

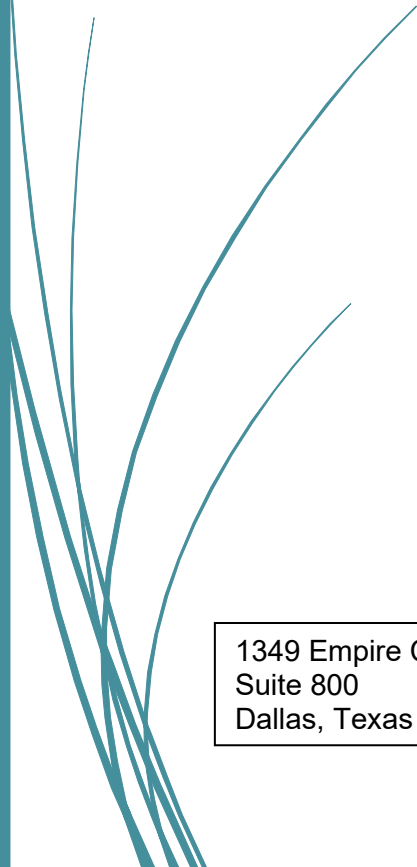


2022

Regional Needs Assessment

REGION 3: SUMMARY BRIEF

Prevention Resource Center



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About the Prevention Resource Center Region 3

The Prevention Resource Center Region 3 (PRC 3) is a program of Recovery Resource Council and funded by the Texas Health and Human Services Commission. Recovery Resource Council (RRC) is North Texas' largest non-profit organization dedicated to prevention, intervention and treatment of alcohol, substance use disorder and behavioral health issues. With campuses in Fort Worth, Dallas, and Denton, RRC programs impact 110,000 children, adolescents, and adults in 19 counties annually. The PRC 3 serves as the central data repository and substance abuse prevention training liaison for Region 3, which includes the following 19 north Texas counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

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I. Introduction

The Texas Health and Human Services Commission (HHSC) funds numerous agencies across the state to provide substance use and misuse prevention services for youth, families, and communities. These agencies work to reduce the consequences and problem behaviors related to substance use and misuse in their respective communities. These programs are Community Coalition Partnerships, Prevention Resource Centers, and Youth Prevention Programs. These programs each have their scope but work interdependently to achieve the overarching goal. This network of substance use prevention services works to improve the welfare of Texans by discouraging and reducing substance use and misuse.

Prevention Resource Centers (PRCs) are funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and misuse and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups.

PRCs focus on the state's overall behavioral health and the four prevention priorities:

- underage alcohol use
- underage tobacco and nicotine products use
- marijuana and other cannabinoids use
- prescription drug misuse

PRCs have four fundamental objectives:

- collect data relevant to the state's prevention priorities and share findings with community partners
- ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use
- conduct voluntary compliance checks and education on state tobacco laws to retailers

How PRCs Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health in general. In this way, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, 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.

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.

II. Purpose

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center in Region 3 (PRC3) and supported by Texas Health and Human Services Commission (HHSC). The PRC3 serves 19 counties in North Texas.

The regional needs assessment can serve in the following capacities, to:

- determine patterns of substance use among adolescents and monitor changes in substance use trends over time
- identify gaps in data where critical substance misuse information is missing
- determine county-level differences and disparities
- identify substance use issues that are unique to specific communities
- provide a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs
- provide data to local providers to support their grant-writing activities and provide justification for funding requests
- assist policymakers in program planning and policy decisions regarding substance misuse prevention, intervention, and treatment at the region and state level

Key Informant Interviews

Key informant interviews are a form of qualitative data collection. Participants for the key informant interviews conducted in Region 3 were invited from varying sectors. In these one-on-one interviews, key informants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges. The information obtained through these interviews has been analyzed and synthesized in the form of this RNA. PRC3 recognizes those collaborators who contributed to the creation of this RNA.

Regional Epidemiological Workgroups

The purpose of the REW is to:

- identify substance use patterns for the state's four prevention priorities (*underage drinking, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse*).
- identify data gaps.
- identify regional data sources to fill the gaps identified for the Regional Needs Assessment, and data partners that can access these sources.
- work to create a database of community resources in Region 3 for community use.

III. **Methods**

Key Informant Interviews

Participants (also referred to as interviewees or informants)

The sample population for the key informant interviews were a total of 15 interviews from 12 sectors. The business community, civic and volunteer groups, and healthcare sectors each had two representatives as part of the sample population; the remaining 9 sectors only had one representative each. Eleven of the 19 Region 3 counties were represented in this sample population. One county had up to three interviewees. A few interviewees represented more than one county within the region, with one interviewee representing 3 counties. Of the eleven counties represented, four were considered mostly rural and the remaining seven considered mostly urban. The individuals chosen were based on the PRC3 contacts, recommendations from REW members, and some referrals through colleagues within the PRC3's parent agency, Recovery Resource Council.

Procedures

Upon receiving the guidelines for the 2022 RNA, and questions for the key informant interviews, the PRC3 Data Coordinator began making a list of potential contacts. They also enlisted the assistance of the PRC3 staff and the REW members in recommending potential key informants. The PRC3 Data Coordinator (or a liaison on the PRC's behalf) sent a preliminary e-mail to the potential key informant to gauge their interest. If the potential key informant was interested, the PRC3 Data Coordinator replied with more details and dates to set up the interview. The second e-mail also contained the questions for the interview and the informational letter issued at the beginning of spring from the State Evaluator. Once the key informant confirmed the date and time that worked for them, the PRC3 Data Coordinator sent a calendar invite with the Zoom link, questions for the interview, and the letter from the state to the key informant. All of the interviews were conducted via zoom and recorded. As a follow up to the interview, PRC3 Data Coordinator sends the county fact sheet(s), a flyer of the PRC services, and the flyer of RRC services in a thank you e-mail. If an executive assistant was the primary contact to reach the key informant, they received that e-mail as well.

Analysis Plan

To analyze the data, the PRC3 Data Coordinator looks for keywords and phrases throughout the 15 interviews. the commonalities were also noted for what question the key phrase or word was in response to. This was done with a simple count i.e. how often is “_____” mentioned. Comparisons were done across the region but also within counties and within sectors for those that had more than one interviewee represented. Comparisons were also done between urban and rural counties, as well as between those primarily engaging with youth populations or adult populations.

Regional Epidemiological Workgroups

Participants

PRC 3 has four consistent members on its regional epidemiological work group, not including the PRC3 Data Coordinator. These four members represent three different counties, and the 4th represents the region overall. Each member represents a different sector. Participants were invited originally in the spring of 2019, with efforts to recruit additional members at various points throughout the years that followed. Since the start of the REW in the spring of 2019, a few

members have left the workgroup as a result of leaving the agency with which they joined initially. PRC3 has been making a concerted effort to restructure the REW but faces a few challenges. At the last meeting of FY2022, the REW gained one new member.

Procedures

PRC3 had a total of four REW meetings in fiscal year 2022. These meetings were announced well in advance through e-mail and calendar invites to provide members with the opportunity to ask for a new meeting time or date, if needed. Meeting reminders were sent a week prior to the meeting via the same calendar invite. During the meetings, the PRC3 Data Coordinator takes notes as well as leads the meetings. Each meeting starts off with introductions and ends with announcements. Following the meeting, the PRC3 Data Coordinator was to send out meeting notes to the members, those who attended as well as those who are absent; action items were also sent out at this time. The PRC3 Data Coordinator used the state provided template to write a summary of each meeting.

IV. Results

Key Informant Interviews

The key informants came from various backgrounds (i.e. sectors, counties, communities, etc.), there were overlapping themes around the substances they were seen, the contributing factors they noted, and the impacts they felt substance use disorders were having on their communities. The table below shows a breakdown of how many of the 15 key informants mentioned the corresponding key word(s) in context. It's in descending order of most mentions.

Key word or phrase	# KIs mention	Context
Education/Training Needed	13	Resources lacking
Resources needed for kids & youth	11	Resources lacking
Cost/finances/economic impact/job loss	10	Consequence of Substance use; 3 mention it as a cost on the system not individual.
Access	10	Contributing Factor
Marijuana	10	Substance use of concern
Prescription drugs: Xanax, Fentanyl, Opioids, "pills"	10	Substance use of concern
Families	7	Consequence of Substance use
Mental Health/Illness	7	Consequence of Substance use
Death	7	Consequence of Substance use
Treatment, detox, rehabilitation, facilities needed	7	Resources lacking
Law consequences i.e. crime, CPS, incarceration	6	Consequence of Substance use
Reasoning/decision making	6	Consequence of Substance use
Addiction	6	Consequence of Substance use
Stigma around mental health	6	Resources lacking
Meth	6	Substance use of concern
Vaping	6	Substance use of concern
Alcohol	5	Substance use of concern
Heroin	4	Substance use of concern
Overdoses	3	Consequence of Substance use
Domestic violence or child abuse/neglect	2	Consequence of Substance use
Social media	2	Contributing Factor
Cocaine	2	Substance use of concern

Regional Epidemiological Workgroups

The REW meetings mostly focused on creating a resource list for the region and increasing membership to the REW. The resource list project started in May 2022. Each REW member was to compile a list of the known resources within their county. Then PRC3 Data Coordinator would then compile all the separate lists into one document. Some challenges faced were designing the spreadsheet. The goal was to design a spreadsheet that is easy to use to find a resource, easy to use for data entry, and that would minimize the margin for error. The PRC3 Data Coordinator worked on a few different templates and presented their draft document to the REW in August 2022. The group provided feedback on ways to improve the spreadsheet and began brainstorming ways to disseminate the information. This project is still ongoing. As for REW membership recruitment, the members have decided on a restructuring of the workgroup. The PRC3 Data Coordinator will research structure and formatting epidemiological workgroups and present recommendations back to the group in FY 2023.

V. Conclusions

2022 was the ninth year of data collection efforts for PRC3. Unlike the 8 previous years, this year's RNA format focuses on qualitative data. Key informant interviews and meeting analysis provide a vital part of the conversation: the voice. Voices can give life to the numbers, shine them in a different light or provide an entirely opposite perspective.

Throughout the interviews, one thing was clear: there are gaps throughout the continuum of care as it relates to substance use disorders and mental health within Region 3. Some counties have a more pronounced gap than others, some counties have nothing but gaps, and a few have many resources but they are inaccessible for one reason or another. The first 8 interviews were conducted prior to the start of summer. The PRC3 Data Coordinator heard repeated concerns regarding the lack of resources in the region; the quantitative data told a different story in 2021. They decided to work with the Regional Epidemiological Workgroup to compile a resource list for Region 3; this is when the summer project began. The goal of this project is to bridge the gap between the resources and the people who need them. After compiling a list, which in itself constitutes a needs assessment, the REW will then focus in on what gaps remain.

Moving forward with the REW, the PRC3 Data Coordinator notes that often those who want to be involved with this group are also involved in several other coalitions, task forces, or work groups of a similar type. In the coming year, PRC3 will work to tap into other sectors to increase membership from a diverse population of community members.