Workplan Template for Community Action Grants

Version Date: 08/01/2022

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| **Grantee:**  |  **Grant #: 03420-xxxxx**  |
| **Workplan Period: 9/1/22 – 8/31/23** **Date of Workplan:**  | [ ]  **Original**  [ ]  **Revision****Date of revision:** |
| **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[ ]  Regional Prevention Partnership [ ]  Prevention Network [ ]  VDH District Office [ ]  Dept. of Corrections [ ]  Probation & Parole [ ]  Dept. Families and Children [ ]  Outpatient SUD Treatment Provider [ ]  Hub [ ]  Spoke [ ]  Syringe Services Program [ ]  Recovery Center [ ]  Pharmacist [ ]  Infectious Disease Specialist [ ]  Blueprint Regional Staff [ ]  Federal Government [ ]  Drug Court [ ]  Researcher/Academic [ ]  Housing [ ]  Family Member of Person with OUD [ ]  Person with OUD[ ]  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 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:**  |
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| **Activities:**  |
| **Staff/Role for strategy oversight:** |
| **Evidence basis of the strategy/activity:** |
| **Needs assessment issues addressed:** |
| **Possible barriers to or facilitators for implementation:**  |
| **SMART Process/Performance Measures:** | **Data sources:** |
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| **Timeline of Key Activities:** | **Responsible Person/Agency/Collaborators:** | **Projected Dates:** |
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| **Describe Planned Activities:**  |

# Priority 2 Workplan – Linkages to Care:

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

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

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

# Additional Strategy Workplan – If doing a strategy that does not fit into the above categories, fill out below (Any strategies in this section should be discussed with DSU Program Manager before including in the plan):

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