LEAD AGENCY NAME:

OKLAHOMA

COMMUNITY PREVENTION ACTION PLAN

County ……

LEAD AGENCY NAME:

1		
AGENCY DESCRIPTION AND MANAGEMENT		
County Name:		
Lead Agency Vision/Mission:		
Lead Agency:		***Contact Person:***
Address of Lead Agency		***Phone number:***
		E-mail address:

2 COUNTY DESCRIPTION	
Community Geographic Description:	Zip Codes: County Lines: City Limits (specify cities/neighborhoods within county): School districts (public and private): Tribes:
Community Population Description (demographic information):	Number of youth and adults: Ethnicity of youth and adults: Languages spoken: Socioeconomic status of population: Other relevant data utilized in identifying the target population:

LEAD AGENCY NAME:

3			
COMMUNITY CAPACITY			
A. List Partners	**B. Type of Resource**	**A. List Partners**	**B. Type of Resource**

LEAD AGENCY NAME:

4				
PLANNING				
Domain	**A. Risk Factor Prioritized**	**B. Protective Factors Prioritized**	**C. Resource Assessment**	
			Available	**Gaps**
	Specify the risk factors by domain to be addressed through action plan *Identify data source*	*Specify protective factors by domain to be addressed through action plan* *Identify data source*	*Specify resources available to address risk and protective factors*	*Specify the service gaps to be addressed by the prioritized risk and protective factors*
Community				
Family				
School				
Youth/Peer				

LEAD AGENCY NAME:

5a				
IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS **Goal 1: Community Needs Assessment:** **Collect, analyze, and report data on _____ County risk and protective factors, problems, consequences, and community readiness related to substance abuse prevention**				
A. Measurable Objectives	**B. Tasks**	**C. Deliverables**	**D. Timeline for Completion**	**E. Progress**
		1.1:	o	1.1:
	.	2.1:	o	2.1:

LEAD AGENCY NAME:

5b				
IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS **Goal 2**: **Capacity Building**: **Collaborate with existing (Turning Point Partnership) or establish new community-based partnerships with key stakeholders (i.e. law enforcement, health and social services, educators, parents, and youth) to address identified risk and protective factors, problems, and consequences**				
A. Measurable Objectives	**B. Tasks**	**C. Deliverables**	**D. Timeline for Completion**	**E. Progress**
		1.1:	o	1.1:
	.	2.1:	o	2.1:

LEAD AGENCY NAME:

5c				
IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS **Goal 3: Planning:** **Develop a community prevention action plan utilizing the community needs assessment findings to identify the target population for prevention services and to select evidence-based prevention strategy(ies) and outcomes**				
A. Measurable Objectives	**B. Tasks**	**C. Deliverables**	**D. Timeline for Completion**	**E. Progress**
		1.1:	o	1.1:
	·	2.1:	o	2.1:

LEAD AGENCY NAME:

5d				
IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS **Goal 4**: **Implementation**: **Implement evidence-based prevention strategy(ies) identified in community prevention action plan with fidelity and active attention to cultural competence and sustainability**				
A. Measurable Objectives	**B. Tasks**	**C. Deliverables**	**D. Timeline for Completion**	**E. Progress**
		1.1:	o	1.1:
	.	2.1:	o	2.1:

LEAD AGENCY NAME:

5e				
IMPLEMENTATION OF EVIDENCE-BASED PROGRAM/PRACTICE DETAILS **Goal 5: Evaluation:** **Monitor community action plan implementation and evaluate outcomes through the administration of participant-level measurement tools. Administer a provided National Outcomes Measure (NOMs) survey prior to initial strategy implementation and at the end of the funding period. Provide ODMHSAS with quarterly progress reports of activities, programs, policies, and/or practices that have been implemented.**				
A. Measurable Objectives	**B. Tasks**	**C. Deliverables**	**D. Timeline for Completion**	**E. Progress**
		1.1	o	1.1
	·	2.1	o	2.1

LEAD AGENCY NAME:

6													
IDENTIFICATION OF TARGET POPULATION (To receive the prevention services)													
A. Population to Receive Services													
Goal#	*Specify # and age to be served*	**Monthly Report (reported by month of service) of numbers receiving prevention services**											
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1													
2													
3													
4													
5													

LEAD AGENCY NAME:

7					
EVALUATION					
Monitor community action plan implementation and evaluate outcomes through the administration of participant-level measurement tools. Administer a provided National Outcomes Measures (NOMs) survey prior to initial strategy implementation and at the end of the funding period. Provide ODMHSAS with quarterly progress reports of activities, programs, policies, and/or practices that have been implemented					
A. Specify the desired outcome	**B. Specify community baseline prior to receiving prevention services**	**C. Specify when you will measure this change**	**D. Identify the measurement tool you will use**	**E. Specify person who will administer measurement tool**	**F. Specify actual change**