2017

IMPLEMENTING THE FAMILY CHECK-UP PROGRAM TO PREVENT INITIATION OF OPIOID MISUSE AMONG SIXTH GRADERS IN PIKE COUNTY, KENTUCKY

Emily Edmiston
University of Kentucky, emily.edmiston@uky.edu

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Emily Edmiston, Student

Christina Studts, PhD, Major Professor

Corrine Williams, ScD, MS, Director of Graduate Studies

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CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the

requirements for the degree of

Master of Public Health

in the

University of Kentucky College of Public Health

By

Emily Edmiston

Bellbrook, Ohio

Lexington, Kentucky

April 13, 2017

Christina Studts, PhD

Corrine Williams, ScD

Kate Eddens, PhD

Abstract/Project Summary

The availability of prescriptions for opioids has been increasing since 1996. This type of drug is commonly misused by adolescents ages 12 to 17, making the trends in availability particularly alarming. Adolescence is a crucial point initiation of several risk behaviors, including substance use. During this time, parental monitoring, or awareness of the child's activities and communication about those activities, is incredibly important for prevention of those risk behaviors. Despite this importance, parental monitoring behaviors often slip during this time. To help strengthen family management and communication leading into adolescence, the Pike County Health Department (PCHD)is proposing the implementation of the Family Check-Up (FCU) Program. The FCU is a strengths-based parenting intervention that strives to improve parental monitoring and family management practices. Research has demonstrated that this program effectively prevents many risk behaviors and has been used in families with children ages 2 through 17. Through implementing this program, PCHD seeks to strengthen its families and combat the prescription opioid epidemic that plagues much of Eastern Kentucky.

Project Narrative

Target Population

The Opioid Epidemic

Nonmedical use of prescription drugs, including pain relievers, tranquilizers, stimulants, and sedatives, is one of the leading categories of drug use in adolescents and young adults exceeded only by marijuana.[1] Driving the prevalence of the misuse of prescription drugs is the abuse of prescription opioids. Drugs that fall into this category include hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), morphine, and codeine.[2] Recent data reveal that 467,000 (1.9%) of American adolescents and 978,000 (2.8%) of young adults reported nonmedical use of opioids in the past month.[1]

The prevalence of opioid abuse may be related to an increase in the availability of these substances. The increasing availability of opioid prescriptions is likely a contributing factor in the prevalence of adolescent abuse of these drugs. Although the total number of children and adolescents receiving opioid prescriptions did not significantly increase between 1996 and 2012, there was a significant increase in the number of children and adolescents who received five or more such presecriptions.[3] Furthermore, prescriptions to adults in general increased by a staggering 125.6% and prescriptions to relatives of children and adolescents increased by 55.8% during the same time period.[3] This drastic increase in prescriptions to adults and family members indicates that opioids are likely to be available to adolescents, even if they did not personally receive a prescription.

The Opioid Epidemic in Pike County

This national epidemic is of greater concern in rural areas since research has shown that rural adolescents are 26% more likely to use prescription drugs non-medically than their urban counterparts.[4] As a largely rural state, Kentucky experiences a high burden of this epidemic.

Between 2010 and 2014, approximately 2.1% of Kentucky adolescents aged 12-17 reported initiating nonmedical use of opioids, with a total of 4.3% of adolescents reporting past-year use in 2014.[5]

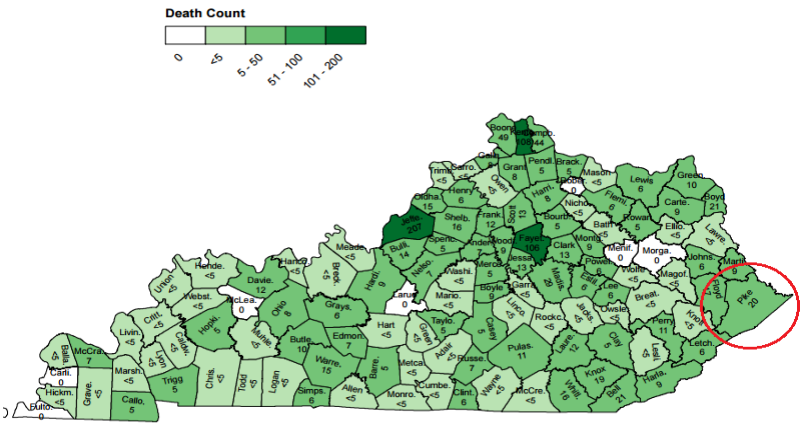

Figure 1: Overdose Deaths by County in 2015[6]

The eastern region of Kentucky struggles more than other parts of the state with opioid abuse and dependence. In Eastern Kentucky, 33% of adults report having friends or family members who have experienced problems due to opioid abuse, relative to 30% in Northern Kentucky, 16% in Western Kentucky, and 25% in the state overall.[6] Communities across the state, but particularly in Eastern Kentucky, are in need of public health interventions to curb this epidemic.

Pike County, the easternmost county in Kentucky, is relatively large with a population of 63,034.[7] Between 2012 and 2015, overdose deaths occurred in Pike County at an average annual rate of 38.42 per 100,000,[8] compared to Kentucky's annual rate of 24.53 per 100,000.[8] In 2015, there were a total of 20 overdose deaths reported in the county (Figure 1).[8] Of those deaths, 13 (65%) were attributed to pharmaceutical opioids not including fentanyl.[9] In addition, there were 279 reports of in-patient hospital discharges and emergency room visits related to drugs in 2014. Of those, 49 (17.6%) were attributed to opioids.[10] This data highlights the burden posed by opioid abuse among Pike County's residents, and underscores the urgent need for intervention.

Determinants of Health Contributing to the Opioid Epidemic in Pike County

Access to healthcare in Pike County is a major concern, which is compounded by the economic state of the county. According to designation by the Health Resources and Services Administration, Pike County is considered underserved compared to the rest of the country with regard to both health and mental health services. The rural geographic characteristics of the county combined with a low availability of healthcare may put adolescents at a particular disadvantage when trying to access these resources. Studies have indicated that this age group is already prone to forgoing medical care due to lack of knowledge of where to go for treatment, how to get to a doctor (i.e. lack of transportation), and lack of insurance.[11] Exacerbating these access problems are anxiety over discuss health concerns with parents and fears about confidentiality during doctor visits.[11] Improving parental monitoring and other parenting skills may help to remedy some of these problems through improving communication and trust with adolescents. Understanding that one's child has an issue may prompt parents to help the child to navigate and find the correct place to pursue treatment, transportation to the doctor, and solutions for payment if the family is uninsured or underinsured.

The lack of access to mental health and substance abuse treatments exacerbates the opioid problem in Pike County. Those who do recognize dependence problems and wish to seek help may be unable to do so. The entire state of Kentucky is underserved with a patient to mental health provider ratio of 560:1.[12] Pike County comes in well below the state with a ratio of 930:1.[12] In addition to being underserved, reports indicate that mental health and substance abuse treatment centers in Appalachian areas, like Pike County, are significantly less likely to provide services on a sliding scale relative to non-Appalachian regions.[13]

County Health Rankings data also indicate that while insurance coverage in Pike County is on par with the rest of Kentucky (17% uninsured), the cost of care, measured by the price-adjusted Medicare reimbursement per enrollee, is slightly higher: $11,574 in Pike County compared to $10,384 in Kentucky at large [12]. In addition, the unemployment rate in Pike County is 10.5%, which is significantly higher than the average rate of 6.5% in Kentucky and 3.5% for top performers in the U.S. [12]. The median annual household income in Pike County ($32,700) is also significantly lower than the Kentucky median ($42,900).

Additional social factors known to contribute to opioid abuse and dependence among adolescents and young adults include the proportion of children raised in single-parent households and lack of parental monitoring. While the prevalence of single-family households in Pike County (32%) is similar to the rest of Kentucky (34%), this is still a concern regarding the initiation of opioid abuse.[12] Studies have indicated that residing in a two-parent household significantly reduces the odds of adolescent drug use, likely due to the protective effects of increased parental bonding and strong familial bonds against adolescent as well as lifetime substance abuse.[4] Disturbances such as parental conflict and instability that may result in divorce, and subsequently, single-parent homes, have been connected to an increased risk of behavioral and substance abuse problems.[14] Other studies have indicated that disengaged parenting during adolescence is associated with negative behavioral outcomes, including substance use.[15] While single parents are capable of successfully monitoring their adolescents, sharing this responsibility between two parents makes monitoring behavior easier, helping parents to stay engaged.[16]

Fighting the Opioid Epidemic in Pike County

While Pike County faces challenges surrounding the opioid epidemic, the community has many strengths and resources that may be leveraged to help combat the opioid epidemic. Forming partnerships with the organizations that contribute to these strengths will help to increase the likelihood of successful implementation of an intervention.

The high school graduation rate of 91% in Pike County is a positive asset for the community.[12] Enrollment in school is a protective factor against the initiation of opioid abuse, particularly for adolescents in rural communities.[4] In addition to traditional public schools, the Pike County School District includes three non-traditional schools, including two day treatment centers that focus on rehabilitating adjudicated adolescents ages 12 to 17.5 and a specialized school focused on reducing drop-out rates.[17] The graduation rate in Pike County is well above the Kentucky average (88%),[12] making this an obvious strength of the community that will be particularly helpful in planning and implementing intervention strategies.

Pike County possesses many additional resources that may be leveraged to address the opioid epidemic. The Kentucky College of Osteopathic Medicine (KYCOM) housed at the University of Pikeville focuses on producing graduates dedicated to serving rural and Appalachian communities. Support from the school may help to create a cultural shift that places greater emphasis on healthy lifestyles, therefore empowering the community to improve their health in all aspects, including the reduction of non-prescription opioid use. Unlawful Narcotics Investigations, Treatment and Education, Inc. (Operation UNITE) serves 32 counties in southern and eastern Kentucky, including Pike County.[18] UNITE's mission includes educating and supporting communities to eliminate the culture of drug use.[18] A partnership with UNITE will enable more intervention programs through access to additional funding sources that allow the

program to operate. Mountain Comprehensive Care Center (MCCC) provides a variety of mental health and family resources to Pike County, including mental health and substance abuse treatment for children and adults. The professionals employed at MCCC have valuable experience that can be used to provide interventions or training to intervention staff.

Program Approach

The Family Check-Up: An Evidence-Based Program

The proposed intervention to combat Pike County's opioid abuse problem among adolescents is implementation of The Family Check-Up Program. The Family Check-Up Program is a strengths-based intervention consisting of four major steps that seeks to improve child outcomes through improving parenting practices, including parental monitoring.[19] First, families meet with a trained provider for an initial interview exploring the strengths and challenges the parents face.[20] Second, the provider administers a series of assessments, including questionnaires and videotaped family interactions.[20] Third, the mental health provider reviews the results of the assessments and provides feedback to the family, highlighting the strengths and challenges in support, family management, and youth adjustment.[20] Finally, the parents engage in a follow-up program that provides an avenue for parents to work on improving the challenges they identified while leveraging their strengths.[20] The follow-up step can take many forms, including family therapy, parent groups, child interventions, school interventions, and more. As part of the current research study, parents who participate in the program will complete a parent training program, *Everyday Parenting*, that builds parenting skills in behavioral support, limit settings, and relationship building.[21]

There are multiple, complex reasons for nonmedical opioid use in adolescents. A recent study of high school seniors identified five major motives for nonmedical prescription opioid use: to relax or relieve tension, to feel good or get high, to experiment or see what it's like, and

to relieve physical pain.[22] These findings provided important insight into the motives for adolescent drug use, several of which have the potential for attenuation with increased parental monitoring. Therefore, an intervention like the Family Check-Up provides a promising avenue for preventing the initiation and decreasing the current use of opioids.

The Family Check-Up program is supported by a strong empirical evidence base that demonstrates effects of the intervention including decreases in family tension, improvements in parenting skills, and reduction of substance use in teens.[15,23] However, many of these studies were performed in urban areas. The rural setting of Pike County may present unique challenges to implementation of the program. Careful process and outcome evaluation throughout the implementation of the Family Check-Up in Pike County will indicate whether the program's effectiveness is affected by the change in setting.

Planning and Readiness

During the initial six-month period, the research team will be assembled and all necessary additional personnel will be recruited. Therapists and Family Peer Mentors will undergo extensive training to ensure that they can deliver the components of the program with adequate fidelity. Systems for scheduling check-up appointments and supplemental Everyday Parenting sessions will be created with input from therapists, Family Peer Mentors, and the program coordinator.

Within the first three months of the project, two focus groups will be conducted at each school to collect information from parents to help target the program to the unique needs and concerns of each school as well to give the parents a sense of ownership over the program. Parents of sixth graders will receive a letter from the principal of their child's school inviting them to attend one of several sessions hosted at that school. Each focus group session will be

held in the evening and last approximately one hour. Food and childcare services will be provided to make attending as easy as possible. The topics covered in the focus group will include parental concerns regarding risky behaviors (e.g. substance use, sexual activity, etc.), desire for family support services, level of comfort in pursuing services, level of comfort in allowing a therapist into the home for the Family Check-Up sessions and alternatives if comfort level is low, and ways to make attendance of follow-up sessions more convenient (e.g. preferred times, considerations for childcare, locations, etc.). Two members of the research team will be present at each focus group – one to moderate and one to record the discussion and take notes. Each focus group discussion will be transcribed within one week of the meeting. Once all discussions are transcribed, they will be reviewed for themes. Two research team members will read all transcripts in their entirety, generate a list of observed themes, and then systematically compile themes by school to inform implementation of the Family Check-Up at each school. These analyses will also help to guide the plans for the additional parent skills training following the conclusion of the three Family Check-Up sessions.

A scheduling system and format for the supplemental parent education groups will be developed using results from parent focus groups. The research team will finalize recruitment of schools and ensure that the school staff help to advertise and endorse the program prior to the enrollment period. A timeline detailing the specific planning and readiness activities can be found in Appendix C.

A Community Advisor Group (CAG) will also be established during this time. This is a key aspect of any community intervention because the involvement of key stakeholders in the CAG will maximize community involvement and buy-in, thus enhancing community motivation to continue the program following the end of the project period. Membership in the CAG will

include but not be limited to the superintendent from each of Pike County's school districts, parents who have and have not suffered from their own opioid abuse or dependence problems, a mental health professional from Mountain Comprehensive Care Center (MCCC), a representative of law enforcement, a pediatrician, and teachers or principals from participating schools. To prevent a power differential that may impact honest participation, the teachers included on the CAG will not be from the same schools as the principals included. The combination of these individuals will help the research team and collaborating organizations consider the opioid abuse epidemic and its solutions from a variety of angles, which will help to guide the implementation process. Additionally, focus groups targeting each community stakeholder group (i.e., education, law enforcement, mental health/substance abuse, parents) will be conducted every six months during the project period to ensure continuous community involvement and feedback. Consistently collecting data about the attitudes toward the opioid abuse problem in these groups will help to demonstrate the specific concerns surrounding the issue and will allow the CAG to ensure that the program remains responsive to community needs, including altering the direction if necessary.

Program Implementation

The logic model (Appendix 2) and work plan (Appendix 3) map out the goals of this intervention and the steps required to meet those goals. The work plan includes a timeframe for each step during the three-year timeline. A general timeline of the implementation of the program can be found in Appendix 4.

In Pike County, we will be adapting the Family Check-Up program for use in a rural, underserved community. This program will be implemented with sixth graders attending public

schools in the Pike County School District and the Pikeville Independent School District, a total of eleven schools.

During the summer of 2018, a letter of endorsement from the principals will be mailed and emailed to parents of students entering sixth grade, encouraging enrollment in the Family Check-Up program. The packet from the principals will include a consent form for the child's participation in student surveys. To encourage return of consent forms, families will be entered in a raffle to enter a $100 Visa gift card when their consent form is received, regardless of agreement to allow their child to participate. One winner will be drawn from each school. In addition to the consent form, an FCU information sheet and enrollment form will be included in the principals' correspondence along with a stamped envelope for easy return or instructions for email return. If families have questions, the research team's contact information will be readily available among the materials. Families who return enrollment forms will be contacted by a research assistant who will meet with the parent(s) and student to schedule the family's first Family Check-Up appointments. To accommodate non-traditional families, anyone with legal guardianship (e.g. grandparents, aunts, uncles, etc.) of a sixth grader is eligible to enroll their family in the program. Families who consent to participate will be enrolled on a rolling basis and scheduled for Family Check-Up sessions on a first-come, first-served basis. This process will be repeated for families of rising sixth graders during the summer of 2019. Families with students entering school during the school year will be given the study information as part of their school enrollment packet. Enrollment reminder postcards will be sent every three months to keep the program at the forefront of the parents' minds.

In addition to passive dissemination of program information through the packets and postcards, active recruitment events will take place throughout the program. These include

advertising and setting up tables at fifth grade graduation ceremonies and back-to-school events and coordinating with teachers to encourage them to promote the program during parent-teacher conferences and other interactions with parents. Parents who complete the program will be encouraged to share their experiences with other parents, particularly the parents of their child's friends. This will help increase the community's sense of ownership of the program which will contribute to sustainability as the grant period ends and the program is opened to parents of children in other age groups.

Following enrollment, the three Family Check-Up sessions will be scheduled with the family at their home or, if needed, at a private, mutually agreed-upon location. During the first check-up, the therapist will go over the consent and assent processes for parents and children. If the whole family agrees to participate, the therapist will proceed with conducting the initial interview. During this session, the therapist will administer the pre-test surveys to the parents. More information on these measures can be found in Table 3 in the Performance Measures and Evaluation section of this proposal. Further assessment of the family will take place during the second check-up. Based on the goals and concerns discussed during the first session, the therapist will decide what types of assessments would be most helpful for each family. Finally, during the third session, the therapist will review all of the assessments with the family and make recommendations for setting goals and taking next steps. Ideally, check-ups will occur across three consecutive weeks, but accommodations can be made for families' unique schedules.

Following the final session, parents are encouraged to attend the *Everyday Parenting* class. This class is a 12-week program that aims to improve positive family management skills of parents. The *Everyday Parenting* group sessions will be offered several times each week, beginning the week after the first families complete their third Family Check-Up sessions. There

will be three staggered offerings of the class to allow families some flexibility. This way, if a class is missed, parents can easily make it to a different offering rather than being forced to wait for the next session to start. The table below shows a sample week schedule for the *Everyday Parenting* classes.

Table 1: Sample *Everyday Parenting* Class Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
PEER MENTOR 1	Class #9 Location A	Class #9 Location B	Class #9 Location C	Class #9 Location D		Class #9 Location E
PEER MENTOR 2	Class #5 Location D	Class #5 Location C	Class #5 Location B	Class #5 Location D		Class #5 Location E
PEER MENTOR 3	Class #1 Location B	Class #1 Location D	Class #1 Location A	Class #1 Location C		Class #1 Location E

Family Peer Mentors will lead these group sessions several nights per week. The classes will be offered at one of the schools one night during the week. Sessions will be scattered across the county to allow parents to attend the sessions close to home but are welcome to attend sessions at any of the locations if they choose. The specific locations will be decided based on input from the parent focus groups. An additional class will be offered at the Mountain Comprehensive Care Center on the weekend. Parents are also welcome to make up missed classes during later offerings. A sign-in sheet will be available at each class to allow tracking of attendance.

There were approximately 700 students enrolled in the sixth grade in Pike County's public school districts in the 2016-2017 school year. We expect class sizes to be similar in the 2018-2019 and 2019-2020 school years when this program will be implemented. The program as it is laid out in this proposal has the capacity to serve approximately 500 families. In the unlikely event that we exceed the capacity during enrollment, we will arrange for families to be placed on a waitlist to receive the services following the conclusion of the study once the plans for sustainability have been implemented. We hope to see a total of 70% of families who enroll attend the first check-up with 70% of those completing all three check-ups. Further, we hope to see 70% of the parents who complete the check-ups also complete the educational follow-up sessions. The targeted number of students from each school during each school year is shown in Figure 2. To promote retention, incentives will be provided to families for completion of steps throughout the program. A summary of these incentives and the amounts can be found in the budget justification section of this proposal.

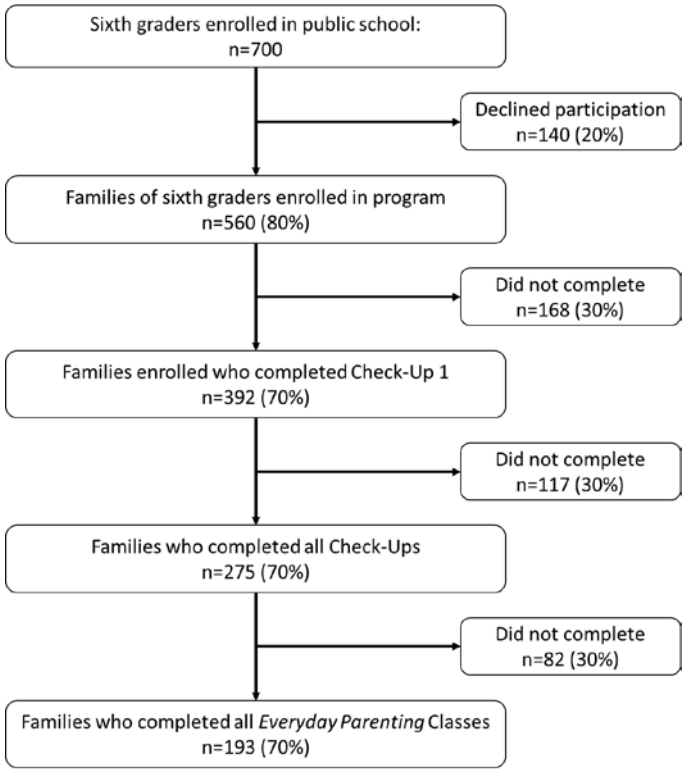

Figure 2: Retention Estimates

Three major barriers to this type of treatment for families in rural, underserved communities are the cost, the lack of service providers, and stigma associated with mental health services. As discussed earlier, Pike County residents are faced with clear difficulties with regard to access and affordability of care. Particularly in rural areas, fear of stigmatization acts as a barrier to seeking mental health services for some parents.[24] An

innovation of this project that will combat all three of these barriers is the use of Family Peer Mentors, who have experience parenting their own adolescents and who are local to the community. Reliance on Family Peer Mentors for the group skills training sessions will provide a lower cost alternative to therapists and social workers. Parents in the program may relate to these peer providers, making them more willing to engage in the program. Since the Family Peer Mentors also experienced parenting challenges, parents enrolled in the program will be less likely to feel inadequate or judged.

Performance Measures and Evaluation

Study Design

The outcomes of this study will be evaluated using a quai-experimental pretest-posttest design with non-equivalent groups. See the study diagrams in Figures 3 and 4 below.

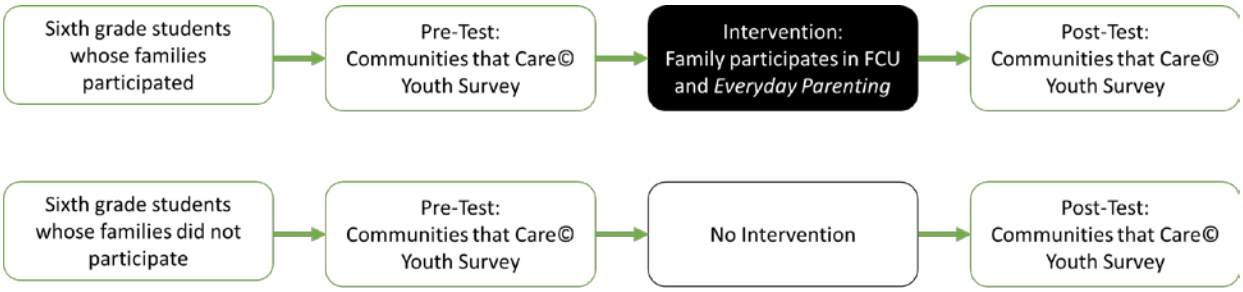

Figure 3: Student Outcome Evaluation - Pre-test Post-test with Non-equivalent Groups

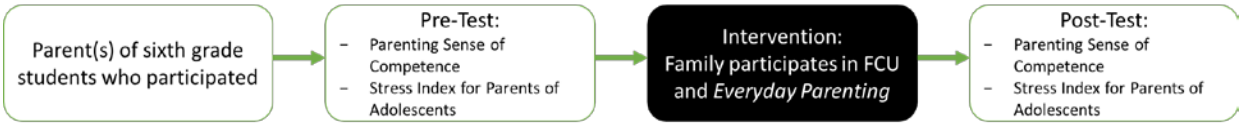

Figure 4: Parent Outcome Evaluation - Pre-test Post-test

Since the purpose of this study is to explore the process of implementing the program in Pike County, rather than to evaluate its efficacy, randomization is not necessary. Therefore, the chosen study design will be sufficient to determine whether the program can be properly implemented.

Formative Evaluation

During the second month of the project planning period, the Program Coordinator will meet with the principals of each of the eleven schools to maintain buy-in for the program. During this meeting, the research team will explain the program and its potential benefits. The goal of this meeting will be to recruit each individual school into the program and answer any questions about the program.

Focus groups with parents and community members will take place during the project planning period to help guide the fine details of the program. The CAG will meet biweekly during this period to formalize the implementation plans and set up infrastructure for the program. After the six-month planning period, the CAG will begin to meet monthly to discuss the program's progress.

Process Evaluation

During the implementation, the research team will also track response rates of families contacted regarding their students' involvement in the substance abuse survey in school as well as program enrollment rates. Table 1 details the process measures that will be tracked. The costs of tracking these measures will primarily be seen in personnel time as well as the costs of mailing materials.

Table 2: Process Measures

Process Measure	Measurement Method
Consent form response rate	Compare number of consent forms sent to families to the number returned.
Number of consent forms returned with parental permission for student participation in surveys	Compare number of forms on which parents gave consent to number on which parents withheld consent.
Student response rates on in-school survey	Compare number of student responses collected to number of students with parental consent.

Initial enrollment form response rate	Track number of enrollment forms returned between the initial communication and the first reminder.
Enrollment rate following each reminder	Track the number of families who enroll after receiving reminders (sent every 3 months)
Completion rates for Check-Up 1	Track the number of families who completed the first check-up after enrolling
Completion rates for Check-Up 2	Track the number of families who completed two check-ups
Completion rates for Check-Up 3	Track the number of families who completed three check-ups
Participation in *Everyday Parenting*	Track the number of families who attend any class sessions
Completion of *Everyday Parenting*	Track the number of families who complete all class sessions

Tracking the above process measures will help to determine whether the program was implemented properly. If participation in any of the above stages drops off, the program staff will know where to focus their attention to improve participation.

To promote fidelity to the intervention, the therapists performing Family Check-Up sessions and the Family Peer Mentors facilitating the parent training groups will undergo virtual training provided by the Arizona State University REACH Institute. The research team will use the COACH rating system to assess fidelity in videotapes of the Family Check-Up sessions and the parent training groups[25]. The COACH system assesses five observable dimensions in each visit: conceptual accuracy and adherence, observance and responsiveness to client needs, active structuring of sessions, careful and appropriate teaching, and generation of hope and motivation [25]. All group sessions will be videotaped, but only a portion will be reviewed. Therapists will videotape their sessions to help protect the anonymity of the families and reduce the need for additional study staff to be present for sessions. Consent to videotape check-up sessions and Family Peer Mentor-led parent training groups will be obtained at the beginning of study.

This method requires research assistants to be trained on properly coding the tapes, which will occur during the initial 6-month planning period. Coders will first be trained on the components of the Family Check-Up. To help them with this, Arizona State University's REACH Institute has agreed to allow the coders access to the e-course used for training providers at a reduced cost since they will not need to complete the other three steps of the training. Before delivery of the Family Check-Up begins, the coders will co-code multiple sample session videos provided by the REACH Institute until their interrater reliability exceeds .80. During the first month of Family Check-Up sessions, the coders will review the same two videos each week to ensure interrater reliability continues. Once this has been achieved and videos are consistently coded by both coders, they will code a total of 10% of session videos split between them. These will be selected at random. If fidelity ratings are low for either or both therapists, the Program Coordinator will meet with them one-on-one to determine the reason for the problems and identify a solution. The most probable solutions are to revisit the initial training provided to refresh the therapists on the proper procedures for check-up sessions or to contact the original program owners at Arizona State University for assistance in fixing service problems.

Outcome Evaluation

The first objective of this intervention is to increase parents' confidence in their parenting skills. Feeling confident in and satisfied with skills is likely to encourage the continuation of practices such as parental monitoring. Reducing parental stress will also contribute to the continuation of positive parenting practices and help to provide a supportive and stable home environment. As mentioned earlier, engaged and supportive parenting during adolescence is associated with better behavioral outcomes, including reduced adolescent substance abuse.

Changes in parental efficacy, satisfaction, and stress will be determined by administering the Parenting Sense of Competence (PSOC) scale and Stress Index for Parents of Adolescents (SIPA) during the second Family Check-Up sessions and six months after completion of *Everyday Parenting*. Additional questions regarding other help parents may seek during the study will be asked to ensure that the research team has all relevant information when determining whether the program may have caused any observed changes.

The second objective is the reduction of risk factors for adolescent substance abuse. The Communities that Care® Youth Survey identified four major domains for risk factors: community, school, family, and peer/individual.[26] When correlated with self-report use of cigarettes, alcohol, and marijuana, the factors within the family and peer/individual risk factors domain demonstrated the strongest correlation. Of the five factors, parental attitudes favorable to drug use, family history of antisocial behavior, and poor family management showed the strongest correlation with current (last 30 days) use of three substances (cigarettes, alcohol, and marijuana) with average Spearman correlation coefficients of 0.41. 0.40, and 0.34, respectively.[26] The strongest correlation can be seen between current use and peer drug use with an average correlation coefficient of 0.54.[26] This information underscores the importance of improving parenting confidence discussed above in that parenting confidence may reduce the family-related risk factors, and parental monitoring may prevent adolescent association with peers who use drugs. While some domains correlate more strongly with adolescent substance use than others, it is crucial to measure all domains to understand the full scope of change that occurs as a result of the intervention. Changes in domains of the adolescent measure in conjunction with the changes in parental outcomes will indicate whether the effects of the parenting intervention are pervasive enough to change substance abuse behaviors.

The third objective is to increase protective factors against adolescent substance abuse in sixth graders. Just as with risk factors, the Communities that Care® Youth Survey breaks protective factors into four domains: community, school, family, and peer/individual.[26] The correlations with protective factors are not as strong as those seen with risk factors,[26] suggesting that reducing risk factors may be the most valuable aspect of this intervention. However, removing risk and increasing protection is the most ideal outcome for this program. Administration of this survey will help to determine whether the effects of changing parenting styles will increase protection and therefore reduce initiation of substance use.

The fourth objective is to reduce current or prevent new opioid abuse amongst sixth graders. This outcome will be measured during the study by comparing self-report responses to items related to nonmedical use of prescription opioids on the Communities that Care® Youth Survey. The survey will be administered to all sixth-grade students in Pike County's public schools. Attendance records will be pulled for the days that the research team administers surveys to determine the proportion of students that were present and completed the survey. It is important to note that if current substance use rates are low in this population, a significant change may not be seen by the end of the program. The goal is to see the initiation of use remain low and possible reduce current use.

The Communities that Care® Youth Survey includes blanks at the end that allow researchers to add their own questions. In order to allow us to compare responses of students whose families participated to those whose families did not, we will add some questions asking the students whether they are aware that their families participated in the program and whether they completed the program. The surveys will not be able to be linked to specific families, but will provide information on how well the program is working.

The purpose of these objectives is to reduce the prevalence of current nonmedical use of prescription opioids in Pike County. Since this study will serve as a pilot study to determine whether the program can be effectively implemented in Pike County, we may not see a substantial effect at the county level. Future iterations and expansion will be necessary to see this effect. Indicators of a reduction in adolescent substance abuse may be seen by a decrease in overall overdoses and drug-related arrests in the county.

The therapists will include items collecting demographic information (e.g. age, race, gender, etc.) of all the family members during the first check-up. This will help to demonstrate who the program reaches and guide future directions.

Table 3: Measurement Tools

Constructs	**Definition of Variables**
Parental Efficacy	Parenting Sense of Competence (PSOC) measures parental efficacy or the degree to which parents feel they are able to handle upcoming child problems. PSOC items have internal consistency for this construct (Cronbach's alpha: 0.76)[27]. Correlations with other parenting measures (Child Behavior Checklist, Eyberg Child Behavior Inventor, Depression Anxiety Stress Scale, Parenting Scale) provide support for validity of this instrument[27,28].
Parental Satisfaction	PSOC measures parental efficacy or the degree to which parents feel they are able to handle upcoming child

	problems. PSOC items have internal consistency for this construct (Cronbach's alpha: 0.75)[27].
Parental Stress	Stress Index for Parents of Adolescents (SIPA) is a developmentally sensitive extension of the Parenting Stress Index (PSI) that contains items more specific to the struggles and stressors of parents of adolescents. Shown to have test-retest reliability (Cronbach's alpha 0.85) and internal consistency (Cronbach's alpha: 0.89). Convergent validity derived from correlations with Parenting Alliance Inventory[29].
Risk Factors for Adolescent Substance Abuse	Communities that Care® Youth Survey identifies risk factors for problem behaviors including substance abuse. 20 factors in four domains (community, school, family, and peer/individual) are identified. Average Cronbach's alpha for all factors was greater than 0.50 and greater than 0.70 for all but one. Items were chosen based on face validity[26].
Protective Factors against Adolescent Substance Abuse	Communities that Care® Youth Survey identifies protective factors against problem behaviors including substance abuse. 8 factors in four domains (community, school, family, and peer/individual) are identified. Average Cronbach's alpha for all factors was greater

	than 0.50 and greater than 0.70 for all but five of the factors. Items were chosen based on face validity[26].
Current Adolescent Substance Use	Communities that Care® Youth Survey includes questions about current (last 30 days) and lifetime use of substances, including nonmedical use of prescription opioids.

A list of all process and outcome measures can be found in Appendix 5.

Obstacles and Challenges to Evaluation

Some of the biggest challenges to evaluation are obtaining consent for the grade-wide collection of substance abuse data, avoiding underreporting of substance use behavior by students, and receiving responses to follow-up surveys. To help combat the consent concern, incentives will be offered for return of consent forms that are sent to parents, regardless of whether the decide to give permission. This will help to ensure that we get a response from as many parents as possible without coercing participation. Avoiding underreporting is more complicated due to the stigma surrounding drug use. The students will be spaced so that it is difficult to see the answer sheets of other students and a member of the research team will be the only one in the room during administration to reduce fear that the teachers will see their students' answers. Students will be reassured of the confidentiality of their answers and their ability to decline to take the survey if they choose. Students will receive a $5 iTunes or Google Play gift card for their participation. To encourage responses to the six-month follow-up survey, families will be entered in a raffle for an Apple iPad. A total of six families will win an iPad – three from each class of sixth graders participating in the study.

Sustainability

A significant barrier to sustainability is the cost of the therapists' time for the Family Check-Up sessions as well as staffing the parent training sessions. Mountain Comprehensive Care Center is an ideal partner to take ownership of this program, because they will be contributing therapists for the Family Check-Up sessions and because they utilize paraprofessionals in service delivery in their system already, meaning that Family Peer Mentors may be a natural extension of their existing services. Ensuring MCCC's active involvement during this intervention will help to facilitate their ownership of the program after the project period ends. Rather than staffing the parent training group sessions with therapists, the alternative proposed by this intervention is to hire Family Peer Mentors to deliver this component of the program. Since this type of position requires personal experience but no education beyond a high school diploma or GED, the cost is much lower relative to therapists or social workers. The evaluation of this project will be crucial in assessing the feasibility and outcomes of this approach. After the end of the study, the research team can provide tools to MCCC and the schools to continue to monitor the performance of the Family Peer Mentors. Grant funds related to substance abuse prevention obtained by the health department or shared by Operation UNITE may help to cover some program costs in the future. If costs of the proposed program can be covered, this program should be sustainable in this community.

Once the grant period ends, the monetary incentives for participation will end as well. This poses a threat to sustainability if families are not intrinsically motivated to participate. Testimonials from parents who completed the program first will help to convince other families of the value of participating. In addition, the childcare component to the *Everyday Parenting* classes will create a social environment for the students involved. With continued buy-in from

the schools, the childcare portion can be structured like an after-school program following the end of the grant period. This will increase desirability on the part of the children, which may convince parents to enroll. Religious leaders may also be able to contribute to motivation through their continued support of the program and its goals.

Program Management

Pike County Health Department's Public Health Services Manager will act as the Program Coordinator. The Program Coordinator will be responsible for overseeing the day-to-day management of project resources, ensuring that all measures are being appropriately collected by the appropriate staff, coordinating assessment of fidelity of services provided by staff, ensuring that all goals and objectives are met within specified timeframes, and ensuring that project reports and abstracts are generated in a timely manner. The Program Coordinator will meet with the provider team (Family Peer Mentor and mental health provider) and the research team (principal investigator and research assistants) separately each week to ensure that communication remains open and to ensure that implementation remains consistent. The Program Coordinator will assist in data collection management and will disperse research incentives throughout the project.

Additional personnel include graduate research assistants, a statistician, Family Peer Mentors, and therapists. Research assistants will be recruited from the Kentucky College of Osteopathic Medicine and will be responsible for data collection (e.g. assisting with survey administration), data entry (e.g. survey results, tracking participation, etc.) and coding of session videotapes to ensure fidelity. The statistician will be contracted from the University of Kentucky to provide data management support and data analysis throughout the project.

Capacity and Experience of the Applicant Organization

The Pike County Health Department (PCHD) has demonstrated our place in the Pike County community as a leader in prevention through adherence to our mission to provide services and education to safeguard the health of our community, vision of leading our community in prevention, and values of providing services in a professional, caring, helpful, and dedicated manner. PCHD is an equal opportunity employer that upholds and enforces policies prohibiting discrimination in the provision of services on the basis of age, sex, race, color, national origin, religion, sexual orientation, or gender identity.

Successful provision of the Healthy Access Nurturing Development Services (HANDS) program demonstrates that PCHD has the experience and financial stability necessary for implementation of a large-scale home-visitation programs. In fact, we offer multiple health services to strengthen the health and well-being of our families. However, many of these services, including HANDS, offer the most assistance only to parents of infants or young children, leaving a gap in services for parents with older children. The addition of the Family Check-Up program will allow us to continue to support parents as they navigate the unique challenges they face during their adolescents' developmental phase.

As part of our dedication to the health of the community, we routinely monitor the state of our community through periodic Community Health Assessments (CHA). Through this process, we are able to consistently track the needs of our community and our ability to meet those needs. Further, this assessment allows us to identify areas for improvement within our services and adjust them accordingly. After conducting Community Health Assessments, we convene many stakeholders in the community to draft Community Health Improvement Plans (CHIP) at regular intervals. This history with bringing these stakeholders together demonstrates our ability to forge lasting partnerships in the community, helping to vastly extend the depth of

impact we are able to have on the health of our community. Our recent CHA/CHIP process revealed that our community is greatly concerned about substance abuse in our county. Opioid use among adolescents was identified as an objective that the community's stakeholders would like to focus on over the next three to five years. Since the community feels strongly about this issue, it will be less challenging to introduce an intervention such as the Family Check-Up Program to begin to combat the problem.

The Family Check-Up Program staff will join the ranks of the other staff who provide our other programs (see Appendix 6 for organizational chart). The cohesive nature of our department ensures that while each program operates as its own department, they all collaborate when appropriate. This helps to ensure that our expert staff are utilized to their full advantage when combatting the health issues facing our community. Further, our talented and dedicated support staff help to ensure all operations run smoothly.

Administrative staff provide oversight for program activities while still allowing each department to maintain autonomy. Their effective management of staff keeps turnover rates relatively low (< 25%). The primary reasons given for turnover provided by exiting staff were salary related. While PCHD seeks to provide competitive pay to all of its employees, the nonprofit nature of health departments requires us to keep staff costs low so that we can provide services to our community at a low cost. Fierce adherence to PCHD's mission, vision, and values help to maintain a high quality staff while offsetting the slightly lower compensation by providing staff with a strong sense of purpose.

Partnership and Collaboration

The primary collaborators contributing directly to this project are the administration and staff at the schools in the Pike County and Pike County Independent school districts and Mountain Comprehensive Care Center. The endorsement of our program by the principals and

teachers in these schools is crucial to our ability to effectively collect data on student attitudes and behaviors surrounding drug use, effective recruitment of families into the program, and delivery of the follow-up parenting classes. The willingness of the school staff to learn about the program and engage families in discussion regarding its benefits will help to boost enrollment efforts, allowing the program to reach the maximum number of families. Since this will require very little time outside of the staff's normal duties, we do not expect much push-back in their involvement in the recruitment process. Schools will also be crucial in providing a location for the *Everyday Parenting* sessions. These sessions will be offered after school hours and the research team will work with the schools to resolve any liability issues with after-school programming as well as any potential scheduling conflicts with other school events.

Mountain Comprehensive Care Center (MCCC) will help to provide clinical supervision to the therapists. Since MCCC offers a home visitation program of its own, their staff is well-equipped to work with program staff to ensure that services are being provided at the highest level possible. The therapists will sit in on MCCC's clinical staff meetings to provide them access to any guidance that they may need regarding family visits or issues that may arise, such as required reporting of conditions in the home (i.e. parental substance use, suspected abuse or neglect of children, etc.). MCCC is willing to be involved in this way because they are looking to incorporate this program into their home-visitation services if it is shown to work well in the Pike County community.

The University of Pikeville will be crucial to keeping the cost low. Students of various majors may be interested in helping with program activities both during and after the grant period. These students may be compensated at low rates or opt to receive class credit for the field experience. The involvement of students will also foster a sense of pride in the community,

which may encourage graduates to stay and work in Pike County, which will have a positive impact beyond the scope of this program.

Wellcare®, a large insurance provider, is a crucial partner to involve in the project. While they will not take part in the direct program implementation during the grant period, they will be interested in the results of the program and may be a great resource for sustainability. The work families complete with a therapist are billable services that could be covered by Wellcare®'s plans, making it more feasible to convince other providers in the area to add the program to their services. Wellcare® has a vested interested in improving health through prevention as evidenced by their Community Advocacy Programs, so in addition to helping provide the services, they are very interested in helping to prevent the adverse outcomes associated with substance abuse.

Other partners in the county whose support may increase community buy-in and use of the program include the regional Family Resource and Youth Services Center (FRYSC) coordinator, law enforcement, physicians and other healthcare providers, Project UNITE staff, and religious leaders. Outside of the county, policy-makers and organizations such as the Harm Reduction Coalition and Drug Control Task Force are important stakeholders to involve. Demonstrating that the Family Check-Up program aligns with their mission and goals may lead to opportunities for resource support after the grant period ends. More information on potential partners can be found in Appendix 7.

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Appendix 1: Budget Narrative

Overall Budget

Cost Category	Year 1	Year 2	Year 3	
Personnel	$224,758	$334,154	$258,577	
Consultant Costs	$4,000	$6,500	$4,000	
Equipment	$2,500			
Travel	$7,500	$12,500	$12,500	
Incentives	$46,520			
Supplies	$158,250			
Training	$12,920			**Grand Total:**
Total	**$479,158**	**$404,993**	**$303,542**	**$1,187,693**

Personnel

	Year 1			Year 2			Year 3		
	Effort	Salary		Effort	Salary		Effort	Salary	
Principal Investigator Rebekah Mikaelson	10%	$100,000	$10,000	10%	$106,620	$10,662	10%	$117,090	$11,709
Program Coordinator Jenna Sommers	75%	$60,000	$60,000	100%	$63,972	$63,972	100%	$70,254	$70,254
Mental Health Provider 1 Katherine Pierce	50%	$50,000	$25,000	100%	$53,310	$53,310	50%	$58,545	$29,272
Mental Health Provider 2 Valarie Tulle	50%	$50,000	$25,000	100%	$53,310	$53,310	50%	$58,545	$29,272
Family Peer Mentor 1 Matthew Donovan	18.75%	$19,000	$3,563	37.5%	$20,258	$7,597	18.75%	$22,247	$4,171
Family Peer Mentor 2	18.75%	$19,000	$3,563	37.5%	$20,258	$7,597	18.75%	$22,247	$4,171

Caroline Forbes									
Family Peer Mentor 3 Nora Hildegard	18.75%	$19,000	$3,563	37.5%	$20,258	$7,597	18.75%	$22,247	$4,171
Research Assistant 1 TBD	50%	$20,800	$10,400	50%	$22,177	$11,089	50%	$24,355	$12,177
Research Assistant 2 TBD	50%	$20,800	$10,400	50%	$22,177	$11,089	50%	$24,355	$12,177

Rebekah Mikaelson, MD, Principal Investigator (1.2 months, 10%): Dr. Mikaelson will spend 10% of her time in years 1-3 overseeing the implementation and evaluation of the program. She is the Director of Pike County Health Department and is responsible for overseeing the IRB process, reviewing training materials, and ensuring proper allocation of grant funds.

Jenna Sommers, MPH, Program Coordinator (12 months, 100%): The program coordinator will oversee day-to-day activities of the project and data collection. She will assist with communication between schools, families, and the mental health provider and family peer mentor as well as help with scheduling participants, tracking completion of services, and sending incentive rewards to participants. She will oversee the work of research assistants and report progress to Dr. Mikaelson at monthly meetings.

Katherine Pierce, MS, LMHP, Family Check-Up Provider (12 months, 100%): As a Family Check-Up provider, Katherine will be responsible for conducting home visits and collecting necessary measurements. Therapists will conduct three to four check-up sessions each day. The remainder of the work hours each week will be spent filling out paper work, reviewing current cases to prepare for subsequent check-up appointments, and attending meetings. Meetings required of therapists include a monthly meeting

with the program staff and weekly meetings with the MCCC Mental Health/Child Services Director who will help to provide guidance and oversight for the therapists' practice.

Valerie Tulle, MS, LMHP, Family Check-Up Provider (12 months, 100%): As a Family Check-Up provider, Katherine will be responsible for conducting home visits and collecting necessary measurements. Therapists will conduct three to four check-up sessions each day. The remainder of the work hours each week will be spent filling out paper work, reviewing current cases to prepare for subsequent check-up appointments, and attending meetings. Meetings required of therapists include a monthly meeting with the program staff and weekly meetings with the MCCC Mental Health/Child Services Director who will help to provide guidance and oversight for the therapists' practice.

Matthew Donovan, Family Peer Mentor (4.5 months, 37.5%): The family peer mentor will be responsible for leading the group classes that follow the completion of the check-ups. Family peer mentors will have experience dealing with children with emotional difficulties and will, therefore, help to foster a supportive and non-judgmental environment for parents. The family peer mentor will attend monthly meetings. Family Peer Mentors are required to have a high school diploma or GED, bachelor degree preferred. Mentors must also have had experience dealing with children with behavioral problems as parents or guardians. This will allow them to connect with parents in a unique manner that will put them at ease and reduce feelings of judgement and stigmatization.

Caroline Forbes, Family Peer Mentor (4.5 months, 37.5%): The family peer mentor will be responsible for leading the group classes that follow the completion of the check-ups. Family peer mentors will have experience dealing with children with emotional difficulties and will, therefore, help to foster a supportive and non-judgmental environment for parents. The family peer mentor will

attend monthly meetings. Family Peer Mentors are required to have a high school diploma or GED, bachelor degree preferred. Mentors must also have had experience dealing with children with behavioral problems as parents or guardians. This will allow them to connect with parents in a unique manner that will put them at ease and reduce feelings of judgement and stigmatization.

Nora Hildegard, Family Peer Mentor (4.5 months, 37.5%): The family peer mentor will be responsible for leading the group classes that follow the completion of the check-ups. Family peer mentors will have experience dealing with children with emotional difficulties and will, therefore, help to foster a supportive and non-judgmental environment for parents. The family peer mentor will attend monthly meetings. Family Peer Mentors are required to have a high school diploma or GED, bachelor degree preferred. Mentors must also have had experience dealing with children with behavioral problems as parents or guardians. This will allow them to connect with parents in a unique manner that will put them at ease and reduce feelings of judgement and stigmatization.

Research Assistants (TBD) (6 months, 50%): These two individuals will be Kentucky College of Osteopathic Medicine (KYCOM) students interested in preventive medicine or public health experience. Each student will work 20 hours per week helping with data entry and review of video/audio tapes to ensure fidelity. Students will meet weekly with the program coordinator and monthly with the rest of the program staff.

Fringe Benefits

In addition to salary, personnel will receive supplemental benefits provided to all Pike County Health Department employees.

Role	YEAR 1	YEAR 2	YEAR 3
Principal Investigator	$3,265	$3,439	$3,697
Program Coordinator	$24,146	$25,332	$27,019
Mental Health Provider 1	$13,240	$27,821	$14,876
Mental Health Provider 2	$13,240	$27,821	$14,876
Family Peer Mentor 1	$2,904	$6,039	$3,166
Family Peer Mentor 2	$2,904	$6,039	$3,166
Family Peer Mentor 3	$2,904	$6,039	$3,166
Research Assistant 1	$7,939	$8,258	$8,669
Research Assistant 2	$7,939	$8,258	$8,669

Travel

Since travel around the county is required, a total of $15,000 will be available to compensate study for mileage. The standard mileage reimbursement rate implemented by the IRS will be used to determine the appropriate payment. Money for conference travel, including the annual Project Director's Meeting and Regional Trainings has been included in the program budget.

Travel	**Year 1**	**Year 2**	**Year 3**
Mileage	$5,000	$5,000	$5,000
Conference Travel	$2,500	$7,500	$7,500

Equipment

Item	Justification	Cost
Apple iPad (x5)	Each therapist and Family Peer Mentor will be provided with an iPad. The iPads can be used to administer surveys and aid staff in providing their services	$2,500
Other	Therapists and Family Peer Mentors may need to purchase equipment to assist them in delivering services. Staff are required to submit justification for items to the PI and Program Coordinator for review prior to purchasing.	$3000

Supplies

Item	**Justification**	**Cost**
SIPA i-admin ($2/survey)	Stress Index for Parents of Adolescents electronic measurement tool	$2,800
SIPA Score report ($1/survey)	Stress Index for Parents of Adolescents electronic scoring tool	$1,400
Everyday Parenting Manual (x3)	Manuals will be utilized by Family Peer Mentors during classes. Mentors will use the manual to plan and lead activities in class	$75
Classroom and Therapy Session supplies	Family Peer Mentors and Therapists may need office/classroom supplies to perform activities. Items such as paper pads, markers, pens, pencils, tape, scissors, and other similar supplies may be purchased with these funds.	$3,000

Food	To remove barriers to attendance, dinner/snacks/refreshments will be provided to families who attend focus groups or parenting classes. Since we expect many of the classes will be held in the evenings when working parents will be able to attend, providing a food will allow parents to attend without considering how to fit in the class around mealtime and other family activities.	$130,000
Childcare	To remove barriers to attendance at classes and focus groups, childcare services can be arranged at the schools. This budget can be used to help pay for staff that may need to be hired to watch children, supplies for activities, and any insurance or liability coverage that may need to be purchased.	$15,000

Consulting

The research team will set aside funds to keep a statistician from University of Kentucky's Applied Statistics Lab (ASL) on contract. The statistician will assist the research team in data analysis throughout the project. The Mountain Comprehensive Care Center will also be treated as a consultant on the project for their supervision of the provider team.

Consultant	Purpose	Year 1 Cost	Year 2 Cost	Year 3 Cost
University of Kentucky's Applied Statistics Lab (ASL)	The statistician will assist the research team in data analysis during the program.	$1,500	$1,500	$1,500
Mountain Comprehensive Care Center	MCCC's Mental Health/Children's Service Program Director has agreed to provide guidance and oversight to the	$2,500	$5,000	$2,500

	therapists for a consulting fee.			

Training

Family Check-Up providers, Family Peer Mentors, and research assistants will all require training from Arizona State University's REACH Institute to deliver and evaluate fidelity of the services provided. All training can be done online at the convenience of the team members.

Training	Cost
Check-Up Provider	$3,500
Everyday Parenting	$8,250
COACH coding	$1,170

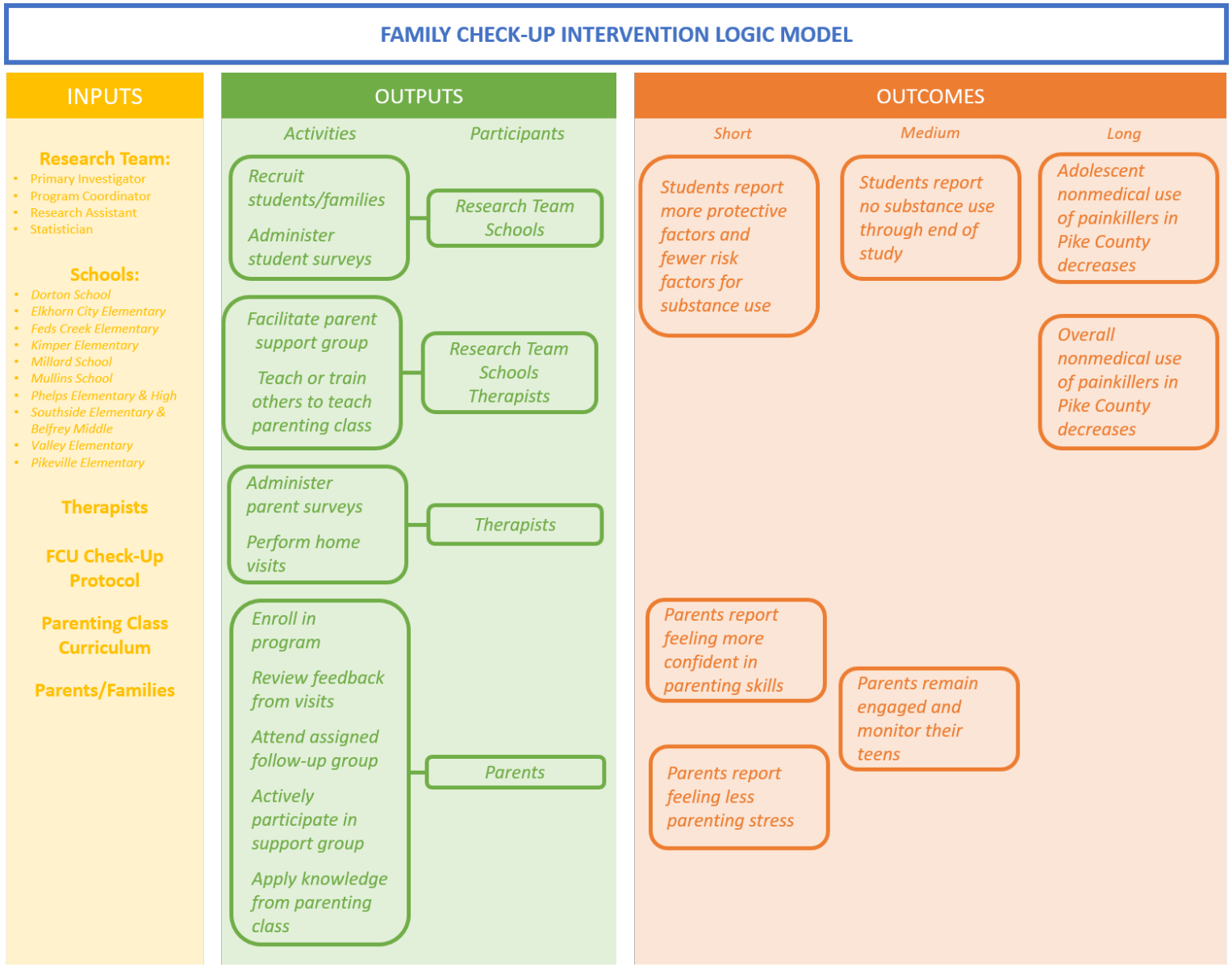
Incentives

To encourage full participation, incentives will be offered to families for completing steps of the program as outlined below. The type of gift cards used as incentives will be determined based on feedback from focus group participants.

Activity	Award Description	Cost
Focus Group Attendance	Two focus groups consisting of approximately 6 parents will be held at each school. Each participant will receive a $10 gift card.	$1,320
Returned Consent Form	Each family will be entered in a raffle for a $50 gift card for completing and returning the consent form for student participation in the student surveys. Families be entered in the raffle even if they decline consent on the form.	$1,100

Completion of Check-Up 1	Every family will receive a $10 gift card	$10,000
Completion of Check-Up 2	Every family will receive a $10 gift card	$10,000
Completion of Check-Up 3	Every family will receive a $10 gift card	$10,000
Completion of all 12 *Everyday Parenting* Classes	A raffle for an Apple iPad will occur after the last class each school year. Two iPads will be given away each school year.	$3,000
Students Survey	Each student will receive a $5 iTunes or Google Play card for each survey completed (each student completes survey twice).	$10,000
Follow-Up Survey	Each family will be entered in a raffle for a $50 gift card for completing and returning the 6-month follow-up survey.	$1,100

Appendix 2: Logic Model



Appendix 3: Work Plan

Objective 1:	**90% of parents with a child entering 6th grade in a public school in Pike County return consent form to allow child to take surveys in school.**			
	Measure for Accomplishment:	Number of consent forms returned is properly tracked.		
	Activity	**Responsible Party:**	**Purpose**	**Timeframe:**
1.1	Track number of consent forms sent to families.	School administration, Research assistants	Know how many consent forms are in circulation.	June
1.2	Track number of consent forms returned.	School administration, Research assistants	Know proportion of consent forms that have been returned.	June - August
1.3	Prize drawing for returned consent form.	School administration, Program coordinator	Incentivize return of form, regardless of whether permission is granted.	August (first day of school)
1.4	Record which students have permission to participate in surveys.	School administration, Research assistants	Ensure that only students with permission participate.	June - August
Objective 2:	**80% of parents with a child attending 6th grade in a public school in Pike County enroll in the FCU.**			
	Measure for Accomplishment:	Number of consent forms returned is properly tracked.		
	Activity	**Responsible Party:**	**Purpose**	**Timeframe:**
2.1	Track number of enrollment forms and reminders sent to families.	School administration, Research assistants	Know how many enrollment forms and reminders are in circulation.	Every 3 months beginning in June
2.2	Track number of enrollment forms returned	School administration, Research assistants	Know proportion of enrollment forms that have been returned.	Ongoing beginning in June
Objective 3:	**80% of parents who enroll in FCU complete first Check-Up.**			
	Measure for Accomplishment:	Families who have completed first Check-Up properly tracked.		
	Activity	**Responsible Party:**	**Purpose**	**Timeframe:**
3.1	Track which families enrolled schedule and complete first Check-Up	Mental health provider, Research assistants	Know proportion of those enrolled who attend first Check-Up	Ongoing

	3.2	Send incentive payment following completion of first Check-Up	Program coordinator	Encourage families who enrolled to complete the first step	Ongoing
Objective 4:		**70% of parents who complete first Check-Up complete all three Check-Ups.**			
		Measure for Accomplishment:	Correct number of families complete all Check-Ups.		
		Activity	Responsible Party:	Purpose	Timeframe:
	4.1	Track which families complete all Check-Ups.	Mental health provider, Research assistants	Know proportion of families who complete all Check-Ups.	Ongoing
	4.2	Send incentive payment following completion of second Check-Up.	Program coordinator	Encourage families to complete the second Check-Up.	Ongoing
	4.3	Send incentive payment following completion of third Check-Up.	Program coordinator	Encourage families to complete the third Check-Up.	Ongoing
Objective 5:		**70% of parents who complete all three Check-Ups complete all 12 of the follow-up sessions (*Everyday Parenting)***			
		Measure for Accomplishment:	Correct number of families complete all follow-up sessions.		
		Activity	Responsible Party:	Purpose	Timeframe:
	5.1	Track which families attend each session.	Family peer mentor, Research assistant	Know which families have completed which sessions	Ongoing
	5.2	Send periodic reminders of classes missing.	Family peer mentor, Program coordinator	Classes do not have to be completed in order or at a particular location. Reminders will include name of the session and a schedule of the classes to help families complete all sessions.	Ongoing
	5.3	Send incentive payment following completion of 4 follow-up sessions.	Program coordinator	Encourage families to make progress toward completing follow-up sessions	Ongoing

	5.4	Send incentive payment following completion of 8 follow-up sessions.	Program coordinator	Encourage families to make progress toward completing follow-up sessions	Ongoing
	5.3	Send incentive payment following completion of 12 follow-up sessions.	Program coordinator	Encourage families to complete all follow-up sessions	Ongoing
Objective 6:	**Students whose families participated in the program report significantly more protective factors in any domain on the Communities that Care© Youth Survey.**			
	Measure for Accomplishment:	Pre-Post Tests indicate an increase in protective factors.		
	Activity	Responsible Party:	Purpose	Timeframe:
	6.1	Administration of CTCYS prior to program participation.	Program coordinator, School administration	Gather baseline data about participants.	August (before enrollment)
	6.2	Administration of CTCYS after program completion.	Program coordinator, School administration	Gather data after conclusion of the program.	September (after last parenting class session offered)
	6.3	Statistical analysis	UK Statistician	Demonstrate statistical significance between groups.	End of program
Objective 7:	**Students whose families participated in the program report significantly fewer risk factors in any domain on the Communities that Care© Youth Survey.**			
	Measure for Accomplishment:	Pre-Post Tests indicate a decrease in risk factors.		
	Activity	Responsible Party:	Purpose	Timeframe:
	7.1	Administration of CTCYS prior to program participation.	Program coordinator, School administration	Gather baseline data about participants.	August (before enrollment)
	7.2	Administration of CTCYS after program completion.	Program coordinator, School administration	Gather data after conclusion of the program.	September (after last parenting class session offered)
	7.3	Statistical analysis	UK Statistician	Demonstrate statistical significance between groups.	End of program

Objective 8:	**Students whose families participated in the program report significantly lower rates of current substance abuse on the Communities that Care© Youth Survey.**			
	Measure for Accomplishment:	Survey data indicates correct number of students report no current substance abuse.		
	Activity	Responsible Party:	Purpose	Timeframe:
8.1	Administration of CTCYS prior to program participation.	Program coordinator, School administration	Gather baseline data about participants.	August (before enrollment)
8.2	Administration of CTCYS after program completion.	Program coordinator, School administration	Gather data after conclusion of the program.	September (after last parenting class session offered)
8.3	Statistical analysis	UK Statistician	Demonstrate statistical significance between groups.	End of program
Objective 9:	**50% of parents who completed three Check-Ups and twelve follow-up sessions report increase in efficacy on Parenting Sense of confidence.**			
	Measure for Accomplishment:	Pre-Post Tests indicate an increase in parental efficacy.		
	Activity	Responsible Party:	Purpose	Timeframe:
9.1	Administration of PCOS prior to program participation.	Program coordinator, Mental health provider	Gather baseline data about participants.	Check-Up Session #1
9.2	Administration of PCOS immediately after program completion	Program coordinator, Mental health provider, Family Peer Mentor	Gather data after family completes the program.	Check-Up Session #3, *Everyday Parenting* Class #12
9.3	Administration of PCOS 6 months after program completion	Program coordinator	Gather data after family completes the program.	Ongoing
9.4	Statistical analysis	UK Statistician	Demonstrate statistical significance between groups.	End of program
Objective 10:	**50% of parents who completed three Check-Ups and twelve follow-up sessions report increase in satisfaction on Parenting Sense of confidence.**			
	Measure for Accomplishment:	Pre-Post Tests indicate an increase in parental efficacy.		

	Activity	Responsible Party:	Purpose	Timeframe:
10.1	Administration of PCOS prior to program participation.	Program coordinator, Mental health provider	Gather baseline data about participants.	Check-Up Session #1
10.2	Administration of PCOS immediately after program completion	Program coordinator, Mental health provider, Family Peer Mentor	Gather data after family completes the program.	Check-Up Session #3, *Everyday Parenting* Class #12
10.3	Administration of PCOS 6 months after program completion	Program coordinator,	Gather data after family completes the program.	Ongoing
10.4	Statistical analysis	UK Statistician	Demonstrate statistical significance between groups.	End of program

Objective 11: **50% of parents who completed three Check-Ups and twelve follow-up sessions report decrease in parental stress on Stress Index for Parents of Adolescents**

Measure for Accomplishment: Pre-Post Tests indicate an increase in parental efficacy.

	Activity	Responsible Party:	Purpose	Timeframe:
11.1	Administration of SIPA prior to program participation.	Program coordinator, Mental health provider	Gather baseline data about participants.	Check-Up Session #1
11.2	Administration of SIPA survey immediately after program completion	Program coordinator, Mental health provider, Family Peer Mentor	Gather data after family completes the program.	Check-Up Session #3, *Everyday Parenting* Class #12
11.3	Administration of SIPA survey 6 months after program completion	Program coordinator,	Gather data after family completes the program.	Ongoing
11.4	Provide incentive for survey completion.	UK Statistician	Demonstrate statistical significance between groups.	End of program

Objective 12: Mental health providers implement Check-Ups consistently across all families

Measure for Accomplishment: COACH coding of Check-Up sessions

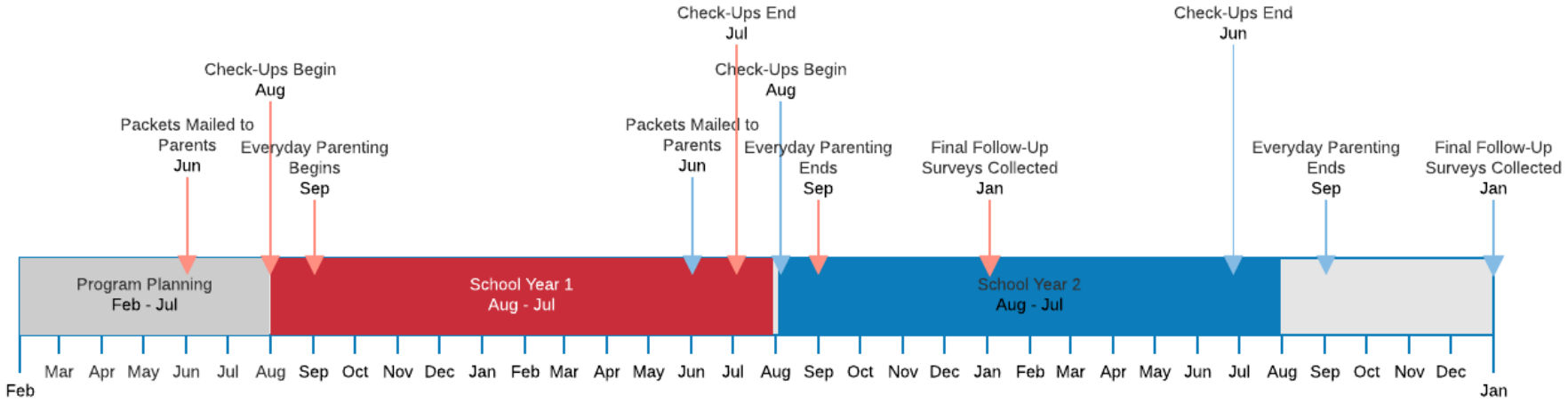
	Activity	Responsible Party:	Purpose	Timeframe:
12.1	Review 10% of session videos	Research assistants	Ensure consistency across check-ups	Ongoing

Objective 13: Family Peer Mentors implement *Everyday Parenting* curriculum consistently across classes

Measure for Accomplishment: Review videotaped class sessions.

	Activity	Responsible Party:	Purpose:	Timeframe:
13.1	Review 1 video of each Peer Mentor every other month	Research assistants	Ensure consistency across check-ups	Ongoing

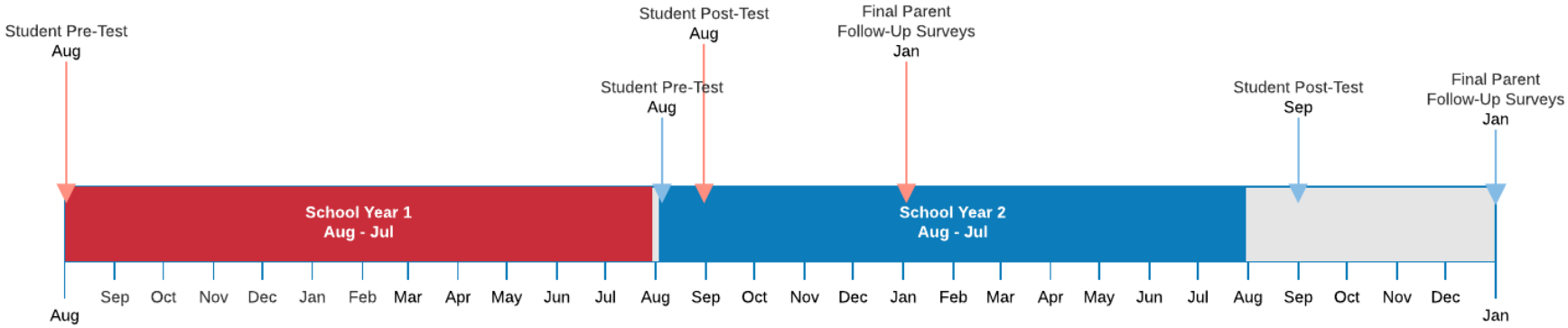
Appendix 4: Project Timeline



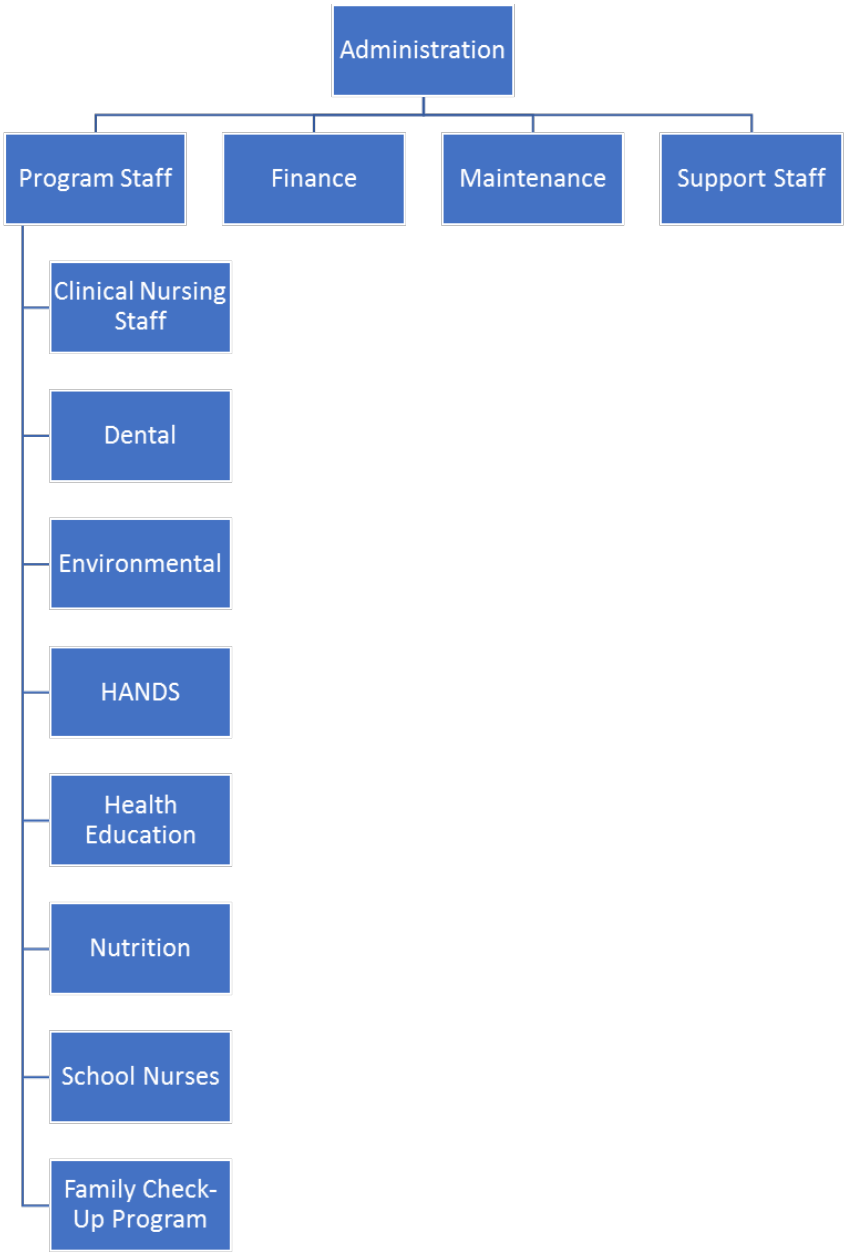
Appendix 5: Measures

Measure	Type of Measure	Measurement Timeframe	Responsible Party
Communities that Care® Youth Survey	Student Outcome	Beginning of School Year After last offering of parenting class	Program Coordinator Research Assistants
Completion of Everyday Parenting	Process	Ongoing	Family Peer Mentor
Completion rates for Check-Up 1	Process	Ongoing	FCU Therapist
Completion rates for Check-Up 2	Process	Ongoing	FCU Therapist
Completion rates for Check-Up 3	Process	Ongoing	FCU Therapist
Consent form response rate	Process	August (after forms are due)	Program Coordinator Research Assistants
Cost of Delivering Intervention	Process	Ongoing	Program Coordinator
Enrollment rate following each reminder	Process	June-Aug	Program Coordinator Research Assistants
Initial enrollment form response rate	Process	Aug-Oct, Oct-Dec, Dec-Feb, etc.	Program Coordinator Research Assistants
Number of consent forms returned with parental permission for student participation in surveys	Process	August (after forms are due)	Program Coordinator Research Assistants
Parental Satisfaction with Intervention	Process	Check-Up 3, Class 12, following drop-out if applicable	FCU Therapist Family Peer Mentor Program Coordinator Research Assistant
Parenting Sense of Competence	Parent Outcome	Check-Up 1, Check-Up 3, 6-month	FCU Therapist Program Coordinator Research Assistants
Participation in Everyday Parenting	Process	Ongoing	Family Peer Mentor
Stress Index for Parents of Adolescents	Parent Outcome	Check-Up 1, Check-Up 3, 6-month	Program Coordinator Research Assistants
Student response rates on in-school survey	Process	Check-Up 1, Check-Up 3, 6-month	Program Coordinator Research Assistants

Outcome Evaluation Timeline



Appendix 6: Organizational Chart



Appendix 7: Partnerships

Potential Partner:	Role:
Family Resource and Youth Services Center (FRYSC) Coordinators	May refer families to the program and/or link families in the program to other needed services
Law Enforcement (Pike County Sherriff's Office, local police departments, etc.)	Stakeholders in substance abuse prevention, may provide support for current or future iterations of program
Mental Health Providers	May add Family Check-Up to their service, may refer patients to the program, may provide follow-up services to help families reach goals set during check-ups
Physicians/Healthcare Providers	May refer patients to program, particularly those receiving prescriptions for painkillers
Project UNITE	Mission aligns with this program; may be willing to help fund future iterations of program or provide advertising/endorsement
Religious leaders	Help secure buy-in from the community

Kentucky Harm Reduction Coalition	May be interested in the outcomes of this program
Drug Control Task Force	May be interested in outcomes of this program