

Substance Use Disorder Prevention and Mental Health Promotion Services Grants

Funding Opportunity Announcement

Funding Opportunity Announcement (FOA)	Substance Use Prevention and Mental Health Promotion Services Grants
Short Title	2025 SUD Px and MHPP Services FOA
Funding Opportunity Announcement (FOA) number	#2025PxPromo01
Contract Period	July 1, 2025 – June 30, 2027
Application Due Date	All proposals must arrive by April 1, 2025 at 11:59 P.M. Pacific.
Submit Application To	Submit complete Application package to Prevention@hca.wa.gov with the Subject line: #2025PxPromo01– [Applicant Organization Name]
Informational Opportunities	February 13, 2025; 2:05 pm February 20, 2025; 1:05 pm February 27, 2025; 11:05 am
Questions	Questions may be submitted to Prevention@hca.wa.gov with subject line Subject line: #2025PxPromo01– Question.
Application	Funding Opportunity Announcement and related forms and information can be found at https://theathenaforum.org/headlines/current-funding-opportunities
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FOA Timeline

FOA Live for Submission and Selection (Part I)	February 4, 2025
Pre Application Webinar Info Session	February 13, 2025
Pre Application Webinar Info Session	February 20, 2025
Pre Application Webinar Info Session	February 27, 2025
Applications Due	April 1, 2025
Successful Applicants announced	May 5, 2025
Action Plan and Budget Training (Required)	May 15, 2025
Contract Start Date	July 1, 2025

Background

The Washington State Health Care Authority (HCA) is committed to whole-person care; integrating physical health and behavioral health services for better results and healthier residents, while creating healthy and thriving communities. Substance use and mental health disorders can impact the quality of life at multiple levels including individual, family, and community. Preventing these impacts improves the quality of life, while also saving communities societal and social costs at many levels.

The Division of Behavioral Health and Recovery (DBHR) Substance Use Disorder (SUD) Prevention and Mental Health (MH) Promotion Section supports promotion of wellness by working to delay the onset of substance use, reduce the risk for future problems related to alcohol, commercial tobacco, cannabis, opioids and other drug use, as well as to increase emotional wellness and resiliency, and prevent suicide. The DBHR SUD Prevention and MH Promotion Section provides funding to plan and implement prevention and promotion programming for individuals, families, and communities.

This funding opportunity for a Substance Use Prevention and Mental Health Promotion Services Grant is also known as a Community Based Organizations (CBOs) grant. Awarded grantees will serve communities and/or schools with high risk and need by providing quality and culturally grounded services to address substance use disorder prevention and mental health promotion, including prevention of suicide and disordered eating, through evidence-based, promising, and/or innovative programs and strategies. This grant funding is focused on the delivery of prevention and promotion programs and/or strategies to meet prioritized needs. Programs such as parenting/caregiver education, youth education, community awareness raising, mentoring, training, environmental strategies, and youth skill building can be included.

Grantees may be coalitions, non-profit organizations, educational service districts, schools, tribal or local governmental entities, or faith-based organizations. For eligibility, please see the Eligible Applicants Section. Grantees can operate independently, providing targeted prevention and promotion programming to meet a need

that the organization has identified. Grantees are encouraged to partner with or apply as existing [Community Prevention and Wellness Initiative \(CPWI\)](#) coalitions, or other local or regional community coalition to expand capacity and meet identified needs within Washington State. Through partnerships like this, grantees can help expand the reach of a coalition and build off their strategic plan. For details on eligibility, please see the Eligible Applicants section.

Purpose

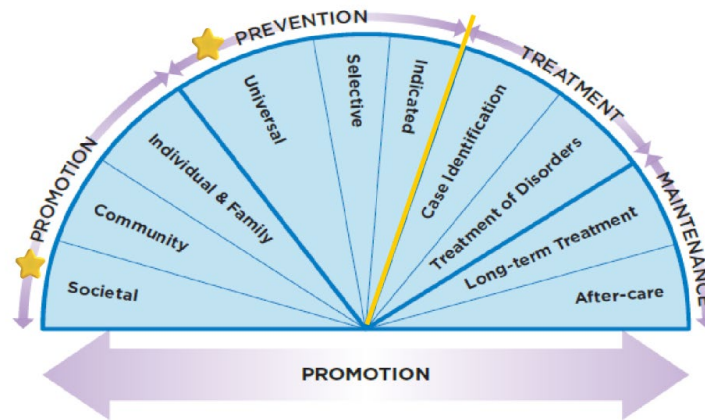
HCA's Division of Behavioral Health and Recovery (HCA/DBHR) intends to award grants to provide quality and culturally grounded services to communities to delay the onset of substance use and to promote mental health, including the prevention of disordered eating and suicide.

Grantees will utilize Evidence-Based Programs with opportunities to implement Promising programs and/or innovations with strong evidence or sound theories to match the communities' identified needs in the area(s) of substance use disorder prevention and/or mental health promotion, including disordered eating and suicide prevention. Grantees will be provided funding to implement primary prevention programs with two-way educational approaches, environmental strategies, and public awareness initiatives, to prevent and reduce cannabis and opioid use among youth and promote mental wellness within communities of high risk and need. The purpose of this funding is to provide opportunities for communities to plan and implement prevention/promotion programming where needs exist, expand the knowledge of prevention science, and support the larger Community Prevention and Wellness Initiative of Washington State.

HCA/DBHR highly values health equity and reducing health disparities by providing substance use disorder prevention and mental health promotion services to underserved communities and communities of color, veterans and military families, persons with disabilities, members of LGBTQ+ communities, and other marginalized populations.

Below is a graphic of the [Institute of Medicine's Spectrum of Mental, Emotional, and Behavioral Interventions](#), as explained by the Northwest PTTC (Prevention Technology Transfer Center). The sections of the spectrum indicated with stars and to the left of the yellow line are the areas that awarded grantees will focus their work in. The programs and strategies that grantees will be expected to provide are Mental Health Promotion services and/or SUD Prevention services, depending on the funding source.

- Mental health promotion services improve overall wellbeing and are delivered in the settings where people live, work, learn, and thrive. These include school and community mental health programs, early childhood interventions, social support, and community awareness that address the social determinants of mental health.
- Prevention services focus on the general public as a whole population. Services implemented to populations not been identified on the basis of individual risk and designed for everyone are Universal services, services focused on individuals or subgroups of the population are Selective, and services focused on "high-risk individuals who are identified as having minimal but detectable signs or symptoms" that foreshadow behavioral health disorders, "but who do not meet diagnostic levels at the current time" are Indicated. These services will address identified community needs and are implemented in school-based and community-based settings.



Funding and Contract Period

Any award as a result of this FOA is contingent upon the availability of funding and an Applicant's previous contract performance. HCA/DBHR may provide additional funding, or de-obligate unused funds, if it is deemed by HCA/DBHR to be in the best interest relative to the overall purpose and objective of the funding. Within this FOA, Applicants will also have the chance to indicate that they are open to receiving other funding should the fund source they applied for be fully allocated.

HCA/DBHR has an anticipated budget of \$1,992,000 for SFY 2026-2027 for the purposes of awarding multiple contracts following this FOA. Awards will be awarded via three types of funding sources, which are dependent on federal and state funding:

- Dedicated Cannabis Account (DCA) funding: \$642,000 anticipated budget
- Mental Health Promotion Project (MHPP) funding: \$1,000,000 anticipated budget
- State Opioid Response (SOR) IV funding: \$350,000 anticipated budget

Applicants may apply for one, two, or three funding sources per Application. Applicants may apply for a total of \$30,000 to \$180,000 per fiscal year (Year 1: July 1, 2025 – June 30, 2026 / Year 2: July 1, 2026 – June 30, 2027). Each fund source has a minimum of \$10,000 to a maximum \$60,000 per fiscal year. Each of these separate funding types have unique program lists which must be utilized in the selection of programming for implementation as a part of the efforts. Program lists can be found [here](#) on The Athena Forum website. Each of the funding types also have unique programmatic requirements, which are outlined below in Implementation.

The anticipated funding period is July 1, 2025 – June 30, 2027. Applicants should only request funding necessary to meet needs and within their capacity to expend all funds. Applicants can apply for one or two years of funding according to the community need and may request different funding amounts for each year. Should an Applicant only apply for one funding year, please indicate "\$0" on the application for the funding year no funds are requested. Applicants who submit requests for funding under \$10,000 and over \$60,000 per fund source per fiscal year will be considered non-responsive and will not be evaluated until after Successful Applicants are announced, and only awarded a grant should funding be available. All awards are dependent on available HCA funding.

Eligible Applicants

Organizations that are eligible to apply must meet the following minimum qualifications:

- Fall within at least one of the following categories: Tribal governments, Urban Indian Organizations, and other Tribal organizations, government agencies (i.e. city, county, law enforcement agencies), educational organizations (i.e. school districts, Institutions of Higher Educations , Educational Service Districts (ESDs)), behavioral health organizations, youth and family serving organizations, primary care organizations, public or private organizations, non-profits, faith-based organizations, and community coalitions (i.e. funded through Community Prevention and Wellness Initiative (CPWI), Drug Free Communities (DFC), Department of Health (DOH) and other).
- Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Successful Applicant.
- Experience managing or providing at least one (1) community – based program with the purpose of addressing prevention, or health and wellness of youth and families, for a minimum of two (2) years.

HCA/DBHR will recognize a coalition as a single organization, understanding that they may need to use a fiscal agent to receive grant funds.

Applicants will be required to indicate which of the two categories below they identify as in their Application. Both types of Applicants will be required to complete the same forms and answer the same questions. Type A and Type B applicants' scores will be reviewed and considered for funding separately.

Type A Applicant- is for those Applicants who identify with any one of the following criteria:

1. Have an existing contract directly with HCA/DBHR for Community Prevention and Wellness Initiative (CPWI) School-based or Community-based services or Community-Based Organization (CBO) services; and/or
2. Has ever held a contract with HCA/DBHR.

Applicants under Type A will be required to specify if they are:

- Applying for funding for **new** services or programs
- Applying for funding to **expand** existing services or programs
- Applying for funding to **continue** existing services or programs

Type B Applicant – is for those Applicants who identify with either of the following criteria:

1. Have no existing direct contract with HCA/DBHR;
2. A Tribal government, an Urban Indian Organization or another Tribal organization.

Prioritized Applications

HCA/DBHR is seeking Applications to provide services that support HCA's values of health equity and reducing health disparities by providing substance use disorder prevention and mental health promotion services to underserved communities and communities of color, veterans and military families, persons with disabilities, members of LGBTQ+ communities, and other marginalized populations. Any organization that meets the "Eligible Applicants" criteria is welcome to apply, additionally priority in scoring will be given to organizations applying that meet any of the additional criteria outlined below.

CPWI Coalitions

Applicants who are applying as or partnering with a community coalition will be prioritized. A letter of support from the coalition must be included with the Application to receive bonus points. While eligible coalitions can come from any public or private funding source, HCA/DBHR currently has contracts with community coalitions as part of the Community Prevention and Wellness Initiative (CPWI). The list of current CPWI communities is in **Appendix 1, page 19**.

Communities with High Risk and Need

Priority will be given to organizations serving the communities experiencing the highest risk and rates of SUD as defined by HCA/DBHR, with focus on opioids and cannabis, as well as communities experiencing the highest need for mental health promotion and suicide prevention services. To determine what communities are considered to have the highest risk and need, a composite index score is calculated.

- For Substance Use Disorder (SUD) risk and need, communities are determined based on a composite index score measuring the level of youth substance use risk for each school district and/or High School Attendance Area (HSAA). Measures used to calculate this score include youth substance use and other youth behaviors that include mental health, school performance, and delinquency.
- For Mental Health Promotion Projects (MHPP) risk and need, communities are determined based on a composite index score measuring the level of youth mental health risk for each school district and/or High School Attendance Area (HSAA). Measures used to calculate this score include measures on youth mental health prevalence, academic performance, substance use and treatment, and delinquency measures of individual and community risk factors such as adverse childhood experiences, homelessness, and youths' perceptions of low hope and lack of support from caring adults..
- Due to the fact that the composite index is constructed using a significant number of variables collected from 8th and 10th-grade students through the Healthy Youth Survey (HYS), school districts that did not participate in HYS or do not have high schools will not receive a composite substance use or mental health composite index score.

Based on the above mentioned process, the communities with the highest risk and need for this FOA are listed in **Appendix 2, page 20**. These communities are sorted by the three fund sources included in this FOA.

Implementation

Awarded grantees will be expected to implement direct service programs and strategies to address identified risk and protective factors within their community(ies). These risk and protective factors must relate to substance misuse, mental health, disordered eating and/or suicide prevention. Grantees need to address health disparities by focusing on the barriers members of the community(ies) face closely linked with social, economic, and/or environmental disadvantage.

Grantees will outline these risk and protective factors, and the programs and strategies selected to address them, in an Action Plan. Action Plans are reviewed and approved by an HCA assigned contract manager, also known as a Prevention System Manager (PSM). The Action Plan will include details on how the Applicant plans to address the identified risk and protective factors through program implementation. Grantees will also be required to submit a budget that outlines all costs that are anticipated to be incurred in supporting the implementation of programs and services.

Program and strategy implementation throughout the fiscal year must be in alignment with the approved Action Plan and Budget. This includes the approved program(s), dates and timelines, scope, audience(s) of focus, leadership, and responsible parties. Programs and strategies are to be implemented with full fidelity or with approved adaptation(s), and are to be delivered on a regular annual schedule of services. Action Plans and Budgets will be due annually, and must be approved prior to program implementation.

Implementation requirements vary depending on the fund source(s), as listed below. Applicants are welcome to apply for as many funding sources as they would like, but must implement programs and strategies that are specific to the fund source that they are applying for. Awarded grantees shall only use award funds to supplement existing funds and shall not use them to replace (supplant) funds that have been budgeted for the same purpose. Grantee must also adhere to Single Source Funding, which means grantee can use only one (1) source of funds at any given time for the same expense.

HCA/DBHR highly values the number served and proposed reach of individuals per program as a metric for estimating potential impact and outcomes on substance use disorder prevention and mental health promotion services. Requested funds should be relative to planned service and impact. Applicants are to consider this metric in the selection and justification of direct services programs and strategies, the expansion of direct services to diverse communities, accounting for the cost(s), and the intended reach of the chosen program/strategy(ies) in the Application.

Funding Specific Implementation Requirements

Each funding source has unique implementation requirements, which are directly tied to the funding source goals, objectives, and/or directives. These requirements are outlined per funding source below. Regardless of funding source, program implementation must occur on a regular annual schedule over the course of the grant year, which may mean implementing multiple series or cycles of a program.

Dedicated Cannabis Account (DCA) Program Implementation Requirements

- All grantees are required to implement a minimum of at least one Evidence-Based Program or Strategy on the [Youth Cannabis Use Prevention list](#) found on the Athena Forum.
 - Once two (2) or more Evidence-Based Programs are selected, grantee may select one (1) Promising Program from the Youth Cannabis Use Prevention list.

Mental Health Promotion Project (MHPP) Program Implementation Requirements

- All grantees are required to implement a minimum of at least one Direct Service Program or Strategy. Applicants must select a minimum of one of the following implementation options, or a combination if an Applicant is proposing to do a variety of programs:
 - Option A: MHPP Programming Selection (EBP) – [Mental Health Promotion and Suicide Prevention list](#) found on the Athena Forum.
 - Option B: Suicide Prevention Programming Selection (EBP/Promising) – [Mental Health Promotion and Suicide Prevention list](#) found on the Athena Forum.
 - Option C: Suicide Prevention Innovative Programming Selection to address one or more of the Risk and/or Protective Factors listed in **Appendix 3, page 22**
 - Option D: Disordered Eating Innovative Programming Selection to address one or more of the Risk and/or Protective Factors listed in **Appendix 4, page 23**

All grantees who select Option C and/or Option D will be required to ensure the identified program or strategy is in alignment with the [CSAP Principles of Effective Prevention](#) and the [WA Prevention Tools: What works, what doesn't](#).

All grantees are required to implement, with fidelity, a minimum of one (1) Youth Mental Health First Aid (YMHFA) training per year. If Applicant 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 as part of their response to Question 47 – Action Plan Overview.

- This training must be delivered by certified YMHFA instructors, must take place in the community(ies) identified in the Application, must utilize the training curriculum and instructional materials associated with Youth Mental Health First Aid, a trademarked program marketed by the [National Council for Mental Wellbeing](#).
 - Up to \$5,000 can be used to support implementation of each required YMHFA training. Eligible expenses include trainer fees, materials, facility rental, and all other expenses associated with the training.
 - These trainings must be delivered in one of the following formats: One (1) session with eight (8) hours of instruction, or two (2) sessions with a total of eight (8) hours of instruction.
- All grantees will implement at least one (1) community awareness raising event per fiscal year, focusing on mental health promotion (which may include a specific focus on disordered eating or suicide prevention).

State Opioid Response (SOR) IV Program Implementation Requirements

- All grantees are required to implement a minimum of at least one Direct Service Program or Strategy on the [Opioid Use Prevention list](#), found on the Athena Forum.
- All grantees are required to participate in the National Drug Take-Back Days (information dissemination strategy) held in April and October each year, or at least twice annually based on local implementation, according to the [Drug Enforcement Agency \(DEA\) guidelines, recommendations, and regulations](#).
- All grantees must implement one opioid prevention public education campaign (information dissemination strategy). Implementation means to have a recurring cycle (at least once monthly) of media reach, through one or more mediums (social media, ads, radio, billboards, traditional media). Local implementation and/or translations may occur in consultation with HCA/DBHR. The available campaigns are:
 - [Starts with One](#)
 - [Friends for Life](#)

Reporting

- All grantees will be expected to complete monthly data entry in the HCA Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System ([Minerva 2.0](#)). Data entry includes, but is not limited to, entry of an approved Action Plan within 30 days of contract execution, monthly staff hours and efforts, and implementation data (i.e., delivery of direct services, public awareness and outreach initiatives, program activities, participant information, and pre- and post-test submissions). Data is to be accurate, complete and unduplicated, and any specific reporting requirements based on the requirements of funding sources.
- Reporting of monthly staff hours not linked to the implementation of a program, strategy, or service is broken down into separate categories: Training, Technical Assistance (TA), and Other.
 - Training refers to one monthly entry per structured education program or workshop received by a grantee or community. This refers to delivery designed to equip individuals or groups with tools or information used in the field of prevention and/or necessary to meet contractual requirements.
 - Technical Assistance (TA) refers to one monthly entry per entity that provided TA. This refers to specialized support, guidance, and expertise received by a grantee.
 - Other Staff Hours refers to one monthly entry of admin/indirect or sick leave, paid leave, bereavement, jury duty, and holidays (only entered as needed).
- Implementation data reporting includes the date of each implementation occurrence, duration, participant information, and pre- and post-test submissions.
 - Participant information must include first name, last name, month and year of birth, and required demographic information.
- It is required that two (2) individuals are trained by an HCA/DBHR staff member and able to complete data entry: one primary user, and one back up. Each individual with access to Minerva 2.0 is required to sign a User Agreement on Non-Disclosure of Confidential Information, which is included as an Attachment in the contract.

- Grantees should expect to spend approximately 2-5 hours per month reporting. This may vary dependent on program and strategy implementation.
- The reference chart below lists the primary reporting required throughout the year:

Reporting Period	Report(s)	Report Due Dates	Reporting System
Annually	Enter programs listed on approved Action Plan by HCA/DBHR	Within 30 business days of Action Plan approval	Minerva
Monthly	Prevention activity data input for all active services including coordination staff hours and efforts, services, participant information, training, evaluation tools, and assessments	15th of each month for activities from the previous month	Minerva
As requested	GPRA measures	As requested	Minerva
As requested	As required by SAMHSA	As requested	Minerva or as required

Trainings

- As part of contracting with HCA/DBHR, grantees are required to attend several trainings/events throughout the year as listed in the CBO Community Implementation Guide. These trainings are:
 - Onboarding trainings (fiscal requirements, contract compliance, data reporting ((Minerva New User Training))
 - Learning Community Meetings (occurs virtually every other month)
 - All Provider Meeting (occurs in-person annually)
 - Annual Contractor Training (occurs virtually annually)
- In addition to the required trainings above, grantees may attend trainings in capacity building regarding prevention theory and practice, and capacity building for Evidence-Based Practice and environmental strategy implementation, related to the goals and objectives of an approved Action Plan as funding allows. Grantees may utilize funds to attend any trainings needed to appropriately implement selected or required programs and strategies.
- Additionally, grantees are required to participate in monthly monitoring meetings with their contract manager.
- Any other trainings that may be required will be communicated to grantees 30 days prior to the training date.

Submission of Application

Applications should be submitted via email to Prevention@hca.wa.gov with the Subject line: #2025PxPromo01– [Applicant Organization Name]. All proposals must be received by April 1, 2025 by 11:59 p.m. Pacific.

All questions must be answered completely to have an Application considered for an award, and no changes may be made to the Application form. Applications may be submitted in Aptos, Calibri, Segoe UI, or Times New Roman font, size 10. Applications may be submitted in Word or saved PDF format. No Google documents or scanned in PDFs will be accepted. Documents should be saved with the naming convention: **#2025PxPromo01– [Applicant Organization Name]_[Fund Source(s)]**. Application Form must not exceed 25 pages in its entirety when submitted. Only the Application Form and Letter(s) of Support will be accepted. Letter(s) of Support are not included in the page limit. The Funding Opportunity Announcement and Application Form can be found on the Athena Forum at <https://theathenaforum.org/funding-opportunities/substance-use-disorder-and-mental-health-promotion-services-funding-opportunity-announcement-foa-0>.

- Action Plans and Budgets will not be submitted with the initial Application. Applicants may view the templates for reference in the on the [Athena Forum](#) to support the development of a narrative response. For Applicants that move to Part II, these will be required to be completed.

Failure to submit the Application by the due date and/or as outlined above may result in the Applicant being found non-responsive.

- Applicants should allow sufficient time to ensure timely receipt of the Application by the FOA Coordinator. Late Applications may not be accepted and might be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. HCA/DBHR does not assume responsibility for problems with Applicant's e-mail. If HCA/DBHR e-mail is not working, appropriate allowances will be made. Email box will be checked regularly. You should receive a confirmation receipt within two (2) business days. If you do not receive a confirmation of Application received within two (2) business days, you may call or text Sonja Pipek: 360-790-8513. NOTE: This contact is only for application receipt confirmation only. All other questions must be sent via email to prevention@hca.wa.gov **Subject line: #2025PxPromo01– Question.**

The FOA Coordinator will ensure that each Application contains all of the required information requested in the FOA before the Application is sent to the evaluation team for scoring. Only Applications that meet the requirements will be considered responsive and will move forward to be scored by the evaluation team. HCA/DBHR reserves the right to review Applications without asking follow-up questions of the Applicant. Therefore, the Applicant should ensure that the Application is completed to its fullest extent before submission. HCA/DBHR reserves the right to contact an Applicant for clarification of their Application.

If any prospective Applicant requires any technical assistance in accessing or obtaining the Application, please email Prevention@hca.wa.gov.

Budget Narrative

Each Application must include a budget narrative. This narrative should describe how the funds will be utilized to ensure the programs and strategies selected and required are implemented with sufficient staffing, curriculum, materials, etc. At a minimum this answer should include:

- A total budget, outlining an allocation per program and strategy for each fund source.
- How you calculated your proposed costs (i.e., staffing costs, training costs, program costs, etc.).
- If necessary, a justification of how selected direct service programs and strategies account for the cost(s) in comparison to the intended reach of the chosen program/strategy(ies) in the Application.
- Costs that are consistent with state government efforts to conserve state resources.
- Allowable expenditures that meet the test of the appropriate executive office of the Federal Office of Management and Budget (OMB) circular. The most significant factors which determine whether a cost is allowable are the extent to which the cost is:
 - Necessary and reasonable
 - Allocable
 - Authorized or not prohibited under Washington state or local laws and regulations
 - Adequately documented.

The Budget narrative should not include unallowable expenditures per the Federal Cost Principles (<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E> ; <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>), as well as the [SAMHSA Additional Directives \(for SOR funding requests\)](#). General unallowable costs include, but are not limited to:

- Cash payment to clients
- Meals (some exceptions)
- 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)
- Food costs (no more than \$1,500 per year, regulations for light refreshment and meals vary by fund source).

Project budget descriptions may include an Admin/Indirect total that is no more than 10% of the budget. This addresses the costs that are necessary to administer or operate a program, but that are not considered direct program costs. Criteria for Administrative/Indirect Costs, Contract-Specific Direct Costs, and Shared Direct Costs are outlined in the [Substance Use Disorder Prevention and Mental Health Promotion Services Billing Guide](#).

Scoring and Evaluation

Process

This Application will be reviewed and evaluated in a two part process.

Part I

At the closure of the initial Application deadline of April 1, 2025, all Applications will be processed using the following steps:

1. FOA coordinator will complete Application intake: This entails screening to identify complete and responsive Applications, and to identify Application Type.
2. A review team will score using the rubric listed below. Each Application will receive a separate score for each fund source being applied for. Scores will be collected from each reviewer, then averaged for a final total score. Any calculations (averages of all reviewers) for final total scores that result in decimal points will be rounded to the nearest whole number.
3. FOA Coordinator will then use the final Application score(s), sorted by funding source, to provide a ranking of all Applications per funding source.
4. The determination of Applicants who are eligible to proceed to Part II will be based on additional priorities outlined in the Reservation of Rights to Award section, as applicable.
5. All Applicants will be notified of the status of their Application and if they have been selected to proceed to Part II on April 23, 2025.

Part II

Successful Applicants from Part I will move on to Part II of the Application process. Applicants will:

1. Determine if they would like to move forward and compete in Part II of the process. Applicants that chose to not continue will be considered cancelled and the Application will not be further considered for grant funding under this FOA.
2. Attend a training on Action Plans and Budgets on [May 15, 2025](#), facilitated by HCA/DBHR.
3. Utilize the Action Plan Overview and Budget Narratives from the Application submitted and reviewed in Part I, and apply the knowledge and skills gained from the training to submit a formal Action Plan and Budget for review by HCA/DBHR. The HCA reserves the right to negotiate the details of the Action Plan and Budget.
4. A reviewed and approved Action Plan and Budget must be negotiated and agreed upon prior to contracting.
5. Final contract negotiation and execution.

Note, HCA will not be liable for and costs incurred by the Applicant in preparation of a proposal submitted in response to this FOA, in conduct of a presentation, or any other activities related in any way to this FOA.

Scoring

The Application is scored only in Part 1 of the evaluation process. A score will be calculated for each Application. Should an Applicant apply for multiple funding sources, separate scores will be tabulated for each funding source

an applicant requests. The Application Form includes the following three sections, and scoring and evaluation is completed as follows:

- Section 1: General Application Information (10 total maximum points available per fund source)
 - Complete information must be provided for each question to be considered responsive.
 - Please ensure that the contact information that is listed on the Application is one that will allow you to receive all communications from HCA/DBHR and/or the FOA Coordinator. Contact information for multiple individuals may be listed.
 - 10 Bonus Points maximum are available for Applicants applying to serve communities with high risk and high need. These high risk and high need communities can be current CPWI community(ies), and/or other communities with High Risk and Need as identified in Appendix 2.
 - 5 Bonus Points for serving a current CPWI community as identified in Appendix 1 (Letter of Support must be included)
 - 5 Bonus points for serving a community with High Risk and Need as identified in Appendix 2

- Section 2: Narrative (80 total maximum points available per fund source)
 - Applicant shall address each fund source an Applicant is applying for when answering each of these questions. To clearly provide answers that address each fund source, use a header (examples: SOR, DCA, MHPP).
 - Questions in the Application form that are identified with an asterisk(*) will receive a separate score for each fund source that an Applicant is applying for. Providing a header for each funding source ensures that responses provided address each funding source's specific needs, programming, goals, etc., so HCA/DBHR can properly review and evaluate.
 - Answers should include details on how an Applicant will address health equity.
 - Throughout this section of the Application, the responses Applicants will be expected to provide follow the [Strategic Prevention Framework](#) from SAMSHA. By using this framework, Applicants will be using a prevention science process that will assist the reviewers in understanding the applicant's community(ies), the reasons why programs and strategies were selected, and how they meet the community need. Applicants will be required to use data to support the description of their community(ies) and the programs selected for implementation. Data sources may vary from local to state reports. Some available data sources are:
 - <https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>
 - <https://www.askhys.net/>
 - <https://sites.uw.edu/uwwyahs/>
 - CPWI Community Survey, if applicable
 - Narrative responses in this section are scored on a 0 – 5 scale. The Action Plan Overview is weighted to 3 for a total maximum amount of 15 points, while all other questions are scored with a total maximum amount of 5 points per question. Scoring rubric listed below.

- Section 3: Budget Narrative (15 total maximum points available per fund source)
 - The answer to this question should be inclusive of all fund sources an Applicant is applying for, as one Application is being submitted encompassing all fund sources. To clearly provide answers that address each fund source, use a header (examples: SOR, DCA, MHPP).

- Response is scored on a 0 – 5 scale and weighted to 3, for a total maximum amount of 15 points, per funding source. Scoring rubric listed on the following page.

SCORING RUBRIC	
QUALITATIVE ASSESSMENT	DESCRIPTION
5 = Excellent	The Applicant provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. Documentation and required information are specific and comprehensive. All criteria are thoroughly addressed, strongly developed, and well supported. All activities and expenses are allowable. Application is extremely strong, with insignificant weaknesses. Weaknesses identified will likely have no impact on the successful implementation of the proposed project.
4 = Very Good	The Applicant provides substantive descriptions and relevant details in addressing the narrative question, but the response is not fully comprehensive. All activities and expenses are allowable. Application is very strong with only some minor weaknesses. Any identified weaknesses will likely have minor impact on the successful implementation of the proposed project.
3 = Acceptable	The Applicant provides a basic response to the narrative question, but the necessary detail and/or support is missing. Response does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the Application will be implemented. All activities and expenses are allowable with some minor clarifications or corrections. Application has some strengths, but with at least one major weakness. Identified weaknesses will likely have some impact on the successful implementation of the proposed project.
2 = Marginal	The Applicant provides minimal details and insufficient descriptions that do not completely answer the narrative question. Some criteria are addressed, although response does not contain necessary detail and/or support. Limited information is presented, or the Applicant merely repeats back information included in the FOA. The Applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented, such as documentation or required support is missing. All activities and expenses are allowable with some clarifications or corrections. Application has few strengths and a few major weaknesses that will likely impact the successful implementation of the proposed project.
1 = Unacceptable	The Applicant does not explicitly address the narrative question. Few, if any, criteria are addressed. The Applicant organization states the question but does not elaborate on the response. As a result, the answer is completely deficient in addressing the narrative question. Documentation and required information are missing. Many activities and expenses are unallowable, and clarifications or corrections are needed.

	Application has few strengths and numerous major weaknesses that will likely prevent the successful implementation of the proposed project.
0= Nonresponsive	The Applicant skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.

Reservation of Rights to Award

Final Successful Applicant determination will be based on additional priorities outlined below. As such, HCA/DBHR may choose to award funding to Applicants with lower scores if they meet any of the priorities outlined below. This approach aims to enhance the overall impact of funding by addressing disparities in services availability. HCA/DBHR reserves the right to, at our sole discretion, make award determinations based on:

- The Application responses and scoring, including proper alignment of action plan with goals and objectives of the funding.
- Availability of funding.
- Areas of High Risk and Need. Areas with higher identified risks and needs will be prioritized.
- Health equity and reducing health disparities. Services to underserved communities or communities of color, veterans and military families, persons with disabilities, and/or members of LGBTQ+ communities.
- Population density and numbers served relative to cost and the intended reach of the chosen program(s)/strategy(ies) in the Application.
- Equitable distribution of services across the state.
- An applicant’s confirmed status as “Type B” as indicated on the Application Form. This approach aims to enhance the equity of Application for the funding opportunity.
- Past performance of contract deliverables with HCA/DBHR, including past contract terminations.

HCA reserves the right to offer alternative funding to an Applicant, should another funding source also be available (i.e., a direct service program that is an allowable program on multiple fund source EBP lists).

Frequently Asked Questions

When are Applications due?

- Applications must be received by **April 1, 2025 at 11:59 p.m.** (Pacific).

How do I submit my Application?

- Submit complete Application packages to Prevention@hca.wa.gov with the **Subject line:** #2025PxPromo01– [Applicant Organization Name]

Are there opportunities to ask questions about this Application?

- Informational Opportunities will be available on [February 13, 2025; 2:05 pm](#), [February 20, 2025](#) at 1:05 pm, and [February 27, 2025](#) at 11:05 am. These can be found on the [Athena Forum Calendar](#) or by emailing Prevention@hca.wa.gov with the subject line "2025PxPromo01 FOA Informational Opportunity"

What services are eligible to be paid for using these fund sources?

- This grant is intended for services that address the primary prevention of Cannabis Use Disorder ([DCA](#) – state funds), Opioid Use Disorder ([SOR IV](#) – federal funding), the promotion of mental health, and the prevention of disordered eating and/or suicide ([MHPP](#) – state funds).

Can a current CPWI community apply for these funds?

- Yes, all current CPWI communities are eligible to apply for these funds.

Can a current CBO contractor apply for these funds?

- Yes, all current CBO contractors are eligible to apply for these funds.

Do you have to be a current HCA/DBHR contractor to apply?

- No, organizations that are not contracted with HCA/DBHR currently are encouraged to apply.

Why might my community(ies) not be listed on the Communities Experiencing the Highest Need and Risk lists?

- Your community may not be listed for one of the following reasons:
 - Communities experiencing the Highest Risk and Need are determined based on a composite index score. Since the composite index is constructed using a significant number of variables collected from 8th and 10th-grade students through the Healthy Youth Survey (HYS), school districts that did not participate in HYS or do not have high schools will not receive a composite substance use or mental health composite index score.
 - Only communities in the top 40% of experiencing the Highest Risk and Need per funding source are listed.

Am I eligible if I am not on community with High Risk and Need list, nor a CPWI community?

- Any organization listed in the "Eligible Applicants" section who meet minimum qualifications are eligible to apply, and may apply to serve any community in WA, even if not listed as a current CPWI community or community of High Risk and Need.

What is the timeline from the Successful Applicant announcement and contract start date?

- Successful Applicants are anticipated to be announced on April 23, 2025, with the contracts expected to begin on July 1, 2025.

Appendix 1 Current CPWI Communities

County	CPWI Coalition Community	County	CPWI Coalition Community	County	CPWI Coalition Community	
Adams	Othello	King	Auburn	Snohomish	Darrington	
Asotin	Clarkston		Central Seattle		Granite Falls	
Benton	Benton City		Enumclaw		Lakewood	
	Kennewick		Highline		Marysville	
	Prosser		SE Seattle		Monroe	
Chelan	Wenatchee		Vashon Island		Sultan	
Clallam	Port Angeles		SW Seattle		Spokane	Cheney
	Crescent / Joyce		Bremerton			East Valley
	Forks		North Kitsap			Rogers HS
Clark	Central Vancouver		Kittitas		Cle-Elum-Roslyn / ESD 105	Shadle Park
	Washougal	Ellensburg		West Central		
	West Vancouver / Discovery	Klickitat / Lyle	Stevens	Wellpinit		
Columbia	Dayton	Klickitat	Goldendale	Thurston	Tenino	
Cowlitz	Castle Rock		White Salmon		Tumwater	
	Kelso	Lewis	Centralia	Wahkiakum	Cathlamet	
	Longview		Morton / White Pass	Walla Walla	College Place	
Douglas	Waterville	Lincoln	Reardon		Walla Walla	
Ferry	Republic		Wilbur	Whatcom	Ferndale	
Franklin	Pasco	Okanogan	Omak		Mt Baker	
Garfield	Pomeroy	Pacific	Long Beach - WellSpring		Shuksan - Bellingham	
Grant	Moses Lake		South Bend	Whitman	Colfax	
	Quincy	Pend	Newport		Tekoa	
	Royal	Oreille	Selkirk	Yakima	Granger	
	Soap Lake		Bethel		Cowiche / Tieton	
	Wahluke	Pierce	Clover Park		Mt Adams / White Swan	
Grays Harbor	Aberdeen		Franklin Pierce	Sunnyside		
	Elma		Orting	Wapato		
	Hoquiam	San Juan	San Juan Island	Yakima		
Island	Oak Harbor	Skagit	Concrete			
	South Whidbey		Mt. Vernon			
Jefferson	Chimacum		Sedro Woolley			
	Quilcene	Skamania	Stevenson			
	Port Townsend					

Appendix 2

Prioritized Communities with High Risk and Need

Dedicated Cannabis Account (DCA)					
County	Community Name	County	Community Name	County	Community Name
Adams	Lind	Grays Harbor	North Beach	Pierce	Tacoma: Lincoln HS
Benton	Finley		Oakville	Skagit	Burlington Edison
Chelan	Entiat		Quinault		La Conner
Clallam	Cape Flattery	Island	Coupeville	Snohomish	Arlington
	Sequim		Chehalis		Spokane
Clark	Battle Ground	Lewis	White Pass	Stevens	Medical Lake
	Evergreen (Clark)		Winlock		Chewelah
Cowlitz	Kalama	Mason	Shelton	Whatcom	Blaine
	Toutle Lake		North Mason		Grandview
Douglas	Bridgeport	Okanogan	Brewster	Yakima	Selah
	Eastmont		Methow Valley		Mabton
Ferry	Inchelium	Pacific	Pateros		
Grant	Grand Coulee Dam		Raymond		
		Warden	Willapa Valley		

Mental Health Promotion Project (MHPP)					
County	Community Name	County	Community Name	County	Community Name
Benton	Finley	Grays Harbor	North Beach	Pierce	Fife
Chelan	Entiat		Oakville		Tacoma: Foss HS
Clallam	Cape Flattery	Lewis	Chehalis		Tacoma: Lincoln HS
	Sequim		Napavine	Tacoma: Mount Tahoma HS	
Cowlitz	Kalama	Mason	Pe Ell	Snohomish	Lake Stevens
	Toutle Lake		White Pass	Spokane	Spokane: Lewis & Clark HS
Douglas	Bridgeport	Okanogan	Winlock	Stevens	Chewelah
	Eastmont		Shelton	Yakima	Grandview
Ferry	Inchelium	Brewster	West Valley (Yak)		
Grant	Ephrata	Pacific	Raymond		
	Grand Coulee Dam		Willapa Valley		

State Opioid Response (SOR) IV					
County	Community Name	County	Community Name	County	Community Name
Adams	Lind	Island	Coupeville	Skagit	La Conner
Benton	Finley	King	Renton		Burlington Edison
Chelan	Entiat	Lewis	Chehalis	Snohomish	Lake Stevens
Clallam	Sequim		Winlock	Spokane	Deer Park
Clark	Battle Ground Ridgefield		White Pass		Medical Lake
Cowlitz	Kalama	Mason	North Mason	Stevens	Chewelah
	Toutle Lake		Shelton		Lynden
Douglas	Bridgeport	Okanogan	Methow Valley	Whatcom	Blaine
	Eastmont		Brewster		Meridian
Ferry	Inchelium	Pacific	Pateros	Yakima	Grandview
Grant	Grand Coulee Dam		Raymond		West Valley (Yak)
		Warden	Willapa Valley	Mabton	
Grays Harbor	North Beach	Pierce	Eatonville		
	Quinault	San Juan	Tacoma: Lincoln HS		
			Orcas		

Appendix 3

Option C (MHPP): Suicide Prevention Risk and Protective Factors for Innovative Programming

Approved Domains and Risk Factors for Innovative Suicide Prevention Programming

- Societal
 - Media (e.g., 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
 - Skills in non-violent problem-solving
 - Poor behavioral control/impulsiveness
 - History of violence victimization
 - Witnessing violence
 - Psychological/mental health problems (e.g., depression, anxiety)

Approved Domains and Protective Factors for Innovative Suicide Prevention Programming

- Community
 - Coordination of resources and services among community agencies
 - Community support or connectedness
- Relationship
 - Family support or connectedness
 - Connection to a caring adult
 - Connection or commitment to school
- Individual
 - Skills in solving problems non-violently

Appendix 4

Option D (MHPP): Disordered Eating Prevention Risk and Protective Factors for Innovative Programming

Approved Domains and Risk Factors for Innovative Disordered Eating Prevention Programming

- Societal
 - Media (e.g., physical appearances, norms, social media use)
 - Diet culture (e.g., thin ideal, dieting norms, weight stigma)
- Community
 - Poor neighborhood support and cohesion
 - Transitions and mobility
 - Food insecurity
- Relationship
 - Social isolation/Lack of social support
 - Poor parent-child relationships
 - Family history of disordered eating
 - Family management problems
 - Family conflict
 - High conflict or violent relationships
 - Having parents who diet or have disordered eating behaviors
- Individual
 - Skills in non-violent problem-solving
 - Poor behavioral control/impulsiveness/perfectionism
 - History of trauma/adverse childhood experiences, including violence victimization
 - Witnessing violence
 - Psychological/mental health problems (e.g., depression, anxiety, body dissatisfaction)

Approved Domains and Protective Factors for Innovative Disordered Eating Prevention Programming

- Community
 - Coordination of resource and services among community agencies
 - Community support or connectedness
- Relationship
 - Family support or connectedness
 - Connection to a caring adult
 - Connection or commitment to school
- Individual
 - Skills in responding to stress
 - Positive body image
 - Intuitive/mindful eating and movement
 - Digital citizenship and reduced social media use

Appendix 5

Definitions

Administrative or Indirect Costs – are elements of costs incurred by the Contractor as costs that are necessary to administrate or operate a program that are not considered direct program costs. Admin/Indirect costs are those elements of cost incurred by the entity or organization as a whole and are not generally subject to the direct control of the individual department managers. Criteria for Administrative/Indirect costs, Contract-Specific Direct costs, and Shared Direct costs are outlined in the Substance Use Disorder Prevention and Mental Health Promotion Services Billing Guide. Further, all references to the term “Admin” or “Indirect” are hereby replaced by “Admin/Indirect.”

Disordered Eating Primary Prevention - Primary prevention efforts related to disordered eating focus on improving the quality of life and to decrease the rate of disordered eating within whole communities. Programs increase protective factors and resilience, while decreasing the risk factors associated with the development of eating disorders.

Evidence-Based Program (EBP) - means a program that has been tested in heterogeneous or intended populations that can be implemented with a set of procedures to all with successful replication in Washington. An EBP has had multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes.

Health Disparities - means a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (Healthy People 2020).

Health Equity - When every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. To HCA, health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is a core value of HCA.

Innovative Program - Program that does not fall into the other program categories of Evidence-Based Programs, Research-Based Programs, or Promising Programs.

Mental Health Promotion - Mental health promotion involves strategies that focus on improving the mental well-being of individuals, families, and systems by working to promote and develop positive self-esteem, strengthen resiliencies, increase general wellbeing and social inclusion, and strengthen the ability to cope with adversity.

Promising Program - Program that is based on statistical analyses or a well-established theory of change, shows potential for meeting the "Evidence-Based Program" or "Research-Based Program" criteria, and could include the use of an Evidence-Based Program for outcomes other than the alternative use.

Substance Use Disorder Prevention - Primary prevention focuses on reducing risk factors and increasing protective factors by improving the quality of life of a population. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.

Suicide Primary Prevention - Primary prevention efforts related to suicide focus on increasing emotional wellness and resiliency in order increase the ability of individuals to move quickly back to a place of wellness, and reducing the likelihood that they ever begin to contemplate suicide . Mental health promotion is essential to suicide prevention because it increases a community's adaptability, connectedness, and help-seeking behaviors, and reduces stigma, high-risk behaviors, and disinformation.

Type A Applicant - is for those Applicants who identify with any one of the following criteria:

1. Have an existing contract directly with HCA/DBHR for Community Prevention and Wellness Initiative (CPWI) School-based or Community-based services or Community-Based Organization (CBO) services; and/or
2. Has ever held a contract with HCA/DBHR.

Type B Applicant – is for those Applicants who identify with either of the following criteria:

1. Have no existing direct contract with HCA/DBHR
2. Have an Indian Nation agreement as a Tribal government, a contract as an Urban Indian Organization or contract as another Tribal organization.