Instructions: Fill in School Information below. Complete parts One and Two (if applicable) and submit via the Alchemer link at: <https://www.healthvermont.gov/alcohol-drugs/grantees-contractors/reporting-forms-guidance-documents>

## School Information

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

Grantee Organization (if different than above): Click or tap here to enter text.

Date Completed: Click or tap here to enter text.

Completed by (name): Click or tap here to enter text.

Competed by (email address): Click or tap here to enter text.

# DSU School-Based Prevention Grants

# Capacity Plan FY26

June 2025

## Part One: Required Activities

Fill in details about planned and proposed activities below for all required activities:

|  |
| --- |
| Activity #1: Identify Capacity Building Priorities (required) |
| Identify Capacity Building Priorities* Determine capacity building priorities for grant period
* Choose a minimum of one (1) priority for capacity building and submit with Quarter 1 report. Examples of capacity building priorities include but are not limited to:
* Increase screening capacity in school
* Add prevention or substance use education into curriculum for students
* Start or expand youth empowerment groups
* Share educational resources with students, staff, families, or the community
* Participate in prevention awareness campaigns and observances, such as National Drug and Alcohol Facts Week. Red Ribbon Week, DEA Drug Take Back Day
 |

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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #1:

Click or tap here to enter text.

*Example metrics:*

*% increase in screenings
# of educational resources shared
# of students in empowerment groups*

## Part Two: Optional Activities

Select which of the following optional activities you are implementing for FY26 (as these activities are optional, you may select none of the activities below):

[ ]  Screening, Referral and Individual Support

[ ]  Educational Support Groups

[ ]  Provide School Staff Training

[ ]  Integration of Substance Use Prevention into the Coordinated School Health Initiatives

[ ] Advising and Training Peer Leadership Groups

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

|  |
| --- |
| Activity #2: Screening, Referral and Individual Support (optional) |
| Screening and Referral to Services* Develop/update protocol for problem identification and referral for substance use
* Distribute protocol and train staff
* Develop/update protocol for referral to treatment services in consultation with the local treatment providers to ensure successful referral to services

Deliver screening and timely referral to substance use and mental health services (internally and/or externally, depending on resources available within school setting) |

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 if new to the program*

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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #2:

Click or tap here to enter text.

*Example metrics:*

*# of students screened, # screened positive*

*# of students referred for substance use by grade*

*# of students referred for mental health by grade*

*# of students provided individual support*

|  |
| --- |
| Activity #3: Educational Support Groups (optional) |
| * Identify students who would benefit from education support groups
* Provide short-term support groups to participants
* Support groups can be substance-specific or related to other risk factors such as mental health, or having family members using substances or in recovery
 |

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 leading 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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #3:

 Click or tap here to enter text.

*Example metrics:*

*# of groups offered*

*# of students attending groups*

|  |
| --- |
| Activity #4: Provide School Staff Training (optional) |
| Choose minimum of one priority for staff training and submit with Quarter 1 report.Provide staff training, such as:* Presentation to staff around current policy including changes/updates
* Presentation or individual coaching/training to staff around topics of concern or emerging trends
* Provide education and resources through newsletters or other communication to all staff
* Coordinate and share other training options and resources
 |

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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #4:

Click or tap here to enter text.

*Example metrics:*

*# of staff trained across SU*

*# of trainings offered by topic area*

*# of participants*

|  |
| --- |
| Activity #5: Integration of Substance Use Prevention into Coordinated School Health Initiatives (optional)  |
| Examples of work under this activity include:* Independent health meeting(s) including representatives from all schools served under grant 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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #5:

Click or tap here to enter text.

*Example metrics:*

*# of representatives included in meetings/# meetings held
# of policies reviewed*

|  |
| --- |
| Activity #6: 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)
 |

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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #6:

Click or tap here to enter text.

*Example metrics:*

*# of staff trained across SU*

*# of trainings offered by topic area*

*# of participants*

*% participants reporting increase in knowledge/skills*

|  |
| --- |
| Activity #7: Evidence Based/Evidence Informed Curricula (optional) |
| Examples of work under this activity include:* If identifying a new curriculum, examine YRBS and other data to determine priority risk and protective factors
* If using an existing curriculum, assess needs for training of staff and materials for implementation
* Review curricula that addresses priority risk and protective factors
* Select and implement curricula with fidelity
* Measure outcomes and reassess strategies as needed

(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 FY26 to implement the activity proposed.

|  |  |
| --- | --- |
| Quarter | Action items |
| Quarter 1 (7/1/25-9/30/25)  | Click or tap here to enter text. |
| Quarter 2 (10/1/25-12/31/25) | Click or tap here to enter text. |
| Quarter 3 (1/1/26-3/31/26)  | Click or tap here to enter text. |
| Quarter 4 (4/1/26-6/30/26)  | Click or tap here to enter text. |

Describe the methods and metrics you will use to evaluate the effectiveness of your efforts for Activity #7:

Click or tap here to enter text.

*Example metrics:*

*# of students provided curriculum*

*Measures of fidelity from curriculum*