

# MUNICIPAL ALLIANCE GUIDELINES

**Fiscal Year 2021-2025**

**July 1, 2020 – June 30, 2025**



**Following the Strategic Prevention Framework:**

**ASSESSMENT**

**CAPACITY**

**PLANNING**

**IMPLEMENTATION**

**EVALUATION**



## MUNICIPAL ALLIANCE ASSESSMENT

As the first step in the Strategic Prevention Framework, the assessment process involves the collection of data to define the problems, resources and readiness of a community to address needs and gaps in service. The assessment process involves the following four steps:

1. Create and maintain partnerships that will assist you throughout the assessment process.
  - This includes bringing key community stakeholders to the table.
2. Assess the community's substance abuse needs and resources.
  - Build on the community's history of providing substance abuse prevention resources.
  - Collect *qualitative* data by conducting key informant interviews and holding focus groups. **A minimum of two key informant interviews must be conducted.**
  - Review *quantitative* data in the Statewide Logic Models and the Regional Coalition Logic Models.
  - Data sources selected must be retrievable in an updated form in the following time range:
    - Local Conditions – data must be retrievable again in 6 months - 2 years through key informant interviews and focus groups.
    - Problem Statement and Root Cause data will be retrievable through updated Statewide and Regional Coalition logic models in 2-4 years.
3. Analyze the problems and community readiness.
  - Discuss the data in the context of emerging risk and protective factors. This also includes reviewing personal and environmental causes contributing to the community problem.
  - Prioritize problems in your community. Look back at the data you've collected for each of your community's identified problems. Consider:
    - Which problem(s) are affecting your community the most?
    - How have these problems changed over time? Are they getting better, worse, or staying the same?
    - How do these problems compare with other communities nearby? With the state's rates?

2



- Determine which problem(s) you will focus on based on this data.
  - Identify two data points that support your choice.
4. Select from the Statewide and Regional Coalition logic models as a framework for community change.
- There are four State Priorities that the Municipal Alliances must choose from. These priorities were determined through the analysis of statewide data by the Statewide Prevention Collaborative which supported the identification of the following four priorities:
    - Alcohol/Underage Drinking
    - Marijuana
    - Prescription Drugs
    - Tobacco
  - As a requisite for funding, each Municipal Alliance is required to have at least one Alliance member view a three part webinar series on the Strategic Prevention Framework and identify a logic model for each State or Regional Coalition Problem Statement/Root Cause/Local Condition sequence that the Alliance chooses to address. Each Alliance may choose to address only one priority or multiple priorities based upon capacity.
  - Logic models will be used as the basis for developing the Municipal Alliance's interventions.
  - Once the priority problem(s) that will be addressed has been chosen through the Alliance's needs assessment process, the root cause and corresponding local condition that the Alliance will address must be circled on the logic model, and the logic model(s) will be submitted to the County Alliance Coordinator as part of the Municipal Alliance Strategic Planning application process.

### Logic Model Development

Statewide problem statements with corresponding root causes and local conditions have been identified on the Statewide Logic Models that have been developed by the Prevention Collaborative. Through the Regional Coalition Logic Models, regional problem statements, root causes and local conditions can also be reviewed by the Municipal Alliances. Through the process of conducting key informant interviews and focus groups in the Alliance's municipality,

3



the Alliance will identify which priority problem, problem statement and the corresponding root cause and local condition that they want to address.

### *Identifying the local conditions*

- By asking the question “But why here?”, the Municipal Alliance will identify and address how the root cause is manifesting in the community. Local conditions are very specific and are tangible areas that one can capture in a photograph.
- Worksheet 1 for Conducting Focus Groups and Key Informant Interviews will be provided to aid the Alliance in their needs assessment process. The worksheet guides the initial conversation in a key informant interview to gather local data. A separate Worksheet 1 will be completed for each key informant interview &/or focus group that is held. A minimum of two key informant interviews must be conducted in order to apply for Alliance funding.
- Worksheet 2 for Analyzing Focus Groups and Key Informant Interviews assists the Alliance in summarizing their findings to narrow their focus on which priority problems they wish to address and to begin the process of assessing the capacity of the Alliance to address these local conditions.
- All Worksheets 1 & Worksheet 2 will be submitted to the County Alliance Coordinator as part of the Municipal Alliance Strategic Planning process.

### **Assessment - Cultural Relativity**

A Municipal Alliance has much to gain by committing to increase its cultural relativity. An Alliance’s ability to communicate effectively within a diverse cultural environment brings new perspectives, ideas and strategies to the table and can deepen trust and cooperation among community members. An authentic community assessment validates indigenous knowledge and includes feedback and involvement of those who are most affected by the problem. Culturally fluent Alliances are more likely to be effective Alliances. (CADCA’s Coalition Institute-Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals, 2010)

### **Assessment - Sustainability**

Sustainability goes well beyond finding funding sources to support a community’s prevention efforts. Sustainability is a process, not a result, denoting action, not maintaining the status quo.

4



Your Municipal Alliance is the backbone of your prevention efforts, and needs to be tended to. Building a strong coalition infrastructure to support prevention initiative is crucial. Sustaining the interest of coalition members over time means working on current problems and continuing to collect and assess current data and trends in the community. Working toward sustainability as you progress through each phase of the Strategic Prevention Framework takes a lot of intentional effort but is well worth the effort, and can make all the difference in the success of your efforts. (CADCA's Coalition Institute- Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals, 2010)



**Appendix - Municipal Alliance Assessment**

**Worksheet 1 for Conducting Focus Groups and Key Informant Interviews**

Municipal Alliance:	County:
Name of Key Informant (if FG, use an attendance list):	Sector Represented:
Person Conducting Interview/Focus Group:	Date of Interview:

This worksheet is intended to provide introductory questions for your focus group sessions and/or key informant interviews during your needs assessment process. Add additional questions as needed.

1. What types of problems related to underage alcohol use do you see in your community?  
*[Prompt: Are youth accessing alcohol at home? Are there common places where drinking takes place? Are there accidents related to drinking and driving? etc.]*
  - 1a. What factors do you believe are causing these problems?
  
2. What problems related to prescription medication misuse do you see in your community?  
*[Prompt: Are people sharing prescriptions? Where are they accessing prescription medication? etc.]*
  - 2a. What factors do you believe are causing these problems?
  
3. What problems related to marijuana use do you see in your community?  
*[Prompt: Are youth vaping marijuana? Where are they accessing marijuana? etc.]*
  - 3a. What factors do you believe are causing these problems?
  
4. What problems related to tobacco use do you see in your community?  
*[Prompt: Are people vaping tobacco products? Are there common places where vaping or smoking take place? etc.]*
  - 4a. What factors do you believe are causing these problems?



**Worksheet 2 for Analyzing Focus Groups and Key Informant Interviews**

**Analyzing Focus Group / Interview Information**

*Use this summary sheet to help capture the general themes that emerged from **all** focus groups and/or interviews, as well as differences that you noticed.*

<i>Summary Findings</i>	
How many focus groups did you conduct?	
How many interviews did you conduct?	
How many participants attended in total?	
What stakeholders were represented in your focus groups and/or key informant interviews?	
What did you learn about your root causes and local conditions?	
What problems were discussed most commonly across your focus groups and/or key informant interviews? Describe these common problems.	
Were there any significant differences among the various focus groups and/or interviews? Describe differences that arose.	

**FORM 4C - New Jersey State-Level Logic Model – Alcohol/Underage Drinking**

State Priority: Alcohol / Underage Drinking						
Logic Model Components				Outcomes		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Problem Statement</b> What specifically is the identified problem/consumption pattern that the state is looking to address?	<b>Root Causes</b> What are the major intervening variables/root causes?	<b>Local Conditions</b> What are the local conditions/ contributing factors to the problem?	<b>Interventions</b> What activities will we implement to address these factors?	<b>Short Term Outcomes</b> How will we know if local conditions/ contributing factors changed?	<b>Intermediate Outcomes</b> How will we know if the major intervening variables/root causes changed?	<b>Long Term Outcomes</b> How will we know if the identified problem/consumption pattern has changed in the right direction?
1. Alcohol misuse and underage use has led to a number of consequences in our communities. <ul style="list-style-type: none"> <li>• Ex. Binge drinking data point</li> <li>• Ex. DUI arrests</li> <li>• Ex. Alcohol-involved deaths data point</li> </ul>	1A. Availability/ Access  1B. Favorable Attitudes & Community Norms  1C. Laws & Enforcement  1D. Price & Promotion	1A.1 Social Availability: Unmonitored alcohol at home 1A.2 Social Availability: Family and Friends 1A.3 Retail Availability: Serving 1A.4 Retail Availability: Density of serving establishments  1B.1 Attitudes favorable towards use: Parent 1B.2 Attitudes favorable towards use: Youth 1B.3 Attitudes favorable towards use: General 1B.4 Low perception of risk  1C.1 DUI 1C.2 Private Property Ordinance (PPO)  1D.1 Tax rates for beer/wine/spirits 1D.2 Alcohol advertisements/signage	Provide Information  Enhance Skills  Provide Support  Access/Barriers  Change Consequences  Physical Design  Modify/Change Policies			



### FORM 4C - New Jersey State-Level Logic Model - Marijuana

State Priority: Marijuana						
Logic Model Components			Outcomes			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Problem Statement</b> What specifically is the identified problem/consumption pattern that the state is looking to address?	<b>Root Causes</b> What are the major intervening variables/root causes?	<b>Local Conditions</b> What are the local conditions/contributing factors to the problem?	<b>Interventions</b> What activities will we implement to address these factors?	<b>Short Term Outcomes</b> How will we know if local conditions/contributing factors changed?	<b>Intermediate Outcomes</b> How will we know if the major intervening variables/root causes changed?	<b>Long Term Outcomes</b> How will we know if the identified problem/consumption pattern has changed in the right direction?
1. Marijuana use has led to a number of consequences in our communities <ul style="list-style-type: none"> <li>Ex. Marijuana use related emergency department visits</li> <li>Ex. Marijuana possession arrests</li> </ul>	1A. Availability/Access	1A.1 Social Access: family, friends, dealer 1A.2 Retail Availability: paraphernalia	Provide Information  Enhance Skills  Provide Support  Access/Barriers  Change Consequences  Physical Design  Modify/Change Policies			
	1B. Favorable Attitudes & Community Norms	1B.1 Attitudes favorable towards use: Parent 1B.2 Attitudes favorable towards use: Youth 1B.3 Attitudes favorable towards use: General 1B.4 Low perception of risk				
	1C. Price & Promotion	1C.1 Pro-marijuana press coverage 1C.2 Paraphernalia advertising				



### FORM 4C - New Jersey State-Level Logic Model – Prescription Drugs

State Priority: Prescription drugs						
Logic Model Components				Outcomes		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Problem Statement</b> What specifically is the identified problem/consumption pattern that the state is looking to address?	<b>Root Causes</b> What are the major intervening variables/root causes?	<b>Local Conditions</b> What are the local conditions/contributing factors to the problem?	<b>Interventions</b> What activities will we implement to address these factors?	<b>Short Term Outcomes</b> How will we know if local conditions/contributing factors changed?	<b>Intermediate Outcomes</b> How will we know if the major intervening variables/root causes changed?	<b>Long Term Outcomes</b> How will we know if the identified problem/consumption pattern has changed in the right direction?
1. Prescription drug use and misuse has led to a number of consequences in our communities. <ul style="list-style-type: none"> <li>• Ex. Opioid overdose data point</li> <li>• Ex. Rx drug misuse related emergency department visits</li> </ul>	1A. Availability/Access  1B. Favorable Attitudes & Community Norms  1C. Price & Promotion	1A.1 Social Availability: Security/monitoring of Rx at home 1A.2 Social Availability: Improper disposal of Rx 1A.3 Social Availability: Peers and family 1A.4 Medical Availability  1B.1 Attitudes favorable towards use: Parent 1B.2 Attitudes favorable towards use: Youth 1B.3 Attitudes favorable towards use: General 1B.4 Low perception of risk  1C.1 Advertisment of prescription drugs	Provide Information  Enhance Skills  Provide Support  Access/Barriers  Change Consequences  Physical Design  Modify/Change Policies			



### FORM 4C - New Jersey State-Level Logic Model - Tobacco

State Priority: Tobacco						
Logic Model Components						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Problem Statement</b> What specifically is the identified problem/consumption pattern that the state is looking to address?	<b>Root Causes</b> What are the major intervening variables/root causes?	<b>Local Conditions</b> What are the local conditions/ contributing factors to the problem?	<b>Interventions</b> What activities will we implement to address these factors?	<b>Short Term Outcomes</b> How will we know if local conditions/ contributing factors changed?	<b>Intermediate Outcomes</b> How will we know if the major intervening variables/root causes changed?	<b>Long Term Outcomes</b> How will we know if the identified problem/ consumption pattern has changed in the right direction?
1. Tobacco use has led to a number of consequences in our communities <ul style="list-style-type: none"> <li>• Ex. Percentage of every day smokers</li> <li>• Ex. Percentage of e-cigarette users</li> </ul>	1A. Availability/Access  1B. Favorable Attitudes & Community Norms  1C. Laws & Enforcement  1D. Price & Promotion	1A.1 Retail Availability 1A.2 Social Availability  1B.1 Attitudes favorable towards use: Parent 1B.2 Attitudes favorable towards use: Youth 1B.3 Attitudes favorable towards use: General 1B.4 Low perception of risk  1C.1 Smoke free zones 1C.2 E-cigarette bans  1D.1 Tax rates 1D.2 Advertisement/signage/product placement	Provide Information  Enhance Skills  Provide Support  Access/Barriers  Change Consequences  Physical Design  Modify/Change Policies			



## MUNICIPAL ALLIANCE CAPACITY

### **What is Capacity?**

According to Substance Abuse and Mental Health Services Association (SAMHSA) *Strategic Prevention Framework (SPF)*, “capacity refers to the various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs.” While this definition focuses on resources, the SPF goes on to state that capacity also depends on the readiness of both the organization and the broader community to actually commit their resources to addressing the identified problem(s).<sup>1</sup>

A resource which is at the center of the Municipal Alliance Program is the Municipal Alliance Committee (MAC). The committee is both the driving force behind the Municipal Alliance programs and activities as well as an organization that fosters a supportive and collaborative relationship with other community ATOD prevention partners.

The mission \* of the Municipal Alliance is to be a “mechanism for implementing policies to reduce alcoholism and drug abuse (and) support appropriate county and municipal-based alcohol and drug abuse education and public awareness activities” (NJSA 26:BB-7a) which requires that the committee membership is diverse and broad enough to collectively 1) possess a thorough knowledge of the substance abuse needs and resources of the community, 2) recruit and recognize community volunteers, 3) develop and maintain community partnerships, and 4) successfully implement prevention strategies to meet its goals.

Throughout the history of the Municipal Alliance program the Committee’s goals and objectives have been to provide successful prevention programs and public awareness activities. The committee may incorporate environmental strategies into the prevention plan. Implementing environmental strategies will affect the structure of the Municipal Alliance Committee and the interventions selected.

*“Implementing environmental strategies requires more community involvement than individual strategies and requires participation of those most affected for crafting and carrying out*

12



*solutions...the strategies and tactics needed to bring about environmental change differ from those required to select and implement programs for individuals.”<sup>2</sup>*

The structure and the make-up of Municipal Alliance Committee is dynamic. It is formed and developed over time and open to growth and change to best reflect the needs and characteristics of the community.

\* See Community Anti-Drug Coalitions of America “*Capacity Primer*” p. 12-18

### **Municipal Alliance Committee**

For participation in the Alliance Network to Prevent Alcoholism and Drug Abuse, the governing body of a municipality must appoint a Municipal Alliance Committee (MAC), or join with one or more municipalities to form an Alliance Consortium to which they appoint municipal representatives. The heart of each community’s local prevention effort is its grass roots volunteers and representatives that form a broad-based community coalition called the Municipal Alliance Committee (MAC). This committee brings together representatives from government agencies, public and nonpublic schools, health care organizations, law enforcement agencies, business and civic groups, parents, youth and the community at large. The MAC is responsible for overseeing the Strategic Prevention Framework process in their community. Membership on a MAC must include broad representation from the local community to make and influence change. Membership (Form 3) should include, but is not limited to:

1. Mayor and/or members of the governing body (or designee);
2. The Chief of Police (or designee) and other law enforcement agencies
3. School District Administrative Staff and/or School Board Member
4. Student Assistance Coordinator or other student support services staff member;
5. A representative of the Parent-Teacher Association or other home-school association;
6. Parents and/or Guardians
7. A representative from Youth Servicing Organizations
8. A representative of the Chamber of Commerce or Local Business;
9. Representatives of local civic or volunteer groups.

13



10. Representatives of local faith-based organizations;
11. Private Citizens with interest or experience in issues concerning alcohol or drug abuse, addiction or juvenile delinquency.
12. Youth representatives.
13. Older Adult Representative.
14. Individuals who have been affected by alcoholism or drug abuse, including individuals who have been directly affected by their own, or a family member's abuse or addictions;
15. Health and Human Service Agencies/Professionals; especially health care professionals including pharmacists, physicians or therapists, etc.
16. Representatives of the local communications media; or public relations
17. Representatives of public and private organizations involved in the prevention or treatment of alcoholism and drug abuse and/or the Regional Coalition.

There is no limitation on the number of members who may be appointed to the MAC. However, it is required that there is broad representation from across the community in order to ensure representative programming, sustainability and cultural competency. The membership of the MAC should represent the cultural composition of the community. **An individual cannot be listed on the Municipal Alliance Committee Membership List (Form 3) in more than one sector.** The committee should include members who have the skills, knowledge and resources the Alliance needs\*. **A complete list of MAC members, with their addresses and email addresses, must be provided annually to the County Alliance Coordinator and to GCADA as part of the strategic planning process.**

#### **Residency Requirements, Terms and Appointment/Election of Officers**

At a minimum, fifty percent of the members must reside in the municipality. Members must be appointed for specific terms. Officers may either be appointed by the governing body or elected by the Committee, whichever method the municipality chooses.

Every Alliance must have a Chairperson who is different than the Alliance Coordinator. The Chairperson is responsible for running Alliance Committee meetings and for providing leadership through the Alliance committee to formulate local policies and procedures. The



Alliance Coordinator is responsible for the administrative duties of the of the Alliance such as completing required reports and applications for alliance funding, scheduling consultants and providing support to the Municipal Alliance Committee (a Municipal Alliance Coordinator job description must be on file in the municipality). The Chairperson is a voting member of the committee; the Coordinator is not a voting member.

### **Establishing the Municipal Alliance and Meeting Requirements**

MACs must be established by municipal ordinance or resolution, and the committee must adopt bylaws. If a municipality chooses to use resolutions, they must be adopted annually in order to be in effect. At a minimum, Committee meetings must be held quarterly. MACs must operate in full compliance with the State's open public meetings laws. There must be public notice of MAC meetings. Minutes must be kept of all Committee meetings, and a quorum of Committee members is required for action to be taken by the Committee (e.g., approval of plan or modifications). A quorum is 50 percent of the official Committee membership plus one..

### **Conflict of Interest**

A conflict of interest may exist if a MAC member can reasonably expect that their conduct will directly result in a personal or financial benefit to themselves, their family members, business associates, employers, or to businesses that the member represents. In situations where a conflict of interest may exist, the MAC member must recuse him or herself. Recusal means that the individual is not participating in deliberations or debates, making recommendations, giving advice, considering findings, voting or in any other way assuming responsibility for or participating in any aspect of the decision making regarding the matter. Consultants or providers who are directly or indirectly involved in providing prevention services to the Municipal Alliance are also subject to the recusal requirement.

### **Municipal Alliance Committee Functions**

The Municipal Alliance Committee is responsible for:

- A. Creating a coalition of community leaders, private citizens, and representatives of public and private education, health and human service agencies who will make a comprehensive and coordinated effort to promote and support community-wide drug



and alcohol prevention, education, public awareness, environmental programs and related activities.

- B. Implementing the Strategic Prevention Framework in order to perform local assessments, build local prevention capacity, plan and implement effective community strategies and programs, and evaluate the MAC's efforts for outcomes that include:
1. Conducting an assessment of their community to determine the needs of the community in regard to drug, alcohol and prevention issues;
  2. Identifying existing strategies, programs, services, activities and resources designed to prevent and reduce alcoholism and drug abuse;
  3. Identifying a logic model which includes *Problem Statement*, *Root Cause*, and *Local Conditions* to prioritize the needs of the community;
  4. Implementing documented evidence-based programs, practice-based programs, and environmental strategies at the municipal level which have been demonstrated to be effective or participating in regionally developed programs that accomplish the purpose of the Municipal Alliance effort;
  5. Establishing an evaluation process to measure the outcome of programs and practices in order to understand their effectiveness and identify needed changes; evaluation findings should serve as key factors at each step of the Strategic Prevention Framework;
- C. Assisting programs specifically developed for the prevention of delinquency, school withdrawal, teen pregnancy, and truancy to acquire alcoholism and drug abuse prevention resources, such as educational and awareness information, reduces the risk factor for developing a substance use disorder in these populations. Supporting sexual violence, domestic violence, mental health and suicide prevention programs in the community in the development and inclusion of education on substance use disorder prevention can also be a priority for the Alliances.
- D. Assisting the municipality in acquiring funds for Municipal Alliance programs, including the establishment of a permanent, standing subcommittee on fundraising. Please see Alliance Income Guidelines in the Planning Section for further information.
- E. Support, collaborate, and promote local ATOD prevention efforts involving schools, law enforcement, business and civic groups and other community organizations.

16



- F. Collaborating with local school districts, charter schools and nonpublic schools in the review of their K-12 comprehensive programs for alcohol, tobacco and other drug abuse prevention, intervention, referral for evaluation, referral for treatment and continuity of care, pursuant to the requirements at *N.J.S.A. 18A:40A-1 et seq.* and *N.J.A.C. 6A:16-3*, which can be found at <http://www.state.nj.us/education/code/current/>.
- G. Completing the MAC capacity assessment tool annually to evaluate and help strengthen the current capacity of the Municipal Alliance (Form 5). **The capacity assessment tool will be submitted annually to the County Alliance Coordinator in each grant year's Strategic Plan application.**

### Capacity - Cultural Relativity<sup>3</sup>

Cultural relativity must be incorporated throughout implementation of the Strategic Prevention Framework (SPF) process. The U.S. Department of Health and Human Services defines cultural relativity as a “set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among and between groups.”<sup>4</sup>

Sample methods to incorporate and promote Cultural Relativity into Capacity:

- Know the history and current cultural make-up of the community.
- Include broad representation from across the community on the Municipal Alliance Committee to ensure the cultural composition of the community is represented.
- Include cultural sub-groups in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to ensure cultural relevance.
- Provide opportunities for Cultural Fluency training to members of the committee and prevention partners.

### Capacity - Sustainability

Sustainability is the likelihood of a strategy (*or program or committee*) to continue over a period of time, especially after specific funding ends.<sup>5</sup>

Sample methods to incorporate and promote Sustainability into Capacity:



- Build-up broad stakeholder representation on the Municipal Alliance Committee to garner support from the community.
- Complete Community Resource Directories to provide service information to the community and build community partnerships.
- Recognize Committee and Community prevention supporters on an annual basis.
- Track outcomes and provide current ATOD information to community partners.
- Support, collaborate, and promote local ATOD prevention efforts in the community.

<sup>1,3</sup> New Jersey Regional Workshop, “*What is Strategic Prevention Framework*” August, 2008 Center for Substance Abuse Prevention (CSAP), Northeast Center for the Application of Prevention Technologies (CAPT).

<sup>2</sup> *The Coalition Impact: Environmental Prevention Strategies*, Pages 14-15; Community Anti-Drug Coalitions of America

<sup>4,5</sup> *Cultural Relativity Primer: Incorporating Cultural Relativity into Your Comprehensive Plan*, Page 11 and Glossary; Community Anti-Drug Coalitions of America



**Appendix - Municipal Alliance Capacity**

**FORM 5**

**Municipal Alliance Committee Capacity Assessment Tool**

**Alliance Name:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Grant Year:** \_\_\_\_\_ **Last Updated:** \_\_\_\_\_

The assessment tool serves as BOTH a tool to evaluate the current capacity of the Municipal Alliance Committee and a resource to build-up and strengthen the structure and function of the Committee. The goal is to increase the Municipal Alliance’s community identity and participation to affect community-wide change.

- At a minimum, the assessment check list must be completed and included in the Strategic Plan and annual updates
- On a quarterly basis, it is recommended that the Municipal Alliance Committee will evaluate their Improvement Plan section.
- At a minimum, the outcomes of the Improvement Plan section will be reviewed by the county at the annual Site Visit.

It is important that the Improvement Plan be reassessed on a regular basis as capacity building is an ongoing and fluid process which is subject to both internal and external changes.

**Overall Section Score:** Committee Members rate the Municipal Alliance’s overall score in each category. Scores are rated ‘1 through 5’; 5 is the highest score and 1 is the lowest score.

All categories rated 2 or below must be addressed in the improvement plan section. The committee may choose to strengthen any categories rated ‘3’ or above

Date of Assessment: \_\_\_\_\_ Number of members participating in the assessment: \_\_\_\_\_

<i>Category</i>	<i>Considerations</i>	<i>Overall Section Score</i>	<i>Successes/ Challenges/ Comments</i>	<i>Improvement Plan</i>
<b>A. Membership</b> (see suggested sectors-Form 3)	1. All sectors are represented on the committee 2. Community cultural demographics are represented on the committee.			



	<ol style="list-style-type: none"> <li>3. The committee encourages collaborations with community partners.</li> <li>4. Diversity issues are discussed at meetings.</li> <li>5. Cultural sub-groups are included in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to insure cultural relevance.</li> <li>6. Members receive copies of membership listing.</li> </ol>			
<p><b>B. Meeting Place/Time &amp; Room Preparation</b></p>	<ol style="list-style-type: none"> <li>1. The meeting site is appropriate in size/location and represents the group as a Municipal government organization.</li> <li>2. The meeting time fits-in with member schedules.</li> <li>3. There is adequate signage: Members/ public easily locate the meeting place.</li> <li>4. There is adequate seating prepared prior to the start of the meeting. The seating arrangement is conducive to discussion.</li> <li>5. Sign-In Sheets, Agendas, and Hand-Outs are visible and available.</li> </ol>			
<p><b>C. Vision &amp; Mission Statements and Bylaws</b></p>	<ol style="list-style-type: none"> <li>1. The Municipal Alliance has Vision and Mission Statements.</li> <li>2. The Municipal Alliance's Bylaws are current.</li> <li>3. Members have copies of the Vision and Mission Statements and Bylaws.</li> <li>4. The Vision and Mission Statements are available at each meeting.</li> </ol>			



<b>D. Welcome</b>	<ol style="list-style-type: none"> <li>1. Current literature hand-outs about the Municipal Alliance are on file.</li> <li>2. Special attention is given to New Members, Public Participants, Presenters, and Visitors at meetings; and they receive Alliance information.</li> <li>3. Round Table introductions are conducted prior to start of each meeting.</li> </ol>			
<b>E. Decision Making</b>	<ol style="list-style-type: none"> <li>1. A clear summary statement (motion) is presented to members prior to a vote.</li> <li>2. All members are given an opportunity to express opinions and participate in discussions.</li> </ol>			
<b>F. Program Information and Outcomes</b>	<ol style="list-style-type: none"> <li>1. Members are informed of activity/program descriptions, progress, and outcomes at each meeting.</li> </ol>			
<b>G. Correspondence</b>	<ol style="list-style-type: none"> <li>1. Meeting reminders/follow-up and meeting minutes are sent to all members.</li> <li>2. Alliance Correspondence (Local, County, State) is shared with members.</li> </ol>			

<b>H. Training</b>	<ol style="list-style-type: none"> <li>1. Training opportunities are available for members. Cultural Competency training is provided and new members are oriented.</li> </ol>			
<b>I. Acknowledgements</b>	<ol style="list-style-type: none"> <li>1. The committee has a process in place for recognizing the efforts of volunteers or community partners.</li> </ol>			
<b>J. Feedback</b>	<ol style="list-style-type: none"> <li>1. Members are encouraged to make suggestions and share ideas</li> </ol>			



	regarding the organizational structure of the committee.			
<b>K. Resources and Collaborations</b>	<ol style="list-style-type: none"> <li>1. The Municipal Alliance maintains a list of membership resources (See Community Anti Drug Coalitions of America “<i>Capacity Primer</i>” p. 12-18 and Appendix 2 of the Guidelines)</li> <li>2. The Municipal Alliance informs the governing body of programs and activities.</li> <li>3. Community organizations are invited to Municipal Alliance Committee meetings to discuss ATOD issues and resources.</li> <li>4. There is a listing of current Community Resources to build community partnerships.</li> <li>5. The Municipal Alliance supports other community organizations’ ATOD prevention programs.</li> </ol>			
<b>L. Subcommittees</b>	<ol style="list-style-type: none"> <li>1. The Municipal Alliance creates subcommittees when appropriate to achieve the program and activity goals. Relevant non-members are considered for inclusion on the subcommittee.</li> </ol>			
<b>M. Other Suggestions</b>				



## MUNICIPAL ALLIANCE PLANNING

Planning is a process of developing a logical sequence of strategies and steps leading to community-level alcohol and other drug reduction outcomes that move Alliances closer to achieving their vision for healthier communities.

While there is no one perfect planning process model here are a few key tips to help:

- Build a broad base of community support first
- Your alliance and its planning process should be inclusive & culturally diverse
- Active citizen participation is vital
- Strength is not solely in numbers
- Everyone doesn't need to be involved in every part of the planning process, but everyone should have an opportunity for input
- Establish clear expectations for each person's role
- Gather consensus at each step of the process
- Engage volunteers so everyone benefits from the process
- Members should feel that they are making a difference
- Members should be out in the community getting people excited about the upcoming plan
- Be sure to document progress

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### **Municipal Alliance Strategic Planning Process**

1. Create/revisit your Vision (Form 2) —the dream—how your community will be when all the outcomes are met

- Understood & shared by the community
- Comprehensive enough to encompass diverse local perspectives
- Inspiring & uplifting to everyone involved in the effort
- Easy to communicate (short enough to fit on a t-shirt)
- Example: Alcohol & drug-free community

2. Create/revisit your Mission (Form 2) —what are you trying to accomplish & why

- More concrete & more action-oriented than the vision

23



- Gives a suggestion of what you might do to fix the problem
- Concise, outcome oriented, and inclusive
- Example: To develop an alcohol & drug-free community through collaborative planning, community action, and policy advocacy



3. Identify the specific intervention(s) (strategies and programs) that the Alliance will implement to target the local condition. The interventions will be grouped by CADCA strategy on the logic model list of interventions.

### CADCA's Seven Strategies for Community Change

**Providing information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, community meetings, forums, web-based communication).

**Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g. training, technical assistance, distance learning, strategic planning retreats, curricula development).

**Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

24



**Enhancing Access/Reducing Barriers** – Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

**Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

**Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).

**Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Note: the first 3 strategies are more programmatic in nature and the last 4 strategies are environmental strategies.

**4. Choose interventions from the list of evidence based strategies that are provided for the Alliance's selected State Priority Problem/Regional Coalition logic model.**

- Develop an Alliance Action Plan, Form 7, for each intervention selected by the Alliance to address the targeted local condition.
- Record the CADCA strategy/ies that the intervention will address from the corresponding GCADA Interventions list. Multiple strategies may be selected for each intervention. Stand-alone activities will not be approved as in the FY14-20 grant cycle.
- Example:  
Root Cause: Availability/Access  
Local Condition: Retail availability - Serving.  
Intervention: Responsible Beverage Server Training (RBST)  
CADCA Strategy/ies: Enhancing Skills, Changing Consequences, Modifying/Changing Policy



\*\*\* RBST can be offered as a program and only cover the strategy of enhancing skills. However, if the Alliance works with the establishments to make it a policy for all servers to be trained in RBST, it becomes an intervention that incorporates environmental change by modifying/changing policy\*\*\*

## General Requirements and Restrictions for Interventions

All DEDR, Cash Match and Alliance Income funding must be utilized to address the problem sequence (problem statement, root cause and local condition) identified in the logic model.

**This requirement includes all fundraised &/or donated funding even over and above the 25% cash match requirement.** The following requirements must be followed to be eligible for funding:

- 1. Selecting Interventions:** Once the priority problem to be addressed has been determined through the Alliance's needs assessment process and the Root Cause and Local Condition have been identified and circled on the corresponding logic model (Statewide or Regional Coalition Logic Model/s), the Alliance can review the GCADA list of approved interventions that address the priority problem. All interventions on the GCADA intervention list are evidence-based strategies that address the identified priority problem. See the four priority problem intervention lists in the Planning Appendix.
- 2. DEDR Funding Tiers:** Municipal Alliances will be grouped into three tiers based upon the level of DEDR funding the Alliance receives. All Alliances are required to choose evidence based strategies from the intervention list provided. Alliances that receive more funding will be expected to use a combination of evidence-based interventions including evidence based programs. Alliances that receive less funding will not have to meet the same requirements.

Please see the chart below:



Alliance Tiers	Alliances that receive the following level of DEDR Funding	Intervention Requirements
Tier 1	\$5,000 - \$10,000	No Evidence-Based Program Requirement however all Alliances are required to choose evidence based strategies from the interventions list provided.
Tier 2	\$10,001 - \$20,000	At least 1 Evidence-Based Program
Tier 3	\$20,001 and greater	At least 2 Evidence-Based Programs

- 3. Selecting Strategies:** Each Municipal Alliance must work to create measureable community-level change by incorporating environmental strategies and programs into their strategic plan. Measureable individual and community-level change will be evidenced by collecting data annually to demonstrate outcomes. The greater the number of the seven CADCA Strategies utilized, the greater the likelihood for comprehensive community-level change. Implementing one or two strategies alone will not be as effective.

Collaboration with the Regional Coalitions is required throughout the strategic planning process. The County Alliance Coordinator will facilitate a planning meeting between the Regional Coalition staff and the Municipal Alliance Coordinators.

All programs/interventions selected must be comprehensive in nature and not a one-time event. Funding will be considered for one-time events if those activities (1) are part of municipal-sponsored special event(s); (2) held in observance of alcohol/drug awareness months/weeks; (3) conducted as an integrated part of an ongoing prevention program for a specific target population. **Research shows that one-time events/performances/activities which are not part of a broader context of a coordinated continuum of prevention strategies, programs and projects have only limited impact; therefore, the one-time event/performance/activity will not**

27



be funded unless it falls into one of three categories listed above. Multiple meetings leading up to a one-time event do not count as part of the coordinated continuum of activities.

4. **Program Coordination Expenses:** A maximum of 15% of a Municipal Alliance DEDR award may be utilized for expenses related to the administration of the funding, such as a Coordinator's salary, fringe benefits, travel (see travel section below), printing, office and meeting supplies. This limit applies specifically to Municipal Alliance program coordination and administration expenses and does not apply to direct program services. For example, if a paid Municipal Alliance Coordinator (having appropriate credentials) provides direct services by implementing individual programs, a portion of the expense could be program consultant costs.
5. **Municipal Alliance Coordinator Travel:** Travel expenses (mileage, tolls and parking) to approved, in-state conferences and trainings may be reimbursed through DEDR and/or Cash Match funding. No overnight travel is permitted and no accommodations or subsistence reimbursement (meals) are permitted.
6. **Travel as a component of a Municipal Alliance Intervention:** No interventions/programs can include travel out of state for events or activities as intervention components.
7. **Equipment Purchases:** A maximum of \$500 of Municipal Alliance funds (DEDR, Cash Match &/or Alliance Income) may be utilized annually for the purchase of equipment, which must be used for the sole purpose of the support and performance of GCADA approved programmatic activities. Equipment is defined as an article of tangible property that has a useful life of more than one year.
8. **Acknowledgement of DEDR Funding:** Any materials developed for distribution, publication or advertisement using DEDR funds must contain a statement acknowledging the Governor's Council on Alcoholism and Drug Abuse as the funding source. All such materials shall have affixed or imprinted the official GCADA name and/or logo.



- 9. Criteria for Utilizing Service Providers:** Service providers (e.g. agencies or consultants) may be engaged to implement a prevention program or activity for a Municipal Alliance. However, such a fee for service program must be part of an active, comprehensive Municipal Alliance program and may not, in and of itself, constitute the Municipal Alliance program. Service providers must be identified, along with their qualifications and credentials.

When considering programmatic expenditures for prevention services or programs, priority is to be given to utilizing the most local resources. Products or services available within the municipality are to be considered first, services within the county second, and the services within the state third. Speakers or facilitators from out of state will be considered only if local, county and state resources are not available and the rates are reasonable. **No travel or accommodation expenses can be reimbursed for consultants/service providers with DEDR, Cash Match &/or Alliance Income.**

Furthermore, priority for program service providers is to be given to not-for-profit organizations. If the desired prevention services or programs are not available from a not-for-profit agency, the MAC may request to use the services of a for-profit organization.

### Prohibited Use of Funds

- 1. Supplantation:** The legislation creating the Alliance program strictly prohibits the use of program funds to supplant local funds that would have otherwise been made available for alcoholism and drug abuse initiatives. Consistent with the statute, Alliance program funds may not be utilized to pay for services or activities that would normally be funded by other sources (e.g. supplanting school district funding of the salary and expenses of school-based student assistance coordinators performing prevention related activities during school hours). The Council will strictly enforce this mandate against supplantation.



2. **Treatment Services:** Municipal Alliance funds are to be used solely on programs for the public education and prevention of alcoholism and drug abuse. Funding substance use disorder evaluation, early intervention and/or treatment services with Alliance funds is prohibited.
3. **Capital Expenditures/Improvements:** DEDR, Cash Match &/or Alliance Income funding cannot be used for capital expenditures which are the costs of facilities and other capital assets. DEDR, Cash Match and Alliance Income funding cannot be used for capital improvements which consist of any change or addition or the restoration of some aspect of a property that will materially increase the value or useful life of a capital asset.
4. **Gifts and Prizes:** Municipal Alliance DEDR, Cash Match &/or Alliance Income funding cannot be used to purchase prizes or gift cards, make cash awards, or award cash scholarships. Incentive purchases can only be made if it is a requirement of an evidence-based program that requires the incentive as part of maintaining fidelity to the program model. See Alliance Income section for further information on the use of donations and fund-raising.
5. **Drugs, Alcohol, and Gambling:** Funding or sponsoring events serving or promoting drugs, alcohol, and gambling is prohibited.
  - **Community events** (i.e. municipal fair, 4<sup>th</sup> of July Celebration, etc.): The Municipal Alliance may staff a table at a community event to provide information, education and promote Alliance membership even if the community event includes a beer tent. GCADA recognizes the importance of Municipal Alliances having a presence at large community events. **Prior approval of the County Alliance Coordinator and GCADA is needed to participate in community events where alcohol will be available.**
  - **Casino Nights or other fund-raising events:** Municipal Alliance participation in or sponsorship of Casino Nights or other fund-raising activities which involve alcohol are prohibited. This includes golf outings and cocktail parties, etc.
6. **Billboards:** No billboards may be financed or sponsored by the Municipal Alliances. On billboards which advertise community events in which the Alliance is a



collaborative community partner, i.e. Red Ribbon Day, etc., a GCADA logo may appear on the billboard.

- 7. Drop Boxes, Lock Boxes, Naloxone and Testing Kits:** DEDR, Cash Match and Alliance Income cannot be used for these items. Alliances may work with community partners on these projects and promote trainings and/or use of the drop boxes, etc.

### **Alliance Program Matching Funds Requirements**

Each Municipal Alliance is required to provide a 100% match of their Municipal Alliance award with local resources. The matching requirement must be fulfilled with a minimum of a 25% cash match and a 75% in-kind services match. The municipal government is responsible for overseeing that the matching requirement is met.

- 1. If DEDR Funding is not Fully Expended:** If an Alliance does not fully expend their DEDR funding in a grant year, the 25% cash match and 75% in-kind matching requirement will be based upon the actual level of DEDR expenditures within the grant year.
- 2. If DEDR Funding is Fully Expended but the Cash Match and In-Kind Requirement is Not Met:** The County government will not fully reimburse the municipal DEDR expenses. The County government will only reimburse the DEDR expenses in proportion to the percentage of Cash Match and In-Kind match that was expended/documented.

**Cash Match-** All Cash Match funding must be utilized to address the problem sequence (problem statement, root cause and local condition) identified in the logic model. The 25% Cash Match funding must be expended on approved activities. The Cash Match funds must be differentiated from the DEDR account and the designated trust account. (For more information, please see the Program Income section below.)



**In-Kind Match**-The In-Kind match is the value of goods or services (other than cash) provided to the Alliance that must meet 75% of the annual DEDR allocation.

- The donation of the use of a property at a fair market value to the project;
- Time, as reflected by salary and wages, of municipal and private sector employees who perform services in accord with the project or volunteer hours at the standard rate for volunteers.
- Complimentary (i.e. public service) advertising in local communications media, such as newspapers, radio and cable television, above the level of standard public service requirements;
- Organized community benefits focused on the Alliance, which utilize celebrities, sports figures or experts in the field of addictions, who donate their services;
- Donated goods and services, such as catering and the use of equipment; and
- The donation of printing and other mass reproductions of materials designed to bring the anti-alcohol and anti-drug abuse message to the community.

**Alliance Income (Donations &/or Fund-Raised Income)- . All DEDR, Cash Match and Alliance Income (Donations &/or Fund-Raised Income) is to be used for GCADA approved interventions.** The Municipal Alliance Committee is encouraged to establish a fundraising subcommittee responsible for developing a strategy to fulfill the matching requirement (Cash Match and In-Kind requirement) and/or to raise additional funds for the Municipal Alliance. **An Alliance may submit a written request to the County Alliance Coordinator for GCADA approval to use Alliance Income (donations &/or fund-raised income) for activities and programs which are not approved intervention components within the Municipal Alliance Guidelines. The County Alliance Coordinator will forward the request with the county's recommendation to GCADA for final approval or denial of the request PRIOR to the event/expenditure. If approved, after completion of the funded intervention, an Evaluation Form 11 must be completed and submitted to the County Alliance Coordinator.**

Examples of acceptable cash match and income generating practices may include:

- Direct appeals to the community by mail or day collecting in front of stores;
- Solicitations to business and industry for donations;



- Grants or awards from foundations or governmental agencies other than GCADA;
- Activities to raise funds that have the potential for bringing significant numbers of community members together, such as runs, walks, bake sales and car washes.

All program income, beyond the 25% Cash Match, must be utilized at the discretion of the Municipal Alliance to carry out its mission through GCADA approved interventions unless prior GCADA approval has been obtained for alternative activities. **All funds raised for the Municipal Alliance must be deposited into a designated municipal trust account which must be differentiated from DEDR and Cash Match funding in the municipal budget.** Contact your municipal CFO to establish a designated municipal trust account. The Alliance must submit a quarterly record to the County Alliance Coordinator with appropriate financial back-up for all Alliance income and expenditures from the designated trust account through the Alliance quarterly reporting process (Form 9).



**Appendix - Municipal Alliance Capacity – Logic Model Intervention Lists**

Alliance Intervention requirements have been tiered based upon level of DEDR funding. Please see pg. 27 in the Municipal Alliance Guidelines for requirements. **Evidence-Based Programs are listed at the end of the Interventions Appendix.**

Additional Evidence-Based Programs can be found at:

<https://www.blueprintsprograms.org/program-search/>

<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

**GCADA INTERVENTIONS LIST FOR LOGIC MODEL PRIORITY: ALCOHOL/UNDERAGE DRINKING**

**CADCA Strategy**  
**Provide Information**

**CADCA Approach, Campaigns, and Evidence-Based Practice Programs:**

**CADCA Approach:**

- Brochure dissemination
- Campaigns
- Community meetings
- Forums
- Presentations
- Seminars
- Web-based communication
- Workshops

**Campaigns and Evidence-Based Practice Programs:**

- Alcohol Awareness Month
- BABES
- DARE/LEAD
- Every 15 Minutes
- Hidden in Plain Sight
- Lindsey Meyer Teen Institute (LMTI)
- National Night Out
- Red Ribbon Drug Awareness Activities
- Social Media Campaigns
- Social Norms Campaign
- Stigma Free Campaigns
- TOP Toolkit - Tackling Opioids through Prevention for Athletes



**ALCOHOL/UNDERAGE DRINKING INTERVENTIONS, continued**

Youth Activities on underage drinking consequences

**Enhance skills**

**CADCA Approach:**

Workshop  
Seminar  
Trainings  
Technical Assistance  
Responsible Beverage Sales/Servers training (RBS)

**Campaigns and Evidence-Based Practice Programs:**

BABES  
Lindsey Meyer Teen Institute (LMTI)

**Providing Support**

**CADCA Approach:**

Support Alternative Activities

**Campaigns and Evidence-Based Practice Programs:**

Lindsey Meyer Teen Institute (LMTI)  
TOP Toolkit - Tackling Opioids through Prevention for Athletes

**Enhancing Access/Reducing Barriers**

**CADCA Approach:**

Cultural/Language sensitivity  
Provide trainings in appropriate languages  
Provide materials in appropriate languages

**Change Consequences (Incentives/Disincentives)**

**CADCA Approach:**

Publicly recognize deserved behavior  
Underage alcohol sales compliance checks  
Zero tolerance policies  
Cite/fine servers/bartenders

**Campaigns and Evidence-Based Practice Programs:**

Cops in Shops



**ALCOHOL/UNDERAGE DRINKING INTERVENTIONS, continued**

Get Your ID Out Campaign  
Recognize merchants in compliance with ID checks  
TOP Toolkit - Tackling Opioids through Prevention for Athletes

**Change physical design**

**CADCA Approach:**  
Outlet density zoning  
Policy/law signage  
Conduct environmental scans

**Modify/Changing Policies**

**CADCA Approach:**  
Written procedure change  
Rules/laws with written documentation and/or voting procedure  
Zoning laws (outlet density)  
Nuisance laws (standards that allow enforcement when establishments are contributing to problem)  
Law enforcement internal policy to schedule enforcement efforts

**Campaigns and Evidence-Based Practice Programs:**  
Private Property Ordinance Establishment/enforcement  
School Policy on consequences for Underage Alcohol, Substance Use

Please see the Evidenced-Based Program Chart which lists interventions for addressing [Alcohol/Underage Drinking](#) at the end of the Interventions Appendix.



**GCADA INTERVENTIONS LIST FOR LOGIC MODEL PRIORITY: MARIJUANA**

**CADCA Strategy**  
**Provide Information**

**CADCA Approach, Campaigns, and Evidence-Based Practice Programs:**

**CADCA Approach:**

- Brochure dissemination
- Campaigns
- Community meetings
- Forums
- Presentations
- Seminars
- Web-based communication
- Workshop

**Campaigns and Evidence-Based Practice Programs:**

- Every 15 Minutes
- Hidden in Plain Sight
- National Night Out
- Red Ribbon Drug Awareness Activities
- Stigma Free Campaigns
- Social Media Campaigns
- Social Norms Campaign
- Talk - They Hear You Campaign
- The Blunt Truth
- Youth Activities on marijuana consequences

**Enhance skills**

**CADCA Approach:**

- Seminar
- Technical Assistance
- Trainings
- Workshop

**Providing Support**

**CADCA Approach:**

- Support Alternative Activities



**MARIJUANA INTERVENTIONS, continued**

**Enhancing Access/Reducing Barriers**      **CADCA Approach:**  
Cultural/Language sensitivity  
Provide trainings in appropriate languages  
Provide materials in appropriate languages

**Change Consequences  
(Incentives/Disincentives)**      **CADCA Approach:**  
  
Publicly recognize deserved behavior  
Zero tolerance policies

**Change physical design**      **CADCA Approach:**  
Outlet density zoning  
Policy/law signage  
Conduct environmental scans

**Modify/Changing Policies**      **CADCA Approach:**  
Written procedure change  
Zoning laws (outlet density)

**Campaigns and Evidence-Based Practice Programs:**  
Private Property Ordinance Establishment/enforcement  
Policy banning the sale, production, and growth of Marijuana in the municipality  
Policy for content neutral advertising ordinances in the community  
Policy for student athlete parent required attendance at info session on vaping  
Policy on in-school suspensions vs. out-of-school  
Policy on smoke free parks and recreation spaces  
School Policy on vaping and smoking

Please see the Evidenced-Based Program Chart which lists interventions for addressing **Marijuana** at the end of the Interventions Appendix.



**GCADA INTERVENTIONS LIST FOR LOGIC MODEL PRIORITY: PRESCRIPTION DRUGS**

**CADCA Strategy**  
**Provide Information**

**CADCA Approach, Campaigns, and Evidence-Based Practice Programs:**

**CADCA Approach:**

Become active participants on community event committees to ensure the incorporation of messaging

Brochures

Collaborate with local affiliates (4-H club) to create community specific programming

Community meetings

Disseminate information to medical and dental practices

Educational presentations

Flyers and posters posted in public areas and/or schools

Forums

Incorporate prevention messaging into community wide events

Pitch Municipal Alliance story to media (radio, tv, newspaper, social media)

Presentations

School curricula

Seminars

Town halls

Web-based communication

Workshops

**Campaigns and Evidence-Based Practice Programs:**

American Medicine Chest Challenge

Change the Script

DEA Take Back Day

Knock Out Opioid Day

National Drug Facts Week

National Night Out

Project Medicine Drop Box

Red Ribbon Drug Awareness Activities

Social Norms Campaign



**PRESCRIPTION DRUG INTERVENTIONS, continued**

**Enhance skills**

**CADCA Approach:**

Distance Learning  
Model programs in schools  
Parenting classes  
Seminars  
Technical Assistance  
Training  
Workshops

**Campaigns and Evidence-Based Practice Programs:**

TOP Toolkit - Tackling Opioids through Prevention for Athletes

**Providing Support**

**CADCA Approach:**

Collaborate with community on establishing and supporting enforcement efforts  
Parenting groups  
Support creation of alternative drug-free activities  
Youth Clubs

**Enhancing Access/Reducing Barriers**

**CADCA Approach:**

Collaborate on drug take-back or disposal programs (or provide information when programs are not available)  
Collaborate with law enforcement and health professionals on creating community specific drug disposal programs  
Create and disseminate service information in different languages and provide translation during workshops  
Create strategies that support better coordination and training among health professionals to help ensure safe prescribing and tracking of drug interactions  
Ensure homeowners prevent access to prescription medicines when strangers are in and around homes  
Ensure realtors and sellers prevent access to medicines during open houses



**PRESCRIPTION DRUG INTERVENTIONS, continued**

Identify where and when RX meds are typically abused  
 Recruit businesses to post flyers and collateral regarding take back and disposal programs  
 Recruit partners to be collection sites

**Change Consequences  
 (Incentives/Disincentives)**

**CADCA Approach:**  
 Recognize pharmacies actively participating in drug monitoring  
 Signage identifying businesses as Rx abuse prevention partners

**Change physical design**

**CADCA Approach:**  
 Collaborate with local builders on create rx safe boxes  
 Encourage parents to locate family computers in main living areas (monitor internet use/purchasing online)  
 Encourage parents to use parental blocks to online pharmacies  
 Launch, support, encourage Lock Your Meds campaigns  
 Provide briefings to local law enforcement about the problem of teen Rx abuse

**Modify/Changing Policies**

**CADCA Approach:**  
 Collaborate and support use of tamper-proof prescription pads  
 Drug take-back and disposal legislation  
 Engage the local zoning office to help ensure citizen oversight on how land is used in community  
 Include policy makers in your Rx abuse prevention outreach campaign (submit letters, initiate briefings, youth presentations to policy boards)  
 Organize and launch a march to the State Capitol to promote passage of Rx abuse legislation  
 Public policy actions  
 Support drug testing policies/practices in schools  
 Systems change within government, communities, and organizations

Please see the Evidenced-Based Program Chart which lists interventions for addressing [Prescription Drugs](#) at the end of the Interventions Appendix.



**GCADA INTERVENTIONS LIST FOR LOGIC MODEL PRIORITY: TOBACCO**

**CADCA Strategy**  
**Provide Information**

**CADCA Approach, Campaigns, and Evidence-Based Practice Programs:**

**CADCA Approach:**

Brochure dissemination  
Campaigns  
Community meetings  
Forums  
Presentations  
Seminars  
Web-based communication  
Workshops

**Campaigns and Evidence-Based Practice Programs:**

Hidden in Plain Sight  
National Night Out  
Red Ribbon Drug Awareness Activities  
Social Media Campaigns  
Social Norms Campaign  
Stigma Free Campaigns  
Talk - They Hear You Campaign  
The Blunt Truth  
The Truth Campaign  
Youth Activities on tobacco/vaping consequences

**Enhance skills**

**CADCA Approach:**

Seminar  
Technical Assistance  
Trainings  
Workshop

**Providing Support**

**CADCA Approach:**

Support Alternative Activities

**TOBACCO INTERVENTIONS,**  
continued

**Enhancing Access/Reducing  
Barriers**

**CADCA Approach:**

Cultural/Language sensitivity  
Provide trainings in appropriate languages  
Provide materials in appropriate languages

**Change Consequences  
(Incentives/Disincentives)**

**CADCA Approach:**

Cite/fine merchants that do not ID  
Publicly recognize deserved behavior  
Zero tolerance policies

**Campaigns and Evidence-Based Practice Programs:**

Recognize merchants in compliance with ID checks

**Change physical design**

**CADCA Approach:**

Outlet density zoning  
Policy/law signage  
Conduct environmental scans

**Modify/Changing Policies**

**CADCA Approach:**

Written procedure change  
Zoning laws (outlet density)

**Campaigns and Evidence-Based Practice Programs:**

Policy on location and amount of vaping advertising and materials  
Policy on in-school suspensions vs. out-of-school  
Policy on smoke free parks and recreation spaces



**TOBACCO INTERVENTIONS,**  
**continued**

Policy for student athlete parent required attendance at info session on vaping  
School Policy on consequences for Underage tobacco use  
School Policy on vaping/smoking  
Written procedure change  
Zoning laws (outlet density)

Please see the Evidenced-Based Program Chart which lists interventions for addressing [Tobacco](#) at the end of the Interventions Appendix.

Evidence-Based Programs/Interventions	Logic Model Priority					CADCA Strategies						
	Evidence-Based Program?	Alcohol/Underage Drinking	Marijuana	Prescription Drugs	Tobacco	Provide Info	Enhance Skills	Providing Support	Enhancing Access	Change Consequences	Change Physical Design	Modify/Changing Policies
Across Ages	X	X	X	X	X			X		X		
Adolescent Smoking Cessation: Escaping Nicotine & Tobacco Program (ASCENT)	X				X	X	X	X		X		
Alcohol.edu	X	X				X	X					
Alcohol Literacy Challenge	X	X				X	X					
All Stars	X	X	X	X	X	X	X					
Al's Pals- Kids Making Healthy Choices	X	X	X	X	X	X	X					
Botvin Life Skills	X	X	X	X	X	X	X					
Boys Council	X	X	X	X	X	X	X	X				
Children in Between	X	X	X	X	X	X	X	X				
Class Action	X	X	X	X	X	X	X			X		
Climate Schools	X	X	X	X		X	X			X		
Communities that Care	X	X	X	X	X	X	X			X		
Coping with Work and Family Stress	X	X	X	X	X	X	X	X				
Count on Me Kids/Campfire	X	X	X	X	X	X		X		X		
Cross Ages Mentoring Program (CAMP)	X	X	X	X	X	X	X		X	X		
Don't Get Vaped In	X		X		X	X	X	X				
Early Risers	X	X	X	X	X	X		X		X		
Family Works/Parenting Wisely	X	X	X	X	X	X		X		X		
Footprints for Life	X	X	X	X	X	X	X		X			
Forest Friends	X	X	X	X	X		X	X				
Girls Council	X	X	X	X	X	X	X	X		X		
Guiding Good Choices (Spanish)	X	X	X	X	X	X	X					
Happy, Healthy Me - Dare to be You	X	X	X	X	X	X	X					
Heroes and Cool Kids	X	X	X	X	X	X	X					

Evidence-Based Programs/Interventions	Evidence-Based Program?	Logic Model Priority				CADCA Strategies						
		Alcohol/Underage Drinking	Marijuana	Prescription Drugs	Tobacco	Provide Info	Enhance Skills	Providing Support	Enhancing Access	Change Consequences	Change Physical Design	Modify/Changing Policies
I Can Problem Solve	X	X	X	X	X	X	X			X		
Keep A Clear Mind	X	X	X	X	X	X	X			X		
Keeping It REAL	X	X	X	X	X	X	X			X		
Keys to Innervision	X	X	X	X	X	X	X					
Lead and Seed	X	X	X	X	X	X	X			X		
Life Skills Training (LST)	X	X	X	X	X	X		X		X		
Life Skills/Youth Empowered	X	X	X	X	X	X	X					
Media Detective	X	X	X	X	X	X				X	X	
Media Ready	X	X	X	X	X	X				X	X	
Mental Health First Aid	X	X	X	X		X	X	X				
Olweus Bullying Prevention	X	X	X	X	X	X	X					
Parenting Wisely	X	X	X	X	X	X	X	X				
Parents Who Host Lose Most	X	X	X	X	X	X	X					
Peer Assistance & Leadership (PAL)	X	X	X	X	X	X	X		X			
Positive Action	X	X	X	X	X	X	X		X			
Project Alert	X	X	X	X	X	X	X		X			
Project Northland	X	X	X	X	X	X	X					
Project Towards No Drug Abuse	X	X	X	X	X	X	X		X			
Project Towards No Tobacco Use	X				X	X	X					
Protecting me Protecting you	X	X	X	X	X	X	X	X				
Raising a Thinking Child	X		X	X		X	X	X				
Refuse, Remove, Reasons	X	X	X	X	X	X	X		X			
Rock in Prevention (Rock Plus)	X	X	X	X	X	X	X		X			
Safe Dates	X	X	X	X	X	X	X			X		

Evidence-Based Programs/Interventions	Evidence-Based Program?	Logic Model Priority				CADCA Strategies						
		Alcohol/Underage Drinking	Marijuana	Prescription Drugs	Tobacco	Provide Info	Enhance Skills	Providing Support	Enhancing Access	Change Consequences	Change Physical Design	Modify/Changing Policies
Say It Straight	X	X	X	X	X		X		X	X		
SPORT Prevention Plus Wellness	X	X	X	X	X	X	X		X			
Sticker Shock Campaign	X	X				X				X		
Strengthening Families	X	X	X	X	X	X	X	X		X		
Strengthening Families - Military	X	X	X	X	X	X	X	X		X		
Strong African American Families	X	X	X	X	X	X	X	X		X		
Take Control of Your Health	X	X	X	X	X	X	X					
Talk - They Hear You Campaign	X	X	X	X	X	X	X			X		
Too Good for Drugs	X	X	X	X	X	X	X					
Too Good for Drugs and Violence	X	X	X	X	X	X	X					
Towards No Drug Abuse	X	X	X	X	X	X	X			X		
Wellness Initiative for Seniors Education	X	X	X	X	X	X	X	X				
We're Not Buying It! 2.0	X	X	X	X	X	X	X					
WISE	X	X	X	X	X	X	X	X				

### **Planning - Cultural Relativity**

When developing the strategic plan including selecting interventions, the demographic, cultural and ethnic composition of the community must be represented and taken into consideration.

### **Planning - Sustainability**

Sustaining a Municipal Alliance requires creating a strong group that brings together a community to develop and carry out a comprehensive strategic plan to achieve population-level change. Start to work on sustainability as you are planning. The more thorough you are in developing your plan; the more likely you are to attract funders and local support for future work.



## MUNICIPAL ALLIANCE IMPLEMENTATION

The planning phase of the Strategic Prevention Framework is designed to assist the Municipal Alliance in selecting appropriate interventions, also known as programs or activities, to meet the needs of the community. The implementation phase is now putting that plan into action by operationalizing the action plan (Form 7's) according to the Alliance's Strategic Plan. This includes maintaining an active Municipal Alliance to guide your community through a problem solving process, implementing multiple strategies that address the needs of the community, and monitoring and reporting on the progress of the interventions selected.

### **Role of the Municipal Alliance Committee in implementation:**

The Municipal Alliance Committee must support and maintain the Municipal Alliance's strategic plan. This includes helping to guide the community through continuous program development, implementation of programs, and measuring outcomes. Municipal Alliance meetings are a place where implementation issues need to be discussed, ideas shared to target the challenged areas, and changes proposed when a component is not effective.

In order to maintain an active Municipal Alliance that will support the implementation process, the Municipal Alliance Committee will need to conduct regular meetings (at least four a year), develop workgroup/sub-committee meetings as needed, and maintain a structure to achieve components required for successful strategic planning and implementation.

The Municipal Alliance should review and revise its capacity at least annually to make sure it is still representative of the community and its actions and intentions.

### **Implementing strategies and interventions (programs/activities) according to the strategic plan:**

As the implementation process begins, it will be important to document the process to identify if, when and how interventions are being implemented according to the strategic plan. If interventions are not implemented as planned, it is important to document and understand what did not work. This will inform the Municipal Alliance Committee on how to proceed with selecting another intervention or component of an intervention to achieve maximum effectiveness. To implement effectively, several steps should be followed:

1. Confirm community partnerships and implement the "Improvement Plan" section of the Municipal Alliance Committee Capacity Assessment Tool. This includes ensuring that



the Municipal Alliance Committee has regular meetings and is striving to meet membership goals. This step will ensure a smoother transition into the remaining steps.

2. Implement the activities and strategies designated in the Municipal Alliance Strategic Plan. This includes direct service programs and community-level change activities. It is important to take cultural relativity and sustainability practices into consideration.
3. Begin to identify where improvements can be made at the start of the program implementation to ensure maximum effectiveness in reaching the targeted goal. This includes a review of the resources leveraged, media related to the events and stakeholder involvement.
4. Report on the programmatic outcomes and fiscal expenditures utilizing the GCADA reporting forms as required by the grant. Identify any areas requiring technical assistance throughout the process and keep the County Alliance Coordinator informed of key concerns.
5. Evaluate the progress of implementation (see Municipal Alliance Evaluation section) and make changes as need to ensure the greatest benefit to the individuals and/or community the intervention is designed to serve. Keep detailed records of what did and did not work or what you could not implement and why. These notes will be helpful in completing the evaluation forms provided by GCADA as required in the grant reporting process.

Additionally, it is important to note the effectiveness of the strategies selected. This will allow for timely adjustments that will better address the needs of the community. The goal is to implement multiple strategies to effectuate community level change. If the intended results are not met, then review the logic model components to see what needs to be modified. For further information on evaluation and outcomes, see the Municipal Alliance Evaluation section.

Evaluation worksheets monitor the intervention's progress and fidelity to the strategic plan. This allows the Municipal Alliance to track the progress of the individual program components that make up one intervention. The worksheets are then combined to account for the evaluation information which is intended to measure the process and short term outcomes of the identified intervention.



At the end of this process, you will have a good record of what you did and did not implement, the challenges you faced, and how you overcame them including the resources necessary to complete the tasks.

**Reporting on the fiscal and evaluation outcomes of the strategic plan implementation:**

Reporting on the fiscal and evaluation outcomes of the plan is an important part of the implementation process. It fosters accountability and transparency with the community and with GCADA, the funder. All Municipal Alliances are required to provide fiscal reports to the county office on a quarterly basis. The deadlines for each quarter are two weeks following the end of the quarter with the exception of the 4<sup>th</sup> quarter, which is due 30 days after the end of the 4<sup>th</sup> quarter. The dates are as follows:

Quarter 1- Due October 14

Quarter 2- Due January 14

Quarter 3- Due April 14

Quarter 4- Due July 31

All fiscal and evaluation reports are required to be filed using the forms provided by GCADA. All fiscal reports must be completed using the “Quarterly Expense Report” (Form 9). All Municipal Alliance financial modifications must be requested by submitting the Municipal Alliance Modification Form (Form 10) to the County Alliance Coordinator. Evaluation forms must be completed using Form 11. Questions about the forms or the process can be directed to the County Alliance Coordinator.

When completing the fiscal reports, it is required to provide acceptable documentation to support the Municipal Alliance’s expenses. The following section outlines the required quarterly reporting back-up documentation that must be provided in order for reimbursement to occur.



**Required Quarterly Reporting Back-Up Documentation**

**DEDR, Cash Match and Alliance Income (Donations and Fundraising) Purchase Order Expenditures**

**All DEDR expenses must be fully paid by the municipality before submitting to the County for reimbursement.** Encumbered expenses will no longer be reimbursed in the 4<sup>th</sup> Quarter Report.

All DEDR, Cash Match and Alliance Income expense financial back-up must include a purchase order and invoice or receipt supporting the expense. All purchase orders must include a vendor signature.

- All purchase orders should use the provided labels to indicate which corresponding Municipal Alliance program the purchase order relates to so that expenses and respective purchase orders can be matched. All purchase order labels should be clearly marked if the expense was paid through DEDR, Cash Match or Alliance Income funds.

Example: Purchase order is for \$150.00

On the purchase order, the label states the following:

PROGRAM: Sticker shock campaign

DEDR: \$50.00

CASH MATCH: \$50.00

ALLIANCE INCOME: \$50.00

OR (using 3 labels)

Label #1: PROGRAM: Sticker shock campaign; DEDR: \$50.00

Label #2: PROGRAM: Parents Who Host Lose Most; Cash Match \$50.00

Label #3: PROGRAM: Sticker shock campaign; Alliance Income \$50.00

- Proof of payment must be included as back-up. Proof of payment may include a detailed budget expense report, such as an Edmunds report or audit trail, or copy of payment / direct deposit.

- Purchase orders cannot be submitted as documentation without a corresponding invoice and/or receipt supporting the expense.
- A “blanket” or estimated purchase order cannot be submitted for a program without invoices/receipts to show that actual costs met or exceeded the amount of the purchase order.

### Coordination

- If there is a paid Alliance Coordinator(s), back up documentation must be provided. The Coordinator must follow the municipality’s rules for what back up documentation must be provided (timesheets, etc).
- Any payment that the Coordinator receives for grant coordination only, (as personnel or by salary), as reflected in Form 6, may be provided through an annual letter (in the first quarter) from the Municipality’s Administration citing the amount paid quarterly for grant coordination.
- *FOR PROGRAM IMPLEMENTATION BY COORDINATOR:* Any payment the Coordinator receives specific to programs, as listed on the Form 7’s, should be tracked hourly on the invoice or timesheet. **If a timesheet or invoice is not available, then the Alliance Coordination Form must be used.** It is not necessary to complete the Alliance Coordination Form if all of the required information (Coordinator name, rate of pay, date and number of hours of service, Coordinator signature) is provided on the timesheet or invoice.
- Proof of payment must be included as back-up. Proof of payment may include a detailed budget expense report, such as an Edmunds report or audit trail, or copy of payment / direct deposit.

### Program Personnel/Consultant

- Any payment to personnel/consultant receives specific to programs, as listed on the Form 7’s, should be tracked hourly on the invoice or timesheet. **If a timesheet or invoice is not available, then the Personnel/Consultant Form must be used.** It is not necessary to complete the Personnel/Consultant Form if all of the required

information (Personnel/Consultant name, rate of pay, date and number of hours of service, Personnel/Consultant signature) is provided on the timesheet or invoice.

- Proof of payment must be included as back-up. Proof of payment may include a detailed budget expense report, such as an Edmunds report or audit trail, or copy of payment / direct deposit.
- General ledger printouts and printouts of check registers from the municipal accounting system, alone, are not sufficient documentation.

### Cash Match

- **All Cash Match expenditures are required to comply with the DEDR expenditure requirements.**
- All Cash Match expenses must be clearly marked on the purchase order labels provided, and all cash match purchase orders must be submitted with appropriate back-up (dates, rate of pay, and hours worked).
- *CASH MATCH USED FOR PERSONNEL/CONSULTANT*: The Cash Match section of the Personnel/Consultant Form must be used as back up documentation if dates, rate of pay, and hours worked are not clearly marked on the identified back up documentation such as purchase order or timesheets.
- *CASH MATCH USED FOR EXPENSES OTHER THAN PERSONNEL/CONSULTANT*: Cash Match expenses submitted without an approved purchase order and invoice or receipt to support the Cash Match amount reported will not be accepted.

### In-Kind

- **The documentation must be reported on the In-Kind Form provided in the quarterly expense excel document and submitted with the quarterly expense report.** Reasonable back-up documentation for in-kind expenses should be kept on file at the Municipal Alliance office and be made available for review during monitoring.
- Reasonable back-up documentation for rental costs should include the facility used, dates rented, and the market rate of the facility should the Alliance have had to pay for the rental.
- The In-Kind rate of pay for professionals can be calculated based upon their salaries, i.e. the in-kind hours for a pharmacist giving a presentation can have their in-kind

hours valued at their professional rate of pay; however all other volunteer hours are valued at \$25/hour.

- Reasonable back-up documentation for volunteer hours (include a memo listing names of volunteers, dates of service and hours of service by program) should be kept on file at the Municipal Alliance office and be made available for review during site monitoring. Please note that program totals for in-kind services are listed on the quarterly expenditure report in the quarterly sheets and on the cumulative page.

### **PROGRAM/BUDGET MODIFICATIONS**

All budget modifications (DEDR, Cash Match and In-Kind) must be submitted to the County Alliance Coordinator in writing using the Municipal Alliance Modification Form (Form 10). Budget modifications are a permanent change to a Municipal Alliance's Strategic Plan and are expected to be submitted and approved in advance of the change in activity. **The County Coordinator must notify the CASS and GCADA of all budget modifications.**

The Municipal Alliance Modification Form has three sections for DEDR, Cash Match and In-Kind modifications. The intervention name and the modified budget category (Personnel, Consultant and Other Direct Cost) must be recorded clearly on the document for both the reduced intervention and the increased intervention for both DEDR and Cash Match funding. The Alliance Chairperson and Municipal Fiscal Officer's signatures are required on all modification forms. The Alliance must submit revised Form 7s for all impacted interventions to the County Alliance Coordinator with the signed Municipal Alliance Modification form (Form 10). **The County Alliance Coordinator will prepare the revised Alliance Budget document (Form 8) and the revised Alliance Quarterly Reporting document (Form 9).**

#### **DEDR Funding:**

***Moving funds within an approved program***--Modifications to an approved budget that reallocate DEDR funds within the same approved intervention, and that do not change the intervention intent, may be approved by the county without prior GCADA approval. Required



signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, and County Alliance Coordinator. Approved modifications must be submitted to GCADA.

- *Example:* reallocation of \$500 from Life Skills consultant to Life Skills other budget category.

#### **DEDR/Cash Match/In-Kind Funding:**

##### ***Moving less than \$2,000 from one approved intervention to another approved intervention(s)***

- Modifications of approved DEDR/Cash Match/In-Kind interventions that reallocate less than \$2,000 from an intervention, and that do not change the intervention intent, may be approved by the county without prior GCADA approval. Funds from multiple interventions can be reallocated within the same budget modification. Required signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, and County Alliance Coordinator. Approved modifications must be submitted to GCADA.

- *Example:* reallocation of \$1,500 from Strengthening Families and \$900 from Life Skills, both reallocated to Peer Leadership (for a total increase of \$2,400).

***Removing \$2,000 or more from one program; &/or creating new programs*** - Removing \$2,000 or more from an approved DEDR/Cash Match intervention or establishing a new intervention must first be approved by the CASS and then forwarded to GCADA for its approval prior to implementation. Required signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, County Alliance Coordinator, and GCADA.

- *Examples:* reallocation of \$2,000 from an approved Life Skills program; any funds moved to start a new intervention.

#### **Forms for Budget Modifications include:**

- Municipal Alliance Modification Form (Form 10), signed appropriately
- Revised Action Plans that reflect the budget changes (Form 7)
- Alliance Coordination Plan (Form 6), if applicable
- Updated Alliance Budget Form (Form 8) and updated Alliance Quarterly Reporting Form (Form 9) prepared by County Alliance Coordinator



**Program changes that do not affect the program budget:**

You must notify the County Alliance Coordinator of program changes by submitting a revised Alliance Action Plan (Form 7) and a copy of the consultant's resume, if there is a change in consultant.

**Implementation - Cultural Relativity** (adapted from CADCA's Implementation Primer: Putting Your Plan into Action, 2009)

Working toward community level change requires that all sectors of the community are represented to maintain a wide sphere of influence. Building a strong Municipal Alliance Committee reflective of the community's cultural composition, holding productive meetings, and attracting influential people can all contribute to generating positive community change.

**Implementation - Sustainability** (adapted from CADCA's Implementation Primer: Putting Your Plan into Action, 2009)

Before and during the implementation phase, the Municipal Alliance Committee should be working on plans to sustain the initiatives under way. Sustainability planning involves key stakeholders, organization partners, and residents to mobilize and educate the community. Sustainability also requires institutionalizing successful policies, practices and procedures within the community. Planning for sustainability is both cost effective and offers effective time management since it strategizes and identifies changes early on. CADCA's Implementation Primer offers the following tips on investing in sustainability planning early on (2009, pg. 28):

- Give your Alliance the time it needs to solve the problem you have identified. It is unlikely that the priority problem that the Municipal Alliance is targeting will be resolved in one to two years. Often a full solution may not occur for quite some time and the Municipal Alliance will want to be around to see it through.
- Figure out how to get from having an initiative with little structure and an uncertain future to a well-respected and reliable initiative with the structure and legitimacy it needs to keep it going for many years.
- Focus on the steps necessary to achieve an initiative that has lasting impact.

By developing strong partnerships, establishing and generating resources, and thoughtful planning, the Municipal Alliance can develop a healthy and safe community.



MUNICIPAL ALLIANCE EVALUATION

## Evaluation Helps Us . . .

- Systematically document and describe our prevention activities
- Meet the diverse information needs of our stakeholders
- Continuously improve our prevention activities



- 
- Demonstrate our impact on substance abuse and related behavioral health problems
  - Identify those elements of our comprehensive prevention plan are working well
  - Build credibility and community support for effective interventions
  - Advance the field of prevention by increasing our knowledge base of what works
- 

Evaluation is the Alliance's planned and careful use of information to understand the Alliance's work and its relationship to its goals. Evaluation can be used to show the Alliance members and community stakeholders the challenges, successes, and accomplishments achieved in the

community. It strengthens accountability and promotes sustainability. Alliances will be responsible for evaluating Process and Short-Term Outcomes through the use of the Cumulative Evaluation Form (Form 11). The Prevention Collaborative will review and report on Intermediate and Long-Term Outcomes.

In order to evaluate the Alliance's interventions for their effectiveness, it is important to understand the different elements of evaluation and the connection to the Alliance's logic model. There are five elements to evaluation: process, short-term, intermediate, long-term outcomes and long-term impact evaluation. All elements are necessary to achieve long-term effectiveness and sustainability over the course of the grant cycle.

### Reviewing the Five Elements of Evaluation

#### **Process Evaluation** (Each year an intervention is implemented) – **Form 11:**

Process evaluation looks at the delivery of the intervention. It is used to determine if the target audience was reached, if the Alliance stakeholders were engaged, and if the intervention/program was delivered as intended. This is the first step in evaluating an intervention's effectiveness since it is conducted as the program is occurring. Questions that process evaluation should answer are:

- Who delivered the program? Was it the person originally identified to run the program?
- Was the program delivered as planned? Did it run for the intended number of sessions?
- Was the target audience reached?
- Were Alliance stakeholders engaged? Did they have input into the intervention/program?
- Were the participants satisfied with the intervention/program?



Ways to measure this information may include:

*Program and direct service change:*

*Community-level change:*

<ul style="list-style-type: none"> <li>• Attendance logs for each session</li> </ul>	<ul style="list-style-type: none"> <li>• Survey for Alliance members to ensure the Alliance structure is sound and able to provide the intervention</li> </ul>
<ul style="list-style-type: none"> <li>• Alliance meeting minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Survey Alliance members to ensure they feel they have a real and equitable voice</li> </ul>
<ul style="list-style-type: none"> <li>• Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Key informant interviews</li> </ul>

**Short Term Outcomes** (during year 1 through year 5) – **Form 11:**

Short term evaluation determines if the intervention/program has met its intended goal of changing attitudes, knowledge or skills within the population it is serving. The data used to determine short term outcomes should be accessible within 1-3 years of the intervention's start date. Questions that short term evaluations should answer are:

- Did the intervention/program change attitudes, knowledge or skills of the participants?
- Was the change as expected prior to the program start?
- Is the intervention/program doing what it intended to do?

Ways to measure this information may include:

*Program and direct service change:*

*Community-level change:*

<ul style="list-style-type: none"> <li>• Interviews/focus groups with instructors and participants</li> </ul>	<ul style="list-style-type: none"> <li>• List policy changes that have occurred</li> </ul>
<ul style="list-style-type: none"> <li>• Pre/Post tests or questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>• List any community change practices that have occurred</li> </ul>
<ul style="list-style-type: none"> <li>• Photographs documenting the change (i.e. changes in physical design)</li> </ul>	<ul style="list-style-type: none"> <li>• List resources generated and media outlets that have been utilized</li> </ul>



**Intermediate Outcomes** (after year 2 and through year 5):

Intermediate evaluation determines if the intervention is making a difference in the problems detailed in the Alliance's local conditions identified on the logic model. Questions that intermediate evaluations should answer are:

- Is there a positive result in achieving the intended objective outlined for the local condition being addressed by this intervention/program?
- Is the local condition improving? If so, how?
- Do the data sets defining the local conditions show the results of the positive outcomes?

Ways to measure this information must include:

Comparing the data used to substantiate the local condition with the most current data available from that same data source. This data will be prepared by the Prevention Collaborative and through the work of the DMHAS Regional Coalitions.

**Long Term Outcomes** (After year 3 through year 5):

Long term evaluation determines if the changes in the local conditions are affecting the root cause and ultimately reducing the problem as identified in the problem statement on the Alliance's logic model. This includes evaluating the goal stated for the root cause by retrieving the current version of the data used to substantiate the root cause. This data should be accessible by year five of the Alliance's origination of the logic model. This data will be prepared by the Prevention Collaborative and through the work of the DMHAS Regional Coalitions.

Long term outcomes will not be tied to any one intervention but will be the result of multiple interventions targeting the same root cause. Questions that long term evaluations should answer are:

- Is there a positive result in achieving the intended goal outlined for the root cause?
- Is the root cause improving? If so, how?
- Do the data sets defining the root cause show the results of the positive outcomes?



Ways to measure this information must include:

- The Prevention Collaborative and the Regional Coalitions will compare the data used to substantiate the root cause with the most current data available from that same data source.

### **Long Term Impact** (After year 5):

Long-term impact identifies if a change has been made in the problem and the priority as detailed on the Alliance's logic model. Long-term impact occurs over a 5-10 year period and considers the long-term health and social consequences to the community. The long-term impact will be determined through the Statewide Logic Model development process of the Prevention Collaborative.

Questions to determine long-term impact are:

- Is there a positive result in tackling the problem identified in the problem statement?
- Has the problem improved? If so, how?
- Do the data sets defining the problem show the results of the positive impact?

Ways to measure this information must include:

- The Prevention Collaborative and the Regional Coalition will compare the data used to substantiate the problem with the most current data available from that same data source. The Municipal Alliances will use the updated Statewide Logic Models and the Regional Coalition Logic Models for this purpose.

### **Evaluation - Cultural Relativity**

According to the American Evaluation Association, "Cultural Relativity... represents the intentional effort of the evaluation team to produce work that is valid, honest, respectful of stakeholders, and considerate of the general public welfare." (Retrieved from <http://www.eval.org/p/cm/ld/fid=92> on July 24, 2013). Evaluation must take into account the diversity of the community and produce measurement tools that are culturally relevant to the



population being served. The American Evaluation Association recommends taking the following into consideration (see citation above for reference):

- Ensure that the members of the evaluation team collectively demonstrate cultural Relativity in the context for each evaluation.
- Select or create data collection instruments that have been (or will be) vetted for use with the population of interest.
- Use intermediaries to assist with collecting data from persons whose participation would otherwise be limited by language, abilities, or factors such as familiarity or trust.
- Engage and consult with those groups who are the focus of the evaluation in the analysis and interpretation of data, to address multiple audience perspectives.

### **Evaluation - Sustainability**

Evaluation results that show successes can be used to promote the intervention/program and engage the residents-at-large in maintaining a healthy and safe community. However, often times what is proposed isn't how things turn out. Evaluations are meant to give the Alliance an opportunity to change components of the intervention/program to better meet the needs of the community. Understanding what makes the intervention/program successful is vital in determining how it is impacting the community.

Information for the evaluation section was retrieved from [www.samhsa.gov](http://www.samhsa.gov) and the Community Anti-Drug Coalitions of America as provided through the New Jersey Coalition Academy.

