Washington State Health Care Authority

Community-Based Organization (CBO) prevention services

Bridging gaps and building capacity in high-need communities

Health Care Authority / Division of Behavioral Health & Recovery (DBHR)

Updated October 2021

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HCA Overview

The Health Care Authority is committed to whole-person care, integrating physical health and behavioral health services for better results and healthier residents.

A healthy and thriving community has safe places to learn, work and raise a family. The people who live there enjoy equal access to quality education and health care, living wage jobs and affordable housing. Overall, there is a high quality of life for everyone.

Substance use and mental health disorders can impact the emotional, financial, legal, and medical health of individuals, families, and communities. Preventing these impacts saves communities social costs due to healthcare, social services and judicial services. Therefore, effective prevention services are vital for every community. As part of our mission to provide high quality health care through innovative health policies and purchasing strategies, the Health Care Authority (HCA) works with our partners to leverage limited resources to help high-need communities. By investing in best practices and our state's prevention workforce, we support communities in creating sustainable, healthy changes.

Prevention Overview

As part of the Health Care Authority, the Division of Behavioral Health and Recovery (DBHR) Substance Use Disorder Prevention and Mental Health Promotion Section coordinates efforts to help individuals and communities with problems related to substance misuse, mental health promotion and suicide prevention. DBHR provides funding to plan and implement prevention programming through community prevention coalitions, tribes and community-based organizations for individuals and families of all ages. The Prevention Section supports DBHR's promotion of wellness by working with contractors like you to delay the onset of substance use, reduce the risk for future problems related to problem alcohol, tobacco, marijuana, opioids and other drugs, increase emotional wellness and resiliency skills, and prevent suicide.

The Prevention Story

There is a story that is frequently used to illustrate what prevention is and what it is not.

Susan and Fernando are fishing on a river when they see a person in the water who is struggling to stay afloat, so Fernando drops his fishing pole and pulls the person out of the water. The person sputtering and cold, Susan calls an ambulance to take them to a hospital. Susan and Fernando go back to fishing. Pretty soon they look up river again and see another person struggling in the water! This time Susan drops the fishing pole and pulls the person out of the water. Fernando calls another ambulance to take them to a hospital.

The friends return to fishing when they look up river and see a whole group of people in the water! They are struggling to stay afloat. Fernando and Susan both drop their fishing poles and pull all the people out of the water. Resting aside the bank of the river Fernando looks up and sees Susan walking away. He calls to her, "where are you going", and Susan responds that she is going up river to find out why people are ending up in the water.

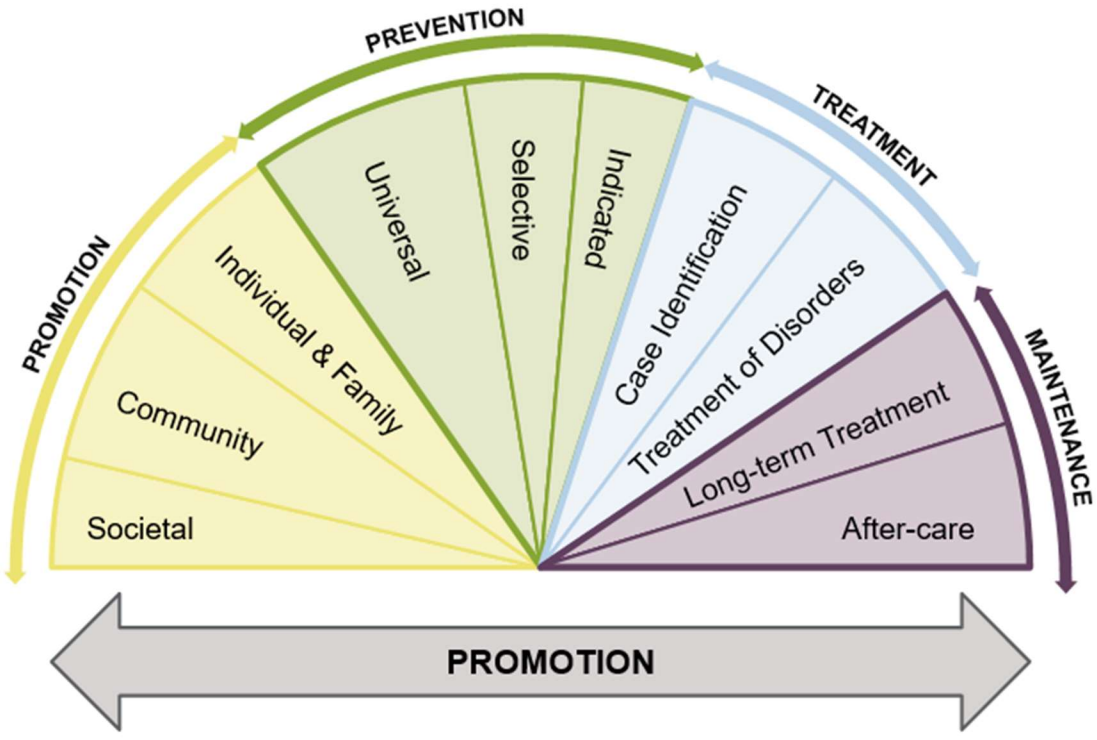
What prevention is

Prevention services and strategies "go up river" to find out what contributes to people developing substance use and mental health disorders and needing treatment services. In this analogy, we want to know exactly what is contributing to people falling into this river. Perhaps Susan goes upstream and finds a fence built to keep people away from the river has fallen and needs to be rebuilt. Or, Susan finds a slippery slope running into the river and can plant vegetation on the slope to prevent people from falling into the river. In prevention work, we want to find out what is contributing to substance misuse and/or poor mental health in our community, and then we work to reduce those risks and to build protection.

What prevention is not

Once people have developed mental health and/or substance use disorders, they are more appropriately candidates for treatment services than they are prevention.

Institute of Medicine Spectrum of Mental, Emotional, and Behavioral Interventions



Mental health promotion interventions

Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity or resiliency.

Universal prevention

Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group. Universal interventions have advantages when their costs per individual are low, the intervention is effective and acceptable to the population, and there is a low risk from the intervention.

Selective prevention

Targeted to individuals or a population subgroup whose risk of developing disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a substance, mental, emotional, or behavioral disorder. Selective interventions are most appropriate if their cost is moderate and if the risk of negative effects is minimal or nonexistent.

Indicated prevention

Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing substance, mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time. Indicated interventions might be reasonable even if intervention costs are high and even if the intervention entails some risk.

Washington State Prevention Programs and Services

Our prevention work supports a number of statewide programs and initiatives to help prevent substance use disorders, promote health and wellness and prevent suicide in communities across Washington State. Prevention services include funding for tribal, community and school-based prevention programs and strategies, statewide public education, policy efforts, technical assistance and training.

> Tribal prevention and wellness programs

HCA provides funding, technical assistance and training to 29 federally recognized tribes. Tribal communities implement programs that are specific to each tribe's needs, culture and traditions. Tribes develop prevention programs, or select evidence-based programs, based on key prevention research in order to best serve their members and surrounding community members. Most tribes use funding for prevention services for community-wide and direct service programs.

> Community Prevention and Wellness Initiative

The Community Prevention and Wellness Initiative (CPWI) is a community-led effort to prevent young people from drinking alcohol or using other drugs. Backed by science and supported by state resources, CPWI brings communities together to build healthy environments where Washingtonians of all ages can be safe and thrive.

Currently working in approximately 100 high-need communities in all 39 counties across Washington State, CPWI is committed to supporting historically underserved populations. This model has proven successful, with significant decreases in alcohol, marijuana and cigarette use among youth since it began in 2011. For more information, visit TheAthenaForum.org/CPWI.

> Student Assistance Prevention and Intervention Services Program

The Student Assistance Prevention and Intervention Services Program (SAPISP), operated by the Educational Service Districts, places intervention specialists in schools to address youth substance use. Program funds are distributed to all nine Educational Service Districts (ESDs) in Washington, who partner with the CPWI coalitions in their region. Student Assistance Professionals (SAPs) provide:

• Early alcohol and other drug education and prevention in classrooms and for school-wide activities

• Screening and early intervention services to students and their families

• Referrals to behavioral health treatment providers

• Help with transitioning back to school for students who have had alcohol or other drug problems

• Coordination with community coalitions

> Community Based Organizations

Funding is provided to Community Based Organizations (CBOs) to serve more high-need communities in Washington. These organization comprise of non-profits, ESD's, schools, and local governmental entities. These efforts comprise of implementing evidenced based programs and strategies to meet an identified community need. These programs include but are not limited to mentoring, parenting education, youth skill-building and community awareness activities. To capitalize on the strategic efforts of CPWI's, CBOs are encouraged to partner with existing community coalitions to expand capacity and meet identified needs.

> Suicide prevention and mental health promotion

As part of Washington's Suicide Prevention Plan, some Community Based Organizations and CPWI coalitions receive support for mental health promotion and suicide prevention through the Mental Health Promotion Project (MHPP) funds. The purpose of projects is to increase individuals, families and communities emotional wellness and resiliency skills, and/or prevent suicide. Communities are able to select either to address mental

health promotion programs/strategies or suicide prevention programs/strategies or a combination of both. We offer a variety of evidenced-based/research-based and promising programs/strategies communities can select from to implement to meet their community need. Innovative suicide prevention programs/strategies are also allowed. All MHPP funded communities must also provide Youth Mental Health First Aid (YMHFA) training and community awareness activities to increase their communities awareness of mental health and/or suicide prevention. YMHFA is an education training for adults on how to recognize the signs and symptoms of possible mental health challenges, including suicidal ideation in youth and gives them an action plan of how to help and get them to professional resources if necessary. For more information, visit TheAthenaForum.org/EBP.

> Statewide public awareness and education campaigns

HCA maintains several statewide substance use disorder prevention and mental health promotion campaigns that target different audiences, including teens, young adults and parents. For more information, visit TheAthenaForum.org.

> College Coalition for Substance Abuse Prevention

The College Coalition for Substance Abuse Prevention is a collaboration of wellness program coordinators at 37 universities, colleges and community colleges in Washington. The group meets regularly to discuss common issues and problems as well as host webinars and an annual conference focused on preventing and reducing use among young adults. For more information, visit ccsap.wsu.edu.

> Washington Healthy Youth Coalition

The Washington Healthy Youth (WHY) Coalition provides state-level leadership to reduce underage drinking and marijuana use by leveraging resources from federal and state partners. Membership includes over two dozen state agencies and statewide organizations. Coalition work includes:

• Creating, maintaining and promoting the StartTalkingNow.org website for parents, caregivers, educators and other adult influencers

• Planning and implementing statewide education campaigns and providing educational materials to Community Based Organizations and schools

• Supporting policy changes at the state and community level to reduce youth access and exposure to alcohol and marijuana

• Supporting policies and law enforcement efforts that help to prevent underage alcohol and marijuana use

For more information, visit TheAthenaForum.org/WHY.

>Conferences and Workforce Development

• Prevention Summit

The Prevention Summit provides training and networking opportunity for youth, volunteers and professionals working towards the prevention of substance use disorders, mental health promotion, suicide prevention and integrating prevention into primary care.

Learn more: http://preventionsummit.org/

• Spring Youth Forum

The Spring Youth Forum is an opportunity to recognize and reward youth prevention teams that have implemented a successful prevention project within their communities. The Spring Youth Forum is the follow-up conference to the Prevention Summit. The Prevention Summit and the Spring Youth Forum work to encourage, reward and support youth-led prevention work in communities throughout Washington.

Learn more: https://springyouthforum.org/

• Workforce Development

Developing the workforce in Washington State is just one of the ways that the Division of Behavioral Health and Recovery (DBHR) has contributed to expanding the reach and impact of prevention services in the state. DBHR provides many opportunities for current prevention providers to continue their education, as well as several opportunities for high school and college students to train into prevention via our Fellowship and Internship programs.

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Purpose of Community-based Organization Grants

HCA's Division of Behavioral Health and Recovery (HCA/DBHR) award contracts to Community-Based Organizations (CBOs) to provide quality and culturally competent Evidence-Based Programs, Research-Based Programs, and Promising Programs to address Substance Use Disorder Prevention, Mental Health Promotion, and Suicide Prevention. We provide these grants to contractors to implement direct primary prevention programs, environmental and public education strategies to prevent and reduce marijuana use among youth, promote mental wellness, and prevent suicide in high need communities.

The purpose of funding CBOs through this system is to provide opportunities for communities to plan and implement prevention programming where needs exist, expand knowledge of prevention science, and support the larger Community Prevention and Wellness Initiative (CPWI) of Washington State.

Currently, there are three types of funding sources for CBO grants:

- Dedicated Marijuana Account (DMA) funding
- Mental Health Promotion Project (MHPP) funding
- State Opioid Response (SOR) funding

Each of these separate funding types have different program lists which can be implemented as a part of their efforts. Program lists can be found here on The Athena Forum website. Each of the funding types also have slightly different programmatic requirements, which is outlined in your contract.

> How are CBOs funded?

CBO grants are typically awarded as part of a Request for Application (RFA) process, usually conducted once every other year. Eligible applicants include any organization operating in the state of WA that meets the minimum requirements outlined in the RFA for that biennium. This has included Tribal governments and Urban Indian organizations, local governments, school districts, colleges and universities, non-governmental organizations (NGOs), Health Departments, Educational Service Districts, faith-based organizations, and others.

Respondents of the RFA are required to submit an application outlining a proposal indicating the substance use/mental health needs of an identified community, a proposal for how the CBO will address those needs, including an action plan and budget, and an overview of how health disparities will be addressed by the CBO in that identified high-need community.

Action plans and budgets are conditionally approved by HCA/DBHR but may require some adjusting at the start of each contract period. Your Prevention Manager will support you in those edits and adjustments to ensure it continues to represent the base purpose of the RFA, the funding source requirements, and includes

only allowable expenses. Programs, strategies, and services implemented must directly tie back to the submitted RFA/original request for funding. Any exceptions to this must be approved by your Prevention Manager in advance.

In 2021, to expand the service delivery and equity of our CBO programming, HCA included two types of contractors for the CBO application, "Type A" and "Type B". Type A applicants were applicants that were existing or previous contractors or tied to a CPWI coalition in some financial capacity, and Type B applicants are new to the HCA/DBHR contracting/prevention system.

A current list of funded communities can be found here.

Implementation of your CBO grant

> Your Contract

All CBO grantees receive a contract outlining specific expectations and contract requirements. It is the responsibility of the fiscal agent over each CBO grant to thoroughly read, review, and understand the entire contract. It is recommended that all program staff have an equal understanding of the programmatic and contractual requirements as well. We ask that at least one program coordinator is identified to engage in monthly check in calls with DBHR.

Once an applicant is successful in their application for funding services, they work with DBHR staff to make any needed updates to their proposal before finalizing an Action Plan and Budget. This plan and budget become the scope of the contract and must stay in alignment with the application as submitted in the RFA process. Small adjustments are permissible and a normal part of the work.

In addition to implementing programs and services, funded CBO contractors must also meet additional contractual obligations including:

- Meeting minimum reporting requirements on a monthly basis
- Attending required DBHR trainings
    - Learning Community Meetings
    - All Provider Meeting
    - Others as identified (i.e. new contractor onboarding)
- Attending monthly check-in calls with their Prevention Manager
- Entering services monthly in DBHR's reporting system, Minerva
- Submitting monthly invoices for services rendered

> Specific Requirements by Funding Source

- Mental Health Promotion Project (MHPP) funding

Mental Health Promotion Project funding serves to address known gaps in mental health promotion and suicide prevention efforts in WA. Because mental health and substance use disorders are frequently interconnected, DBHR believes that it is difficult to address one effectively and completely without addressing

the other. In recent history, federal and state funding for substance use disorder prevention has been available and funding allowing for directly promoting mental health and preventing suicide has been scarce. This meant that community coalitions funded through the DBHR system were only permitted to address mental health and suicide through dual outcome programming with substance use disorder prevention outcomes when using DBHR funding.

In order to address this gap, DBHR worked to identify funding that was able to be used to address mental health promotion and suicide prevention directly. For several years, this funding was scraped together from underspent contracts and rolled out to communities in the winter months. The programming then had to be completely spent down by June 30th each year. Though a step in the right direction, this funding model lacked sustainability and prevented comprehensive planning and implementation throughout the year in a given community. This led to HCA to request state funding to support the program in a more sustainable way. These new state funds fund full 2-year grant cycles and began in 2019-2021 biennium.

Every two years, the available funding is used to support some staff time, state level work such as media campaigns, and direct to community funding in the form of MHPP CBO grants with the vast majority of funding going to the latter.

Currently, CBOs can apply to implement programming to promote mental health and prevent suicide by applying to implement services under one or more of three categories: 1) Implementation of evidence-based programs (EBP) or research-based programs (RBP) and services, 2) Implementation of promising programs (PP) and services, and 3) implementation of innovative programs and services (only permissible for suicide prevention services). DBHR curates a list that is updated every biennium based on current research and data availability regarding the supporting evidence of effectiveness for a given program or intervention. The current list of approved programs can be found here: https://www.theathenaforum.org/EBP.

- Dedicated Marijuana Account (DMA) funding

DMA project funding serves to address the requirements of Initiative 502. DBHR provide this funding to entities to implement youth marijuana use prevention services. The goal of this funding is to increase capacity to implement direct and environmental substance use disorder prevention services in high needs communities.

As a requirement of the RCW 69.50.545 programming must fall under one of three categories 1) implementation of Evidence-Based Program (EBP) or Research-Based Program (RBP) services 2) implementation of Promising Program (PP) services, and 3) implementation of a Combination of EBP/RBP and

PP services. No less than 85% of the proposed budget can support programs that are either EBP or RBP. No more than 15% of funding can support PP from the current list of approved programs. As of September 2021, these programs must also be cost beneficial. DBHR has worked extensively with research experts to evaluate programs and ensure programs listed on the approved DMA list meet all required legislative criteria. The list of approved DMA programs can be found here. https://www.theathenaforum.org/EBP.

Training expenditures for EBP/RBP programs listed on the DMA program list count toward the 85% of DMA allocation requirement. Training costs for "Promising" or "Environmental" programs or strategies on the list shall be included in the maximum 15% program allowance from your DMA allocation.

- State Opioid Response (SOR) funding

State Opioid Response or SOR is funding provided through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Grants Funding Opportunity. SOR funded CBO's are required to implement at least one Evidence-Based Program (EBP) on the approved SOR EBP program list, optional implementation of an environmental program or a social norms campaign, required participation in the National Drug Take-Back Days held in Spring and Fall each year of the contract period – following regulations provided at https://takebackday.dea.gov/ if coordinating a drop off location in their area, and required dissemination of the statewide opioid prevention public education campaign, Starts with One (www.getthefactsrx.com).

Technical assistance

We are here to help! We encourage you to actively engage your DBHR Prevention Manager for assistance as you work on your CBO grant.

DBHR will provide guidance to assist the CBO site tier 1in working with the funded CBO for completion of the implementation tasks in the approved action plan and budget. We encourage you to use the training materials developed to assist in completing each requirement. For technical assistance, please contact your DBHR Prevention Manager.

You can also consult the online courses that have been recorded and posted in the OWL E-learning. A list of self-guided trainings is located on the Athena forum and in Appendix 18.

Sources:

Primary sources of information used in developing this Guide: Communities That Care, Community Anti-Drug Coalitions of America (CADCA), Drug Free Communities (DFC) grantee workshops. Coalitions and Partnerships in Community Health (Frances Dunn Butterfoss), DBHR, preliminary evaluation information from Washington and national SPF-SIG project, Substance Abuse Mental Health Services Administration / Center for Substance Abuse Prevention (SAMHSA/CSAP), and the following publications:

- *https://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf*
- *https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf*
- www.communitiesthatcare.net/research-results/;
- www.TheAthenaForum.org/collective_impact;
- www.TheAthenaForum.org/collective_impact_part_ii;
- www.TheAthenaForum.org/understanding_the_value_of_backbone_organizations_turner_et_al_2012; and
- www.TheAthenaForum.org/community_responsibility_for_child_protection_possibilities_and_challenges_daro_and_dodge_2009.

Quick Reference Timeline Overview

Note: This timeline overview is for a standard July 1 – June 30 contract. Some funding timelines may differ and a new timeline may be negotiated.

Tasks *Start date: July 1,_____* **CBO Community Name: _____**	Frequency	Due Date
Getting Started		
1. Register and participate in The Athena Forum website.	---	---
❑ Prevention contractors must register and actively participate in The Athena Forum. *Note: "Register" means to become a member of the Athena Forum. "Actively participate" means to go to site to access materials posted by DBHR.*	*Ongoing*	Within 2 weeks of start
Planning		
1. Review and revise (if applicable) Action Plan and Budget	---	---
❑ Contractor determines goals, and objectives. Include "goals and objectives" in Strategic Plan. Action Plan and Budgets required to be updated and submitted to DBHR Prevention Manager for review and approval.	*First Month & Annually*	Y1: July 30 Y2: April 15
❑ Contractor will confirm lead organization/responsible party for implementation of activities/programs in Action Plan and date(s) services will commence.	*First Year & Annually*	Y1: July 30 Y2: April 15
2. Confirm implementation partnerships for strategies & programs & activities	---	---
❑ If needed, subcontracts or Memorandum of Understanding (MOU) may be signed to ensure partnerships for implementation of services. This must be reviewed by Prevention Manager prior to services being implemented per Contract.	*First Year & Annually*	*Start of contract*
Implementation		
1. Participate in monthly meetings with DBHR	*Ongoing*	Within 30 days
❑ Participate in bi-monthly Learning Community Meetings by phone, webinar, or in-person.	*Ongoing*	*Start of contract*
❑ Participate in Contractor/DBHR check-in meetings.	*Ongoing and monthly*	*Start of contract*
2. Implement strategies and programs/activities according to Action Plan	---	---
❑ Contractor will implement strategies and activities in order to promote health equity in each community, according to approved RFA response and Action Plan.	*Ongoing*	*As outlined in approved action plan*

Tasks	Frequency	Due Date
○ Contractor shall adopt and implement policies to address health disparities. Contractor shall follow the National CLAS Standards, as they apply to service implementation.		
❑ Contractor will implement locally developed public awareness campaign(s) according to approved Action Plan, if applicable.	*Ongoing*	*[enter date]*
❑ Contractor will implement environmental strategy(ies) according to approved Action Plan, if applicable. Environmental strategies on the Excellence in Prevention list as an evidence-based Practice (EBP), implemented to fidelity, can be included in the ratio of evidence-based program percentage requirements to meet contract deliverable for EBP's. *Note: as of June 2019, Social Norms Marketing is no longer considered an environmental strategy and is considered an information dissemination activity. Social Norms Marketing Guidance.*	*Ongoing*	*[enter date]*
❑ Contractor will implement selected Substance use disorder prevention or mental health promotion or suicide prevention strategies… according to approved Action Plan. Must meet contractual requirements for percentage of evidence-based programs according to funding source or RFA requirements.	*Ongoing*	*[enter date]*
Reporting and Evaluation		
1. Complete Minerva reporting	---	---
❑ Report direct and indirect prevention services and activities	*Ongoing*	*Monthly by the 15th of each month*
❑ Report public awareness, media & environmental strategy(ies). All public awareness and environmental services, including reach for media posts, website analytics, lock box distribution numbers, Take Back Day data on pounds of medication collected, etc.	*Ongoing*	*Monthly by the 15th of each month*
❑ Report direct prevention strategy(ies), including: -All direct services. -Pre- and post-test assessments per contractual requirements.	*Ongoing*	*Monthly by the 15th of each month*
2. Review and analyze output and outcome information with organization.	---	---
❑ Will use the Minerva reports, state data, & other local reports to monitor & evaluate progress	*Annually*	*[enter date]*

Tasks	Frequency	Due Date
3. Participate in statewide evaluation	---	---
❑ Upon request by DBHR, participate in CBO evaluation activities, to include quantitative or qualitative data collection.	*Ongoing*	*As requested*

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Appendix 1: Action Plan and Budget

Completing the CBO Action Plan:

Include an Action Plan in the appendix of the Plan using the template provided on the Athenaforum.org in the Community Library.

The Action Plan should provide details for each goal, objective, and strategy on the following:

- Activity/Program – Name of activity/program.
- Funding Source – See legend for list
- Brief Description – Briefly state the main purpose of the activity.
- How – How many times will the program be provided this year?
- When – List the implementation months of the activity.
- Who – Who is this service for? How many people will be reached?
- Lead – List the Organization delivering program.
- Responsible Party(ies) – Who from the Organization is making sure this gets done?

Follow Evidence-based Practice requirement(s) in contract.

**Work with your Prevention Manager if needed.* Below is a picture for reference.

Dedicated Marijuana Account Sample

Goal 1: *Decrease family management problems (Minerva #11)*

Objective 1.1: *Increase use of family management skills (i.e., discipline strategies, techniques for setting limits, approaches to monitoring youth behaviors) (Minerva #12, #13)*

CSAP Strategy*: *Education (*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category*	Lead and Responsible Party(ies)	Surveys
Program Name	*See list above*	*Briefly state the main purpose of activity*	*How much? How often? During which months?*	*Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?*	*Organization delivering program? Who is making sure this gets done?*	*What survey will you be using? How often (one-time, pre/post, etc.)?*
Minerva #3	*#7*	*#4*	*#18, #19*	*#16, #21, #22, #23*	*N/A*	*#24, #25*
Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14)	DMA	Strengthening Families Program is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10–14-year-olds.	2 cycles Nov- Dec 2021 March-April 2022 Total # of Sessions: One full series of a minimum of 7 sessions	Who & # reached: 10 families each cycle Parents/Caregivers of youth 10-14 years of age IOM: Universal-Direct	ABC Community-Based Organization	SFP 10-14 (Parent)(SFW SU_AX)

Budget Planning Worksheet

Introduction

Preparing a budget of income and expenses is a critical aspect when planning to implement a prevention program and/or activity. Each program/activity will require different resources and your organization may have a unique capacity to implement a program/activity with existing resources. When estimating the cost of programs and/or activities your budget must include funding for: staff, facilities, promotion of the program, materials and supplies. But each program is *unique,* so it is important to research the program(s)/activity(s) you are considering implementing in your community. Read through each of these categories for assistance in determining an overall cost.

General Staff Expenses Categories:
Staff Costs to Support Program Implementation

A. Staff Salaries
B. Staff Benefits
C. Travel (Mileage)
D. Office Supplies and Materials
E. Media Access
F. Sub-Contracts (if allowed and/or needed)
G. Administrative Costs - 8%

Program Cost Expense Categories:
Definition: Materials you will need to implement your program/activity

Things to Consider: How many participants you will be serving? Can you prepare the materials yourself or do you need to hire someone to prepare them for you? Do you need to design your materials to promote the program? Examples may include: Educational materials or curriculum, promotional materials, incentives (if allowed by grant funding), printing of pre-post surveys, brochures, posters etc.

Start-Up/One-time Fixed Costs	
Initial Training and Technical Assistance	In-person training (travel-per diem staff or trainer) Online training (registration costs per person)
Curriculum and Materials (Manuals, Toolkits, DVDs, Certificates, Posters to reinforce materials)	Annual Curriculum Cost or One-time cost
Licensing	One-time or ongoing
Other Start-Up Costs	The costs of staff time while attending training
Promotional Costs	Print, Cost of Media Push, Media Design, Radio, Newspaper

Ongoing training - technical assistance/Varying, ongoing Costs	
Fidelity Implementation, Monitoring and Evaluation	Time for staff to support implementation and evaluate effectiveness
Ongoing License Fees	Online Use or Copyright Consumables
Other Implementation Support and Fidelity Monitoring	Tracking participants, pre-post survey collection/entry, Prevention Substance Database Entry

Implementation Expense Costs Categories:

Definition: Meetings and activity expenses while implementing your program/activity

Things to consider: Do you have the proper space needed for meeting and/ or conducting activities? Do you have community partners that can donate space? Do you have the proper equipment and technology platforms/tools to conduct the program/activity? Do you have enough staff to implement the program with fidelity?

Consider working with community partners for any "in-kind" donations to help support the services being provided by your organization and reduce the cost of programming. These may include: bookkeeping services, office equipment, meeting space, printing, meals & refreshments and volunteer time.

One Year Cost Example: Serving 60 participants
Start-Up Costs
Trainer Online $1,000.00
Leaders Manual/Lessons DVD = $500.00
Materials for 60 participants: Workbooks ($70) = $4,200
Promotion of the program: $250.00
Implementation Costs
Group leaders' time @ $25/hour x 2 leaders x 5 hours/week x 10 sessions x 4times a year= $10,000
Staff Benefits (25%) = $2,500
Admin Costs (8%) = $1,516
Total First Year Cost= $19,926.00

This estimate example can help you develop a budget. Please note that program costs will vary so it is important to do your research before selecting a program. In addition, the budget template is meant to be used as a guide and may be customized by the applicant to fit the actual program/activity structure more closely.

How do I know how much a program may cost? It is best to visit directly with the developer of the program or you may visit prevention databases, such as the Athena Forum's Excellence in Prevention Strategy List, to help estimate the costs of implementing a program, but be cautious as not all the costs will apply to your organization depending on the resources currently available within your organization or through partnerships.

Example Budget

Below is an example budget for a DMA funded CBO. Please go to https://theathenaforum.org/shared-documents-old to find your most recent template

Organization Name:		
Date Submitted:		
Line Items	**Dedicated Marijuana Account (DMA) Year 1 - up to $20,000 available**	**Dedicated Marijuana Account (DMA) Year 2- up to $20,000 available**
	Budget for July 1, 2021 - June 30, 2022	**Budget for July 1, 2022 - June 30, 2023**
Administration		
	Year 1	Year 2
8% Maximum Allowable Admin of Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).	$ -	
Subtotal	$ -	
Travel/Training/ Capacity Building for Program/Strategy		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Mileage	$-	
Air	$-	
Hotel	$-	
Lodging	$-	
Per diem	$-	
Transportation	$-	
Registration fees	$-	
Subtotal	$-	
Program(s) / Strategy(ies)		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Community name:		
Salary [% or # FTE]	$-	
Benefits	$-	
Travel	$-	
Professional Services [name]	$-	
Program Supplies	$-	
Program Printing	$-	
Subtotal	$-	
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		

Community name:		
Salary [% or # FTE]	$-	
Benefits	$-	
Travel	$-	
Professional Services [name]	$-	
Program Supplies	$-	
Program Printing	$-	
Subtotal	$-	
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Community name:		
Salary [% or # FTE]	$-	
Benefits	$-	
Travel	$-	
Professional Services [name]	$-	
Program Supplies	$-	
Program Printing	$-	
Subtotal	$-	
Total		
Total Budget Amount Requested	**$ -**	

Appendix 2: Risk and Protective Factor Theory

> Overview[1]

Many factors influence the likelihood that an individual will develop a substance use disorder or related behavioral health problem. Effective prevention focuses on reducing the factors that put people at risk of behavioral health disorders and strengthening those factors that protect people from these disorders.

Risk factors are certain biological, psychological, family, community, or cultural characteristics that precede and are associated with a higher likelihood of behavioral health problems.

Protective factors are characteristics at the individual, family, or community level that are associated with a lower likelihood of problem outcomes.

Risk and protective factors exist in multiple domains, including:

- Individual level: Examples of Individual level risk factors include genetic predisposition to addiction or exposure to alcohol prenatally; protective factors include positive self-image, self-control, or social competence.
- Family level: Examples of Family level risk factors include child abuse and maltreatment, inadequate supervision, and parents who use drugs and alcohol or who suffer from mental illness; a protective factor would be parental involvement.
- Community level: Examples of Community level risk factors include neighborhood poverty and violence; protective factors might include the availability of faith-based resources and afterschool activities.
- Society level: Examples of Society level risk factors include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity; protective factors include policies limiting availability of substances or laws protecting marginalized populations, such as lesbian, gay, bisexual, or transgender youth.

In prevention, it is important to address the variety of factors across these domains that influence both individuals and populations. Next, we describe the risk and protective factors associated with the three primary sources of funding areas: opioid prevention, marijuana prevention, and mental health promotion/suicide prevention.

Risk and Protective Factors Identified for Youth Opioid and Marijuana Use Prevention include:

- Individual/peer favorable attitudes toward drug use
- Individual/peer perceived risks for drug use
- Individual/peer intentions to use drugs
- Peer use of drugs
- Parental favorable attitudes toward drug use
- Family management

[1] RI Prevention Specialist Certification Exam Study Guide
https://www.internationalcredentialing.org/resources/Documents/PreventionCertificationStudyGuide.pdf

Risk and Protective Factors Identified for Innovative Suicide Prevention include:

> Risk Factors

Societal
- Media Violence

Community
- Poor neighborhood support and cohesion
- Transitions and Mobility

Relationship
- Social Isolation/Lack of social support
- Poor parent-child relationships
- Family History of suicide
- Family Management Problems
- Family conflict
- High conflict or violent relationships

Individual
- Lack of non-violent social problem-solving skills
- Poor behavioral control/impulsiveness
- History of violence victimization
- Witnessing violence
- Psychological/mental health problems

> Protective Factors

Community
- Coordination of resource and services among community agencies
- Access to mental health and substance use disorder prevention and treatment services
- Community support or connectedness

Relationships
- Family support or connectedness
- Connection to a caring adult
- Connection or commitment to school

Individual
- Skills in solving problems non-violently

Appendix 3: Understanding Community Survey Selection

The table below has been created using the WA HCA/DBHR system logic for measuring change in objectives to address risk and protective factors. It has been developed to assist users in the Minerva system to select the appropriate survey question banks based on the risk and protective factors identified for program selection and implementation. Please note this is only a full snapshot of the survey selection guide and the full document can be found at: www.TheAthenaForum.org/Minerva

Minerva Survey Selection Guide
Note: This table corresponds to Table 16 in the Minerva User Guide (www.TheAthenaForum.org/MinervaUserGuide)

Survey Selection Guide		
RISK/PROTECTIVE FACTOR	**MEASURABLE OBJECTIVE**	**SURVEY OPTIONS**
If you selected a program or strategy to address this R/P factor ...	***and you selected this objective to be your measure of change ...***	***Then these are the survey options in Minerva.***
(P)Community: Bonding (opportunity, skills, and recognition)	Acquisition of culturally defined values using a cultural and social context	*No survey available in Minerva.*
	Opportunities, skills and recognition for prosocial involvement in the community	Participant Survey Community Connections
		VOICE [Org129_1]
		Youth Participation - Opportunities for Prosocial Involvement [C006]
(P)Community: Healthy Beliefs and Clear Standards	Opportunities, skills and recognition to promote bonding to community role models who exhibit healthy beliefs and clear standards	AM Bonding/Attachment [Y1]
	Understanding of influence of community norms on children's lives	*No survey available in Minerva.*
	Understanding of the importance of the Tribe's culture, traditions, and heritage	Participant Survey Snoqualmie Canoe Family
(P)Engagement and connections in one or more of the following contexts: school, peers, family, employment or culture	Opportunities for increasing sense of connectedness to community, self-esteem and sense of wellbeing	Self-Esteem [IP008]
		VOICE [Org129_1]
(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

SUD Prevention and MH Promotion Online Reporting System
Understanding Survey Selection in Minerva

Survey Selection in Minerva

Surveys are used for evaluating participants and partners and the effectiveness of programs. When creating a Program Planning Profile, select the primary risk factor or protective factor and associated measurable objective that describes the goal of the program.

Minerva will list survey(s) that measure the identified objective and align with the selected risk or protective factor. Questions within the listed surveys have been identified by DBHR as measuring the effectiveness of prevention services.

For each survey, report the date the survey was taken by the participant, enter into Minerva the responses, and indicate whether the survey was one-time, pre, mid, post, or follow-up.

Ready to identify potential surveys? Use the **Survey Selection Guide** which begins on the next page to identify surveys. The first column includes risk and protective factors and the second column lists measurable objectives. Use CTRL-F to quickly search for key phrases (e.g. search for *healthy beliefs* to find protective factors that include healthy beliefs).

This guide is also posted on the Minerva Knowledge Base (www.TheAThenaForum.org/MKB) and in Section IX of the Minerva User Guide (www.TheAthenaForum.org/MinervaUserGuide)

Don't see an expected survey on this list or in Minerva or need more help with risk/protective factors and measurable objectives? Contact the Prevention System Manager you work with for assistance with surveys in Minerva.

Appendix 4: CBO-Specific Reporting Requirements

> Overview

For each program or strategy identified in your action plan you must track and report in the data management system. You will need to identify a system to track and report the following information per program. Please note that your community may have slightly different variations for reporting based on your structure (i.e. embedded within a CPWI community, statewide delivery, etc.). This will be discussed and negotiated with DBHR at the start of your contract.

- Session reporting:
  - Each session of a program must be tracked and reported, including data, length of session, location
  - Participant level information including demographics
  - Participant attendance
  - Pre survey implementation
  - Post survey implementation
- Program coordination:
  - Direct time: Time spent directly implementing a session of a program with program participants present.
  - Indirect time: All program coordination prior/post session implementation in relation to program. i.e. program recruitment, series and session preparations activities, etc.
- Start up/wrap up activities such as:
  - Program coordination taking place in months prior/post series of program (indirect) can be reported
  - Curriculum purchases
  - Trainings
  - Outreach and recruitment

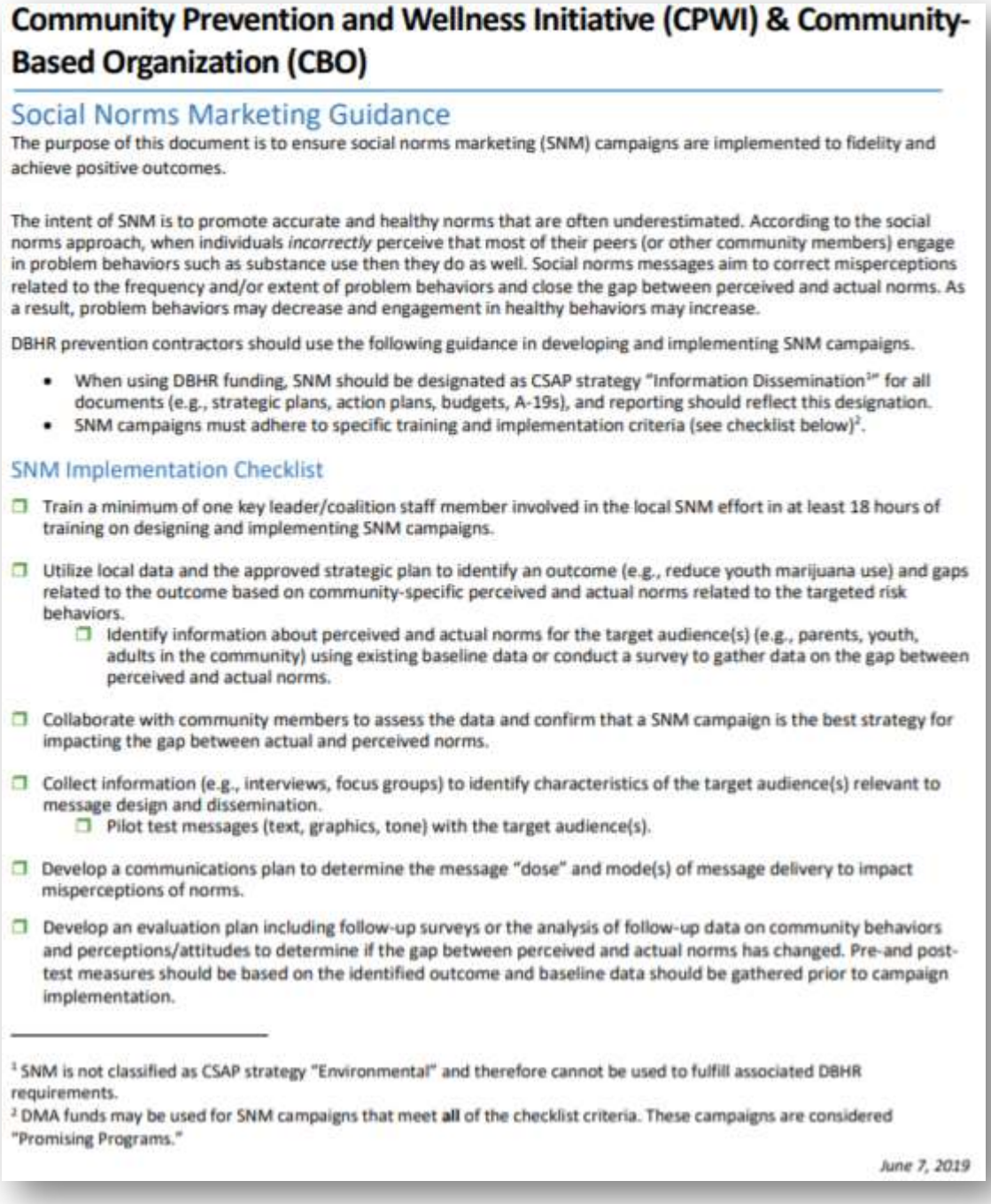
> A note on reporting administration/indirect expenses

Administrative expenses are those that may relate to organizational operation that makes this grant coordination possible but are not directly related to the program. These may include expenses like overhead costs related to office space, use of the organization's equipment/software, executive director/leadership oversight, and more.

Support staff who assist with coordination of programing (i.e. accounting processing of billing, administrative staff assistance with supply collection, set up etc. for session implementation) are not typically administrative expenses. Support staff may be billed and reported as indirect time but this should be discussed with your Prevention Manager.

Appendix 5: Social Norms Marketing Guidance

The document below has been created to help prevention contractors understand the requirements to implement a Social Norms Campaign effectively. Please note this is a snapshot only and full document can be found at: https://www.theathenaforum.org/community-library



Community Prevention and Wellness Initiative (CPWI) & Community-Based Organization (CBO)

Social Norms Marketing Guidance

The purpose of this document is to ensure social norms marketing (SNM) campaigns are implemented to fidelity and achieve positive outcomes.

The intent of SNM is to promote accurate and healthy norms that are often underestimated. According to the social norms approach, when individuals *incorrectly* perceive that most of their peers (or other community members) engage in problem behaviors such as substance use then they do as well. Social norms messages aim to correct misperceptions related to the frequency and/or extent of problem behaviors and close the gap between perceived and actual norms. As a result, problem behaviors may decrease and engagement in healthy behaviors may increase.

DBHR prevention contractors should use the following guidance in developing and implementing SNM campaigns.

- When using DBHR funding, SNM should be designated as CSAP strategy "Information Dissemination[1]" for all documents (e.g., strategic plans, action plans, budgets, A-19s), and reporting should reflect this designation.
- SNM campaigns must adhere to specific training and implementation criteria (see checklist below)[2].

SNM Implementation Checklist

- ❒ Train a minimum of one key leader/coalition staff member involved in the local SNM effort in at least 18 hours of training on designing and implementing SNM campaigns.
- ❒ Utilize local data and the approved strategic plan to identify an outcome (e.g., reduce youth marijuana use) and gaps related to the outcome based on community-specific perceived and actual norms related to the targeted risk behaviors.
  - ❒ Identify information about perceived and actual norms for the target audience(s) (e.g., parents, youth, adults in the community) using existing baseline data or conduct a survey to gather data on the gap between perceived and actual norms.
- ❒ Collaborate with community members to assess the data and confirm that a SNM campaign is the best strategy for impacting the gap between actual and perceived norms.
- ❒ Collect information (e.g., interviews, focus groups) to identify characteristics of the target audience(s) relevant to message design and dissemination.
  - ❒ Pilot test messages (text, graphics, tone) with the target audience(s).
- ❒ Develop a communications plan to determine the message "dose" and mode(s) of message delivery to impact misperceptions of norms.
- ❒ Develop an evaluation plan including follow-up surveys or the analysis of follow-up data on community behaviors and perceptions/attitudes to determine if the gap between perceived and actual norms has changed. Pre-and post-test measures should be based on the identified outcome and baseline data should be gathered prior to campaign implementation.

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[1] SNM is not classified as CSAP strategy "Environmental" and therefore cannot be used to fulfill associated DBHR requirements.
[2] DMA funds may be used for SNM campaigns that meet **all** of the checklist criteria. These campaigns are considered "Promising Programs."

June 7, 2019

Appendix 6: Institute of Medicine (IOM) Categories

Please note this is a snapshot only and full document can be found at: https://www.theathenaforum.org/institute-medicine-iom-categories

IOM CATEGORIES

The Institute of Medicine (IOM) model, often referred to as a continuum of services, care, or prevention, classifies prevention interventions according to their target population. Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population. The IOM identifies the following categories based on level of risk: Universal – Indirect, Universal – Direct, Selective, and Indicated.

Category	Definition/Description
Universal - Indirect Targets the general population and are not directed at a specific risk group.	Interventions support environmental strategies. Universal direct activities include modifying policy related to alcohol, tobacco, or other drugs, limiting advertising practices for alcohol, tobacco, or other drugs, and coalition activities.
Universal – Direct Targets the general population and are not directed at a specific risk group.	Interventions directly serve a group of participants who have not been identified as having any risk factor for substance abuse.
Selective Targets those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed.	Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.
Indicated Targets those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.	Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.

Appendix 7: Center for Substance Abuse Prevention (CSAP) Definitions

Please note this is a snapshot only and full document can be found at:
https://www.theathenaforum.org/CSAPprinciples

Center for Substance Abuse Prevention (CSAP) Definitions:

1. **Information dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. **Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages targeting youth), and systematic judgment abilities.
3. **Alternatives:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to – or otherwise meet the needs usually filled by – alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
4. **Problem identification and referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
5. **Community-based process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
6. **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population.
7. **Other:** Prevention Training

BARS	CSAP Strategy
22.1.X	Information Dissemination
22.2.X	Education
22.3.X	Alternatives
22.4.X	Problem ID & Referral

Appendix 8: Commonly Used Prevention Resources

- **Division of Behavioral Health and Recovery** (DBHR) website: https://www.hca.wa.gov/billers-providers-partners/programs-and-services/behavioral-health-and-recovery.
    - www.TheAthenaForum.org/ online resource for prevention professionals- managed by DBHR
    - Athena Community-based Organization page: https://www.theathenaforum.org/CBO www.StartTalkingNow.org/ Washington Healthy Youth Coalition website targeted for parents.
    - For more information about programs that have shown outcomes in substance use disorder prevention and mental health promotionhttps://www.theathenaforum.org/EBP .
    - List of **Programs and Practices for Youth Marijuana Use Prevention** is at www.TheAthenaForum.org/I502PreventionPlanImplementation.
- **Minerva** one stop shop including important documents listed below www.TheAthenaForum.org/Minerva
    - Data Entry for Coalition Groups Reference Document
    - User Guide Version 3.0
    - Quick Reference Guide
    - Reporting Environmental Strategies and Information Dissemination
    - Understanding Survey Selection
    - Available evaluation tool surveys
- **Minerva** –DBHR Substance Use Disorder Prevention and Mental Health Online Data reporting site. https://wadshs.health-e-link.net/login
- **Healthy Youth Survey (HYS)** student survey reports are available at www.AskHYS.net/.
- **Archival data – Community Risk Profiles** is at www.dshs.wa.gov/sesa/research-and-data-analysis/community-risk-profiles, and clicking on School District will provide a list to narrow down to community level.
- Information on how to obtain the **Certified Prevention Professional (CPP)** accreditation is at https://www.pscbw.com/copy-of-associate-prevention-profes
- The **SAMHSA-** Federal Substance Abuse and Mental Health Services Administration is at www.samhsa.gov/prevention.
- The **CSAP Principles** of Effective Substance Abuse Prevention are important for program implementation and planning and are located athttps://www.theathenaforum.org/CSAPprinciples .
- The **CADCA** Community Anti-Drug Coalitions of America Series of Primers at www.cadca.org/resources/series/Primers.