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| New MExico Office of Substance abuse prevention |
| Writing Goals and SMART Objectives for Prevention |
| NM OSAP’s Guide to Improve Strategic Planning for Prevention Programs |
|  |
| **NM OSAP – PIRE** |
| **3/14/2018** |

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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 measurable (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.

**Measurable** – Change in your objective must be measurable within the fiscal year. Do not propose a change that is either not measurable (ie, focus group data) or 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 an IV, strategy, indicator that you can make changes in over the time you have (eg, until June 30 2018). This is where your community needs and readiness assessments come in. Does your coalition have the capacity to achieve an objective? Is your community ready for this strategy? If you have a strong adversary in the school system, even if that is where the needs assessment indicates a problem, your stated objective of stopping all off-campus suspensions may not be achievable.

**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, 20XX” (with the end of the current fiscal year) 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 four long term outcomes, which correspond to **GOALS in your SOW**.

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 (among 12-25 year olds (for PFS); among youth and adults)

These goals will require you to address more than one Intervening Variable (IV) and corresponding strategy 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 broad constructs/concepts such as Social Access. However, the community-level and measurable part of each IV is what we call the Contributing Factor (CF). For example, CFs are the locally-identified aspects of social access such as stealing alcohol from convenience stores, having of-age family members purchase alcohol for underage youth, or stealing prescription drugs from grandparents. These all reflect different aspects of social access that may vary from place to place, requiring a community-specific approach to address it effectively. Your community needs assessment should help 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 and the SEOW (State Epidemiological Outcomes Workgroup) 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. How your objective is written, complete with appropriate indicators, helps assure that you are implementing the evidence-based strategy with fidelity to the corresponding IV.

WRITING YOUR SCOPE OF WORK/ STRATEGIC PLAN

Using the strategic planning form and example provided by OSAP, use the examples below to assist you. The strategic plan you develop for your program will derive from your SOW document and vice versa, which goes into your annual contract with OSAP. These two documents (your strategic plan and SOW) are intimately linked and should match each other with respect to goals, objectives, indicators, etc. If they don’t match, then your SOW takes legal precedence (you are contractually obligated to complete your SOW) but it also means you need to correct one or the other, or both as soon as possible.

**SOW will be structured as below. Maintaining the SOW structure in your strategic plan will assure that you are following your strategies as contracted.**

**Goal**

Related to one of the statewide indicators, underage drinking, DWI and Binge Drinking, Adult DWI and Binge Drinking and Prescription Painkiller misuse. Indicates the geographic scope and the age or generation. (for new providers only: coalition capacity and community readiness.) If the goal is a capacity or readiness-related, the goal language will correspond to increasing coalition capacity or 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. Use the measures provided to you in this document.

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

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

**Strategy(ies)**

Use strategies from approved list of OSAP approved strategies (number strategy according to list at the end of this document).

**SMART Objective**

Adapt your SMART Objective from the list in this document, always ending with fiscal year (June 30, 201X).

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

Always measurable annually (i.e,, not from YRRS) Select one or more indicators from the corresponding objective in the charts below, and see commentary below for more details.

**Activities/Benchmarks**

Base your activities on what is required to implement a strategy with fidelity. These will help inform your selection of process measures for your evaluation plan.

**Data-informed 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? Use local data from your Needs Assessment to demonstrate need. Any changes to your SOW require a data-informed justification.

EXAMPLE GOALS & OBJECTIVES

Below, we provide generic versions of the **goals** corresponding to the five outcome indicators established by OSAP. OSAP-**approved strategies** for each goal are listed with a corresponding **objective** template and examples of **indicators** you may use to track progress on the objective. Further, we provide you an example of a SMART objective for each strategy.

**Use these templates to design your strategic plan: copy and paste either from the template or the example objective**. 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.

**A few words about indicators:** You are asked to identify Goal and Objective (strategy-level or outcome) indicators. You will need to document both Goal and Objective indicators separately in your periodic reporting to OSAP. Goal indicators can be long term, and do not have to be measurable annually.

Objective indicators must be measured annually for contracting purposes. *You are* ***not*** *expected to state all possible indicators that relate to any strategy or IV. Track the one or two most relevant and/or obtainable, and are reflected in the language of your objective.*

*List outcome indicators that reflect the work as defined in the Objective*. Since the objective is defined by your intervening variable, your indicators should not include any measurement of another IV. For example, if your objective is meant to address social access, do not include as your outcome indicator perceived risk. While this would be an important indicator to track so you can understand your work as a whole, it is not an Outcome indicator for that strategy. Even if the indicator is still a measure of one particular intervening variable, the selected indicator may only reflect a specific strategy within that IV. So, for example, if your objective is to increase the number of adult DWI enforcement activities, do not make sales to minors citations one of your indicators. The Objective language you choose may also reflect something very specific: if you state that you wish to improve a school ATOD policy by one policy, the number of school suspensions does not reflect that increase or improvement of a school policy.

“Some measurable change” does not always mean a percent or rate. By reading the example objectives, you can see how alternatives to the percent change can be created that still maintain the integrity of the SMART objective as outlined. Make sure that if you define a percent change, that you can measure that change in percent for periodic reporting.

Sometimes there will be example **process indicators**. These are not required for your SOW, but may come in handy to remind you of your tracking/evaluation needs. You should make sure you report those as process indicators in your SOW if you choose to include them and you should include in your Excel dashboards for periodic reporting. They include items like kind, reach and frequency of media campaigns, arrests and citations for enforcement activities, number of physicians and pharmacists reached, etc. Tracking these process measures will help you understand got to your outcomes, and improve the quality of your prevention work.

Any indicator (Goal, Objective/Outcome and process) listed in your SOW should be defined and approved by your local evaluator: here you are documenting that you intend to collect these measures. Don’t list an indicator that you do not know how to collect or do not ever intend to collect. You evaluator should help you determine the feasibility of collecting those data and whether they actually measure the objective you are addressing.

Sometimes two different indicators will be given

Your input is very important. We continuously improve our process through your critical insight, knowledge and communication. If you wish to use an indicator that you do not find on the list of approved indicators, please contact PIRE to discuss.

## 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”

Please be sure that your Objectives correspond to your long-term goal, and that you list all indicators you intend to collect for your Goal. **Indicators should only reflect what is referenced in the language of the goal or objective** -- for goals you only should have indicators for binge drinking, DWI, 30-day drinking (underage only), or using painkillers to get high. Do not include IV measures as indicators of Goals such as retail access or law enforcement activities.

For example:

**GOAL: Reduce (underage drinking/binge drinking/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 (every two years)
* Annual SFS (ASFS): underage drinking, binge drinking & driving while intoxicated measures (past 30 days)
* Community Survey (18-20 yr. olds only): underage drinking, binge drinking and two drinking and driving indicators (past 30 days)
* Community Survey (21+ yr. olds only): binge drinking and two drinking and driving indicators (past 30 days)
* Annual SLS (Student Lifestyle Survey): 30-day underage drinking, binge drinking (past two weeks), driven under the influence (past 12 months).
* BRFSS (From Epi Profile) adult binge drinking and self-reported DWI (assuming you have these data at the community level).

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 adequately through prevention strategies, will affect the stated goal positively. This is where having a good needs assessment will help you tremendously because you will be able to easily identify the IVs most at play in your community. You will be asked to justify the strategies you’ve selected and your needs assessment data and results should be used in your justification.

For each intervening variable, we provide multiple prevention strategies associated with varying contributing factors. We also provide a corresponding SMART objective and indicators/measures for each objective. Use these as templates for your own objectives, strategies, measurements that you will included in your OSAP SOW and strategic plan.

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

**Strategy A1a:** Promotion & coordination of 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 Ordinance violations; DWIs, sales to intoxicated, server liability).

**Objective a:** Increase enforcement of (underage/all) drinking laws (by some measurable change) in (location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective a:**

* Citation or arrests by law/regulations (e.g., MIPs, retailer sales to intox or sales to minors, DWI arrests (underage and adult), providing alcohol to a minors (4th degree felony) citations, etc.)
* Sentencing adherence

***Note:*** *Those who select this strategy should also try to track actual enforcement activities (as in A1b) as process measures so they can have a more complete picture to present to community stakeholders.*

***Example Objective a:***

*Increase enforcement of underage drinking laws in Hidalgo County by increasing MIP citations by 5 from a baseline of 10 citations in 2016 by June 30, 2018.*

***Example OUTCOME Indicator a:***

* *# of MIP citations*

**Strategy A1b:** Promotion & coordination in order to increase enforcement efforts/activities: sobriety checkpoints, saturation patrols, party and SHO patrols & SIU activity (compliance checks, shoulder taps, sales to intox checks).

**Objective b:** Increase law enforcement activities to deter (youth alcohol consumption/adult DWI/adult problem drinking) (by some measurable change) in (location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective b: *(select one or more of these according to specific work in your community.)***

* Sobriety checkpoints
* Coordinated sobriety checkpoints (interjurisdictional)
* Saturation patrols
* Party & SHO patrols
* SIU activity (Shoulder taps, sales to intox and compliance checks)
* Other DWI enforcement efforts
* College campus specific enforcement activities

***Note:*** *Those selecting this strategy should also try to track the outcomes or results of these enforcement activities as process measures so they can have a more complete picture to present to y stakeholders. Track agencies involved in each enforcement activity as well)*

***Example Objective b:***

*Increase law enforcement activities to deter youth alcohol consumption by increasing party patrols from 4 in 2016 to at least 12 (or once a month) in Bernalillo County by June 30, 2018.*

***Example* OUTCOME *Indicator b:***

* *Number of party patrols*

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

**Strategy A1c:** Education & coordination for stricter enforcement of youth graduated licenses

**Objective c:** Increase enforcement of youth graduated license regulations (by some measurable change) in (your location) by June 30 2018.

**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 2016 to 8 by June 30 2018.*

**Example OUTCOME Indicator c:**

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

**Strategy A1d:** 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 can be any of the long term statewide youth-related goals listed on pg. 4. Do not make a unique goal (like ATOD use on school grounds, YRRS)***

**Objective d**: Increase the application of appropriate ATOD policies (by some measurable change) in (name of school district, school, university, college) by June 30, 2018.

**Possible OUTCOME Indicators for Objective d:**

* # and kind of policies revised or enhanced (e.g., re: use on campus, consequences, use space restrictions, cameras real or fake, elimination of zero-tolerance policies, closed campus policy)
* # and kind of highly visible enforcement/monitoring activities on campus (lunch monitors, ATOD use space monitors, monitoring of school sporting events)
* # youth caught and consequences, including referrals to alternative services (i.e., 8 youth caught, 2 given after school community service; 6 referred to SBHC), decreased repeat offenders.
* decreased ATOD-related suspensions and expulsions
* ASFS: use of ATOD on school grounds (note that this must be used with other policy/enforcement indicators listed above)
* ASFS: perception of risk of getting caught on campus for ATOD infractions (*NOTE: here you may change this strategy to the IV of perception of risk of consequences and not law enforcement and change the language of the objective accordingly).*

***Example Objective d:***

*Increase the application of appropriate underage drinking policies by increasing the number or frequency of at least 3 highly visible monitoring activities in Taos County schools by June 30, 2018 (currently no monitoring activities are tracked).*

***Example OUTCOME Indicator d****:*

* *kind and frequency of new monitoring activities: 1-daily random campus walk targeting ATOD hotspots by staff; 2-daily lunchtime patrols by law enforcement; 3- daily school lunch patrol by staff/volunteers*

# INTERVENING VARIABLE 2: LOW PERCEIVED RISK OF LEGAL CONSEQUENCES

**Strategy A2a:** Publicizing enforcement efforts and activities (party patrols, SHO patrols, sobriety checkpoints, saturation patrols, SID activities, etc.)

**Objective a:** Increase perceived risk of legal consequences for breaking alcohol-related (or underage drinking) laws (and/or regulations) by (measurable amount) by highly publicizing (list alcohol-related enforcement activities) to (location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective a:**

* Change in specific perception of risk questions in NMCS (e.g., risk of arrest for providing alcohol for minors, risk of police breaking up parties where teens are drinking, risk of getting stopped for DWI)
* Change in perception of risk for young adults (18-20 or 18-25) or another specific subpopulation identifiable by data (arrest for providing alcohol to minors, for police breaking up UAD parties, stopped for DWI).
* Change in ASFS questions about getting caught for drinking and getting into trouble for drinking in the community.
* For colleges only: change in select ASLS questions (eg, for risk of arrest for providing alcohol to minors, risk of police responding to off campus drinking parties, risk of getting arrested for DWI.

***Example Objective a:***

*Increase perceived risk of legal consequences for breaking underage drinking-related laws and regulations by 5 % by highly publicizing all enforcement activities related to the provision of alcohol to a minor to the UNM community by June 30, 2018.*

***Example OUTCOME Indicator a:***

* *Change in NMCS for UNM (UNM campus + nearby neighborhood) – likely and very likely to be arrested for providing alcohol to a minor (Baseline NMCS 55% reported likely to very likely to be arrested for UNM, no baseline for surrounding areas)*
* *Change in SLS at UNM (2016 to 2018), perception of risk of arrest for giving alcohol to someone under 21*

### INTERVENING VARIABLE 3: RETAIL ACCESS

**Strategy A3a:** Responsible Beverage Service Model (a package including alcohol merchant education, store manager policies, age verification, server training)

**Objective a:** Decrease (easy) retail access to alcohol (by minors and/or intoxicated persons) by (a specific measurable amount) by implementing the Responsible Beverage Service Model in (your location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective a:**

* Annual SFS or brief periodic school survey results for where youth accessed alcohol (retail sources)
* ASLS results for college student access to alcohol through retail sources
* NMCS results for 18-20 year old drinkers reporting retail access to alcohol
* NMCS results of minors’ easy access to alcohol in retail outlets
* % retailer compliance violations to specific compliance operations visits (reduction: specify kind of visit and kind of violation, e.g., Sales to Minors (STM), Sales to Intox, (STI) etc.). Typically, these are SIU operations but can be another entity: specify.
* Objective observation of retailers – % they are carding, visible evidence of overserving

**Important Process measures:**

* Number and kind of participating outlets
* Policy and practical changes made in outlets

***Example Objective a:***

*Decrease retail access by under-age students by reducing retailer STM violations from 22% violations/compliance operations in FY 2017 to 10% by implementing the Responsible Beverage Service Model in Socorro County by June 30, 2018.*

***Example OUTCOME Indicator a****:*

* *% of STM violations per compliance operations (# of sales to minors violations/# of SIU checks).*

**RETAIL ACCESS**

**Strategy A3b:** Restrictions on alcohol placement in stores

**Objective b:** Decrease (easy) retail access to alcohol by minors (*optional* by measurable amount) by restricting alcohol placement in retail stores (by a measurable amount) in (your location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective b:**

**First indicator/retail access (optional)**

* NMCS results for 18-20 year olds about where they accessed alcohol (retail sources).
* NMCS results of ease of access to alcohol in retail outlets
* ASLS results for college student access to alcohol through retail sources
* Annual SFS or brief periodic school survey for where youth accessed alcohol (retail sources)

**Second indicator (required):**

* Number of retailers where alcohol location is changed to make it more difficult for youth to steal.

***Example Objective b:***

*Decrease retail access of alcohol to minors by 5% (2015 SFS minors 34% and NMCS 18-20 55%) by restricting alcohol placement in 4 out of 5 retail stores approached in Silver City by June 30, 2018.*

***Example OUTCOME Indicator b****:*

* *NMCS 18-20 and SFS HS 30-day retail access to alcohol (first indicator)*
* *number of retail stores approached (denominator) and number of stores restricting placement at follow-up(s) (second indicator)*

**RETAIL ACCESS and PROMOTION of ALCOHOL…**

**RETAIL ACCESS**

Strategy **A3c**: Restrictions on alcohol advertising by schools, day care centers, etc.

**Objective c:** Reduce the promotion of alcohol to minors by restricting/reducing/eliminating the location of alcohol advertising in (measurable amount) in of areas where youth congregate) (in your location) by June 30, 2018.

**Possible OUTCOME indicators for Objective c:**

* # of locations where advertising was removed/ # of locations advertising alcohol where youth congregate
* # of alcohol advertisements in each location pre-intervention/ # of alcohol advertisements in each location post intervention

***Example Objective c:***

*Reduce the promotion of alcohol to minors by restricting the location of alcohol advertising in 4 out of 5 areas where youth congregate in Silver City by June 30, 2018.*

***Example OUTCOME Indicator c:***

* *# of areas where alcohol advertising was removed/ # of locations advertising alcohol where youth congregate*

Strategy **A3d**: Restrictions on alcohol sales (days, hours)

**Objective d:** Reduce ease of retail access to alcohol by minors (*optional* + by intoxicated) *(opt:* by measurable change)by restricting alcohol sales and times by (measurable amount) in (location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective c:**

* Dates, times and locations of alcohol sales
* NMCS results for 18-20 year olds about where they accessed alcohol.
* NMCS results of ease of access to alcohol in retail outlets
* ASFS results for where youth accessed alcohol.
* SLS results for college student access to alcohol through retail sources
* Add a NMCS question about ease of those who are already drunk to continue to purchase alcohol.

**Possible Optional indicators:**

* Retail access for minors: NMCS 18-20 for retail source of 30 day drinkers
* ASFS: retail source of 30 day drinkers

**Example Objective d:**

*Reduce easy retail access to alcohol among minors and the intoxicated in Cibola County by 3% in the NMCS (2015 minor baseline 77%; intox baseline 88%) by restricting alcohol sales after midnight in the Route 66 Casino by June 30, 2018.*

**Example OUTCOME Indicator d**:

* *dates, times and location of restriction of alcohol sales*
* *NMCS – ease of retail access by minors*
* *Additional question in NMCS – ease of retail access by those already drunk*

**RETAIL ACCESS**

Strategy **A3e**: Restrictions on alcohol outlet density

**Objective e:** Reduce (easy) retail access to alcohol (optional: by some measurable change) by (preventing the increase of/reducing) alcohol outlet density (by some measurable change) in (location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective e:**

* Outlet density (by measure as provided annually by NM Epi, eg, by road mile; by # per target zip code or by annual self-administered land survey of outlets)

**Possible optional OUTCOME Indicators for Objective e:**

* NMCS results for 18-20 year olds about where they accessed alcohol.
* NMCS results of ease of access to alcohol in retail outlets
* SLS results for college student access to alcohol through retail sources
* ASFS results for where youth accessed alcohol

***Example Objective e:***

*Reduce retail access to alcohol in Grant County by reducing outlet density by 3% in the 88061 zip code by June 30, 2018.*

***Example OUTCOME Indicator e:***

* *alcohol outlets in 88061 zip code over multiple years*

**Objective f:** Reduce (easy) retail access of alcohol to minors (optional: by some measurable change) by preventing the transfer of alcohol licenses or adding new licenses (and/or by some measurable change) in (your location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective f:**

* # of new licenses
* # of transferred licenses

**Possible Optional OUTCOME Indicators for Objective f:**

* NMCS results for 18-20 year olds about where they accessed alcohol.
* NMCS results of ease of access to alcohol in retail outlets
* ASFS results for where youth accessed alcohol.
* SLS results for college student access to alcohol through retail sources

***Example Objective f:***

*Reduce retail access to alcohol among minors by preventing the transfer of at least one alcohol license or the addition of any new licenses in Santa Fe by June 30, 2018.*

***Example OUTCOME Indicator f:***

* *Number of new licenses and license transfers*
* *Number of license transfers prevented/total license transfers applied for*
* *Number of new licenses prevented/total number of new licenses applied for*

**Strategy A3f**: Prevention of alcohol license transfers or new licenses

**RETAIL ACCESS**

**Strategy A3g:** Restrictions on local alcohol discounts and sales

**Objective g:** Reduce (easy) retail access to minors (opt: by some amount) by restricting sales and discounts (by some amount) (in your location) retail outlets by June 30, 2018.

**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 ensure that prices have not lowered/been discounted.
* NMCS results for 18-20 year olds about where they accessed alcohol (retail).
* NMCS results of ease of access to alcohol in retail outlets
* ASFS results for where youth accessed alcohol.
* SLS results for college student access to alcohol through retail sources

**Example Objective g:**

*Reduce retail access to minors by restricting sales and discounts of alcohol most commonly consumed by minors (especially alcohol pops) in at least 5 McKinley County retail outlets by June 30, 2018.*

**Example OUTCOME Indicator g:**

* *# of retail outlets in the county participating (MOU/MOA) and in compliance (proven by monitoring)*
* *Kinds of alcohol sales not discounted (36-packs, alco-pops)*

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

**Strategy A4b:** Developing and coordinating a Parent/Community Party Patrol

**Objective b:** Decrease youth social access to alcohol at drinking parties (by some measurable amount) by developing and coordinating a (Parent/Community) Party Patrol in (location) by June 30, 2018.

**Possible OUTCOME indicators for Objective b:**

* Party patrol initiated & patrols instated

***The next measures are generally required when reporting youth consumption for underage drinking priority.***

* NMCS 18-20 year-old drinker’s 30-day source of alcohol at a party
* ASFS HS/MS drinkers’ 30-day source of alcohol - at a party
* SLS results for college student access to alcohol at a on or off campus party.
* # of Parties/time period (identified at baseline vs. at post via weekend patrols & at pertinent times @ community hotspots)

***Example Objective b:***

*Decrease youth social access to alcohol at drinking parties by 5% (from a baseline of 40% in the 2016 HS-SFS; 44% 18-20 NMCS) by developing and coordinating a Parent Party Patrol in Silver City by June 30, 2018.*

***Example OUTCOME Indicator b:***

* *Party patrol initiated*
* *change in the SFS HS, SLS & NMCS 18-20 (2015-2017)– underage access to alcohol @ a party;*

***Example Process indicator b:*** *number of parents, patrols and sites implemented.*

**YOUTH SOCIAL ACCESS TO ALCOHOL…**

**Objective c:** Reduce social access to alcohol among youth from parents or guardians (by some measurable change) by implementing Parents Who Host Lose the Most Campaign (PWHLTM) in (location) by June 30, 2018.

**Possible OUTCOME indicators for Objective c:**

* NMCS those parents/guardians who admit providing alcohol to minors

***The next measures are generally required when reporting youth consumption for underage drinking priority.***

* NMCS question about source of alcohol 18-20 – parents/guardians or stolen from home
* ASFS question about source of alcohol as parent or guardian or stolen from home
* SLS results for college student access to alcohol – from parents.

***Example Objective c:***

*Reduce social access to alcohol among youth from parents by 3% by implementing Parents who Host Lose the Most Campaign in Catron County by June 30, 2018.*

***Example OUTCOME Indicator c:***

*Change in SFS and NMCS 18-20 FY15 to FY18- alcohol accessed from a parent or guardian or stolen from home*

**Strategy A4c:** Parents Who Host Lose the Most

**Strategy A4d:**  Media to increase awareness of 4th degree felony, social host laws

**Objective d:** Reduce youth social access to alcohol (by some measurable change) by implementing a media campaign to increase awareness of the 4th degree felony and social host laws in (location) by June 30, 2018.

**Possible OUTCOME indicators for Objective d***:* ***as this strategy is often used for subpopulations such as colleges, workforce make sure that indicators reflect the population***

* NMCS question about providing alcohol to minors (among a specific population such as 18-25 year old near peers, among petroleum workforce, among college students, etc.)

***Both measures from the source and recipient are ideal, although for recipient be aware of the n and age group:***

* NMCS question about source of alcohol 18-20 from (population as reflected in survey, such as friends or at a party).
* SFS question about source of alcohol as (population as reflected in survey, such as friends or at a party.)
* SLS results for college student access to alcohol from someone else over or under 21.

***Example Objective d:***

*Reduce youth social access to alcohol from near peers (18-25) by 3% by implementing a media campaign to increase awareness of the 4th degree felony and social host laws in WNMU in Grant County by June 30, 2018.*

***Example OUTCOME Indicator d:***

* *NMCS question about providing alcohol to a minor, respondents 18-25 2017-2018.*

**\**

### INTERVENING VARIABLE 5: Individual Characteristics

**Strategy: Direct Services for alcohol or prescription 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 necessarily have the 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) by June 30, 201X.*

**Example Objective OUTCOME 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:**

**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.**

### A6. Community Concern/Awareness

### (for programs already in implementation for more than a year)

**Strategy A6a:** Education about the benefits of reducing the cost of alcohol-related problems to the community.

**Objective a**: Increase community concern about the cost of problem drinking (by X%) in (location) by June 30, 2018 by educating the community about the high cost of alcohol-related problems and evidence-based means to decrease it.

**Possible OUTCOME indicators for 6a:**

* NMCS “Problems due to drinking hurts my community financially”
* Other representative survey question that specifies concern about cost of alcohol to community.

***Example Objective 6a****: Increase community concern about the cost of problem drinking by 5% in Bernalillo County by June 30, 2018 by educating the community about the high cost of alcohol-related problems and evidence-based means to decrease it.*

***Example OUTCOME indicators for 6a:***

* *NMCS “Problems due to drinking hurts my community financially”*

## Goals for Prescription Painkiller Misuse and Abuse indicators

* Use just one Goal for all your prescription painkiller related Strategies and their corresponding Objectives
* List all the indicators you will (can) collect for your Goal,
* Identify age or generation group(s) in your goal.
* Remember that goals do not have to be measurable every year as do Objectives, but the more frequently they can be measured the better.

*For example,*

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

**Possible Goal Indicator(s):**

* Adults: NM Community Survey: prescription Drug items: using painkiller to get high (adults 18-25);
* Adults: NMCS 30-day prescription painkiller use for any reason
* Adults: NMCS 30-day users of painkillers who used them to get high.
* Youth: YRRS: Past 30 day prescription pain-killers to get high
* A-SFS: Past 30 day prescription pain-killers to get high.
* College only A-SLS: Past 30 day Prescription painkillers to get high

After you have written your Goal for prescription painkillers 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 2: RegulaTED/Retail Access

**Strategy R2a:** Increase timely use of the PDMP by *medical providers* to record prescriptions as in accordance with the CDC guidelines (i.e., identify potential red flags such as dangerous prescribing practices or co-prescriptions, diversion or doctor or pharmacy “shopping”)

**Objective a:** Decrease regulated access to prescription painkillers for overuse, misuse and abuse through medical providers in (your location) by (measurable amount) through improving medical provider use of the PMP in accordance with CDC guidelines by June 30, 2018.

**Possible OUTCOME Indicators for Objective a:**

* Ratio of total number of opioid prescriptions filled in county/number of pharmacy PMP checks/queries in county (NMDOH)
* Total number of Patients with Multiple Provider Episodes for your county (quarterly report: 4 Prescribers or 4 pharmacies) (quarterly report PMP, NMDOH)
* % Patient Days with Overlapping Opioid Prescriptions (quarterly report: PMP, NMDOH)
* % of Chronic opioid users with a PMP request in the past 3 months by county (quarterly report; PMP NMDOH)
* % of New Opioid Patients with a PMP request in the past 3 months by county (quarterly report; PMP NMDOH)

***Example Objective a:***

*Decrease regulated access to prescription painkillers for overuse, misuse and abuse through medical providers in Bernalillo County by 1) decreasing the % of patient days with overlapping opioid prescriptions and 2) increasing by 5% the percent of chronic opioid users with a PMP request in the past 3 months through improving medical provider use of the PMP in accordance with CDC guidelines by June 30, 2018*

***Example OUTCOME Indicator a****:*

1. *% Patient Days with Overlapping Opioid Prescriptions (PMP, NMDOH)*
2. *% of Chronic opioid users with a PMP request in the past 3 months by county (quarterly report; PMP NMDOH)*

**Strategy R2b:** Increase timely use of the PDMP *by pharmacists* to identify potential red flags such as dangerous prescribing practices or co-prescriptions, diversion or doctor or pharmacy “shopping”)

**Objective b:** Decrease regulated access to prescription painkillers for overuse, misuse and abuse through pharmacies by (measurable amount) through improving pharmacy use of the PMP in (your location) by June 30, 2018.

**Possible OUTCOME Indicators for Objective b:**

1. Ratio of total number of opioid prescriptions filled in county/number of pharmacy PDMP checks/queries in county (NMDOH)
2. Total number of Patients with Multiple Provider Episodes for your county (quarterly report: 4 Prescribers or 4 pharmacies) (quarterly report PMP, NMDOH)
3. % Patient Days with Overlapping Opioid Prescriptions (quarterly report: PMP, NMDOH)
4. % of Chronic opioid users with a PMP request in the past 3 months by county (quarterly report; PMP NMDOH)
5. % of New Opioid Patients with a PMP request in the past 3 months (quarterly report; PMP NMDOH)

***Example Objective b:***

*Decrease regulated access to prescription painkillers for overuse, misuse and abuse through pharmacies in Luna County by 1) decreasing by 10% the total number of patients with multiple provider episodes and 2) increasing by 5% the percent of new opioid patients with a PMP request in the past 3 months through improving pharmacy use of the PMP in Luna County by June 30, 2018.*

***Example OUTCOME Indicators b****:*

1. *total number of patients with multiple provider episodes (more than 4 pharmacies or providers) July 2018-June 2019*.

2) *the percent of new opioid patients with a PMP request in the past 3 months, Luna County*

### INTERVENING VARIABLE 3: Social Access

**SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…**

**Objective a:** Restrict youth social access to prescription painkillers from parents (opt: by amount) in (location) by 1) increasing parents’ self-reported locking up of painkillers (by amount), and 2) reducing sharing prescription meds with others (by amount) through a parent social access campaign with PTAs or similar parent groups by June 30, 2018.

**Possible OUTCOME Indicators for Objective a:**

* (Optional) Annual SFS (or a brief student survey): youth access to prescription meds through sources other than an MD
* 1) NMCS: self-reported locking up of prescription painkillers\*;
* 2) Parent sharing of meds among parents/caretakers of underage living in home;

**Possible Process Indicators for Objective a:**

* Tools developed for parents; dissemination of tool to # of parents; language
* # of new policies and practices implemented by providers to educate parents

***Example Objective a:*** *Restrict youth social access to prescription painkillers from parents in San Miguel County by 1) increasing parents’ self-reported locking up of painkillers by 3%; and 2) reducing sharing prescription meds with others by 7% through a parent social-access campaign with the LVSD PTO by June 30, 2018.*

***Example OUTCOME Indicators for Objective a:***

1. *NMCS: parent self-reported locking up of painkillers*
2. *NMCS parent sharing of meds*

***Example Process Indicators for Objective a:***

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

**Strategy R3a:** Target ***parents*** to restrict youth social access to prescription 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 prescription drug misuse and abuse, as well as dangers of sharing.

**Objective b:** Restrict youth social access to prescription painkillers from parents ( (1) opt. by amount) in (location) by 2) increasing parents’ self-reported locking up of painkillers (by amount), and 3) reducing parent sharing with others (by amount) by developing and disseminating a parent handbook with community-level prescription drug prevention information by June 30, 2018.

**Possible OUTCOME Indicators for Objective b:**

1. (optional) Annual SFS (or a brief student survey): youth access to prescription meds through a family member or stolen from home.
2. NMCS: parent self-reported locking up of painkillers,
3. NMCS parent sharing of meds

**Possible Process Indicators for Objective b:**

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

***Example Objective b:*** *Restrict youth social access to prescription painkillers from parents in San Miguel County by 1) increasing parents’ self-reported locking up of painkillers by 3%; and 2) reducing sharing with others by 2% by developing and disseminating a community-relevant parent handbook with prescription drug prevention information by June 30, 2018.*

***Example OUTCOME Indicators for Objective b:***

1. *NMCS: parent/guardian self-reported locking up of painkillers;*
2. *NMCS parent/guardian sharing of meds*

***Example Process Indicators for Objective b:***

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

**Strategy R3b:** Target ***parents*** to restrict youth social access to prescription pain-killers by developing and disseminating 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 PRESCRIPTION PAINKILLERS…**

**Objective c:** Restrict youth social access to prescription painkillers from parents (opt: by amount) in (location) by increasing parents’ self-reported locking up of painkillers\*, (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 prescription drug misuse and abuse, proper storage & disposal, and dangers of sharing by June 30, 2018.

**Possible OUTCOME Indicators for Objective c:**

1. NMCS: self-reported locking up of painkillers; sharing of *meds among parents/caretakers of underage living in home;*
2. Annual SFS (or a brief student survey): youth access to prescription meds through sources other than an MD

**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

***Example Objective c:*** *Restrict youth social access to prescription painkillers from parents in San Miguel County by increasing parents’ self-reported locking up of painkillers 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 prescription drug misuse and abuse, proper storage & disposal, and dangers of sharing by June 30, 2018.*

***Possible OUTCOME Indicators for Objective c:***

1. *NMCS: self-reported secure storage; sharing of meds among parents/caretakers of underage living in home;*

***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*

**Strategy R3c:**  Target ***parents*** to restrict youth social access to prescription pain-killers by creating tools and promoting and implementing policies that insure that SBHCs & prescribers share information with parents on adolescent prescription drug misuse and abuse, proper storage & disposal, and dangers of sharing.

**Strategy R3d:** Restrict social access through the ***elderly*** ***(or another sub-population of intentional or unintentional social access\*)*** (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 prescription painkillers through (sub-population, eg. the elderly) in (location) by increasing their self-reported locking up of painkillers (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, 2018.

**Possible OUTCOME Indicators for Objective d:**

* NMCS: self-reported locking up of painkillers; sharing of meds (of a particular subpopulation – eg, elderly is 60 and older, through college students, from near peers (18-25)) NOT the general population.
* **Optional:** own survey question regarding safe disposal and/or weight of drugs (preferably opioids) returned from areas frequented by older populations (eg. senior center dropbox).

*\*note that the subpopulation must be defined as a source of painkillers by using data. You must be able to measure change among that population. If you are concerned about a population’s misuse of painkillers, as opposed to being the source of painkillers then consider R4a as your strategy.*

**Possible PROCESS Indicators for Objective d:**

* # of lock boxes provided to (sub-population)
* # of drop boxes established for continuous drop-off.
* # of presentations/educational events conducted with sub-population/#s attending
* # of pledge cards retrieved from (sub- population) (to not share, to lock up and safely dispose of medications).
* # of materials disseminated specifically to sub-population.

***Example Objective d:***  *Restrict social access to prescription painkillers through those over 60 in San Miguel County by 1) increasing their self-reported locking up of painkillers by 3%; 2) increasing weight of 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, 2018.*

***Example OUTCOME Indicators for Objective d:***

* *NMCS 2016-2018: self-reported locking up of painkillers and sharing of meds over 60 in San Miguel County*
* *Weight of drugs returned to senior center drop-boxes in Las Vegas.*

***Possible Process Indicators for Objective d:***

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

**Example Indicator b:**

**SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…**

**Strategy R3e:** Work with ***pharmacies to*** always share information with customers about the dangers of abuse, proper storage & disposal, and dangers of sharing of prescription opioids and other potentially abused drugs.

**Objective e:** Restrict social access to prescription painkillers for abuse in (location) by increasing **pharmacy direct education of patients** (1 by X%) in order to increase community self-reported locking up of painkillers (2 by X%) and reduce their sharing with others (by X%) by June 30, 2018.

**Possible OUTCOME Indicators for Objective e:**

1. NMCS: When you were prescribed painkillers, did anyone talk to you about storing them safely? (pharmacy staff)
2. NMCS: self-reported locking up of painkillers;
3. NMCS: sharing of meds

**Possible Process Indicators for Objective e:**

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

***Example Objective e:*** *Restrict social access to prescription painkillers for abuse in Sandoval County by increasing* ***pharmacy direct education of patients*** *by 5% in order to increase community self-reported locking up of painkillers by 2% and reduce their sharing with others by 10% by June 30, 2018.*

***Example OUTCOME Indicators for Objective e:***

*1 NCMS – pharmacist talked to me about locking up and not sharing painkillers*

1. *NMCS Bernalillo County - self-reported locking up of painkillers;*
2. *NNMCS Bernalillo County – self-reported sharing of meds;*

***Example Process Indicators for Objective e:***

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

**SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…**

**Strategy R3f:** 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 prescription painkillers for abuse in (location) by increasing (1) self-reported locking up of painkillers (by amount) and (2- opt: 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, 2018.

**Possible OUTCOME Indicators for Objective f:**

Indicator 1: NMCS: self-reported locking up of painkillers

Optional Indicator 2:

Weight of drugs returned (opioids especially) to participating pharmacies

Survey of pharmacy customers about how they dispose of unused meds.

**Possible Process Indicators for Objective f:**

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

***Example Objective f:****. Restrict social access to prescription painkillers for abuse in San Miguel County by increasing 1) NMCS self-reported locking up of painkillers 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, 2018.*

***Example OUTCOME Indicators for Objective f:***

1. *NMCS 2016 to 2018: San Miguel County - self-reported locking up of painkillers*
2. *Weight of meds returned to participating pharmacies (especially Opioids)*

***Example Process Indicators for Objective f:***

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

**SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…**

**Strategy R3g**: Work directly with ***medical providers*** to create and implement institutional policies such that medical providers educate patients on proper storage of meds and encourage the use of lock boxes.

**Objective g**: By June 30, 2018, restrict social access to prescription painkillers for abuse in (location) by increasing self-reported locking up of painkillers (1. by amount) *(opt: and safe disposal of medications (2. by amount))* and reducing self-reported sharing with others (3. by amount) by creating and implementing institutional policies so that **medical providers** increase their direct education of patients by (4. By amount) to reduce social access.

**Possible Outcome Indicators for Objective g:**

Indicator 1: NMCS: % self-reported locking up of painkillers;

*Optional Indicator 2: weight of medications returned or patient survey identifying what medications were returned and how.*

Indicator 3: NMCS % self-reported sharing of meds

Indicator 4: NMCS: When you were prescribed painkillers, did anyone talk to you about storing them safely? (*health care provider*)

**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.

***Example Objective g:***  *By June 30, 2018, restrict social access to prescription painkillers for abuse in Roosevelt County by increasing self-reported locking up of painkillers 1) by 5% and reducing self-reported sharing with others2) by 5% by creating and implementing institutional policies so that* ***medical providers*** *increase their direct education of patients 3) by 3% to reduce social access.*

***Example Outcome Indicators for Objective g:***

*Indicator 1: Roosevelt NMCS: % self-reported locking up of painkillers; .*

*Indicator 2: Roosevelt NMCS % self-reported sharing of meds*

*Indicator 3: Roosevelt NMCS: When you were prescribed painkillers, did anyone talk to you about storing them safely? (health care provider)*

***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.*
* *PIRE SPF Rx provider survey results for your county if n is sufficient (policies and communications with patients).*

**SOCIAL ACCESS TO PRESCRIPTION PAINKILLERS…**

**Strategy R3h**: 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, & local data related to prescription drug non-medical use, ways to bring the topic up for discussion with patients & parents.

**Objective h**: By June 30, 2018, restrict social access to prescription painkillers for abuse in (location) by (1) increasing self-reported locking up of painkillers (by %) *(opt: (2) and safe disposal of medications (by %)* and (3) reducing self-reported sharing with others (by %) by developing and disseminating a “provider guide” so that (4) **medical providers** increase their direct education of patients (by %) to reduce social access.

**Possible Outcome Indicators for Objective h:**

1. NMCS: self-reported locking up of painkillers;
2. *(optional) Patient survey about how opioids were disposed of*
3. NMCS: sharing of meds
4. NMCS: When you were prescribed painkillers, did anyone talk to you about storing them safely? (*health care provider*)

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

* Development and dissemination of provider guide (with training) at # of providers. Follow-up encounters for quality improvement.
* PIRE SPF Rx provider survey results for your county if n is sufficient (policies and communications with patients).

**Optional Outcome Indicator h:**

* Weight of drugs (esp. opioids) returned to Take Back events and area Drop Boxes for continuous disposal.

***Example Objective h:*** *By June 30, 2018, restrict social access to prescription painkillers for abuse in San Miguel County by (1) increasing NMCS self-reported locking up of painkillers by 3% and (2) reducing self-reported sharing with others by 7% by developing and disseminating a “provider guide” so that (3)* ***medical providers*** *can directly educate or encourage patients to reduce social access by 5%.*

***Example Outcome Indicators for Objective h:***

* *(1) NMCS 2016 to 2018: San Miguel County - self reported self-reported locking up of painkillers; sharing of meds*
* *(2) NMCS 2016 to 2018: San Miguel County - self reported sharing of meds*
* *(3) NMCS 2016 to 2018: San Miguel County: When you were prescribed painkillers, did anyone talk to you about storing them safely? (health care provider)*

***Example Process Indicators for Objective h:***

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

### INTERVENING VARIABLE 4: Social Norms/Attitudes

**Strategy R4a:** Use media resources to increase awareness of prescription painkiller harm & potential for addiction, and to increase awareness of dangers of sharing, how to store and dispose of prescription drugs safely.4 (e.g., collaborating with a “ Dose of Rxeality” campaign, creating media around prescription drug “Take Back” events regarding safe storage and disposal, or use of local drop/lock-boxes). Can be directed towards a specific subpopulation at risk, eg, Spanish speakers, college students, LGBTQ community, etc.

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

**Objective:** In concert with other prescription painkiller prevention activities, implement a media campaign in (your location/opt: (among a specific subpopulation))

* to increase community awareness of the harms of prescription painkiller misuse and abuse (by X amount),
* to decrease prescription painkiller use (by X amount),
* to decrease risky drinking with painkiller use (by amount)
* to decrease prescription drug sharing (by X amount)
* to increase locking up of painkillers by (X amount)

… by June 30, 2018.

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

* harms of prescription painkiller abuse;
* self-reported 30-day use of prescription painkillers
* self-reported sharing prescription drugs with others
* self-reported locking up of painkillers
* self-reported 30-day binge drinkers and 30-day use of prescription painkillers

**Possible Process Indicator:**

* Kinds and frequency of media

***Example Objective:***

*In concert with other prescription painkiller prevention activities, including a “Dose of Rxeality” implement a media campaign in Sierra County to increase community awareness of the harms of prescription painkiller misuse and abuse by 5% and to decrease prescription painkiller use by 2% by June 30, 2018.*

**Example OUTCOME Indicator:**

* *NMCS 2016 to 2018: perception of harm of prescription painkiller misuse and self-reported 30-day use of prescription painkillers.*

***Example Process Indicator:***

* *Media plan*
* *Kinds and frequency of media.*

# Developing SMART Objectives for

# Coalition Capacity and Community Readiness Strategies

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

There are no intervening variables for this section.

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

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

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

Incorporate the bulleted items under the numbered items into your activities in your scope of work. Not all are required, but most will be helpful. You are not expected to cut and paste these bullets, but make them appropriate to your SOW. An example is provided for the first strategy on the next couple pages.

# **CAPACITY STRATEGIES**

**C1. Strategies to enhance coalition structure** (from sections A & B on the coalition checklist) ***Include all or most of the bullets below in your SOW:***

* 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.
* Strengthen (coalition) structure and membership by defining members’ roles and responsibilities.
* Build (coalition) capacity by improving the structure and organization of our meetings.
* Build (coalition) capacity by identifying subcommittees to address important tasks based on members’ skills.

**C2. Strategies to enhance coalition growth and leadership** (from sections C & F on the coalition checklist) ***Include all or most of the bullets below in your SOW:***

* Strengthen (coalition) leadership by having two leading members attend leadership training, practice relationship building and gaining stakeholder buy-in, and assessing progress toward goals.
* Coalition members provide orientation and mentoring to new recruits/members
* Different coalition members are given opportunities to take the lead on coalition components/work

**C3. Strategies to enhance outreach and communications** (from sections D & E on the coalition checklist) ***Include all or most of the bullets below in your SOW:***

* 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.
* Development and dissemination of newsletters, website updates, social media promotion, and work with local media groups to promote coalition efforts.
* Regular communication is maintained with coalition members and regular meetings are held.

**C4. Strategies to enhance relationships with local government and other community leaders (from section H on the coalition checklist) *Include all or most of the bullets below in your SOW:***

* Build (coalition) capacity by recruiting new and improving relationships with local officials and community leaders.
* Develop a method to keep elected officials/community leaders informed about pressing issues, needs, and outcomes.
* Assign coalition members to attend important community meetings and events

**C5. Strategies to enhance data driven planning and environmental change (from sections G, I & J on the coalition checklist) *Include all or most of the bullets below in your SOW:***

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

**C6. Strategies to enhance cultural competency (from section K on the coalition checklist). *Include all or most of the bullets below in your SOW:***

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

**C7. Strategies to enhance funding and sustainability (from section L on the coalition checklist). *Include all or most of the bullets below in your SOW:***

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

# **WRITING COALITION CAPACITY STRATEGY OBJECTIVES**

**Strategies to enhance coalition structure** (from sections A & B on the coalition checklist) ***Include all or most of the bullets below in your SOW:***

* 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.
* Strengthen (coalition) structure and membership by defining members’ roles and responsibilities.
* Build (coalition) capacity by improving the structure and organization of our meetings.
* Build (coalition) capacity by identifying subcommittees to address important tasks based on members’ skills.

**Example Goal: Increase Eddy County DWI coalition capacity to support underage drinking prevention**

***Example Objective 1:*** *Increase Eddy County DWI Coalition’s Capacity by one point in sections A and B in the coalition checklist by implementing strategies to enhance coalition structure by June 30 2018.*

***Example Indicator:*** *coalition checklist scores in sections A and B*

***Example activities***

* ***July 2017:*** *meet with core team to define vision, mission and goals and identify potential subcommittees.*
* ***August 2017:*** *meet with coalition to review vision, mission and goals and refine.**Assign subcommittees*
* ***By September 2017*** *include coalition vision mission and goals in the header or footer of coalition documentation and print and disseminate relevant documents*
* ***By September 2017*** *organize coalition binders and disseminate to each member. Provide binder to each new member and instruct coalition members to bring binders to meetings.*
* ***September 2017*** *map coalition roles and responsibilities with broader coalition*

*Coalition coordinator provides each subcommittee with own strategic plan, arrange meeting dates, times and roles for each subcommittee.*

* ***By October 2017*** *include map of coalition roles and responsibilities in binders*
* ***By October 2017*** *review meeting structure and organization, research best practices for meeting management*
* ***By November 2017*** *define and approve updated meeting structure with group. Include documentation in coalition binders.*
* *Check in* ***quarterly*** *with subcommittee progress*
* *During* ***bi-annual reporting*** *review coalition structure and organization for quality improvement.*

# **COMMUNITY READINESS BUILDING STRATEGIES**

**D1. Strategies to increase community awareness.** *Include all or most of the bullets below in your SOW:*

* Increase awareness of community prevention efforts, who programs serve, gaps in prevention services, the longevity of efforts, etc.
* Develop a plan / action steps for informing the community about prevention efforts (convening community meetings, etc.)
* Assess and address the strengths and weaknesses of current efforts
* Identify formal and informal policies, practices or laws related to these issues

**D2. Strategies to increase readiness among community leaders.** *Include all or most of the bullets below in your SOW:*

* Identify what leaders are critical to the issue(s) at hand and/or experts that could help your efforts
* Increase the level of knowledge/concern/buy –in from community leaders (specify people/positions) for prevention efforts
* Involve community leaders in prevention efforts

**D3. Strategies to improve community climate toward prevention.** *Include all or most of the bullets below in your SOW:*

* 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.)
* 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.

**D4. Strategies to increase knowledge of the issues.** *Include all or most of the bullets below in your SOW:*

* 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.
* 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.
* 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.

**D5. Strategies to increase resources to prevention.** *Include all or most of the bullets below in your SOW:*

* Identify available resources for substance abuse prevention (personnel, financial, organizational, etc.)
* Increase the level of prevention funding by identifying and applying for funding from additional sources to support prevention efforts.
* Increase the number of agencies/partners involved in prevention efforts

# **OSAP FY 2018 INTERVENING VARIABLES & APPROVED STRATEGIES TO ADDRESS ADULT AND YOUTH**[[1]](#footnote-1) **DWI AND BINGE DRINKING**[[2]](#footnote-2)

**A1. Low Enforcement of ATOD Laws**

1. Promotion & coordination of 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 Ordinance violations; DWIs, sales to intoxicated, server liability)
2. Promotion & coordination in order to increase enforcement efforts/activities: sobriety checkpoints, saturation patrols, party and SHO patrols & SIU activity (compliance checks, shoulder taps, sales to intox checks).
3. Education & coordination for stricter enforcement of youth graduated licenses.
4. **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 prescription drug abuse.

**A2. Low Perceived Risk of Arrest/ Legal Consequence**

* 1. Publicizing enforcement efforts and activities (party patrols, SHO patrols, sobriety checkpoints, saturation patrols, SID activities, etc.)

**A3. 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

**A4. Social Access (for youth only)**

1. Developing and coordinating a Parent Party Patrol
2. Parents Who Host Lose the Most
3. Media to increase awareness of 4th degree felony and Social Host Laws

**A5. 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

**A6. Community Awareness (for programs already in implementation for more than a year)**

a. Education about the benefits of reducing the cost of alcohol-related problems to the community.

# **OSAP FY 2018 INTERVENING VARIABLES & APPROVED STRATEGIES TO ADDRESS PRESCRIPTION PAINKILLER MISUSE AND ABUSE**

1. **Retail Access**
2. Increase timely use of the PDMP by *medical providers* to record prescriptions and identify potential abusers, e.g., user education.
3. Increase timely use of the PDMP *by pharmacists* to identify potential abusers.
4. **Social Access**

**a:** Target ***parents*** to restrict youth social access to prescription 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 prescription drug misuse and abuse, as well as dangers of sharing.

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

**d:** Restrict social access through the ***elderly (or another sub-population of intentional or unintentional social access)***  (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 prescription 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 institutional 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, & local data related to prescription drug non-medical use, ways to bring the topic up for discussion with patients & parents.

1. **Social Norms/Attitudes**
2. Use media resources to increase awareness of prescription painkiller harm & potential for addiction, and to increase awareness of dangers of sharing, how to store and dispose of prescription drugs safely.(e.g., collaborating with a “ Dose of Rxeality” campaign, creating media around prescription drug “Take Back” events regarding safe storage and disposal, or use of local drop/lock-boxes). Can be directed towards a specific subpopulation at risk, eg, Spanish speakers, college students, LGBTQ community, etc.

***Principal Authors:***

Liz Lilliott, Ph.D., BHRCS-PIRE

Martha Waller, PhD, PIRE-Chapel Hill,

Kim Zamarin, MPH, HBRCS-PIRE

*Under the Direction of:*

Karen Cheman, MPH, NM OSAP

Heather Stanton, MPH, CHES, NM OSAP

Antonette Silva-Jose, NM OSAP

*With the significant contribution from:*

Members of the New Mexico State Epidemiological Outcomes Workgroup for Substance Abuse prevention (2011-2018)

Coop Consulting

The New Mexico Office of Substance Abuse Prevention Providers and their 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)
2. Please note that numbering/lettering is purposeful due to billing and contracting requirements. Please follow this numbering system for strategies. [↑](#footnote-ref-2)