Hickman County Opioid Settlement Board
Work Plan for Opioid Funding Application

Organization: Hickman County Schools: Prevention Now!
Date: 12/03/2024

Objective	Activities	Outcomes	Measures of Success	Timeframe	Accountability	Funds Requested
What is the measurable result you are seeking to achieve?	What activities will be completed that help achieve the corresponding objective?	What outcome do you hope to achieve?	How will the success of the objective be assessed? What data points will be measured?	When will this part of the project begin and end?	Who is responsible for each project activity?	What are the requested grant funds for this part of the project?
Preventing students from experimenting with drugs and alcohol.	1) Media campaigns	A reduction of students caught with drugs, vapes and alcohol.	Number of petitions filed for drugs, vapes & alcohol will decrease year two.	Immediately and end of year. Will restart at beginning of year school year 25-26.	Coordinated School Health	$20,000.00
	2) Teach using purchased curriculum	Awareness of risks associated with opioid use and other illicit drug use.	Track number of petitions initiated			
	3) Drug free advertising					
	4) Peer to peer education					

Total Funds Requested
$20,000.00

HICKMAN COUNTY
TENNESSEE

Hickman County Opioid Committee
FY 2024-2025 Opioid Settlement Funding Quarterly Report

Agency Name: Hickman County Schools - Prevention Now
Name of Reporting Individual:
Date Report Submitted:

Organizations should provide **quarterly progress reports** to mayor@hickmancountytn.gov and crystal.fitzgerald@hickmancountytn.gov. All sections of this document must be completed in full to meet the reporting requirements. **Please include a quarterly expense report when submitting this document.** Reports will be due 14 days after each project quarter:

- 1st Quarter due April 14th, 2025
- 2nd Quarter due July 14th, 2025
- 3rd Quarter due October 14th, 2025
- 4th Quarter due January 14th, 2026

Report Period: ☐ 1st Quarter (January – March) ☐ 2nd Quarter (April – June)

☐ 3rd Quarter (July – September) ☐ 4th Quarter (October – December)

Quarterly Summary:
Type to provide responses to each of the following inquiries. Only provide information for the corresponding quarter.

1. Staff working on the project:

2. Community partners involved with the project:

3. Challenges and barriers experienced within the associated timeframe:

4. Successes experienced within the associated timeframe:

5. Anticipated next steps:

6. Strategies addressed from the Remediation List (found here). *Please list the strategy, section number, and how your activities address the corresponding strategies.*

7. Number of people served with settlement funding (please indicate whether these are Hickman County residents or not):

Quarterly Performance Measures:
Type in text boxes to complete the table for each approved activity. Please add rows as necessary and only provide information for the corresponding quarter.

ACTIVITY 1: Media campaigns to prevent substance use and addiction.	
Type of Campaign	**Number of estimated youth reached**
Ex: Posters in school	
Ex: Social media post	

ACTIVITY 2: Educational programs & curriculum to prevent substance use and addiction.			
Curriculum/educational program	**Number of Sessions Held**	**Number of students attended**	**Pre and post session results (if applicable)**

Number of existing petitions (citations?) for drug use:			
Number of filed petitions (citations?) for drug use:			

ACTIVITY 3: Peer to Peer Education - Student Athlete Ambassadors Program	
Performance Indicator	**Response**
Number of higher grade students providing peer support	
Number of grade school children receiving education by peer	
Supplies purchased for program	