**Action Plan: Substance Abuse and Pregnancy Certificate Program**

 **Name(s)/Agency(ies):**

 **Overarching Goal:**

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| Activity | First Step | **CALENDAR OF ACTIVITIES** | Resources | Success Indicators |
| **March** **2022** | **April** **2022** | **May****2022** |
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| Activity | First Step | **CALENDAR OF ACTIVITIES** | Resources | Success Indicators |
| **March** **2022** | **April** **2022** | **May****2022** |
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