2022

Regional Needs Assessment

REGION VI: THE COUNCIL ON RECOVERY

PREVENTION RESOURCE CENTER 6

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Introduction

How Prevention Resource Centers (PRC) 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. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. 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.

Data Coordinators

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.

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

Purpose

What is the RNA?

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by the Data Coordinator at PRC 6, along with the Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC 6 serves 13 counties in the Gulf Coast Region of Texas. The RNA is designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on most current information about the unique needs of Texas' diverse communities. Typically, in past years, this document presented a summary of statistics on risk and protective factors associated with substance use and misuse, as well as consumption patterns and consequences data; while also offing insight on gaps in services and data. This year, however, the Data Coordinators followed the impetus of using the production of the RNA in order to provide a more qualitative insight into possible gaps in services and successes by conducting interviews eliciting community representatives' perspectives regarding substance use concerns, consequences, availability of substance use prevention and mental and emotional health resources, and directions for information from experts.

How is the RNA informed?

For the current year, qualitative data collection has been conducted in the form of interviews with key informants from each of the 12 community sectors, as well as through the PRC requirement of conducting four regional epidemiology work groups. The 12 community sectors from which representatives were interviewed are: youth and young adults; parents; business communities; media; schools; organizations that serve youth or young adults; law enforcement; faith-based organizations; civic and volunteer groups; healthcare professionals; state and local government with expertise in the field of substance abuse; and recovery community, Education Service Centers, and Local Mental Health Authority. The regional epidemiology workgroup meetings, which took place on at least a quarterly basis during the fiscal year, provided opportunities for the Data Coordinator to invite speakers from organizations such as Partnership to End Addiction and Houston High Intensity Drug Trafficking Area, to name a couple, for the regional epidemiology workgroup meetings. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC 6 recognizes those collaborators who contributed to the creation of this RNA.

Purpose/Relevance of the RNA

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

Although this list was developed in order to describe the purpose of the RNA, which has been more data heavy in the past, this list is still very applicable to the qualitative nature of the current document.

Methods

Key Informant Interviews

Participants

The participants consisted of 17 individuals ranging in age from 14 to 72. Thirteen of the interviewees identified their race/ethnicity as white or Caucasian (76%), two identified as black or African American (12%), one identified as Hispanic (6%), and one identified as Native American (6%). Thirteen (76%) participants identified as female; four (26%) participants identified as male. Regarding highest level of education, one (6%) participant's highest level of education is eighth grade/no high school graduation, two (12%) participants' highest level of is high school graduation/GED, two (12%) participants hold associate degrees, one (6%) participant holds a bachelors degree, eight (47%) hold masters-level degrees, and three (18%) participants hold doctorate degrees as their highest level of education. With the exception of the representative of the youth sector, participants' years working in their respective fields of employment range from two to 40 years of experience. With the exception of the Youth-serving Sector, Law Enforcement Sector, and Recovery Sector, which yielded two interviews each, one interview was obtained for each of the remaining community sectors.

Table 1.

Key Informant Interview Participants

Interviewee ID	Community Sector	County	Age	Race/Ethnicity	Gender	Highest Level of Education	Years in Respective Profession
01-YS-01	Youth	Rural/Urban	14	White/Caucasian	Male	Eighth Grade	N/A
02-RS-01	Recovery	Urban	72	White/Caucasian	Female	Doctor of Public Health	24
03-LES-01	Law Enforcement	Rural/Urban	54	White/Caucasian	Male	Masters of Science	25+
04-GS-01	Government	Urban	50+	African American	Male	Bachelor of Arts	33
05-PS-01	Parent	Rural/Urban	60	White/Caucasian	Female	Associates Degree	13
06-YSOS-01	Youth Serving	Urban	31	Native American	Female	LMSW	10
07-MS-01	Media	Urban	51	Hispanic	Female	GED	2
08-HCS-01	Healthcare	Urban	52	White/Caucasian	Female	BS, DO	21
09-HCS-02	Healthcare	Rural/Urban	44	White/Caucasian	Female	PharmD	12+
10-CS-01	Civic	Rural	42	White/Caucasian	Female	MS	18
11-LES-02	Law Enforcement	Urban	57	White/Caucasian	Female	Masters	33
12-YSOS-02	Youth Serving	Urban	30	White/Caucasian	Female	Masters	3
13-SS-01	School	Rural/Urban	56	White/Caucasian	Female	Masters of Education	25
14-BS-01	Business	Rural/Urban	46	White/Caucasian	Male	High School Graduation	6
15-FBS-01	Faith Based	Urban	72	Black	Female	Masters	40
16-FBS-02	Faith Based	Urban	45	White	Female	Masters	14
17-RS-02	Recovery	Urban	36	White	Female	Associate Degree	5

Procedures

Participants were recruited via email and consisted of individuals with whom the PRC 6 staff works and collaborates as a result of participating in community-level meetings. These monthly meetings consist of those conducted by HHSC-funded prevention community coalitions for substance use prevention, the Houston Recovery Initiative/Recovery Oriented Systems of Care (HRI/ROSC), the Adolescent ROSC, Lifespan Prevention Epidemiology Workgroup (L-PEW), the Liberty County Family and Community Health Advisory Board, the Behavioral Health Suicide Prevention Task Force in Montgomery County – and this is certainly not an exhaustive list of organizations with whom the PRC 6 staff collaborates and partners. The data coordinator conducted an interview with at least one representative from each of the 12 community sectors defined by HHSC for the purpose of this project. When initial efforts in recruitment did not immediately yield volunteers for participation (usually emails with no reply), the data coordinator just found other possible volunteers from whom to elicit participation. This predicament only presented itself a few times. Interviews took about 30 minutes each to complete.

The interview instrument development took place at the state level and consisted of a six-question semi-structured interview. Interviews with the 17 participants were scheduled and conducted via Zoom with all interviews audio recorded and the automatic transcription feature in Zoom activated. The audio recorded and transcribed interviews for each participant were then used for further analysis. The interview questions are as follows:

1. What substance use concerns do you see in your community?
    a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
    b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?

6. What other questions should we be asking experts in this area?

Analysis Plan

Once audio recordings and transcriptions of each interview were run and obtained from Zoom, each interview was further analyzed by reviewing the transcript and audio recording and using that review to create a summary according to a template, also developed at the state level, to be used internally. Identification numbers were used to replace the names of each interviewee. See Appendix B for the Key Informant Interviews Individual Summary Template filled out for each interviewee.

Regional Epidemiology Workgroups

Participants

Participants in the L-PEW meetings included individuals from various sectors of the community such as: coalition coordinators and leadership HHSC-funded community prevention coalitions in Public Health Region 6; professors and lecturers from several colleges and/or universities in the Greater Houston Area and/or Public Health Region 6; HRI/ROSC leadership and members; representatives from various non-profit, as well as for-profit treatment and recovery providers; federal and local law enforcement; educators; Harris County Public Health; Tri County Behavioral Healthcare; prevention specialists from around Public Health Region 6; HHSC; Houston Coalition for Behavioral Health; Texas Association for Addiction Professionals (TAAP). Speakers were from various sectors, as well, consisting of university professors, researchers, graduate students, educators; and a law enforcement officer. Meeting attendance ranged

Table 2

Regional Epidemiology Workgroup Meetings

Meeting Date	Meeting Topic	Organization of Presenter	Number of Attendees	Number of Organizations Represented
20210907	COVID Impact on Mental and Behavioral Health	Texas A&M	20	15
20211005	Poison Center Data	Texas Poison Center Network/HHSC	16	13
20211102	Marijuana Trends	Baker Institute at Rice University	9	8
20220201	Fentanyl and Overdose Response Strategy (ORS)	Houston High Intensity Drug Trafficking Area (HIDTA)	27	17
20220301	Grant Submission for non-fatal overdoses	Recovery Rx	15	8
20220405	An Earlier and Broader Approach to Prevention	Partnership to End Addiction	15	8
20220503	Research Across the Controlled Substance Use Continuum of Care in Texas	PREMIER Center at UH College of Pharmacy	19	13
20220607	Programs and Services Santa Maria Hostel	Santa Maria Hostel	12	10

Procedures

Eight monthly L-PEW meetings were conducted over the course of FY 2022. For the months where there was no meeting, this was usually due to illness or other extenuating circumstances on the part of the data coordinator or individual who was scheduled to present. The speakers were recruited by the data coordinator based on recommendations from individuals in the community and/or regular attendees of the L-PEW meetings, by invitation extended to them by the data coordinator after seeing them present for another community group, or because the data coordinator has become familiar with research projects around the Greater Houston Area with research foci relating to substance use, prevention of substance use, and/or treatment of and recovery from substance use. Reminders were sent out to meeting membership about a week in advance of each L-PEW meeting. If speakers provided headshots, short bios, and presentation titles to the data coordinator ahead of time, then the agenda with these items was sent out to L-PEW meeting membership as part of the reminder email. A calendar invite was sent out to meeting membership ahead of time, as well.

Upon completion of four out of the eight meetings, the Regional Epidemiology Workgroup (REW) Individual Summary, which contains the following five questions, was filled out by the data coordinator (see Appendix C):

1. Please share what was discussed. (In addition, which, if any, of the following topics were discussed?):
- Identification of data gaps
- Analysis of community resources and readiness
- Collaboration on region-wide prevention efforts
- Recommendations and/or development of other forms of prevention infrastructure support
2. What were the takeaways from the discussion?
3. Were solutions recommended? If not, what would be your recommended solutions?
4. How can the information discussed through this REW inform future Regional Needs Assessments (i.e., identifying the gaps between current and desired substance use prevention strategies and outcomes)?
5. How can we better promote the workgroups and gain new perspectives delivered during the meetings?

Analysis Plan

The aforementioned REW Individual Summaries for four REW meetings were completed and used to develop a paragraph summary for each meeting, The summary paragraphs are included in the Results section of this document.

Results

Key Informant Interviews

Summary of the results from the 17 key informant interviews will be organized by the questions that were listed in the Key Informant Interview Procedures section of this document, which are listed, again, below. Further, the questions, below, are also used to organize this section of this document.

1. What substance use concerns do you see in your community?

Most of the interviewees brought up fentanyl poisonings when asked this question, and understandably so as fentanyl is the leading cause of death in individuals ages 18-45 (CDC) and has begun causing immediate overdose deaths in Region 6 youth. Many interviewees also indicated polysubstance use including the four priority substances of alcohol, tobacco and nicotine products, marijuana, and prescription pills not prescribed for them. Concerns about polysubstance use, in general, was evident in several interviews, with the interviewees acknowledging that, although there is a fear of fentanyl poisoning, the use of substances such as methamphetamines, cocaine and crack cocaine, marijuana, and other opioids is still quite prevalent, as well as the use of these drugs unknowingly contaminated with fentanyl. Those whose professions involve working with adolescents, cited vaping, the use of which was indicated even at the middle school level. Ease of access to substances through mail also emerged as a concern. Interestingly, the representative from the youth sector listed vape pens, alcohol, and cocaine as top three of which they were aware. Some responses to this question took on a more global level of concern than that specific to substances. For example, there was discussion regarding the difficulty of individuals new to recovery in being able to rebuild their lives, barriers to employment, and discouragement with restricted access to behavioral healthcare for many of the individuals who need it most, especially in Texas.

1.a. What do you think are the greatest contributing factors, and what leads you to this conclusion?

Several interviewees indicated that contributing factors consisted of issues such as break down of the family unit, a laxer community or school climate, lack of nurturing, lack of knowledge about the benefits of harm reduction, COVID-19 pandemic, depression, isolation, parenting differences, lack of knowledge of addiction as a brain disease and not a moral failing, and stigma. Also mentioned was lack of education, prices of certain drugs are really cheap and highly accessible through the mail, lack of awareness, early initiation to substances, and parental use. With regards to marijuana, interviewees indicated that legalization and the normalization that follows as a result are contributors.

1.b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?

Almost all interviewees cited death as the most harmful consequence of substance use – this response from the interviewees came as dates of the interviews followed not far behind three overdose deaths of adolescents, due to fentanyl poisoning, in the Greater Houston Area. Another consequence of substance use, particularly in youth, was the interruption of brain development, particularly the prefrontal cortex, as this part of the brain undergoes a major development phase during the ages of 12-24. Other responses to this question about consequences to substance use include development of substance use disorder, development of fentanyl use disorder, loss of jobs, family devastation due to loss of a loved one to overdose, loss of life by suicide, damage to relationships, homelessness, society's negative and stigmatized perception of individuals with substance use disorders, abuse, incarceration, loss of hope and motivation.

2. How specifically does substance use affect the interviewee's sector?

Interviewee's responses to this question varied according to the sector they represent. They range from the representative from the youth sector indicating they have a friend who is having a lot of difficulty quitting vaping to professionals discussing how they have adapted their professional aspirations to include new ideas, trainings, and collaborations among all the community sectors. One interviewee from the law enforcement sector cited the increased communication between law enforcement and the treatment and recovery fields while the representative from the parent sector, who has an adult child in recovery discussed the devastating impact that addiction has had on her family including depression, anxiety, and sleepless nights. One of the representatives of the youth serving organization sector describe their work with youth as being challenging and complex due to the fact that youth tend to experience events on a much more intense level than adults – once substances (maladaptive coping mechanism) are removed, the youth is left with pieces that they must now navigate and learn how to put together. Other perspectives shared by representatives of the health care sector include issues like compassion fatigue in the professionals whose job it is to tend to the individuals with substance use disorders. Furthermore, but not surprising is the fact that the COVID-19 pandemic has negatively impacted almost many aspects of health care related to treating substance use disorder, especially since Texas is a non-Medicaid expansion state.

3. What substance use and misuse prevention services and resources are you aware of in your community?

3.a. What do you see as the best resources in your community?

3.b. What services and resources does your community lack?

This question, including the two probe questions, will be addressed together due to the nature in which interviewees tended to respond – they tended to right away respond regarding the resources in their community of which they were aware, but then repeat the same resources when the question probe asked

them to discuss the best resources in their community. Also specific to this question – the interviewees tended to refer to treatment and recovery services as opposed substance use and misuse prevention services. All responses were accepted and noted because, essentially, many of the organizations included in the interviewees' responses also were providers of primary prevention services. Additionally, treatment and recovery services are relapse prevention.

For the substance use and misuse resources discussed by the interviewees, the following were addressed: recovery high schools; documentary films such as Generation Found; Houston High Intensity Drug Trafficking Area (HIDTA); Celebrate Recovery; Salvation Army; Bay Area Council on Drugs and Alcohol; Fort Bend Regional Council; Fort Bend Community Prevention Coalition; Southeast BACODA Community Coalition; The Council on Recovery; Prevention And Recovery Center; Botvin (prevention curriculum); Phoenix House; Santa Maria Hostel; Houston Recovery Center; 12-step meetings; Houston Recovery Initiative/Recovery Oriented Systems of Care (HRI/ROSC); UT/HEROES/Integra program; BeWell; Unitus network; Tri County Behavioral Health (Montgomery County); Federally Qualified Health Center that have expanded to Liberty and Dayton; ADAPT outpatient services; STAR Court; Houston Recovery; Houston Crackdown; harm reduction services; naloxone trainings; Harris Center; organizations that run on a sliding scale; agencies that don't require insurance; telehealth options;

When asked about substance use and misuse prevention resources that are lacking, responses included: lack of resources and awareness materials and programming at the school level; not enough recover organizations; no structured communities online; even within urban areas, there are treatment deserts; lacking resources to address drug trafficking complaints; many kids are struggling and parents do not know what to look for or know what is happening once the substance use has started; more can always be done with tertiary prevention and overdose; legal aspects regarding effective harm reduction practices such as fentanyl strips and needle exchange programs; dwindling supply of naloxone; lack of support for health care professionals experiencing burnout; limited hours, availability, and open beds; transportation to get patients to treatment; no youth residential facilities once outside of Greater Houston Area; more state-funded treatment facilities for individuals who do not have insurance; inclusiveness and open-mindedness; lack of exposure of organizations dedicated to treatment and recovery; prevention resources in the church and community; service dedicated to individuals in years 3-7 of their recovery; outreach to general public; collaboration with medical field; Medication Assisted Treatment; and information on multiple pathways to recovery.

4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?

4.a. What do you see as the best resources in your community?

4.b. What services and resources does your community lack?

In keeping with the previous questions for substance use and misuse prevention, interviewees' responses for this question regarding knowledge of and best mental and emotional wellbeing will be addressed together as interviewees had a tendency to just repeat the same responses for the best mental and emotional wellbeing as those given regarding their awareness of services. Also, many of the resources that the interviewees discussed regarding substance use and misuse prevention resources overlap with many of the resources discussed regarding mental and emotional wellbeing, here. These responses consisted of: awareness of posters highlighting the suicide hotline on middle school walls; the representative indicated that theirs sibling started a mental health club at school; Houston has a very robust HRI/ROSC model that has served as a model for other ROSCs in the nation; Celebrate Recovery has a mental health component; Behavioral Health/Suicide Prevention (BHSP) Task Force in Montgomery County; HEROES Project; UT School of Public Health; any number of hospitals in the Texas Medical Center (TMC); Mental Health America (MHA); The Council on Recovery; Conroe Regional for mental health; Monroe County Health District;

Issues discussed by interviewees that indicated where mental and emotional wellbeing services and resources are lacking are as follows: the resources in the Greater Houston Area tend to be concentrated at a single location (TMC) which poses a transportation issue for those individuals who do not have means for transportation readily available – not everything is accessible, either through location, health care costs, the stigma constantly faced – need to do a better job of reaching out to people; the extent to which the HRI/ROSC is rolled out in the community is lacking and would like to see more outreach into businesses regarding stigma, wellness, return to use, and understanding that substance use disorder is a chronic disease like cancer or heart disease; because of stigma, there still appears to be a lot of inhumane treatment of individuals who need attention in the mental health and emotional wellbeing area; in more rural areas where mental and emotional wellbeing services are sparce; there is a waitlist; services for adolescents are minimal compared those available for adults; would like to see more resources to address burnout in providers; and resources tend to be stretched very thing in rural areas.

5. What information does your sector need to better understand substance use/misuse and mental and emotional health in your community?

When interviewees were asked about information they need in order to best understand substance use/misuse and mental and emotional health in their communities, many of their responses include: information, facts, and not scare tactics; emphasis that alcohol is also a drug and should not be separated out as being different from other drugs; more information geared toward law enforcement on the effects that drugs have on the brain; helping EMTs understand the importance of naloxone; all levels of government need to know the depth of such issues; need improved communication and education on this topic; lived experiences are important in providing services, but also see the need for providers to have a

solid code of ethics when this dynamic is present; awareness that fentanyl is being found in everything; trauma-informed care; use of person-first and person-centered language; understanding of the effectiveness of Medication Assisted Treatment/Medication Assisted Recovery (MAT/MAR); need to educate providers on what effective recovery looks like; understanding that substance use disorders are a chronic medical condition; access to county-level data, especially rural counties; need for training in crisis intervention; training on how to use motivational interviewing with parents; better transportation; education on current trends in substance use; how to make naloxone part of school safety on all campuses; need to know how to best deal with employees who may be in recovery or perhaps had a slip; need information on how to motivate someone to take treatment help; information on affordable and available insurance; commercials for behavioral and mental health providers – see commercials for everything else but this; and information on the many pathways to recovery.

6. What other questions should we be asking experts in this area?

When asked what other questions to ask of experts, interviewee's responses included: how to detach with love and how to address codependency; how to help public safety and get involved; training on changes in the brains for police; need to all sit down at the same table with no silos, like the city of Houston does with the Livestock Show and Rodeo; educate the community on signs of an overdose; want to know more about programming needs for young people; improvement of clinical support; how to best handle sharing of lived experience; how to best call out language in peers and colleagues that is not person first or person centered; how to address the concerns and/or fears of providers who might have a MAT waiver, but choose not to treat patients with SUDs; how to best use technology to reach out to rural civic organizations and other already-formed groups; how is 988 (new nation-wide suicide hotline) going to work; how to better teach educators how to see signs and symptoms of substance use and/or overdose; study whether individuals take advantage of resources that are available to them; is it possible to develop a clearing house or global view of all beds and services; and how to best educate the general public.

Regional Epidemiological Workgroups

Below are brief summaries of the four meetings documented on the REW Individual Summary (see Appendix C).

For the first meeting during the 2022 fiscal year, after which the REW Individual Summary was filled out, the Drug Intelligence Officer (DIO) for Houston High Intensity Drug Trafficking Area (HIDTA) presented on Houston HIDTA's partnership with PRC 6 and The Council on Recovery on their fentanyl billboard campaign. The DIO also presented on the Overdose Response Strategy (ORS), which is a partnership between HIDTA and the CDC, focused on getting new overdose-tracking technology into the hands of first responders. This technology is called the Overdose Detection Mapping Application Program (ODMAP). The most important takeaway from this meeting was the introduction of the ODMAP to community members and creating awareness and emphasizing the importance of tracking fatal and non-fatal overdoses in real time. The ability to have access to data that is current and not two or three years old can certainly be applied to the RNA and is important because it yields data on non-fatal as well as fatal overdoses.

For the second documented REW meeting, the Data Coordinator scheduled the CEO of a local organization called Recovery Rx, who is a pharmacist who recently submitted for and awarded a Drug Free Communities (DFC) grant under the HRI/ROSC. This speaker addressed the need to look at outcomes for patients depending on how pharmacists follow with those patients who have been prescribed medications used for MAT/MAR, such as buprenorphine. Many pharmacists and pharmacies are lacking in willingness and/or knowledge on how to address issues with the population that relies on MAT/MAR for recovery from opioid use disorder (OUD). The speaker presented on the justification of submitting a grant proposal that would help identify the gap in data collection regarding opioid overdoses, especially non-fatal overdoses, which have not necessarily been a focus of overdose date. Description of their project involved the use of ODMAP and collaboration with Houston HIDTA

The speakers from Partnership to End Addiction presented on earlier and broader approaches to prevention and cited the inability to obtain measurable outcomes for prevention curricula that extend well beyond the short time in between the pre- and post-tests that would include multiple years and begin at birth. Community and societal-level changes that need to/can be made, some as simple as the positive effect that providing a one-time stipend had on families. They discussed early intervention, and by intervening earlier and more broadly, such interventions can promote child health, prevent youth substance use and addiction, avoid future drug epidemics, and reduce the damaging consequences of addictive substances on future generation. Recommendations for an earlier and broader approach include breaking down silos, collaboration, and of healthy child development.

For the fourth documented REW meeting, the Chief Clinical Officer at Santa Maria Hostel presented on the various programs housed at their organization. One of the unique features of Santa Maria is that mothers seeking recovery can bring their children with them to residential treatment. This organization provides a wide range of services, from prevention to treatment, including MAT/MAR for individuals in recovery from OUD. One of their best and most needed services is residency that includes programming for children, which is usually a major barrier for many women in seeking treatment.

It is a goal of the REW meetings to focus membership invitations to everyone who might benefit from attending. This includes community coalition coordinators, individuals with far reach, prevention providers, treatment providers, university researchers, parents, law enforcement, and individuals from other community sectors.

Conclusions

First and foremost, fentanyl is on the minds of almost all 17 individuals who participated in the key informant interviews for this needs assessment. This response was particularly evident when interviewees were asked about concerns about and consequences of substance use and misuse that they see in their communities. Recent fentanyl poisoning deaths of youth in the Greater Houston Area (Tallot, 2022), along with the CDC's report on the explosion in fentanyl deaths in the United States, indicating that fentanyl poisoning is the leading cause of death in individuals ages 18-45 (CDC, 2022), have spurred a lot of fear but also a lot of willingness for the public to be educated on the topic. The law enforcement perspective regarding drug seizures of illicitly manufactured products containing deadly amount of fentanyl has certainly been shared (Palamer et al., 2022).

Next, the effect that the COVID-19 pandemic has had on the increase in substance use and mental health issues was also discussed multiple times during the interview and REW meeting process for the 2022 fiscal year. The pandemic has had an intense negative effect on many Americans and this is evident as researchers have noticed an increase in isolation, depression, substance use, and abuse cases, along with the increase in overdose deaths, during the past two years. As the country went into lockdown, many have relied more heavily on maladaptive coping mechanisms to get them through these tough times (SAMHSA, 2021). Only, the tough times imposed by the pandemic have ended up lasting much longer than anyone could have imagined they would last.

Finally, lack of access to resources was discussed by several of the interviewees and individuals who presented during the REW meetings that were conducted during the 2022 fiscal year. One way in which lack of access to resourcess was discussed was through lack of health insurance. Although it was acknowledged that resources, such as treatment options, exist in what many consider to be the most urban county in Public Health Region 6 (Harris County), many of those treatment options are private pay and require health insurace in order to be able to access, leaving many individuals in most need of those

services unable to actually benefit from them due to financial requirements. Another way in which access to resources is limited is through providers' reluctancy in treating individuals with OUD with MAT/MAR. Many providers who are documented as holding wavers for the ability to provide such services, do not actually offer those services to patients due to fear even though it is well documented that MAT/MAR is considered the gold standard for treating individuals with OUD. Also discussed, particularly by individuals whose perspectives are influenced by their location in very rural areas where poverty is high and resources are stretched very thin, were the limitation that lack of proximity to resources and lack of transportation to travel into the city (Greater Houston Area) pose on individuals seeking treatment (Mojtabai & Chen, 2013).

Appendix A

References

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Appendix B

Key Informant Interviews Individual Summary

Name:	
Region:	
Interview Number:	
Interview Date:	
Participant ID:	

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.

Step 1: Summary paragraph(s) for each interview, **guided by** the following questions:

a. **Description**: Please provide a descriptive summary of what was discussed throughout the interview.
b. **Interpretation**:
    i. Please provide a little bit of context about the interviewee. For example, what sector were they in? Does their organization/sector fall in a rural or urban area? What is the demographic makeup of this area's population and, relatedly, are resources (general, such as access to healthcare) typically available?
    ii. Generally speaking, what did you learn and how might this individual's sector (i.e., occupation or role) have influenced their responses?
        1. What finding was surprising or something not seen in quantitative data (e.g., data gaps)?
        2. In what ways might this individual's responses reflect the opinions of the region as a whole? How might they not?
        3. What other contextual factors might have influenced this individual's responses?

Step 2: Tabling Key Themes

a. Please look back at the content of the respective transcript for this interview. For each question you asked in the interview (including probes) please reflect on what/how the individual responded (and what you learned).
b. Then, please **identify a few key phrases, ideas, or terms** that summarize their responses in the table below.
c. You should complete one row for each interview.

Participant ID	Q1: Substance Use Concerns	Q1.A: Contributing Factors	Q1.B: Consequences	Q2: Effect on Sector	Q3: SU Prevention Resources	Q3.A: Best Resources	Q3.B: Lacking Resources	Q4: Mental/ Emotional Wellbeing Resources	Q4.A: Best Resources	Q4.B: Lacking Resources	Q5: Additional information	Q6: Additional questions
001												

Appendix C

Regional Epidemiological Workgroups Individual Summary

Name:	
Region:	
Regional Epidemiological Workgroup Number:	
Regional Epidemiological Workgroup Date.:	

As identified in #6 of the Program Guide Data Core, Data Coordinators will: d*evelop and maintain a Regional Epidemiological Workgroup (REW) identifying substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. The REW must also work to identify regional data sources, data partners, and relevant risk and protective factors to provide information relevant to identification of data gaps, analysis of community resources and readiness, collaboration on region-wide efforts, and recommendations and/or development of other forms of prevention infrastructure support. Grantee must conduct/participate in a minimum of four (4) REW meetings and document using the System Agency-generated template.*

***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.**

1. **Please share what was discussed.** (In addition, which, if any, of the following topics were discussed?):
    - Identification of data gaps
    - Analysis of community resources and readiness
    - Collaboration on region-wide prevention efforts
    - Recommendations and/or development of other forms of prevention infrastructure support

2. What were the takeaways from the discussion?

3. Were solutions recommended? If not, what would be your recommended solutions?

4. How can the information discussed through this REW inform future Regional Needs Assessments (i.e., identifying the gaps between current and desired substance use prevention strategies and outcomes)?

5. How can we better promote the workgroups and gain new perspectives delivered during the meetings?