Washington State Health Care Authority

Community Based Organization (CBO) Prevention Services

Bridging gaps and building capacity in high-need communities

Washington State HealthCare Authority
Division of Behavioral Health and Recovery (DBHR)

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HCA / DBHR Prevention

HCA Prevention Overview

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

General Information

Purpose of Community Based Organization Grants

Community Based Organizations (CBOs) are grant funded organizations that serve high-need communities in Washington by providing quality and culturally competent substance use disorder prevention, mental health promotion and suicide prevention programming through evidence-based, research-based, and innovative programs and strategies. Funded by HCA's Division of Behavioral Health and Recovery (DBHR), CBOs can range from non-profits, faith-based organizations, educational service districts, schools, tribal or local governmental entities. CBOs are focused on the delivery of prevention and promotion programs and/or strategies to meet a targeted need. Such programs include, but are not limited to, mentoring, parenting education, community awareness raising, training, and youth skill building.

To capitalize on the strategic efforts of CPWI's, CBOs are encouraged to partner with existing community coalitions to expand capacity and meet identified needs. CBOs and the programs they organize can support the larger Community Prevention and Wellness Initiative (CPWI) or other local or regional community coalitions of Washington State. Through partnerships like this, CBOs can help expand the reach of a coalition and build off their strategic plan. Alternately, CBOs can operate independently, providing targeted prevention and promotion programming to meet a need that organization has identified.

- Currently, there are three types of funding sources for CBO grants:
    - Dedicated Cannabis Account (DCA) funding
    - Mental Health Promotion Project (MHPP) funding
    - State Opioid Response (SOR) funding

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

How are CBOs Funded?

CBO grants are typically awarded as part of a Funding Opportunity Announcement (FOA), or Request For Applications (RFA) process, typically conducted once every other year (in the winter/spring of odd years). Eligible applicants include any organization operating in the state of Washington that meets the minimum requirements outlined in the FOA/RFA for that biennium. This has included Tribal governments and urban Indian organizations, local governments, school districts, colleges and universities, non-governmental organizations (NGOs), Health Departments, Educational Service Districts, faith-based organizations, and others.

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

Action plans and budgets are conditionally approved by HCA/DBHR but may require some adjusting at the start of each contract period. The assigned Prevention System Manager will support those edits and adjustments to ensure it continues to represent the base purpose of the FOA/RFA, the funding source requirements, and includes only allowable expenses. Programs, strategies, and services implemented must directly tie back to the submitted FOA/RFA and the associated request for funding. Any exceptions to this must be approved by an HCA Prevention System Manager in advance.

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

A current list of funded communities can be found here under the “Current CBOs and service areas” tab.

Implementation of CBO Grants

Your Contract

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

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

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

- Meeting minimum reporting requirements on a monthly basis (Minerva)
- Attending required DBHR training
    - Provider Meetings (formerly known as Learning Community Meetings)
    - All Provider Meeting
    - Annual Contractor Training
    - Others as identified (i.e., new contractor onboarding)
- Attending monthly check-in calls with the assigned Prevention System Manager
- Entering services monthly in DBHR’s reporting system, Minerva
- Submitting monthly invoices for services rendered

Specific Requirements by Funding Source

Mental Health Promotion Project (MHPP) Funding

Mental Health Promotion Project (MHPP) funding serves to address known gaps in mental health promotion and suicide prevention efforts in Washington. Because mental health and substance use disorders are frequently interconnected, DBHR believes that it is difficult to address one effectively and completely without addressing the other. In recent history, federal and state funding for substance use disorder prevention has been available and funding allowing for directly promoting mental health and preventing suicide has been scarce. This meant that community coalitions funded through the DBHR system were only permitted to address mental health and suicide through dual outcome programming with substance use disorder prevention outcomes when using DBHR funding.

In order to address this gap, DBHR worked to identify funding that was able to be used to address mental health promotion and suicide prevention directly. For several years, this funding was scraped together from underspent contracts and rolled out to communities in the winter months. The programming then had to be completely spent down by June 30 each year. Though a step in the right direction, this funding model

lacked sustainability and prevented comprehensive planning and implementation throughout the year in a given community. This led HCA to request state funding to support the program in a more sustainable way. The resulting state funds fund 2-year grant cycles and began in the 2019-2021 biennium.

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

Currently funded MHPP CBOs must meet three specific requirements. These are: 1) implement a direct service as described below, 2) implement Youth Mental Health First Aid (YMHFA) trainings annually, 3) implement at least one community awareness raising activity per year. Direct service programming to promote mental health and prevent suicide must fall under one or more of three categories: 1) implementation of evidence-based programs (EBP) or research-based programs (RBP) and services, 2) implementation of promising programs (PP) and services, and 3) implementation of innovative programs and services (only permissible for suicide prevention services). DBHR curates a list that is updated every biennium based on current research and data availability regarding the supporting evidence of effectiveness for a given program or intervention. The current list of approved programs can be found here: https://www.theathenaforum.org/EBP.

Dedicated Cannabis Account (DCA) Funding

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

As a requirement of the RCW 69.50.540 (revised in 2022), supported programming must aim to prevent or reduce maladaptive substance use or substance use among middle-school and high-school aged youth. The link to these outcomes may be explicit or a consistently corresponding effect of program implementation, mental health services, or services for pregnant and parenting women.

DBHR has worked extensively with research experts to evaluate candidate programs and curate a list of programs that satisfy these requirements. This list can be found here: https://www.theathenaforum.org/EBP.

> Note: Prior to 2022, RCWs required a specific percentage (85%) of funding be spent on Evidence-Based Programs (EBPs) and that all programs be cost-beneficial. Legislation passed in 2022 removed these specific requirements for DCA-funded programs. At which point DBHR shifted to utilize the system wide standard used for most other fund sources, which currently is a minimum of 60 percent.

State Opioid Response (SOR) Funding

State Opioid Response (SOR) is funding provided through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Grants Funding Opportunity. SOR-funded CBO's are required to implement at least one Direct Service Program or Strategy on the Opioid Use Prevention list found on the Athena Forum, participate in the National Drug Take-Back Days held in April and October each year of the contract period – following regulations provided at https://takebackday.dea.gov/ if coordinating a drop off location in their area, and implement one opioid prevention public education campaigns (at least once quarterly) through one or more mediums (social media, ads, radio, billboards, traditional media). The available campaigns are Starts with One (www.getthefactsrx.com) and Friends for Life (https://wafriendsforlife.com).

Technical Assistance

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

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

You can also consult the online courses that have been recorded and posted in the OWL E-learning.

Quick Reference Timeline Overview

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

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

Tasks	Frequency	Due Date
❑ Participate in Contractor/DBHR check-in meetings.	*Ongoing and monthly*	*Start of contract*
2. Implement strategies and programs/activities according to Action Plan	---	---
❑ Contractor will implement strategies and activities in order to promote health equity in each community, according to approved RFA response and Action Plan. ○ Contractor shall adopt and implement policies to address health disparities. Contractor shall follow the **National CLAS Standards**, as they apply to service implementation.	*Ongoing*	*As outlined in approved action plan*
❑ Contractor will implement locally developed public awareness campaign(s) according to approved Action Plan, if applicable.	*Ongoing*	*[enter date]*
❑ Contractor will implement environmental strategy(ies) according to approved Action Plan, if applicable. Environmental strategies on the Excellence in Prevention list as an evidence-based Practice (EBP), implemented to fidelity, can be included in the ratio of evidence-based program percentage requirements to meet contract deliverable for EBP's. *Note: as of June 2019, Social Norms Marketing is no longer considered an environmental strategy and is considered an information dissemination activity.* ***Social Norms Marketing Guidance.***	*Ongoing*	*[enter date]*
❑ Contractor will implement selected substance use disorder prevention or mental health promotion, or suicide prevention strategies according to approved Action Plan. Must meet contractual requirements for percentage of evidence-based programs according to funding source or RFA requirements.	*Ongoing*	*[enter date]*
Reporting and Evaluation		
1. Complete Minerva reporting	---	---
❑ Report direct and indirect prevention services and activities.	*Ongoing*	*Monthly by the 15th of each month*
❑ Report public awareness, media & environmental strategy(ies). All public awareness and environmental services, including reach for media posts, website analytics, lock box distribution numbers, Take Back Day data on pounds of medication collected, etc.	*Ongoing*	*Monthly by the 15th of each month*

Tasks	Frequency	Due Date
❑ Report direct prevention strategy(ies), including: -All direct services. -Pre- and post-test assessments per contractual requirements.	*Ongoing*	*Monthly by the 15th of each month*
2. Review and analyze output and outcome information with organization	---	---
❑ Will use the Minerva reports, state data, & other local reports to monitor & evaluate progress.	*Annually*	*[enter date]*
3. Participate in statewide evaluation	---	---
❑ Upon request by DBHR, participate in CBO evaluation activities, to include quantitative or qualitative data collection.	*Ongoing*	*As requested*

Appendices

Appendix 1: Action Plan and Budget

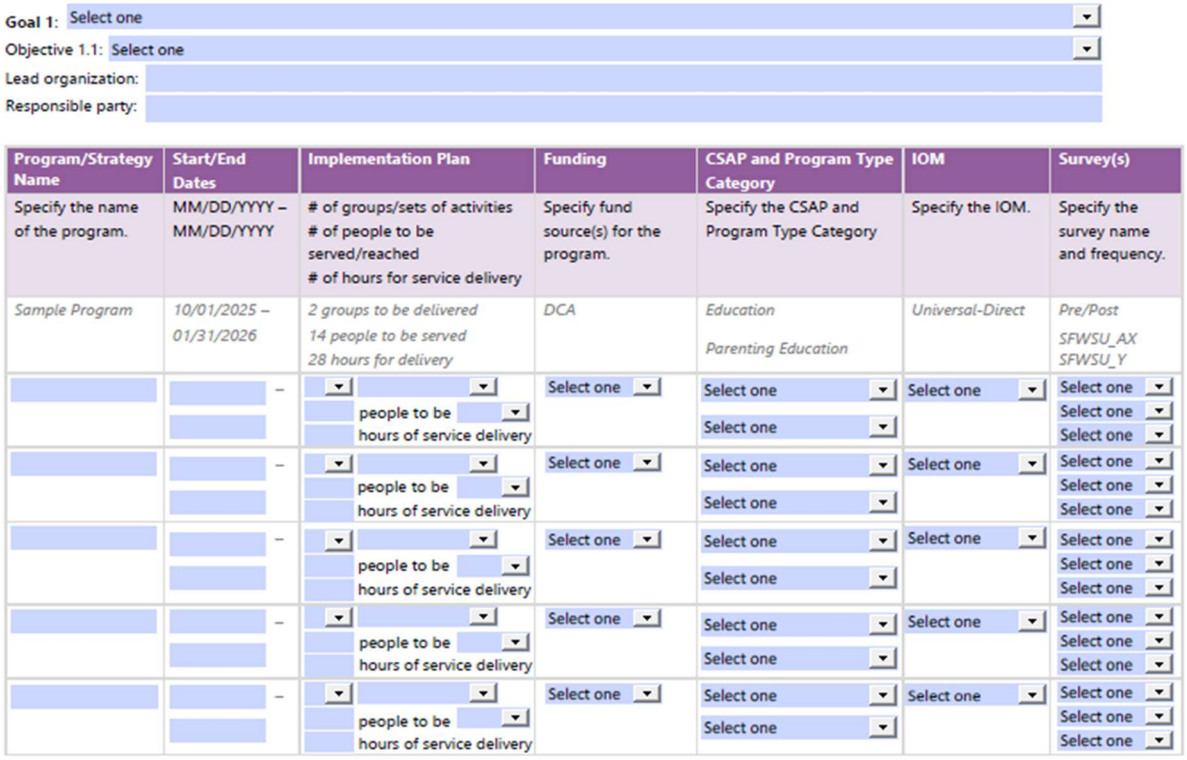
Action Plans are created to outline the implementation plan for each year, following the evidence-based practice requirements in your contract. The Action Plan will act as the guideline as you build out your account in Minerva for your monthly data reporting. Your Action Plan goal will be the Risk or Protective Factor that you are planning to address, while your objective(s) will be the Contributing Factor you are planning to address. The CBO Budget template and Action Plan are posted to the Community Library on the Athena Forum.

Completing the CBO Action Plan:

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

- Activity/Program – Name of program/strategy
- The start and end dates of implementation
- How many groups/sets of the program/strategy will be provided this year?
- How many people will be reached?
- How many hours will be needed to deliver the program/strategy
- Funding Source – See legend for list
- The program/strategy CSAP and Program Type
- Lead – List the Organization delivering program
- Responsible Party(ies) – Who from the Organization is making sure this gets done?
- The program/strategy IOM category
- The specific survey/test name

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



Goal 1: Select one
Objective 1.1: Select one
Lead organization:
Responsible party:

Program/Strategy Name	Start/End Dates	Implementation Plan	Funding	CSAP and Program Type Category	IOM	Survey(s)
Specify the name of the program.	MM/DD/YYYY – MM/DD/YYYY	# of groups/sets of activities # of people to be served/reached # of hours for service delivery	Specify fund source(s) for the program.	Specify the CSAP and Program Type Category	Specify the IOM.	Specify the survey name and frequency.
Sample Program	*10/01/2025 – 01/31/2026*	*2 groups to be delivered* *14 people to be served* *28 hours for delivery*	*DCA*	*Education* *Parenting Education*	*Universal-Direct*	*Pre/Post* *SFWSU_AX* *SFWSU_Y*
	–	people to be hours of service delivery	Select one	Select one Select one	Select one	Select one Select one Select one
	–	people to be hours of service delivery	Select one	Select one Select one	Select one	Select one Select one Select one
	–	people to be hours of service delivery	Select one	Select one Select one	Select one	Select one Select one Select one
	–	people to be hours of service delivery	Select one	Select one Select one	Select one	Select one Select one Select one
	–	people to be hours of service delivery	Select one	Select one Select one	Select one	Select one Select one Select one

Appendix 2: Budget Planning Worksheet

Introduction

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

General Staff Expenses Categories

- Staff costs to support program implementation
- Staff salaries
- Staff benefits
- Travel (mileage)
- Office supplies and materials
- Media access
- Sub-contracts (if allowed and/or needed)
- Mandatory DBHR trainings (Provider Meetings, Annual Contractor Training, etc)
- Administrative costs

Program Cost Expense Categories

Materials you will need to implement your program/activity

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

Start-Up/One-time Fixed Costs	
Initial training and technical assistance	In-person training (travel-per diem staff or trainer) Online training (registration costs per person)
Curriculum and materials (manuals, toolkits, DVDs, certificates, posters to reinforce materials)	Annual curriculum cost or one-time cost
Licensing	One-time or ongoing
Other start-up costs	The costs of staff time while attending training
Promotional costs	Print, cost of media push, media design, radio, newspaper

Ongoing training - technical assistance/Varying, ongoing Costs	
Fidelity implementation, monitoring and evaluation	Time for staff to support implementation and evaluate effectiveness
Ongoing license fees	Online use or copyright consumables
Other implementation support and fidelity monitoring	Tracking participants, pre-post survey collection/entry, Prevention Substance Database Entry

Implementation Expense Cost Categories

Meetings and activity expenses while implementing your program/activity

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

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

Administration / Indirect Expenses

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

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

One Year Cost Example:

Strengthening Families Program - Serving 60 participants

Program Supplies (Start-up Costs)

- Facilitator Training (required facilitator training specific to the program) = $500
- Materials (curriculum, workbooks, recruitment materials etc) $1500 curriculum, $500 workbooks, $100 printing costs = $2,100

Implementation Costs

- Program Implementation (travel, facilities/rental space, day of materials) $100 travel, $200 facility rental, $100 markers, posterboard = $400
- Salary/Staff Benefits $50/hour x 10 hours = $500
- Professional Services (facilitator costs) $100 per lesson x 7 lessons = $700

- Required DBHR Training (to be budgeted and billed only under the primary program/strategy) (hotel, mileage, per diem) = $1,000
- Admin Costs (15%) = $780

Total First Year Cost = $5,980

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

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

Example Budget

Below is an example budget for a DCA funded CBO, as outlined above.

	Cheerful City January 1, 2026 - June, 30 2026	
Date Budget Last Revised: 1-Jan-26	**DBHR Funding Sources**	
Category & Line Item	Dedicated Cannabis Account (DCA) YEAR 1 (January 1, 2025 - June 30, 2026)	SUBTOTAL Possible DBHR Funding Sources
Administrative Costs		
Allocation (may be divided between contractor and subcontractors).	**$780**	**$780**
Programs/Strategies		
Direct Service: Strengthening Families		
Program Start-up:		**$0**
Facilitator Training	$500	**$500**
Materials (Curriculum, workbooks, printing)	$2,100	**$2,100**
Implementation		**$0**
Program implemenation (travel, facilities, materials)	$400	**$400**
Salary/benefits ($50/HRx10hrs)	$500	
Professional services (facilitator @ $100 per sessionx7 sessions)	$700	
Required DBHR training (Hotel, per diem, mileage)	$1,000	**$1,000**
Subtotal	**$5,200**	**$5,200**
Administration	780	
Strategies and Programs	5,200	
TOTALS	5,980	

Appendix 3: CBO Specific Reporting Requirements

Overview

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

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