Workplan Template for Community Action Grants



Version Date: 12/12/19

|  |
| --- |
| **Grantee:** |
| **Workplan Date: Draft  Final** |
| **Please list roles of stakeholders involved in the project plan:**  Prevention Consultant  Local Government  Local Opioid Response Group  Primary Care Physician  Hospital Leadership  Law Enforcement  EMS Provider  Fire Department  School Leadership ( K-12,  College)  Youth Serving Organization  Area Agencies on Aging  Regional Prevention Partnership  Prevention Network  VDH District Office  Dept. of Corrections  Probation & Parole  Dept. Families and Children  Outpatient SUD Treatment Provider  Hub  Spoke  Drug Court  Syringe Services Program  Recovery Center  Pharmacist  Infectious Disease Specialist  Blueprint Regional Staff  Federal Government  Researcher/Academic  Housing  Family Member of Person with OUD  Person with OUD  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions:**

1. Describe the major strategies and activities to be implemented to meet mid and long-term outcomes outlined in the grant for **each** of the three priority areas.
2. Describe possible barriers to or facilitators for reaching each objective.
3. Describe staff (name, if known) and roles for individuals overseeing the strategy, including evaluation functions.
4. Describe the evidence basis of the strategy/activity. If not evidence based, what is the justification for pursuing it?
5. Describe how the proposed strategies address the issues identified in the needs assessment.
6. List process/performance measures that are Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) during the first 12-month budget period that will indicate that the strategy has been successfully implemented.
7. Provide a timeline that identifies key activities and assigns approximate dates for inception and completion.
8. Describe the multi-sector collaborations that will be used to assist in carrying out the proposed activities.
9. Describe strategies/activities to be accomplished in this area over the entire project cycle.
10. Copy the workplan tables to add new strategies/activities.

# Priority 1 Workplan – Overdose Prevention Training:

| **Strategy:** | | |
| --- | --- | --- |
| **Activities:** | | |
| **Staff/Role for strategy oversight:** | | |
| **Evidence basis of the strategy/activity:** | | |
| **Needs assessment issues addressed:** | | |
| **Possible barriers to or facilitators for implementation:** | | |
| **Year 1 SMART Process/Performance Measures:** | **Data sources:** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **Year 1 Key Activities:** | **Responsible Person/Agency/Collaborators:** | **Projected Dates:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Describe Year 2 Activities:** | | |

# Priority 2 Workplan – Linkages to Care:

|  |  |  |
| --- | --- | --- |
| **Strategy:** | | |
| **Activities:** | | |
| **Staff/Role for strategy oversight:** | | |
| **Evidence basis of the strategy/activity:** | | |
| **Needs assessment issues addressed:** | | |
| **Possible barriers to or facilitators for implementation:** | | |
| **Year 1 SMART Process/Performance Measures:** | **Data sources:** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **Year 1 Key Activities:** | **Responsible Person/Agency/Collaborators:** | **Projected Dates:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Describe Year 2 Activities:** | | |

# Priority 3 Workplan – Enhancement of First Responder Engagement in Public Health Approaches to the Opioid Crisis:

|  |  |  |
| --- | --- | --- |
| **Strategy:** | | |
| **Activities:** | | |
| **Staff/Role for strategy oversight:** | | |
| **Evidence basis of the strategy/activity:** | | |
| **Needs assessment issues addressed:** | | |
| **Possible barriers to or facilitators for implementation:** | | |
| **Year 1 SMART Process/Performance Measures:** | **Data sources:** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **Year 1 Key Activities:** | **Responsible Person/Agency/Collaborators:** | **Projected Dates:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Describe Year 2 Activities:** | | |