



# Welcome 2021-23 CBO Grantees!

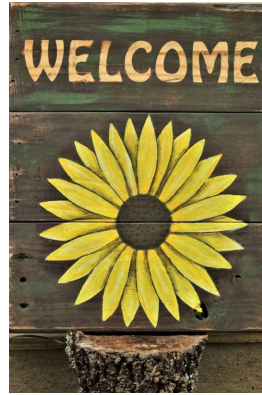
Action Plan & Budget  
July 13th, 2021  
10:30 -11:30 am

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## Hello and introductions!

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- ▶ Staff introductions
- ▶ CBO site introductions
- ▶ Welcome activity



## Agenda

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- ▶ Action Plan
- ▶ Budget
- ▶ Ingredients for Success
- ▶ Challenges & Pitfalls

## Requirements of the Action Plan

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- Program Implementation must align with approved Action Plan
- HCA may request changes, submit revised Action Plan within 15 days of executed contract
- Funds must only support costs included in approved Action Plan
- Program facilitators must be formally trained or certified
- Adaptation of the Action Plan must be in writing and approved no less than 20 days prior to implementation

## Every Action Plan Has....

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- ◉ Required DBHR Trainings: DMA and MHPP
  - ▶ CBO Scheduled Trainings, Bi-monthly Learning Community Meetings, November All Provider Meeting
- ◉ Direct Program Services or Indirect Program Services or a combination of both
- ◉ DBHR Approval prior to implementation

## Components of Action Plan

- The Action Plan & Budget are living documents
- RFA had two versions of the Action Plan (A & B)
- Main Difference between the versions
  - ▶ Goal (Risk & Protective Factor) Minerva #11
  - ▶ Objective (Measurable Objective – Direction of Change) Minerva #12 #13)
  - ▶ CSAP Strategy (Six different categories) Minerva #15
  - ▶ IOM Category (*Universal-Indirect, Universal-Direct, Selective, or Indicated*)
  - ▶ Surveys(match program/address risk factor)
- Type B Awardees will work with the Program Manager in the first 30 days to build on to the submitted *Action Plan* to identify goals, objectives, outcomes, risk & protective factors and survey evaluation tools

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Action Plans and Budgets are living documents – and you will likely need to work with your PSM to make changes throughout the grant period.

All DMA applicants were Type A and MHPP had both Type A & B applicants.

**Type A** Applicants filled out an action plan that tied directly into our Minerva Prevention Tracking Database and contains some additional prevention science concepts. **Type B** applicants were not required to have familiarity with these concepts.

**Type B** Applicants will work with their assigned PSM to essentially create a “type A” type action plan.

We are hoping with time and future trainings you will build your knowledge of prevention science.

All action plans will likely require adjusting say for instance if funding levels have changed or the PSM identifies errors.

## Program Data Collection

- New Type B applicants will need to learn Minerva but will be offered guidance and TA from the PSM.
- Data Collection for Minerva includes the approved program(s), dates and timelines, scope, dosage, target audience(s), leadership, and responsible parties.
- Goal (Minerva #11)
- Objective (Minerva #12 #13)
- CSAP Strategy (Minerva #15)
- Approved Program Name (Minerva #3)
- Timelines, scope, dosage (Minerva #18,19)
- Target Audience (Minerva #16, #21, #22, #23)
- Leadership/Responsible Party (Minerva N/A)
- Surveys (Minerva #24,#25)

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Many of you will be familiar with our data management system- Minerva. For our Type B applicants, Minerva, you will work with your PSM to translate elements from your action plan to Minerva.

We want to note that data migration will be done to migrate Minerva data over to our new upcoming Database Tracking System and that data will be announced in the future.

Monthly Data to Collection to include:

Name of the program(s),  
date of the session,  
who or how many people attended,  
for population data- we ask how many did you reach,  
and any surveys(pre/post completed)

So its important to create a system to track this data and input into Minerva by the 15<sup>th</sup> of each month following the date of service.

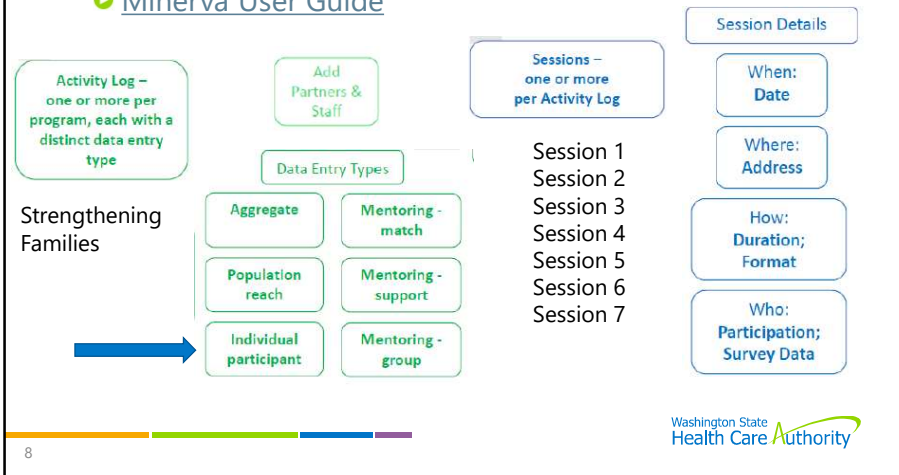
The action plan template includes numbers that correspond to where that information is used when building a program profile in our current Prevention Data Collection System called Minerva.

Anyone doing implementation (services right away) check with your PSM **now** to ensure have all the right data collection (survey selection is done properly with fidelity to the program- pre and post)



## Collecting Different Types of Data

### ► [Minerva User Guide](#)



There are six different types of data entry for services provided. (In Green) Data Types are tied to reach (Population, individual, aggregate) and (3) Mentoring. Mentoring Match, Mentoring Support and Mentoring Group are used only if a contractor is implementing a mentoring program.

Moving on to the next database collection system - We may refer to them differently (more to come on that later) but the principles will remain the same!

# Data Entry Types

Session Details

Entry Type	Data need to collect	Age breakdown of group
Individual	First and Last Name, DOB, City, State, Zip Code, Gender, Age at First Service, Race, Hispanic/Latino	0-4 5-11 12-14 15-17
Population	Total Reached, School District, Age Breakdown	18-20 21-24
Aggregate	Total Participants, o Age Breakdown of Group o Gender Breakdown of Group o Race Breakdown of Group, and o Ethnicity Breakdown of Group.	25-44 45-64 65 and over Age Not Known



When in doubt on which type of Data entry to use – check with your Prevention Manager.

Always track all Staff Direct and Indirect Hours

## Data Entry Types

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Entry Type	Data need to collect
Mentoring Match- A specific mentee/participant is matched with a specific mentor	Mentee/Mentor 1. Participation – report every meeting during a month in one Session 2. Survey responses
Mentoring Support-For mentors only and may include training/other support activities.	Mentor 1. Participation
Mentoring Group- A group of mentees/participants engages in an activity with mentors	Mentee/Mentor 1. Participation

## Guess the Data Entry Type

1 =Population, 2 =Aggregate, 3 =Individual

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Policy Review and Development	Aggregate
Guiding Good Choices Training	Aggregate
Youth Mental Health First Aid	Aggregate
Community Awareness Event	Population
Guiding Good Choices	Individual

## Budgets/DMA Understanding the 85%/15%

- 85% of DMA funding must be spent on EBP (at a minimum)
  - ▶ How much DMA is available for the year?
  - ▶ Subtract 8% for admin/indirect if community is choosing to use DMA for admin/indirect
  - ▶ Multiply remaining total program dollars by 85%

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Any and all DBHR approved changes to the original application or Action Plan must adhere with RCW 69.50.540, to ensure at least eighty-five percent (85%) of the funds are directed to evidence-based (EBP) or research-based programs (RBP), and up to fifteen percent (15%) of the funds may be directed to promising practices (PP) as outlined by DBHR in the RFA # 2021HCA2.

Contracts are based on the 8% admin cost, but you can use the 8% towards programming and/or you don't necessarily have to utilize the entire 8% for admin. This was done to avoid future contract amendments to existing contracts. Trainings that are for EBP/RB or Promising will count within the 85%/15% split. Prevention Workforce Trainings count outside of the 85/15 and are known as general trainings. In an upcoming slide we will talk more about trainings.

## DMA Example

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▶ For example, a community has \$20,000 in DMA for SFY 2022.

▶ Example 1

- \$1,600 admin
- \$18,400 program dollars
- \$15,640 Amount to base 85%/15% split on EBP (at a minimum)

▶ Example 2

- \$ 1,600 admin and \$1,400 Prevention Workforce Development (General)
- \$17,000 program dollars
- \$14,450 Amount to base 85%/15% split on EBP (at a minimum)

## Fiscal Points of Interest

- Funds are allocated for the state fiscal year, there is no carryover
- Second year funding is contingent on satisfactory completion of all contract requirements and continued state funding (Updated Action Plan)
- Need to submit new budget for approval if there is a 10% change
- Admin/Indirect up to 8% (Admin can be used for programs)
- \$5,000 per year cap on Youth Mental Health First Aid
- Other times to submit a new budget for approval: Change in staff, % FTE, Rate, Salary/benefit adjustments
- Cost reimbursement contract – no advance payments

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Funds are allocated for the state fiscal year and funds should not carry over to the next year. If you have any question or need clarification please connect with your PSM.

Second year funding is contingent on satisfactory completion of all contract requirements and continued state funding (Updated Action Plan)

Best practice is to always share any changes to your action plan and budget to ensure all changes and costs are allowable but it is required for a change in the budget of 10% or greater.

Up to 8% should be used for Admin, if you any questions about what is considered Admin check with your PSM because adding to budget.

Cost reimbursement Cost clarification memo- on a case by case basis a limited number is allowable.

## Food & Incentives

- Food costs are generally unallowable during program implementation except within the following parameters:
  - ▶ Contractor shall adhere to current state per-diem rates for meals
  - ▶ No more than a total of **\$1,000** may be spent on food or light refreshments per CBO contract per year.
  - ▶ Light refreshment costs, not to exceed **\$3.00 per person**, for training events and meetings lasting longer than two (2) hours in duration are allowable.
  - ▶ Meals may be provided for participants using DMA funds only if:
    1. The training is four (4) hours or more in duration; or
    2. The program is a recurring, direct service in the family domain, lasting two (2) hours or more in duration and must be approved in the action plan and budget.
  - ▶ Incentives are not allowable with DMA/MHPP state funds

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Your contract states that ***food costs are allowed for the number of people who attend services not on the number registered.***

When allocating any funds for food you are assume risk, and if possible, recommend finding another funding source for food.

<https://ofm.wa.gov/accounting/administrative-accounting-resources/travel/diem-rate-tables>



## Prevention Workforce Development

- Prevention Workforce Development – DMA
  - ▶ CADCA Mid-Year Training Institute
  - ▶ CADCA National Leadership Forum
  - ▶ National Prevention Network Conference
  - ▶ Communities that Care
  - ▶ WA Prevention Summit
  - ▶ Marijuana Prevention Research Symposium.
- For both MHPP and DMA
- Workforce Development on your approved action plan or pre-approved by PSM in advance
- DMA Scholarships Available to DMA and MHPP awardees

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DMA scholarships are available for first come first served and must align with programs deliverables and be approved by your PSM.

Trainings must be approved by PSM.

**Can MHPP contracts ask for DMA scholarships??? YES they Can**

General Prevention Workforce DMA approved training costs are billed to the **DMA General Column**. NOTE: DMA funds can only be used for the following General prevention workforce trainings upon request: Washington State Prevention Summit; Communities That Care® (CTC); CADCA Mid-Year Training Institute; CADCA Boot camp, CADCA National Leadership Forum, National Prevention Network Conference, Society of Prevention Research Conference and Marijuana Prevention Research Symposium.

## Matching Action Plans & Budgets DMA Walk Through- Program SFP

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 (Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category*	Lead and Responsible Party(ies)	Surveys
<i>Program Name</i>	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
<b>Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14)</b>	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)

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Walk through – an Action Plans DMA and MHPP

– key points on the action plan and then show the matching budget

The action plan template includes numbers that correspond to where that information is used when building a program profile in Minerva!

When reviewing Action Plans – each PSM has their own method, but the outcomes are all the same. Here is one example of a walk through method of review:

#1 – The program chosen must tie into the goal the program is trying to achieve, the objective of what the behavior targets to increase or decrease, that it is the correct CSAP Category and the correct **DBHR survey** has been chosen.

#2 – Ongoing Cyclic cycles of programs being implemented, timelines(period of time in the year), scope & dosage(how many sessions) , target audience Reach & IOM (making sure these numbers are accurate assists in determining if the overall goals of the programs were met- Minerva reports and site visits)

#3 – This gives me an idea of working with a coalition, partners, other CBOs, subcontracting etc. and must correlate with the actual budget.

## Matching Action Plans & Budgets DMA Walk Through- Required Trainings

**Goal 2:** *(R)Low Neighborhood Attachment & Community Disorganization (Minerva #11) Continued!*

**Objective 3.1:** *Community capacity to address ATOD issues – Increase (Minerva #12, #13)*

**CSAP Strategy:** *Other: Training (Minerva #15)*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category*	Lead and Responsible Party(ies)	Surveys
<i>Program Name</i>	<i>See list above</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who is making sure this gets done?</i>	<i>What survey will you be using? How often (one-time, pre/post, etc.)?</i>
<i>Minerva #3</i>	<i>#7</i>	<i>#4</i>	<i>#18, #19</i>	<i>#16, #21, #22, #23</i>		<i>#24, #25</i>
<b>DBHR All Providers Meeting Training</b>	DMA	Mandatory training for coordinators.	1 person coordinator, November 4 <sup>th</sup>	Who & # reached: Service for the ABC Community-Based Organization.  IOM: Universal-Direct	Division of behavioral health and recovery, health care authority.	

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Walk through – an Action Plans DMA and MHPP

– key points on the action plan and then show the matching budget

The action plan template includes numbers that correspond to where that information is used when building a program profile in Minerva!

Ensure that any or all program trainings or required trainings are included into the action plan.

## Budgets- DMA Walk Through

8% Maximum Allowable Admin of Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).		Year 1
	\$	1,600.00
<b>Subtotal</b>	\$	1,600.00
<b>Travel/Training/ Capacity Building for Program/Strategy</b>		
Program Name: DBHR Trainings(Fiscal, Minerva, All Provider Mtg)		Year 1
Indicate if EBP, RBP, or PP		
Mileage	\$	170.00
Lodging	\$	105.00
Per diem (2 days)	\$	50.00
<b>Subtotal</b>	\$	325.00

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Walk through – an Action Plans DMA and MHPP

– key points on the action plan and then show the matching budget

The action plan template includes numbers that correspond to where that information is used when building a program profile in Minerva!

This budget is assuming in November DBHR may be able to hold the Yearly Prevention Summit in person and has allocated funds to travel.

We also see the maximum amount of Admin costs 8%, This contract is for \$20,000 and I will check that it all adds up and then since it is DMA – ensure the 85%/15% EB split.

## Budgets- DMA Walk Through

Program(s) / Strategy(ies)	
Program Name: Strengthening Families Program	Year 1
EBP	
Community name: ABC Community Based Organization	
Salary [DMA grant funds cover .25 FTE] Janey Wilder	\$ 14,000.00
Benefits	\$ 1,260.00
Professional Services [SFP Certified Program Facilitator]	\$ 2,815.00
<b>Subtotal</b>	<b>\$ 18,075.00</b>
<b>Total Budget Amount Requested</b>	<b>\$ 20,000</b>

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Walk through – an Action Plans DMA and MHPP

– key points on the action plan and then show the matching budget

The action plan template includes numbers that correspond to where that information is used when building a program profile in Minerva!

If you noticed on the Action plan there was not a Strengthening Families Training, this indicated one of two things, The prevention coordinator is a certified trainer or the contractor is going to seek the assistance of a professional certified trainer outside of the organization.

Name of the staff person, FTE levels and Benefits for the salaried employee. In this example any program supplies or printing are being covered by a different funding source but it is customary to have these expenses included in the budget.

# Matching Action Plans & Budgets MHPP Walk Through

Objective 2.1: Increase understanding of community norms on children's lives. (Minerva #12, #13)

CSAP Strategy: Other: Training (Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<b>Program Name</b>	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 <b>Youth Mental Health First Aid</b>	#7 MHPP	#4 Train service providers, community members, and other individuals who work with youth on suicide prevention and detection	#18, #19 3 trainings in January through February 2021	#16, #21, #22, #23 Who & # reached: Service providers, community members, and those who serve youth, up to 30 trainees IOM: Universal-Direct	N/A ABC County Public Health	#24, #25 n/a

## Walk through – specifics for YMHFA

- (Orange)- The Youth Mental Health First Aid must be delivered in the following formats: (1) eight hour session or (2) sessions of 4 hours that total eight hour PER YEAR. So the questions of “How much” and “How often” will be consistent throughout all action plans. With the COVID-19 pandemic, YMHFA adapted their training for a virtual format and included an additional two-hour training for virtual implementation. Ensure when filling out this column of the action plan you are as specific as possible in terms of the anticipated months of implementation. Unfortunately, indicating “one per year” is not sufficient and will require edits.
- If Contractor has previously held a contract with HCA for MHPP/Suicide Prevention CBO services and has fully saturated their Community with this training they may submit a request for an exception to this requirement. This must be approved by the HCA Contract Manager.

- (Blue)- The IOM category for YMHFA is Universal-Direct and those served would usually be providers/community members who serve youth. Be specific about the individuals you are trying to reach and put estimate attendance size. Remember this is a living document but it is important to establish numbers so you can plan for outreach.
- (D Green)- Indicate all partners that may be involved. If you are partnering with the ESD in your community to provide please indicate that here.
- Though YMHFA requires a data collection component it is not requirement to report for MHPP.

# Matching Action Plans & Budgets MHPP Walk Through



Objective 2.2: Increase understanding of community norms on children's lives. (Minerva #12, #13)  
 CSAP Strategy: Other: Training (Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<i>Program Name</i>	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	#16, #19	#16, #21, #22, #23	N/A	#24, #25
Community Awareness Project	MHPP: Other	1. Community awareness through the use of mental health promotion videos through Skagit County Public Health website; 2. Skagit Co Public Health blog posts addressing mental health during COVID19; 3. Banners printed for display at the COVID19 drive-thru testing site with information about the Disaster Hotline and Suicide Prevention Hotline.	1. 1-3 video series addressing mental health promotion in April 2020 and September 2020. 2. Blog posts created to address pertinent topics throughout SFY1 and SFY2; promoted through Skagit Co Facebook page. 1 new	Who & # reached: 1. Expected reach: 1,500+ ABC residents 2. Expected reach: 1,500+ ABC residents 3. 7,000+ individuals per month through testing site for a total estimated reach of 80,000+ ABC residents and Puget Sound Region.  IOM: Universal-Indirect	ABC County Public Health	n/a

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## Walk through – Community Awareness

– key points on the action plan and then show the matching budget

- (L Green)- Ensure that the description addresses all the elements of the proposed community awareness campaign.
- (Red)- For CA, again like YMHA provide the expected months of implementation, what type of media or platform you will be using, and the number of activities. The expectation is at least two (2) Community Awareness raising activities focusing on mental health promotion or suicide prevention, or both, during the period of the contract. The contractor shall implement one (1) Community Awareness activity per state fiscal year, with the first one completed by June 30, 2022 and second completed no later than June 30, 2020.
- (Purple)- Provide the frequency and estimated reach. For the IOM Category, CA is usually categorized as Universal-Indirect. If you are unsure connect with your PSM.



## Matching Action Plans & Budgets MHPP Walk Through

Program Name: Community Awareness Project	Year 1
Indicate if EBP, RBP, PP, or the applicable approved domain and risk factor	Required
Community name:	
Salary [% or # FTE]	\$ -
Benefits	\$ -
Travel	\$ -
Professional Services	
Program Supplies	\$ 430.00
Program Printing	\$ -
<b>Subtotal</b>	<b>\$ 430.00</b>
MHPP ONLY	Year 1
Community name: YMHFA	
Youth Mental Health First Aid (not to exceed \$5,000)	Required
Professional Services [NWESD]	\$ 1,400.00
	\$ -
	\$ -
	\$ -
	\$ -
<b>Subtotal</b>	<b>\$ 1,400.00</b>

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-Community Awareness is wide open. A community awareness piece needs to be complete but the amount of funds used varies.

- No more than \$5,000 dollars can be spent on YMHFA per SFY.

## Ingredients for Success



- Always, Consult with your Prevention System Manager first
- Know your Contract – Read it twice and highlight it and ask questions
- Read CBO Guidance Manual
- Follow Specific Funding Evidence-based Program List
  - ▶ [Updated Mental Health and Suicide Prevention program list](#)
  - ▶ DMA- follow as outlined in the RFA
- [Use the Survey Selection Guide in Minerva](#) and complete pre/post survey with attendees
- [Successful Billing Tips](#) (June 2020) Future training
- Make sure you attend all required trainings and check ins
- Have a data collection and reporting plan before the program begins

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How do you collect data, who is going to input into Database system, where are you going to store data.

When collecting data, the deadline to input into our system is the 15 of the following month, so implement a plan to ensure that data is collected before that time.

Updated MHPP EBP list is on the Athena Forum – DMA is based on what is in the RFA

## Common Pitfalls & Challenges Action Plans

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- ▶ Action Plans/Budgets that forget about program facilitation training and/or cost of hiring Professional Services

- ▶ Doing program surveys instead of required DBHR surveys



- ▶ Failing to collect data or the wrong data for the service type

- ▶ Not having MOUs with program implementation agencies/providers



- ▶ Failing to send subcontract to DBHR subcontract for review and feedback prior to execution.

If hiring a subcontract – must have the required DBHR contract language and must be reviewed by PSM who may provide feedback prior to execution by your PSM. -

Please note, sometimes the DBHR survey is the program survey and sometimes it is not and they may do the program survey additionally-

## Common Pitfalls & Challenges- Budgets

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- ▶ Budgets that don't list staff name(s) , FTE and hourly rate
- ▶ Budgets that don't add up – check your math
- ▶ Budgets that don't match Action Plans



- ▶ Budget changes less than 10% do not require approval but consider sending to PSM for a quick review to ensure contract compliance



- ▶ Do not pay a subcontractor upfront in advance – make sure to get all backup documentation (cost reimbursement for services rendered)

## Discussion

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- What do you feel confident about and what do you think may be a challenge?
- What is one action item you are going to follow-up with your Prevention Systems Manager following today's meeting?

## Upcoming Trainings

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### ▶ What is coming up?

- ▶ July 27<sup>th</sup> Program Start Up /Data Reporting
- ▶ August 9-12<sup>th</sup> SAPST (optional)
- ▶ August 20<sup>th</sup> MHPP CBO info (req. for MHPP); CPP Overview (optional)
- ▶ August 31<sup>st</sup> A-19/Fiscal Training

SAPST Optional – Type B applicants are encouraged to attend to learn more about the science of prevention and main concepts.



## Questions?

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### General questions:

[prevention@hca.wa.gov](mailto:prevention@hca.wa.gov)

### Supervisors:

Alicia Hughes

[alicia.hughes@hca.wa.gov](mailto:alicia.hughes@hca.wa.gov)

Jen Hogge

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

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