

## Regional Needs Assessment (RNA) Summary Brief

### Part II: For External Dissemination

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Region:	7

*Note:* This document will be uploaded to Global Scape, shared with stakeholders, and put on website. This will need to be approved by the PBHP Team prior to external publication and dissemination.

*Note:* Please complete the following in the third person (e.g., Region x PRC, the Data Coordinator) and use complete sentences in paragraph format. Please use the format provided (i.e., use these headers) to enhance organization.

**Note: This is an initial report due to the vastly delayed interviews, hectic timeline, and difficulty securing proper interviews; few conclusions are stated here and the entire document will be edited and boosted with analysis prior to any dissemination or uploading to the website.**

Please summarize information for each section outlined below, as guided by the following questions:

- 1. Introduction:** Please provide a background on substance use prevention generally. Identify a “problem statement” that your work aims to address. How does this problem affect Texans (particularly in your region)? What is the goal of PRCs (and, specifically, your role as a Data Coordinator), that helps to address this problem? What are the steps necessary in doing so?

The PRCs main role has long been a data repository and behind the scenes assistant to coalitions and more hands-on organizations, as such this PRC has sought to ensure schools, coalitions, and organizations have the appropriate, accurate, and up to date information regarding youth use. As noted by one key informant one until better data is available inroads to the use of meth and opioids is near impossible as nobody is really sure of where and how bad the problem is in this large 30 county region.

- 2. Purpose:** What is the purpose of the Regional Needs Assessment? More specifically, what are the purposes of the key informant interviews and Regional Epidemiological Workgroups? How will they help you to address the above problem(s) (i.e., those previously identified in your introduction)?

The regional needs assessment is a tool used by the community, coalitions, and organizations to better understand the needs in the community. In this region that usually takes the form of assistance towards grant writers, and assisting in spreading accurate information to improve care and build roads to improve the continuum of care in the region.

**3. Methods** (Please separate out all following sections by both key informant interviews and regional epi workgroups)

**a. Key Informant Interviews**

- i. Participants:** Describe the sample populations for the key informant interviews. Who, generally, participated in each? What sectors are they in? What part/county of the region were they representing?

From this region there was one informant from Blanco a very rural area, a few from Travis and Williamson counties which are very urban areas, and several from the Brazos Valley where it is semi-rural. All sectors were represented with the best information coming from informants in the medical sector, the law enforcement sector, and one researcher who does prevention work in the region and Texas as a whole.

- ii. Procedures:** Please identify how you got from the "instruction" phase to completing the key informant interviews. What were the specific steps you took in recruiting for and conducting the key informant interviews? Please feel free to include any sample items (e.g., interview questions, recruitment information, etc.).

All interviews were conducted via zoom, participants were recruited in part with the regional epi workgroup and were largely already familiar with substance abuse counseling, treatment, prevention, or enforcement in some way prior to being willing to do the interview leading to a biased but informed sample.

- iii. Analysis Plan:** How did you analyze the data? What were the steps you took to get from data to drawing conclusions (e.g., summary, transcript, coding key themes in tables, summarizing table data)?

Text analysis in will be done to code the main thematic elements in each interview and combined by question to get the major impressions of the data. Given the small and heterogeneous sample and an initial viewing of the interviews there will be bias in the results and limited conclusions able to be drawn.

**b. Regional Epidemiological Workgroups**

- i. Participants:** Describe the sample populations for Regional Epidemiological Workgroups. Who, generally, attended? What sectors are they in?

Coalitions were the main attendees as they are heavily invested in the subject matter and in the past the REWs were more focused on problems that concerned coalition members.

- ii. Procedures:** What were the specific steps you took in selecting/Inviting individuals to participate in and conducting the Regional Epidemiological Workgroups? How did you bolster recruitment? Please be as specific as possible, as each Data Coordinator's Regional Epidemiological Workgroup Process is a bit different.

The current workgroup was maintained, little recruitment was done this year as the change and upheaval in the structure left less time for the workgroup itself and less for the PRC to provide, the workgroup attendance waned as efforts to utilize the workgroup for finding key informants increased. To fix this new effort to recruit a larger more diverse group will be made next year.

- 4. Results:** Outline the results (in whatever way you see fit) from the tables you completed in Part I (Internal Preparation)

- i. Key Informant Interviews**

The key informant interviews highlighted a few consistent results (death is the worst outcome of substance use) and a few more niche results (mental health and substance abuse related access issues). Vaping, alcohol, and marijuana are the universal concerns for the majority of the youth populations with certain subsets seeing some use of harder drugs. Methamphetamine in pill form is growing in usage, now mixed with fentanyl, and meth is a consistent concern in the more rural areas. Opioid use especially fentanyl is a concern due partially to the high overdose fatality ratio compared to other drugs but partially because of the increase of fentanyl and its presence in other drugs. Many efforts are being made in addressing youth substance use, but the ease of access for alcohol, marijuana, THC products, and vape products in particular has made it hard to reduce youth use. Major barriers to access include lack of insurance, transportation, and knowledge of where and what services are available. Key resources were largely resources in the informants' area of expertise (e.g., medical informants spoke about medical care facilities) indicating a real lack of intercommunication between the sectors on this particular area of need.

- 5. Conclusions:** What are the takeaways? What are your recommendations? What did you learn through this process?

A key takeaway of these interviews is that communities across this region largely see substance use as a tangential problem to mental health and find that issues of transportation, barriers to service, and mental health treatment and prevention services should take priority. This was not true for the law enforcement sector and the medical sector where participants saw use as larger or equal issue. My recommendations are to utilize the PRCs to open up dialogues with transportation sectors and utilize the state evaluator to open inroads to improve treatment access.