

# Executive Summary

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## Purpose of the Report

This Executive Summary provides an overview of the Stone and Taney Counties Community Assessment (Assessment) that was formally initiated in November, 2016 through funding from the Skaggs Foundation and support from CoxHealth in Branson. The Assessment represents the early steps in creating a holistic, effective, community-driven approach to substance abuse in Stone and Taney Counties referred to as the “Substance Abuse Initiative” (SAI). The information found in the Assessment was gathered to help the SAI identify appropriate risk and protective factors, the substances of focus for the SAI, and the communities “readiness” to address substance abuse issues.

## Substance Abuse Risk And Protective Factors

Risk factors are characteristics of individuals, interpersonal relationships, communities, and societies that encourage the abuse of substances while protective factors are characteristics that deter substance abuse. For optimal effectiveness, communities attempting to address substance abuse should clearly identify which scientifically validated risk and protective factors exist in their community.

The data presented in the Assessment describes the top three risk and protective factors in Stone and Taney Counties.

### **The Top Risk Factors are:**

1. Family Conflict/Management
2. Socioeconomic Status
3. Availability

### **The Top Three Protective Factors are:**

1. Schools/School System
2. Strong Families
3. Faith-Based Community

### From the Assessment (page 15):

*Obviously, what’s most interesting here is to have Family listed as both a top risk AND protective factor...In describing risk factors, stakeholders thought of the sub-community of poor families that provide low skill labor and congregate in the extended stay motels. However, when describing protective factors, the stakeholders were thinking of the more affluent and permanent families that they tended to represent. In this way, “family” was thought of as both a risk and protective factor. Family is a risk factor for one sub-population and a protective factor for another.*

## Community Readiness

An important piece of this Assessment is determining the ability of the community to organize resources and action impacting substance abuse. In general, communities can demonstrate high, medium or low “readiness”. In addition, readiness can vary by substance in that some communities are more poised for acting on one substance (such as alcohol) as opposed to other substances (for example, tobacco). Research-based interview techniques and questionnaires

determined the overall readiness of Stone and Taney Counties. In addition, the Assessment compared varying levels of readiness for four substances (alcohol, prescription drugs, methamphetamine, and marijuana).

Data included in the Assessment clearly identifies Stone and Taney Counties at a **medium level of readiness for all four substances**. The data also revealed that readiness scores were **most stable and relatively high for addressing methamphetamine, and lowest and relatively unstable for prescription drug abuse. Finally, the highest readiness score was found in the area of “Knowledge of Impact” for alcohol.**

### Substances of Focus

Substance abuse initiatives will sometimes try to take on too much. With limited resources, it is important for any initiative to focus on areas that are manageable and realistic. An important goal of the Assessment was to help the SAI focus its efforts. Archival and interview/listening session data was gathered on a variety of substances, including alcohol, marijuana, prescription drugs/opioids, methamphetamine, and heroin (among others).

In addition, community readiness data was assessed, as were other key pieces of data pertaining to consequences and rates of use. For example, data indicates that student use of some substances, such as methamphetamine, is decreasing, while student use of other substances, such as illegal prescription drug abuse, is increasing. Still other substances, such as marijuana, showed mixed results.

**Based on the information found in the Assessment it is recommended that the SAI begin by focusing two substances:**

- 1. Alcohol**
- 2. Prescription Drug/Opioid Abuse**

### Other Key Recommendations

Data gathered for the Assessment revealed some other key recommendations for the success of the SAI. These recommendations deal with how the SAI should be organized, what kinds of strategies should be utilized, how information about the SAI should be communicated, and the role of treatment centers in community outcomes relating to substance abuse.

A recent publication by SAMHSA indicates that the return on investment (ROI) for the All Stars curriculum is 34 to 1. They estimate that for every \$1 spent, the curriculum returns \$34 in cost savings for communities.

- 1. CoxHealth in Branson should continue to act as the “backbone organization” for the SAI** during this important development phase.
- 2. There is a need for more “evidence-based programming”** in the two counties school districts. This programming should be cost-effective, address multiple risk factors, and contain a parent component. Specifically, the “All Stars” curriculum should be expanded and carefully evaluated for both

- fidelity and impact. Furthermore, the burden of delivering this content should not fall with the school districts.
3. Understanding the importance of clearly communicated information as well as consistency of data sources, **the SAI, its stakeholders and the community would greatly benefit from a Data Dashboard** that acts as a hub for information pertaining to substance use in Stone and Taney Counties.
  4. Data derived for the Assessment shows a high level of concern about treatment centers in Stone and Taney Counties, particularly in Branson. Before more treatment centers are opened the **SAI should conduct a thorough assessment, working with current treatment providers, on the overall community impact of current treatment programming.** This will allow for more careful planning around this important topic.