**CPWI** Action Plan July 1, 2023 - June 30, 2024

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| **Community:** |  | **Minerva Account Name:** |  |
| **Coalition Name:** |  | **Cohort:** |  |

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

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

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| Funding Source Legend | |
| GFS | *General Fund State* ***(State Funds)*** |
| SUPTRS CO | *Substance Abuse Prevention Treatment Recovery Services Carryover* ***(Federal Funds)*** *(formally known as SAPT)* ***Expires Sept 30, 2023*** |
| SUPTRS | *Substance Abuse Prevention Treatment Recovery Services* ***(Federal Funds)*** *(formally known as SAPT)* |
| SABG CE | *Substance Abuse Block Grant – COVID Enhancement* ***(Federal Funds)  Expires Sept 30, 2023*** |
| ARPA | *American Rescue Plan Act* ***(Federal Funds)*** |
| DCA | *Dedicated Cannabis Account* ***(State Funds)*** |
| PFS | *Partnership For Success* ***(Federal Funds) Expires Sept 29, 2023*** |
| SOR II NCE | *State Opioid Response No Cost Extension* ***(Federal Funds) Expires Sept 29, 2023*** |
| SOR III | *State Opioid Response* ***(Federal Funds)*** |
|  |  |
| TBD | *Funding not secured yet, or future planning if funds became available* |
|  |  |
| DFC | *Drug Free Communities Grant Funds* ***(Federal Funds)*** |
| Other | *Local funding source or not DBHR contracted* |
| Match | *Match funding to support implementation / training* |

For assistance using this template please contact the   
DBHR Prevention Training Team at [PxTraining@hca.wa.gov](mailto:PxTraining@hca.wa.gov).

The 2023-24 version includes revised wording in many areas. It better aligns with wording you will find in Minerva 2.0.

Diagram

Description automatically generated with medium confidenceThis file is sent with the ‘Filling in forms’ function active,   
but it is not password protected. If you need to add rows,   
use the Restrict Editing menu within the Review ribbon.   
Un-restrict editing protections and make your edits.



**Helpful Hyperlinks:**

* [Excellence in Prevention List (EBPs)](https://theathenaforum.org/EBP)
* [Community Coalition Guide](https://theathenaforum.org/cpwi-community-coalition-guide)
* [Survey Selection Guide](https://theathenaforum.org/surveyselection)
* [Communications Strategies: Guidelines & Tools](https://theathenaforum.org/communication-strategies-guidelines-and-tools)

***Goal 1:*** *[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

* 1. *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
|  |  |  |  |  |  |  |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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***Objective 1.2:*** *[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |

***Goal 2:****[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***Objective 2.1:*** *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
|  |  |  |  |  |  |  |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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***Goal 3:****[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***Objective 3.1:*** *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |

***Goal 4:*** *[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***Objective 4.1:*** *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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***Goal 5:*** *[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***Objective 5.1:*** *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Coalition representative that is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated # of hours planned for all the cohorts or campaigns:  Estimated # of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organization delivering the program:  Coalition lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |

***Goal 6:*** *[This is the ‘Risk Factor & Protective Factor’ within the Logic Model portion of Minerva 2.0.]*

***Objective 6.1:*** *[This is the ‘Contributing Factor’ within the Logic Model portion of Minerva 2.0.]*

***CSAP Strategy:***Select from list.

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| ***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?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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