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| New MExico Office of Substance abuse prevention |
| Writing Goals and SMART Objectives for Prevention |
| NM OSAP’s Guide to Prevention Programs for Improving Strategic Planning |
|  |
| **NM OSAP – PIRE** |
| **11/10/2014** |

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OVERVIEW

In order to streamline and enable OSAP prevention programs to write quality strategic plans, to facilitate the periodic reporting and review process, and to ensure that all OSAP-funded prevention programming are evidence-based and targeting identified outcome indicators, we have put together the following list of Goals and SMART objectives for your use.

Begin by identifying the goals you intend to address. Next select an OSAP-approved strategy and identify the corresponding Objective, filling in the relevant information. The information you provide for each objective must be SMART:

**Specific** – Include your specific geographic location that you wish to affect (county, town, school, community, pueblo, etc.). Also include the projected change you wish to make. It must be measureable (increased from 1 to 2, decreased from 6% to 5%, etc.) If you choose to increase anything by a %age, you should state your baseline %age. If do not have baseline data, state that you do not have it at this time, though you will be expected to present it in your periodic reporting.

**Measureable** – Change in your objective must be measureable within the fiscal year. Do not propose a change that you cannot measure (i.e., if law enforcement will not provide you with enforcement data, then do not write an objective to change it because you will have no data to measure changes).

**Achievable –** Choose a target CF/IV that you can make changes in over time. If you want to improve parenting skills but have no wherewithal to widely implement a parenting program, it is not achievable. If you have a strong adversary in Law Enforcement or in the school system, even if that is where the needs assessment data indicate a problem, your objective may not be achievable. Does your coalition have the capacity to achieve an objective?

**Realistic** – You determine the amount of change your program hopes to make. Don’t over-estimate the change you want to make in 1 year; it must be realistic. Be conservative so that meeting your objectives can be celebrated.

**Time** limited – “…June 30, 2016” should be included in every objective propose. You have one fiscal year to achieve the objective.

**For every objective you write, ask yourself and other stakeholders does it meet the SMART criteria?**

GOALS

A few words about GOALS: The OSAP requires providers to focus on two or more of five indicators, which correspond to goals:

1. Reduce underage binge drinking (also considered ‘underage drinking’)
2. Reduce underage DWI (also considered ‘underage drinking’)
3. Reduce adult binge drinking
4. Reduce adult DWI
5. Reduce prescription painkiller misuse and abuse

These goals will require you to address more than one Intervening Variable (IV) for each and therefore, will require more than one objective. You do not need to restate the goal for each objective.

INTERVENING VARIABLES & CONTRIBUTING FACTORS

As the OSAP logic models indicate, there are multiple Intervening Variables (IVs) associated with your consumption behavior goals that you will need to address in your prevention efforts. IVs are the broad constructs/concepts such as Social Access. However, the measurable part of each IV is what we refer to as the Contributing Factor (CF). These are the measures of various aspects of social access such as stealing alcohol from stores, having family members purchase alcohol for underage youth, or stealing Rx drugs from grandparents. These all reflect social access but different aspects of it that vary from place to place, and each would require a different approach to address it effectively. Your needs assessment should have helped you identify the most important IVs, and by extension, the most relevant CFs in your community.

EVIDENCE-BASED PREVENTION STRATEGIES

Each **strategy** approved for implementation by OSAP is listed in the charts below, with a complete list to be found at the end of this document. Only strategies from the approved list may be implemented using OSAP funds unless there is a strong theoretical basis for assuming an alternative strategy should work well. The strategies selected for implementation must directly address the IVs/CFs your program has identified to be targeted.

WRITING YOUR STRATEGIC PLAN

Using the strategic planning form and example provided by OSAP, use the examples below to assist you.

**The SOW will be structured as below:**

**Goal**

Related to one of the statewide indicators, underage drinking (as measured by DWI & Binge Drinking), Adult DWI & Binge Drinking and Rx painkiller misuse (for new providers only: coalition capacity and community readiness.)

**Goal Indicator(s)**

How will you measure changes in the indicator among the targeted population(s?). These indicators do not have to be measured annually, so you may use the YRRS for youth

**Intervening Variable and Contributing Factor (IV/CF)**

Identify the Intervening Variable you are addressing & present the contributing factor(s)

**SMART Objective**

Adapt your SMART Objective from the list below

**Objective Indicator(s)/measure(s)**

Select one or more indicators from the corresponding objective below

**Strategy(ies)**

Use strategies from approved list of OSAP strategies for underage drinking and Rx painkiller use (number strategy according to list at the end of this document)

**Activities/Benchmarks**

Base your activities on what is required to implement a strategy with fidelity

**Justification for Strategy Selection**

This is your local data-informed decision to select your strategy: why is this strategy the best one to address the objective and change the target indicator?

EXAMPLE GOALS & OBJECTIVES

Below, we provide generic versions of the **goals** corresponding to the 5 outcome indicators established by OSAP. **Approved strategies** for each goal are listed with a corresponding **objective** template and examples of i**ndicators** you may use to track progress on the objective. Further, we provide you an example of a SMART objective for each strategy.  *You are* ***not*** *expected to track all possible indicators for an objective.* Track the one or two most relevant and/or obtainable, and are reflected in the language of your objective.

Use these templates to design your strategic plan. The initiation of each objective begins with the language of the Intervening Variable that it addresses. For example, “Reduce youth retail access to alcohol by….”. Each template should also include the essential elements to the SMART objective, so just by copying and pasting the objective and filling in your own language as relevant to your community and needs, we can insure that all essential components to the objective are included.

## GOALS FOR ALCOHOL-RELATED INDICATORS

You can combine as many as two indicators at a time in one goal.

For example,

“Reduce Youth and Adult DWI in Bernalillo County”

“Reduce Adult DWI and Binge Drinking Sierra County”

Insure that your Objectives correspond to your long term goal, and that you list all indicators for your Goal.

For example,

**GOAL: Reduce (binge drinking) and (drinking and driving) among (youth under 21) and (adults 21 and older) in (your location).**

**Possible Outcome Indicator(s) for Goal:**

* YRRS: Binge drinking & driving while intoxicated measures
* Community Survey (18-20 yr. olds only): binge drinking and two drinking and driving indicators
* Community Survey (21+ yr. olds only): binge drinking and two drinking and driving indicators
* SFS: Binge drinking & driving while intoxicated measures

After you have written your SMART Goal, and identified indicators or measures of that goal, you then must identify which IVs are most influential in your community and if addressed, will affect the stated goal positively. Below we provide strategies associated with contributing factors, corresponding SMART objectives, and indicators/measures for each objective by IVs.

### INTERVENING VARIABLE 1: Low Enforcement of alcohol-related laws

**Strategy 1a:** Advocacy & coordination for stronger enforcement of all existing youth and adult alcohol & drug related laws (citations and arrests for: minors in possession, sales to minors, providing alcohol to a minor, Social Host Ordinances; DWI, sales to intoxicated, server liability)

**Objective a:** Increase enforcement of (underage/all) drinking laws (by some measureable change) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective a:**

* Citation or arrests by law/regulations
* Sentencing adherence

**Example Objective a:**

*Increase enforcement of underage drinking laws in Hidalgo County by increasing MIP citations by 5% from a baseline of 4 citations in 2015 by June 30, 2016.*

**Example Indicator a:**

* *MIP citations*

**Strategy 1b:** Advocacy & coordination to increase enforcement efforts/activities: sobriety checkpoints, saturation patrols, shoulder taps, party patrols, SID activity (compliance checks), and DWI efforts

**Objective b:** Increase law enforcement activities to deter (youth alcohol consumption/adult problem drinking) (by some measureable change) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective b:**

* Sobriety checkpoints
* Saturation patrols
* Shoulder taps
* Party patrols
* SID activity (compliance checks)
* Other DWI efforts

**Example Objective b:**

*Increase law enforcement activities to deter youth alcohol consumption by increasing party patrols from 4 in 2014 to at least 12 (or once a month) in Hidalgo County by June 30, 2016.*

**Example Indicator b:**

* *Number of party patrols*

**LOW ENFORCEMENT OF ALCOHOL-RELATED LAWS….**

**Strategy 1c:** Advocacy & coordination for stricter enforcement of youth graduated licenses

**Objective c:** Increase enforcement of youth graduated license regulations (by some measureable change) in (your location) by June 30 2016.

**Possible Outcome Indicators for Objective c:**

* # of citations for driving without appropriate licensing
* % of youth drivers whose progression of licensing is delayed because of non-adherence to GDL driving regulations.

**Example Objective c:**

*Increase enforcement of youth graduated license regulations by at least doubling the citations in Silver City for youth driving without an appropriate license from 2 in FY 2014 to 8 by June 30 2016.*

**Example Indicator c:**

* *number of citations for youth driving without appropriate license.*

**Objective d**: Increase the application of appropriate underage drinking policies (by some measureable change) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school(s) by June 30, 2016.

**Possible Outcome Indicators for Objective d:**

* # and kind of policies revised enhanced (use on campus, consequences, use space restriction, cameras real or fake, elimination of zero-tolerance policies, etc.)
* enforcement/monitoring activities on campus (painkiller dogs, lunch monitors, ATOD use space monitors)
* youth caught and consequences, including referrals to help. (i.e., 8 youth caught, 2 given after school community service; 6 referred to SBHC)
* decreased suspensions, especially those related to substance use on campus

**Example Objective d:**

*Increase the application of appropriate underage drinking policies by increasing or enhancing 3 kinds of highly visible monitoring activities in Hidalgo County schools by June 30, 2016 (currently no monitoring activities are tracked).*

**Example Indicator d**:

* *kinds of new monitoring activities: daily random campus walks; daily lunchtime patrols by law enforcement; daily school lunch patrol by staff/volunteers*

**Strategy 1d:** Develop and strengthen enforcement of ATOD policies at schools (includes the elimination of zero-tolerance policies that lead to suspension and expulsion from school)

***Note that the Goal for this strategy will involve the reduction of ATOD use and access on campus. This can be measured in the SFS or YRRS.***

**LOW ENFORCEMENT OF ALCOHOL-RELATED LAWS….**

**Strategy 1e:** Strengthening MIP laws to include consumption/intoxication as a criminal offense

**Objective e:** Strengthen MIP laws by advocating for consumption/intoxication of a minor to be a criminal offense by (some measureable processes) by June 30, 2016.

**Possible Outcome Indicator for Objective e:**

* Positive change in the law

**Possible Process Indicators for Objective e:**

* letters,
* senators and other political reps contacted,
* white paper,
* feedback received.

**Example Objective** **e:**

*Strengthen MIP laws by advocating for consumption/intoxication of a minor to be a criminal offense by sharing one white paper and sending at least 20 letters to JD6 area state senators about changing the law by June 30, 2016.*

**Example Indicator e**:

***Process:*** *white paper shared; state senators contacted,*

***Outcome****: change in the law*

### INTERVENING VARIABLE 2: LOW PERCEIVED RISK OF LEGAL CONSEQUENCES

**Strategy 2a:** Publicizing law enforcement efforts (party patrols, sobriety checkpoints, saturation patrols, etc.)

**Objective a:** Increase perceived risk of legal consequences for breaking alcohol related laws by (measureable amount) by highly publicizing (all available drinking related law enforcement activities) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective a:**

* Change in selected perception of risk questions in NM Community Survey (NMCS) (e.g., providing alcohol for minors, breaking up parties where teens are drinking,)
* Change in SFS questions about getting caught and having consequences for drinking.

**Example Objective a:**

*Increase perceived risk of arrest as for providing alcohol to minors as “likely or very likely” by 5%age points from 2012NMCS responses by highly publicizing all related law enforcement activities in Hidalgo County by June 30, 2016.*

**Example Indicator a:**

* *change in NMCS (2014 to 2016), perception of risk of arrest for providing alcohol to a minor.*

**Strategy 2b:** Publicizing consequences for breaking ATOD laws (arrests, convictions, citations, etc.)

**Objective b:** Increase perceived risk of legal consequences of underage drinking in (your location) (by a measureable amount from the 2014 Community Survey or SFS) by publicizing all (underage-drinking/alcohol) related arrests and convictions by June 30, 2016.

**Possible outcome indicators for Objective b:**

* Change in perception of risk questions in CS (i.e., arrest, buying alcohol for minors, breaking up parties where teens are drinking, stopped by police, convicted).
* Change in SFS questions about getting caught and having consequences for drinking

**Example Objective b:**

*Increase perceived risk of legal consequences for DWI in Hidalgo County by 5% over 58% of NMCS respondents stating likely or very likely in the 2014 by publicizing all DWI arrests and convictions by June 30, 2016.*

**Example Indicator b:**

* *NMCS 2014 to 2016: risk of being stopped for DWI, risk of conviction for DWI.*

### INTERVENING VARIABLE 3: RETAIL ACCESS TO ALCOHOL

**Strategy 3a:** Responsible Beverage Service Model (a package including alcohol merchant education, store manager policies, age verification, server training)

**Objective a:** Decrease retail access to alcohol (by minors) by (specific measureable amount) by implementing the Responsible Beverage Service Model in (your location) by June 30, 2016.

**Possible Outcome Indicators for Objective a:**

* SID checks (minor)
* SFS results for where youth accessed alcohol. (FY14 will be first year this question will be included, so change cannot be measured from previous year until FY15)
* CS results for 18-20 year olds about where they accessed alcohol
* CS results of ease of access to alcohol in retail outlets
* Observation of retailers – % they are carding

**Example Objective a:**

*Decrease retail access by minors and intoxicated patrons by reducing related SID violations from 5 in FY 2014 to 2 per fiscal year by implementing the Responsible Beverage Service Model in Hidalgo County by June 30, 2016.*

**Example Indicator a**:

* *sales to minors based on SID violations.*
* *Violations for sales to intoxicated based on SID violations*

**Strategy 3b:** Restrictions on alcohol placement in stores

**Objective b:** Decrease retail access to alcohol by minors by restricting alcohol placement in retail stores (by a measureable amount) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective b:**

* Number of places alcohol location is changed to make it more difficult for youth to steal.
* CS results for 18-20 year olds about where they accessed alcohol.
* CS results of ease of access to alcohol in retail outlets
* SFS results for where youth accessed alcohol.

**Example Objective b:**

*Decrease retail access of alcohol to minors by restricting alcohol placement in 4 out of 5 retail stores approached in Silver City by June 30, 2016.*

**Example Indicator b**:

* *number of retail stores approached (denominator) and*
* *number of stores restricting placement*

**RETAIL ACCESS TO ALCOHOL…**

Strategy **3c**: Restrictions on alcohol advertising by schools, day care centers, etc.

**Objective c:** Reduce the promotion of alcohol to minors by restricting the location of alcohol advertising (by measureable amount) from areas where youth congregate (in your location) by June 30, 2016.

**Possible outcome indicators for Objective c:**

* Change in advertising placement
* Elimination of advertising in number of locations.

**Example Objective c:**

*Reduce the promotion of alcohol to minors by restricting or eliminating alcohol advertising in 4 out of 5 areas where youth congregate in Silver City by June 30, 2016.*

**Example Indicator c:**

* *# of areas where youth congregate (denominator);*
* *# of areas where alcohol advertising is newly restricted within Silver City town limits.*

Strategy **3d**: Restrictions on alcohol sales (days, hours)

**Objective d:** Reduce retail access to alcohol (by minors)by restricting alcohol sales and times by (measureable amount) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective c:**

* Hours of alcohol sales
* CS results for 18-20 year olds about where they accessed alcohol.
* CS results of ease of access to alcohol in retail outlets
* SFS results for where youth accessed alcohol.

**Example Objective d:**

*Reduce retail access to alcohol among youth 12-20 by restricting alcohol sales after midnight in the Route 66 Casino by June 30, 2016.*

**Example Indicator d**:

* *dates, times and location of restriction of alcohol sales*

**RETAIL ACCESS TO ALCOHOL…**

Strategy **3e**: Restrictions on alcohol outlet density

**Objective e:** Reduce retail access to alcohol (by some measureable change) by reducing alcohol outlet density (and/or by some measureable change) in (location) by June 30, 2016.

**Possible Outcome Indicators for Objective e:**

* CS results for 18-20 year olds about where they accessed alcohol.
* CS results of ease of access to alcohol in retail outlets
* SFS results for where youth accessed alcohol
* Outlet density (by road mile)

**Example Objective e:**

*Reduce retail access to alcohol by reducing outlet density by one per road mile in the Silver City town limits by June 30, 2016.*

**Example Indicator e:**

* *alcohol outlet density*

**Objective f:** Reduce retail access of alcohol to minors (optional : by some measureable change) by preventing the transfer of alcohol licenses or new licenses (and/or by some measureable change) in (your location) by June 30, 2016.

**Possible Outcome Indicators for Objective f:**

* # of new licenses
* # of transferred licenses
* CS results for 18-20 year olds about where they accessed alcohol.
* CS results of ease of access to alcohol in retail outlets
* SFS results for where youth accessed alcohol. (FY14 will be first year this question will be included, so change cannot be measured from previous year until FY15)

**Example Objective f:**

*Reduce retail access to alcohol among youth 12-20 by preventing the transfer of at least one alcohol license or any new licenses in Santa Fe by June 30, 2016.*

**Example Indicator f:**

* *Number of new licensees and license transfers*

**Strategy 3f**: Prevention of alcohol license transfers or new licenses

**RETAIL ACCESS TO ALCOHOL…**

**Strategy 3g:** Restrictions on local alcohol discounts and sales

**Objective g:** Reduce retail access to minors by restricting sales and discounts (by some amount) (in your location) retail outlets by June 30, 2016.

**Possible outcome indicators for Objective g:**

* # of stores committing to reducing sales and discounts for alcohol more commonly consumed by minors
* Random price checks to insure that prices have not lowered/been discounted.

**Example Objective g:**

*Reduce retail access to minors by restricting sales and discounts of alcohol most commonly consumed by minors in at least 5 McKinley County retail outlets by June 30, 2016.*

**Example Indicator g:**

* *# of retail outlets in the county participating and in compliance;*
* *Kinds of alcohol sales not discounted (36-packs, alco-pops)*

**Strategy 3h:** increase alcohol taxes (local options tax).

**Objective b:** Reduce retail access to minors by increasing the price of alcohol (in your location) by advocating for a NM state approval of a local options tax by June 30, 2016.

**Possible outcome indicators for Objective b:**

* State level approval of local options tax;
* County approval of local options tax

**Example Objective b:**

*Reduce retail access to minors by increasing its price in Santa Fe County by advocating for a NM state approval of a local options tax by June 30, 2016.*

**Example Indicator b:**

* *State level approval of option to apply local taxes on alcohol*
* *Santa Fe County’s adoption of local option tax*

**Example Process indicators: b**

* *# of contacts made to local state senators in support of local options tax.*

### INTERVENING VARIABLE 4: Youth Social Access (for youth only)

**Strategy 4a**: Advocacy for and passing of a Social Host Ordinance

**Objective a:** Decrease social access to alcohol among minors by decreasing the number of adults who provide alcohol to minors (by some measureable amount) by advocating for and passing a Social Host Ordinance (in location) by June 30, 2016.

**Possible outcome indicators for a:**

* Passing of social ordinance
* CS question about providing alcohol to minors
* SFS question about source of alcohol

**Example Objective a:**

*Decrease social access to alcohol among minors by decreasing the number of adults who provide alcohol to minors by 3% as reflected in the NMCS 2014-2016 by advocating for and passing a Social Host Ordinance in Luna County by June 30, 2016.*

**Example Indicator a:**

* *NMCS 2014, 2015, & 2016 adults who report providing alcohol to minors*
* *Passage of social host ordinance*

**Strategy 4b:** Developing and coordinating a Parent Party Patrol

**Objective b:** Decrease social access to alcohol among minors by decreasing the number of adults who report providing alcohol to minors (by some measureable amount) by developing and coordinating a Parent Party Patrol in (location) by June 30, 2016.

**Possible outcome indicators for Objective b:**

* Party patrol initiated & patrols instated
* CS question about providing alcohol to minors
* SFS question about source of alcohol

**Example Objective b:**

*Decrease social access to alcohol among minors by decreasing the number of adults who report providing alcohol to minors by 5% (from a baseline of 10% in the 2014 NMCS) by developing and coordinating a Parent Party Patrol in Silver City by June 30, 2016.*

**Example Indicator b:**

* *change in the NMCS of adults admitting providing access to alcohol, 2014 to 2016;*
* *# of Party patrol initiated and patrols conducted*

**YOUTH SOCIAL ACCESS TO ALCOHOL…**

**Objective c:** Reduce access to alcohol among youth 12-20from parents by reducing the number of adults who report providing alcohol to a minor (by some measureable change) by implementing Parents Who Host Lose the Most Campaign (PWHLTM) in (location) by June 30, 2014.

**Possible outcome indicators for Objective c:**

* CS question about providing alcohol to minors.
* SFS question about source of alcohol as parent or guardian (FY14 will be first year this question will be included, so change cannot be measured from previous year until FY15)

**Example Objective c:**

*Reduce access to alcohol among youth 12-20 from parents by 5% (as reflected in the SFS) by implementing Parents who Host Lose the Most Campaign in Catron County by June 30, 2014.*

**Example Indicator c:**

*Change in SFS pre and post-test FY14.*

**Strategy 5c:** Parents Who Host Lose the Most

**Strategy 4c:** Parents Who Host Lose the Most

**Objective c:** Reduce access to alcohol among youth 12-20from parents by reducing the number of adults who report providing alcohol to a minor (by some measureable change) by implementing Parents Who Host Lose the Most Campaign (PWHLTM) in (location) by June 30, 2016.

**Possible outcome indicators for Objective c:**

* CS question about providing alcohol to minors.
* SFS question about source of alcohol as parent or guardian or stolen from home

**Example Objective c:**

*Reduce access to alcohol among youth 12-20 from parents by 5% (as reflected in the SFS) by implementing Parents who Host Lose the Most Campaign in Catron County by June 30, 2016.*

**Example Indicator c:**

*Change in SFS pre and post-test FY15 & FY16.*

**Strategy 4d:**  Media to increase awareness of 4th degree felony, social host laws

**Objective d:** Reduce social access to alcohol among youth 12-20 by reducing the number of adults who provide alcohol to minors (by some measureable change) by implementing a media campaign to increase awareness of the 4th degree felony and social host laws (by some measureable change) in (location) by June 30, 2016.

**Possible outcome indicators for Objective d:**

* NMCS question about providing alcohol to minors.
* SFS and NMCS questions about source of alcohol

**Example Objective d:**

*Reduce social access to alcohol among youth 12-20 by reducing the number of adults who self-report providing alcohol to minors by 5% as reflected in the CS 2014-2016 by implementing a media campaign to increase awareness of the 4th degree felony and social host laws in Grant County by June 30, 2016.*

**Example Indicator d:**

* *NMCS question about providing alcohol to a minor, 2014-2016.*

### INTERVENING VARIABLE 5: Individual Characteristics

**Strategy: Direct Services for alcohol or Rx drug abuse “hot spots”**

1. Curriculum-based for youth: Dare To Be You, Project Venture, Too Good for Drugs
2. Parenting Skill Building: Strengthening Families, Parents as Teachers, Triple-P (Positive Parenting Program)

One special consideration is that **Direct Service providers will need to also include Individual Level Characteristics as an IV** because these will be directly addressed in the prevention program.  All direct services programs currently approved by OSAP have been demonstrated to have an impact upon substance abuse.  Your CFs related to Individual Level Characteristics should then reflect what the program specific documentation states it should change in order to eventually impact substance use and abuse.  For example, in its Program Overview, Botvin Life Skills indicates that it:

*Promotes healthy alternatives to risky behavior designed to:*

1. *Teach students the necessary skills to resist social (peer) pressure to smoke, drink, and use drugs.*
2. *Help students to develop greater self-esteem and self-confidence*
3. *Enable students to effectively cope with anxiety*
4. *Increase their knowledge of the immediate consequences of substance abuse*
5. *Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors*

These 5 CFs ideally should be assessed in your evaluation to confirm you are making changes in your Individual Characteristics IV.  However, we are aware that programs do not have the evaluation resources to provide this sort of analysis.  Since the SFS was developed to address several kinds of prevention programs, it does not necessarily assess these CFs as identified by Botvin or other programs directly.  If you only use the SFS, you should identify measures in the SFS that could act as a “proxy” for these CFs.  For example, depending upon the specifics of your site’s programming, many questions in Module D of the SFS could be of use.

For other youth curricula, such as Dare to Be You, Project Venture, Too Good for Drugs, or Strengthening Families, prevention programs will need to identify the actual individual level characteristics that should change as a result of the program, and make sure you have a way to assess changes from pre to post.  If there are too many to manage, consider grouping CFs into larger categories and/or choose those (probably more than 1) that will best helpyou and OSAP assess your success.  A list of Internal and External Assets measured in the SFS can be found at the very end of this document.

An example for a program using Botvin and only the SFS to evaluate it would be the following:

**Goal:  Decrease binge drinking among Hidalgo County 9th graders in the 2015-16 school year**

**Goal Indicator**:  SFS binge drinking (fall pre-test and spring post-test)

**IV:  Individual Characteristics**

***CF:  Low student self-esteem and self-confidence***

**Strategy:** Botvin Life Skills School-based Curriculum

**Example Objective***:  Through implementing Botvin Life Skills training with Hidalgo County 9th graders, increase student self-reported self-esteem and self-confidence by 5% in order to resist alcohol peer pressure to use (baseline TBD).*

**Example Objective indicator(s):**

*SFS in Module D questions relative to self-confidence (average increase of these three measures will be taken)*

*D9- I do many things well*

*D14- I stand up for myself without putting others down*

*D18- I have a purpose in life*

**Approved parenting programs for FY 15:**

**Parenting Skill Building**

**Strengthening Families**

**Parents as Teachers**

**Triple-P (Positive Parenting Program)**

**Please conduct the same process of review and determination of need for programming and communicate with your evaluator about how to construct your plan, objectives and indicators.**

## Goals for Prescription Painkiller Misuse and Abuse indicators

Insure that your Objectives correspond to your long term goal, and that you list all indicators for your Goal.

For example,

**GOAL: Reduce prescription painkiller misuse and abuse among youth and adults in (your location).**

**Possible Outcome Indicator(s):**

* NM Community Survey: Rx Drug items referring to misuse and abuse.
* YRRS: Past 30 day Rx pain-killer misuse.
* SFS: Past 30 day Rx pain-killer misuse.

After you have written your Goal for prescription pain killers and identified indicators or measures of that goal, you must then identify which IVs are most influential in your community and that, if addressed through prevention strategies, should affect the stated goal positively. Below we provide strategies associated with contributing factors, corresponding SMART objectives, and indicators/measures for each objective by IVs.

### INTERVENING VARIABLE 1: Low Enforcement of Rx Drug related laws

**Strategy 1a:** Develop and strengthen enforcement of ATOD policies at schools to address the misuse and selling of Rx painkillers.

***Note that the Goal for this strategy will involve the reduction of ATOD use and access on campus. This can be measured in the SFS or YRRS.***

**Objective a**: Increase the application of appropriate Rx drug policies (by some measureable change) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school(s) by June 30, 2016.

**Possible Outcome Indicators for Objective a:**

* # and kind of policies revised enhanced (use on campus, consequences, use space restriction, cameras real or fake, etc.)
* enforcement/monitoring activities on campus (e.g. painkiller dogs, lunch monitors, ATOD use space monitors)
* youth caught by consequence. (e.g.., 8 youth caught, 2 given after school community service; 6 referred to SBHC; all 8 received in-school suspension)

**Example Objective a:**

*Increase the application of appropriate Rx drug abuse policies by increasing or enhancing 3 kinds of highly visible monitoring activities in Hidalgo County schools by June 30, 2015 (baseline TBD).*

**Example Indicator a**:

* *number and types of new monitoring activities: daily random campus walks; daily lunchtime patrols by law enforcement; daily school lunch patrol by staff/volunteers*

### INTERVENING VARIABLE 2: Retail Access

**Strategy 2a:** Increase timely use of the PDMP by *medical providers* to record prescriptions and identify potential abusers, e.g., user education.

**Objective a:** Decrease access to prescription painkillers for abuse through medical providers in (your location) by (X amount) by increasing use of the PDMP by these medical providers (by some measureable amount). by June 30, 2016

**Possible Outcome Indicators for Objective a:**

* Number of times medical providers use PDMP (self-reported and through DOH reporting)
* 1-year rate of prescriptions for Rx pain killers filled per 1000 population (PDMP)
* Number of refusals or “red flags” created because of PDMP use by pharmacist or physician.

**Example Objective a:**

*Decrease access to prescription painkillers through medical providers in Socorro County by 2% by increasing use of the PDMP by these medical providers by 5% as reported by DOH by June 30, 2016.*

**Example Indicator a**:

* *1-year rate of prescriptions for Rx pain killers filled per 1000 population (PDMP)*
* *Number of ‘hits’ by county of PDMP medical providers as reported from DOH; self-reported reviews/hits*
* *Number of refusals or “red flags” created because of PDMP use by pharmacist or physician in Socorro County.*

**Strategy 2b:** increase timely use of the PDMP by pharmacists to identify potential abusers

**Objective b:** Decrease retail access to Rx pain killers (by some measurable amount) in (your location) by June 30, 2015 by increasing timely use of the PDMP by area pharmacists (by a certain amount).

**Possible Outcome Indicators for Objective b:**

* 1-year rate of prescriptions for Rx pain killers filled per 1000 population (PDMP)

**Example Objective b:**

*Decrease retail access to Rx pain medication by 4 prescriptions per year in Hidalgo County by June 30, 2015 by increasing timely use of the PDMP by area pharmacists from once daily to every painkiller prescription filled.*

**Example Indicators b**:

* *1-year rate of prescriptions for Rx pain killers filled per 1000 population (PDMP) for Hidalgo County*
* *Number of times prescription drug providers serving Hidalgo County check PDMP each month.*

### INTERVENING VARIABLE 3: Social Access

**SOCIAL ACCESS TO Rx PAINKILLERS…SOCIAL ACCESS TO Rx PAINKILLERS…**

**Objective a:** *Restrict youth social access to Rx painkillers from parents in (location) by increasing parents’ self-reported secure storage (by amount), and reducing sharing with others (by amount) through a parent social access campaign with PTAs or similar parent groups by June 30, 2016.*

**Possible Process Indicators for Objective a:**

* Tools developed for parents (parent handbook, tool for pediatricians and SBHC to talk to parents); dissemination of tool to # of parents or providers
* # of new policies and practices implemented by providers to educate parents

**Possible Outcome Indicators for Objective a:**

* NMCS: self-reported secure storage; sharing of meds among adults of your target age range;
* SFS: youth access to Rx meds through sources other than an MD

**Example Objective a:** *Restrict youth social access to Rx painkillers from parents in San Miguel County by increasing parents’ self-reported secure storage by 3%; and reducing sharing with others by 7% through a parent social-access campaign that that entails working directly with the LVSD PTO by June 30, 2016.*

**Example Process Indicators for Objective a:**

* *Parent Handbook developed*
* *# of parents receiving and trained in handbook.*

**Example Outcome Indicators for Objective a:**

* *NMCS: self-reported secure storage; sharing of meds among adults 30 to 60.*
* *SFS: youth access to Rx meds through sources other than an MD*

**Strategy 3a:** Target ***parents*** to restrict youth social access to Rx pain-killers by working directly with PTAs or similar parent groups to encourage locking up meds, proper disposal, use of lock boxes, and to share information with parents on adolescent Rx drug misuse and abuse, as well as dangers of sharing.

**Objective b:** *Restrict youth social access to Rx painkillers from parents in (location) by increasing parents’ self-reported secure storage (by amount), and reducing sharing with others (by amount) by developing and disseminating a parent handbook with community-level RX drug prevention information by June 30, 2016.*

**Possible Process Indicators for Objective b:**

* Parent handbook; dissemination to # of parents
* # of new policies and practices implemented by providers to educate parents

**Possible Outcome Indicators for Objective b:**

* NMCS: self-reported secure storage; sharing of meds among adults of your target age range;
* SFS: youth access to Rx meds through sources other than an MD

**Example Objective b:** *Restrict youth social access to Rx painkillers from parents in San Miguel County by increasing parents’ self-reported secure storage by 3%; and reducing sharing with others by 2% by developing and disseminating a community-relevant parent handbook with RX drug prevention information by June 30, 2016.*

**Example Process Indicators for Objective b:**

* *Parent Handbook developed*
* *# of parents receiving and trained in handbook.*

**Example Outcome Indicators for Objective b:**

* *NMCS: self-reported secure storage; sharing of meds among adults 30 to 60.*
* *SFS: youth access to Rx meds through sources other than an MD*

**Strategy 3b:** Target ***parents*** to restrict youth social access to Rx pain-killers by developing a culturally appropriate “parent handbook” that includes a medicine cabinet inventory, info handouts, federal guidelines on proper disposal of prescription drugs, & YRRS results related to prescription drug non-medical use)

**SOCIAL ACCESS TO Rx PAINKILLERS…**

**Objective c:** *Restrict youth social access to Rx painkillers from parents in (location) by increasing parents’ self-reported secure storage (by amount) and reducing sharing with others (by amount) by creating, promoting and implementing tools and policies that insure that SBHCs & prescribers share information with parents on adolescent Rx drug misuse and abuse, proper storage & disposal, and dangers of sharing by June 30, 2016.*

**Possible Process Indicators for Objective c:**

* Tools developed for pediatricians and SBHC to talk to parents
* dissemination of tool to # of providers
* # of new policies and practices implemented by providers to educate parents

**Possible Outcome Indicators for Objective c:**

* NMCS: self-reported secure storage; sharing of meds among adults of your target age range;
* SFS: youth access to Rx meds through sources other than an MD

**Example Objective c:** *Restrict youth social access to Rx painkillers from parents in San Miguel County by increasing parents’ self-reported secure storage by 3%; and reducing sharing with others by 7% by creating, promoting and implementing tools and policies that insure that SBHCs & prescribers share information with parents on adolescent Rx drug misuse and abuse, proper storage & disposal, and dangers of sharing by June 30, 2016.*

***Possible Process Indicators for Objective c:***

* *Tools developed for pediatricians and SBHC to talk to parents*
* *dissemination of tool to # of providers*
* *# of new policies and practices implemented by providers to educate parents*

***Possible Outcome Indicators for Objective c:***

* *NMCS: self-reported secure storage; sharing of meds among adults of your target age range;*
* *SFS: youth access to Rx meds through sources other than an MD*

**Strategy 3c:**  Target ***parents*** to restrict youth social access to Rx pain-killers by creating tools and promoting and implementing policies that insure that SBHCs & prescribers share information with parents on adolescent Rx drug misuse and abuse, proper storage & disposal, and dangers of sharing.

**Strategy 3d:** Restrict social access through the ***elderly*** (locking up meds, provide lock boxes, not sharing meds, etc.) with strategies that educate on proper storage, disposing, and sharing of medications and respond to local social norms and conditions.

**Objective d:** *Restrict social access to Rx painkillers through those over 60 in (location) by increasing their self-reported secure storage (by amount), (opt: increasing safe disposal of medications (by amount)), and reducing their self-reported sharing with others (by amount) through a community campaign by June 30, 2016.*

**Possible Process Indicators for Objective d:**

* # of lock boxes provided to adults over 60.
* # of pledge cards retrieved from adults over 60 (to not share, to lock up and safely dispose of medications).

**Possible Outcome Indicators for Objective d:**

* NMCS: self-reported secure storage; sharing of meds; safe disposal by respondents 60 and older
* Optional: own survey question regarding safe disposal and/or weight of drugs returned from areas frequented by older populations (eg senior center dropbox).

**Example Objective d:**  *Restrict social access to Rx painkillers through those over 60 in San Miguel County by 1) increasing their self-reported secure storage by 3%; 2) increasing medications returned to senior center drop box by 5%; and 3) reducing their NMCS self-reported sharing with others by 7% through a community campaign by June 30, 2016.*

**Example Outcome Indicators for Objective d:**

* *NMCS 2014, 2015, & 2016: Self -reported secure storage and sharing of meds over 60 in San Miguel County*
* *Weight of drugs returned to senior center drop-boxes in Las Vegas.*

**Example Indicator b:**

**SOCIAL ACCESS TO Rx PAINKILLERS…**

**Strategy 3e:** Work with ***pharmacies to*** always share information with customers about the dangers of abuse, proper storage & disposal, and dangers of sharing of Rx opioids and other potentially abused drugs.

**Objective e:** *Restrict social access to Rx painkillers for abuse in (location) by increasing self-reported secure storage (by amount) and reducing sharing with others (by amount) through a* ***pharmacy-based campaign to*** directly encourage/educate customers about how to reduce social access, by *June 30, 2016.*

**Possible Process Indicators for Objective e:**

* # of new policies and practices implemented in # of pharmacies to share information with customers.

**Possible Outcome Indicators for Objective e:**

* NMCS: self-reported secure storage; sharing of meds
* SFS and NMCS: receiving painkillers from a social (not medical or retail source)

**Example Objective e:** *Restrict social access to Rx painkillers for abuse in Bernalillo County by increasing self-reported secure storage by 4% and reducing sharing with others by 2% through a* ***pharmacy-based campaign to*** directly encourage/educate customers about how to reduce social access, by *June 30, 2016.*

**Example Process Indicators for Objective e:**

* # of new policies and practices implemented in # of pharmacies to share information with customers.

**Example Outcome Indicators for Objective e:**

* *NMCS 2014 to 2016: San Miguel County - self reported secure storage; sharing of meds;*

**SOCIAL ACCESS TO Rx PAINKILLERS…**

**Strategy 3f:** Work with ***pharmacies to*** provide or sell lock boxes to customers (e.g., providing them to new customers or those who switch medications to them) and/or offer onsite drop-boxes or other opportunities for safe continuous medications return.

**Objective f:** *Restrict social access to Rx painkillers for abuse in (location) by increasing self-reported secure storage (by amount) and safe disposal of medications (by amount) by helping pharmacies provide lock boxes to customers and offer onsite drop-boxes for safe and continuous return of medications by June 30, 2016.*

**Possible Process Indicators for Objective f:**

* # of lock boxes provided to customers at pharmacies
* # of pharmacies accepting meds return

**Possible Outcome Indicators for Objective f:**

* NMCS: self-reported secure storage;
* Weight of drugs returned (opioids especially) to participating pharmacies

**Example Objective f:** *Restrict social access to Rx painkillers for abuse in San Miguel County by increasing NMCS self-reported 1) secure storage by 3% and 2) safe disposal of medications to pharmacy by 10 lbs. by helping pharmacies provide lock boxes to customers and offer onsite drop-boxes for safe and continuous return of medications by June 30, 2016.*

**Example Process Indicators for Objective f:**

* *# of lock boxes provided to adults by pharmacies*
* *# of pharmacies accepting meds return*

**Example Outcome Indicators for Objective f:**

* *NMCS 2014 to 2016: San Miguel County - self reported secure storage*
* *Weight of meds returned to participating pharmacies (esp Opioids)*

**SOCIAL ACCESS TO Rx PAINKILLERS…**

**Strategy 3g**: Work directly with ***medical providers*** to create and implement policies such that medical providers educate patients on proper storage of meds and encourage the use of lock boxes.

**Objective g***: By June 30, 2016, restrict social access to Rx painkillers for abuse in (location) by increasing secure storage (by amount) and reducing sharing with others (by amount) by creating and implementing policies such that medical providers educate patients on proper storage of meds and encourage the use of lock boxes.*

**Possible Process Indicators for Objective g:**

* # of lock boxes provided to adults by practitioners
* # of new policies and practices implemented in # of providers to educate patients.
* Development and dissemination of provider guide (with training) at # of providers.

**Possible Outcome Indicators for Objective g:**

* NMCS: self-reported secure storage; sharing of meds
* Patient survey based upon NMCS that includes secure storage and safe disposal of meds

**Example Objective g:**  *By June 30, 2016, restrict social access to Rx painkillers for abuse in San Miguel County by increasing secure storage by 4% and reducing self-reported sharing with others by 3%, by creating and implementing policies such that medical providers educate patients on proper storage of meds and encourage the use of lock boxes.*

**Example Process Indicators for Objective g:**

* *# of lock boxes provided to adults by practitioners*
* *# of new policies and practices implemented by # of providers to share information with patients.*

**Example Outcome Indicators for Objective g:**

* *NMCS 2014 to 2016: San Miguel County - self reported secure storage; sharing of meds*

**SOCIAL ACCESS TO Rx PAINKILLERS…**

**Strategy 3h**: Work directly with ***medical providers*** so they can directly educate or encourage patients to reduce social access: develop and disseminate among providers a “provider guide” that could include medicine cabinet inventory, model policies for offices, info handouts, federal guidelines on proper disposal of prescription drugs, & YRRS results related to prescription drug non-medical use, ways to bring the topic up for discussion with patients & parents.

***Objective h****: By June 30, 2016, restrict social access to Rx painkillers for abuse in (location) by increasing self-reported secure storage (by amount) (opt: and safe disposal of medications (by amount)) and reducing self-reported sharing with others (by amount) by developing and disseminating a “provider guide” so that* ***medical providers*** *can directly educate or encourage patients to reduce social access.*

**Possible Process Indicators for Objective h:** .

* Development and dissemination of provider guide (with training) at # of providers. Follow-up encounters for quality improvement.

**Possible Outcome Indicators for Objective h:**

* NMCS: self-reported secure storage; sharing of meds
* Patient survey based upon NMCS that includes safe disposal of meds
* Weight of drugs returned to Take back events and area sites for continuous disposal.

**Example Objective h:** *By June 30, 2016, restrict social access to Rx painkillers for abuse in San Miguel County by increasing NMCS self-reported secure storage by 3% and reducing self-reported sharing with others by 7% by developing and disseminating a “provider guide” so that* ***medical providers*** *can directly educate or encourage patients to reduce social access.*

**Example Process Indicators for Objective h:**

* *Development and dissemination of provider guide (with training) at # of providers. Follow-up encounters for quality improvement.*

**Example Outcome Indicators for Objective h:**

* *NMCS 2014 to 2016: San Miguel County - self reported secure storage; sharing of meds*

### INTERVENING VARIABLE 4: Social Norms/Attitudes

**Strategy 4a:** Use media resources to increase awareness of Rx painkiller harm & potential for addiction, and to increase awareness of dangers of sharing, how to store and dispose of Rx drugs safely.4 (e.g., creating media around Rx drug “Take Back” events regarding safe storage and disposal, or use of local drop/lock-boxes)

***For this objective, choose only one or two outcomes/indicators that are most relevant to your community, not all:***

**Objective a:** In concert with other Rx painkiller prevention activities, implement a media campaign in (your location) to increase community awareness of the harms of Rx painkiller misuse and abuse (by X amount), / to decrease Rx painkiller use (by X amount), / to decrease risky drinking with painkiller use, / to decrease Rx drug sharing (by X amount), / to increase safe storage and proper disposal of Rx drugs by (X amount) by June 30, 2016.

**Example Process Indicator a:**

* Kinds and frequency of media

**Possible Outcome Indicators for Objective a:** NMCS questions about:

* harms of Rx painkiller abuse;
* self-reported 30-day use of Rx painkillers
* self-reported sharing Rx drugs with others
* self-reported safe storage and disposal
* self-reported 30-day binge drinkers and 30-day use of Rx painkillers

**Example Objective a:**

*In concert with other Rx painkiller prevention activities, implement a media campaign in Sierra County to increase community awareness of the harms of Rx painkiller misuse and abuse by 5% and to decrease Rx painkiller use by 2% by June 30, 2016.*

**Example Process Indicator a:**

* *Kinds and frequency of media.*

**Example Outcome Indicator a:**

* *NMCS 2014 to 2016: perception of harm of Rx painkiller misuse and self-reported 30-day use of Rx painkillers.*

**Developing SMART Objectives for Coalition Capacity and Community Readiness strategies**

Your Goal will be to improve coalition capacity or to increase community readiness

Use the same principles as your other objectives. Refer to the beginning of this document for guidance.

* Make it SMART
* Begin the Objective with the language of each numbered strategy below (“Enhance Coalition structure by….)

Each lettered statement should be listed in your strategic plan.

Your outcome indicators that you will track will most likely be the corresponding scores on your coalition and readiness instruments.

# **COALITION STRATEGIES WITH ACTIVITIES FOR COALITION CAPACITY**

1. Strategies to enhance coalition structure (from sections A & B on the coalition checklist)
2. Clarify vision, mission and goals of (coalition) with coalition members and by documenting and sharing a synopsis with all coalition members at the beginning of each meeting.
3. Strengthen (coalition) structure and membership by defining members’ roles and responsibilities.
4. Build (coalition) capacity by improving the structure and organization of our meetings.
5. Build (coalition) capacity by identifying subcommittees to address important tasks based on members’ skills.

**2. Strategies to enhance coalition growth and leadership** (from sections C & F on the coalition checklist)

1. Strengthen (coalition) leadership by having two leading members attend leadership training, practice relationship building and gaining stakeholder buy-in, and assessing progress toward goals.
2. Coalition members provide orientation and mentoring to new recruits/members
3. Different coalition members are given opportunities to take the lead on coalition components/work
4. **Strategies to enhance outreach and communications** (from sections D & E on the coalition checklist)
5. Build (coalition) capacity by increasing outreach and communications between members, key stakeholders, and specific groups, through sharing of activities and seeking feedback from community residents.
6. Development and dissemination of newsletters, website updates, social media promotion, and work with local media groups to promote coalition efforts.
7. Regular communication is maintained with coalition members and regular meetings are held.
8. **Strategies to enhance relationships with local government and other community leaders (from section H on the coalition checklist)**
9. Build (coalition) capacity by recruiting new and improving relationships with local officials and community leaders.
10. Develop a method to keep elected officials/community leaders informed about pressing issues, needs, and outcomes.
11. Assign coalition members to attend important community meetings and events

**5. Strategies to enhance data driven planning and environmental change (from sections G, I & J on the coalition checklist)**

1. Build (coalition) capacity by learning to collect, analyze and use data in our prevention planning.
2. Review progress on the strategic plan/coalition efforts with the coalition and record feedback on progress and accomplishments.
3. Brainstorm ideas for improving integration with local resources and take appropriate actions
4. Build (coalition) capacity by educating all members on the use and value of environmental prevention strategies.

**6. Strategies to enhance cultural competency (from section K on the coalition checklist)**

1. Build (coalition) capacity by recruiting/maintaining members that reflect the diverse cultural and economic makeup of our community
2. Subcommittee/task force reviews activities and products for cultural appropriateness prior to dissemination/implementation
3. Provide translation of materials and interpretation into languages other than English spoken in your population.
4. Disparities, racism, and poverty are included in coalition discussions, planning and goals
5. Work to address possible and unintentional barriers to diverse community participation and representation in coalition.

**7. Strategies to enhance funding and sustainability (from section L on the coalition checklist)**

1. Build (coalition) capacity by identifying and applying for funding from additional sources to support prevention efforts.
2. Develop plan and identify researchers/writers for specific grants or funding opportunities
3. Develop/review a sustainability plan that addresses organizational and programmatic sustainability and program effectiveness.

# **STRATEGIES WITH ACTIVITIES FOR COMMUNITY READINESS BUILDING**

1. **Strategies to increase community awareness**
2. Increase awareness of community prevention efforts, who programs serve, gaps in prevention services, the longevity of efforts, etc.
3. Develop a plan / action steps for informing the community about prevention efforts (convening community meetings, etc.)
4. Assess and address the strengths and weaknesses of current efforts
5. Identify formal and informal policies, practices or laws related to these issues
6. **Strategies to increase readiness among community leaders**
7. Identify what leaders are critical to the issue(s) at hand and/or experts that could help your efforts
8. Increase the level of knowledge/concern/buy –in from community leaders (specify people/positions) for prevention efforts
9. Involve community leaders in prevention efforts
10. **Strategies to improve community climate toward prevention**
11. Identify and resolve obstacles to substance abuse prevention (under what circumstances is it acceptable? What unique factors in our community make planning and implementation difficult? Etc.)
12. Increase support for substance abuse prevention efforts by gathering and disseminating data on the nature of the problem, use assessment data to plan prevention programs and policies, collaborate with agencies working on other prevention issues (HIV, delinquency, etc.), leveraging resources, and sharing successes/outcomes.
13. **Strategies to increase knowledge of the issues**
14. Develop and disseminate information / conversations about the dynamics of substance abuse in the community, data related to priority issues, and current and planned efforts to address the issues. Materials and methods will need to be adapted according to the selected/identified group or population.
15. Develop and disseminate information / conversations about preventing access to substance in the home and community. Materials and methods will need to be adapted according to the selected/identified group or population.
16. Develop and disseminate information about prevention and its importance to the community, including information on the IOM Continuum of Care and why prevention is as important as treatment in improving community health.
17. **Strategies to increase resources to prevention**
18. Identify available resources for substance abuse prevention (personnel, financial, organizational, etc.)
19. Increase the level of prevention funding by identifying and applying for funding from additional sources to support prevention efforts.
20. Increase the number of agencies/partners involved in prevention efforts

# **OSAP FY 2015 INTERVENING VARIABLES & APPROVED STRATEGIES TO ADDRESS ADULT AND YOUTH**[[1]](#footnote-1) **DWI AND BINGE DRINKING**

1. **Low Enforcement of ATOD Laws**
2. Advocacy & coordination for stronger enforcement of all existing youth and adult alcohol & drug related laws (minors in possession, sales to minors, providing alcohol to a minor, Social Host Ordinances; DWI, sales to intoxicated, server liability)
3. Advocacy & coordination to increase enforcement efforts: sobriety checkpoints, saturation patrols, shoulder taps, party patrols, SID activity (compliance checks), DWI efforts
4. Advocacy & coordination for stricter enforcement of youth graduated licenses
5. **REQUIRED FOR ALL PROGRAMS:** Develop and strengthen enforcement of ATOD policies at schools (includes the elimination of zero-tolerance policies that lead to suspension and expulsion from school) Also applies to reducing Rx drug abuse.
6. Strengthening MIP laws to include consumption/intoxication as a criminal offense
7. **Low Perceived Risk of Arrest/ Legal Consequence**
   1. Publicizing law enforcement efforts (sobriety checkpoints, saturation patrols, etc.)
   2. Publicizing consequences for breaking ATOD laws (arrests, convictions, citations, etc.)
8. **Retail Access**

a. Responsible Beverage Service Model (a package including alcohol merchant education, store manager policies, age verification, server training)

b. Restrictions on alcohol placement in stores

c. Restrictions on alcohol advertising by schools, day care centers, etc.

d. Restrictions on alcohol sales (days, hours)

e. Restrictions on alcohol outlet density

f. Prevention of alcohol license transfers or new licenses

g. Restrictions on local alcohol discounts and sales

h. Increase alcohol taxes (local options tax)

1. **Social Access (for youth only)**
   1. Advocacy for and passing of a Social Host Ordinance
   2. Developing and coordinating a Parent Party Patrol
   3. Parents Who Host Lose the Most
   4. Media to increase awareness of 4th degree felony and social host laws
2. **Individual Characteristics** (FOR DIRECT SERVICES ONLY)
   1. Botvin Life Skills Training
   2. Dare To Be You
   3. Project Venture
   4. Too Good for Drugs
   5. Parenting Skill Building: Strengthening Families, Parents as Teachers, Triple-P (Positive Parenting Program)
   6. SBIRT- Screening, Brief Intervention, Referral, Treatment

# **OSAP FY 2015 INTERVENING VARIABLES & APPROVED STRATEGIES TO ADDRESS PRESCRIPTION PAINKILLER MISUSE AND ABUSE**

1. **Low Enforcement of Rx drug Laws**
2. Develop and strengthen enforcement of ATOD policies at schools to address the misuse and selling of Rx painkillers *(only if UAD priority not selected)*
3. **Retail Access**
4. Increase timely use of the PDMP by *medical providers* to record prescriptions and identify potential abusers, e.g., user education.
5. Increase timely use of the PDMP *by pharmacists* to identify potential abusers.
6. **Social Access**

**a:** Target ***parents*** to restrict youth social access to Rx pain-killers with by working directly with PTAs or similar parent groups to encourage locking up meds, proper disposal, use of lock boxes, and to share information with parents on adolescent Rx drug misuse and abuse, as well as dangers of sharing.

**b:** Target ***parents*** to restrict youth social access to Rx pain-killers by developing a culturally appropriate “parent handbook” that includes a medicine cabinet inventory, info handouts, federal guidelines on proper disposal of prescription drugs, & YRRS results related to prescription drug non-medical use

**c:**  Target ***parents*** to restrict youth social access to Rx pain-killers by creating tools and promoting and implementing policies that insure that SBHCs & prescribers share information with parents on adolescent Rx drug misuse and abuse, proper storage & disposal, and dangers of sharing.

**d:** Restrict social access through the ***elderly*** (locking up meds, provide lock boxes, not sharing meds, etc.) with strategies that educate on proper storage, disposing, and sharing of medications and respond to local social norms and conditions.

**e:** Work with ***pharmacies to*** always share information with customers about the dangers of abuse, proper storage & disposal, and dangers of sharing of Rx opioids and other potentially abused drugs.

**f:** Work with ***pharmacies to*** provide or sell lock boxes to customers (e.g., providing them to new customers or those who switch medications to them) and offer onsite drop-boxes or other opportunities for safe continuous medications return.

**g**: Work directly with ***medical providers*** to create and implement policies such that medical providers educate patients on proper storage of meds and encourage the use of lock boxes.

**h**: Work directly with ***medical providers*** so they can directly educate or encourage patients to reduce social access: develop and disseminate among providers a “provider guide” that could include medicine cabinet inventory, model policies for offices, info handouts, federal guidelines on proper disposal of prescription drugs, & YRRS results related to prescription drug non-medical use, ways to bring the topic up for discussion with patients & parents.

1. **Social Norms/Attitudes** 
   1. Use media resources to increase awareness of Rx painkiller harm & potential for addiction, and to increase awareness of dangers of sharing, how to store and dispose of Rx drugs safely.(Can include creating media around Rx drug “Take Back” events regarding safe storage and disposal or use of local drop/lock-boxes)

# STRATEGIES FOR SUCCESS: EXTERNAL AND INTERNAL ASSETS CONSTRUCTS BY QUESTION

Resilience Modules Organized by **Search Institute 40 Developmental Assets**

## INTERNAL Resiliency Constructs

COOPERATION AND COMMUNICATION

Items:

(D8) I can work with someone who has different opinions than mine;

(D13) I enjoy working together with other students my age;

(D14) I stand up for myself without putting others down.

SELF-EFFICACY

Items:

(D6) I can work out my problems;

(D7) I can do most things if I try;

(D9) There are many things that I do well.

EMPATHY

Items:

(D10) I feel bad when someone gets their feelings hurt;

(D11) I try to understand what other people go through;

(D15) I try to understand how other people feel and think.

PROBLEM SOLVING

Items:

(D12) When I need help, I find someone to talk with;

(D4) I know where to go for help with a problem;

(D5) I try to work out problems by talking or writing about them.

SELF-AWARENESS

Items:

(D16) I understand my moods and feelings;

(D17) I understand why I do what I do.

(D18) There is a purpose to my life.

GOALS AND ASPIRATIONS

Items:

(D1) I have goals and plans for the future;

(D2) I plan to graduate from high school;

(D3) I plan to go to college or some other school after high school.

## EXTERNAL Resiliency Constructs

CARING RELATIONSHIPS: ADULTS IN SCHOOL

Items: At my school, there is a teacher or some other adult...

(E1) who really cares about me;

(E3) who cares when I’m not there;

(E5) who listens to me when I have something to say.

HIGH EXPECTATIONS: ADULTS IN SCHOOL

Items: At my school, there is a teacher or some other adult...

(E2) who tells me when I do a good job;

(E4) who always wants me to do my best;

(E6) who believes that I will be a success.

MEANINGFUL PARTICIPATION: IN THE SCHOOL

Items: At school...

(E7) I do interesting activities;

(E8) I help decide things like class activities or rules;

(E9) I do things that make a difference.

CARING RELATIONSHIPS: ADULTS IN HOME

Items: In my home, there is a parent or some other adult...

(E26) who is interested in my school work;

(E28) who talks with me about my problems;

(E30) who listens to me when I have something to say.

HIGH EXPECTATIONS: ADULTS IN HOME

Items: In my home, there is a parent or some other adult...

(E25) who expects me to follow the rules;

(E37) who believes that I will be a success;

(E29) who always wants me to do my best.

MEANINGFUL PARTICIPATION: IN THE HOME

Items: At home...

(E31) I do fun things or go fun places with my parents or other adults;

(E32) I do things that make a difference;

(E33) I help make decisions with my family.

CARING RELATIONSHIPS: ADULTS IN COMMUNITY

Items: Outside of my home and school, there is an adult...

(E10) who really cares about me;

(E12) who notices when I am upset about something;

(E15) whom I trust.

HIGH EXPECTATIONS: ADULTS IN COMMUNITY

Items: Outside of my home and school, there is an adult...

(E11) who tells me when I do a good job;

(E13) who believes that I will be a success;

(E14) who always wants me to do my best.

MEANINGFUL PARTICIPATION: IN THE COMMUNITY

Items: Outside of my home and school, I do these things...

(E16) I am part of clubs, sports teams, church/temple, or other group activities;

(E17) I am involved in music, art, literature, sports, or a hobby;

(E18) I help other people.

CARING RELATIONSHIPS: PEERS

Items: I have a friend about my own age...

(E19) who really cares about me;

(E20) who talks with me about my problems;

(E21) who helps me when I’m having a hard time.

HIGH EXPECTATIONS: PRO-SOCIAL PEERS

Items: My friends...

(E22) get into a lot of trouble;

(E23) try to do what is right;

(E24) do well in school.

***Principal Authors:***

Elizabeth Lilliott, Ph.D., BHRCS-PIRE and Martha Waller, PhD, PIRE-Chapel Hill

*Under the Direction of:*

Karen Cheman, MPH, NM OSAP

Rebecca Leppala, MPA, CPS, NM OSAP

*With the significant contribution from:*

Natalie Skogerboe, MPA, CPS, Coop Consulting

Members of the New Mexico State Epidemiological Outcomes Workgroup for Substance Abuse prevention (2011-2014)

The New Mexico Office of Substance Abuse Prevention Providers and Local Evaluators

1. Strategies approved only for youth are in blue font. Black font can apply to adults as well as youth, depending upon the particular approach. [↑](#footnote-ref-1)