**Coalition** Action Plan

July 1, 2021 – March 14, 2023

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| ***FOR COALITION USE ONLY*** | **Date Submitted:** | **Submitted By:** |

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| ***FOR DBHR USE ONLY*** | **Date Approved:** | **Approved By:** |

For assistance using this template please contact the DBHR Prevention Training Team at [PxTraining@hca.wa.gov](mailto:PxTraining@hca.wa.gov). This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the system, as well as fill this template out.

*This form is locked for filling in forms function, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.*

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| Funding Source Legend | |
| GFS | *General Fund State* ***(State Funds) (Admin Only)*** |
| SABG | *Substance Abuse Block Grant* ***(Federal Funds)*** |
| SABG COVID | *Substance Abuse Block Grant Covid Enhancement* ***(Federal Funds)*** |
| DMA | *Dedicated Marijuana Account* ***(State Funds)*** |
| PFS | *Partnerships for Success Grant* ***(Federal Funds)*** *[Cohort 5 & 6 only]* |
| PFS CO | *Partnerships for Success Grant* ***(Federal Funds) (Carry Over)*** |
| SOR NCE | *State Opioid Response* ***(Federal Funds) (No Cost Extension)*** |
| SOR II | *State Opioid Response* ***(Federal Funds)*** *[Cohort 5 & 6 only]* |
| SOR II CO | *State Opioid Response* ***(Federal Funds) (Carry Over)*** |
|  |  |
| DFC | *Drug Free Communities Grant Funds* ***(Federal Funds)*** |
| Match | *Match funding to support implementation / training* |
| Other | *Local funding source or not DBHR contracted* |
| TBD | *Funding not secured yet, or Future Planning if funds became available* |

***Goal 1:*** (*Minerva #11)*

* 1. *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *(Minerva #15)*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
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***Objective 1.2:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
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| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
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|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |

***Goal 2:***(*Minerva #11)*

***Objective 2.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |

***Goal 3:*** (*Minerva #11)*

***Objective 3.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |

***Goal 4:*** (*Minerva #11)*

***Objective 4.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
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|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |

***Goal 5:*** (*Minerva #11)*

***Objective 5.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |
|  | Select from list.  Select from list. |  | How many program/activity series (groups):  Total sessions: | Who & # reached:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Not Applicable |

***Goal 6:*** (*Minerva #11)*

***Objective 6.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Select from list. *Minerva #15*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *Use legend on 1st page* | *Briefly state the main purpose of activity* | *How much?*  *How often?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering program and who from the Coalition is making sure implementation occurs?* | *What survey will you be using? Frequency?* |
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