# Implementation Plan – FY24

Please provide as much detail as needed for reviewers to understand the scope of work proposed. In particular, the “Tasks” column should include specific action steps that will be completed each reporting period of FY24 in order to implement the activity proposed. Evidence-based curriculum should include the steps you will take to assure fidelity to the program. **Please indicate in Reach/Dosage whether activity is specific to a school or available across SU/District.**

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| **Supervisory Union/District** |  |
| **ActivitY**. | **What and who is responsible?** | **Schools/****REACH/****dosage** | **tasks***Description of key tasks that will be completed* ***each quarter****.* | **outcomes/****Evaluation***How you will evaluate your efforts to determine success?* |
| Screening, Referral and Educational Support Groups | *Identify screening tool (CRAFFT, YSBIRT or GAIN-SS) and person responsible for screening/referral. Attach resume / credentials.**Educational Support Groups- who will be responsible for determining need and running groups* | ***List schools where screening and referral will be available.****A minimum of 5% of the student body (age 12 and older) will be screened. Include total number of students 12 and older.* | *Quarter 1 (7/1/23-9/30/23)**Quarter 2 (10/1/23-12/31/23)**Quarter 3 (1/1/24-3/31/24)**Quarter 4 (4/1/24-6/30/24)* | *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* |
| Integration of substance use prevention into the coordinated school health initiatives | *Grant coordinator should be part of school leadership team that supports school health initiatives*  | ***Is this coordinated at the SU level or school level?****Frequency of meetings.*  | *Quarter 1 (7/1/23-9/30/23)**Quarter 2 (10/1/23-12/31/23)**Quarter 3 (1/1/24-3/31/24)**Quarter 4 (4/1/24-6/30/24)* | *Number of meetings* *Policy revie/updating**Quarterly meetings, minimum* |
| Advising and Training Peer Leadership Group(s) | *Identify each group and group advisor* | ***List schools****# of students Frequency of meeting**# of activities implemented* | *Quarter 1 (7/1/23-9/30/23)**Quarter 2 (10/1/23-12/31/23)**Quarter 3 (1/1/24-3/31/24)**Quarter 4 (4/1/24-6/30/24)* | *Goals of leadership group(s)* |
| Assess and Provide School Staff Training | *Identify person(s) who will be assessing staff**Identify person(s) who will be providing training* | *# of staff trained across SU* | *Quarter 1 (7/1/23-9/30/23)**Quarter 2 (10/1/23-12/31/23)**Quarter 3 (1/1/24-3/31/24)**Quarter 4 (4/1/24-6/30/24)* | *Number of trainings offered by topic area**Number of participants* |
| Evidence Based Curricula | *Examine YRBS and other data to determine priority risk and protective factors**Identify each curricula and staff who are trained (will be trained) to deliver curricula* | ***List schools****# of students* *# of sessions**.*  | *Quarter 1 (7/1/23-9/30/23)**Quarter 2 (10/1/23-12/31/23)**Quarter 3 (1/1/24-3/31/24)**Quarter 4 (4/1/24-6/30/24)* | *Fidelity measures**Pre/post* |