

FORM 7

ALLIANCE ACTION PLAN

For an Intervention Tied to Multiple Logic Models
(Complete one form for each intervention to be addressed by the Alliance.)

Alliance Name: _____ **County:** _____ **Last Updated:** _____

Priority Problem: Prescription Drugs

Problem Statement (State or Regional Coalition): Prescription Drug Use/Misuse

Root Cause: Availability/Access

Local Condition: Social Availability: Peers and Family

Priority Problem: Marijuana

Problem Statement (State or Regional Coalition): Marijuana Use

Root Cause: Favorable Attitudes & Community Norms

Local Condition: Low Perception of Risk

Priority Problem: Alcohol Abuse/Underage Drinking

Problem Statement (State or Regional Coalition): Alcohol Misuse

Root Cause: Favorable Attitudes and Community Norms

Local Condition: Attitudes Favorable Towards Use: General

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| Plan for Action | Intervention: Specific name of activity/program | Community Awareness | |
| | CADCA Strategy/ies: | Provide Information, Enhance Skills, Change Consequences | |
| | Brief Description: What is the main purpose of this activity? What will participants/target population learn? How will they benefit? | Provide information to the community regarding: The misuse of prescription drugs and proper prescription drug disposal/monitoring; consequences of underage drinking, consequences of underage cannabis use, wellness/healthy living strategies. Information will be provided utilizing various approaches, such as, information tables, presentations/trainings, media, web page, Alcohol Awareness Month (AAM), National Night Out (NNO), and Knock Out Opiate Abuse Day (KOOAD) | |
| | When, Where, and How: When will this take place? What is the timeframe for this activity/program? How much? How often? | Information tables at local events throughout the year (NNO, Health Fairs and Community Events), maintenance of webpage and social media posts (ongoing), newspaper and local TV advertisements (winter/spring), Sticker Shock (spring), community presentation/training (spring), AAM activities (April), KOOAD (October). | |
| | Target Population: How many people are being served? Who is this impacting? | Number of participants/recipients: Approximately 1,000 participants at information tables; approximately 5 volunteers will participate in Sticker Shock; approx. 25 participants at presentation/training; social media/newspapers will reach approx. 100 residents; AAM activities for about 100 participants, distribute KOOAD information to approx. 150 residents. | |
| | | Primary Population: All | Primary Ethnicity: White |
| | Other Populations Reached: | Other Ethnicities Reached: African American and Hispanic | |
| Community Partners: Who else is collaborating on this project? List partners. | Regional Coalition Local Liquor Store Police Department County Government | | |
| Plan for Implementation | Budget and Resources: MUST PROVIDE BREAKDOWN WITH ESTIMATED DETAILS FOR DEDR AND CASH MATCH FUNDS | DEDR Total \$2,000 DEDR—Personnel/Twp Employee—\$ DEDR—Consultant—\$700 \$300 for 2 hours of implementation of Sticker Shock by Prevention 101 Agency \$400 for 1 hour coping skills presentation/training by Ms. Penelope Prevention DEDR—Other Direct Cost—\$1,300 for community-wide communication/awareness costs, such as: media costs, printing/promotional materials, and presentation/training refreshments. Cash Match Total \$0 Cash Match—Personnel/Twp Employee—\$ Cash Match—Consultant—\$ Cash Match—Other Direct Cost—\$ In-Kind Total \$1,441 In-Kind—Personnel/Twp Employee—\$ | |

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2020-June 2025

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| | <p style="text-align: center;">In-Kind—Consultant—\$1,441 for 10 volunteers/5hrs each @ \$28.82/hr In-Kind—Other Direct Cost—\$</p> <p style="text-align: center;">INTERVENTION TOTAL \$3,441</p> |
| <p>Responsible Members for Implementation: Who is implementing this program & what are their credentials? Provide resume. If not identifying the exact person / provider, what are the qualifications you will be seeking for the position(s)? Provide job description.</p> | <p>*Municipal Alliance Committee Members and Coordinator *Prevention 101 Agency 1 Main Avenue Maintown, NJ 00000 * Ms. Penelope Prevention Prevention for All, LLC 333 Wayward Drive Healthy, NJ 00000</p> |
| <p>Plan for Evaluation</p> | <p>Measure Process and Outcome Indicators: Process goals: # of sessions, # of unduplicated people attending each session Short term goals: What would you learn/benefit?</p> |
| | <p>Tools/Instruments use to collect information: Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire</p> |
| | <p>Process goals: 1) Staff at least three information tables. 2) Provide 1 training. 3) Maintain current website/social media posts. 4) Participate in KOOAD and AAM. 5) Conduct 1 sticker Shock Campaign. 6) Post three media advertisements, Short term goals: Increase community exposure to information about substance abuse prevention issues, especially: The misuse of prescription drugs and proper prescription drug disposal/monitoring; consequences of underage drinking, consequences of marijuana use, wellness/healthy living strategies.</p> <p>Process tools: Calendar of Events, Registration for Information Tables, Flyers, Copies of Ads, Scheduling of Presentation/Training</p> <p>Short term tools: Presentation questionnaire, Sticker Shock Report, Municipal Alliance Committee Report about each awareness session which includes the number of participating residents/residents reached.</p> |