

Regional Needs Assessment (RNA) Summary Brief

Part II: For External Dissemination

Name:	Karen R. Rodriguez
Region:	11

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.

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?

Alcohol, tobacco, and other drug use continues to be a problem among youth and adult citizens of region 11. The use of illicit drugs and the use of alcohol carry significant social, physical, and emotional health risks. Persons with a substance use disorder may suffer damage to key body organs such as the heart, liver, kidneys, and central nervous system. They may also experience difficulties with concentration and memory that impair learning. They can exhibit mood swings, impaired judgement, isolation, and depression, all of which can contribute to impaired driving, injuries, accidents, domestic or random violence, and sexual assault. Moreover, drugs can lead to the deterioration of family units and the breakdown of friendships and other support systems.

A community assessment can provide local stakeholders, organizations and agencies with the information they need to prioritize their most pressing needs and identify new approaches to address those concerns. Through the assessment process, information can be gathered to describe ATOD use in the community, the impact of ATOD use, current prevention/enforcement activities already being used, and gaps in community resources. This information can be used to educate community members and stakeholders about ATOD use in the community, dispel misconceptions about ATOD use, review current prevention efforts, and prioritize strategies to address the most pressing concerns identified during the needs assessment process.

PRC’s goal is to provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health in general. The Prevention Resource Center’s (PRC) Regional Needs Assessment (RNA) is a document created by State Evaluator along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC11

serves 19 counties in Texas. This assessment was 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. The RNA aims to present a summary of statistics on risk and protective factors associated with drug use, as well as consumption patterns and consequences data; at the same time, it will offer insight on gaps in services and data. Completion of this Regional Needs Assessment has allowed for identification of some of the major challenges that the communities in region 11 face regarding adolescent and adult drug use and the need for more prevention programs to service the area. The Prevention Resource Center of Region 11 hopes the Regional Needs Assessment is a useful reference for the region.

The following are the region's most pressing substance use behaviors that need to be addressed. This information is based on the data analysis Data Coordinator has done in previous years and in the present.

- Alcohol is one of the most pressing substance in Region 11. Not only quantitative data shows that alcohol has always been a problem for region 11; but also focus groups and surveys administered to community members tells us that alcohol is a concern in the community.
- E-vapor products are another pressing substance in region 11. Since 2018 there has been an increase in e-cigarettes. 18.9 percent of adults in region 11 (18 and older) reported having used e-cigarettes in 2019.
- Marijuana is the most frequently used illicit drug among youth in region 11.

The following are underlying conditions that contribute to substance use and misuse in region 11. These conditions increase the use of substance use, especially among youth population.

- Economic stability
- Poverty/children living in poverty
- Health care access
- Social and community context (Cultural/social norms)

Data Coordinator

Data Coordinator works to promote and educate the community on substance use and misuse and associated consequences through various data products such as fact sheets, media awareness activities, and an annual RNA. In this way, PRC 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. Data Coordinator 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, 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. Part of the Data Coordinator's role is to collect, compile, and disseminate data pertaining to the prevention of substance use and misuse in the region. Under the direction of the Prevention and Behavioral Health Promotion Team in

Substance Use Programs, Planning, and Policy at the Texas Health and Human Services Commission, Data Coordinators typically aggregate and disseminate substance use-relevant data into one comprehensive document, commonly known as the Regional Needs Assessment. The Regional Needs Assessments focus on incidence rates, or the degree to which the residents living within Region 11 currently live or are at risk of living with substance use disorders.

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 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.

Identification of Variables

The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes.

Criteria for Selection:

The criteria used for including data sets in the RNA are their relevance, timeliness, methodological soundness, representativeness, and accuracy. The data arise from well-documented methodology gathered through valid and reliable data collection tools.

Purpose of Key Informant Interviews:

Qualitative data collection methods often reveal additional sources of data. In the past, qualitative data collection has been conducted, in the form of questionnaires, focus groups, and key informant interviews. The information obtained through these partnerships has been analyzed and synthesized and has been included in the RNA. This year, Data Coordinator was able to conduct key informant interviews with community stakeholders from a wide selection of professions including

- Youth and young adults
- Parents
- Business Communities

- Media
- Schools
- Organizations that serve youth or young adults
- Law enforcement agencies
- Faith-based organizations
- Civic and volunteer groups
- Healthcare professionals
- State and local government with expertise in the field of substance abuse
- Recovery community, Education Service Centers, and Local Mental Health Authorities

In these sessions, participants discussed their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges. Participants were able to share their communities' greatest resources and needs. Data collected from key informant interviews allow Data Coordinator to gain deeper understandings of the greatest needs in the community as well as the major substance use concerns among members in the region.

Key informant interviews will help determine not only what people think about the community but why they feel that way. These interviews are excellent for documenting people's reasons for their beliefs and perceptions and people's understandings or misunderstanding about a substance. The main purpose of these key informant interviews is to be able to identify communities' greatest needs and resources as well as possible recommendations to meet these needs.

Purpose of Regional Epidemiological Workgroups

The Regional Epidemiological Workgroup is a multi-agency workgroup with a public health orientation that studies outbreaks of drug and alcohol use and related community problems. The group pulls data and assesses emerging problems to provide a foundation of information for public health response. The purpose is to reduce the incidence of youth drug and alcohol use and their related consequences in Region 11 communities. The goals are:

- To build a shared regional data repository, and use the data to inform prevention planning and educate the public.
- Develop a key set of indicators to describe the magnitude and distribution of substance related consequences and consumption patterns across the 19 counties.
- Establish prevention priorities for counties resources based on data analyzed and interpreted through the profiling process.
- Allocate resources to populations in need for established priorities.
- Developing a systematic, ongoing monitoring system of regional substance-related consumption patterns and consequences.
- To track progress on addressing prevention priorities, detect trends and use such information to redirect resources if needed.

The group uses the data repository to:

1. Provide early warning: identify new trends in substance use and alert our communities.

2. Inform evidence-based decision making: use data to demonstrate a need for prevention/intervention services or to plan service changes.
3. Educate the public: create public service ads on underage drinking, marijuana and prescription drug use.

Data Coordinator pools key indicators of youth substance abuse across four categories: consumption, consequences, risk factors and protective factors. The data can be quantitative or qualitative (numeric data or expert perspective). The repository functions as a library; group members put data into it and pull data from it.

Ideally, members are people who can access key information in specific geographic areas. They may have some responsibility for addressing drug and alcohol problems in their communities or may benefit directly from having information about youth drug and alcohol use. People are invited from coalitions, prevention/treatment, law enforcement, government, public health/safety, and research.

Data Coordinator access information within the boundaries of various roles and organizations. REW members and Data Coordinator identify emerging trends in substance use, availability, and consequences across the 19 counties in region 11. Data Coordinator also educates the public by disseminating information and providing input on public service ads. The REW is not a place to compare program outcomes nor develop research publications. The group does not provide evaluation services to organizations and individuals; its purpose is to inform and provide access to resources only.

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

I. 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?

Key informant interviews consisted of 15 stakeholders representing the sectors below.

- Youth and young adults
- Parents
- Schools
- Organizations that serve youth or young adults
- Law enforcement agencies
- Faith-based organizations
- Civic and volunteer groups
- State and local government with expertise in the field of substance abuse
- Recovery community, Education Service Centers, and Local Mental Health Authorities

Data Coordinator was not able to interview professionals in the healthcare sector as well as people working for the media and business communities. Three of the 15 participants represent organizations that serve youth or young adults. These participants work or live in the upper counties of the region: Kleberg, Jim Wells and Nueces County. There were three stakeholders representing the law enforcement sector. Two of the three participants represented Nueces and Brooks County. Only 1 participant from the law enforcement sector represented Hidalgo County. There was only one participant representing the following sectors: state and local government with expertise in the field of substance abuse; Schools; civic and volunteer groups; faith based organizations; youth and young adults: These participants live or work in Hidalgo and Nueces County. Two participants represented the Recovery community, Education Service Centers, and Local Mental Health Authorities sector and live or work in the upper counties: Nueces and Webb County. The last two participants interviewed were parents and lived in Hidalgo and San Patricio County.

- 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.).

Recruitment process

The process of recruitment started around the months of November 2022 through January, 2022. As soon as key informant interview blurb was delivered by State Evaluator, Data Coordinator began the process of sending a letter via email to stakeholders including detailed information about the purpose and goals of the interviews. After each stakeholder received the letter, Data Coordinator followed up with those who had questions and schedule a meeting where Data Coordinator clarified any questions and concerns. During these individual meetings, Data Coordinator also encouraged them to participate. This process continued each month and it stopped around the month of May 2022.

Key informant interviews were held from February 9th 2022 through June 6th 2022. All interviews were conducted using zoom as the main platform. Data Coordinator conducted all the interviews. All participants completed the interview lasting between 30 to 45 minutes. Interview procedures were explained to all participants. During the interviews, notes were taken regarding participant's body language and other cues not captured. This information was noted within the interview transcriptions to enhance the level of detail and understanding of participants' discussions as well as to provide contextual enhancement to the discussions. Within the format of the semi-structured interviews, respondents were asked a series of open-ended questions that revolved around the topics of community greatest needs and resources.

Objectives of the key informant interviews were to identify community's greatest resources and needs. Below are the questions that were utilized during each interview:

1. What substance use concerns do you see in your community?
 2. What do you think are the greatest contributing factors, and what leads you to this conclusion?
 3. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
 4. How specifically does substance use affect the (insert sector here) sector?
 5. What substance use and misuse prevention services and resources are you aware of in your community?
 6. What do you see as the best resources in your community?
 7. What services and resources does your community lack?
 8. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
 9. What do you see as the best resources in your community?
 10. What services and resources does your community lack?
 11. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
 12. What other questions should we be asking experts in this area?
- 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)?

Data organization and transcription

Data Coordinator transcribed interviews soon after each interview. Once transcriptions were completed, Data Coordinator summarized lengthy notes from interviews in a separate document. This helped to identify more easily interview themes and repeated patterns and concepts.

Coding key themes in tables

1. Once notes were organized and audio files were transcribed, Data Coordinator read back through all the data. Reading and reviewing the interviews help to identify common themes, or categories.
2. Notes were taken of these themes and Data Coordinator was able to highlight most common themes that emerged throughout the interviews and the most common themes that emerged for each interview question.
3. Data Coordinator also noted any differences in responses based on demographics (e.g., age, gender, time living in community, position in community).
4. Data Coordinator highlighted specific quotes or responses that support the problem(s) being addressed.
5. Based on the summaries and notes from each interview, Data coordinator created a table with the most common themes and concepts addressed in the interviews.

6. Last, an overall summary that captures community members' thoughts, beliefs, and recommendations was provided.

Identification of Limitations/recommendations

Data Coordinator was able to identify limitations that may have impacted the results or conclusions. Some limitations to consider are presenting below.

1. It may be difficult to tell how reliable a person's responses are. People may not quite understand the questions, may have unique opinions about a topic, or may simply tell you what they think you want to hear.
2. The informants' responses may vary greatly due to misunderstanding of questions, or lack of participant knowledge about the topic.
3. Bias may occur if the interviewers or Data Coordinator know or work closely with key informants. This can be avoided by being an objective interviewers and analyst.

II. Regional Epidemiological Workgroups

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

Members of the Regional Epidemiological Workgroup represent the following sectors in the community.

- a. Law enforcement
- b. Organizations that serve youth and young adults
- c. Faith based
- d. State and local government with expertise in the field of substance use
- e. School counselors
- f. Civic and Volunteer groups (coalition members)
- g. Other community members (parents)

Most members attend meetings regularly. Since PRC 11 covers 19 counties, Data Coordinator and PRC team recruit individuals across the region. The recruitment process occurs during coalition meetings, presentations and stakeholder meetings.

- 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.

Data coordinator promotes REW during community meetings and presentations. However, it is through stakeholder meetings that Data Coordinator invites individuals to participate in the regional epidemiological workgroup. During stakeholder meetings, Data Coordinator has the opportunity to explain in more detail about the goal and purpose of the Regional

Epidemiological Workgroup. During these meetings Data Coordinator is able to ask questions about the individual's role and occupation. The feedback obtained from the meetings help Data Coordinator to evaluate how the individual could benefit the group and how the group can also provide the individual with tools that can help her/him in his/her occupation.

The following shows the process that Data Coordinator utilizes to bolster recruitment and retain members. This also helps in the process of conducting efficient meetings and a strong Regional Epidemiological Workgroup.

1. Creating a mission that incorporates the distinct needs of each of these audiences. Taking the time to clarify both mission and audience make it easier to see what needs to be done.
 2. Recruit the most effective members, and prioritize immediate and future workgroup goals.
 3. Having an active, well-represented, and sustainable REW.
 4. Dedicate more time not only to the recruitment but to the retention of workgroup membership.
 5. Define member roles and responsibilities.
 6. Make sure REW members are included in the creation of any project process. This way they are able to promote REW and be knowledgeable about current projects or data collection process.
 7. Promoting REW during community meetings and presentations helps to encourage individuals to join and become a REW member.
 8. During REW promotion, Data Coordinator highlights findings from projects done in the past. This helps stakeholders understand better the purpose of the REW.
 9. During REW promotion, Data Coordinator highlights the benefits of collaboration with REW such as data access with partners and coalitions.
 10. Data Coordinator and PRC team conduct regional trainings specific to data collection efforts providing general benefits of engaging in data-based decision making.
- iii. **Analysis Plan:** How did you analyze the data? What were the steps you took to get from data to drawing conclusions?

Regional Epidemiological Workgroup

Data Coordinator used a similar approach to analyze REW data. Each REW meeting was recorded. After each meeting, Data Coordinator transcribed the meeting minutes. This process is key to be able to improve the meetings and also to understand the main discussion topics that occur during each meeting. Data Coordinator utilized REW summary templates as a guide to better annotate the information as well as to have a better understand of the discussions.

- Once notes were organized, Data Coordinator read back through all the meeting minutes. Reading and reviewing the interviews helps to identify common themes, or categories.

- Notes were taken of these themes and Data Coordinator was able to highlight most common themes that emerged throughout the meetings and the most common themes that emerged for each meeting.
- Data Coordinator also noted differences in responses based on member role or occupation.
- Data Coordinator highlighted specific quotes or responses that support the problem(s) being addressed.
- Based on the summaries and notes from each interview, Data coordinator created a table with the most common themes and concepts addressed in the meetings.
- Last, Data Coordinator provided an overall summary that captures community members' thoughts, beliefs, and recommendations.

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

III. Key Informant Interviews

Substance use concerns

- Results show that alcohol continues to be a concern for members in the community. The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers.
- Vaping products and marijuana was consistently discussed. Participants described that the practice of using vaping devices to consume marijuana or cannabis products is becoming increasingly widespread.
- Consistent with previous Regional Needs Assessment findings, Region 11 continues to face a shortage in mental health professionals as well as limited access to health care. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of lack of insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access to resources.

Contributing factors

A variety of factors which affect the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in populations have been identified.

- Societal Factors: Employment, cultural norms, social norms, availability of alcohol, and implementation and enforcement of alcohol policies. Some participants highlighted that adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer communities such as colonias.
- Individual Factors: socioeconomic status, age of individual, gender, family circumstances and mental health condition.
- Easy Access: Easy access to alcohol and exposure to alcohol advertisements are positively associated with adverse health and social outcomes. Access also comes from close family members and close friends.

Consequences

- According to participants, the most harmful consequences of substance use are the following: Individuals who persistently use substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system.

Additionally, there are consequences for family members, the community, and the entire society.

Best Substance use and mental health resources

- The following are organizations and coalitions that were categorized to be greatest resources for both mental health and substance use during the interviews:
 - Behavioral Health Solutions of South Texas (BHSST)
 - Coastal Bend Wellness Foundation (CBWF)
 - Council on Alcohol and Drug Abuse
 - Mental Health Authorities
 - MHID
 - Tropical Texas Behavioral Health
 - Bay View Behavioral Hospital
 - Texas School Safety Center (state agency)
 - Texas Say What
 - UTRGV
 - South Texas Behavioral Center

 - SCAN Coalition (Starr, Webb)
 - UNIDAD Coalition (Hidalgo)
 - Project Hope Coalition
 - PATH Taskforce
 - Boys and Girls Club
 - Faith Based Organizations/Religious groups
 - School districts

Lacking resources (SU & MH)

- Treatment Providers (youth and adults)
 - Outpatient, inpatient, residential detox, long term facilities
- Mental health professionals
 - Including Psychiatric care
- Prevention services
 - More prevention specialists to educate youth and adults as well as school district staff
 - Effective information dissemination. More education for parents about substance use prevention including emerging drug trends.
 - More information dissemination about resources and services in each county of the region.

Additional Information

- More funding for prevention, treatment and mental health services
- Stronger collaborations between community partners
- More education to all sectors in the region. This includes
 - Parents and other adults in the community
 - Law enforcement
 - School staff (teachers, counselors, administrators and principals)
 - Youth
- Better promotion of resources and services

Additional questions/comments

Below are some suggestions shared by participants at end of each interview.

- Increase awareness of the health and social problems for individuals and society at large caused by the harmful use of substances.
 - Regulating the marketing of alcoholic beverages (in particular to younger people)
 - Regulating and restricting the availability of alcohol
 - Enacting appropriate drink-driving policies
 - Ensuring support for effective alcohol policies
- Provide accessible and affordable treatment for people with a SU disorders and mental health problems.
- Increase collaboration with other professionals in the community (even if they are not in prevention).
- Data accessibility including (overdoses, suicide rates, etc.), is need it in the region.

IV. Regional Epidemiological Workgroups

Information covered (These are the most common concepts and discussion covered during the four regional epidemiological workgroup meetings).

Community knowledge and level of awareness of substance use and misuse

- During REW meetings concepts and ideas surrounding the lack of substance use awareness was consistent. Members shared their concerns about the existing level of awareness in the community.
- Members feel that prevention specialists and other professionals in the field of prevention need to continue raising awareness about what substance use prevention is and how prevention works.

Benefits of collaboration with other programs and organizations

- The lack of collaboration between organizations in the field of prevention and other programs such as treatment and recovery providers affects the way in which professionals in the field of substance use help individuals.
- More collaboration (i.e., attending meetings). Will help individuals from different professions and sectors learn more about available resources and services. This will also help in the referral process (successfully refer someone to the right person or service).

Data accessibility

- Data access will strength prevention efforts and will increase the opportunity to not only educate the community but to increase services needed in different counties of the region.

Takeaways from meetings

- Clarify myths and common misconceptions about substance use and misuse
- Is necessary to keep sharing data during presentations or in the form of fact sheets where members in the community can be informed with reliable information.

Data accessibility

- Access county data is difficult and there is a need to find new ways to obtain information. This can be through partnerships and collaborations.

Increase community collaboration

- There is a need to increase collaboration and participation not only from professionals but participation from parents as well.
- Participating/volunteering in local coalitions or in REW will help individuals to increase their knowledge about substance use and misuse.

Proposed possible solutions

Increase data collection

- Data collection is essential to learn about current trends in the region related to substance use.
- Qualitative data is important and can be collected in the form of focus groups or semi structured interviews. Collecting information will help PRC11 and REW members to have a better understanding of the region. In the same way, it will provide insight on how to strength prevention efforts in different counties of the region.

Increase data sharing

- Members proposed that awareness could be increased through data sharing. For example, data can be shared in the form of fact sheets, presentations and during regional epidemiological workgroup meetings.
- Data should be available to parents. Data will enhance readiness for change and will help parents to have a better understanding of new emerging trends.

Increase collaboration

- Collaboration with members from other organizations is key to maintain and sustain the regional epidemiological workgroup.

Application of information to RNAs

- Highlight data gaps in the region as a whole and in each of the 19 counties.
- Provide recommendations and possible solutions to RNA audience.

Promotion of workgroup

Regional epidemiological workgroup is promoted during community events and conferences. During stakeholder meetings, stakeholders are provided with the following:

- REW projects key findings
- Highlight benefits of collaboration with REW

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

Below are the takeaways for this process:

- It is important to understand how qualitative data works and how it can be utilized for specific field related purposes.
- Sharing results is a great way to share resources. It will benefit organizations, engage partners, and encourage collaboration within the community.
- Most importantly, widely disseminated information can lead to more informed community decision-making regarding funding, programs, and policy changes.

Recommendations

- I. There is a strong need to continue inform community members about local emerging trends regarding substance use and the actual harm that vaping products might cause.
- II. Additional training is needed regarding substance use prevention for parents and professionals that work with adolescents on a regular basis.
- III. Focusing on fun and interactive ways to engage youth in activities that encourage adolescents to stay active and have a healthier lifestyle.
- IV. Provide clarification about common misconceptions that prevail in the community in regards to alcohol and other drugs including vaping. PRC and REW should be the resource that helps to clarify any doubts and questions from the community. (e.g., Q&A sessions).

- V. Increase media awareness campaigns and messages that promote education and information related to substance use consequences.
- VI. There is a strong need to increase community engagement through activities that encourage parents and families to come together and learn while being engaged with organizations and coalitions that provide services in the community and advocate for drug free communities.
- VII. Increase parental engagement at the school. For example, additional after-school activities where both parents and adolescents can learn about substance use prevention. These activities should also be held at colonias areas so that the information is accessible to parents and community members who are not able to drive to attend a presentation/ or activity at a school or any other organization.
- VIII. Increase law enforcement support. For example, officers educating adolescents and parents through presentations and activities about the legal implications for using illicit drugs and substances.
- IX. Increase knowledge of local services and resources through monthly newsletters and meetings.
- X. Increase access to community resources such as additional funding for more programs that engage in prevention and treatment for both youth and adults.
- XI. More opportunities for people who are in recovery or have recovered to share their experience with other community members who may be struggling with addiction. This can be in the form of community forums.
- XII. Meetings and events held at Colonia areas so that the information is accessible to parents and community members who are not able to drive to attend these type of events.