



2025 Coalition Leadership Institute

**Presented by the Substance Use Disorder
Prevention and Mental Health Promotion Section**

Washington Health Care Authority
Division of Behavioral Health and Recovery



Mic Check

One

Two

Three

Presented by Nathen Osterholm

Washington Health Care Authority

Division of Behavioral Health and Recovery

Objectives

- ▶ By the end of this session, participants will be able to:
 - ▶ **Identify** Zoom's basic tools used during the Coalition Leadership Institute.
 - ▶ **Describe** common Zoom issues and their solutions to support a smooth technical experience during today's virtual training.
 - ▶ **Explain** ways to stay engaged in Zoom and why they're important!

Welcome

- ▶ We've all had or seen **a funny Zoom moment.**



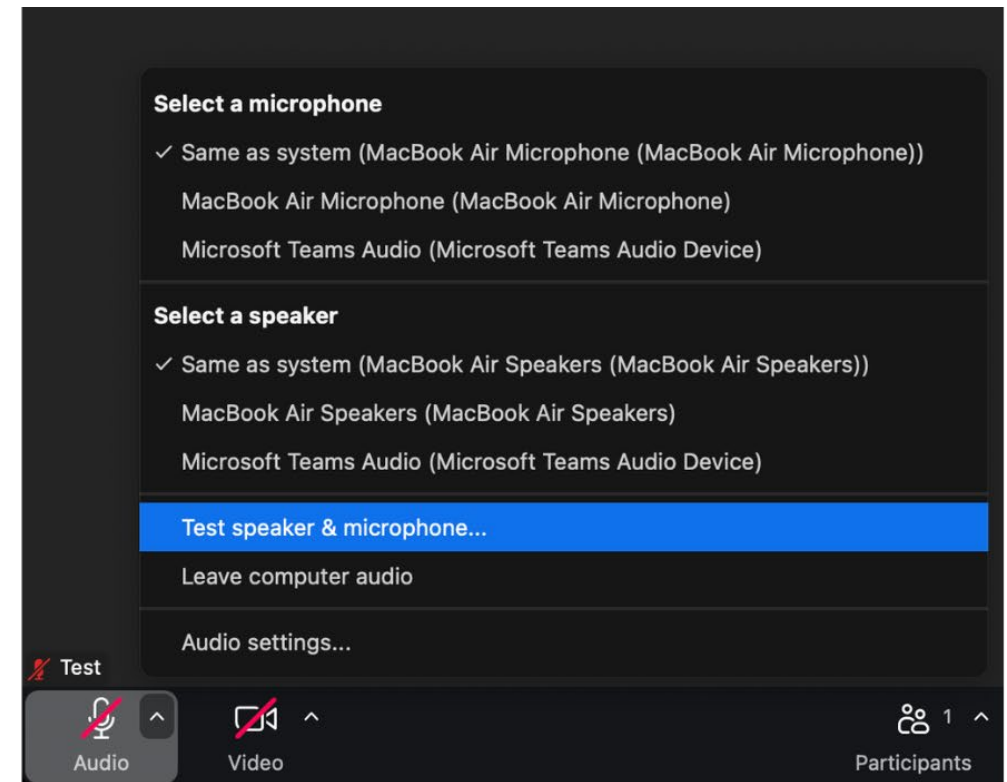
Tools you will use today



▶ **Audio** located on the lower left side of the Zoom screen

▶ **When will we use it?**

- ▶ Any time during today's training if you have a question or comment
- ▶ For discussions and breakout rooms



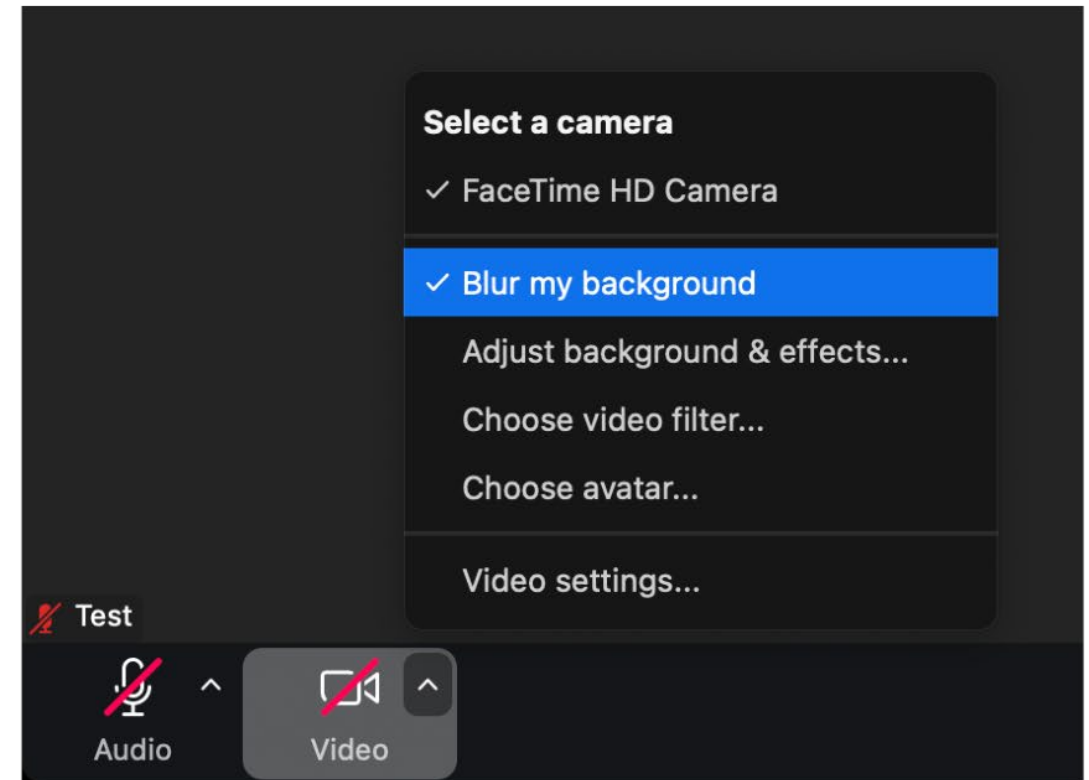
Tools you will use today



▶ **Video** located on the lower left side of the Zoom screen

▶ **When will we use it?**

- ▶ Any time during today's training
- ▶ Turn on for discussions and breakout rooms
- ▶ **Pro tip:** Use "Blur my background" for additional privacy



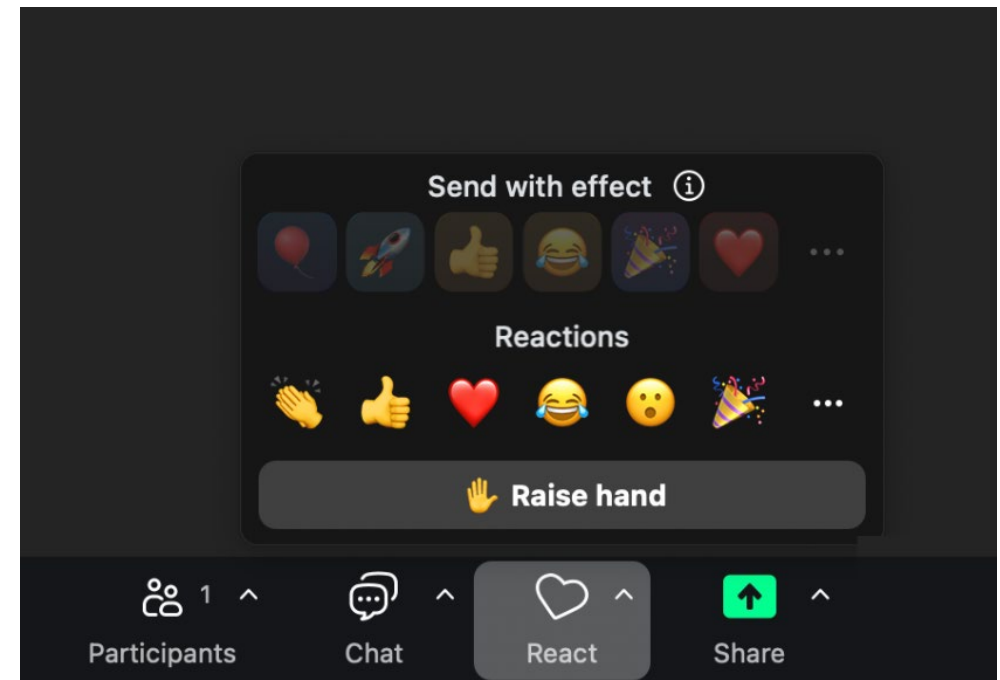
Tools you will use today

zoom

▶ **React** located in the center of the tool bar in the bottom center of the Zoom screen

▶ **When will we use it?**

- ▶ Use “Raise hand” to signal when you have a question you’d like to share out-loud
- ▶ Use “Reactions” to engage or interactive at any point during today’s training



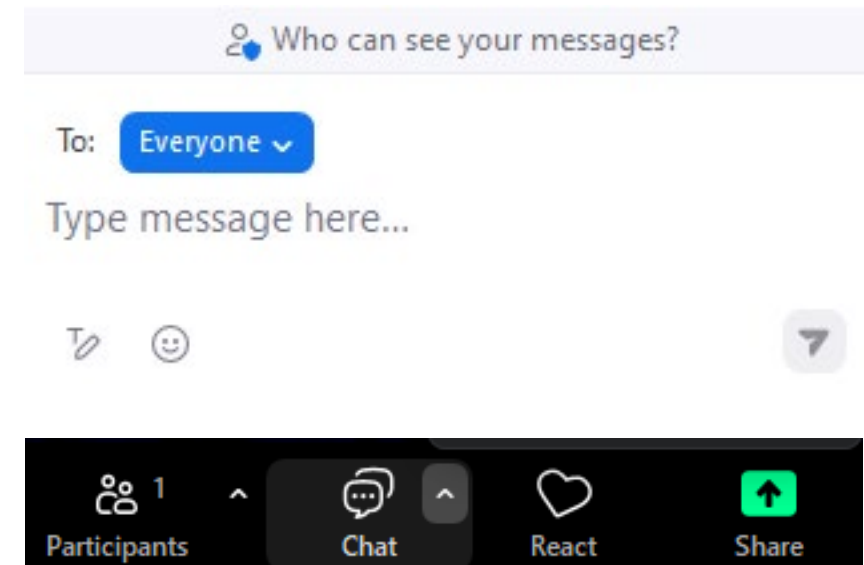
Tools you will use today

zoom

▶ **Chat** located in the center of the tool bar in the bottom center of the Zoom screen

▶ **When will we use it?**

- ▶ To respond to optional prompts
- ▶ To participate in discussion
- ▶ To ask a question privately directly to a host or fellow participant



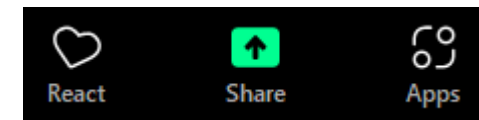
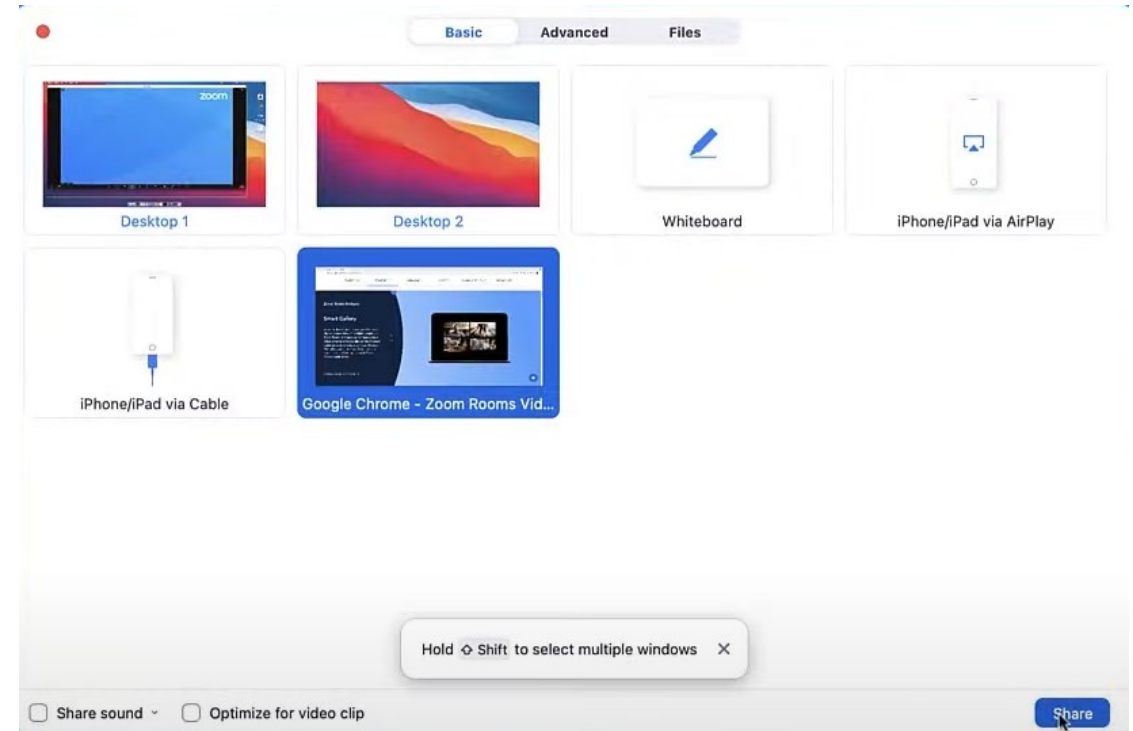
Tools you will use today



▶ **Share** located in the center of the tool bar in the bottom center of the Zoom screen

▶ **When will we use it?**

- ▶ May need to share screen in breakout rooms





How to engage on Zoom

- ▶ Update your name
- ▶ Stay muted when not speaking
- ▶ Use Reactions (because it's fun!)
- ▶ Use Q&A for questions
- ▶ Use Chat for discussion
- ▶ Enjoy being on camera during breakouts
- ▶ Be ready to screenshare in breakouts

Common troubleshooting



▶ Audio-related:

- ☐ Am I muted?
- ☐ Do I have the correct input/output device selected?

▶ Video-related:

- ☐ Do I have the correct camera selected?
- ☐ Do I need to adjust lighting and background settings?

▶ Connectivity-related:

- ☐ Can I close any open unnecessary applications?
- ☐ Can I switch to a wired connection?
- ☐ Do I need to leave and reconnect to the meeting?

A VIDEO CONFERENCE CALL

IN REAL LIFE



TRIPP
TYLER

Objectives

▶ Participants are now able to:

- ▶ **Identify** Zoom's basic tools used during the Coalition Leadership Institute.
- ▶ **Describe** common Zoom issues and their solutions to support a smooth technical experience during today's virtual training.
- ▶ **Explain** ways to stay engaged in Zoom and why they're important!



Mic Check Questions?

Thank you for joining!

Send a direct message to me (Nathen Osterholm) at any time during today's training if you need further Zoom help.



2025 Coalition Leadership Institute

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Today's agenda

Optional “mic check”

8:30 a.m. – 9:00 a.m.

Welcome, Opening Remarks, and Updates

9:00 a.m. – 9:45 a.m.

Prevention Section Leadership

Using Data in Policy

9:45 a.m. – 10:45 a.m.

Washington State Liquor and Cannabis Board

Break

10:45 a.m. – 11:00 a.m.

Looking Back and Moving Forward

11:00 a.m. – 12:00 p.m.

Rachel Ray, Prevention System Project Manager

Lunch

12:00 p.m. – 1:00 p.m.

Today's agenda

Demystifying Reporting Requirements

1:00 p.m. – 2:15 p.m.

Rebecca Ruiz, Prevention Research and Surveillance Project Manager

Break

2:15 p.m. – 2:30 p.m.

The Stories Our Data Tells Us

2:30 p.m. – 3:30 p.m.

Rachel Ray, Prevention System Project Manager

Closing Remarks

3:30 p.m. – 4:00 p.m.

Codie Garza, Prevention Supervisor, Development & Strategic Initiatives

*Preparing for the Full-Day Workshop

4:00 p.m. – 4:30 p.m.

Nathen Osterholm, Technical Assistance and Project Manager



Division of Behavioral Health and Recovery Updates

**Presented by the Substance Use Disorder
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Before we begin...

- ▶ Let's take a moment to acknowledge any worries, stress, or distractions.



Available now

- ▶ The President's Fiscal Year 2026 Budget Request Explained webinar hosted by CADCA is **available for viewing now**.
- ▶ Talks through proposed cuts and eliminations to critical substance use prevention programs.
- ▶ Explores the potential impact of the Administration for a Healthy America, a newly proposed federal agency focused on substance use prevention.
- ▶ Continue to **watch for information from CADCA**.

Share your story

- ▶ As part of our Decade of the Child initiative to promote a national action plan to foster whole child health and wellbeing, the NPSC is **collecting testimonials about how children and families have been harmed by recent federal funding cuts and policy changes.**

These testimonials will help the public (including people who do not consume much mainstream media) and policymakers understand the real-life consequences of cuts to government agencies, staff, and funding for our children.

- ▶ Complete the survey at [NPSC is seeking testimonials for the Decade of the Child initiative!](#)

Training opportunities!

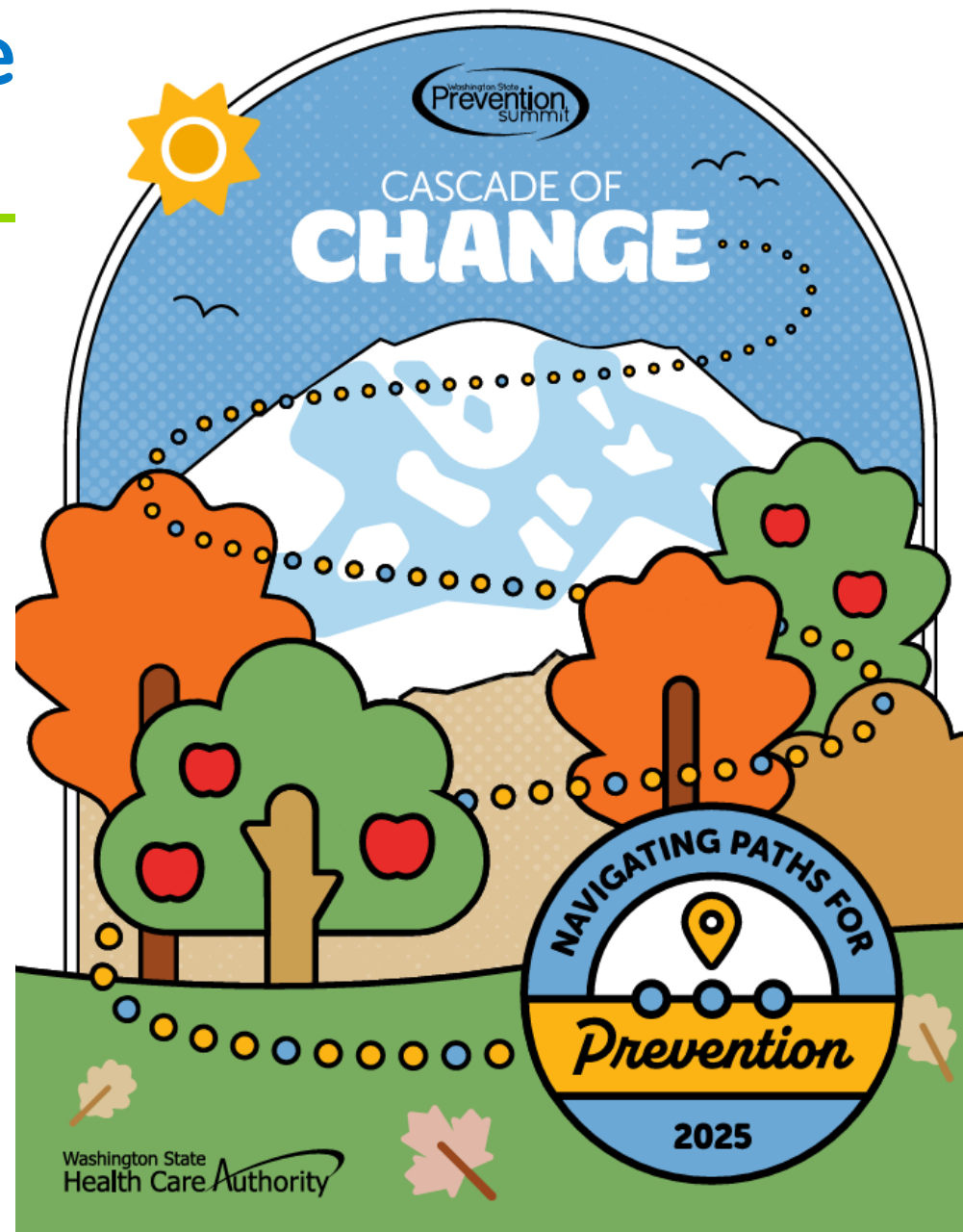
- ▶ DBHR is collaborating with SPTAC to offer another series of **New Coordinator Basic Training (NCBT)** in July and August 2025. All new CPWI coalition coordinators, who have not attended a previous NCBT series are strongly encouraged to attend.
 - ▶ Contact your prevention manager for more information!
- ▶ Join the National Academies of Sciences, Engineering, and Medicine on June 27, 2025, for a workshop discussing the **recent consensus study report outlining a national prevention infrastructure for mental, emotional, and behavioral (MEB) disorders**.
 - ▶ Register here for in-person or virtual attendance: nationalacademies.org/en/event/45186_06-2025_blueprint-for-a-national-prevention-infrastructure-for-behavioral-health-disorders-report-dissemination-workshop

Community Survey

- ▶ Updating the 2023 documents with **minor changes** and will post on Athena once complete.
- ▶ Shifting from Survey Monkey to **Service Now** for electronic distribution.
- ▶ Anticipate formal implementation to begin **mid-August** and run through December / early January.
- ▶ **More to come** once we finalize the survey links and updated the PDF versions on Athena!

2025 Prevention Summit: Save the Date!

- ▶ **Tentative Dates:** October 27 – October 29
- ▶ **Tentative Location:** Tacoma
- ▶ Be on the lookout in the next 1-2 months for registration and call for presentation proposals!
- ▶ Please visit the Prevention Summit Website for updates as they become available: <https://preventionsummit.org/>
- ▶ Questions? Email contactus@preventionsummit.org



Prevention Summit Awards

- ▶ Nominate someone today at <https://theathenaforum.org/2025-prevention-awards-excellence>
- ▶ Nominations will be accepted **through Thursday, July 31st**
- ▶ Do you have questions? Please contact Martha Williams at martha.williams@hca.wa.gov.



Healthy Youth Survey

- ▶ Registration opening soon!
- ▶ **Survey period:** Mid to late October
- ▶ Same logistics as in 2021 & 2023
 - ▶ Fully online
 - ▶ Question banking and randomization
 - ▶ Opt-in and exemption options
 - ▶ Minor adjustments to content:
 - Adding problem gambling item
 - Replacing YES! Yes No NO! responses



How can I prepare for HYS registration?

School and ESD Representatives

- ▶ Check if your ESD Coordinator needs updating
 - ▶ Found on: www.askhys.net/ContactUs
 - ▶ Email: susan.richardson@lgan.com
- ▶ Identify and prepare key folks:
 - ▶ Superintendent
 - ▶ District data security manager
 - ▶ **Survey coordinator**
 - ▶ Individuals who access EDS portal
 - ▶ Superintendent permission required

Coalition Staff and Members

- ▶ Identify your ESD & school partners
- ▶ Partner to align priorities and support
 - ▶ Opt-in questions
 - ▶ Exemption options
 - ▶ Generating enthusiasm
 - ▶ Recruiting data workgroup members 😊

How can I check if my school is registered?

- ▶ Have your **survey coordinator** log in to the EDS portal at:
 - ▶ <https://www.askhys.net/Login>
- ▶ Questions? Contact us:
 - ▶ SurveyAdmin@askhys.net
 - ▶ HCA HYS Team:
 - ▶ HCAHealthyYouthSurvey@hca.wa.gov

The screenshot shows the Washington State Healthy Youth Survey (HYS) login page. At the top, there is a header with the logo "WASHINGTON STATE healthy youth SURVEY" and a navigation bar with links "About HYS", "Survey Results", and "HYS 2025". The main heading is "Login to AskHYS". Below this, there is a login form with fields for "Email" and "Password", a "Remember me?" checkbox, and a "LOG IN" button. There are also links for "Forgot Your Username?" and "Forgot Your Password?". To the right of the login form, there is a section titled "Why Log In?" with the text "A login is required to reg...", a section titled "Need a Login?" with the text "AskHYS logins are provid Security Managers.", and a section titled "Logins For School Staff" with the text "How to get EDS access t Security Manager. Conta".

HYS registration resources

www.askHYS.net

▶ Access to Survey Coordinator Portal (EDS)

SUPERINTENDENT PERMISSION REQUIRED!

- ▶ Go to <https://www.askhys.net/Login>
- ▶ Find the “How to” document here:

Why Log In?

A login is required to register a school for the Healthy Youth Survey and to access district

Need a Login?

AskHYS logins are provided through the OSPI Educational Data System (EDS) and managed by District Data Security Managers.

Logins For School Staff

[How to get EDS access to HYS](#) provides detailed instructions on how to request access from your District Data Security Manager. Contact information is available here: <https://eds.ospi.k12.wa.us/SecurityManagerList.aspx>

How to Get EDS Access to the Healthy Youth Survey (HYS)

*** Please note that before you make this request in EDS, you must get permission from your Superintendent to access the HYS data.

Create an EDS account if you do not already have one:

Other HYS resources

www.askHYS.net

- ▶ Frequently asked questions

- ▶ www.askhys.net/About

- ▶ Opt-ins and exemptions

- ▶ www.askhys.net/Hys/Exemptions

- ▶ All things data

- ▶ www.askhys.net/Resources/Data



Questions? Contact us!

▶ **General inquiries** | HCA Healthy Youth Survey team

▶ hcahealthyyouthsurvey@hca.wa.gov

- Jaymie Vandagriff, *Prevention Research & Evaluation Manager, HCA*
- Rebecca Ruiz, *Prevention Surveillance & Project Manager, HCA*

▶ **Registration logistics** | HCA Contractor

▶ SurveyAdmin@askhys.net

- Susan Richardson, *Contractor, LGAN*

▶ **Data inquiries** | DOH Healthy Youth Survey team

▶ dohhealthyyouth@doh.wa.gov

- Megan Suter, *Epidemiologist & HYS Principal Investigator, DOH*



Using Data in Policy

Presented by Kristen Haley and Scott Waller

Washington State Liquor and Cannabis Board

Washington Association for Substance misuse And
Violence Prevention (WASAVP)



Break 15 Minutes



Biennial Data Refresh Looking Back and Moving Ahead

Presented by Rachel Ray


Washington Health Care Authority


Division of Behavioral Health and Recovery


Objectives


- ▶ By the end of this session, participants will be able to:
 - ▶ **Describe** the purpose of the biennial data refresh, including when it happens, why it happens, and how it supports statewide data quality.
 - ▶ **Identify** key updates from the past biennium including system enhancements, product launches, and data quality efforts
 - ▶ **Recognize** new or changed reporting requirements for the new biennium.
 - ▶ **Reflect on** your own experience during this past biennium and opportunities for the biennium ahead.


What is Minerva 2.0?


**Collaborative** PLANNING GROUP


**Assess Needs**
Collect data that assesses population needs.


**Build Capacity**
Manage your resources and track your readiness.

**Plan**
Define contracts, programs, cohorts and campaigns

**Implement**
Record your prevention efforts

**Review**
Review and accept programs & strategies

**Evaluate**
Run reports to understand your effectiveness



2 - Demo CPWI ▾

Dashboard

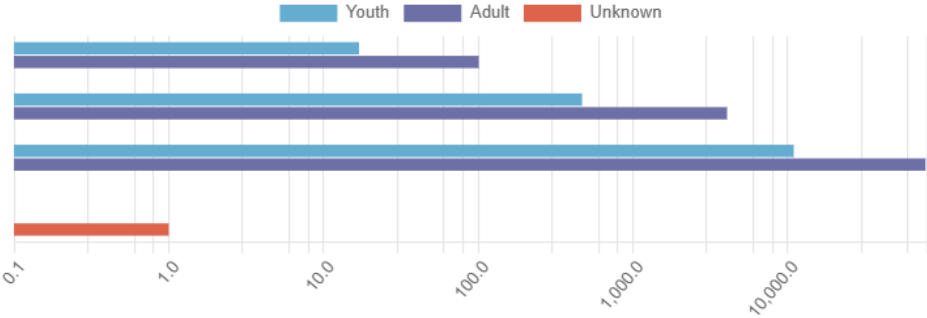
Resources ▾

Help ▾

Account ▾

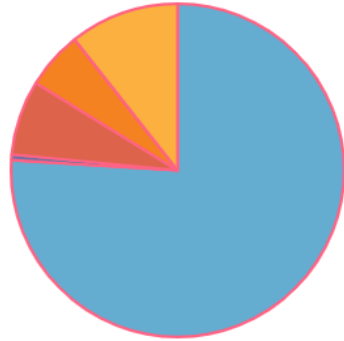
Rachel Ray ▾

Number Served by Program & Strategy, Current SFY



Program	Youth	Adult	Unknown
Community Coalition - Cheerful City: 2023-2025	~1,000	~2,000	~0.5
Community Outreach - Cheerful City: 2023-2025	~500	~1,000	~0.5
Public Awareness - Cheerful City: 2023-2025	~1,000	~2,000	~0.5
School Policy Review - Cheerful City: 2025	~1,000	~2,000	~0.5

Activity Count by Program & Strategy, Current SFY



Category	Count (approx.)
Youth	8,000
Adult	2,000
Unknown	1,000

Active Programs & Strategies

Community Coalition - Cheerful City: 2023-2025

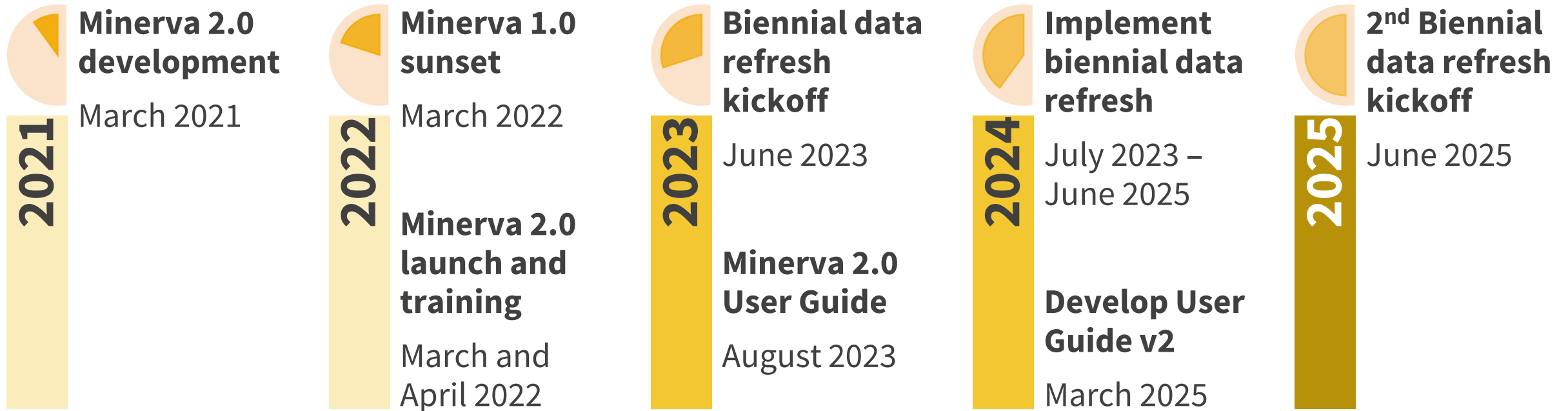
Community Outreach - Cheerful City: 2023-2025

Public Awareness - Cheerful City: 2023-2025

School Policy Review - Cheerful City: 2025

Youth Led Outreach - Cheerful City: 2023-2025

Timeline of Minerva 2.0



What is a biennial data refresh?

- ▶ Every **two state fiscal years** at the turn of a state fiscal year biennium, the Minerva Team at HCA reviews:
 - ▶ Support tickets
 - ▶ Accumulated feedback from end users and HCA staff
 - ▶ New federal and state reporting requirements
 - ▶ Data quality

Why a biennial data refresh?

- ▶ **Look at what's working and what's not** (support tickets, user feedback, system use)
- ▶ **Intake new/updated reporting requirements** (federal and state reporting instruments)
- ▶ **Revisit how we support the system** (policies, processes, workflows, training, and guidance)
- ▶ This culminates to at the start of each **new biennium refreshed/new reporting requirements and product launches**



Looking back at this last biennium



How did we improve data quality?



A look back at data quality



▶ Accounts

- ▶ **151** deleted
- ▶ **72** archived

▶ Users

- ▶ **244** deactivated
- ▶ **68** permissions updated

▶ Archival

- ▶ **2,468** logic models
- ▶ **2,750** programs & strategies
- ▶ **15,961** cohorts
- ▶ **6,227** campaigns

A look back at data quality



▶ Survey/Test Instruments

- ▶ **117** duplicate questions merged
- ▶ **37** duplicate tests archived
- ▶ **296** invalid values corrected that impacted 61,807 survey responses
- ▶ **21** tests revised to match PDF test instruments
- ▶ **14** tests revised to match logic models with *Survey Selection Guide*

A look back at data quality

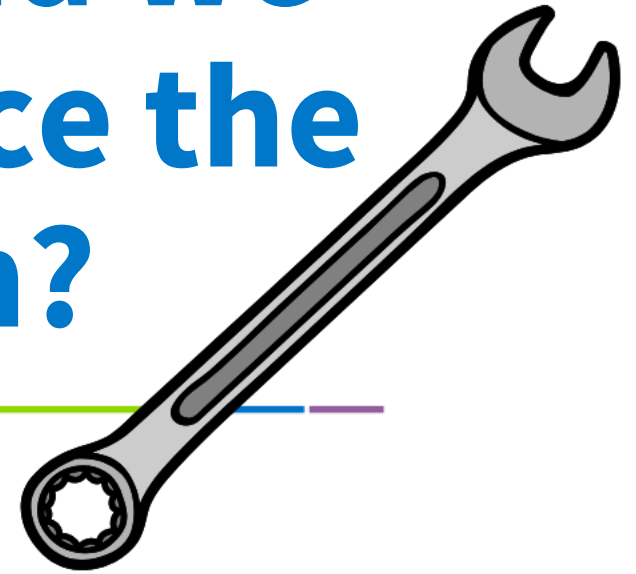


► Plan Channel

- **156** logic models revised
- **375** programs & strategies revised
- **219** cohorts revised
- **253** campaigns revised
- **>6,000** participants were de-duplicated



How did we enhance the system?



A look back at system enhancements



► Existing features/functions

- ▶ Volunteer Resources field
- ▶ Add participants within Cohort
- ▶ Review Channel
- ▶ Staff Members page
- ▶ PIM report
- ▶ Document Library
- ▶ Ad Hoc Reports
- ▶ User permissions
- ▶ Account customizations

A look back at system enhancements

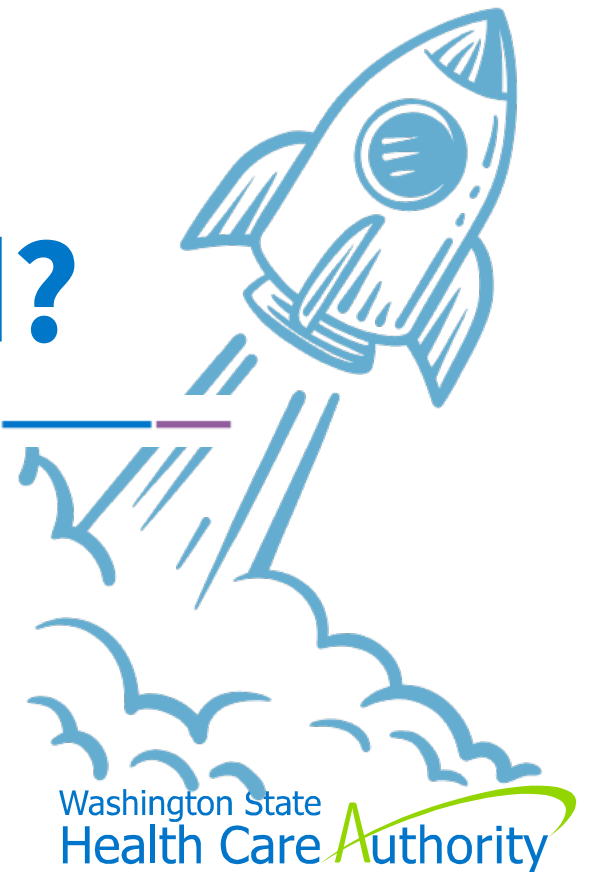


► New features/functions

- ▶ Location field
- ▶ Spleem field
- ▶ Contract Manager field
- ▶ Cohort Complete function
- ▶ Cohort Completers page
- ▶ Activity Series
- ▶ Outcomes Report
- ▶ Assess Needs channel
- ▶ Resources Generated Report



What products launched?



A look back at product launches



► New internal products

- ▶ Folder reorganization
- ▶ Accounts management
- ▶ User management
- ▶ Technical Support mngmt.
- ▶ Training management
- ▶ Communications mngmt.
- ▶ Communications template
- ▶ Exception management
- ▶ Extension management
- ▶ Test/Survey management
- ▶ Internal Minerva 2.0 Staff Orientation
- ▶ “How to review a...” program / cohort / campaign

A look back at product launches



▶ Revised external products

- ▶ CSAP Strategies
- ▶ IOM Categories
- ▶ Program Type Categories
- ▶ Minerva 2.0 Reporting and FERPA
- ▶ Minerva 2.0 Reporting and PII

- ▶ The Athena Forum, Minerva page revisions
- ▶ User Access Request Form
- ▶ Survey Selection Guide v4, v5*, and v6

*New “key changes” format

A look back at product launches



► New external products

- ▶ Minerva 2.0 User Guide (Version 1)
- ▶ Documents Library guidance document
- ▶ Staff Members guidance document
- ▶ Activity Series guidance document
- ▶ CPWI Quarterly Reports guidance document
- ▶ Assess Needs channel guidance document
- ▶ Minerva 2.0 Explained: Outcomes Report video
- ▶ Outcomes Report guidance document

A look back at product launches



► New external products (cont.)

- ▶ Biennial Data Refresh resources
- ▶ CPWI Reporting Requirements checklist
- ▶ CBO Reporting Requirements checklist
- ▶ Tribe/UIO Reporting checklist
- ▶ Technical Support Satisfaction Survey
- ▶ Minerva 2.0 Quarterly New User Training
- ▶ New User Quiz
- ▶ Welcome to Minerva 2.0 video
- ▶ Minerva 2.0 Explained: Access video
- ▶ CBO, CPWI, Tribe/UIO demo accounts



On your own:
**What's one thing
that stood out to you
from this biennium?**



Small groups:
What stood out to
you as the most
impactful change
from this biennium?



Moving ahead to this biennium

What changes every biennium

▶ **Single-select dropdowns** are reviewed and updated:

- ▶ **Training Type list** in a Capacity Activity with *Activity Type* “Training”
- ▶ **Strategy list** in a Cohort, Campaign, and Implementation Activity
- ▶ **Media Format list** in a Campaign and Implementation Activity
- ▶ **Category list** in the Document Library
- ▶ **Demographics Calculator*** (*when new U.S. Census data or American Community Survey data is available)

Moving ahead with data quality



▶ Internal Quality Assurance Monitoring

- ▶ “Spot-check” protocol
- ▶ Data dashboards

▶ Cohorts and Campaigns require review and approval

- ▶ Cohorts and Campaigns in Review channel

▶ Remove CSAP and Strategy List Dependency

- ▶ Under *Strategy* field in Cohorts, Campaigns, Implementation Activities a full list of strategies will appear



Pause Questions?

Moving ahead with system enhancements



▶ Focus on monitoring

- ▶ Dashboard / Key Performance Indicators (KPIs)
- ▶ Evaluation / Reports

▶ Reduce reporting burden

- ▶ Capacity Activities Series and other features that allow multiple selections on one page

▶ Relevant to on-the-ground services

- ▶ Initiating a user group



Pause Questions?

Moving ahead with product launches



▶ Guidance documents

- ▶ Minerva 2.0 User Guide (Version 2) by channel, sub-channel, and combined
- ▶ Strategy-specific data entry plans
- ▶ Demo accounts (CPWI, CBO, Tribe/UIO)

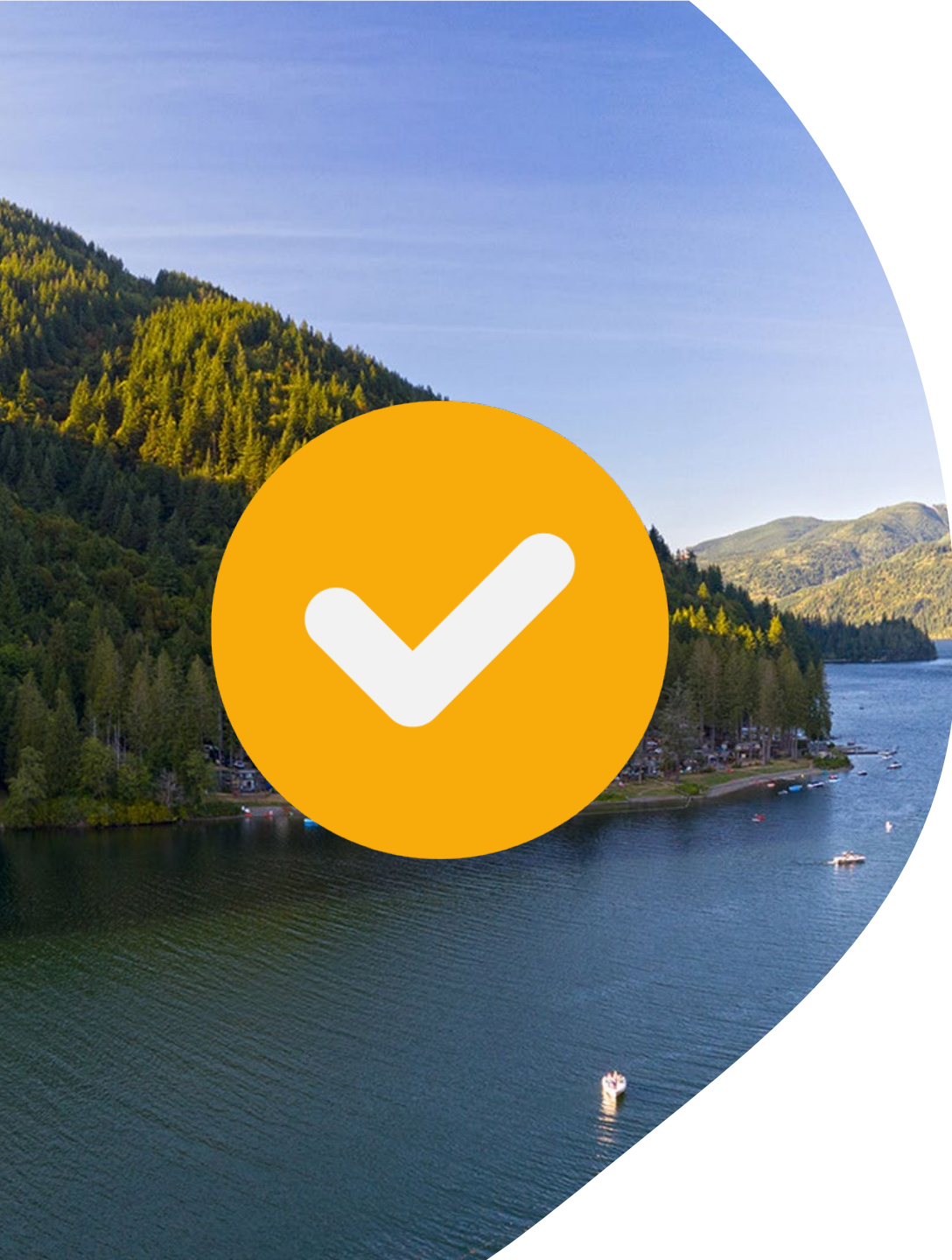
▶ On-demand videos

- ▶ Reports in the Evaluate Channel
- ▶ Support Tickets
- ▶ and more!



Small groups:
**Where do you see the
biggest opportunity
for improvement **this
biennium?****





New/changing reporting requirements

New/changing reporting requirements

- ✔ Measure outcomes with pre/post tests
- ✔ Formal exception request now required to not collect pre-/post tests for cohorts with majority under the age of 10
- ✔ Select “Other” fund source, when applicable
- ✔ *Sector* is now a required field for members
- ✔ Direct and support hours have universal definitions
- ✔ Youth-led outreach bucket for youth clubs/coalitions

New/changing reporting requirements

✔ Measure outcomes with pre/post tests

What does this mean

- This is a longstanding contract requirement now going into effect.
- You'll use the Outcomes Report in the Evaluate channel to measure individual-level change with pre- and post-tests.

Why does it matter

- Pre/post data helps us measure impact—are our services achieving the intended outcomes?

New/changing reporting requirements

✔ Measure outcomes with pre/post tests

You'll be required to:

- Close a cohort once the service ends within the same reporting period.
- Run an Outcomes Report for the cohort after it closes within the same reporting period.
- Review the results of your Outcomes Report with your HCA Prevention Manager within the same or next reporting period.

New/changing reporting requirements

✔ Measure outcomes with pre/post tests

What to be mindful of ⚠

- If you do not meet the outcome requirements outlined in the contract it may result in a Performance Improvement Plan (PIP).
- It's essential to double-check participant data for accuracy and consistency. For an Outcomes Report to run First Name, Last Name, Birth Month and Year are required to match across the participant, pre and post-tests.

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Outcomes Report launched 11/22/2024 and announced at the March Learning Community Meeting, to give us all plenty of time to get familiar with the report before the contract went into effect (that was intentional). This reporting requirement goes into effect July 1st.
- ***Minerva 2.0 Explained: Outcomes Report*** video
- ***Minerva 2.0 Outcomes Report*** guidance document and sample
- Your contract
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

- ✓ **Formal exception request now required to not collect pre-/post tests for cohorts with majority under the age of 10**

What does this mean

- If more than 50% of participants in a cohort are under age 10 at the start of service AND you are not administering a pre-/post-test to the entire cohort, you must submit a formal exception request in writing.

Why does it matter

- Pre/post data helps us measure impact.
- If you don't collect that data, HCA needs to know why and approve the exception before services start.

New/changing reporting requirements

- ✓ Formal exception request now required to not collect pre-/post tests for cohorts with majority under the age of 10

You'll be required to:

- Prepare and submit a formal exception request *as soon as it is known* this exception could apply to your contract.

New/changing reporting requirements

- ✓ **Formal exception request now required to not collect pre-/post tests for cohorts with majority under the age of 10**

What to be mindful of

- This is a new requirement for an exception that was previously assumed. If someone misses this update, please share this change—failure to request an exception could result in a Performance Improvement Plan (PIP).
- **Don't wait!** HCA can give conditional approvals in advance but if you delay the request, and don't hear back in time you are required to administer tests/surveys anyway.

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Announced at April Learning Community Meeting; Launching July 1st.
- ***Minerva 2.0 User Guide: Plan – Cohorts*** guidance document
- ***Minerva 2.0 User Guide: Plan – Participants*** guidance document
- Your contract
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

✔ Select “Other” fund source

What does this mean

- When you’re using more than just HCA funds, you should select “Other” as a fund source in Minerva 2.0.
- For example, a Drug-Free Communities grant has been braided with HCA funding to deliver a service.

Why does it matter

- This helps HCA know what services are funded with additional or braided funding.

New/changing reporting requirements

✔ Select “Other” fund source

You’ll be asked to:

- HCA added “Other” as a fund source to all contracts in Minerva 2.0.
- Select the “Other” fund source when building a program & strategy that uses a mix of HCA and non-HCA funds.
- You’ll also select “Other” for any cohorts or campaigns, when applicable.

New/changing reporting requirements

✔ Select “Other” fund source

What to be mindful of

- You are not obligated to report services that are fully funded outside of your contract (including staff salary/benefits).
- Your HCA Prevention Manager does not have access to monitor non-HCA funding and will not be able to monitor for compliance.
- This is not the same as volunteer time or in-kind contributions; those are reported under Volunteer Resources using members and partners.

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Announcing today; Launched yesterday and goes into effect July 1st.
- ***Minerva 2.0 User Guide: Plan – Contracts*** guidance document
- ***Minerva 2.0 User Guide: Plan – Programs & Strategies*** guidance document
- Minerva 2.0 technical support calls
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

✔ Sector is required for new/existing members.

What does this mean

- The *Sector* field is required to save a member in the Member sub-channel.

Why does it matter

- Sector representation is a cornerstone of effective community coalitions.
- The *Sector* field is how HCA tracks whether we are meeting the 8-sector representation requirement.

New/changing reporting requirements

✔ **Sector is required for new/existing members.**

You'll be required to:

- Identify a sector for every new coalition member.
- When you're updating an existing member that does not have a sector yet identified you'll be required to identify a sector to save your updates.
- When you're adding a new member, you'll be required to identify a sector to save the member.

New/changing reporting requirements

✔ **Sector is required for new/existing members.**

What to be mindful of

- If you added a member when the *Sector* field was not required, it's possible you saved a member without a sector. Any updates to that member, even to deactivate them, you'll be required to identify a sector to save your changes.

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Announcing today; Launched on June 1st.
- ***Minerva 2.0 User Guide: Build Capacity – Members*** guidance document
- ***CPWI Community Coalition Guide*** guidance document
- Minerva 2.0 technical support calls
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

✓ Direct and support hours have universal definitions

Background

- In Minerva 1.0, there were no “direct” “support” hours; just total # of hours and total # of minutes.
- Initially with the transition to Minerva 2.0, reporting guidance for direct and support hours was not specified.

Coalition Coordinator/Tribe Px Staff Hours	Key Leader Engagement/Relati Increasing key leader (i.e. triba Includes time spent organizing and strengthen relationships tl direction with Key Leaders (i.e.
CPWI Quarterly Reporting	
Tribal Annual Reporting	
Partners/Staff	11. Total # of Hours <input type="text"/>
Enter Session Data	12. Total # of Minutes <input type="text"/>
Import / Export	

New/changing reporting requirements

✔ Direct and support hours have universal definitions

Background

- In 2023, support hours were no longer allowed for capacity activities with the activity type “Development” or “Other Staff Hours.”
- This requirement resulted in an undue monitoring and enforcement burden.

Coalition Coordinator/Tribe Px Staff Hours	Key Leader Engagement/Relati Increasing key leader (i.e. triba Includes time spent organizing and strengthen relationships tl direction with Key Leaders (i.e.
CPWI Quarterly Reporting	
Tribal Annual Reporting	
Partners/Staff	11. Total # of Hours <input type="text"/>
Enter Session Data	12. Total # of Minutes <input type="text"/>
Import / Export	

New/changing reporting requirements

✓ Direct and support hours have universal definitions

What does this mean

- One definition for direct and support hours.
- Direct = time spent delivering a service and support = time spent to prepare for a service to be delivered.

Why does it matter

- It is simpler to train, monitor, and enforce a universal definition.
- Federal or state reporting does not require HCA to monitor direct vs. support hours.

New/changing reporting requirements

✓ Direct and support hours have universal definitions

You'll be required to:

- Report staff hours in compliance with the new Minerva 2.0 User Guide.
- Intentionally report and monitor total direct and support hours across capacity and implementation activities for each reporting period using your own tools and/or Ad Hoc Reports.

New/changing reporting requirements

✓ Direct and support hours have universal definitions

What to be mindful of

- Looking at the data it appears that billable hours may be getting **double reported** in capacity and implementation activities. For example, *in March a staff member had 30 hours of billable direct hours in capacity activities for the service type strategic planning and 30 billable support hours in implementation activities for a strategic planning workgroup. Are these hours the same billable hours or are they different?*

New/changing reporting requirements

✔ Direct and support hours have universal definitions

What to be mindful of ⚠

- To help clarify how and when to report staff hours in capacity activities, we've launched a new guidance document that defines and gives examples for each *Service Type*.*

Service Types

Service types represent the distinct types of services provided by a community coalition coordinator or Tribal prevention staff. Each type reflects a specific function that contributes to the effective operation of a coalition, coordination of community organizing, and development of prevention infrastructure.

These categories are used to document a coordinator or Tribal prevention staff's time spent outside of implementation activities or direct, public-facing service delivery. They are reported monthly in Minerva 2.0, when applicable. To learn more reporting capacity activities review, *Minerva 2.0 User Guide: Build Capacity – Capacity Activities*.

Service Types under the Development Activity Type		
Service Type	Definition	Minerva 2.0 Examples
Coalition Capacity Development	<p>Behind-the-scenes work that strengthens the structure, function, and readiness of the coalition in alignment with the Strategic Prevention Framework (SPF).</p> <p>Does not include: Time spent to deliver or support the delivery of coalition activities such as coalition meetings, events, and other service delivery. Report this time with the implementation activities for the</p>	<ul style="list-style-type: none">Drafting annual work plans or goal trackersDrafting internal processes or process mapsPreparing training materials on the Strategic Prevention Framework (SPF) for membersReviewing bylaws or decision-making protocols

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Announcing today; Launching July 1st.
- ***Minerva 2.0 User Guide: Build Capacity – Capacity Activities*** and ***Minerva 2.0 User Guide: Implement – Implementation Activities*** guidance documents
- ***Minerva 2.0 Service Types*** guidance document
- Minerva 2.0 technical support calls
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

✔ Youth-led outreach bucket for youth clubs/coalitions

What does this mean

- New “outreach” bucket is required for accounts implementing a youth club/coalition/workgroup/committee.
- If applicable, create program(s) & strategy(ies), and campaign(s).

Why does it matter

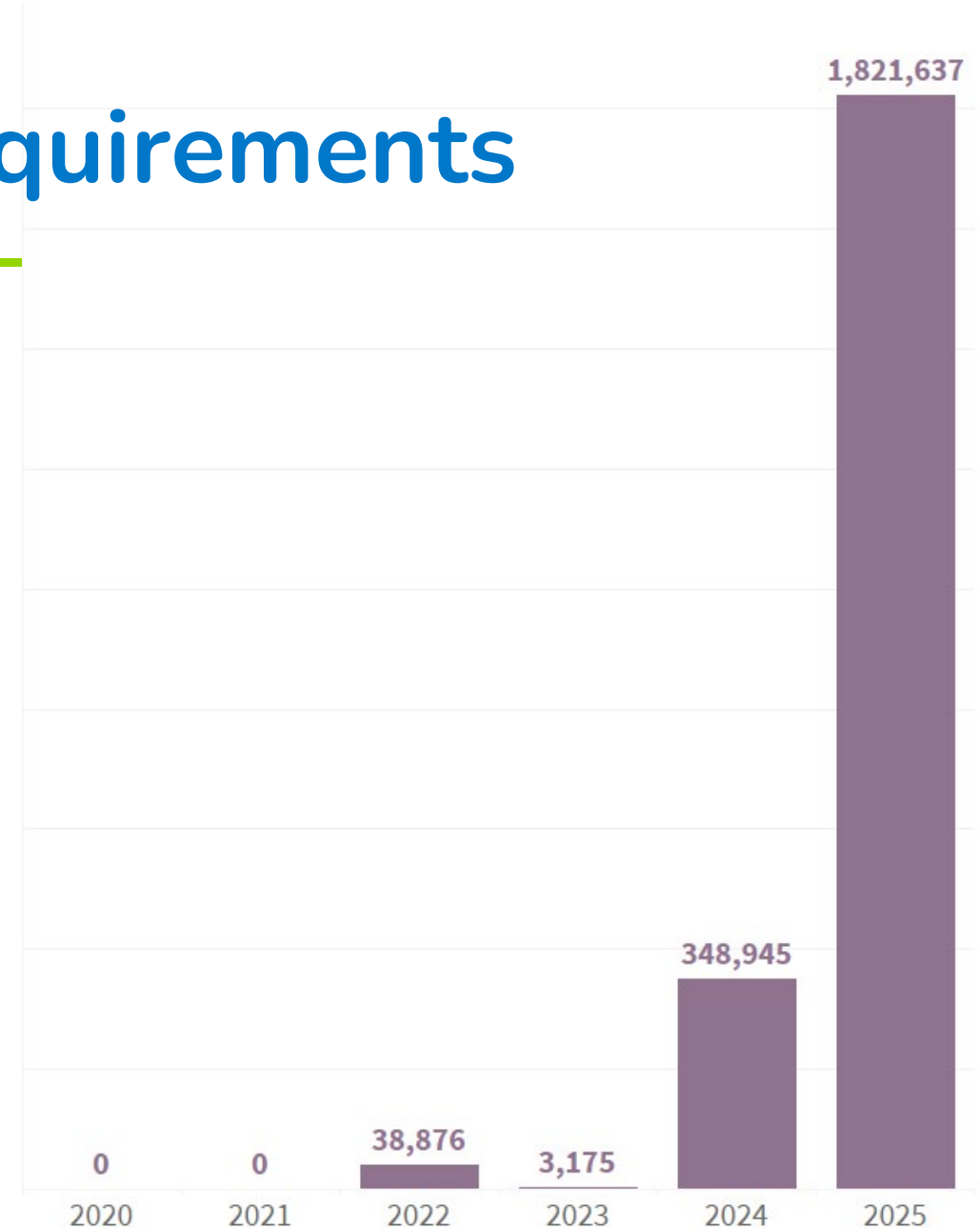
- Youth-led outreach is already required to be reported but it appears to be under-reported.
- Being able to show how many people youth are reaching with their work is important part of our prevention story.

New/changing reporting requirements

✔ Youth-led outreach bucket

Why does it matter

- Last biennium the “community outreach” bucket launched to make it easier to capture and report the reach of community coalitions.
- Community outreach bucket was a success! Reported reach of coalitions grew from 3,175 to 1,821,637. A growth of over 4,585%!



New/changing reporting requirements

✔ Youth-led outreach bucket

Why does it matter

- In that same period the reported reach of youth clubs/ coalitions/workgroups/ committees has been low.
- Youth-led outreach only reached 600 people in 2023, and in 2025 less than 7,000.

Could this approach be as successful for youth-led outreach?



New/changing reporting requirements

✔ Youth-led outreach bucket for youth clubs/coalitions

You'll be required to:

- Create a program & strategy following the strategy-specific data entry plan for youth-led outreach. The CSAP, IOM, and Program Type Category are specific for youth-led outreach, and different from the youth club/coalition program & strategy and community outreach bucket. Read carefully!
- Create a campaign for each youth club/coalition for their outreach.

New/changing reporting requirements

✔ Youth-led outreach bucket for youth clubs/coalitions

What to be mindful of

- Outreach, community and otherwise, is still being incorrectly reported as capacity activities, which does not capture reach. Read and follow the new **Service Types** guidance document and new Minerva 2.0 User Guide.
- What about when an outreach activity is being implemented by a community coalition and by youth, where does it get reported until community outreach or youth-led outreach? Follow the majority rule in reporting (is most of the activity coalition-led, or youth-led?)

New/changing reporting requirements

✓ We're here to help! And we're in this together!

- Announcing today; Launching July 1st.
- ***Strategy-specific data entry plan “Youth-led Outreach”***
- ***Minerva 2.0 User Guide: Plan – Programs & Strategies*** guidance document
- ***Minerva 2.0 User Guide: Plan – Campaigns*** guidance document
- ***Minerva 2.0 Service Types*** guidance document
- Minerva 2.0 technical support calls
- HCA Prevention Manager



Pause Questions?

New/changing reporting requirements

- ✔ Measure outcomes with pre/post tests
- ✔ Formal exception request now required to not collect pre-/post tests for cohorts with majority under the age of 10
- ✔ Select “Other” fund source, when applicable
- ✔ *Sector* is now a required field for members
- ✔ Direct and support hours have universal definitions
- ✔ Youth-led outreach bucket for youth clubs/coalitions

Objectives

- ▶ By the end of this session, participants will be able to:
 - ▶ **Describe** the purpose of the biennial data refresh, including when it happens, why it happens, and how it supports statewide data quality.
 - ▶ **Identify** key updates from the past biennium including system enhancements, product launches, and data quality efforts
 - ▶ **Recognize** new or changed reporting requirements for the new biennium.
 - ▶ **Reflect on** your own experience during this past biennium and opportunities for the biennium ahead.



Lunch 1 Hour



Pause Questions?



Biennial Data Refresh Demystifying Reporting

Presented by Rebecca Ruiz

Washington Health Care Authority

Division of Behavioral Health and Recovery

Objectives

- ▶ By the end of this session, participants will be able to:
 - ▶ **Define** what clean is and **describe** why it matters.
 - ▶ **Recognize** common reporting challenges (inaccurate, incomplete, duplicated, late reporting) and its potential impacts.
 - ▶ **Describe** what happens to data after it's submitted.
 - ▶ **Reflect on** your own role in telling your story with data.

What is reporting?

What is reporting?

- ▶ **Reporting** (*noun*) – the act of giving an account of something observed, heard, done, or investigated (Merrian-Webster.)
- ▶ In our prevention system, that means:
 - ▶ Collecting and submitting information about your work
 - ▶ Making your efforts visible and shareable
 - ▶ Helps show what's happening in communities
 - ▶ Turning activities into data that can support decisions
- ▶ Data is aggregated at the state level to track our shared impact.

Reporting can feel [fill in the blank]

- ▶ In **one word**, how does reporting feel to you? Or when you hear the word reporting, what's the first feeling that comes to mind? (There's no wrong answer – honest reactions welcome!)

Go to
www.menti.com

Enter the code

9530 0637



Or use QR code

Reporting can *feel*...



Why do we
report?

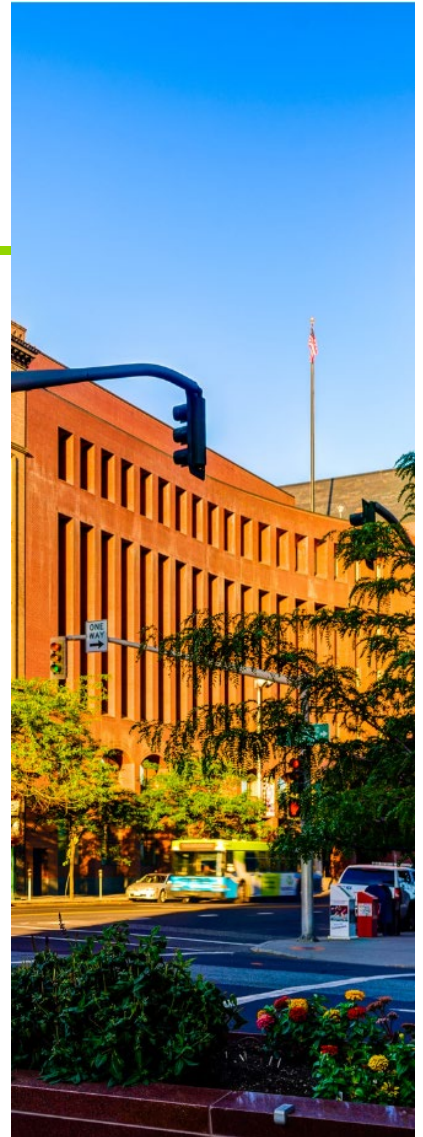
So why might we do it as providers?

- ▶ Providers can use reporting to demonstrate the work we do and how we are showing up for our communities.
- ▶ It makes our work visible, measurable and easier to communicate to others outside of work.
- ▶ An information management system can help us stay organized and use our data to generate report that support advocacy and planning efforts.
- ▶ It connects our day-to-day efforts to the bigger picture, like larger program goals and the statewide picture.



Why might we do it administratively?

- ▶ Local providers, coalitions, and tribes use Minerva 2.0 to track service delivery, coalition activity, and performance across programs.
- ▶ Financial administrators use reported data to verify the purchases are tied to services—supporting local oversight, site-visit readiness, and contract compliance.
- ▶ Provides an information management system—replacing spreadsheets by helping users organize data all in one place, with access to built-in tools and reports to make meaning from the data as you go for real-time decision making and long-term planning.



Why do we do it at the state-level?

- ▶ HCA uses aggregated data to prepare official reports by funding source (e.g., Dedicated Cannabis Account (DCA), Partnership for Success (PFS), SUPTRS, SOR, SPF Rx) to state and federal entities.
- ▶ HCA collaborate with academic partners to track statewide performance. Academic partners use aggregate data from required reporting to assess implementation progress, measure outcomes, and identify trends across the state and CPWI cohorts.
- ▶ The official reports and evaluations shape state policy, guide funding and programmatic decisions, and demonstrate accountability for public health investments.



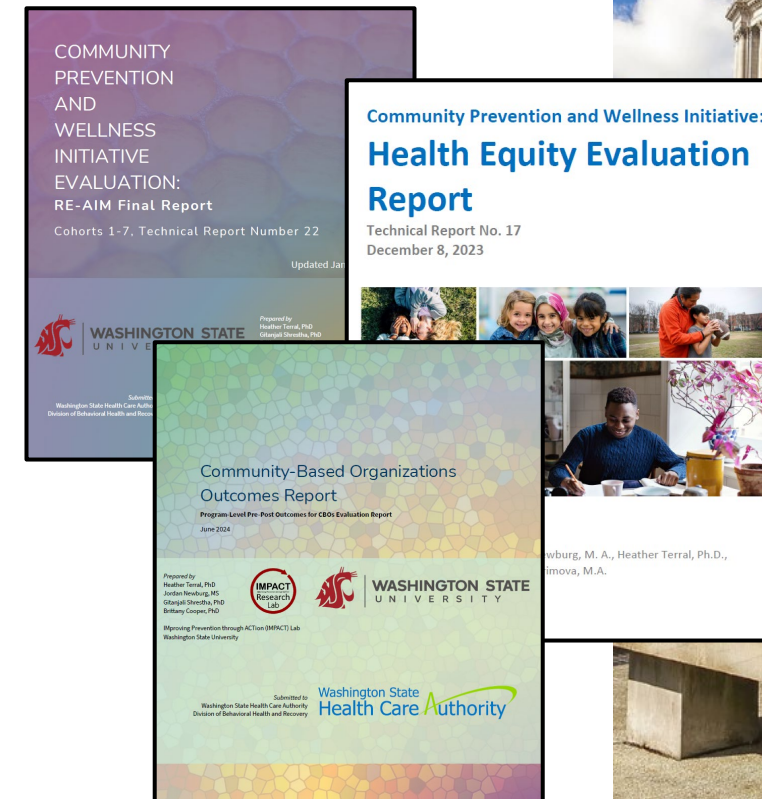
Official reports

- ▶ Annual, mid-year, and quarterly reports for five federal fund sources: SUPTRS, Partnership for Success (PFS), SOR (State Opioid Response), SPR-Rx, and STOP Act. Reporting requirements vary by fund source.
- ▶ Inform HCA and policymakers on the status of legislative funded services:
 - ▶ CBO, CPWI, Tribe/UIO
 - ▶ Young adults
 - ▶ WHY
 - ▶ Initiative 502
 - ▶ Start Talking Now



Evaluation

- ▶ 20+ evaluations by Washington State University since 2014
- ▶ State Prevention Enhancement Policy Consortium (SPE) to evaluate service implementation
- ▶ Evaluate performance compliance and the outcomes of services
- ▶ To evaluate the implementation of local strategic plans



Communicate

- ▶ Most commonly communicate:
 - ▶ # of individuals served
 - ▶ # of people reached
 - ▶ % of evidence-based strategies delivered
 - ▶ # of individuals served by IOM, CSAP, and Program Type Category
- ▶ Fact sheets
- ▶ Statewide events and conferences
- ▶ National and international meetings, events, and conferences





Why do you do it?

- ▶ In **your own words**, beyond checking a box, what's the bigger reason behind all this reporting? Why do we report?

Go to
www.menti.com

Enter the code

9530 0637



Or use QR code

What happens
after you report?

The life of your data

DATA



SORTED



ARRANGED



PRESENTED
VISUALLY



EXPLAINED
WITH A STORY



A pile of pieces

- ▶ **Raw data** means unprocessed information—the individual facts you enter into Minerva 2.0.
- ▶ This includes things like the date an activity happens, how many hours it an activity was delivered, which sectors volunteered at the activity.
- ▶ On their own, these data points may seem small—but together, they're the building blocks of your story.

DATA



Sorted by type, time, and place

- ▶ **Sorted data** means information is grouped by category—like strategy, program type, date, or location.
- ▶ Minerva 2.0 automatically sorts data so that you can generate reports in the Evaluate channel.
- ▶ HCA sorts data to answer specific questions like: “What sectors are the most involved in CPWI?”
- ▶ Sorting makes it possible to find patterns and answer questions.

SORTED



Organized into meaningful groups

- ▶ **Arranged data** means we've connected related pieces to show how they work together.
- ▶ Minerva 2.0 allows us to group data by things like strategy, cohort, or priority.
- ▶ Arranged data shows how inputs (like activities) relate to outcomes (like attendance).
- ▶ Arranging turns a list of data into a clearer picture.

ARRANGED



Visualizing patterns and progress

- ▶ **Visualized data** means information shown as a graph, chart, dashboard or well-constructed narrative—not just numbers.
- ▶ Minerva 2.0 creates visuals, and HCA also creates visuals. Visuals help to answer more complex questions—like which strategies have the highest retention and where, or which sectors have been more consistently involved in CPWI over time.
- ▶ Visuals make it easier to explain what's happening, identify trends over time, and support strategic planning.

PRESENTED
VISUALLY



From data to meaning

- ▶ **Explaining with a story** means be able to use the data to describe a bigger and clearer picture of what's happening.
- ▶ Having enough data helps give context to numbers. Reporting helps communities, funders, and policy makers understand more of the whole picture of what your work means.
- ▶ The strongest stories are built on clean, accurate, complete, and timely data.

EXPLAINED
WITH A STORY



Let's reflect!
What? So What?
Now What?

EXPLAINED
WITH A STORY



On your own:
What do you see
(or want to see) in
your data?

EXPLAINED
WITH A STORY



In pairs:
Share what you
want to see and
why it matters.

EXPLAINED
WITH A STORY



Groups of 4:
What could be
done to tell this
story with data?

EXPLAINED
WITH A STORY



Let's debrief!
What? So What?
Now What?

EXPLAINED
WITH A STORY



What could go
wrong?

Inaccurate reporting

- ▶ **Inaccurate data** does not reflect what actually happened.
- ▶ Commonly data is incorrectly categorized with the wrong CSAP or IOM or a reach is too small or too big, or a program said to be implemented with fidelity that has adaptations, or incorrect birth months result in a disproportionate % of our services reportedly only reaching infants and toddlers.
- ▶ Inaccuracies misrepresent the story and cumulatively distorts local planning, funding decisions, local, state and federal program evaluation.



Incomplete reporting

- ▶ **Incomplete data** is data missing information.
- ▶ Commonly data does not capture important details because it was reported incorrectly, specifically a capacity activity reported as an implementation activity or vice versa.
- ▶ Incomplete data leaves gaps in the system. At the state level, it looks like the work didn't happen or that it wasn't fully planned. It's not possible to evaluate or federally report what's not documented.



Duplicated/double reporting

- ▶ **Duplicated reporting** is when the same activity or record is reported more than once—usually by accident.
- ▶ Commonly the same staff hours or certain activities like outreach are reported as capacity activities and as implementation activities.
- ▶ Duplicates artificially inflate numbers, which misleads evaluations and may violate federal reporting requirements. It creates noise in the data and make it harder to track work accurately.



Late reporting

- ▶ **Late reporting** is data submitted after the required deadline without an approved extension request.
- ▶ Commonly CPWI Quarterly Reports are reported late, or monthly data entry is delayed because programs & strategies were not submitted for approval on time.
- ▶ Data for quarterly state and federal reports are pulled/downloaded **the day after the reporting deadline**. Late reporting results in exclusions for federal reports. When an extension request is submitted and approved, we know to pull your data later and re-run our reports that are so critical for our funding.



So, what is clean data anyway?

Accurate

Reflects what actually happened. When you read it back to yourself, it should sound true to what happened.

Complete

Includes all required and relevant details. When you read it back to yourself, it gives a full picture of what took place.

Unduplicated

Information is only reported once. It tells the story without ever repeating any of it.

Timely

Submitted within the required timeframe. It's current and can be used in state and federal reporting.



Why does clean data matter?

- ▶ **Dirty data leads to bad decisions.** When data is inaccurate or incomplete, it can lead to false conclusions and poor planning.
- ▶ **It can affect credibility.** Data that doesn't hold up under scrutiny weakens our credibility—locally and at the state-level (i.e., explaining to funders or key leaders why so many toddlers have received lockboxes).
- ▶ **It can tell the wrong story.** Even small errors can change the meaning of what happened and therefore the story our data tells.
- ▶ **It affects our shared story.** We report and evaluate data as a whole state. When some reporting is inaccurate, incomplete, or late, it affects the larger picture—making it harder for everyone's story to be seen clearly.



What can go
right?

Reporting support

- ▶ Follow the new **strategy-specific user guides**; if there isn't a strategy-specific user guide for your strategy contact your HCA Prevention Manager.
- ▶ Follow the step-by-step guidance in the **new Minerva 2.0 User Guide**.
- ▶ Review the timelines and requirements in your **contract**.
- ▶ Reference the **new demo account(s)** in Minerva 2.0 for mock reporting scenarios.
- ▶ Attend a **technical support call** with the Minerva Team.

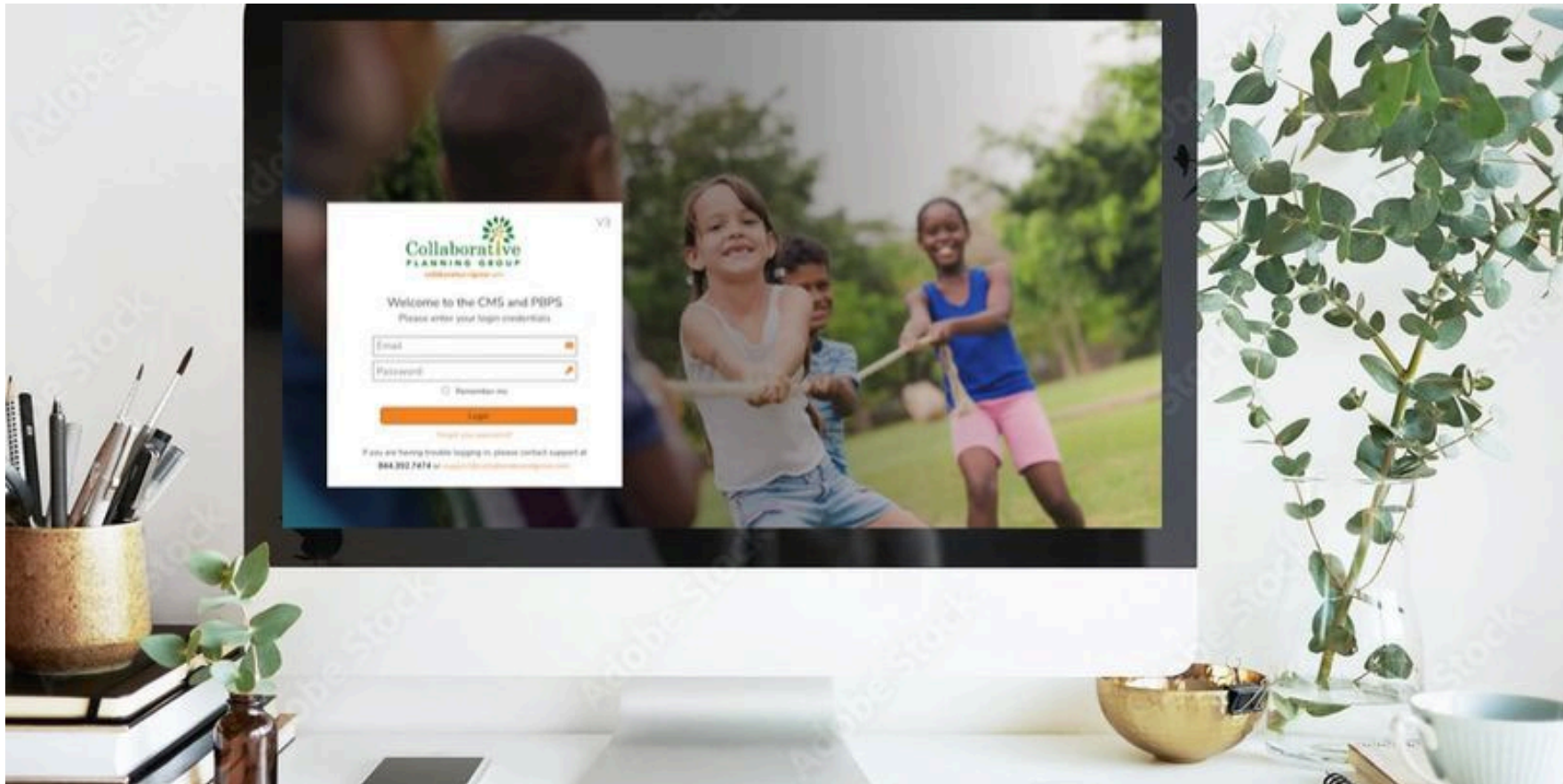


Role of HCA

- ▶ **Prevention Managers / Prevention System Managers** provide one-on-one support, collect feedback, and are trained experts in Minerva.
- ▶ **Grant managers** ensures the data collected in Minerva meets federal reporting requirement.
- ▶ **Minerva Team** supports the system itself – user access, training and technical assistance, guidance products, and direct ongoing improvements.
- ▶ **Data Team** uses specialized tools to transform Minerva data into official state and federal reports.



Role of Collaborative Planning Group



What role do I play in telling the story?

DATA



SORTED



ARRANGED



PRESENTED VISUALLY



EXPLAINED WITH A STORY



Objectives

- ▶ By the end of this session, participants will be able to:
 - ▶ **Define** what clean is and **describe** why it matters.
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Break 15 Minutes



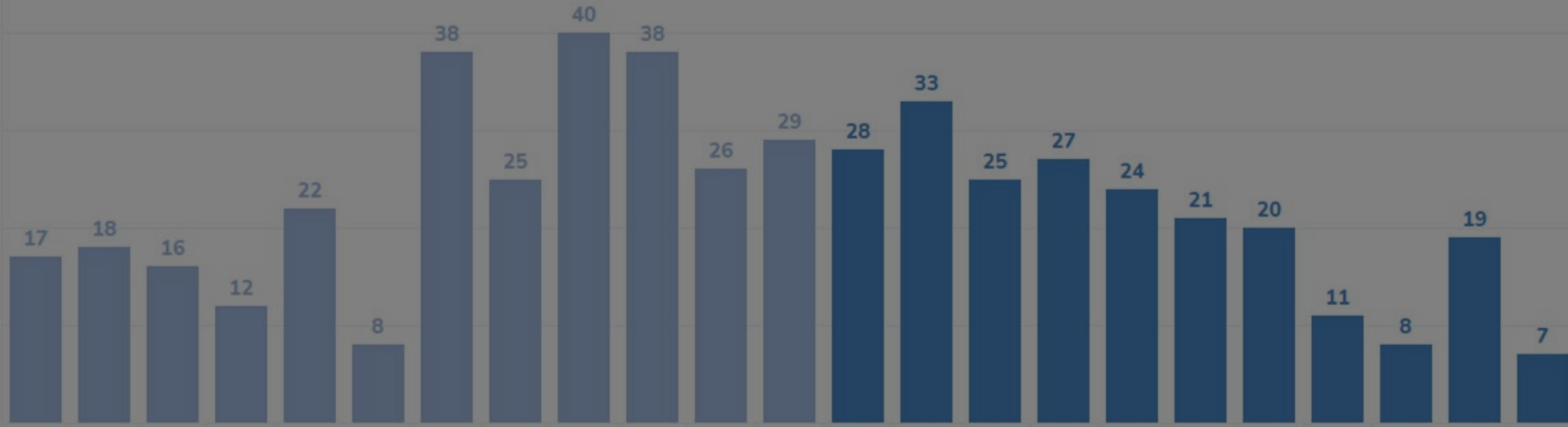
Biennial Data Refresh The Stories Our Data Tells Us

Presented by Rachel Ray

Washington Health Care Authority

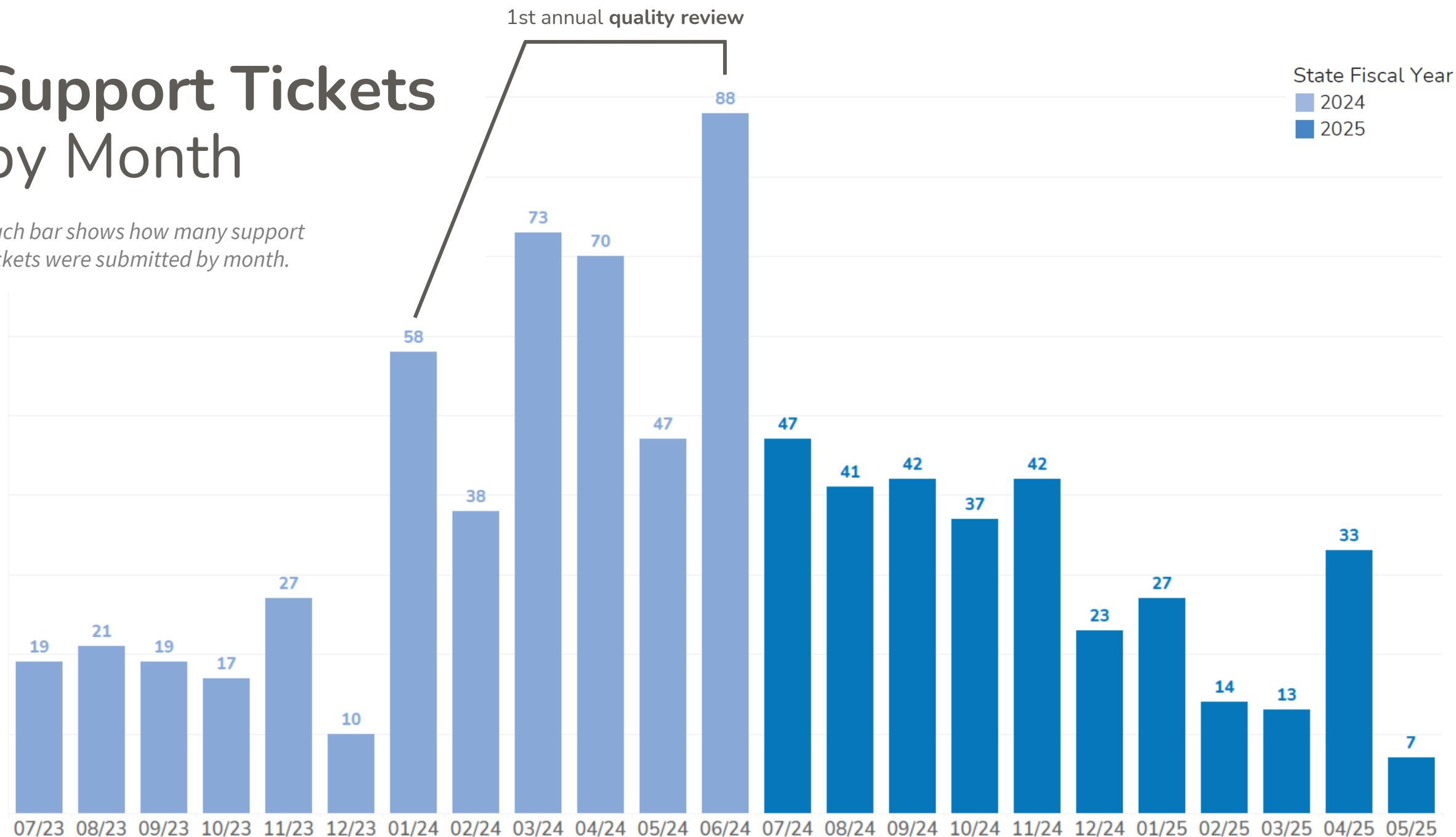
Division of Behavioral Health and Recovery

We reached out for support



Support Tickets by Month

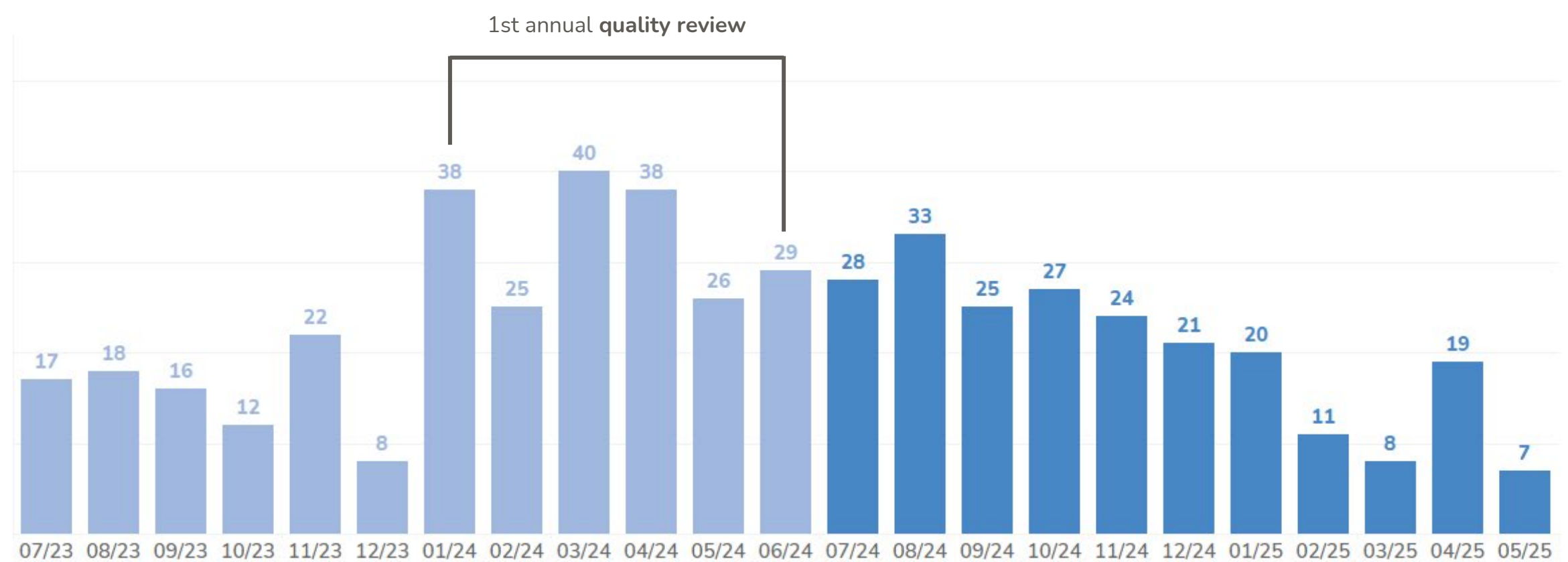
Each bar shows how many support tickets were submitted by month.



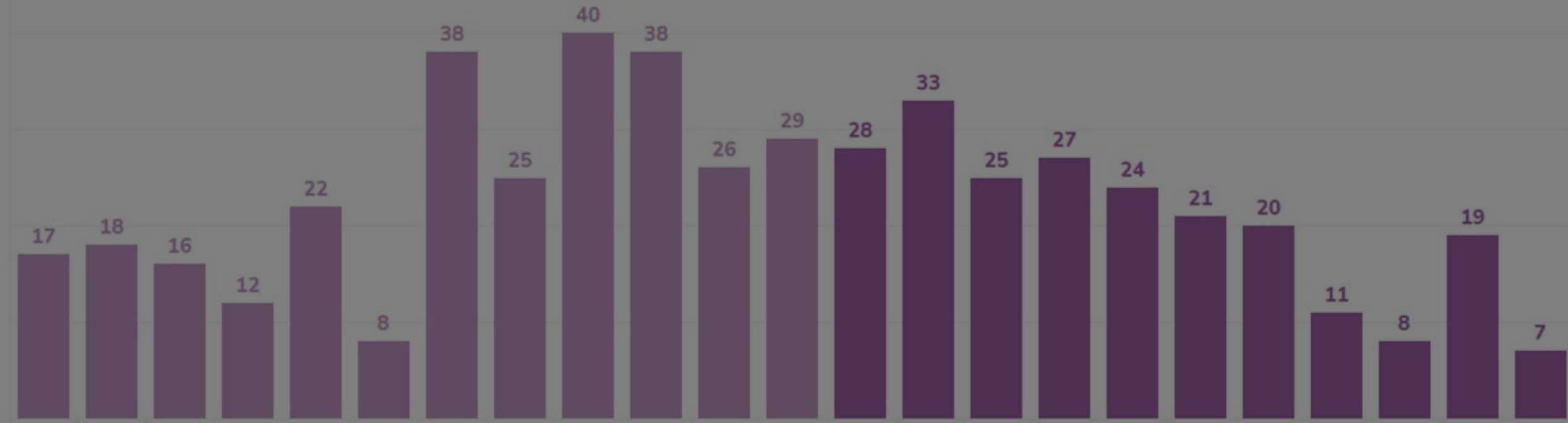
Accounts Supported by Month

State Fiscal Year
2024
2025

Each bar shows how many accounts submitted a support ticket by month.



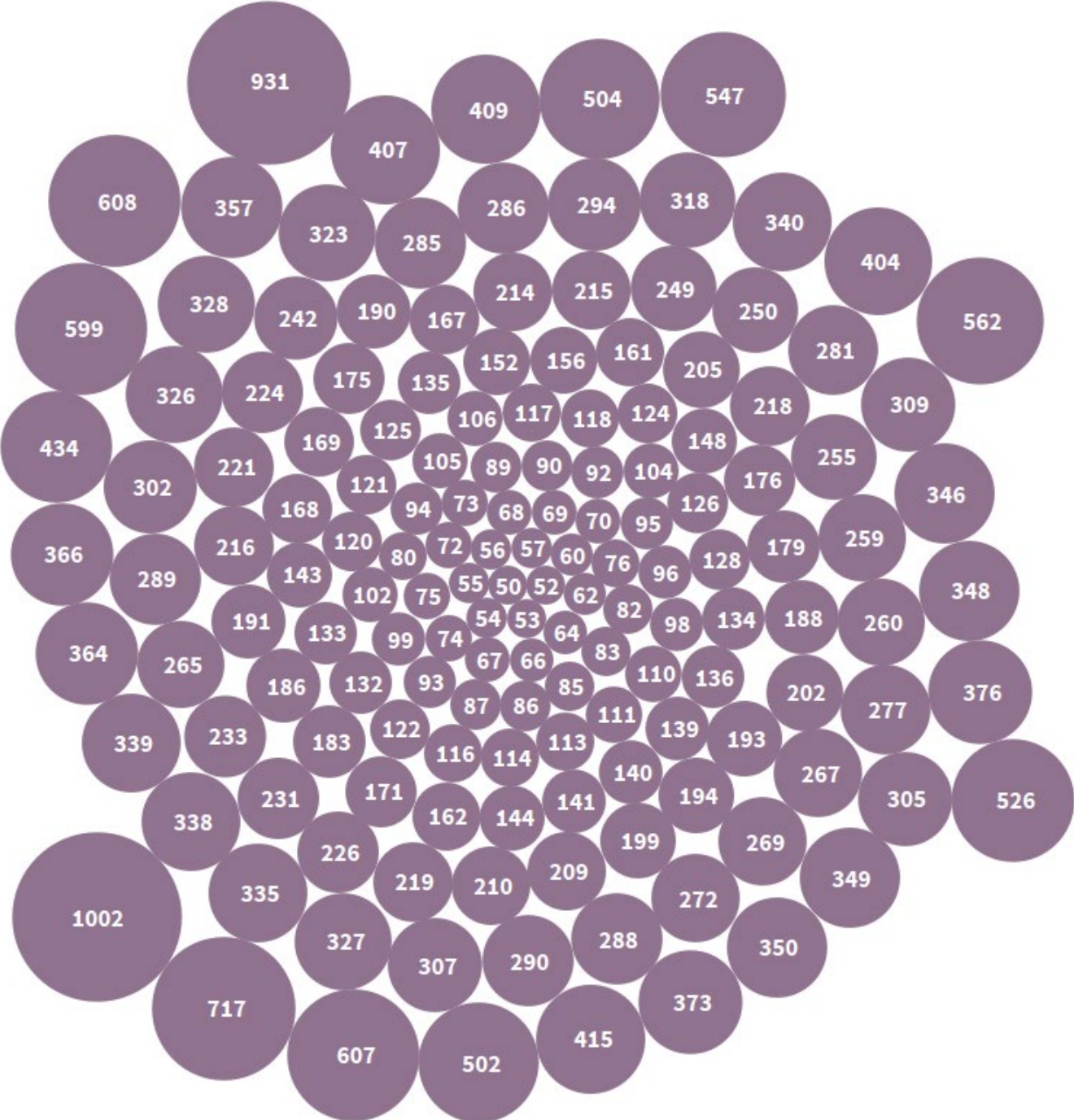
We documented our impact



Login Counts by Frequency

This bubble chart displays non-HCA users who have logged into Minerva 2.0 more than 50 times since the system launch.

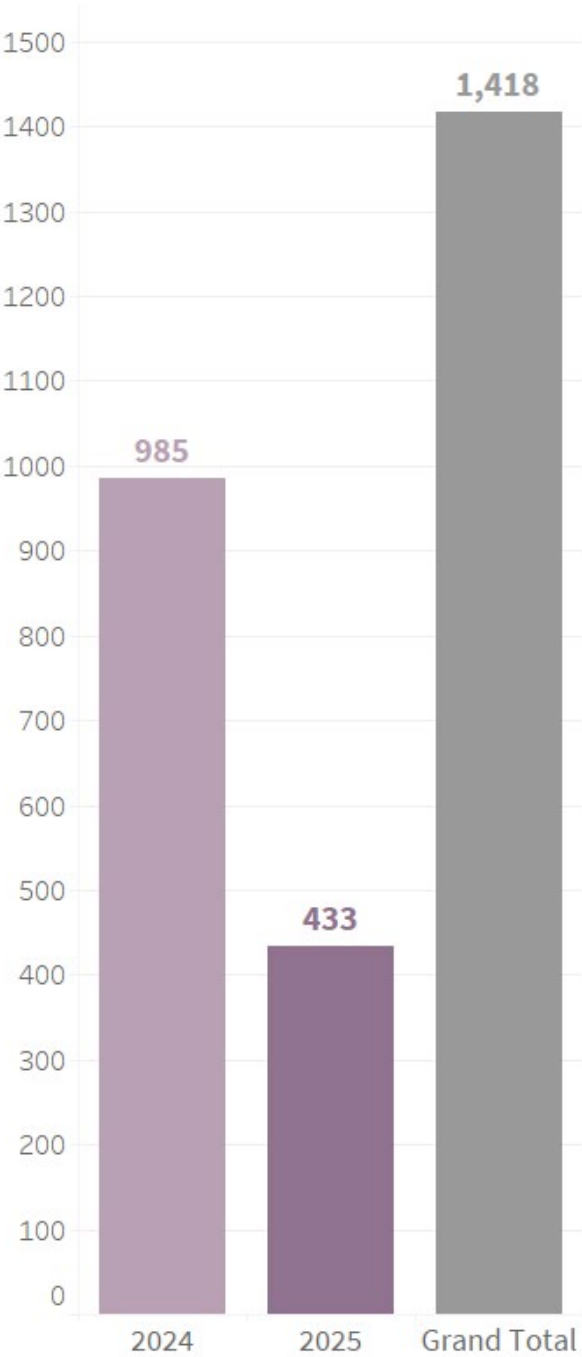
Each bubble is labeled with that user's total number of logins.



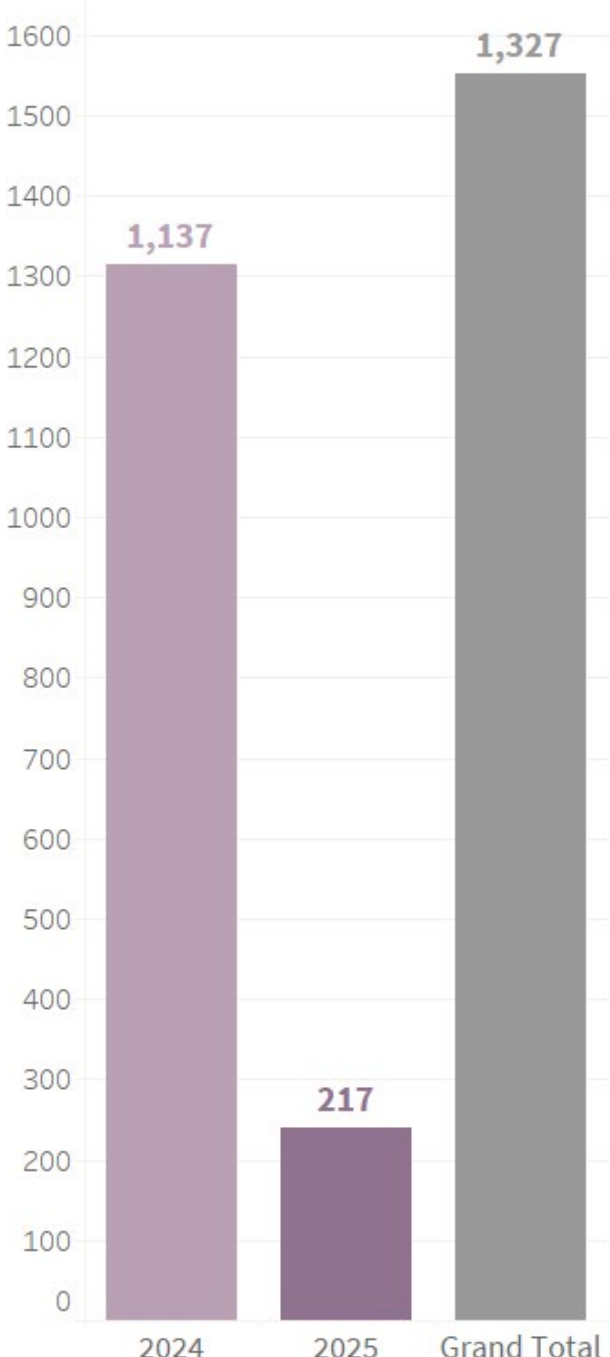
Programs & Strategies Built by SFY

State Fiscal Year

- 2024
- 2025



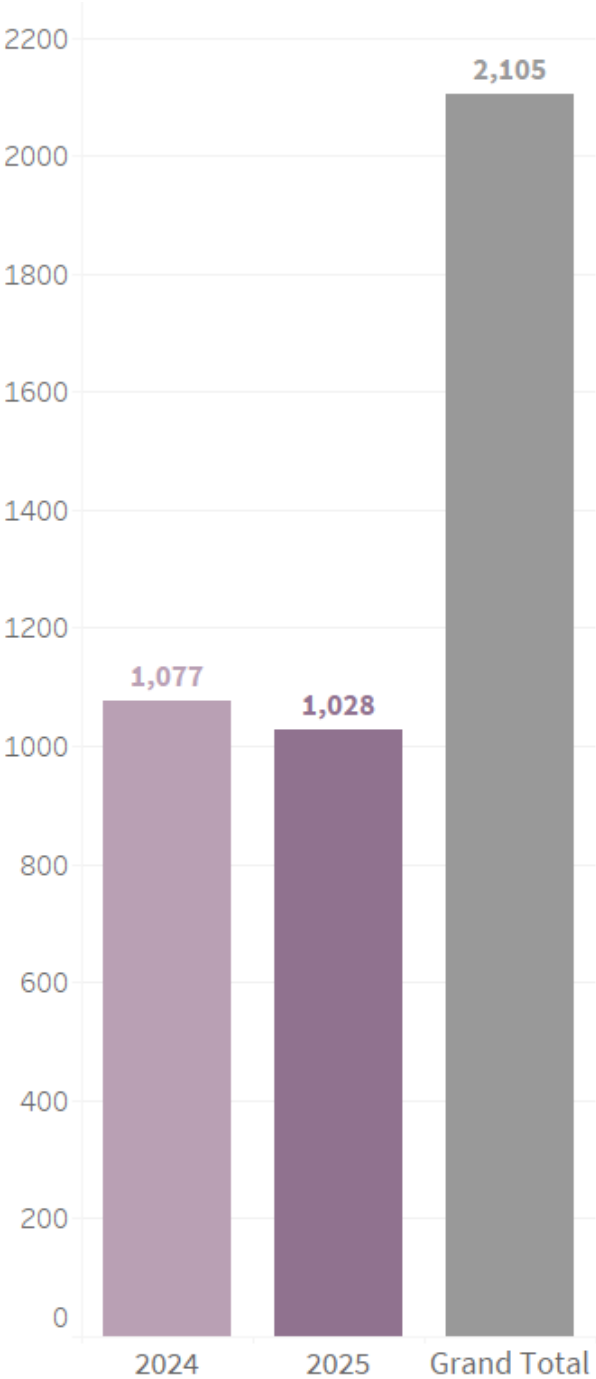
Logic Models Built by SFY



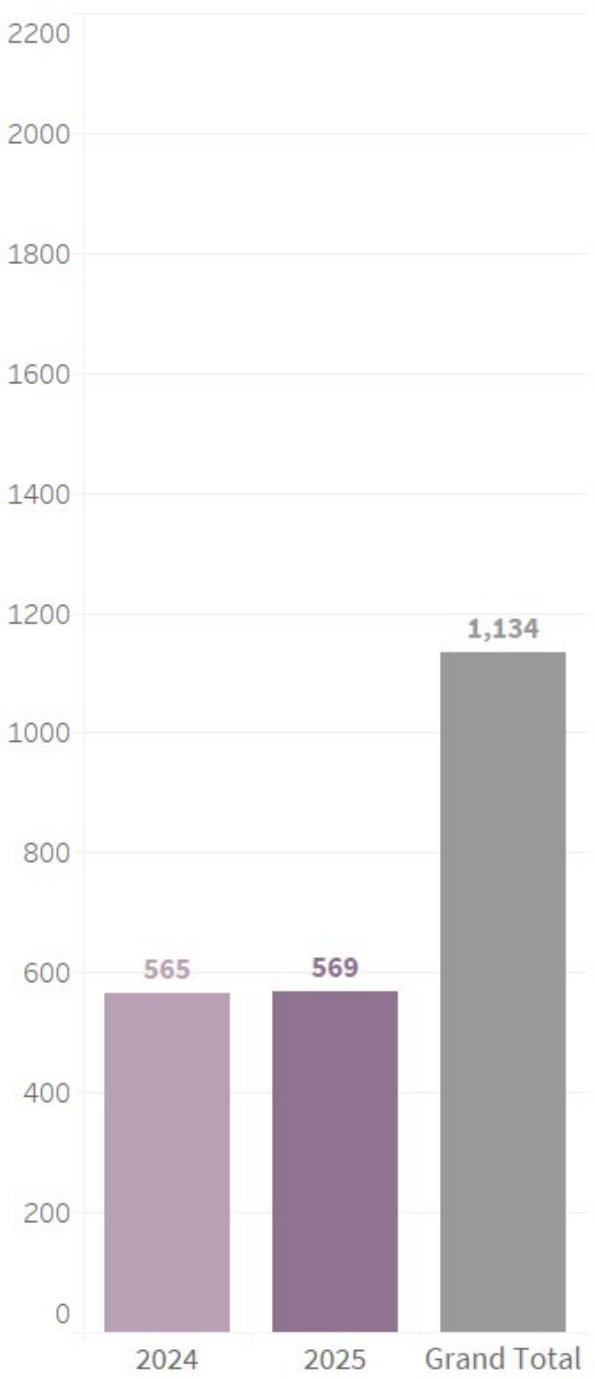
Cohorts Built by SFY

State Fiscal Year

- 2024
- 2025



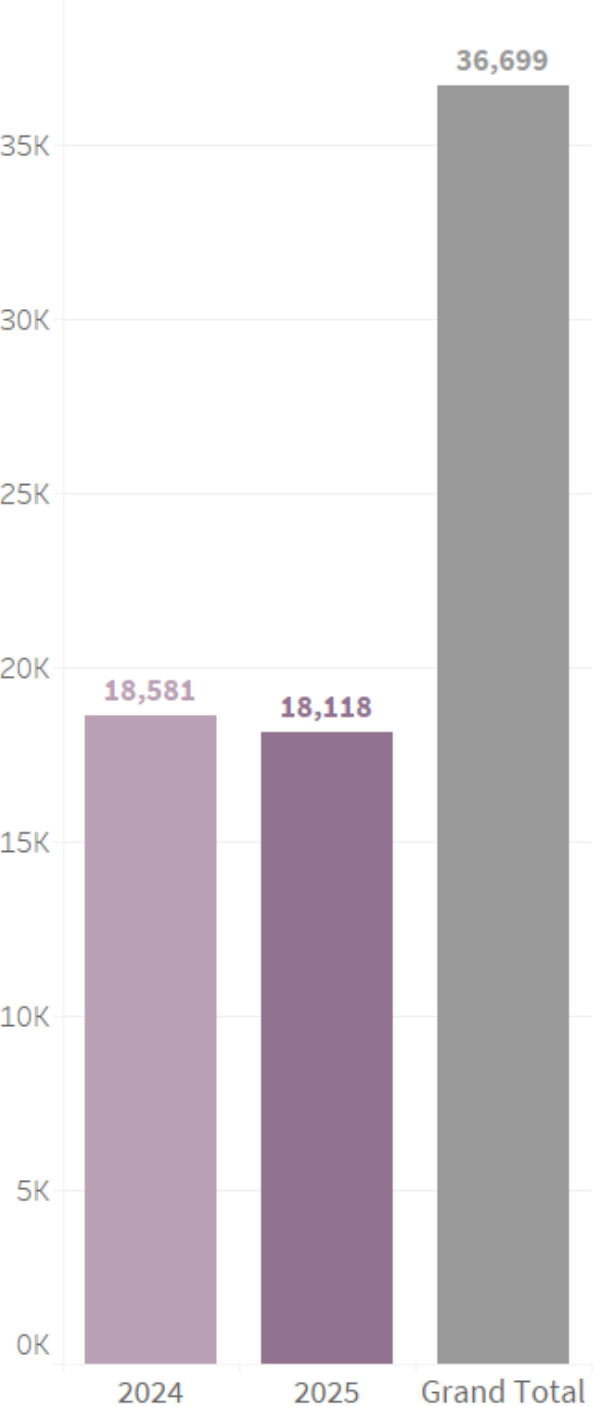
Campaigns Built by SFY



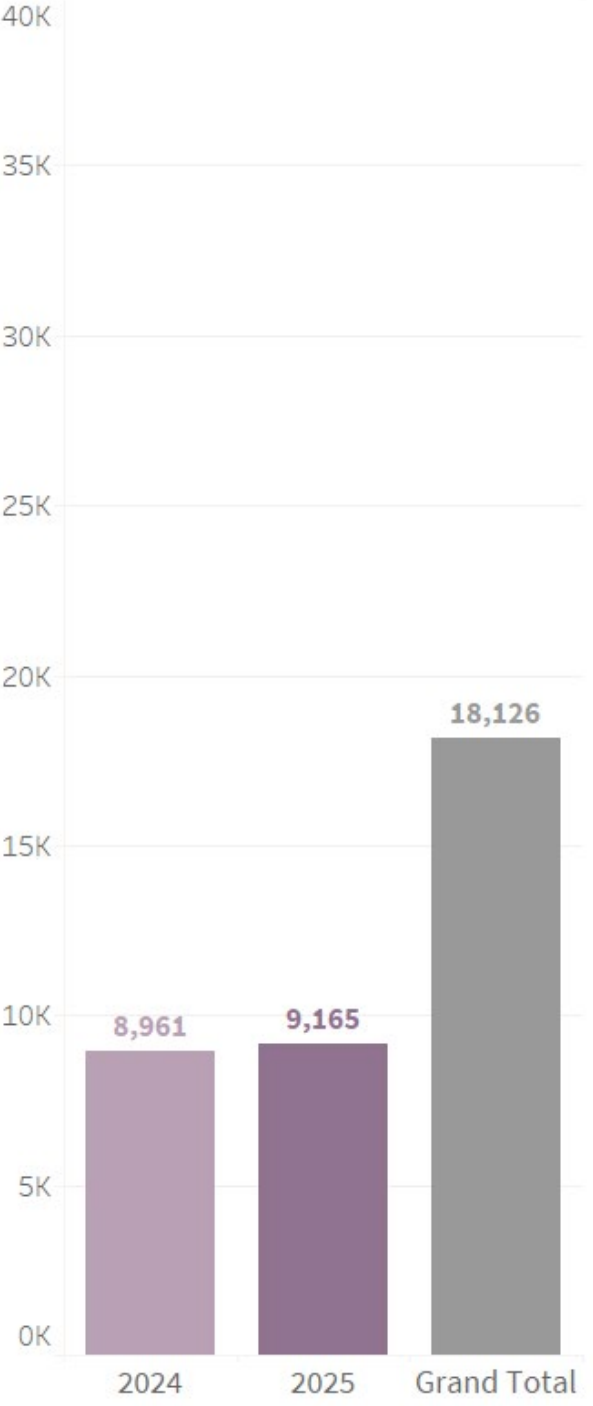
Implementation Activities by SFY

State Fiscal Year

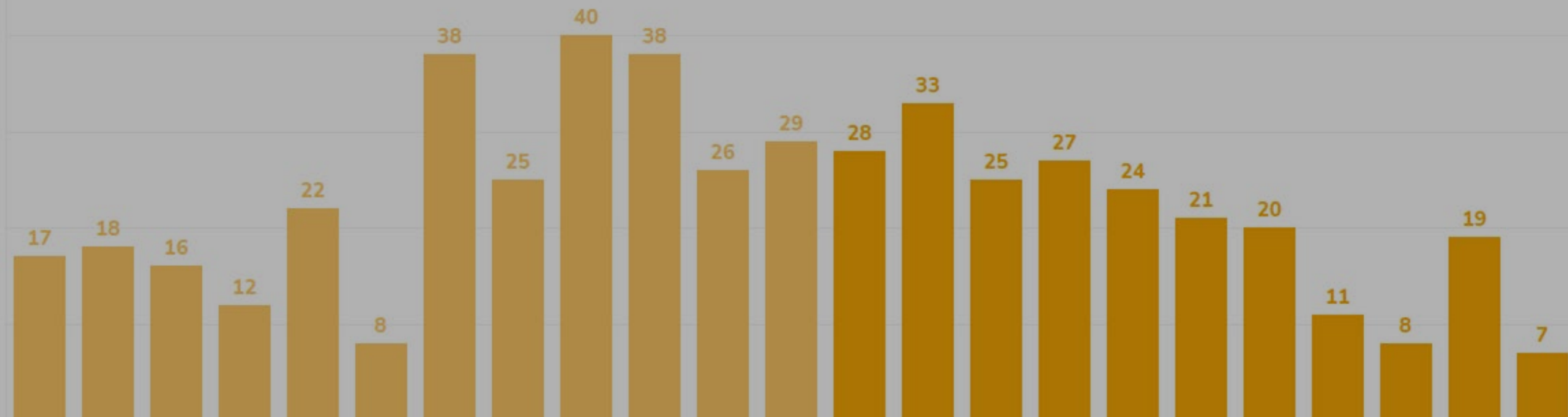
- 2024
- 2025



Capacity Activities by SFY



We strengthened our workforce

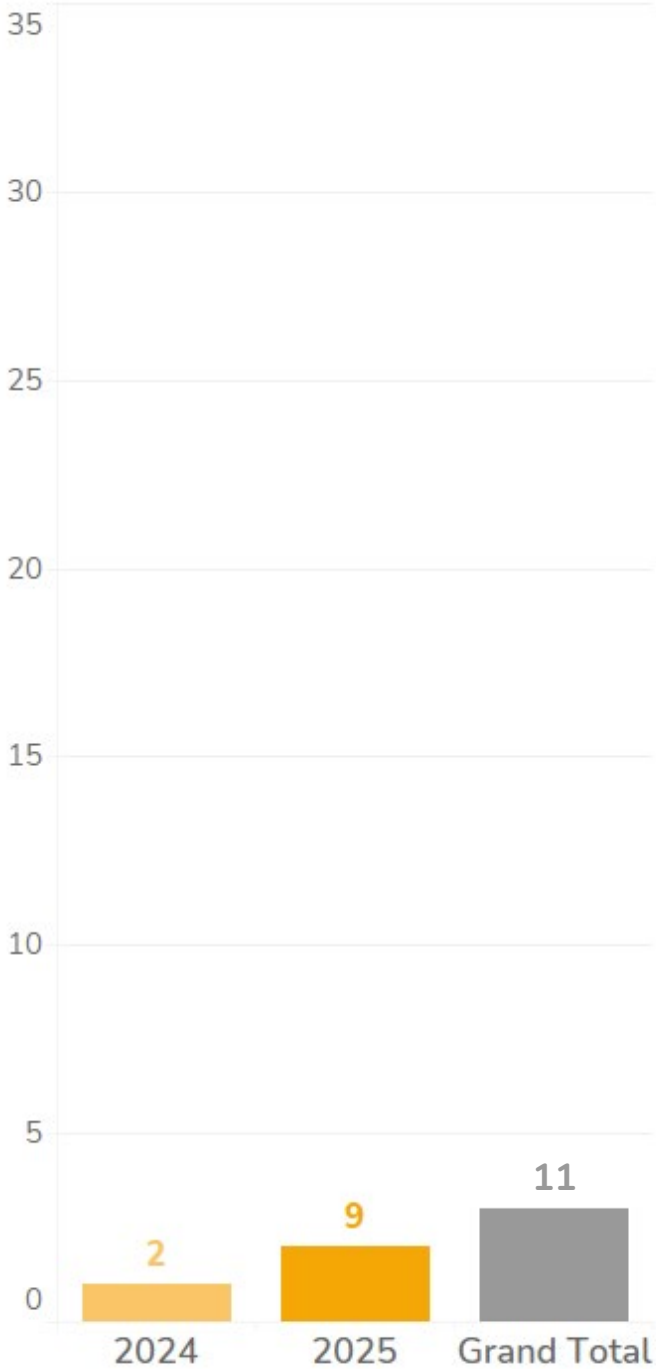


Coordinators Hired by SFY

How many times
“Coordinator hired” was
reported in CPWI
Quarterly Reports.

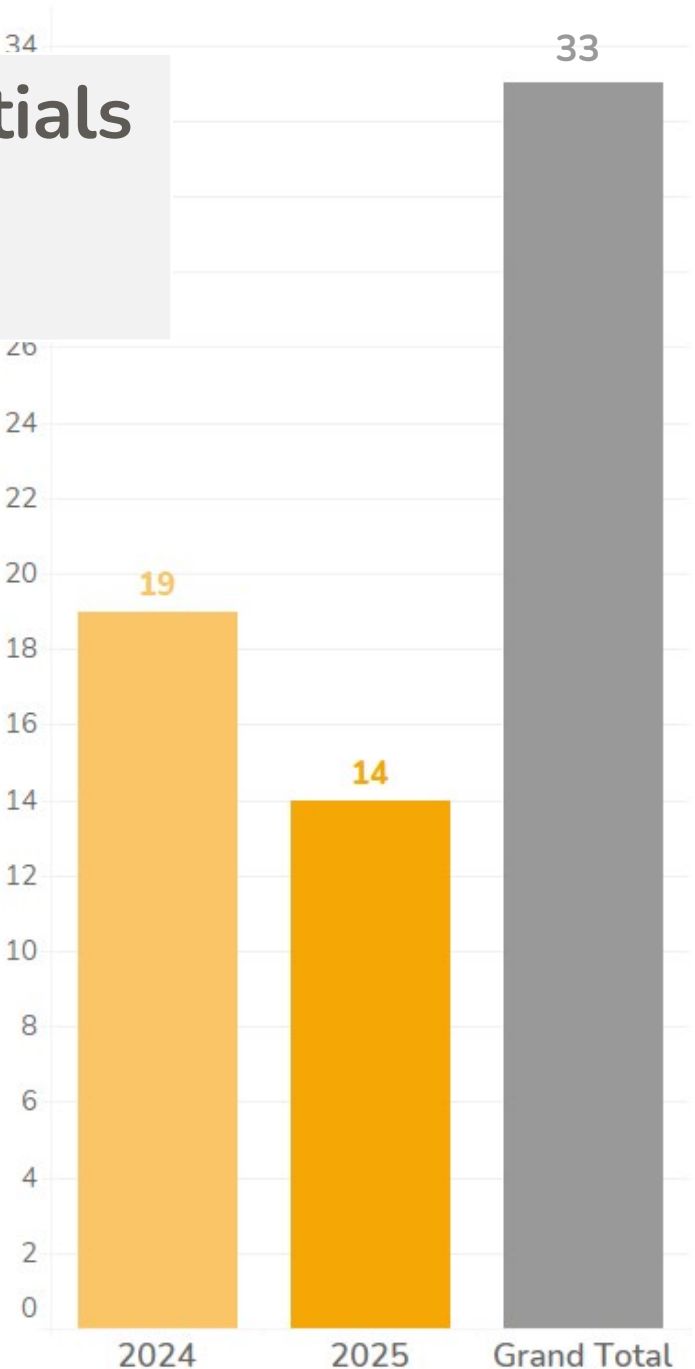
State Fiscal Year

- 2024
- 2025



CPP Credentials Acquired by SFY

How many times
“Obtained or renewed
Certified Prevention
Professional credential”
was reported in CPWI
Quarterly Reports.



National Tribal Opioid Summit

ASCOT

CADCA Bootcamp

Rx and Illicit Drug Summit

Px Core Competencies

Region 10 Opioid Summit

Ethics

NPN

SAPST

SYF

Program/ Curriculum

CADCA

CLI

Px Summit

Other

Trainings Attended by SFY

State Fiscal Year

2024

2025

13

65 71

55 104

69 100

117 139

1,053

1,048

0

200

400

600

800

1000

1200

1400

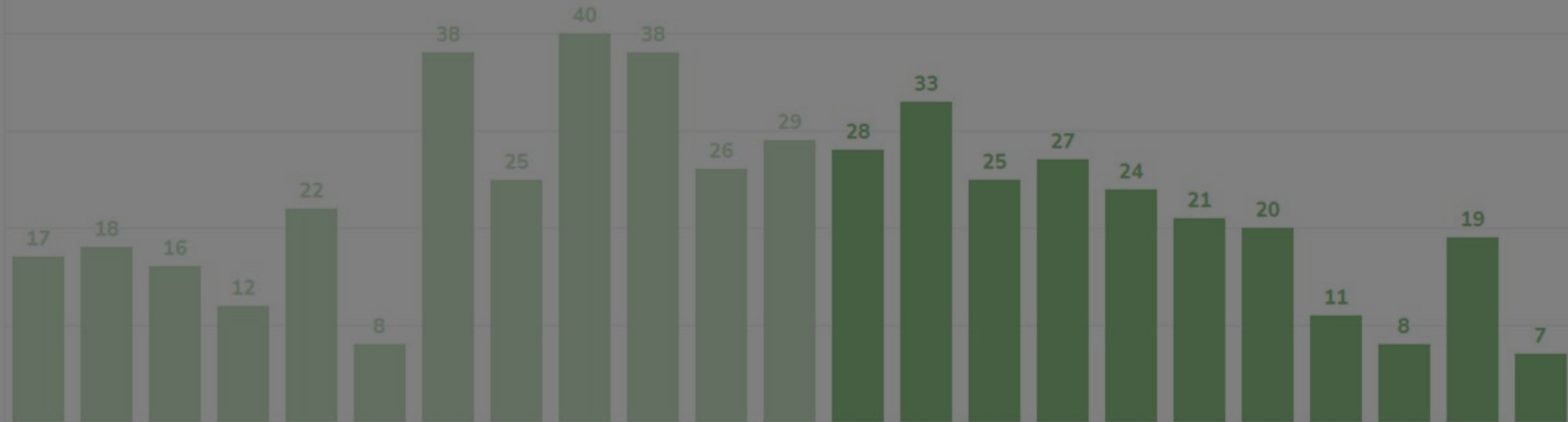
1600

1800

2000

2200

We built our capacity

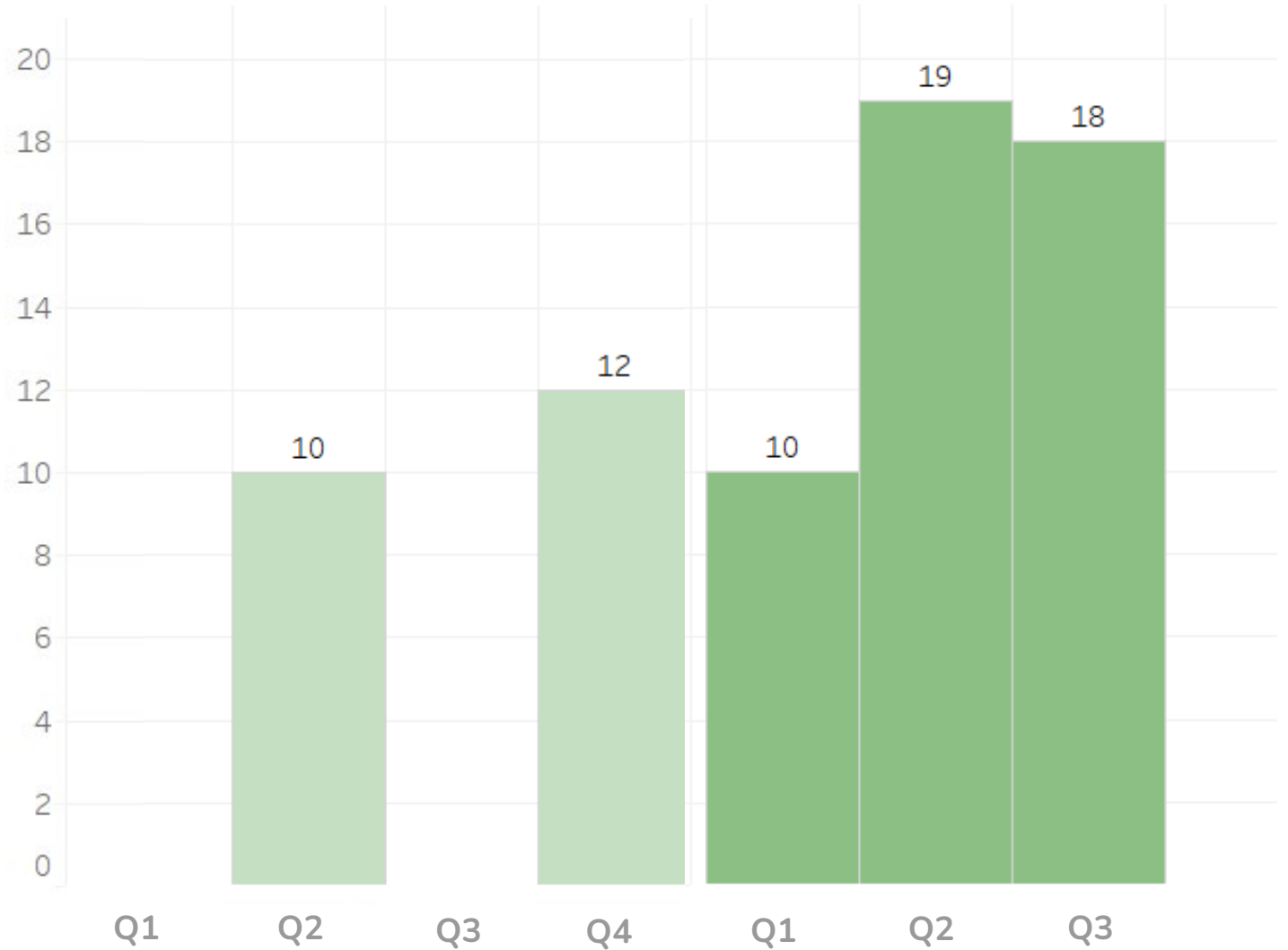


Coalition Structures Reviewed by Reporting Quarter

How many times “Reviewed and revised coalition structure” was reported in CPWI Quarterly Reports.

State Fiscal Year

2024
2025



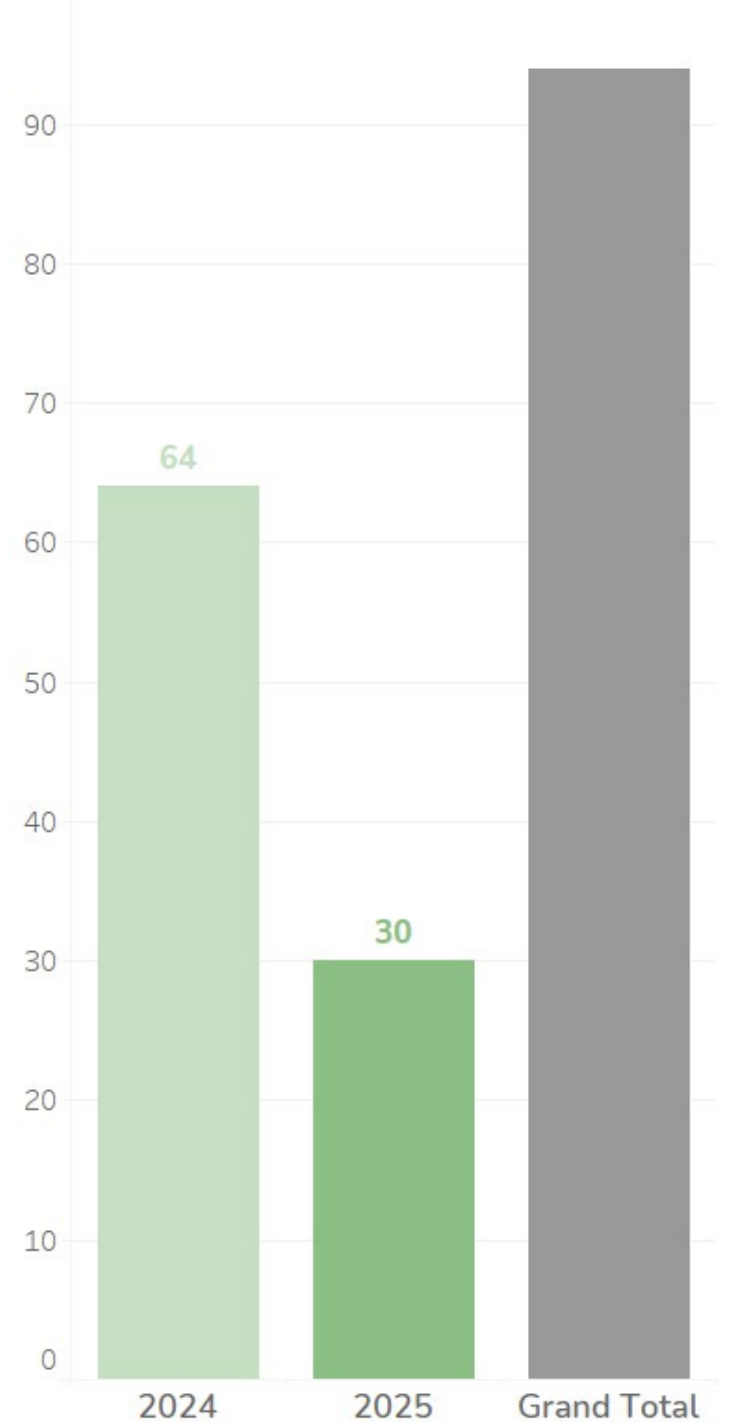
Key Leader Events Held by SFY

*How many times “Held Key Leader
Event” was reported in CPWI Quarterly
Reports.*

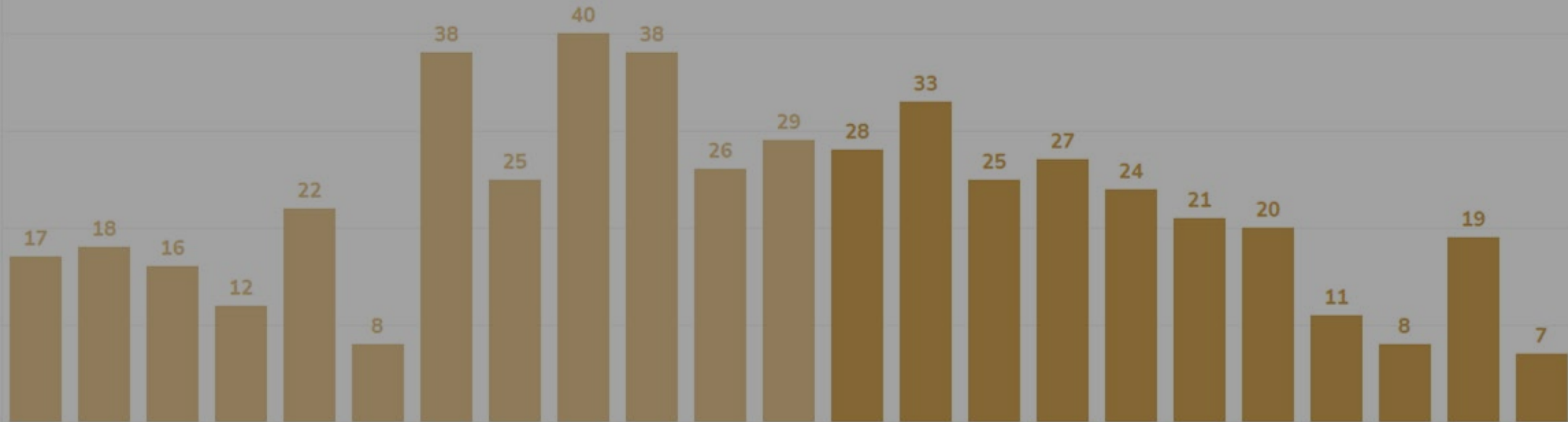
State Fiscal Year

2024

2025

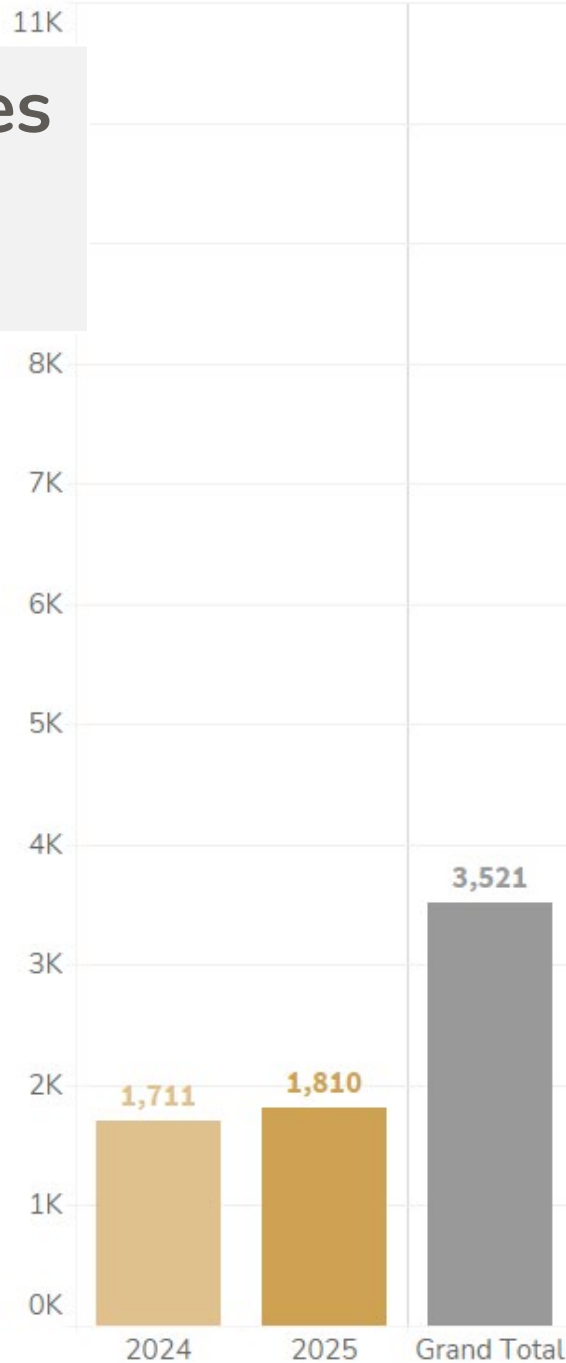


We delivered services

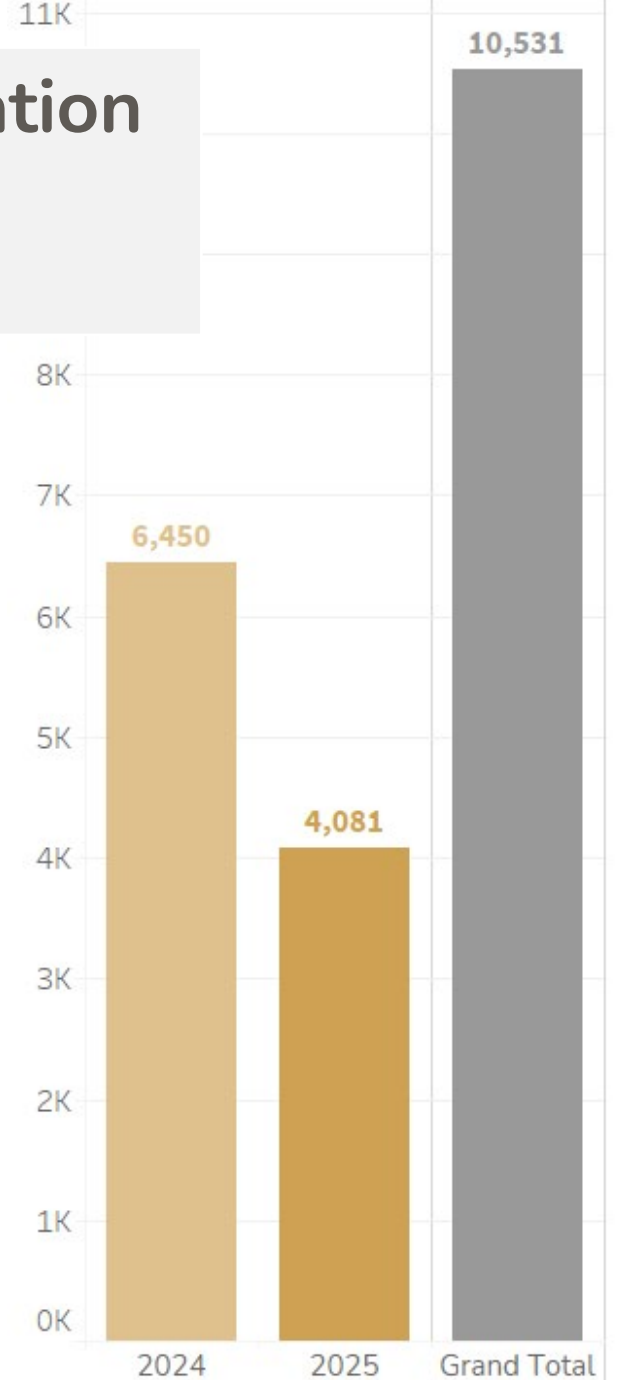


Lockable Devices Distributed by SFY

State Fiscal Year



Lbs. of Medication Collected by SFY

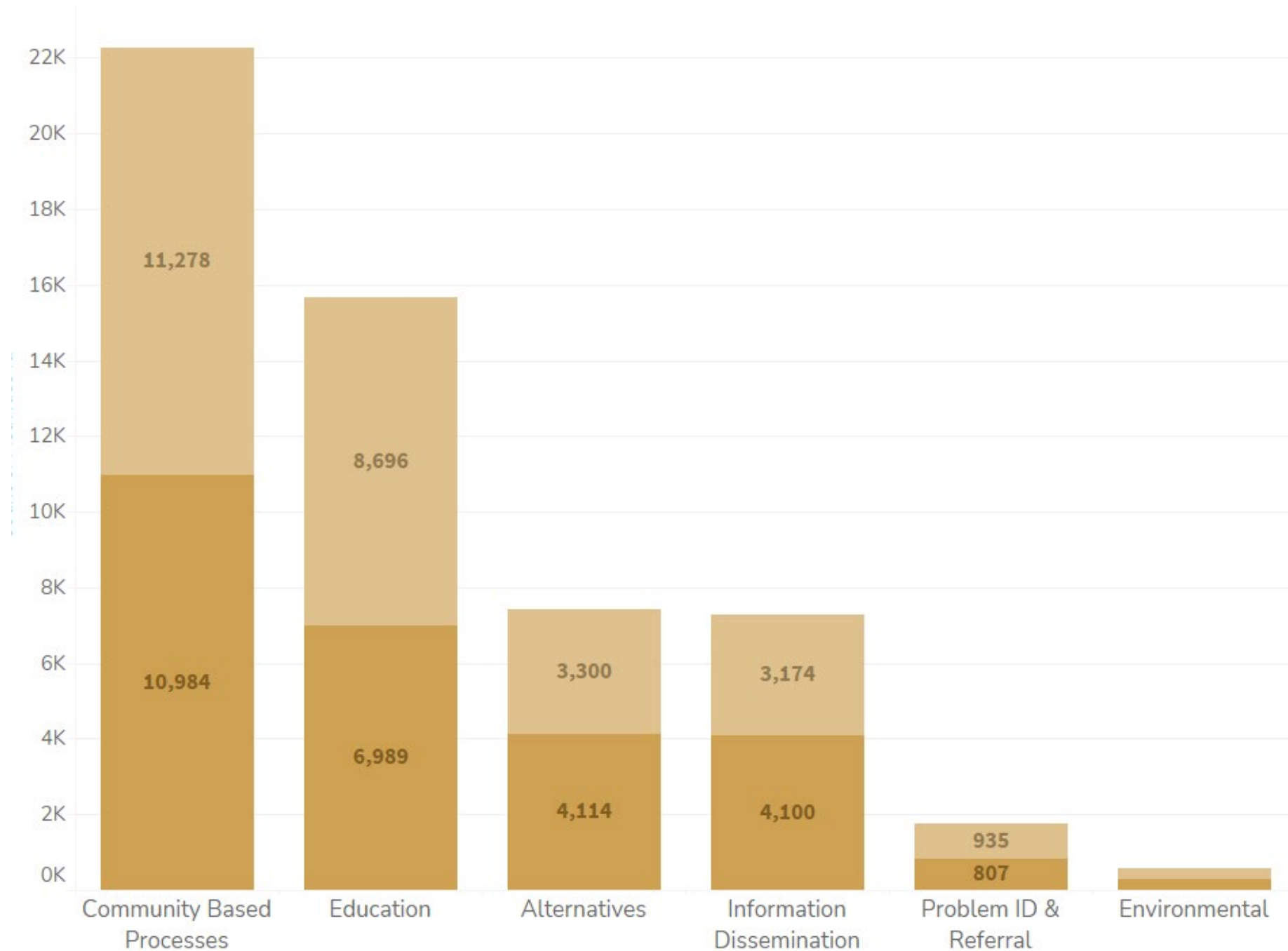


Activities by CSAP by SFY

State Fiscal Year

2024

2025

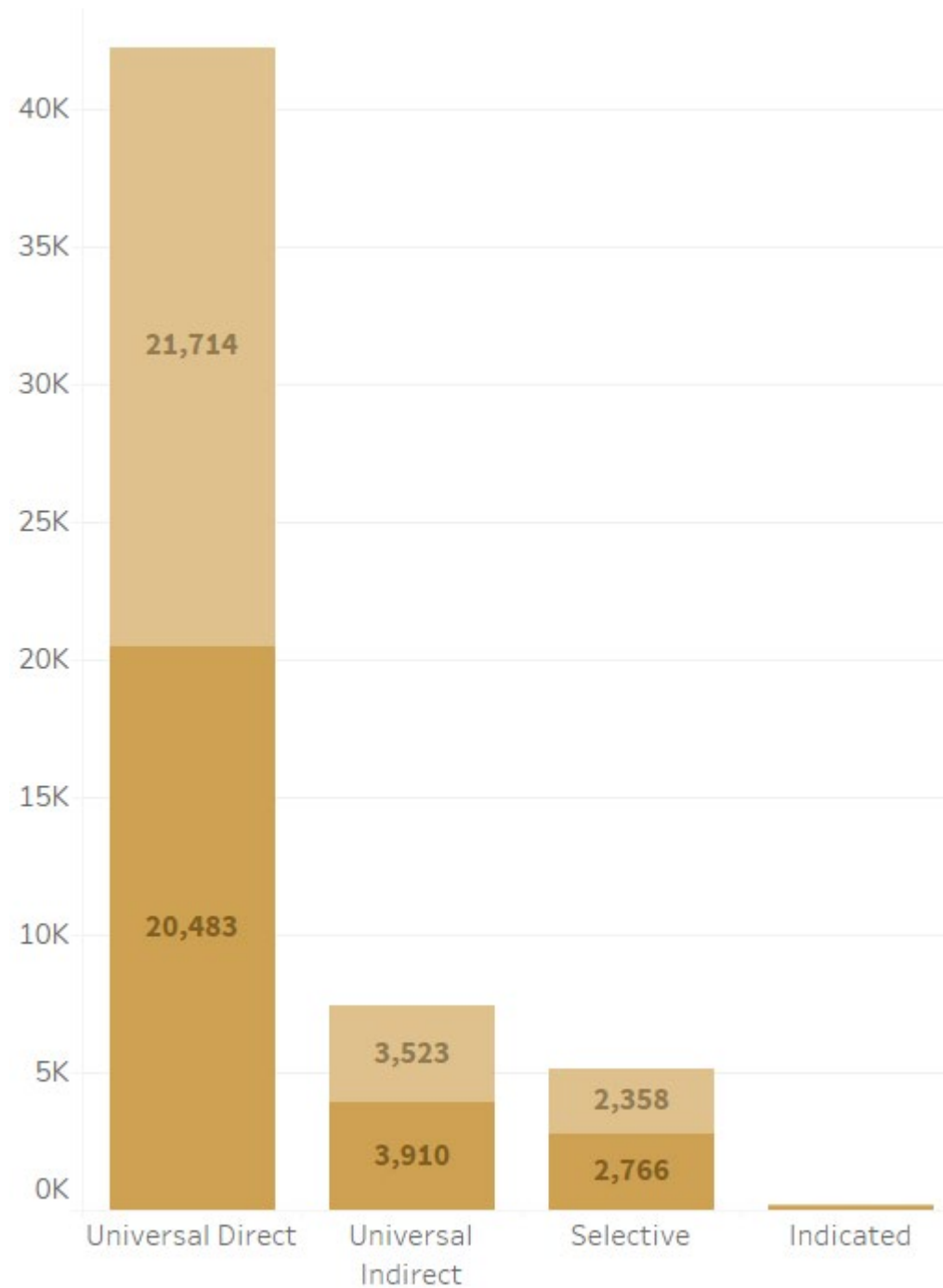


Activities by IOM by SFY

State Fiscal Year

2024

2025



Youth Served by SFY

State Fiscal Year

- 2024
- 2025

	Indicated	Selective	Universal Direct
2024	51	97	107,912
2025		77	102,964

Adults Served by SFY

State Fiscal Year

- 2024
- 2025

	Indicated	Selective	Universal Direct
2024	0	8	150,624
2025		5	31,788

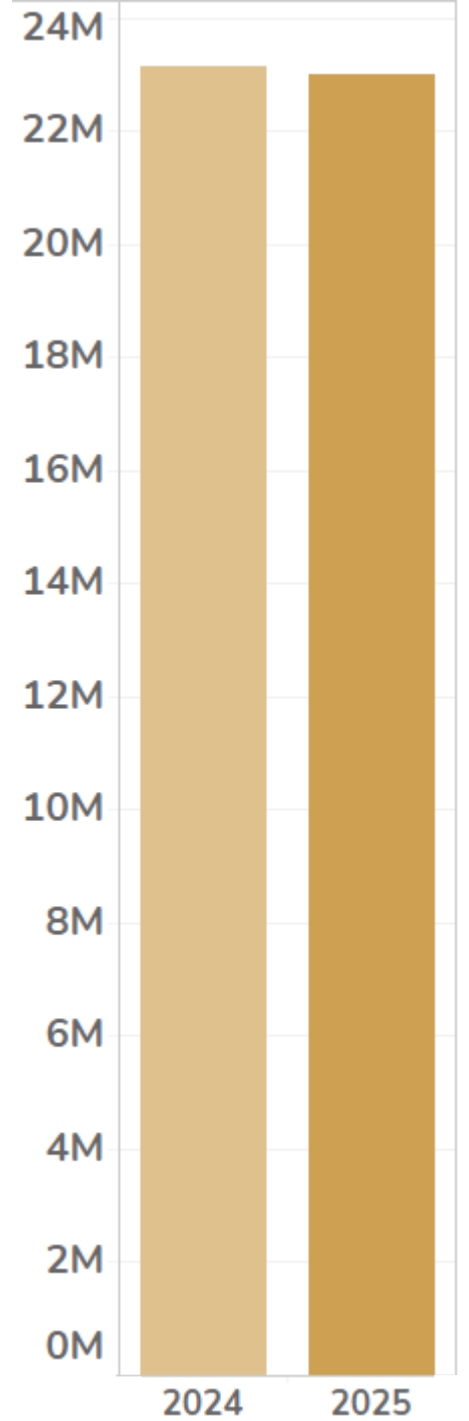
Youth Reached by SFY

2024	3,465,203
2025	4,559,315



Adults Reached by SFY

2024	23,151,497
2025	22,997,028



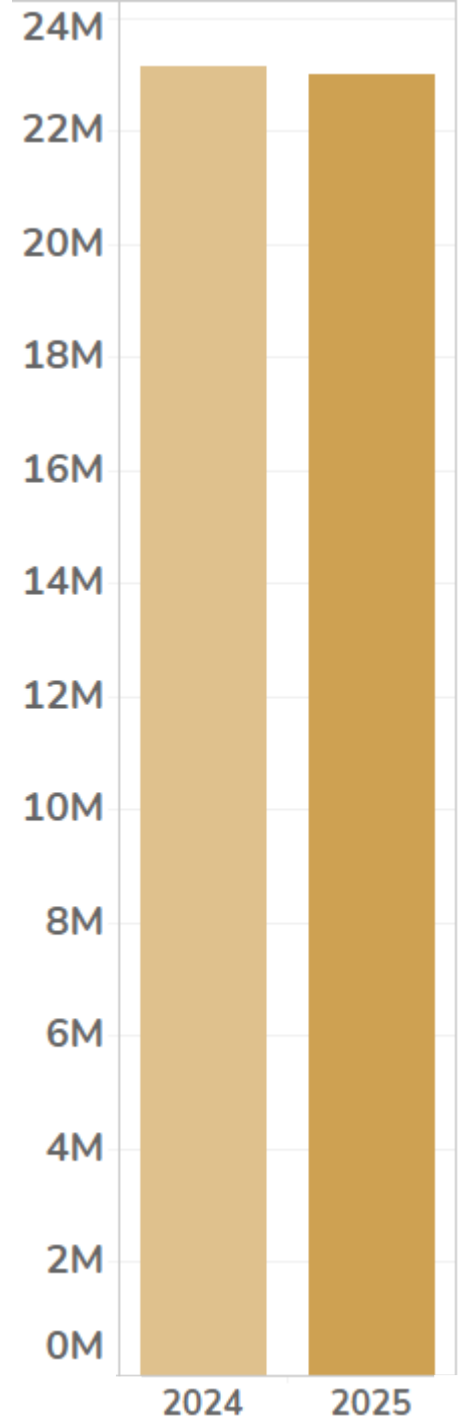
Youth Reached by SFY

2024	3,465,203
2025	4,559,315

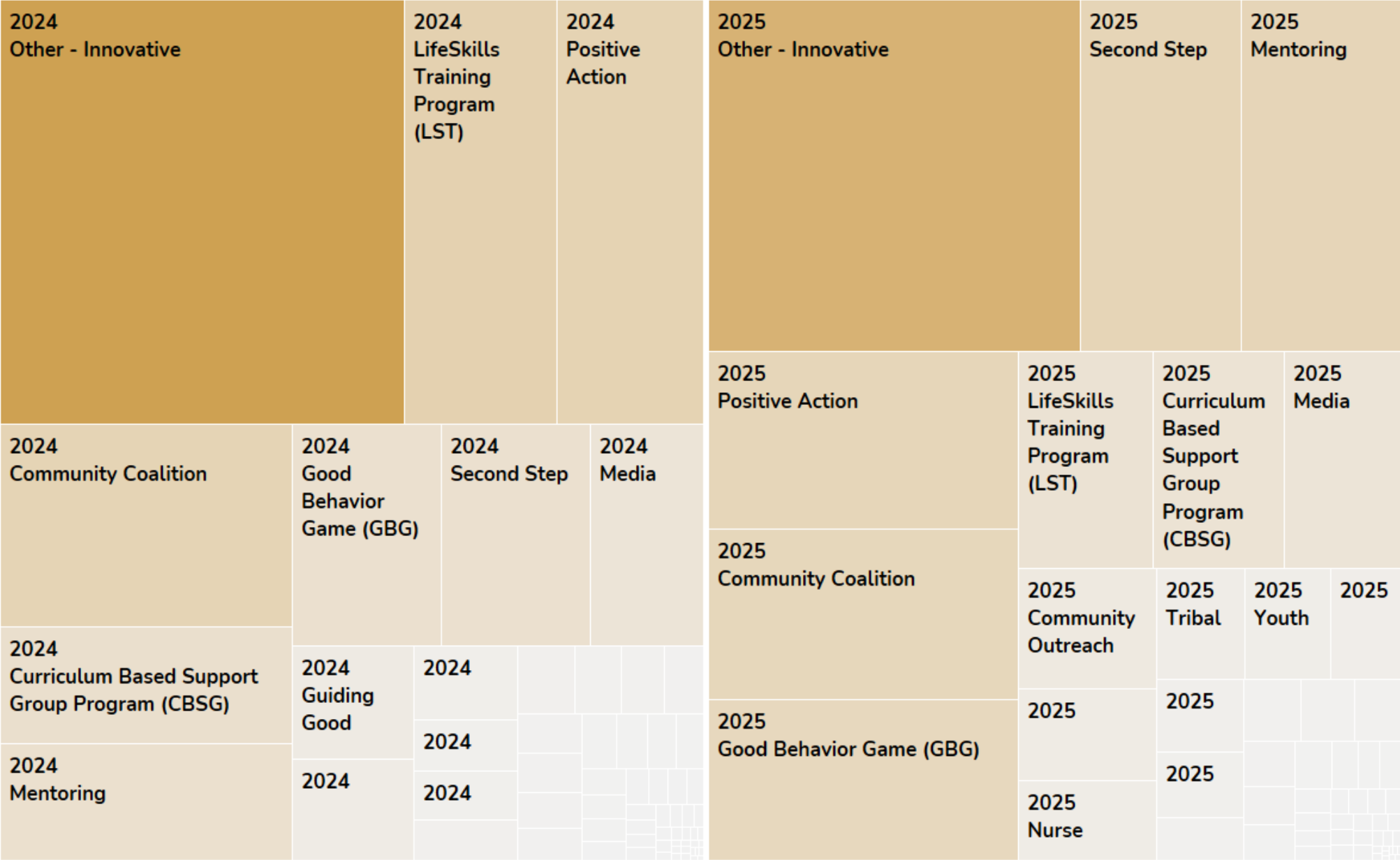


Adults Reached by SFY

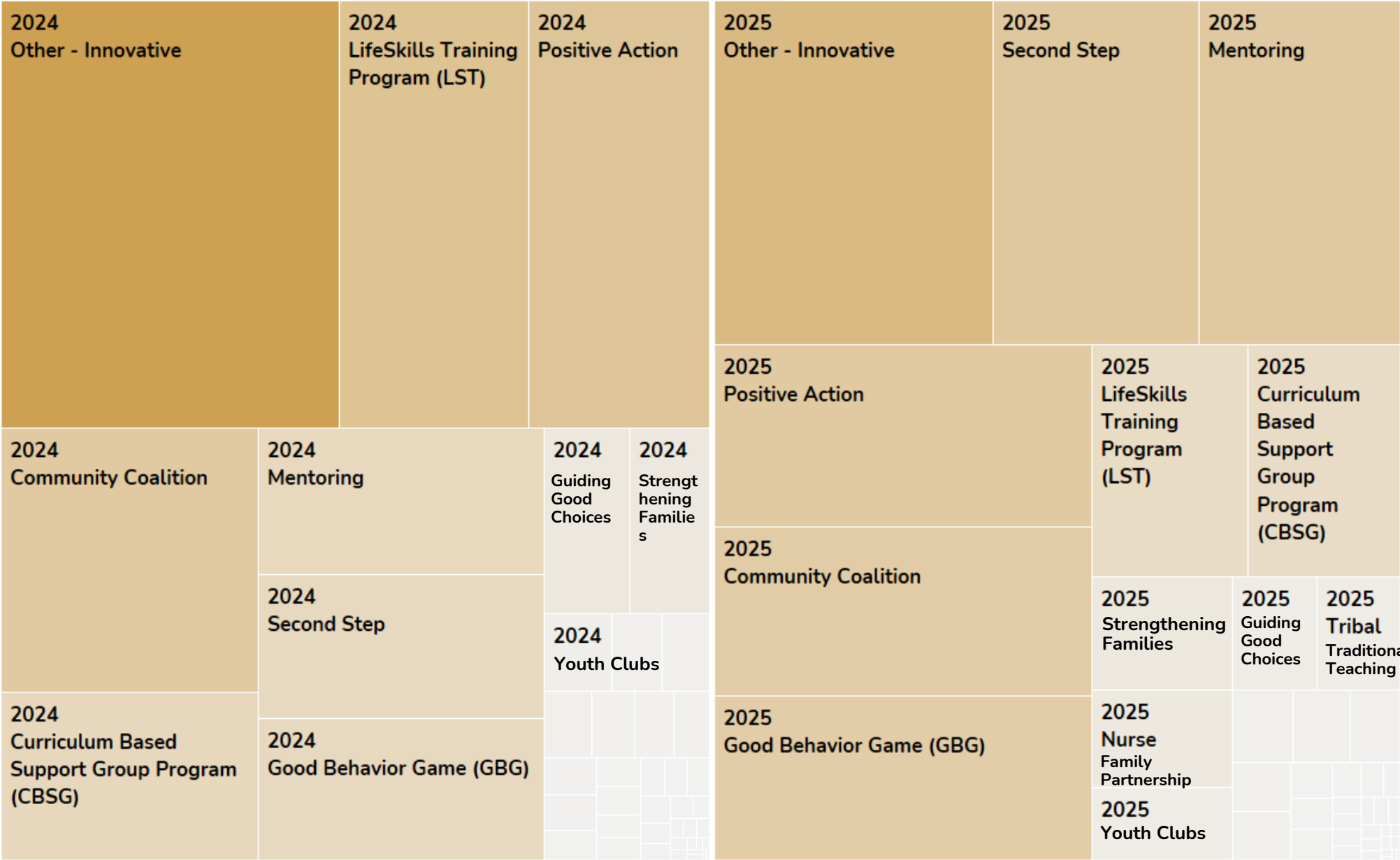
2024	23,151,497
2025	22,997,028



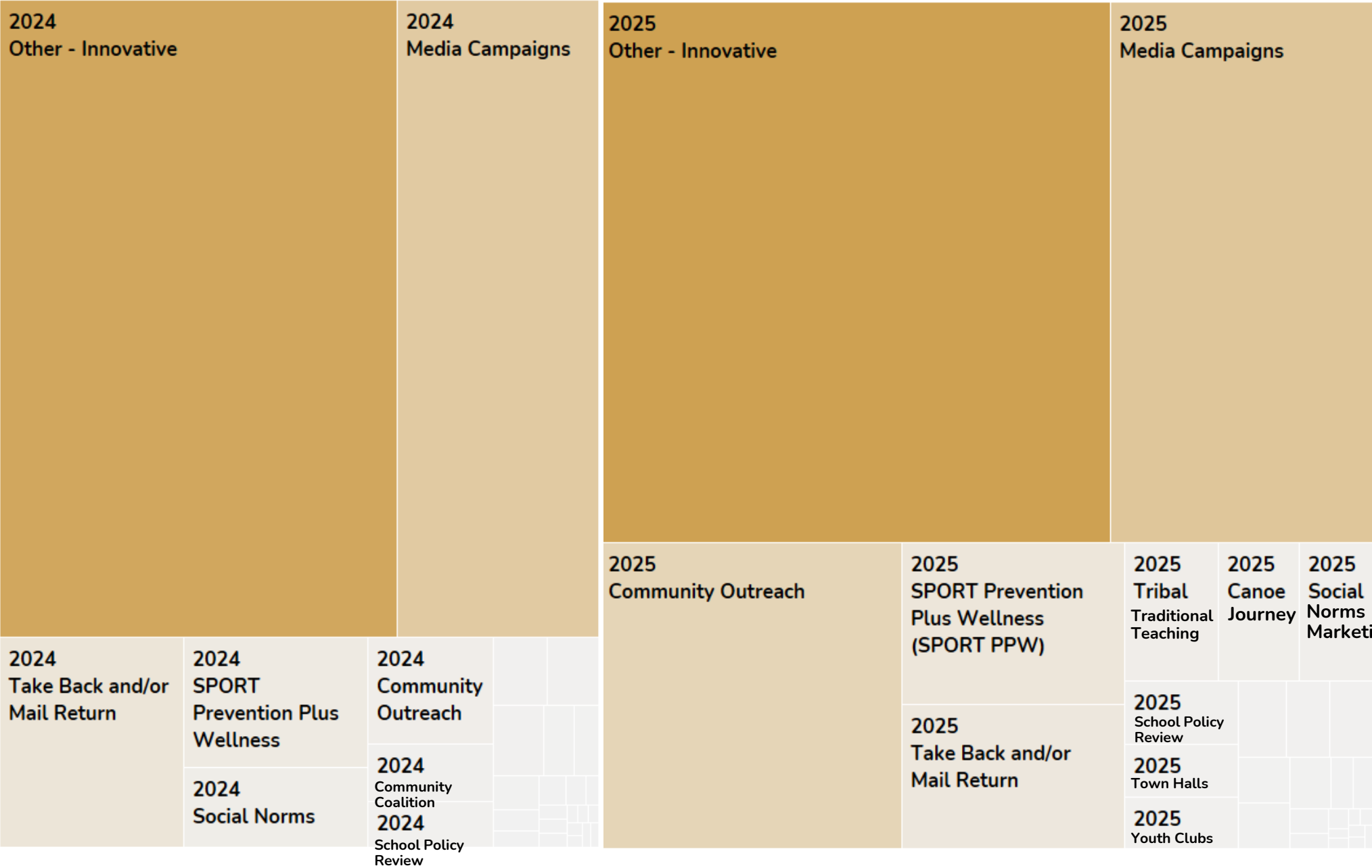
Strategies by Activity Count



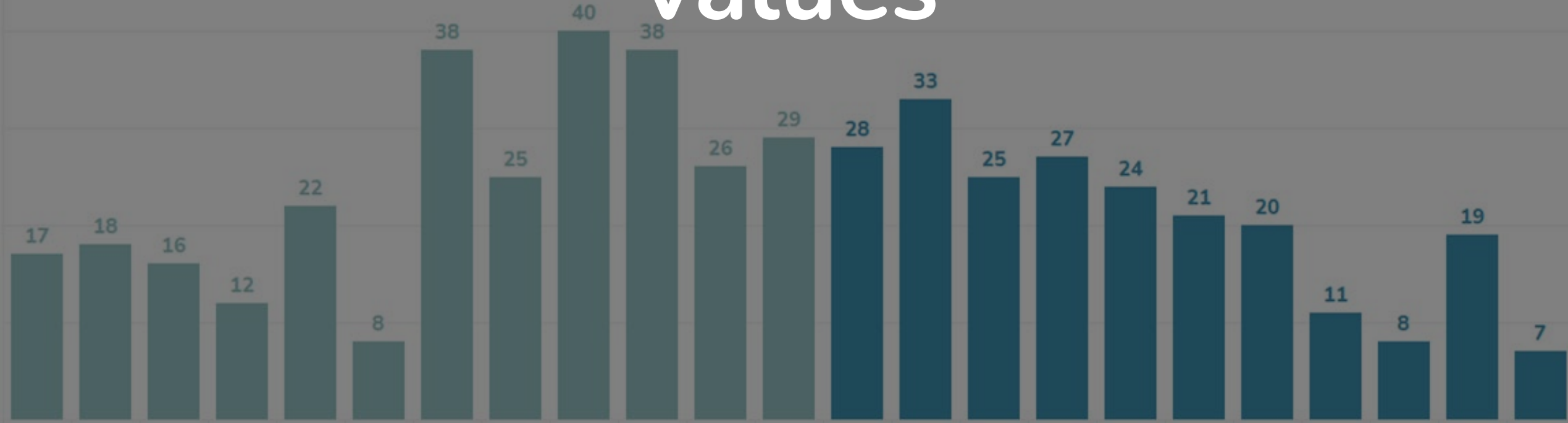
Strategies by Cohort Count



Strategies by Campaign Count



We committed to our values



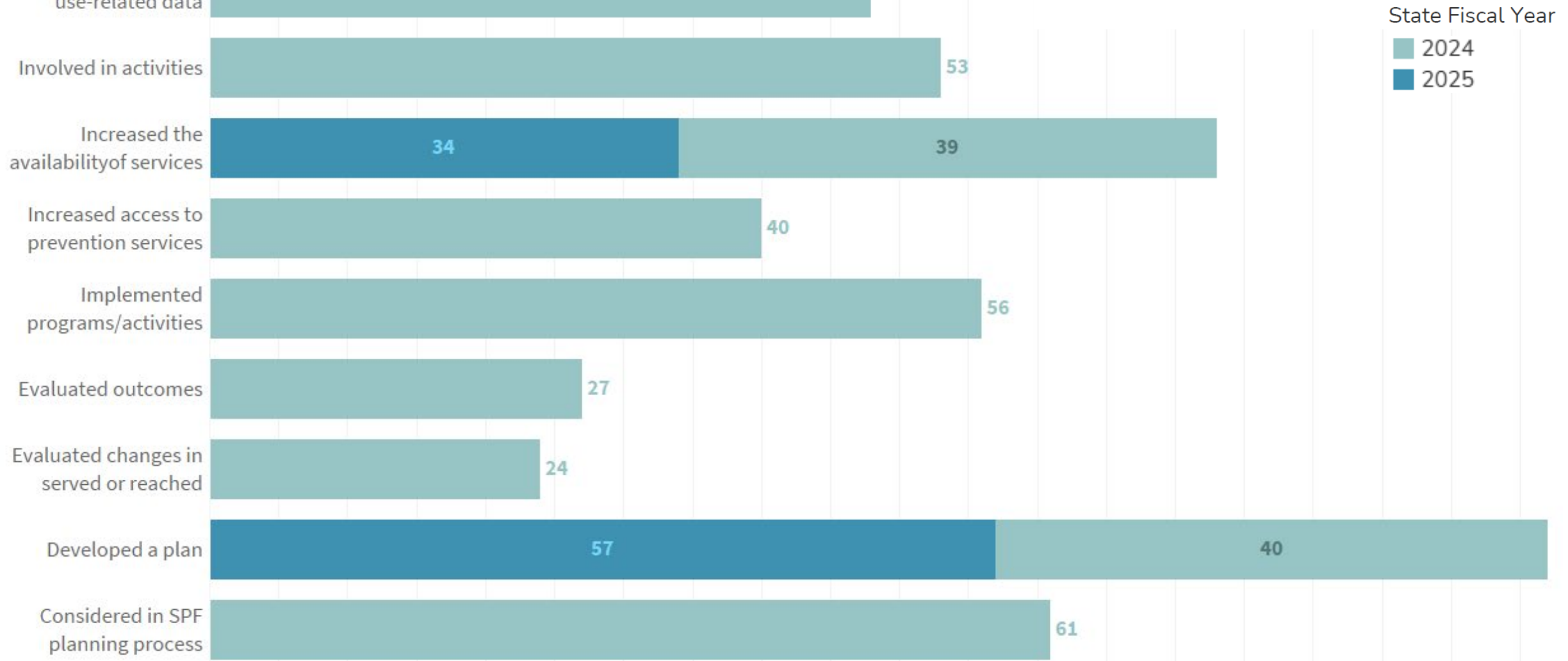
Cultural Competency Word Frequency

This word cloud shows which words were used most often to answer the question, “What did your coalition do this quarter to address, cultural competency, diversity, equity, and inclusion?”

Word size =
frequency of use



Health Disparities-Related Activities by SFY

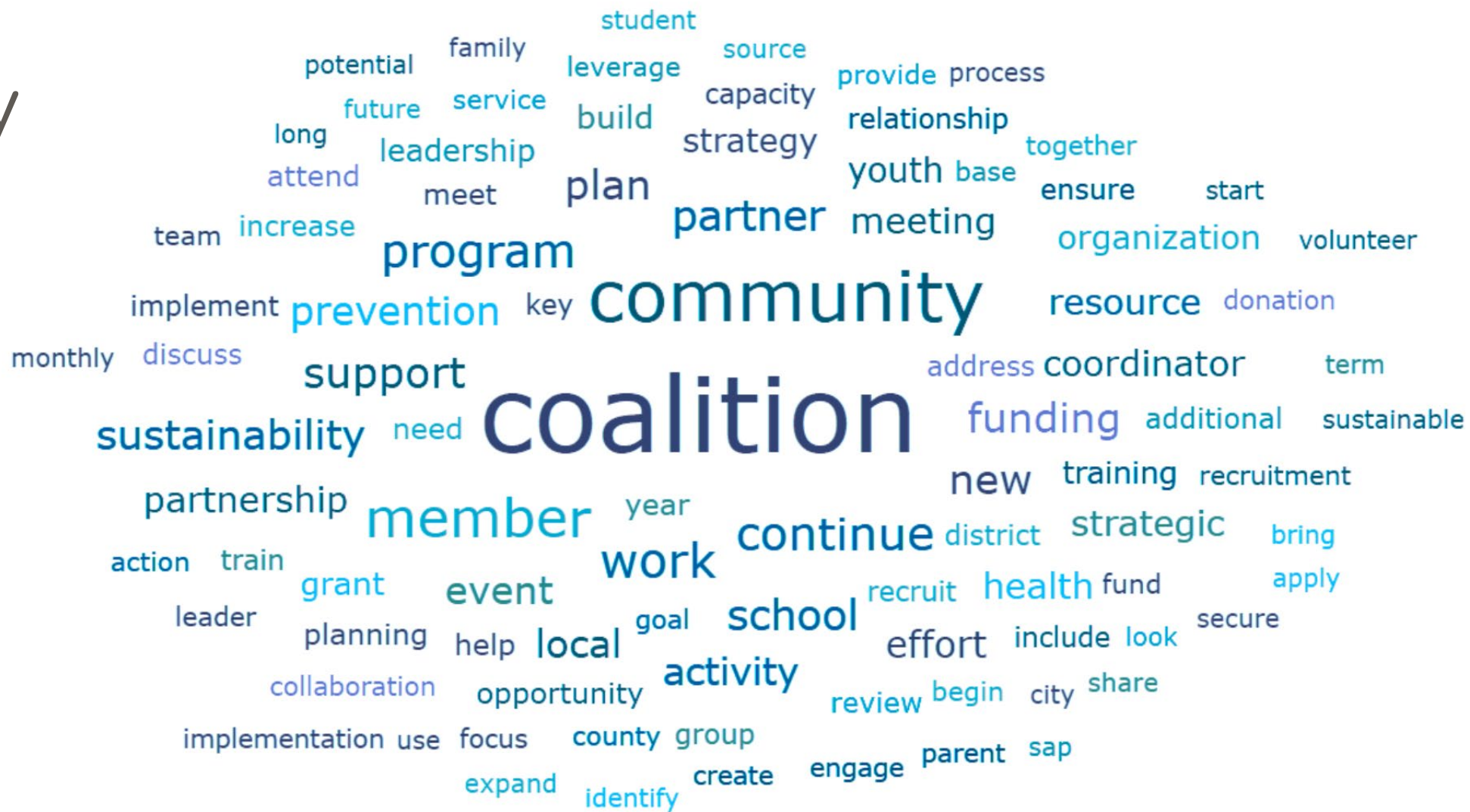


Sustainability

Word Frequency

This word cloud shows which words were used most often to answer the question, “What did your coalition do this quarter to address sustainability?”

Word size =
frequency of use



Let's discuss the Minerva 2.0 Data Gallery



Minerva 2.0 Data Gallery

- ▶ In pairs, **each choose one visual** from the gallery.
- ▶ Take the **next 6 minutes (3 minutes per visual)** to explore what it reflect on the story the data is telling you.
- ▶ Use these guiding questions:
 - ▶ What do you see in this visual that resonates with your work?
 - ▶ When have you seen this play out in real life?
 - ▶ What feels encouraging or energizing about what it shows?
 - ▶ **What would you title this visual if it were your story?**

Let's share from the Minerva 2.0 Data Gallery





Thank you for being here

**Presented by the Substance Use Disorder
Prevention and Mental Health Promotion Section**

Washington Health Care Authority
Division of Behavioral Health and Recovery



Preparing for tomorrow's Biennial Build

Presented by Nathen Osterholm

Washington Health Care Authority

Division of Behavioral Health and Recovery

Tomorrow's prerequisites

- ▶ An approved **Strategic Plan**
- ▶ An approved **Budget**
- ▶ Watched the “**Minerva 2.0 Explained: Access**” video and can successfully log into the system
- ▶ Watched the “**Welcome to Minerva 2.0**” video
- ▶ Completed the **New User Quiz**
- ▶ Attended **at least 80% of a Quarterly New User Training** or **read the Quarterly New User Training transcript**

What you'll need tomorrow

☑ **Guidance Documents**

- ☑ **NEW** Minerva 2.0 User Guide
- ☑ **NEW** Minerva 2.0 strategy-specific data entry plans
- ☑ Survey Selection Guide
- ☑ CSAP Strategies
- ☑ IOM Categories
- ☑ Program Type Categories
- ☑ Risk and Protective Factors
- ☑ Contributing Factors

☑ Your approved **Strategic Plan** and **Budget**

What to expect tomorrow

- ▶ Lecture/guided walkthrough of user guide followed by breakout rooms grouped by HCA Prevention Manager.
- ▶ In the breakout rooms you will build in Minerva and rely on peer-support, guidance documents, your HCA Prevention Manager as well as the Minerva Team.
- ▶ Arrive prepared! Have guidance documents printed **OR** dual-screen monitor to display resources and Minerva at the same time.

Tomorrow's agenda

Welcome and Team Activity

9:00 a.m. – 9:30 a.m.

Isaac Wulff, Prevention System Manager

Ray Horodowicz, Prevention System Manager

Logic Models

9:30 a.m. – 10:15 a.m.

Rachel Ray, Prevention System Project Manager

Break

10:15 a.m. – 10:30 a.m.

Programs & Strategies

10:30 a.m. – 12:00 p.m.

Nathen Osterholm, Technical Assistance and Project Manager

Lunch

12:00 p.m. – 1:00 p.m.

Tomorrow's agenda

Cohorts and Campaigns

1:00 p.m. – 2:30 p.m.

Rachel Ray, Prevention System Project Manager

Break

2:30 p.m. – 2:45 p.m.

Cohorts and Campaigns

2:45 p.m. – 3:30 p.m.

Nathen Osterholm, Technical Assistance and Project Manager

Closing Remarks and Minerva 2.0 User Groups

3:30 p.m. – 4:00 p.m.

Kasey Kates, Prevention Supervisor, CPWI and School-Based Services

Optional Q&A with the Minerva Team

4:05 p.m. – 5:00 p.m.



Exciting! Questions?

Great work! Need help after we end?
Contact your HCA Prevention Manager