

---

# HOLLERAN

---

## Healthy York County Coalition

### 2008 Focus Group Report

*Submitted by:  
Holleran  
August 22, 2008*

## BACKGROUND & METHODOLOGY

A total of five focus groups were conducted, as part of a countywide health needs assessment. The groups were facilitated on July 30 and 31, 2008. With the exception of a group comprised of key community leaders, the focus of each group was on the substance abuse and behavioral health issues in York County. The following list identifies the five focus groups that were conducted.

1. "Key Informants"
2. Behavioral Health Providers/Agencies
3. Parents of teenagers
4. Teenagers who are not in York County's "system" for treatment
5. Teenagers who are in York County's "system" for treatment

Each group lasted approximately an hour and a half and with the exception of the key informant and provider group, participants were given \$50 cash in exchange for their participation.

The remainder of the document outlines the key themes that were identified in each of the groups. The end of the document also provides a synopsis of the issues that were prominent across the groups as well as areas where gaps exist and perceptions vary across the various stakeholder groups.

Please note that when interpreting the results of focus groups, the reader must keep in mind that qualitative nature of the feedback. Focus groups do not embody statistical research properties and are directional in nature to provide a more "in depth" perspective that what is provided through many quantitative research methods.

### Key Informant Group

A total of eight "Key Informants" participated in the group held at the Apple Hill Medical Center on July 30, 2008. The Key Informants represented key government agencies, political positions, and leading agencies within York County.

#### Quality of Life Issues

Overall, the participants agreed that York County offers a good quality of life for its residents. With some exceptions, such as certain socioeconomic groups in the city and some rural areas, as well as some minority populations, they felt as if York County is a good place to live. The perception was that it is diverse in many ways and that it is a good place to raise a family. York is perceived to be an area to live that is affordable, yet of high quality, thus a good value for the money that is paid for housing, cost of living,

etc. Some shared that there are many who are choosing to move into York, given its history and proximity to Baltimore, Philadelphia, and Harrisburg.

It was noted that there are definitely difference with the “city” versus the rest of the county and that many believe issues to be a “city issue,” when that is not necessarily the case. It was explained, however, that unfortunately for a number of city residents, there is a belief that life happens to them and that they have little control over their destinies. They shared that many within the lower socioeconomic groups have fallen into the cycle of financial struggles, low education, and altercations with the law. It was shared, however, that this cycle of despair isn’t necessarily unique to just York, but also other urban populations as well.

Concerns were also about the deteriorating family infrastructure and its negative impact on the children within York County. They agreed that many parents are under more pressure than ever, with both parents working, and that basic necessities are often more important than eating meals with their children, etc. This increased stress for single parents, as well as in “intact” households, is perceived as contributing to an increase in children’s behavioral health issues. Parents appear to be less involved than ever in talking with their kids, being involved with the schools, etc.

### Healthcare Life Issues

When discussing the county’s healthcare needs, the group strongly felt the need for a county public health entity. The perception was that the public health infrastructure is lacking in York County, as well as throughout the state, and that continuity of care and the residents’ health is being adversely affected. The group repeatedly focused on a lack of infrastructure and the need for a more integrated system. They acknowledged that there are many great local groups, boards, and collaboratives out there doing good work, but that often they are not sustained or that funding does not permit follow through. The perception was that the existence of a countywide public health agency would better ensure integration and collaboration among healthcare agencies.

The participants were asked to share what they perceived to be the most significant health issues within York County. They identified mental health/behavioral health issues and substance abuse as the key struggles of many York County residents. The participants not only identified these as the most prominent issues, but also ones where there appears to be the most need for a coordinated treatment system. Opinions were shared regarding a fragmented system whereby individuals don’t necessarily get the real treatment they need. For example, one of the group’s most prominent concerns was the lack of an inpatient detox facility. An additional concern was that the prison system cannot be the behavioral health provider. It was shared that many of those who commit crimes in York County also have mental health issues. They worry that those in the

legal system are not getting the help they require while in prison and it does nothing to break the cycle. Examples were given of different, new programs that are in development for prisoners to teach them life skills, coping skills, etc. It was clarified, however, that when it comes to mental health issues, the prisons are not the experts, nor should that be their role. It was believed that if some type of treatment intervention to focus on behavioral health/mental health issues isn't put into place, that the cycle of repeat offenders (those with mental health problems) will never be broken.

Two other significant issues were identified: the older adult population and associated Alzheimer's/dementia problems, and children and youth behavioral issues. The children and youth issues were weaved into some of the discussions outlined in the previous paragraph. The attendees feel there are more and more issues among the children and youth of York County than ever before. These children are the same ones that then end up in the adult system. The need for more intensive interventions with this group was viewed as a definite need for the county. At the other end of the spectrum, participants identified the senior demographics in the county as worthy of attention. As seniors are living longer, they are becoming more of a burden on our healthcare system and caregivers. York County is perceived as somewhat unprepared for this demographic shift with too few providers focusing on the needs of seniors.

Other health issues mentioned as issues within York County included obesity and the high incidence of Lymes Disease. Some drew a connection between those in lower socioeconomic groups within York County and the higher proportions of obesity, citing the fact that any eating patterns are taught and that it is cheaper to eat less healthy. The increased incidence of Lymes Disease was attributed to the landscape of many areas within York County and the rural makeup. Increased education about preventing tick bites was suggested.

### Minority populations

The minority group perceived to be the most underrepresented and difficult to reach is the Hispanic/Latino population in York County. Attendees noted that the local Spanish-civic center was pigeonholed as something only for Puerto Ricans, which was viewed as exclusive to the other Hispanic/Latino populations. It was not viewed as an effective mechanism for representing the needs of York County's Hispanic/Latino groups. Attendees weren't even certain if the center was still in operation. The group also pointed out that the high rate of undocumented individuals in this group contributes to their lack of involvement and representation. These individuals are difficult to reach. Suggestions were made for the need to have more bilingual providers and agency workers, particularly ones that are known and trusted within the Hispanic/Latino community in York.

### System-oriented feedback

Lastly, attendees spent time discussing York County's needs to be more outcomes driven and metrics oriented. Attendees felt the need to evaluate what works and doesn't work and emulate best practices from peers in other counties and other states. They felt as if this approach is not embraced in York County. All agreed unanimously that the county is pretty resistant to change and tends to fall into the "that is how we always did it" mode. The concern with that approach is that many programs and systems that are in place are outdated and ineffective and staying in that mindset of no-change, only hurts county residents.

Attendees praised the work of York Counts and that group's efforts. The benefits were that this allows for a forum for all agencies and groups to convene and share ideas. Attendees feel there is still too much duplication of efforts and competition for funds across agencies, but that the York Counts efforts have assisted with this. Attendees urged continued sustenance of this group and focus on building relationships and a framework for collaboration in the county.

### Online survey

Following the focus group, attendees were emailed a brief online survey. The survey included four open-ended questions. Four of the participants completed the survey and provided feedback. The four questions, along with a summary of their answers are outlined below.

1. "What do you think the key is to advancing the health of York County residents?"
  - Mentions included a better-coordinated healthcare system and a countywide health department. Education and awareness was also mentioned. Specifically, education with parenting skills and mentoring programs. There was also one mention of "a moratorium on pseudo drug rehab house that are illegitimate."
2. What do you think has been the biggest barrier to improving the health of York County residents?
  - Drugs, funding, immigration issues, poor parenting, and a lack of recreational activities for children were identified. It was pointed out that getting to the children early is the key to avoiding drug and alcohol use. As one individual stated, "Need to get back to the basics and forget political correctness!"

3. Do you feel there are any forces or issues in the county that are having a negative impact of the quality of life of York County residents?
  - There was a consensus that there is an “inadequate” behavioral health system in the county for children and youth. Communicable diseases, drugs, prostitution, and crime were also mentioned. Lastly, there was also mention of poor water quality in some well water in certain parts of the county.
  
4. Who do you feel has the ultimate responsibility for ensuring a good quality of life for York County residents?
  - Universally, all respondents said, “everyone!” There was agreement that everyone is responsibly and that this does not fall onto the shoulders of one person or agency.

#### *Participant quotes*

- “There is a lack of self determination and a sense that I can indeed change my future, particularly in certain areas of the county. Many of the families that we work with have a sense that everything happens to them.”
- “I don’t believe we’ve planned well or are prepared for our seniors living as long as they are.”
- “Relatively speaking, I think we have a pretty good quality of life here. Sure, things could be improved upon, but in general, it’s a good place to live.”
- “We are lucky in that we have a pretty diverse economy here. It tells you something when most of the people that live here in York County, also work here.”
- “I sort of see York as a place that is struggling with some of the same issues that many other parts of the country are struggling with as well.”
- “I think we still have the city and the county, us-them thing going on.”
- “I think what they’re doing with Metro York right now is going to be a saving grace. I think it’s going to open up a lot of people’s eyes.”
- “Mental health, drug and alcohol problems are everyone. It’s not just a city issue.”
- “I think when it comes to the mentally ill and chemically dependent, I don’t think we’ve done our job with successfully reentry back into the community. Law enforcement is doing their job with locking them up, but why not give them the proper skills and treatment to make it on the outside. I think we really need to concentrate on that. It’s not just lock them up and forget about them.”
- “We need to keep talking to each other and sharing information.”
- “York Counts and Metro York has done a methodical job of pulling everyone together and that has been great.”
- “Our healthcare system definitely needs more coordinated oversight and I think a countywide health department is critical to the success of our healthcare system.”

- “We need to have a comprehensive planning process for some of these human service issues in this county. We do what we’ve always done. We need to ask if there is a better way to do it. A more efficient way to do it.”

## Providers Group

A total of ten individuals participated in the “Providers Group” held at the Apple Hill Medical Center on July 30, 2008. These individuals represented various agencies, programs, and providers in York County who interface with children and youth. Some agencies focused on children in “the system,” while others provide services or programs or any child in York County.

During this group, attendees shared qualitative feedback, but a wireless keypad system was also utilized to garner some quantitative ratings. The results of that voting are integrated throughout the report. The discussion was broken down into two primary categories, substance abuse and behavioral health, but the discussion often overlapped, as the two issues are not mutually exclusive.

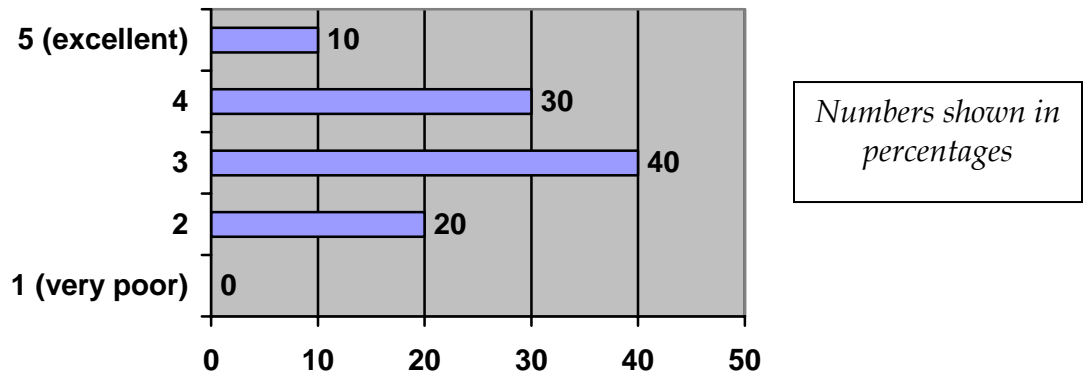
### Substance abuse

The initial topic of discussion was substance abuse issues among York County’s children and youth. When asked about the age of onset with substance abuse issues in York County, 100% of attendees voted “Under 15.” All agreed that the age of onset has gotten younger over the years. The participants shared that many of the children appear to begin showing substance abuse issues during the transition years from elementary school to middle school, and even more so during the transition from middle school to high school. There is more pressure to “fit in” and to be perceived as cool among the older kids. It is also a more stressful time during the kids’ lives and that substance abuse is a way of coping with those life stressors.

The most common substances appear to be alcohol, marijuana, and tobacco. The attendees explained that area minors take the approach that “everyone else does it,” so its not a big deal. This example was given for marijuana use in particular. Participants explained that the marijuana of today is much more potent and damaging than the marijuana from the 60s and 70s and that the children don’t understand the severity of using it. Unfortunately, no positive trends were shared with the substance abuse issues in York County. All agreed that more and more kids are presenting with substance abuse issues and at younger ages.

The following graph outlines the participants' response to the question, "On a scale of 1-5 (1=very poor & 5=excellent), how would you rate the coordination of services for substance abuse treatment in York County (for children)?"

### Coordination of Services (SA)

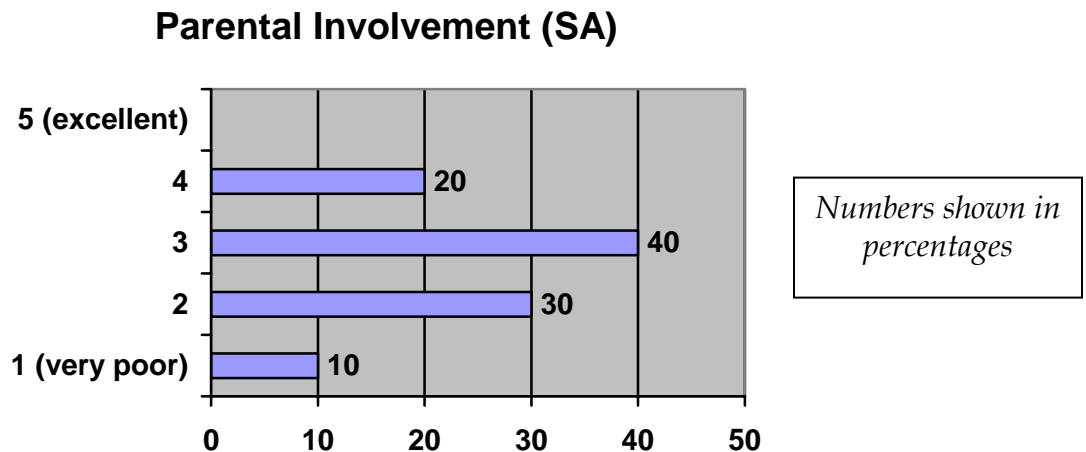


Participants explained that they feel the system in York County is quite fragmented. Opinions were shared that the county's Children & Youth agency is struggling with turnover at the higher levels and that the focus and coordination has not been what it should be. They pointed out that there are many treatment options in York County for children with behavioral health and/or substance abuse problems, but that it is a double-edged sword in some ways. They explained that there are so many resources that it almost makes a number of them not viable. It appears to be a supply that exceeds demand, or at least usage, in some ways. Participants attributed this to a lack of sophistication in the system in York County.

Participants voiced the need for a "HUB" where services can be coordinated and policed. They feel there is still too much duplication of services because there is poor communication among providers. One provider joked that she is confused by the system and navigating it, which puts into perspective what families and parents must experience when trying to seek services for their child. All agreed that change is very difficult in York County. Ideally, the participants would like to see linkage not only from a systems level, but also perhaps from the technology standpoint. The scenario was described whereby someone could enter the "system," having filled out all the necessary forms just once, and go to any provider and have their case already known because all providers have access to this electronic clearinghouse. This would decrease frustration with having to answer the same question multiple times and would assist in continuity of care, as providers would know the history of any particular consumer. Suggestions were also made to develop a county administrative board to oversee this coordination of services. The participants felt as if the ultimate responsibility to change

the current system and structure is to have the support and promotion of the County Commissioners.

Attendees were also asked to rate their characterization of the parental involvement with the children they treat in their programs. The question read, "On a scale of 1-5 (1=Not involved at all & 5=very involved), how would you characterize the parental involvement of the children/youth you see with substance abuse issues?" The ratings are outlined below.



The participants unanimously agreed that parents are largely in denial when their child engages in the use of illegal drugs or alcohol. They attributed this to the lack of communication between parents and children and the absence of many parents in their children’s lives. Discussions revolved around the reality that many parents are focused on the basic needs first (putting food on the table, paying rent, etc.) and that other discussions become secondary. They all agreed that there is a significant need for parenting skills, particularly among those parents who never had a good role model in their own parents. The county’s Truancy Coalition was praised for their hard work in these efforts.

#### Behavioral health

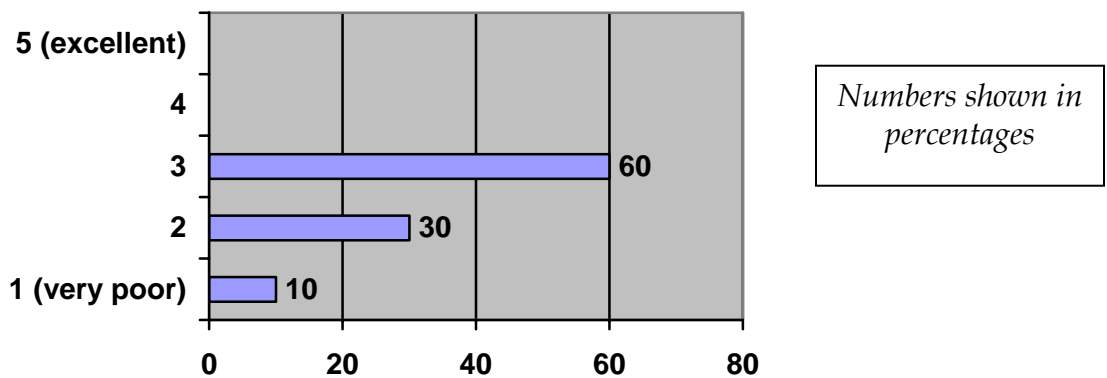
Many of the same issues with the substance abuse treatment system are also apparently evident in the behavioral health system in York County. One hundred percent (100%) of the attendees agreed that the age of the onset of behavioral health issues has decreased (gotten younger). The feedback was mixed as to whether we are quicker to diagnose in today’s society or whether there are indeed more behavioral cases. When discussing the diagnoses, the participants shared frustration with the “label” push. They explained that they do not have a lot of faith in the diagnosis or “label,” as they feel they are

forced in many situations to make a certain diagnosis to get services. They would prefer a system focused on behaviors and issues, not the mold of a diagnostic DSM label. When probed further, they explained that the most common diagnoses today among children are conduct disorder, ADHD, bipolar disorder, anxiety, depression, and autism. The most pronounced trend they observed is the increase in Autism in recent years. They feel as if there are too few providers in York County who are trained and experts when it comes to treating Autism and/or Aspergers. It was also shared that not only are providers struggling to keep up with treating this disease, but that more support services (i.e. support groups) are needed for these parents.

The attendees agreed that many children are self-medicating by using drugs and alcohol. This not only helps them cope with their symptoms, but also with the stressors in their lives. All felt as if kids today have more stressors than ever. For example, many children that present themselves for treatment serve as pseudo-parents to younger siblings and carry that burden, particularly among single-parent households. They also explained that many children and teens are reluctant to seek treatment because of its social stigma. Stories were told of children they know who have been brutally teased by their peers because of a program they attend or services they receive. It is perceived as a weakness.

Participants were also asked to rate the coordination of services for behavioral health treatment in York County. The results are outlined below.

### Coordination of Services (BH)

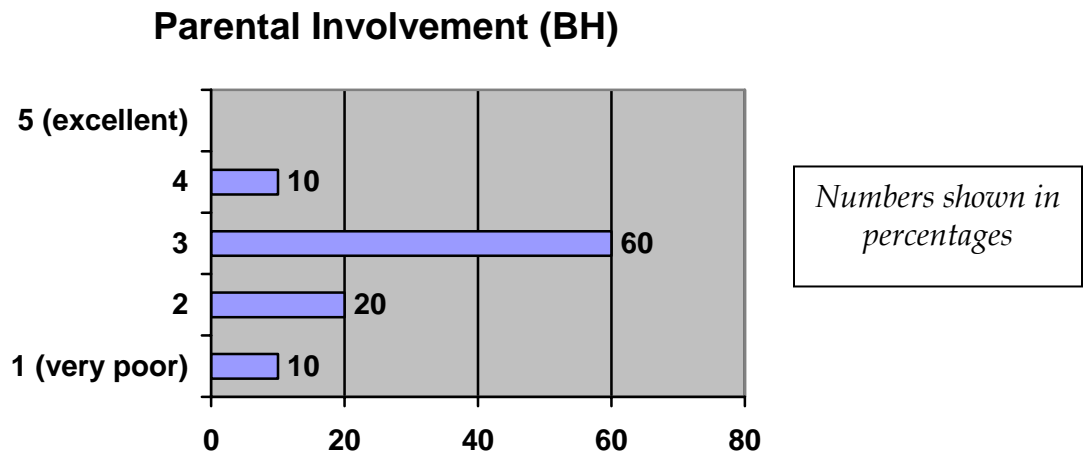


As mentioned previously, the attendees agreed that the relationship between individual agencies, providers, etc. and the county’s Children & Youth could be more collegial. It was pointed out that there are excellent people at many levels, but that as you go up the hierarchy, the trust and quality diminishes. The other gap in the coordination of services is the lack of bilingual providers in York County. There is also an apparent shortage of child/adolescent psychiatrists in the county. Also, as one person

acknowledged, “Parents are lost with this system and I understand why.” When asked what is the most significant thing that could be improved upon, all stated “communication and coordination.”

In an effort to acknowledge that there are programs that work in the county, the attendees indicated that the individual programs generally excel at what they do. The SAP in the schools was perceived as a successful program, but not equally across all sites. They perceived the most success to be in the schools that consistently implement the program and take it seriously as opposed to those who just appear to do it to say they do it.

The following bar graph shows the results of the question, “On a scale of 1-5 (1=not involved at all & 5=very involved), how would you characterize the parental involvement of the children/youth you see with behavioral health (BH) issues?”



Sadly, the participants explained that for many parents, particularly the single-parent households, the parents do not get involved until it is a big problem. Often this happens when the child enters the probation system. The one frustration that was voiced is the age at which children can refuse treatment. It is perceived as very difficult to give help to 15 and 16 year olds because once they are age 14, they can refuse treatment. The over 14 age group is perceived to be one that is in great need, but providers’ hands are tied. Additionally, with many uninvolved parents to influence and guide the child in their decisions, many teens refuse treatment. The attendees did point out that there is also the presence of fear with many parents. These parents feel as if they seek help, their child/children may be taken away from them. There is a misunderstanding of the system.

### Treatment issues

Many acknowledged that the schools are the ones to carry the burden of the children and youth with behavioral health issues. Increased education for the schools was seen as a critical need. Parenting skills also appear to be contributing to the increase in behavioral health problems.

When asked how most children get to their agency for help, the group sadly voiced that it is through the probation system.

### Concluding thoughts

Attendees were asked to conclude the group with their suggestions for change in the system and ways to provide better care for York County's children, youth, and families. The feedback revolved around two primary suggestions. The two suggestions were to have a central HUB for the coordination of services and to have the schools play more of a lead role in addressing the students' issues.

Consistent with what was discussed throughout the group, the attendees believed that there needs to be better coordination of services in York County and that a central intake or coordinating agency is desperately needed. As part of this, attendees shared that York County needs to be more receptive to change, innovation, and "thinking out of the box." The mindset in York is not perceived to be very open. One suggestion was made to require behavioral health examinations for students, just as physical examinations are required. Several promoted the CASP concept as a successful framework.

The importance of the schools in the lives of the children was emphasized. Attendees agreed that ideally the parents would be responsible to oversee the lives of their children and teach them the life lessons that are needed, but that is sadly not the reality. Some of the participants gave examples where social workers are in the schools and it has been quite successful for the kids. The idea of school-based clinics was also supported. The perceived benefit of this service is not merely for the student, but also for the families.

A few other concluding suggestions were made. The attendees mentioned the appeal of gangs to many of the kids as they serve as a replacement for the families that they do not have. Addressing the gang issue, particularly among females, was seen as important.

The older adolescent group was also identified as a group in need of more support. Many of the 15-17 year olds are missing treatment as the parents have lost control at

that point and they are refusing treatment. They also felt as if the “transition youth” are not taught the life skills they need to transition into adulthood. This is a significant concern for county providers.

### *Participant quotes*

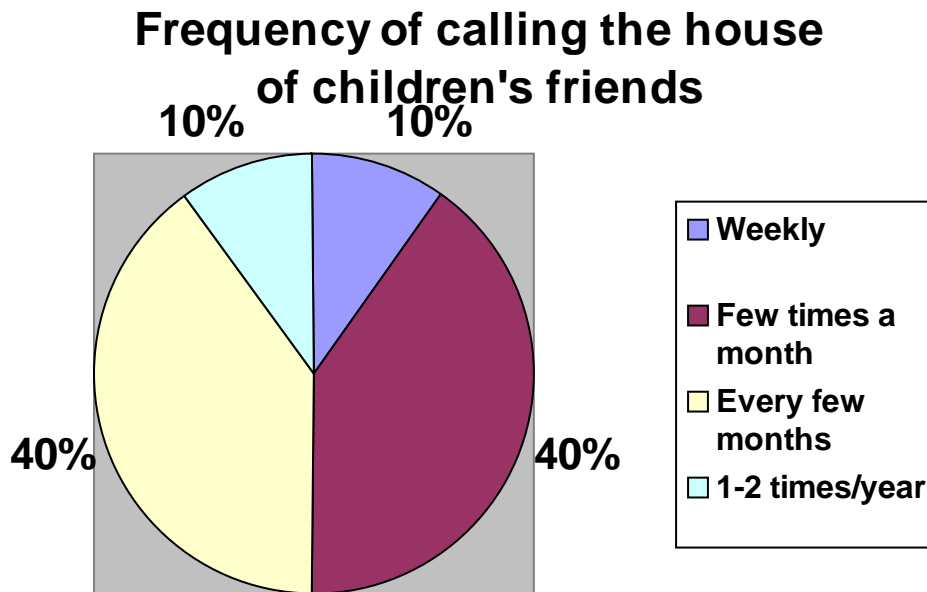
- “Transportation is a huge issue, particularly if you live in the city because then you have to rely on a friend or the bus system, which isn’t the best system. You might get a bus there, but then have to wait an hour or two to get home.”
- “We’ve had several probation families out in the country that are supposed to do these things, but they have no way of following through because they can’t get there.”
- “We hear a lot of concerns from parents of autistic kids that there just isn’t enough support for them out there. We also see a lot of Aspergers kids and parents with the same thing.”
- “School-based social workers has worked very well.”
- “We’re paying for kids to sit in detention and do nothing.”
- “We need more coordination and treatment teams for these kids.”
- “The system is just a mess. The whole thing just needs to be blown up and build it up again from the ground up. There are just so many pieces. We are wasting funding and not communicating.”
- “We bang our heads negotiating all the red tape and bureaucracy. We know how frustrated we get and the parents give up easier than we do.”
- “There is also a lot of fear out there with the system. There are parents who want help and know they need it, but are fearful. They afraid that they are going to be punished or the kids will be taken away.”
- “I really think the health and mental health clinics that are school based have tremendous potential to reach kids and families in need. It is a safe environment and people are more trusting of schools than an outside clinic perhaps.”
- “Having a central HUB of coordination of services to eliminate overlap and address gaps is desperately needed.”
- “We need to work as one unit. A team.”
- “I think building families up is important.”
- “We need to get people through our doors in a more efficient way. People come to us frustrated because there is no one to explain the system and where you go for what.”
- “I think the CASP concept has been supported and effective. Those counties aren’t struggling with the same issues we do. We just need buy-in from the county.”
- “We need to think outside the box and be innovative. We just do the same old, same old. I don’t think they are receptive to change and looking at things differently.”

## Parent Group

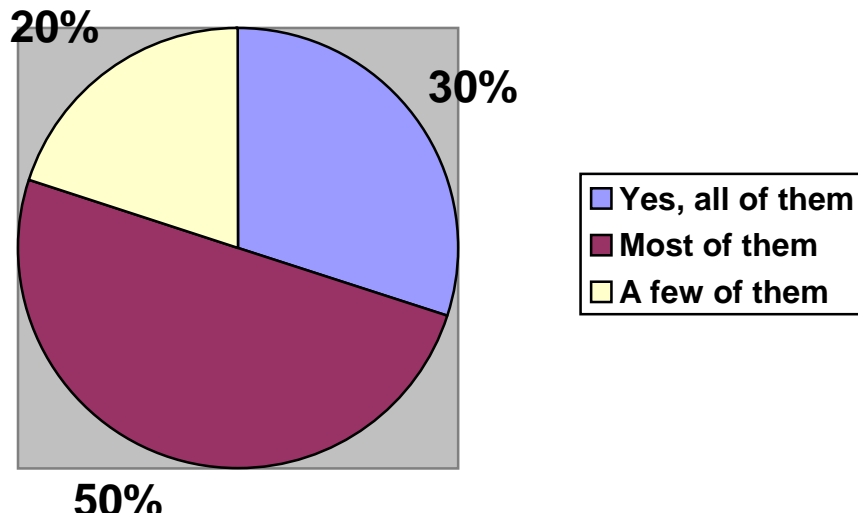
A total of 10 parents participated in a discussion group on July 30, 2008. The parents all had at least one child in middle or high school. One individual was the teenager's grandmother, but serves as his guardian. The participants were a mix of individuals from the various school districts throughout the county.

### Parent-child interactions

Consistent with the previous groups, attendees utilized the wireless keypad technology to respond to various questions. When asked how often they call the house of one of their children's friends, most indicated that they do try to keep regular conversation with these parents. Additionally, 80% indicated that they have met all or most of the parents of their children's friends.



## Have you met the parents of your children's friends?

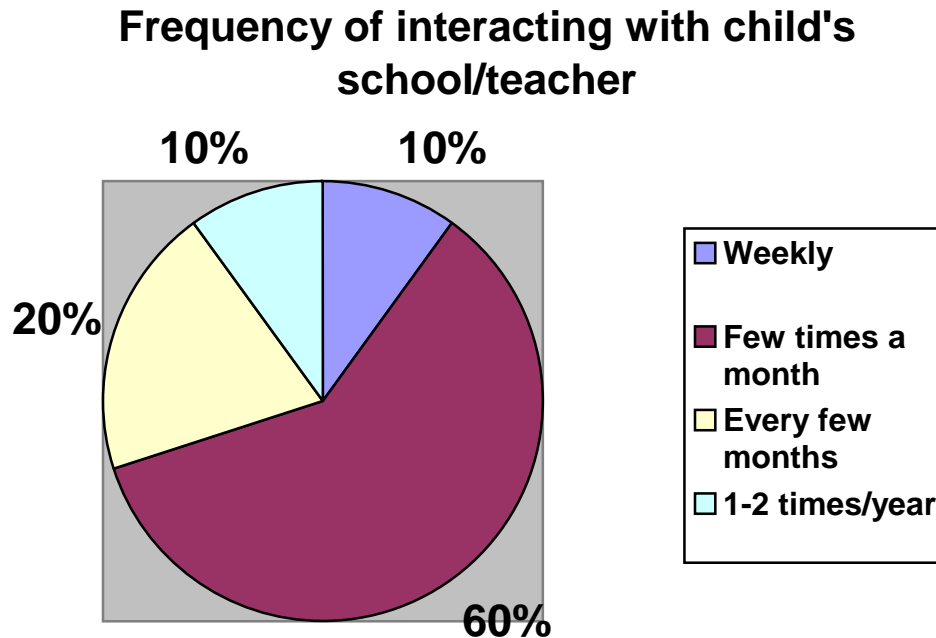


Most of the attendees indicated that they are very involved in the lives of their children and that open communication is the key. However, the facilitator observed that some of the parents appeared naïve about how much their child tells them. For example, one parent mentioned that, "I know he has smoked pot before, but he said he has never tried alcohol. I know he hasn't had any alcohol." The parents did admit that as the child gets older, particularly once they have their drivers license, it becomes much more difficult to interact with the parents of their children's friends. They stated that they sometimes struggle with the balance of letting them be their own person and not coddle them with being an involved parent. Several participants shared that their child gets embarrassed, but that they do not care because this parent-to-parent connection is important to them.

Not only was parent-child communication perceived as important, but also the parent's ability to "model the way," as one parent stated. Many in attendance shared stories of kids who engage in drug and alcohol use, largely because they see the parents drinking or smoking on a regular basis. Particularly with teenage children, the behaviors that the parents demonstrate were seen as significantly more important than what comes out of the parent's mouth. Teenagers are quick to call the parents on hypocritical behavior and rebel against things just because the parents tell them to.

There was some discussion around the teens of divorced parents. Many indicated, and even shared personal stories, that sometimes there is a communication breakdown between divorced parents. Often the teen is thought to be under the parenting of the other parent, when in fact, they are out doing their own thing. Some teens are also perceived to play this relationship to their advantage with curfews, etc.

The following chart shows the parent's response to the question, "How often during the typical school year do you interact with your child's school and/or teacher?"

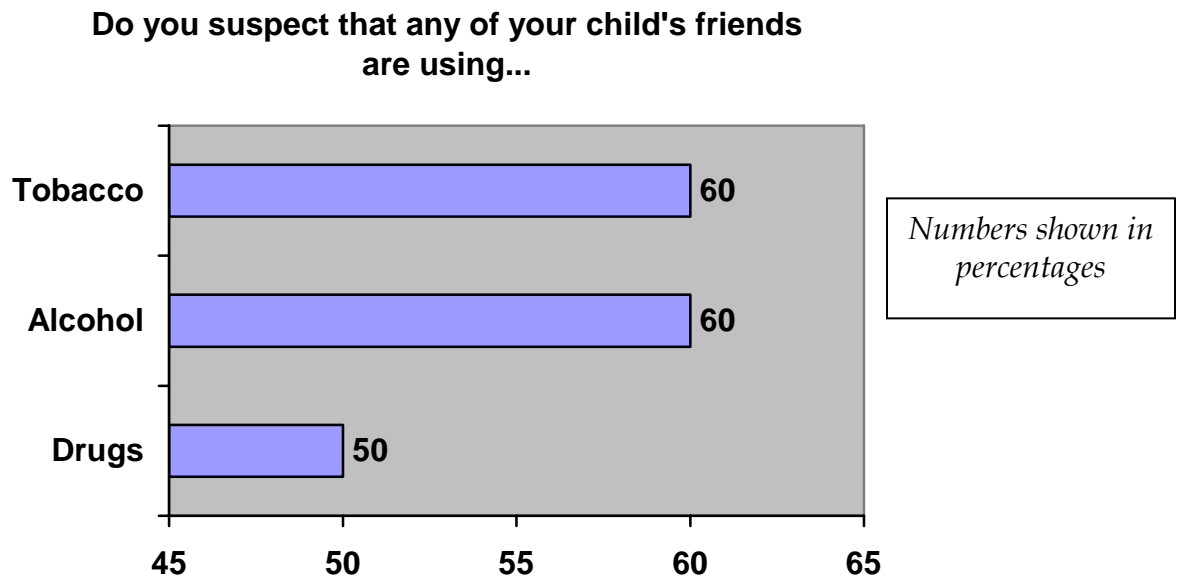


The feedback was mixed with the parents as to the quality of the school interactions. All agreed that there were many more opportunities for parent-teacher-school interactions at the elementary school, even middle school level, compared to when in high school. There was a great deal of support for the online communication methods that exist now. They liked that they can go on the website and check the status of their child's grades, curriculum, etc. Email was seen as a great way to communicate and get a timely response. However, a few parents shared that they have had no success with email, because often the teacher did not reply. Communication, in terms of responsiveness of the teachers and administrators to questions, was the key to parent satisfaction. Another difference between elementary/middle school and high school was the tolerance of truancy. The parents all perceived the high schools to be much more leniency and less strict on truancy than when in the younger grades. This was a significant concern for them.

### Your child

The goal of this part of the discussion group was to elicit feedback regarding their child's, and their friend's, use of tobacco, drugs, and alcohol. Assuming that many

would not be forthcoming about, or even aware of, their child's usage, the following questions were deliberately worded to read "...any of your child's friends..."



Parents shared that they believe most kids, although not their own, experiment with alcohol and tobacco use. About half of the group indicated that they go into their child's room on a regular basis and "snoop around," going through drawers, closets, etc., to ensure that their child is not engaging in any inappropriate behavior with tobacco, drugs, or alcohol. Several parents admitted, however, that they are often asleep when their child gets home late at night and would not know if they had been drinking or smoking.

There is definitely the "not my child, but those other children," mentality among the parents. They stated that parents, in general, are naïve. Parents were blamed for much of the children's use of these substances. For example, they shared that many parents allow their child, and his/her friends, to drink alcohol as long as they do it under the parent's supervision in their home. Some parents also drink and do drugs with their child. The kids come to see these households as the "cool parents," as they condone this behavior. There is also a mentality among the teens that they are adults and can drink. One parent shared that after she caught her son drinking alcohol, he responded with, "I'm grown and can drink if I want to." When asked how the child gets the alcohol, they fingered older siblings and other adults who the kids pay to purchase the alcohol.

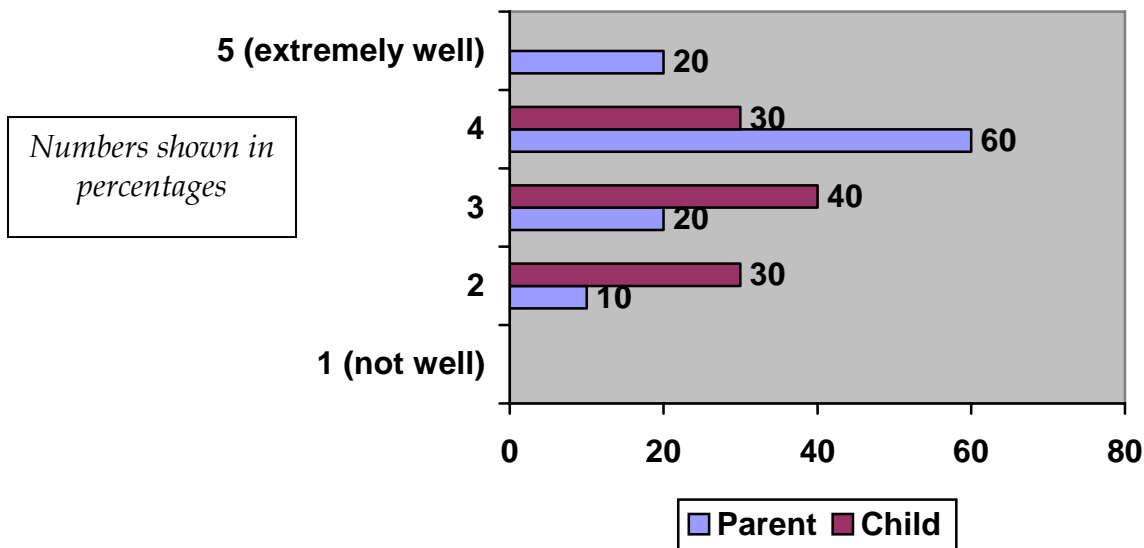
Marijuana, cigarettes, and alcohol were mentioned as the most common substances used by teenagers in York County. A few parents mentioned crack, but said it is to a

lesser extent. One of the things that the attendees were adamant about is that these problems cross all socioeconomic boundaries, school districts, and urban/rural areas.

Eighty percent (80%) of the parents affirmed that they have alcohol or drugs (prescription or non-prescription) in their homes. Nearly all indicated that they either have the alcohol locked in a liquor cabinet, or that they have a “system” for marking levels in the various bottles.

The parents did not necessarily feel as if the children use tobacco, drugs, and alcohol as a reaction to managing stress. They perceived it more to be a function of “fitting in” and being perceived as cool by their peers or older siblings. That, in addition, to following in the footsteps of parents, were seen as the most significant contributors to teens experimenting. As shown below, the parents generally feel that they react better to stress than their child does.

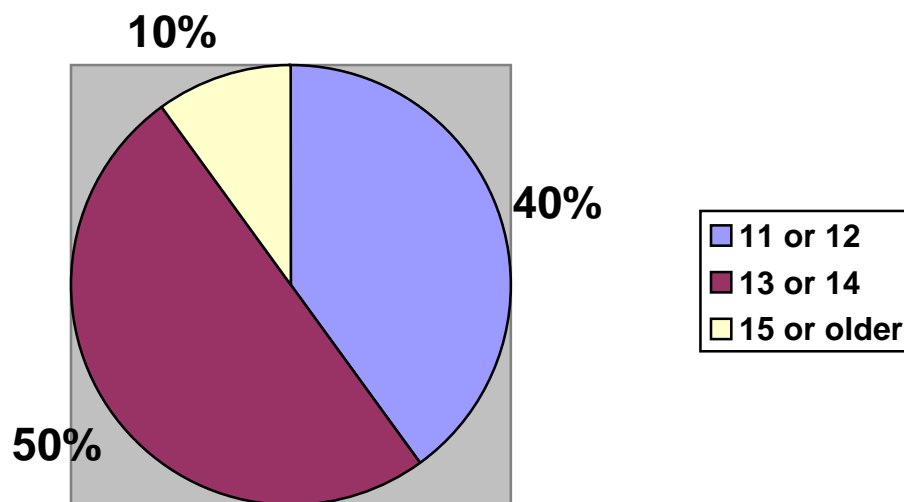
### How well do you/child manage stress?



Faith was also a topic that was brought up for discussion. Several of the parents shared their belief that involvement in church as a family and their faith in God have played an important part in keeping their children “on track.” It was pointed out that often the ones taking kids to church these days happen to be the grandparents more than the parents. This concerned a number of the attendees.

When asked at what age they feel it is okay to leave the child home alone, the majority felt that 13-14 years old was the most appropriate timing. The parents pointed out, however, that this could vary tremendously based on several things. If the child is generally more mature and has shown good decision-making, they may be likely to leave them home at an earlier age than a child who has not shown this level of maturity. Also, it was seen as more acceptable to leave a younger child if you were walking around the corner to the store for 15 minutes. Some of the parents also asked what the laws are with this. Most thought the law for leaving a child home alone was 12, while other said no law exists and that is “just to scare parents.” A few of the participants, however, sympathized with the parents who have to work late hours and have no choice but to have the eldest child, albeit still young, at home alone, or in charge of his/her siblings.

### Age at which okay to leave child home alone



The group spent a substantial amount of time discussing their teen’s usage of text messaging, MySpace, Facebook, etc. Seventy percent (70%) indicated that they monitor their child’s usage of such technology. However, they all admitted that their children know significantly more about these technologies than they do, which puts them at a disadvantage. Many of the parents have parental monitors and blocks on computers. They also like the aol reports that are provided, which show what websites have been visited, etc. Many parents also indicated that they will go through and review their child’s text messages, but others said that do not do that, as it is an invasion of privacy. Nearly all of the parents indicated that the computer is in an open area where usage can be monitored. They also stated that they have educated their children on adult

predators on the Internet. Universally, the parents felt that it is easier to keep in touch with their child now that they have cell phones. Most had expectations of their child checking in on regular basis with text messages or phone calls. Most parents said they take at face value that their child is where they say they are, but that they ultimately have no way of knowing for sure if their child is telling the truth other than to trust them.

Most parents also have similar monitoring rules with driving. Many in the group only allowed one, or no, passengers, for six months to one year after driving. There were two individuals in the group who indicated that they do not monitor who their child is in a car with.

### Concluding thoughts

The group concluded with the facilitator asking for one suggestion from each participant on how to minimize the risk of their child using tobacco, drugs, or alcohol. Again, much of the feedback focused on “other kids out there,” as the participants did not feel that their kids use tobacco, drugs, or alcohol. The number one suggestion was open communication between the parent(s) and teenager. Recognizing that many parents do not communicate with their child, participants suggested training in parenting skills. This was perceived as something that could be provided by the schools.

The parents also felt that the teenagers need to be kept busy. Many areas in the county are perceived as lacking in activities for the kids to engage in. While activities, programs, etc. may be available, they often cost money and are not affordable to kids. The suggestion was for free sports or social events for the kids to participate in.

Lastly, the parents recognized that there is an increasing problem with kids selling their parent’s prescription drugs. It was perceived to be common practice that kids are taking their parent’s medicines and going to school with them to sell to others. Parents were encouraged to be more aware of this trend and to not only be focused on just alcohol and illegal drugs.

### ***Participant quotes***

- “It is easier said than done for certain parents. They are just worried about putting fold on the table. I think that we need to recognize as adults that we may need to be pseudo parents to some kids who just need the attention they’re not getting.”
- “When kids are 16-17, they are going to make some mistakes. We need to let them learn from their mistakes. We can’t control everything they do.”

- “I call teachers up and they know me by name. A lot of times what happens, a problem will go so long and if you’re not interacting with your teacher, you’re not finding out until too late. It’s already a big problem at that point. That report card comes and you’re confused and dazed.”
- “I think you need to be careful with teenagers how much you interact with the school. You want them to be able to be their own person too. It’s a tricky balancing act, particularly in high school.”
- “My mom is pretty honest and forward. He tells me if he got in trouble. He always comes clean to me.”
- “I find that they (the teachers and staff) are less reluctant to respond than in high school.”
- “I think they need to be very strict with the truancy thing. They were much more strict in elementary school and middle school. The need to have the kids and parents be more accountable for getting to school.”
- “Not too long ago, I found that a whole bottle of liquor that my uncle gave to us years ago, was gone. Now, my husband and I don’t drink, so I knew it wasn’t us. I later find out that my grandson and his friend topped it off. We’ve had some discussions about it, but I’m pretty sure he doesn’t do anything now. I don’t think he does. He is ADHD and bipolar, though, so not much sinks into him.”
- “I have a bar in my house, just a cute thing for looks, and I noticed a bottle of alcohol that I got for my birthday was gone. I asked him if he drank it and he admitted it. I was shocked. He didn’t care. He said, ‘I’m 19 mom. I’m grown.’ He justified it. They’ll all stay at someone’s house and leave the keys so they’re not driving.”
- “My son smoked pot and he told me that, but I know he hasn’t since. Not that I’m aware of. I know he hasn’t had alcohol. He tells me that it is everywhere and that kids have so many opportunities to get it. It is so very easy for kids to get alcohol.”
- “I was approached at some liquor store, I’m not saying any names, but they said they will pay me a couple bucks to get alcohol. These kids just hang out and offer to pay people \$5 to get them alcohol.”

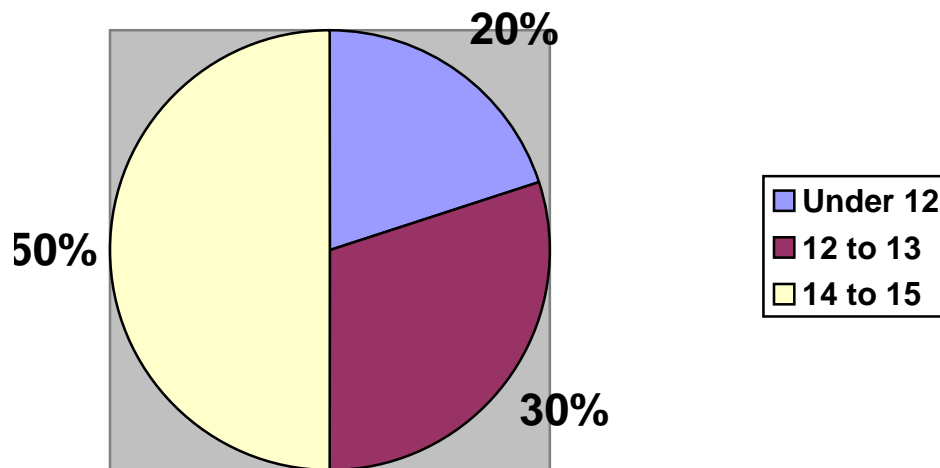
### **Teenager Group (*those not in “system”*)**

Ten area teenagers participated in this discussion group. The majority of the teens were recruited from the “Future Leaders of York” program. The intent of this group was to garner feedback from York County teenagers who are not currently in the “system” within York County and have not received services for drug or alcohol use, or behavioral problems. The majority of the attendees were female and entering their senior year of high school. As with the other groups, this group also utilized the wireless keypad voting system. The results of that voting are interspersed throughout the report.

Substance abuse

When asked, “At what age are you seeing kids starting to try tobacco, drugs, and alcohol?” the participants responded as follows.

**Age at which kids starting to try tobacco, drugs, alcohol**



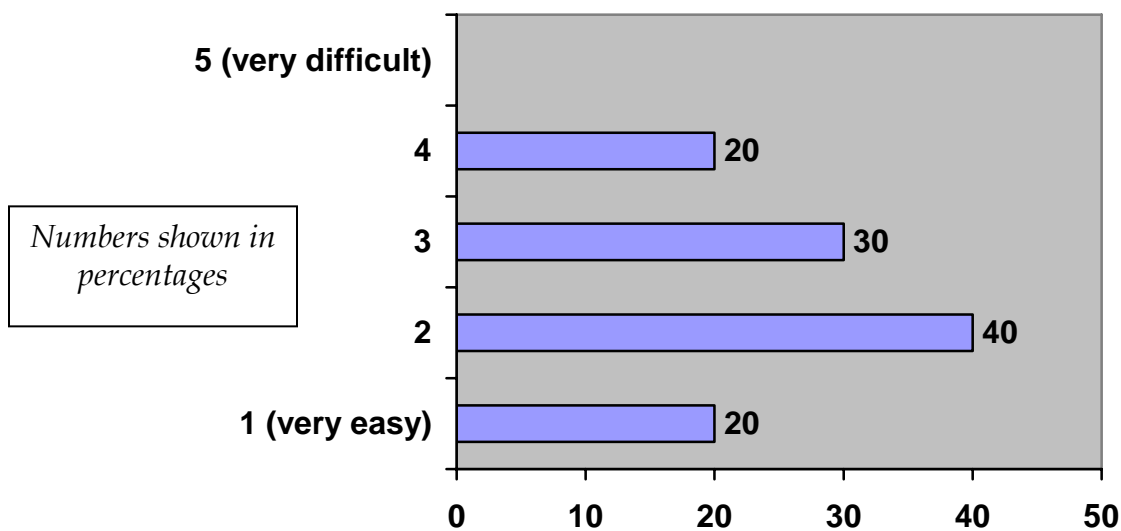
The kids identified the middle school/junior high to high school transition years as the times where pre-teens and young teens tend to be the most vulnerable to experimentation. This is a time where kids are trying to fit in and look cool and are more likely to experiment. Also, the influence of older siblings appears to be significant in the lives of younger children. Many of the participants indicated that younger siblings see their older brothers and sisters using drugs or alcohol, and then follow in their footsteps. It also appears common to have older siblings put pressure on younger brothers and sisters to try alcohol or smoke. This is apparently seen as comical to the older sibling to watch the younger one intoxicated. The younger siblings will agree to participate as it makes them feel more accepted among the older cohort.

The most common substances voiced by this group were cigarettes, marijuana, and alcohol (typically beer). They agreed that “almost everyone” smokes cigarettes in high school and that many teens smoke marijuana. Acid is also apparently a popular drug and some shared that cocaine is fairly prevalent. The teens shared that most kids typically start with tobacco and alcohol first, then progress to some of the more serious drugs. Several of the participants also shared that it is becoming increasingly popular

for kids to make their own drugs at home. They were uncertain of the exact substances they use to make the drugs, but that it is fairly well known that many kids do that.

The teenagers chuckled when asked to rate how difficult it is to obtain tobacco, drugs, or alcohol. The following bar graph shows the responses to the question, “On a scale of 1-5 (1=very easy & 5=very difficult), how would you rate the ease of getting tobacco, drugs, or alcohol?”

### Ease of obtaining tobacco, drugs, alcohol.

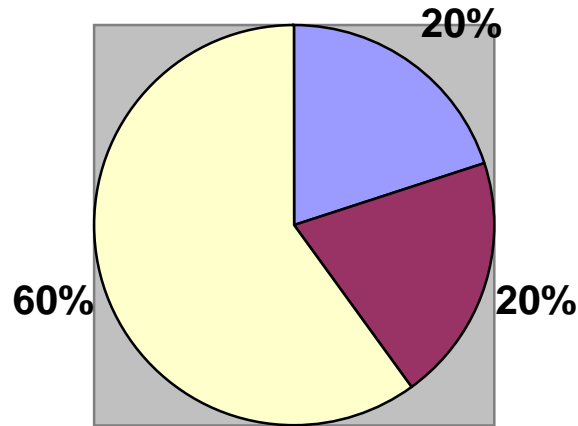


The students stated that if you want tobacco, drugs, or alcohol, that it is not difficult to get what you want. They shared that the most common way is to get an older sibling or young adult to purchase cigarettes or alcohol for them. Many will get alcohol or cigarettes unknowingly from their parent's. Many stories were shared of teenagers drinking and smoking with their parents. It also appears to be commonplace among certain parents to condone these behaviors as long as they are in their home. The participants shared that these are the “cool parents,” and also the households who tend to have the most parties. Lastly, several of those in attendance said that many kids get cigarettes through their place of work. It is fairly common for teenagers to work at a local convenience store, where they can easily purchase cigarettes and stay under the radar. Additionally, these tend to be the same convenience stores were other teenagers go to buy cigarettes.

The group spent a good deal of time talking about what does and does not work in the campaign to get kids to stop drinking and/or smoking or to even avoid

experimentation to begin with. The following graph shows their response to the question, "What is the most effective way to educate teens/children on the dangers of tobacco, drug, and alcohol use?"

### Best way to educate teens



Zero percent (0%) of those in attendance said that education from the schools is the most effective way. As one attendee said, "the schools need to pick their battles and I don't think that fighting cigarette use is their biggest problem right now." The students did note, however, that the unannounced drug searches where students are required to stay in their rooms while dogs search the property are highly effective. Several attendees, however, pointed out that in some schools these searches are rarely a surprise. They noted that it is often the teachers who will share that there is a drug search. The dynamic of the younger, newer teachers and the high school students appears to be an interesting one as it relates to tobacco, drug, and alcohol use. The students perceive the younger teachers to be interested in being the "cool teacher" and popular among students, so will often overlook certain behaviors, where others will not. Some of the students felt that the DARE program and associated 6<sup>th</sup> grade education did more to educate kids on the types of drugs and alcohol than it did to deter it. They perceive it to be something that backfires because it is too specific. They encouraged programs that start at a younger age.

Ads and campaigns against tobacco, drug, and alcohol use were generally seen as ineffective. A few of the students spoke of a recent campaign where teenagers are high from marijuana use. The point of the campaign is to show how silly these individuals look, but that is apparently not what a large proportion of teenagers took away from it. They shared that it is a joke among many teenagers and that some even have it as their ring tone on their mobile phones.

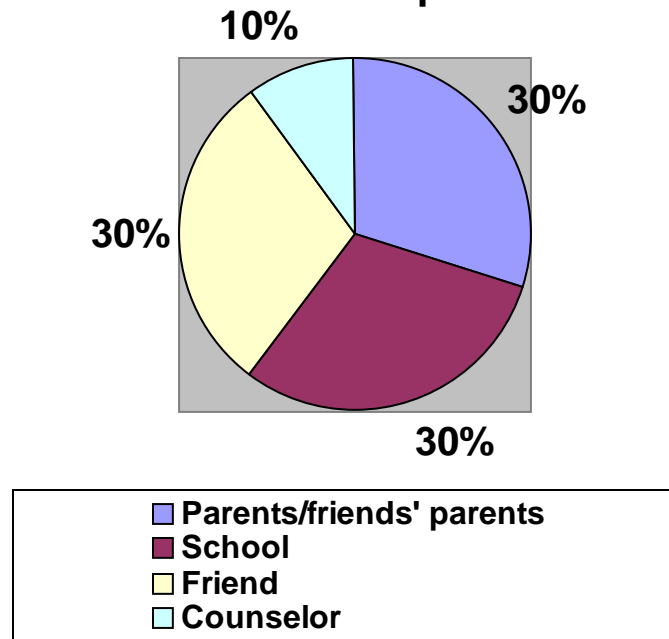
Support, education, encouragement, and stories from peers appear to be the most influential type of deterrent to tobacco, drug, and alcohol use. They acknowledged that kids often do drugs and drink alcohol in groups and that peer pressure to experiment can be countered with peer pressure not to. When guest speakers, movies, or programs in school have centered around a teen their age being killed or severely injured because of drinking and driving, or lives ruined because of drug use, this is quite attention grabbing. This message is viewed as more powerful because when told something by parents, teachers, or other adults, there is natural inclination to just want to rebel and do the opposite of what they are told. The students did also mention that it is important for the message to start early, at younger ages.

The teenagers also provided suggestions as to the best way for parents to communicate with their children about tobacco, drug, or alcohol use. They agreed that most parents have the tendency to yell and scream if they find out that their child has experimented with tobacco, drugs, or alcohol. They suggested that parents learn to talk to their child calmly, rather than yell.

### Support/Resources

The teenagers were asked, "If I needed help, or had a friend who needed help with using tobacco, drugs, or alcohol, I would most likely turn to \_\_\_\_\_ for help," they responded as follows.

## Who teenagers would reach out to for help



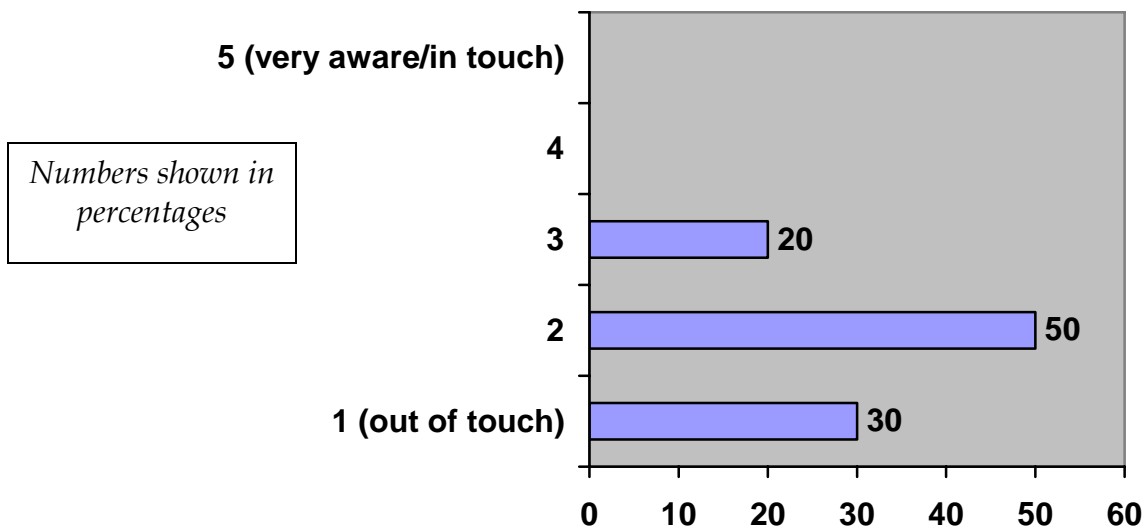
Who the teenagers would go to for help was somewhat varied, however, all were in agreement with who they wouldn't go to. None of the kids mentioned that they would approach their family doctor with this problem and only one indicated a counselor. Among those who responded "the school," they explained that they would either tell a trusted teacher or the school's guidance counselor. Coaches from sports teams were also seen as confidants to the teenagers. However, it was also mentioned that many athletes do engage in tobacco, drug, and/or alcohol use and that participation in athletics doesn't necessarily equate to abstinence with these substances. The teens shared some frustrations with the loose enforcement on the parts of the schools with following through on the code of conduct with sports teams. They shared that kids have to sign a code of conduct prior to participating in sports, but that most of the time when infractions take place, the students don't suffer the consequences. A few students, however, did share stories from their respective schools where various students were not allowed to participate because of drug or alcohol use. A few of the participants also mentioned that they do not feel the cops follow through to the extent they need to. For example, stories were told of police breaking up parties of underage kids and that only warnings are given. There is a perception that the police feel that "kids will be kids" and do not enforce the laws of underage drinking.

The students thought the idea of a countywide organization, represented by kids from all of the area high schools, would be a great idea. The objective of this group would be

to focus on tobacco, drug, and alcohol prevention. They shared that in many of the schools, the SADD organizations are a joke in that half of the students who are in the club are some of the school's biggest drinkers. They liked some of the various programs that have taken place in recent years at some of the high schools that are intended for students to get to know one another and accept differences. These included Project Harmony, One Day, and Mix it Up Day. They shared that some kids made jokes of these programs, but that they were beneficial in the end. However, they were not perceived as beneficial if participation is made optional. The group unanimously felt as if these days should be made mandatory for all students. Lastly, the Young Life organization was touted as a positive influence on the lives of many county students, even those who are frequent users of drugs and alcohol.

The students laughed and unanimously agreed that parents are naïve when it comes to what their children do when it comes to tobacco, drug, and alcohol use. The bar graph below shows their responses to the question, "On a scale of 1-5 (1=totally out of touch, 5=very aware/in touch), how would you rate the awareness of parents with their child's use of tobacco, drugs, or alcohol?"

### How in-touch parents are with teen's tobacco, drug, alcohol use.



The attendees mostly agreed that parents do not know everything their teenage child does. The comical part, to them, is that they believe most parents think their child is completely open and honest with them. They felt that parents do need to have open communication with their children, but they need to have a balance between open

communication and an invasion of privacy and independence. They also felt that it is important for parents to know and communicate with the parents of their friends.

### Concluding thoughts

The teenagers were asked to provide some concluding thoughts and suggestions as to how to reduce the incidence of tobacco, drug, and alcohol use among York County teens. They all agreed that parents probably need to be better educated on what to look for and also that parents need to be made aware that they are not as in-touch with their child as they think. They encouraged starting education at younger ages. As one student said, "If you wait, why bother." They felt that the most effective messages to teens are those that involve other teens, those that share statistics, or stories. There appears to be success in these approaches. The teenagers strongly discouraged any programs and education that is from the mouths of adults. When adults do become aware of a teen experimenting with drug or alcohol use, the best approach is to talk through it with that teen in a calm way.

#### *Participant quotes*

- "If sometimes a teacher hears you talking about you're MySpace page, they'll join in on the conversation because they have one. A lot of the younger teachers have one."
- "Kids screw themselves over by putting pictures of themselves drinking or getting high. That's when they get in trouble."
- "My mom knows I have a MySpace account. She has blocks on the computer and stuff. I think she needs to, but at the same time, she doesn't watch me every time I'm on the computer. She needs to respect my privacy at the same time. If she feels there is a reason to look further into what we've been doing, then they say so. They have that authority and know our passwords, but they also only check up if they feel there might be a problem."
- "Before I drove, my parents were more likely to meet my friends' parents. They would always go to the door and introduce themselves. That doesn't happen really now."
- "My parents never really talked about it (drugs, alcohol), so if the parents could talk about it earlier, that would be helpful. I went from a private school to a public school and 'whoa.' If I didn't end up with a good group of friends, I could have easily fallen into bad behavior because I didn't know. Plus, kids are really influenced by what they see on TV, especially if their parents aren't talking about it."
- "I think you need to have an early development of trust with your parents. When you get to be a teenager, if you don't have that, it doesn't matter what they say. It's sort of like, 'what are you all of sudden trying to tell me what to do now.'"
- "I remember being to this thing where a girl was talking about how she almost died in a drunk driving accident. I cried when I heard her story. It was like a drunk-

driving convention at the Holiday Inn. It was good. I think it would be good to include that in driver's ed at every school."

- "Kids are going to want to rebel, so if they make a bad choice, just tell them it's bad and help them learn. Don't yell and scream."
- "The parents are all clueless from what I see, so helping the parents know what to look for would be good. Some people might not like me saying that, but I think that would help a lot."
- "Everyone listens to the real stories. I don't think scare tactics really work."
- "There are bumper stickers about those commercials of the girl who is high. Everyone just laughs about it. It's a joke."

### Teenager Group (*those in "system"*)

The final focus group was held at the Children's Home of York on July 31, 2008. A total of seven teenage males participated. All of the boys were in the county's probation system and are currently in out-of-home treatment programs. The wireless keypad system was not utilized with this group.

This group definitely presented an entirely different life experience than the other teenager group. Many of these kids came from very broken and apparently dysfunctional, unsupportive homes.

#### Substance abuse

The age of onset for drug and alcohol use was definitely younger among this group. There were several mentions of 9 and 10 years of age. One boy stated that he was a regular smoker by age 9. Those who began in early years were also more likely to have parents with drug and/or alcohol problems. Another teen shared that he would get high with his older brother. He recognized early on that he got attention for being silly because of being high and intoxicated. This was, and still is, an appealing thing to him.

For this group, there appeared to be three primary drivers for using drugs and alcohol. First of all, for a number of them, it was a way of life in their families. One teen shared that he and his mother are both in recovery now together and rely on each other to keep the other one clean. The family environments, particularly the behaviors of the parents, are significantly influential. The second driver is the tendency to look cool and the attention that you receive. A few of the teens shared that they not only used drugs, but were also dealers. As one boy stated, "quick cash, fast cars, easy ass." For many of the teens, there was still the appeal of all of these "benefits." The girls saw them as cool and the drugs gave them power and attention. That point brings up the third driver, an escape from their current lives. It was apparent that many, if not all, of these boys did

not get the attention at home they were craving. The drug and alcohol use is an escape from a life they do not particularly like.

Consistent with the other teen group, these boys shared that obtaining tobacco, drugs, or alcohol is quite easy. It is also interesting to note that this group in particular did not perceive tobacco to be part of the same discussion as drugs and alcohol. That appears to be a pretty standard behavior and not something that is a big deal. The boys shared of various convenience stores where cigarettes can be easily obtained. While alcohol may be taken from parents in the home, it appears to be more common to have someone of age purchase alcohol from you. The standard practice, if there isn't an older sibling or friend, is to stand outside of the liquor store and ask a stranger to buy something for you.

When asked what are deterrents to using tobacco, drugs, and alcohol, all responded in unison with "probation." They did not see educational campaigns or slogans to be very effective. They shared that the law is about one of the only things that might have had an impact on their decision. They suggested hearing stories from kids like themselves would have been beneficial. They were not particularly happy with being on probation and out of home placement and said if they knew what this was going to be like, they might have thought twice about some of their decisions. There was one teen in the group who was not a drug or alcohol user, but on probation for truancy. Although he stated that the out of home placement was a harsh punishment for truancy, it has worked for him. He said, "it worked for me and they got the message across." A few of the boys also admitted that police on foot patrol could have a big impact on drug activities. They stated that the word in York City right now is that there is an increase in the number of plain-clothed officers and that many people are more cautious with their actions because of that.

### Resources

When asked whom they would go to for help, most of them responded their sponsor. Some mentioned family members, perhaps an aunt, uncle, or cousin, who are the stable ones in the family. There is definitely resistance on the part of the teens to counselors who have not been users. Probably some of the most animated feedback from this group was when discussing the statement, "I know what you're going through." This particularly strikes a nerve when said by a counselor or therapist has never been an addict. The boys also stated that they are much more receptive to feedback from staff who are not on a "power trip." They said that these individuals might as well not even say anything because their feedback simply goes in one ear and out the other.

Overwhelmingly, the boys felt as if there were too few things to do in York County. One of the reasons they stated they engaged in drug and alcohol use is because there was nothing better to do with their time. They suggested a community center where

you can go to hang out and socialize. Their ideal center would have some computer stations, video games, a pool table, etc. They affirmed that there are a number of parks and basketball courts in various areas, but that it gets old after a period of time. As one boy stated, "You get tired of playing basketball every single day and when the weather sucks, you're not out there."

When asked about the system in York County, the most common point of contention was with juvenile detention. They stated that there is no intervention or treatment at that point and that it is a waste of time. They saw it simply as a holding area until they could figure out what to do with them. Aside from that point of feedback, they did not appear to have a lot of insight into the big-picture view of the system and was does/does not work.

### Concluding thoughts

When asked for their concluding thoughts and suggestions, not all of the boys had suggestions. It was apparent that one or two of them did not necessarily believe anything needed to be done to decrease tobacco, drug, or alcohol use. Among those who provided suggestions, they stated that their out-of-home placement was a big deterrent. If others could know what to expect if they break the law, that was seen as an effective communication tool. A few also admitted that their lives would probably be different if their parents were better educated or didn't use drugs or alcohol themselves.

### *Participant quotes*

- "I think they need more patrols and cops on the streets."
- "Your biggest influence are your peers. If parents can find a way to talk to their kids, I think that would be good. I didn't get that from my mom because she had her own problems."
- "The new videos and stuff. Rappers and stuff. If you listen to the words, they're talking all about drugs and stuff. Kids listen to that."
- "Man, I had more girls all over me (*because of the drug dealing*). It was great."
- "It's pretty easy to hid from your parents. I had my hiding spots. I don't think parents don't want to know. They don't want to think that their kid could do that or they don't know how to talk to them about it."
- "I think sometimes they know you're doing it. They're just scared."
- "Parents need the message just as much as kids."
- "It takes one to know one. We can pick out a user in a heartbeat. Parents just think you're sleeping all the time."
- "My parents aren't really educated on drugs. They just think that kids might smoke or something."

- “My dad used to smoke a lot of weed. I used to smoke it with him.”
- “I think my dad knew, but he didn’t care.”
- “I think you (parents) can try to scare them out of it or actually sit down and try to talk about it. Hollering and screaming isn’t going to do any good.”
- “Once you’re in (the system), it’s hard to get out. Probation. Placement. I know a lot of kids, their approach is to say what you need to say to get out, then go back to the same thing once they’re out.”
- “A lot of kids can’t wait to get out of the program because they can’t stand the counselors. Some of them are on power trips and the ones who say ‘I understand,’ when they’ve never used is bullshit.”
- “I don’t think the goal for everyone is to stop using. The goal is to get out.”
- “The cool staff gives you space and some freedom. They’re not on a power trip. I can tell you one thing. I listen to what they say a whole lot more than those who are just trying to show you whose boss.”
- “They tell us what they’re going through and they never even smoked weed in their life. That’s bullshit.”

## Concluding Thoughts

There are a number of noteworthy observations on the part of the facilitator that are outlined below.

1. It is apparent that parents are somewhat naïve about their teenager's potential experimentation with tobacco, drugs, and alcohol. A decrease in denial and an increase in awareness of what signs to look for appears necessary. Parents also appear to struggle with how to address these issues with their children. When parents do address it, the approach of yelling and screaming doesn't necessarily seem to work.
2. There is power in peer pressure, for the better and for the worse. Many kids experiment with tobacco, drugs, or alcohol because they see older siblings, older kids, or their peers kids engage in this behavior. Similarly, the most effective messages for not drinking or using drugs also come from other teenagers.
3. The system in York County appears to be quite fragmented. Both providers and key informants agreed that there are many great pockets of service and programs, but that there is a significant lack of coordination as there is no one agency with oversight. The county's Children & Youth agency appears to be struggling in both their image and efforts.
4. There is a need for better education for parents. Many parents simply do not have the parenting skills needed to maintain open communication with their children. Additionally, parents need to be fully aware of the power of "Modeling the Way."
5. York County is not perceived to be a county open to change. The extent to which that mindset and culture can be challenged will definitely assist in furthering the quality of life of its residents. Many of the providers, key informants, and parents encouraged "out of the box" thinking and getting away from the mentality of "that is how we have always done it."
6. It takes little effort for teenagers to obtain cigarettes and alcohol. Many of the teens shared that it is as easy as standing outside of a convenience store and asking a random adult to buy the cigarettes if you pay them a few extra dollars. Similar situations occur with liquor stores. Adults definitely enable a significant amount of teen tobacco, drug, and alcohol use.
7. One of the apparent draws of drug use among the teen boys was the attention, power, and high it gives them. There needs to be a replacement for these "benefits," otherwise the teens are going to leave placement and go back into their lives and follow the exact same behaviors. Based on what was stated, many of the teen boys in that group plan to just go with the flow until they get out and will return to their same behaviors.
8. Lastly, all were in agreement that improving the quality of life and decreasing drug and alcohol use, particularly among teens, is everyone's charge and

responsibility. Given the feedback about the perceived lack of coordination within the children and youth system in York County, this appears to be a basic task that needs to be a priority. The system does not appear to be functioning at its optimum level.