OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

OHIO SPF-PFS NEEDS ASSESSMENT
COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
March 2018

Ohio MHAS
Promoting wellness and recovery

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OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

COMMUNITY OUTCOMES MEASURES (COMS)
CONSUMPTION DATA REPORT
COSHOCTON COUNTY

Prepared by:

Coshocton Behavioral Health Choices

February 2018

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OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

Grant# 1700504

PROBLEM OF PRACTICE (PoP) REPORT
COSHCOTON COUNTY

Prepared by:

Ohio's SPF–PFS Evaluation Team

April 2017

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Athens, OH 45701

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Louisville, KY 40208

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Coshocton County Profile[1]

Coshocton County has an estimated population of 36,724. Of the total estimated population of 36,724 2,953 residents are between 12-17 and 3,408 residents are between 18-25.

The population is predominantly Caucasian (97%), with a small African American population (1%). Approximately 1% of the population identifies as multiracial. A small percent (0.9%) of the county's population reports being of Hispanic or Latino origin.

English is the predominant language, with 7.5% of residents reporting that another language is spoken at home.

The county includes three public school districts, an Adult Basic & Literacy Education Programs (ABLE) program and a community college.

Among residents above 25 years of age, 85% have a high school diploma and 12.1% have a Bachelor's degree or higher. Both the high school graduation rate and the percentage of higher education degrees in the county are similar to that of the state (90% and 18%, respectively).

The median household income (2011-2015) is $41,701, which is below the state median of $49,429.

The five-year (2011-2015) estimated percentage of the county population below poverty level is 16%. This is above the estimated state percentage (14%).

Prevention Data Committee (PDC)

In order to support our project, a prevention data committee (PDC) was formed. Our PDC, which is comprised of community members who know our community well and who have skills and experience working with data, was designed to assist our project by working with our local data to:

- Identify community resources to collect, analyze and share data;
- Help identify local needs;
- Provide data and analysis to support our community's choices related to our problems of practice and evidence-based strategies; and
- To help establish systems for ongoing data collection, analysis, and dissemination during and beyond the SPF-PFS project.

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1 U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Ohio Department of Education (2016). Public School District Contact Information. Retrieved from https://education.ohio.gov/Topics/Data/Ohio-Educational-Directory-System-OEDS/Ohio-Educational-Directory-Data

Ohio Department of Higher Education (2016). Ohio Public Universities and Colleges. Retrieved from https://www.ohiohighered.org/sites/ohiohighered.org/files/uploads/students/Ohio-Public-Campuses-Map_Aug2016.pdf

Our PDC has met 1 time. We plan to meet on a quarterly basis. Our PDC consists of the following members:

Member Name	Organization
Leane Rohr	Family and Children First Council
Beth Cormack	Coshocton Behvioral Health Choices
Amy Stockdale	Coshocton Chamber of Commerce
Dean Hettinger	Coshocton County Sherriff's office
Lyn Mizer	Coshocton County United Way
Maryellen Given	Coshocton Regional Medical Center
Kyle Myers	Coshocton County Juvenile Court
David Hire	Coshocton City Schools
Mike Mazlouski	Ridgewood Local Schools
Mindy Fehrman	Coshocton County Department of Job and Family Services

Priority Problem

Ohio's SPF-PFS project focuses on 1) underage drinking among individuals ages 12-20 years and 2) prescription drug abuse among individuals ages 12-25 years.

We have decided to select *Prescription Drug Misuse* as our Priority Problem.

Priority Population

This issue is affecting Middle and High School youth in all of Coshocton County School districts (Coshocton, Riverview, Ridgewood and the Career Center). This issue affects all ethnicities and families regardless of financial status. In 2013-14 the Community and Youth and Collaborative Institute survey was conducted. The survey showed that 9.1% of respondents reported misuse of prescription drugs in the past 30 days compared to data from the National Survey on Drug and Health which shows that Ohio's Substance Use Disorder is 2.4% (NSDUH 2015). We will not be addressing any subgroups.

Data Sources Used When Selecting Priority Problem

- CAYCI (Community and Youth Collaborative Institute Survey) 2013-14
- National Survey on Drug and Health 2013 -2015

Coshocton County Problem Statement

Decrease the misuse of prescription drugs by Coshocton County youths in middle and high school in all three county school districts and the Career Center (Technical/Vocational School). Per our 2013/14 Youth and Collaborative Institute survey (CAYCI) 9.1% of Coshocton County youth in Middle and High School have misused prescription drugs in the past 30 days, which is over the national average of 2.4% (National Survey on Drug and Health - NSDUH 2015).

Why Prescription Drug Misuse is an Issue among Priority Population in Coshocton County

The Prevention Data Committee looked at quantitative and qualitative data around the issue of prescription drug misuse and underage drinking among middle and high school students in all of our county school districts. The Youth and Collaborative Institute survey showed the frequency of prescription drug misuse in middle and high school youth in Coshocton County to be above the state average. The group also discussed their perceptions about the issue of prescription drug misuse among middle and high school youth in the community and felt that the scope of this project should be to provide an intervention/education (to be determined in the future) for middle and high school youth before addiction started vs after they have already become addicted, thus making a larger impact in the county as a whole.

Outcome Variables

Outcome Variable	Baseline Data	Data Source	Year
30 day use	9.1%	Youth and Collaborative Institute survey (CAYCI)	2013-14

Capacity to Address Issue

The Prevention Data Committee was well attended by a variety of community agencies that were fully engaged and very open to being active members on this committee. All three of our local school districts have expressed their willingness to support our efforts by attending meetings, reviewing data, helping with data collection, and later, with program implantation. We

held two informational/interest meetings for the Drug Free Coalition with a great representation from a variety of community members and agencies. We had approximately 38 people attend the meetings with 27 of those agreeing to join the coalition as a member and 8 additional community members who want to be kept informed about what we are doing in the community.

Benefits of Selecting Prescription Drug Misuse as the Problem of Practice

We foresee the benefits of selecting this problem of practice to be that youth and others in our county will begin to see that there are dangers associated with prescription drug misuse. We believe that we will be able to raise community awareness about this issue of prescription drug misuse as the coalition grows in size and activity. The coalition will be able to help those in our community become aware of services and supports for those who are misusing prescription drugs and also help to educate the community about proper disposal of unused medication.

Barriers and Challenges of Selecting Prescription Drug Misuse as the Problem of Practice

The coalition anticipates having to work to eliminate the barrier of different individual understand of what constitutes prescription drug misuse. According to the discussions held during the Prevention Data Committee, many people in our county feel that it is ok to share an unused prescription with family or friends. We also foresee a barrier around working in the school setting due to all the other education demands that schools face because they have their own state mandated priorities that they must accomplish. We also expect that we will face push back from some in our community regarding the perceptions around the issue of self-medicating. That is, "Why go to the doctor and get more medication if someone will share theirs with me?"

Community Readiness Results for Coshocton County

Coshocton County Problem Statement

During SFY17, Coshocton County engaged in a data-informed process to select a priority problem and priority population for its SPF-PFS efforts. Coshocton County selected *Prescription Drug Misuse* as the priority problem and chose to focus on middle and high school youth in all Coshocton County school districts. Their approved problem statement is:

Decrease the misuse of prescription drugs by Coshocton County youths in middle and high school in all three county school districts and the Career Center (Technical/Vocational School). Per our 2013/14 Youth and Collaborative Institute survey (CAYCI) 9.1% of Coshocton County youth in Middle and High School have misused prescription drugs in the past 30 days, which is over the national average of 2.4% (National Survey on Drug and Health - NSDUH 2015).

This problem statement is the focus of this community readiness assessment.

Community Readiness Scores

Coshocton County conducted eight community readiness interviews in May 2017. The table below summarizes the timeframe of when the interviews were conducted and the community sectors represented by the interview respondents.

Table 3. Interview Information

Interview	Date	Community Sector Represented
1	5/8/2017	Medical professional
2	5/11/2017	County commissioner or elected official
3	5/11/2017	Prevention/Treatment provider/professional
4	5/15/2017	School and/or education provider
5	5/16/2017	Other
6	5/16/2017	Member of a local coalition
7	5/24/2017	Member of faith-based community
8	5/8/2017	Other

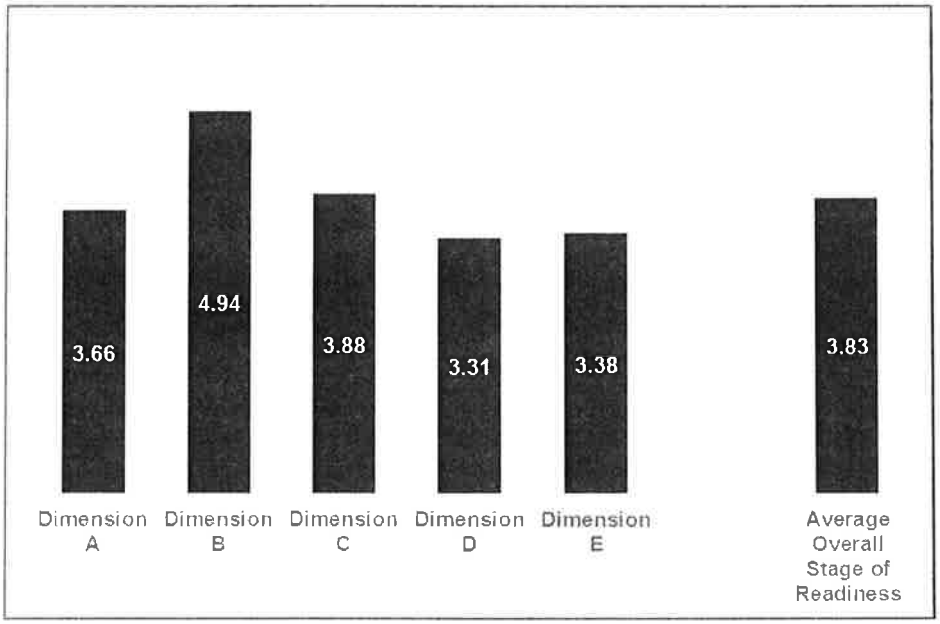
Coshocton County then scored the interviews using the individual and consensus scoring guidance from the TE-CRM.

The following table is a summary of Coshocton County's interview scores for each dimension.

Table 4. Combined Interview Scores by Dimension

Dimension	Interview								Combined Total Score of 8 Interviews
	1	2	3	4	5	6	7	8	
Dimension A: *Community Knowledge of Efforts*	3	5	3.5	3	3	2.5	4.75	4.5	29.25
Dimension B: *Leadership*	5	5	5.5	6	6	3.5	4	4.5	39.5
Dimension C: *Community Climate*	4	5	3	4	3	4	4	4	31
Dimension D: *Knowledge about the Issue*	4.5	3	3	3	3	3	3	4	26.5
Dimension E: *Resources Related to the Issue*	3	3	3	3	3	4	4	4	27

Figure 1. Calculated Stage Score for Individual Dimensions



Coshocton County's Average Overall Stage of Readiness is: 3.83. This score indicates that their community is in **Stage 3: Vague Awareness**.

OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

COMMUNITY READINESS ASSESSMENT REPORT
COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
August 2017

Ohio MHAS
Promoting wellness and recovery

Training and technical assistance for Ohio communities to engage in the Community Readiness Assessment process was provided by Ohio University's Voinovich School of Leadership and Public Affairs and the Pacific Institute for Research and Evaluation with funding from the Ohio Department of Mental Health and Addiction Services to support the Strategic Prevention Framework Partnerships for Success (SPF-PFS) Evaluation (Grant #1800248). Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004.

Coshocton County SFY17 Community Readiness Assessment Report

Introduction

During SFY17, Coshocton County was one of nine communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed a community readiness assessment. This report provides the results of Coshocton County's community readiness assessment and provides details about how the community readiness assessment was conducted.

Members of the community readiness assessment team for Coshocton County include:

- Leane Rohr, Project Director
- Beth Cormack, Director, Coshocton Behavioral Health Choices
- David Boots, Pastor, Coshocton First Church of the Nazarene
- Neal Darian, Pastor, Chili Crossroads Bible Church
- Leslie Dulgar, Ridgewood School
- Curtis Lee, Coshocton County Commissioner
- Kathy Art, Supervisor, Coshocton Department of Job and Family Services
- Chris Gallagher, Director, Allwell
- Katie Tupper, Social Work Student
- Candice Cormack, Student
- Mindy Edie, Coshocton Family and Children First Council Case Manager
- Tara Jarvis, Coshocton Regional Medical Center
- Dean Hettinger, Deputy, Coshocton County Sherriff's Department
- Nichole Shaw, Probation Officer, Coshocton Juvenile

Community Readiness and its Importance

Community readiness is the degree to which a community is willing and prepared to take action on an issue that affects the health and well-being of the community. Community readiness extends traditional resource-based views of how to address issues in communities by recognizing that efforts must have human, fiscal, and time resources, along with the *support* and *commitment* of its members and leaders. Community readiness is issue-specific, community-specific, and can change over time.

As prevention science has developed, prevention practitioners have realized that understanding a community's level of readiness is key to selecting prevention programs, efforts, and strategies

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

that fit the community and to realizing positive prevention outcomes. In addition, work by NIDA (1997) highlights that community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced. (National Institute on Drug Abuse, 1997)

Tri-Ethnic Community Readiness Model

The Tri-Ethnic Community Readiness Model is an innovative method for assessing the level of readiness of a community to develop and implement prevention and other intervention efforts. The TE-CRM was developed by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Donnermeyer, Plested, Edwards, Kelly, and Beauvais, 1995) to help communities be more successful in their efforts to address a variety of important issues, such as drug and alcohol use and HIV/AIDs prevention.

The TE-CRM measures five dimensions of community readiness:

- Dimension A: Community knowledge of the issue;
- Dimension B: Community knowledge of efforts;
- Dimension C: Community climate;
- Dimension D: Leadership; and
- Dimension E: Resources

In addition to the five dimensions of community readiness, the TE-CRM includes nine stages of community readiness, ranging from "no awareness" of the problem to "high level of community ownership" in response to the issue. Table 1 presents a complete list of the stages of community readiness and a brief example of each stage.

Table 1. Stages of Community Readiness

Stage	Description	Example
1	No awareness	"It's just the way things are."
2	Denial/resistance	"We can't do anything about it."
3	Vague awareness	"Something should be done, but what?"
4	Preplanning	"This is important—what can we do?"
5	Preparation	"We know what we want to do and we are getting ready."
6	Initiation	"We are starting to do something."
7	Stabilization	"We have support, are leading, and we think it is working."
8	Confirmation/expansion	"Our efforts are working. How can we expand?"
9	Community ownership	"These efforts are part of the fabric of our community."

A community can be at different stages of readiness on each of the five dimensions of community readiness. The TE-CRM process (which will be described further below) results in readiness scores for each of the dimensions. The readiness scores for each of the dimensions are then combined to create a final overall readiness score for the community on a particular issue.

This overall score provides a snapshot of how willing the community issue to address an issue. In addition, the readiness scores for the individual dimensions are useful for understanding more about community readiness around the issue and for identifying and developing strategies to increase readiness.

The Tri-Ethnic Community Readiness Assessment Process

The TE-CRM includes a six-step process for assessing community readiness to address an important issue. These steps include:

1) Identifying a problem of practice to focus the community readiness assessment
2) Defining the community. For this assessment, "community" was defined as Coshocton County.
3) Conducting and recording structured interviews with key respondents in the Coshocton County community.
4) Obtaining transcripts of the community readiness interview recordings.
5) Scoring the interviews and calculating overall and dimension-specific readiness scores.
6) Creating a report describing the community readiness assessment process and presenting the community's readiness scores.

Selecting a Problem of Practice

Because community-readiness is issue-specific, communities first worked through a data-driven process to identify a problem of practice to guide the community readiness process. This process involved conducting a scan of available data to identify a priority problem (issue); identifying a priority population; mapping outcome variables associated with that priority problem; and creating a problem statement that detailed how the community was defined, what the key issue of focus was, and why it was an issue. Communities were required to focus their efforts on either underage drinking or prescription drug misuse/abuse among persons aged 12-25.

Key Informant Interviews

A key component of the TE-CRM is conducting interviews with 5-8 key informants in the community. Key informants are often individuals in the community who are knowledgeable about the community, but not necessarily leaders or decision-makers. Good key informants for community readiness interviews are community members who are involved in community affairs and who know what is going on—those with "big ears." It is important to note that the purpose of the TE-CRM is to assess the readiness of the *community* and not the *individual* to address the problem of practice; as such, individuals with lived experience with the problem of practice often have difficulty balancing community perspectives with their own experiences. By using a cross section of individuals, a more complete and accurate measure of the level of readiness to address

the problem of practice can be obtained. TE-CRM key informant interviews involve approximately 35-40 questions from a structured interview guide developed by the Tri-Ethnic Center that are adapted to the community and the issue being addressed. The TE-CRM interview guide is included in this report (see Appendix A). TE-CRM interviews are recorded so that a transcript can be created for the scoring process. Key informant interviews in Coshocton County were conducted in June 2017.

Scoring Community Readiness Interviews Using the TE-CRM

After interviews are complete, each interview is transcribed. The TE-CRM community readiness interview transcripts are scored individually by at least two scorers following specific guidance developed by the Tri-Ethnic Center. Each interview is scored on a scale from 1-9 (depending on the stage of readiness) on each of the five dimensions and an overall community score is calculated. Individual scorers then come together and agree on the scores of each dimension for each interview (called a "consensus score" in the TE-CRM). Scores are then averaged across interviews for each dimension, and the final community readiness score is the average across the six dimensions. This final score gives the overall stage of readiness for the community to address this issue.

Highlights from Interview Participants about Readiness to Address Prescription Drug Misuse

The quotations below are included to illustrate the scores in Table 4.

Dimension A: *Community Knowledge of Efforts*	"Honestly, I'm not up to date with what they're doing currently."
Dimension B: *Leadership*	"Although it is a priority, I think it's going to fall behind a few other things."
Dimension C: *Community Climate*	"Not everybody is paying attention.In fact, most people live their lives not paying attention. They're mostly only concerned with what involves them directly."
Dimension D: *Knowledge about the Issue*	"I'd say it's, on average, it's maybe a 2. I mean, some -- the folks that are affected by it are aware of it."
Dimension E: *Resources Related to the Issue*	"I mean, I think just having the money to have the staffing to promote new programs is an issue with funding."

Using Assessment Results to Develop Strategies to Build Readiness

With the information from this assessment, strategies can then be developed that will be appropriate for Coshocton County. The first step in determining possible strategies to build readiness is to look at the distribution of scores across the five readiness dimensions. Generally, to move ahead with prevention programs, strategies, and interventions, community readiness levels should be similar on all five dimensions. If one or more dimensions have lower scores than the others, efforts should be focused on identifying and implementing strategies that will increase the community's readiness on that dimension (or those dimensions).

After reviewing these results, the Coshocton County team felt knowledge about the issue needed to be emphasized because it received the lowest readiness score. Most of those interviewed did not have knowledge of prescription drug misuse in the community. The Coshocton County project team felt that the overall stage of readiness was what was expected, given that the community has not had regular data collected on the issue (and when it was collected, it was not shared widely within the community). Because scores for the each dimension of readiness were

relatively close to one another, the Coshocton County team feels that the one key next step for the coalition is to build awareness of the issue of prescription drug misuse among middle and high school students.

Appendix A: TE-CRM Interview Guide

Tri-Ethnic Model Community Readiness Interview Instrument

***REMINDER*: Where you see "(issue)," fill in with the problem of practice you would like to address and any specifics about the priority population (i.e., underage drinking among 12-18 year olds). Where you see "(community)," please make sure to insert the name of the county or community you are focusing on.**

1. **For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believe.**

   On a scale from 1-10, how much of a concern is (*issue*) **to members of** *(community),* **with 1 being "not a concern at all" and 10 being "a very great concern"?** *(Scorer note: Community Climate)*

   Can you tell me why you think it's at that level?

   Interviewer: Please ensure that the respondent answers this question in regards to ***community members*** *NOT in regards to themselves or what they think it should be.*

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to address *(issue)*. By efforts, I mean any programs, activities, or services in your community that address *(issue)*.

2. **Are there efforts in** (*community)* **that address** (*issue*)**?**

   If ***Yes****, continue to question 3; if* ***No****, skip to question 16.*

3. **Can you briefly describe each of these?**
   Interviewer: Write down names of efforts so that you can refer to them in #4-5 below.

4. **How long have each of these efforts been going on?** *Probe for each program/activity.*

5. **Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?**

6. **About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?**

   - **Have heard of efforts?**
   - **Can name efforts?**
   - **Know the purpose of the efforts?**
   - **Know who the efforts are for?**

- **Know how the efforts work (e.g. activities or how they're implemented)?**
- **Know the effectiveness of the efforts?**

7. **Thinking back to your answers, why do you think members of your community have this amount of knowledge?**
8. **Are there misconceptions or incorrect information among community members about the current efforts?** *If yes:* What are these?
9. How do community members learn about the current efforts?
10. Do community members view current efforts as successful?

    Probe: What do community members like about these programs?

    What don't they like?
11. What are the obstacles to individuals participating in these efforts?
12. What are the strengths of these efforts?
13. What are the weaknesses of these efforts?
14. Are the evaluation results being used to make changes in efforts or to start new ones?
15. What planning for additional efforts to address (*issue*) is going on in (*community)*?

Only ask #16 if the respondent answered "No" to #2 or was unsure.

16. **Is anyone in** (*community)* **trying to get something started to address** (*issue*)? **Can you tell me about that?**

LEADERSHIP

I'm going to ask you how the leadership in *(community)* perceives *(issue)*. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. **Using a scale from 1-10, how much of a concern is** (*issue*) **to the leadership of** (*community)*, **with 1 being "not a concern at all" and 10 being "a very great concern"? Can you tell me why you say it's a _____?**

    17a. How much of a priority is addressing this (*issue*) **to leadership?**

    Can you explain why you say this?

18. **I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address** (*issue*).
Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

    How many leaders...

    - **At least passively support efforts without necessarily being active in that support?**
    - **Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?**
    - **Support allocating resources to fund community efforts?**
    - **Play a key role as a leader or driving force in planning, developing or implementing efforts? (**prompt: How do they do that?**)**
    - **Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?**

19. **Does the leadership support expanded efforts in the community to address** (*issue*)**?**
If yes: **How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?**

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose addressing (*issue*)? How do they show their opposition?

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. **How much of a priority is addressing this issue to community members?**
Can you explain your answer?

23. **I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address** (*issue*).
Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members...

- **At least passively support community efforts without being active in that support?**
- **Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?**
- **Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)**
- **Are willing to pay more (for example, in taxes) to help fund community efforts?**

24. **About how many community members would support expanding efforts in the community to address** (*issue*)**? Would you say none, a few, some, many or most?**
If more than none: **How might they show this support? For example, by passively supporting or by being actively involved in developing the efforts?**

25. Are there community members who oppose or might oppose addressing (*issue*)? How do or will they show their opposition?

26. Are there ever any circumstances in which members of *(community)* might think that this issue should be tolerated? Please explain.

27. Describe (*community*).

KNOWLEDGE ABOUT THE ISSUE

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about (*issue*)?
Why do you say it's a ____?

29. **Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to** (*issue*)? (*After each item, have them answer.)*

    - **(*issue*), in general *(Prompt as needed with "nothing, a little, some or a lot".)***
    - **the signs and symptoms**
    - **the causes**
    - **the consequences**
    - **how much (*issue*) occurs locally (or the number of people living with (*issue*) in your community)**
    - **what can be done to prevent or treat (*issue*)**
    - **the effects of (*issue*) on family and friends?**

30. **What are the misconceptions among community members about** (*issue*)**, e.g., why it occurs, how much it occurs locally, or what the consequences are?**

31. What type of information is available in (*community)* about (*issue*) (e.g. newspaper articles, brochures, posters)?
If they list information, ask: Do community members access and/or use this information?

RESOURCES FOR EFFORTS *(time, money, people, space, etc.)*

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

32. How are current efforts funded? Is this funding likely to continue into the future?

33. I'm now going to read you a list of resources that could be used to address (*issue*) **in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address** (*issue*)**?**

- **Volunteers?**
- **Financial donations from organizations and/or businesses?**
- **Grant funding?**
- **Experts?**
- **Space?**

34. Would community members and leadership support using these resources to address (*issue*)**? Please explain.**

35. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing (*issue*) **in your community?**

- **Seeking volunteers for current or future efforts to address** (*issue*) **in the community.**
- **Soliciting donations from businesses or other organizations to fund current or expanded community efforts.**
- **Writing grant proposals to obtain funding to address** (*issue*) **in the community.**
- **Training community members to become experts.**
- **Recruiting experts to the community.**

36. Are you aware of any proposals or action plans that have been submitted for funding to address (*issue*) **in** (*community)*?
If Yes: **Please explain.**

Additional policy-related questions:

37. What formal or informal policies, practices and laws related to this issue are in place in your community? (*Prompt*: An example of —formal‖ would be established policies of schools, police, or courts. An example of —informal‖ would be similar to the police not responding to calls from a particular part of town.)

38. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

39. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.

40. How does the community view these policies, practices and laws?

Demographics of respondent (optional)

1. Gender:

2. What is your work title? _____

3. What is your race or ethnicity?

___ Anglo ___ African American

___ Hispanic/Latino/Chicano ___ American Indian/Alaska Native

___ Asian/Pacific Islander ___ Other_____

4. What is your age range?

___ 19-24 ___ 25-34

___ 35-44 ___ 45-54

___ 55-64 ___ 65 and above

5. Do you live in (community)? YES NO If no: What community? _____

6. How long have you lived in your community? _____

7. Do you work in (community)? YES NO If no: What community? _____

5. Do you live in (community)? YES NO If no: What community? _____

Community Outcome Measures (COMs) - Consumption Data Report for Prescription Drug Misuse/Abuse

Coshocton County

Introduction

During SFY18, Coshocton County was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, community project teams collected outcome data on their problem of practice using SAMHSA's Community Outcomes Measures (COMs). This brief report presents the outcome data for Coshocton County.

Data Sources

Data for this report come from the sources that follow.

- The FFY 2017 Ohio Healthy Youth Environments Survey (OHYES) was administered between 5-15-2017 and 5-23-2017 with 1,611 7th, 8th, 9th, 10th, 11th, & 12th graders participating in the survey. A census design was used for this survey.

- The FFY2014 Community and Youth Collaborative Institute Survey (CAYCI) was administered between September 9th 2013 and January 20th, 2014 with 1659 6th, 7th, 8th, 9th, 10th, 11th and 12th graders participating in the survey. A census design was used for this survey.

All items asked in a continuous fashion were dichotomized. Frequency items were dichotomized at occurring vs. not occurring.

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[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Data Table

Table 1. Recent Substance Use (30-Day Use):
Percentages for 30-Day Prescription Drug Misuse/Abuse.

FFY	2017	FFY	2014
N	1611	N	1659
Valid N	1554	Valid N	1546
Overall	1.8	Overall	6.9
Females	1.4	Females	6.3
Males	2.0	Males	7.2
Grade 6	-	Grade 6	-
Grade 7	-	Grade 7	-
Grade 8	-	Grade 8	-
Grade 9	-	Grade 9	-
Grade 10	-	Grade 10	-
Grade 11	-	Grade 11	-
Grade 12	-	Grade 12	-

Notes: Survey Items and Reported Outcomes

- FFY 2017: Ohio Healthy Youth Environments Survey (OHYES!)
  - Outcome: Percent who reported having used prescription drugs not prescribed during the past 30 days.
  - Survey Item: During the past 30 days, have you used prescription drugs not prescribed to you?
  - Response Options: Yes, No
- FFY14
  - Outcome: Percent that reported using over-the-counter or prescription drugs for nonmedical purposes during the past 30 days (i.e., percent who responded 1 or more occasions)
  - Survey Item: On how many occasions have you used over-the-counter or prescription drugs for nonmedical purposes during the past 30 days?
  - Response Option: 6 or more occasions, 3-5 occasions, 1-2occasions, 0 occasions

OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

Grant# 1800248

COMMUNITY OUTCOMES MEASURES (COMs) – CONSEQUENCE DATA REPORT FOR PRESCRIPTION DRUG MISUSE/ABUSE COSHOCTON COUNTY

Prepared by:
Ohio's SPF–PFS Evaluation Team

January 2018

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Coshocton County SFY17 Prescription Drug Consequence Data Report

Introduction

During SFY18, Coshocton County was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, OSET worked with OhioMHAS and other partners across the state of Ohio to identify sources of data on prescription drug consequences and to compile these data. This report provides prescription drug consequence data for 2012-2016 and provides instructions on how to utilize and interpret these data.

Consequence Indicators, Years, and Sources

Secondary data on prescription drug consequences were collected from several sources, which appear in Table 1. Proportions were calculated by dividing the number experiencing the consequence (or numerator) by the population size or a count of events (or denominator). This number is then sometimes multiplied by 100,000 if the resulting numbers are very small (e.g., 1 in 10,000 is .01%, but 10 per 100,000). Norming these numbers by the population size or number of events allows for the numbers for your county and the state to be compared.

Table 1. Consequence indicators, years, and sources.

	Denominator	Years	Source
Prescription Drug Indicators			
Rx arrests per 100,000 Pop.	Population size	2012-2016	Ohio Incident-Based Reporting System
Drug Overdose Death per 100,000 Pop. Past 6 Yr. (Age Adj.)	Population size	2015-2016	Ohio Department of Health Drug Overdose Report
Unintentional Drug Overdose Deaths per 100,000 Pop.	2010 population size	2012-2016	
OVI Arrests per 100,000 Pop.	2010 population size	2012-2016	Ohio Department of Public Safety. Ohio Traffic Crash Facts Annual Reports.
% Overdose Deaths with Prescription Opioids	Number of deaths due to unintentional overdoses	2012-2016	Ohio Department of Health Bureau of Vital Statistics
% Overdose Deaths with Fentanyl and Related Drugs			
% Overdose Deaths with Benzodiazepines			
Fentanyl and Related Drug Deaths per 100,000 Pop.	Population size	2016	Ohio Department of Health Bureau of Vital Statistics

[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

The following figures provide data for your county and the state. Note that "#N/A" indicates that either the data were not available or the data were suppressed by the provider due to a small number of cases. You will want to consider both (1) whether your county changes over time and (2) whether your county differs substantially from the state proportion.

Prescription Drug Indicator Data for Coshocton County

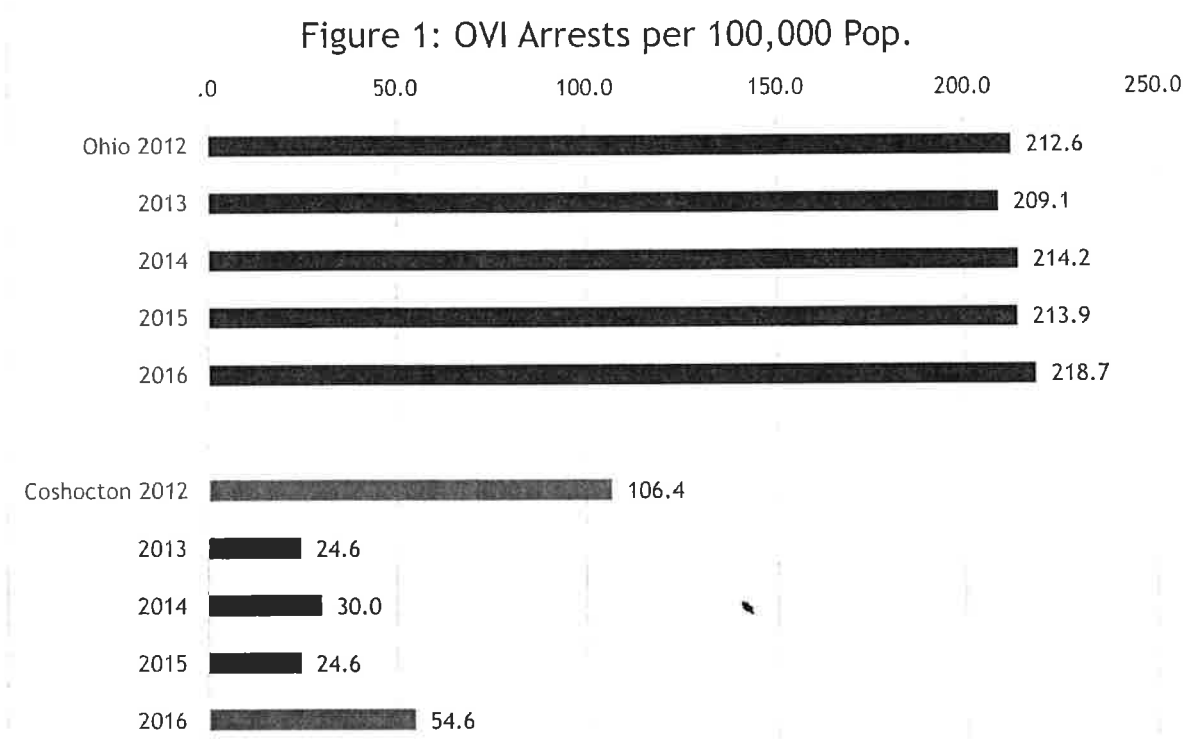


Figure 2: Rx arrests per 100,000 Pop.

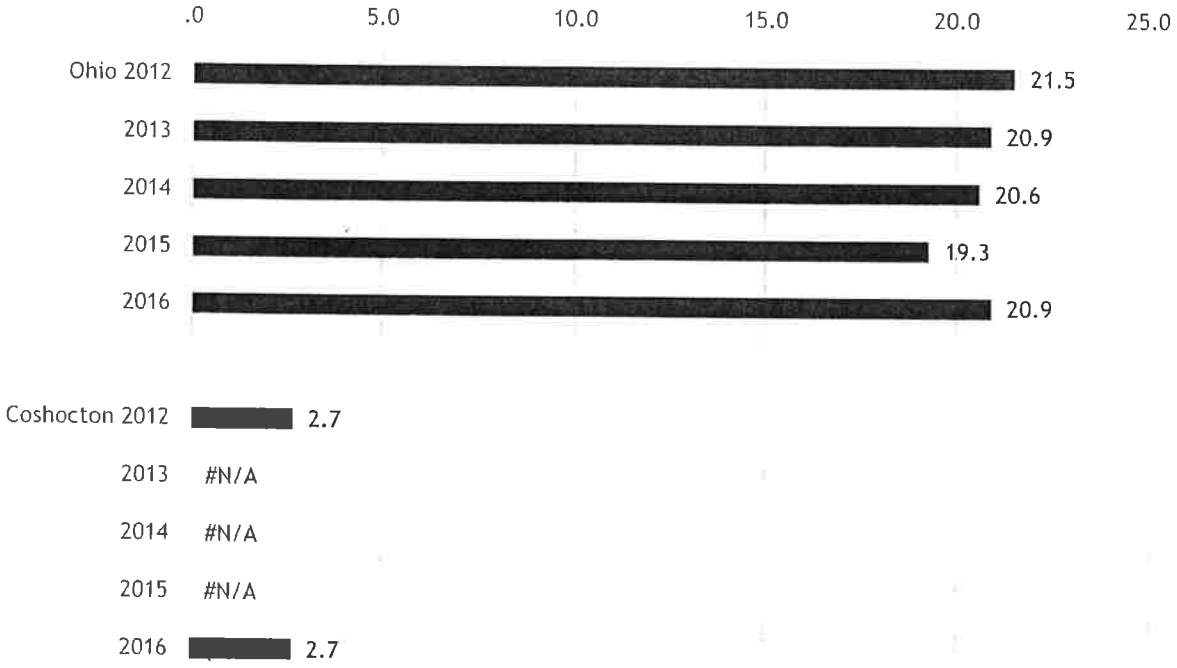


Figure 3: Drug Overdose Death per 100,000 Pop. Past 6 Years (Age Adj.)

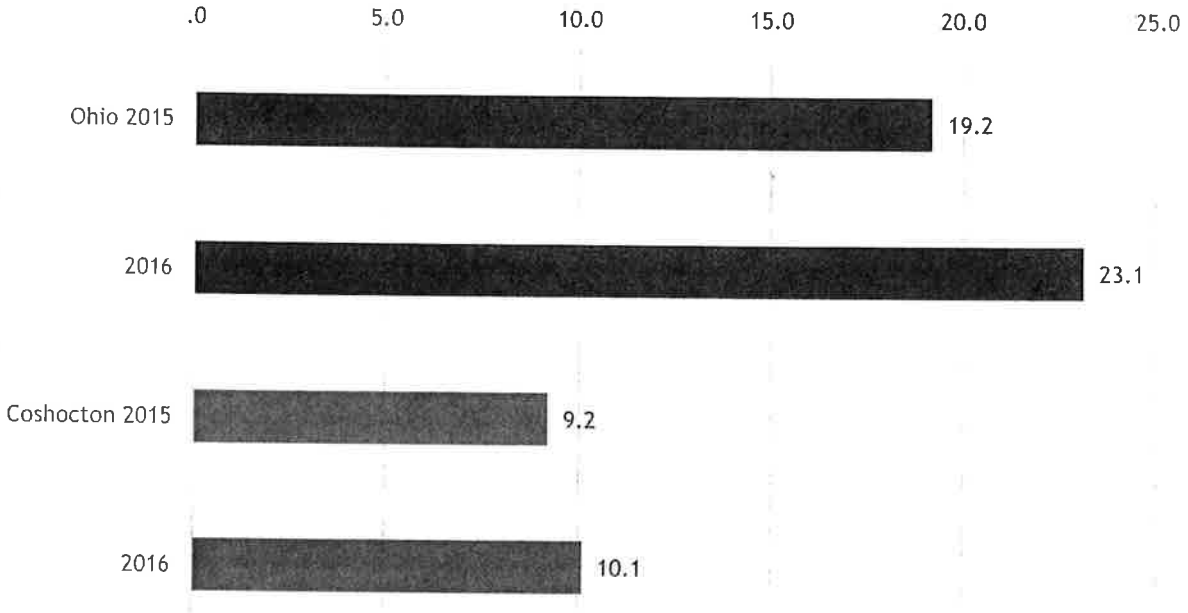


Figure 4: Unintentional Drug Overdose Deaths per 100,000 Pop.

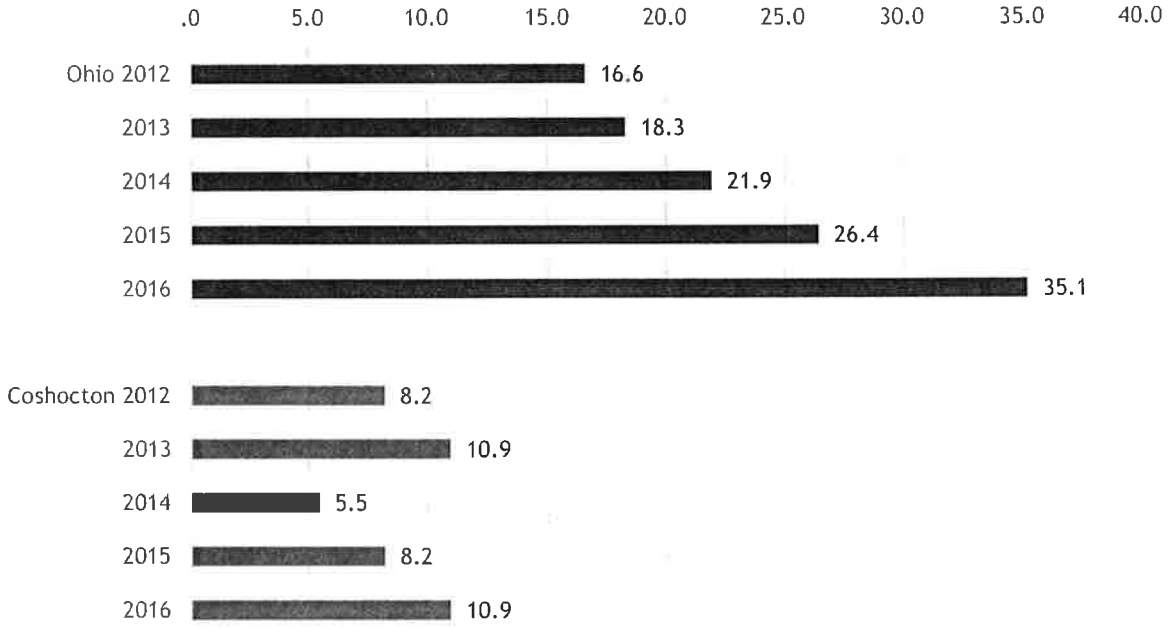


Figure 5: % Overdose Deaths with Prescription Opioids

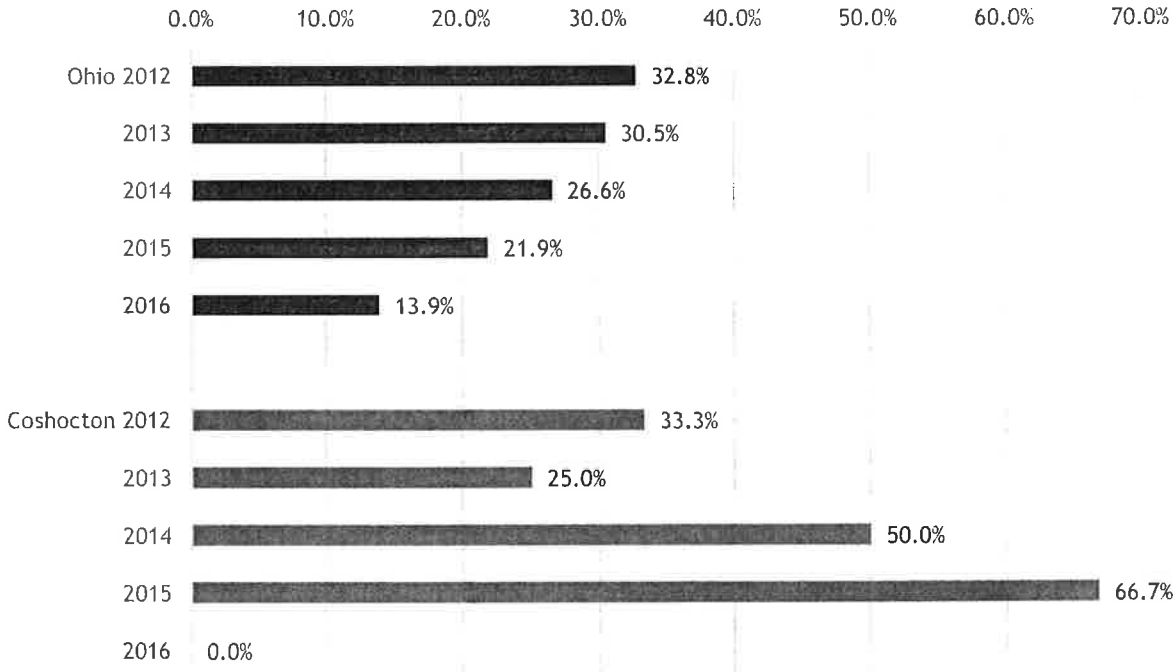


Figure 6: % Overdose Deaths with Fentanyl and Related Drugs

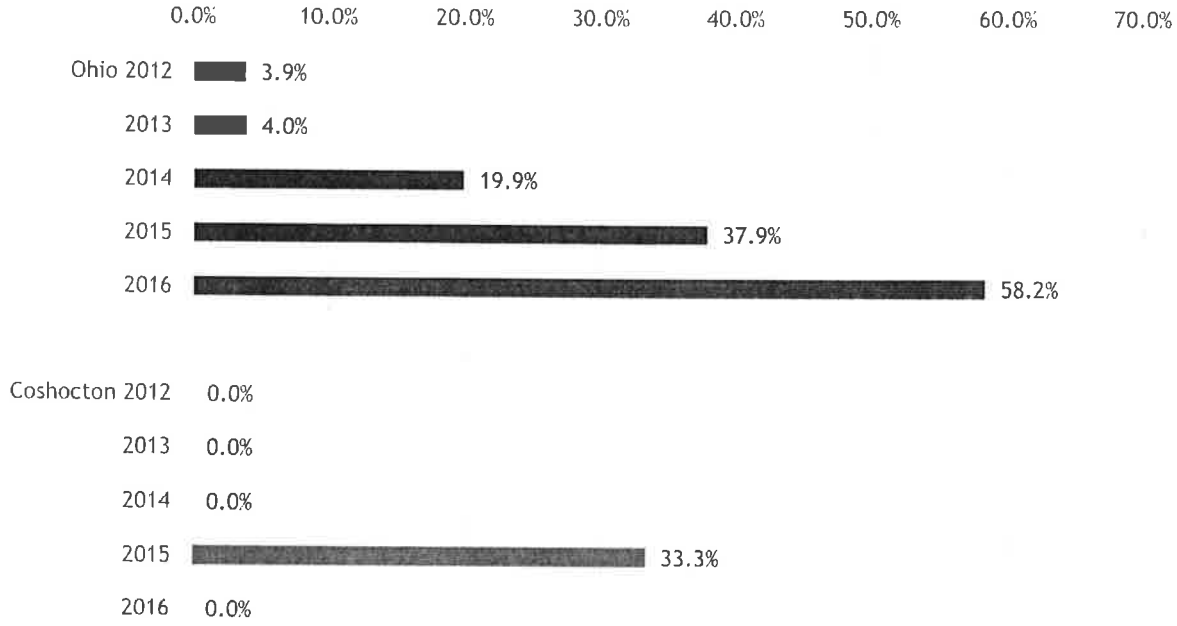


Figure 7: % Overdose Deaths with Benzodiazepines

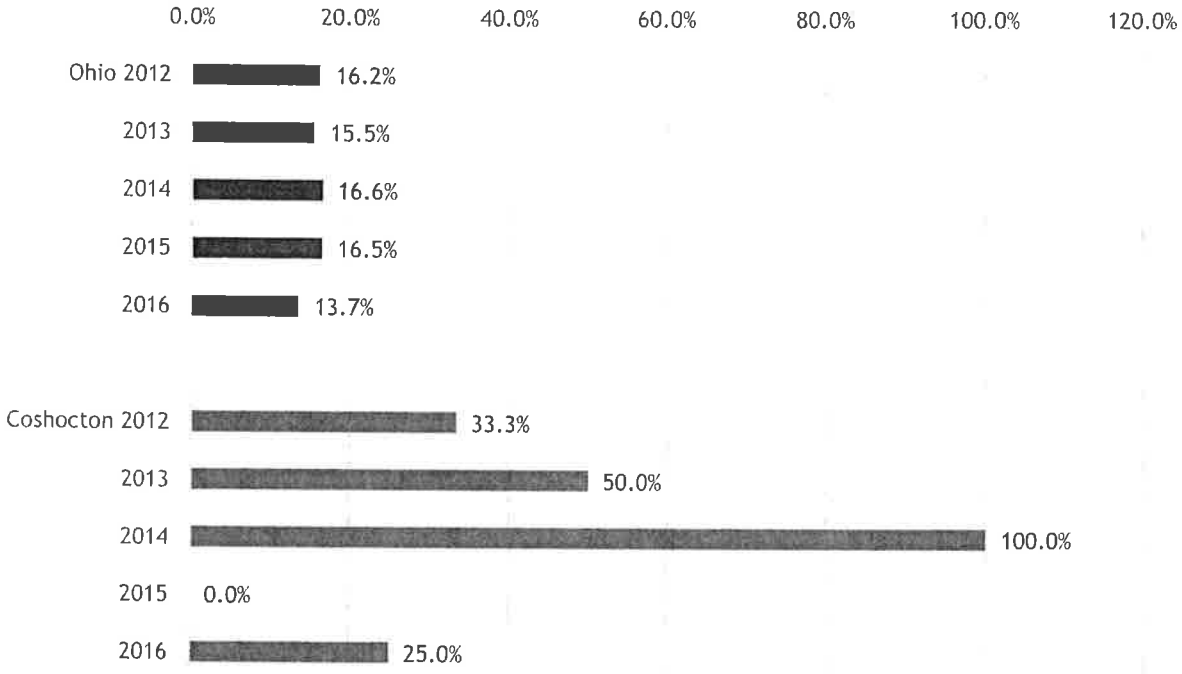
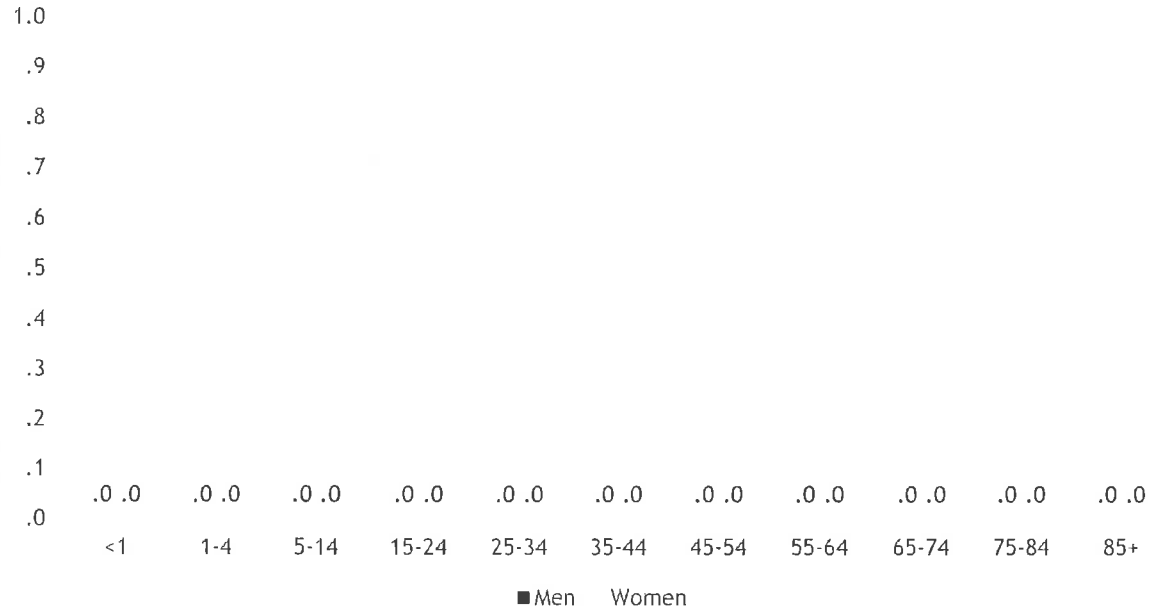


Figure 8: Overdose Deaths per 100,000 Population
with Fentanyl & Related Drugs by Sex & Age for County



OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

COMMUNITY OUTCOMES MEASURES (COMS)
INTERVENING VARIABLE DATA REPORT
COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
February 2018

Ohio MHAS
Promoting wellness and recovery

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Community Outcome Measures (COMs) - Intervening Variable Data Report for Prescription Drug Misuse/Abuse

Coshocton County

Introduction

During SFY18, Coshocton County was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, the Coshocton County project team collected quantitative survey data on SAMHSA's Community Outcomes Measures (COMs). This brief report presents the intervening variable data for Coshocton County.

Data Sources

Data for this report come from the sources that follow.

- The FFY 2017 Ohio Healthy Youth Environments Survey (OHYES) was administered between 5-15-2017 and 5-23-2017 with 1,611 7th, 8th, 9th, 10th, 11th, & 12th graders participating in the survey. A census design was used for this survey.

All items asked in a continuous fashion were dichotomized. Frequency items were dichotomized at occurring vs. not occurring, risk items were dichotomized at moderate or great risk vs. otherwise, and perceptions of disapproval were asked as wrong or very wrong vs. otherwise.

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Data Tables

Table 1. Perception of Parental Disapproval or Attitude: Percentages for Parental Disapproval of Prescription Drug Misuse/Abuse.

FFY	2017
N	1611
Valid N	1517
Overall	94.1
Females	95.1
Males	94.0
Grade 6	-
Grade 7	93.9
Grade 8	96.2
Grade 9	93.0
Grade 10	95.2
Grade 11	93.6
Grade 12	89.4

Notes: Survey Items and Reported Outcomes

- FFY 2017: Ohio Healthy Youth Environments Survey (OHYES!)
  - Outcome: Percent reporting that their parents feel the use of prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Not at all wrong, A little bit wrong, Wrong, Very wrong

Table 2. Perception of Peer Disapproval or Attitude: Percentages for Perception of Peer Disapproval of Prescription Drug Misuse/Abuse.

FFY	2017
N	1611
Valid N	1506
Overall	85.1
Females	87.9
Males	83.4
Grade 6	-
Grade 7	87.9
Grade 8	89.6
Grade 9	81.5
Grade 10	84.9
Grade 11	83.3
Grade 12	77.4

Notes: Survey Items and Reported Outcomes

- FFY 2017: Ohio Healthy Youth Environments Survey (OHYES!)
  - Outcome: Percent reporting that their peers feel the use o prescription drugs not prescribed for you is wrong or very wrong (i.e., percent reporting "wrong" and percent reporting "very wrong" combined).
  - Survey Item: How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?
  - Response Options: Not at all wrong, A little bit wrong, Wrong, Very wrong

Table 3. Perceived Risk/Harm of Use: Percentages for Perceived Risk/Harm of Prescription Drug Misuse/Abuse.

FFY	2017
N	1611
Valid N	1511
Overall	80.4
Females	84.6
Males	77.7
Grade 6	-
Grade 7	80.0
Grade 8	80.9
Grade 9	84.0
Grade 10	78.8
Grade 11	79.8
Grade 12	76.5

Notes: Survey Items and Reported Outcomes

- FFY 2017: Ohio Healthy Youth Environments Survey (OHYES!)
  - Outcome: Percent reporting moderate or great risk (i.e., percent reporting "moderate risk" and percent reporting "great risk" combined).
  - Survey Item: How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?
  - Response Options: No risk, Slight risk, Moderate risk, Great risk

Table 4: Family Communication around Drug Use: Percentages for Family Communication around Drug Use.

FFY	2017
N	1611
Valid N	1533
Overall	50.5
Females	52.4
Males	49.2
Grade 6	-
Grade 7	48.2
Grade 8	53.3
Grade 9	52.2
Grade 10	50.5
Grade 11	50.8
Grade 12	39.5

Notes: Survey Items and Reported Outcomes

- FFY 2017: Ohio Healthy Youth Environments Survey (OHYES!)
  - Outcome: Percent reporting having talked with a parent (i.e., percent responding "sometimes," "often," and "a lot" or percent responding "yes").
  - Survey Item: During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?
  - Response Options: Yes, No

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OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

YOUTH TOBACCO, ALCOHOL, AND DRUG PREVENTION
YOUTH FOCUS GROUP REPORT
COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
March 2018

Ohio MHAS
Promoting wellness and recovery

Coshocton County Drug Free Coalition

Youth Tobacco, Alcohol, and Drug Prevention
Youth Focus Group Report
Coshocton County, Ohio

March 2018

Submitted by:

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http://www.coshoctoncounty.net/family

Most importantly, we offer our sincerest appreciation to the providers, parents, and youth who participated in the process. Without you, this report would not have been possible.

Table of Contents

Introduction

During SFY17 and 18, Coshocton County Drug Free Coalition was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on prescription drug misuse among Middle and High School Youth with youth in the community. This report synthesizes the results of Coshocton County's Youth listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of prescription drug misuse in Coshocton County.

Method

Guiding Questions

The focus groups were designed to capture information relating to four intervening variables as required by SAMHSA. As such, the guiding questions for each focus group were:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

Interview Protocol

For each listening session, the research team utilized a standard, open-ended group interview protocol to facilitate the group. Patton (2002) advocates the use of an interview guide for the following three reasons: (a) the limited time in an interview session is optimally utilized; (b) a systematic approach is more effective and comprehensive; and (c) an interview guide keeps the conversation focused. The facilitation guides (Appendices A-B) included questions designed to elicit responses regarding the questions guiding the evaluation.

Participants

Information from key informants (i.e., students) guided this listening session report. To collect information from the informants, we conducted two focus groups with youth ages 15-19.

Leane Rohr the Coalition Coordinator invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for youth to participate in the group interviews, they had to have a signed parental consent form / student assent form (Appendix C). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were

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participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 15 youth participated. For their participation in the study, each adult and youth participant received a $25 gift card to Wal-Mart.

Data Analysis

Qualitative data analysis techniques were used to analyze the data collected from the group interviews. Content analysis was used to analyze responses to the open-ended items. Patton (2002) describes content analysis as "searching for recurring words or themes." Text was analyzed to see what phrases, concepts, and words are prevalent throughout the informants' responses. During this stage of the analysis, coding categories were identified. Through this coding process, data was sorted and defined into categories that were applicable to the purpose of the research. Codes were defined and redefined throughout the analysis process as themes emerged. At the end of the analysis, major codes were identified as central ideas or concepts (Glesne, 2006). These central ideas were assembled by pattern analysis for the development of major themes. From the major themes, we drew conclusions (Patton, 2002). To ensure credibility of both the procedures and the conclusions, we used analyst triangulation. Patton (2002) defines analyst triangulation as "having two or more persons independently analyze the same qualitative data and compare their findings." Teamwork, as opposed to individual work, is likely to increase the credibility of the findings (Lincoln & Guba, 1985).

Results

The following sections describe what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research-based *risk factors* are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research has also identified four personal characteristics as *protective factors*: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

Guiding Question #1: How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Family factors can include the way parents and children relate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120).

In our community Listening Sessions with youth we discussed how their perceptions about their parent's approval or disapproval of misusing prescription drugs were formed. We heard from the youth that parent's actions and words play a part in their own perceptions about the risks and acceptability of misusing prescription drugs.

Parental misuse of prescription drugs –

During the listening sessions youth stated that they felt if parents or family misused prescription drugs then you as a youth are more receptive to the idea of misusing prescription drugs. This could be in the form of parents misusing to get "high" or parents drug sharing to save money if someone has a prescription that they can share to treat an illness or injury.

Youth also stated that if their parents have ever allowed them to use a prescription that was prescribed for someone else they (the youth) would be more likely to take someone else's medication if offered by a friend if they (the youth) thought that it would help with an injury or illness.

Youth also stated that parental misuse in either of the above situations increased the chance that they (the youth) would misuse prescription medication for the purpose of getting high.

Accessibility of prescription drugs –

Youth stated that how a parent chose to store prescription drugs influenced their thoughts about the safety of using a prescription not prescribed to them. The youth discussed that if a parent treats prescriptions drugs casually and just stores them in a cabinet or drawer and there are several unused prescriptions that this increases the chances that a youth might misuse a prescription drug. The youth stated that since it was easily accessible that it is not dangerous if they would choose to take a few.

Youth also stated that parents who have a "supply" of prescriptions on hand are less likely to realize when one or some are missing. One of the youth participants said it well when they stated "And a lot of times, like, I'm sure people will -- like if you really want to distribute them, they'll keep track of what the parents don't use all of and then they would be able to take that without it being detected." Another participant shared the following "And like, I'm sure, some -- like if your parent, like, has surgery or something and has pain medicine left over -- like I know my parents just like -- like stick it in the back of the cabinet, like they're never going to use it again, and so, like, I feel like a lot of parents wouldn't notice it if, like, one goes missing or the whole bottle goes missing or something like that."

On the other side of this is that youth whose parents do not keep unused prescription or over the counter medications in an easily accessible location stated that they clearly knew where their parents stood on the use of prescription and non-prescription medications that were not prescribed for you. One of the youth shared this about their home "-- like, unless it's 100-percent prescribed, like we don't even have, like, over the counter in our house. Like my mom might carry some in her purse for, like, when she's out or doing something but, like, you won't find Ibuprofen at my house. And it's not like -- it's not like she's, like, drugs are super bad in the sense that they're dangerous."

Guiding Question #2: What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth's individual and environmental factors (HHS Publication No. (SMA) 10–4120).

In our community Listening Sessions with youth we discussed how their perceptions about their peers approval or disapproval of misusing prescription drugs were formed. We heard from the youth that peers actions and words play a part in their own perceptions about the risks and acceptability of misusing prescription drugs.

Talking to one another about prescription drug misuse

We had some of the youth state that this is not something that they discuss with friends and peers but that it was just assumed that none of their "clique" would misuse prescription drugs. The participants shared this quote "And I guess that might be why we don't hear a lot about it is because, like, I mean, none of us are doing it or out looking for it."

We also had the reverse of this in that some of the youth have friends who are personally misusing prescription drugs and they (the youth) have talked with them in depth about why they shouldn't be using and about the dangers of use. One of our youth participants shared this about how they talk to their friends about prescription drug misuse "If I care for you enough -- like if I didn't care for you, like I wouldn't be talking to you about this topic, and so, like, because I care for you, like, I don't want to see you get hurt and I know there's more people who care for you so, like, you shouldn't do this because of that fact."

Peer Pressure

The youth talked about how there was definitely peer pressure around is issue of prescription drug misuse. They described instances of positive and negative peer pressure. Some youth felt that if they were approached by a friend to take a prescription not prescribed for them they would be more likely to follow their friend's actions. They also stated that they would be more likely to use if it was in a group setting where "everyone" was doing it. As one youth participant put it" : I feel like -- say you go to a party or something and there's other people doing it and you don't want to be like -- and you do it, too, and then, like -- I mean, you only really got to do something one time to get hooked on it. Peer pressure is terrible."

The youth were also able to describe times of positive peer pressure to not miss use prescription drugs. They discussed specific instances where they talked with friends who were misusing prescription drugs and were able to convince that friend to stop using.

This quote from our listening session is very insightful in regards to this topic "I had a buddy. He was on Percocets and he was on bad, and he lost a full ride for college. I don't agree with him -- but if I had a close friend who was on them, I'm going to sit there and try to help him with it. But, you know, also at the same time it's not my choice that they're doing it and I'm not forcing them to stop if they don't want to 'cause you can't make them stop unless they're ready."

Guiding Question #3: What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned, family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120).

In our community Listening Sessions with youth we discussed the tone, demeanor and perceived effectiveness of family conversation around prescription drugs and how that influenced their choices. We also discussed what could be done to make these conversations more meaningful and impactful for the youth.

Parents don't talk to them about the issue

Youth stated that they did not have conversations with their parents around this issue. The youth felt that the parents did not think they would misuse prescription drugs and that they (the youth) just knew better than to misuse prescription medication. Some youth stated that this indeed was true and felt that the conversation did not need to happen.

Other youth stated that they felt their parents just had no clue about this issue. Others stated that their parents have used or are using and that they (the parent) did not want to talk about the issue.

Parents talk to them in generalized terms –

Parents' talk to them (the youth) in generalized terms don't do drugs but there is not a lot of discussion about what that means. Youth felt that it would be more effective if parents were more specific about the subject. In one of the listening sessions youth stated the following in regards to their conversation with their parents " Don't do drugs. That's about the extent."

Feel that they hear a lot from parents about a lot of things and tend to tune them out

Youth stated that they felt like they hear from their parents about a lot of things and the youth reported that they (the youth) do tend to tune out their parents.

More specific conversations about drugs would be helpful

Youth felt that if the conversations with their parents were more specific it would be helpful. Such as a discussion specifically about why you don't misuse prescription drugs vs don't do drugs. Youth stated "…. and I know sometimes when I go out she's like, don't do drugs or you know not to do drugs, but it's not like -- she's never sat down and talked to us about it."

Utilizing others to talk about issue –

Youth felt that if others in the family or family friends would have a conversations with them regarding misusing prescription drugs they (the youth) would be more open and willing to listen.

Youth stated this would be helpful in both listening sessions. One of the youth put it like this "Maybe bring in someone that has -- is, like, currently in rehab and going through --Or someone who's out. We talked about this a little bit at that seminar, that the biggest way to get through to high school kids or late middle school is to show them because most kids -- like if they actually see what could happen it's different than just hearing what could happen."

Guiding Question #4: What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, and environmental approaches (CSAP, 1993).

In our community Listening Sessions with youth we discussed what strategies youth perceived as effective in decreasing the harmful effects of prescription drug misuse and what negative consequences are being neglected by youth.

Information dissemination –

Most of the youth in our listening sessions did not feel that there was sufficient information about the topic of prescription drug misuse in our county. A few youth could identify where a bill board was located that has information about drug misuse.

Prevention education –

Most of the youth in could identify some education around the topic of prevention. Most could not remember what was specifically discussed or what age they were when they received the education.

Alternative activities –

The majority of the youth who were involved in our session stated that this is one of the main reasons youth in our community are using. They do not have other things to do. One youth stated that they (the youth) sit around bored and finally someone suggests hey let's get high or hey let's try taking this prescription medication and see what happens.

Community-based process –

Youth could not identify any community based processes to reduce prescription drug misuse.

Environmental approaches –

Youth could not identify any environmental approaches to reduce prescription drug misuse.

Problem identification and referral -

Youth could not identify any approaches to identify a problem or what to do about referring someone for help for prescription drug misuse.

Conclusion

The listening sessions with youth were insightful and will provide a framework that we can utilize to create interventions that will be impactful for the youth and families in our community. We feel that we were able to get a good cross section of youth from our community to participate in our listening sessions. The youth participated openly and candidly in the discussions. The youth answered questions that were asked and talked both with the facilitator and with each other regarding the topics of the discussion.

The sessions were held in two different locations in the county. One was held at the local community College (Central Ohio Technical College – Coshocton Campus) the other was held at a local Charter School (Coshocton Opportunity School). The students were offered both a $25.00 Walmart card and a snack for participation in the focus group.

The interesting piece of the listening sessions was that one group was very much on the outside edge of the issue that we were discussing. They stated several times that they did not use nor did they "hang out" with those who misuse prescription drugs. They were still able to provide insight into how youth think about this issue. The other group was a group who were much more "in the loop" regarding this issue. They openly talked with us and with each other about the issue. The second group had some very good conversations among themselves regarding parental permissiveness of prescription drug misuse and how their family life impacted the choices they personally were making.

Although the two groups were very much different from one another there were several things that were the same. Both groups stated that their parents talked with them about drug use but that it was either in a very authoritarian way – don't use drugs or else….. or in a more casual way "don't do drugs". Both groups also stated that one of the main reasons they think youth in our county use is that they are "bored" that there are not enough things for them to do in our county. We also heard from both groups that they are not hearing the message of do not misuse prescription drugs enough, either in school or at home.

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Appendix A: Rx Drug Abuse/Misuse – Youth Interview Guide

Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Rx Drug Abuse/Misuse – Youth

Guiding Questions:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug use are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the Coshocton County Drug Free Coalition .This is _____ and she/he will be assisting with the group today. In this focus group, we are going to be asking you questions about your thoughts and feelings regarding taking prescription drugs without a prescription. This information will be used for my research. I'm trying to learn more about what youth think about prescription drug misuse, so your honest answers are really important to me.

How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

Focus groups are just like conversations. I'll ask some questions for you all to respond to. It's ok to also respond to each other's statements and ideas – in fact, it makes for a better conversation if you do. At times throughout this focus group, I'll also pause and let you each record some of your thoughts before sharing them with the group. Sometimes this allows us to give more thoughtful answers.

There are a few rules, however, to help make sure things go smoothly. First, we only want one person to talk at a time. If multiple people speak at once, it's hard to hear each other and it's really hard to record the conversation. It's also important that we are respectful of each other's ideas - everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Everyone has their own opinion and I want to hear each unique opinion. It's also important to remember that no one has to talk. If you feel uncomfortable at any time during the discussion, remember that you do not have to answer every question. Finally, it's important that what is said in this room, remains in this room. That means when we leave here, we aren't going to tell people what other individuals said. That applies to me and to you so anything that is recorded won't have any of your names on it and anything that you hear in this room won't be repeated by any of you. Does that sound good to each of you?

Introductory Questions

As I said earlier, the purpose of the group today is to talk about prescription drug issues and how they affect people your age in our community. To begin, I am going to ask you some general questions about what you think of prescription drug use.

1. When I say, "prescription drugs" what medications do you think of?
    a. What if I say, "prescription pain medicine"?
    b. What prescription drugs do people your age misuse that are the most dangerous?
    c. What prescription drugs do people your age misuse that are the least dangerous?

2. How do you feel about others your age using prescription pain medications that are not prescribed for them?
    a. When is it 'okay' for people your age to use prescription pain medication without a prescription? Tell me about those times.

3. How do you feel about others your age using other prescription medications like sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
    a. When is it 'okay' for people your age to take these types of medications without a prescription? Tell me about those times.

Transition Questions

4. How do you think that people your age get prescription drugs that they use without a prescription (I.e. not from a doctor)?
    a. Probe for:
        i. Where are they getting the prescription drugs that they use without a prescription?
        ii. From whom are they getting the prescription drugs that they use without a prescription?

5. Now that you've told me a bit about how people your age are getting prescription drugs, let's discuss how easy it is for them to get the prescriptions. How easy do you feel it is for people your age to get prescription drugs from friends or peers?
    b. How about from their parents?
    c. What about from other sources you mentioned? (probe for other sources that they mentioned above in 4ii)

6. Tell us the most recent experience you have had where someone either at school, work, home, or in the community has talked to you about the dangerous of using prescription drugs?

    a. If you had to explain to a friend the dangers of taking a prescription that was not prescribed to them what would you say?

Key Questions

7. We've had a great discussion about the kinds of prescriptions that people your age might be using and where they are getting those drugs. Now let's talk about how your parents talk to you about prescription drugs. Do you have these kinds of conversations with your parents? How do your parents talk to you about prescription drugs?
    a. What kinds of conversations do you have?
    b. What do your parents say?
    c. How do these conversations make you feel?
    d. How could these conversations be better for you?

8. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do people your age risk harming themselves when they use prescription drugs without a prescription?
    a. What are some of the possible risks/consequences/dangers of misusing prescription drugs?
    b. When are the times when using prescription drugs without a prescription are more dangerous? Tell me about those times.
    c. What are some of the times when people your age using prescription drugs would not be too risky?
    d. What are some of the times when people your age using prescription drugs would be very risky?

9. What kinds of messages do you see in the community that help stop people your age from misusing prescription drugs?
    a. How effective do you think that these messages are?

10. What kinds of programs are there in the community to help stop or prevent people your age from misusing prescription drugs? What kinds of assistance/support programs are available in our community for people your age?

    (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

11. We are working on addressing prescription drug misuse in our community, what resources would you suggest to help address this issue?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

12. What would you do to solve the prescription drug problem?

13. Was there any question that you had that you wanted to ask the group?

This concludes our focus group. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix B: Parent Consent / Youth Assent Form

Dear Parent/Guardian,

You are being asked to allow your child to participate in a listening session as part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The focus of this listening session will be to determine how youth perceive underage drinking or prescription drug use and misuse in our community. Our project overall aims to create change at the community level that will lead to measurable change at the state level over time. This project is a team-led initiative in partnership with the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), Ohio's SPF-PFS evaluation Team (OSET), Ohio's Coaching and Mentoring Network (OCAM), the SPF-PFS Evidence-Based practices workgroup, The State Epidemiological Workgroup (SEOW), and the Committee for Diversity Inclusion. This project is led in our community by Coshocton County Drug Free Coalition.

Your child's participation in in the listening session is completely voluntary and (s)he may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause your child any harm. Should your child disclose personal information to Coshocton County Drug Free Coalition staff or a community member that indicates that (s)he or someone else is in imminent danger, the staff will make appropriate referrals.

Personal health or mental health data will not be collected. No identifiable data or information will be made public; all data will be reported in aggregate. All evaluation data will be securely stored at the servers at Coshocton Behavioral Choices. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests parental/guardian consent and all participating youth assent to participate in the recorded listening session.

Parent/Guardian: By signing the consent signature page, you indicate your consent for your child to participate in the recorded listening session.

Youth: By signing the assent signature page, you indicate your assent to participate in the recorded listening session.

If you have questions regarding this evaluation, please contact Leane Rhor at (740) 295-7311

Thank you again for your participation.

Sincerely,

Leane Rhor
Coshocton County Drug Free Coalition

Consent Signature Page - Parent/Guardian
Listening Session for Ohio SPF-PFS

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to your child and they have been explained to your satisfaction. you understand Coshocton County Drug Free Coalition has no funds set aside for any injuries your child might receive as a result of participating in this study
- you are 18 years of age or older
- your child's participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- your child is being asked to participate in a listening session. Participation in this activity is completely voluntary.
- your child may leave the session at any time. If your child decides to stop participating in the session, there will be no penalty to your child.

I have read the informed consent letter. By signing the consent signature page, I agree that my child's data, information and feedback will be used in the listening session.

Name of Youth:_____

_____	_____	_____
(Name of Parent / Guardian)	(Signature)	(Date)

Assent Signature Page - Youth
Listening Session for Ohio SPF-PFS

By signing below, you agree that:

- you have read the attached consent form letter and have been given the opportunity to ask questions.
- known risks to you have been explained to your satisfaction.
- your participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- you are being asked to participate in a listening session. Participation in these activities is completely voluntary.
- you may change your mind and stop participation at any time without penalty or consequence.

I have read the informed consent letter. By signing the assent signature page, I agree that my data, information and feedback will be used in the listening session.

_____	_____	_____
(Name of Participant)	(Signature)	(Date)

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OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

YOUTH TOBACCO, ALCOHOL, AND DRUG PREVENTION
ADULT FOCUS GROUP REPORT
COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
March 2018

Ohio MHAS
Promoting wellness and recovery

Coshocton County Drug Free Coalition

Youth Tobacco, Alcohol, and Drug Prevention
Adult Focus Group Report
Coshocton County, Ohio

March 2018

Submitted by:

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Most importantly, we offer our sincerest appreciation to the providers, parents, and youth who participated in the process. Without you, this report would not have been possible.

Table of Contents

Introduction

During SFY17 and 18, Coshocton County Drug Free Coalition was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) initiative[1]. As part of the SPF-PFS project needs assessment process, each community completed listening sessions/focus groups on prescription drug misuse among Middle and High School Youth with parents of youth in the community. This report synthesizes the results of Coshocton County's Adult listening sessions and provides details about how the listening sessions were conducted. These listening sessions were designed to provide information on local/community conditions that are contributing to the problem of prescription drug misuse in Coshocton County.

Method

Guiding Questions

The focus groups were designed to capture information relating to four intervening variables as required by SAMHSA. As such, the guiding questions for each focus group were:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?
2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?
3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?
4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

Interview Protocol

For each listening session, the research team utilized a standard, open-ended group interview protocol to facilitate the group. Patton (2002) advocates the use of an interview guide for the following three reasons: (a) the limited time in an interview session is optimally utilized; (b) a systematic approach is more effective and comprehensive; and (c) an interview guide keeps the conversation focused. The facilitation guides (Appendices A-B) included questions designed to elicit responses regarding the questions guiding the evaluation.

Participants

Information from key informants (i.e., parents/guardians) guided this listening session report. To collect information from the informants, we conducted two focus groups with parents of youth ages 13-18.

Leane Rohr, the Coalition Coordinator, invited informants to participate in the focus groups, scheduled the interviews, and coordinated the times and locations with the informants and the focus group team. In order for Adults to participate in the focus group, they completed a consent form (Appendix F). At the beginning of each focus group, the focus group team read a script which clearly stated that informants were participating voluntarily and had the option to refuse to answer any of the questions. Through the course of the project, two group sessions were completed and a total of 14 individuals participated. For their participation in the study, each adult received a $25 gift card to Wal-Mart.

Data Analysis

Qualitative data analysis techniques were used to analyze the data collected from the group interviews. Content analysis was used to analyze responses to the open-ended items. Patton (2002) describes content analysis as "searching for recurring words or themes." Text was analyzed to see what phrases, concepts, and words are prevalent throughout the informants' responses. During this stage of the analysis, coding categories were identified. Through this coding process, data was sorted and defined into categories that were applicable to the purpose of the research. Codes were defined and redefined throughout the analysis process as themes emerged. At the end of the analysis, major codes were identified as central ideas or concepts (Glesne, 2006). These central ideas were assembled by pattern analysis for the development of major themes. From the major themes, we drew conclusions (Patton, 2002). To ensure credibility of both the procedures and the conclusions, we used analyst triangulation. Patton (2002) defines analyst triangulation as "having two or more persons independently analyze the same qualitative data and compare their findings." Teamwork, as opposed to individual work, is likely to increase the credibility of the findings (Lincoln & Guba, 1985).

Results

The following sections describe what informants perceived as the local conditions affecting perceived parental perceptions, peer perceptions, family communication, and risk/harm. These include personal risk and protective factors as well as potential strategies for enhancing prevention efforts in our community. Risk and protective factor-focused prevention is based on the work of Hawkins, Catalano, and Miller (1992). Risk factors are factors that increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Protective factors provide the counter to risk factors; the more protective factors that an individual has present, the less risk for unhealthy behavior (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research-based *risk factors* are frequently divided into four domains: community, family, school, and individual/peer risk factors (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Research has also identified four personal characteristics as *protective factors*: gender, a resilient temperament, a positive social orientation, and intelligence (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Because these factors are largely innate, we will focus on two additional protective factors described by Hogan et al.: bonding and healthy beliefs/clear standards.

Guiding Question #1: How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

For this section, we focus on the personal risk and protective factors related to substance use and abuse that include family factors and bonding (Hogan, Gabrielsen, Luna, & Grothaus, 2003). Family factors can include the way parents and children elate and interact as well as the level of parental supervision (HHS Publication No. (SMA) 10–4120). During the listening sessions that were held with Coshocton County parents we heard parents state that youth are forming their perceptions about parental disapproval of prescription drug misuse based on their parent's actions and words regarding the risks and acceptability of prescription drugs.

Parental misuse of prescription drugs –

Parents stated that they felt if a parent is misusing prescription drugs that it is an indicator to youth that it is "Ok" to misuse prescription medication. Parents stated that it did not matter if the parent was using the prescription medication to get "high" or if they were using it for a medical reason. They stated that it still portrays an unstated approval of misuse. We heard one parent say this about parental influence "… if you've got two parents that are older that smoked pot and one says, here's the awful stuff that happened, the other one says, I was fine -- there's personal experience that usually is a good linkage for communication with the kid -- and you've got mixed signals again.

Another parent stated "PARTICIPANT: It's unreal, but if the parents are addicted, it's like, you know, they're --
14 like I said, misery loves company so a lot of them -- I'm not saying all of them -- but if they're users and, you know, they don't care if their kids use. They're sharing with them."

Parents also stated that they feel that parents do sometimes, for various reasons, allow youth to use prescription medication that is not prescribed to them. This may be due to having "left-over" medication from a previous illness or injury. Some of the parents stated that they did not think about this as encouraging or influencing their youth's perception about prescription drug misuse until it was discussed in the listening session.

Some of the statements about allowing their youth to use a prescription that they were not prescribed were "Maybe parents that can't afford to get their kid to the doctor or whatever and have something in the cabinet already." Or "There's a lot of kids on drugs in this town. A lot of their parents give it to them." And this very insightful comment "You know, before when I was a kid, you know, my parents would give me a pill or something because you had pain, you know. You didn't go to your friends and keep -- get an addiction and keep it going."

Accessibility of prescription drugs –

Parents stated that some of the cues that the youth are using to determine if their parents are more restrictive regarding prescription drug use is how readily available prescription drugs and over the counter medication is in the home. Some of the factors that were mentioned were: are medications stored in a secure location, are medications easily accessible, does there appear to be a significant amount of unused prescriptions in the home.

Guiding Question #2: What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

This section will focus on personal risk and protective factors in the following domains: school, individual/peer, and healthy beliefs/clear standard. These risk and protective factors are related primarily to peer relationships which affect youth's individual and environmental factors (HHS Publication No. (SMA) 10–4120).
In our community Listening Sessions with parents we discussed the types of social cues young people are using to gain approval or disapproval from peers regarding prescription drugs and about the strategies that could be put in place to increase positive peer influence.

Peers are or are not personally misusing prescriptions –

The majority of the parents felt that if their youth has friends who are misusing prescription drugs then they are also more likely to misuse prescription drugs. The majority of the parents felt that their youth listen more to their peers than to what they (the parents) have to say. Other parents felt that youth choose to use or not use based on their own thoughts that they (the youth) do not really care what others think or feel about the issue.

Actions vs words - Do what I say not what I do –

The majority of the parents felt that what peers say was less impactful than what peers do. Parents stated that if a peer is misusing prescription drugs and tells another youth to not to misuse prescription drugs that it would not mean much to the youth.

Guiding Question #3: What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

This guiding question sought to identify personal risk and protective factors in the following domains: family, bonding, and healthy beliefs/clear standards. In addition to the aforementioned, family factors also include unity, warmth, and attachment, and contact and communication between parents and children (HHS Publication No. (SMA) 10–4120). During the listening sessions parents were asked about the tone, demeanor and perceived effectiveness of family conversations about prescription drug misuse. They were also asked about ways that the conversation could be more meaningful or impactful for their youth.

Hear about too many things –

Many of the parents stated that they felt that their youth get tired of hearing from them about "issues" and that they tune them out. They also stated that they felt that their youth would be more likely to listen to someone else regarding this issue. Parents did not feel that their youth were listening to them when they talked to them about the misuse of prescription drugs. They talked about how they felt that what they said was not impacting the youth's decision making regarding the use or non-use of prescription drugs.

We heard parents state the following in our listening sessions "'Cause children are deaf to their parents." Another parent stated "What I found is when the message is coming from me being Mom, it doesn't have a whole lot of power behind it. The message is a lot different if they were to go -- if they were to talk to, you know, one of my friends that -- has, you know, walked that path, too, you know, so, yeah, Mom's word doesn't have a whole lot of power behind it."

Uninformed –

Some of the parents felt that they did not have enough information or the correct information to really sit down and have an open discussion with their youth about prescription drug misuse. They stated that although they have talked to their youth about the subject of not using drugs in general they have not really had an in-depth discussion with them on the topic of prescription drug misuse. Parents stated that having more information about the dangers may help to make the conversations more effective.

Utilize negative role models -

Many parents stated that they talk to their youth about others in the family or family friends who are being negatively affected by either drug in general or Prescription drug misuse. The parents who were in the listening sessions felt that the way the parent talks about others in the family or friends who have additions can influence youth's opinions. One parent put it like this "They should be taken to the funerals of the heroin overdoses. That's what they should do. They should make them sit with the family and -- I have a close friend of mine's sister.
Been in rehab I can't tell how many times but it wasn't enough to keep her. Died anyhow and the line of destruction. I think that -- if a child saw that firsthand, that may change things." Another participant stated "And actually, we have two family members that have just -- and I hate to say that anybody has ruined their lives over it, but at1 this point they haven't gotten control yet. I use those as very strong examples."

Guiding Question #4: What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

The Center for Substance Abuse Prevention (CSAP) has identified six strategies that comprise a comprehensive prevention program: information dissemination, prevention education, alternative activities, community-based process, and environmental approaches (CSAP, 1993).
In our community Listening Sessions with parents we discussed what strategies parents perceived as effective in decreasing the harmful effects of prescription drug misuse and what negative consequences are being neglected by youth.

Information dissemination –

Most of the parents in our listening sessions did not feel that there was sufficient information about the topic of prescription drug misuse in our county. A few could identify where a bill board was located that has information about drug misuse, a few talked about information being available for youth but not sure what it was or where to find the information.

Prevention education –

Most of the parents could identify some education around the topic of prevention. Most could not remember specific programs their youth participated in or what the topics of discussion were in the program.

Alternative activities –

Parents felt that there were not enough activities for the youth to be involved in outside of school. The majority of the parents who were involved in our sessions stated that this is one of the main reasons youth in our community are using. They (the parents) did mention a few activities that exist in our county such as Church Youth Groups and 4-H.

Community-based process –

Parents could not identify any community based processes to reduce prescription drug misuse.

Environmental approaches –

Parents could not identify any environmental approaches to reduce prescription drug misuse.

Problem identification and referral -

Parents had a little knowledge of how someone could identify a problem or what to do about referring someone for help for prescription drug misuse.

Conclusion

The listening sessions with parents were insightful and will provide a framework that we can utilize to create interventions that will be impactful for the youth and families in our community. We feel that we were able to get a good cross section of parents from our community to participate in our listening sessions. The parents participated openly and candidly in the discussions. The parents answered questions that were asked and talked both with the facilitator and with each other regarding the topics of the discussion.

Both sessions were held in the County Services Building in the community meeting room. The parents were offered both a $25.00 Walmart card and a snack for participation in the focus group.

The interesting piece of the listening sessions was that one group was much more on outside edge of the issue that we were discussing. They stated several times that they did not have youth in their homes who were misusing prescription drugs. The other group was a group who were much more "in the loop" regarding this issue and had youth in their home or who were friends with their youth who were misusing prescription drugs. They openly talked with us and with each other about the issue.

Although the two groups were very much different from one another there were several things that were the same. Both groups stated that they felt that although they talk to their youth about prescription drug misuse that their youth does not listen to them. Both groups also stated that they felt one of the main reasons they think youth in our county use is that they are "bored" that there are not enough things for them to do in our county. We also heard from both groups that as parents they do not feel that they are educated enough about what prescription drugs are being misused or how to start the conversations with their youth regarding the topic.

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Appendix A: Rx Drug Abuse/Misuse - Parents/Guardians Interview Guide
Ohio's SPF-PFS Needs Assessment Process: Listening Sessions
Rx Drug Abuse/Misuse - Parents/Guardians

Guiding Questions:

1. How do young people form their perceptions of parental disapproval regarding using prescription drugs? What cues do they follow to know that their parents are more restrictive regarding prescription drug use?

2. What kind of social cues are young people using to gain approval or disapproval from peers regarding misusing prescription drugs? What strategies can be put in place to increase positive peer influence?

3. What is the tone, demeanor, and perceived effectiveness of family conversations around using prescription drugs? How can these conversations be made more meaningful and impactful for youth?

4. What are the strategies that most youth perceive as effective to decrease the harmful effects of using prescription drugs? What negative consequences of prescription drug misuse are perhaps being neglected by youth?

Hello. Thank you for letting us to talk with you this morning/afternoon. My name is _____ and I am a part of the Coshocton County Drug Free Coalition. This is _____ and she/he will be assisting with the group today. We hope this discussion can help us gain insight into awareness, perceptions, access, and mis-use surrounding prescription drugs as it relates to youth in our community. The data will then be used to drive local grant funded prescription drug misuse prevention strategies. How many of you have participated in focus group before? [If yes, ask them to explain what it was like.] How would you describe what a focus group is?

One important thing to remember during our conversation is that everyone's ideas are important, and they should be allowed to freely express their thoughts and feelings. Your experiences and observations are important to us because, as residents, you know the needs and services – what is available, what is needed, and what could be managed better – first hand. The ideas expressed here may be personal and should not be used against anyone inside or outside of this meeting. From time to time we may interrupt to allow someone to speak who may not have said anything for a while. Also, we may have to interrupt someone to move on to another question because of a time limit under which we are working. We apologize in advance if this happens.

The discussion will be digitally recorded. The recording will be used for our reference only and will be erased once the research report is complete. Additionally, _____ of the Coshocton County Drug Free Coalition will be facilitating the process by taking notes. Our reports to the research team will not include actual names of participants, so your individual comments will be strictly confidential. Should you feel uncomfortable at any time during the discussion, remember that you do not have to contribute to the discussion. Does anyone have a concern about this procedure? (Wait for responses) If not, then let us begin.

<u>Introductory Questions</u>
As I mentioned earlier, the purpose of the group today is to talk about prescription drug issues and how they affect youth in our community. To begin, I am going to ask you some general questions about your perceptions of prescription drug misuse.

1. When I say, "prescription drugs" what medications do you think of?
    - What if I say, "prescription pain medicine"?
    - What prescription drugs do youth misuse that are the most dangerous?
    - What prescription drugs do youth misuse that are the least dangerous?

2. How do you feel about youth in our community using prescription pain medications that are not prescribed for them is a problem among youth in our community?
    - What circumstances make it more acceptable to use prescription pain medications without a prescription? Less acceptable?
    - How do you feel about your children misusing prescription pain medications?
    -
3. How do you feel about youth in our community using prescription medications such as sedatives (like Xanax and Valium), Stimulants (such as Ritalin and Concerta), and Sleeping Medications (Such as Ambien) that are not prescribed for them?
    - What circumstances make it more acceptable to use these prescription drugs without a prescription? Less acceptable?
    - How do you feel about your children misusing these prescription drugs?

Transition Questions

4. We talked about how you feel about youth using prescription drugs in our community. Now, generally speaking, what do you think are some of the reasons youth in our community misuse prescription drugs?
    a. How do you think that youth feel about misusing prescription drugs?
    b. Do you think that youth encourage each other to misuse prescription drugs? Discourage each other to misuse prescription drugs?

5. How do you think that youth in our community are obtaining prescription drugs?
    a. Probe for:
        i. Where are they getting the prescription drugs?
        ii. From whom are they getting the prescription drugs?

6. How easy do you feel it is for youth in our community to obtain prescription drugs from friends or peers?
    b. How about from their parents?
    c. What about from other sources? (probe for other sources that they mentioned above in 5ii)

Key Questions

7. Thank you for telling me about some of the reasons you think youth are using drugs and where they are getting those drugs. Now I'd like to discuss your feelings about the risks of using prescription drugs without a prescription and how you talk to your children about those risks. On a scale of 1 to 10, 1 being no risk and 10 being very great risk. How much do you think youth risk harming themselves when they misuse prescription drugs?
    - What are some of the possible risks/consequences/dangers of misusing prescription drugs?
    - When are the times when using prescription drugs without a prescription are more dangerous? Tell me about those times.

8. We know that a primary source for youth learning about misusing prescription drugs is from their parents. How do you talk to your children about prescription drugs?
    a. What kinds of conversations do you and your children have?
    b. What do you say?
    c. How could conversations about prescription drug use with your children be more productive for you?

9. Tell us the most recent experience you have had talking to your children about prescription drug use.
    a. How did you feel about this conversation?
    b. What did you talk about?

10. If you had to explain to your child the dangers of prescription drug misuse what would you say?
    a. What would be the greatest risk of prescription drug misuse that you would discuss?
    b. How would you communicate your perception of prescription drug misuse to your child?

11. What rules have you enacted on your household regarding the use/misuse of prescription drugs?
    - How did you come up with those rules?
    - Are you aware of the rule printed on each prescription bottle that the prescription is not to be shared with anyone for whom it is not prescribed?
        i. What other laws and/or policies exist in our community that deter prescription drug misuse?
        a. What laws or rules exist or could be put into effect that, with better enforcement, would make a difference?

12. What prevention programs/services are available to address prescription drug misuse for youth in our community?

13. What assistance/support programs are available for youth in our community for prescription drug misuse? (this includes any program that offers assistance from education to finances to food to child care etc. that would be considered a supportive factor in their lives)

Closing Questions

14. Thank you for all your time and feedback so far. As we continue working on addressing prescription drug misuse in our community, what resources would best help you, as parents to assist in talking to your children about the risks of prescription drug misuse?

Earlier I explained that the data from focus groups as well as other sources will be used to drive prevention strategies in our community, to end our discussion today I would like to provide some time for you to ask any questions that you may have.

1. As we wrap up this time, was there any question that you came prepared to answer that I didn't ask?

2. Was there any question that you had that you wanted to pose to the group?

This concludes our focus group. Thank you for your time and thoughts today. As mentioned at the beginning of the group, please keep everything that you heard at this group confidential and we will do the same.

Appendix B: Adult Consent Form

Dear Participant,

You are being asked to participate in a listening session as part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) program funded by Substance Abuse and Mental Health Services Administration (SAMHSA). The focus of this listening session will be to determine how youth perceive underage drinking or prescription drug use and misuse in our community. Our project overall aims to create change at the community level that will lead to measurable change at the state level over time. This project is a team-led initiative in partnership with the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), Ohio's SPF-PFS evaluation Team (OSET), Ohio's Coaching and Mentoring Network (OCAM), the SPF-PFS Evidence-Based practices workgroup, The State Epidemiological Workgroup (SEOW), and the Committee for Diversity Inclusion. This project is led in our community by the Ohio Coalition.

Your participation in in the listening session is completely voluntary and you may choose to discontinue participation at any time. Participating in the listening session is unlikely to cause any harm. Should you disclose personal information to Ohio Coalition staff or a community member that indicates that you or someone else is in imminent danger, the staff will make appropriate referrals.

Personal health or mental health data will not be collected. No identifiable data or information will be made public; all data will be reported in aggregate. All evaluation data will be securely stored at the servers at Coshocton Behavioral Choices. Only assigned project staff who have signed a confidentiality agreement including awareness of secure data management protocols are granted access.

This form requests your consent to participate in the recorded listening session.

By signing the consent signature page, you indicate your consent to participate in the recorded listening session.

If you have questions regarding this evaluation, please contact Leane Rhor (740-295-7311).

Thank you again for your participation.

Sincerely,

Leane Rhor
Coshocton County Drug Free Coalition

Consent Signature Page
Listening Session for Ohio SPF-PFS

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to you and they have been explained to your satisfaction.
- you understand Coshocton County Drug Free Coalition has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in the listening session is completely voluntary.
- you understand that data collected through the listening session will be used for the Ohio SPF-PFS project.
- You are being asked to participate in a listening session. Participation in this activity is completely voluntary.
- You may leave the session at any time. If you decide to stop participating in the session, there will be no penalty.

I have read the informed consent letter. By signing the consent signature page, I agree that my data, information and feedback will be used in the listening session.

_____	_____	_____
(Name of Participant)	(Signature)	(Date)

OHIO PARTNERSHIPS FOR SUCCESS GRANT PROGRAM

Ohio Department of Mental Health and Addiction Services

CRITICAL REFLECTIONS ON SPF-PFS NEEDS ASSESSMENT DATA COSHOCTON COUNTY

Prepared by:
Coshocton Behavioral Health Choices
March 2018

Ohio MHAS
Promoting wellness and recovery

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Coshocton County SFY18 Critical Reflection Questions

Introduction

During SFY18, Coshocton County was one of ten communities funded as part of Ohio's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Initiative[1]. As part of the SPF-PFS project needs assessment process, community project directors reflected on the data collected as part of their community's needs assessment process by answering a series of guiding questions that were developed by the SPF-PFS SEOW Workgroup. This brief report provides background on the guiding questions and presents the answers to each question for Coshocton County.

Method

The critical reflection questions were developed by the SPF-PFS SEOW Workgroup in partnership with the SPF-PFS Project Leadership Team. A total of 12 critical reflection questions were developed for SPF-PFS community project director to reflect on their community's COMs data (consumption measures and intervening variables), local conditions data, and consequence data. These questions were designed to be answered in narrative form and focused on assessing each community's understanding of their needs assessment data as well as connections project directors may have made across the various sources of quantitative and qualitative data in the needs assessment process.

Coshocton developed answers to each of the questions and shared the answers with their local OSET evaluator and/or their OCAM coach. The project team received constructive feedback that was designed to improve the answers to each question. Additional drafts were iterated as needed between the project team and the local OSET evaluator. The final draft was then uploaded into an online interface which facilitated production of Coshocton's answers into this report.

Critical Reflection Question Answers

Question 1: As you have reviewed your baseline data and your COMs data for FFY16 and FFY17 around your community's problem of practice what data stood out as most important?

Past 30 Day Prescription Drug Misuse/Abuse: The thing that stood out as most important from the OHYES! Survey data is that the number of students who reported that they had used prescription drugs not prescribed for them was significantly lower than the 2014 CAYCI (community and Youth Collaborative Institute survey). 1.7 % reported use on the OHYES! In 2016-2017 and 6.9 reported use on the 2014 CAYCI survey.

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[1] Funding for the SPF-PFS is provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP); Funding Opportunity SP-14-004. The SPF-PFS in Ohio is administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Past 12 Month Prescription Drug Misuse/Abuse: I have no data for this measure.

Question 2: What differences do you see in your consumption data related to your problem of practice by gender or grade? How are those differences evident (or not evident) across all years in which you have data?

The difference by gender indicated that on both the 2014 CAYCI and the 2017 OHYES! surveys that males are using prescription drugs not prescribed them at a slightly higher rate than females. I do not have data that will allow me to do a trend analysis based on grade levels from either survey.

I believe that it is hard to make a comparison between the two surveys as the questions that were asked were worded slightly different which may account for the difference in the number of youth who reported use in the past 30 days. Also, with the gap of 3 years between the surveys, the youth who participated in the CAYCI are likely not be the same youth who participated in the OHYES! Survey. This makes doing an exact comparison difficult, so that we cannot report with certainty that there has been significant improvement in this area due to these reasons.

Question 3: How has your PDC helped you review and interpret your COMs data? If they have not helped, how might they help in the future?

The PDC had not reviewed or interpreted the data at this point. I plan to get the group together for a meeting to review the data in April . I think the way in which they would be helpful is that they can review the data and provide information and insight into the reason for the drop in youth who reported using prescription drugs in the past 30 days. They will also be able to provide input on how we should utilize this data to tell the story of what is happening in regards to prescription misuse by youth in our county.

Question 4: Which of the four SAMHSA-required intervening variables seem most important to your work around your problem of practice? Please support this choice with your data:

Family Communication around Drug Use

- Perceived Risk/Harm of Use - 80.4%
- Perception of Parental Disapproval/Attitude - 94.1%
- Perception of Peer Disapproval/Attitude -- 85.1%
- Family Communication around Drug Use -- 50.5%

Based on the data alone, the most important intervening variable would be family communication around drug use. In reviewing the data for the questions related to the intervening variables, 50.5% youth who participated in the survey stated that at least one of their parents had talked to them about the dangers or tobacco, alcohol or drug use in the past 12 months. The percentage was close for both male and female participants; with the males responding that 49.2% had talked with a parent and females responding that 52.4% had talked with a parent about this topic.

Question 5: What intervening variables did you learn about that you or your community had not considered before? What about your intervening variables was new and why?

The most recent piece of information that can be taken from that data is that many parents have not talked to their youth about the issues of tobacco, alcohol and drugs. It was also interesting that although the youth stated that they had not spoken with their parents about the issue of prescription drug misuse, 94.1% of the youth state that their perception is that their parent would feel that it would be wrong for them to use prescription drugs not prescribed for them.

All for the information about the intervening variables was new because this data had not been collected in the past. There have been community perceptions about each of the intervening variables but there has never been data to prove or disprove what the community thought about the intervening variables.

Question 6: Based on the data from your listening sessions, what are 3-4 local conditions that are contributing to your problem of practice?

Parents talking to their youth:

In our listening sessions, it was evident from the conversations that parents felt that they were talking to their youth about the subject of drugs and that they should not use them. It was also evident that parents did not talk in specifics to their youth regarding the misuse of prescription drugs. Some parents stated that they had not thought about having the conversations about that specific topic with their youth. In the listening sessions parents also stated that they did not feel that they had enough information to be able to talk with their youth about the subject.

In the listening sessions youth talked about their parents discussing drugs with them in a generalized manner i.e., don't use drugs, but that they did not talk with them specifically about prescription drug misuse. The youth also stated that they hear about a lot of things from their parents and tend "tune them out."

Parent's actions affect youth actions:

In our listening sessions, parents talked about both the accessibility of medication (prescription and non) in their homes and how they felt that this led to their youth understanding that it was not acceptable to use prescription medication that was not prescribed for them. Youth also stated that they knew where their parents or their friend's parents stood regarding this topic based on the amount of medication that was "readily" available in the homes.

Parents and youth both talked about how in some families the parents misused prescription or other drugs and that this increased the likelihood that the youth would feel it was acceptable to misuse prescription drugs. We also heard from both youth and parents that in some cases parents were accepting of the youth misusing prescription drugs because the parents felt that if they (the parent) were misusing prescription drugs then they (the parent) couldn't tell the youth not to misuse prescription medication.

Peer discussions:

Youth are talking with peers about the subject of prescription drug misuse in both a positive and negative manner. Youth are using some positive peer pressure to influence their friendâ€™s actions regarding prescription drug misuse by discussing with their peers the reasons that you should not misuse prescription drugs. The parents also felt that there is some positive peer pressure to not misuse prescription drugs and that they felt that their youth would provide support for other youth to not misuse prescription drugs based on how their parent felt regarding the topic.

Youth are also experiencing negative peer pressure or pressure to misuse prescription drugs this pressure can be either verbal or action based. For some youth their friends are talking about the "high" they are getting from the misuse and that they are fine so "you should try it." Others are exposed to the pressure by "hanging around" with youth who are misusing prescription drugs and not wanting to be "left out" or wanting others to think they are "too afraid" to try "it."

Other youth stated that they did not talk to their peers about the topic since they assumed that their friends would not misuse prescription drugs because they themselves did not misuse prescription drugs.

Question 7: What local conditions did you hear about in the listening sessions that you had not considered before?

The local condition that came up in both the youth and the parent listening sessions that had not been brought up in other discussions was the fact that parents do not have the information they need to effectively talk with their youth about the topic of prescription drug misuse.

Question 8: How does the local conditions information you obtained from your listening sessions align or not align with your consumption data, your intervening variable data, and what you learned from your community readiness assessment?

The local condition information that we obtained from our listening sessions align with our consumption data in that youth and parents stated that they did not feel that this was a major issue in our county the results from the OHYES! Survey support this in that 1.7 % reported use on the OHYES! In 2016-17 and 6.9% reported use on the 2014 CAYCI survey.

The local condition information lined up with our intervening variables data from the OHYES! Survey for the most part with a few exceptions.

The majority of the youth who participated in the listening sessions stated that they had not had specific conversations with their parents about the topic of prescription drug misuse. Many of the youth stated that they felt their parents did not feel that it was necessary to talk to them about the topic as they were "good kids." This is reflective of our OHYES! Data that showed 50.5% of youth reported speaking with a parent about the topic in the past 12 months.

Youth also stated that they did sometimes talk with their peers regarding prescription drug misuse and that their peers were disapproving of the misuse which matches up with our

APPENDIX: Ohio SPF-PFS SEOW Workgroup
Critical Reflection Questions on SPF-PFS Needs Assessment

Please collaborate with the coalition and your Prevention Data Committee to respond to the following questions.

CONSUMPTION DATA

1. As you have reviewed your baseline data and your COMs data for FFY16 and FFY17 around your community's problem of practice what data stood out as most important?

   [COMMUNITIES ONLY SHOULD RESPOND TO DATA RELATED TO THEIR POP]

   a. Underage Drinking:
      i. Past 30 Day Use of Alcohol
      ii. Past 30 Day Binge Alcohol

   b. OR Prescription Drug Misuse:
      i. Past 30 Day Prescription Drug Misuse/Abuse
      ii. Past 12 Month Prescription Drug Misuse/Abuse

2. What differences do you see in your consumption data related to your problem of practice by gender or grade? How are those differences evident (or not evident) across all years in which you have data?

3. How has your PDC helped you review and interpret your COMs data? If they have not helped, how might they help in the future?

INTERVENING VARIABLES:

1. Which of the four SAMHSA-required intervening variables seem most important to your work around your problem of practice? Please support this choice with your data:
   a. Perceived Risk/Harm of Use
   b. Perception of Parental Disapproval/Attitude
   c. Perception of Peer Disapproval/Attitude
   d. Family Communication around Drug Use

2. What intervening variables did you learn about that you or your community had not considered before?
   a. What about your intervening variables was new and why?

LOCAL CONDITIONS

1. Based on the data from your listening sessions, what are 3-4 local conditions that are contributing to your problem of practice?

2. What local conditions did you hear about in the listening sessions that you had not considered before?

3. How does the local conditions information you obtained from your listening sessions align or not align with your consumption data, your intervening variable data, and what you learned from your community readiness assessment?

CONSEQUENCE DATA:

1. What consequences of underage drinking or prescription drug use (specific for your community) are more prevalent (common) in your community?

2. How did your consequence data compare with state-wide data?

3. How does the consequence data relate to your problem of practice and outcome data? What does it tell you about the impact of your problem of practice in your community?

4. How does your consequence data support (or not support) the intervening variables and local conditions do you are planning to prioritize?