

Developing Measurable Goals and Objectives



Developing measurable goals and objectives is a critical step in your Strategic Prevention Framework planning process. Writing clearly stated, feasible, and measurable goals and objectives provides a framework for monitoring your progress towards achieving the desired results and set clear criteria for success and/or the need for improving prevention efforts over time.

Ensuring Alignment

The prevention goals and objectives included in your county Strategic Prevention Plan should clearly address the problem statements and needs assessment findings. The goal statements should mirror the key problem statements identified by the county during this process. The objectives should directly reflect the contributing factors that are predictors or pre-cursors to the long-term outcome. For example, availability of alcohol may be a contributing factor to underage alcohol use. Youths' lack of awareness regarding the harmful consequences of alcohol consumption may be an additional contributing factor for underage alcohol consumption.

Is It Better to Have More Goals and Objectives?

In this case more is not better. **It is critical for counties to adopt a reasonable number of goals and objectives for which they will be able to successfully measure and achieve changes over time.** It is more important to identify a few key outcomes and objectives relative to the specific problems identified in the needs assessment, than to adopt a large number of broad goals and objectives which will be difficult to measure and report or achieve changes over time.

A general rule of thumb for most counties is:

- 1 to 4 goals
- 2 to 6 objectives per goal

Small counties with limited prevention resources may choose to adopt 1 to 2 goals.

Tips for Writing Outcome-Based Goals and Objectives

For the purposes of County AOD Office prevention planning, the goals and objectives that are written into the Strategic Prevention Plans and entered into CalOMS Prevention should be outcome-based. The goals and objectives that are entered into the CalOMS Prevention Planning module are automatically linked to the CalOMS Prevention Evaluation module for reporting progress over time. They should be able to be directly translated into outcomes and indicators.

Keep It SMART



S	Specific
M	Measurable
A	Attainable
R	Results-Oriented
T	Time Bound

- **Goals:** A goal is a measurable statement of desired long-term impact of the prevention effort. They reflect the longer-term outcomes the interventions are intended to have. Substance abuse prevention goals typically address changes in use or incidence of harmful consequences. It may be specific to a population subgroup, a geographically defined community, and/or a particular type of drug. For the purposes of county prevention planning, the expected time to achieve the long-term outcome-based goals may be from 3 to 5 years.
- **Objectives:** An objective is a measurable statement of expected intermediate outcomes of the prevention interventions—which directly support the goal. Objectives typically reflect changes in contributing risk or protective factors related to the intended long-term outcome. For the purposes of county prevention planning, the expected timeframe to achieve these intermediate outcome-based objectives may be from 1 to 3 years.

A sample formula for developing objectives:

- How much of what change will occur to whom by when as measured by what?

Of the _____ (state the addressed population), _____ participants in prevention services will _____ (show decreases or increases), in the _____ (insert specific indicator) as measured by _____ (state the evaluation tool) over the next (identify timeframe in years or months).

Examples of indicators include: 30 Day Use and Age of Onset

Examples of measurement tools include: surveys, local or state data sources, service program data, community input (e.g. focus groups) and direct observational methods (e.g. merchant compliance checks).

Be Careful When Identifying Your Target Change Percentages



Should we try to achieve a 5%, 15%, or 25% percent change in the intended outcome? This is a common question when developing measurable goals and objectives. Unfortunately, there is not an easy answer. Many factors need to be taken into consideration including, the baseline level, trend data over time on the indicator, the extent of intervention dosage expected to be achieved, and the extent to which the particular outcome is influenced by the intervention. In general,



long-term substance use and consequence outcomes are difficult to achieve and a small percentage change (2-5%) at a population or community level can be significant. In general, when measuring outcomes at the program level (e.g. measuring change for youth who were directly involved in prevention activities over a period of time) greater percentage changes can be expected.

What About Tracking Activity Outputs—or Process Outcomes?

Counties may choose to include additional short-term objectives that address the more immediate outputs of their prevention efforts. These objectives may reflect quantifiers of the expected numbers of participants served or the number of trainings or service sessions provided. These short-term outputs may be achieved on an annual basis or may build over time. Just be conscious that these objectives do not measure the desired impact or outcomes of the prevention efforts and that you will still need to build in intermediate and long-term outcome-based goals and objectives.

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