

MUNICIPAL ALLIANCE GUIDELINES

Grant Term FY2027- FY2031

July 1, 2026 – June 30, 2031

it doesn't get more local



Alliance to Prevent Substance Use Disorder
creating healthy & safe communities

GCSUD Municipal Alliance Guidelines Index

TOPIC	Page #
GCSUD Guiding Values	4
Strategic Prevention Framework Overview	6
MUNICIPAL ALLIANCE ASSESSMENT	8
Logic Model Development	10
Assessment – Cultural Fluency	11
Assessment – Sustainability	11
Appendix: Municipal Alliance Assessment	12
Strategic Prevention Framework- Step 1 Needs Assessment Document	12
Strategic Prevention Framework - Worksheet 2 – Analysis	13
Statewide Prevention Coalition Logic Models:	14
Alcohol/Underage Drinking	14
Marijuana	15
Prescription Drugs	16
Tobacco	17
MUNICIPAL ALLIANCE CAPACITY	18
Municipal Alliance Committee	19
Residency Requirements, Terms and Appointment/Election of Officers	20
Every Municipal Alliance Must Have a Chairperson	21
Establishing the Municipal Alliance Committee and Meeting Requirements	21
Conflict of Interest	22
Municipal Alliance Committee Functions	22
Capacity – Cultural Fluency	24
Capacity – Sustainability	25
Appendix: Municipal Alliance Capacity Assessment Tool	26
MUNICIPAL ALLIANCE PLANNING	31
Municipal Alliance Strategic Planning Process	31

TOPIC	Page #
Diagram: Ensuring a Comprehensive Approach	32
CADCA's Comprehensive Strategies for Community Change	32
General Requirements and Restrictions for Action Plan Interventions	34
Prohibited Use of Funds	39
Alliance Program Matching Funds Requirements	41
Alliance Income (Donations &/or Fund-Raised Income)	42
Planning- Cultural Fluency	43
Planning- Sustainability	44
Appendix: Municipal Alliance Planning	45
Evidence-Based Program Resources	45
Evidence-Based Program Resource Chart	46
MUNICIPAL ALLIANCE IMPLEMENTATION	49
Role of the Municipal Alliance Committee in Implementation	49
Implementing Strategies and Interventions According to the Strategic Plan	49
Reporting on the Fiscal and Evaluation Outcomes	51
Required Fiscal Reporting Back-Up Documentation	51
Program/Budget Modifications	54
Budget Modification Requirements	54
Implementation- Cultural Fluency	56
Implementation- Sustainability	57
MUNICIPAL ALLIANCE EVALUATION	58
Diagram: Evaluation and the SPF	58
Reviewing the Five Elements of Evaluation	59
Evaluation- Cultural Fluency	62
Evaluation- Sustainability	62

GCSUD GUIDING VALUES

Taken from the Master Plan issued in 2025; the following five values serve as a guiding star for developing and sustaining healthy and safe communities throughout New Jersey. Alliance activities must be consistent with these values to be funded through GCSUD.

1. Provide Community Prevention and Education

Community prevention and education involve a public health approach to mitigating substance use and other negative factors by improving individual skills, strengthening community support systems, and changing harmful social norms and policies. Embracing strategies that include engaging residents, community leaders, and organizations in the planning and implementation of prevention programs to ensure they meet local needs, empowering people with the knowledge and resources to make healthier choices and build supportive social systems, providing information and training on topics such as substance use prevention, healthy relationships, and warning signs, can all make a significant impact on community health.

2. Foster Stigma-Free Communities

A stigma-free community is a public space, like a municipality or institution, that works to reduce the negative assumptions, judgments, and discrimination associated with mental illness and substance use disorders, creating a culture of support, acceptance, and open dialogue where people feel safe and encouraged to seek help and resources without fear. These initiatives often involve local government participation, community pledges, public awareness campaigns, and the dissemination of local resources to ensure no one feels hopeless or alone.

3. Empower Peers and Seek Guidance from Individuals with Lived Experience

Empowering peers and other individuals with lived experience in substance use prevention means training and engaging individuals with lived experience to educate, support, and advocate for others, fostering positive norms and reducing stigma. This approach leverages peer connection and shared understanding to build relatability and trust, foster positive norms, promote resilience, develop self-leadership, and ultimately reduce substance use within communities, particularly among young people.

4. Recognize the Role of Mental Health in Substance Use

Mental health significantly influences substance use, and mental illnesses, such as depression and/or anxiety, are major risk factors for developing substance use disorders. Therefore, addressing and improving mental health through early detection, intervention, and treatment is

a crucial component of substance use prevention. Because of shared risk factors, integrating mental health education and awareness into community prevention programming can create protective effects against both mental health and substance use disorders, and ultimately improve outcomes.

5. Embrace Best Practices in Prevention

Current approaches to substance use prevention use evidence-based strategies that are implemented at individual, interpersonal, community, and macro levels, including school-based prevention programs, parental engagement and support, community-wide initiatives, substance misuse prevention coalitions, and broad public health and policy efforts. Key individual-level techniques involve building coping skills, mindfulness, while community-level approaches focus on reducing access to substances and challenging societal norms that support misuse.

Strategic Prevention Framework Overview

Prevention planning seeks to find solutions to urgent substance misuse problems facing communities, but research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts, and only then can communities establish and implement effective plans to address substance misuse.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

- **Cultural competence.** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- **Sustainability.** The process of building an adaptive and effective system that achieves and maintains desired long-term results.

The SPF has several defining characteristics that set it apart from other strategic planning processes. Most notably, it is:

- **Dynamic and iterative.** Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities

evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.

- **Data-driven.** The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- **Reliant on and encourages a team approach.** Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant.

Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2019.



MUNICIPAL ALLIANCE ASSESSMENT

As the first step in the Strategic Prevention Framework (SPF), 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 use and consequence patterns, needs and resources.**
 - Build on the community's history of providing substance use disorder prevention resources.
 - Collect *qualitative* data by conducting key informant interviews and holding focus groups. **A minimum of two key informant interviews or focus groups must be conducted as part of the Alliance needs assessment process.**
 - In the online Municipal Alliance Grant System (MAGS), a minimum of two and a maximum of four Strategic Prevention Framework: Step 1 Needs Assessment documents should be completed to document the Alliance needs assessment process.
 - Additional focus groups, key informant interviews and other data set evaluated in the needs assessment process can be uploaded into the FY2027 Municipal Alliance Plan through the Attachments page of the plan.
 - The Strategic Prevention Framework: Worksheet 2 – Analysis should be completed in MAGS to detail the conclusions of the needs assessment.
 - The Strategic Prevention Framework documents will be carried forward into each plan in the grant term: FY2027 – FY2031.
 - Review *quantitative* data in the Statewide Logic Models in MAGS 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 individual 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?
- 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

*Please note that the original state logic model uses the term marijuana; however, this category also includes cannabis misuse and underage cannabis/marijuana use.

- 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 selected on the Statewide logic model in MAGS. If Regional Coalition logic models are used, the root cause and

corresponding local conditions must be circled and the logic model uploaded into MAGS 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, the Alliance will identify which priority problem, problem statement and the corresponding root cause and local condition that they want to address based upon the need identified in the needs assessment process.

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.
 - In MAGS, the Strategic Prevention Framework: Step 1 Needs Assessment document should be used as an outline for Conducting Focus Groups and Key Informant Interviews in their needs assessment process. The worksheet guides the initial conversation in a key informant interview to gather local data. A separate Step 1 Needs Assessment document will be completed for each key informant interview &/or focus group that is held. A minimum of two key informant interviews or focus groups must be conducted to apply for Alliance funding. A minimum of two Step 1 documents and a maximum of 4 will be a part of the Alliance Plan in MAGS. Additional focus groups, key informant interviews and other data set evaluated in the needs assessment process can be uploaded into the FY2027 Municipal Alliance Plan through the Attachments page of the plan.
- In MAGS, the Strategic Prevention Framework: Worksheet 2 – Analysis assists the Alliance as they analyze and summarize their findings in the Focus Groups and Key Informant Interviews. This document helps 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 carried forward into each grant year's plan in the FY2027 – FY2031 grant term.

Assessment - Cultural Fluency

A Municipal Alliance has much to gain by committing to increase its cultural fluency. 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. (Retrieved May 2025 from <https://www.cadca.org/resource/assessment-primer-describing-your-community-collecting-data-analyzing-the-issues-and-establishing-a-road-map-for-change/>)

Assessment - Sustainability

Sustainability goes well beyond finding funding sources to support a community's prevention efforts. Sustainability is built through strong connections within the community that will support prevention initiatives over time. 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 can make all the difference in the success of your efforts. Achieving community level reductions in substance use takes time and it is critical that coalitions plan proactively to ensure they are around long enough to achieve population-level change and to maintain those positive outcomes.

(Retrieved May 2025 from <https://www.cadca.org/resource/assessment-primer-describing-your-community-collecting-data-analyzing-the-issues-and-establishing-a-road-map-for-change/>)

Assessment Learning Videos can be downloaded through a link on the GCSUD website:

<https://www.nj.gov/gcsud/>.

Appendix - Municipal Alliance Assessment

Strategic Prevention Framework: Step 1 Needs Assessment Document 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?

Strategic Prevention Framework - Worksheet 2 – Analysis
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.	

Statewide Prevention Coalition Logic Models

New Jersey State-Level Logic Model - Alcohol/Underage Drinking State Priority: Alcohol/Underage Drinking Logic Model Components				
Problem Statement	Root Causes		Local Conditions	
What specifically is the identified problem/consumption pattern that the state is looking to address?	Check one to two Root Causes:	What are the major intervening variables/root causes?	Check an unlimited # of Local Condition for each Root Cause Selected :	What are the local conditions/contributing factors to the problem?
1. Alcohol Misuse and underage use has led to a number of consequences in our communities. Ex. Binge drinking data point Ex. DUI arrests Ex. Alcohol-involved deaths data points	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
	<input type="checkbox"/>	1C. Price and Promotion	<input type="checkbox"/> <input type="checkbox"/>	1C. 1 - DUI 1C. 2 - Private Property Ordinance (PPO)
	<input type="checkbox"/>	1D. Price and Promotion	<input type="checkbox"/> <input type="checkbox"/>	1D. 1 - Tax rates for beer/wine/spirits 1D. 2 - Alcohol advertisements/signage

New Jersey State-Level Logic Model - Marijuana				
State Priority: Marijuana				
Logic Model Components				
Problem Statement	Root Causes		Local Conditions	
What specifically is the identified problem/consumption pattern that the state is looking to address?	Check one to two Root Causes:	What are the major intervening variables/root causes?	Check an unlimited # of Local Condition for each Root Cause Selected :	What are the local conditions/contributing factors to the problem?
1. Marijuana use has led to a number of consequences in our communities. Ex. Marijuana use related emergency department visits Ex. Marijuana possession arrests	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 1 - Social Access: family, friends and dealer
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1A. 2 - Retail Availability: paraphernalia
	<input type="checkbox"/>	1C. Price and Promotion	<input type="checkbox"/>	1B. 1 - Attitudes favorable towards use: Parent
	<input type="checkbox"/>		<input type="checkbox"/>	1B. 2 - Attitudes favorable towards use: Youth
	<input type="checkbox"/>		<input type="checkbox"/>	1B. 3 - Attitudes favorable towards use: General
	<input type="checkbox"/>		<input type="checkbox"/>	1B. 4 - Low perception of risk
	<input type="checkbox"/>		<input type="checkbox"/>	1C. 1 - Pro-marijuana press coverage
	<input type="checkbox"/>		<input type="checkbox"/>	1C. 2 - Paraphernalia advertising

New Jersey State-Level Logic Model - Prescription Drugs				
State Priority: Prescription Drugs				
Logic Model Components				
Problem Statement	Root Causes		Local Conditions	
What specifically is the identified problem/consumption pattern that the state is looking to address?	Check one to two Root Causes:	What are the major intervening variables/root causes?	Check an unlimited # of Local Condition for each Root Cause Selected :	What are the local conditions/contributing factors to the problem?
1. Prescription drug use has led to a number of consequences in our communities. Ex. Opioid overdose data point Ex. Rx drug misuse related emergency department visits	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 1 - Social Availability: Security/monitoring of Rx at home
	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 2 - Social Availability: Improper disposal of Rx
	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 3 - Social Availability: Peers and family
	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 4 - Medical Availability
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1B. 1 - Attitudes favorable towards use: Parent
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1B. 2 - Attitudes favorable towards use: Youth
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1B. 3 - Attitudes favorable towards use: General
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1B. 4 - Low perception of risk
	<input type="checkbox"/>	1C. Price and Promotion	<input type="checkbox"/>	1C. 1 - Advertisement of prescription drugs

New Jersey State-Level Logic Model - Tobacco				
State Priority: Tobacco				
Logic Model Components				
Problem Statement	Root Causes		Local Conditions	
What specifically is the identified problem/consumption pattern that the state is looking to address?	Check one to two Root Causes:	What are the major intervening variables/root causes?	Check an unlimited # of Local Condition for each Root Cause Selected :	What are the local conditions/contributing factors to the problem?
1. Tobacco use has led to a number of consequences in our communities. Ex. Percentage of every day smokers Ex. Percentage of e-cigarette users	<input type="checkbox"/>	1A. Availability/ Access	<input type="checkbox"/>	1A. 1 - Retail Availability
	<input type="checkbox"/>	1A. 2 - Social Availability	<input type="checkbox"/>	1A. 2 - Social Availability
	<input type="checkbox"/>	1B. Favorable Attitudes & Community Norms	<input type="checkbox"/>	1B. 1 - Attitudes favorable towards use: Parent
	<input type="checkbox"/>	1B. 2 - Attitudes favorable towards use: Youth	<input type="checkbox"/>	1B. 2 - Attitudes favorable towards use: Youth
	<input type="checkbox"/>	1B. 3 - Attitudes favorable towards use: General	<input type="checkbox"/>	1B. 3 - Attitudes favorable towards use: General
	<input type="checkbox"/>	1B. 4 - Low perception of risk	<input type="checkbox"/>	1B. 4 - Low perception of risk
	<input type="checkbox"/>	1C. Laws and Enforcement	<input type="checkbox"/>	1C. 1 - Smoke free zones
	<input type="checkbox"/>	1C. 2 - E-cigarette bans	<input type="checkbox"/>	1C. 2 - E-cigarette bans
<input type="checkbox"/>	1D. Price and Promotion	<input type="checkbox"/>	1D. 1 - Tax rates	
<input type="checkbox"/>	1D. 2 - Advertisement/signage/ product placement	<input type="checkbox"/>	1D. 2 - Advertisement/signage/ product placement	

MUNICIPAL ALLIANCE CAPACITY

According to Substance Abuse and Mental Health Services Association (SAMHSA) *Strategic Prevention Framework (SPF)*, capacity building is the ability to strengthen a community's resources, including the readiness to commit those resources, to address the priority problem. This involves engaging and collaborating with diverse community partners to:

- Think creatively about how to remove barriers to participation in your prevention efforts, especially for individuals from your populations of focus.
- Develop trust and reciprocity with individuals in the communities you serve.
- Involve community members in capacity-related activities like awareness-raising and resource development to create broader community understanding of the priority problem and prevention initiative.
- Deepen their and your understanding of the priority problem, contributing factors, and structures and strategies that already exist to address them.
- Build and mobilize community resources and readiness to address the priority problem and advance health equity including social determinants of health, culture, cultural humility and cultural proficiency. (SAMHSA, retrieved May 2025 from <https://externallinks.samhsa.gov/samhsas-strategic-prevention-framework-spf/#/>)

Meaningful community participation is the foundation for equitable and effective prevention work. In fact, the most effective approach to prevention—implementing multiple strategies across multiple populations and in multiple settings—depends on authentic community engagement. (SAMHSA, retrieved May 2025 from <https://externallinks.samhsa.gov/a-closer-look-at-spf-step-2-capacity/#/>)

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 prevention partners.

The mission of the Municipal Alliance is to be a “mechanism for implementing policies to reduce substance misuse and substance use disorder (and) support appropriate county and municipal-based prevention education and public awareness activities”

(NJS 26:BB-7a) which requires that the committee membership is diverse and broad enough to collectively:

- 1) possess a thorough knowledge of the substance misuse and substance use disorder prevention needs and resources of the community
- 2) recruit and recognize community volunteers
- 3) develop and maintain community partnerships
- 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 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.

Municipal Alliance Committee

For participation in the Alliance to Prevent Substance Use Disorder network, 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 (Municipal Alliance Committee Membership List) 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.
10. Representatives of local faith-based organizations
11. Community members with interest or experience in the prevention of sexual violence, domestic violence, mental health, suicide prevention and other risk factors for substance use disorder
12. Youth representatives
13. Older Adult Representative
14. Individuals who have been affected by substance use disorder, including individuals who have been directly affected by their own lived experience, or a loved one's lived experience
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 substance use disorder 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 fluency. 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 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 GCSUD as part of the strategic planning process in the Municipal Alliance Grant System (MAGS) annually.**

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 Municipal Alliance Must Have a Chairperson

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. A Coordinator may earn a stipend from the Alliance Grant of 15% of the Alliance award from the county. Some Alliances choose to only have a Chairperson and not to have a Coordinator. A Chairperson cannot receive a stipend.

Establishing the Municipal Alliance Committee 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 to be in effect. 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.

The following Municipal Alliance requirements were instituted based upon the level of GCSUD funding received per Alliance or Consortium. **As with all of GCSUD's guidelines, counties can exceed the state guidelines but not require less than the state guidelines. Please check with your County Coordinator to see if further county guidelines exist.**

Alliance Tiers	Alliances that receive the following level of GCSUD Grant Funding	Municipal Alliance Requirements
1	\$10,000 or less	<ul style="list-style-type: none"> Two virtual or in-person Municipal Alliance meetings are required per grant year (7/1 – 6/30). Agendas and minutes on file.

		<ul style="list-style-type: none"> • Four quarterly reports per grant year. • Attendance at four county networking meeting per year.
2	\$10,001 - \$20,000	<ul style="list-style-type: none"> • Three virtual or in-person Municipal Alliance meetings are required per grant year (7/1 – 6/30). Agendas and minutes on file. • Four quarterly reports per grant year. • Attendance at four county networking meeting per year.
3	\$20,001 or greater	<ul style="list-style-type: none"> • Four virtual or in-person Municipal Alliance meetings are required per grant year (7/1 – 6/30). Agendas and minutes on file. • Four quarterly reports per grant year. • Attendance at four county networking meeting per year.

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 substance misuse and substance use disorder prevention, education, public awareness, environmental programs and related activities. Protective and risk factors must be addressed by the Municipal Alliance Committee, including the shared risk factors that impact mental health, suicide prevention and substance use disorder.
- 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 substance misuse and substance use disorder prevention issues.
 - 2. Identifying existing strategies, programs, services, activities and resources designed to prevent and reduce substance misuse and substance use disorder.
 - 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 substance misuse and substance use disorder prevention resources, such as educational and awareness information, reduces the risk factor for developing a substance use disorder in these populations. Supporting programs on 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 is permitted through the GCSUD Grant. Programming, both directly and indirectly, should take into consideration that social determinants of health (economic stability, education access and quality, health care and quality, neighborhood and built environment, social and community context) impact substance misuse rates, risk of substance misuse, and consequences of substance misuse.

- 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 substance misuse and substance use disorder prevention efforts involving schools, law enforcement, business and civic groups and other community organizations.
- F. Collaborating with local school districts, charter schools and nonpublic schools in the review of their K-12 comprehensive programs for substance misuse and substance use disorder 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 <https://www.nj.gov/education/code/current/>. These programs should offer a resource-centered approach as opposed to punitive actions.
- G. Completing the MAC Capacity Assessment Tool annually to evaluate and help strengthen the current capacity of the Municipal Alliance. **The capacity assessment tool must be completed annually by the Alliance and submitted to the County Alliance Coordinator and GCSUD in each grant year's Strategic Plan application in MAGS.**

Capacity - Cultural Fluency

Cultural relativity must be incorporated throughout implementation of the Strategic Prevention Framework (SPF) process. Key considerations for building cultural fluency in your capacity efforts include:

- Know the history and current cultural make-up of the community and include broad representation from across the community on the Municipal Alliance Committee to ensure the cultural composition of the community is represented.
- Provide a safe and supportive environment for all participants.
- Check cultural representation (language, gender, age).
- Provide trainings and develop policies and (e.g., recruitment and retention, training, communication, and community input) to improve cultural fluency.
- Ensure that tools and technology are culturally fluent.
- Include cultural sub-groups in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to ensure cultural needs are consistently being met.

Capacity - Sustainability

Sustaining a coalition over time also requires a combination of non-financial resources from the initiative itself and the broader community. Necessary internal resources include:

- Leadership from management and board members
- Access to technical expertise from within the organization
- Existence of strong administrative and financial management systems

Critical external resources include:

- Support from the governing body, the public, or other key stakeholders
- Access to technical expertise from outside the organization
- Engagement of community-based organizations, parents or other community members.

A coalition must continue to build and sustain its capacity in these areas to support prevention efforts and reduce substance use. This means that when we build coalition capacity, we are also building coalition sustainability to continue the work over the long term. (Retrieved May 2025 from <https://www.cadca.org/wp-content/uploads/2019/02/capacitycompressed.pdf>)

Capacity Learning Videos can be downloaded through a link on the GCSUD website: <https://www.nj.gov/gcsud/>.

Appendix - Municipal Alliance Capacity

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>
A. Membership (see suggested sectors-Municipal Alliance Committee Membership List)	1. All sectors are represented on the committee 2. Community cultural demographics are represented on the committee. 3. The committee encourages collaborations with community partners.			

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

	<ol style="list-style-type: none"> 2. The Municipal Alliance's Bylaws are current. 3. Members have copies of the Vision and Mission Statements and Bylaws. 4. The Vision and Mission Statements are available at each meeting. 			
D. Welcome	<ol style="list-style-type: none"> 1. Current literature hand-outs about the Municipal Alliance are on file. 2. Special attention is given to New Members, Public Participants, Presenters, and Visitors at meetings; and they receive Alliance information. 3. Round Table introductions are conducted prior to start of each meeting. 			
E. Decision Making	<ol style="list-style-type: none"> 1. A clear summary statement (motion) is presented to members prior to a vote. 2. All members are given an opportunity to express opinions and participate in discussions. 			
F. Program Information and Outcomes	<ol style="list-style-type: none"> 1. Members are informed of activity/program descriptions, progress, and 			

	outcomes at each meeting.			
G. Correspondence	4. Meeting reminders/follow-up and meeting minutes are sent to all members. 4. Alliance Correspondence (Local, County, State) is shared with members.			
H. Training	1. Training opportunities are available for members. Cultural Competency training is provided and new members are oriented.			
I. Acknowledgements	1. The committee has a process in place for recognizing the efforts of volunteers or community partners.			
J. Feedback	1. Members are encouraged to make suggestions and share ideas regarding the organizational structure of the committee.			
K. Resources and Collaborations	1. The Municipal Alliance maintains a list of membership resources (See Community Anti Drug Coalitions of America "Capacity Primer" p. 12-18			

	<p>and Appendix 2 of the Guidelines)</p> <ol style="list-style-type: none"> 2. The Municipal Alliance informs the governing body of programs and activities. 3. Community organizations are invited to Municipal Alliance Committee meetings to discuss ATOD issues and resources. 4. There is a listing of current Community Resources to build community partnerships. 5. The Municipal Alliance supports other community organizations' ATOD prevention programs. 			
L. Subcommittees	<ol style="list-style-type: none"> 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. 			
M. Other Suggestions				

MUNICIPAL ALLIANCE PLANNING

Planning is a process of developing a logical sequence of strategies and steps leading to community-level substance misuse and substance use disorder prevention outcomes that move Alliances closer to achieving their vision for healthier communities.

An effective coalition strategic and action planning process requires involvement from all coalition members and engagement with community members. Studies have shown that coalitions that effectively engage residents and partners acquire more resources and achieve better results. Active citizen participation in a planning process is empowering. Coalitions should reach out to all residents and welcome them as participants in efforts to solve problems in their communities- “people own what they create.” To achieve community ownership and buy-in for their strategic and action plans, coalitions must consider the following:

- Process should allow for open input from community members
- Involve many community sectors to be inclusive and diverse.
- Forge consensus through a unified vision

Municipal Alliance Strategic Planning Process

1. Create/revisit your Vision (Alliance Vision and Mission)—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: A healthy and safe community that is free from substance use disorder.

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

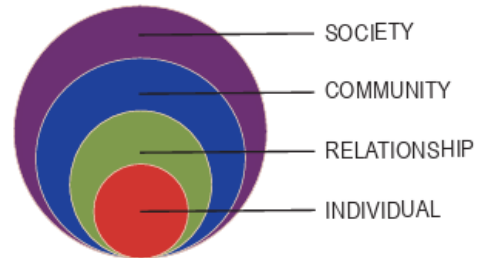
- More concrete & more action-oriented than the vision
- Gives a suggestion of what you might do to fix the problem
- Concise, outcome oriented, and inclusive

- Example: To prevent substance use disorder in our community through collaborative planning, community action, and policy advocacy.

ENSURING A COMPREHENSIVE APPROACH

In a comprehensive approach to prevention, programs and practices combine to reach people with different levels of risk. They target multiple social contexts and ensure cultural relevance. Each of these is described below.

- ♦ **Levels of risk.** To stop the progression of substance misuse, effective prevention efforts include those programs and practices that are directed toward individuals or groups who are not yet engaging in risky behaviors (e.g., alcohol awareness programs for all 10th grade students). These efforts also include interventions for individuals or groups who have a higher likelihood of engaging in these risky behaviors or who have already begun doing so (e.g., programs for children whose parents have substance use disorders, or post-overdose interventions for individuals who have survived an opioid overdose).
- ♦ **Multiple social contexts.** The socio-ecological model shows how risk and protective factors operate across all social contexts, including individuals, friends and family, schools and other community settings as well as the broader societal context of laws and norms. A comprehensive prevention plan includes multiple programs and practices, operating in multiple settings and across multiple domains. (See *Appendix D: The Socio-Ecological Model* to learn more about this topic.)
- ♦ **Cultural relevance.** Programs and practices must be responsive to, and appropriate for, the different cultural groups that comprise a focus population. Throughout the SPF process, planners must take steps to ensure the cultural relevance of prevention efforts. For example:



Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2019

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 Comprehensive 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).

32

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).

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).

Changing Policies, Rules, Practices and Procedures – 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 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 GCSUD Interventions list. Multiple strategies may be selected for each intervention.
- 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 Action Plan Interventions

All GCSUD Grant Funding, 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 over and above the 25% cash match requirement.** The following requirements must be followed to be eligible for funding:

- 1. GCSUD Grant Funding Tiers:** Municipal Alliances will be grouped into three tiers based upon the level of GCSUD Grant 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 GCSUD Grant Funding	Intervention Requirements
1	\$10,000 or less	No Evidence-Based Program Requirement; however, all Alliances are required to choose evidence based strategies from the interventions list provided.
2	\$10,001 - \$20,000	At least 1 Evidence-Based Program is required

3	\$20,001 or greater	At least 2 Evidence-Based Programs are required
---	---------------------	---

- 2. Selecting Strategies for Acceptable Municipal Alliance Interventions:** Substance misuse issues are too serious, and resources are too valuable, to take a chance on unproven prevention strategies. Considerable research has been conducted to determine what kinds of prevention efforts are effective. It is increasingly important that communities choose strategies, programs, policies, practices, and activities that we know work. While your Municipal Alliance may not have to pick an evidence-based program, it must, at a minimum, incorporate evidence-based approaches into your intervention design. (Retrieved May 2025 from <https://library.samhsa.gov/sites/default/files/focus-on-prevention-sma10-4120.pdf> and <https://www.cadca.org/wp-content/uploads/2019/02/planningcompressed.pdf>)

Each Municipal Alliance must work to create measurable community-level change by incorporating environmental strategies and programs into their strategic plan. Measurable 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.

All programs selected must be comprehensive in nature and not a one-time event. Programs must also be consistent with the guiding values as put forth in the Master Plan 2025 (see page 3 above).

Collaboration with the Regional Coalitions is encouraged throughout the strategic planning process to ensure that efforts are complimentary and/or servicing gaps in the community.

- 3. Media Messaging: Alliances are required to use culturally competent, anti-stigmatizing language and imaging in all of their interventions and media.** All media messaging must use effective prevention practices as outlined in the Alliance Guidelines. Alliance Action Plans that include media messaging components must clearly state the media plan – how the media will be produced and distributed. Data sources presented must be the most current data and sources must be cited. The

following types of media messaging are permissible through Alliance grant funding (GCSUD Grant funding, Cash Match and Alliance Income):

- a. **Ballfield Placards, Metal Street Signage &/or Train Trestle Signage:** Alliance programming, membership promotion and health messaging is allowed.
- b. **Print Media (Advertisements, Newsletters, School Bulletins/Programs):** Alliance programming, membership promotion and health messaging is allowed.
- c. **Public Service Announcements (PSA):** Media plans which detail the media production process, the media content and the media distribution plan must be approved within the Alliance Action Plan before production or promotion of intervention begins.
- d. **Contests where winner's work is produced** are allowed as long as complete media plan is detailed and approved before contest begins.
- e. **PSAs** which promote Alliance programming, Alliance membership and health messaging are allowed.
- f. **Social Media (Alliance Facebook Page, Municipal social media messaging, etc.):** Alliance programming, membership promotion and health messaging is allowed.
- g. **Billboards are not allowed to 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 GCSUD logo may appear on the billboard.

- 4. Program Coordination Expenses:** A maximum of 15% of a Municipal Alliance GCSUD Grant award may be utilized for expenses related to the administration of the funding, such as a Coordinator's salary/stipend, fringe benefits, travel (see travel section below), printing, office and meeting supplies. This 15% limit applies specifically to Municipal Alliance program coordination and administration expenses and does not apply to a Coordinator who is certified to present evidence-based programs receiving a stipend for the program presentation/direct program services. For example, if a paid Municipal Alliance Coordinator who receives a coordination stipend and has the appropriate credentials to present an evidence-based program can also receive a stipend for implementing individual programs. The Coordinator's Coordination stipend would be recorded on the Alliance Coordination tab and the

Program Presenter stipend would be recorded in the appropriate Alliance Action Plan within the Municipal Alliance Plan in MAGS.

- 5. Municipal Alliance Coordinator Travel:** Travel expenses (mileage, tolls and parking) to approved, in-state conferences and trainings may be reimbursed through GCSUD Grant funds 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. Attending conferences and trainings in NJ:** It is approvable to have a Training Action Plan for the Alliance leadership team or the Alliance. Attending Professional Development trainings/conferences are not allowed through the grant, i.e. LEAD Officer trainings, SAC Annual Conferences, etc.
- 8. Equipment Purchases:** A maximum of \$500 of Municipal Alliance funds (GCSUD Grant funds, 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 GCSUD approved programmatic activities or coordination. Equipment is defined as an article of tangible property that has a useful life of more than one year. Equipment must be maintained in the possession and care of the Alliance Chairperson or Coordinator.
- 9. Capacity Building Programs:** Participation in and/or sponsorship of programs that increase the capacity of the Municipal Alliance within the community by providing prevention education information at community events and increasing awareness of the Municipal Alliance will continue to be allowed in the FY2027 – FY2031 grant cycle. These types of events such as National Night Out, street fairs, community days and community events increase involvement and support of the work of the Municipal Alliance. A limited amount of grant funding and cash match can be expended on capacity building programs within a Municipal Alliance Plan. **A maximum of \$500 in GCSUD grant funding and a maximum of \$500 in cash match funding can be expended overall on capacity programs per grant year.** Capacity building activities should be listed together on an Action Plan titled Capacity Building

Activities. Capacity building activities do not include trainings. Trainings would be identified on a separate Alliance Action Plan. If an Alliance would like to exceed this guideline, they can submit a waiver request to the county and GCSUD for review. The waiver request must include a description of the capacity building activities and an itemized budget. A county and GCSUD approved waiver request is needed to exceed the maximum amount of funding for Capacity Building Programs with GCSUD grant funds, cash match funding or Alliance Income.

10. Acknowledgement of GCSUD Grant Funding: Any materials developed for distribution, publication or advertisement using GCSUD Grant funds must contain a statement acknowledging the Governor's Council on Substance Use Disorder as the funding source. All such materials shall have affixed or imprinted the official GCSUD name and/or logo. Materials include written documents such as flyers, brochures and hand-outs, and program incentives.

11. Criteria for Utilizing Service Providers: Program/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 GCSUD Grant funds, 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 substance use disorder prevention 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 or paying police officers a program stipend for presenting programming during their working hours). The Council will strictly enforce this mandate against supplantation.
2. **Ineffective Programming:** The following program components will not be approved in the FY2027 – 2031 grant cycle because the effectiveness of these efforts is not supported by prevention science and research, and in some cases, may produce an adverse effect. Ineffective programming cannot be funded through grant funding, cash match or Alliance income:
 - a. School assemblies or community presentations which incorporate scare tactics, mock car crashes or personal testimonials. Programs that incorporate these tactics will not be funded. Some program examples include Every 15 Minutes, Challenge Day, Steered Straight and Minding Your Mind.
 - b. Drunk Goggles and Go Carts will not be approved for purchase or rental in the FY2027 – 2031 grant cycle.
 - c. Punitive and zero tolerance approaches.
 - d. Program characteristics that are ineffective include didactic-only delivery methods, developmentally inappropriate programs for the intended population, involving caregivers without also involving youth, and grouping together at-risk youth. (Retrieved May 2025 from https://pttcnetwork.org/wp-content/uploads/2024/09/WhatDoesNOTWork_2_2025-FINAL.pdf)
3. **One Time Events:** 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 be funded unless it falls into one of three categories listed below. Multiple meetings leading up to a one-time event do not count as part of the coordinated continuum of activities.

Funding will be considered for one-time events if those activities are:

- a. part of municipal-sponsored special event(s)
- b. held in observance of alcohol/drug awareness months/weeks
- c. conducted as an integrated part of an ongoing prevention program for a specific target population.

4. Treatment Services: Municipal Alliance funds are to be used solely on programs for the public education and prevention of substance use disorder. **Funding substance use disorder evaluation, early intervention and/or treatment services with Alliance funds is prohibited.**

5. Capital Expenditures/Improvements: GCSUD Grant funds, Cash Match &/or Alliance Income funding cannot be used for capital expenditures which are the costs of facilities and other capital assets. GCSUD Grant funds, 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.

6. Gifts, Prizes and Awards: Municipal Alliance GCSUD Grant funds, 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 fundraised income.

7. Drugs, Alcohol, and Gambling: Funding or sponsoring events serving or promoting drugs, alcohol, and gambling is prohibited.

- **Community events** (i.e. municipal fair, 4th 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. GCSUD recognizes the importance of

Municipal Alliances having a presence at large community events. **Prior approval of the County Alliance Coordinator and GCSUD is needed to participate in community events where alcohol will be available.**

- **Golf Outings, Casino Nights or other fund-raising events:** Municipal Alliance participation in or sponsorship of Golf Outings, Casino Nights or other fund-raising activities which involve alcohol are prohibited. This includes fundraising cocktail or dinner parties.

8. 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 GCSUD logo may appear on the billboard.

9. Drop Boxes, Lock Boxes, Naloxone and Testing Kits: GCSUD Grant funds, 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. Medication disposal bags are allowable as part of a comprehensive community education program.

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

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 GCSUD Grant 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 GCSUD Grant fund allocation. Examples of acceptable In-Kind match may include:

- 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.
- It is important to remember that the In-Kind match is not additional money but donated items or services that the municipality already owns or pays for through another source, i.e. the LEAD Officer's salary through the Police Department.

Alliance Income (Donations &/or Fund-Raised Income) -

- **All GCSUD Grant, Cash Match and Alliance Income (Donations &/or Fund-Raised Income) is to be used for GCSUD 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 GCSUD 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 GCSUD for final approval or denial of the request PRIOR to the event/expenditure. If approved, after completion of the funded intervention, an Evaluation Form must be completed and submitted to the County Alliance Coordinator.

All program income, beyond the 25% Cash Match, must be utilized at the discretion of the Municipal Alliance to carry out its mission through GCSUD approved interventions unless prior GCSUD 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 GCSUD Grant and Cash Match funding in the municipal budget.** Contact your Municipal Fiscal Officer 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 in the Municipal Alliance Grant System (MAGS).

Planning - Cultural Fluency

If you want to maintain the coalition diversity you have worked so hard to achieve, you need to be vigilant that you do not conduct business as usual. Make sure you have a diverse planning group representative of your community. Be willing to be flexible and thoughtful about shaping your planning efforts around people's differences, preferences, and needs by considering the following:

- Where do meetings take place? Are they accessible to everyone?
- When are meetings scheduled? If you want community members to participate fully, are you scheduling meetings at reasonable times so that working people can attend?
- If you want youth to participate, are meetings scheduled after school hours and in places where youth who do not drive can access?

(Retrieved May 2025 from

<https://www.cadca.org/wpcontent/uploads/2019/02/planningcompressed.pdf>)

Planning - Sustainability

Sustaining a coalition requires creating a strong coalition that brings together a community to develop and carry out a comprehensive plan to achieve population-level changes. Start to work on sustainability as you are planning, rather than waiting until six months before the grant period ends to begin thinking about sustaining the coalition's work. The more thought out and methodical you are in developing a plan, the more likely you are to attract funders and local support for future work. (Retrieved May 2025 from <https://www.cadca.org/wpcontent/uploads/2019/02/planningcompressed.pdf>)

Planning Learning Videos can be downloaded through a link on the GCSUD website:
<https://www.nj.gov/gcsud/>.

Appendix- Municipal Alliance Planning

Evidence-Based Program Resources

Alliance intervention requirements have been tiered based upon the level of GCSUD grant funding received by a municipality or consortium. See page 32 of the Guidelines to view the Municipal Alliance evidence-based program requirements based on the level of municipal funding awarded.

To research evidence-based programs, visit the Clearinghouse Database at Penn State University through the following link:

[Clearinghouse Database - Evidence-to-Impact Collaborative](#)

You can also find Blueprints for Healthy Youth Development-certified Model, Model Plus and Promising Programs through this link:

[Blueprints for Healthy Youth Development](#)

Contact the Regional Coalition in your county to learn which programs the Coalition is offering to the community. The County Alliance Coordinator is the greatest resource in your county for information on the types of programming available in your area.

EVIDENCE-BASED PROGRAM RESOURCE CHART

<u>Evidence-Based Programs/Interventions</u>		<u>Logic Model Priority</u>				<u>CADCA Strategies</u>						
	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					

<u>Evidence-Based Programs/Interventions</u>		<u>Logic Model Priority</u>				<u>CADCA Strategies</u>						
	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
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		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
Say It Straight	X	X	X	X	X		X		X	X		
Social & Emotional Learning (SEL)	X	X	X	X	X	X	X	X				
Sources of Strength	X	X	X	X	X	X	X	X				
SPORT Prevention Plus Wellness	X	X	X	X	X	X	X		X			
STEP Parenting	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		
Unique You	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				

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 putting that plan into action by operationalizing the Alliance interventions according to the Alliance's Strategic Plan. This includes maintaining an active Municipal Alliance Committee 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. In order to support the implementation process, the Municipal Alliance will need to conduct regular meetings, develop workgroup/sub-committee meetings as needed, and maintain a structure to achieve components required for successful strategic planning and implementation.

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 are discussed, ideas are shared to target challenging areas, and changes are 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, 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 formally review and revise its capacity at least annually to make sure it is still representative of the community and its actions and intentions by completing the Municipal Alliance Committee Capacity Assessment Tool as a committee. The Capacity Assessment Tool is a document in the Alliance's strategic plan each year.

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 changing an intervention or selecting another 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 GCSUD reporting forms as required by the grant in the Municipal Alliance Grant System (MAGS). 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 GCSUD in the Municipal Alliance Grant System (MAGS) 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.

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 GCSUD as 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 4th quarter, which is due 30 days after the end of the 4th 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 completed in the Municipal Alliance Grant System (MAGS) provided by GCSUD. All Municipal Alliance financial modifications must be requested by submitting a Municipal Alliance Modification Request in MAGS. Questions about the fiscal, modification or evaluation process can be directed to the County Alliance Coordinator.

When completing the fiscal reports, it is required that acceptable documentation is uploaded into the Quarterly Report in MAGS 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 Fiscal Reporting Back-Up Documentation

GCSUD Grant, Cash Match and Alliance Income (Donations and Fundraising):

The following guidelines apply to all reported expenditures regardless of source of funding (GCSUD Grant funds, Cash Match and Alliance Income funds).

All expenses must be fully paid by the municipality before submitting to the County for reimbursement. Encumbered expenses will no longer be reimbursed.

All uploads should be clearly marked to identify the source of funding (GCSUD Grant funds, Cash Match or Alliance Income funds).

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). Dates, rate of pay and hours worked must be clearly marked on the identified back up documentation such as purchase order or timesheets.
- Any payment that the Coordinator receives for grant coordination only, (as personnel or by salary), as reflected on the Alliance Coordination Plan in MAGS, 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 Alliance Action Plans, should be tracked hourly on an invoice or timesheet. If an invoice is used, a purchase order must be issued.
- 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 received specific to programs, as listed on the Alliance Action Plan, should be tracked hourly on an invoice or timesheet. If an invoice is used, a purchase order must be issued. Dates, rate of pay and hours worked must be clearly marked on the identified back up documentation such as purchase order or timesheets.
- 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.

Other Direct Cost:

- Financial back-up for all Other Direct Cost (ODC) must include a purchase order and invoice or receipt supporting the expense. All purchase orders must include a vendor signature.
- 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.
- When uploading back up documents into the quarterly report, appropriately label the documents, referencing the corresponding Municipal Alliance program the purchase order relates to, so that expenses and respective purchase orders can be matched.

In-Kind

- **The In-Kind expenditures must be reported on the In-Kind Form within the municipal quarterly report document which is part of the quarterly expense report in MAGS.** 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.
- 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 \$28.82/hour.

- 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 (GCSUD Grant, Cash Match and In-Kind) must be submitted through MAGS using the Municipal Alliance Modification Request Form. All modifications must be submitted and approved in advance of the change in activity. **The County Coordinator must notify the CASS of all budget modifications. GCSUD will receive notification of all modifications in MAGS.**

The Municipal Alliance Modification Request Form has three sections for GCSUD Grant, Cash Match and In-Kind modifications. A separate “How To” Guide is available for the budget modification process in MAGS under the *Training Materials* icon in the toolbar.

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 GCSUD Grant, Cash Match and In-Kind funding. The Alliance Chairperson and Municipal Fiscal Officer’s e-signatures are required on all modification forms. Once the modification request is approved, the Alliance must submit revised Alliance Action Plans for all impacted interventions to the County Alliance Coordinator through the MAGS modification system. **The Alliance Plan and the Alliance Quarterly Reporting document will be revised in MAGS once the modification is approved.**

BUDGET MODIFICATION REQUIREMENTS:

Moving less than \$2000 in funds a. within an approved program OR b. from one approved intervention(s) to another approved intervention(s):

Modifications to an approved intervention that reallocate less than \$2,000 in GCSUD Grant funds within a. the same approved intervention OR b. between approved GCSUD/Cash

Match/In-Kind interventions, and that do not change the intervention intent, may be approved by the county without prior GCSUD approval.

Required e-signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, and County Alliance Coordinator. GCSUD staff will be notified of the approved modification through MAGS.

- *Examples:*

- a. Reallocation of \$500 from Life Skills consultant category to Life Skills other direct cost category.
- b. Reallocation of \$1,000 from Strengthening Families and \$900 from Life Skills, both reallocated to Peer Leadership for a total increase of \$1,900.

Moving \$2,000 or more a. within the same intervention OR b. from one approved intervention(s) to another approved intervention(s):

Moving \$2,000 or more a. within the same approved GCSUD Grant/Cash Match/In-Kind intervention OR b. moving \$2,000 or more between an approved intervention, and does not change the intervention intent, requires County and GCSUD approval.

Required e-signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, County Alliance Coordinator, and GCSUD State Alliance Coordinator, Fiscal Manager and Director of Prevention and Planning.

- *Examples:*

- a. Reallocation of \$2000 from Life Skills Consultant to Life Skills Other Direct Cost
- b. Reallocation of \$2,000 from an existing approved Life Skills program to an existing approved Peer Leadership program

Creating new action plans or new components within an approved action plan regardless of the amount funded:

Establishing a new intervention or a new component must first be approved by the CASS and the county and then the modification must be forwarded to GCSUD staff for their final approval prior to implementation.

Required e-signatures: Alliance Chairperson, Municipal CFO/Fiscal Officer, County Alliance Coordinator, and GCSUD State Alliance Coordinator and Director of Prevention and Planning.

- *Example:* The reallocation of any amount of funds from an approved action plan to start a new action plan or a new component within an approved action plan.

Program changes that do not affect the program budget:

Program changes that do not affect the program budget such as change of consultants or other programmatic changes, will have to follow the same modification process outlined above. These types of modifications in MAGS will require a dollar value to be stated on the modification request document.

Example: to change a consultant but not the rate of pay within an approved action plan, list the stipend on the From and To side of the modification chart, i.e. \$1,000 on each side. Once the request is approved, the consultant name can be modified.

All Budget Modifications must take place within the Municipal Alliance Grant System (MAGS).

The following plan documents within MAGS will be required in a modification process:

- Municipal Alliance Modification Request Form, appropriately e-signed
- Revised Action Plans that reflect all budget changes
- Alliance Coordination Plan, if applicable

Once the modification process is fully approved and completed, a modified Municipal Alliance Plan and all future Alliance Quarterly Reports will be auto populated with the modification in MAGS.

All modifications for a grant year must be completed prior to the initiation of the 4th Quarter Report in MAGS. Once the 4th Quarter Report is initiated, no further modifications can occur in that grant year.

Implementation - Cultural Fluency

Developing a process that involves major stakeholders— especially individuals or groups affected by or concerned with the problems that have been identified—brings credibility to and

56

community ownership of the coalition's strategic plan. Including diverse groups who have direct history and experience with the issue helps to ensure that the strategies contained in the plan are appropriate for the communities in which they will be implemented. Remember, diversity encompasses more than race and ethnicity— it also includes gender, age, disability and political affiliation. (Retrieved in May 2025 from <https://www.cadca.org/resource/implementation-primer-putting-your-plan-into-action/>)

Implementation - Sustainability

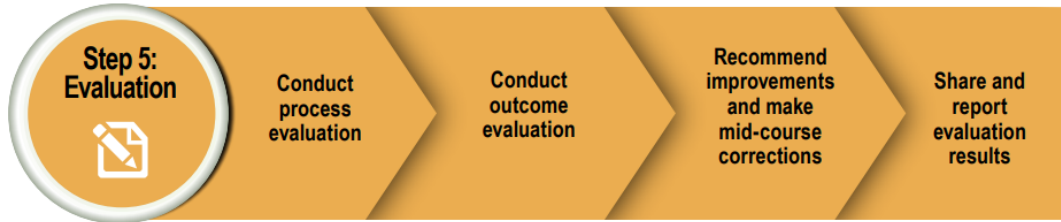
Before and during the implementation phase, the Municipal Alliance Committee should be working on plans to sustain the initiatives under way. Sustainability planning involves key stakeholders, organization partners, and residents to mobilize and educate the community. Sustainability also requires institutionalizing 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:

- 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. (Retrieved in May 2025 from <https://www.cadca.org/resource/implementation-primer-putting-your-plan-into-action/>)

Implementation Learning Videos can be downloaded through a link on the GCSUD website: <https://www.nj.gov/gcsud/>.

MUNICIPAL ALLIANCE EVALUATION



EVALUATION AND THE SPF

In the SPF, evaluation involves examining both the process and outcomes of prevention programs and practices. This means asking questions at three levels:

1. Since a comprehensive prevention plan includes multiple programs and practices, examine separately how each was delivered and the degree to which it produced positive outcomes.
2. Determine how well these different programs and practices work together as part of the community's comprehensive plan to address priority substance misuse problems.
3. Evaluate the implementation of the SPF process itself (e.g., "Were all step-specific tasks completed? Were cultural competence and sustainability principles and activities integrated along the way?")

Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2019.

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 Alliance Action Plan Evaluation documents in MAGS. Intermediate and Long-Term Outcomes will be prepared by the Prevention Collaborative, a joint group of GCSUD, DMHAS and their partners.

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):

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

Short Term Outcomes (during year 1 through year 5):

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

Process and Short-Term Evaluations will be completed each grant year in MAGS prior to the submission of the 4th Quarterly Report to the County.

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 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 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 Fluency

A culturally competent approach to evaluation calls attention to questions of diverse stakeholders and involves cultural groups in choosing the most appropriate evaluation methods. For example, would using a paper-and-pencil survey or an interview be a better way to collect data from certain populations? Keep residents engaged after data has been collected by involving them with interpretation and dissemination of results. Additionally, select your outside evaluator carefully. He or she should have experience working with diverse populations and understand that a one-size-fits-all evaluation approach will not work with all the communities your coalition serves. (Retrieved May 2025 from <https://www.cadca.org/wp-content/uploads/2019/02/evaluationcompressed.pdf>)

Evaluation - Sustainability

A good evaluation monitors coalition progress and provides regular feedback to adjust and improve your strategic plan. Coalitions implement a variety of policies, practices, and programs to change community systems and environments. By tracking information related to these activities, their effectiveness, stakeholder feedback, community changes, and substance use outcomes, your group builds a regular feedback loop that can monitor the constant pulse of the coalition and the community. With this information, you can quickly see which strategies and activities have a greater impact than others, determine areas of overlap, and find ways to improve coalition functioning. By using information from your evaluation, your coalition can

adjust its plan and make continuous improvements so that it maintains and increases its ability, not only to sustain what it does (i.e., policies, practices and programs), but also to achieve community-wide reductions in substance use rates. (Retrieved May 2025 from <https://www.cadca.org/wp-content/uploads/2019/02/evaluationcompressed.pdf>)

Information for the evaluation section was retrieved from www.samhsa.gov and the Community Anti-Drug Coalitions of America as provided through the New Jersey Coalition Academy.

Evaluation Learning Videos can be downloaded through a link on the GCSUD website: <https://www.nj.gov/gcsud/>.