ATTACHMENT D- WORK PLAN

Goal 1: Provide recovery housing and intensive case management to returning citizens.

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year											
Provide key activity which will directly contribute to the project goal.	*Name the key actions to be implemented to achieve this objective.*	*List the results you expect to achieve which directly contribute to the objective for the goal identified.*	*Indicate the staff member, group, or other person responsible for overseeing the activity.*	*ex., 2 weeks, 3 months.*	Put an X in the corresponding month(s) this activity will occur.											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1: Provide recovery housing to returning citizens.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2: Provide intensive case management to returning citizens.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 2: Submit documentation detailing plans and procedures for program implementation.

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year											
Provide key activity which will directly contribute to the project goal.	*Name the key actions to be implemented to achieve this objective.*	*List the results you expect to achieve which directly contribute to the objective for the goal identified.*	*Indicate the staff member, group, or other person responsible for overseeing the activity.*	*ex., 2 weeks, 3 months.*	Put an X in the corresponding month(s) this activity will occur.											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1: Submit document detailing organization policies and procedures for the Recovery residences which comply with Level III or IV NARR Standards.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2: Submit recruitment plan for program residents, i.e. returning citizens with OUD or STUD.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3: Submit evaluation plan for program residents, i.e. returning citizens with OUD or STUD.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 3: Ensure key staff and house residents receive certified opioid overdose prevention education and training.

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year Put an X in the corresponding month(s) this activity will occur.											
Provide key activity which will directly contribute to the project goal.	*Name the key actions to be implemented to achieve this objective.*	*List the results you expect to achieve which directly contribute to the objective for the goal identified.*	*Indicate the staff member, group, or other person responsible for overseeing the activity.*	*ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1: Ensure house monitor and case manager to take DBH-certified opioid overdose prevention training course.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2: Ensure house residents to take DBH-certified opioid overdose prevention training course.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 4: Collect, track, and report information on services provided and individuals served in addition to GPRA data.

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year Put an X in the corresponding month(s) this activity will occur.											
Provide key activity which will directly contribute to the project goal.	*Name the key actions to be implemented to achieve this objective.*	*List the results you expect to achieve which directly contribute to the objective for the goal identified.*	*Indicate the staff member, group, or other person responsible for overseeing the activity.*	*ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1: Conduct intake GPRA assessments.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2: Submit monthly programmatic reports.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3: Conduct follow-up and/or discharge GPRA assessments.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4: Submit an annual report.					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal 5: Clearly state the goal the program/project will pursue to address the issues identified.

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year											
					Put an X in the corresponding month(s) this activity will occur.											
Provide key activity which will directly contribute to the project goal.	*Name the key actions to be implemented to achieve this objective.*	*List the results you expect to achieve which directly contribute to the objective for the goal identified.*	*Indicate the staff member, group, or other person responsible for overseeing the activity.*	*ex., 2 weeks, 3 months.*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 2:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 3:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Objective 4:					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐