a series of sessions and provides more specific information on a plan for implementation, compared to a Program Planning Profile.

# Program Planning Profiles vs. Activity Logs

	Planning Profile	Activity Log
Entities selected	Can be multiple Tier 1, Tier 2, and Tier 3 entities	One Tier 3 entity only.
Start Date – End Date	Start date and end date vary	Up to one state fiscal year or 12 month period
County, Zip Code, School District, Tribe, Legislative and Congressional Districts	N/A	Indicate specific location information for each.
Editing	Once submitted, edit only when returned by Manager.	Can be edited at any time.

# Implementation: Activity Logs

- In the Program Planning Profile, Question 18 refers to the number of expected series of services → this corresponds to the expected number of Activity Logs.
- Examples to consider:
  - Fall series, Winter series, Spring series
  - Two separate media messages
  - Implementation by different Performing Entities

# Enter Session Data: Sessions

- DBHR contracts describe what prevention service data is to be reported.
  - It references Minerva, which identifies required information.
- Session information is used for local, state, and federal reporting.

## Enter Session Data:

- Specific session data depends on the services and plan for implementation. In general, reporting will include some or all of:
  - Partner & Staff demographics and participation.
  - Staff indirect service hours and direct service hours.
  - Coalition coordinator monthly service hours (CPWI only).
  - Participant demographics and participation.
  - Count of items developed and/or disseminated.
  - Reach of items developed and/or disseminated.

# Process Flow for Reporting & Invoicing

- **Per contract, reporting is due by the 15<sup>th</sup> of the month following the month of service.**
- **Example:**
  - Full Coalition meeting on December 12, 2019.
  - December 2019 is the service month and year.
  - Reporting due on January 15, 2020.



# Reporting & Minerva

- Run and review the Services by Performing Entity and Program Report (SPEP-R)

*This is the report your Prevention System Manager will run and review to ensure that service data has been provide to confirm billed expenses*

## Upcoming Minerva TA Calls

- 9/16 from 2:00PM-3:00PM
- 9/28 from 2:00PM-3:00PM
- 10/7 from 2:00PM-3:00PM
- 10/26 from 2:00PM-3:00PM
- 11/8 from 2:00PM-3:00PM
- 11/22 from 2:00PM-3:00PM
- 12/28 from 2:00PM-3:00PM

Source: <https://www.theathenaforum.org/event-calendar/month>

## Pulling it all together

1. **Create an A-19 template** with correct program information (one-time/infrequent task).
2. **Complete required reporting** in Minerva.
3. **Run the Services by Performing Entity and Program Report (SPEP-R)** to verify data entry.
4. **Create invoice** (Excel and signed PDF) for month of service.
5. **Submit!**

***Q & A : Final opportunity of  
the day!***

# Final Resources and Tips

# Resources

- The Athena Forum at [www.TheAthenaForum.org](http://www.TheAthenaForum.org):
  - Clearinghouse for prevention professionals in Washington State.
  - Account required for Coordinators.
  - Log-in needed to post items, but not to download.
  - Portal for E-Learning site.

# Resources

- For new Coordinators, the new Coordinator welcome page is a really useful one-stop shop:  
[www.TheAthenaForum.org/NEW CPWI Coordinator](http://www.TheAthenaForum.org/NEW_CPWI_Coordinator)
- CPWI guides and forms, including the CPWI Guide:  
[www.TheAthenaForum.org/tags/cpwi-guide-guidance-and-forms](http://www.TheAthenaForum.org/tags/cpwi-guide-guidance-and-forms)
- Tribal Prevention and Wellness Programs:  
[www.TheAthenaForum.org/resources-for-providers/tribal-prevention-and-wellness-programs](http://www.TheAthenaForum.org/resources-for-providers/tribal-prevention-and-wellness-programs)

# Resources

- Contractor fiscal and billing webpage:  
<https://www.theathenaforum.org/billing>
- Minerva Knowledge Base:  
<https://theathenaforum.org/MKB>