

2016

Regional Needs Assessment

REGION 9

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 9 along with Evaluators from PRCs across the State of Texas and supported by Permian Basin Regional Council on Alcohol and Drug Abuse and the Texas Department of State Health Services (DSHS). The PRC 9 serves 30 counties in West Texas area.

This assessment is designed to aid PRC's, DSHS, and community stakeholders in long-term strategic prevention planning based on most current information relative to the unique needs of the diverse communities in the State of Texas. This document will present a summary of statistics relevant to risk and protective factors associated with drug use, as well as consumption patterns and consequences data. This document will also offer insight related to gaps in services and data availability challenges.

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment.

Main key findings from this assessment include:

1. The need for more regional detox facilities as waiting lists for preexisting facilities are so long that people feel discouraged and turned away due to long wait and entry times. A strong prevention message in Region 9 can show a lesser need for more detox facilities in the area, especially for youth and adults on the fringe of addiction or recovery.
2. Teen pregnancy and sexually transmitted infections, diseases must be addressed as they are some of the highest rates in the state and the entire country. A consistent prevention message regarding drugs and alcohol can reduce the prevalence of underage and risky sexual behavior.
3. Lack of mental health professionals in the area encompass the evergrowing rates of suicide, addiction to prescription medication, and general substance abuse. In Region 9, some mental health issues surpass state and national averages, meaning more psychiatric care is a dire necessity. A thorough prevention message could proactively help with the lacking number of mental healthcare professionals in Region 9.

Introduction

The Department of State Health Services (DSHS), Substance Abuse & Mental Health Services Administration (SAMHSA), funds approximately 188 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

The Strategic Prevention Framework provided by CSAP guides many prevention activities in Texas. In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.

The Department of State Health Services Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services works to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.



FIGURE 1 STRATEGIC PLANNING FRAMEWORK

Prevention Resource Centers

There are eleven regional Prevention Resource Centers (PRCs) servicing the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRC are focused on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drug use, as well as other illicit drugs.

Our Purpose

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to ATOD use among adolescents and adults and share findings with community partners via the Regional Needs Assessment, presentations, and data reports, (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) provide tobacco education to retailers to encourage compliance with state law and reduce sales to minors.

What Evaluators Do

Regional PRC Evaluators are primarily tasked with developing data collection strategies and tools, performing data analysis, and disseminating findings to the community. Data collection strategies are developed around drug use risk and protective factors, consumption data, and related consequences. Along with the Community Liaison and Tobacco Specialists, PRC Evaluators engage in building collaborative partnerships with key community members who aid in securing access to information.

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups and other stakeholders related to data collection activities for the data repository. PRCs also contribute to the increase in stakeholders' knowledge and understanding of the populations they serve, improve programs, and make data-driven decisions. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Our Regions

Current areas serviced by a Prevention Resource Center are:

- | | |
|-----------|-------------------------------------|
| 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 |



FIGURE 2 PRC TEXAS MAP

Conceptual Framework of This Report

As one reads through this document, two guiding concepts will appear throughout the report: a focus on the youth population, and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of drug use.

Adolescence

According to the National Institute on Drug Abuse, there is a higher likelihood for people to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. The teenage years are a critical period of vulnerability to substance use disorders given that the brain is still developing and some brain areas are less mature than others.

The Texas Department of State Health Services posits a traditional definition of adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization (WHO) and American Psychological Association both define adolescence as the period of age from 10-19. WHO identifies adolescence as the period in human growth and development that represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being.

The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude with ages 17, 18 or 19, while others combine “adolescent” and “young adult” to conclude with age 21.

Epidemiology

As established by the Substance Abuse and Mental Health Services Administration, epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. 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 a public health concern that is both preventable and treatable. According to the World Health Organization, “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.”

The Substance Abuse Mental Health Services Administration 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.

Risk and Protective Factors

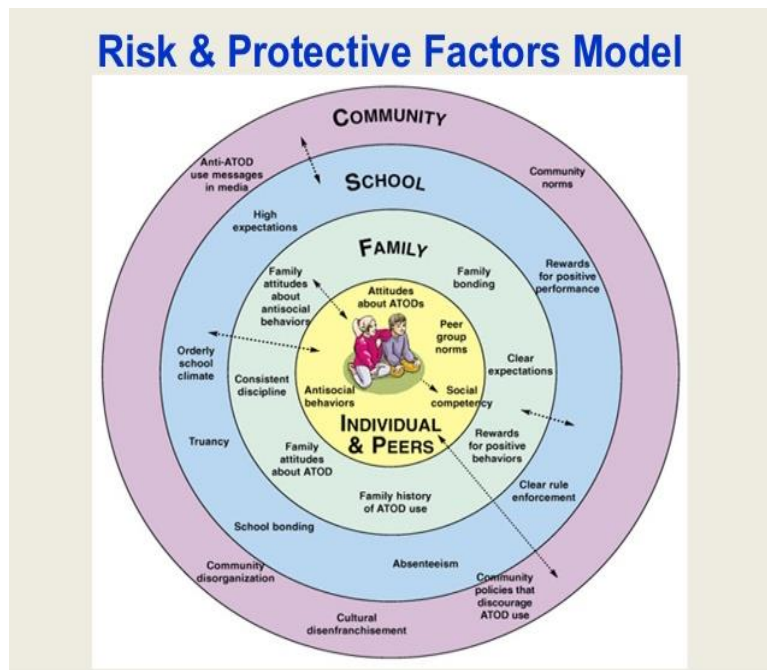


FIGURE 3 RISK & PROTECTIVE FACTORS MODEL

parental monitoring of children's activities and peers, and clear rules of conduct that are consistently enforced within the family. Risk factors increase the likelihood of substance abuse problems, such as: chaotic home environments, history of parental abuse of substances or mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: community, school, family, and individual/peers.

Consumption Patterns and Consequences

Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or if a seemingly apparent consequence has resulted due to consumption of a substance. This report examines rates of consumption among adolescents and related consequences in the context of their cyclical relationship; it is not the intention of this report to infer causality between consumption patterns and consequences.

Consumption Patterns Defined

SAMHSA defines consumption as "the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, drinking and driving, alcohol consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing.

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; however, the individual's environmental and biological attributions play a distinguished role in the potential for the development of addiction. More than 20 years of research has examined the characteristics of effective prevention programs. One component shared by effective programs is a focus on risk and protective factors that influence drug use among adolescents.

Protective factors are characteristics that decrease an individual's risk for a substance abuse disorder, such as: strong and positive family bonds,

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Consumption also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the “drink” as half an ounce of alcohol, or 12 ounces of beer, a 5-ounce glass of wine, or 1.5 ounce shot of distilled spirit.¹

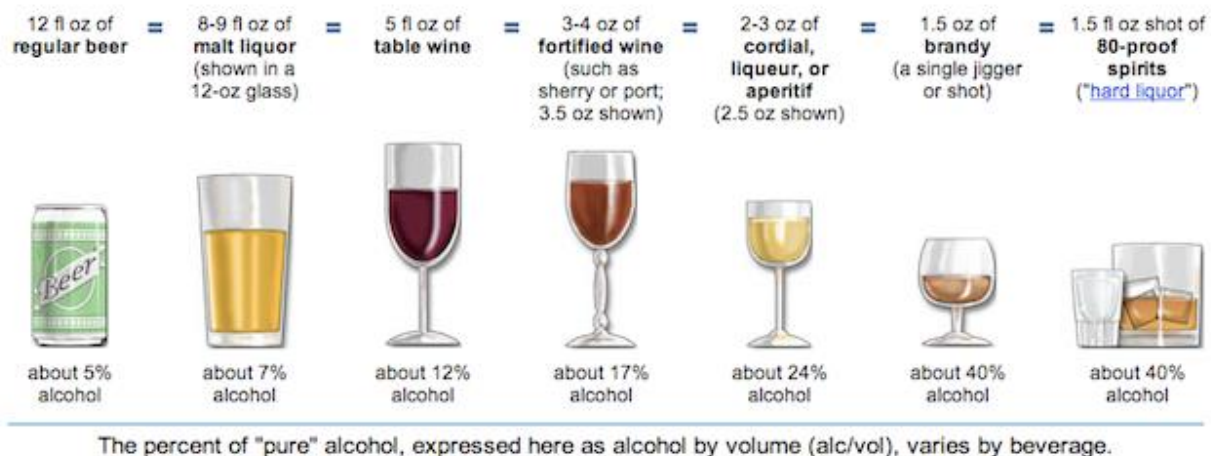


FIGURE 4 NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

With regard to intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA defines it further as the drinking behaviors that raise an individual’s Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two-hour time span.² Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while “benders” are considered two or more days of sustained heavy drinking.

Consequences

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol and other drugs 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.

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.³ In addition, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related consequences. State and regional level data related to consequences of alcohol and other drug use are summarized in later sections of this report.

Stakeholders

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers, medical providers, school districts and higher education, substance use prevention community coalitions, city, county, and state leaders, and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, a description of definitions can be found in the section titled "Key Concepts." The core of the report focuses on substance use risk and protective factors, consumption patterns, and consequences.

Report Purpose and Methods

This needs assessment was developed to provide relevant substance abuse prevention data related to adolescents throughout the state. Specifically, this regional assessment serves the following purposes:

To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;

To identify gaps in data where critical substance abuse information is missing;

To determine regional differences and disparities throughout the state;

To identify substance use issues that are unique to specific communities and regions in the state;

To provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;

To provide data to local providers to support their grant-writing activities and provide justification for funding requests;

To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

Methodology

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2015 and May 30, 2016. The state evaluator met with the regional evaluators at a statewide conference in September 2016 to discuss the expectations of the regional needs assessment for the third year.

Between September 2015 and June 2016, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information was primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the

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community. Additionally, qualitative data was collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources were identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. Also, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support from resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). The following were **criterion for selection:**

- For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Prevention Evaluator chose secondary data sources as the main resource for this document based on the following criteria:
- **Relevance:** The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- **Timeliness:** Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- **Methodologically sound:** Data that used well-documented methodology with valid and reliable data collection tools.
- **Representative:** We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
- **Accuracy:** Data is an accurate measure of the associated indicator.

Qualitative Data Selection

- **Focus Groups:** A demographically diverse group of people assembled to participate in a guided discussion about a particular subject.
- **Interviews:** A face-to-face consultation about a particular subject.
- **Surveys:** A method of collecting information by asking questions in various ways.

Demographic Overview

The starting point for any thorough analysis of descriptors of a region is first setting its context in the state. The following section will describe basic demographics first for the state of Texas, then how those demographics vary in Region 4, if so.

State Demographics by Region

The state of Texas demographic section will describe statewide conditions for the following categories: Population, Age, Race, Ethnicity, Languages, Concentrations of Populations, and General Socioeconomics, which includes: Average Wages by County, Household Composition, Employment Rates, Industry, TANF Recipients, Food Stamp Recipients, and Free School Lunch Recipients.

Population

Texas is a state of vast land area and a rapid growing population. Compared to the U.S. as a whole, Texas' 2015 population estimate of 27,469,114 people ranks it as the second-most populous state, behind California's 39,144,818, and Texas ranks as the second-fastest growing state with a 2010-2015 growth change of 9.24%, behind only North Dakota at 12.54%, well ahead of the national growth rate of 4.10%.⁴

Below in Table 5 are the regional components of Texas' significant population increases during the 2010-2015 period. Note that Region 6 (Houston and surrounding counties) leads the growth component, followed Midland-Odessa area of Region 9 and that of Austin and surrounding counties in Region 7.

TABLE 5 - REGIONAL POPULATION AND PERCENT CHANGE, 2010-2015

Region	2010 Population	2015 Population Estimate	Growth (+/-)	Percent
1	839,736	868,300	28,564	3.40%
2	550,422	550,041	(381)	-0.07%
3	6,733,271	7,418,525	685,254	10.18%
4	1,111,701	1,133,629	21,928	1.97%
5	767,306	775,006	7,700	1.00%
6	6,087,210	6,826,772	739,562	12.15%
7	2,948,316	3,294,790	346,474	11.75%
8	2,604,657	2,866,126	261,469	10.04%
9	571,870	639,189	67,319	11.77%
10	825,912	859,385	33,473	4.05%
11	2,105,704	2,237,351	131,647	6.25%
Texas	25,146,105	27,469,114	2,323,009	9.24%
U.S.	308,758,105	321,418,820	12,660,715	4.1%

Age and Sex

Texas' population is significantly younger than the United States as a whole. In the categories of teen-aged youth (0-19 years of age), Texas stands at 29.3% while the U.S. is 25.8%. The younger population is also revealed in the category of persons 65 years and over, where Texas has fewer in that group (11.8%) than the U.S. at 14.5%.⁵

TABLE 6 - REGIONAL POPULATION BY AGE CATEGORY

Region	Population 0-19	Percent	Population 65+	Percent
1	257,260	29.2%	117,297	13.3%
2	146,676	26.0%	95,632	17.0%
3	2,118,676	29.3%	777,568	10.8%
4	300,659	26.1%	199,394	17.3%
5	208,746	26.4%	128,501	16.2%
6	1,927,254	29.3%	678,720	10.3%
7	900,633	28.1%	363,486	11.4%
8	799,191	28.7%	373,269	13.4%
9	175,219	29.1%	81,331	13.5%
10	279,754	31.6%	102,419	11.6%
11	772,692	33.8%	266,081	11.7%
Texas	7,886,760	29.3%	3,183,698	11.8%
U.S.	82,135,602.00	25.8%	46,243,211	14.5%

Race and Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethnic make-up of Texas’ population, which is represented by slightly fewer black individuals and other races and significantly higher Hispanic or Latino population.⁶

TABLE 7 - REGIONAL POPULATION BY RACE AND ETHNICITY

Region	White Alone, Not Hispanic	Black Alone	Hispanic	Other
1	54.39%	5.29%	36.70%	3.62%
2	69.33%	5.94%	21.44%	3.29%
3	48.96%	14.38%	28.81%	7.85%
4	66.82%	15.36%	14.99%	2.83%
5	62.18%	19.95%	14.44%	3.43%
6	37.49%	16.62%	37.27%	8.62%
7	55.18%	9.75%	28.70%	6.38%
8	35.19%	5.56%	55.53%	3.71%
9	47.17%	4.15%	46.30%	2.37%
10	12.61%	2.45%	82.74%	2.20%
11	13.48%	1.04%	84.01%	1.47%
Texas	42.99%	11.44%	39.56%	6.01%
U.S.	62.10%	13.20%	17.40%	7.30%

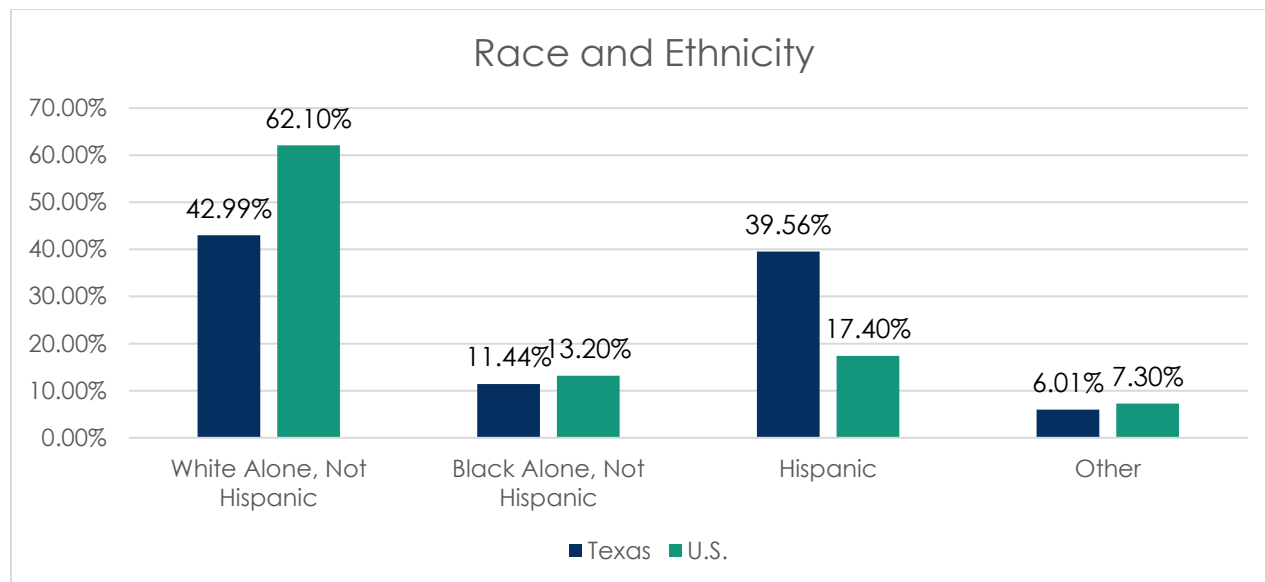


FIGURE 8- REGIONAL AND TEXAS POPULATION BY RACE

Languages

Texas has a significantly higher number of residents that are foreign born (16.5%) than the U.S. as a whole (13.1%). As a result, there are also significantly higher numbers of the population (ages 5+, 2010-2014) that report a “language other than English is spoken at home,” with Texas at 34.9% compared to 20.9% nationally.⁷ Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.22% of the population versus 8.60% for the U.S. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than “very well,” measured as a percentage of the population aged 5 or older.⁸ Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas.

TABLE 9 - REGIONAL LIMITED ENGLISH PROFICIENCY

Region	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	789,750	69,948	8.86%
2	514,095	26,457	5.15%
3	6,495,307	843,803	12.99%
4	1,048,689	56,541	5.39%
5	719,756	39,320	5.46%
6	5,885,315	987,163	16.77%
7	2,873,636	264,024	9.19%
8	2,516,577	299,357	11.90%
9	550,027	65,133	11.84%
10	780,139	240,145	30.78%
11	1,977,989	543,369	27.47%
Texas	24,151,279	3,435,260	14.22%
United States	294,133,388	25,305,204	8.60%

Concentrations of Populations

Texas' land area of 268,580.82 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 96.3 persons per square mile (density) is very close to the national average of 87.3, with New Jersey (1195.5) and Alaska (1.2) representing the highest and lowest density.⁹

Also, Table 10 below contains the 2010 Census designations of populations by urban and rural status. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core.

"Rural" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units.

TABLE 10 - REGIONAL URBAN AND RURAL POPULATIONS

Region	2010 Population	Urban	Urban Percent	Rural	Rural Percent
1	839,586	649,052	77.31%	190,534	22.69%
2	550,250	354,892	64.50%	195,358	35.50%
3	6,733,179	6,100,919	90.61%	632,260	9.39%
4	1,111,696	542,818	48.83%	568,878	51.17%
5	767,222	432,088	56.32%	335,134	43.68%
6	6,087,133	5,625,713	92.42%	461,420	7.58%
7	2,948,364	2,309,329	78.33%	639,035	21.67%
8	2,604,647	2,143,709	82.30%	460,938	17.70%
9	571,871	451,190	78.90%	120,681	21.10%
10	825,913	793,905	96.12%	32,008	3.88%
11	2,105,700	1,894,424	89.97%	211,276	10.03%
Texas	25,145,561	21,298,039	84.70%	3,847,522	15.30%
United States	312,471,327	252,746,527	80.89%	59,724,800	19.11%

State Socioeconomics by Region

With the basic population characteristics of the Texas population described, a closer look at the general socioeconomic conditions of the population is helpful.

Per Capita Income

One of the most important factors related to risk for, and protection from, substance abuse is the ability to provide for the necessities of life. One of the indicators that measures this is per capita income, or the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area, according to the Census Bureau. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area. In Texas, the per capita

income (2014 dollars, 2010-2014 data) is \$26,512. This is significantly lower than the U.S. per capita income measure of \$28,554.¹⁰ Table 11 below features the higher per capita income Regions 3, 6 and 7 associated with the metro areas of Dallas/Fort Worth, Houston and Austin, respectively.

TABLE 11 - REGIONAL PER CAPITA INCOME

Region	Total Population	Total Income (\$)	Per Capita Income (\$)
1	852,813	\$20,063,979,988	\$23,527
2	549,812	\$12,414,759,612	\$22,580
3	7,012,720	\$206,705,337,504	\$29,476
4	1,121,471	\$25,454,054,744	\$22,697
5	770,091	\$17,240,982,928	\$22,388
6	6,371,624	\$186,909,543,360	\$29,335
7	3,091,787	\$87,291,704,328	\$28,233
8	2,709,360	\$67,011,716,504	\$24,733
9	596,648	\$16,002,279,536	\$26,820
10	848,562	\$15,931,207,356	\$18,774
11	2,167,145	\$36,746,206,204	\$16,956
Texas	26,092,032	\$691,771,801,600	\$26,512
U.S.	314,107,072	\$8,969,237,037,056	\$28,554

Household Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. One basic indicator is the number of persons per household. Texas has a greater number of persons per household (2.83, 2010-2014) than the U.S. as a whole (2.63), and that reflects the 5% of the 157,358 housing units in Region 9 being overcrowded.¹¹

Also, though increasingly the norm, children in single-parent households are statistically at greater risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households. As indicated in Table 12 on the next page, several regions bear the societal pressure of more single-parent households than others.¹²

“5% of the 157,358 housing units in Region 9 are overcrowded”

TABLE 12 - REGIONAL HOUSEHOLD COMPOSITION

Region	Single Parent Households	Total Households	Percent Single Parent Households
1	74,594	219,977	33.91%
2	43,740	126,251	34.65%
3	600,317	1,885,207	31.84%
4	93,278	267,054	34.93%
5	70,844	181,057	39.13%
6	557,876	1,722,230	32.39%
7	235,257	752,154	31.28%
8	249,542	703,721	35.46%
9	52,470	157,358	33.34%
10	88,429	244,547	36.16%
11	248,553	673,940	36.88%
Texas	2,314,900	6,933,496	33.39%
U.S.	24,537,900	73,019,542	33.60%

Employment Rates

Texas generally enjoys a substantially more favorable employment climate than most states. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS) indicates that Texas currently holds an April 2016 unemployment rate of 4.2%, while the nation as a whole sits at 4.7%.¹³ The current rate of 4.2% represents a 0.1% increase from April 2015. The rates by region are indicated below, with Regions 3 and 1 in the metro Austin and Panhandle areas having the least current unemployment.¹⁴

TABLE 13 - REGIONAL EMPLOYMENT RATES

Region	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
1	419,920	406,118	13802	3.3%
2	240,701	230,916	9785	4.1%
3	3,817,091	3,682,390	134,701	3.5%
4	504,920	480,735	24185	4.8%
5	324,390	305,323	19067	5.9%
6	3,339,025	3,178,131	160894	4.8%
7	1,667,407	1,613,950	53,457	3.2%
8	1,341,361	1,290,956	50405	3.8%
9	307,732	292,266	15466	5.0%
10	359,309	342,895	16414	4.6%
11	935,605	873,072	62533	6.7%
Texas	13,257,468	12,696,755	560,713	4.2%
U.S.	159,624,372	152,082,706	7,541,666	4.7%

Industry

When compared to the U.S., Texas firms employ roughly the same proportions of workers by industry type. The data in the chart below indicates that Texas has a slightly more “blue collar” workforce, with marginally fewer management and business employees and slightly more mining, construction and similar labor force types. Region 7 (Austin area) and Region 3 (Dallas/Ft. Worth area) pace the state for white collar, high-tech industries.¹⁵

TABLE 14 - REGIONAL EMPLOYMENT BY INDUSTRY TYPE

Region	Civilian employed population 16+	Management & business, science, arts	Service	Sales and office	Natural resources, construction, maintenance	Production, transport, and material moving
1	394,362	30.73%	19.02%	24.18%	12.94%	13.12%
2	228,357	29.97%	19.93%	23.94%	12.86%	13.31%
3	3,374,570	37.38%	16.07%	25.31%	9.51%	11.73%
4	463,091	28.20%	18.71%	23.71%	13.48%	15.89%
5	302,876	28.00%	19.30%	23.00%	14.24%	15.45%
6	2,977,406	36.35%	16.71%	23.61%	11.08%	12.25%
7	1,451,071	39.71%	17.50%	24.18%	9.64%	8.97%
8	1,197,426	33.48%	19.37%	25.58%	10.91%	10.66%
9	269,715	27.70%	16.34%	24.40%	17.09%	14.46%
10	330,951	29.63%	21.41%	26.48%	9.90%	12.59%
11	819,185	26.90%	23.42%	25.26%	12.87%	11.55%
Texas	11,809,010	34.88%	17.77%	24.59%	10.94%	11.82%
U.S.	143,435,233	36.42%	18.16%	24.36%	8.98%	12.09%

TANF Recipients

This indicator reports the percentage recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas who receive public assistance income of this type varies significantly from county to county, but the rates in Regions 11 and 10 are higher than the state rate of 242.27 per 100K population.¹⁶ There is no U.S. calculation available for this measure.

TABLE 15 - REGIONAL TANF RECIPIENTS PER 100K POPULATION

Region	2015 Population	2015 TANF Recipients	Recipients Per 100K Population
1	882,775	1,523	172.52
2	563,104	1,272	225.89
3	7,225,438	9,898	136.99
4	1,152,494	1,965	170.50
5	792,109	1,390	175.48
6	6,575,370	8,668	131.83
7	3,210,292	4,119	128.31
8	2,776,839	4,088	147.22
9	601,840	780	129.60
10	883,702	3,863	437.14
11	2,283,153	27,368	1198.69
Texas	26,947,116	65,286	242.27

SNAP Recipients

Another estimate of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment. The number of recipients per 100K population in Texas is highest in Regions 11, 10 and 5.¹⁷

TABLE 16- REGIONAL SNAP RECIPIENTS PER 100K POPULATION

Region	2015 Population	Number of SNAP Recipients	Recipients Per 100K Population
1	880,203	115,693	13,143.90
2	563,104	76,555	13,595.18
3	7,225,438	850,614	11,772.49
4	1,152,494	165,803	14,386.45
5	792,109	127,457	16,090.84
6	6,575,370	849,699	12,922.45
7	3,199,811	338,074	10,565.44
8	2,787,320	432,505	15,516.88
9	601,840	69,078	11,477.80
10	886,274	189,491	21,380.63
11	2,283,153	591,670	25,914.60
Texas	26,947,116	3,806,639	14,126.33

Free and Reduced-Price School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2013-2014 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes. Texas reports that of the total student population, 60.08% are eligible to receive the school meal benefit, which is greater than the U.S. rate of 52.35%. The regional percentages vary greatly from a high in Region 10 to a low in Region 2.¹⁸

TABLE 17 - REGIONAL SCHOOL LUNCH ASSISTANCE

Region	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
1	512,729	293,229	57.19%
2	229,556	123,627	53.85%
3	1,004,629	554,721	55.22%
4	196,361	108,819	55.42%
5	155,512	100,401	64.56%
6	1,181,436	708,715	59.99%
7	315,751	192,759	61.05%
8	498,551	306,658	61.51%
9	399,449	219,950	55.06%
10	184,051	137,773	74.86%
11	471,000	345,435	73.34%
Texas	5,149,025	3,092,087	60.08%
U.S.	50,195,195	26,012,902	52.35%

Regional Demographics

Region 9 consists of a 30 county spread across West Texas area. Region 9 runs along congressional district 11 and 23. Region 9 also includes schools from Texas Education Agencies 15, 17, and 18. The county that



FIGURE 18 MAP OF REGION 9

is farthest west in Region 9 is Reeves County and the town of Pecos. The southernmost county is Terrell County and the town of Sanderson. The eastern most county in Region 9 is Mason County and the city of Mason. Gaines, Dawson, and Borden Counties are the northern most border counties with the towns of Seminole, Lamesa, and Gail. Interstate 10 and 20 run horizontally through Region 9. Oil, ranching, and agriculture are the main driving forces in the economy. Pecos County is the largest county in Region 9 and is encompasses a whopping 4,763.9 square miles. Loving County is the least population county in Texas with a population of 82. Ector County is the most populated county in Region 9 and has a total population of 147,149.

Population

Region 9 spans 38,879.54 square miles, traversing 30 counties in West Texas. Region 9 is one of the largest regions in both area and one of the smallest in populations. Region 9’s population is approximately 601,757 individuals.

TABLE 19 COUNTY POPULATION IN REGION 9 AS OF 2015

COUNTY POPULATION IN REGION 9 AS OF 2015					
County	Population	County	Population	County	Population
Andrews	15,875	Howard	36,061	Reagan	3,591
Borden	655	Irion	1,671	Reeves	14,327
Coke	3,250	Kimble	4,665	Schleicher	3,652
Concho	4,081	Loving	82	Sterling	1,196
Crane	4,696	Martin	5,106	Sutton	4,345
Crockett	3,947	Mason	4,027	Terrell	1,020
Dawson	14,290	McCullough	8,441	Tom Green	112,969
Ector	147,179	Menard	2,257	Upton	3,532
Gaines	19,120	Midland	145,447	Ward	11,063
Glasscock	1,287	Pecos	16,358	Winkler	7,567

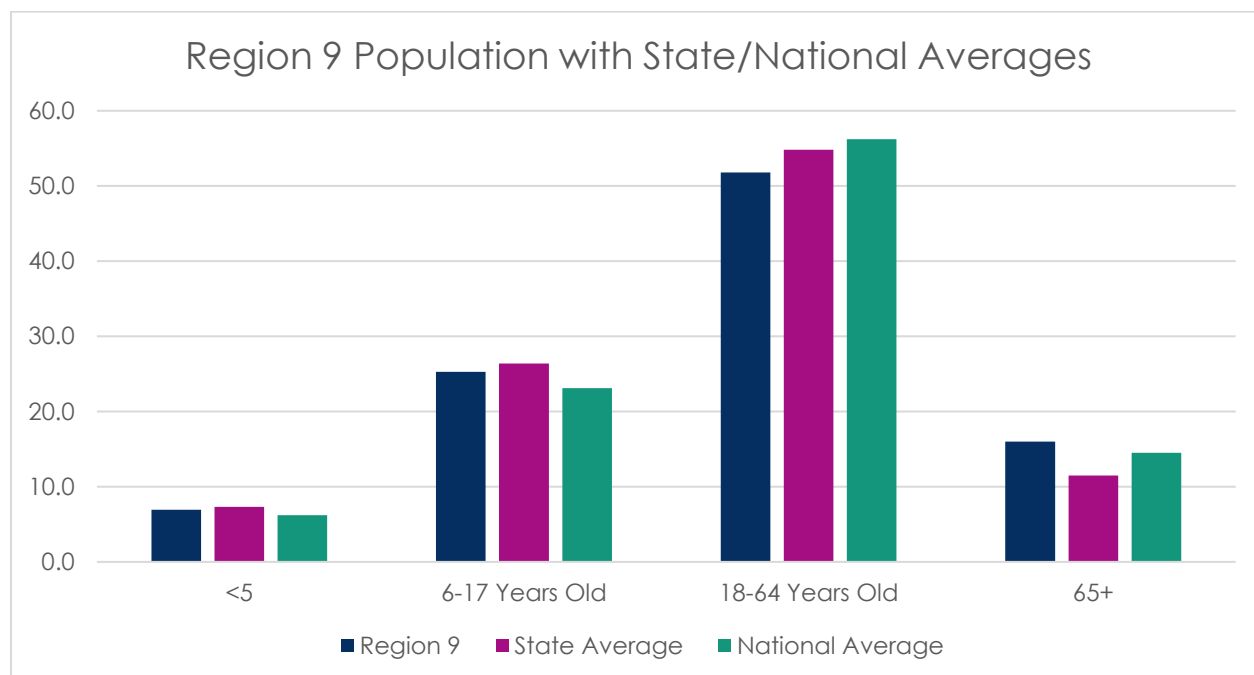
Texas State Data Center

The table above shows the estimated populations of the region according to the 2015 Texas State Data Center.¹⁹ There is an average of about 1% in the growth rate each year according to the estimation.

Age

Region 9 has a senior population that is higher than the national average. The national average of senior citizens in the United States as opposed to younger populations is 23.1% while Region 9 has 25.3% of their population older than 65. In the 18-64 years old range, Region 9 (51.8%) is lower than the national (56.2%) and state (54.8%) averages. Texas (26.6%) was surpassed only by Utah with a higher percentage of population under the age of 18 according to the US. Census Bureau.²⁰

GRAPH 20 REGION 9 POPULATION WITH STATE/NATIONAL AVERAGES



U.S. Census Bureau

Race

The following table shows total populations for each county on race, as reported from the Texas Data Center.²¹

TABLE 21 REGION 9 POPULATION BY RACE

Region 9 By Race				
County	Anglo Total	Black Total	Hispanic Total	Other Total
Andrews	7,1971	202	8,137	339
Borden	548	0	7,100	7
Coke	2,536	7	643	64
Concho	1,815	57	2,254	48
Crane	1,784	124	2,560	42
Crockett	1,357	13	2,535	42
Dawson	5,330	872	7,894	194
Ector	56,021	5,918	82,030	3,210
Gaines	11,461	274	7,143	242
Glasscock	853	15	411	8

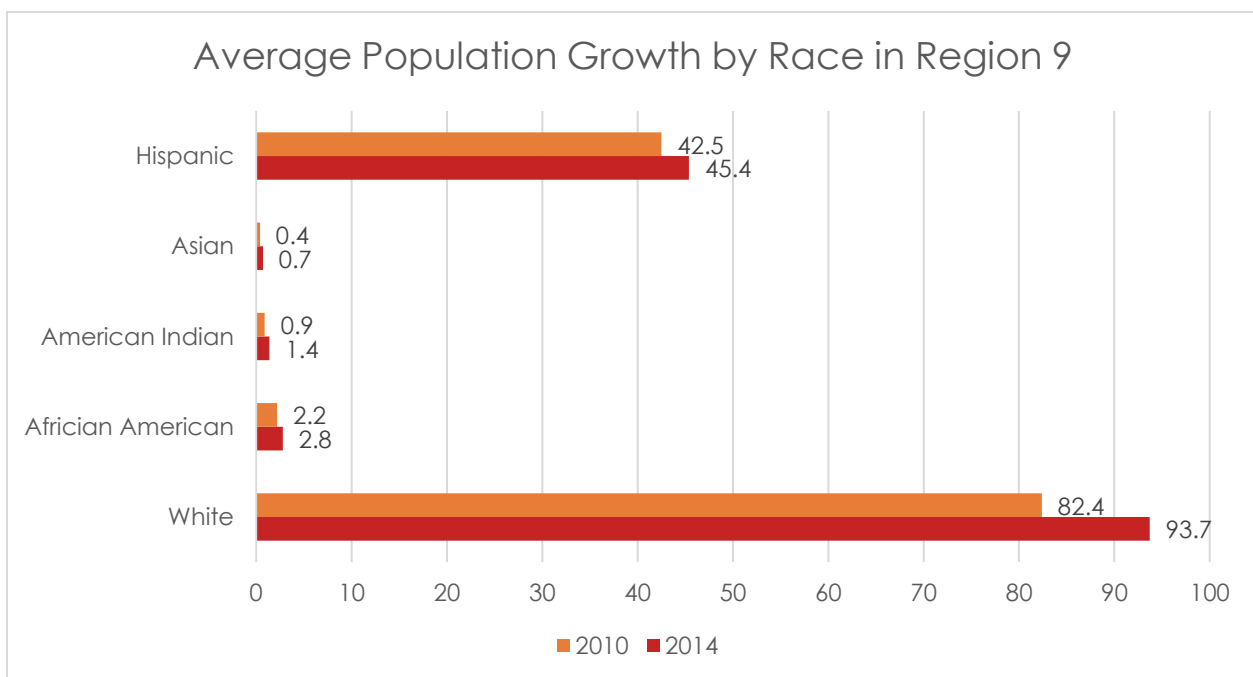
2016 Regional Needs Assessment

County	Anglo Total	Black Total	Hispanic Total	Other Total
Howard	18,905	2,130	14,101	925
Irion	1,182	11	450	28
Kimble	3,424	16	1,159	66
Loving	60	0	18	4
McCulloch	5,507	134	2,690	110
Martin	2,666	72	2,300	68
Mason	3,052	14	920	41
Menard	1,405	11	825	16
Midland	73,004	9,029	59,000	4,414
Pecos	4,347	532	11,221	248
Reagan	1,261	65	2,233	32
Reeves	2,656	677	10,797	197
Schleicher	1,932	32	1,667	21
Sterling	758	13	393	32
Sutton	1,668	6	2,647	24
Terrell	503	6	495	16
Tom Green	62,998	4,094	42,467	3,410
Upton	1,638	49	1,794	51
Ward	4,916	492	5,449	206
Winkler	3,093	129	4,208	137

Texas State Data Center, 2015 Projections

According to the U.S. Census Bureau, all races of individuals have grown in Region 9 in the past year. The white population grew 11.3%, the Hispanic population grew by 2.9%.²²

GRAPH 22 AVERAGE POPULATION GROWTH BY RACE IN REGION 9



U.S. Census Bureau

Ethnicity

The ethnicity of Region 9 is largely Hispanic, and there are many customs and traditions that are celebrated in the Region. Some of the smaller rural communities within Region 9 identify with German and Polish cultures.

Languages

A majority of individuals speak English as their primary language. The following chart show the percent of homes that speak a language other than English while at home. Almost two thirds of the population of Reeves County speak a language other than English at home.

TABLE 23 PERCENT OF HOUSEHOLD THAT SPEAK A LANGUAGE OTHER THAN ENGLISH

Percent of Household that Speak a Language other than English at Home 2010-2014					
County	Percent	County	Percent	County	Percent
Andrews	13.6	Howard	27.2	Reagan	57.9
Borden	7.4	Irion	17.3	Reeves	63.0
Coke	11.8	Kimble	19.5	Schleicher	34.6
Concho	35.0	Loving	0.0	Sterling	30.3
Crane	48.7	Martin	30.5	Sutton	47.6
Crockett	46.7	Mason	20.9	Terrell	49.3
Dawson	36.8	McCullough	17.4	Tom Green	23.8
Ector	44.0	Menard	28.3	Upton	37.3
Gaines	53.0	Midland	31.0	Ward	36.5
Glasscock	27.3	Pecos	52.5	Winkler	43.3

U.S. Census Bureau

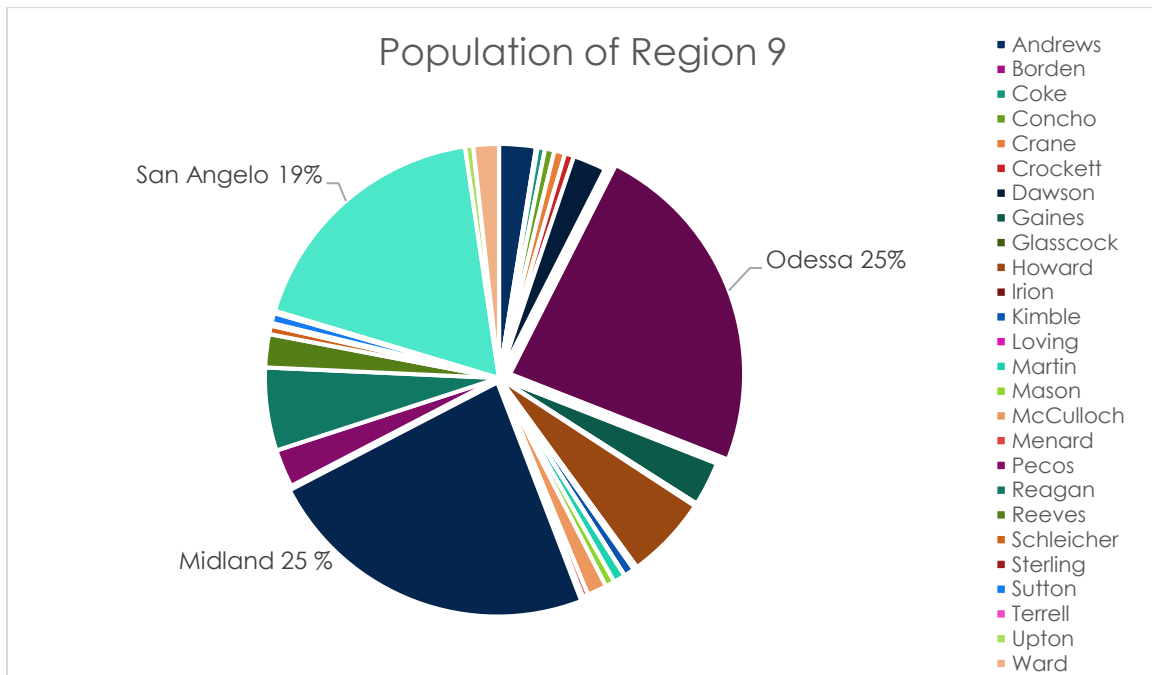
Concentrations of Populations

The population centers for Region 9 include Midland, Odessa, and San Angelo. Midland has a total population of 145,447 and Odessa has a total population of 147,179. San Angelo has a population of 112,969. These three counties alone make up 69% of the total population of Region 9. Ector County has the highest population per square mile of 163.95. Loving County has the lowest population per square mile at .12 people per square mile.

TABLE 24 POPULATION DENSITY FOR REGION 9

Population Density for Region 9									
Andrews	10.58	Dawson	15.87	Kimble	3.73	Midland	161.55	Sutton	2.99
Borden	.73	Ector	163.95	Loving	.12	Pecos	3.43	Terrell	.43
Coke	3.57	Gaines	12.73	Martin	4.48	Reagan	3.06	Tom Green	74.22
Concho	4.24	Glasscock	1.43	Mason	8.64	Reeves	5.44	Upton	2.85
Crane	5.98	Howard	40.03	McCulloch	9.09	Schleicher	2.79	Ward	13.24
Crockett	1.41	Irion	1.59	Menard	2.50	Sterling	1.30	Winkler	9.0

GRAPH 25 CONCENTRATION OF POPULATION REGION 9



Texas State Data Center

Regional Socioeconomics

With the boom of the oil field bringing in workers of all skill levels, rent prices skyrocketed in 2015. The average median gross rent for the state of Texas was \$870 per month in 2015. The national average cost of rent in 2015 was \$920 per month. The table below shows the average median gross rent for each county in Region 9. Glasscock, Midland, and Borden Counties all had rent rates higher than the national average. Throughout the 30 counties of Region 9, the average cost for rent was \$704.23.

TABLE 26 AVERAGE MEDIAN MONTHLY RENT BY COUNTY IN REGION 9

Average Median Monthly Rent by County in Region 9					
County	Average Monthly Rent	County	Average Monthly Rent	County	Average Monthly Rent
Andrews	\$869.00	Howard	\$723.00	Reagan	\$731.00
Borden	\$1,083.00	Irion	\$763.00	Reeves	\$616.00
Coke	\$556.00	Kimble	\$545.00	Schleicher	\$506.00
Concho	\$532.00	Loving	\$842.00	Sterling	\$661.00
Crane	\$635.00	Martin	\$707.00	Sutton	\$612.00
Crockett	\$592.00	Mason	\$707.00	Terrell	\$743.00
Dawson	\$524.00	McCulloch	\$650.00	Tom Green	\$737.00
Ector	\$849.00	Menard	\$605.00	Upton	\$646.00
Gaines	\$697.00	Midland	\$1,035.00	Ward	\$602.00
Glasscock	\$1,106.00	Pecos	\$649.00	Winkler	\$604.00

U.S. Census Bureau

Average Wages by County

The median household income has been taken from the Robert Wood Johnson Foundation Programs' County Health Rankings and Roadmaps. Glasscock County has the highest median income of all county

2016 Regional Needs Assessment

in Region 9 with \$81,563.00.²³ McCulloch County has the lowest median household income with \$40,908.00. The national average median household income is \$53,482.00.²⁴ It is important to note that median household income and poverty levels do not correlate according to the 2015 U.S. Census Bureau.²⁵ It is expected that on average the median household incomes for Region 9 will not grow tremendously in 2016 with the oil field industry slowing production.²⁶

TABLE 27 AVERAGE MEDIAN HOUSEHOLD INCOME BY COUNTY IN REGION 9

Average Median Household Income by County in Region 9					
County	Median Household Income	County	Median Household Income	County	Median Household Income
Andrews	\$61,250.00	Howard	\$47,994.00	Reagan	\$52,692.00
Borden	\$73,333.00	Irion	\$54,886.00	Reeves	\$44,950.00
Coke	\$40,822.00	Kimble	\$40,000.00	Schleicher	\$44,643.00
Concho	\$52,844.00	Loving	\$65,625.00	Sterling	\$50,509.00
Crane	\$52,451.00	Martin	\$52,232.00	Sutton	\$48,986.00
Crockett	\$51,594.00	Mason	\$45,536.00	Terrell	\$48,781.00
Dawson	\$39,746.00	McCulloch	\$40,908.00	Tom Green	\$45,114.00
Ector	\$54,903.00	Menard	\$34,091.00	Upton	\$50,982.00
Gaines	\$54,434.00	Midland	\$66,966.00	Ward	\$45,938.00
Glasscock	\$81,563.00	Pecos	\$49,421.00	Winkler	\$52,938.00

U.S. Census Bureau

Household Composition

According to the U.S. Census Bureau, the average household size in the state of Texas is 2.75.²⁷ In Region 9, Schleicher County has the highest average number of residents per household at 3.18 while Coke County has the lowest average at 2.02. The overall average number of residents per household in Region 9's 30 counties is 2.71. Finding out the average size of each household is important because it can help predict trends in poverty and many patterns of consumerism.²⁸ If average household size is growing, that indicates economic trends are impeding individuals from being able to afford to move out on their own. When the economy is thriving, household size will usually decrease which indicates individuals can afford to live on their own.

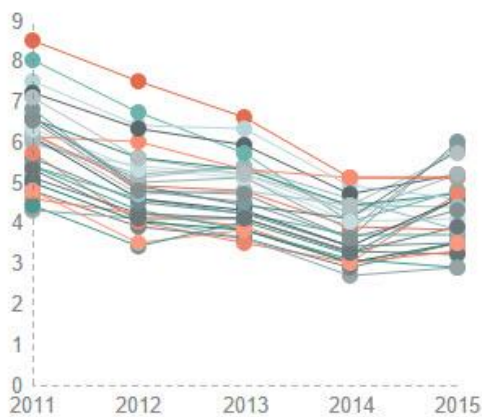
TABLE 28 AVERAGE NUMBER OF RESIDENTS PER HOUSEHOLDS IN REGION 9

Average Number of Residents Per Household in Region 9								
County	# Of Households	Average in Household	County	# of Households	Average in Household	County	# of Households	Average in Household
Andrews	6,041	2.96	Howard	13,117	2.68	Reagan	1,379	2.89
Borden	385	2.64	Irion	856	2.60	Reeves	4,624	3.09
Coke	2,663	2.02	Kimble	3,369	2.16	Schleicher	1,492	3.18
Concho	1,641	3.21	Loving	50	2.70	Sterling	615	2.78
Crane	1,662	2.79	Martin	1,863	2.70	Sutton	2,023	2.72
Crockett	1,869	2.67	Mason	2,747	2.42	Terrell	700	1.99
Dawson	5,202	2.65	McCullough	4,282	2.65	Tom Green	47,698	2.53
Ector	56,500	2.85	Menard	1,702	2.42	Upton	1,549	2.77
Gaines	6,356	3.35	Midland	57,999	2.80	Ward	4,734	2.76
Glasscock	581	2.52	Pecos	5,596	2.96	Winkler	3,010	2.74

U.S. Census Bureau

GRAPH 29 UNEMPLOYMENT RATES FOR REGION 9 2010-2015

Unemployment Rates for Region 9



Texas Association of Counties

Industry

The oil and gas industry dominate the economy in Region 9. The Midland-Odessa Regional Economic Index and the Texas Permian Basin Petroleum Index indicate that while the economy of the region is not as robust as it has been in the previous years, the regional economy is still strong and will be able to maintain higher levels for the next several years, despite employment shortfalls.²⁹ According to the Midland Reporter Telegram, there were approximately 290 rigs operating in the Permian Basin in March of 2015, while in March 2016 there were 147 total, with rigs being idled every week. Mayor Jerry Morales of Midland described the economy as in “a cooling off period” and said that Midland is in a good economic situation where other industries can absorb the workers with whom the oil field is letting go.³⁰

Poverty Rates

The poverty rates for Texas average about 17.2% of the overall population. Unfortunately, the poverty rates for children are around 24.5%. That means that almost 1 in every 4 children in Texas live below the poverty guidelines. The poverty guidelines for a family of 4 determine any given “poor” household will make less than \$24,250.00 a year.³¹ In Region 9, Concho County had the highest percent of residents living in poverty in 2015. Moreover, Menard and Kimble Counties both have over 1/3 of the children in their counties living under the poverty line in 2015.

TABLE 30- 2015 REGION 9 POVERTY RATES

Poverty Rates in Region 9 in 2014					
County	% of Residents in Poverty	% of Children Who Live Below the Poverty Rate	County	% of Residents in Poverty	% of Children Who Live Below the Poverty Rate
Concho	26.5%	26.6%	Crockett	13.7%	19.4%
Reeves	24.8%	27.3%	Schleicher	13.6%	19.2%
Menard	22.7%	39.8%	Winkler	13.5%	17.4%

County	% of Residents in Poverty	% of Children Who Live Below the Poverty Rate	County	% of Residents in Poverty	% of Children Who Live Below the Poverty Rate
Dawson	20.2%	26.2%	Sutton	13.2%	19.9%
McCulloch	18.9%	30.2%	Ector	12.8%	18.6%
Kimble	18.5%	34%	Martin	12.5%	16.5%
Terrell	18.1%	24.9%	Sterling	11.8%	18.3%
Pecos	17.8%	21.6%	Reagan	11.2%	13%
Howard	17.5%	22.7%	Andrews	10.7%	14.1%
Tom Green	15.6%	21.3%	Borden	10.3%	14.2%
Coke	14.9%	21.8%	Midland	9.9%	14.1%
Mason	14.8%	25.1%	Crane	9.5%	11.6%
Upton	14.3%	18.9%	Loving	9.3%	19.3%
Gaines	14%	19.1%	Irion	8.6%	13.5%
Ward	14%	19.1%	Glasscock	8.6%	12%

Health and Human Services Commission

TANF Recipients

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.³² Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals.³³ TANF is designed to help families stay together.³⁴ When grandparents have to take in their grandchildren but struggle with the added expenses of raising children, TANF helps families maintain their household so that they can provide for children in need.³⁵ TANF is further broken down into the TANF basic program which assists single parent and children who may be wards of the state. TANF basic is funded by federal money.³⁶ The TANF state program is specific to 2 parent household and is funded with State General Revenue dollars.³⁷ These funds are generally reserved for when there is an emergency in the family and the family will be short on funds for the month.³⁸ In Region 9, the average payment for each recipient of the TANF basic fund is \$52.59. The average payment for each recipient on the TANF State program is \$64.06.³⁹ The charts on the right show how much a family would have to make in a month in order to qualify for the TANF program. The second chart shows the maximum amounts that a family can receive in any one month from the TANF program. The TANF basic program spent roughly 4 million dollars a month on benefits in 2015. The TANF state program spent roughly \$200,000 a month in 2015.⁴⁰ While on the surface these programs may seem expensive, it would cost the state even more money if these families dissolved and the state had to take full care of the children.

FIGURE 31 MAXIMUM MONTHLY TANF AMOUNT

Maximum monthly TANF amount

Family size	Maximum monthly amount		
	Child-only cases	Home with 1 parent or 1 caretaker	Home with 2 parents or 2 caretakers
1	\$98	\$119	-----
2	\$140	\$247	\$189
3	\$197	\$285	\$313
4	\$234	\$343	\$351
5	\$301	\$381	\$407

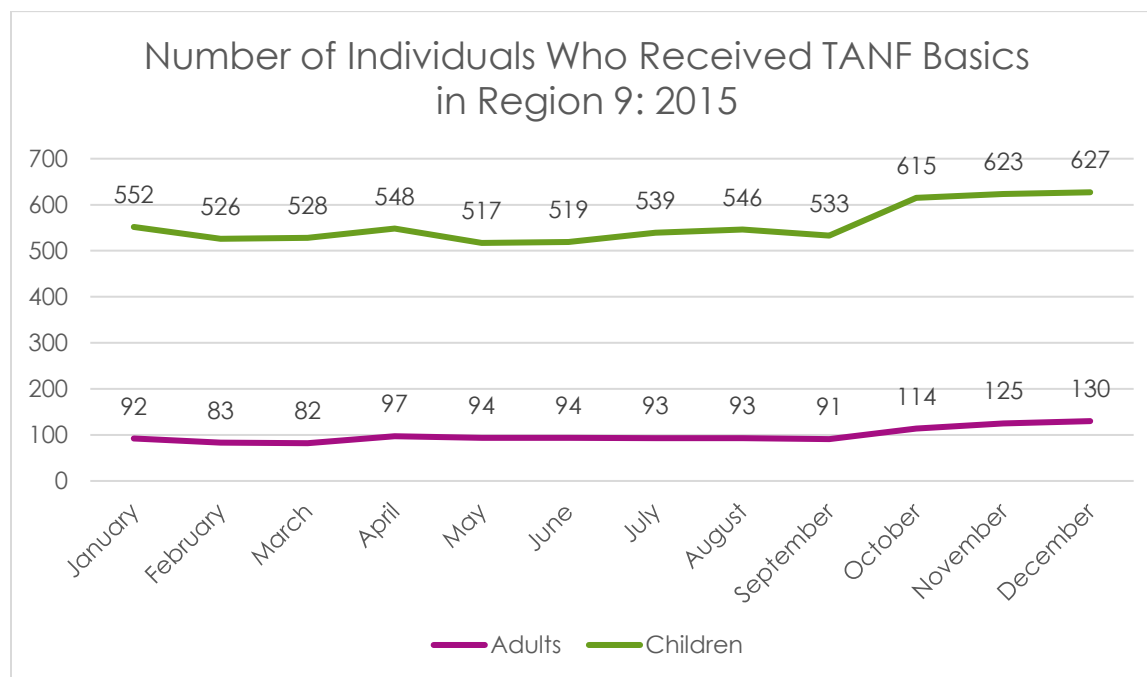
For each additional person, add \$66.

FIGURE 32 MAXIMUM MONTHLY INCOME LIMITS

Family size	Maximum monthly income limits		
	Child-only cases	Home with 1 parent or 1 caretaker	Home with 2 parents or 2 caretakers
1	\$64	\$78	-----
2	\$92	\$163	\$125
3	\$130	\$188	\$206
4	\$154	\$226	\$231
5	\$198	\$251	\$268

For each additional person, add \$43.

TABLE 33 NUMBER OF INDIVIDUALS WHO RECEIVED TANF BASIC IN REGION 9: 2015



Food Stamp Recipients

Supplemental Nutrition Assistance Program, or SNAP, benefits are put onto the Lone Star Card and can be used just like credit card at most stores. ⁴¹ SNAP cards cannot be used to buy tobacco, alcoholic drinks,

FIGURE 34 WHO DOES SNAP BENEFIT?



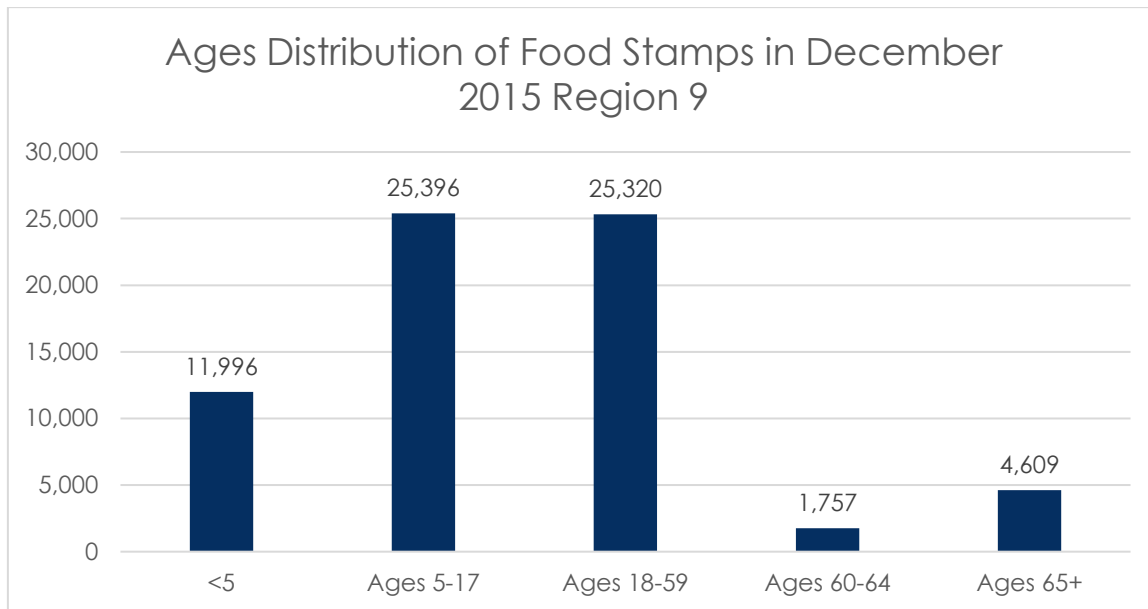
64%

of SNAP participants are **children, elderly or disabled**

things you cannot eat or drink, or pay for food bills that have already incurred.⁴² SNAP is designed for people who may not have a lot of money but want to eat healthy foods. Most able-bodied adults without dependents can qualify for SNAP benefits for 3 months out of a 3-year period.⁴³ Other households may qualify for benefits for a longer period of time based on their unique situation.⁴⁴ The following chart shows the number of cases by age group for Region 9. There were almost 38,000 children that received food from the SNAP program in Region 9 in 2015. It is logical to see the 18-59-years-old category almost as large as the 5-17 years old category because 18-59 year olds include parents of the children that are receiving benefits. Over 7 million dollars in food stamps were distributed throughout Region 9 in 2015.

“There were almost 38,000 children that received food from the SNAP program in Region 9.”

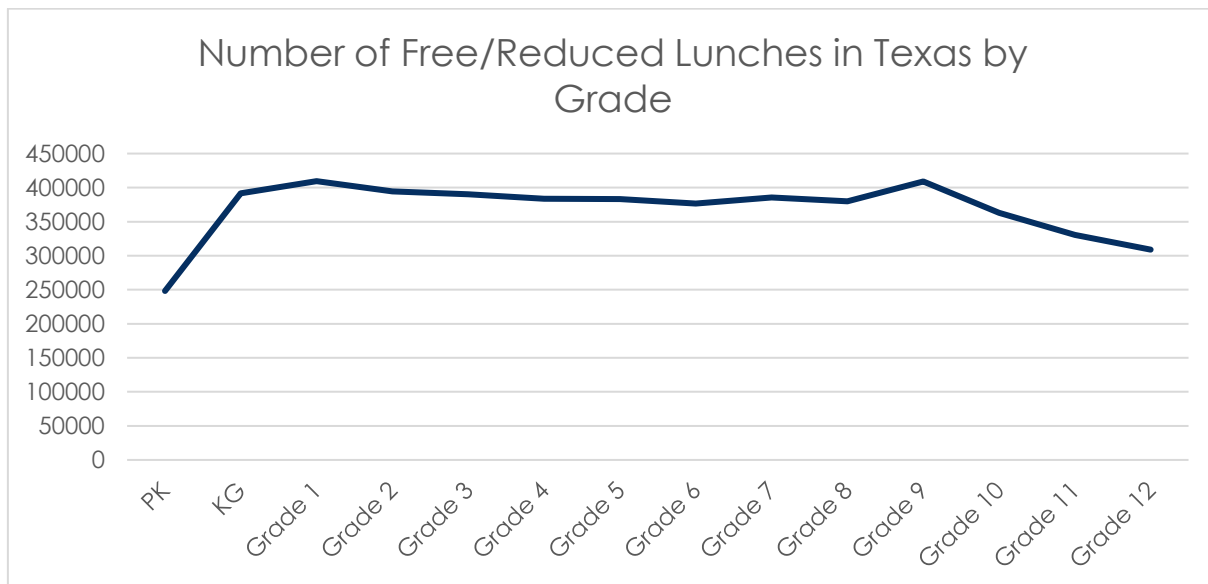
TABLE 35 AGE DISTRIBUTION OF FOOD STAMPS IN REGION 9



Free School Lunch Recipients

The most recent data from National Center for Education Statistics conveys 62,378 free and reduced lunches were provided for students in Region 9 in the 2013-14 school year. The State of Texas provided over 3.1 million free and reduced cost lunches for children.⁴⁵

FIGURE 36- NUMBER OF FREE/REDUCED LUNCHES IN TEXAS BY GRADE 2013-14



National Center for Education Statistics, 2013

Environmental Risk Factors

Environmental risk factors are characteristics in a person’s surroundings that increase their likelihood of becoming addicted to drugs. A person may have many environments or domains of influence such as community, family, school, and friends. An individual’s risk of addiction can develop in any of these domains. According a study from the University of Utah, Adverse Childhood Events (ACE’s) is a term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.⁴⁶ Examples of ACE’s differ between each adolescent. An event that may be traumatic for one child may simply be part of life for another child. Physical abuse and sexual abuse were cited as two of the major Adverse Childhood Events that were consistently tied to alcohol and drug related problems. The landmark CDC-Kaiser Permanente Study that was conduct between 1995-1997 gathered information from over 17,000 participants.⁴⁷ Even to this day, participants from the CDC-Kaiser Permanente Study are periodically monitored to update morbidity and mortality among the study participants. The study shows when children experience more Adverse Childhood Events, a child are much more likely to experience the following risk factors:

Alcoholism and alcohol abuse

Chronic obstructive pulmonary disease

Depression

Fetal death

Health-Related quality of life

Illicit Drug Use

Ischemic Heart Disease

Liver Disease

Poor Work Performance

Financial Stress

Risk for Intimate partner violence

Multiple sexual partners

Sexually transmitted diseases

Smoking

Suicide attempts

Unintended pregnancies

Early initiation of sexual activity

Adolescent pregnancy

Risk for sexual violence

Poor academic achievement

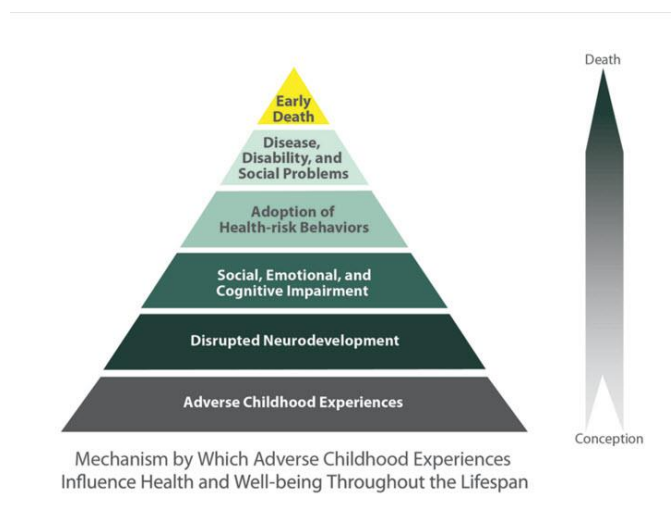


FIGURE 37- ACE PYRAMID

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Adolescents who experience these ACE's in their life may exhibit behaviors such as early aggressive behaviors, academic problems, and peer rejection which continue to contribute to stress and negative perception of events. Since the ACE Study was published in 1997, there have been many studies that have filled in service gaps between each level of the ACE pyramid. Neuroscientist and psychologist have been working together to improve the ever changing landscape of prevention techniques.⁴⁸ There are ways to combat these ACE's that expose the child to a higher prevalence of early drug and alcohol use.

Education

In Region 9 there are three educational regions. Region 15 covers Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, and Tom Green Counties. Region 17 covers Borden, Dawson, Gaines Counties. Region 18 covers Andrews, Ector, Glasscock, Howard, Martin, Midland, Pecos, Reagan, Reeves, Terrell, Upton, Ward, Winkler Counties. Education Regions 15, 17, and 18 do not match with DSHS Region 9, so the education centers service more than just the aforementioned counties. For the purposes of this report, this Regional Needs Assessment will only introduce data that is significant to the areas that the Prevention Resource Centers service. There are 38 schools in Ector County ISD, as well as 4 alternative campuses that serve the population within the county. There are 35 schools in Midland ISD, as well as 3 schools in Greenwood and 1 alternative campus. Midland and Ector Counties represent the largest school systems in Region 9. According to the Texas Education Agency, there were 127,990 students enrolled in DSHS Region 9 schools in 2015.

According to the National Education Association, the State of Texas spent about \$8,681 per student in the 2013-2014 school year.⁴⁹ Texas ranked 45th in the nation on the amount that was spent per student in 2015. Since then, expenditures have gone up per student, and the Dallas Morning News attributed this increase in spending to a higher amount of collected property taxes throughout the state.⁵⁰ Based on 2014 salaries, Borden County pays its teachers the most money (\$56,460).⁵¹ Forsan High School tested half of its 2013 graduating class at or above college admission standards. Forsan also had the highest average SAT and ACT scores reported in the region.⁵² The table below shows an average amount that was spent on each student in DSHS Region 9.

TABLE 38- AMOUNT SPENT PER STUDENT IN REGION 9 2014-2015

Amount Spent Per Student in Region 9 2014-2015					
School District	Amount Spent Per Student	School District	Amount Spent Per Student	School District	Amount Spent Per Student
Terrell County ISD	\$25,284.00	Menard ISD	\$13,212.00	Seminole ISD	\$12,189.00
Loop ISD	\$20,705.00	Klondike ISD	\$13,049.00	Robert Lee ISD	\$11,643.00
Glasscock County ISD	\$19,599.00	Grady ISD	\$12,922.00	Bronte ISD	\$11,620.00
Borden County ISD	\$19,038.00	Irion County ISD	\$12,922.00	Eden ISD	\$11,496.00
Buena Vista ISD	\$16,033.00	Sands ISD	\$12,782.00	Stanton ISD	\$11,459.00
Iraan/Sheffield ISD	\$15,801.00	Balmorhrea ISD	\$12,679.00	Christoval ISD	\$11,277.00
Olden ISD	\$15,500.00	Sonora ISD	\$12,782.00	Wall ISD	\$11,277.00

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School District	Amount Spent Per Student	School District	Amount Spent Per Student	School District	Amount Spent Per Student
Lohn ISD	\$15,079.00	Crane ISD	\$12,629.00	Reagan County ISD	\$11,149.00
Dawson ISD	\$14,509.00	Sterling County ISD	\$12,261.00	Schleicher County ISD	\$10,699.00
Seagraves ISD	\$13,695.00	Crockett ISD	\$12,230.00	Water Valley ISD	\$10,606.00
United States Average Amount Spent Per Student \$10,510.00					
Pecos ISD	\$10,354.00	Brady ISD	\$9,757.00	Junction ISD	\$8,367.00
Rochelle ISD	\$10,150.00	Veribest ISD	\$9,578.00	Paint Rock ISD	\$8,293.00
Lamesa ISD	\$9,914.00	Grape Creek ISD	\$8,756.00	Coahoma ISD	\$8,291.00
Forsan ISD	\$9,787.00	Ft. Stockton ISD	\$8,750.00		
Mason ISD	\$9,765.00	Richard Milburn Academy (Ector)	\$8,404.00		
Texas Average Spent Per Student \$8,214.00					
Andrews ISD	\$8,017.00	Greenwood ISD	\$7,700.00	Midland Academy Charter School	\$7,027.00
Big Spring ISD	\$7,989.00	San Angelo ISD	\$7,586.00		
Midland ISD	\$7,757.00	Ector County ISD	\$7,390.00		

Texas Education Agency Snapshot Data, 2014

U.S. News estimated that in 2014, the difference between someone who received a high school diploma and someone who received a bachelor's degree was \$17,500.⁵³ Twenty-seven percent of all Texans have a bachelor's degree of higher education, while the national average is 29.3%. Region 9 is behind the state average and national averages of college graduated citizens. Only one county in Region 9, Borden County, had a percentage (33.1%) of the population with at least a bachelor's degree higher than the state or national averages.

TABLE 39- AVERAGE NUMBER OF INDIVIDUALS WITH BACHELOR'S DEGREE

Average Number of Individuals with Bachelor's Degree of Higher in Region 9					
County	% Bachelor degree or higher	County	% Bachelor degree or higher	County	% Bachelor degree or higher
Andrews	13.6	Howard	13.0	Reagan	11.0
Borden	33.1	Irion	13.1	Reeves	10.6
Coke	17.1	Kimble	16.8	Schleicher	20.4
Concho	11.8	Loving	2.6	Sterling	26.6
Crane	11.8	Martin	17.3	Sutton	17.8
Crockett	11.1	Mason	24.1	Terrell	16.9
Dawson	10.1	McCulloch	15.7	Tom Green	21.5
Ector	14.3	Menard	19.2	Upton	11.0
Gaines	11.2	Midland	25.0	Ward	12.8
Glasscock	24.8	Pecos	11.5	Winkler	11.1

Dropout Rates

According to the Texas Education Association, the state average for high school dropout rates is around 2%.⁵⁴ In Region 9, for the 2013-2014 school year, the average dropout rates was .9%. This has been a stable average for the last three years. 38% of the campuses in Region 9 reported a 100% graduation rate. Research has concluded that twelfth graders who do not complete high school are almost twice as likely to currently use cigarettes (56.8% versus 22.4%), illicit drugs (31.4% vs. 18.2%), marijuana (27.3% vs. 15.3%) and nonmedical prescription drugs (9.5% vs. 5.1%).⁵⁵

School Discipline

In the 2015-2016 school year, there were 14,504 (11%) students from DSHS Region 9 that received some sort of discipline while they were in school. Of the 11% of disciplined students, these students accumulated over 42,000 records (independent incidents documented). Therefore, each one of the 11% of students who received discipline were in the office repeatedly and averaged about 3.5 incidents per child. Of the 199 students that were expelled in Region 9, 152 of these students were from Midland ISD.

Prevention and intervention programs target students in need of discipline. One can often clearly see which students are struggling and may need further guidance. Programs like Big Brothers Big Sisters have a school-based program, where volunteers can go into the schools and help children in need. CASA de Amigos offers after school care and tutorial sessions so that children can stay supervised in a safe environment after school. The Boys and Girls Club and YMCA's also offer after school programs.

Criminal Activity

With the roaring economy that has been recently slowing in Region 9, there has been an increase in crime rates. The Darrow Law Firm has listed Odessa as the most dangerous city in Texas with a population over 100,000.⁵⁶ In this same study, San Angelo was ranked 23rd and Midland was ranked 19th.⁵⁷ These rates include all violent crimes as well as sexual assault. In 2014, there were 504 sexual assaults that were reported in Region 9, or a 5% increase in the number of reported sexual assaults from 2013 to 2014. Most experts say that this number is vastly underreported.

In Ector County, the Crisis Center/Angel House helps individuals who have been sexually assaulted. The Crisis Center also offers emergency shelter for some victims. In Tom Green County, the Concho Valley Rape Crisis Center offers counseling and other resources for victims in need.

Index Violent Crime

A violent crime is defined as a crime in which an offender threatens force upon a victim.⁵⁸ Violent crimes may or may not be committed with weapons. The southern regions of the U.S. typically harbor more violent crimes than other parts of the nation. Violent crimes are murder, rape, robbery, and aggravated assaults.⁵⁹ The rates in the table on the next page are calculated to a population of 100,000 in Region 9.

In Region 9, there are several victim's units which help individuals who have been effected by violent crime. Victim's units can help individuals mentally, legally, and physically move past a traumatic incident. Victim's units can provide financial assistance for individuals who are trying to recover from an unexpected event.

TABLE 40- VIOLENT CRIME RATES PER 100K IN REGION 9

Violent Crime Rates per 100K in Region 9				
County	Murder	Rape (Unadjusted)	Robbery	Assault
Andrews	5.7	14	28.6	412.4
Borden	0	1	0	156.2
Coke	0	1	0	31.2
Concho	0	1	0	0
Crane	0	1	20.3	122.1
Crockett	0	3	25.9	103.6
Dawson	0	13	29	282.9
Ector	10.9	108	107.9	743.7
Gaines	0	5	0	25.8
Glasscock	0	0	0	0
Howard	5.4	17	98.1	561.3
Irion	0	0	0	61.5
Kimble	22.3	3	22.3	66.8
Loving	0	0	0	1000
Martin	0	2	0	218.8
Mason	0	2	0	71.7
McCulloch	0	5	0	47.5
Menard	0	2	0	513.5
Midland	5.2	167	45.9	244
Pecos	0	12	37.9	258.6
Reagan	0	0	0	0
Reeves	7.1	5	28.4	311.9
Schleicher	0	0	0	0
Sterling	0	0	0	240.2
Sutton	0	0	0	223.8
Terrell	0	0	0	113
Tom Green	4.3	107	32.5	213
Upton	0	1	0	29.4
Ward	0	8	8.7	322
Winkler	12.8	8	0	179.5

Index Property Crime

Property crimes include burglary, larceny, and motor vehicle theft.⁶⁰ Property crimes do not involve the use of force or any injury to another person. Damage with a property crime is usually economical. Auto thefts have decreased dramatically since 1991 (down 61%). In 2014 there were 65,000 cars stolen in Texas.⁶¹ From 2014 to 2015, there was a 2.5% increase in automotive theft.⁶² The property crimes in the table on the next page have been calculated to a population of 100,000 individuals. Loving County rates are by far the highest but this number is somewhat skewed by the county's low population.

TABLE 41- PROPERTY CRIMES RATES PER 100K IN REGION 9

Property Crime Rates per 100K in Region 9			
County	Burglary	Larceny	Auto
Andrews	481.2	1672.6	257.8
Borden	468.8	937.5	0
Coke	624	156	124.8
Concho	24.6	49.3	0
Crane	122.1	610.4	101.7
Crockett	233.2	751.3	155.4
Dawson	892.3	2067.6	159.6
Ector	725.7	2683.9	472.7
Gaines	221.5	829.3	72.1
Glasscock	394.9	394.9	79
Howard	1125.3	3108.9	201.6
Irion	184.6	2153.8	430.8
Kimble	534.8	490.2	22.3
Loving	1000	9000	0
Martin	273.5	1567.9	91.2
Mason	286.6	1337.8	119.4
McCulloch	427.7	807.8	71.3
Menard	46.7	93.4	46.7
Midland	522.3	1882	185.7
Pecos	586.7	1432	82
Reagan	0	0	0
Reeves	141.8	1396.6	92.2
Schleicher	348.1	158.2	0
Sterling	160.1	0	80.1
Sutton	99.5	223.8	24.9
Terrell	678	791	0
Tom Green	814.4	2492.9	219.9
Upton	29.4	264.5	88.2
Ward	870.2	1479.3	165.3
Winkler	230.8	653.9	76.9

“More than 1 in 100 of homes in Howard County are burglarized.”

Family Violence and Child Abuse

The Texas Family Code defines family violence as an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm.⁶³ Family violence laws exclude reasonable discipline of a child. In 2014, there were 185,817 incidents of family violence in Texas, an increase of about .2% from 2013.⁶⁴ In Texas, 72% of the victims of family violence were females in 2015.⁶⁵ The age group showing the highest number of offenders of the Texas Family Code in 2015 was the 25 to 29-year-old bracket. Of all of the incidents in Texas, 97% of the incidents were assaults on another family member.⁶⁶ The table below shows number of incidents per county in Region 9.⁶⁷ Safe Place in Midland and Odessa help shelter moms and children who maybe in a violent situation. San Angelo also has a family shelter where families can go to for up to 90 days. The San Angelo facility can serve up to 74 individuals and can work with men, women, and children to escape an abusive situation. Shelters are placed strategically throughout the cities so that residents can be kept safe.

TABLE 42- INCIDENTS OF FAMILY VIOLENCE IN REGION 9

Incidents of Family Violence in Region 9			
County Name	Incidents of Family Violence	County Name	Incidents of Family Violence
Andrews	72	Martin	26
Borden	0	Mason	5
Coke	0	Menard	10
Concho	5	Midland	701
Crane	12	Pecos	99
Crockett	27	Reagan	0
Dawson	181	Reeves	29
Ector	1,763	Schleicher	5
Gaines	69	Sterling	0
Glasscock	4	Sutton	3
Howard	585	Terrell	4
Irion	2	Tom Green	1,315
Kimble	17	Upton	12
Loving	0	Ward	88
McCulloch	33	Winkler	27

DPS Crime Reports

Drug Seizures/Trafficking Arrests

A wide variety of drugs were seized in Region 9 in 2015. Of the 3,374 doses of tranquilizers that were seized in Region 9 in 2015, Tom Green County reported seizing 3,341 of these doses. Midland seized almost 68% of the total synthetic marijuana in Region 9. In 2015, officials seized 3,034 pounds of marijuana in Region 9, and 2,224 pounds were seized in Pecos County alone. Pecos County has historically been a hot bed of activity for marijuana seizures. In 2014 over 500 pounds were seized in one bust in Pecos County.⁶⁸

According to interviews with officials throughout Region 9, meth has been indicated as the drug that law enforcement officers worry about most. Meth has serious mental and physical effects on its abusers. Officials cite the aggressive nature of individuals under the influence of meth as one of their main

concerns. Medical and physical concerns are almost impossible to address when an individual is incarcerated because the aggressive nature of these clients make it impossible to be held in a hospital where security is limited. Although the seized rates for meth were moderate in Region 9, meth is on the forefront of the minds of officials.

TABLE 43- REGION 9 BY SEIZED ILLEGAL DRUGS

Region 9 By Seized Illegal Drugs						
Name of Drug	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounce	Dose Units	Items
Tranquilizers					3374	
Synthetic Narcotics				87	9266	
Methamphetamines	26	56		40	130	
Amphetamines		2		17		205
Barbiturates				2	352	
Morphine						
Heroin	1	27	68	9	36	
Codeine		11	86	1	94	
Marijuana (Plants)						14
Marijuana (Packaged)	3034	159	7			
Marijuana (Green Houses)						1
Marijuana (Gardens)						4
Hashish (Solid)		5	25			
Mushrooms			15			
LSD			18		6	
Designer Drugs		14	126		315	
Cocaine (Solid)	19	42	78			
Cocaine (Liquid)		5				

Mental Health

In the rural areas of Region 9, accessing mental health services can be a challenge. In recent years the use of telemeds, or medical consultation via computing technology, has greatly increased the availability of providers. However, even with the use of newer technology, access times are still limited and wait times can be long. Region 9 is served by five different mental health service centers: Permian Basin Community Centers, Concho Valley MHMR, Life Resource Center in Brownwood, West Texas Centers of Big Spring, and Hill Country MHDD. Each of these centers offer an array of different services designed to give their clients the services that best fit their need. Bi-polar disorder, schizophrenia, and manic depression are the three main disorders that local MHMR's services.

Average Number of Mentally Unhealthy Days in Last 30 days	
Andrews	1.8
Ector	3.9
Gaines	2.2
McCulloch	3.0
Midland	2.9
Pecos	3.6
Terrell	.4
Tom Green	2.7

TABLE 44- AVERAGE NUMBER OF MENTALLY UNHEALTHY DAYS IN LAST 30 DAYS

Clients can be put on different service packages depending their level of need. Clients who need close monitoring to stabilize and manage their symptoms may be seen more frequently than clients who are maintaining their symptoms.

Individuals who have been diagnosed with mental illnesses face a unique set of challenges in order to maintain their health. Sometimes doctors prescribe several medications in order to stabilize their mental health condition. These medications can interfere with their normal bodily routines and can cause other health conditions to be exacerbated. Clients who are on medications for long-term need to have their bio-metrics monitored to make sure that their bodies are tolerating the medications correctly.

There is a tremendous following of smokers who have been diagnosed with a mental illness. More than 31% of the cigarettes smoked in this entire country are smoked by individuals with a psychiatric disorder,

Over 31% of the cigarettes smoked in this country are smoked by individuals with a psychiatric disorder.

such as major depressive disorder, alcoholism, post-traumatic stress disorder (PTSD), schizophrenia, or bi-polar disorder. Smoking by patients with mental illness contributes greatly to their increased morbidity and mortality rates.⁶⁹

Clients determined to have Intellectual and Developmental Disabilities (IDD) can also get services from the local mental health centers. IDD clients require a very specialized subset of skills to monitor and understand them. IDD clients can attend day-long rehabilitative services where they are cared for throughout the work

day so that family members can go to work or take care of other family members. IDD clients can have several medical needs that must be addressed by professional caregivers.

Suicide

In this report, suicide rates in Region 9 focus on the most populated areas. Midland, Odessa, and San Angelo had the highest levels of suicide. It is hard to obtain information from rural counties about incidents of suicide. Midland had 24 suicides, San Angelo had 19 suicides, and Odessa had 18 suicides in 2015. The medical examiner’s office in Ector County stated that they do not mark a death as a suicide unless there is clear indication that the person tried to intentionally harm themselves (i.e. suicide note, threat).

Drug overdoses are not considered a suicide and are simply ruled an accidental death. There is a lot of inconsistency across the state over how to count overdose deaths and if there is indication that the person is trying to commit suicide or if it is simply an accidental overdose. Further into this document in the consequences section there is a brief overview of some of the inconsistencies the medical examiners face in declaring a suicide versus an accidental overdose. Currently there is no clear guidance on ways to be consistent regarding drug-related death rulings. In an interview with the medical examiner’s office in Ector County, gunshot wounds and asphyxiation were the most common forms of death that were counted as a suicide. However, these instances were only counted as a suicide because there were clear indications that the individuals were trying to end their life.

Table 45- Suicides in Region 9

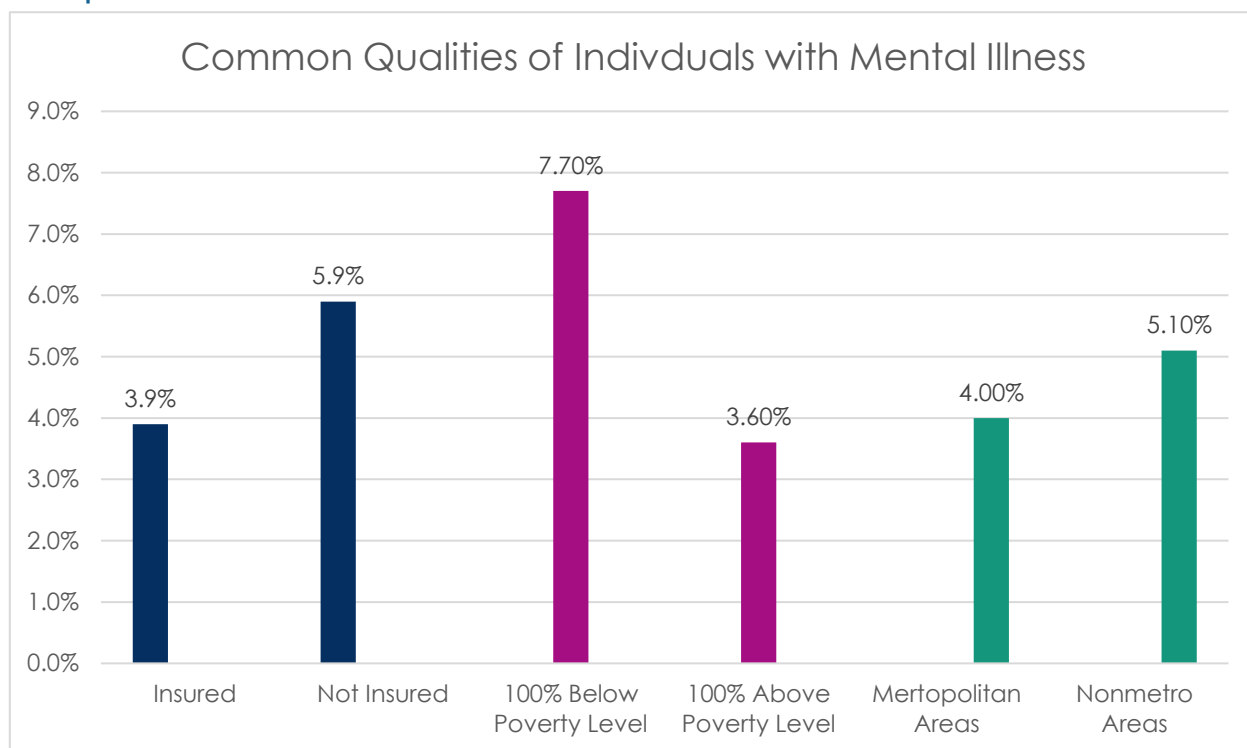
Suicides in Region 9	
Midland	24
San Angelo	19
Odessa	18

Psychiatric Hospital Admissions

In 2014, about 1 in 5 adults aged 18 or older (18.1%) had any mental illness (AMI) and 4.1% had a serious mental illness (SMI). The percent of adults with AMI remained stable from 2008-2014. The percentages of adults with SMI in 2014 were similar to the percentages in 2010-2013.

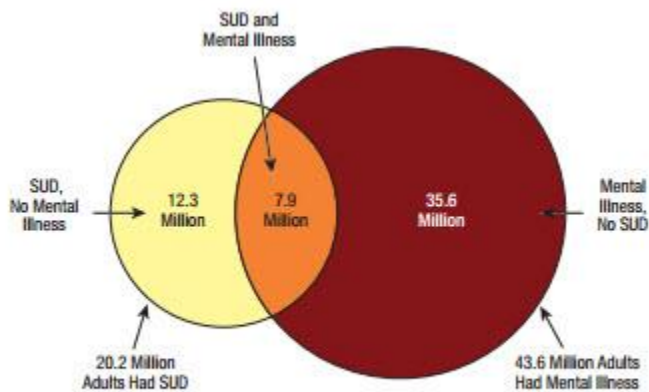
In 2014, 11.4% of youths aged 12-17 had a major depressive episode (MDE) in the past year. The 2014 youth percentage was higher than the percentages in 2004-2012, but it was similar to the percentage in 2013. Youths aged 12-17 in 2014 who had a past year MDE were more likely than those without a past year MDE to have used any illicit drugs in the past year (33% vs. 15.2%).⁷⁰

TABLE 46- COMMON QUALITIES OF INDIVIDUALS WITH MENTAL ILLNESS



Adolescents and Adults Receiving Substance Abuse Treatment

There are several types of substance abuse treatments that are offered in Texas. COPSD (Co-Occurring Poly Substance Disorder) clients are individuals who have a mental illness as well as a substance abuse disorder. Both substance abuse and mental illness need to be treated and managed in their appropriate, similar and categorical way. In 2014, 3.3% of all adults had both a mental illness and substance use disorder in the United States. There were an estimated 7.9 million people who had both a substance use disorder as well as a mental health diagnosis in the United States in 2014. An estimated 340,000 adolescents aged 12-17 had a substance use disorder and a major depressive episode. In Midland and Ector Counties, there were 41 individuals that obtained these services.



SUD = substance use disorder.

FIGURE 47- INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE USE

Individuals may acknowledge that they have a substance use problem, but may think that it is not so severe that they need to go into a residential treatment facility. These aforementioned individuals may choose to seek treatment in an outpatient setting services. In these services, individuals manage their substance abuse disorder by talking to a counselor or case manager on a periodic basis. Services can be used to help people obtain and maintain independent sobriety.

Individuals who are highly dependent on a substance may choose to go into a residential treatment facility where they can be monitored by health care professional to make sure they safely quit the substance with which they depend. When a person is put into detox they are monitored by medical professionals on a frequent basis to make sure that they are medically stable. Typically, there is a period of detox before someone goes into a residential treatment setting. The detox period varies, but is generally between 72 and 96 hours. The length of detox depends on what drugs were taken and how much of the drug(s) are in the patient’s system. At the end of the detox period the doctor will release the client, and at that time the client can go to a residential treatment setting.

Individuals who are highly dependent on a substance may choose to go into a residential treatment facility where they

Outpatient Admits in 2014	
Ector	145
Midland	74
Tom Green	62
Winkler	10

TABLE 48- OUTPATIENT ADMITS IN 2014

When a person is in a residential treatment center, they are taught about addiction and how it effects their bodies. These individuals talk about how to stay clean once they go back to their old environment.

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA) offers the PADRE program (Parenting Awareness and Drug Risk Education), or Daddy & Me, designed to help new and current fathers overcome the parental-related challenges. PBRCADEA also offers the PPI (Pregnant and Post-Partum Intervention), or Mommy & Me, program for mothers who have recently given birth and who have a drug addiction.

Residential Detox in 2014	
Ector	120
Tom Green	58
Midland	39
Howard	22

Table 49- Residential Detox in 2014

Turning Point in Odessa, an organization associated with Permian Basin Community Centers, is a residential treatment setting that has 42 beds. Permian Basin Community Centers (PBCC) also offers the She’s for Sure program which provides outpatient substance abuse treatment to adolescents and women who have a history of chemical dependency.

The Top Rank Youth Program provides outpatient substance abuse treatment for teenagers who do not require a residential treatment setting. PBCC also offers the Co-Occurring Psychiatric and Substance Use Disorders (COPSD) program for dual diagnosis clients. Moreover, PBCC offers outreach, screening, assessment, and referral (OSAR) to patients in need of such services.

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The Alcohol and Drug Abuse Council for the Concho Valley (ADAC) offer outpatient treatment that consists of a six-month program. ADAC has William's and Mary's Houses that have recently been opened. William's House is a residential treatment setting for males. Sara's House is a residential treatment program for indigent women where families can stay intact and children can live with their mother as she goes through treatment.

Rivercrest in San Angelo offers substance abuse treatment. Rivercrest has an 80 bed facility which includes patients with mental illness as well as individuals going through substance abuse treatment. Rivercrest is one of only three agencies that take Tri-Care, or common military insurance.

Members of the military that are seeking substance abuse treatment can go to the VA hospital in Big Spring and receive residential treatment there. The Big Spring VA hospital has a 40 bed facility that serves male military personnel. Currently there is no treatment center in Region 9 that treats females who served in the military.

The Springboard Center in Midland offers 35 total beds for treatment. Of those 35 beds, 9 are used for detox. Springboard also offers intensive outpatients services where individuals are assigned a case manager and are provided services periodically. Springboard also has 6 sober living houses in Midland: four are for men and two are for women. Springboard works with area organizations to care for indigent clients who may not be able to pay for services.

Big Spring and Howard Counties have no detox facilities and rely on the facilities in the surrounding counties to seek treatment for individuals.

Depression

Depression can make carrying out daily activities difficult and can impair an individual's interaction with family, friends, and job functions. 15.7 million people had at least one major depressive episode (MDE) in 2014. 2.8 million of the cases of MDE in 2014 were in children 12-17 years old. 67% of the individuals who had MDE in 2014 had severe impairments that did not allow them to live their lives in a normal manner. Rates from 2014 have remained stable since 2005.⁷¹ The West Texas Area Health Exchange reported that in 2011, 22% of the households in Midland County reported someone in their household had been diagnosed with depression or anxiety.⁷²

Providers are limited in Region 9 and appointments are often done with a telemed doctor. A psychiatrist at Cook's Children Hospital of Midland will see a child in Midland through telemeds but only after consultation and initial screening has been done in Ft. Worth. Children who have Medicaid are very limited as most doctors in the area do not accept Medicaid. When a client does get an appointment sometimes it is a four hour wait in the clinic before the doctor can see the patient.

"15.7 million people had at least one major depressive episode (MDE) in 2014."

MHMR Crisis Hotline/MCOT Team Data

Crisis lines are for individuals experiencing mental illness that need communication readily available, 24-hours a day. The crisis line can advise individuals if they need to go to the hospital and then contact a case worker to meet the client there. Crisis lines have been instrumental in making sure that clients with mental health symptoms are given the best care possible and are matched with care workers that know a client's specific history. In 2014, there were 117,356 calls answered on various crisis hotlines throughout the United States in 2014. Though the subject area is hard to research due to the sensitivity of suicide and protections of privacy, research indicates the majority of callers are from ages 15-34, backing relevant statewide data that has the highest number of calls in cities with younger, college populations like Lubbock and Travis Counties.



FIGURE 50- CRISIS LINE CALLS IN 2014

American Foundation for Suicide Prevention, 2015

Social Factors

The social epidemiology on substance abuse include the social factors that shape the population distribution of substance use behavior. There are several social factors which can determine why someone would be interested in trying drugs and alcohol. Children who grow up in an environment of drugs and alcohol may feel consumption is simply part of their family, and "that's just the way things are done." If drugs are easily accessible children may be more enticed to try them.

Children who have poor self-esteem are more likely to become addicted to drugs. Taylor & Lloyd developed a study that looked at the levels of self-esteem and dependence on a substance later on in life.⁷³ Children who used earlier and had low self-esteem were the most likely to develop a long term substance abuse issue. It is speculated that the reason for childhood drug consumption is taking drugs temporarily makes you feel good and can fill a void caused by not feeling good about yourself.⁷⁴

Children may be pressured into taking drugs by their peers. Peers may not necessarily "pressure" others into taking drugs, but because of the casualness of use and availability of certain drugs, children may feel the need to take those drugs.

Youth Perception of Parental Approval of Consumption

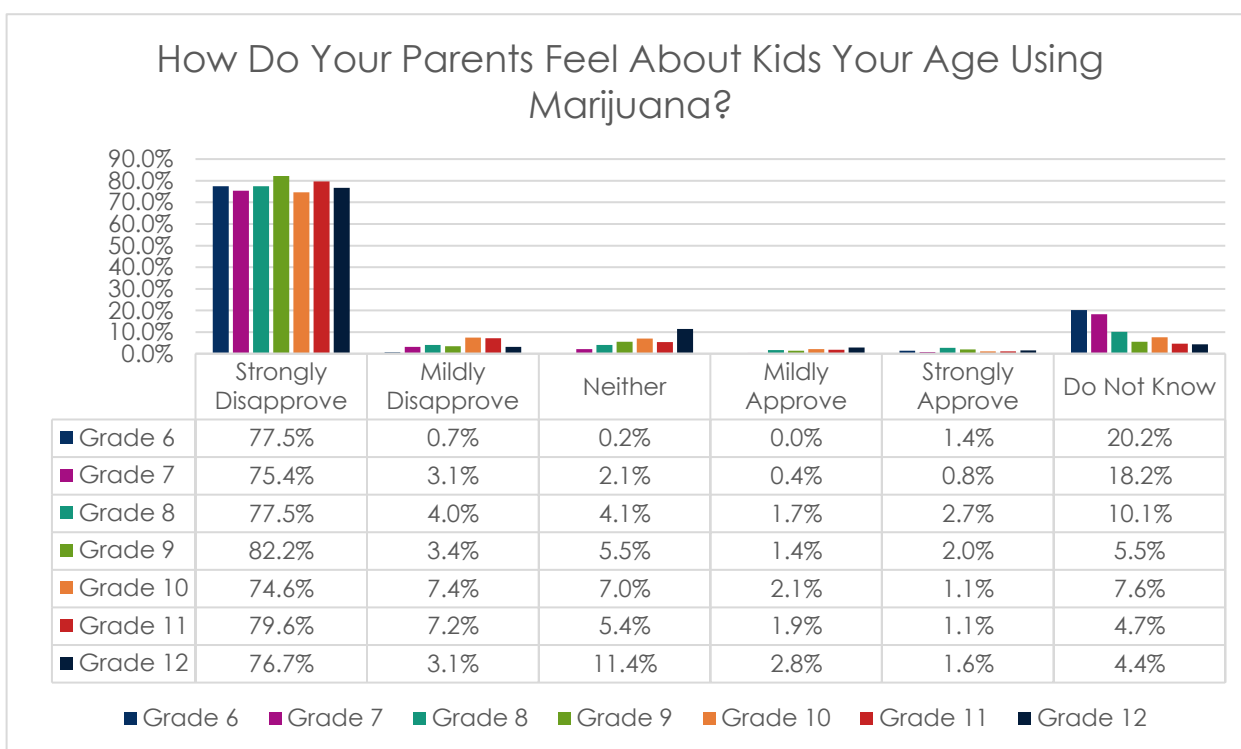
In Region 9, there is a strong perception that parents of middle and high school students are accepting of underage alcohol consumption. According to data from the Texas School Survey, over 15% of 11th and 12th grade students believe their parents are indifferent about their underage alcohol consumption. From grades 7 through 12, over 10% of students believe their parents are indifferent to their underage, illegal alcohol consumption. A study from Brown-Forman Law Forum explains that parents are the most likely to influence a child's perception of consuming alcohol, so changing the perception of parental approval of illegal consumption of alcohol is paramount for environmental change.⁷⁵

Moreover, consumption of the most common drug among youth in Region 9 is marijuana and it is likely that social, parental factors play a role in adolescent marijuana consumption. Kids tend to believe

consumption of marijuana is either a nonissue or a good thing by parents or peers.⁷⁶ In the Texas School Survey from 2014, one can see school aged students know that parents disapprove of using marijuana. Over 74% of each grade level cited that “their parents strongly disapprove of kids their age using marijuana.” However, almost 1 in 9 high school seniors believe their parents are indifferent about the consumption of marijuana.

With all of the legalization of marijuana going on around the country it is important for parents to make sure that they talk to their children about using marijuana and how it can affect their young minds. According to the CDC, brain development does not reach its peak until around the age of 25.⁷⁷ Parental approval of consumption of marijuana typically does not consider the effect marijuana can have on the adolescent brain.

GRAPH 51- YOUTH PERCEPTION OF HARM OF MARIJUANA BY PARENTS



Cultural Norms and Substance Abuse

Culture plays a central role in forming the expectations of individuals about potential problems faced with drug use.⁷⁸ For many social groups culture may provide a protective factor. Initiation into excessive substance use may occur during periods of rapid social change, often among cultures who have had little exposure to drugs and have not developed those normative protective factors that other cultures may already have established.⁷⁹ Anomie, or the loss of a healthy ethnic or cultural identity, may occur among cultures which have been rapidly influenced by an outside source.⁸⁰ Treatment specialists need to be aware of the changing cultures of their clients.

Adolescent Sexual Behavior

In 2014, a total of 249,078 babies were born to women aged 15-19 years across the United States. 2014 marks another historic low for U.S. teen birth rates and a drop of 9% from 2013.⁸¹ According to The National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing cost our nation roughly 9.4 billion dollars in tax payer assistance for mothers who had children while they were teenagers in 2010.⁸² The aforementioned cost



FIGURE 52- COST OF TEENAGE PREGNANCY ON THE U.S.

includes costs associated with public health assistance, increased risk of incarceration, and lost tax revenue due to decreased spending, as well as loss of disposable income. Massachusetts ranks 1st in the lowest number of teenage pregnancies (10.6) while Texas ranks 46th (37.8). The national average is 24.2 teenage births per 1,000 girls. Teen birth rates have fallen an impressive 61% nationwide since 1991 but the progress has been uneven.⁸³ In 2010, 61% of unintended teenage pregnancies in Texas resulted in births and 25% in abortions while the remainder resulted in miscarriages.⁸⁴ The estimated cost of teenage pregnancies in Texas was over 1.1 billion dollars in 2010.⁸⁵

Several factors would put certain children at risk for either fathering a child or becoming pregnant in high school. Children engaging in after school activities and are performing well within the classroom are less



FIGURE 53- COST OF TEENAGE PREGNANCY ON TEXAS

likely to experience teenage pregnancy. Also, children who live with both biological parents and who have a mother with some college education are also less likely to have a teenage pregnancy.⁸⁶ Evidence has shown that just 38% of teen girls who have a child before the age of 18 get a high school diploma.⁸⁷ Even with the dramatic drop in teenage pregnancies across the nation our area still has levels well beyond the national average. The table on the

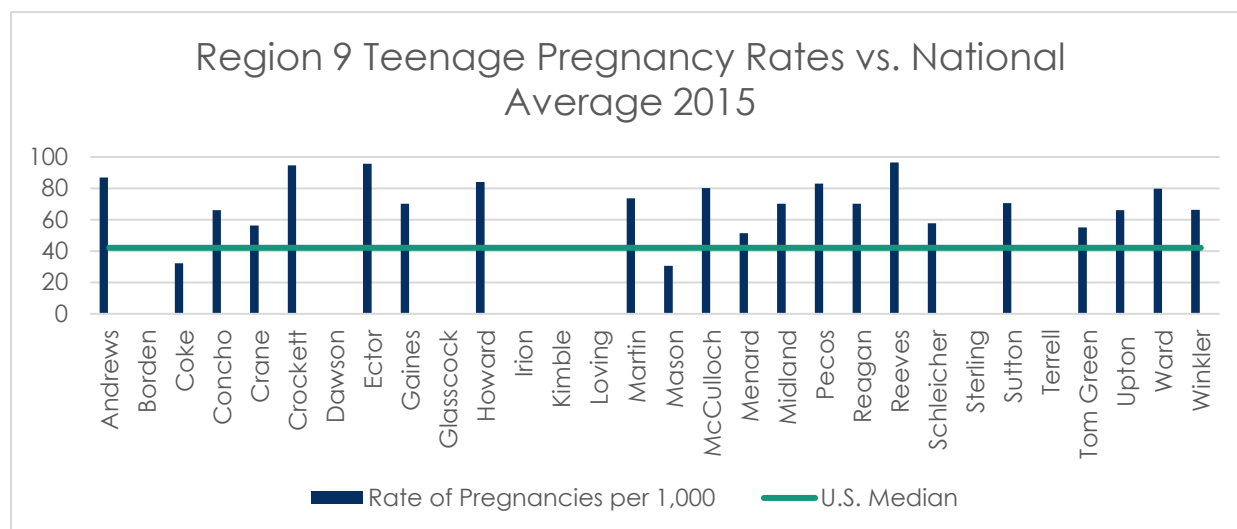
next page shows the number of pregnancies per 1,000 females in each county of Region 9. Sixty-seven

“Twenty Region 9 counties were above the national average for teenage pregnancy rates.”

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percent of the counties in Region 9 surpass the national average. Reeves (96.4), Crockett (94.7), and Ector (95.6) Counties all have the highest totals.

GRAPH 54 REGION 9 TEENAGE PREGNANCY RATES VS. NATIONAL AVERAGE 2015



CENTERS FOR DISEASE CONTROL

The chart below demonstrates how each county ranked in Texas for 2014 and 2015. The red indicates that the county moved up in ranking, the green indicates a downward trend and the county ranking fell. The yellow indicates that there was no change in the ranking of the county. As one can see, 54% (labeled in red) of the counties in Region 9 continued an upward trend in the number of teenage pregnancies. Twenty-six percent of the counties (labeled in green) showed a downward trend in the overall county rankings in Texas. The unchanged counties are labeled in yellow. These averages were down based directly on the number of teens divided by the teen population for that county.

TABLE 55 REGION 9 COUNTY RANKING IN TEENAGE PREGNANCIES VS. TEXAS 2014-2015

Region 9 County Ranking in Teenage Pregnancies vs. Texas 2014-2015								
County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking 2014
Ector	13	18	Sutton	71	102	Tom Green	160	160
Reeves	15	21	Gaines	72	80	Menard	171	178
Crockett	17	13	Midland	75	87	Sterling	172	154
Dawson	19	14	Reagan	76	65	Irion	210	221
Andrews	26	43	Concho	95	89	Coke	229	229
Howard	31	33	Upton	100	111	Mason	232	233
Pecos	32	35	Winkler	101	127	Borden	NR	NR
McCulloch	43	40	Schleicher	135	123	Glasscock	NR	NR
Ward	45	46	Crane	146	166	Loving	NR	NR
Martin	62	86	Kimble	151	163	Terrell	NR	NR

COUNTY HEALTH RANKINGS AND ROADMAPS

TABLE 56- COUNTIES WITH THE HIGHEST GONORRHEA RATES IN TEXAS, 2014

Counties with the Highest Gonorrhea Case Rates in Texas, 2014			
County	Rate per 100K	County	Rate per 100K
1.) Potter	448.9	14.) Hutchinson	197.5
2.) Bell	308.4	15.) Dallas	197.2
3.) Bowie	274.5	16.) McLennan	190.6
4.) Gregg	258.9	17.) Dimmit	189.4
5.) Lubbock	250.7	18.) Cass	188.4
6.) Jefferson	241.0	19.) Travis	187.5
7.) Ector	239.8	20.) Garza	186.5
8.) Robertson	236.4	21.) Knox	181.4
9.) Frio	221.3	22.) Washington	174.2
10.) Nueces	207.5	23.) Angelina	173.2
11.) Nolan	205.4	24.) Brazos	172.1
12.) Tom Green	203.2	25.) Deaf Smith	171.9
13.) Midland	197.9		

Gonorrhea:

Gonorrhea is a treatable sexually transmitted disease, or STD. Unfortunately, many people who have gonorrhea are asymptomatic.⁸⁸ The STD rates for Region 9 mimic the pregnancy rates. Ector county ranked 7th in Texas with the highest rates of Gonorrhea. Tom Green County was 12th and Midland County was 13th. Table 56 shows the top 25 counties in the state of Texas.

Syphilis

Syphilis is an STD that can be cured if treated in the early stages. If not treated quickly, syphilis can cause long-term complications for the carrier. In 2013, there were 56,471 cases of syphilis reported to the CDC.⁸⁹ Of these reported syphilis cases, 17,375 were primary and secondary syphilis. The P & S Syphilis is

Reeves County ranked #1 in Texas as having the highest total syphilis rates.

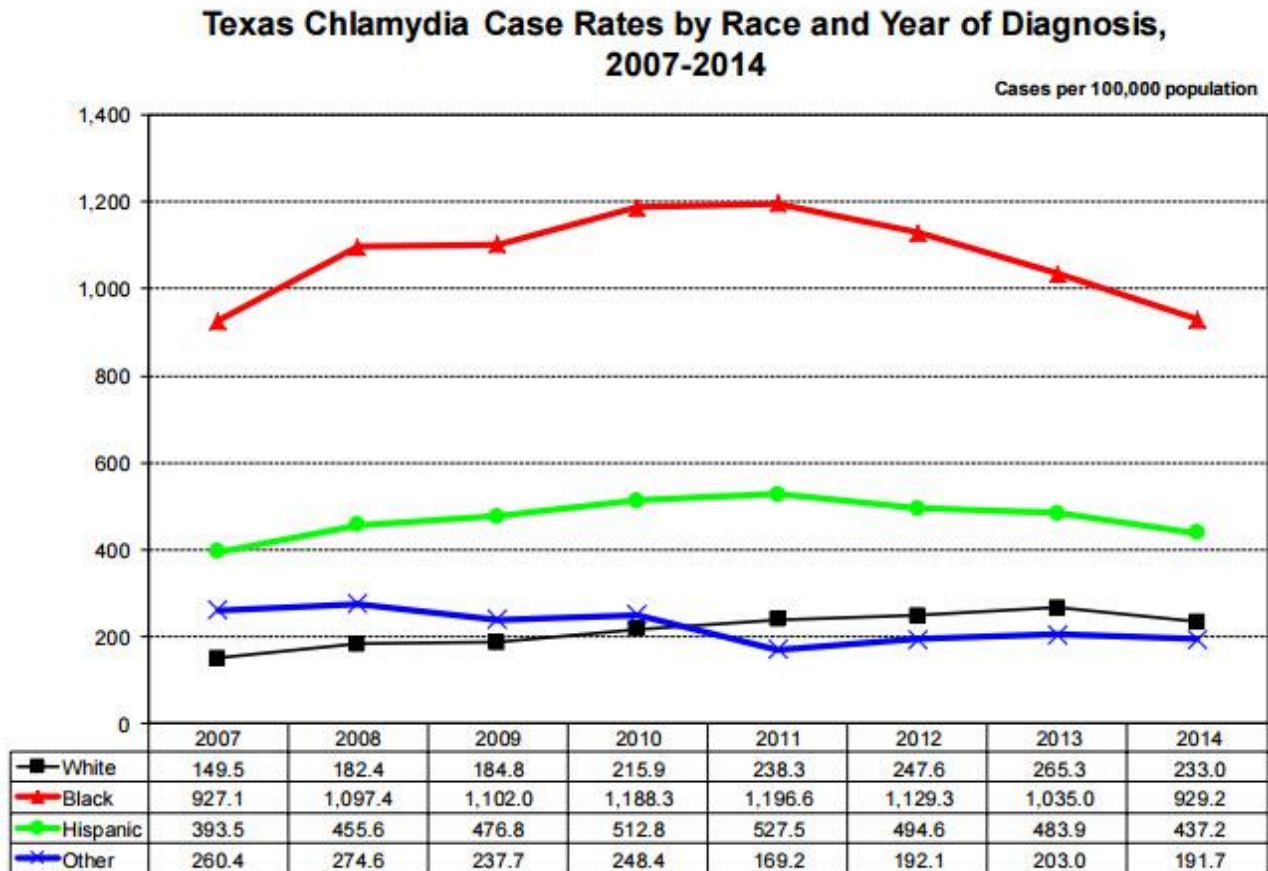
the earliest and most transmissible stages of syphilis. In the 90's, syphilis primarily occurred among heterosexual men and women of ethnic minority groups. However, in the 2000's, syphilis cases began to increase in homosexual men. Minorities are disproportionately affected by P & S Syphilis in the United States.⁹⁰ No counties from Region 9 appear on the top twenty-five counties with P & S Syphilis. However, Reeves County is ranked first in Texas on the total number of syphilis case rates in 2014. Midland/Odessa Area AIDS Support tests

individuals throughout the city in a mobile testing unit. In an interview with local AIDS Support Representatives, clinicians indicated there has been a large, recent uptick in the number of syphilis cases in Midland and Odessa. Health professionals are currently working to educate the public about syphilis and are trying to prevent an outbreak.

Chlamydia

Chlamydia is a treatable STD and can be cured with antibiotics. If left untreated, chlamydia can cause serious consequences in women including pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy, and chronic pelvis pain. Chlamydia is asymptomatic and screening by a doctor is necessary to identify the infection. In 2013, there 128,036 reported cases of chlamydia in Texas. Data shows chlamydia cases are down 2.4% from 2012 in Texas. Figure 10 shows the average case rates by race and year of diagnosis. In 2011, the cases of chlamydia being diagnosed were the highest.

FIGURE 57- TEXAS CHLAMYDIA CASE RATES AND YEAR OF DIAGNOSIS 2007-2014

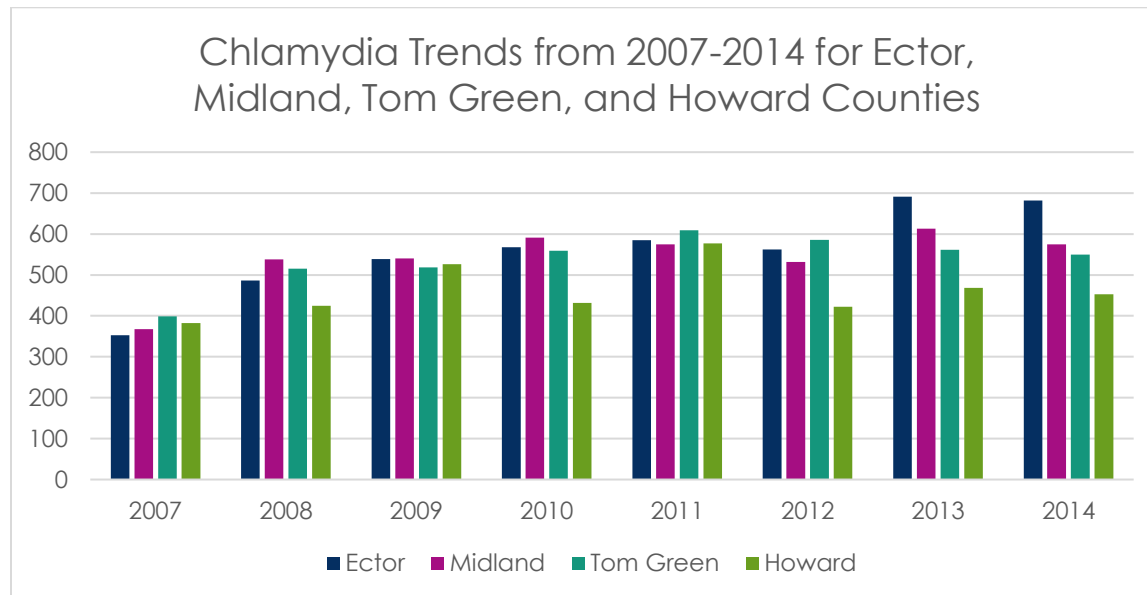


Department of State Health Services

Ector County ranked as the 8th highest county in Texas for chlamydia cases. Midland County ranked as the 25th highest. Since 2007, the rates of chlamydia have steadily risen in Ector County. In 2007, there were 460 cases of chlamydia reported and in 2014 there were 1,050 cases of chlamydia in Ector County. In the last 8 years, cases have almost doubled. Figure 58 on the next page shows the historic trends of Midland, Ector, Tom Green, and Howard Counties.

“Ector County ranked as the 8th highest county in Texas for chlamydia cases and the 7th in Texas for gonorrhea cases.”

FIGURE 58- CHLAMYDIA TRENDS FROM 2007-2014 FOR MIDLAND, ECTOR, AND TOM GREEN COUNTIES



Misunderstandings about Marijuana

With the legalization of marijuana in some parts of the country, legalization has only added to the confusion about marijuana and its harmful effects. Retail marijuana distributors paint a glossy image of the effects of marijuana. Some legalizers want to use marijuana as a medication. In fact, there are two chemicals in marijuana that researchers think have a medicinal application. Cannabinol (CBD)- which seems to impact the brain without a high- and tetrahydrocannabinol (THC)- which has pain relieving properties- are the active ingredients in marijuana.⁹¹ Marijuana can be used to treat glaucoma, as research indicates that smoking marijuana can relieve some of the pressure on the eyes which decreases the damage to the optic nerve. Ophthalmologist can also treat glaucoma with prescription eye drops or surgery depending on the severity of the glaucoma.⁹² CNN has even reported “numerous studies have shown the viability of cannabis as a potential cancer treatment.” Some marijuana strains have been proven to be effective on some diseases.

According to a White House report, Americans spend approximately \$100 billion on illegal drugs every year.⁹³ The former Mexican President Vicente Fox has even voiced support for an American entrepreneur who wants to import marijuana into the United States and sell it legally.⁹⁴ Analysts are still trying to work out the long-term effects that a shift in legalization would have on the Mexican cartel finances and violence. The legal marijuana industry could be the fastest growing sector of the U.S. economy as it grew 74% in 2014 to 2.6 billion dollars.⁹⁵ According to a Time News report, U.S. border agents have seen a “steadily smaller amount” of marijuana coming across the border in the past years: 2.5 million pounds to 1.9 million pounds in 2014. Even the Mexican Army has seen a steep drop in the amount of cannabis they confiscate: 664 tons of marijuana in 2014, a 32% drop from 2013. Mexican officials point out with the killings of major Mexican cartel members, remaining cartel members may be inadequately equipped to keep trading at the same levels.

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From 2002 to 2010, the amount of marijuana consumed in the United States increased by about 40% while the amount of cocaine consumed in the United States decreased by about 50%. These consumption figures are consistent with supply-side indicators, such as seizures and production estimates.⁹⁶ With the legalization of marijuana in Colorado and with the estimated 135 million in taxes and fees that legalization has generated, Colorado has been able to inject 35 million into their school systems and designate another 12 million for youth and substance abuse programs.⁹⁷

According to the National Institute on Drug Abuse, there has been “substantial evidence from animal research and a growing number of studies in humans that indicate that marijuana exposure during development can cause long-term or possibly permanent adverse changes to the brain.”⁹⁸ Rats exposed to THC during adolescence development showed signs of cognitive impairment in the hippocampus region of the brain. Two longitudinal studies suggest marijuana causes functional impairment in cognitive abilities but these effects are in part due to the age at which people first start using, as well as the duration of use.⁹⁹

A study in New Zealand found persistent marijuana use starting in adolescence is associated with an average loss of 8 IQ points in mid-adulthood.¹⁰⁰ This study also showed that adolescents who had smoked heavily but then quit never regained the IQ points that they had lost. In one study where rats were exposed to THC every day for 8 months, the rats showed a level of nerve cell loss equaled to that of an unexposed animal twice their age.¹⁰¹

In February 2015, The National Transportation Safety Board (NHTSA) did a “Crash Risk” Study in which data was collected from more than 3,000 crash-involved drivers and 6,000 control drivers (not involved in crashed).¹⁰² Breath alcohol measurements were obtained from a total of 10,221 drivers, oral fluid samples from 9,285 drivers, and blood samples from 1,764 drivers. “The results indicated that there was a statistically significant increase in unadjusted crash results. However, when the data was analyzed incorporating adjustments for age, gender, ethnicity, and alcohol concentration levels, there did not show a significant increase in levels of crash risk associated with the presence of drugs.”¹⁰³ The NHTSA points out that these findings “do not indicate that drug use by drivers is risk-free” and acknowledge there are limitations to the study.¹⁰⁴

In these studies, it is hard to compensate for the chronic use of the illegal substance, potency of illegal substance, and time of last use. The psychoactive ingredient in marijuana, THC, can be detected in the body or blood for days, possibly weeks, long past the point where consumers experienced any psychoactive effect.

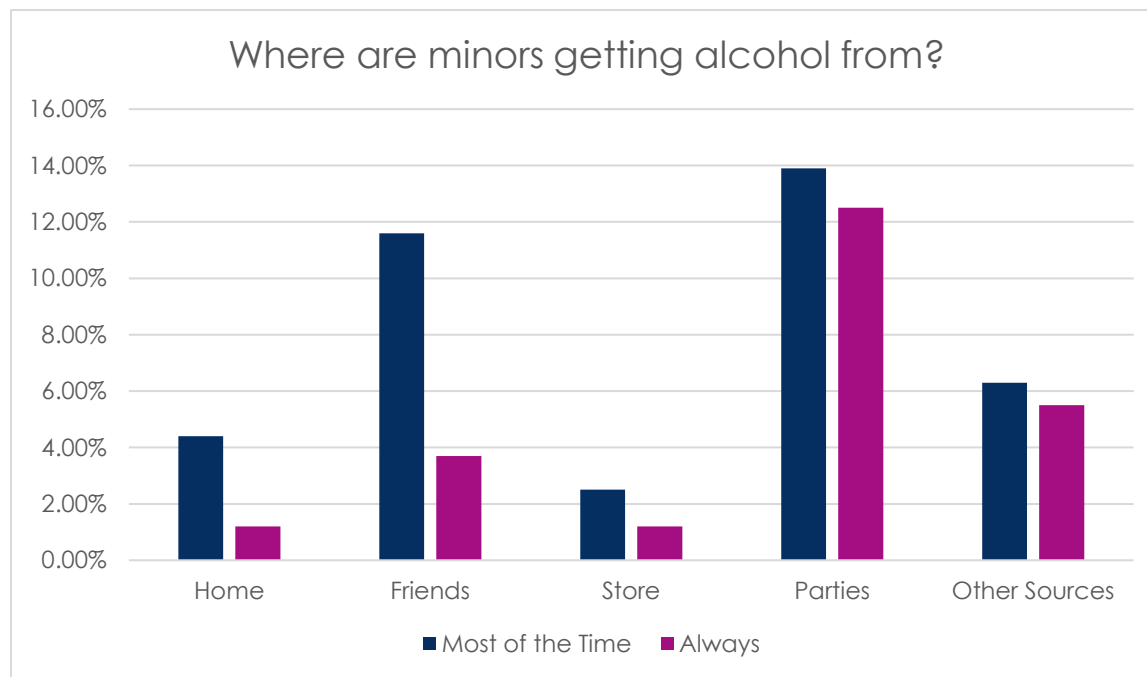
Marijuana is a completely misunderstood drug. There is information that claims it’s a horribly addicting “gateway” drug that has a high potential for overdose. On the other end of the spectrum, some medical marijuana enthusiasts claim marijuana is a cure-all medicine and the only true form of medication. Some have even said that the government will not legalize marijuana until the government can find a way to tax it. No matter what one’s stance is on marijuana and its benefits in recreational or medicinal use, one can find that information on the internet.

Accessibility

Underage drinking remains a widespread public health problem and has been found to be associated with high rates of motor vehicle accidents, homicides, and suicides. The long term effects of alcohol on the teenage brain are not fully understood. Research shows the younger teenagers start drinking, the

more likely they are to have a problem with alcohol in the future. According to the 2014 Texas School Survey, most minors are getting alcohol from the parties that they attend. It is significant to mention that almost half of the students who were surveyed agreed they did not get/drink alcohol while they were out.

TABLE 59- WHERE ARE MINORS GETTING ALCOHOL FROM?



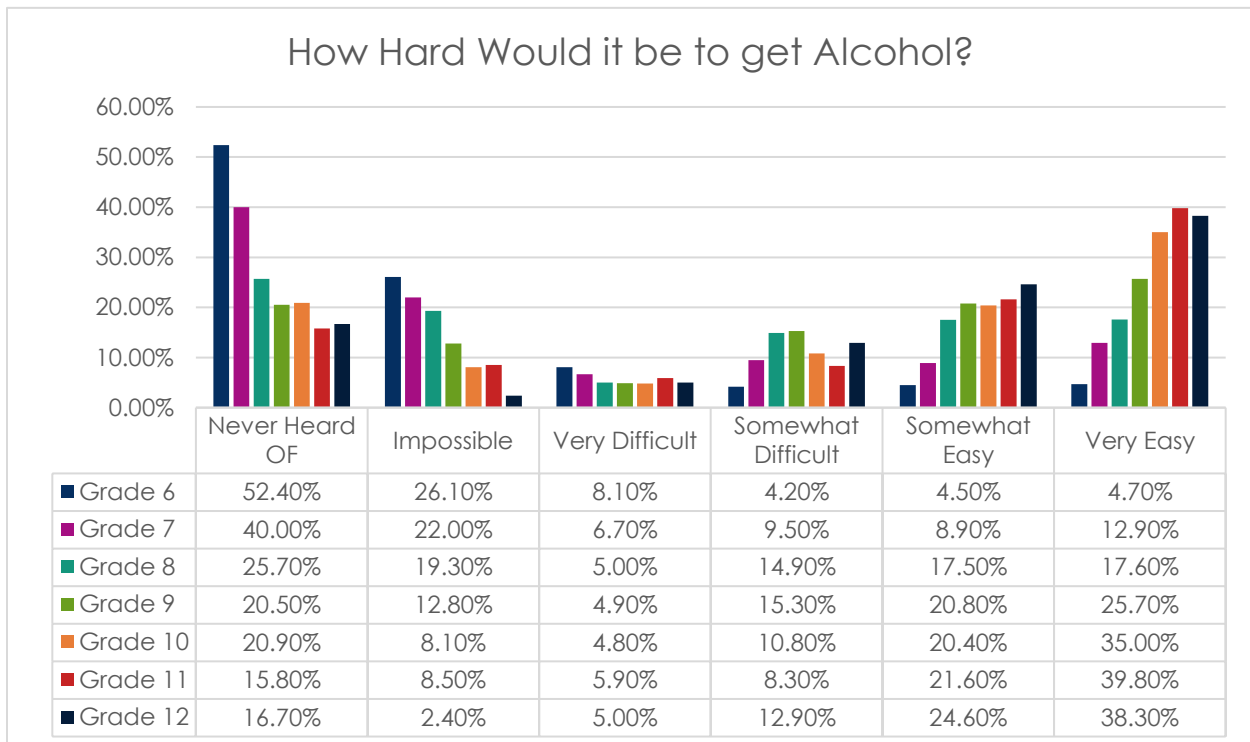
Perceived Access of Alcohol

In 2015, there were 123 TABC, or Texas Alcoholic Beverage Commission, charges in Region 9. The following chart shows in which counties the TABC charges were from. Tom Green County had more TABC cases than of the other counties combined. Thirty-four percent of the total charges for the region were for sale, service, and delivery of an alcoholic beverage to a minor in 2015. Twenty-three charges were for sale and service to an intoxicated person. There were 41 cases that ended with the arrest of the perpetrator in 2015. No single bar or establishment had a disproportionality high number of charges. These charges were spread throughout the year so there is no significant time period in which there were too many arrests. The 2014 Texas School Survey asked high school students “if you wanted some, how difficult would it be to get alcohol?” The following graph shows the answers for sixth through twelfth graders. In 2015, the Texas School Survey focused its attention toward perceptions of drug and alcohol use among college students.

TABLE 60-TABC CASES IN REGION 9

TABC Cases in Region 9	
Tom Green	70
Ector	18
Midland	12
Howard	6
Kimble	5
Ward	4
Sutton	3
Schleicher	3
Concho	1
Loving	1

TABLE 61- HOW HARD WOULD IT BE TO GET ALCOHOL?



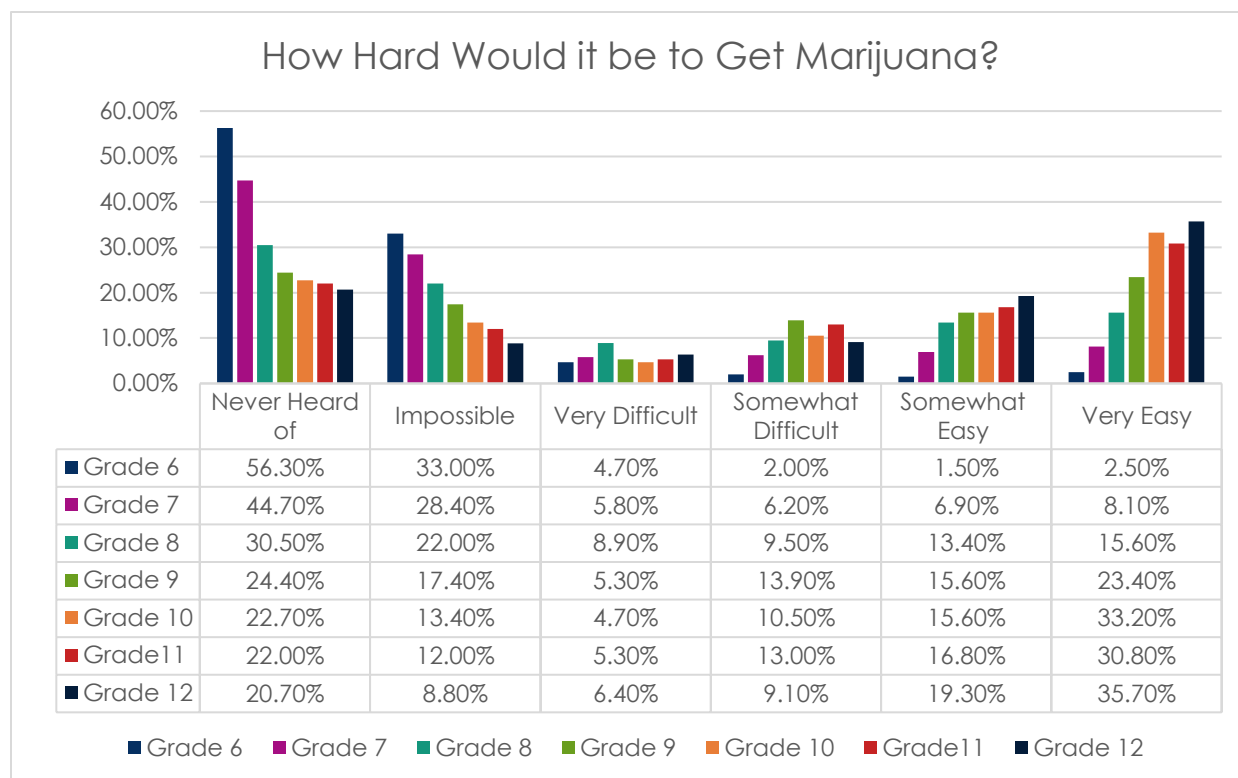
In 2015, the Texas School Survey was given to college students and asked questions about alcohol and drug use on campus. Over 81% of college students reported that they had used alcohol before and 60.9% said they had consumed alcohol within the last 30 days.¹⁰⁵

Perceived Access of Marijuana

The 2014, Texas School Survey gives us a glimpse into the minds of Texas teenagers and how hard it is for them to obtain drugs. It seems that the older the teenagers are, the easier it is for them to access marijuana. Very few students in any grade think that it is “very difficult” for them to obtain marijuana. Among high school students in general, nearly 1 in 3 students found it “very easy” to get marijuana. The pervasive issue of access to drugs among youth is significant because of the health risks associated with adolescent drug use. Since the brain is not fully developed while these students are in high school, it is important to incorporate a strong prevention message among students considering the perceived easiness of access of marijuana.

“Nearly 1 in 3 high schools students believe it is ‘very easy’ to obtain marijuana.”

TABLE 62- HOW HARD IS IT TO GET MARIJUANA AMONG 6TH-12TH GRADERS?

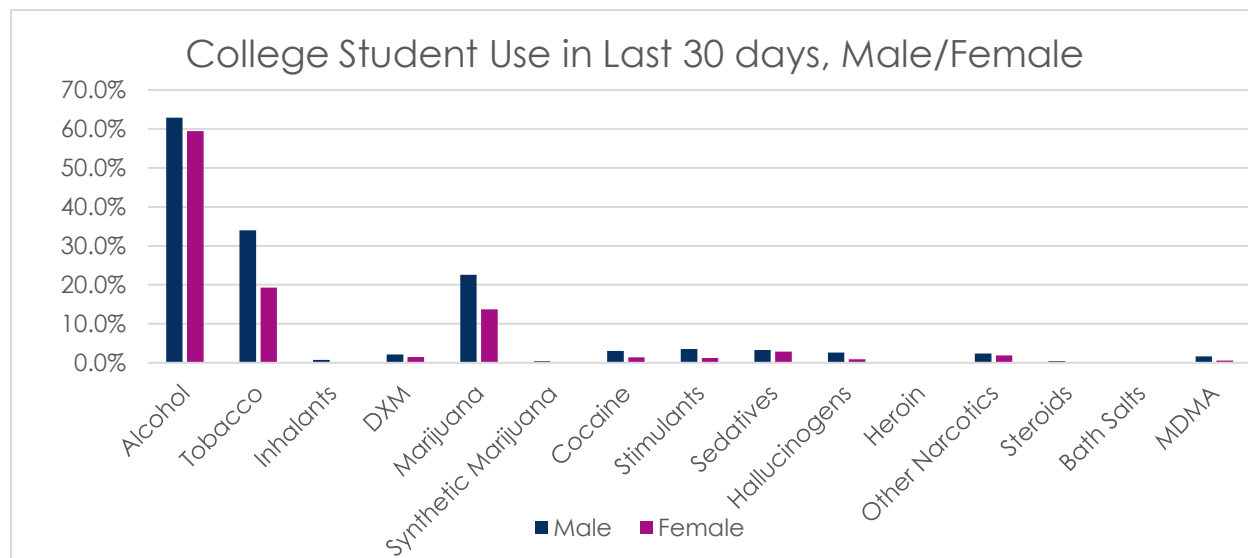


Perceived Access of Prescription Drugs

There were 221,595,247 prescriptions that were filled in Texas in 2015. No doubt most of prescriptions filled in 2015 were to individuals who generally needed the medication for sickness or disease. However, according to the American Society of Addiction Medicine (ASAM), drug overdose is the leading cause of accidental death in the U.S., with 47,055 lethal drug overdoses in 2014.¹⁰⁶ ASAM also goes on to state that “the overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate.”¹⁰⁷ The Texas School Survey in 2015 found that 26% of college students reported that they had used a prescription drugs without medical intention within the last 30 days. Pain killers were the most commonly abused prescription drug, with about 16% of the respondents reporting that they had used pain killers such as Vicodin, OxyContin, or Codeine for the experience of feeling it gave at some point in their lives.

“26% of college students used prescription drugs in the past 30 days without medical intentions.”

TABLE 63- COLLEGE STUDENT ATOD USE IN LAST 30 DAYS



Alcohol Retail Permit Density and Violations

There are 2,150 places in Region 9 where you can buy alcohol. Alcohol can be sold in grocery stores, liquor stores, convenient stores, as well as bars and entertainment clubs. Retail permit density is also very high for such a widespread region like Region 9, where there are .378 alcohol retailers per square mile. Though the number of compliance violations were low in Region 9, 1,029 failed state compliance checks according to the 2015 Report to Congress on the Prevention and Reduction of Underage Drinking.¹⁰⁸ Of these violations in 2015, less than 20 were in Region 9.

Social Hosting of Parties

Currently in Region 9 the Here 2 Impact (H2i) Coalition is working on passing a social host ordinance in Ector County in which adults who provide a place for minors to drink alcohol will be ticketed. According to Texas law adults cannot furnish alcohol to minors, and the social host ordinance would take this one step further and ticket adults who knowingly provided place or property to teenagers with the intent to illegally consume alcohol. The social host ordinance is being discussed at the highest levels of the city government and H2i is hoping to receive word very soon if the ordinance will be passed.

Marijuana Access

Marijuana seems to be increasingly easier to get, as well as more acceptable in social circles. New Mexico has recently legalized medical marijuana, and there are several shops that sell marijuana. In a study published in the Lancet Psychiatry Journal, rates of use among teenagers in states that have legalized marijuana has actually fallen.¹⁰⁹

Prescription Drugs Access

According to the U.S. Food and Drug Administration in 2013, there were 137 million prescriptions written for pain killers. In 2013 the FDA decided that there needed to be new regulations put in place for these painkillers. In 2013 the FDA also authorized refills for painkiller prescriptions could no longer be called into the pharmacy and that doctors would have to rewrite the prescriptions each time. All of these regulations were in an attempt to decrease the number of people that were becoming dependent on opioids. An opioid is known as an opium-like compound that binds to one or more of the three opioid receptors in the brain.¹¹⁰ This table shows the percent of medications in each county that are opioids. The state average is 5.79% of prescriptions filled are opioids. These numbers only tabulate Medicaid Part D prescriptions. The counties in red indicate that the county was above the state average.

Illegal Drugs on School Property

According to the Texas Education Agency, the chart on the following page shows the number of violations for illegal drugs on school properties. Though school districts counteract drug possession at schools to the best of their abilities with drug dogs, local task forces, and local police

Table 64- PERCENT OF OPIOIDS PRESCRIBED IN REGION 9

Percent of Opioids Prescribed in Region 9				
County	Provider Count	Opioid Claim Count	Total Claim Count	% Opioid Claims
Winkler	5	68	758	8.97
Glasscock	79	10217	118701	8.61
Howard	79	10217	118701	8.61
Concho	6	1326	16219	8.18
Midland	326	35983	465284	7.73
Gaines	16	2477	66697	7.42
Ward	14	1649	24540	6.72
Reeves	21	2987	49787	6.00
Kimble	10	1423	24360	5.84
Tom Green	373	35322	611127	5.78
Crockett	4	783	14006	5.59
Andrews	27	2512	45628	5.51
Crane	7	693	12600	5.50
Irion	137	15824	291461	5.43
Dawson	17	1835	35917	5.11
Mason	103	11531	229440	5.03
Martin	21	2051	41263	4.97
Ector	466	29243	597909	4.89
Menard	11	1646	33790	4.87
McCulloch	9	1582	33469	4.73
Sutton	9	699	15781	4.43
Borden	4	126	2865	4.40
Pecos	26	1921	44866	4.28
Reagan	2	398	10066	3.95
Upton	5	152	7473	2.03
Coke	3	0	6520	0
Loving				0
Schleicher				0
Sterling	1	0	39	0
Terrell	2	0	2178	0

2013 Medicaid Part D Opioid Prescription Claims

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cooperation, drugs still are a serious problem on high school campuses and that is reflected by recent TSS data. The statistics in the chart below are only for the schools that are in the Region 9 area. Some numbers may have been masked in the original sample size, because of the low number. The chart below includes only schools from our region and does not include the entire educational district.

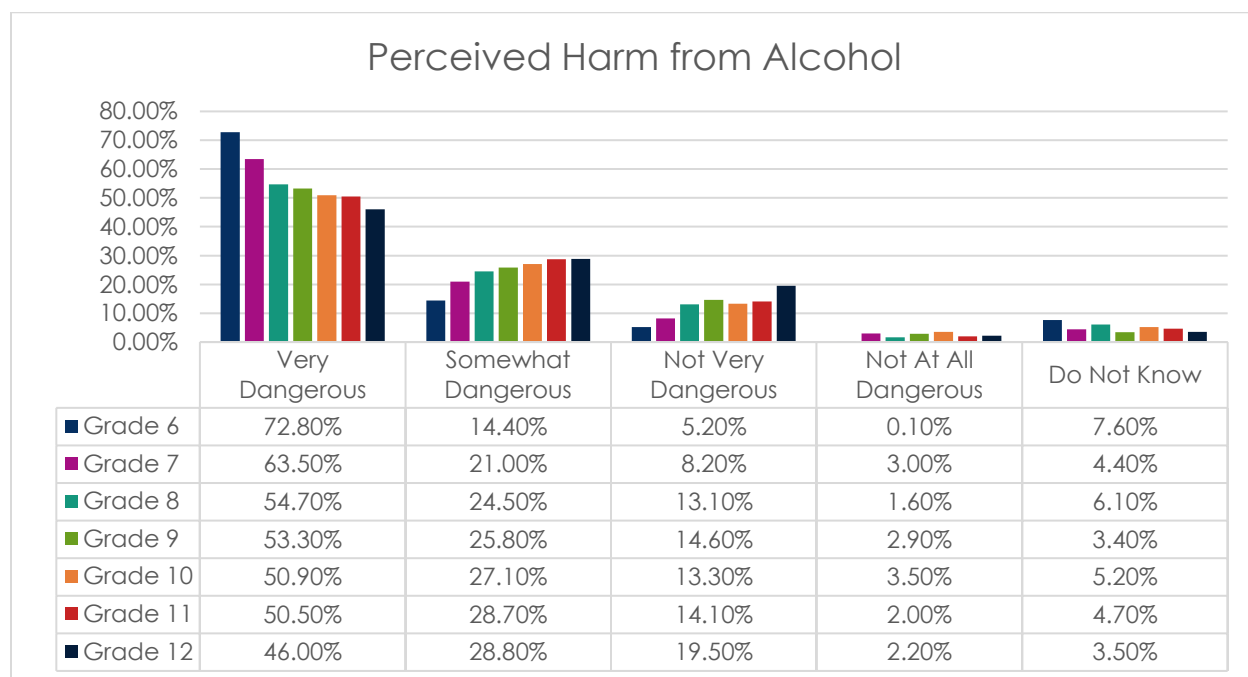
On-Campus Violations for DSHS Region 9 in 2015						
Texas Education Agency	Tobacco	Difference from Last Year	Alcohol	Difference from Last Year	Controlled Substance /Drugs	Difference from Last Year
Region 15	30	-14	8	-9	111	-8
Region 17	0	-56	0	-45	24	-42
Region 18	87	+14	76	+43	725	+52

FIGURE 65- ON-CAMPUS VIOLATIONS FOR DSHS REGION 9 IN 2015

Perceived Risk of Harm from Alcohol

According to data from the Texas School Survey, the majority of Region 9 students from grades 6 through 12 believe alcohol is very dangerous. However, nearly 1 in 5 senior students in Region 9 believe alcohol is not very dangerous. Considering many of these students are about to go to college and will be immersed in an environment where alcohol is not only more prevalent but more accessible, a strong prevention message is necessary to counter the perception of harm among older grade-school students in Region 9.

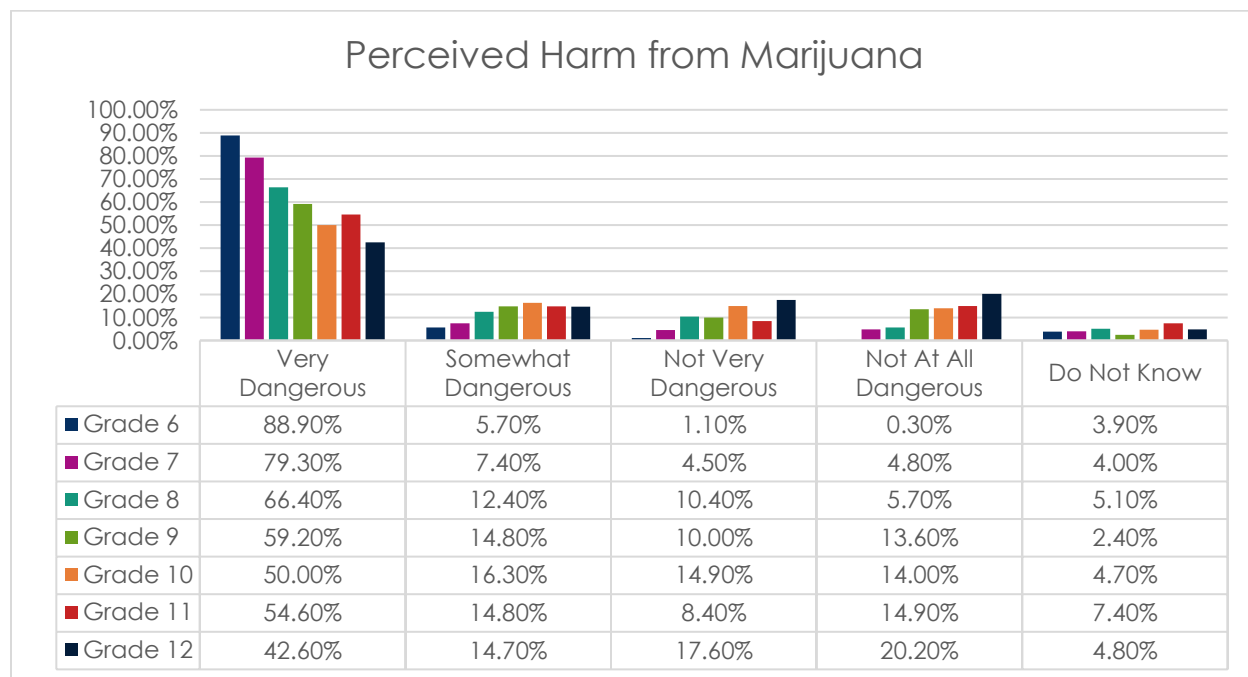
Table 66- Perceived Harm from Alcohol from Students Grades 6-12 in Region 9



Perceived Risk of Harm from Marijuana

For many years, prevention programs have advocated against smoking marijuana. According to the 2014 Texas School Survey, 88% of sixth grades see a “very dangerous” risk in smoking marijuana.¹¹¹ As the children get older they perceive less and less of a risk in smoking marijuana. Over 20% of high school seniors thought that marijuana was “not at all dangerous.”

TABLE 67- PERCEIVED HARM FROM MARIJUANA FROM STUDENTS GRADES 6-12 IN REGION 9

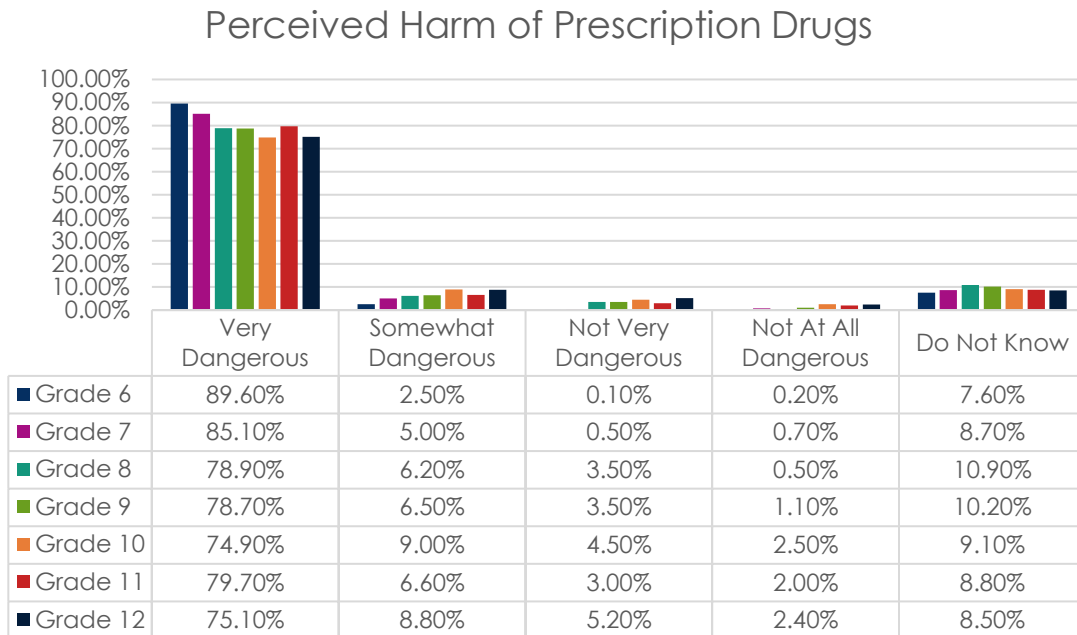


Perceived Risk of Harm from Prescription Drugs

Prescription drug use has become a hot button issue recently. When medications are taken as prescribed by doctors they can be useful and effective. The 2014 Texas School Survey revealed that high schoolers in Region 9 and 10 understand that prescription drugs can be “very dangerous.” Every day in the media there are more and more reports of celebrities overdosing or becoming addicted to prescription drugs. The FBI has recently produced a film called “Chasing the Dragon” in which opioid use highlights the stories of abusers.¹¹² Women are more likely to have chronic pain and be prescribed prescription pain relievers, as well as be given higher doses, and use pain relievers for a longer period of time. Women may become dependent on prescription pain relievers more quickly than men.¹¹³

On the next page, data from the 2014 Texas School Survey indicates that many students in Region 9 and 10 believe prescription drugs can be very dangerous. In fact, every grade surveyed had at least 75% reporting that prescription drugs are very harmful. However, almost 10% of students surveyed said they did not know if prescription drugs were harmful, meaning there is a lack of information among youth describing the dangerous of prescription drugs.

TABLE 68- PERCEIVED HARM FROM PRESCRIPTION DRUGS FROM STUDENTS GRADES 6-12 IN REGION 9



Regional Consumption

Regional consumption is broken up into four sections: alcohol, marijuana, prescription drugs, and emerging trends. The Centers for Medicaid and Medicare Services recorded 1017 seeking substance abuse treatment from Region 9 in 2015. There were 167 adolescents seeking help for substance abuse from Region 9 in 2015. The table below from the Texas School Survey indicates various substance use among students from 6th to 12th grade, including alcohol, marijuana, prescription (Rx) drugs, tobacco, and synthetic marijuana.

Substance Comparison, Texas, Grades 7-12
TSS 2014

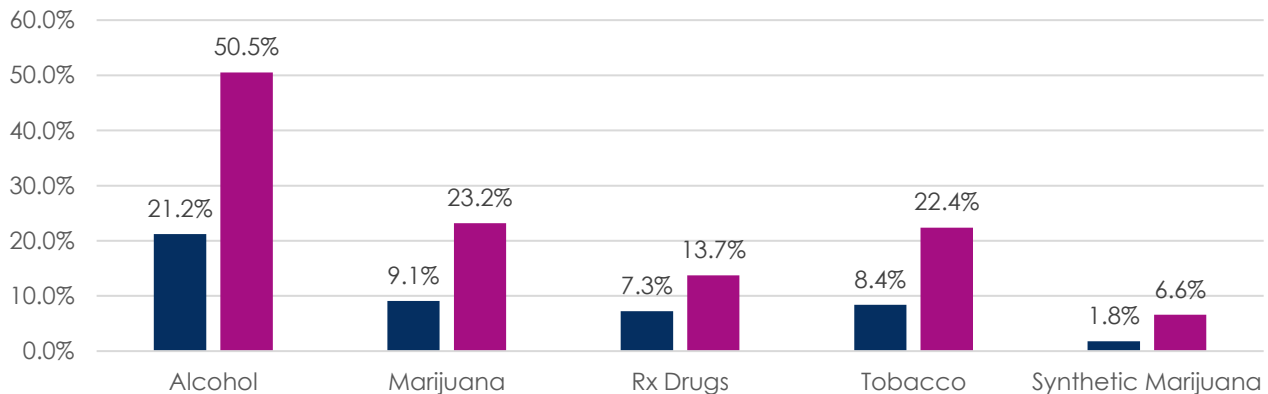


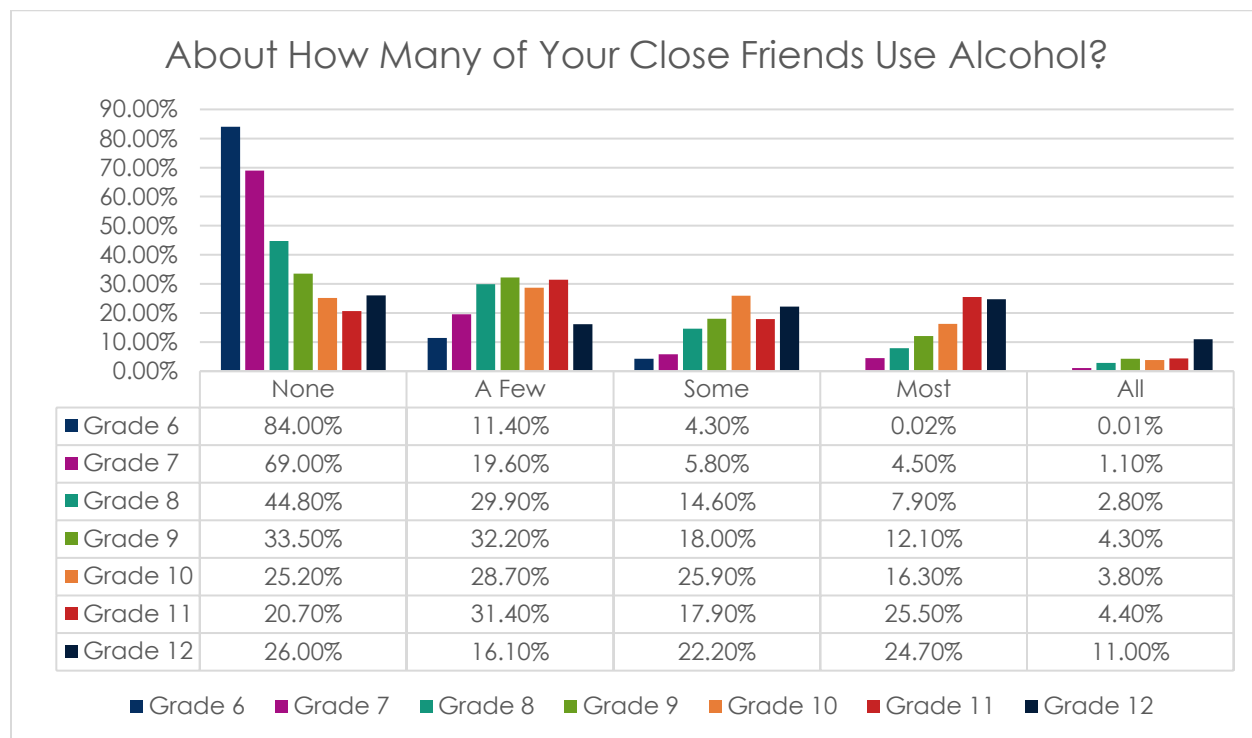
FIGURE 69- SUBSTANCE COMPARISON, TEXAS, GRADES 7-12 TSS 2014

Alcohol

Data from the Texas School Survey indicates alcohol consumption amongst minors in Region 9 is an omnipresent issue. Data concludes that 1 in 4 junior and senior students have many close friends that consume alcohol. The table below clarifies this data, as well as show trends that alcohol consumption amongst close friends significantly increases from grades 6 to 12. Though this is largely expected amongst growing youth, the numbers for Region 9 are staggering regarding the prevalence of the issue amongst growing youth, the numbers for Region 9 are staggering regarding the prevalence of the issue among older, high school students. TSS data also concludes that nearly 1 in 9 seniors say all of their close friends consume alcohol.

Unsurprisingly, current and lifetime consumption of alcohol by seniors in Region 9 is the highest in the state compared to other DSHS regions. According to data from the Texas School Survey, nearly 40% (39.8%) of 12th grade students currently drink alcohol while the next closest region is at 36%. The underage drinking issues within Region 9 must be addressed as underage drinking is very academically, monetarily, socially, and legally costly.

FIGURE 70- ABOUT HOW MANY OF YOUR CLOSE FRIENDS USE ALCOHOL?



Age of Initiation

According to data from the Texas School Survey, the age of initiation for alcohol consumption is 12-13 years old. This is similar to the state average across the board for other regions. However, nearly 40% of students grades 6-12 said they were initiated to alcohol before the age of 13. Clearly a prevention message is needed within Region 9 in order to counterbalance the early age of initiation of alcohol, because nearly half of students in the area have been initiated with alcohol before they are even a teenager. The table on the next page shows the age of initiation among DSHS regions throughout Texas. Region 9 is highlighted for convenience.

FIGURE 71- AGE OF INITIAL USE OF ALCOHOL

Region	Age of Initiation	Early Initiation (<13)
State**	12.9	38.0%
1&2	12.8	38.9%
3	12.6	43.5%
4	12.9	38.4%
5&6	12.8	40.7%
7&8	12.6	44.0%
9&10	12.9	38.3%
11	13.1	35.40%

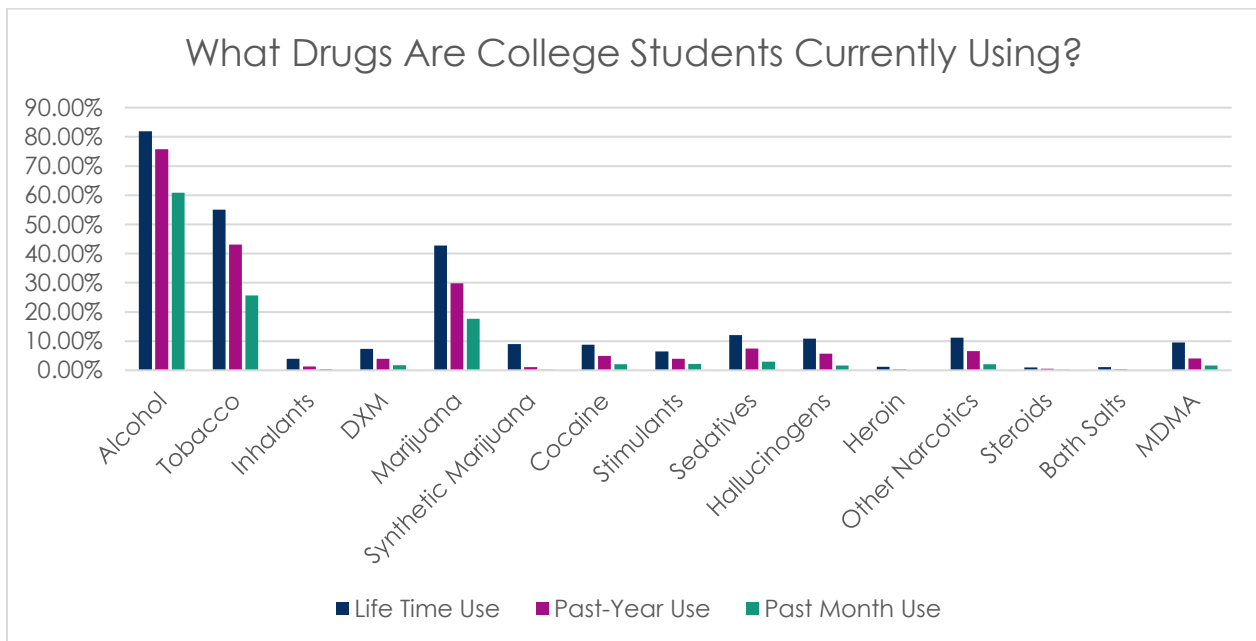
Early Initiation

In the 2015, the Texas School Survey questioned underage college students who were asked how they got alcohol. About 12% of students claimed they had a fake I.D., but 22% reported that they were able to get alcohol simply because they were not carded when they bought it. Students said that getting alcohol at restaurants was the easiest (30%), followed by gas stations (23%).

Current/Lifetime Use

The 2015 Texas School Survey shows that 82% of college students reported that they have used alcohol in their lifetime, while 76% reported having used it in the last year and 61% reported having used it in their lifetime. The college students also said that 25% preferred to drink beer and 24% said that they would prefer to drink liquor.

FIGURE 72- WHAT DRUGS ARE COLLEGE STUDENTS CURRENTLY USING?



Among college students, and as the graph on the previous page shows, alcohol consumption is the most pervasive issue Region 9 faces. Though regional campuses are trying to contain the issue of college binge drinking by establishing programs like “Safe-Ride” for students who need an anonymous, free ride home due to intoxication, it is clear that prevention of binge drinking on college campuses must be promoted.

FIGURE 73- COUNTY RANKINGS ALCOHOL EXPENDITURES PER CAPITA

County	Rank	County	Rank	County	Rank
Andrews	216	Howard	176	Reagan	215
Borden	242	Irion	200	Reeves	96
Coke	175	Kimble	199	Schleicher	109
Concho	197	Loving	254	Sterling	98
Crane	50	Martin	30	Sutton	217
Crockett	183	Mason	229	Terrell	208
Dawson	60	McCulloch	128	Tom Green	221
Ector	155	Menard	191	Upton	213
Gaines	26	Midland	206	Ward	149
Glasscock	231	Pecos	148	Winkler	123

Marijuana

Marijuana is a pervasive issue within Region 9. Not only are youth introduced to the drug at young age, but data shows consistent and substantial use from high school and through college. The criminality of marijuana reflects this data, as arrest records have increased dramatically, especially in the cities of Midland and Odessa. Between just the cities of Midland and Odessa, the two most populated cities within Region 9, there were 649 possession of marijuana arrests. In 2014, there were only 539 arrests made within Midland and Odessa for marijuana possession, showing an increase of 20% in the past year alone.

Age of Initiation

Data from the Texas School Survey indicates that the age of initiation for marijuana is 13.6 years old, which is younger than the state average of 13.8 years old. Similarly, over 1/4th of students surveyed in Region 9 claimed they experienced initiation to marijuana before the age of 13. Only 3 other DSHS regions claim to have more youth initiated to marijuana than Regions 9 and 10. The chart below from the Texas School Survey relays this data with Regions 9 and 10 highlighted in yellow for convenience.

FIGURE 74- AGE OF INITIAL USE OF MARIJUANA USE

Region	Age of Initiation	Early Initiation (<13)
State	13.8	23.1%
1&2	13.7	24.4%
3	15.2	20.7%
4	14.2	19.7%
5&6	13.6	25.8%
7&8	13.7	26.5%
9&10	13.6	25.3%
11	13.6	27.5%

Current/Lifetime Use

Data from the 2014 Texas School Survey indicates marijuana is a significant issue in Region 9 among 6th-12th graders. Compared to other DSHS regions, Regions 9 and 10 tied Regions 5 and 6 for the highest current marijuana use throughout the state among 6th-12th grade students. In fact, among 12th grade students, Regions 9 and 10 had the most 12th grade current and lifetime users of marijuana in the entire state. The table below reflects this data and clarifies the substantial problem of marijuana abuse among Region 9 youth. Regions 9 and 10 are highlighted in yellow for convenience.

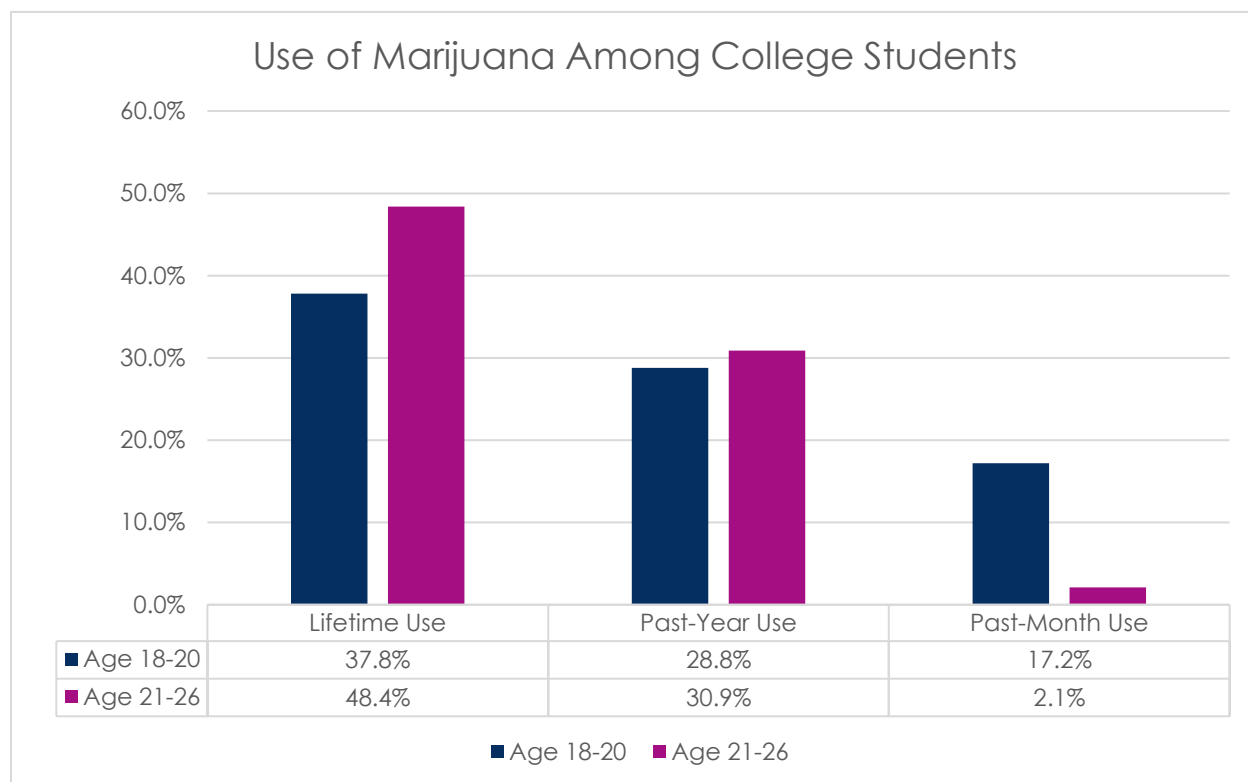
FIGURE 75- CURRENT USE OF MARIJUANA AMONG 6TH-12TH GRADERS

Region	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12
State*	9.1%	23.2%	15.2%	38.2%
1&2	7.9%	21.5%	14.7%	41.0%
3	6.7%	16.6%	13.7%	34.2%
4	5.9%	18.0%	15.5%	39.5%
5&6	9.5%	23.9%	18.1%	41.4%
7&8	6.9%	19.2%	11.1%	35.0%
9&10	9.5%	23.6%	18.2%	44.9%
11	8.6%	21.5%	17.6%	40.0%

According to the Texas School Survey from 2015, 48% of college student ages 21-26 have used marijuana at some point in their lifetime. Thirty percent of the 21-26 year olds have used marijuana within the last year. Seventeen percent of 18-20 year olds have used marijuana within the last 30 days. College students in Region 9 were much more likely to drink and smoke before they were to use marijuana.

“Regions 9 and 10 have the most 12th grade current and lifetime users of marijuana in the entire state.”

FIGURE 76- USE OF MARIJUANA AMONG COLLEGE STUDENTS



Prescription Drugs

SAMSHA estimates that 1.9 million people aged 12 or older in 2014 had a pain reliever disorder (PRD). The percentage of the population with a pain reliever disorder was similar to the percentages in most years from 2005-2013. Approximately 430,000 of the total 1.9 million people with a PRD were 18-25 years old. This age group has historically had the highest levels of pain reliever users. In 2012 the rates for pain reliever usage seemed to have peaked. However, pain reliever usage levels have been trending downward for the last two years.

Age of Initiation

SAMSHA estimates that .7% of adolescents aged 12-17 in 2014 had a pain reliever disorder in the past year, or approximately 168,000 adolescents. Rates has remained stable since 2002, but peaked in 2014 and has been trending downward since then. Despite downward trends of pain relievers prescribed to minors, easier access to information about prescription drugs coupled with an omnipresent issue of overprescribing prescription painkillers by doctors indicates a disastrous trend among youth, making prescription drugs easier to access from adult counterparts like grandparents, parents, and other siblings.

Early Initiation

Data from the Texas School Survey in 2014 reveals the prevalence of cough syrup, Vicodin, Lortab, Lorcet, Hydrocodone, DXM, Triple C's, Coricidin, Valium, and Diazepam in grades 6-12. Compared to state averages, Region 9 and 10 were the second highest among lifetime users throughout the entire

state. The table below shows the prevalence of prescription drug use among adolescents compared to other DSHS appointed regions. Regions 9 and 10 are highlighted in yellow for convenience.

FIGURE 77- USE OF MEDICATIONS AMONG TEENAGERS

Region	Current Use (past 30 days)	Lifetime Use (ever used)
State	7.3%	13.7%
1&2	7.8%	15.4%
3	6.4%	13.1%
4	8.7%	14.6%
5&6	7.7%	13.9%
7&8	8.2%	14.6%
9&10	7.6%	15.3%
11	5.5%	11.0%

Current and Lifetime Use

SAMSHA found in 2014, 27 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans (10.2%). This percentage in 2014 was higher than those in every year from 2002 through 2013. The illicit drug use estimates for 2014 continue to be driven by marijuana use and the nonmedical use of prescription pain relievers, with 22.2 million current marijuana users aged 12 or older and 4.3 million people aged 12 or older who reported current nonmedical use of prescription pain relievers.¹¹⁴

Qualitative Data

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, pharmacists, and other health professionals to track the prescriptions written and dispersed within a state. The Drug Enforcement Agency (DEA) relies on this data collection to compose an annual report on the number of prescriptions dispensed annually by state and county physicians. The chart on the next page reflects the total number of prescriptions written in Region 9 in 2015.

“Region 9 and 10 have some of the most adolescent lifetime users of prescription medicine throughout the entire state.”

FIGURE 78- SCHEDULED PRESCRIPTIONS FOR REGION 9

County	Not Scheduled	Schedule 2	Schedule 3	Schedule 4	Schedule 5	Total Prescriptions	Total Prescriptions per 100K Pop.
Andrews	99	9,238	1,339	7,983	1,054	19,713	125,801
Borden	15	221	43	262	35	576	88,752
Coke	60	2,235	212	1,599	305	4,411	135,265
Concho	18	1,828	200	1,475	240	3,761	90,452
Crane	55	2,126	331	2,055	316	4,883	105,601
Crockett	45	1,520	259	1,757	660	4,241	108,632
Dawson	113	6,436	624	4,103	1,132	12,408	87,313
Ector	947	78,980	13,616	68,005	10,948	172,496	118,809
Gaines	104	8,294	1,241	7,672	1,219	18,530	98,595
Glasscock	35	445	62	342	43	927	72,877
Howard	595	18,968	3,042	16,763	1,873	41,241	114,996
Irion	50	872	122	737	91	1,872	113,112
Kimble	55	2,265	318	2,547	418	5,603	120,469
Loving	3	39	4	17	11	74	90,244
Martin	53	1,800	254	1,467	229	3,803	75,471
Mason	97	2,113	394	2,212	269	5,085	125,991
McCulloch	259	4,087	530	3,247	483	8,606	102,331
Menard	19	1,503	158	1,186	198	3,064	135,996
Midland	2,668	88,162	13,893	70,696	9,671	185,090	128,811
Pecos	71	5,250	1,112	4,526	1,270	12,229	75,534
Reagan	48	1,214	184	964	187	2,597	73,176
Reeves	35	5,884	881	5,504	1,292	13,596	95,531
Schleicher	55	1,421	124	964	260	2,824	78,076
Sterling	19	610	76	592	70	1,367	115,359
Sutton	26	1,588	217	1,345	238	3,414	79,266
Terrell	0	533	43	329	62	967	95,648
Tom Green	2,435	70,039	6,752	49,839	8,832	137,897	122,613
Upton	28	1,369	256	1,289	169	3,111	88,937
Ward	115	7,049	1,121	6,817	1,421	16,523	150,318
Winkler	38	3,888	687	3,652	502	8,767	117,159

Consumption of prescription drugs through Medicare in Region 9 reached a new high in 2015. According to DSHS data, there were 95,989 opioids prescribed under Medicare in Region 9. In 2014, DSHS data indicated that there were 93,281 opioids prescribed under Medicare in Region 9, showing an increase in opioids prescribed under Medicare by 2.9%. Of Region 9's 30 counties, Concho, Gaines, Glasscock, Howard, Kimble, Midland, Reeves, Ward, and Winkler Counties all had over 5.79% (the Texas average) of Medicare prescriptions fulfilled for an opioid.

Emerging Trends

Risky substance use and addiction undermine education and academic progress at all levels, directly affecting students' functioning and increasing the risk of poor academic performance, cognitive impairment, and school dropout.¹¹⁵ More than 90% of adults who develop a substance use disorder began using before they were 18 years old.¹¹⁶

Synthetic Cannabinoids

Synthetic cannabinoids are designer drugs chemically different from cannabis but are sold with the intention of getting some "high." Retail names such as "Spice", K-2, King Cobra, and Krunk Max are manufactured the similarly. Spices or shredded plant materials are sprayed with a synthetic chemical compound similar to THC.¹¹⁷ Texas legislature have taken steps to ban synthetic cannabinoids, but manufacturers are simply changing the formulas so police have a harder time determining if something is actually illegal. The table on the right shows the number of calls from January 2010-March 2016 in some Region 9 counties where people had negative side effects from taking synthetic marijuana.

Table 79- Synthetic Cannabinoids Calls to Poison Control

Synthetic Cannabinoids Calls to Poison Control Center from Region 9	
Ector	16
Midland	15
Howard	12
Tom Green	10
Gaines	9
Winkler	7
Ward/Pecos	5
Andrews	4
Kimble	3
Reagan/Sutton/Upton/Concho	2
McCulloch	1

Synthetic Cathinoids

Much is still unknown about how synthetic cathinoids/cathinones affect the human brain. Researchers do know that synthetic cathinones are chemically similar to amphetamines, cocaine, and MDMA (Methylenedioxymethamphetamine). The aforementioned drugs can cause a range of effects including lowered inhibition, anxiety, and depression.¹¹⁸ Synthetic cathinones are products that are marketed as "bath salts," but they should not be confused with the products such as Epsom salts that people use during bathing. Epsom salts have no mind-altering ingredients. People who have ingested cathinones have reported feeling energized as well as agitated.¹¹⁹ A recent study has found that cathinones effect the brain in a similar manner to cocaine but that it is at least 10 times more powerful.¹²⁰ Table 80 shows the number of calls that have originated in Region 9 from January 2010-March 2016 concerning individuals who had taken bath salts and were experiencing negative side effects. There is no way to monitor what happened after these calls.

TABLE 80- BATH SALTS CALLS TO POISON CONTROL

Bath Salt Calls to Poison Control Center from Region 9	
Ector	8
Howard	6
McCulloch	4
Andrews	3
Midland	2
Winkler	2
Pecos	1
Sutton	1
Tom Green	1
Ward	1
Martin	1

E-Cigarettes/Vaping

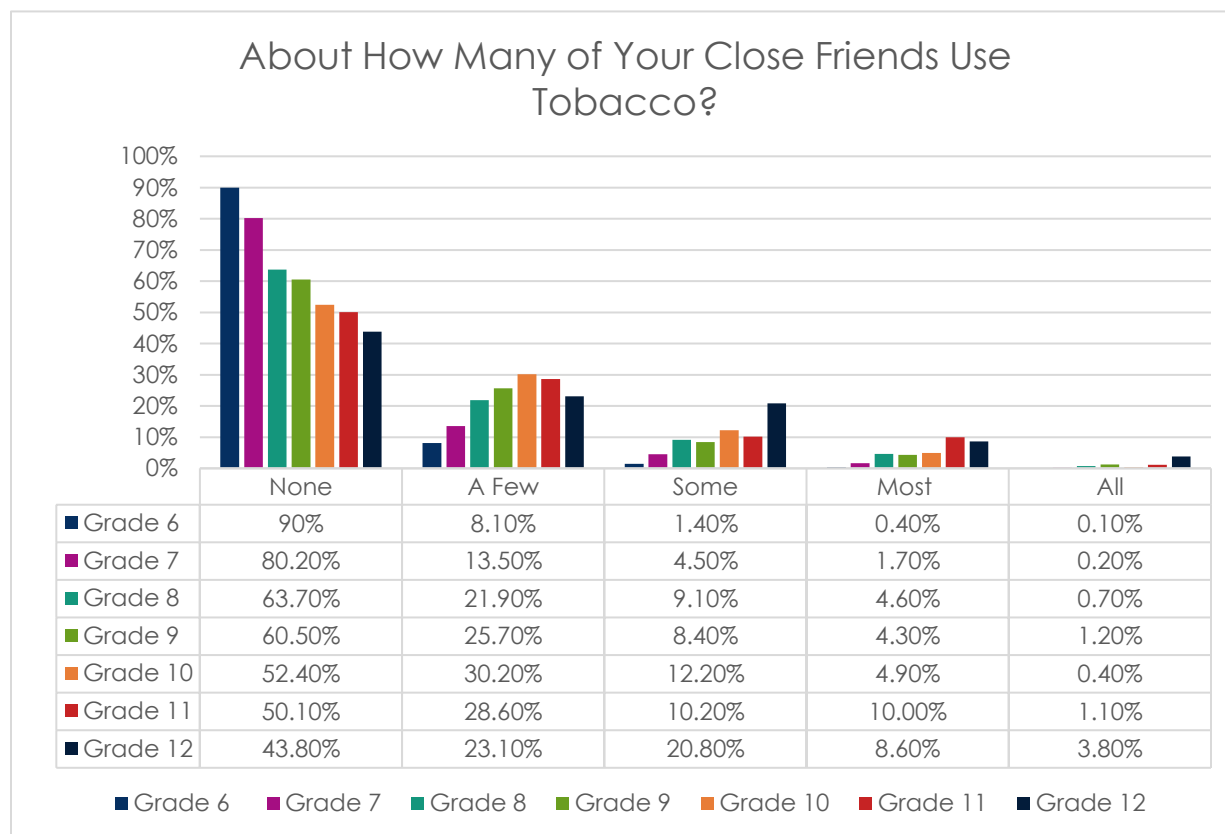
The Texas School Survey asked 6-12 graders, "About how many of your close friends use tobacco?" According to the TSS, many grade levels indicate that "none" of their friends use tobacco. While the number of traditional smokers keeps trending downward, vaping pens are more popular among

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teenagers than ever before. U.S. News reported that nearly 1 in 5 high school seniors used electronic cigarettes in the past month in 2015.¹²¹

A study at Durham University suggests that a majority of young people don't consider e-cigarettes smoking.¹²² Teenagers were attracted by the range of flavors and, in particular teenage boys, the ability to perform tricks with the vapors. This same study found that young people identified that traditional cigarettes were harmful, but electronic cigarettes were about personal choice and enhanced peer group status and socializing with friends. So while public health officials are debating about whether e-cigs are a "gateway" to a lifetime of smoking, many teenagers are not concerned about this and mainly care about social status.¹²³

FIGURE 81- ABOUT HOW MANY OF YOUR CLOSE FRIENDS USE TOBACCO?



The Monitoring the Future Survey found that 64.7% of students who use vape pens are vaping nicotine and drug-free liquids which are available to adult buyers in various flavors.¹²⁴ For teens, purchasing vape pens and liquid is only a click away, but there are plenty of alternatives locally where they can just go pick it up themselves. As of May 2016, there were 6 vape shops in Midland, Odessa, and San Angelo each. There were 4 vape shops in Big Spring as of May 2016. In each mall in the region, one can see a stand or kiosk for e-cigarettes. Teens can access all flavors and concentrations online. The University of California San Francisco found that individuals who smoke e-cigarettes were more likely to smoke cigarettes and less likely to quit smoking.¹²⁵ Although much research needs to be done on the effects of e-cigarettes and how harmful they can be to teenagers, data shows that "E-cigarettes are likely to be gateway devices for nicotine addiction among youth, opening a whole new market for tobacco."¹²⁶ Nearly all tobacco use

begins during youth or young adulthood. Among adults who smoke daily, 88% reported that they first smoked by the age of 18 and 99% reported that they first smoked by the age of 26.¹²⁷ Tobacco remains the leading cause of preventable diseases, disability, and death in the United States.¹²⁸

BHO “Dabbing” and Consumables

Since marijuana is legal in other states, another cottage industry has formed: consumables and dabbing products. Products that can be consumed such as brownies, candies, and breads have become very popular. Products containing THC like lip gloss, toothpaste, patches, and coffee pods can actually be used as a discreet way to high. Consumables and dabbing have become a billion-dollar industry overnight. THC infused products often resemble mainstream products, worrying officials about children being attracted to the bright colors and somewhat recognizable labels. Texas law still states that all products are illegal and should not be brought into the state.

FIGURE 82- WHAT TEENS ARE SMOKING IN E-CIGARETTES

What Teens Are Smoking in E-Cigarettes	
Flavoring	64.7%
Nicotine	22.2%
Marijuana or hash oil	6.1%
Don't Know	6.3%

Some dabbing products can contain up to 70 milligrams of cannabinoids or THC. Smoking novices who have tried consumables have experienced negative results when using these products because they consume too much too quickly.

Fentanyl and Opiate Dangers

Fentanyl is a synthetic (man-made) opioid 50 times more potent than heroin and 100 times more potent than morphine. There are two types of fentanyl: pharmaceutical fentanyl and non-pharmaceutical fentanyl. Pharmaceutical fentanyl is primarily prescribed to manage acute and chronic pain associated with advanced cancer. Non-pharmaceutical fentanyl, which is illegally made, is often mixed with heroin and/or cocaine in order to increase the drug's effect.¹²⁹ Most fentanyl confiscations in 2014 occurred in the Midwest, northeast, and southern regions of the United States. Ohio had twice as many confiscations as any other state in 2015.¹³⁰ The Poison Control Center calculated that there were 39,616 calls to the center in 2015 for opioid overdoses.

In 2015 some designer drugs were confiscated in Region 9. According to local Drug Enforcement Agency data, there were 315 single doses, 126 solid grams, and 14 solid ounces of designer drugs that were seized in Region 9. There are several drugs that are considered “designer drugs” so this number does not single out fentanyl but could be several different drugs.

Fentanyl

Fentanyl is 100 times more potent than morphine.

Fentanyl was originally introduced into the medical community as an anesthetic

Fentanyl can come in pill form, injectables, or in transdermal patch forms. Some will recycle transdermal patches to harvest fentanyl.

Fentanyl is about 100 times more powerful than morphine. Can serve as a direct substitute for heroin but is more dangerous.

Prevention Resource Center 432-333-4100
Info provided by the DEA Office of Diversion Control

Figure 83- Fentanyl Dangers

Consequences

Drug use not only harms the user in negative ways but also effects the loved ones that surround the user. Parental use may make parents unable to care for their children and others may have to step in to fill the gap. Sometimes the consequences of a person using are long term or permanent. The absence of a parent will be felt forever by a child. Incarceration or death are simply part of the equation when dealing with the consequences of using drugs. Study after study has shown that if children can be kept off of drugs and be well informed about the dangers of taking drugs, children are far less likely to become part of the addiction cycle.

Overview of Consequences

For every dollar federal and state governments spent on risky substance use and addiction, an estimated 96 cents go to dealing with their consequences, while only 2 cents go to prevention and treatment. The remaining 2 cents go toward research, taxation, regulation, and interdiction.¹³¹ Recent estimates put tobacco, alcohol, and other drug-related costs in the U.S. at more than \$700 billion annually.¹³² CASA also estimates that for every one dollar that is spent on prevention and treatment of substance abuse and addiction, \$59.83 is spent on public programs cleaning up the wreckage substance abuse causes within society. Some expenses can include TANF, SNAP, public housing programs, foster care, and disability payments. All of the aforementioned programs are effected by having someone who is unable to care for themselves or their children.¹³³

Mortality

It is estimated that more than 20% of deaths in the U.S. are attributable to tobacco/nicotine, alcohol, and other drug use.¹³⁴ Table 84 shows the estimates of total potential life lost in Region 9. Region 9 totals include everything from smoking, obesity, excessive drinking, STD's, and alcohol-impaired driving deaths. Table 84 is based off of a potential 75-year life span. According to the County Health Rankings and Roadmaps, Presidio County was the healthiest overall county in Texas. Midland was the highest ranked county in 2015 from Region 9 at #42. The healthiest county rankings were based on overall health behaviors of each county such as: well mental health days, average number of visits to primary care physicians, dental visits, and preventative screenings. Several counties in Region 9 were not ranked, based on an incomplete data set.

TABLE 84- YEARS OF POTENTIAL LIFE LOST IN REGION 9

County Health Rankings & Roadmaps, 2015

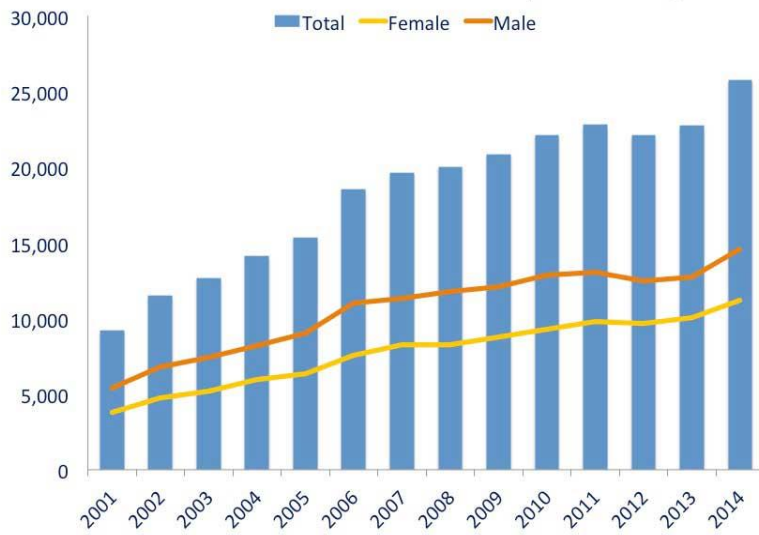
Years of Potential Life Lost in Region 9					
Andrews	7,970	Howard	9,516	Reagan	10,534
Borden	N/A	Irion	N/A	Reeves	8,560
Coke	11,760	Kimble	12,280	Schleicher	N/A
Concho	7,960	Loving	N/A	Sterling	N/A
Crane	6,423	Martin	10,987	Sutton	5,517
Crockett	7,401	Mason	7,345	Terrell	N/A
Dawson	6,904	McCullough	9,758	Tom Green	8,003
Ector	9,159	Menard	11,232	Upton	7,746
Gaines	8,088	Midland	7,115	Ward	9,549
Glasscock	7,115	Pecos	6,559	Winkler	9,946

TABLE 85- NATIONAL OVERDOSE DEATHS



National Overdose Deaths

Number of Deaths from Prescription Drugs



Source: National Center for Health Statistics, CDC Wonder

Overdose Deaths

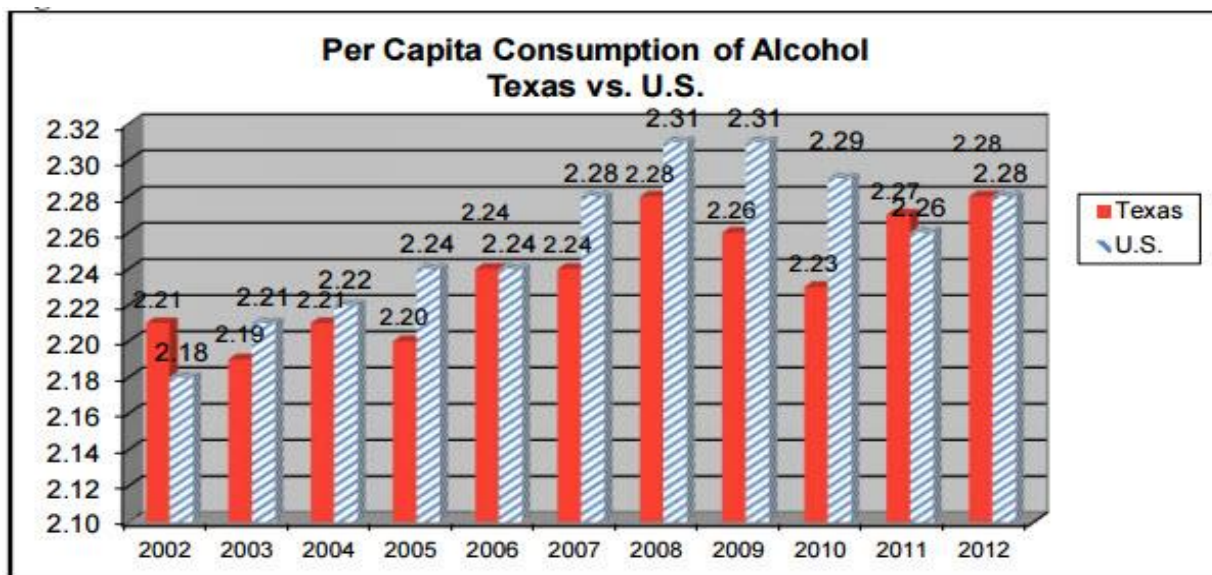
International Overdose Awareness Day (IOAD) estimates that there are about 43,982 people every year that die from overdoses in North America, or about 120 a day.¹³⁵ According to the CDC numbers, IOAD has calculated that this is a 6.5% increase from 2013. Heroin deaths have been included in this number, because when someone gets addicted to opioids, they are likely to

eventually transition into heroin because it cheaper and sometimes easier to obtain.

In Texas, there is a vast discrepancy about how to count overdose deaths. According to the Houston Chronicle, in 2013 there were only 633 death reports that specifically blamed opioids as the cause of death.¹³⁶ In that same time period local medical examiners contributed 798 deaths to prescription-related causes. Out of these 798 deaths, there were only 17 out of 254 counties in Texas where statistics were gathered.¹³⁷ Sometimes in smaller rural counties there are no medical examiners who can determine what drug someone overdosed from. In Ector County, an autopsy is only performed if the surviving members of the family request it be done in order to include or exclude certain possibilities. Sometimes if there is a mix of drugs in someone system there is simply not one substance which contributes to that person's death.

“43,982 people die annually from overdoses in North America. That is about 120 Americans every day.”

FIGURE 85- PER CAPITA CONSUMPTION OF ALCOHOL TEXAS VS. U.S.



Drug and Alcohol Related Fatalities

In 2012, the national average of consumption of alcoholic beverages per person was 2.28 gallons of ethanol per person. The State of Texas estimated that the consumption rate of alcoholic beverages was 2.28 gallons of ethanol per capita in 2012. In the past several years Texas consumption rate has been somewhat higher than the nation average. Traffic fatalities in Texas have increased over the last five years, on trend with national average which have also continued to increase. Texas has implemented a STEP Program (Selective Traffic Enforcement Program) which is used in conjunction with public education/information campaigns, to establish consistent and best practices for ways to help reduce the number of drunk driving fatalities. The STEP program uses officers that are highly skilled in the detection and identification of persons impaired by alcohol and/or drugs. Texas has also established a Highway Safety Operations Center (HSOC) which will serve as the central point of collection, analysis, evaluation, and dissemination for all traffic enforcement incidents occurring with the State of Texas. Data and information will be available to plan effective and efficient traffic enforcement with the overall objective of reducing drunk driving and crashes. Nationally, Texas has ranked in the top 10 states for six consecutive years for alcohol-related fatalities per 100 million vehicle miles traveled.

Disease (Morbidity) Related to Substance Abuse

There are a multitude of diseases related to substance abuse. Diseases like HIV and Hepatitis are higher in occurrence with people who use and share needles. Researchers have found a connection between the abuse of most drugs and adverse cardiovascular effects, ranging from abnormal heart rate to heart attacks. Injection drug use can also lead to cardiovascular problems, such as collapsed veins and bacterial infections of the blood vessels and heart valves.¹³⁸ Use of steroids during the teenage years can make bones stop growing earlier than they normally would have, leading to stunted growth. Other drugs may also cause severe muscle cramping and overall muscle weakness.¹³⁹

Legal Consequences

If a minor gets a ticket for possessing alcohol, the penalty can be up to \$500.00, include a suspension of their driver’s license, and community service. There are many legal consequences that can occur with the use of alcohol and other drugs. Expensive fines, court dates, and mandatory community services could all be minor consequences of substance use/abuse. Individuals who choose to drink and drive could pay the ultimate consequence by losing their life or seriously, fatality injuring someone while they are drinking or driving.

Minor in Possession Costs:

- Up to \$500.00
- Alcohol Awareness Class
- 8-40 community services hours
- 30-180 day loss of driver’s license

Driving Under the Influence

In Texas, driving while intoxicated means that a 21 years old (or older person) has to have less than a .08% blood alcohol concentration (BAC). Anyone who is under 21 years of age cannot have ANY detectable amount of alcohol in their BAC. For a first offense DWI, offenders will receive up to a \$2,000 dollar fine and will also be confined to jail for a period of no less than 72 hours and no more than 180 days. The offender’s driver’s license will be suspended for no less than 90 days and no more than 1 year. The table below shows the number of alcohol involved crashed in 2015 for Region 9.

TABLE 86- ALCOHOL INVOLVED CRASHES IN REGION 9

Alcohol Involved Crashes in Region 9					
County	# of Alcohol Related Crashes	County	# of Alcohol Related Crashes	County	# of Alcohol Related Crashes
Andrews	22	Howard	37	Reagan	2
Borden	1	Irion	11	Reeves	23
Coke	7	Kimble	5	Schleicher	1
Concho	2	Loving	1	Sterling	0
Crane	8	Martin	11	Sutton	6
Crockett	58	Mason	9	Terrell	0
Dawson	6	McCulloch	19	Tom Green	92
Ector	317	Menard	1	Upton	5
Gaines	23	Midland	284	Ward	23
Glasscock	5	Pecos	19	Winkler	9

Substance Use Criminal Charges and Court Cases

According to regional data from transportation, police, and health centers, the following table depicts the number of DUIs, citations for public drunkenness, liquor law violations, other alcohol-related violations, and juvenile alcohol related violations throughout Region 9. According to the data, Crockett and Ector Counties had the most violations of all other Region 9 counties with 6,593 and 35,272 respectively.

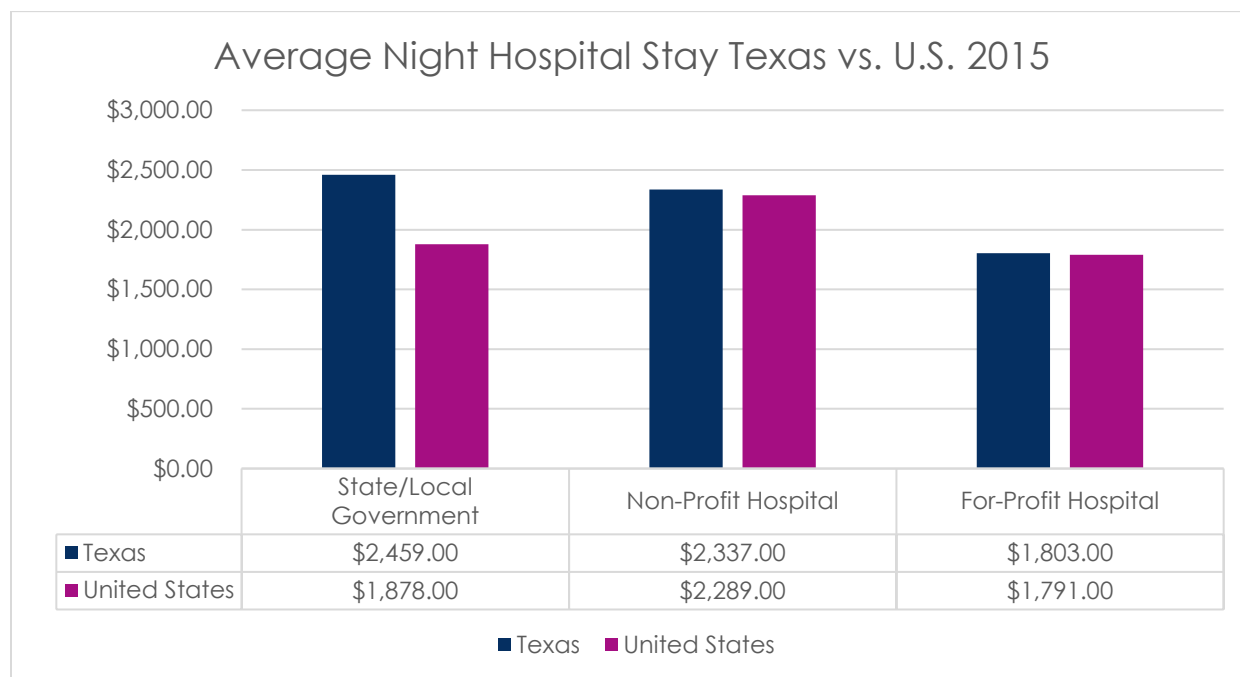
TABLE 87- ALCOHOL INVOLVED VIOLATIONS IN REGION 9

Alcohol Involved Violations in Region 9					
County	# of DUI	#of Drunkenness	# of Liquor Laws	Total Number of Alcohol Violations	# of Juvenile Violations
Andrews	73	59	21	153	13
Borden	10	0	0	0	0
Coke	711	4	1	16	0
Concho	22	5	0	7	0
Crane	822	55	2	79	1
Crockett	5826	15	7	48	4
Dawson	638	444	4	86	5
Ector	31769	1243	133	2066	61
Gaines	2382	54	63	199	15
Glasscock	50	0	0	0	0
Howard	96	281	14	425	14
Irion	8	1	0	10	0
Kimble	17	16	5	58	5
Loving	2	0	0	2	0
Martin	7	21	0	28	0
Mason	8	5	0	14	0
McCulloch	21	31	2	78	2
Menard	13	10	0	23	0
Midland	607	1327	104	2132	104
Pecos	26	115	1	146	1
Reagan	17	5	0	23	0
Reeves	14	163	4	181	4
Schleicher	17	9	0	29	0
Sterling	8	9	0	17	0
Sutton	10	14	0	29	0
Terrell	1	10	0	11	0
Tom Green	133	76	12	283	12
Upton	36	23	0	61	0
Ward	29	62	1	102	1
Winkler	20	63	2	88	2

Hospitalization and Treatment

The average cost of a hospital stay in Texas is \$2,759.00 (highest \$3,275.00 Connecticut) per day for a state/local government hospital, \$2,337.00(highest California \$3,500.00) per day for a non-profit hospital, and \$1,803.00 (highest North Dakota \$3,714.00) per day in a for-profit hospital. The figure on the next page shows the average cost of a day in the hospital in Texas vs. the United States.

TABLE 88- AVERAGE NIGHT HOSPITAL STAY TEXAS VS. U.S. 2015



Texans pay about 12.3% of their income for insurance premiums and deductibles- a higher percentage than any other state but Florida.¹⁴⁰ Currently in 2016, there is a slight downward trend of about 6-9% in most of the packages that are offered (only the premium package increased 5%).¹⁴¹

Individuals who use heroin and cocaine can destroy their kidneys. The American Journal of Kidney Disease estimates that one year of dialysis costs approximately \$50,000.¹⁴²

Hospital Use due to AOD

Drug use is just one of the reasons that individuals are hospitalized. Sometimes drug use may be mistaken for a psychological problem. Many time drug users exhibit strange behaviors that may not be associated with drug use. Hospitals treat the most pertinent problems first. When a client comes in with a major illness, the hospital’s main job is to keep that person alive even though there may be an underlying substance abuse problem. Hospitals can recommend that someone go to substance abuse treatment but the client can refuse. Sometimes hospitals struggle with how to code these cases.

From 2009-2015, there have been 1116 calls from Region 9 about opioid poisoning to the Texas Poison Control Center. There have been 95 calls about synthetic marijuana from 2010-2015, and there have been 31 calls about bath salt poisoning from 2010-2015. These numbers obviously can’t depict if these individuals were hospitalized for treatment but it does show that individuals in the area are experimenting with these substances.

Economic Impacts

The economic impact of substance abuse in Region 9 is relatively large for being so dispersedly populated. Economic impacts are one of the most alarming concerns for stakeholders because the average taxpayer spends thousands of dollars on unknown drug or alcohol-related costs. On the

following pages are estimated costs to Region 9 regarding underage drinking, alcohol-related arrests, marijuana, synthetic drug, and prescription drug abuse, as well as average regional treatment costs.

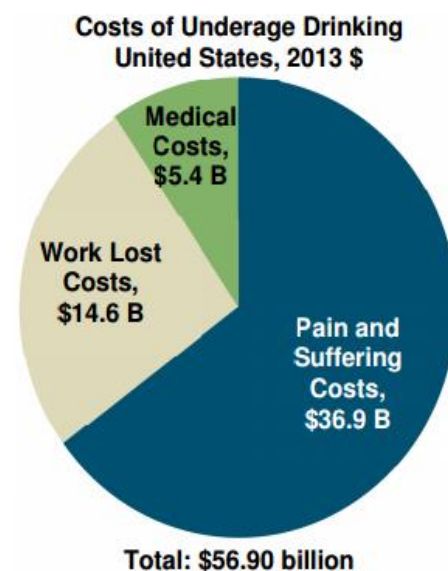
Underage Drinking

The economic impact of underage drinking in Region 9 can be divided into three categories: work lost costs, medical costs, and pain and suffering costs. According to Miller, Levy, Spicer, and Taylor (2006), pain and suffering costs include groups of intangible monetary losses including risky sexual behavior, funerals, fire damages, and other costs.¹⁴³ Underage drinking in Region 9 attributes to these costly activities, raising social and monetary costs for the average household. Below are the estimated monetary costs for underage drinking in America.

Aside from being an illegal substance, underage drinking is still a public health risk. For example, if individuals under 21 years old wreck a vehicle, insurance companies can increase policy premiums for all customers due to the high rate of wrecks. All community members have consequences due to one person's decision. Below, the Region 9 Prevention Resource Center has calculated estimated regional economic impacts related to underage drinking.

One of the most notable economic impacts to underage drinking is risky adolescent sexual activity. Region 9 has one of the highest rates of teenage pregnancy rates in the country: over 36% higher than the state average and over 104% higher than the national average.¹⁴⁴ Correlations from Miller, Levy, Spicer and Taylor indicate underage drinking can contribute to costly, young sexual activity.¹⁴⁵ Specifically, their findings indicate if a teenager drinks, they are over 5 times more likely to engage in risky sexual activity. Region 9's 4,481 reported teen births in 2013 cost an over an estimated \$7 million, and Texas School Survey data indicates underage alcohol consumption shares a positive relationship with adolescent sexual behavior.¹⁴⁶

FIGURE 89- COSTS OF UNDERAGE DRINKING IN THE U.S.



Miller, Levy, Spicer and Taylor (2006)

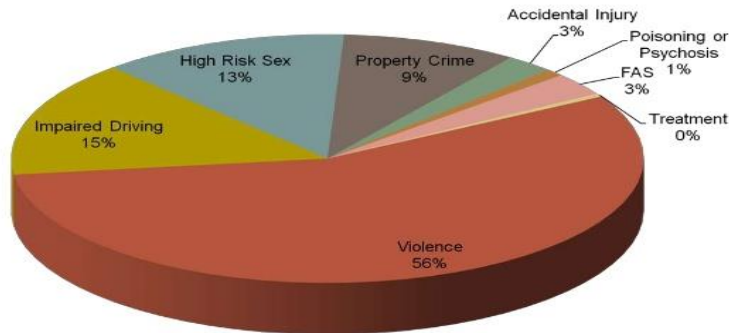
“Underage drinking hospitalizations alone costs \$755 million in the United States each year.”

2016 Regional Needs Assessment

Results from the Kaiser Family Foundation indicate that when alcohol is involved with adolescent sexual activity, young individuals are 74% more likely to not use contraception.¹⁴⁷ Of the estimated \$7 million regional cost associated with Region 9's high teen pregnancy rate, nearly 1/3rd of those pregnancies can be related to doing "more than planned while drinking or doing drugs."¹⁴⁸

FIGURE 90- COST OF UNDERAGE DRINKING IN TEXAS

Cost of Underage Drinking in Texas over \$6 Billion a year



San Antonio Community Coalition, 2014

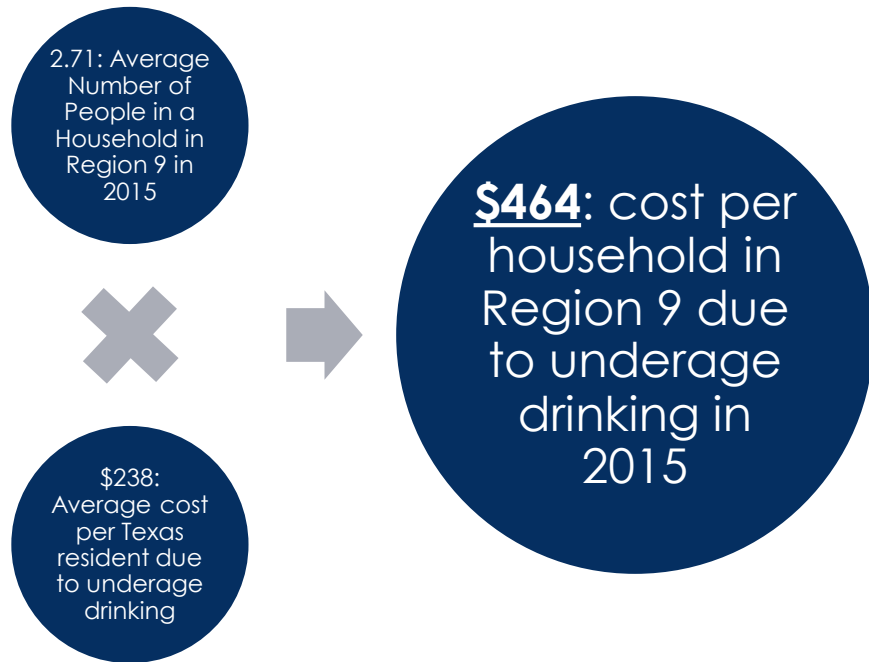
In 2006, underage drinking cost the state of Texas \$1.6 billion.¹⁴⁹ In 2010, underage drinking cost the state of Texas \$6 billion, an increase of 275% over 4 years.¹⁵⁰ The drastic increase can be attributed to a number of factors, but the problem is just as pervasive in Region 9. Data from the Texas School Survey indicates over 1/3 of students from grades 9-12 drank alcohol in the past month alone, while 66% have at least tried alcohol before. The normalcy of adolescent drinking reflects the statewide statistics from MADD which indicate 9 out of 10 underage Texans believe it is common for their peers to get drunk.¹⁵¹

Chart 91- Use of Alcohol Among Texas High School Students

	Past Month	School Year	Ever Used	Never Used
Alcohol				
All	23.2%	30.1%	51.9%	48.1%
Grade 6	8.7%	9.0%	23.5%	76.4%
Grade 7	8.5%	12.0%	30.1%	69.8%
Grade 8	17.2%	22.2%	50.4%	49.6%
Grade 9	22.3%	30.9%	55.7%	44.3%
Grade 10	30.8%	39.4%	61.5%	38.5%
Grade 11	39.7%	48.9%	73.1%	26.8%
Grade 12	39.8%	54.2%	74.1%	25.9%

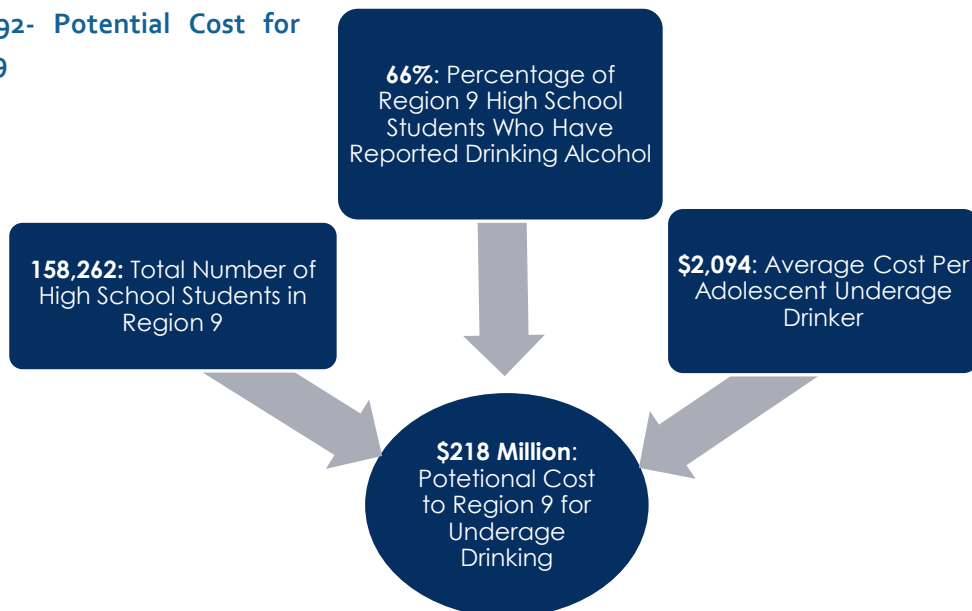
The cost of underage drinking in Texas has risen steadily over the past decade, and Region 9 is no different. Broken down into 2015, if drinking cost Texas \$6 billion and there were 25 million Texas residents, as well as 601,757 residents in Region 9, then the average household (2.71 people) in Region 9 paid \$464 in 2015 due to underage drinking.

Figure 92- Cost of Underage Drinking for Region 9



Moreover, the direct cost of adolescent drinking through work lost and medical expenses reaches over \$21 billion in Texas, costing the average adolescent \$2,094.¹⁵² Based on data collected by the Texas Demographic Center (TxSDC), the highest projected age range of Region 9’s population is under 18, with 26.3%.¹⁵³ The next highest population group is the 24-44 age range with 25.7%, while ages 18-24 populated 10.07% of Region 9. Using TxSDC data to estimate the under 18 populations of Region 9 and consumption rates from the Texas School Survey, drinking under the age of 18 could have cost Region 9 over \$218 million dollars.

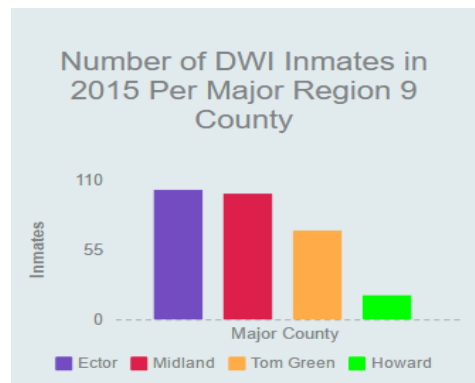
Figure 92- Potential Cost for Region 9



Alcohol Related Arrests

Region 9 has a significant drinking and driving epidemic which is comparable to many other more densely populated regions in Texas. In Region 9 alone, there were 398 DWI arrests made in 2015. Ector County had the most DWI inmates in 2015 with 102. Midland County had the second most DWI inmates with 99, while Tom Green County had 70 DWI-related inmates and Howard County had 19. With the average cost to house a Texas inmate per day at \$47.50 and the minimum DWI inmate jail time stay of 3 days, Region 9 spent an estimated \$56,715 on DWI-related incarcerations alone.

FIGURE 93- DWI INMATES FROM REGION 9



Marijuana Abuse

Costs associated with marijuana use are typically indirect and affect fewer demographics than alcohol. However, the societal costs of marijuana use in Region 9 are still large, and can be broken down into rehabilitation and/or treatment, dropout rates, and law enforcement.

According to data from the Texas Department of State Health Services, over 10% of adults beyond the age of 20 in Region 9 admitted into rehabilitation and/or treatment were admitted because of marijuana abuse. Using data from the 2011 Nationwide In-Patient Sampling, the 135 adults admitted into rehabilitation and/or treatment for marijuana abuse cost Region 9 an average of \$1,105,245.¹⁵⁴

For youth in Region 9, 87% of those admitted into rehabilitation and/or treatment were admitted for marijuana abuse according to the Texas Department of State Health Services. Using data from the 2011 Nationwide In-Patient Sampling, the 122 youths admitted into rehabilitation and/or treatment for marijuana abuse cost Region 9 an average of \$998,814.¹⁵⁵

Data shown below from the Texas School Survey indicates marijuana use spikes around the ages of 15-17 in Region 9. From grade 9 to grade 10 of high school, marijuana use within the past month nearly

TABLE 94- HOW RECENTLY HAVE YOU USED?

Table D-1: How recently, if ever, have you used ...

	Past Month	School Year	Ever Used	Never Used
Marijuana?				
All	9.5%	13.6%	23.6%	76.5%
Grade 6	0.6%	0.7%	3.0%	97.0%
Grade 7	3.0%	3.5%	5.9%	94.1%
Grade 8	7.0%	11.2%	19.9%	80.2%
Grade 9	8.1%	12.1%	26.5%	73.5%
Grade 10	16.0%	21.6%	32.1%	67.8%
Grade 11	15.1%	21.3%	35.8%	64.2%

doubles from 8.1% to 16%. By the 12th grade, 18.2% of students have consumed marijuana in the past month. Overall, 34.8% of high school students in Region 9 have at least used marijuana at one time in their life. Youth consumption of marijuana is an important area of study because of its' positive relationships between high school dropout rates. Students who smoke regularly feel less of a drive to do well in school, study, and attend class according to McCaffrey, Pacula, Han, and Ellickson.¹⁵⁶ A study from the Center of Labor Market Studies from Northeastern University indicates a high school dropout costs taxpayers an average of \$292,000 over the dropout's lifetime.¹⁵⁷

Marijuana use is also economically problematic in that it poses heavy fines and costly criminal charges. According to 2015 police reports in Ector and Midland counties, there were a total of 460 possession of marijuana arrests. Though the quantity of marijuana in each possession-related offense in Region 9 is unknown, the average cost to send someone to a regional or county jail per day is around \$51 dollars according to the Texas Criminal Justice Coalition.¹⁵⁸ Therefore, if each arrest of marijuana possession in Ector and Midland counties called for at least one day in a regional or county jail, the estimated costs for Region 9 would be \$23,460. These averaged costs exclude other economic factors as well, including Texas' marijuana possession fines and penalties explained in the graph below.

TABLE 95- PENALTIES FOR POSSESSION OF MARIJUANA

Amount	Max. Sentence	Max. Fine
1 Ounce*	180 days	\$2,000
2 Ounces	180 days	\$2,000
3 Ounces	1 year	\$4,000
4 Ounces	1 year	\$4,000

(*To simplify comparisons, for some states this category covers amounts just under 1 ounce)

Synthetic, Opioid, and Prescription Drug Abuse

A rising trend throughout the state, and especially Region 9, is the prevalence of synthetic cannabinoids. Synthetic cannabinoids, or synthetic marijuana, has been such a problem within the past 5 years that major cities in Region 9 have established city ordinances to increase penalties of consumption, distribution, and manufacturing of the drug. In the city of Odessa, law enforcement has passed an ordinance that any possession or distribution of synthetic marijuana cost the offender up to a \$2,000 fine. Other cities in Region 9 have followed Odessa's leadership on the issue, including San Angelo, where community leaders have proposed city ordinances to severely penalize synthetic drugs. The ordinances have been effective as well, as Region 9 accounts for only 1% of outpatients affected by synthetic marijuana- a drop from 5% in 2014 according to the Texas Department of State Health Services.

Though synthetic marijuana has become more popular over the past 5 years in Texas, data from the Texas Poison Control Network shows there were 98 less calls regarding synthetic cannabinoids from 2014 to 2015. Despite a slight decline in poison control reports, the number of calls regarding Synthetic Marijuana abuse is still high, as the number of calls only dropped from 782 to 684.

Though there were only 15 outpatient claims of synthetic marijuana use in Region 9, making up only 1% of the state's total outpatient ATOD record, the ease of access and use of synthetic marijuana is still high among youth. According to the Texas School Survey, more than 1 out of 5 Region 9 12th graders consider it very easy to find synthetic marijuana, while over 15% have used the drug at least once. In the graph

below, the Texas School Survey indicates there is still a prevalence of synthetic marijuana in high schools throughout Region 9.

TABLE 96- SYNTHETIC MARIJUANA AMONG HIGH SCHOOL STUDENTS

	Past Month	School Year	Ever Used	Never Used
Synthetic Marijuana?				
All	2.3%	3.6%	7.9%	92.1%
Grade 6	0.0%	0.0%	0.1%	99.9%
Grade 7	1.8%	2.8%	3.4%	96.6%
Grade 8	2.7%	4.7%	7.8%	92.1%
Grade 9	2.1%	2.9%	7.7%	92.3%
Grade 10	3.3%	5.2%	11.6%	88.4%
Grade 11	3.1%	4.0%	10.4%	89.6%
Grade 12	3.5%	5.9%	15.4%	84.6%

The economic cost of synthetic marijuana is hard to track given the recency of the drug’s popularity. However, data from New York’s 2015 record of synthetic marijuana use estimate costs for treatment and law enforcement can cost the average taxpayer over \$3,300 per synthetic marijuana user.¹⁵⁹ Considering Texas and New York have similar state regulations over synthetic marijuana, it is a fair estimate that the two states have similar costs per taxpayer.

General opioid use is more notable in cost than synthetic marijuana, and is considered much more addictive. According to data from Partnership for Drug-Free Kids, Texas is in the top 10 states in the entire country for money spent on opioid abuse at \$1,963,623,647 in 2014.¹⁶⁰ Opioid abuse itself accounts for over 8% of the total abuse-related healthcare costs, or 5.79% of total Texas healthcare costs, equating nearly \$73 per Texas resident. Using this data, it is estimated in 2014 Region 9 spent nearly \$44 million in abuse-related healthcare costs just for opioid abuse.

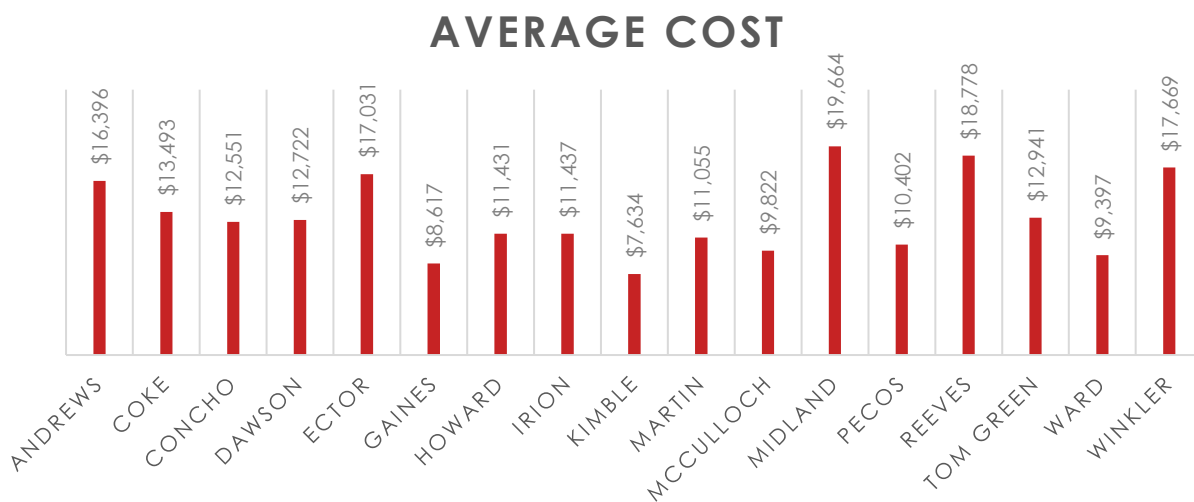
Opioids encompass many different kinds of drugs, including prescription drugs. Prescription medication is uniquely costly because they are legal, but often over-prescribed by doctors. The economic costs of prescription drug abuse exceed many normative drug abuse costs simply because of their easy access and high addiction rates. This reflects a CNN report that "the potential overall cost of painkiller abuse at more than \$70 billion a year in the United States. Pill addicts who shop around for doctors to score prescriptions cost insurers \$10,000 to \$15,000 apiece. The toll in lost productivity: \$42 billion. The criminal justice bill: \$8.2 billion."¹⁶¹ These high costs are no different for Region 9, and are reflected by regional data from the Texas School Survey and the National Institute on Drug Abuse.

Specifically, the Texas School Survey indicates for high school students, nearly 17% have illegally used codeine cough syrup at some point in their lifetime. Over 15% of 12th graders in the region have also abused prescription painkillers like Vicodin, Hydrocodone, Lortab, and Lorcet. The high rate of prescription drug abuse in Region 9 among youth is alarming, but most prescription drug abuse cases reported to the Texas Poison Control network involve women above the age of 19. In total, there were 1119 cases of opioid abuse in Region 9 reported to the Texas Poison Control Network (TCPN). The reported cases of prescription drug abuse by TPCN in Region 9 do not all instances of opioid abuse in Region 9, as many cases go unreported.

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.¹⁶² The chart below represents the average cost per county in Region 9. Borden, Craine, Crockett, Glasscock, Loving, Mason, Menard, Schleicher, Sterling, Sutton, Terrell, and Upton counties were omitted due to unavailable in-patient cost data or lack of treatment centers.

TABLE 97- AVERAGE COST OF TREATMENT IN REGION 9



Employability and College Admissions

The Equal Employment Opportunity Commission (EEOC) states that employees may not be discriminated on based on race, color, national origin, sex, religion, disability, family history, or age.¹⁶³ With almost every employment application criminal history are checked. Criminal histories can stay on your record for 10 years or more depending on the charges, sometimes they may be used for a person’s lifetime.

According to LaChappelle, 67% of all colleges and universities have a required criminal history check.¹⁶⁴ LaChappelle argues that with the disproportional number of minorities that get convicted of a crime at an early age this really influences who can and cannot go to college.¹⁶⁵

Having a criminal record can make it difficult to obtain financial aid while in college, especially if you received the charge while you were on student aid. On-campus jobs are also difficult to obtain because, individuals who qualify for financial aid get the highest priority for those positions.

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 to go to college.¹⁶⁶ The study finds that 38% of college students have tried marijuana prior to entering college, while 25% never used marijuana until after entering college.¹⁶⁷ The study found that ATOD use among students results in both short-term and long-term goal setbacks as diagrammed on the next page.

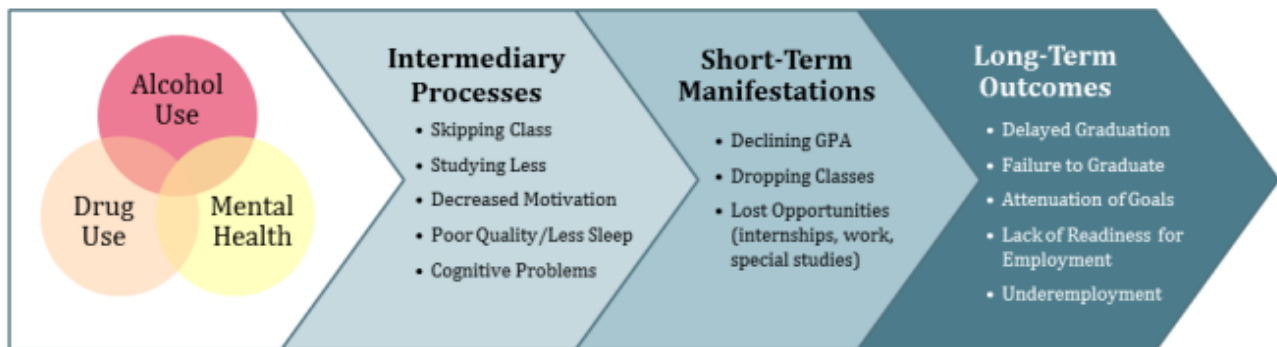


FIGURE 98-OUTCOMES OF ALCOHOL AND DRUG ABUSE

Another aspect of college admission and drug abuse is restricting students with criminal drug-related charges access to federal student aid. Under federal law, if a student receives federal aid to go to school and is convicted of a drug offense, the student is in violation of the Higher Education Act and can get that aid taken away for future years.¹⁶⁸ Though drug convictions do not affect a student’s current financial aid package, like Pell Grants or other federal aid, the student must can and will be restricted for their reapplication of the FAFSA.¹⁶⁹

One large aspect of college alcohol and drug abuse is its’ relationship with employability. According to the Center on Young Adult Health and Development (2013), students who abuse drugs and alcohol during college are much more likely to have a harder time finding a job and maintaining relationships outside of school once they graduate.¹⁷⁰ Moreover, their findings conclude those who abuse drugs or alcohol are much more likely to not even graduate.¹⁷¹ They claim “in addition to reducing other adverse outcomes associated with drinking... policies to reduce college student drinking can be expected to improve the quality of human capital they accumulate. The immediate benefits of this include reducing the likelihood of students dropping out because of poor grades and improving the likelihood of entrance into graduate programs (which is based largely on college GPA). The long-term consequences of improved academic performance include greater labor market participation and higher earnings.”¹⁷² This indicates that students are more likely to be an economic detriment to themselves, their families, and society if they abuse alcohol or drugs in college.

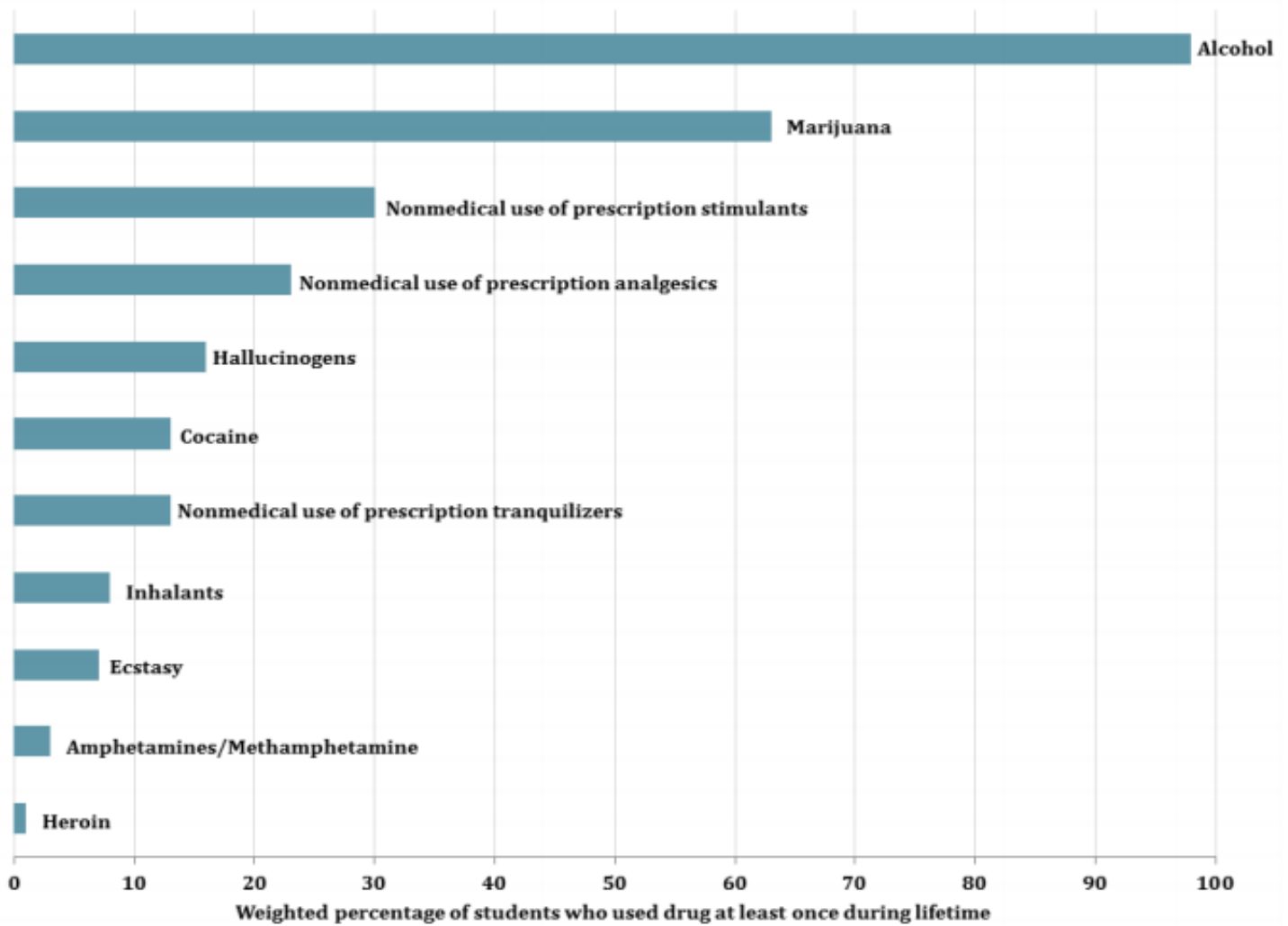
“In addition to reducing other adverse outcomes associated with drinking...policies to reduce college students’ drinking can be expected to improve the quality of human capital they accumulate. The immediate benefits of this include reducing the likelihood of students dropping out of college because of poor grades and improving the likelihood of entrance into graduate programs (which is based largely on college GPA). The long-term consequences of improved academic performance include greater labor market participation and higher earnings.”¹⁰

Though it is unclear how many drug-related convictions affect graduating high school students, according to the TSS over 1/3rd of students in Region 9 are at risk because of their illegal consumption of marijuana. However, reapplication for federal student aid does not just affect graduating seniors. Rather,

any student receiving federal student aid, including those in college, become at risk for losing their federal student aid if they are convicted of a drug-related offense.¹⁷³ According to The Advisory Committee on Student Financial Assistance, Pell Grants and other federal student aid accounts for nearly 75% of student graduation and course completion throughout the United States.¹⁷⁴ This means 3 out of every 4 students can be at risk for their Pell Grants being pulled if they are convicted of a drug-related crime. Below, a chart from SAMHSA shows the prevalence of drug use by the end of a student’s college career in the United States.

TABLE 99- USE OF DRUGS BY COLLEGE STUDENTS

Figure 1. Prevalence of alcohol and drug use by the fourth year of college



Qualitative Data on Consequences

The qualitative data on consequences that was gathered for this report consist of surveys and focus group discussions with members throughout the community. Trends and thoughts were gathered from individuals throughout the community who work with individuals who need substance abuse treatment. These individuals are the front line workers and are more in-tune with changes in the community.

The PDAP, or Palmer Drug Abuse Program, coalition works within Midland County. PDAP professionals focus on going into the schools and helping individuals who have been identified as needing help. The PDAP coalition also works on restoring family bonds and making sure that parents are aware of what is going on with their children. PDAP has a GenerationZyborg group which specifically looks into ways which the technology the teenagers are using and prevention methods can be combined.

PBRCADA's H2i coalition works with younger children in the school system to make sure that they understand every individual is important and the child has a say in their own future. H2i performs community service projects such as Butt Out Day where members collect cigarette butts that have been littered throughout parks.

Environmental Protective Factors

Early aggressive behaviors, lack of parental supervision, academic problems, undiagnosed mental health problems, peer substance use, drug availability, poverty, peer rejection, and child abuse are

TABLE 100- ENVIROMENTAL PROTECTIVE FACTOR FOR REGION 9

Environmental Protective Factors		
County	Rate for 2012	Rate for 2013
Andrews	8.7	8.3
Borden	0	0
Coke	21.7	21.8
Concho	5	7.4
Crane	11	10.5
Crockett	21.4	21
Dawson	16.9	17.4
Ector	8.2	7.9
Gaines	14.7	14.3
Glasscock	7.9	8
Howard	13.3	13.8
Irion	31.8	24.8
Kimble	28.5	24.5
Loving	0	0
Martin	15.9	16.9
Mason	22.5	21.8
McCulloch	19.2	19.2
Menard	26.8	27.9
Midland	10.4	10.4

Pecos	10.9	10.2
Reagan	23	22.2
Reeves	8.7	7.9
Schleicher	15.3	15.6
Sterling	25.2	24.6
Sutton	20.3	17.5
Terrell	0	0
Tom Green	12.3	12.1
Upton	9.1	8.9
Ward	12.9	12.5
Winkler	16.4	14.5

all risk factors associated with a likely increase in substance abuse. Not all youth will develop substance abuse problems, even if they have experienced some of these risk factors. If the child is surrounded by protective factors, then the child will likely not experiment with drugs and alcohol. Secure attachments, ability to self-regulate, reliable support from caregivers, protection from fear and harm, and ability to make friends are all qualities that help protect children against drug abuse. Every community can put safeguards into place to help protect children from drugs and alcohol. Table 100 shows the environmental protective factors that are in place for each county.

Overview of Protective Factors

Region 9 programs like the Early Childhood coalition help young parents learn parenting skills and what resources are available so that they can focus on raising their child to the child's best potential. PBRCAD's Edify coalition works directly with youth to help them understand that they change their environment and help people

Community Domain

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 to promote a positive change in the community. The goal of community coalitions is to create effective, environmental, and sustainable changes with the community.

Community Coalitions

Better Breathing Club at Midland Memorial Hospital- This program meets once a month to help people understand their breathing problems. Asthma, COPD, and Emphysema are explained and ways to help individuals cope their diagnosis are explored. Better Breathing Club currently serves Midland County.

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 residents through education, engagement, and empowerment. Their focus is on patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes. Ector County Health Care Coalition currently serves Ector County.

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. Early Childhood Coalition currently serves Ector County.

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 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 and drug free community. H2i currently serves Ector County.



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 PBRCADEA. This is a group of adolescents in Ector County, ages 12-17 that want to empower their peers on the dangers of using alcohol, tobacco, and other drugs. This coalition promotes and advocates prevention leading the way for healthier generations. X-Out Youth Leadership Coalition currently serves Ector County.



The Concho Valley C.A.R.E.S. Coalition- This 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. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley.

The Midland 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 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. The Midland Coalition currently serves Midland County.

Family Health Coalition- This coalition in Region 9 promotes collaboration of the many services available throughout the region. This coalition meets quarterly throughout the region, promotes all levels of healthy living, and is open to anyone. Family Health Coalition currently serves agencies that service people from o-death.

Regional Coalitions



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

Buckner Children and Family Services- 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 services in 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 school with the Gospel. It aims to use parents, teachers, pastors, business leaders, and youth the equip, encourage, and empower junior and high school students to bring Christ in their lives. First Priority currently serves Ector and Midland Counties.

Treatment/Intervention Providers



Permian Basin Regional Council for Alcohol and Drug Abuse (PBRCADE) – PBRCADE provides prevention services throughout Region 9. PBRCADE currently serves the DSHS Region 9 outlined in this report.

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.



Heart of Texas Healthcare System- Heritage Program- This program provides outpatient mental health services to older adults. The Heritage Program campus is located in Brady, Texas, where professionals provide healthcare as well as mental health services.

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 Region 9 counties.

River Crest Hospital – 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. River Crest is a modern, 80 bed hospital specializing in the treatment of mental health and substance abuse issues that can afflict people of all ages.

Oceans Behavioral Health Center – 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 issues.



Palmer Drug Abuse Program (PDAP)- 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- 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 and Drug Abuse Council for the Concho Valley is to save lives and create healthier communities. The vision of the Alcohol and 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- Cotton Lindsey Center is an outpatient program consisting of a six-month curriculum involving relapse prevention and education for both individuals and groups.

William’s House- William’s House is an intensive residential treatment program for adult males. The treatment plan of William’s House includes individual and group counseling, personal and social adjustment goals, and includes Gorski’s Relapse Prevention Training.

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Sara's House- 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 1/2 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.

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



Turning Point- 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.

She's for Sure Program- She's for Sure provides outpatient substance abuse treatment to adolescents and adult women who have a history of chemical dependency or who are currently chemically dependent.

Top Rank Youth Program- 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 and Chemical Dependency (COPSD)- This 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- This program serves McCullough 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- This program 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 through this program.

Centers for Children and Families- 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 Children and Families currently serve Ector and Midland county.



Basin Detox Systems, Inc.- 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- 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 the goal, Springboard offers treatment in the form of medical detoxification, residential treatment, intensive outpatient treatment, family programming, after care programming and Acu-detox.

Alcoholics Anonymous (AA) – 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 for AA. Membership is open to anyone who wants to do something about his or her drinking problem and follow a 12-step program.

Narcotics Anonymous (NA)- NA is a global community-based organization which was founded in 1953. The program offers recovery from the effects of addiction through working a 12-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 enforcements groups, or medical and psychiatric associations.

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. Take Two Program

is funded by Chevron to help people. Casa de Amigos serves anyone in need but funding sources are limited.

First 5- First 5 of the Permian Basin offers free programs that help individuals becomes great parents. First 5 is a program that matches up parents with trained personnel who travel to their homes with the intention of providing information and answering questions about becoming a parent. First 5 also helps parents find the best resources available to them based on family needs. First 5 have several sub-programs that all work toward community improvement and involvement. Other programs First 5 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. Harmony Home offers 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, Pecos, 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, and soup kitchens). 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, McCullough, Ector, Midland, and Tom Green Counties.



Law Enforcement Capacity and Support

National Night Out- Local Law Enforcement agencies encourage communities to establish neighborhood watches, apartment watches, and even mall 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" black parties to help educate and inform communities of crime trends. National Night Out is currently ongoing in Pecos, Ector, and Midland Counties.





Citizens 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.

Citizens 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 student/citizens to procedures, training, investigations, firearm and narcotic enforcement. The students are given opportunities to “ride along” with officers.

Teen Court- 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



YMCA Partners with Youth Program- YMCA Partners with Youth offers programs for adolescents 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. They give the youths a variety of activities to select from and helps promote an active health life. This program is offered in Midland and Ector Counties. They also offer a Silver Sneakers Club which gives Senior citizens a discount for membership.

Boys and Girls Club of America- This program 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 towards healthy choices, and arts 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, 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 youth make positive choices in how they live their lives. Youth learn leadership, citizenship, and occupational skills that help them build strong character will into adulthood.

Big Brothers Big Sisters- The mission of Big Brothers Big Sisters 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 is one of the oldest and largest mentoring organizations in the nation and 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- Boys Scouts 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.

Local Mental Health Authorities



Permian Basin Community Centers- PBCC provides services for Early Childhood Intervention, mental health, Intellectual Development Disorder, chemical dependency, and HIV. PBCC 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 intellectual developmental disorders, 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.

Central Texas Mental Health and Mental Retardation Center- In 1970, The Central Texas Mental Health and Mental Retardation Center (CTMHMR) was established after a long range planning by several community advocates, for the mentally challenged. As an agency of the state, the center has provided services in the counties of Brown, Eastland, Coleman, Comanche, San Saba, Mills, and McCullough for individuals with mental illness, intellectual developmental disabilities, and substance abuse.



West Texas Centers- 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, 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-

MHMR of the Concho Valley provides services and support to those suffering from an array of mental health illnesses, developmental delays, intellectual and developmental disabilities. The goal of the MHMR Center 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.

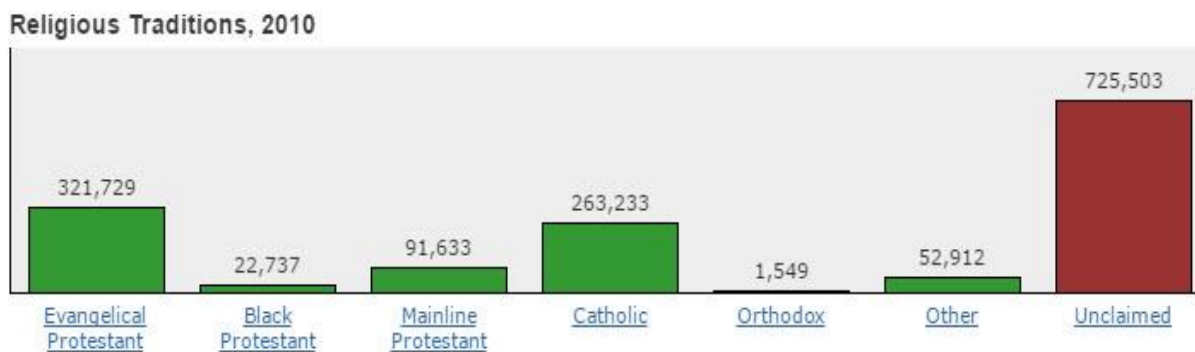


Hill Country MHDD Centers- Hill Country MHDD provides mental health, individual developmental disability, substance abuse, and early childhood intervention services throughout the greater Texas Hill Country. The Centers currently serve Kimble, Mason, Menard, Schleicher, and Sutton Counties in Region 9, as well as serving Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Medina, Real, Uvalde, and Val Verde Counties.

Religion and Prevention

According to the Association of Religion Archives, in a study that was last conducted in 2010, Region 9 religious individuals were mostly evangelical or protestant. The second most practiced religion in Region 9 was Catholicism. However, almost half of the participants said that they did not claim a religion. Adherents include full members, their children, and others who regularly attend services. Churches throughout Region 9 provide many charitable services to help the less fortunate.

TABLE 101- RELIGIOUS PREFERENCES OF REGION 9



School Domain

The National Institute of Health (NIH) states commitment to school is one of the most protective factors that has been found to buffer the risk of youth violence and substance use. The NIH claims “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.”¹⁷⁵

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YP Programs

Youth Prevention programs are divided into three sections: universal, indicated, and specialized. In Region 9, the universal program is taught in schools throughout Ector County. So far in 2016, over 250 students have received prevention training in Ector County. These prevention programs help children learn how to be resilient. Activities are taught about getting along with other peers, goal setting, good judgment, and setting high standards for yourself.

Students Receiving AOD Education in School

In Ector County, students receive the All-Star curriculum where students are given a 12-week course to help them build resiliency. The All-Stars course is an evidence based curriculum where pre- and post-tests are given to students to make sure that they understand about the use of drugs and alcohol.

In Midland County, PDAP goes into schools and talks with school aged children about staying off of drugs and making sure that they are making a positive impact on the children.

Sober Schools

Region 9 currently does not have a sober school. In these schools, high schoolers who have an addiction problem go and receive normal school work as well as classes on how to stay clean, or attend AA/NA meetings. AA and NA are said to be successful in helping students maintain their lives while still staying clean.¹⁷⁶

Alternative Peer Group

Communities in Schools works within the area school systems targeting student who are struggling and at risk for dropping out. One of the programs that Communities in Schools has is the XY Zone program. This program is set up in schools to help males that may need a little extra support. Male volunteers are utilized to address the specific needs of young men at-risk for school dropout. This program ensures that there is a "brotherhood" of participants and teen volunteers.

Tom Green County is also home to the West Texas Boys Ranch, which is an alternative campus for males who need a "home community." Participating boys are provided housing as well as assignments around the facility, which help teach them about responsibility and partnership within a community.

High School to College and Academic Achievement

The local high schools and the colleges work together to try to promote continued education after high school. There is currently a dual enrollment program between Midland ISD and Midland College, where students can earn college credits while still in high school. Angelo State University in Tom Green County is a sister college to Texas Tech and promotes further of education at multiple campuses. The Upward Bound Program in Midland is a federally funded program that allows for 50 students to work one-on-one with counselors and teachers to help them get ready for college. However, only 50 students are allowed to enroll in this program. Local colleges and universities work with the school systems to make sure that students who want to further their education have the opportunity to do so.

Family Domain

There are several programs in Region 9 which focus completely on the family. The Early Childhood Coalition in Ector County focuses on teenage moms and making sure that they have the parenting skills that it takes to raise a child. They also focus on care for medically fragile children.

Parental Attitudes toward Alcohol and Drug Consumption

Currently Ector County is working with the city council to pass the Social Host ordinance in which parents who provide a venue for teenagers to drink will be tickets. This action is specifically targeted to parents who may be indifferent towards their child's drinking habits.

Students Talking to Parents about ATOD

The Partnership for a Drug-Free Kids has a tool kit which gives parents and grandparents tips and suggestions about how to talk to teenagers about drugs. Sometimes opening up the conversation is the hardest part. When teens and parents can talk openly about drug use and abuse it helps the teen get a clear indication of what parents think about drug abuse.

Individual Domain

Services for substance abuse are limited in Region 9. There are very few facilities that work to keep the familial unit in tact while a loved one is receiving services. Treatment and hospitalization of individuals who are using drugs is costing our region millions of dollars each year. Prevention services could be utilized to try to curb the future expenses by simply arming children with the knowledge about the ill effects of drugs and alcohol on young minds.

Females who served in the military have absolutely no where in Region 9 where they can seek treatment and often have to go to another region to receive treatment. Transportation is often an issues for the veteran's hospital and sometimes immediate transportation cannot be arranged.

Life Skills Learned in YP Programs

The YP program that are taught in Ector County teach the children about how to get along with other people, and setting goals for themselves. These are two protective factors that can be used to help children gain enough confidence in their skills that they will be able to say no to drugs.

Mental Health and Family Recovery Services

Access to mental health services is limited, especially for children. The use of telemeds have somewhat increased to accessibility to doctors, but sometimes the prerequisites that are required make services impossible for parents to get help for their children. When a doctor's appointment is potentially available wait time are often inconceivable and an insurmountable obstacle to working parents.

Youth Employment

Research unveils that young people who participate in part-time or afterschool employment opportunities are less likely to be users of alcohol or drug use.¹⁷⁷ Employment offers connections with other people and peers, the ability to start a career path, boost grades, confidence, and self-esteem. The skills learned by employment are also sustainable over a lifetime, as employment at a young age typically indicates employment later in life.¹⁷⁸

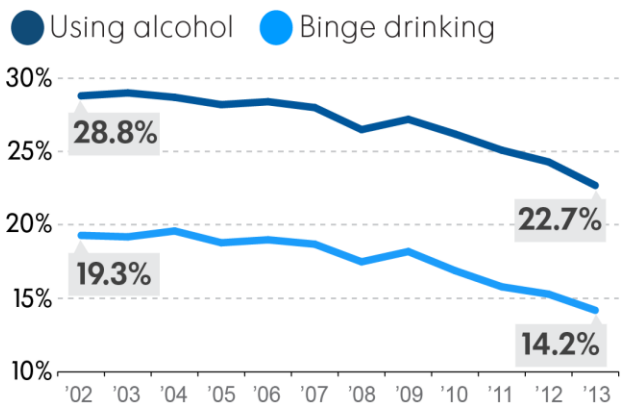
Trends of Declining Substance Use

According to data from the Texas School Survey, less students are actually drinking alcohol and smoking cigarettes than before 2008 in Region 9. The number of students drinking several times a month, according to the Texas School Survey, has dropped from 19.2% in 2008 to 8% in 2014. This matches national data from SAMSHA that indicates alcohol consumption and binge drinking over the past 12 years has declined from the 12-20 age group.¹⁷⁹ The chart to the right from USA Today shows that 12 years ago, nearly 30% of youth from ages 12-20 were at least using alcohol while 19% were binge drinking. These numbers have declined to 22.7% of American youth aged 12-20 using alcohol while 14.2% reportedly binge drink. Similarly, cigarette smoking has been the lowest among high school students since the early 1990s according to the CDC with less than 16% of high school students reportedly smoking.¹⁸⁰ Though these numbers are improving, a strong prevention message is still needed to explain the dangers of alcohol and tobacco to adolescents in order to eliminate alcohol- and tobacco-related health issues among youth.

TABLE 102- NATIONAL UNDERAGE DRINKING ON THE DECLINE

UNDERAGE DRINKING DECLINES

Consumption of alcohol by U.S. youths has fallen over the past 12 years. Percentage of youths ages 12-20 consuming alcohol:



SOURCE: Substance Abuse and Mental Health Services Administration annual survey. 2013 data used 67,500 interviews conducted from January through December.
George Petras, USA TODAY



Region in Focus

There are many areas within Region 9 that must progress to even meet, nonetheless surpass, positive state and national averages. For example, Region 9 has an alarming number of teenagers getting pregnant, as well as adolescents and young adults contracting sexually transmitted infections and diseases. Likewise, there are glaring issues with the small number of mental health and drug treatment centers in Region 9 including limited access to adequate treatment and a growing number of young individuals and veterans with undiagnosed mental health issues. Lastly, there is a declining number of mental health professionals in the area, making the health professional-to-patient ratio increasingly problematic

Gaps in Services

Lack of medical professionals for Region 9 include psychiatrist for children. Mental health services are not as accessible as they need to be and are often exclusively focused on adults rather than adolescent populations. As it stands, Region 9 has one of the largest child psychiatrist-to-child ratios in the state. Adequate coverage of child mental healthcare could positively impact the growing concerns of substance use and risky sexual activity among youth in Region 9.

Howard County also has a huge service gap by not having anywhere for clients to detox. Detox facilities are not readily accessible to individuals in certain areas and considering the majority of Region 9 includes various rural populations, it is often unfeasible to even travel to detox facilities. More effort needs to be

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made to have agencies communicate so that clients can receive all of the services that they need and that there is not an overlap in services. Wait times for mental health professionals are long.

Gaps in Data

Mental health data was hard to obtain because of client sensitivity concerns as well as the sheer lack of mental health professionals in the area. Similarly, data from rural communities throughout Region 9 were hard to obtain because of technologies used for data collection in those communities. Specifically, some rural health providers simply do not track “numbers” in the same way this needs assessment would desire, if at all. Hopefully, with exposure of this document, stakeholders will be more willing to share data because of the mutual benefits the needs assessment provides.

Regional Partners

Regional partners must work together in order to improve the services that client so desperately needs. Currently there is a lack of a medical home model in the area which could help centralize patients records and maximize health outcomes for clients. Area providers must be able to communicate about the needs of the client without the fear of retribution.

Regional Successes

Sexual Health

The Crisis Center, located in Odessa but extending to various counties in Region 9, opened up a new shelter in Ft. Stockton in the summer of 2016. The shelter is currently operational and services victims of sexual and domestic abuse in need of housing, employment, education, safety and goal planning, and more.

Medication Take Back Boxes

On May 31 of 2016, Ector County celebrated their two-year anniversary for the Medication Drop Box located at the Odessa Police Department. Over 110 pounds of medication were collected in the past year alone at the Odessa Police Department. There is also a Medication Drop Box at the Ector County Sheriff’s Department.

On November 19 of 2016, San Angelo celebrated the four-year anniversary of their Medication Drop Box located at the San Angelo Police Department. The Alcohol & Drug Abuse Council for the Concho Valley started the program in 2012 with the Concho Valley C.A.R.E.S. Coalition, collecting over 200 prescriptions last year.

Medical Center Health System (MCH) also started a medication take back program via drive-thru under the MCH Sky Bridge in Odessa last year. MCH has had great success with their medicine takeback, and provide meetings for the program during the second Wednesday of each month from 4-5pm.

Social Host Ordinances

The Hzi coalition is working to get an Odessa social host ordinance passed to reduce underage drinking. It is important that parents understand that providing alcohol to teenagers is against the law and fining them maybe to the best way to get the message across. The ordinance will make it easier for law enforcement to execute existing laws regarding underage drinking, as well as create a cultural distinction

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that underage drinking must be eliminated for the overall health of Odessa residents and surrounding communities.

San Angelo also passed a city-wide ordinance banning the sale of synthetic marijuana within city limits in 2010. The City of Odessa implemented a similar ordinance in October 2013 banning the sale of synthetic marijuana in 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.

College Communities

Initiatives have been created across regional college campuses in order to make their educational spaces smoke-free. In the past year, there has been significant political and social momentum to make the five colleges and universities within Region 9 tobacco-free campuses, and the University of Texas-Permian Basin successfully fulfilled that initiative. As of August 2016, UTPB is considered a smoke-free campus.

Odessa College has been collecting data through 2015 and 2016 regarding perceptions of smoking on campus. The Tobacco Use Policy Task Force is presenting the data in the fall of 2016 to the Odessa College Board of Trustees. The goal of the Task Force is to consider a policy that is respectful to tobacco and non-tobacco users. There currently are no designated smoking areas on campus, but people cannot smoke in campus buildings, and with enough political and social momentum Odessa College could be the next smoke-free campus in Region 9.

Detoxification, Mental Health, and Sobriety Efforts

The Alcohol & Drug Abuse Council for the Concho Valley held a “groundbreaking” for its new detox center expansion in March of 2016. The expansion project — called The Journey Recovery Center — will add residential detox services to accommodate up to 12 clients, and help ADACCV consolidate its residential treatment services to one location and double its capacity by providing 30 treatment beds for men and 18 for women. Construction of the center, in the 3200 block of U.S. 277, near the Roy K. Robb Facility in San Angelo, is set to begin this fall. More information can be found on ADACCV’s new website: adaccv.org.

In 2015, the Palmer Drug Abuse Program in Midland anticipated 1,093 individual appointments, but actually held 1,288 actual appointments to successfully complete a 30-day plan of sobriety. Success rates were high in 2015 for PDAP, as 953 individuals achieved and completed the program.

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 for in-patient treatment for adolescents. This reflects the Dallas Business Journal report that cites Oceans Healthcare as one of the 50 fastest-growing middle market companies in North and West Texas.

Lung Cancer Screenings

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

Conclusion

Upon reading the Regional Needs Assessment for Region 9, one can conclude that despite important and noticeable progresses in certain areas, Region 9 suffers in many key areas including alcohol and illegal drug use among youth, risky teenage sexual activity, and mental health. Since Region 9 services so many diverse populations, it is important to take into consideration that certain counties of Region 9 might be well in some areas, but struggling to meet or do better than state standards or averages in areas of ATOD use, risky teen sexual activity, and mental health.

Key Findings

The three key findings of this Regional Needs Assessment are:

1. There is a need for more regional detox facilities as waiting lists for preexisting facilities are so long that people feel discouraged and turned away due to long wait and entry times.
2. Teen pregnancy and sexually transmitted infections, diseases must be addressed as they are some of the highest rates in the state and the entire country.
3. Lack of mental health professionals in the area encompass the evergrowing rates of suicide, addiction to prescription medication, and general substance abuse. In Region 9, some mental health issues surpass state and national averages, meaning more psychiatric care is a dire necessity.

Summary of Region Compared to State

Region 9 has glaring concerns of underage drinking and illegal consumption of drugs among youth compared to the state. According to data from the Texas School Survey, though Region 9 students are being initiated to alcohol at the state average (12.9 years old), Region 9 students are more likely than the state average (38%) to begin consuming alcohol before the age of 13. Similarly, Region 9 12th grade students were more likely to be current and lifetime users of marijuana than any other DSHS region in the entire state. Also, Region 9 students from grades 6-12 were the second most likely current or lifetime users of prescription drugs in the entire state.

Moreover, Region 9 has 20 counties with which have higher teen pregnancy rates than state and national averages. Here, it is unsurprising that risky teen sex can be associated with sexually transmitted diseases, as Region 9 also has 3 of the top 15 counties in the state with the highest number of reported gonorrhea cases with Ector County at 7, Tom Green County at 12, and Midland County at 13.

Moving Forward

Though there are glaring issues within Region 9 regarding ATOD use, risky teenage sexual activity, and mental health, this Regional Needs Assessment is meant to address and help eliminate these issues to make our communities safer and healthier. By using data from this Regional Needs Assessment, we hope that our communities can receive the care necessary in order to achieve these goals, as well as provide the resources necessary for a strong, thorough, and consistent prevention message. By providing this kind of message, the Region 9 Prevention Resource Center hopes to achieve feats deemed impossible only a few short years ago while simultaneously making our communities thrive.

The Region 9 Prevention Resource Center is constantly seeking input on the Regional Needs Assessment. Our staff showcases the Regional Needs Assessment across the state and Region 9 in order to show stakeholders areas in need of attention in the fields of community health and prevention. The process of

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making the 2016 Regional Needs Assessment takes many months and the time not spent on creating the document is largely spent on disseminating the information within the report. If you or anyone you know is interested in giving the Region 9 Prevention Resource Center any relevant information regarding community health or simply have any question about this Regional Needs Assessment, please contact the Region 9 PRC Evaluator Kevin Thompson at kthompson@pbrcada.org or the Region 9 PRC Director Bridget Torres at btorres@pbrcada.org.



Appendix A

Figure 1- Strategic Framework Planning

Information was obtained from: SAMHSA: www.samhsa.gov/capt/practicing-effective-prevention

Figure 2- PRC Texas Map

Information was obtained from: DSHS Regions map: www.dshs.state.tx.us/regions/stregctymap.pdf

Figure 3- Risk & Protective Factors Model

Information was obtained from: SAMHSA: www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors

Figure 4- National Institute on Alcohol Abuse and Alcoholism

Information was obtained from: Gonzalez, R. (2013) Do Different Kinds of Alcohol Get You Different Kinds of Drunk? www.log.gizmodo.com/do-different-kinds-of-alcohol-get-you-different-kinds-o-482710477

Table 5 - Regional Population and Percent Change, 2010-2015

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 6 - Regional Population by Age Category

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 7 - Regional Population by Race and Ethnicity

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Figure 8- Regional and Texas Population by Race

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 9 - Regional Limited English Proficiency

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 10 - Regional Urban and Rural Populations

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 11 - Regional Per Capita Income

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 12 - Regional Household Composition

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 13 - Regional Employment Rates

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 14 - Regional Employment by Industry Type

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

Table 15 - Regional TANF Recipients Per 100K Population

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Table 2- Regional SNAP Recipients Per 100K Population

Information was obtained from: United States Census Bureau, American Community Survey:
www.census.gov/programs-surveys/acs/

Table 3 - Regional School Lunch Assistance

Information was obtained from: National Center for Education Statistics, NCES- Common Core of Data:
<https://nces.ed.gov/ccd/>

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Information was obtained from: PBRCADA Archive

Table 19- County Population in Region 9 as of 2015

Information obtained from: Texas State Data Center: <http://osd.texas.gov/>

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Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Table 21- Region 9 Population by Race

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFEoB67EFBF4EoBA8B3411BE330CoE3>

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Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Table 23- Percent of Household that Speak A Language Other than English

Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Table 24- Population Density for Region 9

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFE0B67EFBF4E0BA8B3411BE330CoE3>

Graph 25- Concentration of Population Region 9

Information was obtained from: Texas State Data Center
<http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=ABFE0B67EFBF4E0BA8B3411BE330CoE3>

Table 26- Average Median Monthly Rent by County in Region 9

Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Table 27- Average Median Household Income by County in Region 9

Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Table 28- Average Number of Residents Per Households in Region 9

Information Obtained From: U.S. Census Bureau: www.census.gov/programs-surveys/acs/

Graph 29- Unemployment Rates For Region 9 2010-2015

Information was obtained from: Texas Association of Counties
<http://www.txcip.org/tac/census/morecountyinfo.php?MORE=1042>

Table 30- Poverty Rates in Region 9 in 2014

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Figure 31 Maximum Monthly TANF Amount

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Figure 32- Maximum Monthly TANF Amount

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Table 33- Number of Individuals Who Received TANF Basic in Region 9: 2015

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Figure 34- Who Does Snap Benefit?

Information was obtained from: USDA: <http://www.fns.usda.gov/sites/default/files/snap/ABAWD-Info13.pdf>

Table 35- Age Distribution of Food Stamps in Region 9

Information was obtained from: Health and Human Services Commission:
http://www.hhsc.state.tx.us/research/TANF_FS.asp

Figure 36- Number of Free/Reduced Lunches in Texas By Grade 2013-14

Information Obtained From: Texas Education Agency:
[file:///C:/Users/Change%20Me/Downloads/Enroll_2013-14%20\(2\).pdf](file:///C:/Users/Change%20Me/Downloads/Enroll_2013-14%20(2).pdf)

Figure 37- ACE Pyramid

Information Obtained From: Center for Disease Control
http://www.cdc.gov/violenceprevention/acestudy/images/ace_pyramid_lrg.png

Table 38- Amount Spent Per Student in Region 9 2014-2015

Information Obtained From: Texas Education Agency 2014 Snapshot Data:
<https://rptsrv1.tea.texas.gov/perfreport/snapshot/2014/itemdef.html>

Table 39- Average Number of Individuals with Bachelor's Degree

Information Obtained From: National Center for Education Statistics:
<http://nces.ed.gov/fastfacts/display.asp?id=40>

Table 40- Violent Crime Rates per 100K in Region 9

Information Obtained From: DPS Crime Reports:
https://www.txdps.state.tx.us/administration/crime_records/pages/crimestatistics.htm

Table 41- Property Crimes Rates per 100K in Region 9

Information Obtained From: DPS Crime Reports:
https://www.txdps.state.tx.us/administration/crime_records/pages/crimestatistics.htm

Table 42- Incidents of Family Violence in Region 9

Information Obtained From: DPS Crime Reports:
https://www.txdps.state.tx.us/administration/crime_records/pages/crimestatistics.htm

Table 43- Region 9 By Seized Illegal Drugs

Information Obtained From: DPS Crime Reports:
https://www.txdps.state.tx.us/administration/crime_records/pages/crimestatistics.htm

Table 44- Average Number of Mentally Unhealthy Days in Last 30 Days

Information Obtained From: County Health Rankings & Roadmaps:
<http://www.countyhealthrankings.org/app/texas/2016/overview>

Table 45- Suicides in Region 9

Information Obtained From: <http://www.dshs.texas.gov/chs/>

Table 46- Common Qualities of Individuals with Mental Illness

Information Obtained From: Substance Abuse and Mental Health Services Administration, Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014.pdf

Figure 47- Individuals with Mental Illness and Substance Use

Information Obtained From: SANHSA: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

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Information Obtained From: Various Outpatient Clinics in Region 9

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Information Obtained From: American Foundation for Suicide Prevention, 2015

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Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

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Information Obtained From: The National Campaign: www.thenationalcampaign.org

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Information Obtained From: The National Campaign: www.thenationalcampaign.org

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Information Obtained From: Centers for Disease Control: <http://www.cdc.gov/teenpregnancy/about/index.htm>

Table 55- Region 9 County Ranking in Teenage Pregnancies vs. Texas 2014-2015

Information Obtained From: County Health Rankings & Roadmaps: <http://www.countyhealthrankings.org/app/texas/2016/overview>

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Information Obtained From: County Health Rankings & Roadmaps: <http://www.countyhealthrankings.org/app/texas/2016/overview>

Figure 57- Texas Chlamydia Case Rates and Year of Diagnosis 2007-2014

Information Obtained From: County Health Rankings & Roadmaps: <http://www.countyhealthrankings.org/app/texas/2016/overview>

Figure 58- Chlamydia Trends from 2007-2014 for Midland, Ector, and Tom Green Counties

Information Obtained From: County Health Rankings & Roadmaps:
<http://www.countyhealthrankings.org/app/texas/2016/overview>

Table 59- Where Are Minors Getting Alcohol From?

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Table 60-TABC Cases in Region 9

Information Obtained From: TABC: MIP Citations Issued by TABC Agents in Ector, Midland, and Tom Green Counties.

Table 61- Table 61- How Hard Would it be To Get Alcohol?

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Table 62- How Hard Is It To Get Marijuana Among 6th-12th Graders?

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

TABLE 63- COLLEGE STUDENT ATOD USE IN LAST 30 DAYS

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

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Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

TABLE 67- PERCEIVED HARM FROM MARIJUANA FROM STUDENTS GRADES 6-12 IN REGION 9

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

TABLE 68- PERCEIVED HARM FROM PRESCRIPTION DRUGS FROM STUDENTS GRADES 6-12 IN REGION 9

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 69- Substance Comparison, Texas, Grades 7-12 TSS 2014

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Figure 70- About How Many of Your Close Friends Use Alcohol?

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Figure 71- Age of Initial Use of Alcohol

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Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 72- What Drugs Are College Students Currently Using?

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 73- County Rankings Alcohol Expenditures per Capita

Texas Department of Public Safety: <http://ftp.dot.state.tx.us/pub/txdot/trf/crash-statistics/2014/38.pdf>

Figure 74- Age of Initial Use of Marijuana Use

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 75- Current Use of Marijuana Among 6th-12th Graders

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 76- Use of Marijuana Among College Students

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 77- Use of Medications Among Teenagers

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 78- Scheduled Prescriptions for Region 9

Information Obtained From: Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program. 2014. <https://www.txdps.state.tx.us/RSD/PrescriptionProgram/index.htmTable>
79- Synthetic Cannabinoids Calls to Poison Control

Table 80- Bath Salts Calls to Poison Control

Information Obtained From: Texas Poison Control Center

Figure 81- About How Many of Your Close Friends Use Tobacco?

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 82- What Teens Are Smoking in E-Cigarettes

Information Obtained From: Fernandez, E.: University of California San Francisco. E-Cigarettes: Gateway to Nicotine Addiction for U.S. Teens, Says UCSF Study March 6, 2014 www.ucsf.edu/news/2014/03/112316/e-cigarettes-gateway-nicotine-addiction-us-teens-says-ucsf-study
May 16, 2016

Figure 83- Fentanyl Dangers

Information Obtained From: Prevention Resource Center 9

Table 84- Years of Potential Life Lost in Region 9

County Health Rankings and Roadmaps: <http://www.countyhealthrankings.org/>

Table 85- National Overdose Deaths

Information Obtained From: National Institute of Drug Abuse: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

Table 86- Alcohol Involved Crashes in Region 9

Texas Department of Public Safety: <http://ftp.dot.state.tx.us/pub/txdot/trf/crash-statistics/2014/38.pdf>

Table 87- Alcohol Involved Violations in Region 9

Information Obtained From: Texas Department of Public Safety, Drug and Alcohol Arrest, 2014

Table 88- Average Night Hospital Stay Texas vs. U.S. 2015

Information Obtained From: Becker's Hospital Review: www.beckerhospitalreview.com/finance/average-cost-per-inpatient-day-across-50-states.html

Figure 89- Costs of Underage Drinking in the U.S.

Information Obtained From: Center for Disease Control (CDC). Reproductive Health: Teen Pregnancy. April 2016.

Figure 100- Cost of Underage Drinking In Texas

Information Obtained From: San Antonio Community Coalition, 2014

Chart 91- Use of Alcohol Among Texas High School Students

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

Figure 92- Cost of Underage Drinking for Region 9

Information Obtained From: Texas Demographic Center and Texas Police News

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Information Obtained From: Texas Department of State Health Services

TABLE 94- HOW RECENTLY HAVE YOU USED

Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

TABLE 95- PENALTIES FOR POSSESSION OF MARIJUANA

Information Obtained From: Local Crime and Police Data

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Information Obtained From: Texas School Survey: <http://texasschoolsurvey.org/Report>

TABLE 97- AVERAGE COST OF TREATMENT IN REGION 9

Information Obtained From: Nationwide In-Patient Sampling: Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2011 State Inpatient Databases and Costs

FIGURE 98- OUTCOMES OF ALCOHOL AND DRUG ABUSE

Information Obtained From: Center for Labor Market Studies, Northeastern University, The Fiscal Economic Consequences of Dropping Out of High School, 2009

TABLE 99- USE OF DRUGS BY COLLEGE STUDENTS

Information Obtained From: https://texascollegesurvey.org/?page_id=389

TABLE 100- ENVIRONMENTAL PROTECTIVE FACTOR FOR REGION 9

Information Obtained From: Texas Department of State Health Services

TABLE 101- RELIGIOUS PREFERENCES OF REGION 9

Information Obtained From: Association of Religious Archives

Table 102- National Underage Drinking on the Decline

Information Obtained From: USA Today: <http://www.usatoday.com/story/news/2015/06/11/underage-binge-drinking/71021464/>

Appendix B – PRC Regions and Their Counties

To follow is a list of the Health and Human Services (HHS) regions in the state of Texas, and the counties that comprise each region. Region 9 is in bold italics.



Region 1: Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum Counties.

Region 2: Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young Counties.

Region 3: Collin, Cooke, Dallas, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise Counties.

Region 4: Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood Counties.

Region 5: Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler Counties.

Region 6: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton Counties.

Region 7: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson Counties.

Region 8: Atacosta, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala Counties.

Region 9: Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, and Winkler Counties.

Region 10: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio Counties.

Region 11: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata Counties.

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.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
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.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions 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 families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

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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. Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

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