

2015

Regional Needs Assessment



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Table of Contents

- Executive Summary4**
 - Our Purpose of the PRC 6
 - Our Regions 6
 - Region 2 6
 - Region 3 6
 - Region 4 6
 - Region 5 6
 - Region 6 6
 - Region 8 6
 - Region 9 6
 - Region 10 6
 - Region 11 6
 - How We Help the Community 7
- Key Concepts in This Report.....7**
 - Epidemiology 9
 - Consumption and Consequences 10
- Introduction 11**
 - Our Audience 11
 - Our Purpose for this Document..... 12
- Methodology 12**
 - Process of Dissemination 12
 - Community Based Process..... 12
 - Quantitative Data Selection 12
 - Qualitative Data Selection 15
- Demographic Overview 15
 - State Demographics 15
 - General Socioeconomics..... 17
 - Regional Demographics 18
 - General Socioeconomics 21
- Enviromental Risk Factors 25

Education.....	25
Criminal Activity.....	26
Mental Health	29
Social Context.....	31
Assessibility	35
Regional Consumption	39
Alcohol.....	39
Marijuana	40
Prescription Drugs	42
Emerging Trends.....	45
Regional Emerging Trends.....	46
Consequences of Drug Use	47
Overview of Consequences	47
Mortality.....	49
Legal Consequences.....	50
Hopitalization and Treatment	54
Economic Impacts.....	55
Enviromental Protective Factors	58
Community Domain.....	59
School Domain.....	68
Family Domian.....	71
Individual Domain.....	72
Trends of Declining Substance Abuse	73
Region in Focus	73
Gaps in Services.....	73
Gaps in Data	74
Regional Partners	74
Regional Sucessess	75
Conclusion	76
Key Findings	76

Comparison of Region to State/National	77
References	78
Data Source Tables.....	83
Contributors	84
Glossary of Terms	87

Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center (PRC) in Region 9, along with and supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) and the Texas Department of State Health Services (DSHS). The needs assessment has been conducted to provide the state, the PRC and the community at large, with a comprehensive view of information about the trends, outcomes and consequences associated with regional and statewide drug and alcohol use. The assessment was designed to enable PRC's, DSHS, and community stakeholders to engage in long-term strategic prevention planning based on current information relative to the needs of the community. This study also serves as the premiere effort in a body of work upon which further Regional Needs Assessments will follow. Moreover, the information compiled in the RNA will be utilized to build a Regional Data Repository, which will function as part of a state data repository.

Determining community needs requires a thoughtful, scientific and qualitative approach. It would be negligible for this document to present numbers and percentages without also offering insight about cultural and contextual values that are inherent within the local communities and across the state. After all, community encompasses innumerable factors. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is, for many residents, a cultural, geographical, and social experience of diversity, it is also culturally homogenous across all of its towns and cities. There are ubiquitous hallmarks within Texas that inhabitants may see as familiar sentries through each town, and off of each interstate, whether one is in the Valley or in the rolling plains. While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore; that the population is of a rugged and hard-working tapestry, and that Texans are tough people. The five point star, Austin Stone, and Dairy Queen are but a handful of iconic imagery that may be experienced in any given town across the extensive landscape of Texas. Because of the vast size of Texas, one State Epidemiological Profile would also not be comprehensive enough in certain domains, which would be a disservice to smaller communities. As such, Regional Needs Assessments, along with Regional Evaluators, will aid in a more efficacious approach to prevention planning for the great state of Texas. Given the various distinctions between each town and region, it would be easy to see how trends may present differently amongst geographical locations. One may assume that border regions are plagued by more cartel activity, for instance. However, it should be noted that cartel activity plagues many of our more interior regions, as they are integral to supply and trade routes for these powerful cartels. One might also assume that areas with treatment centers have higher drug use rates, based on the amount of individuals who remain in any given area after concluding treatment, and based on the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation. Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document to infer causality between any substance and prevalence rate in any given area or cultural context. Broader implications of meaning or etiology with relation to data, such as difference between Minor in Possession (MIP) county rates, are not part of the PRC or DSHS initiative.

Our Purpose of the PRC

Prevention Resource Centers (PRC's) serve the community by providing infrastructure, prevention resources, and other indirect services to support the network of substance abuse prevention services. Beginning in 2013, PRC's were re-tasked to become regional resources for substance abuse prevention data. PRC's formerly served as a clearinghouse for substance use literature, prevention education, and media resources. Their primary purpose now is to gather and disseminate substance abuse prevention data to support substance abuse prevention programs in Texas. These services provide an essential service to assist the state and local prevention programs in providing data used for program planning and evaluating the long-term impact of prevention efforts in Texas. Other valuable services provided by PRC's also include prevention media campaigns, alcohol retailer compliance monitoring, tobacco Synar activities, and providing access to substance abuse prevention training resources.

Our Regions

Texas is divided up into 11 regions by the Department of Health and Human Service. Each region falls under the DSHS Division for Regional and Local Health Services (RLHS). The RLHS is the key to high quality support for public health services at both a Regional and Local level. The mission of the DSHS is to improve the health and well-being of Texas by providing leadership and services that promote hope, build resilience, and foster recovery. The regions are separated out by surrounding counties to help DSHS maintain and build capacity to provide essential public health services in response to the needs of the local areas.

Region 1-Panhandle and South Plains

Region 2-Northwest Texas

Region 3-Dallas/Fort Worth Metroplex

Region 4-Upper East Texas

Region 5-Southeast Texas

Region 6-Gulf Coast

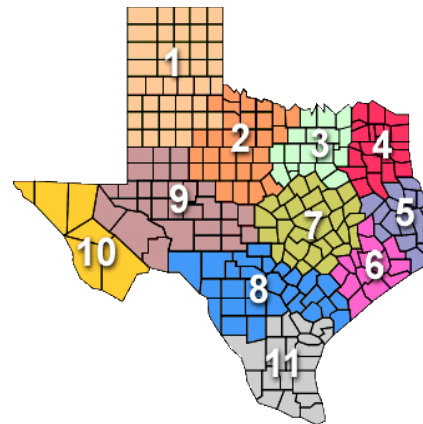
Region 7-Central Texas

Region 8-Upper South Texas

Region 9- West Texas

Region 10-Upper Rio Grande

Region 11-Rio Grande Valley/Lower South Texas



What Evaluators Do

Regional PRC Evaluators are primarily responsible for identifying and gathering data regarding alcohol and drug consumption and related risk and protective factors within their respective service regions. Their work in identifying and tracking substance use consumption patterns is disseminated to stakeholders and the public through a variety of methods, such as fact sheets, social media, traditional news outlets, presentations, and reports such as this Regional Needs Assessment. Their work serves to provide state and local agencies valuable prevention data to assess target communities and high-risk populations in need of prevention services.

How We Help the Community

Each Prevention Resource Center is bound by beneficence and a commitment to a healthy community. PRC's work according to primary contracts with DSHS and other secondary entities in assessing, evaluating, and implementing empirical prevention work that target the youth regarding drugs, alcohol, and other behavioral health choices. The PRC's, which formerly engaged in information dissemination, are now tasked with collecting and evaluating data regarding youth substance abuse trends and other related factors. It is the impetus of each PRC, as of 2014, to collect, assess, and evaluate data that accurately reflects each region specifically. Moreover, the PRC's are vested in designing and implementing appropriate prevention standards for substance use, which include education, media awareness, social media campaigns and advocacy for implementing the Texas School Survey in the local school districts.

Key Concepts in This Report

As one reads through this document, two guiding concepts will appear throughout the text. The reader will become familiar with a focus on the youth population and an approach from a public health framework. Understanding the use of these key concepts within the Regional Needs Assessment enables the audience and stakeholders to better grasp the empirical direction that Texas DSHS has set forth in strategic prevention framework planning for drug and alcohol use within youth populations. Subsequent to the foundation set forth by targeted demographic and theoretical approach, readers will be presented with discussions about other key concepts, such as risk and protective factors, consumption and consequence factors, and contextual indicators. The authors of this Regional Needs Assessment understand that readers will not likely read this document end to end. Therefore, we strongly suggest becoming familiar with the key concepts, to enable a greater comprehension of the data that follows.

PRC's statewide, along with DSHS, are well-aware of the impact that drugs and alcohol unleash upon the state of Texas. No demographic is free of the potential for use, misuse, abuse, and dependence of and on any substance. Nor is it limited by or restricted to any age, gender identification, ethnicity, cultural experience or religious affiliation. While the incidence and prevalence rates of substance use among all age groups are concerning, evidence indicates that prevention work done with adolescents has a positive and sustainable community impact. The benefits of prevention work have an individual impact as well. Adolescence is a malleable developmental stage, when risk and protective factors may be amenable. Most concerning are the effects that substance use has on youth brain development, the potential for risky behavior, possible injury, and of course death. Also concerning are social consequences such as poor academic standing, negative peer relationships, aversive childhood experiences, and overall community strain (Healthy People 2020).

Adolescents

Having established the youth population as a primary focus for the RNA and for prevention planning, consideration must be given to how this document operationally defines youth and developmental spans that comprise it. Adolescence, for instance, is a construct that must be examined as having some debatable parameters. While the typical thresholds for any given developmental time frame are usually marked by chronology, many scientists and professionals point out the appearance of characteristics such as behaviors, cognitive reason, aptitude, attitude,

and competencies, as developmental milestone markers. From the chronological viewpoint, there are a handful of tenets that must be considered, and which hold equal footing of legitimacy in the discussion. Texas Department of State Health Services posits a more traditional definition of Adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the WHO and APA concede that there are characteristics generally corresponding with the chronology of adolescence, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy. Conversely, the chronology of adolescence and youth has been challenged with recent research efforts. Many have been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH) culminating in the consideration of an expanded definition of adolescence that ends around the age of 25. The research, neurologically oriented and empirically based in imaging/scanning methodologies, indicates that the human brain is not completely developed until around the age of 25. The Massachusetts Institute for Technology (MIT)'s hosts the Young Adult Development Project. It is one of many research based entities that provides an overview of brain development into the mid-twenties. As neuroscience progresses, the public may become more educated on the development of the brain, which occurs from the back to the front. What this means is that the part of the brain known for judgment and reason, is the last part to develop, and that *does not occur at the age of 18*. According to some scholars, researchers, and authors, the implication is that age 18 is only about half-way through the adolescent period of brain development. Therefore, the chronology of youth must be considered relative to the neurological aspect, as opposed to the previously held idea that maturation was merely psycho-social and sexual in nature. These recent findings are important in developing a greater understanding of prevention work with the college-aged groups who are experimenting with risky behaviors. The information presented here is comprised of readily available data, found in the region and state, and is presented with relevance to how the agencies, organizations, and populations are depicted within the data. Some domains of youth data may yield breakdowns that conclude with age 17, for instance, and some will end at age 19. While it is beneficial for the reader to have an understanding of the current conceptualizations of adolescence, it is equally important to understand that the data presented within this document has been mined from different sources, and will therefore consist of different demographic subsets of age. The authoring team has endeavored to standardize the information presented here. More about standardization and methodology can be found in the second section of this document.

Rates of alcohol or illicit drug use among adolescents aged 12-17 years increase with age. The rate for adolescents aged 16-17 years was **more than 6 times** the rate for adolescents aged 12-13 years.



Figure 1 Healthypeople.gov 2010

Epidemiology

This key concept is presented with an emphasis on a public health approach. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning *‘to study what is of the people’*, epidemiology frames drug and alcohol use as public health concern that is both preventable and treatable. According to the World Health Organization (WHO, 2014), Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Various methods can be used to carry out epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to study determinants.” The WHO also seeks out information regarding the use of drugs and alcohol, the harms and treatment associated with use, as well as policy development, from an epidemiological perspective.

The Substance Abuse Mental Health Services Administration (SAMHSA) has also adopted the epi-framework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations, are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation’s disease burden, while identifying demographics at risk, and evaluating appropriate policy implementation for prevention and treatment. Many states in America have been looking at drug and alcohol use from an epidemiological perspective for the last several years, and have gained ground in prevention work as a result. By turning an investigative eye toward the etiologies, risk and protective factors, and consequences associated with using drugs and alcohol, communities, agencies, providers, private citizens, family members, and individuals who are prone to or are struggling with substance use related issues can address the roots of the problems rather than the symptoms. Ongoing surveillance of data necessitates the standardization of measurement with regard to indicators, which translates to methodological processes at the state and regional levels.

Risk and Protective Factors

A discussion of Risk and Protective Factors concept is essential to understanding how prevention work with drugs and alcohol is currently utilized. There are many personal characteristics that influence, or culminate in the abstinence from drug and alcohol use; the understanding of which is relevant to grasping the big picture of substance use disorders. For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction. While the effect of substance use is initially a reward in and of itself, the individual’s physical and biological attributions play a distinguished role in the potential for the development of addiction. Genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, self-control, or social competence, are influential factors in substance use disorders. Other risk factors include family strife, loose knit communities, intolerant society, and exposure to violence, emotional distress, poor academics, socio-economic status, and involvement with children’s protective services, law enforcement, and parental absence. Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model relationships, open communications and interaction with parents, awareness of high expectations from parents,

shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school.

Kaiser Permanente originated and now collaborates with the Centers for Disease Control on the Adverse Child Experience study which compared eight categories of negative childhood experiences against adult health status. Participants are queried on the following experiences: recurrent and severe physical abuse, recurrent and severe emotional abuse, and contact sexual abuse growing up in a household with: an alcoholic or drug-user, a member being imprisoned, a mentally ill, chronically depressed, or institutionalized member, the mother being treated violently, and both biological parents not being present. The study results have underscored the reality of adverse childhood experiences as more common than typically perceived, although often undetected, and exhibit a prominent relationship between these experiences and poor behavioral health choices and management later in life.

Examination of the risk and protective factors concept provides a meaningful fit for understanding how and why youth substance use trends develop from an epidemiological perspective. Accessing data that links childhood experiences with current behavioral health trends allows prevention planners to delineate core determinants where attention should be focused. The prevalence of trends becomes more obvious when consequences and consumption factors are surveyed, as they are considered the distribution of a public health problem. In other words, today's reported history enables researchers and practitioners to implement tomorrow's prevention initiatives.

Consumption and Consequences

A tangible way to develop an understanding of drug and alcohol trends is best illustrated through sequentially analyzing consequences and consumption patterns. This may occur more frequently at the community level after a notable tragedy has taken place, such as a drunk-driving incident involving a fatality. Support for prevention standards may be more pronounced in the wake of such tragedies. On the other hand, if no news is good news, prevention efforts are often left unnoticeable during times of calm. The epidemiological approach calls for an examination of the consequences and consumption factors. This process parallels how the public at large deals with tragedies and aversive public health trends. As such, we will discuss the importance of consequences and consumption factors.

These two concepts, consequences, and consumption, will be described in this document relative to alcohol, prescription drugs, and illicit drugs, which will enable the reader to conceptualize the public health problems in an organized and systematic manner. SAMHSA has provided an excellent example of how these concepts are tied together with alcohol. "With respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, one or more specific data measures (or "indicators") are used to assess and quantify the prevention-related constructs. Indicator data is collected and maintained by various community and government organizations." Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption

Introduction

The Department of State Health Services (DSHS), Substance Abuse & Mental Health Section funds the Prevention Resource Centers (PRC); as well as over 100 community based programs to prevent the use and consequences of alcohol, tobacco, and other drugs among Texas youth and families. All programs funded by DSHS provide evidence based strategies as identified by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). Texas DSHS works closely with local communities to tailor services and meet local needs for substance abuse prevention. By utilizing the Strategic Framework (SPF), Texas DSHS funded programs are able to provide a continuum of care and services that target the residents of Texas.

The Prevention Resource Centers (PRC's) are located throughout Texas in accordance with the Texas Health and Human Services Department structuring guidelines for the Regional and Local Health Services, for the 11 different regions. The PRC's provide a direct line of information and education to the schools and communities in the state to help improve the mental, emotional and behavioral health of Texans by discouraging and reducing substance use and abuse. The PRC's collaborate closely with community coalitions to focus on the states three prevention priorities to reduce underage drinking, marijuana use, and prescription drug use which were determined and outlined in the Texas Behavioral Health Strategic Plan of 2012.

Our Audience

DSHS uses the information from all regions to continue the funding for current programs and to promote funding for new programs. The state reviews the Regional Needs Assessments (RNA) from all the regions to better determine what programs are needed in the areas and how to move forward with requesting additional funding for the areas who are in need but do not readily have access to the services needed.

The PRC actively promotes the use of the RNA by all community organizations that want to get involved and make changes. The PRC is responsible for providing copies of the RNA to community organizations (coalitions, hospitals, schools, church leaders, and law enforcement agencies), civic leaders (council members, board of directors, stakeholders, and business owners), and concerned residents or members of the community, with the intent that the information will be helpful in understanding the importance of consistency in the prevention of substance abuse. The PRC is responsible for dissemination of the RNA throughout Region 9 and promotes the RNA to all community members which include but is not limited to the medical community, business community, educational community, faith communities, law enforcement and governmental agencies, civic and volunteer communities, media, youth serving organizations, parents, and youth and other organizations involved in reducing substance abuse. This RNA will be delivered in the form of presentations, info-graphs, media awareness campaigns, and social media. By providing data pertaining to current drugs trends and patterns of substance use and abuse throughout the many community sectors we can help increase knowledge among communities and help to provide resources as needed, community awareness, and possible funding for future services.

Our Purpose for this Document

This Regional Needs Assessment (RNA) includes a wealth of information that readers will be able to consult for a variety of reasons. Readers will be able to utilize the document for quick overviews as well as in-depth knowledge on existing trends on substance use, depending on their situation. This is a tool that can be used repeatedly by readers.

Methodology

The state and regional evaluators from each region collected primary and secondary data at the county, regional and state levels. The evaluators have worked diligently to form a solid foundation of research and data collected to provide the most relevant and pertinent data for the Regional Needs Assessments. This collaboration will help ensure a unified template for information dissemination despite having varying information from the 11 regions. The goals are to obtain similar types of data in an effort to streamline the process of data collection, assessment of the information, and reporting tactics of each region.

Process of Dissemination

The PRC depends greatly upon surveys, community coalitions, and community organizations, to gather data regarding substance abuse trends and prevention efforts within Region 9. The collection of the data is only a small part of the process and purpose of the RNA. The information within the RNA will be distributed among the communities of Region 9. PRC staff will use various methods of communication and dissemination including but not limited to: media sources (television, radio, print, and social networks), stakeholder and community meeting presentations, info-graphs, fact sheets, newsletters, published research data, and related articles.

Community Based Process

The goal of this process is to promote healthier choices and bring awareness of the states three priorities: underage drinking, marijuana use and prescription drug use, and to involve the community. The PRC will establish working Community Agreements (CAs) and Memorandums of Understanding (MOUs) with the many sectors and community organizations throughout the region to help establish a working relationship that will aid in the collection and dissemination of information collected. Working together in the community promotes additional support and data collection for the PRC repository to increase the awareness and prevention of substance abuse throughout the region.

Quantitative Data Selection

Quantitative data can be measured with numeric values for review and reporting. This type of data relies on being able to verify the results and is amendable to statistical manipulation.

Identification of Variables

Data and information used for the RNA can come from a variety of sources. It is imperative that the data selected is relevant, current, factual, and valid. Choosing valid data means that it can be supported by documentation such as reports and survey results. Using the most up-to-date information helps to gain a better understanding of the community and region and helps to identify the current needs of the community and region. Relevant information simply means that it must pertain to the subject matter being discussed.

Key Data Sources

Federal Bureau of Investigations (FBI) Unified Crime reports- This report tracks the different types of crimes that have been reported throughout the United States. The crime reports help to establish the trends of crime and how substance abuse may affect the trends and types of crimes committed.

Substance Abuse and Mental Health Services Administration (SAMHSA) - Provides information, promotes healthier choices, and offers an abundance of resources for gathering information.

Department of State Health Services (DSHS) - Provides information, statistics, and resources that are related to substance abuse for those in prevention, intervention, treatment, and recovery fields.

National Institute of Health (NIH) - Provides information relative to substance use/abuse. The information provided can be useful in identifying the trends in use.

National Institute on Drug Abuse (NIDA) - Provides research and information regarding current use of alcohol and other drugs on a national level. The organization provides substance use trends, drugs types, drug reactions, and effects on the body. The goal of NIDA is to bring the power of science to bear on drug abuse and addiction.

The United States Census- The Census provides demographic statistics for national, state, and local levels. The demographic information such as population, household composition, income level, age ranges, poverty levels, and race/ethnicity are valuable tools to determine the risk and protective factors.

Monitoring the Future Survey (MTF) - This provides data on substance use among adolescents at a national level. It helps to identify the new trends and perceived dangers/risks associated with substance use. This enables the PRC's to compare trends locally to the national trends and averages. The MTF is part of an overall two decade survey monitoring trends of our nation's youth; the MTF survey is conducted and funded by the National Institute on Drug Abuse (NIDA).

Texas Department of Transportation- These reports track the number, type, location, injuries and frequency of accidents. The reports offer valuable statistics regarding the dangers of driving while under the influence of alcohol and drugs.

Texas State Data Center (TxSDC) - Provides information pertaining to estimated and projected populations by age and ethnicity for state and county.

American Community Survey (ACS) –Provides Regional information pertaining to socioeconomic factors.

Texas School Surveys- Texas School Survey is a tool that enables us to gather user information from participating schools across the State of Texas. The TSS surveyed 2,740 students in Region 9 for 2014.

The Texas School Survey of Drug and Alcohol Use is an example of what can be accomplished by integrating public policy objectives with academic research. The

survey is sponsored by the Texas Department of State Health Services (DSHS) and has been facilitated by the staff of the Public Policy Research Institute (PPRI) at Texas A&M University since its inception in 1988.

Texans Standing Tall Inc. (TST) - Is an organization which conducts surveys regarding the use of alcohol, marijuana, and tobacco among Texas adolescents. The organization has also developed training options for other organizations working within the community.

Community/Civic Leaders - This group include healthcare providers, educators, school district police, law enforcement, community coalitions, public officials, local mental health authorities (LMHA's), substance abuse treatment centers, and mental health facilities. These regional sources offer information and local data that can be used to indicate regional and local trends while adding the personal touches to the Regional Needs Assessment (RNA) that bring the information "home" for the communities affected.

- Statistics Reports
- Crime Reports
- Admittance/Treatment Records
- Truancy/Dropout/Expulsion Rates
- Community Data
- Changes in Policy

Graphs/Charts/Tables - The use of graphs, charts, and tables enables the identification of multiple variables to be compared and grouped together. Using charts, graphs, and tables helps to ensure that all areas of the region are accounted for and the information unique to each county can be seen. Using the data collected from the various industries (school, law enforcement, etc.) can be shown more effectively by using one of the methods listed above instead of spelling out each comparison individually.

Community Commons – Is a software tool designed to help obtain national, state, and regional data. Reports can be customized by national, state, and regional information. It uses the United States Census Bureau 2010, County Health Rankings 2014, and American Community Survey data to compile the regional demographic, socioeconomic, and behavioral outcomes for the selected areas. Community Commons also enables the use of maps and customized graphs which can be downloaded as needed to show the demographics, economics, and overall health of the region selected.

County Health Rankings and Roadmaps - Is a software tool that collects health data across the nation. The tool allows for information to be broken down from national to county demographics. The rankings are compiled using county level measures from a variety of national and state data sources.

Regional Law Enforcement Tools – These are tools offered to the public to track crime within the area selected, city limits, and county.

- Crimemapping.com
- Raidsonline.com
- San Angelo Police Department
(<http://www.sanangelopolice.org/articles/view/interactive-crime-map-eb4f668f-7a3e-11e3-a9c0-28d244060b74>)

Criterion for Selection

Selection of the data to compose the RNA is decided on the following factors:

1. **Relevance:** The information included must have appropriate tie in to the goals of the PRC and the serving communities as it pertains to measuring the substance abuse consumption, consequences, and related risk/protective factors.
2. **Timeliness:** Must be the most relevant of information we can locate. Our goal is to provide the most up-to-date information available.
3. **Methodologically Sound:** The information must have sound background that is well documented with valid methods of collection.
4. **Representative:** We opt to use the most accurate data that can be located for our specific region that reflects the target areas of need.
5. **Accuracy:** The data must maintain an accurate measure of reliability and be well documented.

Qualitative Data Selection

Qualitative data is information that approximates or characterizes but does not measure the attributes, characteristics, properties of an item or topic. It is the information about qualities of a topic that does not lend to numeric measurements. Currently, for the 2015 RNA qualitative data was unavailable for use due to the time constraints. The PRC will be utilizing several of these methods to collect qualitative data for future RNAs. Some of these methods will include:

Key Informant Interviews

Key informant interviews are qualitative in-depth interviews with people within the community who are in the know of situations and the on goings of the community. The purpose is to collect information from a wide range of people and source types that may have first-hand knowledge about community events.

Focus Groups

Focus groups are demographically diverse groups of people who gather to participate in a guided discussion about a particular subject (substance use and underage drinking) before dispersing the knowledge to the community.

Epi-work groups

Epi-work groups are groups of people that come together to work on a specific problem or issue using the strengths that each individual brings to the group. The goal of an epi-work group is to integrate the collected data into a workable component that benefits the community.

Surveys

Surveys are a series of questions asked of community members to gather more information about what people do or think about a specific task. Surveys can be used to examine all aspects of an event or item to gain detailed information about the task which may include community perceptions, consequences and patterns.

Demographic Overview

Texas is the second most populous state in the nation with ten of the top cities having a population of over 200,000. The top ten cities make up 32.15% of the state's population. As of 2015, there were 26,230,098 people living in Texas which makes up 8.16% of the United States population. The two most predominant ethnicities in Texas are Anglo with 43.81% and Hispanic with 39.08%. The majority of people who live in Texas are between the ages of 25 and 44.

State Demographics

Population

The estimated 2015 U.S. population is 321,394,703 and that number fluctuates by the second as there is 1 birth every 8 seconds and 1 death every 13 seconds according to the United States Census Bureau. Texas has had an increase of population growth from 2013 to 2015 of 1% each year which averages a little over 200,000 people moving into our great state. The Texas State Data Center (TxSDC) has projected that Texas has 26,230,098 residents for 2015.

Age

The projected Texas population in 2015 is charted in Figure 2 showing the highest age population to be between ages 25 and 44 totaling 7,155,611. The smallest population in Texas includes ages 65 and older with 3,142,894 residents according to the TxSDC.

Texas Projected Population By Age 2015

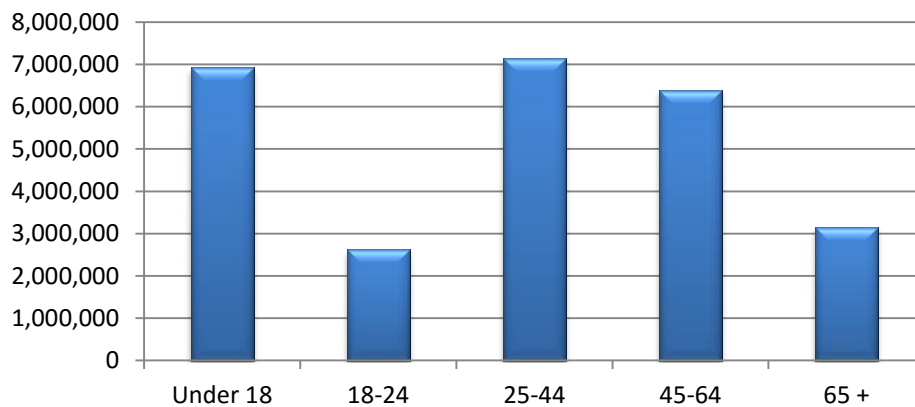


Figure 2 Texas State Data Center

Ethnicity

The ethnicity of Texas is a unique blend of Hispanic, Anglo (or Caucasian), Black (or African American) and Other. The projected estimates of ethnicities in Texas for 2015 according to the TxSDC are shown in Figure 3. The “Other” category is not well defined.

% of Texas Projected Ethnicity Population 2015

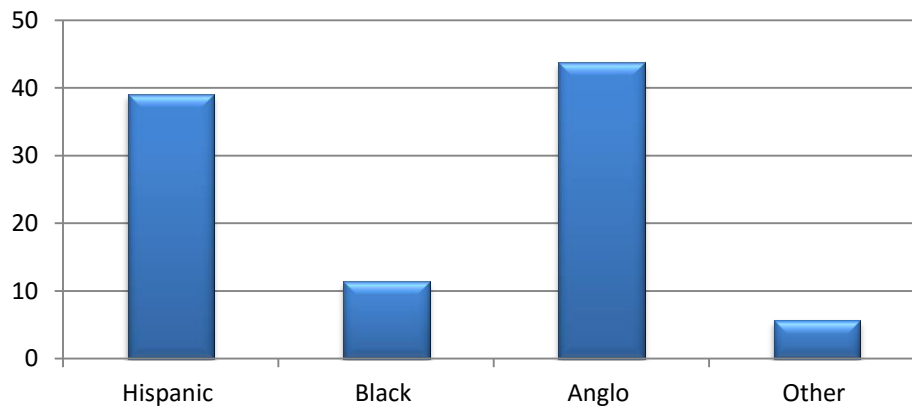


Figure 3 Texas State Data Center 2015

Languages

According to the American Community Survey (ACS) report for 2013, compiled by the Department of State Health Services, the top two languages spoken in the United States and Texas are English and Spanish. Figure 4 is a breakdown of English and Spanish for the United States and Texas.

Languages	United States >17 age group	United States <18 age group	Texas >17 age group	Texas <18 age group
English	64%	66%	64%	66%
Spanish	16%	12%	32%	29%

Figure 4 American Community Survey 2013

Concentrations of Populations

Texas includes 268,820 square miles which is the equivalent of 7.4% of the United States square miles total. Texas boasts to have more farm land than any other state in the nation. The top ten most populated cities and their respective counties are shown on the following page.

REGION	CITY	ESTIMATED POPULATION - 2013
REGION 5	HOUSTON	2,195,914
REGION 8	SAN ANTONIO	1,409,019
REGION 3	DALLAS	1,257,676
REGION 6	AUSTIN	885,400
REGION 3	FORT WORTH	792,727
REGION 10	EL PASO	674,433
REGION 3	ARLINGTON	379,577
REGION 11	CORPUS CHRISTI	316,381
REGION 3	PLANO	274,409
REGION 11	LAREDO	248,142

Figure 5 American Community Survey 2013

General Socioeconomics

Average Wages

The United States per capita income is \$53,046.00 and Texas per capita income is \$51,900.00. The DHHS reported in 2014 the average number of people by age, living below the poverty level from 2000 to 2013 was 18.8% for individuals less than 18 years old, it was 11.8% for individuals 18 to 64 years old, and 9.6% for individuals 65 years and older. Figure 6 represents the national poverty rates by age over a 14 year span.

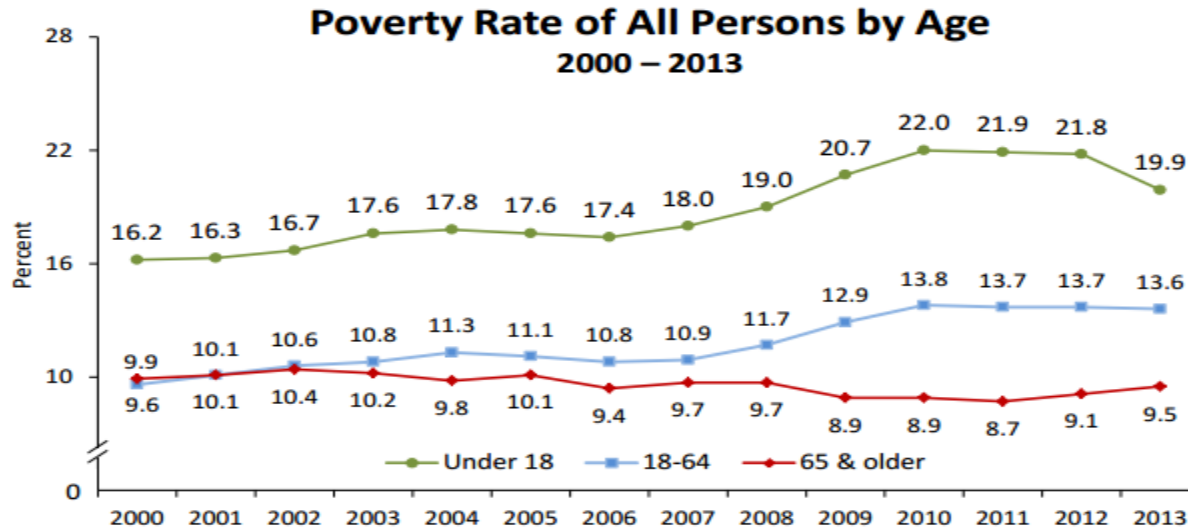


Figure 6 Department of Health and Human Services 2014

Employment Rates

According to the Bureau of Labor Statistics the unemployment rate for Texas is currently at 4.2% and is ranked at 13 in the United States. Texas has seen a steady decrease in the unemployment rates since 2012 as represented in Figure 7.

Unemployment Rate For Texas

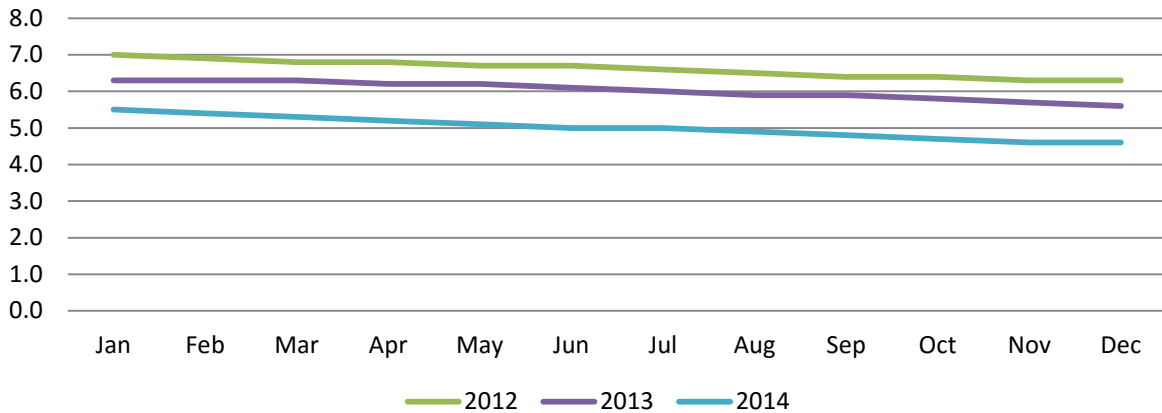


Figure 7 US Bureau of Statistics 2015

Industry

Texas is currently an industry leader in the following areas: information technology, oil and gas, aerospace, defense, biomedical research, fuel processing, electric power, agriculture, and manufacturing.

Regional Demographics

According to the U.S. Census Bureau (2008-2012) Region 9 consists of 38,879.54 square miles. Region 9 spans over 30 counties in the West Texas area. The region shares a border with five DSHS Regions that include: 1, 2, 7, 8 and 10.

Population

In Region 9 there are three major concentrations of populations that include Ector, Midland, and Tom Green counties. These three counties make up 67.33% of the regions population. TxSDC projects that the 2015 population for Region 9 to be 596,596. Region 9 is the smallest of the 11 regions based on population. The population in Region 9 has steadily increased over the last three years by almost 5,000 people each year. The greatest population growth occurred in Gaines County with a 2.77% increase which is equal to 505 more people from 2013 to 2015. There are 25 counties that have seen a population growth each year, only four counties had a slight decrease and Loving County has remained the same over the three year span. Therefore, the region has achieved an overall growth trend in the majority of counties.

2015 Regional Needs Assessment

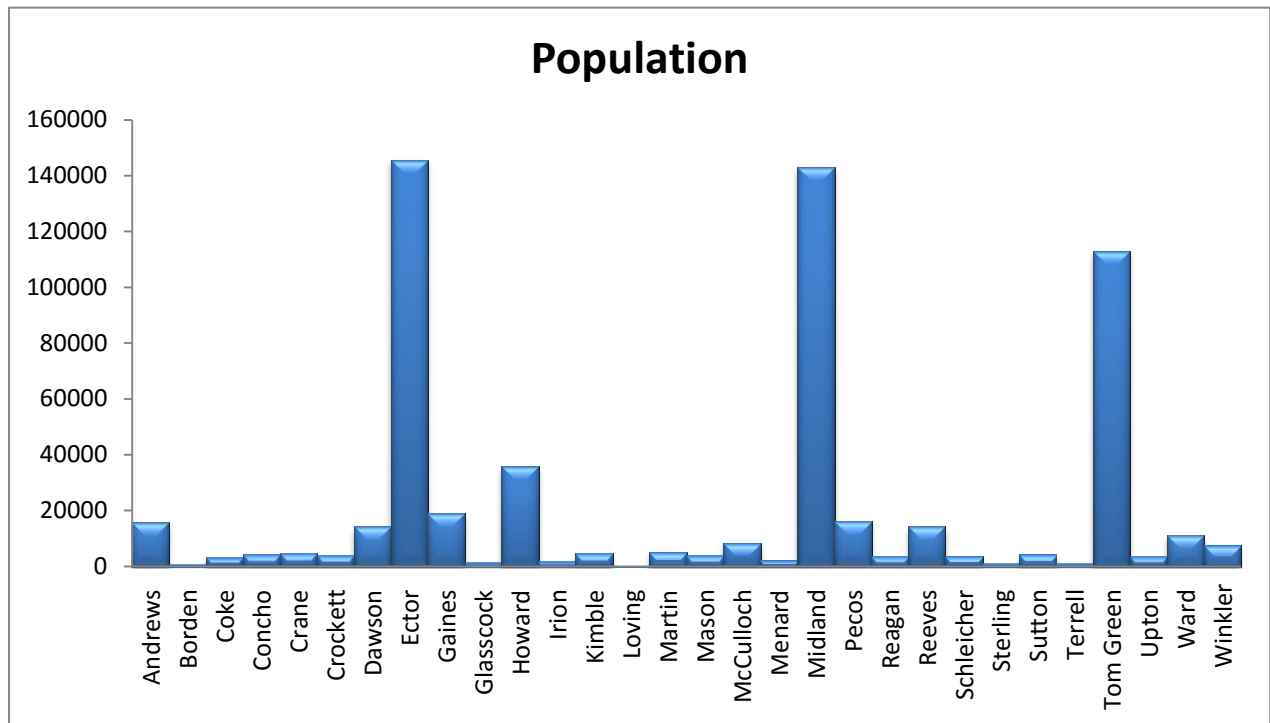


Figure 8 Texas State Data Center 2015 Projections

County	2013	2015	Population Change	% Change	County	2013	2015	Population Change	% Change
Andrews	15,293	15,634	341	2.23%	Mason	3,975	3,939	-36	-.91%
Borden	648	654	6	.93%	McCulloch	8,320	8,352	32	.38%
Coke	3,285	3,260	-25	-.76%	Menard	2,245	2,244	-1	-.04%
Concho	4,130	4,156	26	.63%	Midland	140,574	143,048	2474	1.76%
Crane	4,525	4,643	118	2.61%	Pecos	15,969	16,285	316	1.98%
Crockett	3,855	3,956	101	2.62%	Reagan	3,499	3,595	96	2.74%
Dawson	14,119	14,313	194	1.37%	Reeves	14,074	14,263	189	1.34%
Ector	142,275	14,5623	3348	2.35%	Schleicher	3,567	3,627	60	1.68%
Gaines	18,255	18,760	505	2.77%	Sterling	1,178	1,198	20	1.75%
Glasscock	1,262	1,288	26	2.06%	Sutton	4,257	4,343	86	2.02%
Howard	35,474	35,832	358	1.01%	Terrell	1,006	1,021	15	1.49%
Irion	1,642	1,671	29	1.77%	Tom Green	111,938	112,986	1048	.94%
Kimble	4,589	4,576	-13	-.08	Upton	3,454	3,522	68	1.97%
Loving	82	82	0	0	Ward	10,936	11,114	178	1.63%
Martin	4,971	5,103	132	2.66%	Winkler	7,345	7,508	163	2.22%

Figure 9 Texas State Data Center 2015 Projections

Age

Based on the data collected by the TxSDC the highest projected age range of population is under 18 with 26.3% in the region. The next highest age population is the 24-44 range with 25.7% of the region's population. The smallest age population in our region is the 18-24 with 10.07% of the region's population. Midland County has the highest number of people 65 or older with 17,344 estimated residents or 12.1%. Ector County has the highest estimated population of residents 18 and under with 42,426 which is 29% of the counties population.

Ethnicity

Hispanics and Anglos are the most dominant ethnicities in Region 9. The Region's population consists of a 47.81% Anglo population, a 45.71% Hispanic population, a 4.17% Black population and a 2.30% Other population. The "Other" population is not clearly defined. In Region 9 the Anglo and Hispanic ethnicity populations are slightly above the state ethnicity populations.

Languages

The American Community Survey (ACS) from 2009 to 2013 indicates that the top two languages spoken in Region 9 are English and Spanish. English is the predominant language spoken in the region at 60% followed by Spanish at 39%. Region 9 reports 12% of the populations age 5 and older have limited English Proficiency. The state is at 14.24% and the nation is at 8.63% of the population 5 and older having a limited English Proficiency. This information proves a need for additional services and resources to be developed to serve this population.

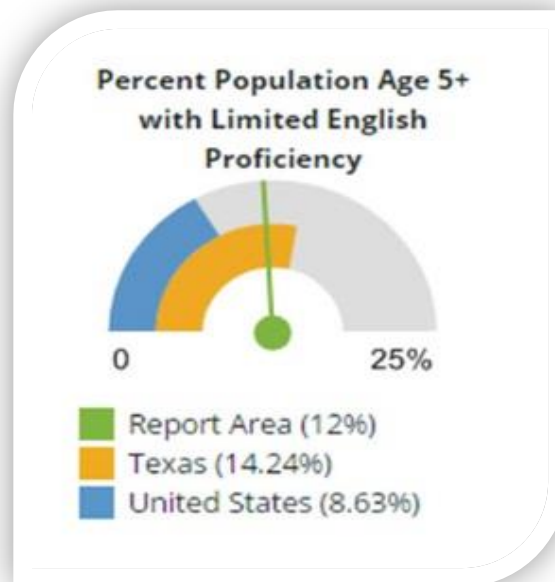


Figure 10 American Community Surveys 2009-2013

Concentrations of Populations

The TxSDC reports the projected population in Region 9 for 2015 is 596,596. The three major concentrations of populations are in Ector, Midland and Tom Green counties. This is because the cities of Odessa, Midland and San Angelo are in each of these counties. Of the 30 counties in our region we have only three counties with over 110,000 in populations; our fourth largest county is Howard County with over 35,000 residents. Our next five largest county populations range from 11,000 to 18,000 residents. The remaining 21 counties in our region have less than 9,000 residents and our smallest county is Loving County with 82 residents.

County	Population
Ector County	145,623
Midland County	143,048
Tom Green County	112,986

Figure 11 Texas State Data Center 2015

General Socioeconomics

Average Wages

According to the American Community Survey for 2013 Region 9 has an average income of \$50,509.00 and the median household income for the region is \$50,123.50 according to the U.S. Census Bureau for 2013. Region 9 is comparable to the State of Texas, average income of \$51,900.00. These numbers are below the average for the nation, which is \$ 53,046.00. Midland County has the highest median household income with \$71,151.00 and the lowest median household income is Menard County with \$31,390. In Figure 14 the table represents how the counties rank based on median household income.

County	Median Income	County	Median Income
Midland	\$71,151.00	Martin	\$50,004.00
Glasscock	\$65,789.00	Gaines	\$49,661.00
Andrews	\$62,781.00	Howard	\$46,636.00
Reagan	\$61,724.00	Tom Green	\$45,405.00
Borden	\$60,443.00	Loving	\$44,407.00
Sutton	\$59,089.00	Pecos	\$43,766.00
Crane	\$58,901.00	Mason	\$42,087.00
Irion	\$58,826.00	Concho	\$39,035.00
Sterling	\$57,266.00	Coke	\$38,866.00
Upton	\$54,549.00	McCulloch	\$38,408.00
Winkler	\$54,294.00	Dawson	\$38,333.00
Ector	\$53,752.00	Kimble	\$38,019.00
Ward	\$51,026.00	Reeves	\$37,053.00
Schleicher	\$50,402.00	Terrell	\$36,712.00
Crockett	\$50,243.00	Menard	\$31,390.00

Figure 12 U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2013

Household Composition

The poverty estimates show in Region 9, the population of children 0-17 is 152,961. Of that total there are 30,759 children living in households with income below the Federal Poverty Level (FPL). The number of individuals over the age of 18 living below FPL in the region is 82,150. “Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.” (American Community Survey, 2013). Of our 30 counties, Schleicher has the highest childhood (36.46%) and adult (22.77%) poverty rates and Borden County has the lowest childhood (0%) and adult (.92%) poverty rates for 2013.

County	Childhood Poverty Level	Adult Poverty Level	County	Childhood Poverty Level	Adult Poverty Level	County	Childhood Poverty Level	Adult Poverty Level
Andrews	17.86%	12.52%	Howard	21.09%	15.29%	Reagan	12.18%	9.49%
Borden	0%	0.92%	Irion	10.57%	8.73%	Reeves	31.83%	21.90%
Coke	19.92%	10.99%	Kimble	33.6%	19.50%	Schleicher	36.46%	22.77%
Concho	25.75%	16.53%	Loving	0%	12.05%	Sterling	25.81%	15.13%
Crane	15.69%	13.85%	Martin	16.4%	16.64%	Sutton	9.27%	7.27%
Crockett	25.92%	16.67%	Mason	19%	15.79%	Terrell	14.39%	10.04%
Dawson	25.61%	21.93%	McCulloch	23.32%	13.60%	Tom Green	22.18%	17.42%
Ector	22.63%	15.89%	Menard	28.04%	23.47%	Upton	19.85%	17.08%
Gaines	17.76%	16.75%	Midland	14.78%	10.35%	Ward	26.79%	20.38%
Glasscock	0%	4.17%	Pecos	20.97%	16.70%	Winkler	16.24%	12.77%

Figure 13 American Community Survey 2009-2013, Source Geograpy Tract

Employment Rates

In 2014 unemployment rates for Region 9 maintained at an average rate of 3.78% throughout all 30 counties. Midland County has the lowest rate of unemployment in our region and nation with 2%. Menard County has the highest rate of unemployment with 5.4%. These rates are consistent with the counties poverty rates and median household incomes. The current estimated rates of unemployment for Region 9 (3.2%) are below the state’s rate of 4.6% and well below the national rate of 6.1%.

Unemployment Rates 2014-2015

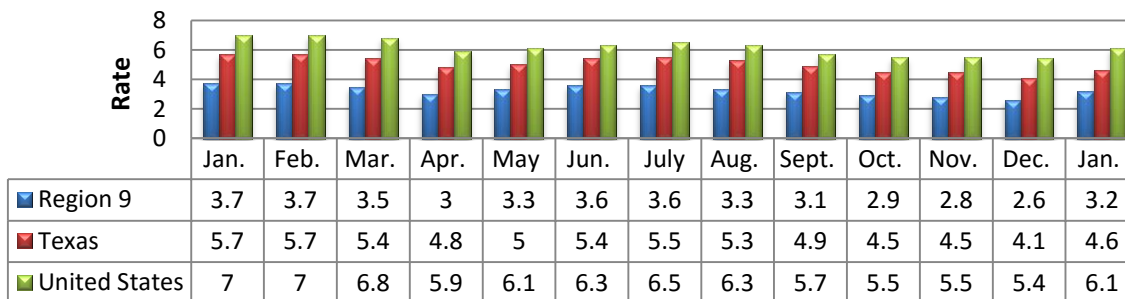


Figure 14 Bureaus of Statistics 2014-2015

Industry

The main industry in the Permian Basin area is oil and gas. According to Texas Tech Economic Study of the Oil and Gas Industry, in 2013 the field sustained over 444,000 employees for the Permian Basin area. It generated over \$113.6 billion dollars in economic output and contributed more than \$60.2 billion dollars to the Gross State Product of Texas (Herd, 2013).

In the Concho Valley, agriculture remains the leading industry. The Producer’s Livestock Auction is the nation’s largest for sheep and lambs and is in the top five in the nation for cattle. According to the Texas A & M Economic Study in 2013, the Concho Valley contributed to \$615 million in economic activity for the entire state of Texas. Agriculture provides close to 15,000 jobs in the Concho Valley area. Cotton production contributes over \$67 million, wheat, grains, and sorghum produces over \$36 million in revenue (Byrns, Kellermeir, Sturtz, Ensor, Lackey, & Thompson, 2013). All of these major industries have contributed to the dynamics of our region and helped many individuals and communities grow in population and employment. They have also harmed our region by broadening the gaps of poverty levels among children and adults and increased the need for additional resources and services in our communities.

Temporary Assistance for Needy Families Recipients (TANF)

There is an average of 1.94% of households in Region 9 receiving TANF benefits. This is slightly higher than the state’s average of 1.84% and below the nation’s average of 2.82%. Figure 15 represents the Regional households that receive benefits.

County	% Of Households	Households	County	% Of Households	Households	County	% Of Households	Households
Andrews	2.1%	5,217	Howard	3%	11,010	Reagan	.9%	1,178
Borden	0%	225	Irion	.9%	654	Reeves	1.3%	3,542
Coke	0%	1,436	Kimble	1%	1,895	Schleicher	.3%	1,078
Concho	.1%	857	Loving	0%	33	Sterling	1.6%	458
Crane	1.0%	1,571	McCulloch	3.9%	2,967	Sutton	0%	1,445
Crockett	1.5%	1,375	Martin	1.7%	1,555	Terrell	0%	403
Dawson	1.7%	4,414	Mason	1.5%	1,699	Tom Green	1.5%	42,286
Ector	3.3%	49,962	Menard	1.8%	871	Upton	2%	1,218
Gaines	.5%	5,437	Midland	1.3%	50,644	Ward	2.5%	3,938
Glasscock	0%	409	Pecos	.2%	4,588	Winkler	5.5%	2,709

Figure 15 American Community Survey 2009-2013

Supplemental Nutrition Assistance Program Recipients (SNAP)

According to the American Community Survey from 2009-2013 report in Region 9, 205,074 households are receiving a SNAP benefits which averages to 12.3%. This is below both the state average of 13.2% and the national average of 12.4% receiving benefits. Figure 16 represents all counties in Region 9 regarding households receiving SNAP. Figure 17 represents the households receiving SNAP benefits by ethnicity.

County	% Of Households	Households	County	% Of Households	Households	County	% Of Households	Households
Andrews	12.5%	5,217	Howard	12.1%	11,010	Reagan	6.7%	1,178
Borden	3.11%	225	Irion	6.2%	654	Reeves	19.9%	3,542
Coke	8.84%	1,436	Kimble	14.2%	1,895	Schleicher	8.4%	1,078
Concho	15.9%	857	Loving	12.1%	33	Sterling	5.2%	458

2015 Regional Needs Assessment

County	% Of Households	Households	County	% Of Households	Households	County	% Of Households	Households
Crane	7.3%	1,571	McCulloch	16.9%	2,967	Sutton	9.4%	1,445
Crockett	7.05%	1,375	Martin	7.07%	1,555	Terrell	1.2%	403
Dawson	15.6%	4,414	Mason	11.9%	1,699	Tom Green	12.9%	42,286
Ector	15.1%	49,962	Menard	23.4%	871	Upton	14.5%	1,218
Gaines	7.3%	5,437	Midland	9%	50,644	Ward	13.3%	3,938
Glasscock	1.2%	409	Pecos	13.3%	4,588	Winkler	13.1%	2,709

Figure 16 American Community Survey 2009-2013

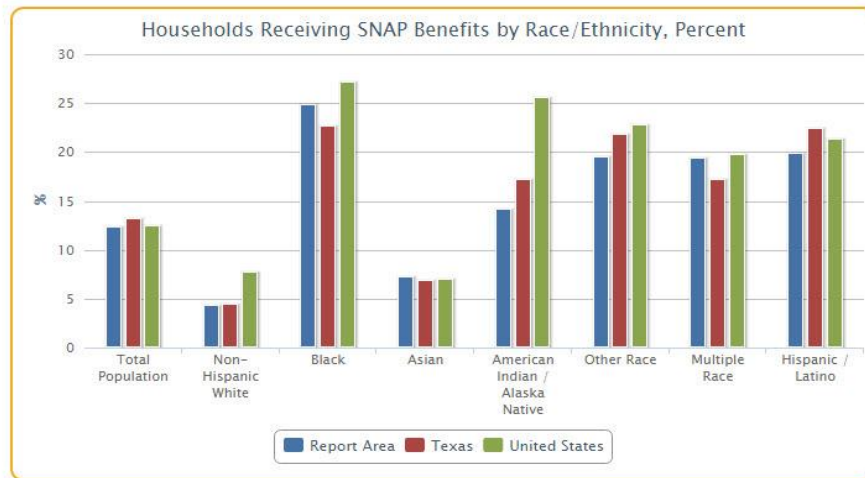


Figure 17 American Community Survey 2009-2013

Free and Reduced School Lunch Recipients

According to the National Center for Education Statistics (NCES), 2012-2013- Common Core Data, Region 9 has an average of 51.9% of enrolled students receiving free or reduced lunches, which is marginally above the national average of 51.7%. Texas has a higher average of 60.26% of students who are eligible for this program.

Students receiving Free/Reduced Lunches

2012-2013

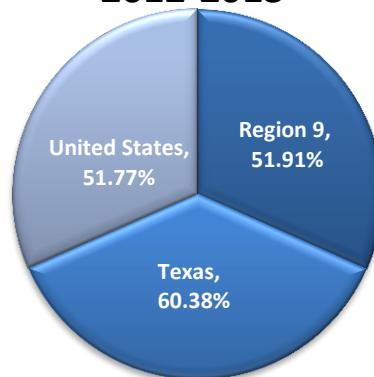


Figure 18 National Center for Education Statistics 2012-2013

Environmental Risk Factors

Environmental risk factors are the surrounding settings, conditions, or influences that may affect a person's action and reactions in specific situations. Determining the environmental risk factors for individuals is crucial to understanding how prevention, intervention, and recovery programs work. Examination of risk factors both personal and environmental provides a meaningful understanding to how and why substance abuse trends may develop. The National Institute on Drug Abuse reports that risk factors can influence drug use in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Presented in the data below are characteristics of risk factors.

Education

In Region 9, 23.52% of the population ages 25 and older have obtained an Associates Degree or higher, this is roughly 86,311 people. Region 9 has five higher education facilities located in Ector, Howard, Midland, and Tom Green counties. Of these counties, Ector is the only one with two higher education facilities and the rate of population for an Associates degree is below the state rate of 33.13%. Mason and Midland are the two highest counties with a population rate of having an Associates Degree or higher. Figure 19 is a comparison of the percent of populations aged 25 and older with an Associates Degree or higher for the region. Figure 20 depicts the percentages for the nation, state, and region.

County	High School Graduation Rate	Population with Associates Degree or Higher	County	High School Graduation Rate	Population with Associates Degree or Higher	County	High School Graduation Rate	Population with Associates Degree or Higher
Andrews	90.7%	18.5%	Howard	94.2%	20.3%	Reagan	95.2%	11.7%
Borden	75%	38.8%	Irion	90%	17.7%	Reeves	95.9%	13.1%
Coke	89%	27.1%	Kimble	94.8%	23.3%	Schleicher	94.5%	27%
Concho	90%	12.7%	Loving	91.6%	7.8%	Sterling	76.9%	25.4%
Crane	92.4%	18.4%	McCulloch	94.7%	20.2%	Sutton	96.7%	23.8%
Crockett	94.8%	17.4%	Martin	92.4%	16.4%	Terrell	NA	20.4%
Dawson	90.5%	13.5%	Mason	95.5%	31.7%	Tom Green	87.5%	28.3%
Ector	74.9%	18.9%	Menard	90.5%	20.8%	Upton	84.3%	15.8%
Gaines	95.1%	18.2%	Midland	83.7%	31%	Ward	92.4%	17.2%
Glasscock	89.4%	24.8%	Pecos	79.4%	17%	Winkler	96%	14.8%

Figure 19 American Community Survey 2009-2013

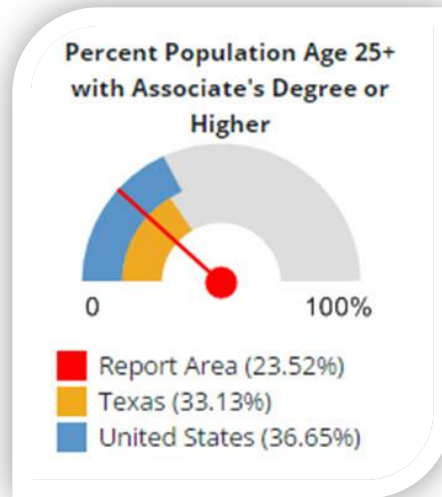


Figure 20 American Community Survey 2009-2013

Drop-out Rates

According to the Texas Education Agency (TEA) annual report on dropout rates, the State of Texas showed 1.6% of enrolled students dropped out for the 2012-2013 school year. Region 9 shows a 1.63% drop-out rate for the 2012-2013 school year. Ector County had the highest rate of student drop-out with 2.8%.

	7-12 th Grade Drop- Outs	7-12 th Grade Students	Drop-Out Rate
Texas	34,696	2,189,442	1.6%
Region 9	784	47,970	1.63%

Figure 21 Texas Education Agency 2012-2013

Youth Suspensions and Expulsions

The Texas Education Agency (TEA) identifies youths who have been expelled or suspended as students with “discipline placement” according to the Texas Academic Performance Report (TAPR). For the 2013-2014 school year, Region 9 averaged .8% of students who were either expelled or suspended for discipline problems. This is well below the state average of 1.6%.

Criminal Activity

Relationships between crime and drugs and alcohol are complex. Drug use and criminality are closely linked as illegal drugs are often associated with violent crimes. Several factors make up criminal activity and all revolve around the violation of laws as mandated at the national, state, and local levels.

Property Crime

The Federal Bureau of Investigation reported an increase in all property crime in Region 9, except for arson between 2012 and 2013. The three major populated areas in the region have the highest property crimes. Ector County has the highest amount of property crimes in the region. Concho and Loving Counties have the lowest amount of property crime in the region. The correlation of property crime and substance abuse is not reported.

County	2012				2013			
	Burglary	Larceny-Theft	Motor Vehicle Theft	Arson	Burglary	Larceny-Theft	Motor Vehicle Theft	Arson
Andrews	28	59	6	0	38	54	6	0
Borden	3	2	1	0	5	8	3	0
Coke	7	16	0	0	15	2	3	0
Concho	4	1	0	0	3	4	3	0
Crane	6	22	1	0	7	17	2	0
Crockett	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dawson	14	31	5	0	8	32	7	0
Ector	321	956	140	3	401	1,299	187	0
Gaines	30	53	6	0	39	81	7	3
Glasscock	3	9	1	0	6	2	1	0
Howard	32	123	11	1	57	117	16	1
Irion	16	18	0	0	7	27	1	1
Kimble	14	5	1	0	9	6	0	0
Loving	0	2	0	0	1	6	0	0
Martin	8	37	2	0	9	46	7	0
Mason	7	24	0	0	8	32	1	0
McCulloch	11	23	0	0	14	27	0	0
Menard	2	0	0	1	0	4	1	0
Midland	127	359	74	3	190	451	86	1
Pecos	14	39	0	0	23	51	2	0
Reagan	9	9	1	0	1	1	0	0
Reeves	18	89	1	0	13	69	10	0
Schleicher	9	6	0	0	8	6	1	0
Sterling	1	0	1	0	0	9	0	0
Sutton	2	0	0	0	-	-	-	-
Terrell	3	0	0	0	2	7	0	1
Tom Green	103	172	4	2	114	189	10	2
Upton	6	10	1	0	1	16	2	0
Ward	30	80	3	0	35	145	15	0
Winkler	5	17	2	0	4	43	5	0
Totals	833	2162	261	10	1018	2751	376	9

Figure 22 Federal Bureaus of Investigations 2013

Domestic and Child Abuse

According to the National Institute on Drug Abuse (NIDA) as many as two-thirds of all people in in substance abuse treatment have suffered from some form of physical, sexual, or emotional abuse as a child. The National Network to End Domestic Violence reports that as of 2014 there are 93 identified local domestic violence programs in Texas. They report that there is an average of 4,867 victims per day in Texas. Information in Region 9 is unavailable. Child Protective

2015 Regional Needs Assessment

Services (CPS) for 2014 reports that Texas had 66,572 confirmed victims of child abuse/neglect. Region 9 reported 1,956 or 2.9% of the states confirmed victims of child abuse/neglect in 2014. Figure 23 reflects the confirmed number of victims of child abuse/neglect in Region 9 by the number of cases.

County	Confirmed Victims for 2014	County	Confirmed Victims for 2014	County	Confirmed Victims for 2014
Andrews	39	Howard	174	Reagan	2
Borden	N/A	Irion	2	Reeves	29
Coke	6	Kimble	7	Schleicher	23
Concho	7	Loving	0	Sterling	4
Crane	3	Martin	8	Sutton	4
Crockett	25	Mason	5	Terrell	1
Dawson	105	McCulloch	33	Tom Green	583
Ector	497	Menard	7	Upton	8
Gaines	34	Midland	209	Ward	61
Glasscock	N/A	Pecos	47	Winkler	34
		Total	1956		

Figure 23 Child Protective Services 2014

Drug Seizures

Information pertaining to drug seizures is very limited for Region 9. Figure 24 represents the drug seizures form 2013 as reported by the Texas Department of Public Safety (DPS).

County	Marijuana	Opiates	Cocaine	Methamphetamines	Synthetic Narcotics	Tranquilizers
Andrews	101 lbs	0	5 oz	5 oz	1 oz	0
Coke	2 oz	0	01 oz	2 oz	0	0
Crane	5 lbs	0	0	10 grams	0	0
Dawson	1 lbs	1 gram	1 gram	1 oz	14 Dose Units	8 Dose Units
Ector	132 lbs	4 lbs	9 lbs	3 lbs	53 Dose Units	9 Dose Units
Gaines	4 lbs	0	6 oz	2 oz	35 oz	6 oz
Howard	6 lbs	2 oz	14 oz	1 lbs	1,576 Dose Units	78 Dose Units
Irion	0	0	0	0	0	0
Kimble	6 lbs	0	0	11 oz	0	8 Dose Units
Martin	3 oz	0	0	0	0	0
McCulloch	1 lbs	29 Dose Units	0	2 oz	0	92 oz
Menard	469 lbs	0	0	0	0	0
Midland	33 lbs	5 oz	3 lbs	5 oz	5,068 Dose Units	1 Dose Units
Pecos	12 oz	1 gram	23 grams	1 gram	0	0
Reagan	2 oz	0	0	1 oz	0	0
Reeves	11 lbs		3 oz	85 lbs	11 Dose units	0
Schleicher	4 lbs	0	0	0	0	0
Sterling	32 lbs	0	1 gram	9 grams	0	0
Terrell	0	0	1 gram	0	0	0
Tom Green	17 lbs	47 grams	3 lbs	8 lbs	2,277 Dose units	5,048 Dose Units
Upton	0	0	0	0	0	0
Ward	0	0	3 grams	0	0	0
Winkler	1 lb	0	1 gram	25 grams	7 Dose Units	0

Mental Health

Mental Health disorders are common in the Unites States, according to the World Health Organization (WHO) neuropsychiatric disorders are the leading cause of disability in the U.S.

Figure 24 Texas DPS Drug Seizures 2013

mental and behavioral disorders account for 13.6% and neurological disorders account for 5.1%.

Suicide

According to the CDC the National Youth Risk Behavior Survey results indicate that a growing percentage of adolescents have contemplated committing suicide. The report reflects a decreasing trend from 29% in 1991 to 16.9% in 2003. In 2011, the data increased from 15.8% to 17% in 2013. The CDC in 2011 reported suicide was the third leading cause of death among adolescents ages 10 to 19. The national suicide rates for females ages 10 to 14 is 12.4% and ages 15 to 19 is 10.3%. The national suicide rates for males ages 10 to 14 is 11% and ages 15 to 19 is 18.8%.

Percentages												
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	
Seriously considered attempting suicide (during the 12 months before the survey)												
29.0	24.1	24.1	20.5	19.3	19.0	16.9	16.9	14.5	13.8	15.8	17.0	
Made a plan about how they would attempt suicide (during the 12 months before the survey)												
18.6	19.0	17.7	15.7	14.5	14.8	16.5	13.0	11.3	10.9	12.8	13.6	
Attempted suicide (one or more times during the 12 months before the survey)												
7.3	8.6	8.7	7.7	8.3	8.8	8.5	8.4	6.9	6.3	7.8	8.0	
Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)												
1.7	2.7	2.8	2.6	2.6	2.6	2.9	2.3	2.0	1.9	2.4	2.7	

Figure 25 Centers for Disease Control 2013

According to America’s Health Rankings in 2014 Texas ranked tenth in suicides. According to the Department of State Health Services (DSHS) Injury Report 2012, Texas reported 3,106 deaths by suicide in 2012. Texas ranks suicides as the fourth highest self-injury deaths for 2012 among 5-24 year olds. The NVSS includes data from five counties in Region 9 from 2014.

County	Average Annual Suicide Count
Andrews	2
Ector	14
Howard	5
Kimble	2
Midland	14

Figure 26 National Vital Statistics 2014

Psychiatric Hospital Admissions

Figure 27 identifies the top five mental disorder diagnosis and the top five substance use disorder diagnosis in the nation according to the Healthcare Cost and Utilization Project (H-CUP) performed by the Agency for Healthcare Research and Quality (AHRQ) in 2012.

Diagnosis	Rank	Number of stays	Admitted through ED, %
Top five mental disorder diagnoses			
Mood disorders	1	741,950	52.9
Schizophrenia and other psychotic disorders	2	375,935	57.8
Anxiety disorders	3	36,085	65.1
Adjustment disorders	4	33,250	57.7
Impulse disorders	5	5,660	58.7
Top five substance use disorder diagnoses			
Alcohol-related disorders	1	335,790	72.0
Drug-induced mental disorders, specific drug not specified	2	100,740	50.5
Opioid-related disorders	3	90,560	63.1
Cocaine-related disorders	4	7,595	47.3
Hallucinogen-related disorders	5	3,520	84.4

Figure 27 Agency for Healthcare Research and Quality 2012 (ED= Emergency Department)

The AHRQ for 2012 reports Region 9 had 2,744 discharges from psychiatric hospitals. Figure 28 shows the counties in Region with psychiatric hospitals.

Psychiatric Treatment Discharges by County	Number of Discharges
Tom Green County	1,155
Midland County	569
Ector County	541
Howard County	127
McCulloch County	57

Figure 28 Agency for Healthcare Research and Quality 2012

Mental Health and Mental Retardation Crisis Hotline/Mobile Crisis Out-Reach Team Data

Mental Health and Mental Retardation Centers (MHMR) and Mobile Crisis Out-Reach Teams (MCOT) are community agencies that provide services to people with mental health illnesses, mental retardation, and chemical dependency.

In 2014 The Permian Basin MHMR/MCOT reported handling 11,376 crisis calls. These numbers reflect Ector County (5,527), Midland County (5,172), and Pecos County (677).

Adolescents Receiving Substance Abuse Treatment

According to the Department of State Health Services (DSHS) report for 2014, Texas had 4,908 adolescents admitted into treatment for substance abuse. Figure 29 represents the state’s substance abuse treatment admission percent based on drug choice. Region 9 had a total of 181 adolescents admitted into substance abuse treatment. The youngest treated was 12 years of age. The primary substance for adolescent use in the region was marijuana/hashish at 96.4%. Figure 30 reflects the number of adolescents treated for marijuana/hashish in the top three most populated counties in Region 9.

Drug of Choice	Percent of Population
Alcohol	3.70%
Cocaine	1.50%
Marijuana/Hashish	85.28%
Methamphetamines	2.00%
Other Cannabinoids	2.50%
Xanax	1.80%

Figure 29 Department of State Health Services 2014

Community	Count
Ector	44
Midland	84
Tom Green	12

Figure 30 Department of State Health Services 2014

Adults Receiving Substance Abuse Treatment

DSHS reported Texas had 28,676 adults admitted into substance abuse treatment in 2014, 850 of those adults reside in Region 9. Ector (335), Tom Green (223), and Midland (168) counties report the highest number of adults entering into treatment. Comparison of admission rates for adults in Region 9 was unattainable.

Social Context

Social factors are the relationship influences of an individual’s behaviors and actions according to the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMSHA states a relationship is a connection, association, or involvement with another person. SAMHSA explains the three most common relationships that influence a person’s behavior these include parental relationships, sibling relationships, and peer relationships.

Parental Approval/Consumption

The Prevention Resource Center for Region 9 obtained the 2014 Texas School Survey (TSS) of Drug and Alcohol Use Regional Report. In 2014, 2,740 students were surveyed in Regions 9 and 10 which resulted in combining the two regions due to a lack of school districts participating in the TSS Survey. The TSS is collection of self-reported tobacco, alcohol, inhalant, and substance (both licit and illicit) use data from students throughout the state of Texas. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Department of State Health Services (DSHS), is available for students’ grades 6th through 12th. The survey includes questions regarding parental approval of alcohol, tobacco, and marijuana use. The Texas School Surveys for 2014 for Region 9/10 indicate among 12th graders that 50.8% state that their parents “strongly disapprove” of using alcohol. According the survey there is a 12.9 % decrease in the “strongly disapprove” question from 9th to 10th graders. Figure 32 represents the parental approval of marijuana use. The 10th graders report parents “mildly approve” at 2.1% however the 11th graders report 14.9% of parents “mildly approve” which is an

85.9% increase. 2.8% of 12th graders report that their parents “mildly approve” of the use of marijuana, which is in line with the 10th graders perception of parental approval.

Parental Approval of Underage Drinking 2014

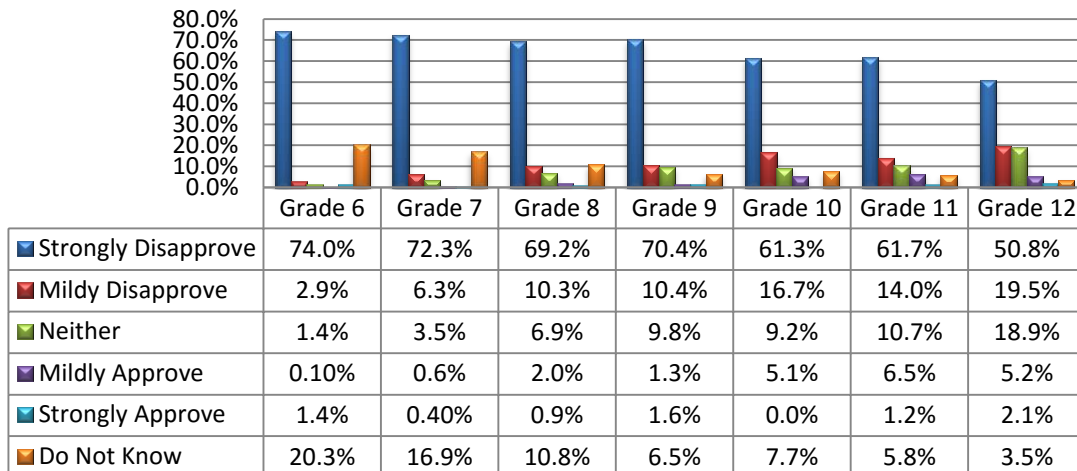


Figure 31 Texas School Survey 2014

Parental Approval of Marijuana 2014

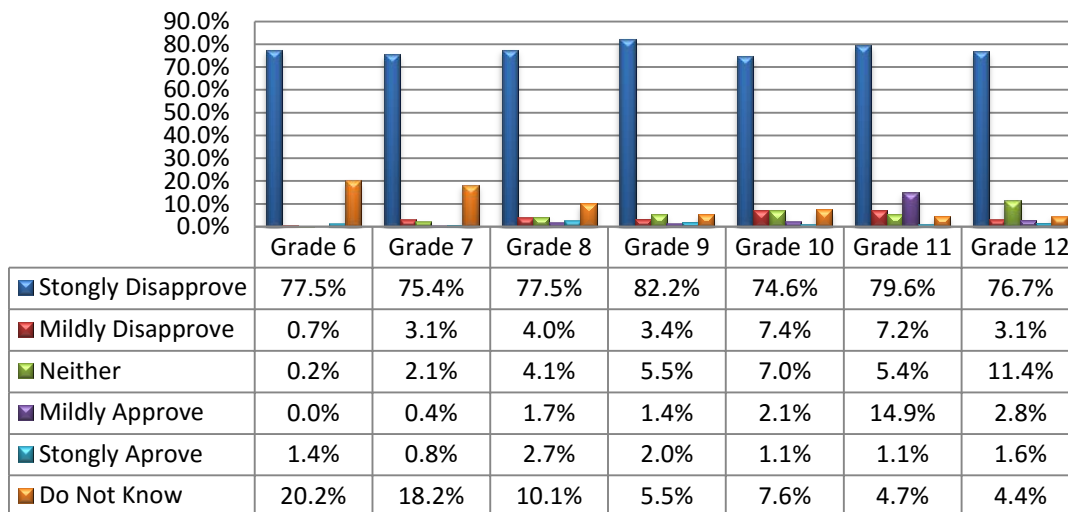


Figure 32 Texas School Survey 2014

Peer Approval and Consumption

The TSS in 2014 indicates that 7th graders report “none” of their peers consume alcohol at 69%, however 8th graders report 48.8% of non use. This perception has decreased drastically in one year at a decrease of 29.2%. This shows that in the 7th grade more evidenced based prevention programs could be an asset. Figure 34 reflects that 6th graders report that “none” of their peers consume marijuana at 89.4%, this perception decreases with each grade level. Beginning in 7th

grade the perception of “most” of their peers consuming marijuana is at 6.8% this increases with each grade level

Peer Consumption of Alcohol 2014

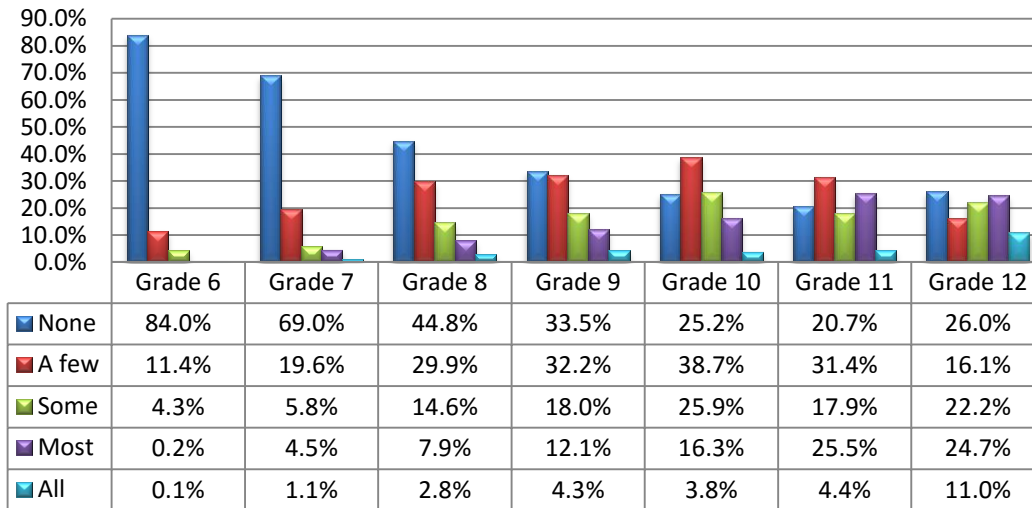


Figure 33 Texas School Survey 2014

Peer Consumption of Marijuana 2014

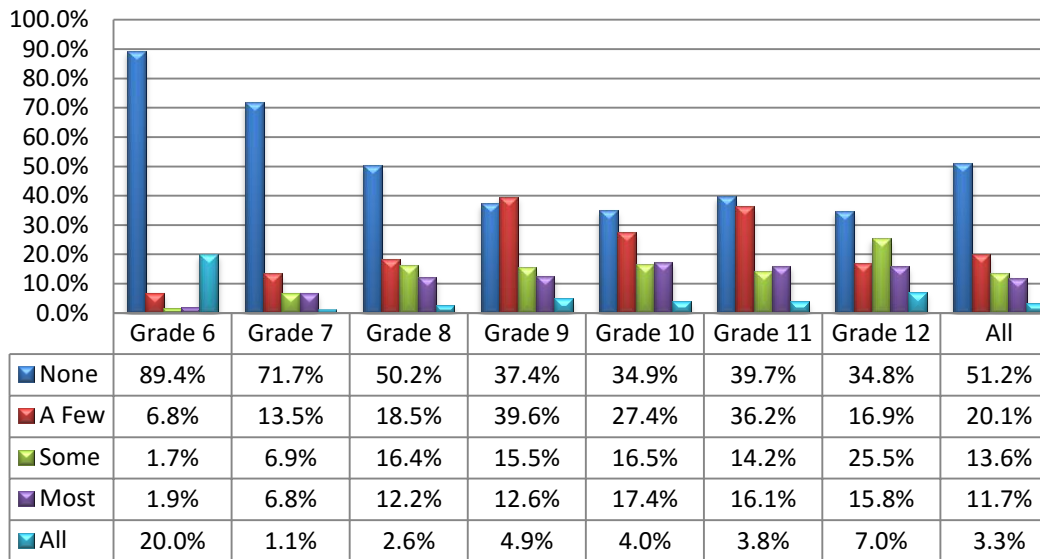


Figure 34 Texas School Survey 2014

Adolescent Sexual Behavior

“Adolescents who have substance abuse problems are more likely to engage in health risking sexual behaviors.” (DSHS, 2015). The U.S. Department of Health and Human Services (DHHS) reports this social indicator is prevalent in many



Figure 35 American Community Survey 2013

cases because of the unique social, economic, and health support services of the adolescents. Region 9 has an above average teen pregnancy rate of 75.1. This is relatively higher than the state average rate of 55 and the national average rate of 36.6.

According to the data from the National Vital Statistics System (2014) Ector County reported the highest number of teen pregnancies for Region 9 in 2013.

County	Teen Births age 15-19	Rate (per 1,000 population)	County	Teen Births age 15-19	Rate (per 1,000 population)	County	Teen Births age 15-19	Rate (per 1,000 population)
Andrews	47	86.8	Howard	n/a	n/a	Reagan	8	70.1
Borden	0	0	Irion	0	0	Reeves	40	96.4
Coke	3	32.3	Kimble	7	56.3	Schleicher	7	57.7
Concho	5	66	Loving	0	0	Sterling	0	0
Crane	11	56.2	Martin	14	73.7	Sutton	11	70.5
Crockett	13	94.7	Mason	3	30.6	Terrell	0	0
Dawson	39	93.9	McCulloch	20	80.1	Tom Green	238	55.1
Ector	509	95.6	Menard	3	51.5	Upton	7	66.1
Gaines	50	70.2	Midland	361	70.2	Ward	30	79.8
Glasscock	0	0	Pecos	44	83.7	Winkler	17	66.2

Figure 36 National Vital Statistics 2014

Sexually Transmitted Diseases (STD)

Sexually transmitted diseases (STD) also are a result of risky behaviors that can accompany alcohol and other drug use among adolescents and young adults. The Center for Disease Control (CDC) estimates that 15-24 year olds acquire 50% of all new sexually transmitted diseases in the United States. According to the CDC Sexually Transmitted Disease Surveillance for 2013, Texas ranks 10th for chlamydia, 12th for gonorrhea, and 13th for primary/secondary syphilis. The National Vital Statistics Surveillance (NVSS) Report for 2013 reported that in Region 9 there has been an increase in all STD's except for HIV/AIDS between 2012 and 2013. Reported Chlamydia cases increased by 1.17%, reported Gonorrhea cases increased by 1.05% and reported Syphilis cases increased by 1.75%. Below are the STD cases reported for Texas and the region by the NVSS.

STD Texas	2012	2013	STD Region 9	2012	2013
Chlamydia	124,649	125,114	Chlamydia	2,901	3,369
Gonorrhea	32,089	33,116	Gonorrhea	2,790	2,922
Syphilis	7,071	7,019	Syphilis	60	105
HIV/AIDS	4,395	4,309	HIV/AIDS	59	50

Figure 37 National Vital Statistics 2014

Accessibility

The availability of drugs and alcohol is dependant in part by the laws and social norms of our society. The Texas School Survey has included questions pertaining to the precieved accessibility to alcohol, tobacco and other drugs. Results from this survey indicate that alcohol is the most widely used drug among adolescents statewide. Data related to alcohol and other drugs are presented below.

Perceived Access

Alcohol

The TSS reports for 2014, 24.6% of students state it is “very easy” to obtain alcohol. The perceived ease of access increases as the students grade level increases, except for grade 11th and 12th grade. The highest percent of change for “very easy” access is from 6th grade at 4.7% to grade 7 at 12.9%, this supports the evidence of the transitional phases of children into adolescents as crucial times to reach the students with prevention phases. The next increase is from 8th grade at 17.6% to 9th grade at 25.7%, this identifies another transitional phase.

Ease of Access-Alcohol 2014

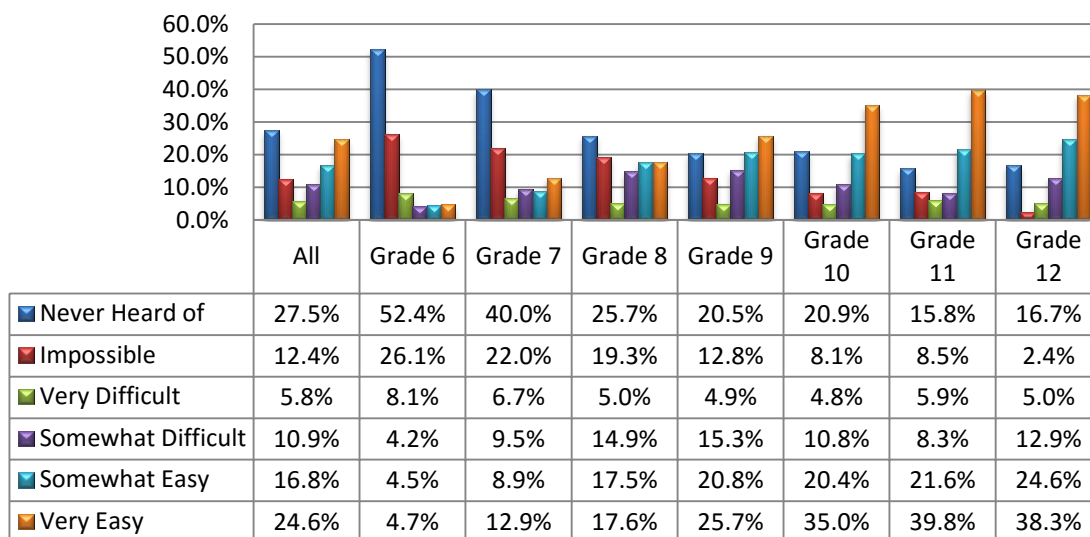


Figure 38 Texas School Survey 2014

The Tobacco and Alcohol Beverage Commission (TABC) released the number of alcohol permits issued for 2014 in Texas. Region 9 obtained 1,395 new permits in 2014. Ector, Midland and Tom Green counties obtained 65.7% of these permits issued. The high numbers of retail locations in the higher populated areas increase the ease of access of alcohol for minors. The TABC Arrest and Citation Report for 2014 shows the “sale/serve/deliver of alcohol beverage to a minor” is the highest offense in Region 9 with 43 violations/citations.

County	TABC Permits	County	TABC Permits	County	TABC Permits
Andrews	17	Howard	66	Reagan	14
Borden*	0	Irion	5	Reeves	49
Coke	6	Kimble	32	Schleicher	7
Concho	15	Loving	1	Sterling	2

Crane	11	Martin	0	Sutton	22
Crockett	13	Mason	13	Terrell	4
Dawson	23	McCulloch	19	Tom Green	242
Ector	363	Menard	9	Upton	17
Gaines	12	Midland	312	Ward	35
Glasscock	1	Pecos	61	Winkler	24

Figure 39 Tobacco and Alcoholic Beverage Commission 2015

Marijuana

The perceived availability of marijuana is slowly decreasing among all grades, except for 10th grade. In 2014, 35.7% of 12th graders indicate marijuana as “very easy” to obtain. Over 50 % of 6th graders report having “never heard of” marijuana. By 12th grade only 20.7% of students surveyed have “never heard of” marijuana. Figure 40 shows that between 7th and 8th grade the largest decrease among the “never heard of” question. From 6th to 9th grade the “very easy” perception of access to marijuana increases significantly. Beginning in 10th grade this percentage stays around 30% for the remaining higher grades.

Ease of Access - Marijuana 2014

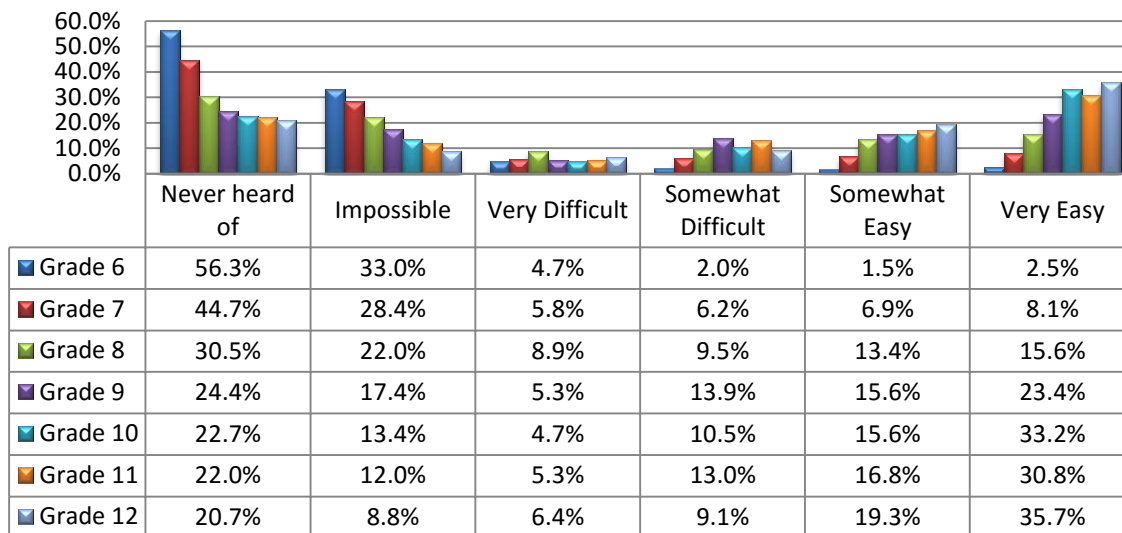


Figure 40 Texas School Survey 2014

Prescription Drugs

The Monitoring the Future (MTF) survey for 2014 indicates there has been a decrease in the “perceived access” to prescription medications since 2010. The MTF reports the use of Codeine Cough Cyruap has remained consistent among adolescents’ “lifetime use”. According to the Texas Department of State Health Services (DSHS) there was a minimal increase in use from 2012 to 2014. Texas DSHS Youth Drug Facts for 2014, show there has been a decline in the use of Oxycodone and Hydrocodone among Texas youth from 2012 to 2014.

Illegal Drugs on School Property

The Education Service Centers that serve Region 9 School Districts are 15, 17 and 18. DSHS Regions are not the same as the ESC Regions. Figure 41 represents data obtained by the Texas Education Agency (TEA) for alcohol, tobacco, and controlled substances/drugs on school campuses in the Education Service Centers (ESC) in Region 9 for two separate school years.

ESC Region	2012-2013			2013-2014		
	Tobacco	Alcohol	Controlled Substance/Drugs	Tobacco	Alcohol	Controlled Substance/Drugs
Region 15	54	17	182	104	18	200
Region 17	56	45	383	75	44	351
Region 18	73	43	619	86	36	637

Figure 41 TEA Discipline Dates 2013/2014

Perceived Risk of Harm

Alcohol

According to the TSS in 2014 with the progression of age and grade the perceptions of danger decrease but remain above 45% in each grade. The majority of students view alcohol as “very dangerous” until the 12th grade.

Perceived Danger of Alcohol Use 2014

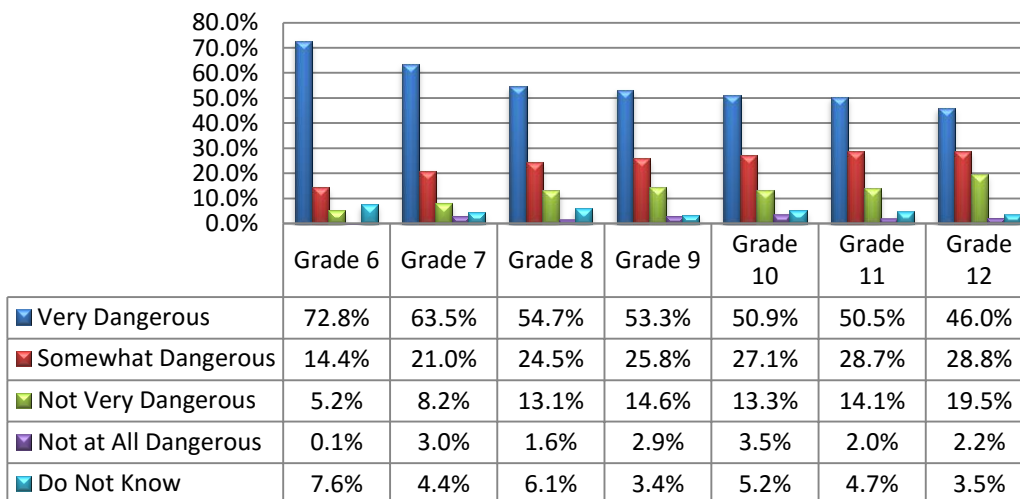


Figure 42 Texas School Survey 2014

Marijuana

The TSS in 2014 reported that the perceived dangers of marijuana use decreases with the progression of age and grade but remains above 40% among those who perceived that marijuana is “very dangerous”. The survey reflects 12th graders have the lowest perceived danger of the use of marijuana, with 42.6% indicating “very dangerous”.

Perceived Danger of Marijuana Use 2014

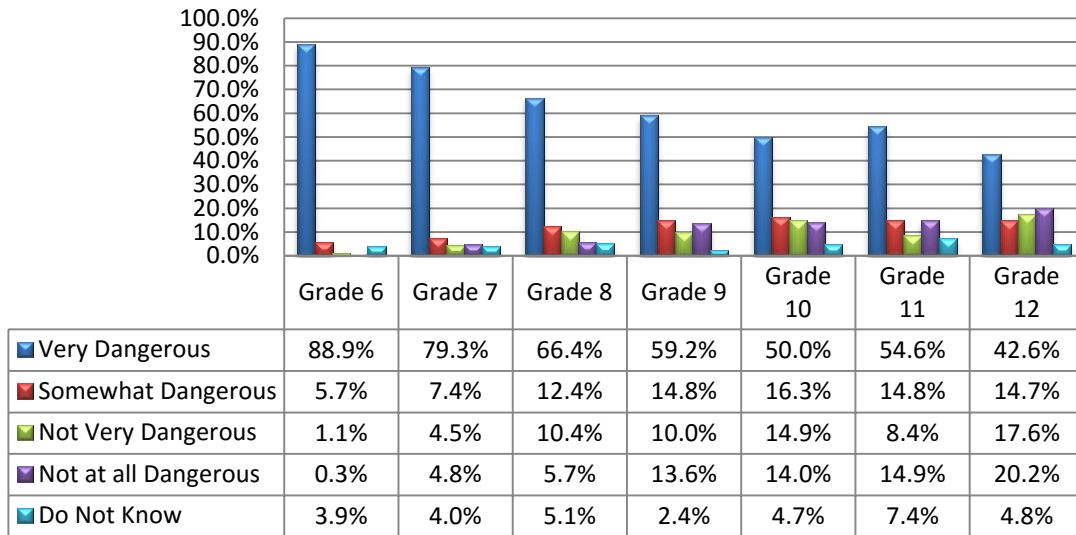


Figure 43 Texas School Survey 2014

The Monitoring the Future Survey (MTF) results for 2014 indicate the national statistics for “perceived” risk of harm for marijuana has decreased whereas actual use has increased among all students.

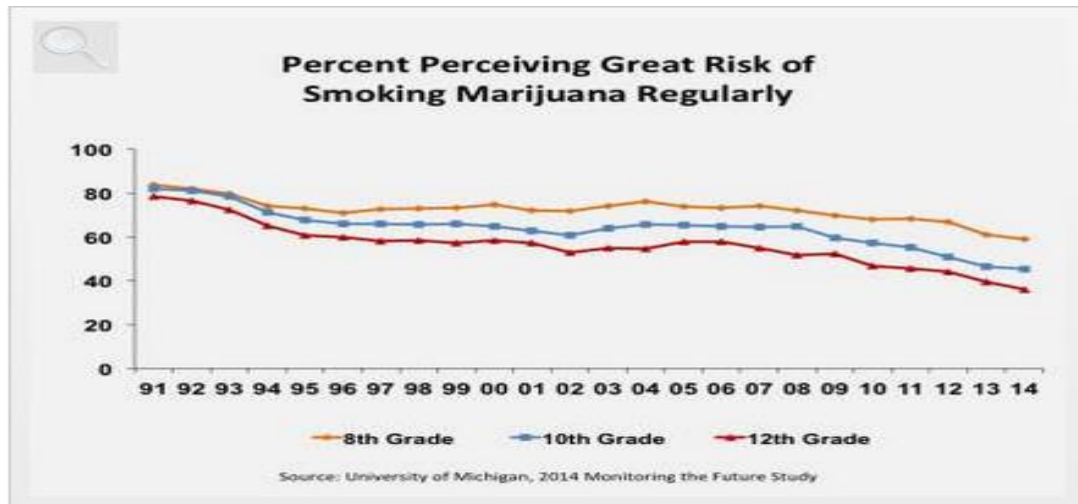


Figure 44 Monitoring the Future 2014

Prescription Drugs

The TSS in 2014 asked about the “perceived risk of harm” for Hydrocodone as the dangers of using prescription medication for non-medical use became more apparent among adolescents. Over 75% of all grade levels report that Hydrocodone is “very dangerous”, and decreases in each higher grade level.

Perceived Harm: Hydrocodone 2014

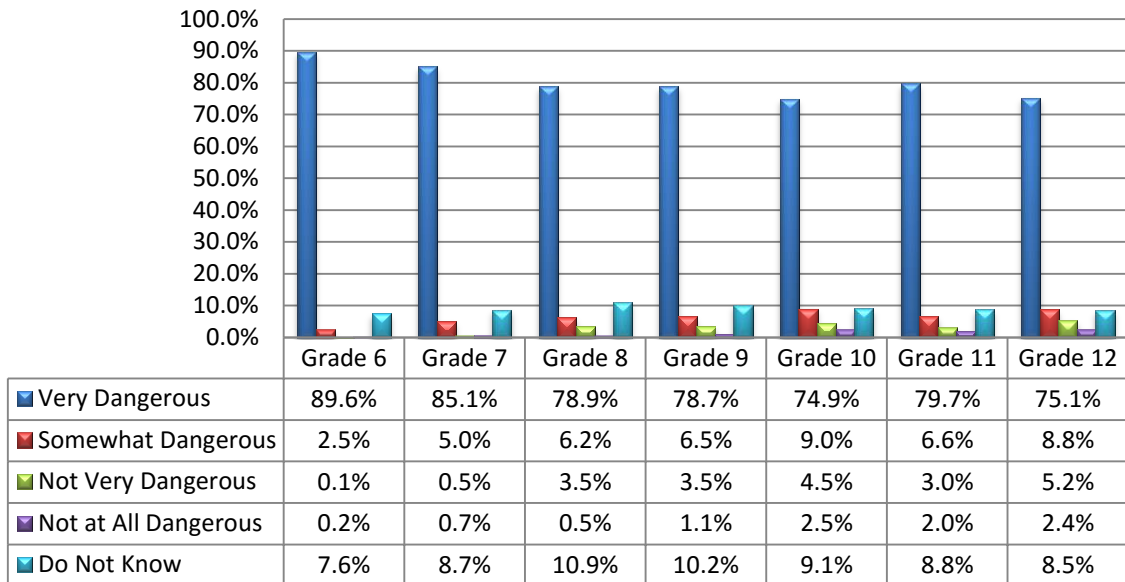


Figure 45 Texas School Survey 2014

Regional Consumption

Alcohol

Age of Initiation

According to the 2013 National Survey on Drug Use and Health (NSDUH), a teenager who begins drinking before the age of 15 is seven times more likely to have an alcohol abuse or dependence issue later in life than someone who waits until 21 to drink alcohol. Findings from the survey indicate that in 2013, 86.8% of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 70.7% reported that they drank in the past year; 56.4% reported that they drank in the past month. 35.1% of 15-year-olds report that they have had at least 1 drink in their lives, and about 8.7 million people ages 12–20 (22.7% of this age group) reported drinking alcohol in the past month (23% of males and 22.5% of females). In Texas, the reported average age of first use of alcohol is 12.2.

Current/Lifetime Use

TSS in 2014 indicated that 39.8% of students report a “past month use” of alcohol. The “past month use” among 7th grade to 8th grade increased by 50.5%. The students from the 2014 TSS survey indicate that 41.2% of all students have used alcohol in the past year.

Past Use Any Alcohol 2014

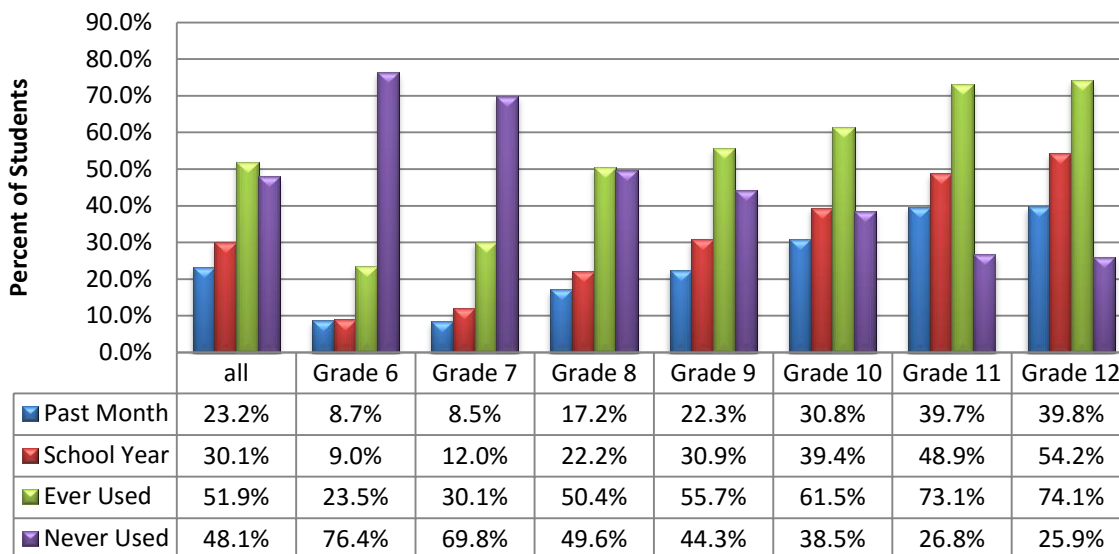


Figure 46 Texas School Survey 2014

Consequences

Consequences of using alcohol can vary depending on the individual and circumstances. These can include academics, home, physical, social, and legal. Academic consequences can be poor performance, inability to concentrate, poor attendance, and sleeping in class. Home consequences can include parental strife, loss of trust, and loss of family and acceptance. Social consequences can include loss of peer relationships, peer conflict, and lower self-esteem. Physical consequences include changes in mood, changes in behaviors, changes in sleep patterns, and medical related illnesses brought on by use. Legal consequences are more defined and have severe consequences, which will be discussed in detail later in the document.

Marijuana

Age of Initiation

Results from the 2013 Youth Risk Behavior Surveillance indicate that, nationwide, 8.6% of students had tried marijuana for the first time before age 13. The prevalence of having tried marijuana before age 13 was higher among male (11.1%) than female (6.2%) students. Regular cannabis use that starts in adolescence strips away IQ, a NIDA-supported 25-year study of 1,000 individuals suggests. Study participants who initiated weekly cannabis use before age 18 dropped IQ points in proportion to how long they persisted in using the drug, while non-users

gained a fraction of a point. During puberty, neurons and neurotransmitter systems mature and link up into refined neural networks; cannabis use may interrupt these changes as well. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the earlier a person begins using marijuana the more likely that person will develop long-term health issues. The 2012 National Survey on Drug Use and Health indicated adults who reported using marijuana at age 14 or younger showed a 13.2% higher probability of having illicit drug dependence or abuse as adults. This is 6 times higher than those adults who reported first using at age 18 or older. In Texas, the reported average age of first use of marijuana is 13.

Current/Lifetime Use

Figure 47 indicates the increase of “ever used” marijuana from 6th to 12th grade and the decrease of “never used”. The students from the 2014 TSS survey indicate that 20.9% of all students have used marijuana in the past year.

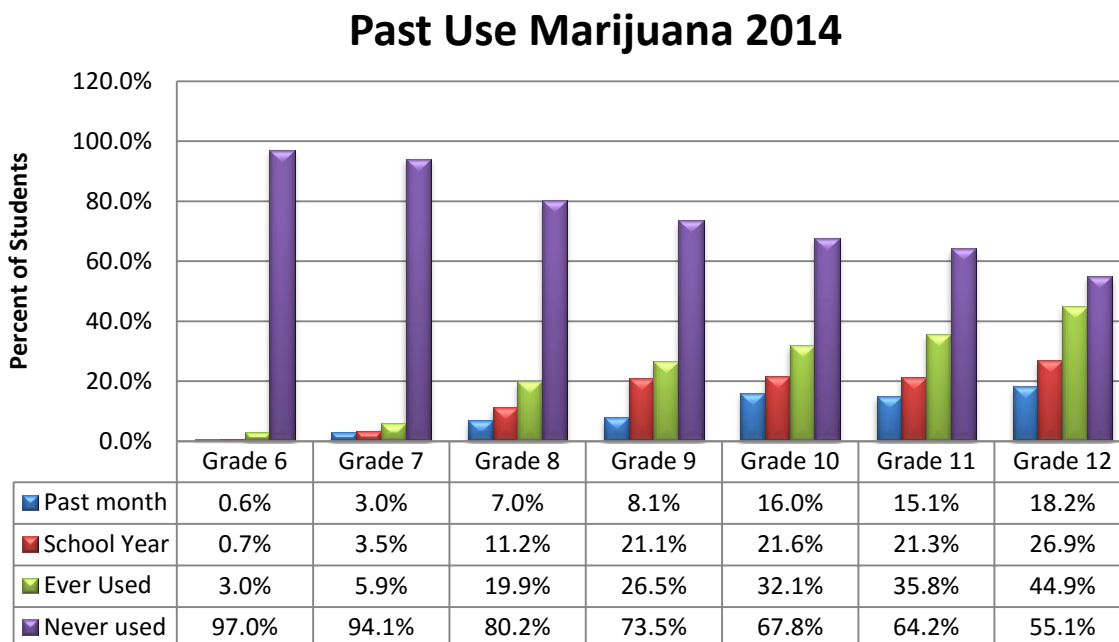


Figure 47 Texas School Survey 2014

Consequences

The regular use of marijuana can have physical, mental, social, and legal consequences. The short-term effects include the overactive receptors in the brain that normally cause the euphoric sensation, changes in mood, impaired body movement, and impaired the memory. Long term marijuana use can be linked to the development of mental illnesses including depression, anxiety, paranoia, hallucinations, and schizophrenia as reported by the National Institute on Drug Abuse (NIDA) in 2014. Some of the physical effects include breathing problems, increased heart rate, and impaired or delayed onset of developmental problems in children. Research used by the NIDA indicates that 1 out of 10 people become addicted to marijuana. This number increases to 1 out of 6 for those who begin using marijuana as adolescents.

Prescription Drugs

The Texas Prescription Program (TPP) collects data regarding the DEA schedules II through V substances dispersed through a pharmacy setting in Texas. The TPP is a reliable source for doctors and pharmacists to track the prescriptions written and dispersed for record keeping and reporting. The Drug Enforcement Agency (DEA) relies on this data collection to compose its annual report on the number of prescriptions dispensed annually by state and county physicians. Chart 48 reflects the total number of prescriptions written in Region 9 in 2014.

County	Schedule II OxyContin and Adderall	Schedule III Tylenol 3 and Steroids	Schedule IV Darvocet and Tramadol	Schedule V Lyrica and Motofen
Andrews	9,238	1,339	7,983	1,054
Borden	221	43	262	35
Coke	2,235	212	1,599	305
Concho	1,828	200	1,475	240
Crane	2,126	331	2,055	316
Crockett	1,520	259	1,757	660
Dawson	6,436	624	4,103	1,132
Ector	78,980	13,616	68,005	10,948
Gaines	8,294	1,241	7,672	1,219
Glasscock	445	62	342	43
Howard	18,968	3,042	16,763	1,873
Irion	872	122	737	91
Kimble	2,265	318	2,547	418
Loving	39	4	17	11
Martin	1,800	254	1,467	229
Mason	2,113	394	2,212	269
McCulloch	4,087	530	3,247	483
Menard	1,503	158	1,186	198
Midland	88,162	13,893	70,696	9,671
Pecos	5,250	1,112	4,526	1,270
Reagan	1,214	184	964	187
Reeves	5,884	881	5,504	1,292
Schleicher	1,421	124	964	260
Sterling	610	76	592	70
Sutton	1,588	217	1,345	238
Terrell	533	43	329	62
Tom Green	70,039	6,752	49,839	8,832
Upton	1,369	256	1,289	169
Ward	7,049	1,121	6,817	1,421
Winkler	3,888	687	3,652	502

Figure 48 Drug Enforcement Agency 2014

Current/Life time Use

Monitoring the Future (MTF) reported in 2012 there was a slight decrease in reported use of Oxycodone and Hydrocodone. The MTF report for 2014 indicates a prevalence of use for Oxycodone and Hydrocodone has remained stable. The MTF for 2014 indicates a slight increase in the use of Codeine cough syrup, Valium and Xanax among 8th to 12th graders. The TSS reports an increase among 9th and 10th graders of who have “ever used” Codeine/Codeine Cough Syrup at a 45.61%.

How recently have you used? Codeine Cough Syrup

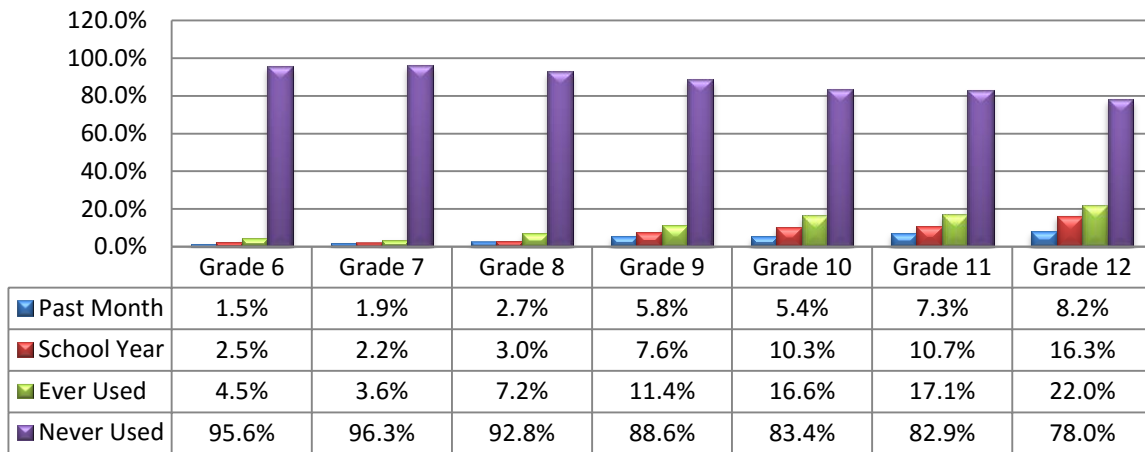


Figure 49 Texas School Survey 2014

In 2014, 5.3% of 12th graders indicated “past month use” of Vicodin/Lortab/Lorcet. Over 80% of all students surveyed indicated they have “never used.”

How recently have you used? Vicodin, Lortab, Lorcet, Or Hydrocodone

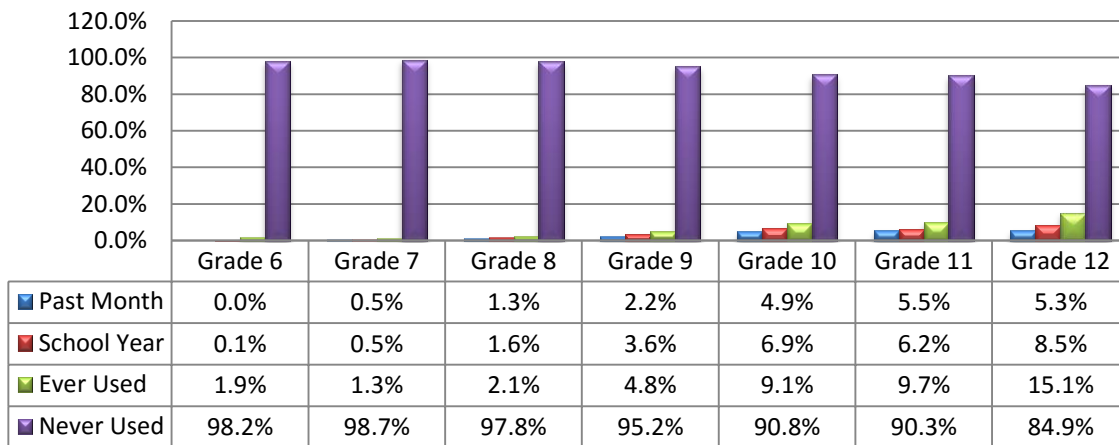


Figure 50 Texas School Survey 2014

The use of Dextromethorphan (DXM) and Triple C’s (Coricidin) has long been associated with prescription drug misuse according to NIDA. Over 91% of all students surveyed indicate they have “never used”. Of the students who have reported use 11th grade reported the highest at 6.9% in the 2014 TSS Survey.

How recently have you used? DXM, Triple C's, Or Coricidin 2014

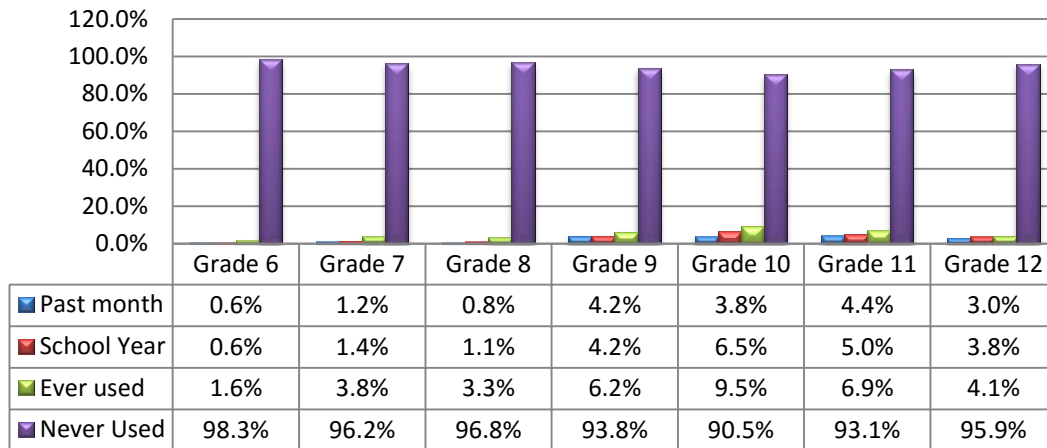


Figure 51 Texas School Survey 2014

Valium or Diazepam use reported by 12 graders remains the highest among all grades at 15.1%. Over 80% of all students surveyed have never used according to the TSS survey for 2014.

How recently have you used? Valium or Diazepam 2014

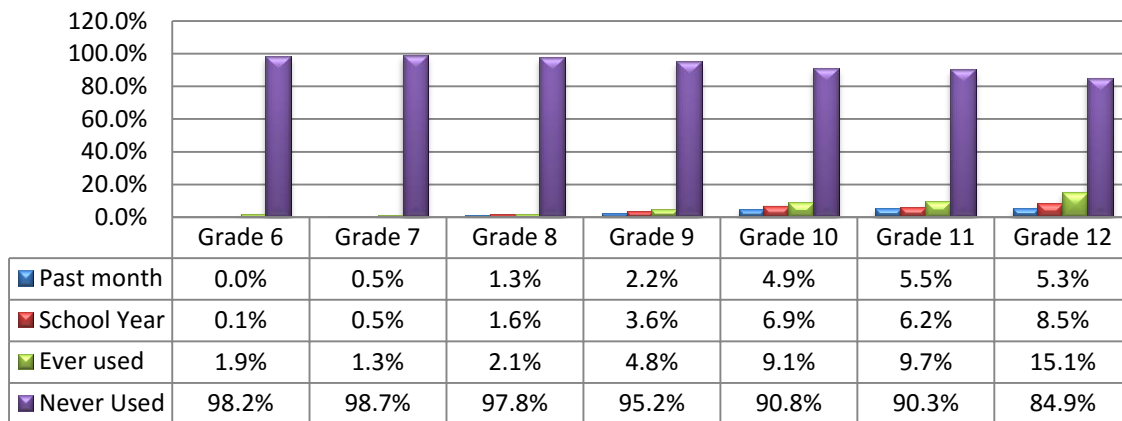


Figure 52 Texas School Survey 2014

Consequences

The misuse of prescription drugs can have severe consequences on a person's health and well-being. Misuse of prescription drugs can result in a higher tendency for addiction and drug interactions. As with most drugs and medications side effects can be dangerous by themselves, including an erratic heart rate, changes in appetite, changes in sleep patterns, violent outbursts, erratic behaviors, and possible psychosis (National Institute on Drug Abuse, 2015).

Emerging Trends

According to the National Institute on Drug Abuse (NIDA) the use of synthetic drugs is becoming more dominant among the nation's adolescent and young adult populations. Synthetics are the man-made versions of popular illicit drugs such as marijuana and amphetamines.

Synthetic Cannabinoids

Nationally, there has been a considerable decline in past-year use of synthetic cannabinoids, such as K2 or Spice. MTF Survey reports only 5.8 % of 12th graders reported using K2/Spice in 2014, compared to 7.9% in 2013 and 11.3% in 2012. According to the 2014 Texas School Survey of Drug and Alcohol Use, synthetic marijuana first use in Texas was reported to be 13.5%. In 2014, there were about 785 calls to the Texas Poison Center Network regarding dangerous exposure to synthetic marijuana.

The National Institute on Drug Abuse defines "Spice" as a wide variety of herbal mixtures that produce experiences similar to marijuana (cannabis) and that are marketed as "safe," legal alternative to that drug. Sold under many names, including K2, fake weed, Yucatan Fire, Skunk, Moon Rocks, and others — and labeled "not for human consumption" — these products contain dried, shredded plant material and chemical additives that are responsible for their psychoactive (mind-altering) effects.

Synthetic Cathinoids

Bath salts typically take the form of a white or brown crystalline powder and are sold in small plastic or foil packages labeled "not for human consumption". Bath salts are a form of a synthetic cathinone (Nelson, Nov.2012). These are highly dangerous as they mimic the effects of amphetamines and methylenedioxy-methamphetamine (MDMA)/ecstasy. These chemicals can produce euphoria, sociability, and increased sex drives of its users. The MTF survey for 2014 inquired about "past year use" for bath salts and reported the use as .50% for 8th grade, .90% for 10th grade, and .90% for 12th grade.

The Poison Control Center reported that from January 2010 to December 2011 use of bath salts increased significantly based on the number of calls per county. Region 9 increased use from one county to seven counties from January 2010 to December 2011.

E-Cigarettes/Vape Pens

Electronic cigarettes are a battery-powered vaporizer unit that uses pre-filled cartridges with varying amounts of nicotine. The E-cigarettes have a heating element that heats up the cartridges or e-liquids (flavored oils) until they produce the desired effects of dispersing the flavor or nicotine. Electronic Cigarettes are popular among smokers who are in the process of quitting or are heavy smokers that work in public/government buildings. According to the Texas Department of Health and Human Services (HHSC), the 2014 national trend for adolescent use has increased from 1.5% to 17.2% of all surveyed high school seniors. In 2014, the MTF survey indicated young adults and adolescents are far more likely to use the new E-Cigarette than Cigarettes. This survey reflects the use of e-cigarettes has roughly doubled from 2008 to 2014, in numbers from individuals who are using regular cigarettes.

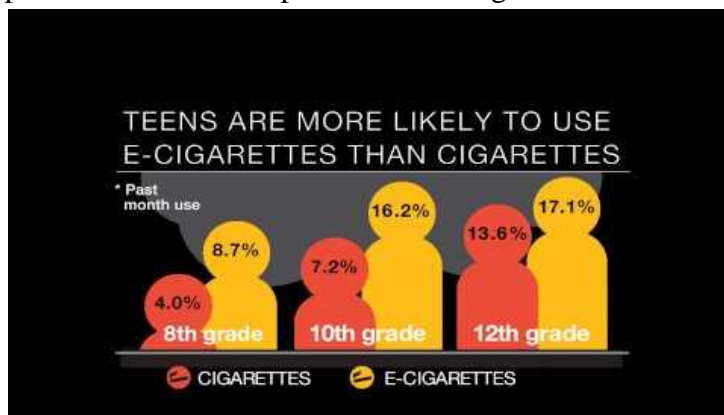


Figure 53 National Institute of Health 2014

Vape Pens are more popular among people who have quit smoking cigarettes, adolescents, and butane hash oil users. The popularity stems from the variety of flavored oils that are available for consumption. They come with varying amounts of nicotine added to the oils and theoretically will enable the user to slowly decrease the amount of nicotine that he or she is consuming.

BHO “Dabbing” and Consumables

Butane Hash Oil (BHO) is the newest trend among marijuana users. This is the extraction of essential oils from the cannabis plant using butane as a solvent. This produces a high level of tetrahydrocannabinol (THC) oil. Adolescents are using this form of the cannabis plant to obtain a high that maybe the equivalent to smoking 20 joints of regular marijuana (NIDA, 2015). This form of use is virtually undetectable by smell. The end product resembles lip balm or honey wax. It is extremely dangerous and can cause an overdose of THC (NIDA, 2015).

Regional Emerging Trends

Controlled Substances/Dangerous Drug

Region 9 is seeing a serious use of illicit drugs among all age groups. Some of the local law enforcement agencies group illicit drugs and prescription medications together as “controlled substances” or “dangerous drugs”; therefore it is difficult to know exactly which drug is more dominant in the area.

Police Department	Controlled Substances January 2011 to May 2015 Arrests	
	<u>Under 21</u>	<u>Over 21</u>
City of Odessa	136	972
City of Midland	175	1054
City Of San Angelo	124	1446
City of Big Spring	42	371

Figure 54 Region 9 Law Enforcement 2011-2015

Synthetic Cannabinoids

Cities of Odessa and San Angelo have implemented a citywide ordinance that bans the sale, manufacturing, and use of synthetic marijuana. Other cities and counties rely on the national and state laws to govern synthetic cannabinoids sales.

The Texas School Survey (TSS) in 2014 asked the same questions regarding marijuana and synthetic marijuana use. Regions 9/10 reflect an average of 92% of surveyed students as “never used”. Figure 64 shows the use of synthetic marijuana among students surveyed in Regions 9/10.

How Often do you Use Synthetic Marijuana?

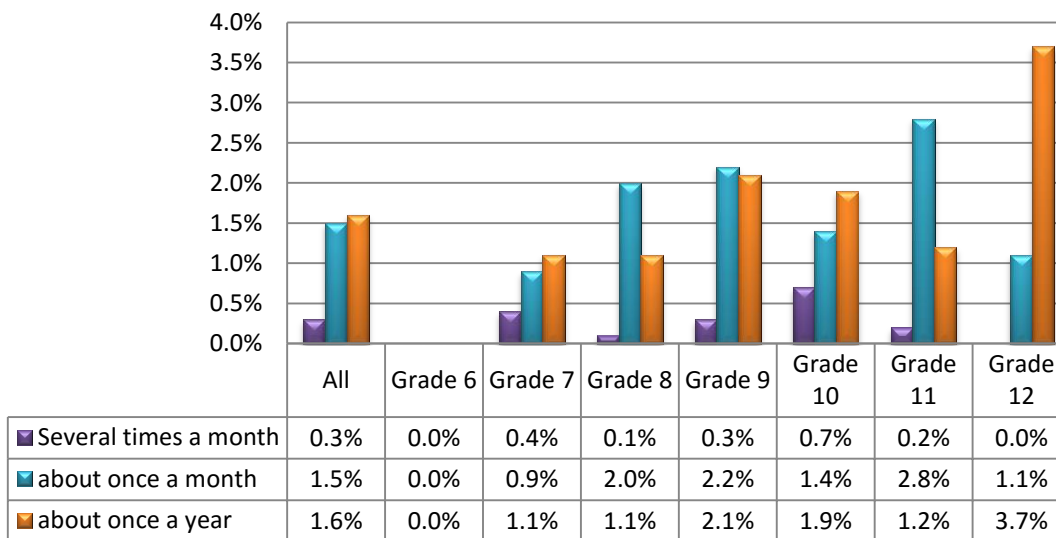


Figure 54 Texas School Survey 2014

Consequences of Drug Use

Overview of Consequences

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol, prescription or illicit drug use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired events for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measureable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence.

2015 Regional Needs Assessment

The World Health Organization estimates alcohol use as the world’s third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs.

Addiction is a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences according to the National Institute of Health (NIH), 2015. Individuals who begin to use drugs can quickly form a psychological and physical dependency to the substance of choice.

There are numerous health issues that can arise from prolonged substance use (mental disorders, addiction, anxiety, liver failure, heart issues, breathing problems, and death). There are also legal aspects of use/abuse where an individual could be subjected to incarceration, fines, criminal records, community service, and loss of driver’s license. Social problems also arise from abuse; which can include family, friends, romantic relationships affected, loss of time at work or the loss of employment, and mounting financial responsibilities.

The DEA have separated drugs into classifications to help aid in the identification of various drugs based on short and long-term effects. This enables law enforcement, prevention specialists, healthcare providers, and treatment facilities to easily determine the types of substances that the population is subjected to.

Classification	Examples	Short-Term Effects	Long-Term Effects
Stimulants	Methamphetamines Cocaine Nicotine Amphetamines Caffeine	Increased wakefulness, high “rush” feeling, increased levels of dopamine, decreased appetite. Constricted blood vessels, dilated pupils, increased body temp, increased heart rate/blood pressure, erratic behavior, violent behaviors, anxiety/panic	Paranoia, auditory hallucinations, mood disturbances/delusions, suicidal thoughts. Neurological changes in receptors, psychosis, constant restlessness, auditory hallucinations, weight loss, and malnourishment.
Depressants	Klonopin Halcion Benzodiazepines Barbiturates Xanax Alcohol	Rapid heartbeat, expanded blood vessels, euphoric sensations, perception of time slows, increased appetite/thirst, trembling hands, sleepiness/depression	Respiratory problems, reduced development within the brain – memory, learning, and thinking, hallucinations, paranoia, development of mental illnesses – schizophrenia
Narcotic	Opioids Vicodin Heroin Prescription Pain Relievers	Drowsiness Slowed breathing Constipation Unconsciousness Nausea Coma	Restlessness Muscle/bone pain Insomnia Diarrhea Vomiting Cold flashes Increased tolerance
Anabolic Steroids	Testosterone dihydrotestosterone	Acne Hair loss Altered moods Excess facial hair Muscle mass	Breast Cancer Anemia Osteoporosis Endometriosis Impotence Weight loss Liver disease Heart disease High blood pressure Infertility

Classification	Examples	Short-Term Effects	Long-Term Effects
Hallucinogens	Marijuana LSD Acid Ketamine Mushrooms PCP	Dilated pupils Increased body temperature Increased heart rate Sweating	Loss of appetite Insomnia Dry mouth Tremors Intensity of colors Visual Fixation Delusions Impaired judgement Panic attacks

Figure 55 National Institute on Drug Abuse 2014

Mortality

According to the Center for Disease Control, 40,393 people died from drug-induced causes in 2010, the latest year for which data is available. This number has grown from 19,128 in 1999. According to the National Institute on Alcohol Abuse and Alcoholism reports that almost 88,000 people die from alcohol-related causes annually. Today one in four deaths are attributed to alcohol, tobacco and illicit drug use. Mortality factors are presented in the following sections.

Overdose Deaths

In 2013 an estimated 44,000 Americans died from drug overdose (National Council on Alcoholism and Drug Dependence, Inc., 2013). Drug overdose is currently the leading cause of death in the United States. The National Council on Alcoholism and Drug Dependencies, Inc. (NCADD), 2013 reports 52% of the deaths in the United States are related to prescription drugs.

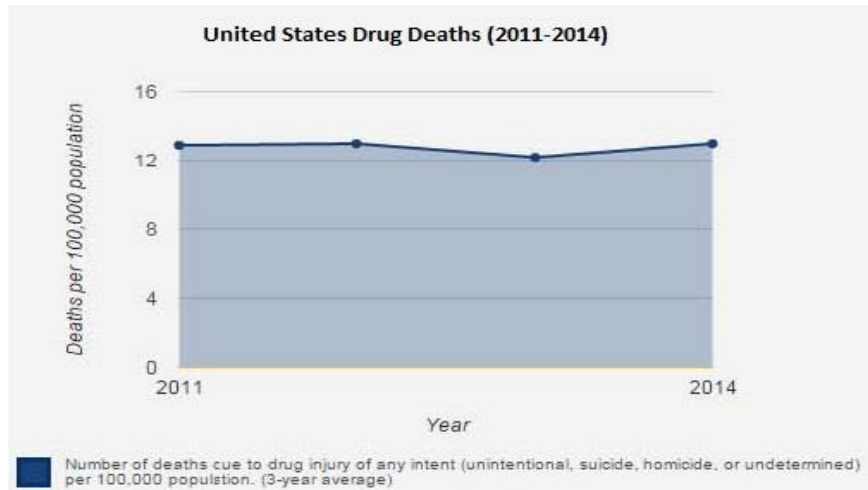


Figure 56 American Health Rankings 2011-2014

According to the National Institute on Drug Abuse for 2012, there were more deaths, illness, and disabilities directly related to substance abuse than any other preventable health condition. In 2012, one in four deaths was attributed to alcohol, tobacco, and illicit drug use.

Ector County is home to one of five Medical Examiner's Offices in Texas. The Ector County Medical Examiner's Office serves 14 counties in Region 9 which make up roughly one half of the region. The Concho Valley area and surrounding counties rely on Lubbock's Medical Examiner Office for determining the cause of deaths that are questionable, including overdosing,

deaths at home, and police investigations. Ector County Medical Examiner’s Office reports that there were 22 deaths that were classified as overdose in 2013 and 32 overdose deaths in 2014.

Drug and Alcohol Related Fatalities

According to Texas Department of Transportation for 2013 Region 9 averaged 2.33 driving while under the influence (DUI) fatal crashes and 2.57 DUI fatalities for 2013. Ector County reported 23 fatal crashes resulting in 25 fatalities. Midland County had 13 fatal crashes resulting in 15 fatalities. Tom Green County had 6 fatal crashes resulting in 6 fatalities, Reeves County had 4 fatal crashes resulting in 4 fatalities, and Andrews County had 5 fatal crashes resulting in 6 fatalities. The Fatalities Analysis Reporting System (FARS) monitors the reported blood alcohol content (BAC) for each fatality reported. There were 2,993 fatalities in Region 9 in 2011 and 793 of those were caused by drivers registering .1+ of BAC at the time of the crash.

Deaths due to Other Conditions Related to Alcohol and other Drugs

According to Medical Center Hospital in Ector County, 252 patients that were treated in the Emergency Room for 2014 died from substance abuse related illnesses.

Legal Consequences

There are varying stages of legal consequences for consumption or possession of alcohol, marijuana, and other drugs.

Alcohol

According to Texas State Law and the Texas Department of Motor Vehicles the consequences for DUI include but are not limited to:

	Driving Offenses	Non Driving Offenses
ADULTS	\$2000.00 1 st offense \$4000.00 2 nd offense \$10,000.00 3 rd offense	
	License Suspension/revocation	
	Community service	
	Imprisonment (3-180 days 1 st offense, 30 days to 1 year – 2 nd offense, 2 to 10 years State jail time – 3 rd offense)	
	DUI education requirements	
	Expensive car insurance – \$2000.00 after 1 st offense 3 yr. annual surcharge to keep your license	
MINORS	License Suspension 180 days – 1 st offense	License suspension -30 days – 1 st offense (purchasing, possessing, consuming)

	Driving Offenses	Non Driving Offenses
	License Suspension 2 years – 2 or more offenses	License Suspension 60 days – 2 nd offense of any of the above
	\$500.00 Fines + court costs	License suspension 180 days – 3 rd or more offenses
	Alcohol Education -12 hours	
DUI with Child Passenger	\$10,000.00 fine	
	2 years Jail time	
	License Suspension 180 days	

Figure 57 Texas Department of Motor Vehicles 2014

Driving Under the Influence/Personal Injury

According to the 2013 Crash and Injury Report from the Texas Department of Transportation reported 1,030 drivers under the influence of alcohol were involved in crashes for Region 9 and of those 394 were serious injury crashes. Region 9 reports a total of 51 DUI Driver Fatalities.

DUI Crashes 2013

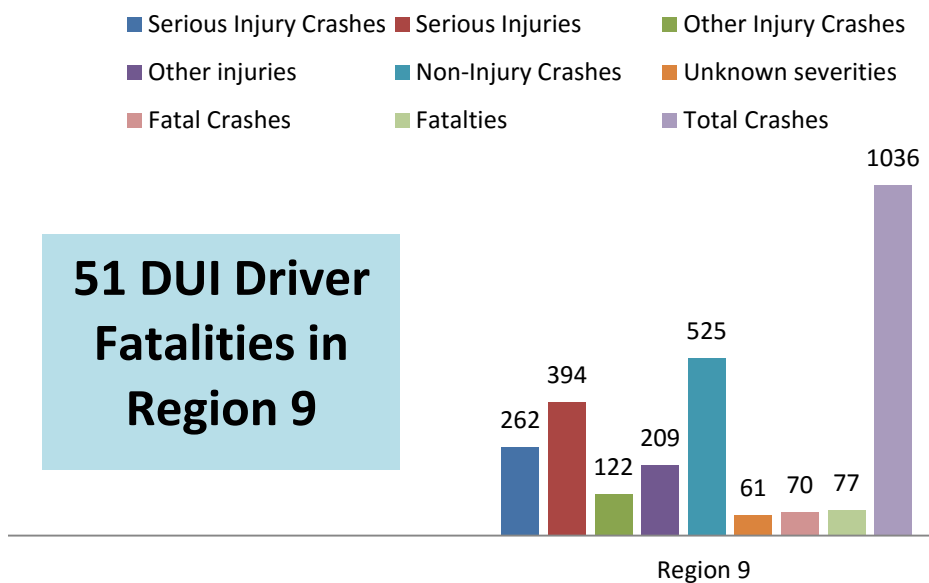


Figure 58 Texas Department of Transportation 2013

Marijuana Possession/Consumption

In some areas of the state there has been a push to change the > 2 oz. possession of marijuana charge from criminal to civil. In the counties that adopt the civil charges, violators will be issued a ticket and a fine, instead of being arrested. Ector, Midland, Howard, and Tom Green Counties reported an average of 534 marijuana arrests for under the age of 21 and 859 arrests for over the

age of 21. From 2012 through 2014 law enforcement agencies in Region 9, as listed above, reported 1,870 arrests for those under 21 for marijuana and 3,006 arrests for those over 21.

Possession Amount	Offense Classification	Penalty	Fines
> 2 oz.	Class “B” misdemeanor	180 days in jail	\$2,000.00
< 2 oz. up to 5 lbs.	Class “A” misdemeanor	1 year in jail	\$4,000.00

Figure 59 Texas Penal Codes 2015

Controlled Substances Possession/Consumption

The Drug Enforcement Agency (DEA) has developed classifications to aid in the identification process of illicit and prescription drugs based on the effects. The classifications include stimulants, depressants, narcotics, hallucinogens, and anabolic steroids. In Texas prescription drugs, methamphetamines and cocaine are considered “controlled substances” or a “dangerous drug” and therefore possession consequences are severe. The penalties are determined by the schedule classification of the drug and the amount. According to the law enforcement agencies in Region 9 there is an average of 1,098 arrests per year for controlled substance/dangerous drugs from 2012 to 2014.

Possession Amount	Offense Classification	Penalty	Fines
➤ 1 gram	State Jail Felony	Up to 2 yrs. in jail	\$10,000
1 gram to 3.99 grams	3 rd Degree Felony	2-10 yrs. in prison	\$10,000
4 grams to 199 grams	2 nd Degree Felony	2 to 20 yrs. in prison	\$10,000
200 to 399 grams	1 st Degree Felony	5 to 99 yrs. in prison	\$10,000
400 + grams	Enhanced 1 st Degree Felony	10 to 99 yrs. in prison	\$100,000

Figure 60 Texas Penal Codes 2015

Substance Use Criminal Charges

The Texas Juvenile Justice Department (TJJD) report the number of youths remitted into custody for drug and alcohol offenses, from 2012 to 2015 was 146 for Region 9. From 2012 to 2015 the number of youth admitted from these nine counties has marginally decreased.

County	2012	2013	2014	2015
Andrews	0	0	1	0
Crockett	0	1	0	0
Ector	7	6	18	10
Howard	2	2	3	2
McCulloch	0	1	1	0
Midland	4	8	7	6
Reeves	1	2	0	0
Terrell	0	0	0	1
Tom Green	4	2	2	1

Figure 61 Texas Juvenile Justice Department 2012-2015

Number of Arrests Related to Alcohol and Other Drugs

Every law enforcement agency has their own method of reporting and tracking violations. Some of the agencies opted to combine the controlled substance into one listing therefore it is difficult to distinguish the trends of illicit drugs like methamphetamine, cocaine, heroin and prescription medications. Overall, the numbers of arrests/citations for marijuana over the 4 year period (2011-2014) indicate the problem is increasing.

Figure 62 indicates the number of violations (arrests/tickets) for all alcohol and other drugs related incidents for the cities of Midland, Odessa, San Angelo, and Big Spring. Figure 63 reflects communities in Region 9 that report an increase of alcohol violations over a six year period.

Law Enforcement Agency	Controlled Substance /Dangerous Drugs	Marijuana	Drug Paraphernalia	Controlled Substance /Dangerous Drugs	Marijuana	Drug Paraphernalia
	Under 21			Over 21		
Midland Police Department	172	770	108	1053	1098	170
Odessa Police Department	154	540	N/A	859	882	N/A
San Angelo Police Department	135	492	190	940	720	697
Big Spring Police Department	127	494	190	946	718	697

Figure 62 Region 9 Law Enforcement 2011 – 2015

	2012	2013	2014	2012	2013	2014
	Under 21			Over 21		
City of Midland						
Liquor Law	113	104	98	758	865	1002
DUI	36	38	36	346	428	464
City of Odessa						
Liquor Law	687	N/A	476	3,845	N/A	2,883
DUI	54	N/A	36	392	N/A	454
City of San Angelo						
Liquor Law	42	40	67	443	448	417
DUI	35	12	14	232	212	209
City of Fort Stockton						
Liquor Law	59	70	56	33	301	283
DUI	1	3	0	158	122	94

Figure 63 Region 9 Law Enforcement 2012-2014

Hospitalization and Treatment

Hospital Use Due to Alcohol and Other Drugs

Medical Center Hospital in Ector County provided a detailed report regarding alcohol and other drug induced cases for 2014.

Medical Center Hospital	Emergency Room	In-Patient
Altered Mental Status	1181	204
Drug Abuse Unidentified	319	119
Alcohol Dependence/Abuse	719	1298
Opioid Use/Abuse	298	468
Marijuana	152	191

Figure 64 Medical Center Hospital 2014

Odessa Regional Medical Center in Ector County provided emergency room visits that were alcohol and other drug related.

Odessa Regional Medical Center	Emergency Room Visit Totals
Alcohol Related Mental Disorders	8
Alcohol Use/Abuse/ Intoxication	20
Opioid Use	6
Amphetamine Use	10
Unidentified Drug Use	11
Marijuana Use	1

Figure 65 Odessa Regional Medical Center 2014

Alcohol, marijuana, and prescription drug use results in the overuse of medical facilities for incidents that could be prevented. Medical Center Hospital saw a total of 1,133 cases that were alcohol, tobacco, and other drug related in 2014. Of those cases seven resulted in death, 39 were discharged to a psychiatric hospital for further treatment, 20 were discharged to short-term treatment facilities, six were discharged with the status of “other”, 21 discharged themselves against medical advice, and 1,046 were discharged for home/self-care.

Pecos County Memorial Hospital reported 14 cases specific to alcohol and other drugs from November 2014 through June 2015. Seven of those cases were listed as “overdose” of unidentified substances. Three were listed as having suicidal thoughts and the remaining four cases were reported as alcohol detox, substance abuse, and heroin withdrawal.

Midland Memorial Hospital provided data regarding alcohol and other drugs for 2013. Midland Memorial Hospital saw 1,012 emergency room cases specifically related to drugs. Of those 1,012 cases, 92 were recorded as “under 21” years of age. Midland Memorial Hospital reported another 992 emergency room cases were treated specifically for alcohol. Of those 992 cases 40 were reported as “under 21” years of age.

Hospital	2014 > 20 yrs. Emergency Room Patients (AOD)
Medical Center Hospital	1,133
Midland Memorial Hospital	92
Odessa Regional Medical Center	17
Pecos County Memorial Hospital	14

Figure 66 Region 9 Hospitals 2014

Substance Abuse Treatment

According to the 2010 National Survey of Substance Abuse Treatment Services (N-SSATS) conducted by SAMHSA, Texas had 3,537 minors reporting to be in some form of alcohol and other drug treatment facilities. Of the 3,537 patients 2,175 minors were in treatment using a non-profit facility. The same survey reports of the 3,537 minors receiving treatment 2,475 were being treated on an out-patient basis (SAMHSA, 2010).

Facility Operation	Facilities		Clients in Treatment on March 31, 2010			
			All Clients		Clients Under Age 18	
	No.	%	No.	%	No.	%
Private non-profit	231	50.9	14,006	42.3	2,175	61.5
Private for-profit	168	37.0	14,466	43.7	1,049	29.7
Local, county, or community government	17	3.7	898	2.7	194	5.5
State government	14	3.1	1,040	3.1	113	3.2
Federal government	23	5.1	2,698	8.1	6	0.2
Dept. of Veterans Affairs	14	3.1	2,315	7.0	6	0.2
Dept. of Defense	9	2.0	383	1.2	0	0.0
Indian Health Service	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0
Tribal government	1	0.2	5	<.05	0	0.0
Total	454	100.0	33,113	100.0	3,537	100.0

Figure 67 Substance Abuse and Mental Health Services Administration 2010

Turning Point, a program of the Permian Basin Community Centers saw 481 clients in 2014. There were 342 males and 139 females who received treatment. Of these patients the top five substances for treatment admissions include:

Substance	Number of Clients
Alcohol	247
Amphetamines	109
Opioid	82
Cocaine	26
Marijuana	17

Figure 68 Turning Point 2014

Economic Impacts

WhiteHouse.gov (2015), reports substance users in the United States spend about \$100 billion dollars annually on drug use, treatment, prevention, intervention, and control. This amount is

disbursed throughout the various programs and control options within the U.S. The White House Annual Report states in 2010 users spent more money on marijuana than any other drug. The estimated costs for substance abuse from 2014 to 2016 are projected to increase by almost \$2 million dollars.

Underage Drinking Economic Impact

The Underage Drinking Enforcement Training Center (UDETC) estimated the cost of underage drinking in Texas was \$5.5 billion for 2013. The UDETC indicates that it costs \$2,075 per year for every youth in the state or \$3.50 per alcoholic beverage consumed by a minor.

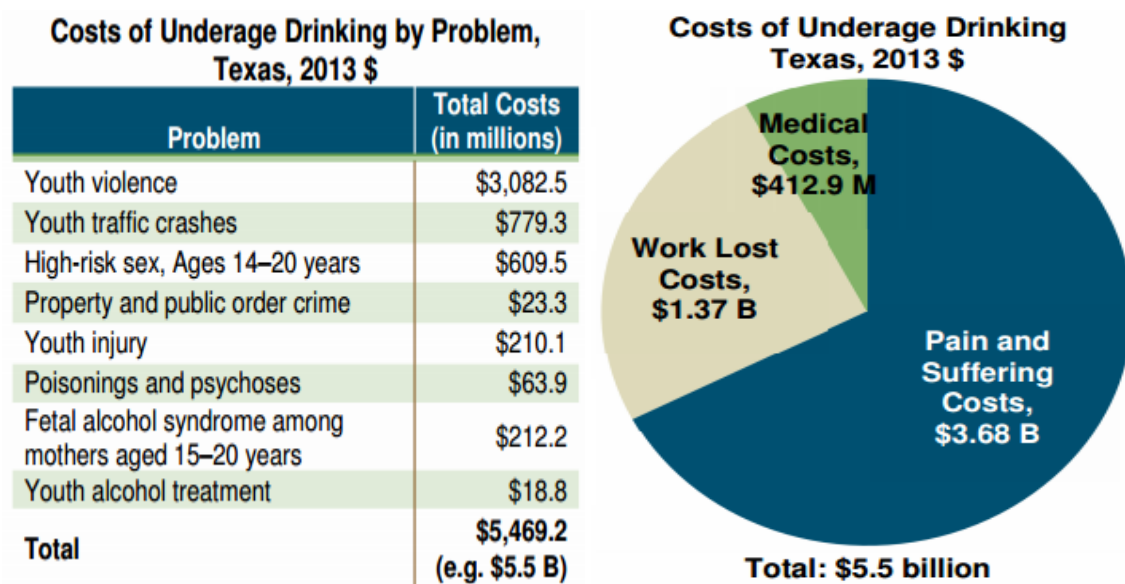


Figure 69 Underage Drinking Enforcement Training Center 2013

Drug Use/Abuse Economic Impact

The costs of drug use affects all Americans either directly (having a loved one suffer from use/abuse) or indirectly (tax payer costs to cover treatments, interventions, prevention, and control). The Federal Government estimates the costs for drug use for 2015 as:

Drug Control	Costs
Prevention Programs	\$1.3 Billion
Treatment	\$9.6 Billion
Law Enforcement	\$9.2 Billion
Interdiction (coordinating agencies)	\$3.9 Billion
International (trafficking)	\$1.4 Billion

Figure 70 Whitehouse.gov 2015

Average Cost of Treatment in Region

According to Nationwide In-Patient Sampling for 2011 the average cost of treatment in Region 9 is \$8,187 per client. The chart below represents the average cost per county in Region 9.

County	Average Cost	County	Average Cost	County	Average Cost
Andrews	\$16,396	Howard	\$11,431	Reagan	N/A
Borden	0	Irion	\$11,437	Reeves	\$18,778
Coke	\$13,493	Kimble	\$7,634	Schleicher	0
Concho	\$12,551	Loving	N/A	Sterling	0
Crane	0	Martin	\$11,055	Sutton	N/A
Crockett	0	Mason	0	Terrell	0
Dawson	\$12,722	McCulloch	\$9,822	Tom Green	\$12,941
Ector	\$17,031	Menard	0	Upton	0
Gaines	\$8,617	Midland	\$19,664	Ward	\$9,397
Glasscock	0	Pecos	\$10,402	Winkler	\$17,669

Figure 71 Nationwide In-patient Sampling 2011

Pecos County Memorial Hospital reports that the average costs for the 14 emergency room visits from November 2014 to June 2015 related to alcohol and other drugs were \$3,094.18 per visit. Pecos County Memorial Hospital determined the billed costs for the 14 emergency room visits reported as alcohol and other drug related totaled \$43,318.52.

Turning Point facility indicates the average in-patient treatment averages 28-35 days. Outpatient treatment averages 30-90 days. Detoxification treatment runs \$180.00 a day. Turning Point offers counseling sessions for both individuals, averaging \$58.00 per hour, and group sessions, averaging \$18.00 per hour.

College and Employability Admissions

College Admissions/Graduations

The Center on Young Adult Health and Development Study for 2013 reports high school seniors who have plans to attend college are less likely to use marijuana than those students who do not plan go to college. The study found that 38% of college students have tried marijuana prior to entering college, while 25% never used marijuana until after entering college. The study found alcohol, tobacco, and other drugs (ATOD) used among students resulted in both short-term and long-term goal setbacks as diagrammed below (Arria, Caldeira, Bugbee, Vincent, & O'Grady, 2013).

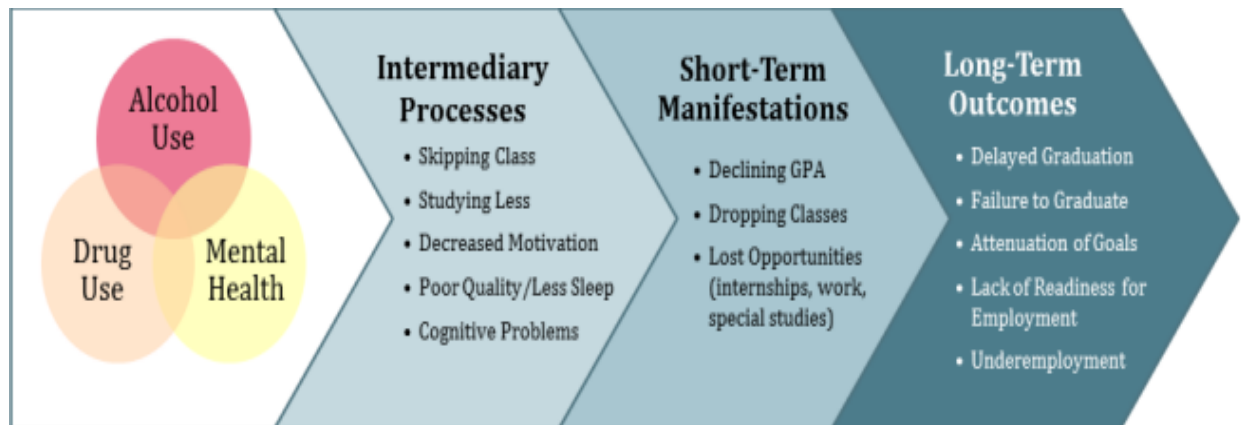


Figure 72 Centers on Young Adult Development 2013

Employability/Professional Identity

NIDA states 67.9% of all adult illegal drug users are employed. Studies indicate employees who use alcohol and other substance are more likely to have attendance issues, be less productive, be involved in workplace accidents, and frequently change jobs.

CareerBuilder.com, one of the top employment websites conducted a survey in 2009 including 2,500 potential employers and found 45% admitted that they routinely screen applicants by accessing the individual's social media networks. These employers were looking to see pictures and posts potential employees made. Social media can be informative for potential employers regarding mental health and behavioral patterns of individuals.

Environmental Protective Factors

According to the National Institute on Drug Abuse (NIDA) environmental protective factors can change or prevent some risky behaviors by focusing and developing positive behaviors and attitudes among youth. NIDA states that protective factors can be comprised of, but not limited to:

- Family Bonds
- Having a Strong Support System
- Parental Involvement
- Rules and Consequences for Actions
- Social Activities (sports, church, employment)
- Strong Goals (motivation, self-esteem)
- Academic Success

Protective factors are necessary in decision making of all individuals. Support and guidance measures help individuals to make healthier life choices. Strong bonds and social involvement enable individuals to feel accepted and gain confidence in life. Protective factors help the individual develop healthy relationships and life skills. Protective factors can be broken down into four main domains: community, school, family, and individual domains (NIDA, 2015).

Community Domain

Community Coalitions

Community coalitions are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level (CADCA, 2015). The aim is to create effective, environmental, and sustainable changes within the community. There are a variety of coalition types including drug free community (DFC) coalitions, community coalition partnerships (CCP), community organizations, and others who work together toward a common goal.

Environmental changes are physical or material change to the economic, social, or physical environment. These changes can include developing walking trails (paths) in the parks, opening Farmer's markets within the community, and policy (ordinances, laws) changes. The environmental changes should promote better and healthier choices for the communities.

Ector County Health Care Coalition- This coalition was formed by Medical Center Hospital in 2012 to promote the overall community health and wellness through education, screenings, and coordination of care. Their aim is to provide community health and wellness in Ector County through partnerships and patient care. Their goals include reducing preventable hospital readmissions and hospital charges for Ector County resident's thorough education, engagement and empowerment. Their focus is on patients with Asthma, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes.



The Ector County Physical Activity Coalition- This coalition was formed by Medical Center Hospital in 2015 to influence the physical activity and healthy lifestyle behaviors in Ector County. This coalition is aimed to increase education and awareness regarding healthy lifestyles. Their goals are to provide free or low costs in physical activities in the community, while educating individuals on healthy lifestyles, which include diet, activity, and other healthy behaviors.



Early Childhood Coalition- The Early Childhood Coalition is a community coalition representing both Midland and Odessa. The Coalition consists of 60 stakeholder agencies including: education, medical community, social services, mental health services, county government, public health, drug and alcohol abuse prevention, youth programming, and child care providers. The focus is to facilitate ongoing collaboration of community partners to unify and enhance resources to meet the needs of families of young children

Here to Impact (H2i) Coalition- This coalition was created in 2013. This Community Coalition Partnership (CCP) is supported by The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA). This coalition is focused on effecting environmental changes within the community regarding the reduction of alcohol (underage drinking), marijuana and prescription drug



use and abuse. The goal is to engage, advocate and empower through education, community collaboration, and awareness in policy and social change for Ector County and to build a healthy, drug free community.

The Permian Basin Military Partners Coalition- The Permian Basin Military Partners Coalition has been in place for almost sixteen years. They currently refer veterans to other non-profit agencies in the area for different services needed. It will continue to focus on providing help serving this population through referrals as well as education and awareness on alcohol, tobacco, and prescription drug use and abuse.



X-Out Youth Leadership Coalition – The X-Out Youth Leadership Coalition is an in-house program of PBRCADA. This is a group of adolescents in Ector County, ages 12-17 that want to empower their peers to make better choices. The group promotes education among their peers on the dangers of using alcohol, tobacco, and other drugs. This coalition promotes and advocates prevention leading the way for healthier generations.



The Concho Valley C.A.R.E.S. Coalition- The coalition is a Drug Free Community (DFC) Coalition that was established by The Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) while, addressing high risk factors for those in the community to empower them to make better choices and minimize the dependence of substance abuse in the areas. The Concho Valley C.A.R.E.S. Community Action & Resources for Empowerment & Success focuses on community collaboration to reduce the rates of substance abuse among youth.



Midland County Coalition-The Midland Coalition was created in 2002 and is a Community Coalition Partnership (CCP). The Palmer Drug Abuse Program (PDAP) in Midland County received funding from DSHS to accommodate the coalition which is focused on effecting environmental changes within the community regarding the reduction of alcohol (underage drinking), marijuana, and prescription drug use and abuse. Through collaborating with community members and the resources available in Midland this coalition educates and plan projects that allow all agencies to be a part of preventing underage use of alcohol and drugs in our community.



Family Health Coalition- Is a coalition in Region 9 that promotes collaboration of the many services available throughout the region. This coalition meets quarterly throughout the region and promotes all levels of healthy living.

Treatment/Intervention Providers

Permian Basin Regional Council for Alcohol and Drug Abuse (PBRCADA) – The Permian Basin Regional Council on Alcohol and Drug Abuse provides intervention services throughout Region 9.



- **The Outreach, Screening, Assessment, and Referral (OSAR) Program** – Refers clients to residential and outpatient treatment to help them overcome their substance abuse disease throughout Region 9.
- **PPI Program** – Pregnant Postpartum Intervention Program is designed to help pregnant and postpartum adults/adolescents who may have a higher risk of substance abuse. This program offers parenting classes, child development education, and weekly support groups for those in need. This program currently serves Ector and Midland Counties.
- **Padre Program** – The Padre Program works to encourage fathers to become more active in their children's lives through education and support. The Padre Program currently works with Child Protective Services (CPS) to reunite families by offering parenting classes, education classes, substance abuse prevention, and child development classes. This program currently serves all 30 counties in Region 9.

River Crest Hospital – Is a secured inpatient facility that provides mental health and substance abuse treatment to adults and adolescents throughout Region 9. The goal of River Crest is to provide evaluation, crisis stability, treatment, education, prevention, and follow up care.



Oceans Behavioral Health Center – Is a secured inpatient treatment facility for individuals suffering from psychiatric illnesses. Oceans provides 20 geriatric beds (ages 55 and older) and 28 beds for adults (ages 18 to 54) In March 2015, Oceans opened a portion of their facility to reach adolescents (ages 0-17). They currently have 12 beds designated for adolescent treatment of psychiatric and substance abuse illnesses.

Palmer Drug Abuse Program (PDAP) - Is located in Midland and offers individuals the 12- step Palmer Drug Abuse Program for those who are suffering from drug abuse illnesses and addiction. This 12- step program is designed to help individuals realize that they are loved, accepted, and supported by others.



Concho Valley Turning Point– Offers rehabilitation, recovery, and outreach services for individuals and families looking for help in overcoming addiction and other destructive lifestyles. They offer intervention for those who are in need of assistance in confronting addiction.

Alcohol and Drug Abuse Council of the Concho Valley

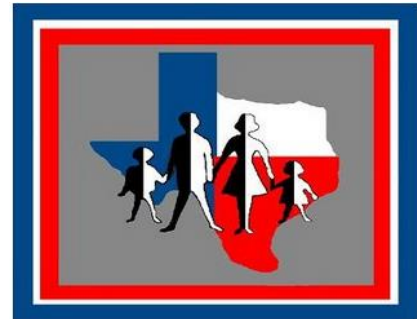
(ADACCV) - The mission of the Alcohol & Drug Abuse Council for the Concho Valley is to save lives and create healthier communities. The vision of the Alcohol & Drug Abuse Council for the Concho Valley is to be an effective and dynamic force in the prevention of human degradation, the loss of human dignity, and the ultimate loss of life caused by substance abuse and addiction in our community.



- **Cotton Lindsey Center-** Is an outpatient program consisting of a six-month curriculum involving relapse prevention and education for both individuals and groups.
- **Williams House-** The Williams House is an intensive residential treatment program for adult males. The treatment plan includes individual and group counseling, personal and social adjustment goals, and includes Gorski's Relapse Prevention Training.
- **Sara's House-** Is an intensive residential treatment program for indigent women, including pregnant women and women with children. This program can accommodate children 0-5 ½ years of age and the number of children residing with each mother is determined on a case-by-case basis. The residential program focuses on intense and support driven counseling for those in need.

The Permian Basin Community Centers (PBCC) - Offers treatment services throughout Region 9.

- **Turning Point-** Provides detoxification services and intensive residential treatment. Adults are assisted through detoxification and placed in a highly structured and supervised residential setting, designed for newly-recovering individuals. This facility is located in Ector County.
- **The She's for Sure Program-** Provides outpatient substance abuse treatment to adolescent and adult women who have a history of chemical dependency or who are currently chemically dependent.
- **Fresh Start-** Provides services to men and women who are appropriate for outpatient treatment. These services are to facilitate recovery to adults who do not require a more structured environment such as residential services to achieve abstinence and treatment goals.
- **Top Rank Youth Program-** Provides outpatient substance abuse treatment for adolescents (ages 13-17) who do not require a structured residential treatment.
- **The Co-Occurring Psychiatric & Chemical Dependency (COPSD)** - Program serves those diagnosed as having both a major mental and chemical dependency. Screening, integrated assessments, counseling, case coordination, and linkages to other providers, face-to-face contacts are completed to ensure the client remains drug-free and psychiatrically stable.



Center for Life Resources - Is a program which serves McCulloch County in Region 9 and is focused on assisting residents in achieving the highest quality of life. They offer specialized treatment programs to support existing clients through involvement and referrals to appropriate support services.



Gaines County Community Rehabilitation Center - Is a program that is funded by Gaines County and serves the communities of Seminole, and Seagraves. County residents can seek counseling and referral services for substance use and abuse.

Basin Detox Systems, Inc. - Are Detoxification facilities located throughout Texas. Clients are medically stabilized over a period of 3 to 5 days, based on medical necessity. Upon discharge from the facility, patients are encouraged to continue their recovery by entering a long-term treatment program.

The Springboard Center - Is focused on restoring health and dignity to individuals and families by providing quality treatment and counseling for alcoholism and drug addiction to the residents of the Permian Basin. Springboard's goal is to raise the level of community awareness concerning substance abuse. In order to achieve this goal Spring Board offers treatment in the form of medical detoxification, residential treatment, intensive outpatient treatment, family programing, after care programing and Acu-Detox.



The Springboard Center
A Substance Abuse Treatment
and Recovery Center

Alcoholics Anonymous (AA) - First appeared in 1939 and is an international fellowship of men and women who have had a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem and follows a 12-Step Program.

Narcotics Anonymous (NA) - Is a global community-based organization which was founded in 1953. The program offers recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. The name, Narcotics Anonymous, is not meant to imply a focus on any particular drug; NA's approach makes no distinction between drugs including alcohol. Membership is free, and there is no affiliation with any organizations outside of NA including governments, religions, law enforcement groups, or medical and psychiatric associations.

Local Mental Health Authorities

Permian Basin Community Center- Permian Basin Community Centers is the local authority for mental health and mental retardation services. PBCC also provides Early Childhood Intervention services as well as chemical dependency services. Permian Basin Community Centers is a public entity that is governed by a local Board of Trustees. The center was formed in 1969 by the city of Midland. Private insurance, Medicare, and Medicaid are accepted. The Texas Department of State Health Services (DSHS) contracts for mental health and chemical dependency services, the Texas Department of Aging and Disability Services (DADS) contracts for mental retardation services, and the Texas Department of Assistive and Rehabilitative Services (DARS) contracts for Early Childhood Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer.

Center for Life Resources- In 1970, The Central Texas Mental Health Mental Retardation Center (CTMHMR, now dba Center for Life Resources) was established after a long range planning by several community advocates, for the mentally challenged, i.e., Janie Clements, Reverend John Darden, and W. Lee Watson. As an agency of the State, the Center has provided services in the counties of Brown, Eastland, Coleman, Comanche, San Saba, Mills, and McCulloch for individuals with mental illness, mental retardation, and substance abuse.

West Texas Centers - Provide services and support options to people with mental illnesses, intellectual and developmental disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, and Winkler counties from Region 9. The purpose of the community center is to offer proper support and services to those in need in order for them to begin the road to recovery and to lead productive lives.

Mental Health and Mental Retardation (MHMR) Services of the Concho Valley - Offers services and support programs to those suffering from an array of mental health illnesses, developmental delays, intellectual and developmental disabilities. The goal of the MHMR is to help people work together to help themselves. Currently they serve seven counties in the Concho Valley area, including Coke, Concho, Tom Green, Crockett, Irion, Reagan, and Sterling counties, in Region 9.

Hill Country MHDD Centers- Provides mental health, individual developmental disability, substance abuse, and early childhood intervention services throughout the greater Texas Hill Country. Currently serving Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, *Kimble, Kinney, Llano, *Mason, Medina, *Menard, Real, *Schleicher, *Sutton, Uvalde, and Val Verde. (*Region 9 Counties)

Local Social Services

Casa de Amigos - Casa de Amigos is a non-profit corporation that aims to improve the quality of life throughout the community by “helping individuals to help themselves”. Programs currently being offered include: senior programs, health and wellness programs, education services, and social services. Casa de Amigos serves anyone in need.

First 5 – First 5 of the Permian Basin offers free programs that help individuals become great parents. It is a program that matches up parents with trained personnel who travel to their homes with the intention of providing information, answering questions about becoming a parent. They also help parents find the best resources available to them based on their own needs. They have several sub-programs that all work toward community improvement and involvement. Other programs they offer include home visiting programs, fatherhood engagement programs, an early childhood resource networking, and childhood (ages 0-5) hotline for parents.



Harmony Home - Harmony Home is a non-profit advocacy organization that serves Ector County by providing services for child victims of sexual, physical, and emotional abuse. Their goal is to break the silence and help heal the hurt of child abuse. They offer education, forensic interviews, victim services, therapy, and community outreach.

Salvation Army - The Salvation Army is an international organization whose focus is on the spiritual and physical well-being for each individual in need. The Salvation Army offers services for emergency response, family tracing, health services, social services and addiction dependency. Even though they are an international organization, regional offices can be found throughout Texas.

The Crisis Center - The Crisis Center provides domestic and sexual assault services for individuals affected by domestic and sexual violence. These services include the Angel House Shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers. The Crisis Center currently serves Gaines, Ward, Winkler, Andrews, Loving, Reeves, Recos, Crane, Ector, and Midland Counties.

West Texas Opportunities, Inc. (WTO) – WTO was originally created to administer the provisions of the Economic Opportunity Act of 1964. The goal of WTO is to enable the U.S. to achieve full economic and social potential one person at a time. WTO offers assistance with childcare management services, head start entry, employment services, transportation services, and monetary assistance with energy bills. WTO currently serves 17 counties in Region 9 (Reeves, Pecos, Terrell, Loving, Ward, Winkler, Crane, Upton, Ector, Midland, Glasscock, Howard, Martin, Andrews, Gaines, Dawson, and Borden).

West Texas Food Bank – The primary goal for the West Texas Food Bank is to provide those in need with food and groceries (individuals, families, day cares, youth programs, senior centers, soup kitchens, and homeless shelters). The West Texas Food Bank serves Dawson, Borden, Andrews, Martin, Howard, Loving, Winkler, Ector, Midland, Glasscock, Ward, Crane, Upton, Reeves, Pecos, and Terrell counties in Region 9.

Goodwill of West Texas – Goodwill of West Texas' goal is to provide opportunities to people with barriers to employment. They are a workforce development resource. Goodwill offers employment programs for individuals in need. Goodwill formed a retail store organization to

assist those in need with everyday items from household goods to clothing needs. Goodwill West Texas currently serves Howard, McCulloch, Ector, Midland, and Tom Green Counties.

Safe Place of the Permian Basin - Safe Place of the Permian Basin's goal is to break the cycle of family violence by empowering individuals to make safe and healthy choices through awareness, counseling, advocacy, and shelter, while promoting hope, healing, and dignity. They offer emergency shelter, crisis hotlines, legal advocacy services, counseling, support groups, and intervention programs for abusers. Safe Place currently serves 15 counties including Reeves, Loving, Ward, Winkler, Crane, Ector, Upton, Midland, Glasscock, Howard, Martin, Andrews, Gaines, Dawson, and Borden.

Law Enforcement Capacity and Support

National Night Out- Local Law enforcement agencies encourage communities to establish neighborhood watches, apartment watches, and even mall area watches to help identify and work against potential crimes and criminals. Police officers make it a point to participate in community driven "National Night out" block parties to help educate and inform communities of crimes trends. National night out is currently ongoing in Pecos, Ector and Midland Counties.



Citizen On Patrol (C.O.P.) – This is a volunteer program that is sponsored by the Midland, Odessa, and San Angelo Police Departments. The purpose of this program is to enlist the help of local residents to observe and report criminal activity safely. Volunteers assist citizens with basic needs including jumper cables, flares, traffic cones, and air tanks. They can be called upon to direct traffic at major events, conduct searches for lost children/seniors, aid in the search for suspects, and assist with stolen vehicles searches. The Police department considers them to be invaluable in assisting with surveillance in high crimes areas.

Citizen Police Academy- Pecos County offers a 40 hour course that is designed to give community members a working knowledge of the police department and to encourage community involvement. The course introduces the students/citizens to procedures, training, investigations, firearm and narcotic enforcement. The students are given opportunities to "ride along" with officers.

Teen Court- Is a program in Midland and Ector Counties, which enables adolescents to help their peers who may be struggling in life. This is an educational program that offers both offenders and adolescents volunteer opportunities to gain a better understanding of the justice system. The goal of Teen Court is to intervene against developing substance use issues, to develop a firm understanding and respect of authority figures (law enforcement), and to increase self-esteem of the adolescents. Teen Court stresses the individual's responsibility and accountability for his or her actions.

Healthy Youth Activities

The Arc of Midland- Offers several programs that are community and youth based. For youth they offer Bike Camps and 5K run/walk.

- **Sibling Roots** – Sibling Roots is workshop that promotes healthy relationships between siblings, and enables all siblings to be heard and to be included.

YMCA Partners with Youth Program - Offers programs for youths to take part in fun activities and teams that enable participating youth to present better decisions about life choices. Some of the youth activities include Flag football, basketball, soccer, volleyball, softball, and cheerleading. This gives the youths a variety of activities to select from and helps promote an active healthy life. This program is offered in Midland and Ector Counties .

Boys and Girls Club of America - Focuses on building collaborative relationships within the community, child/youth development, self-esteem, and a love of learning by teaching them about civic duty, responsibility, honesty, and self-discipline. The program offers homework support and help, education toward healthy choices, and art and crafts. The Boys and Girls Club have local chapters throughout Texas.

Texas 4-H Club - The 4-H Club offers youth a chance to follow their dreams by enabling them to make healthy choices and pursue activities that hold an interest to them. Through this program the youth meet challenges head on, learn life skills that will continue to help them as they reach maturity, develop social, emotional, physical, and cognitive competencies. This helps them make positive choices in how they live their lives. Youth learn leadership, citizenship, and occupational skills that help them build strong character well into adulthood.

Big Brothers Big Sisters - The mission is to provide children facing adversity with strong and enduring, professionally-supported one-to-one relationships that change their lives for the better, forever. Big Brothers Big Sisters are one of the oldest and largest mentoring organizations in the nation. Currently serves Midland, Ector, Howard, and Tom Green Counties.

Girl Scouts – The mission of the Girl Scouts is to build girls of courage, confidence, and character, which make the world a better place. They offer team building, individual development mentoring, sense of belonging, and community involvement. The Girl Scouts have local chapters throughout the nation.

Boy Scouts of America – Is one of the nation’s largest value based youth development organizations. They provide a program for male adolescents that build character, life skills, promoting citizen and community development, and personal fitness. The Boy Scouts have local chapters throughout the nation.

Campfire WTX – The Campfire WTX program provides the opportunity for young people to find their spark, lift their voice, and discover who they are so that they can go out and shape the world. Campfire WTX offers after school care, day camps, volunteer community service, life

skills development, stranger danger education, and homework assistance for children. Campfire WTX currently serves Midland and Ector Counties.

Centers for Family and Children - Centers for Children and Families exists to improve quality of life and strengthen the communities we serve through counseling, educational and supportive services. They offer counseling, parenting education classes, adoption support, military support. Centers for Family and Children currently serve Ector and Midland Counties.

Religion and Prevention

Teen Challenge of the Permian Basin- Is a residential, faith based program that helps individuals that suffer from addictions. This programs offers help to individuals by offering religion based acceptance, coping, and problem solving skills. The focus is on family, leadership and goals for those in need with the ultimate goal being the reunification of the family and overcoming the addiction. Teen Challenge currently serves Midland and Ector Counties.

Buckner Children and Family Services- Is a faith based family building organization that supports the adults and children in making strong family connections. They offer family and parent education classes, hope programs that offer services to at risk youth and counseling services for at risk youth from 0-17 years. They offer after school programs that focus on mentoring, social skills, positive influences, and choices. These services help all ages in need of support and empowerment to improve their life. Buckner Children and Family Services currently provide service to Midland County.

Teen F.L.O.W. – Teen F.L.O.W. (Faithful Leader of the Word) is a nonprofit Christian Center that focuses on “at risk” youths and adolescents by providing, safe havens, meals, fun activities, educational skill development, and Bible studies. Teen F.L.O.W. currently serves Midland and Ector Counties.

Genesis Center - The Genesis Center is a non-profit organization committed to providing immediate safety and shelter, along with victim services, for female and child victims of domestic violence, drug and alcohol abuse, and homelessness. The focus is on both physical and spiritual well-being. The Genesis Center currently serves the Permian Basin Area (Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, and Midland Counties).

First Priority of the Permian Basin – First Priority of the Permian Basin is weekly campus ministry that creates an environment for students to share the gospel of Jesus with their peers at school. The goal is to unite the local community to influence the schools with the Gospel. It aims to use parents, teachers, pastors, business leaders, and youth to equip, encourage, and empower junior and high school students to bring Christ into their lives. First Priority has the H.O.P.E initiative that brings help, and the ability to overcome, preparedness, and engagement to the students they serve. First Priority currently serves Ector and Midland Counties.

School Domain

The National Institute of Health (NIH) states “commitment to school is the second proposed protective factor that has been found to buffer the risk of youth violence and substance use. Young people who are committed to school have embraced the goals and values of an influential social institution. Such young people are unlikely to engage in violence and substance use, both because it is incompatible with their orientation and because it would jeopardize their achievement in school and their standing with adults”.

UTPB – Offers several programs designed to improve the surrounding communities.

- **Rural Remote Virtual Early College High School Initiative-** This program targets 9th graders who are “high risk” of dropping out of school to become the 1st generation to pursue higher education. It is an internet based curriculum that allows students to begin college level classes as soon as they feel ready. This promotes the flexibility of higher learning and encourages the students to continue learning.
- **HOPES-** Healthy Outcomes through Prevention and Early Support program helps kindergarten children to become better prepared. They offer child development classes, parenting classes, and father engagement programs.



Odessa and Midland College- Are now offering dual credit enrollment programs for the students in Ector and Midland Counties. These programs offer students to actively pursue college classes in conjunction with earning a high school diploma. The students must select program approved classes and can enroll in up to two classes per semester.

Communities in the Schools (ECISD & MISD) – This program offers a community connection to students who are struggling with staying in school and making healthier choices. They offer individualized case management services, facilitated services/programs, and group programs. The goal is to ease the burden of schools by strengthening relationships between home and school, to increase opportunities for positive choices, and academic achievement for youth.

- **XY- Zone Male Involvement Program-** This program is designed to promote innovative and effective leadership development for young male adolescents who are at risk of dropping out of school. The mission is to support and guide adolescent males on their journey into adulthood by helping them succeed in school and life.

Youth Prevention Programs (YP)

Youth Prevention Programs (YP) gives adolescents the information they need to make better choices and become a positive person in life. YP programs give them the tools they need to overcome the risks of substance abuse and the tools they need to achieve the goals that they have for themselves. Youth and adolescents learn important life skills such as:

2015 Regional Needs Assessment

- Goal Setting
- Leadership skills
- Community Involvement/Awareness
- Common Ground with Peers
- Resistance Skills Training
- Self-Management
- Beliefs and Consequences
- Decision Making and Impulse Control

Youth Prevention Indicated (YPI) - Is a prevention and intervention program for identified individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs. The individuals identified at this stage, though experimenting, have not reached the point where clinical diagnosis of substance abuse can be made. Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors, and psychological problems such as depression and suicidal behavior, which increases their chances of developing a drug abuse problem. In the field of substance abuse, an example of an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, suicidal ideation, and early signs of substance abuse. Several of the DSHS youth indicated programs use the evidence-based curriculum “Reconnecting Youth,” which is designed for high school students and is TEA approved for credit.

ADAACV currently offers YPI program for the Tom Green and Concho Valley counties. ADACCV uses the evidence based curriculum “Project Toward No Drugs”. This curriculum focuses on factors that predict tobacco, alcohol, and other drug tendencies (violence and violent behaviors). Serving Sterling, Coke, Tom Green, Irion, Reagan, Crockett, Sutton, Schleicher, Concho, McCullough, Mason, Kimble and Mason Counties.

Youth Prevention Selective (YPS) - Is a prevention strategy targeting sub-groups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention strategies are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because the group’s profile. Examples of selective prevention programs for substance abuse include special groups for children of substance abusing parents or families who live in high crime or impoverished neighborhoods and mentoring programs aimed at children with school performance or behavioral problems. ADACCV offers the YPS program to individuals who have already shown the signs of use but are still reachable through prevention efforts. Kids/Youth Connection is an evidence based prevention and intervention program taught in Tom Green and Concho Valley Counties for selected and indicated populations. The program identifies at risk or high risk students based on attitudes, situations, and behaviors to promote prevention of substance abuse/use. It is a support group curriculum for children ages 4-17. This program offers a safe place for youth to learn vital life skills and abilities to make healthier choices for themselves while remaining drug-free. Serving Sterling, Coke, Tom Green, Irion, Reagan, Crockett, Sutton, Schleicher, Concho, McCullough, Mason, Kimble and Mason Counties.

2015 Regional Needs Assessment

Youth Served							Adults Served						
Strategy	YPS-KC			YPI			Strategy	YPS-KC			YPI		
	Actual	Goal	%	Actual	Goal	%		Actual	Goal	%	Actual	Goal	%
Alternative Activities	9,436	905	1,042%	2,424	435	557%	Alternative Activities	2,124	410	518%	385	215	179%
Tobacco Alternative Activities	1,542	565	272%	1,199	185	648%	Tobacco Alternative Activities	447	240	198%	246	170	144%
Tobacco Presentations	79	80	98%	77	50	174%	Tobacco Presentations	381	315	120%	381	170	224%

Figure 73 ADACCV Annual Report 2014

Youth Prevention Universal (YPU)- Is a prevention strategy designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or community. An example would be universal preventive interventions for substance abuse, which include substance abuse education using school-based curricula for all children within a school district.

PBRCADA currently offers YPU program serving Ector County. PBRCADA uses the evidence based prevention curriculum All Stars, which targets adolescents ages 11 to 14. This curriculum focuses on helping students build skills needed to make better life choices. One goal of the program is to delay the onset of “first use” by providing information and life skills to students. This program serves Ector County.

Youth receiving Education	525
Youth attending AOD Alt Activities	971
Adults attending AOD Alt Activities	311
Youth attending TOBACCO Alt Activities	797
Adults attending TOBACCO Alt Activities	244
Youth attending TOBACCO Presentation	4,536
Adults attending TOBACCO Presentation	531
Youth attending AOD Presentation	5,471
Adults attending AOD Presentation	558
Youth Receiving Information	10,925
Adult Receiving Information	1,939
AOD Presentations Provided	70

Figure 74 EDIFY Program YPU 2014-2015

Students Receiving Alcohol and Other Drug Education in School

Students in Region 9 receive limited alcohol, marijuana, and other drug education during school hours. Most of the schools rely on the health classes, the National Campaigns (Red Ribbon Week, Texas Tobacco Free Kids Day, and Kick Butts Day), and the Student Assisted Services (SAS) Counselors, where available. Independent School Districts in Texas participate in the programs to improve the health, safety, and education of their students.

Academic Achievement

National and Junior Honor Society- This is a premier organization that sets out to recognize outstanding Junior High and High school students who have shown exceptional skills in leadership, service, and character. This organization offers scholarships to qualified students, as well as college and career planning assistance.

Junior Leadership of Odessa/Midland – Is mentoring program that enables students to become involved in the community, learn leadership skills, and gain Texas Scholar Hours. The program is designed to take a select few adolescents and place them in a learning environment that has real world application, which allows them to meet and greet potential business associates.

Texas Scholars Award Program – Texas Scholars Awards promotes leadership and good citizenship through the academic excellence of students. They emphasize diversity, competitiveness, and involvement in extracurricular activities within the communities. The goal is to develop and mentor youth into responsible members of society through hard work, civic responsibilities, and community awareness.

Scholarships- Scholarships is a method of payment for a student's education, normally awarded on the basis of achievement and offer a variety of different funding opportunities for students to compete for college funds. The majority of scholarships focus on a combination of academic achievement and civic responsibility that the students have actively demonstrated during their school years and activities.

Family Domain

Substance Abuse and Mental Health Services Administration (SAMHSA), states the family domain targets the entire family by helping to develop bonds among parents and children. The goal of this domain is to help families maintain or develop parenting, listening and conversing, and use positive and consistent consequences within the confines of the family. Organizations that offer support to families struggling with parental issues and life skills can help enable individuals to overcome obstacles and to have healthy relationships within the family domain.

Family Support/Recovery Services

Many of the organizations listed in the community domain section offer support services for families of those in treatment and addiction recovery. These programs often include support groups and education coping with addiction and recovery. Local churches and counseling

centers offer programs to help re-establish family connections with those in recovery as part of the process.

Social Support

SAMHSA states people tend to look for others who have similar views, experiences, and values. Research indicates peer support groups facilitate recovery and reduce substance abuse health care costs for individuals. Peer support groups often promote a sense of belonging and acceptance that a lot of people who suffer from mental illnesses, addiction, and substance abuse are longing for. SAMHSA has determined more successful peer groups have at minimum one of four components.

- **Peer Mentoring/Coaching** – developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates, and supports others in recovery.
- **Peer Recovery Resource Connecting** – connecting peers with professional and non-professional services and resources that are available to them at all times.
- **Recovery Group Facilitation** – leading recovery groups, activities, and educational activities among others in recovery.
- **Building Community**- helping facilitate connections, relationship building, by promoting friendship activities, social networking through emotional and instrumental support.

Parental Attitudes toward Alcohol and Drug Consumption

According to the latest research done by The University of Buffalo, parental attitudes and habits are more likely to influence their child's attitudes and actions regarding alcohol and drug use. The data reflects in theory children have free will to make decisions on using or not using, but how the parent relay his or her perceptions and habits to the children will determine if the child makes the choice to use (Caba, 2015). The study also reflects parents normally set rules and restrictions for alcohol and drug use when the child is young but sometimes waiver on the enforcement of the restrictions as the children become older This presents the child with the idea that parents are more accepting of alcohol and drug use (Caba, 2015).

Students Talking to Parents about Alcohol, Tobacco and Other Drugs

According to National Council on Alcoholism and Drug Dependence, Inc. (NCADD), parents have more influence on their children than sometimes thought or believed. NCADD promotes parents speaking honestly with youth and adolescents concerning alcohol and drugs. They believe honest conversations between parents and adolescents can have a real impact on the adolescent's choices when it comes to using alcohol or drugs. NCADD states that the key to having effective conversations with adolescents is to start out by listening. Encourage the adolescents to open up and share what they see, feel, and experience. Ask open ended questions that allow the adolescent to give more than one word answers, this helps them to open up and truly begin to converse. Parents who are involved in their children's lives are the best prevention available. NCADD also suggests that setting expectation and limits with consequences will give the adolescents a sense of boundaries. The goal is to let the adolescent know he or she has someone whom, he or she can open up to and not feel like it will always lead to a punishment.

Individual Domain

Individuals come with biological and psychological characteristics that make them vulnerable to or resilient in the face of, potential behavioral health problems. Individual level risk factors include early initiation, genetic predisposition to addiction, or exposure to alcohol prenatally; protective factors might include positive self-image, self-control, or social competence. But individuals don't exist in isolation; they are social by nature and therefore engaged in relationships that influence their behaviors (SAMSHA).

Youth Employment

Research indicates that youths and adolescents who participate in part-time or afterschool employment opportunities are less likely to indulge in alcohol or drug use. Employment offers them a lifelong connection with a mentor, the ability to envision a career path, boosts their self-esteem, and confidence. Employment offers youth and adolescents the chance to build positive behaviors by providing mentoring, real world education, skill training, and conflict resolution training. These positive behaviors become the foundation to prevent crime, substance use, and violence (Office of the Juvenile Justice and Delinquency Prevention, 2015).

Texas Workforce Commission of the Permian Basin offers programs designed to aid adolescents in obtaining and maintaining employment. This program offers training in the top fields in the surrounding areas, focuses on providing adolescents with the real life training in budget planning, guidance, goal setting, occupation training, and labor market information, grants access to employment opportunities, and continued education and trainings for future use.

The Texas Workforce Commission in the Concho Valley has a designated Youth Services Program that is designed to serve economically disadvantaged youths from 14-21 years of age. The program is free to use, and includes mentoring, alternative school options, guidance and counseling, goal setting, education and employment opportunities, tutoring programs, leadership development, and skill training.

Trends of Declining Substance Use

Alcohol - Adolescents

According to the Texas School Surveys for 2008 and 2014 there is a decrease in the number of students who indicate use of alcohol "several times a week". There is a significant drop in the "several times a month" category from 19.2% in 2008 to 8.0% in 2014. More students are indicating that the "perceived harm" of using alcohol is "very dangerous" from 39.5% in 2008 to 53.2% in 2014.

Marijuana- Adolescents

Texas School Surveys for 2008 and 2014, reflect a 1.4% drop in student "everyday use" of marijuana. The "past month" use reported for 2008 showed an average of 12.5%, which has decreased to 9.7% in 2014.

Region in Focus

Gaps in Services

Community

Gaps that have been identified by the RNA for the Community Domain include: A lack of community services in our regions' rural communities and services in the regions three largest communities.

Community Coalition Partnerships (CCP) are few in numbers for Region 9, with only two currently active within the region, one in Ector County and one in Midland County that are working diligently to improve the communities. A third coalition is a Drug Free Coalition (DFC), which serves Tom Green County and the Concho Valley area. Again one can see where the services and programs available are within the larger populations of Region 9. These coalitions can only operate within their designated counties. This leaves the majority of Region 9 without program assistance or methods to improve their communities in regard to the prevention of substance use.

School

Gaps that have been identified by the RNA for School Domain include: A coordination of prevention services that are offered throughout school districts. The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) and The Alcohol and Drug Council of the Concho Valley (ADACCV), are the only two communities that offer youth prevention programs, funded by DSHS. By enhancing the likelihood of students becoming productive, responsible and healthy citizens, prevention saves the community time, heartache and money in the future. Teachers, especially in rural schools, are already stretched in many directions in their attempt to prepare students academically. Prevention programs meet the need in the schools where they are available.

Family

Gaps that have been identified by the RNA for Family Domain include: Families who live outside the three larger counties have limited availability to services. This can be the result of both physical and monetary restrictions. As stated earlier the more rural areas have limited access to social services and programs. The support systems that larger populations share are almost nonexistent in the more rural areas.

Individual

Gaps that have been identified by the RNA for Individual Domain include: Residential substance abuse treatment for adolescents is nonexistent in Region 9. Region 9 has an estimated population of 596,596 residents; of those 26.3% are adolescents according to the Texas State Data Center 2014. Adolescents who suffer from substance abuse addictions have to leave the area to receive help. This lack of services often becomes a burden on the family, and communities within the region. Residential Treatment for adults in Region 9 is limited as well. With only three State funded treatment facilities in the region they often become overwhelmed with residents seeking

help, there is often a waiting list or residents have to leave the region, and their families to obtain residential treatment services elsewhere.

Gaps in Data

The new focus of the PRC's began in September of 2013, and Region 9 was awarded the Prevention Resource Center grant in October of 2014. Data collection efforts for this region began in 2015 with the hiring of the Regional Evaluator. Due to time constraints some data collection efforts were limited. Other gaps in data come from lack of data availability among the more rural counties in Region 9 and specific populations. It is important to improve the information collection within these populations.

Community Assessments at the local level is limited in participation due to lack of funding for the proper evaluation tools and updated information on the assessments to accommodate the emerging trends as well as the lack of response from the community residents. State and National school surveys like the TSS and the MTF are not utilized in many of the school districts due to the lack of knowledge of the surveys existence and possible funding restraints.

Regional Partners

The PRC is supported through regional partnerships that are committed to improving community awareness and prevention efforts within the region. The goal is to reduce substance use, abuse, and addiction by increasing prevention efforts through educating, training and coordinating with the community. Region 9's PRC is grateful to be supported by so many of its regional partners, who helped create this Regional Needs Assessment.

Regional Successes

Medicine Take Back Boxes

The Here to Impact Coalition (H2i) a program of PBRCADA installed the first medicine take back box inside the Odessa Police Department in May 2014. This is a safe and secure method to dispose unwanted, expired, and unused medications. This is part of the coalition's strategy for a healthier community in Ector County and the surrounding communities. Between May 2014 and May 2015 more than 200 pounds of prescription and over-the-counter medications have been collected. A second medicine take back box has been placed at the Sheriff's Office in Ector County in June 2015.

The Midland Coalition placed a medicine take back box at the Midland Sheriff's Office in 2012. They have recently added a second medicine take back box and to date have collected over 3 million prescription and over-the-counter pills.

Prevention Resource Center Established

The Prevention Resource Center (PRC) was established in Region 9. The new PRC became fully staffed in February of 2015 and has made great progress moving forward with data collection, tobacco retailer permit checks and connecting with the community through trainings and community based processes.

Synthetic Marijuana Bans

San Angelo passed a City Ordinance banning the sale of marijuana within the city limits in 2010. The City of Odessa implemented a similar City Ordinance in October 2013 banning the sale of synthetic marijuana within the city limits. These bans have been instrumental in closing down local retailers selling the product within the city and the users from purchasing the product.

Detoxification Facility

The Alcohol and Drug Council of the Concho Valley (ADAACV) is moving forward with plans to establish a detoxification facility in San Angelo. The Tom Green County Commissioners approved 4.5 acres of land to be leased for the detoxification facility in June 2015. The ground-breaking is scheduled for April 2016 and the estimated construction end is scheduled for June 2017.

Mental Health Center for Adolescents

Oceans Behavioral Health Center located in Midland County recently opened their doors to adolescents facing mental health issues. As of April 2015 another 2 beds were added to bring the current number to 12 beds available for in-patient treatment for adolescents.

Lung Cancer Screenings

Medical Center Hospital System (MCHS) has made huge strides in helping to create a healthier community, opening its MCHS Lung Cancer Early Detection & Prevention Center. They began providing lung cancer screenings for eligible patients with the hope to diagnosis early stages of lung cancers. MCHS also offers free Tobacco Cessation classes for Ector County residents.



DUIPOD Demonstrator

Region 9 has gained access to the latest technology in simulating drunk and distracted driving in Texas. Currently there are 12 devices called the DUIPOD Demonstrator throughout Texas, with the majority owned by Texas Agri-life. This simulator enables users to experience the effects of drunk and distracted driving in a safe environment by using the skills and mindset of a video game.

Conclusion

After reading this Regional Needs Assessment one can determine that perceptions regarding alcohol and other drugs are changing among today's youth. The Texas School Survey for 2014 reflects that students today believe marijuana and other drugs are dangerous, however; these students are also reporting an increase of use of marijuana and other drugs.

Law enforcement agencies within Region 9 report current trends in substance use (alcohol and other drugs) are among adults between ages 25 to 35. Law enforcement agencies report an increase in both alcohol and marijuana violations within this age group over a three year period.

Upon reviewing the prevention programs within the region there is a huge gap in available options. Currently, in Region 9 there are only three youth prevention programs available. Research proves the importance of prevention programs offered to youth during transitional phases of development. Region 9 is lacking youth prevention programs and services. There are a large number of assistance programs available in the three largest counties within Region 9 (Ector, Midland, and Tom Green counties). Organizations offering prevention, intervention and treatment services outside the top three counties are limited or unknown to the community populations in need.

Key Findings

1. Alcohol use among early adulthood (ages 25-35) is on the rise. Violations for alcohol use have remained constant with a slight increase over the three year reporting term.
2. 46% of 12th graders report alcohol use as “very dangerous”, however; 39.8% of these same students report “past month use”. Of the 8th graders surveyed 54.7% say alcohol is “very dangerous” yet, 50.4% “have used” and 17.2% have used alcohol in the last month.
3. 42.6% of 12th graders report marijuana use as “very dangerous” however, 44.9% of the same students reported they have used marijuana before. 85.3% of adolescents admitted into substance abuse treatment in region 9 were admitted due to marijuana/hashish use or abuse.
4. Prescription drug use/abuse is a growing trend across the nation and state. In 2014 there were 329,984 prescriptions written for OxyContin and Adderall in Region 9 which are classified by the DEA as Schedule II drugs. This high amount of prescriptions being written shows the importance and need for additional mental health services, education, and drug take back programs.
5. Controlled substances and dangerous drug use is becoming more popular in early adulthood (ages 24-35). This includes methamphetamine, cocaine, and prescription medication misuse.
6. Awareness of resources regarding prevention, intervention and treatment services are limited among the communities due to monetary and physical constraints.

Comparison of Region to State/National

The national, state and regional data reflect similar findings on the use of alcohol and other drugs being used by adolescents and young adults. The Monitoring the Future (MTF) reports perceptions overall have improved in regards to parental approval, ease of access, and risk of harm. In Region 9 the Texas School Survey (TSS) reports students have improved the perceptions for “parental approval” showing more students believe his or her parents do not approve of alcohol or other drug use among adolescents from 2008 to 2014. The TSS also indicates the 12th graders are showing a decrease in perceived harm from marijuana which is consistent with the findings from the MTF surveys for 12th graders. Reported usage of alcohol and other drugs among adolescents is decreasing according to both the MTF and the TSS surveys.

The United States Customs Department indicates that the seizures for marijuana are on the rise. Local law enforcement follows this trend indicating that marijuana violations among young adults ages 25 to 35 have increased from 2011 to 2014. The substance abuse treatment facilities across the nation indicate that marijuana usage is accountable for 85.3% of all admissions. U.S. Customs indicate cocaine seizures are on the decline from 2008 to 2010. Methamphetamines

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have remained at a consistent level from 2001 to 2010 nationally. Local law enforcement report there are more violations for “controlled substances and dangerous drugs” among young adults ages 25 to 35.

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2015 Regional Needs Assessment

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2015 Regional Needs Assessment

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Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey. Or Past month use.
ACS	American Community Survey
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
BAC	Blood Alcohol Content
BHO	Butane Hash Oil –the act of extracting the THC using a butane as reagent to collect the THC resin for later use
CA’s	Community Agreements
CCP	Community Coalition Partnership
CDC	Centers for Disease Control
Concho Valley	The surrounding counties of Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green
CMS	Centers for Medicare/Medicaid Services
CPS	Child Protective Services
Dabbing	The act of using a vape pen or E-cigarette to smoke the collected resin.
DEA	Drug Enforcement Agency
DFC	Drug Free Coalition
DHHS	Department of Health and Human Services
DPS	Department of Public Safety
DSHS	Department of State Health Services

2015 Regional Needs Assessment

DUI	Driving Under the Influence
ECISD	Ector County Independent School District
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
FARS	Fatalities Analysis Reporting System
FBI	Federal Bureau of Investigations
FDA	Food and Drug Administration
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-Deficiency Syndrome
HRSB	Health Risking Sexual Behaviors
Incidence	A measure of the risk for new substance abuse cases within the region.
LMHA's	Local Mental Health Authorities
MCOT	Mobile Crisis Out-Reach Team
MIP	Minor In Possession
MISD	Midland Independent School District
MDMA	Methlenedioxy-Methamphetamine (AKA- Molly/Ecstasy)
MHMR	Mental Health and Mental Retardation Services
MTF	Monitoring the Future, Inc.
MOU	Memorandum of Understanding

2015 Regional Needs Assessment

NCES	National Center for Education Statistics
NHTSA	National Highway Traffic Safety Administration
NIDA	National Institute on Drug Abuse
NIH	National Institute of Health
NIHN	National Institute of Health News
NVSS	National Vital Statistics Survey
PRC	Prevention Resource Center
Permian Basin	The surrounding counties of Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reeves, Terrell, Upton, Ward, and Winkler.
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions, behaviors, or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in ,individuals, families, and communities who struggle with substance use/abuse.
RNA	Regional Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SPF	Strategic Prevention Framework.
SNAP	Supplemental Nutrition Assistance Program
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.
Substance Misuse	The use of a substance for a purpose not consistent with legal

2015 Regional Needs Assessment

	or medical guidelines.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor.
SUD	Substance Use Disorder
TABC	Tobacco and Alcoholic Beverage Commission
TANF	Temporary Assistance for Needy Families
TEA	Texas Education Agency
TSS	Texas School Survey
TxSDC	Texas State Data Center
YPI	Youth Prevention Indicated Program
YPS	Youth Prevention Selective program
YPU	Youth Prevention Universal
YRBS	Youth Risk Behavior Surveillance Survey

