# SFY 2026 Substance Use & Problem Gambling Prevention Action Plan

## Instructions:

Each prevention organization will be responsible for developing a county action plan (using the template on the following pages) for each identified prevention priority and strategy. See the instructions below for instructions on completing each section of the action plan template.

**Prevention Priority Area:** Insert one of the following prevention priorities the strategy will address: Alcohol, Tobacco, Marijuana, Prescription Medications/Opioids, Problem Gambling, Methamphetamine, or Suicide.

**County Name**: Include the county name.

**Strategy**: Insert the name of the strategy to be implemented.

**Short-Term Outcome:** State the degree of change the project will seek related to each service within State Fiscal Year (SFY) 2026. Each strategy will have one short-term outcome and should:

* Be written in the SMART format (Specific, Measurable, Attainable, Realistic, and Time-sensitive),
* Include only **one** measure of change,
* Provide baseline data for the measure (as of July 1, 2025), and
* State how the change will be measured.

**Example:** “By June 30, 2026, a minimum of five new policies will be implemented or existing policies strengthened which restrict alcohol use at community events (baseline: 20 community events that served alcohol in 2025). This will be measured through collection of signed/approved policies."

When developing the short-term outcome, consider the appropriate dosage (the percentage of the population of focus engaged in a service) and frequency (how often the service occurs) for each service.

**Action Steps**: Provide a list of the key action steps that will need to occur in order to implement the service. A minimum of four action steps should be included per strategy. Include specific numbers within the action steps to reflect the level of effort provided (e.g. 10 presentations serving 150 people).

**Timeline**: List the expected start and end date for each step (month/year). Timelines should not be written as the fiscal year (i.e., July 2025-June 2026) unless the intention is to address the action step year-round.

**Location:** List the specific location where the action step will occur. This may be a specific city, town or section of the county or a school district. Avoid using “countywide” as the location unless the action step reaches the entire county population (e.g., a media campaign). Do not use the names of private businesses as the location, rather use the sector name such as “worksites”.

**Center for Substance Abuse Prevention (CSAP) Strategy**: Insert the name of the CSAP Strategy the action step will best address: Information Dissemination, Education, Alternatives, Environmental, Community-Based Process, or Problem ID & Referral.

**Institute of Medicine (IOM) Category**: Insert the IOM Category the action step will best address: Universal, Selective, or Indicated.

**Process Indicator:** List the method(s) that will be used to monitor the extent to which each action step is occurring as planned (e.g. meeting notes, sign-in sheets, signed policy, etc.). In short, what documentation could be used to show completion of the action step?

***Please paste additional action plan tables and add additional/delete unneeded rows for action steps as needed.***

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| **Prevention Priority Area:** | | | | | |
| **County:** | | | | | |
| **Strategy:** | | | | | |
| **Short-Term Outcome:** | | | | | |
| **Action Steps** | | **Timeline** | **Location** | **CSAP Strategy** | **Process Indicators** |
| **IOM Category** |
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| **County:** | | | | | |
| **Strategy:** Collaborative Behavioral Health Prevention Services | | | | | |
| **Short-Term Outcome:** Partner organizations reached through presentations will show an 85% increase of knowledge on Iowa’s Behavioral Health service system as based on survey. | | | | | |
| **Action Steps** | | **Timeline** | **Location**  *Insert name of city/town where coalition meetings will be held.* | **CSAP Strategy** | **Process Indicators** |
| **IOM Category** |
| 1. | Actively participate in at least one coalition for the minimum purpose of: 1) sharing program updates, 2) providing updates on presentations regarding Iowa’s Behavioral Health service system and 3) encouraging engagement in prevention efforts at the local level. | Quarterly (minimum) |  | Comm.- Based Process | Agendas, meeting minutes |
| Universal |
| 2. | Meet with Behavioral Health Prevention Partners (including those contracted by Iowa Primary Care Association) to determine community groups to present to and develop a contact list. | Ongoing |  | Comm.- Based Process | List of community contacts |
| Universal |
| 3. | Engage partner organizations via phone, email, and in-person contact to schedule a minimum of 10 community presentations reaching at least 100 total people. | Monthly |  | Comm.- Based Process | List of people/organizations contacted |
| Universal |
| 4. | Facilitate a minimum of ten in-person community presentations to partner organizations per county assigned for coverage on prevention and expanding the work of prevention through Iowa’s Behavioral Health service system transformation. | Ongoing |  | Information Dissemination | Agendas, meeting minutes |
| Universal |
| 5. | Conduct evaluation survey provided by Iowa HHS with adult participants following each presentation to determine awareness of Behavioral Health System Alignment, potential coalition involvement, and/or interest in receiving Behavioral Health Prevention Services. | Monthly |  | Comm.-Based Process | Completed evaluations |
| Universal |
| 6. | Provide updates to district advisory councils as directed by Iowa PCA to highlight Behavioral Health Prevention Alignment efforts through in-person or virtual presentations or written summaries. | Quarterly |  | Comm.-Based Process | Agendas, meeting minutes |
| Universal |