# *State Opioid Response (SOR)*

# *A Transforming Approach to Opioid Prevention: Developing Systemic Change in Schools*

# *Application for School District*

CONTACT INFORMATION & REQUIRED SIGNATURES

District: Click here to enter text. Number of Schools (K-12): Click here to enter text.

District Address: Click here to enter text. Town: Click here to enter text. Zip: Click here to enter text.

Phone: Click here to enter text.

Superintendent Name: Click here to enter text. Superintendent Email: Click here to enter text.

Superintendent Phone: Click here to enter text.

***We, the undersigned, support the school’s application for the State Opioid Response (SOR) project for******A Transforming Approach to Opioid Prevention: Developing Systemic Change in Schools. Should the district be selected to participate in the project, we further support the implementation process as outlined in the Invitation to Apply.* [Electronic signatures can be accepted.]**

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Printed Name Superintendent Signature Date

Should the district be selected to participate, the Superintendent will designate a district-level staff person to participate and support the schools in the implementation processes. Please identify the district-level staff person who will provide support to the school in the event this district is selected to participate. This staff person will be referred to as the District Prevention Coach for training and technical assistance purposes going forward.

District Prevention Coach Name: Click here to enter text. Title: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

REQUESTED ATTACHMENTS

* District Improvement Plan or Similar (***This can be submitted as an attachment or a hyperlink can be inserted in the beginning portion of the narrative***)
* List of programs or grant projects currently happening in the school/district and who the sponsoring agency is(Character Education, Love & Logic, bullying prevention, suicide prevention, nutrition or health promotion, etc.)
* Student data in relation to substance misuse (if collected)

SHORT ANSWER QUESTIONS

In an attached document, please respond to each of the following prompts. Attach documentation where requested. For each section, please note the names of those staff members who contributed to the development of the response.

1. ESTABLISHING COMMITMENT

Research on system change has determined that a significant predictor of successful implementation and sustainability is the commitment of both district- and school-level administration.

***Please describe how the school and district administration will support implementation by addressing each of the following prompts in a total of 250 words or less:***

1. ***Current implementation of the Multi-Tiered System of Support (MTSS) - Behavior framework in the district and/or the intention to add or expand efforts to substance misuse prevention (please include a timeline if applicable);***
2. ***Concerns about implementation;***
3. ***Community partners that support the district, and a brief description of the support provided; and***
4. ***Identify, by name, the school administrator from each of the schools, along with district leadership who will participate in ALL of the training and technical assistance.***
5. ESTABLISHING & MAINTAINING A TEAM

Successful implementation of the MTSS framework requires a district team, along with school-based teams to serve as the leaders of the process.

***In 250 words or less, please describe a district team currently operating that reviews student progress (behavioral or other). Describe how this team informs school teams, and what the team structure is in each school that implements district vision. (Please include in your response: the mission of the district team, meeting schedule dates, and team membership by titles of staff.)***

1. SELF-ASSESSMENT & DATA-DRIVEN DECISION MAKING

Successful implementation of the MTSS framework requires that the team consistently and regularly examine data to determine action plans and to assess their implementation fidelity.

***In 250 words or less, please describe the data the team identified in item 2 accesses and how the team identified in item 2 uses data to inform their work. How have you identified substance misuse prevention/supports as a priority in your district? (Examples could include attaching a summary of substance use data.)***

1. POTENTIAL BARRIERS TO SUCCESS

Successful implementation of the MTSS framework requires that the district and schools give the process time to achieve stated goals, generally 3-5 years. During the time of training (generally, 2 years), time needs to be dedicated to both team and school-wide professional learning. In addition, teams will have work that needs to be completed between visits from the facilitator.

***In 250 words or less, please describe any initiatives or large-scale projects currently in process or scheduled to begin in the next two (2) years and how they may impact implementation of the embedded substance misuse prevention in the MTSS framework. (Examples could include an accreditation process, extended day, etc.)***

1. KEY FACTORS FOR SUCCESS

***In 250 words or less, please describe any other factors that could contribute to how the district is poised for success in embedding substance misuse prevention in the MTSS framework.***