Implementation Plan – FY25

Please provide enough detail for Grant Manager to understand the scope of work proposed.

Supervisory Union/District: Click or tap here to enter text.

Section 1: Required Activities

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| Activity #1: Screening, Referral and Educational Support Groups (required) |
| Screening, referral, and educational support groups   * Identify screening tool (CRAFFT, YSBIRT or GAIN-SS) and person responsible for screening/referral. * Submit resume/credentials. * For educational support groups, indicate who will be responsible for determining need and running groups. |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

What screening tool will be used? Click or tap here to enter text.

Who is responsible for screening and referral? Click or tap here to enter text.

*Please also submit resume/credentials for individual(s) listed above*

Who is responsible for determining need and running educational support groups? Click or tap here to enter text.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1  (7/1/24-9/30/24) | Click or tap here to enter text. |
| Quarter 2  (10/1/24-12/31/24) | Click or tap here to enter text. |
| Quarter 3  (1/1/25-3/31/25) | Click or tap here to enter text. |
| Quarter 4  (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.

*Number of students referred for substance use by grade*

*Number of students referred for mental health by grade*

*Number who connected to service*

*Number of groups offered*

*Number of students attending groups*

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| Activity #2: Assessment of Capacity and Training Needs (required) |
| Assess staff capacity and education needs.   * Identify person(s) who will be assessing staff capacity and training needs. |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

Who will be assessing staff capacity and training needs? Click or tap here to enter text.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1  (7/1/24-9/30/24) | Click or tap here to enter text. |
| Quarter 2  (10/1/24-12/31/24) | Click or tap here to enter text. |
| Quarter 3  (1/1/25-3/31/25) | Click or tap here to enter text. |
| Quarter 4  (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.

*# of staff trained across SU*

*Number of trainings offered by topic area*

*Number of participants*

|  |
| --- |
| Activity #3: Provide School Staff Training (required) |
| Provide appropriate education and resources to teachers/faculty/staff based on capacity/training assessment in Activity #2.   * Identify person(s) who will be providing training |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/24-9/30/24) | Click or tap here to enter text. |
| Quarter 2 (10/1/24-12/31/24) | Click or tap here to enter text. |
| Quarter 3 (1/1/25-3/31/25) | Click or tap here to enter text. |
| Quarter 4 (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.

Section 2: Optional Activities

Select which of the following optional activities you are implementing for FY25 (as these activities are optional, you may select none of the activities below):

Activity 4: Integration of Substance Use Prevention into the Coordinated School Health Initiatives

Activity 5: Advising and Training Peer Leadership Groups

Activity 6: Evidence Based/Evidence Informed Curricula (note: evidence-based curriculum should include the steps you will take to assure fidelity to the program.

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| Activity #4: Integration of Substance Use Prevention into Coordinated School Health Initiatives (optional) |
| Examples of work under this activity include:   * Independent health meeting that must include representatives from all schools in district, Student Assistant Professional (SAP) or other staff doing screening/referral, Local Health (LH) school health liaison, and Prevention Consultant (PC) * Using data to inform work for the year (YRBS, School Health Index, etc.) * Yearly review of substance use policies for updating/reviewing; training/presentation to staff, faculty, students on any changes * Formation of Whole School, Whole Child, Whole Community (WSCC), MAC, School Health Advisory Committee, etc. Team or group looking at overall wellness |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1  (7/1/24-9/30/24) | Click or tap here to enter text. |
| Quarter 2  (10/1/24-12/31/24) | Click or tap here to enter text. |
| Quarter 3  (1/1/25-3/31/25) | Click or tap here to enter text. |
| Quarter 4  (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.

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| Activity #5: Advising and Training Peer Leadership Groups (optional) |
| Examples of work under this activity include:   * Identify peer leadership group (ie: QSA, ATI, Teen Institute) and advisor * Recruit students * Identify goals of group(s) and associated activities * Set meeting schedule * Meet regularly (minimum monthly) as designated schedule |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

Who will be assessing staff capacity and training needs? Click or tap here to enter text.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
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| Quarter 3  (1/1/25-3/31/25) | Click or tap here to enter text. |
| Quarter 4  (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.

*# of staff trained across SU*

*Number of trainings offered by topic area*

*Number of participants*

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| --- |
| Activity #6: Evidence Based/Evidence Informed Curricula (optional) |
| Examples of work under this activity include:   * Examine YRBS and other data to determine priority risk and protective factors * Review curricula that addresses priority risk and protective factors * Select and implement curricula with fidelity * Measure outcomes and reassess strategies as needed * Identify curriculum being used. * Identify person(s) who will be providing curriculum.   (note: evidence-based curriculum should include the steps you will take to assure fidelity to the program) |

Is this activity occurring across the entire SU/District?

Yes

No If no, click here to list all schools where activity will be available.

Describe the key tasks that will be completed for this activity each quarter. This should include specific action steps that will be completed each reporting period of FY25 to implement the activity proposed.

|  |  |
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| Quarter 4 (4/1/25-6/30/25) | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts:

Click or tap here to enter text.