

Minerva 2.0

CBO Checklist

Welcome to the Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR) substance use disorder prevention and mental health promotion online reporting system—Minerva 2.0! This checklist is for Community-Based Organizations (CBO) to support reporting that aligns with contractual obligations, and includes: [System Access Requirements](#), [Training and Technical Support Requirements](#), [Reporting Deadlines](#), [Annual Reporting Requirements](#), and [Monthly Reporting Requirements](#).



This icon indicates a task or resource that requires the user to be logged into Minerva 2.0.

System Access Requirements

To access an account in Minerva 2.0, complete the steps below:



- Identify who will access Minerva 2.0. At least one **staff member** and **back-up staff member** are required to have access to perform data entry in Minerva 2.0.^{1,2}
- Each staff member with access to Minerva 2.0 must complete and sign a "**User Agreement on Non-Disclosure of Confidential Information**." The agreement will be kept on file with your organization.^{3,4}
- Each staff member requesting access must create their own **SecureAccess Washington (SAW)** account. The "Primary Email" used when creating their SAW account is required to be an individual address (not a shared or group inbox).^{5,6}
- Submit a **Minerva 2.0 Data System Access Request** through the [Washington State Health Care Authority support portal](#). The email entered under "User Information" must exactly match the Primary Email used in the user's SAW account.^{7,8,9,10}
- Each staff member requesting access must register for the next available **Quarterly New User Training series**. Training dates and registration links are posted on The Athena Forum – [Calendar page](#).

System Access Recommendations

- Watch the **Minerva 2.0 Explained: Access** video available on The Athena Forum – [Minerva page](#).



Training and Technical Support Requirements

Minerva 2.0 includes required and optional training and support resources to help staff successfully navigate and report:

- Each staff member with access to Minerva 2.0 is required to watch the "**Welcome to Minerva 2.0**" video.  The video is available in Minerva 2.0 under Help, on the Training page. The video is a prerequisite for attending the Quarterly New User (QNU) Training series.¹¹
- Each staff member with access to Minerva 2.0 is required to complete the **Minerva 2.0 New User quiz**.  This quiz is also a prerequisite for attending the QNU Training series.¹¹
- Staff members responsible for entering data in Minerva 2.0 are required to **attend at least 80%** of the **Quarterly New User Training** series.

Training and Technical Support Recommendations

To stay informed and supported throughout the reporting year, users are encouraged to:

- Review and bookmark the [Minerva page](#) on The Athena Forum.
- Save the scheduled **Minerva 2.0 Technical Support Calls** to your calendar. Calls are posted on The Athena Forum – [Training and Event Calendar](#). Attend as needed or recommended by your HCA Prevention Manager.
- Use **monthly check-in** with your HCA Prevention Manager to set aside time to discuss Minerva 2.0 updates and reporting compliance.
- Download reference materials including the **Minerva 2.0 User Guide**  available in Minerva 2.0 under Resources, on the State Resources page.
- Watch **on-demand videos**  available in Minerva 2.0 under Help, on the Training page.

Reporting Deadlines

To meet the reporting timelines outlined in your contract, the following deadlines apply when reporting in Minerva 2.0:

- Report **monthly data by the 15th** of the following month. *Example: Activities that occur in March must be reported by April 15.* ^{12, 13}
- Annual data from an approved Action Plan is reported **within 30 days of approval by your HCA Prevention Manager.** ^{12, 13}
- If special circumstances prevent you from meeting a reporting deadline submit a written request for an extension. Send the request directly to your HCA Prevention Manager by email. Requests must be submitted at least five (5) business days before the due date. The maximum extension permitted is ten (10) business days. ^{14, 15}

Helpful practices to stay on track

- Set calendar reminders for the Minerva 2.0 reporting deadlines.
- Schedule dedicated reporting time in your calendar. Consider scheduling near a Minerva 2.0 Technical Support Call or during a check-in with your HCA Prevention Manager.

Annual* Reporting Requirements

To support accurate, complete, and unduplicated reporting in Minerva 2.0, the following items must be reviewed and *updated after an Action Plan is (re)approved:

- Logic Models** associated with the approved Action Plan.
- Programs & Strategies** associated with the approved Action Plan and Budget.
- Cohorts** associated with the approved Action Plan.
- Campaigns** associated with the approved Action Plan.

Annual Reporting Recommendations

- Review the **Minerva 2.0 User Guide – Plan Channel (Combined)** in Minerva 2.0 under Resources, on the State Resources page. Use Ctrl F to quickly find relevant guidance.
- Review the **Minerva 2.0 Quarterly New User Training** series slides and transcript.
- Review and update the **Media Outlets** reported in the Build Capacity channel of your account.

Monthly Reporting Requirements

To maintain accurate, complete, unduplicated, and timely monthly reporting in Minerva 2.0 complete the following activities each month, as applicable:

- Review and update **Staff Members** under Accounts on the Staff Member page to ensure information for active staff members is current and complete. **Notify HCA of staff transitions** that affect system access within 5 business days. ^{16, 17}
- Review and update **Participants** in the Plan channel on the Participants sub-channel to ensure accuracy and completeness. Pay attention to **Status**, based on the participants current enrollment in services. ^{18, 19}
- Close completed **Cohorts** in the Plan channel that have finished services. ²⁰
- Run an Outcomes Report** in the Evaluate Channel **for each closed Cohort** to evaluate for “positive outcomes.” ^{27, 28}
- Open the Cohort Completers** page **for each closed Cohort** to review participant attendance. ²¹
- Close **Campaigns** in the Plan Channel that have finished services. ²⁰
- Review and update **Partners and/or Members** in the Build Capacity channel.
- Report each service delivery as an **Implementation Activity** in the Implement channel. For some information dissemination services, report the month’s activities as a single activity. ^{22, 23}
- Report **tests/surveys** submissions in the relevant Cohort(s), for all participants older than ten (10) years old on the date of that cohorts/group’s first service. ^{25, 26}
- Report each training as a separate **Capacity Activity Series** with the *Activity Type* “Training” in Build Capacity channel, when applicable.
- Report all technical support received in a single **Capacity Activity Series** with the *Activity Type* “Technical Assistance” in Build Capacity channel, when applicable.
- Report behind-the-scenes services in a single **Capacity Activity Series** with the *Activity Type* “Development” in Build Capacity channel, if applicable. ²⁴

Monthly Reporting Recommendations

- Review the **Minerva 2.0 User Guide – Build Capacity Channel (Combined)** and **Minerva 2.0 User Guide – Implement Channel (Combined)** in Minerva 2.0 under Resources, on the State Resources page. Use Ctrl F to quickly find relevant guidance.
- Review the **Minerva 2.0 Quarterly New User Training** series slides and transcript.
- Run the **Program Implementation Monitoring (PIM) Report** in the Evaluate channel.
- Run **Ad Hoc Reports** in the Evaluate channel.

Reporting Compliance Monitoring

Minerva 2.0 is used to demonstrate and verify service delivery and contract compliance. The Health Care Authority (HCA) reviews reporting to ensure it meets the requirements outlined in the contract:

- The HCA Prevention Manager, following the 15th of each month, reviews annual, quarterly, and monthly data for accuracy, completeness, and non-duplication. The Contractor shall record staff hours, training events, test/survey records, home medication lock boxes or bags distribution, and monthly prevention activities with all required demographic information for individual participants and population reach.²⁹
- If special circumstances arise and the Contractor is unable to enter the data by the reporting deadline(s), the maximum extension request permitted for an HCA Prevention Manager to allow is ten (10) business days. Contractors with three (3) or more consecutive months of data entry extensions or late reporting or four (4) or more program data entry extensions or late reporting within a six (6) month period shall be required by the HCA Prevention Manager to submit a Corrective Action Plan to HCA.³⁰
- If fewer than half of the participants in a Cohort report increased or maintained changes, the Contractor shall submit a Performance Improvement Plan (PIP) to the HCA Prevention Manager within forty-five (45) calendar days of notice by HCA. In cases where there are no Cohort(s) with majority increased or maintained changes, the Contractor shall discontinue implementation of that service within the specified geography.³¹
- If the Contractor is found to be non-compliant with requirements, the Contract has five (5) business days of notice by HCA to resolve compliance. If the Contractor is not within compliance within five (5) business days of notice by HCA, the Contractor A-19 invoice vouchers will be denied. To receive payment for submitted A-19 invoice voucher(s), the Contractor must ensure all expenditures are associated with accurate, and non-duplicative Minerva 2.0 data entry.³²

Footnotes

¹Attachment 3: Scope of Work, Section 4.3.1, "Prevention Activity Data Report," Line C

²Attachment 4: Data Sharing Terms, Section 2, "HCA System Access Requirements and Process," Line 2.1

³Attachment 4: Data Sharing Terms, Section 7, "Data Confidentiality," Line 7.2

⁴Attachment C: User Agreement on Non-Disclosure of Confidential Information

⁵Attachment 4: Data Sharing Terms, Section 2, "HCA System Access Requirements and Process," Line 2.3

- ⁶Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.6
- ⁷Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.2
- ⁸Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.4
- ⁹Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.5
- ¹⁰Attachment 4: Data Sharing Terms, Section 6.1, “Security of Data, Data Protection,” Lines A and B
- ¹¹Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line C
- ¹²Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line A
- ¹³Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line K
- ¹⁴Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line E
- ¹⁵Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line D
- ¹⁶Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.7
- ¹⁷Attachment 4: Data Sharing Terms, Section 2, “HCA System Access Requirements and Process,” Line 2.8
- ¹⁸Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line I
- ¹⁹Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line K
- ²⁰Attachment 3: Scope of Work, Section 4.3.3, “Performance Work Statement/Evaluation,” Line C
- ²¹Attachment 3: Scope of Work, Section 4.3.3, “Performance Work Statement/Evaluation,” Line B
- ²²Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line A
- ²³Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line B
- ²⁴Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line J
- ²⁵Attachment 3: Scope of Work, Section 4.3.2, “Outcome Measures,” Line A
- ²⁶Attachment 3: Scope of Work, Section 4.3.2, “Outcome Measures,” Line B
- ²⁷Attachment 3: Scope of Work, Section 4.3.3, “Performance Work Statement/Evaluation,” Line A
- ²⁸Attachment 3: Scope of Work, Section 4.3.3, “Performance Work Statement/Evaluation,” Line B
- ²⁹Attachment 3: Scope of Work, Section 3.9.2, “Secure Prescription Take-Back and Lock Box project,” Line B, ix
- ³⁰Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line G
- ³¹Attachment 3: Scope of Work, Section 4.3.3, “Performance Work Statement/Evaluation,” Line C, ii
- ³²Attachment 3: Scope of Work, Section 4.3.1, “Prevention Activity Data Reports,” Line F