2014 NM DWI Affiliate Strategic Plan

Local DWI County Coordinators

Concha Montano, Facilitator

July 21 & 22, 2014

Approved by DWI Affiliate on 10/7/14

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INTRODUCTION

The 2014 NM DWI Affiliate Strategic Plan was developed by the DWI Coordinators who are funded by the Local DWI Grant Program, Local Government Division, Department of Finance and Administration (DFA). Each member contributed to all the planning steps and offered their unique and diverse knowledge, skills, expertise, and experiences to the procedure. The process was facilitated by Concha Montaño, Montaño Education and Evaluation Consulting. She relied on the 2008 Strategic Plan's structure to guide the process and to focus the planning activities. The Strategic Plan covers a four year span beginning in January 2015-December 2018. The group completed the strategic plan July 21-22, 2014.

Ms. Montaño facilitated an environmental scan that included a **PEST** (**p**olitical/legal, **e**conomic, **s**ocial, and **t**echnology/trends) and a **SWOT** (**s**trengths, **w**eaknesses/barriers, **o**pportunities, and **t**hreats) analysis. The environmental assessment and the 2013 Needs Assessment helped the group determine the trends in the community and within the affiliate that may impact the group's success in achieving the identified goals. It also identified implications that the trends may have on that success. The environmental analysis process helped pinpoint the Affiliate's current strengths and challenges and opportunities it is likely to face over the next three years. This process facilitated a context for establishing priority of needs and developing goals, objectives and activities. A list of the NM Local DWI County Coordinators is attached in Appendix A of this report. The Needs Assessment is attached in Appendix B of this report.

POLICY STATEMENTS

The NM DWI Affiliate conducts its collaborative work centered on a set of basic principles formulated to direct effective management and operation of the organization. These principles are organized into a formal document outlining policy statements that summarize the ways in which the Affiliate intends to conduct its affairs and act in specific circumstances. The following sums up the values and philosophy of the Affiliate:

The DWI Affiliate:

…… supports initiatives that increase funds for local communities while holding the DWI funds harmless.

…… supports the increase of DWI penalties and sanctions and opposed the weakening of the same.

…… supports the increase of the percent of state liquor excise tax dollars distributed to the LDWI grant fund and opposes any reduction of that percent.

…… supports the increase of taxes on the sale of alcohol in relation to environmental practices that reduce abuse by high risk groups.

…… supports the use of LDWI funds for current DWI convicted offenders.

…… opposes the weakening of alcohol laws that have been proven effective in reducing alcoholism, DWI, underage drinking etc.

…… supports offender treatment and alternative sentencing in addition to, but not in lieu of,

legal sanctions. Maintaining a thorough record of conviction history is important to the graduated sentencing structure in NM statute.

…... supports any legislation that would assist law enforcement in prosecution of impairment to the slightest degree.

…… supports the intent of NM law in establishing the Local DWI Grant fund to provide a means through which local communities can meet identified gaps and needs related to DWI. Further, the affiliate supports the established structure for identifying those gaps, agreeing upon the needs, requesting funds, expanding funds, and auditing the process. Options to fund state initiatives from this fund or to fund initiatives outside the established process circumvents the local communities' ability to identify priorities, eliminates the five tier accountability structure for fund requests and evades DFA accountability provided by the established guidelines, managerial data set, program site visits and fiscal audits.

DWI AFFILIATE COMPONENTS/AREAS OF SERVICE

The DWI Grant Program Act and financial subsidy was passed in 1993. The 41st Legislature established the Local DWI program to fund new, innovative or model programs, services or activities designed to prevent or reduce the incidence of DWI, alcoholism or alcohol abuse; provide community-based programs, services or facilities for prevention; screening and treatment of alcoholism; and a broad range of approaches to prevention, education, screening, treatment or alternative sentencing, including programs that combine incarceration, treatment and aftercare.

NMSA 1978 provides statutory authority and guidelines for the Department of Finance Administration to allocate funding to local governments. Funding for the LDWI program are drawn from the state liquor excise tax. A grant and distribution support was made available to counties and municipalities and those who have established DWI Planning Councils are eligible to submit applications for funding. The following are the eight (8) component areas that DFA funds:

1. *Prevention*: Prevention includes the development and implementation of effective and culturally appropriate evidence based prevention programs, practices, and policies for the reduction of underage drinking, underage binge drinking, DWI, and alcohol-related crashes and deaths. Prevention programming can be implemented within five (5) prevention strategies; education, information dissemination, alternative activities, community-based process, and environmental strategies.

2. Compliance Monitoring & Tracking: This component provides the courts with the support services needed to ensure compliance with all mandated sentencing requirements. It may include weekly contacts with offenders for random drug and alcohol testing and/or tracking offender compliance for the Courts. Additionally this component may provide offenders referrals to treatment agencies, DWI Schools, Ignition Interlock, community service and other monitored programs while on probation.

3. Treatment: Treatment is provided to 1st offenders, DWI multiple offenders, domestic violence offenders and any or all offenders referred to the program for anger management and other substance abuse issues. Individual counseling, group counseling, DWI classes, or non-traditional treatment such as acupuncture may also be provided to offenders requiring or requesting additional counseling services.

4. Screening: The Screening Component fulfills a commitment to the courts and community to provide pre and post sentence reports and treatment recommendations for convicted DWI offenders. An alcohol screening is administered by an Administrative Screener or other qualified person using the ADE Needs Assessment as mandated by DFA. This component allows DWI offenders to be screened for treatment and recommendations are provided to the courts. All counties receiving funding from the DFA/LGD LDWI grant fund are required to maintain a screening and tracking component to program operations.

5. Enforcement: DWI Programs fund officer's overtime efforts for the implementation of Saturation Patrols, DWI Sobriety Checkpoints, underage drinking operations, alcohol merchant education, compliance checks, and/or Roving DWI Patrol activities. Officers are provided with the best possible tools for the detection and prosecution of DWI offenders and underage drinkers.

6. Domestic Violence (alcohol related): Alcohol related domestic violence programs help enhance the safety and emotional well being of families. The Children, Youth and Families Department (CYFD) have the statutory authority to oversee the Court Ordered Domestic Violence Offender Treatment or Intervention Programs (DVIP). Program funds used to supplement county DVIP programs must adhere to the CYFD rule on DVIP's. DVIP funded programs/personnel participate in Local DWI planning council meetings and coalition meetings.

7. Coordination, Planning & Evaluation: Collaboration and coordination of services is essential for the implementation of all eight (8) DWI service components. Planning is done through the establishment of planning councils represented by a broad spectrum of systems and may include, but not limited to representatives from the following: county government, incorporated municipal government, tribal government, DWI prevention, screening and treatment programs, law enforcement, alcohol counselors/therapists, public schools, court/judicial officials, emergency medical services, local public health offices, community partnerships, community DWI task forces, and where applicable maternal and child health councils and healthier communities councils, and other interested community based organizations.

   The Planning Council is responsible for the oversight of all local DWI program efforts including: monitoring all activities, budgeting, planning and funding requests; development, maintenance and reporting of all reporting requirements; evaluation of the grant project progress and impact; submission of all required financial and program reports; staffing the Local DWI Planning Council; and attending DWI Grant Council meetings.

Recent collaboration involving the DWI Affiliate, the Administrative Office of the Courts, and the DFA/LGD promises a level of cooperation and standardization that has not yet been experienced within the compliance programs.

8. Alternative Sentencing: Alternative sentencing provides the courts with options to traditional incarceration, including electronic monitoring devices, alcohol monitoring devices, community custody, DWI Drug Courts, and community service. LDWI funding may be used to support alternative adjudication programs such as DWI court and teen court. All DWI courts must follow AOC specialty court guidelines. All teen courts funded through the Program must adhere to the Juvenile Adjudication Fund Guidelines.

STRATEGIC PLAN PROCESS

The first day of the strategic planning process was a time to set the tone for the entire two days. Introductions were made and norms/guidelines for how the group would work together were developed. The Goals and objectives and the agenda for the two day planning process were reviewed. An understanding of the external and internal environment was vital for this process as it was important for the group to identify gaps in service and the group's capacity to address the gaps before identifying strategies for implementation in the FY14 Strategic Plan. An environmental scan called the **P**olitical/Legal, **E**conomic, **S**ocial and **T**rends/Technology (**PEST**) was completed. These analyses helped create a framework to determine if the goals and objectives are in line with the group's vision and mission. The **PEST** analysis describes the external environmental factors that may impact the work that the Affiliate will outline for the upcoming four years.

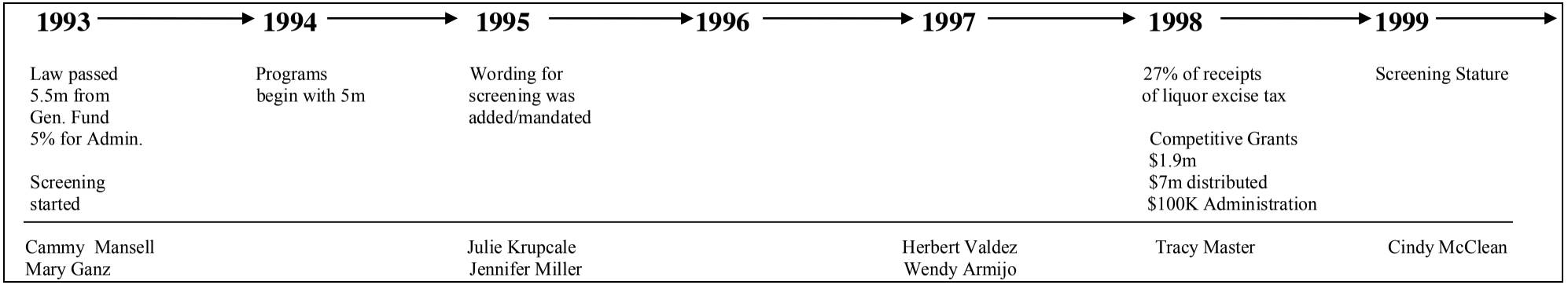
The group also completed an internal assessment called **S**trengths, **W**eaknesses/Barriers, **O**pportunities and **T**hreats Analysis (**SWOT**). This process evaluates the characteristics that give the DWI programs an advantage over others. It also determines the characteristics that place the Affiliate at a disadvantage relative to others. The elements that the project could use to its advantage are outlined as well as factors in the environment that could cause trouble for the group in accomplishing its goals and objectives.

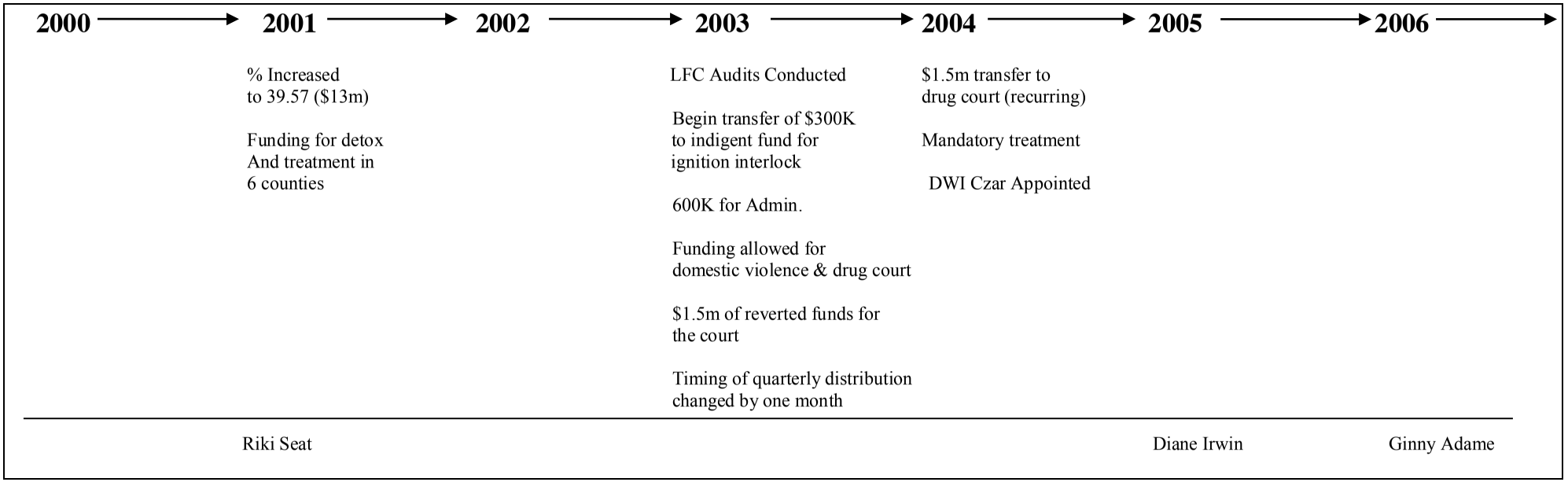
The group reviewed the funding and implementation history of the DWI Grant Program Act. It brainstormed components to the NM Affiliate's mission and vision to remind them of the factors they need to consider when prioritizing strategies for the development of the Strategic Plan. The following pages outline the work completed on the first day of the planning session. The agenda is attached in Appendix C of this report.

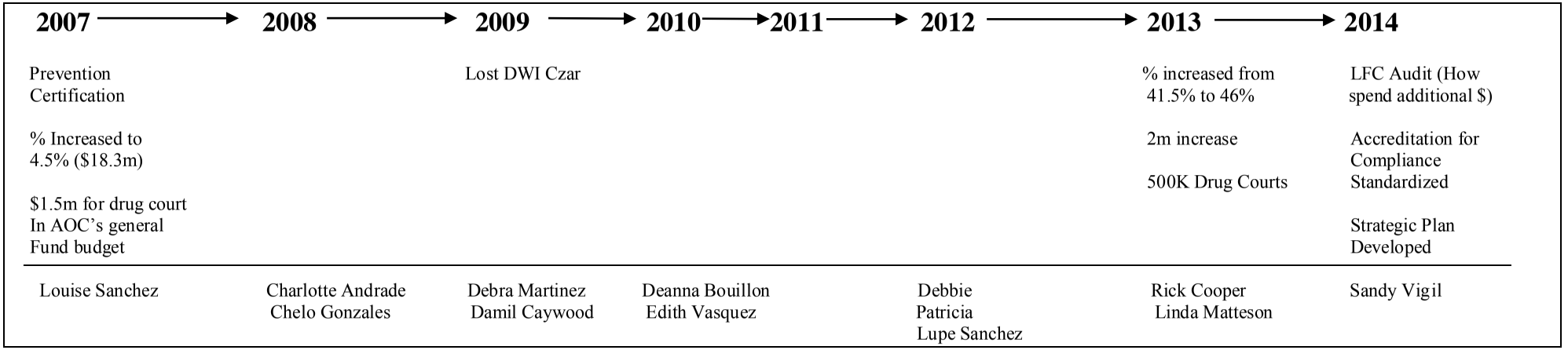
Norm/Guidelines

- No interruptions
- No side conversations
- Phones on “silent”
- Respect each other’s opinion
- Agree to disagree
- Participation from everyone at comfort level
- Stay on task
- Keep group on task
- Must have a plan on day 2

HISTORY of DWI Program Funding, Implementation, and Coordinator Starting Year






2007
2008
2009
2010
2011
2012
2013
2014
Prevention Certification
% Increased to 4.5% ($18.3m)
$1.5m for drug court In AOC's general Fund budget
Lost DWI Czar
% increased from 41.5% to 46%
2m increase
500K Drug Courts
LFC Audit (How spend additional $)
Accreditation for Compliance Standardized
Strategic Plan Developed
Louise Sanchez
Charlotte Andrade
Chelo Gonzales
Debra Martinez
Damil Caywood
Deanna Bouillon
Edith Vasquez
Debbie
Patricia
Lupe Sanchez
Rick Cooper
Linda Matteson
Sandy Vigil

Components of the DWI Affiliate Vision/Mission

- Consensus
- Uniformity-Unity
- Promote Change
- Reduce Recidivism
- Public Safety
- Create Awareness
- Change in Attitudes
- Needs to Be Understanding and Precise
- Public Health Safety
- Change in Norms
- Selfless
- Decrease Risk

Political/Legal, Economic, Social, Technology/Trends Analysis
Trends and Implications

Political **Legal**	***Trends:*** • Politicians changing • Fiscal responsibility/accountability • Transparency • No carve-outs • Decisions being made without DWI Program expert input-hidden agendas • Political Preference to Drug Courts (Idea that drugs are "bad" and alcohol is more acceptable) ***Implications:*** • Risk of losing funding • Loss of credibility • Services being cut

Economic	***Trends:*** • Poor Economy (More drinkers/other issues) • DWI Funds at risk due to other programs • Slow $$$ increase • Legislative risk • Ability to collect fees • Treatment • Needs for program services exceeds the funds of DWI: Other related ***Implications:*** • Need for services increase • DWI funds at risk • DWI funds at risk; higher expectations for use of funds • Programs can go away • Sustain Components • Expect to be funded through medical programs • Unhappy people

Social	***Trends:*** • Turf issues and/or competition for $ • Increase in clients however funding is not available • Perception: People don't think it is bad to drive drunk nor do they think there will be consequences for DWI • Resistance to change ***Implications:*** • People are not receiving services • People are not in recidivism • People continue to take risks • Takes more work to see or create change/Community norms, thoughts, perception

Trends/Patterns **Technology**	***Trends:*** • Funding for prevention in NM has diminished dramatically since 2005 • Decrease in teen risk behaviors • 14.0% persons live below poverty level in NM compared to 14.3% in the US • Unemployment rate (December 2012 down from 7.4% in 2011) • Alcohol consumption higher among American Indians (16.2%) followed by Hispanics (13.8%) • Technology: Ignition interlock not picking up other drugs ***Implications:*** • Communities doing more with less funding • People living in poverty experience delays in accessing healthcare and increased risk of chronic disease • American Indian community governed under a sovereign nation • Technology: People can be DUI and it will not be detected

Strengths, Weakness/Barriers, Opportunities and Threats (SWOT) Analysis

Strengths:

- Reduction in DWI arrests
- Good relationships with DFA
- Collaboration among 33 DWI Coordinators
- Expertise within the group
- Passion for overall mission
- Plethora of resources – including DFA
- Diversity of backgrounds
- Statewide goals supported by local efforts
- Legislative involvement
- Positive fiscal impact on communities
- High standard in accountability
- Demonstration of fiscal responsibility
- Local support
- Longevity

Weakness/Barriers:

- Area to cover/long travel times
- Minimal marketing P/R
- Qualified personnel
- We don't own our victories
- It is hard to quantify what we do
- Hard to get through Sovereign Nations
- Generational gap
- Talking to Legislatures
- Political nature
- Enforcement of laws as written
- Media challenge
- Lack of understanding for what we do
- Higher needs/less capacity

Opportunities

• Other funding sources
• Collaboration on local/state level
• Trainings
• Support from Commissioners – County Managers
• Networking/Building relationships
• Technology
• Provide services that are otherwise unavailable
• Helping Community
  - Community service
  - Keeping watchful eyes on offenders
• Alternative Sentencing
• Public input/Consumer input
• Education
• Create employment
• Decrease tragedies/Make a difference
• Working with different cultures
• Experience Legislative session advocacy
• Judges
• Utilize extra $

Threats:
• Loss of funding • Resource division • Perceived lack of expertise • Loss of programs • Sunset clause • Turnover/Lack of cohesion • Not marketing ourselves • No lobbyist • Inactive Coordinators • Affordable Care Act • Elected Officials • Fiscal Agent

Pluses and Wishes On Day One

PLUSES

- **Liked Group Work**
- **Unfolded a lot of information**
- **Fun Time**
- **No one fell asleep**
- **Participation by everyone**
- **No distractions**

WISHES

* **Too much Group Work**
* **Coffee**
* **Redundant**

On the second day of the strategic planning process, a brainstorming activity was conducted that helped the group identify strategies that they would want to accomplish within three (3) of the eight (8) components; treatment, court compliance, and prevention. The **PEST** and **SWOT** analysis were considered for prioritizing the strategies for each component. The group members were given nine voting "dots" to be distributed between the strategies that each member felt is a priority for the group to work on. Three priorities were identified for each component. The group worked in groups representing each component and goals and objectives were developed for each priority.

The facilitator presented an analogy of Heaven to help the group define the difference between a vision, mission, goals, objectives, activities, and strategies. This activity was used to set the tone for the development of goals and objectives for each of the prioritized items. The following outlines the prioritization process and the Strategic Plan in its completion.

Brainstorming and Prioritizing Initiatives/Activities for Three Strategies: Prevention, Treatment and Compliance Monitoring

Prevention:

- Training opportunities
- Involve young people more
- Get word out – Marketing
- Decrease underage drinking using technology and youth participation
- Evaluate Programs (16 votes)
- Education to local officials on the concepts of prevention (community)
- Collaboration and coordination

Treatment:

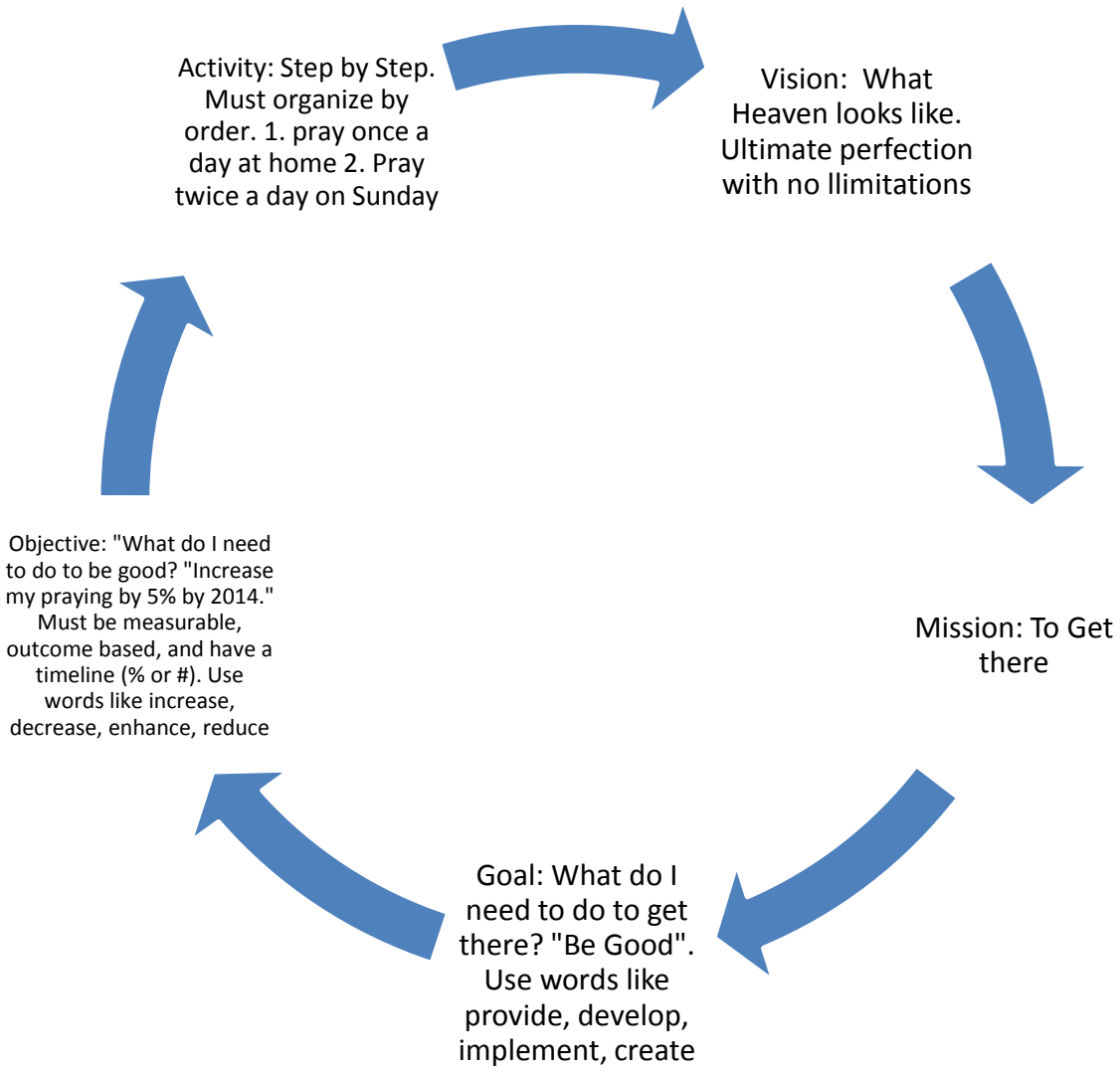
- Changing policy around referrals
- Mandatory treatment for all offenders (1st, 2nd, and 3rd)
- Identify what Medicaid/ACA/other insurances are covering
- Training
- Help Counties that are struggling to provide treatment services
- Find more $
- Prove need for treatment and that treatment is effective
- Evaluation of treatment programs
- Provide education to judges and community about the benefits of treatment
- Assess the quality of treatment provided in our communities

Compliance Monitoring:

- Accreditation
- All courts participating (on-board)
- Find a way to work with AOC. Convince them to send overflow to DWI Programs (Partner with AOC)
- Evaluation of Compliance Monitoring Programs
- Focus bringing home visits on board
- Bring Counties on board around compliance accreditation
- Use of technology as a cost effective process
- Training for staff (DFA requirement)
- Standardization
- Supervised services
- Prove worth in community (overall – in all components)

***Those highlighted in red are the items that were selected as the group's priorities for inclusion in the Strategic Plan

ANALOGY OF HEAVEN TO DEMONSTRATE DIFFERENCES BETWEEN VISION, MISSION, GOALS, OBJECTIVES, ACTIVITIES, AND STRATEGIES



Activity is different from Strategy in that activity is a step by step process of actions that will be taken to accomplish the objective. A strategy is the vehicle used to accomplish the scope of work. The strategy for the heaven analogy would be “death”. For the work that the Affiliate chose for this plan, the strategies are prevention, treatment and compliance monitoring. These strategies can be broken down further by being more specific. For example prevention can be filtered into more precise strategies such as Media Campaigns, Dare to Be You Program (DTBY), and Law Enforcement Activities like party patrols, check points, or saturation patrols, etc.

Four Year NM DWI Affiliate Strategic Plan

The Four Year NM DWI Affiliate Strategic Plan was developed by the local DWI County Coordinators in response to the important issues identified through the **PEST** and **SWOT** environmental scan/analysis. Successful implementation of the strategic plan will result in increased support and implementation of current services, increased development of new and innovative strategies and services, increased collaborative opportunities and initiatives, creation, expansion and promotion for the NM DWI Affiliate visibility and the perception of a positive image in the State. It will result in increased community awareness regarding local DWI services and DWI prevention concepts, increased training opportunities, and increased capacity for the prevention, treatment, and compliance monitoring to prove effectiveness of project strategies.

The following Matrix's outline the completed Strategic Plan. Goals, objectives, indicators, and strategies are identified for each priority within the three components. Deadlines, person(s) responsible for each activity and desired outcomes are also identified.

FY14 NM DWI AFFILIATE STRATEGIC PLAN: PREVENTION

Priority: Education to Local Officials on the Concepts of Prevention

Goal 1: Create standardized formal presentations to educate elected officials.

Objective 1: Increase the number of elected officials that understand the concepts of evidence-based prevention starting FY15 and completed by the end of FY18.

Indicator(s)/Measures:

- Curriculum(s) used for training
- Pre/Post Test: Awareness, knowledge and support regarding evidence-based prevention
- Sign in Sheet: Number of elected officials who participate in training
- County Reporting Form: Number of Counties participating and conducting training to elected officials

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Create a formal presentation by the end of FY15.	Cindy McClean	June 30, 2015	**Short Term:** • Standardized process for educating elected officials. • Increased support of programs by elected officials. • Completed training to a number of elected officials. **Long Term:** • By end of FY18 all NM Counties have received standardized information. • Increase skill and knowledge of new Program Coordinators by end of FY18. • Support for sustained funding.
2. Train all NM Counties on Facilitation and Presentation Skills by December 2015.	Ginny Adame	On-Going	
3. Present to Elected Officials.	DWI Coordinators	June 1, 2018	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: PREVENTION

Priority: Training Opportunities

Goal 2: Coordinate with prevention training providers to provide evidence-based prevention training to DWI Affiliate members.

Objective 1: Increase the number of DWI individuals having access to presentation trainings by two per year starting FY15 to FY18.

Indicator(s)/Measures:

- Training Certificates Acquired by DWI Personnel following training
- Training Pre and Post Tests: Measures knowledge regarding evidence-based practices
- Number of Prevention Certified Staff

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Coordinate with outside agencies to provide training for DWI staff in order for them to gain a minimum of 12 CEU's toward prevention certification .	Cindy McClean Prevention AD HOC	On-Going	**Short Term:** • Increase general knowledge of prevention. • Increase knowledge of available prevention trainings. • Increase number of attendees participating in training. • Increase the number of DWI staff receiving CEU's for Prevention Certification. **Long Term:** • Increase the number of certified preventionists in LDWI programs by 10% by FY18.
2. DWI staff will participate in the June NMAC in order to gain a minimum of 12 CEU's toward prevention certification.	DWI Staff	On-going	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: PREVENTION

Priority: Evaluation of Prevention Programs

Goal 3: Establish evaluation procedures among DWI Prevention Programs.

Objective 1: Increase the capacity of DWI Prevention Programs to prove the effectiveness of their respective prevention strategies by 50% by FY18.

Indicator(s)/Measures:

- Number of DWI Programs implementing evaluation processes for prevention strategies
- Evaluation Protocol Statements: Evaluation Processes in place including identification of external/internal evaluator
- Evaluation Manual(s)/Handbook: Evaluation documentation in place

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Identify External/Internal Evaluator.	DWI Coordinators	August 30, 2015	**Short Term:** • Increased knowledge of evaluation concepts and evaluation procedures of participating DWI program staff by 20%. • Successful submission of evaluation of prevention programs to DFA. **Long Term:** • Increase DWI Programs capacity to determine effectiveness of prevention strategies. • Increase the number of DWI Programs who are implementing project evaluation.
2. Identify Evaluation Tools/Instruments.	DWI Coordinators and Evaluator.	May 30, 2015	
3. Provide Evaluation Training with DWI Coordinators.	Evaluator(s)	June 30, 2015	
4. Identify/develop evaluation standards and processes.	Evaluator/Coordinators	August 30, 2015	
5. Develop evaluation documentation for prevention strategies.	Evaluator/Coordinators	December 30, 2015	
6. Implement Evaluation.	Evaluator/Coordinators	December 30, 2015	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: TREATMENT

Priority: Education to judges and community about the benefits of treatment

Goal 1: Provide education to judges and communities about the benefits of treatment.

Objective 1: Increase court referrals to appropriate treatment for DWI offenders by 5% by 2016.

Indicator(s)/Measures:

- Number of referrals in ADE
- Baseline is existing referrals v.s. referrals received in 2016 (current year)

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Develop talking points in summary sheets to explain addiction as a disease, benefits of treatment and treatment process for judges.	DWI Coordinators and Secretary	January 2015/NMAC	**Short Term:** • Educate 50% of judges by June 2016 verified by sign-in sheets. • Completion of 12 Town Hall meetings throughout the state by June 2016 verified by sign-in sheets. **Long Term:** • Increase number of referrals to appropriate treatment for DWI offenders.
2. Meet as an Affiliate to present the addiction as a disease, benefits of treatment, and treatment process for judges.	DWI Coordinators	April 30, 2015/Grant Council	
3. Schedule community Town Hall meetings and judges training session.	DWI Coordinators	On-going through June 30, 2016	
4. Schedule one on one meetings with judges and attorneys.	DWI Coordinators	On-going through June 30, 2016	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: TREATMENT

Priority: Mandatory Treatment for All Offenders

Goal 2: Create a resolution that would mandate treatment for all DWI offenders.

Objective 1: Decrease statewide recidivism by 5% by 2016.

Indicator(s)/Measures:

- DOH Recidivism Report baseline
- Comparison of baseline and reports from 2016 – 2019
- Resolution that mandates treatment for all DWI offenders

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Develop talking points and address possible barriers.	Affiliate membership	June 30, 2015	**Short Term:** • Creation of a resolution that mandates treatment for all DWI offenders. **Long Term:** • Decrease statewide recidivism by 5% by 2016. • Passage of Bill and Governor signs the Bill.
2. Meet with NMAC and consult on resolution.	Chair of Affiliate	June 30, 2015	
3. Write resolution that outlines the specifics for mandating treatment for all DWI offenders.	NMAC	July 31, 2015	
4. Present resolution to NMAC advisory board to gain approval.	Chair of Affiliate	July 31, 2015	
5. Identify and collaborate with appropriate partners (i.e. DOH, local health councils, Behavioral Health, etc.)	DWI Program Coordinators	On-Going	
6. Educate Legislators and identify bill sponsor(s).	DWI Program Coordinators	On-Going through February 15, 2016	
7. Prepare to testify before legislative committees.	DWI Program Coordinators	On-Going through February 15, 2016	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: TREATMENT

Priority: Evaluation of Treatment Programs

Goal 3: Strengthen the efficacy of DWI treatment programs by ensuring treatment program evaluation.

Objective 1: Increase treatment evaluation of programs by 50% by 2016.

Indicator(s)/Measures:

- Number of DWI Programs implementing evaluation processes for treatment strategies
- Evaluation Protocol Statements: Evaluation Processes in place including identification of external/internal evaluator
- Evaluation Manual(s)/Handbook: Evaluation documentation in place

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Identify internal/external evaluator.	Executive Committee	December 31, 2015	**Short Term:** • Successful submission of evaluation of treatment programs to DFA by June 2016. **Long Term:** • Increase DWI Programs capacity to determine effectiveness of treatment strategies. • Increase the number of DWI Programs who are implementing project evaluation.
2. Develop evaluation standards/process.	DWI Coordinators and Evaluator	January 31, 2016	
3. Identify evaluation tools.	DWI Coordinators and Evaluator	May 31, 2016	
4. Develop and provide training to coordinators on evaluation concepts and processes.	Program Evaluator(s)	June 30, 2016	
5. Develop documentation process.	DWI Coordinators and Evaluator	May 31, 2016	
6. Conduct evaluation.	Evaluator with DWI Program staff assistance	June 30, 2017	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: COMPLIANCE MONITORING

Priority: Complete Accreditation			
Goal 1: To implement a statewide accreditation program for local court compliance programs.			
Objective 1: Identify 3 local programs applying for accreditation process by June 30, 2015.			
Indicator(s)/Measures: • Number of programs applying for accreditation • Accreditation Process and Tools for Documentation Processes • Accreditation Certificates issued to DWI Programs			
Activities	**Person(s) Responsible**	**Date**	**Desired Outcomes**
1. Work with and attend Ad Hoc Compliance Check Committee to prepare Counties for accreditation.	Ad Hoc Committee	Quarterly	**Short Term:** • Three local DWI Programs will acquire accreditation by June 30, 2017 **Long Term:** • Improve credibility and standardization of local programs statewide by June 30, 2020.
2. Provide Training	Ad Hoc Committee	Annual	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: COMPLIANCE MONITORING

Priority: Courts Participation (on-board)

Goal 2: Communicate the advantages to the judiciary on the value of utilizing local compliance program services.

Objective 1: To increase the courts that are not utilizing or under utilizing local programs by 10% by June 30, 2015.

Indicator(s)/Measures:

- Number of courts not utilizing local DWI programs for referrals (develop baseline and compare years).
- Number of judges educated/presented to with information regarding compliance programs
- Number of misdemeanor offenders (develop baseline and compare years)

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Hold meetings with judges to communicate the value of compliance program services.	Compliance Program Supervisor Ad Hoc Compliance Committee Managers	Quarterly	**Short Term:** • Increase misdemeanor offender referrals. **Long Term:** • All courts will utilize the local compliance programs.
2. Present to judges a statewide training (usually in September).	Ad Hoc Compliance Committee and AOC representative	September 2015	
3. Continue to collaborate with AOC representatives.	Ad Hoc Compliance Committee COBT Curriculum Committee	Ad Hoc Quarterly Compliance Committee Meetings	

FY14 NM DWI AFFILIATE STRATEGIC PLAN: COMPLIANCE MONITORING

Priority: Evaluation of Compliance Courts

Goal 3: Strengthen the efficacy of Adult Misdemeanor Compliance Programs by ensuring compliance program evaluation.

Objective 1: Increase evaluation of programs by 50% by July 2016.

Indicator(s)/Measures:

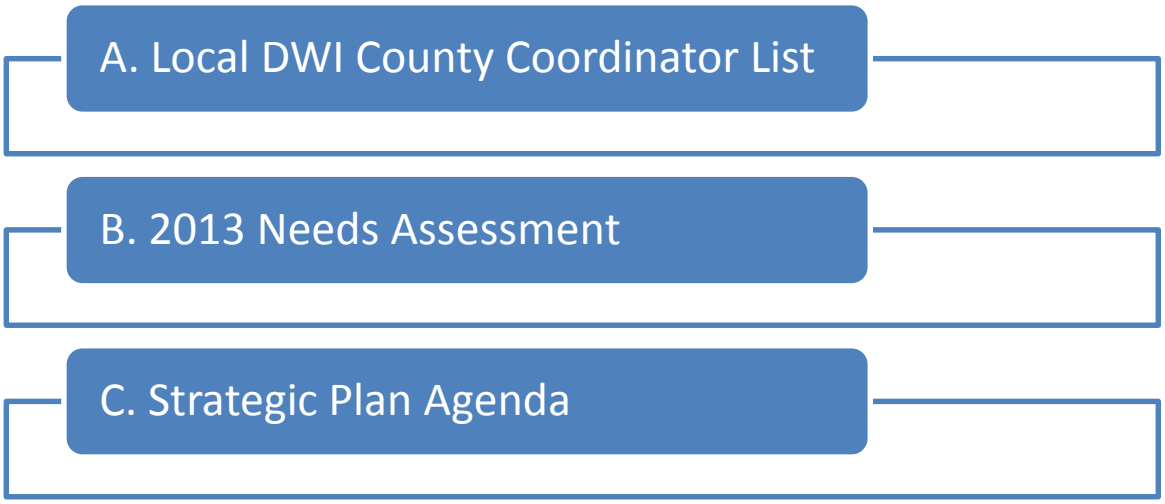
- Number of DWI Programs implementing evaluation processes for compliance court strategies
- Evaluation Protocol Statements: Evaluation Processes in place including identification of external/internal evaluator
- Evaluation Manual(s)/Handbook: Evaluation documentation in place

Activities	Person(s) Responsible	Date	Desired Outcomes
1. Identify internal/external evaluator.	Executive Committee	December 31, 2015	**Short Term:** • Successful submission of evaluation of treatment programs to DFA by June 2016. **Long Term:** • Increase DWI Programs capacity to determine effectiveness of treatment strategies. • Increase the number of DWI Programs who are implementing project evaluation.
2. Develop evaluation standards/process.	DWI Coordinators and Evaluator	January 31, 2016	
3. Identify evaluation tools.	DWI Coordinators and Evaluator	May 31, 2016	
4. Develop and provide training to coordinators on evaluation concepts and processes.	Program Evaluator(s)	June 30, 2016	
5. Develop documentation process.	DWI Coordinators and Evaluator	May 31, 2016	
6. Conduct evaluation.	Evaluator with DWI Program staff assistance	June 30, 2017	

NEXT STEPS

- Begin implementing the Strategic Plan now.
- Attend Ad Hoc Meetings.
- Grant Council needs to know plan (October Meeting).
- Deliver Strategic Plan to LFC.
- Coordinators will distribute plan to local Legislators.
- Interviews with media.
- Website development and placement of strategic plan on website

APPENDICES


A. Local DWI County Coordinator List
B. 2013 Needs Assessment
C. Strategic Plan Agenda

Appendix A: Local DWI Coordinator List

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Appendix B: 2103 State of NM Needs Assessment

FY13 State of New Mexico
Needs Assessment Summary

Description of Needs Assessment for NM:
New Mexicans statewide are familiar with the devastating effects of health issues, including substance abuse, on individuals, families and communities. In an effort to determine the extent of health problems in the state, the NM Prevention Advocates Core Team developed a partial synopsis of health needs in NM by completing a draft Needs Assessment summary on February 2013.

This needs assessment is a systematic process to acquire accurate information or data that determines the strengths and challenges regarding health in the state. The information can be used as a resource to establish; the severity of problem behaviors by identifying national rankings in trends and rates; assess the burden or impact of the problems on the community (number/size of problem, social and economic impact); outline trend characteristics (increasing, decreasing, stabilization compared to national trends; determine if the issues are preventable/changeable; determine capacity and identify resources; outline gaps between capacity, resources and need; and establish community and political readiness.

The data can be utilized to determine population level indicator priorities, identify intervening variables and their contributing factors, and to develop a statewide strategic plan that outlines goals, objectives, strategies and activities. The health profile, once completed, will provide the public and health care systems the opportunity to target and expand services where there is the most need in the state.

Prioritization of Needs:
The Needs Assessment was developed using various sources including the following; YRRS 2003 – 2011 Reports, 2011 New Mexico Substance Abuse Epidemiology Report, 2008-2012 NM Community Survey Report-PIRE, NM Kids Count 2011, New Mexico Traffic Safety Bureau Crash Report, U.S. Census Report, NM Dropout Rate Summary Report, and the IBIS-PH Department of Health Report.

The FY13 Needs Assessment can be completed to include data from other disciplines not included in this report and data can be prioritized in collaboration with several agencies and organizations who are members of the NM Prevention Advocates prior to developing the NM Prevention Advocate Strategic Plan. Data for this summary was collected for several indicators, but most of its focus was substance abuse/use. The statistical information was categorized by indicators that impact one or more problems and consequences. Patterns, Trends, and Consumption (includes severity, burden, rates, rankings, and behaviors) is included for each indicator for multiple years when the information was available.

Data should be reviewed and prioritized using a specified prioritization process. Linkages between the problems and consequences and patterns trends and consumptions can be made. The Prioritization Tool developed by CSAP is a tool that identifies seven criteria items categorized into Primary considerations and Secondary considerations. The criteria includes severity (County Ranking within the state, Severity (Rate per 100,000 or 1,000), Burden (number/size of problem), Burden (economic impact), Burden (social impact), Trend Characteristics (is it increasing, decreasing remaining stable compared to state trends), Preventability and/or Changeability, Capacity/Resources, Perceived Gap between Capacity,

Resources and Need, and Readiness/Politically/Will for Change, and Public Concern. Each category is scored using a scale of 1-5. The Scoring of a 1 (one) indicates a low priority while a three (3) indicates a high priority (for burden and severity of the problem identified). The tool is available within the *CSAP Community Toolbox at:* ohttp://ctb.ku.edu/en/default.aspx.

State Geography/Population Demographics:

The state of New Mexico encompasses 121,412 square miles of diverse geography and people. The eastern border of New Mexico lies along 103° W longitude with the state of Oklahoma, and three miles west of 103° W longitude with Texas. On the southern border, Texas makes up the eastern two-thirds, while the Mexican states of Chihuahua and Sonora make up the western third, with Chihuahua making up about 90% of that. The western border with Arizona runs along the 109° 03' W longitude. The southwestern corner of the state is known as the Bootheel. The 37° N latitude parallel forms the northern boundary with Colorado. The states New Mexico, Colorado, Arizona, and Utah come together at the Four Corners in the northwestern corner of New Mexico. New Mexico, although a large state, has little water. Its surface water area is about 250 square miles (NM State Quick Facts from US Census Bureau).

Of the people residing in New Mexico, 51.4% were born in New Mexico, 37.9% were born in a different US state, 1.1% were born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s), and 9.7% were foreign born.

As of July 1, 2012, the United States Census Bureau estimated New Mexico's population at 2,085,538, which represents an increase of 26,358, or 1.3%, since the census in 2000. This includes a natural increase since the last census of 114,583 people (that is 235,551 births minus 120,968 deaths) and an increase due to net migration of 59,499 people into the state. Immigration from outside the United States resulted in a net increase of 34,375 people, and migration within the country produced a net gain of 25,124 people (NM State Quick Facts from US Census Bureau). 83.4% of the population identified as White persons, 2.5% Black, 10.1% American Indian and Alaska Native, 1.6% Asian, 0.2% Native Hawaiian and other Pacific Islander, 2.3% reported two or more races. 46.7% are persons of Hispanic or Latino origin, and 40.2% are White persons not of Hispanic origin (2011 US Census Bureau). 7.0% are persons under 5 years old, 24.9% are 18 years old, and 13.6% are persons 65 years and over. Of the NM population 50.5% are female persons.

Poverty is an emphatic social determinant in New Mexico particularly in the most rural communities. According to information pulled from the NM State QuickFacts, 19.0% persons live below poverty level compared to 14.3% in the US. Many of these low-income individuals and families live in housing that is substandard in neighborhoods that have access to few, if any, services, particularly in the more outlying areas of the state. Both poverty and not having insurance are factors that have negative impacts on the health and safety of NM communities. Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on healthy development and well-being. Early childhood poverty has been linked to negative outcomes later in a young person's life, including teen pregnancy, substance abuse, and educational attainment. People living in poverty and/or without adequate health insurance often experience delays in accessing health care and have an increased risk of chronic disease and death from disease and injury (2011 Epi-Report).

The following chart gives a quick overview of people and business information for the state of New Mexico (US Census Bureau NM Quick Facts).

People & Income Overview	Value	Industry Overview/Business	Value
Population Estimate 2012 (2011 Estimate 2,078,674)	2,085,538	Private nonfarm establishments, 2010	44,221
Growth (%) since 2010 (since 2010)	1.3%	Private nonfarm employment, 2010	600,165
Households (2011)	762,002	Private nonfarm employment, percentage change, 2000-2010	9.2%
Labor Force (percent in 2011 employed-Bureau of Labor Statistics) US: 58.4%	56.9%	Non-employer establishments, 2010	120,470
Unemployment Rate (December 2012 down from 7.4% in 2011)	6.4%	Total number of firms, 2007	157,231
Per Capita Personal Income (2011) $27,195 US	$23,537	Hispanic-owned firms, percent 2007 (8.3% US)	23.6%
Median Household Income (2011) $52,762 US	$44,631	Woman-owned firms, percent 2007 (28.8% US)	31.7%
Poverty Rate (2011) 14.3% US	19.0%	American Indian and Alaska Native-owned firms, percent 2007	0.1%
H.S. Diploma or more - % of Adults 25+ (2011) 85.4% US	83.1%	Black-owned firms, percent 2007 (7.1% US)	1.2%
Bachelor's Deg. Or More -% of Adults 25+ (2011) 28.2% US	25.4%	Asian-owned firms, percent, 2007 (5.7% US)	2.1%
Foreign Born (12.8% US)	9.8%		
Speak another language other than English at home (20.3% US)	36.2%		

Population Health Status: Maternal-Child Health: The following table provides a snapshot of child and maternal health in NM (2011 Kids Count Data Book for New Mexico).

Infant Mortality Rates 2010	
Rate per 1,000	5.8
Lack of Health Coverage 2010	65,000
Lack of Health Coverage 2010 Ages 17 and Below	13.0%
Low Birth Rate Babies 2010	8.7%
Births supported by no or low prenatal care (2010)	11.0%
Children in Poverty (2011)	31%
Children in Extreme Poverty (2011)	14%
Head of Household Receiving Public Assistance (2010)	2.4%
Households Receiving Food Stamps (SNAP) 2008	9.0%
Habitual Truancy (2010)	16.7%
Children in Immigrant Families (2011)	21%
Children receiving childcare assistance subsides (Feb. 2011)	21,181
Juvenile Arrests (Ages 10-17) 2007	23,866
Children and youth under 21 enrolled in Medicaid 2011	336,293
Number/percent teens not enrolled in school and not high school graduates (16-19 years old) 2010.	11,426 9.4%
Reported Incidents of Domestic Violence (2010) Rate per 1,000	11.8
Births to females less than 20 years old (2010)	14%
Births to unmarried women (2010)	52%
Child Abuse (per 1,000-2010)	12
Teen Birth Rates (Ages 10-14) 2010 Rate Per 1,000	0.8
Teen Birth Rates (Ages 15-19) 2010 Rate Per 1,000	46.2
Children in Single Parent Homes 2011 (Number=208,000)	43%

4-Year Graduation Rate for NM 2012 (U.S. Rate: 78%):

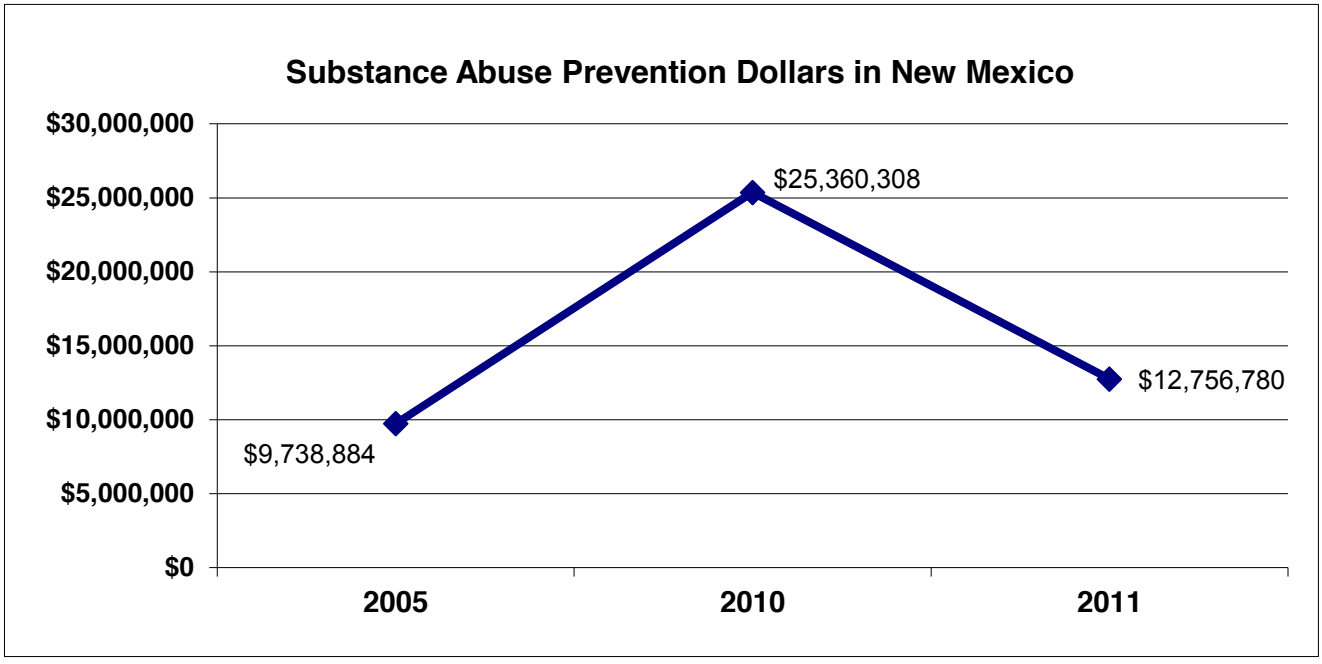
	Number of Students	Rate (%)
Statewide (All Schools	26,136	70.3
Female	12,690	75.1
Male	13,446	65.7
Caucasian	7,283	77.2
African American	655	69.3
Hispanic	14,642	67.7
Asian	351	84.3
American Indian	3,205	64.9
Economically Disadvantaged	14,957	64.6
Students w Disabilities	3,464	55.7
English Language Learners	7,367	65.6
Migrant	24	66.7

Barriers and Challenges in Assessment Process and Gaps in Data: The following are barriers and challenges encountered in the development of the NM Needs Assessment in FY13.

- Inability to acquire data in some disciplines
- Time constraints.
- Reports from different sources that contradicted each other in statistics (example: one document would say that the population in NM is a certain number while another quoted another number).

Substance Abuse Prevention $ in NM Between 2005 and 2011:

Funding for prevention in NM has diminished dramatically since 2005. Below is a graph that shows the funding changes between 2005-2011.



Data Highlighting Level of Risk for Community Environmental Initiative:

Problem or Consequence: Alcohol Use/Abuse by Adults Leading to Health Problems, Problem Behaviors, Social Problems and/or Death

Indicator: Alcohol Consumption and DWI Among Adults (2011 Epi-Report)-Data is for 2009

- Adult binge drinking rate is 12.8% lower than the U.S. by 3 percentage points or 19% (U.S. 15.8%). It is higher among American Indians (16.2%) followed by Hispanics (13.8%), Whites (12.0%), Asian PI (7.7%) and Blacks (7.1%). Binge drinking is higher among 18-24 year olds (22%) followed by 25-64 year olds (13.7%).
- Adult heavy drinking rate is 4.2% lower than the U.S. by 1.0 percentage points or 20% (U.S. 5.1%). Heavy drinking is higher among Whites at 5.1% followed by Hispanics at 3.6%, Blacks at 2.7%, and American Indians at 2.0%. NM men were only slightly more likely to report chronic drinking than women (4.5% vs. 3.9%).
- Adult drinking and driving rate is 1.2%. NM ranks 29th in the Nation (MADD Report-Ranking-1 is lowest ranking and 51 is highest). There were 129 alcohol-related fatalities in 2009 and 119 in 2011. U.S.DWI rate is not available.

Summary: Binge drinking is defined as having 5 or more drinks in one occasion, for men, or 4 or more drinks for women. Adult binge drinking in NM is higher among males and binge drinking rates decrease with age. Binge drinking prevalence among younger adults, after decreasing for several years in a row, appears to have increased in 2008 and 2009. NM data also showed that adults who do binge drink continue to do so multiple times per month; and to drink well above the binge drinking limit when they do. The top 5 counties with the highest rate of binge drinking are San Miguel (21.0%), Torrance (18.3%), Luna (17.7%), Curry (17.2%), and Lincoln (15.7%). Eddy (14.5%), Socorro (14.1%), Santa Fe (14.0%), Los Alamos (14.0%), Bernalillo (13.6%) and Sandoval (13.5%) counties have higher rates than the state.

Heavy drinking is defined as having more than 2 drinks per day for men, and more than one drink per day for females. Heavy drinking prevalence increased slightly in 2008 and 2009 from a rate of 3.9% in 2007 to 4.2% in 2009. Heavy drinking is most prevalent among adults in the 25-64 year age group with 4.4% of adults in this group reporting past-month heavy drinking. The top 5 counties with the highest rate of adult heavy drinking are Curry (9.3%), Colfax (7.8%), Otero (6.6%), and Santa Fe (6.2%). Lincoln (6.0%), Eddy (5.4%), Socorro (4.6%), Sandoval (4.4%), and Chaves (4.4%) counties are higher than the state.

Adult DWI information for the nation is not available to make state and U.S. comparison. DWI decreased significantly between 2006 and 2008 (from 2.1% to 1.2%), including a substantial decline among binge drinkers (from 14.5% to 8.3%). DWI is most prevalent among the younger age groups that are also most likely to binge drink, with 2.9% of young adults (aged 18-24) reporting past-month drinking and driving in 2006, compared to lower rates in older age groups. NM men were more likely to report drinking and driving than women. Hispanic males (2.5%) reported the highest rate of DWI followed by American Indian (2.0%) and White (1.6%) males. There was a substantial reduction for all groups from 2006. The top 5 counties with the highest rate of adult drinking and driving are Taos (5.0%), Eddy (4.0%), Curry (3.7%), Socorro (3.5%) and Otero (3.2%). Doña Ana (2.2%), Santa Fe (2.1%), McKinley (1.5%), Grant (1.4%) and Sandoval County (1.3%) counties have rates higher than the state.

There were 92 fatal accidents in New Mexico where at least one driver had a BAC of 0.08% or above. 105 people were killed in New Mexico in accidents where at least one driver had a BAC of 0.08% or above. 13 people were killed in New Mexico in accidents where at least one driver had a BAC between 0.01% and 0.07% and 118 total deaths caused in New Mexico where at least one driver had a BAC of 0.01% or above (National MADD Stats on NM).

Problem or Consequence: Alcohol-Related Deaths
Indicator: Crashes, Alcohol Related Injury, and Alcohol Related Diseases (2011 Epi-Report, NMBRFSS and NMIBIS): For Environmental Initiative

- Alcohol-related death rate in NM is 51.4 per 100,000. It is higher than the U.S. rate of 27.7%. Alcohol-related death rates are higher among the American Indian population at a rate of 93.5 per 100,000 (almost twice the state rate for both males and females) followed by Hispanics at a rate of 56.1, Whites at 40.9, Blacks at 28.5, and Asian PI's at 17.2.
- Alcohol-related chronic disease death rate in NM is 23.0 per 100,000. It is higher than the U.S. (12.0). Alcohol-related chronic disease rate is significantly higher among American Indians (53.9), followed by Hispanics (27.5), Whites (15.9), and Blacks (10.0).
- Alcohol-related chronic liver disease rate in NM is 13.4 per 100,000. It is higher than the U.S. rate of 6.6. It is highest among American Indians (35.7) followed by Hispanics (17.9) and Whites at 7.4.
- Alcohol-related injury death rate in NM is 28.4 per 100,000 compared to the U.S. at 15.7. It is highest among American Indians (39.7) followed by Hispanics at 28.5), Whites (25.1), Blacks (18.5), and Asian PI (12.8).
- Alcohol-related motor vehicle traffic crash death rate in NM is 6.2 per 100,000 higher than the U.S. at 4.2. American Indians have a higher rate in the state at 11.7 per 100,000 followed by Hispanics (6.1), Whites (4.8) and Blacks (3.6).

Summary: There is a substantial number of alcohol-related deaths in the 0-24 year old category (these are mostly injury-related); and large numbers and high rates of alcohol-related death in the 25-64 year old category (due to both chronic disease and injury). Alcohol-related death rates are higher in NM than the U.S. It is almost twice the state rate for both males and females among American Indians. The top 5 counties with the highest alcohol-related death are McKinley (107.6 per 100,000), Rio Arriba (100.6), Guadalupe (83.1), Torrance (77.8), and Cibola (73.0). Socorro (68.5), San Miguel (68.5), Taos (66.6), Hidalgo (60.5), San Juan (58.6), Sierra (57.7), Valencia (55.3), Quay (54.6), Santa Fe (53.0), Catron (52.2), Colfax (51.5) and Chaves (51.4) are higher than the state.

Males at a higher rate than females are more at risk for alcohol-related chronic disease death. Males are 2-3 times higher than female rates across most racial/ethnic groups (except Blacks and Asian/Pacific Islanders). American Indians are most at risk among the race/ethnic groups with rates being more than twice the corresponding state rates. The top 5 counties with rates higher than the state are McKinley (61.3 per 100,000), Rio Arriba (52.8), Cibola (36.8), Torrance (34.8), and Hidalgo (33.7). San Miguel (33.1), Socorro (29.4), Sierra (27.5), Taos (26.9), Quay (26.8), Colfax (25.7) and San Juan (23.7) counties alcohol-related chronic disease death rate is higher than the state.

Seventy-five percent (75%) of alcohol-related chronic liver disease deaths occur before age 65. The racial/ethnic group bearing the most burden of premature mortality for this disease is American Indians followed by Hispanics. The age range representing the most burdens are persons 35-64 years of age. The top 5 counties with the highest rate of alcohol-related chronic liver disease rates are McKinley (38.7), Rio Arriba (35.2), Cibola (23.6), San Miguel (19.4), and Torrance (18.4). Socorro (17.5), Colfax (16.3), Taos (16.1), Quay (15.8), and San Juan (14.0) counties bear rates higher than the state. Rio Arriba and McKinley counties are more than 5 times the national rate and more than a third of NM counties have rates more than twice the U.S. rate.

New Mexico's death rate for alcohol-related injury is 1.8 times the national rate and has been among the worst in the nation for the past twenty years. Heavy drinking and binge drinking are high-risk behaviors associated with numerous injuries, including motor vehicle crash fatalities, falls, homicide and suicide. The leading cause of alcohol-related injury death is alcohol-related motor vehicle traffic crash (MVTC) deaths. Historically, New Mexico's alcohol-related MVTC fatality rate has been the highest in the nation; however the rate has decreased 75% from 1982 to 2009 and fallen from 1st to 11th in the nation (2011 Epi-Report).

Males are more at risk for alcohol-related injury death with male's rates 2-4 times higher than females across the race/ethnic categories. American Indian males are the most at risk, with a rate more than twice the state rate and 1.9 times the White male rate. Hispanic males are 1.2 times higher than the rate for White males. The top 5 counties with the highest alcohol-related injury death are Rio Arriba (47.8), McKinley (46.3), Torrance (43.0), Taos (39.7) and Socorro (39.1). Cibola, San Miguel (35.4), San Juan (34.9), Eddy (33.8), Valencia (33.3), Chaves (32.2), Grant (31.4), Santa Fe (30.7) and Sierra (30.2) counties have higher rates than the state.

Rates of alcohol-related motor vehicle traffic crash death are 2 to 3.5 times higher among American Indian males and females ages 15-54 compared to White rates. Hispanic and White rates are highest in the age range 15-54. McKinley

(20.6 per 100,000), Rio Arriba (19.6), Cibola (16.0), Socorro (13.9), and Taos (13.6) are the counties with the top 5 highest rates. Torrance (11.0), Luna (10.9), Roosevelt (10.4), San Juan (9.0), Eddy (7.2), San Miguel (7.1), Chaves (6.6), Santa Fe (6.3), and Grant (6.3) rates are also higher than the state.

Indicator: Perception of Legal Risks and Consequences of Alcohol Consumption (Community Survey OSAP Current and Past Funded Sites and Comparison Groups FY12):

- 21.4% of current OSAP funded program respondents indicated "very likely" the probability that police will break up parties where teens are drinking lower than the comparison group at 22.8% (20.0% of past funded program respondents-lower than the comparison group as well).
- 32.7% current OSAP funded program participants indicated likelihood of police arresting an adult for giving alcohol to someone under 21 higher than the comparison group at 31.4% (27.6% of past funded program respondents-higher than the comparison group-higher is better).
- 27.7% current OSAP program participants indicated the possibility of someone being arrested if caught selling alcohol to a drunk or intoxicated person higher than the comparison group at 24.0% (20.8% of past funded program respondents-lower than the comparison group-higher is better).
- 36.9% indicated a likelihood of being stopped by police if driving after drinking too much higher than the comparison group at 33.2% (35.5% of past funded program respondents-higher than the comparison group-higher is better).
- 56.6% current program participants indicated a likelihood of being convicted if stopped and charged with DWI higher than the comparison group at 55.9% (51.8% of past funded program respondents-lower than the comparison group-higher is better).

Summary: OSAP prevention programs implemented the FY12 Community Survey with 9,176 community members over the age of 18 years old (3,146 current OSAP funded communities, 1,174 past funded OSAP communities, and 3,319 comparison group). 60.6% of the respondents were female and 39.4% were males. Current funded communities indicated higher perceptions regarding the legal risks and consequences of alcohol consumption in all the indicators. Past funded programs indicated a higher perception on likelihood of police arresting an adult for giving alcohol to a minor and likelihood of being stopped by police if driving after drinking too much (higher perception is better). Percentages were not available for 2008 and 2009.

Indicator: Adult DWI Past 30-Days and Alcohol Consumption Past 30 Days (Community Survey FY12):

- 7% of the current OSAP program respondents drove under the influence (Past 30 Days) compared to the comparison group at 7% (5.2% in 2009). 6% of past program participants drove under the influence past 30 days.
- 6% of the current OSAP program participants drove often having 5 or more drinks compared to 7% in the comparison group (5.8% in 2009). 5.5% of past program participants drove often having 5 or more drinks.
- 45.5% of the current OSAP program respondents reported drinking alcohol the past 30 days compared to the comparison group at 45.5% (41.0% in 2009). 40.0% of past program participants reported drinking alcohol the past 30 days.
- 23.0% of the current OSAP program respondents reported having five or more drinks on one occasion in the past 30 days compared to the comparison group at 25.0% (17.9% in 2009). 23.5% of past program respondents reported having five or more drinks on one occasion in the past 30 days.
- 4.5% of current program respondents provided alcohol (beer/wine/liquor) for minors compared to 3.5% in the comparison group. 3.0% of past program participants provided alcohol to minors.

Summary: OSAP prevention programs implemented the FY12 Community Survey with 9,176 community members over the age of 18 years old (3,146 current OSAP funded communities, 1,174 past funded OSAP communities, and 3,319 comparison group). 60.6% of the respondents were female and 39.4% were males. There was no difference between the comparison group and current program participants for driving under the influence the past 30 days and for those who reported drinking alcohol the past 30 days. Past program participants who drove under the influence is less than current program participants and the comparison group for both indicators.

The percentage of current and past program participants who drove often having 5 or more drinks is less than the comparison group. Those who provided alcohol for minors however, is higher than the comparison group. All indicators show an increase from 2009.

Data Highlighting Level of Risk and Resiliency:

Problem or Consequence: Alcohol Use/Abuse Leading to Health Problems, Behavior Problems, and/or Social Problems

Indicator: Perceptions Regarding Alcohol Use (YRRS FY11):

- High School: 9.6% (12.4% in 2009, 12.6% in 2007) of students indicated most or all friends drink alcohol once a week or more.
- High School: 41.7% students think youth regular alcohol use is very wrong (63.8% in 2009, 57.4% in 2007)
- Middle School: 67.9% students think youth regular alcohol use is very wrong (35.4% in 2009).
- High School: 65.7% students perceive that their parents think youth alcohol is very wrong (62.9% in 2009, 84.2% in 2007).
- Middle School: 82.0% of students think that their parents think alcohol use by youth is very wrong (78.9% in 2009).
- High School: 50.4% of students believe that adults think youth alcohol use is very wrong (46.7% in 2009, 76.0% in 2007).
- High School: 44.1% of students believe that people face great risk from daily alcohol use (41.2% in 2009,).
- Middle School: 48.0% of students believe that people face great risk from daily alcohol use (45.3% in 2009).
- High School: 64.6% of students indicate they can get alcohol easily (41.2% in 2009, 70.2% in 2007).
- Middle School: 27.0% of students indicate they can alcohol easily (29.4% in 2009).

Summary: There was a reduction in the number of students who indicated that most or all their friends drink alcohol once a week or more from 2007 to 2011 by 3 percentage points or 24%. It reduced from 2009 by 2.8 percentage points or 23%. Of those who said "most" or "all" of their close friends drank alcohol once a week or more, 17.1% carried a weapon on school property, 24.2% were bullied on school property, 44.1% felt persistent sadness or hopelessness, 20.5% attempted suicide in the past 12 months, 59.2% reported binge drinking, 30.2% reported drinking and driving, 34.5% used painkillers to get high, 22.7% currently used cocaine, and 60.3% were sexually active.

There was a decrease among HS students who think youth regular alcohol use is very wrong between 2007 and 2011 (increase is better). Among HS students there was a decrease by 15.7 percentage points or 27%. There was a larger decrease between 2009 and 2011 by 22.1 percentage points or 35%. Among MS students there was a significant increase between 2009 and 2011 by 32.5 percentage points or 48% (increase is better).

A decrease also occurred between 2007 and 2011 among HS students who believe that their parents think youth alcohol is very wrong by 18.5 percentage points or 22% (increase is better). There was a slight increase between 2009 and 2011 however (by 2.8 percentage points or 4%). There was a slight increase among MS students by 3.1 percentage points or 4%.

Among HS students who believe that adults think youth alcohol use is very wrong, a significant reduction occurred between 2007 and 2011 by 25.6 percentage points or 34% (increase is better). There was an increase between 2009 and 2011 by 3.7 percentage points or 7%.

There was an increase for both HS and MS students who believe that people face great risk from daily alcohol use from 2009 to 2011 (increase is better). Among HS students there was a 2.9 percentage points or 7%. Among MS students there was an increase by 2.7 percentage points or 6%.

Among HS students there was a decrease by 5.6 percentage points or 8% between 2007 and 2011 for students who said they can get alcohol easily but there was a significant increase between 2009 and 2011 by 23.4 percentage points or 36%. Among MS students there was a reduction of 2.4 percentage points or 8%.

Problem or Consequence: ATOD Use/Abuse Leading to Health Problems, Behavior Problems, Social Problems and/or Death

Indicator: Youth Alcohol Consumption and Behaviors Associated With Dinking (YRRS FY03-FY11):

- High School: 36.9% (FY09-40.5%, FY07-43.2%) of the students reported being current drinkers. 66.4% reported "ever" drank alcohol. 38.3% of females reported being current drinkers higher than males at 35.7% (higher by 2.6 percentage points or 7%).
- Middle School: 12.9% (FY09 16.2%) of students are current drinkers. 29.5% of students reported "ever" drank alcohol. 14.6% of females reported being current drinkers higher than males at 11.4% (higher by 3.2 percentage points or 22%).

- High School: 22.4% (FY09-25.0%, FY07-27.4%, FY05-28.6%, and FY03-35.4%) of the students reported binge drinking. There is no significance difference between males and females (M=22.8%, F=22.0%). U.S. rate is 21.9%.
- Middle School: 6.3% (FY09-8.6%) of students are binge drinkers. Females are higher than males (F=6.9%, M=5.8%). Females higher than males by 1.1 percentage points or 16%.

- High School: 27.4% (FY09-29.4%, FY07-30.7%) of students reported having first drink before age 13. Males (31.5%) more than females (23.0%) reported having their first drink before age 13 by 8.5 percentage points or 27%.
- High School: 6.4% (FY09-8.0%) of students reported drinking in the school. Males (6.9%) slightly higher than females (6.0%). There was a small reduction between 2009 and 2011 by 1.6 percentage points or 0.2%.
- Middle School: 14.5% (FY09 16.5%) of students reported having their first drink before age 11, a reduction from 2009 to 2011 by 2 percentage points or 12%. Males (16.0%) more than females (13.1%) reported having their first drink before age 11.

- High School: 9.3% (FY09-9.7%, FY07-12.5%, FY05-12.0% and FY03-19.1%) of students reported drinking and driving higher than the U.S. rate of 8.2%. Males (10.4%) slightly higher than females (8.2%).

- High School: 25.8% (FY09-26.4%, FY07-31.2%) of students rode with a drinking driver. Females (27.1%) more than males (24.6%). There was a reduction in the number of students who reported riding with a drinking driver from 2007 to 2011 by 5.4 percentage points or 17%.

Summary: There was a reduction in HS students who reported current drinking from 2007 to 2011 by 6.3 percentage points or 15%. Females more than males reported current drinking (females higher by 2.6 percentage points or 7%. Females more than males reported "ever" drinking alcohol by 3.1 percentage points or 5%.

Binge drinking prevalence decreased from 2003 (35.4%) to 2011 (22.4%). It was not statistically significantly different from U.S. rate at 21.9% (22.4% vs. 21.9%). There was also no significant difference between males (22.8%) and females (22.0%) or between race/ethnicity. The rate of binge drinking increased with grade level, from 16.3% for 9th graders to 27.3% for 12th graders (an increase of 11 percentage points or 40%). Students who earned mostly C's, D's, or F's in school (31.2%) were more likely to binge drink than those who earned mostly A's or B's (18%).

There was also a reduction in MS students who reported current drinking from 2009 to 2011 by 3.3 percentage points or 20%. Females more than males by 3.2 percentage points or 22%. Binge drinking among MS reduced from 2009 to 2011 by 2.3 percentage points or 27%. Females more than males by 1.1 percentage points or 16%.

Drinking and driving prevalence decreased from 2003 (19.1%) to 2011 (9.3%) by 9.8 percentage points or 51%. NM rate of drinking and driving was not statistically different from U.S. rate (9.3% vs. 8.2%). There was also no statistically significant difference between males (10.4%) and females (8.2%). The rate of drinking and driving increased with grade level, from 6.9% in 9th grade to 12.9% in 12th grade. White (7.4%) and Hispanic (8.4%) students had lower rates for drinking and driving than Asian or Pacific Islander (16.3%) or African Americans (15.4%) students. Students who earned mostly C's, D's, or F's in school (14.7%) were more likely to drink and drive than those who earned mostly A's or B's (6.8%).

Problem or Consequence: ATOD Use/Abuse Leading to Health Problems, Behavior Problems, Social Problems and/or Death

Indicator: Social Access to Alcohol (YRRS FY11):

- High School: 54.3% (FY09-60.3%, FY07-54.2%) of students reported drinking at another person's home. 28.6% (FY09-24.7%, FY07-26.1%) drank at home (82.9% combined data with 84.4% females and 81.4% males drinking at another person's home or their own home).
- High School: 64.6% of students indicate they can get alcohol easily (41.2% in 2009, 70.2% in 2007).
- Middle School: 27.0% of students indicate they can alcohol easily (29.4% in 2009).
- High School: 41.9% (FY09-21.8%, FY07-21.2&) of the students were given alcohol by someone else. Females (50.6%) more than males (32.7%). 6.0% indicated they bought alcohol at a store, restaurant, bar, club or public event. Males (8.0%) more than females (3.5%).

Summary: There is no difference between the number of students who drank at home or another person's house between 2007 and 2011. There is a reduction between 2009 and 2011 for those reporting drinking at another person's home by 6 percentage points or 10%.

Among HS students there was a decrease by 5.6 percentage points or 8% between 2007 and 2011 for students who said they can get alcohol easily but there was a significant increase between 2009 and 2011 by 23.4 percentage points or 36%. Among MS students there was a reduction of 2.4 percentage points or 8%.

Problem or Consequence: Suicide

Indicator: Suicidal Ideation, Suicide and Depression (FY03–FY11):

- High School: 29.1% (FY09-29.7%, FY07-30.8%, FY05-28.7%, and FY03-31.9%) of students reported persistent feelings of sadness and hopelessness.
- High School: 16.7% (FY09-15.9%, FY07-19.3%) seriously considered suicide. Females (20.8%) more than males (12.8%).
- Middle School: 19.8% (FY09-17.9%) of students seriously thought about killing self. The change in the rate for ever having seriously thought about suicide from 2009 (17.9%) to 2011 (19.8%) was not statistically significant. Females (25.2%) were more likely to think about suicide than males (14.9%). The prevalence of ever having seriously thought about suicide increased with grade level. Differences by race/ethnicity for ever having seriously thought about suicide were not statistically significant.
- High School: 13.4% (FY09-13.1%, FY07-15.1%) made a suicide plan. Females (16.1%) more than males (10.8%) by 5.3 percentage points or 33%. There was a reduction between 2007 and 2011 by 1.7 percentage points or 11%. There is no significant difference between 2009 and 2011.
- Middle School: 11.3% (FY09-10.7%) "ever" planned to kill self. Females (13.3%) higher than males (9.5%) by 3.8 percentage points or 29%.
- High School: 8.6% (FY09-9.7%, FY07-14.3%, FY05-12.5%, and FY03-14.5%) attempted suicide.
- Middle School: 7.0% (FY09-6.8%) of students reported "ever tried to skill self". The rate for having tried to commit suicide did not significantly change from 2009 (6.8%) to 2011 (7.0%). Females (9.7%) were more likely to try to commit suicide than males (4.4%).
- Suicide death rate in NM is 17.9 per 100,000. Whites have a higher suicide rate at 20.9 per 100,000 followed by American Indians (17.1), Hispanics (14.0), Blacks (10.8) and Asian PI (6.0). Male (29.3 per 100,000) suicide rates are more than three times female (7.3 per 100,000) rates across the age range and among all race/ethnic groups.
- Frequent mental distress (past 30 days) in NM is at a rate of 10.6%. The U.S. rate is 10.6. Frequent mental distress is highest among Hispanics at a rate of 12.6% followed by Asian PI (17.3), Blacks (15.4), American Indian (11.1) and Whites (8.5).
- Current depression (past 2 weeks) in NM rate is 9.3%. Current depression is highest among Asian PI (12.9), followed by Hispanics (11.6), American Indians (10.1), Whites (7.8) and Blacks (5.1).

Summary: Persistent sadness or hopelessness displayed no statistically significant trend from 2003 (31.9%) to 2011 (29.1%) nor was there significant difference by grade level or by race/ethnicity. NM rate was higher than the U.S. (29.1% vs. 28.5%). Females (37.3%) had a higher rate than males (21.2%) by 16.1 percentage points or 43%. The prevalence of persistent sadness or hopelessness decreased with increased levels of parent education. Among students whose parents

had less than a high school education, 35.1% felt persistent feelings of sadness or hopelessness, compared to only 25.4% of those whose parents completed college or professional school. Students who earned mostly C's, D's, or F's in school (36.6%) were more likely to feel persistent sadness or hopelessness than those who earned mostly A's or B's (25.4%).

8.6% of HS students reported a suicide attempt. Attempted suicides among HS students decreased in prevalence from 2003 (14.5%) to 2011 (8.6%). The NM rate of attempted suicide was higher than the US rate (8.6% vs. 7.8%). Females (12.3%) had a higher rate of attempted suicide than males (5.0%). There was no statistically significant difference by grade level for attempted suicide. Suicide rate in NM (17.9 per 100,000) is lower than the U.S. at 11.0. The top 5 counties higher than the state are Taos (33.5%), Sierra (30.3%), Grant (24.4%), Rio Arriba (24.4%), and Torrance (22.6%). Otero (22.1%), Socorro (21.5%), Colfax (21.3%), Eddy (21.1%), McKinley (19.3%), San Miguel (19.3%), Cibola (19.2%), San Juan (19.0%) and Valencia (18.7%) are counties with rates higher than the state.

Problem or Consequence: Death or Injury by Violence

Indicator: Behaviors Associated with Violence and Aggressive Behaviors (YRRS FY03-FY11):

- High School: 6.5% (FY09-8.1%, FY07-9.3%, FY05-8.0% and FY03-10.9%) of students reported that they carried a weapon on school property higher than the U.S. at 5.4%. There was a reduction between 2003 and 2011 by 4.4 percentage points or 40%.
- High School: 22.8% (FY09-27.4%, FY07-27.5%) carried a weapon. Males (33.3%) more than Females (11.9%) by 21.4 percentage points or 64%. There was a reduction between 2007 and 2011 by 4.7 percentage points or 17%.
- Middle School: 30.7% (FY09-33.7%) of students reported ever carrying a weapon. Males (42.7%) more than females (18.1%). There was a reduction from 2009 to 2011 by 3 percentage points.
- High School: 31.5% (FY09-37.3%, FY07-37.1%) reported being in a physical fight. Males (37.6%) more than females (25.1%) by 12.5 percentage points or 33%. There was a reduction between 2007 and 2011 by 5.6 percentage points or 15%.
- Middle School: 43.7% (FY09-50.4%) of students reported being in a physical fight. Females (46.6%) more than males (40.9%) by 5.7 percentage points or 12%. There was a reduction between 2009 and 2011 by 6.7 percentage points or 13%.
- High School: 8.1% (FY09-7.2%, FY07-9.0%) student's skipped school because they felt unsafe. There was a slight decrease between 2007 and 2011 but a small increase between 2009 and 2011.
- High School: 18.7% (FY09-19.5%) of students felt bullied at school (U.S. rate is 20.1%). There was a reduction between 2009 and 2011 by 0.8 percentage points.
- Middle School: 17.2% (FY09-31.2%) students were bullied on school property. There was a significant reduction between 2009 and 2011 by 14 percentage points or 45%.
- High School: 7.1% (FY09-9.8%, FY07-12.6%) of students reported being hit by boy/girl friend. There was a reduction between 2007 and 2011 by 5.5 percentage points or 44%.
- High School: 8.6% of students reported being forced to have sex. Females (11.4%) more than males (5.9%) by 5.5 percentage points or 48%.

Summary: 6.5% of HS students carried a weapon on school property. Carrying a weapon on school property decreased in prevalence from 2003 (10.9%) to 2011 (6.5%). The NM rate of carrying a weapon on school property was higher than the US rate (6.5% vs. 5.4%). Males (9.0%) had a higher rate of carrying a weapon on school property than females (3.9%). There was no statistically significant difference by grade level for carrying a weapon on school property.

Problem or Consequence: Illicit Drug Use Leading to Health Problems, Behavior Problems, Social Problems and/or Death

Indicator: Illicit Drug Use (FY03-FY11):

- High School: Past 30 Day Use: 5.2% (FY09-5.6%, FY07-5.4%, FY05-7.9%, and FY03-8.9) of students reported using cocaine, 6.7% (FY09-7.7%, FY07-7.8%) used inhalants, 3.2% (FY09-3.2%, FY07-3.9%) used heroin, 6.4% (FY09-6.0% and FY07-5.1%) used ecstasy, 3.8% (FY09-4.3%, FY07-3.6%) injected illegal drugs, 11.3% (FY09-8.7% and FY07-11.7%) used painkillers to get high, and 3.9% (FY09-3.2%, FY07-4.4%) used methamphetamine.

- Middle School: 3.6% (FY09-5.7%) of students used cocaine. 11.8% (FY09-14.2%) used inhalants. 1.2% injected illegal drugs (FY09-4.3%). 4.9% reported lifetime use of painkillers to get high and 8.0% indicated "ever" using prescription drugs without a doctor's prescription is 8.0%.

- 34.5% (FY09-30.9%, FY07-31.3%) of students sold, offered or were given drugs on school property the past 12 months. 28.2% (FY09-30.2%) indicated that it would be easy to get hard drugs.

- Drug-induced death rate in NM is 21.4 per 100,000 higher than the U.S. at 11.4. Rio Arriba (51.1), Eddy (28.0), Torrance (27.9), Chaves (26.6), Bernalillo (26.5), Valencia (25.8), Taos (24.8), Grant (24.0), San Miguel (23.5), Sierra (23.1) and Socorro counties are higher than the state. Unintentional Drug-induced overdose death rate in NM is 10.5 (illicit rate) and 7.1 (rx rate) per 100,000. Rio Arriba (34.8 and 12.1), Bernalillo (15.3 and 8.1,) Taos (11.5 and 11.4), Socorro (10.7 and 11.3), Valencia 15.0 and 5.7), and Eddy (11.8 and 8.7) counties have higher rates of drug-induced overdose deaths than the state. Drug-induced death rate is higher among Hispanics at 25.9 per 100,000 followed by Whites at a rate of 20.4, Blacks at 16.1, American Indian at 10.4, and Asian PI at 5.5. Unintentional overdose death rate is 10.6 per 100,000 and is lower than the U.S. rate of 17.6. Unintentional drug overdose in NM is higher among males at a rate of 12.8 compared to females at 7.8.

Summary: Hispanics had the highest drug-induced death rates during 2005-2009. Hispanics also had higher unintentional drug overdose death rates by age group compared to White decedents. The rates of drug-induced death and unintentional drug overdose death among males were roughly two times that of females. Among females, drug overdose death from prescription drugs was more common than from illicit drugs for women aged 45-74 years. Rio Arriba County had the highest drug-induced death rates and unintentional drug overdose death rates. It had the third highest unintentional/undetermined drug overdose death rate in the nation during 2003-2007. Bernalillo had the second largest number of unintentional overdose death rate.

Problem or Consequence: Sexual Behaviors Leading to Sexually Transmitted Disease and/or Pregnancy

Indicator: Sexual Behaviors (FY03-FY11):

- High School: 31.9% (FY09-32.6%, FY07-34.5%, FY05-32.8% and FY03-32.6%) of students are currently sexually active lower than the U.S (33.7%) by 1.8 percentage points or 5%.

- High School: 47.8% (FY09-48.0%, FY07-45.7%) reported "ever" having sexual intercourse. Males (50.5%) more than females (45.0%). There was an increase from 2007 to 2011 by 2.1 percentage points or 5% but there was a slight decrease between 2009 and 2011 by 0.2 percentage points.
- Middle School: 10.5% (FY09-10.8%) of students reported "ever" having sexual intercourse. There is no difference between 2009 and 2011. Males (12.6%) were more likely to ever had had sexual intercourse than girls (8.3%). The prevalence of ever having sexual intercourse increased with grade level. African American students (22.5%) had a higher rate for ever having sexual intercourse than American Indian (8.7%), Asian or Pacific Islander (10.7%), Hispanic (11.0%) or White (7.9%) students. Students who earned mostly C's, D's, or F's in school were more likely to ever have had sexual intercourse than those who earned mostly A's or B's (19.2% vs. 8.2%).

- High School: 7.7% (FY09-7.4%, FY07-7.7%) reported having first sexual intercourse before age 13. There is no significant change between 2007 and 2011. Males (10.4%) more than females (5.1%) by 5.3 percentage points or 51%.
- Middle School: 2.9% reported having first sexual intercourse before age 11. Males (3.8%) more than females (2.1%) by 1.7 percentage points or 45%.

- High School: 22.3% (FY09-23.1%, FY07-23.7%) of students reported using alcohol or drugs before sex (among sexually active). Males (23.9%) more than females (17.5%) by 6.4 percentage points or 27%.

- High School: 57.8% (FY09-51.0%, FY07-44.8%) reported "condom use" at last sex (among sexually active students) an increase of 13 percentage points or 22%. 14.5% used birth control pills, 8.4% used Depo-Provera, birth control ring, implant or IUD, 23.0% used reliable birth control, and 8.6% used reliable birth control and condom.
- Middle School: 54.0% (FY09 81.1%) used a condom at last sexual intercourse.

- High School: 30.6% of students reported 4 or more sex partners in life. More males (20.3%) than females (17.5%)
- Middle School: 3.1% reported having sexual intercourse with three or more people in lifetime. No significant difference between Males (1.4%) and females (1.0%).

Summary: 31.9% of HS were sexually active. The rate of being sexually active displayed no statistically significant trend from 2003 (32.6%) to 2011 (31.9%). The NM rate of being sexually active was not statistically different from the US rate

(31.9% vs. 33.7%). There was no statistically significant difference between males (31.9%) and females (31.8%) for being sexually active. The rate of sexually active increased with grade level, from 18.1% in 9th grade to 46.8% in 12th grade. There was no statistically significant difference by race/ ethnicity for being sexually active. The prevalence of being sexually active decreased with increased levels of parent education. Among those whose parents had less than a high school education, 36.3% were sexually active, compared to 24.3% of those whose parents completed college or professional school. Students who earned mostly C's, D's, or F's in school (41.6%) were more likely to sexually active than those who earned mostly A's or B's (27.7%).

Problem or Consequence: ATOD Use/Abuse Leading to Health Problems, Behavior Problems, Social Problems and/or Death

Indicator: Tobacco and Marijuana Use Rates (YRRS FY03-2011 and Epi-Report 2011): For Synar Initiative

- High School: 19.9% (FY09-24.0%, FY07-24.2%, FY05-25.7%, and FY03-30.2%) of students are current smokers a reduction of 10.3 percentage points or 34% since 2003 (U.S. rate is 18.1%).
- High School: 5.8% (FY09-7.2%, FY07-6.7%, FY05-7.8%, and FY03-8.5%) of students reported being frequent smokers. There was a reduction of 2.7 percentage points or 32%. 5.9% are heavy smokers with males (7.2%) having a higher rate than females (3.8%).
- Middle School: 6.8% (FY09-7.0%) of students are current smokers. There is no significant difference between males and females. There is also no significant change between 2009 and 2011. 0.8% reported being frequent smokers. There is no significant difference between males and females for frequent smoking.

- High School: 14.9% (FY09-16.8%, FY07-18.0%) of students first smoked before age 13 a reduction of 3.1 percentage points or 17%. Males (17.7%) more than females (12.0%) by 5.7 percentage points or 32% reported first smoking before age 13.
- Middle School: 5.3% (FY09-5.7%) of students first smoked before age 11. There is no significant change between 2009 and 2011. Males (6.0%) more than females (4.6%) by 1.4 percentage points reported first smoking before age 11.

- High School: 15.1% (FY09-18.1%, FY07-18.9%) reported smoking cigars a decrease from 2007 by 3.8 percentage points or 20%. Males (19.3%) more than females (10.7%) by 8.6 percentage points or 44%.
- Middle School: 5.8% (FY09-7.1%) reported smoking cigars with males (6.1%) more than females (5.6%). There is a slight reduction between 2009 and 2011 by 1.3 percentage points or 18%.

- High School: 53.5% (FY09-53.5%, FY07-59.9%) of students reported ever trying cigarettes a reduction of 6.4 percentage points or 11% from 2007. Males (55.4%) more than females (51.4%) reported "ever" trying cigarettes.
- High School: 6.5% (FY09-8.7%, FY07-8.7%) smoked on school property. Males (14.8%) significantly higher than females (3.9%) by 10.9 percentage points or 73%.
- Middle School: 23.1% (FY09-24.8%) reported ever trying cigarettes with males (24.1%) at a higher rate than females (22.3%). There was a reduction between 2009 and 2011 by 1.7 percentage points.
- Middle School: 2.0% (FY09-2.0%) smoked on school property with males (24.1%) slightly higher than females (22.3%).

- High School: 27.6% (FY09-28.0%, FY07-25.0%) of students are currently using marijuana. 9.7% (FY09-9.7%) reported using on school property. 18.5% (18.4%) tried marijuana before age 13. 44.8% (FY09-49.2%) "ever" tried marijuana.
- Middle School: 15.9% (FY09-15.1%) of students reported ever using marijuana. 5.0% (FY09-6.2%) reported first use of marijuana before age 11. 10.1% (FY09-9.4%) are current marijuana users.

- High School: 66.2% reported that it is easy to get marijuana. 57.1% indicated it is great risk for someone their age to use marijuana.

- The 2011 NM Epi-Report indicated a rate of 118.7 (per 100,000) smoking-related deaths in NM. 132.8 deaths are White, 102.6 are Hispanic, 114.2 are Blacks, 62.7 are American Indian and 53.1 are Asian PI.

Summary: Current smoking among HS students decreased in prevalence from 2003 (30.2%) in 2011 (19.9%). In 2009, the rate of current smoking in NM was higher than in the US (24.0% vs. 19.5%). Males (23.2%) were more likely to be current smokers than females (16.5%). The difference in current smoking prevalence by grade level was not statistically significant. White (16.1%) and Hispanic students (19.0%) had a lower rate of current cigarette smoking than American Indian students (26.7%). Other differences between race/ethnic groups were not statistically significant.

The prevalence of frequent smoking among HS students decreased from 2003 (8.5%) to 2011 (5.8%). The NM rate for frequent smoking was not statistically different from the US rate (5.8% vs. 6.4%). The difference between males (7.3%) and females (4.2%) for frequent smoking was not statistically significant. The prevalence of frequent smoking increased with grade level (3.4% for 9th grade; 4.8% for 10th grade; 7.0% for 11th grade; 8.7% for 12th grade). American Indian students (4.0%) had a lower prevalence of frequent smoking than African American (10.5%) or Asian or Pacific Islander (9.4%) students. The difference between American Indian students and Hispanic (5.7%) or White (5.8%) students was not statistically significant. Counties with the highest smoking-related deaths are Torrance(212.2 per 100,000), Sierra (175.7), Quay (173.8), Guadalupe (160.5), and Valencia (156.3).

Consequence: Healthy Behaviors

Indicator: Protective Factors: Family Bonding/Caring Relationships (YRRS 2011)

- HS: 51.5% of students reported having someone interested in their school work at home. 32.9% said they have someone who talks to them about their problems while 43.4% said they have someone who listens to them. 64.5% said they have someone in the home who expects them to follow the rules and 84.9% said they have a parent or other adult in the home who believes they will be a success.
- HS. 38.3% of students said they have a teacher or other adult in the school that really cares about them. 36.9% said they have someone who notices them when they are not there and 32.4% said they have someone who listens to them. 40.8% indicated they have a teacher or other adult in the school who tells them when they do a good job and 45.2% said they have someone who believes they will be a success.
- HS: 60.9% of students said they have an adult outside their home and school who really cares about them. 44.1% said they have an adult who notices them while 55.2% said they have someone outside their home and school who they trust. 47.2% said they have an adult who tells them they do a good job.
- HS: 64.3% of students said they have a friend who really cares about them. 55.9% said they have a friend about their own age who they talk to about their problem and 57.6% said they have a friend who helps them when they are having a hard time. 71.4% plan to go to college and 48.6% are involved in sports, clubs or other extra-curricular activities in school.
- MS: 5.5% of students in middle school reported having friends who get into a lot of trouble. 52.2% said they have a friend who really cares about them. 69.0% indicated having an adult outside their home and school who really cares about them and 32.7% said they have a teacher or other adult in the school that really cares about them.
- MS: 59.7% of middle school students said there is a parent or other adult in the home who listens to them. 47.5% said they have a parent or other adult in the home who talks with them about their problems. 62.5% said that they have a parent or guardian who knows where they are while 63.6% said there are clear rules about what students can and cannot do in school.

Summary: NM youth exhibit strong resiliency factors related to having caring and supportive relationships with friends, in the community, in the home and at school. Students *least* likely to use alcohol were students with the following resiliency factors: those with high levels of caring and support from parents, teachers, and other adults in the community; those who completed their homework and came prepared to class; those who did not engage in violent behaviors; and those who did not engage in tobacco or drug use (*SOURCE: Alcohol-Related Behaviors Among New Mexican Youth, 2009 YRRS; www.youthrisk.org).*

Citations From: Green D, Peñaloza L, and FitzGerald C. 2012. *New Mexico Youth Risk & Resiliency Survey: High School and Middle School Survey Results 2011*. Epidemiology and Response Division, New Mexico Department of Health, School and Family Support Bureau, New Mexico Public Education Department, and University of New Mexico Prevention Research Center.

Appendix C: Strategic Plan Agenda

NM DWI AFFILIATE
STRATEGIC PLANNING MEETING
JULY 21-22, 2014

AGENDA

July 21, 2014: 1:00 PM – 5:00 PM

- Welcome/Opening
- Introductions/Concocimiento
- Develop Norms/Guidelines For Group Process
- Review Meeting Goals/Objectives
  Overview of Agenda
  Norms/Guidelines
- PEST Analysis to Determine Their Implication on the Work of the DWI Affiliate (Environmental Scan of Political/Legal, Economic, Social, and Technology)-Brief Review of Needs Assessment and History-What Has Worked/What Has Not Worked
- SCOT Analysis (Analysis of Existing Strengths, Weaknesses/Barriers, Opportunities and Strengths)
- Closing/Review Next Days Agenda

July 22, 2014: 8:00 AM – 5:00 PM

- Check-In/Review Days Agenda
- Activity: Broken Squares
- Review/Brainstorm Elements of the DWI Affiliate Vision/Mission
- Review Policy Statements/Update
  Brainstorm Desired Goals/Outcomes and Prioritize
- Review Goal/Objective Template
  Small Group Work – Develop Goals and Objectives
- Report Out
  Offer Feedback
  Next Steps
- Evaluation
  Closure