DMH/SAS BLOCK GRANT EDUCATION AND ENVIRONMENTAL STRATEGY/ INTERVENTION GUIDANCE

To be utilized DMH/SAS Block Grant Providers for planning and implementation of Education and Environmental programming in FY19/FY20

REVISED: August 1, 2019

Utilizing this Guidance:

This toolkit is designed for Block Grant providers to plan/implement education and environmental strategies/interventions beginning in FY19. The toolkit features:

A listing and definition of each DMH approved strategy/intervention with additional information about:

- Substances addressed
- Target population/context
- General Capacity and Readiness Considerations:
    - Fiscal
    - Human
    - Organizational
- Best Practice Steps for each strategy/intervention to be used for creating action plan steps submitted to DMH
- Recommended Process Evaluation measures to collect per strategy/intervention

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Education and Environmental Strategy/Intervention Overview:

Strategy/Intervention	Description
Education	
Youth and Parent/Family Education	Education for youth and parents aimed at decreasing ATOD use by youth by increasing refusal/resistance skills of youth and increasing parental communication and monitoring
Synar	
Community Education and Mobilization	Identify and partner with community partners to develop, educate and plan strategies to reduce youth access to tobacco
Merchant Education	Identify, contact and visit tobacco retail outlets to provide information and materials (brochures, signs, Red Flag Merchant Education packet) on youth access to tobacco laws
Law Enforcement Related Activities	Contact and assist local law enforcement/ALE officers to conduct tobacco compliance checks and tobacco retailer training
Media and Public Relations	Collaborate with community partners and/or youth organizations to increase awareness and publicize youth access to tobacco laws, penalties and compliance inspection results and recruit/publicize merchants who pledge not to sell tobacco products to youth
Communication Campaigns	
Social Norms	Campaign designed to utilize marketing techniques to change misperceptions regarding audience behavior in order to change behavior by communicating accurate group norms of a specific, targeted audience
Support for Prevention (Policy/Advocacy)	Campaign designed to support the creation, enhancement or enforcement of policy efforts
Lock Your Meds	Campaign to promote safe medication and storage disposal through a combination of media messages, print materials and efforts

	to increase the availability of medication locking mechanisms
Prescription Drug Strategies	
Safer Prescriber Training	Training for prescribers to learn about safer prescribing options and use of the CSRS
Hospital/Clinic Prescription Drug Monitoring Program (PDMP) Policy Change	Encouraging and advocating for PDMP policy/protocol changes to utilize, manage the PDMP system better
Prescription Drug Monitoring Program (PDMP) registration/utilization effort	NC's prescription drug monitoring program collects controlled substance prescription data for prescribers and dispensers in order to improve patient care and safety while avoiding potential drug interactions and identifying individuals in need of referral to treatment services
Lockbox distribution	Distribution of medication lock boxes for families at increased risk of prescription medication misuse including, but not limited to: emergency department patients, foster families and WIC participants
Locking cabinet installation	Locking cabinets provides safe and responsible ways for people to store prescription drugs kept in their homes
Permanent medication drop box	Secure storage boxes, located in law enforcement offices or pharmacies, where individuals can safely dispose of no longer needed medications
Medication take back events	Events organized with law enforcement to collect and safely dispose of no longer needed medications
Chemical medication disposal	Distribution of chemical medication disposal kits, containers that can be used to chemically dissolve medications at places such as, but not limited to: end of life/late in life serving organizations (i.e. hospice, funeral homes and assisted living centers)
Youth Environmental Management Strategies	
	Youth-centered, collaborative strategies emphasizing data driven decision making, systemic planning and implementation of ATOD prevention strategies and best practices
Alcohol Education/Enforcement Strategies	

Support for Alcohol Compliance Checks	Enforcement effort to identify, educate and potentially penalize alcohol establishments that sell alcohol products to underage youth
Alcohol Purchase Surveys	Educational activity to identify alcohol establishments that sell alcohol to youthful appearing adults without checking for proper identification
Responsible Alcohol Sales Training (RAST) and Be a Responsible Server/Seller (BARS) Training	Training to educate owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth and/or intoxicated patrons
Small "P" Policy	
Safe Homes *must be done in conjunction with other environmental strategies	Private homes whose owners agree to/sign a pledge not to provide alcohol, tobacco or other drugs to youth, including family members and visitors, at parties, gatherings and social events such as Homecoming, Prom or Graduation
Safe Stores	Businesses who agree to/sign a pledge not to sell alcohol or tobacco to youth by checking for proper identification, training employees, and creating/following policies with consequences for violations
Big "P" Policy	
Establish, Review or Change School ATOD Policies	School policies prevent and/or decrease the use of ATOD on school property and/or during school-sponsored events and promote fair consequences for all persons who violate policies
Modify Alcohol or Tobacco Advertising Policies	Advertising restrictions reduce the exposure of youth to alcohol and tobacco ads
Product Pricing Strategies	Product pricing aims to increase the price of alcohol or tobacco products to dissuade youth from purchasing
Festival/Event Restrictions	Restrictions at community events including policies focusing on the availability and use of alcohol or tobacco at public venues such as concerts, fairs/festivals and sporting events

Establish, Review or Change Workplace Policies	Workplace policies to prevent the use and misuse of ATOD at the workplace; during work time and/or during workplace sponsored events and activities. Policies should promote fair and consistent consequences and resources for all persons who violate policies
Establish, Review or Change Community Policies	Community policies to prevent the use and/or misuse of ATOD in the community. Policies should promote fair and consistent consequences for all persons who violate policies

Youth and Parent Family Education:

Education for youth and parents aimed at decreasing ATOD use by youth by increasing refusal/resistance skills of youth and increasing parental communication and monitoring

Substances addressed:	**All, depending on the curriculum**
Target population/context:	Youth and Parents/Guardians
General Capacity Considerations:	
Fiscal:	Money for materials, curriculum, training (as necessary)
Human:	Staff or implementer training Recommended Staff Skills: People who work well with youth and/or parents, possess classroom management skills and/or group facilitation skills, communicate well with parents/guardians, teachers, administration and/or other staff and are willing to learn basic prevention principles
Organizational	Agreements in place between agency and schools/organizations outlining roles/responsibilities, dates, shared resources etc.
General Readiness Considerations: Support from school and/or other community partners to allow entry into the school or other setting	

Best Practice Steps:

PLANNING:

1. The prevention provider must receive approval for each curriculum
2. Each prevention provider delivering the program has completed Youth Prevention Education (YPE) training
3. Each prevention provider delivering the program has meet required developer training requirements, as necessary

IMPLEMENTATION:

1. The prevention provider must deliver an education program with:

a. The prescribed number of required core curriculum sessions
b. The core curriculum implemented in the appropriate setting as recommended by the program developer
c. All sessions at least 30 minutes long
d. All sessions delivered no more than two times per week for all programs

EVALUATION:

Reach: Count all participants one time per program, the first time they attend

Suggested collection of process evaluation information, including:

- Email/letter of approval for each curriculum
- YPE certificate
- Developer training certificate
- Attendance logs for each curriculum
- Number of sessions, setting, length and dates of delivery for each curriculum delivery

Synar:

Amendment created by former Congressman Michael Synar requiring states to enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under the age of 18

Substances addressed:	**Tobacco**
Target population/context:	Tobacco retailers/merchants
General Capacity Considerations:	
Fiscal:	Incentives for youth volunteers (food, small stipend, gift card etc.) as necessary/allowable
Human:	Trained law enforcement, adult and youth volunteers Recommended Staff Skills: People who can communicate effectively with retailers, local law enforcement and youth/adult volunteers, possess group facilitation skills when working with community groups, are willing to learn youth access to tobacco state laws and basic prevention principles
Organizational	Well-designed process in place that does not violate state or local law
General Readiness Considerations: Community support from law enforcement, policy makers and businesses	

SYNAR: Community Education and Mobilization:

Identify and partner with community partners to develop, educate and plan strategies to reduce youth access to tobacco (MUST BE DONE IN CONJUNCTION WITH MERCHANT EDUCATION AND/OR LAW ENFORCEMENT RELATED ACTIVITIES)

Best Practice Steps:

PLANNING

1. Prevention providers will identify and determine the level of interest and involvement of community partners who share the goal of reducing youth access to tobacco products. If no readiness exists, count as community based processes work until support is in place.

2. Prevention providers will engage in planning with partnering agencies (to develop strategies to reduce access to tobacco) in their service area(s). Note: prevention providers cannot pay for tobacco enforcement activities).

IMPLEMENTATION

3. Prevention providers will provide information on youth access (i.e. laws, penalties) to policy makers, community leaders, youth and civic groups to educate and actively involve them in efforts to reduce youth access to tobacco products).

Tobacco Purchase Surveys:

PLANNING

1. Prevention providers will assist in the recruitment of youthful looking 18-year-old young adults who appear their age or younger (and should not misrepresent their age at any time).
2. Prevention providers will assist in age testing efforts by having 15 adults guess the ages of the young adult(s) being used in the inspection to calculate an average age of appearance. All young adults must appear to be under eighteen to participate.
3. Prevention providers will assist to ensure the young adult must be dressed for inspections in the same way they were dressed when they went through the age estimation procedure to assure that no one could say that they looked younger or older than their stated age.
4. Prevention providers will assist with the maintenance of a secure file including, but not limited to: a NC State-issued photo identification card/Driver's License and Emergency contact information.
5. Prevention providers will assist in training adult chaperone/monitor(s) and young adult inspectors in Non-Enforcement Tobacco Inspection protocols.
6. Prevention providers will assist with inspection route planning using tobacco retailer lists within the merchant tracker in ECCO and will coordinate/designate a location to meet the young adult.

IMPLEMENTATION

1. Prevention providers and team (adult chaperone/monitor and young adult) will assist and/or proceed to the first store location. Upon arriving at each location, if possible, the driver will attempt to park in a location that is not visible to the clerk so as not to alert the clerk to the occurrence of a compliance check inspection.
2. Prevention providers and/or the adult chaperone/monitor should discuss a plan including who will enter and in what order, what type of product to purchase, what location to purchase from and any potential security issues.
3. Prevention providers and/or the adult chaperone/monitor will determine the safety of the location in consultation with the young adult. A signal for aborting the location due to safety concerns should be established ahead of time.

4. Prevention providers and/or the adult chaperone/monitor will ensure the young adult has his or her ID.
5. Prevention providers and/or the chaperone/monitor will determine if his or her presence in the store will compromise the inspection and the location is deemed adequately safe, the young adult will enter the store alone and attempt to purchase a tobacco product (e.g., smokeless tobacco or cigarettes) while the chaperone/monitors the door.
6. The prevention provider and/or chaperone/monitor shall maintain a clear and unobstructed view of the young adult at all times while they are in the store in the event the prevention provider and/or chaperone/monitor is not able to go into the store with the young adult.
7. The prevention provider and/or chaperone/monitor will enter the store if the young adult does not emerge within a reasonable time to have attempted to purchase a regulated tobacco product (5 minutes).
8. If the adult chaperone/monitor presence in the store will not compromise the inspection, the chaperone/monitor and the young adult will enter the store in the most natural way possible.
9. The prevention provider and/or chaperone/monitor will instruct the young adult to first attempt to purchase from a self-service display. If this is unavailable, the young adult should request a single pack of cigarettes or other tobacco product (at the prevention agency's discretion).
10. The prevention provider and/or chaperone/monitor will ensure the young adult will not present any false identification when attempting to purchase tobacco. When asked, the young adult will simply show their true identification. If challenged about their age(s), the young adult will state their correct age.
11. The prevention provider and/or chaperone/monitor will instruct the young adult to hand the clerk information regarding the General Statute 14-313b which requires retailers to check ID and will educate them on the highlights of the NC youth access law if the clerk attempts to give the tobacco product to the young adult. The card will provide information. The young adult inspector will not consummate the sale and needs no money.
12. The prevention provider and/or chaperone/monitor will instruct the young adult to exit the establishment after the purchase attempt.
13. The prevention provider and/or chaperone/monitor will ask and ensure the young adult inspector to complete a North Carolina Tobacco Survey form immediately in its entirety following each attempted inspection. If a tobacco product was "almost sold" to the young adult, the inspection form noting retailers that almost sold (versus those that did not sell tobacco products) should be reported on the North Carolina Tobacco Survey form .
14. The prevention provider will enter the information from the North Carolina Tobacco Survey form into the merchant tracker in ECCO under Part 2 Tobacco Survey.

EVALUATION

Reach: Count collaborative members as well as community education participants

Suggested collection of process evaluation information, including:

- Number of community groups identified
- Number of planning meetings with new or existing community groups/partners
- Number of groups that received information on youth access (laws, penalties)
- Number of young adult inspectors
- Number of Non-enforcement inspections held (and which businesses were inspected)

SYNAR: Merchant Education

Identify, contact and visit tobacco retail outlets to provide information and materials (brochures, signs, Red Flag Merchant Education packet) on youth access to tobacco laws

Best Practice Steps:

PLANNING

1. Prevention providers will ensure they have adequate materials (i.e. Red Flag packets and/or state law signage) before conducting merchant education by ordering materials at the following website: http://us398.agstorefront.com/ustore/36/home
2. Prevention providers will use their tobacco retailer lists within the merchant tracker in ECCO to plan merchant education efforts.
3. Prevention providers will ensure the person who talks to merchants (adult volunteers, staff or youth etc.) is knowledgeable and well versed in youth access laws and Red Flag materials.

IMPLEMENTATION

1. Prevention providers will contact tobacco retail outlets in their area(s) to ensure they have received specific information (i.e. Red Flag Merchant Education packet) on their responsibilities and the penalties for violation of state and federal youth access laws.
2. Prevention providers, if applicable, will partner with community youth groups to visit tobacco retail outlets in their area(s) to provide information and materials (i.e. brochures, signs) on state youth access law.
3. On the day of the visit, prevention providers and/or volunteers will wait for an opportunity to speak to the most responsible person on duty (suggested visit hours are between 10 am-2 pm).

4. Prevention providers and/or volunteers will introduce themselves and state the purpose for the visit (to educate about youth access laws and to offer free Red Flag materials) and will ask to speak to an owner, manager or assistant manager.
5. Prevention providers and/or volunteers will conduct a brief 1-3 minute conversation with the employee (or manager, if available) about the following information:
    - *NC state law sign posting (if not immediately visible)*
    - *Reminder that NC law makes it illegal to sell, give or distribute electronic or e-cigarettes to anyone under the age of 18*
    - *Checking ID for anyone purchasing tobacco products that appears to be under the age of 27. When checking for an ID:*
        - *Ask for a valid form of identification such as a driver's license, state ID card, military ID or passport*
        - *Ensure the picture matches and birth date states they are over the age of 18.*
        - *Promote the free, online ALE training available (and give the person the Be A Responsible Seller/Server [BARS] training information)*
6. Prevention providers and/or volunteers will encourage the Manager/Assistant Manager/Owner, if available, to:
    - Ensure tobacco products are not easily accessible and/or available to youth
    - Educate themselves on state and federal tobacco laws
    - Establish policies and procedures for selling tobacco products and encourage every employee to read and sign the policies before they start selling tobacco products
    - Offer routine employee training in order to help employees comply with the NC law that includes detecting fake IDs, refusing sales to minors and penalties for violating the law
7. Prevention providers and/or volunteers will consider reporting violations as necessary to the ALE or FDA. Issues of concern/violations include stores selling loosies, no state signs posted, tobacco products by the cash register etc.
8. Prevention providers will complete a North Carolina Tobacco Merchant Education form for each tobacco retailer visited.
9. Prevention providers will enter the information from the North Carolina Tobacco Merchant Education form into the merchant tracker in ECCO under Part 1 Merchant Education Visit.
10. Prevention providers will add new merchants identified and keep their tobacco retailer lists updated in the merchant tracker in ECCO.
11. Prevention providers will not visit tobacco retailers more than twice in a fiscal year unless warranted (i.e. additional signage or red flag packet requests, etc.)
12. Prevention providers will be intentional in conducting merchant education by choosing one of the following approaches:

- Provide merchant education for tobacco retailers with violations on FDA website: https://www.accessdata.fda.gov/scripts/oce/inspections/index.cfm
- Administer merchant education for 90% of retail outlets in a given area (zip, city, county, census tract/block, etc.) to count all the 12-17 year olds in that census unit.

EVALUATION

Reach: Count merchants trained and the 12-17 year olds in your merchant education catchment area, if done comprehensively

Suggested collection of process evaluation information, including:

- Number of tobacco retail outlets visited
- Number of adult and youth volunteers

SYNAR: Law Enforcement Related

Contact and assist local law enforcement/ALE officers to conduct tobacco compliance checks and tobacco retailer training

Best Practice Steps:

PLANNING

1. Prevention providers will contact officers from their local police or sheriffs' departments to promote increased enforcement of youth access laws
2. If applicable, prevention providers will assist in the recruitment of male and female 16 to 17 year-old youth who appear their age (and should not misrepresent their age at any time).
3. If applicable, prevention providers will assist in age testing efforts by having 15 adults guess the ages of the youth being used in the inspection to calculate an average age of appearance. All youth must appear to be under eighteen to participate.
4. If applicable, prevention providers will ensure the youth will be dressed for inspections in the same way they were dressed when they went through the age estimation procedure to assure that no one could say that they looked younger or older than their stated age.
5. If applicable, prevention providers will assist with the maintenance of a secure file including, but not limited to: Copy of birth certificate, NC State-issued photo identification card/Driver's License, Parental Consent form and medical release, Emergency contact information and Headshot of youth inspector
6. If applicable, prevention providers will assist in training adult chaperone/monitor(s) and youth inspectors in Tobacco Inspection protocols.
7. If applicable, prevention providers will assist with inspection route planning using the retailer list provided by DMH and will coordinate/designate and communicate a location for the youth and law enforcement officer to meet at least 48 hours in advance of the check.

IMPLEMENTATION

1. Prevention providers will assist local law enforcement/ALE officers in the implementation of tobacco compliance checks and retailer training by participating in ***ANY of the following tasks*** (note: block grant funds may not be used for actual enforcement activities)

- Update DMH provided list of all retail tobacco outlets
- Recruitment and age testing of youth for an enforcement operation
- Serving as an adult observer or monitor during an enforcement operation
- Provision of incentives for clerks who don't sell tobacco products to minors during enforcement operations
- Provision of refreshments and/or incentives to youth

- Assisting in coordination and recruitment of store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations of the youth access to tobacco law (s) will be recruited to attend the training.

2. Prevention providers and team (adult chaperone/monitor, youth and law enforcement) will assist and/or proceed to the first store location. Upon arriving at each location, if possible, the driver will attempt to park in a location that is not visible to the clerk so as not to alert the clerk to the occurrence of a compliance check inspection.
3. Prevention providers and/or the adult chaperone/monitor should discuss a plan including who will enter and in what order, what type of product to purchase, what location to purchase from and any potential security issues.
4. Prevention providers and/or the adult chaperone/monitor will determine the safety of the location in consultation with the youth and law enforcement officer. A signal for aborting the location due to safety concerns should be established ahead of time.
5. Prevention providers and/or the adult chaperone/monitor will ensure the youth has funds for a tobacco purchase (small bills) and verify the youth has his or her ID.
6. Prevention providers and/or the chaperone/monitor will determine if his or her presence in the store will compromise the inspection and the location is deemed adequately safe, the youth will enter the store alone and attempt to purchase a tobacco product (e.g., smokeless tobacco or cigarettes) while the chaperone/monitors the door.
7. The prevention provider and/or chaperone/monitor shall maintain a clear and unobstructed view of the minor at all times while they are in the store in the event the prevention provider and/or chaperone/monitor is not able to go into the store with the youth.
8. The prevention provider and/or chaperone/monitor will enter the store if the youth does not emerge within a reasonable time to have attempted to purchase a regulated tobacco product (5 minutes).
9. If the prevention provider and/or adult chaperone/monitor presence in the store will not compromise the inspection, the chaperone/monitor and the youth will enter the store in the most natural way possible.
10. The prevention provider and/or chaperone/monitor will instruct youth to carry money needed to pay for the tobacco product and will first try to purchase from a self-service display. If this is unavailable, a single pack of cigarettes or other tobacco product will be requested at your agency's discretion. After the purchase attempt, the youth will exit the establishment with or without the tobacco product.
11. If a tobacco product was purchased, the youth will immediately hand over the purchased tobacco product and receipt (if applicable) to the adult chaperone/monitor or law enforcement officer. The compilation of tobacco products will be at the discretion of the law enforcement officer. The law enforcement officer will proceed inside of the store to enforce General Statute 14-313b which allows the law enforcement officer to issue citation to the clerk for selling tobacco to a minor.
12. The prevention provider and/or chaperone/monitor will ask and ensure the young adult inspector to complete a N.C. Tobacco Retail Outlet Inspection Form immediately in its entirety following each attempted inspection.

13. All tobacco products will be destroyed per the procedures of the local law enforcement agency.

EVALUATION:

Reach: Count law enforcement personnel supported/trained
If they conduct compliance checks comprehensively, also count the 12-17 year olds in the catchment area not counted under Synar merchant education

Suggested collection of process evaluation information, including:

- Number of local law enforcement/ALE officers contacted and/or meetings held
- List of all retail tobacco outlets
- Protocol for recruitment/age testing of youth
- Number of enforcement operations
- Number of times served as an adult observer/monitor during enforcement operations
- Number of incentives disseminated to clerks and/or youth
- Number of refreshments disseminated to youth for enforcement activities
- Number of retailers recruited (who violated youth access to tobacco laws)
- Number of retailer training workshops offered in conjunction with local law enforcement
- Number of participants in retailer education workshops
- Number of retailers attended (who violated youth access to tobacco laws)

SYNAR: Media and Public Relations

Collaborate with community partners and/or youth organizations to increase awareness and publicize youth access to tobacco laws, penalties and compliance inspection results and recruit/publicize merchants who pledge not to sell tobacco products to youth

Best Practice Steps:

PLANNING:

1. Prevention providers will collaborate with community partners to include news stories, letters to the editor etc. to increase awareness of youth access to tobacco products and penalties and to publicize compliance inspection results.

IMPLEMENTATION:

1. Prevention providers will collaborate with community/youth organizations to conduct a Merchant Pledge campaign and publicize results to recognize merchants and clerks who have pledged not to sell tobacco products to minors.

EVALUATION

Reach: Count the media reach

Suggested collection of process evaluation information, including:

- Number of news stories, letters to the editor etc. created/sent
- Number of community/youth organizations collaborated with on Merchant Pledge campaign
- Number of merchants/clerks who pledge not to sell tobacco products to minors

Communication Campaigns (Social Norms/Support for Prevention)

Communication campaigns utilize purposeful promotional strategies to change norms, behaviors and policies, both formal and informal, in a specific audience via marketing and advertising techniques

Substances addressed:	**Any, depending on the campaign**
Target population/context:	Youth, Parents and the Community, depending on the campaign
General Capacity Considerations:	
Fiscal:	Money for material creation/design and testing
Human:	Staff and volunteer training Recommended Staff Skills: People who can communicate effectively with schools, policy makers, local law enforcement and youth/adult volunteers (depending on the nature of the campaign), understand and utilize data for planning, have access and/or knowledge about creating media and are willing to learn basic prevention principles Adult and youth volunteers to plan, set-up and implement the campaign
Organizational	Technology resources (for social media components) Survey evaluation
General Readiness Considerations: Support from school or other community partners to allow entry into the school or other settings Support from policy makers and local law enforcement (when changing/enforcing/promoting policy)	

Best Practice Steps:
PLANNING

1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience.

2. Prevention providers have collected baseline survey data from the target audience. (Note: data must be collected at least once every 3 years to assist in the refinement of campaign messages and measure progress toward the achievement of objectives)
3. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources.
4. Prevention providers have created campaign materials that do not include moral or fear appeals (ex. images intended to scare or shock viewers, such as mock crashes, etc.
5. Prevention providers have collected feedback about campaign messages and materials from a representative sample of the target audience.

IMPLEMENTATION

1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.)
2. Prevention providers have distributed messages through sources that are popular and credible with the target population.
3. Prevention providers have released campaign materials at least once every six weeks.
4. Prevention providers have distributed messages using supplemental methods (e.g. contests, promotional materials etc.) at least once every 3 months.

EVALUATION

Reach: For Social Norms and Support for Prevention campaigns: Count the population impacted. Population impacted will vary depending upon campaign. Consider counting criterial for similarly targeted intervention/strategies
For Lock Your Meds campaigns, count 28.1% of the 12-17 year olds, 44.3% of the 18-25 year olds, and 46.4% of the 26 year-old plus population in the catchment area. *If you are using multiple component campaign without mass media, you may add up the number of materials distributed*

Suggested collection of process evaluation information, including:

- Number of partnerships with community sectors
- Collection of baseline survey data
- Number of campaign objectives
- Number of campaign materials
- Number of feedback (i.e. ballot testing, focus groups etc.) collected on messages and materials
- Number of campaign materials created/disseminated
- Number of campaign materials developed using supplemental methods

Prescription Drug Strategies

Strategies designed to increase awareness about the dangers of misusing prescription drugs, promote safe medication disposal and secure storage as well as education, utilization and review of safe prescribing and dispensing mechanisms

Substances addressed	Prescription drugs
Target population/context:	Youth, Parents and the Community, depending on each activity
General Capacity Considerations:	
Fiscal:	Money for campaign materials, drop boxes
Human:	Staff and volunteer training Recommended Staff Skills: People who can communicate effectively with schools, policy makers, local law enforcement, medical community and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles Adult and youth volunteers to plan, set-up and implement activities
Organizational	Technology resources (for social media components)
General Readiness Considerations: Support from the medical community and/ or other community partners	

Lockbox distribution/Cabinet installation/Chemical medication disposal

Proper medication disposal and storage provides safe and responsible ways for people to store and dispose of prescription drugs kept in their homes.

Best Practice Steps:

PLANNING:

1. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating lockboxes, medication disposal kits, or cabinet installations within the community

2. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices. If no readiness exists, count as community based processes work until support is in place.
3. Prevention providers will meet with community members, partners, landlords or others to determine the avenues and timeline for distribution of lockboxes and medication disposal kits/demonstrations.
4. Prevention providers will work to plan distribution of kits, lockboxes and medication disposal demonstrations. Prevention providers will work to plan for cabinet installations.

IMPLEMENTATION:

1. Prevention providers will work with partners to install cabinets and lockboxes.
2. Prevention providers will distribute lockboxes and medication disposal kits.
3. Prevention providers will provider kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes.

EVALUATION:

Reach: Lockbox distribution: count the number of lockboxes distributed; Cabinet installation: count the number of cabinets installed; Chemical medication disposal: count the number of prescriptions disposed

Suggested collection of process evaluation information, including:

- Number of lockboxes distributed
- Number of cabinets installed
- Number of new policies created for medicine disposal, cabinet installation and lockbox use
- Number of medicine disposal kits and demonstrations

Medication Take Back Events/Permanent Medication Drop Box

Take-back programs, a popular proper medication disposal strategy, provide avenues to reduce the supply of drugs available for diversion. Prescription Drug Take-Back Programs collect individuals' unwanted or expired prescription drugs voluntarily through the use of drop boxes or take-back events. Practice-based evidence indicates that take-back programs also may be implemented to increase awareness of NMUPD and enhance community readiness to implement a more comprehensive prevention strategy.

Best Practice Steps:

PLANNING

1. Prevention providers will identify and determine the level of interest and involvement of law enforcement and healthcare providers who share the goal of reducing access to opioids and proper disposal of medications. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes.
3. Prevention providers will work to plan take-back events and the acquisition of drop box locations and funds.

IMPLEMENTATION

1. Prevention providers will coordinate and implement take-back events.
2. Prevention providers will acquire new drop box locations.
3. Prevention providers will increase usage of current drop box locations through media and other community efforts.
4. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize drop box policies.

EVALUATION

Reach: Take Back Events: count the number of participants at each event, Permanent Medication Drop Box: count the number of medications disposed

Suggested collection of process evaluation information, including:

- Number of take-back events
- Number of medications collected at take-back events/pounds collected
- Number of new policies created around drop boxes
- Number of drop boxes installed
- Number of medications collected by drop boxes/increase in numbers for already existing drop boxes

PDMP Policy Change/Registration/Utilization

Collaborate with local healthcare providers to review, modify or strengthen policies to enhance safe prescribing practices and to support the registration and use of the CSRS in North Carolina to prevent unnecessary access to Rx that could result in opioid overdoses or substance misuse.

Best Practice Steps:

PLANNING

1. Prevention providers will become familiar with the laws, policies, and standards by which local healthcare providers and emergency departments are currently operating or required by law to operate (this could include becoming familiar with the STOP Act).
2. Prevention providers will use data from the CSRS to identify the rates for registration and use within their communities/counties of concern. This will help in identifying the need.
3. Prevention providers should draft a message/elevator pitch for healthcare professionals in order to build capacity and support to work collaboratively (if partners do not already exist within the community).
4. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices. If no readiness exists, count as community based processes work until support is in place.
5. Prevention providers will meet with healthcare providers to discuss ways to strengthen safe prescribing practices and the importance of CSRS utilization and strong policies.
6. Prevention providers will work to plan with healthcare providers how to encourage registration/use of the CSRS and/or how to modify/implement policies.

IMPLEMENTATION:

1. Prevention providers will work to increase use of the CSRS system and encourage registration by connecting with local providers.
2. Prevention providers will work to draft modifications or new policies with healthcare providers.
3. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize modifications or new policies.

EVALUATION:

Reach: Count prescribers, dispensers and delegates reached directly, AND 22.7% of the 12-17 year olds, 34.8% of the 18-25 year olds, and 38.3% of the 26 year olds plus population in the catchment area

Suggested collection of process evaluation information, including:

- Number of drafted policies
- Number of policies modified
- Number of new policies created
- Number of polices/changes institutionalized
- Number of prescribers utilizing the CSRS

- Number of new prescribers to sign up for the CSRS
- Number of new healthcare partners

Safer Prescriber Training

The model primarily focused on increasing the awareness of appropriate prescribing practices and the potential dangers of prescription opioid use/misuse.

Best Practice Steps:

PLANNING

1. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will coordinate with state experts and partners within the community to determine dates and topics for prescriber trainings within the community.
3. Prevention providers will plan logistics and recruit healthcare prescribers to attend the training.

IMPLEMENTATION:

1. Prevention providers will hold one or more prescriber training(s) within the community/service area

EVALUATION:

Reach: Count the prescribers trained AND 22.7% of the 12-17 year olds, 34.8% of the 18-25 year olds, and 38.3% of the 26 year old plus population in the catchment area

Suggested collection of process evaluation information, including:

- Number of prescribers attending the training
- Number of prescribers utilizing the CSRS
- Number of new prescribers to sign up for the CSRS

Youth Environmental Management Strategies

Youth-centered, collaborative strategies emphasizing data driven decision making, systemic planning and implementation of ATOD prevention strategies and best practices

Substances addressed:	**Any, depending on the effort**
Target population/context:	Youth and the Community, depending on the effort
General Capacity Considerations:	
Fiscal:	Money for materials/space/incentives for youth
Human:	Staff and volunteer training Recommended Staff Skills: People who can communicate effectively with schools and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles Adult and youth volunteers to plan, set-up and implement activities
Organizational	Agreements in place between agency and schools/organizations outlining roles/responsibilities, dates, shared resources etc.
General Readiness Considerations: Support from school, parents and community to conduct activities/programming/events Support from policy makers (when changing/enforcing/promoting policy)	

Best Practice Steps:

PLANNING:

1. The prevention provider will work with schools and/or other community partners to garner support for and to recruit youth to attend youth-focused meetings and events
2. The prevention provider may facilitate or assist the school and/or other community partners to facilitate youth group meetings will a focus around planning and choosing

ATOD prevention strategies using local data to determine priorities and an action plan for each activity implemented

3. The prevention provider may facilitate or assist the school and/or other community partners to train youth group members in topics including, but not limited to: ATOD specific information, leadership skills and skills pertaining to planned ATOD activities

IMPLEMENTATION:

1. The prevention provider will work with youth, schools and/or other community partners to implement selected strategies

EVALUATION:

Reach: Counting will vary depending upon strategies implemented. Consider counting methods for similar, non-youth environmental strategies

Suggested collection of process evaluation information, including:

- Number of youth attending meetings
- Number of youth trainings held
- Action plans for each strategy
- Number of ATOD prevention events

Alcohol Education/Enforcement Strategies

Strategies to educate and enforce youth access to alcohol laws and serving/selling restrictions for underage youth and intoxicated patrons

Substances addressed:	**Alcohol**
Target population/context:	Alcohol retailers, servers/sellers of alcohol
General Capacity Considerations:	
Fiscal:	In kind or allocated law enforcement time to plan and conduct activities (can be made self-supporting through special license fees or recycling fines for violations) Incentives for youth volunteers (food, small stipend, gift card etc.)
Human:	Trained law enforcement, adult and youth volunteers Recommended Staff Skills: People who can communicate effectively and work with law enforcement, retailers and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles
Organizational	Well-designed protocols in place that do not violate state or local law
General Readiness Considerations: Strong Law Enforcement and judicial support and buy-in to enforce and prosecute violations	

Support for Alcohol Compliance Checks

Used to identify alcohol and tobacco establishments that sell alcohol and tobacco to underage youth and can be enforcement or educational in nature. Can be done as a standalone program or part of a Safe Stores effort.

Best Practice Steps:

PLANNING

1. Prevention providers will engage/partner with local organizations/agencies responsible for conducting compliance checks to assess readiness/support. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will engage in planning with partnering agencies (i.e. with local law enforcement to ensure youth/public safety, parental release for youth volunteers, incentives for youth volunteers, age testing, sharing of data regarding retailer violations (see evaluation information below) etc. Note: prevention providers cannot pay for enforcement activities).
3. Prevention providers will assist and/or recruit youth volunteers (to participate in compliance checks) as necessary.
4. Prevention providers will participate in compliance check training in conjunction with local law enforcement and youth volunteers as necessary if on-site (as adult observers or to help with youth volunteers).

IMPLEMENTATION

1. Law enforcement will visit retailers routinely, targeted to locations and time of day/year based on data (e.g. citizen complaints, law enforcement information, school events etc.)
2. Prevention providers will follow-up with merchant education materials as needed after each round of compliance checks is completed (i.e. thank you for not selling, signage or information about server/seller trainings etc.)

EVALUATION:

Reach: Count the law enforcement personnel trained and the 16-20 year olds in catchment area for alcohol compliance checks, if done comprehensively

Suggested collection of process evaluation information, including:

- Number of compliance checks conducted per quarter/semi-annual/annually
- Number of retailers/businesses checked
- Number of warnings given
- Number of violations cited
- Number of retailers/businesses who were in compliance (did not sell)

Alcohol Purchase Surveys

Used to identify alcohol establishments that sell alcohol to youthful appearing adults without checking for proper identification and can be enforcement or educational in nature. Can be done as a standalone program or part of a Safe Stores effort.

Best Practice Steps:

PLANNING

1. Prevention providers will partner with local law enforcement and/or other coalitions, collaborative and groups to create purchase survey protocols, including, but not limited to: type of purchase, type of alcohol, safety procedures, insurance/liability, age testing/verification and survey logistics etc.
2. Prevention providers will create and/or obtain a listing of all alcohol retail outlets in the service area(s).
3. Prevention providers will plan and develop purchase survey training and data collection materials including, but not limited to: data forms and consent forms
4. Prevention providers will recruit adult and young adult (21 and over) volunteers. Adults will act as drivers and observers for purchase survey and young adults will purchase alcohol.
5. Prevention providers will validate the appearance and age of young adults (so as to assure they appear young looking, approximately 18-19 years) via age testing procedures
6. Prevention providers will train and/or assist local law enforcement and/or other coalition/collaborative/groups to train adult and young adult volunteers on purchase survey protocols, data collection and safety concerns

IMPLEMENTATION

1. Prevention providers will assign and/or assist local law enforcement and/or other coalition/collaborative/groups to assign teams of volunteers to alcohol retail outlets.
2. Prevention providers will visit and/or assist local law enforcement and/or other coalition/collaborative/groups to visit alcohol retail outlets. Prevention providers may be on-site to act as adult observers as necessary
3. Prevention providers will debrief the alcohol purchase survey with local law enforcement and/or other coalition/collaborative/groups as necessary
4. Prevention providers will analyze or assist local law enforcement and/or other coalition/collaborative/groups to analyze purchase survey data, including: date/time of purchase survey, location/type of outlet, age and other characteristics of buyer, type of alcohol requested, location of alcohol in outlets, age/gender of clerk, attempted purchase outcome, in store observations etc.

EVALUATION

Reach: Count the 16-20 year olds in the catchment area, if done comprehensively

Suggested collection of process evaluation information, including:

- Number of alcohol retail outlets in service area(s)
- Number of planning meetings for survey protocol, training and data collection materials
- Number of adults and young adults recruited

- Number of age testing validations conducted
- Number of volunteer trainings conducted
- Number of alcohol purchase surveys conducted
- Number of purchases/no sales

Responsible Alcohol Sales Training (RAST) and Be A Responsible Server (BARS)

Training used to educate owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. Can be done as a standalone program or part of a Safe Stores effort.

Best Practice Steps:

PLANNING

1. Prevention providers will engage/partner with local law enforcement, ALE officers and/or other local organizations/agencies responsible for planning/implementing Responsible Beverage Server (RBS) training to assess readiness/support. If no readiness exists, count as community based processes work until support is in place.
2. Prevention providers will assist local law enforcement, ALE officers and/or other local organizations/agencies in planning a training that includes, but is not limited to: understanding state, local laws and consequences for selling to minors or other intoxicated patrons, checking identification, recognizing fake IDs, and identifying and refusing sales to underage youth and intoxicated customers. Plans will consider cost and plans for more than one training offered per year to train businesses who have staff turnover.
3. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to provide logistical support (i.e. securing space, refreshments, copying materials etc.) and promotion of trainings.
4. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to coordinate and recruit managers and store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations will be an emphasis in recruiting efforts.

IMPLEMENTATION:

1. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to conduct Responsible Beverage Server (RBS) training. Prevention providers may assist with training day duties that include, but are not limited to: registration/handing out certificates, refreshments and training-day logistics as necessary
2. Prevention partners will partner with local law enforcement, ALE officers and/or other local organizations/agencies to follow-up and encourage retail store managers to receive RBS training, have policies in place for responsible serving/selling practices and

have a monitoring system to ensure all retail employees are adhering to responsible serving/selling practices

EVALUATION:

Reach: Count the individuals trained and the 16-20 year olds in catchment area, if done comprehensively

Suggested collection of process evaluation information, including:

- Number of RBS planning meetings
- Training materials
- List of logistical supports offered
- List of retail outlets invited/recruited/participated in RBS training
- Follow-up retail manager information

"Small P" Policy Strategies

Strategies designed to garner parental and community support for ATOD prevention efforts

Substances addressed:	**Alcohol, tobacco, marijuana and prescription and other drugs for home pledge and alcohol, tobacco and prescription drugs for store pledge**
Target population/context:	Parents and retailers, servers/sellers or medication dispensers
General Capacity Considerations:	
Fiscal:	Money for materials, promotion and/or incentives, as necessary
Human:	Trained staff, adult and youth volunteers Recommended Staff Skills: People who can communicate effectively with parents, retailers and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles Media coverage and/or promotion of businesses that are identified as "Safe Stores" and parents who sign "Safe Homes" pledges
Organizational	Well-designed process to ensure participation and involvement
General Readiness Considerations: Community support and buy-in for not providing and/or selling alcohol/tobacco and/or other prescription drugs to youth	

Safe Homes

Private homes whose owners agree to/sign a pledge not to provide alcohol, tobacco or other drugs to youth, including family members and visitors, including at parties, gatherings and social events such as Homecoming, Prom or Graduation

Best Practice Steps:

PLANNING

1. The prevention provider will create a list of local schools in the catchment area and schedule meetings to garner support for Safe Homes pledges
2. The prevention provider will engage/partner with local organizations and/or schools to promote and recruit parents/guardians for Safe Homes pledges.

IMPLEMENTATION

1. The prevention provider will engage/partner with local organizations and/or schools to obtain signatures for Safe Homes pledges. Consider one or more events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months

EVALUATION

Reach: Count number of homes signing the Safe Homes pledge

Suggested collection of process evaluation information, including:

- Number of schools outreached/number of schools conducting Safe Homes pledges
- Number of pledges obtained

Safe Stores

Businesses who agree to/sign a pledge not to sell alcohol or tobacco to youth including checking for proper identification, training employees, and creating/following policies with consequences for violations

Best practice steps:

PLANNING

1. The prevention provider will create a list of local businesses who sell alcohol, tobacco and/or dispense prescription drugs and schedule visits with store managers or decision makers to garner support for Safe Stores pledges.
2. The prevention provider will engage/partner with local organizations and/or businesses to promote and recruit businesses for Safe Stores pledges. Businesses agreeing to pledges will commit to having employees check for proper IDs for all people appearing younger than 27, business will provide or send all employees to a Responsible Beverage Service training or similar store approved training and creating, revising or enforcing (existing) selling policies with consequences for violations. Optional activities include having businesses volunteer to participate in purchase surveys and/or compliance checks. (*Review best practice steps for RBS training, purchase surveys and compliance checks for more information about prevention provider's role)*

IMPLEMENTATION

1. The prevention provider will engage/partner with local organizations and/or businesses to obtain signatures for Safe Stores pledges. Consider several outreach events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months
2. The prevention engage/partner with local organizations/media to publicize which businesses have signed the Safe Stores pledges
3. The prevention provider will engage/partner with local organizations to assist businesses, as necessary, in promoting and/or registering employees for RBS training, providing information about responsible selling policies and/or conducting purchase surveys and/or encouraging local law enforcement or ALE officers to conduct compliance checks

EVALUATION

Reach: Count 16-20 year olds in the catchment area for Safe Stores policies focused on alcohol sales policy enforcement and 12-20 year olds for policies focused on tobacco and alcohol sales policy enforcement

Suggested collection of process evaluation information, including:

- Number of businesses outreached/completed a Safe Store pledge
- Number of positive media related to Safe Stores

"Big P" Policy Strategies

Strategies designed to establish, review, change or enforce ATOD policies in communities and schools

Substances addressed:	**Any, depending on effort**
Target population/context:	Schools, Youth, Parents, Community, Retailers, Servers/Sellers
General Capacity Considerations:	
Fiscal:	Incentives for youth volunteers (food, small stipend, gift card etc.)
Human:	Staff training, staff/volunteer time Recommended Staff Skills: People who can communicate effectively with parents, retailers and youth/adult volunteers (depending on the nature of the activities), understand and utilize data for planning and are willing to learn basic prevention principles
Organizational	Well-designed plans in place that does not violate state or local law
General Readiness Considerations: Coalition/collaborative/group, school, business and/or community support for each policy event	

Establish, Review or Change School ATOD Policies

Well-written and enforced school ATOD policies prevent and/or decrease the use of ATOD on school property and/or during school-sponsored events and promote fair consequences for all persons who violate policies. It is important that all school administration consider reviewing, changing and/or establishing ATOD policies on a regular basis to ensure effectiveness.

Best Practice Steps:

PLANNING

1. The prevention provider will research existing policies, if any, and identify policies that need to be changed/modified to achieve the objective
2. The prevention provider will engage/partner with schools and other community partners responsible for establishing or changing school policies

IMPLEMENTATION

3. When reviewing, establishing or changing school policies, consider that a comprehensive school policy should:
    a. Clearly define the population to which the policy applies (students, staff and/or visitors
    b. Clearly define where the policy applies (school building, grounds, vehicles on grounds, school-sponsored, off campus events such as athletic events and field trips)
    c. Clearly define what substances are prohibited and what constitutes "use" and/or "possession"
    d. Communicate the policy to all affected populations (e.g. students, staff, visitors, parents) on a regular basis-at minimum annually
    e. Schedule a periodic review of the policy (at least every two years)
    f. Clearly state consequences of first and subsequent policy violations that include opportunities for intervention and/or treatment as alternatives to suspension/expulsion
    g. When implementing intervention as a consequence of policy violation, ensure the following:
        i. Substance abuse assessment is completed by someone with training to complete an assessment
        ii. Ensure confidentiality for those who are assessed and participate in substance misuse intervention
        iii. One-to-one counseling is provided rather than group counseling if education rather than treatment is the intervention goal
    h. Incorporate provisions for prevention, intervention, treatment and return to use prevention

EVALUATION:

Reach: If the policy is established or changed for staff, count school staff
If established or changed for students, count students impacted
If the policy is reviewed, count the people reviewing the policy

Suggested collection of process evaluation information, including:

- Number and type of school policy researched
- Number of planning meetings with school and other community partners
- Copy of new or modified school policy
- Number of violations

- Type of violations (specific drug, location etc.)

Modify Alcohol/Tobacco Advertising Policies

Advertising restrictions reduce the exposure of youth to alcohol and tobacco ads. Best practices include, but are not limited to: prohibiting outdoor advertising and billboards in areas where children are present, restricting or limiting advertising on the interior/exterior of building, limiting the times when advertising is permitted, prohibiting distribution of alcohol industry promotional items to minors and restricting alcohol industry sponsorship of any event sponsored or cosponsored by local government, any youth event or any event located on public property (parks, street fairs, government buildings etc.)

Best Practice Steps:

PLANNING

1. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies responsible for planning/implementing alcohol/tobacco advertising policies to assess readiness/support. If no readiness exists, count as community based processes work
2. Prevention providers will partner with youth and/or other local organizations to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of potential advertising issues at tobacco and alcohol retailers.
3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written protocols/procedures (and consequences for violations) for alcohol/tobacco advertising policies based on local data (i.e. the environmental scan) including, but not limited to: prohibiting alcohol advertising within close proximity (500 ft. or less) to youth oriented locations including schools, playgrounds and churches; limiting the amount of alcohol/tobacco advertising inside and outside of windows (with a certain percentage limit); limits on promotional items to anyone 21 years or older (such as giveaways as a result for winning a contest at fairs and/or community events); prohibiting the distributing of promotional materials at commercial or civic events to anyone under 21 years old
4. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for alcohol/tobacco advertising policies from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy

IMPLEMENTATION

1. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in monitoring the enforcement of

policies and report violations of alcohol/tobacco advertising policies by conducting environmental scans and/or other surveying activities as necessary

EVALUATION

Reach: Counting methods vary depending upon the nature of your intervention. Count the 12-17 year olds in the catchment area for tobacco advertising and 16-20 year olds for alcohol advertising. If you gain agreement to modify retail advertising practices, you may count the retail staff. Count the planning group for all of the above.

Suggested collection of process evaluation information, including:

- Number of planning meetings
- Written protocols/procedures for each policy
- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Number of businesses/retailers who violated alcohol/tobacco advertising policies

Product Pricing Strategies

Product pricing aims to increase the price of alcohol or tobacco products to dissuade youth from purchasing. Best practices including, but not limited to: banning price discounting (e.g. 2 for 1, drink specials, Happy Hours, Ladies night, special price hours etc.), multi-pack options for tobacco), banning redemption and/or distribution of coupons, establishing mitigation fees (e.g. to clean up litter, cover cessation services etc.)

Best Practice Steps:

PLANNING

1. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies responsible for product pricing strategies to assess readiness/support. If no readiness exists, count as community based processes work
2. Prevention providers will partner with youth and/or other local organizations to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of product pricing issues at tobacco and alcohol retailers.
3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written protocols/procedures for product pricing strategies (and consequences for violations) based on local data (i.e. environmental scans) including, but not limited to: banning price discounting (e.g. 2 for 1, drink specials, Happy Hours, Ladies night, special price hours, multi-pack options for tobacco etc.), banning redemption and/or distribution of coupons, establishing mitigation fees (e.g. to clean up litter, cover cessation services etc.)

4. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for product pricing strategies from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy

IMPLEMENTATION

1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in monitoring the enforcement of policies and report violations of product pricing by conducting environmental scans and/or other surveying activities as necessary

EVALUATION

Reach: Count the planning group if trying to adopt product pricing strategies. Count the 12-17 year olds in the catchment area for tobacco advertising and 16-20 year olds for alcohol advertising

Suggested collection of process evaluation information, including:

- Number of planning meetings
- Written protocols/procedures for each policy
- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Number of businesses/retailers who violated product pricing strategies

Festival/Event Restriction

Restrictions at community events include policies that control the availability and use of alcohol or tobacco at public venues such as concerts, fairs/festivals and sporting events.

Best Practice Steps:

PLANNING

1. Prevention providers will engage/partner with local law enforcement, business/civic groups and/or other local organizations/agencies responsible for planning/implementing Festival/Event restrictions to assess readiness/support. Evidence of no readiness could be strong business or political groups opposing alcohol restrictions at community events. If no readiness exists, count as community based processes work (consider gathering information about any problems associated with specific events by contacting local police, facility managers, security personnel, event coordinators and business and property owners near the event) until support is in place.
2. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in choosing and developing written

protocols/procedures for festival/event restrictions (and consequences for violations) including, but not limited to: restricting and/or limiting alcohol/tobacco at youth-oriented and family events; prohibiting alcohol sales at specific venues popular with young people; designating alcohol-free days or periods of time within longer events such as community fairs; establishing restricted alcohol sections at special events where young people are not permitted to enter; prohibiting participants from bringing alcohol into events; requiring responsible beverage service management policies and training for staff at each event; security considerations such as how to handle intoxicated drinkers, banning alcohol consumption in parking lots and monitoring parking lots; limiting cup size, using cups for alcohol beverages that are different than non-alcoholic cups, limiting the number of servings per person/per purchase to one or two at a time, stop selling alcohol at least one hour prior to closing;

3. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for festival/event restrictions from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of ways to address those that may not support the policy

IMPLEMENTATION

1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in festival/event setup including, but not limited to: set up of non-drinking areas, posting alcohol restriction or warning posters; providing registration and logistical support for responsible beverage service training for servers and sellers prior to the event
2. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in festival/event participation/staffing as necessary
3. Prevention providers will collect information from local law enforcement facility managers, security personnel, event coordinators and business and property owners near the event concerning any problems associated with specific events including, but not limited to: intoxicated patrons, fighting/assaults, noise disturbances, litter/trash on property, traffic and parking issues, property damage or vandalism and public urination for documentation about the nature/extent of issues (and for comparison over time and use in planning each similar event)

EVALUATION

Reach: Counting will vary depending upon type of festival/event restriction. Consider counting methods for other similar interventions in deciding how to count people for your festival/event restriction. For example, if you enacted alcohol serving restrictions at a community event, your count would be an estimate of the 16-20 year olds at the event, similar to how you would count people served for responsible beverage servers training. If

you distribute a guide for safe festivals/events, you may also count all the organizers the guide was distributed to

Suggested collection of process evaluation information, including:

- Number of planning meetings
- Written protocols for each event
- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Number of people who registered/attended RBS training for Event servers/sellers
- Number of alcohol related-issues at each event

Establishing, reviewing or changing community and/or workplace ATOD policies
Workplace policies to prevent the use and misuse of ATOD at the workplace; during work time and/or during workplace sponsored events and activities. Policies should promote fair and consistent consequences and resources for all persons who violate policies.

Community policies to prevent the use and/or misuse of ATOD in the community. Policies should promote fair and consistent consequences for all persons who violate policies

PLANNING

1. The prevention provider will engage/partner with communities and/or workplaces responsible for establishing or changing community and/or workplace policies
2. The prevention provider will research existing policies, if any, and/or identify policies that need to be changed/modified to achieve the objective based on local data
3. Prevention providers will assist communities and/or workplaces in choosing and developing written protocols/procedures with consequences for violations
4. Prevention providers will assist communities as necessary in advocating for and receiving support for the written protocols/procedures for community ATOD policies from appropriate city/local governance as necessary. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy

IMPLEMENTATION

1. Prevention providers will assist communities and/or workplace in reviewing and/or monitoring the enforcement of policies and report violations as necessary

EVALUATION

Reach: Varies depending on the nature of the policy. Please consider counting rules for other similar intervention and/or contact dmh.prevention@dhhs.nc.gov for guidance

Suggested collection of process evaluation information, including:

- Number of partnerships created to work on community and/or workplace policy
- Number of policies researched/identified
- Written protocols/procedures for community and/or workplace policy
- Advocacy/support plan (pros/cons, potential limitations and identification of strategies to address those that may not support the policy)
- Number of violations, as necessary (for community policy efforts only)

TOOL: COUNTING REACH (*Subject to final ECCO changes)*

ECCO Intervention/Strategy Categorization	Information/Examples (not to be considered as all encompassing)	Counting people served (reach) per SAMHSA guidelines
Education		
Youth Prevention Education	All Stars Media Detective Project Alert	Count all participants one time per program, the first time they attend (per fiscal year)
Parent Family Education	Strengthening Families Guiding Good Choices	Count all participants one time per program, the first time they attend (per fiscal year)
YPE Training and Support	Training and support to others to conduct or plan YPE	Count the people you train or support once per fiscal year
YPE Planning	Planning to conduct a curriculum, but don't know which one yet	No reach is counted
Mentoring Training and Support	Training and support to others to conduct or plan Mentoring programs	Count the people you train or support once per fiscal year
Community Based Process		
Community and Volunteer Training	Neighborhood action training Staff/official training	Count people trained and those they impact (in the community)
Needs Assessment	Community wide needs assessment (i.e. per county, service area etc.)	Count those involved in conducting the needs assessment
Strategic Planning	Community wide planning (i.e. per county, service area)	Count those involved in community-wide strategic planning. Do not count people when planning only within your LME-MCO or agency
Town Hall Meetings/Community Forums		Count participants one time per meeting/forum (per fiscal year)
Coalition/Task Force/ Collaborative		Count members one time per coalition/task force/collaborative, the first time they attend (per fiscal year)

Communities Mobilizing for Change on Alcohol	Assessment and planning work only. Count strategies implemented under a strategy	Count those involved in the strategy/intervention the first time they attend (per fiscal year)
Community Team Building		Count people involved in the community team building event and those they impact (in the community)
Sustainability Planning/Leveraging resources	Donations Grant writing In kind matches Charging fees for service Fundraisers (unless for a health promotion event or alternative activity)	No reach is counted
Agency work	HR required training Staff meetings Supervision time Any work that cannot be attributed to a specific intervention/strategy	No reach is counted
State Level Workgroup	Prevention Providers Association NCFADS Planning group and other statewide planning groups	No reach is counted
Prevention provider focused websites, email blasts and newsletters		Number of people accessing the website and receiving email blasts/newsletter. May include tracking how many people forward the email blast/newsletter you distributed
Block Grant Supervision- **Supervisors ONLY**	One-on-one meetings with employees Prevention Staff Meetings Performance plans (things that directly contribute to the quality of the block grant funded intervention/strategies)	No reach is counted

Environmental Strategies		
Synar: Community Education and Mobilization	Planning meetings to discuss youth access to tobacco Tobacco access law presentations	Count community partners and community education participants
Synar: Merchant Education	Disseminating Red Flag materials and conversations with merchants/retailers	Count merchants trained, adult and youth volunteers and the 12-17 year olds in your merchant education catchment area if done comprehensively
Synar: Law Enforcement Related Activities	Law Enforcement training to enforce retail tobacco laws Tobacco compliance checks	Count law enforcement personnel supported/trained If they conduct compliance checks comprehensively, count youth and adult compliance check volunteers and the 12-17 year olds in the catchment area not counted under Synar merchant education
Synar: Media and Public Relations	News stories Letters to the editor Billboards Newsletters Public service announcements to increase awareness of youth access to tobacco laws Merchant Pledge campaigns Publicized results of merchants/clerks who won't sell tobacco to minors	Count the media reach
Establishing, reviewing or changing school ATOD policies	School-wide policies Staff policies Athletics policies In school/after school club/activities policies	If the policy is directed at staff, count school staff If students, count students impacted If the policy is reviewed, count the people reviewing the policy
Modifying alcohol and tobacco advertising practices	Limiting times of day when advertising is permitted	Counting methods vary. Count the 12-17 year olds in the catchment area for

	Limit placement of ads at certain store locations Limit placement of outdoor ads Limit placement of ads inside stores	tobacco advertising and 16-20 year olds for alcohol advertising. If you gain agreement to modify retail advertising policies, you may count the retail staff. Count planning groups for all of the above
Establishing, reviewing or changing community and/or workplace ATOD policies	Drug free workplace Smoke free parks and/or public venues	Consider counting rules for other similar interventions and/or contact DMH for guidance
Product pricing strategies	Ban price discounting Ban redemption/distribution of coupons Establish mitigation fees (to clean up litter, to cover cessation services)	Count the planning group for all work. If successful, count the 12-17 year olds in the catchment area for tobacco advertising and 16-20 year olds for alcohol advertising
Youth environmental management strategies	After-school youth groups focused on: –Data-driven decision making, strategic planning and implementation of evidenced-based strategies/interventions	Counting will vary depending upon the strategies implemented. Consider counting methods for similar, non-youth, environmental strategies
Alcohol Compliance checks		Count the law enforcement personnel trained and the 16-20 year olds in catchment area if done comprehensively
Alcohol Purchase surveys	Used to build support with law enforcement for compliance checks	Count the 16-20 year olds in the catchment area if done comprehensively
Responsible Alcohol Sales Training (RAST)		Count the individuals trained and the 16-20 year olds in catchment area if done comprehensively
Be a Responsible Server/Seller (BARS) training		Count the individuals trained and the 16-20 year olds in catchment area if done comprehensively
Safer Prescriber Training		Count the prescribers trained AND 22.7% of the 12-17 year

		olds, 34.8% of the 18-25 year olds, and 38.3% of the 26 year old plus population in the catchment area
Festival/Event ATOD Restriction	Restricting and/or limiting alcohol/tobacco at youth-oriented and family events Prohibiting alcohol sales at specific venues Designating alcohol-free days or periods of time within longer events such as community fairs Establishing restricted alcohol sections at special events where young people are not permitted to enter	Counting varies depending upon the type of the festival/event restriction. For example, estimate the number 16-20 year olds at the event for alcohol serving restrictions, if you distribute a guide for safe festivals/events, you may count all the organizers the guide was distributed to
Safe Homes	Safe Homes Pledges	Count number of homes signing the Safe Homes pledge
Safe Stores	Safe Stores Pledges RAST or BARS training Retailer responsible selling policy work	Count 16-20 year olds in the catchment area for policies focused on alcohol sales policy enforcement and 12-20 year olds for policies focused on tobacco and alcohol sales policy enforcement
PDMP registration/utilization effort		Count prescribers, dispensers and delegates reached directly AND 22.7% of the 12-17 year olds, 34.8% of the 18-25 year olds, and 38.3% of the 26 year old plus population in the catchment area
Lockbox distribution		Count lockboxes distributed
Locking cabinet installation		Count locking cabinets installed

Permanent medication drop box and take back events		Count prescriptions disposed and people participating in take back events
Chemical medication disposal		Count prescriptions disposed
Social Norms Campaign		Count the population impacted. Population impacted will vary depending upon the campaign. Consider counting criteria for similarly targeted interventions
Support for Prevention Campaign		Count the population impacted. Population impacted will vary depending upon the campaign. Consider counting criteria for similarly targeted interventions
Lock Your Meds		Count 28.1% of the 12-17 year olds, 44.3% of the 18-25 year olds, and 46.4% of the 26 year old plus population in the catchment area
Environmental Strategies Planning	When your agency is planning to conduct an environmental strategy, but are undecided as to which one	No reach is counted

TOOL: Counting Hours in ECCO

ECCO Category	Description	Example
Direct	Any hours you spend doing direct service work on a strategy/intervention	YPE or PFE classes Communication campaign Impactor Training/providing TA
Planning	Any hours you spend getting ready to do work or planning for a strategy/intervention	Planning meetings Copying materials for YPE/PFE Creating questions for campaign focus groups
Documentation	Any ECCO reporting, Audit preparation, Block grant reporting work	Time/reach/implementation plan etc. entry in ECCO DMH Annual Reporting Audit preparation for LMEs
Training	Any hours you spend attending training for a specific strategy/intervention, TA from the NC TTA Center or state required meetings. *This is not where you count impactor training/providing TA*	Foundations of YPE Communication Campaigns training Policy Training DMH Regional Meetings TA from NC TTA for a strategy/intervention
Travel	Any time you spend travelling (i.e. driving, flying etc.) to/from locations to work on a strategy/intervention	Traveling to/from collaborative/coalition/group meetings Travel between counties for a strategy/intervention

Resources

Alcohol Epidemiology Program. (n.d) *Policies to Reduce Social/Commercial Access to Alcohol*, University of Minnesota.

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Center for the Application of Prevention Technology (CAPT), Preventing Prescription Drug Misuse: Programs and Strategies, May 2016

Center for Public Health Systems Science George Warren Brown School of Social Work, Standardized Tobacco Assessment for Retail Settings (STARS) Policy Crosswalk

Keeping Tobacco Away from Kids: Retailer Education Kit, Michigan's Youth Access to Tobacco Workgroup, May 2013

Maryland Collaborative to Reduce College Drinking and Related Problems. (2013). *Reducing alcohol use and related problems among college students: A guide to best practices.* Center on Alcohol Marketing and Youth, Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD and the Center on Young Adult Health and Development, University of Maryland School of Public Health, College Park, MD. http://marylandcollaborative.org/resources/best-practices/

North Carolina Department of Health and Human Services-DMHDDSAS, Opioid Misuse Prevention Strategies, June 2017

North Carolina Retailer Education and Enforcement Program: Red Flag Materials, 2017

Pacific Institute for Research and Evaluation (PIRE), Guide to Conducting Alcohol Purchase Surveys,

Pacific Institute for Research and Evaluation (PIRE), Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices, 2011

Prevention First, Standards for SAPP-Endorsed Policy and Enforcement Strategies, May 2013