

Regional Needs Assessment 2022



Key Informant Interview Summary Edition

the PRC



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REGION 9 PREVENTION RESOURCE CENTER

Regional Needs Assessment (RNA) Summary Brief

Part II: For External Dissemination

Name:	Prevention Resource Center
Region:	Region 9

Introduction: The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead a Regional Epidemiological Workgroup (REW), compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information. In this way, PRCs provide stakeholders with knowledge and understanding of the local populations. They help guide programmatic decision making and provide community awareness and education related to substance use and misuse. The program also helps to identify community strengths, gaps in services, and areas for improvement. Effective prevention programs have a focus on risk and protective factors associated with adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model. Particularly in our region of Texas, the rural counties have limited access to prevention programming. The problem statement that our work aims to address is the gap in resources and community awareness of resources. In conducting the Key Informant interviews we learned that the majority of interviewees were unaware of resources or how to access them if they needed them. Certain sectors such as healthcare workers, law enforcement, and the LMHA were aware of resources as they utilize many of them daily.

- 1. Purpose:** The Regional Needs Assessment (RNA) report is created by each Prevention Resource Center in the state of Texas, in conjunction with the Health and Human Services Commission (HHSC) every year. The data compiled to produce this report is gathered to provide the state, agencies, organizations, and the community at large with a comprehensive view of information about the trends, outcomes, and consequences associated with alcohol, tobacco, and other drug use in the region. The methodology for this report was designed to enable PRC's, HHSC, and community stakeholders to engage in long-term strategic prevention planning based on current and prospective services relative to the needs of the communities in the State. The information compiled in the RNA is utilized to build a Regional Data Repository, which has become a regional asset throughout the State. The RNA represents a summary of statistics relevant to risk and protective factors associated with drug use, as well as consumption patterns, and consequence data at the national, state, regional, and local level. The RNA offers insight related to gaps in services and allows for data accessibility for Region 9. This year the 2022 RNA is

a summary of Key Informant interviews. Key Informant interviews assist in collecting more qualitative data for the region. We aimed to include a wide range of perspectives from different community sectors. The sectors that were represented in this process were business community, civic and volunteer groups, faith-based organizations, healthcare professionals, law enforcement, local mental health authority, media, youth/young adult serving organizations, parents, education sector, and state and local government. The Key Informant interviews helped us identify a great need for communities to be knowledgeable about resources available for substance use and mental health. It was clear in the interviews that most were unaware of these resources. Interviewees also mentioned that they know resources exist but are unsure of who exactly to call if they needed help.

2. Methods

a. Key Informant Interviews

- i. Participants:** Interviews were conducted with different community sectors. The sectors that participated in this process were: business community, civic and volunteer groups, faith-based organizations, healthcare professionals, law enforcement, local mental health authority, media, youth/young adult serving organizations, parents, education sector, and state and local government. Participants were randomly selected by city/county and then approached to participate in an interview with the Data Coordinator or the Public Relations Coordinator. The interviewees that agreed to participate were mostly representatives from the 3 most populated counties in Region 9, Midland, Ector and Tom Green.
- ii. Procedures:** Each sector was approached either through formal invitation in writing or through networking events virtually and in person. Recruiting individuals in each county in our region was a challenge, with only needing to have 15-16 interviews for this summary and we serve 30 of the West Texas Counties. With that challenge, the summary of the questions proved that there is a gap in resources and knowledge of resources is consistent even with living in the most populated areas of the region. Once the interviewee was confirmed they were scheduled for their interview with the Public Relations Coordinator. The instruction was to ask the six questions provided by Health and Human Services Commission (HHSC). Each participant was asked the following questions:
 - What substance use concerns do you see in your community?
 - What do you think are the greatest contributing factors, and what leads you to this conclusion?
 - What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
 - How specifically does substance use affect the (insert sector here) sector?

- What substance use and misuse prevention services and resources are you aware of in your community?
 - What do you see as the best resources in your community?
 - What services and resources does your community lack?
- What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
 - What do you see as the best resources in your community?
 - What services and resources does your community lack?
- What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
- What other questions should we be asking experts in this area?

iii. Analysis Plan: The analysis consisted of many steps. First, the interviews were conducted and summarized by the PRC team. The interviews were transcribed in NVIVO, this made the coding process more simplified. Once all codes were finalized the documents were printed and added to the internal documentation summary tables. This allowed for summarization of each interviewee based on sector, community, and individual answers. Once all 16 interviews were completed and summarized, they were combined on a master table summary all responses.

3. Results:

- i. Key Informant Interviews:** The 16 Key Informant interviews were conducted in June, July and August of 2022. The following summary below includes interviewees from the following Sectors: Business Community, Civic and Volunteer Groups, Faith Based, Healthcare Professionals, Law Enforcement Agencies, Local Mental Health Authority, Media, Youth/Young Adult Serving Organizations, Non-Profits, Parents, Education and State and Local Government.

Question one was about substance use concerns that they see in their community, contributing factors and consequences. Concerns that were mentioned were inclusive of where we are in the state. It was mentioned a few times that with Interstate 20 being a halfway point between Dallas and El Paso that drugs were passing through our community. For the majority of the answers the concern stemmed around youth and alcohol, tobacco, prescription drug and marijuana use. The biggest concern was youth using at an early age and do not know what they are taking. The concern about youth not having information on how substances effect their bodies and how it can impact their life.

Other concerns were auto accidents due to being under the influence of alcohol or drugs as well as opioid overdoses in the community. Others included the stigma against people with substance use disorder. Lastly, the bed shortages experienced when people are seeking treatment.

When summarizing the responses to contributing factors to their concerns there were many mentioned. With youth substance use, it was mentioned by many that it was due to boredom, peer pressure, and social media influencers. It was also mentioned that the lack of funding and treatment facilities contributes to the concern about individuals not seeking treatment. Mostly interviewees talked about the fast-paced environment youth are living in and that youth are dealing with more adult issues earlier than they should.

The most talked about contributing factor is accessibility to drugs. When asked what they believe to be the most harmful consequence of substance use/misuse, every one of them answered loss of life. Most had a personal connection to someone who has lost their life to substance use/misuse, or they work with individuals who struggle with substance use disorders.

Other consequences were teen pregnancy, poverty, increase in crisis volume that put limits on how agencies and communities respond, prison, dropping out of school and drunk or drugged driving.

When asked how substance use affects their sector directly there were some common answers. Those who work directly with the community or provide services talked about being stretched thin which leads to burnout or turn over in staff. Mostly for law enforcement they see a rise in DUI/DWI's and manslaughter cases as well as jail. For the healthcare they see a rise in other health issues that they are treating because of substance use and an increase in teen pregnancies.

Awareness of resources in the community seemed to be low in summarizing the answers of the interviews. When specifically asked about what prevention services and resources they were aware of, their responses were: none, not enough, and a few. Some were more specific like sober living, victim liaison, community health workers, peer support specialist, first responders and recovery programs.

The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA) and the Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) were mentioned.

Mostly recovery-based resources were mentioned. When asked what they saw as the best resources in their community for prevention it was police, peer support programs, mentorship, Local Mental Health Authority, schools,

and other prevention programs from PBRCADA and ADACCV. The main concern was a lack in prevention resources. Answers were a variety of unsure, all lacking, not enough unity of resources, lack of detox beds, lack of funding for sustainable programming and services, language barriers, and mainly people not accessing services.

The next question was about mental and emotional wellbeing resources they are aware of in their community. Similar to the prevention resources many were unsure but knew they existed. However, agencies that work with these resources or provide the resources were very aware of existing resources for mental and emotional well being resources.

The best resources listed were the Local Mental Health Authority, churches, Texas Tech Health Sciences Center, nonprofits, and counselors. In contrast the interviewees also mentioned there is a lack of services and knowledge about the services. The common theme with most interviewees was more community awareness in substance abuse. Most mentioned if more people were aware more would be able to get help or understand the process on how to access services.

Many of the interviewees felt there is shortage of Mental Health Officers, and they get stretched thin when there are many calls for assistance. There is a shortage of LPC's and LCDC's as well as lack of facilities in our area. Some are sent to other counties due to the availability. Pediatric Psychiatry was also mentioned as a lacking resource. The similarity was that there are resources but not near enough.

When asked about what information their specific sector needed to better understand substance use/misuse and mental and emotional health in their community the response was education, awareness, and more information. Specifically, to be more trauma informed and more trainings. Some sectors spoke about being more open minded to learn about mental health and substance use/misuse.

Also, sectors spoke more about funding and legislation for substance abuse and mental health for Texas. Lastly, sectors wanted to know how they could partner with prevention work so that they can be more helpful in their sector.

The last question for the interviewees was about, "what should we be asking experts in this field". This question had similar responses. More information for all communities on resources, consequences, education on substance use/misuse and mental health. Mostly how are the experts making change? What are they doing to help the community? How are they empowering people? What is being done about medication assisted treatment? Asking experts to look at the state level for funding allocation by looking at other states to

compare data, and to look for more positive outcomes. Funding differently can give more resources and beds for those to seek and receive treatment without barriers to access services.

- ii. **Regional Epidemiological Workgroups:** The Data Coordinator leads the Regional Epidemiological Workgroup (REW), compiles and synthesizes data, and disseminates findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information.

There were not any epidemiological workgroups held in Region 9 for the FY 2022 due to staffing with the PRC Data Coordinator. The plan for FY 2023 is to have one REW every quarter.

4. **Conclusions:** The takeaways from these Key Informant interviews are of those interviewed there was a commonality in the lack of prevention, and mental/emotional health resources, information about resources, accessibility to resources, and many similar concerns regarding youth substance use/misuse.

It is evident that more prevention awareness is needed in schools, communities and throughout each community sector is needed. These interviews are informative and will be used to inform the community and stakeholders about concerns, resources, and education.

The most powerful quote from an interview was “if my child was using drugs, I would not know what to do or where to start to look for help, I need more information”. Recommendations are to begin talking to and asking prevention and mental health professionals where are prevention messages in the community? How can communities gain “more” knowledge of resources and feel empowered to have conversations in their communities and sectors. If the biggest concern revolves around resources, accessibility and knowing about them, then that is something that should be looked at in each community in Region 9.

Lastly, education and awareness are another takeaway from the interviews. With the quote above, it is apparent that those who never needed the resource before will struggle when the time comes to need it, and does not help in reducing the stigma around seeking help or treatment. By informing the community, faith-based communities, parents, educators, counselors, LMHA’s, business community, non-profits, youth serving organizations, civic groups and volunteers, stakeholders, and law enforcement of opportunities to learn about prevention and how to have conversations at home or in their sector could help young people and those who need treatment change their course in life.