

# 2021 Regional Needs Assessment



Prevention Resource Center Region 9  
120 E. 2nd St, Odessa, TX 79761  
[www.reg9prc.org](http://www.reg9prc.org)

Serving 30 West Texas Counties

2021 RNA  
VOL 7

# 2021 Regional Needs Assessment Region 9

Permian Basin Regional Council on Drug & Alcohol Abuse

120 E. 2<sup>nd</sup> St.

Odessa, TX 79761

[www.pbrcada.org](http://www.pbrcada.org)



REGION 9 PREVENTION RESOURCE CENTER

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## Table of Contents

<b>Executive Summary</b> .....	<b>4</b>
<b>Conceptual Framework</b> .....	<b>5</b>
<b>Prevention Resource Centers</b> .....	<b>8</b>
Stakeholder/Audience .....	16
<b>Regional Demographics</b> .....	<b>17</b>
Population .....	20
General Socioeconomics.....	26
<b>Environmental Risk Factors</b> .....	<b>35</b>
Education .....	36
Criminal Activity.....	39
Mental Health .....	43
Social Factors.....	46
Accessibility.....	53
Perceived Risk of Harm.....	59
<b>Regional Consumption</b> .....	<b>65</b>
Alcohol .....	65
Tobacco .....	69
Marijuana .....	72
Prescription Drugs.....	74
Other Illicit Drugs.....	77
Opioids: Deadly Crisis .....	80
Emerging Trends.....	85
<b>Consequences</b> .....	<b>90</b>
Overview .....	90
Alcohol and Tobacco Permits .....	91
Mortality.....	92
Legal Consequences.....	97
Hospitalization and Treatment .....	101
Economic Impacts .....	108
Qualitative Data on Consequences .....	110
<b>Environmental Protective Factors</b> .....	<b>111</b>
Overview .....	111
Community Domain.....	112

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

School Domain .....	128
Family Domain .....	131
Individual Domain.....	134
Tracking Trends .....	137
<b>Region in Focus .....</b>	<b>138</b>
Gaps in Service .....	138
Gaps in Data .....	138
Regional Partners.....	140
Regional Successes .....	140
<b>Conclusion.....</b>	<b>146</b>
Moving Forward.....	148
<b>References .....</b>	<b>149</b>
<b>Appendix A .....</b>	<b>163</b>
<b>Glossary of Terms.....</b>	<b>163</b>
<b>Appendix B .....</b>	<b>168</b>
Tables .....	168
Figures .....	205
2021 Regional Data Coordinators.....	235

## Executive Summary

### What is the RNA?

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by the Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The Region 9 PRC serves 30 counties in West Texas.

This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on most current information about the unique needs of Texas' diverse communities. This document will present a summary of statistics on risk and protective factors associated with drug use, as well as consumption patterns and consequences data; at the same time it will offer insight on gaps in services and data.

### Who writes the RNA?

A team of Data Coordinators has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health, and education, among others.

### How is the RNA informed?

Qualitative data collection has been conducted, in the form of questionnaires, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC Region 9 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

### Main key findings from this assessment include:

**Demographics:**

**Substance Use Behaviors:**

**Underlying Conditions:**

**Behavioral Health Disparities:**

**Protective Factors and Community Strengths:**

## Methodology

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following:

- primary focus on the state-delineated prevention priorities of alcohol (underage drinking)
- tobacco/nicotine, marijuana, prescription drugs, and other drug use among adolescents
- exploration of drug consumption trends and consequences, particularly where adolescents are concerned
- and an exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP)

## Conceptual Framework

The conceptual framework for this report examines empirical indicators related to the Social Determinants of Health (SDoH), documented risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in the domains (or levels) of the Social Ecological Model (SEM), as described below. For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region.

## Purpose/Relevance of the RNA

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

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

## Process

HHSC and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2020, and June 30, 2021. Due to the global pandemic, COVID-19, the Regional Needs Assessment deadline was extended to August 31, 2021.

Between September and July, HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. 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 community. Additionally, qualitative data is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources are 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. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

## Quantitative Data Selection

### Identification of Variables

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

### Criteria for Selection

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

## Qualitative Data Selection

Data Coordinators conduct focus groups, surveys, and interviews with community members about what they believe their greatest needs to be. These qualitative data collection methods often reveal additional sources of data.

### Key Informant Interviews

Interviews are conducted primarily with school officials and law enforcement officers where available. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions:

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What hard evidence do you have to support this as the greatest problem?
- What services do you lack in your community?

Other questions inevitably arise during the interviews, but these four are asked of each participant.

### Focus Groups

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges.

### Longitudinally Presented Data

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to) the most recently available data collected over three years in one-year intervals of data-collection, or the most recently available data collected over three data-collection intervals of more than one year (e.g., data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national-level data with county-level data for comparison purposes. However, when neither state-level nor national-level data are included in tables and figures, this is generally because the data was not available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.



## Prevention Resource Centers

PRCs are funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and misuse and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (See Figure 1) to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups.

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

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

PRCs have four fundamental objectives:

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

### Regions

Figure 1. Map of Health Service Regions serviced by a Prevention Resource Center:

<b>Region 1</b>	Panhandle and South Plains
<b>Region 2</b>	Northwest Texas
<b>Region 3</b>	Dallas/Fort Worth Metroplex
<b>Region 4</b>	Upper East Texas
<b>Region 5</b>	Southeast Texas
<b>Region 6</b>	Gulf Coast
<b>Region 7</b>	Central Texas
<b>Region 8</b>	Upper South Texas
<b>Region 9</b>	West Texas
<b>Region 10</b>	Upper Rio Grande
<b>Region 11</b>	Rio Grande Valley/Lower South Texas



## **How PRCs Help the Community**

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health in general. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. In this way, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. The program also helps to identify community strengths, gaps in services and areas for improvement.

### **Data Coordinators**

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead a Regional Epidemiological Workgroup (REW), compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information.

## Key Concepts

### Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. (Citation SAMSHA)<sup>2</sup>

Qualifiers for age-specific terms related to different data sources will be referenced in each section.

### Texas School Survey

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI).<sup>6</sup> PPRI actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years.<sup>6</sup>

**Figure 3. Texas School Survey, 2020<sup>6</sup>**

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Campuses Participated	Total Non-Blank Surveys	Usable Surveys	# Rejected	% Rejected
2020*	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%
2016	600	187	140	50,143	49,070	1,073	2.1%

Grade	Survey Distribution TSS 2020*		Survey Distribution TSS 2018		Difference Between 2018 and 2020* TSS
	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	6,414	2.9%	12,445	20.5%	-6,031
Grade 8	6,472	23.1%	12,268	20.2%	-5,796
Grade 9	4,189	15.0%	9,409	15.5%	-5,220
Grade 10	4,119	14.7%	9,571	15.8%	-5,452
Grade 11	3,556	12.7%	9,163	15.1%	-5,607
Grade 12	3,215	11.5%	7,920	13.0%	-4,705
<b>Total</b>	<b>27,965</b>	<b>100.0%</b>	<b>60,776</b>	<b>100.0%</b>	<b>-32,811</b>

Texas School Survey, 2020/2018. <http://www.texaschoolsurvey.org/Report>. Accessed March 4, 2021<sup>6</sup>

\* "During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data." - Public Policy Research Institute

## Epidemiology

Epidemiology is described as “the study of the occurrence and distribution of health-related events, states, and processes in specified populations, including the study of the determinants influencing such processes, and the application of this knowledge to control relevant health problems.”<sup>1</sup> This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance misuse and the contributing factors influencing this behavior.

## Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (See Figure 4)<sup>2</sup>. In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities 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.<sup>1</sup>

Figure 4. Strategic Prevention Framework (SPF)<sup>2</sup>



<sup>1</sup> Porta, Miquel S. *A Dictionary of Epidemiology*. Oxford: Oxford University Press, 2016, p. 95.

## Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. This RNA is organized using the six domains (or levels) of the SEM as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances
- School Domain - social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain - social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain - interpersonal factors including social norms and youth perceptions of peer consumption and social access
- Individual Domain - intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the health promotion programs become more effective when they intervene at multiple levels. Changes at the community level will create change in individuals, and the support of individuals in the population is essential for implementing environmental change.

## Risk and Protective Factors

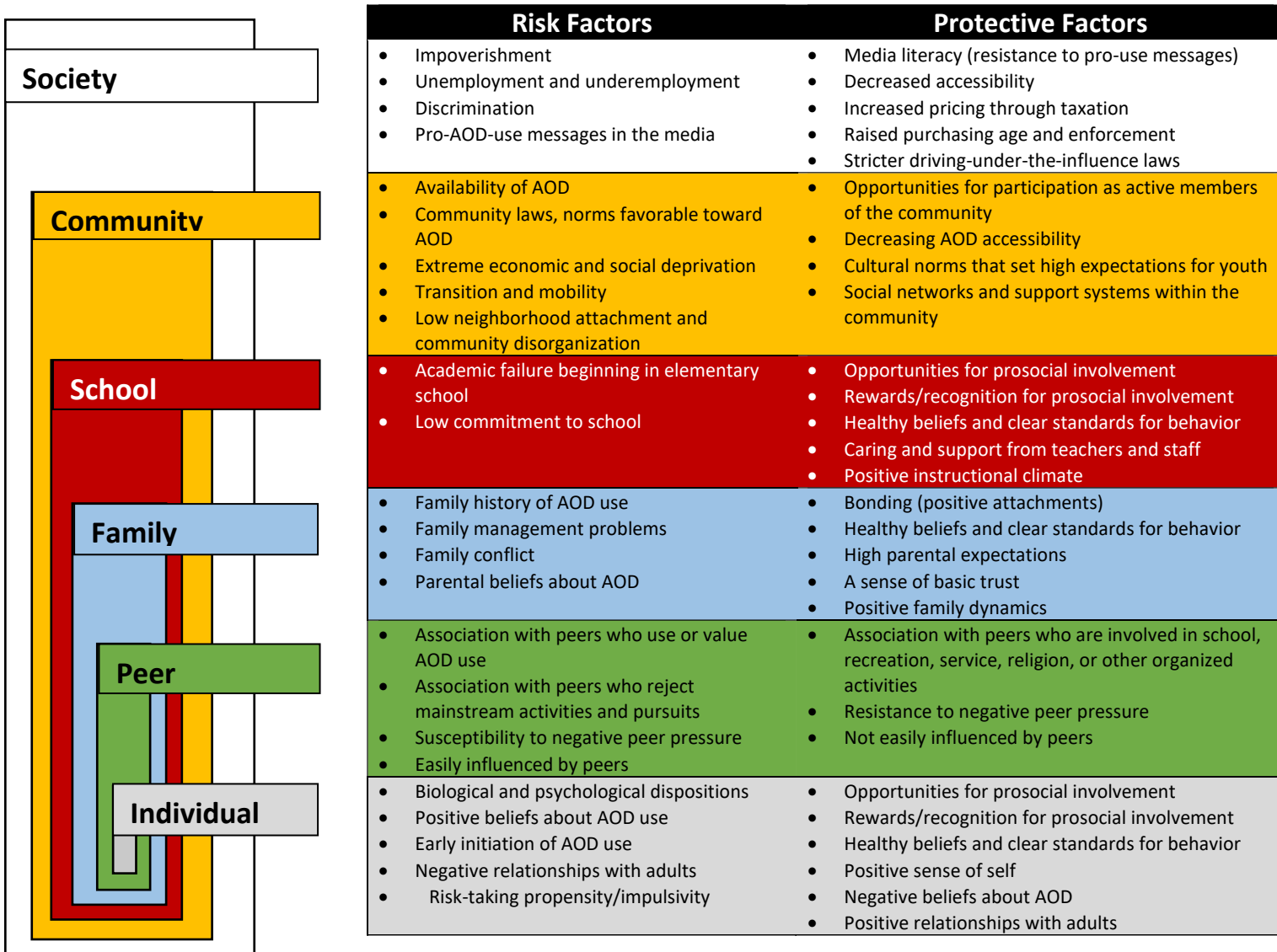
One component shared by effective prevention programs is a focus on risk and protective factors associated with adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (See Figure 5).<sup>2</sup>

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<sup>3</sup> Adapted from: D'Amico, EJ, Osilla, KC. *Prevention and intervention in the school setting*. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol. 2 of *The Oxford Handbook of Substance Use and Substance Use Disorders*, p. 678.

Figure 5. Socio-Ecological Model for Substance Use, with Examples

Social



## Determinants of Health

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>3</sup>The SDOH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, they also contribute to health disparities and inequities.

Figure 6. Social Determinants of Health<sup>4</sup>



Adapted from: Healthy People 2020

[health.gov/healthypeople/objectives-and-data/social-determinants-health](https://health.gov/healthypeople/objectives-and-data/social-determinants-health)<sup>4</sup>



## Consumption Patterns

This needs assessment follows the example of the TSS, the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories:

- lifetime use
  - has tried a substance, even if only once
- school year use
  - past year use when surveying adults or youth outside of a school setting
- current use
  - use within the past 30 days

These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and illicit drugs and their misuse of prescription drugs. The TSS is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

A plethora of information exists on risk factors that contribute to Alcohol Use Disorder (AUD) in the United States. According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the U.S. for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the general consumption categories is often desired. This is achieved by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking) and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (See Figure 7).<sup>5</sup>

Some alcoholic drinks contain more alcohol than others. As with all matters nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.<sup>5</sup>



Figure 7. National Institute on Alcohol Abuse and Alcoholism (NIAAA)



## Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health, physical, and social consequences. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

## Stakeholder/Audience

Stakeholders can use the information presented in this report to contribute to program planning, evidence-based decision making, and community education.

These stakeholders come from a variety of disciplines:

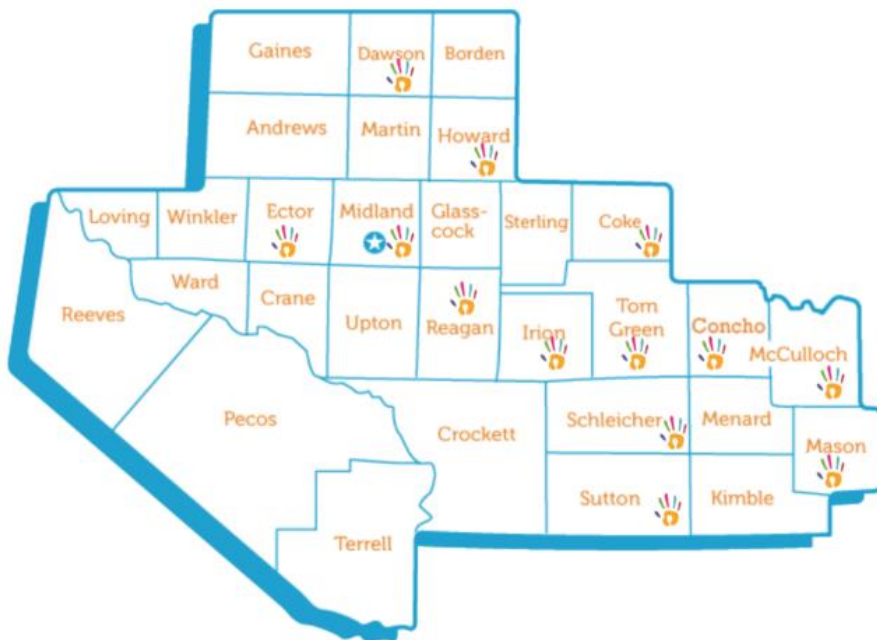
- substance use prevention and treatment providers
- community coalitions; medical providers
- school districts and higher education institutions
- city, county, and state leaders
- community members interested in public health and drug consumption

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this need assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found on pages 173 and 209.

## Regional Demographics

Region 9, also known as West Texas, consists of a 30-county spread across the Permian Basin (See Figure 8).<sup>7</sup> The county that is furthest west in Region 9 is Reeves County and the county seat being Pecos. The southernmost county is Terrell County with the county seat being Sanderson. The eastern most county in Region 9 is Mason County with the county seat being Mason. Gaines, Dawson, and Borden counties are the northern most border counties with county seats of Seminole, Lamesa, and Gail, respectively. Interstate 10 and Interstate 20 run horizontally through Region 9. Pecos County is the largest county in Region 9 spanning 4,763.9 square miles.<sup>9</sup> Loving County is the least populated county in Texas with a population of 93.<sup>9</sup> Ector County and Midland County are the most populated counties in Region 9 and have total population estimates of 188,564 and 190,182, respectively, for 2021.<sup>9</sup> Region 9 also includes schools from Education Service Centers (ESCs )15,17, and 18.

### 13 Child Welfare Boards in the Greater Midland Area



- COKE**  
Donna Poehls, Chair  
[donna.poehls@bronteisd.net](mailto:donna.poehls@bronteisd.net)
- CONCHO**  
Milissa Wright, Chair  
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- DAWSON**  
Melissa Cazares, Chair  
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- ECTOR**  
Lucas Rodriguez, Chair  
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Alison Gryder, Chair  
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Connie Humphreys, Chair  
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Shelly Worrell, Chair  
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Sarah New, Chair  
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- SCHLEICHER**  
Rhonda McCants, Chair  
[mccantsfive@yahoo.com](mailto:mccantsfive@yahoo.com)
- SUTTON**  
Candis Davis, Chair  
[candy.davis@sonoraisd.net](mailto:candy.davis@sonoraisd.net)
- TOM GREEN**  
Shelly Suksta, Chair  
[shellysuksta@shannonhealth.org](mailto:shellysuksta@shannonhealth.org)



Figure 8. TEXAS HEALTH REGION 9 COUNTIES<sup>7</sup>

Source: Texas Council of Child Welfare Boards<sup>7</sup>

## Exhibit 5: West Texas Region Wage Trends, 2007 to 2017

Area	Average Wage, 2017	Change in Wages from 2007	Nominal Rate of Change, 2007 to 2017	Real Rate of Change,* 2007 to 2017
Midland MSA	\$69,490	\$24,159	53.3%	29.7%
Odessa MSA	\$56,250	\$14,492	34.7%	13.9%
West Texas Region	\$56,491	\$17,694	45.6%	23.2%
Texas	\$55,801	\$11,106	24.9%	5.6%
United States	\$55,375	\$10,917	24.6%	5.4%

\* The constant or “real” rate adjusts average wages for the effects of inflation in the value of a particular base year. According to the Bureau of Labor Statistics, prices in 2017 are 18.22 percent higher than prices in 2007.

Figure 9. JOB and WAGE TRENDS in WEST TEXAS<sup>9</sup>

Sources: JobsEQ and U.S. Bureau of Labor Statistics<sup>9</sup>

Key industries of West Texas include mining, oil and gas extraction, pipeline transportation, crop production, machinery manufacturing, utilities, truck transportation, rental and leasing services, specialty trade contractors, merchant wholesalers, and support activities for agriculture. No other region in Texas relies as heavily on oil and gas production like Region 9. The success of the oil and gas industry in West Texas relies heavily on volatile crude oil, making West Texas economically vulnerable.<sup>9</sup> In 2017, jobs in West Texas increased by about 20%, nearly 7 times the growth seen nationwide, and wages increased by about 23% or about 4 times the growth of wages seen nationwide.<sup>9</sup> West Texas region saw a 23.2% increase in average wages between 2007 and 2017. All the same, the economy witnessed a dramatic decline in the beginning months of 2020 due to the COVID-19 crisis. With the vulnerability of the oil and gas industry, the COVID-19 crisis affected the West Texas workforce. Unemployment rates in April 2020 hit a high of 12.9% and declined to 6.7% in April 2021.<sup>9</sup>

## Region 9 Counties and Zip Codes

Region 9 covers 30 counties and there are over 80 zip codes associated with those counties. The largest counties, Ector and Tom Green also have zip codes for the smaller towns within those counties. Gardendale and Goldsmith are within Ector County. Goodfellow AFB has its own zip code, 76908 in Tom Green County.<sup>10</sup> Tom Green also has smaller towns that have separate zip codes such as Carlsbad, Christoval, Mereta, Vancourt, and Wall. The zip codes listed below are general zip codes that are used in those counties.

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Andrews: 79714

Borden: 79738

Concho: 76933, 76945, 76949, 76953

Crane: 79731

Crockett: 76943

Dawson: 79331, 79377

Ector: 79741, 79758, 79761, 79762

79763, 79764, 79765, 79766

Gaines: 79342, 79359, 79360

Glasscock: 79739

Howard: 79511, 79720, 79748

Irion: 76941

Kimble: 76849, 76854, 76874

Loving: 79754

Martin: 79713, 79749, 79782, 79783

Mason: 76820, 76842, 76856, 76869

Mason: 76820, 76842, 76856, 76869

McCulloch: 76825, 76836, 76852, 76858, 76872, 76887

Menard: 76841, 76848, 76859

Midland: 79701, 79702, 79703, 79704, 79705, 79712

Pecos: 79735, 79740

Reagan: 76932

Reeves: 79718, 79772

Schleicher: 76936

Sterling: 76951

Sutton: 76950

Terrell: 78851

Tom Green: 76901, 76903, 76904, 76905, 76908, 76934,

76935, 76940, 76955, 76957

Upton: 79752, 79755

Ward: 79756

Winkler: 79745

Source: Zip-Codes.com<sup>10</sup>

## Population

The Texas Department of State and Health Services (DSHS) estimates that Region 9's total population will be 724,337 (See Table 1).<sup>11</sup> This shows an estimated increase of over 81,774 people, or a 15.4% increase, from 2020 to 2021.

Ward County has the highest projected percent growth in Region 9 from 2020-2021 with a 20.0% change, or a population growth of 2,731 people. The counties with the highest populations, Ector, Midland and Tom Green, saw a gain of 29,043, 30,926, and 8,441 people respectively, from 2020-2021.

During the challenging times of COVID-19, it is difficult to project accurate numbers

<b>TABLE 1</b>	<b>Region 9 Population</b>	<b>Estimates, 2019-2021</b>	
<b>YEAR</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>TEXAS</b>	29,948,091	30,521,978	30,168,926
<b>REGION 9 County</b>	635,255	642,563	724,337
<b>Andrews</b>	17,215	17,487	23,196
<b>Borden</b>	694	698	691
<b>Coke</b>	3,116	3,095	3,201
<b>Concho</b>	4,281	4,299	4,136
<b>Crane</b>	5,249	5,349	6,422
<b>Crockett</b>	4,049	4,082	4,060
<b>Dawson</b>	14,693	14,756	13,510
<b>Ector</b>	157,226	159,521	188,564
<b>Gaines</b>	21,236	21,681	22,580
<b>Glasscock</b>	1,338	1,351	1,379
<b>Howard</b>	37,477	37,715	41,647
<b>Irion</b>	1,709	1,712	1,506
<b>Kimble</b>	5,005	5,052	4,290
<b>Loving</b>	80	81	93
<b>McCulloch</b>	4,192	9,040	8,672
<b>Martin</b>	8,959	5,606	6,184
<b>Mason</b>	5,529	4,211	3,893
<b>Menard</b>	2,398	2,406	2,182
<b>Midland</b>	156,862	159,256	190,182
<b>Pecos</b>	16,910	17,026	16,513
<b>Reagan</b>	3,854	3,908	4,279
<b>Reeves</b>	14,816	14,934	15,802
<b>Schleicher</b>	3,872	3,920	3,655
<b>Sterling</b>	1,212	1,214	1,257
<b>Sutton</b>	4,600	4,651	4,401
<b>Terrell</b>	1,043	1,047	1,053
<b>Tom Green</b>	114,494	114,995	123,436
<b>Upton</b>	3,832	3,886	4,056
<b>Ward</b>	11,155	11,213	13,944
<b>Winkler</b>	8,241	8,371	9,553

Source: Texas Department of State Health Services<sup>11</sup>

after the downturn of the oil and gas industry. However, as the COVID-19 vaccine is assisting in the reduction of cases, unemployment has seen a decline since the state of Texas went on lockdown in 2020. Businesses now re-opening and the region getting back to "normal", we see less unemployment and more employees back in the workforce. The population estimates were completed in early 2020 and will not reflect the possible decline from the impact of the COVID-19 pandemic until next year.

## Population Density

Population density is measured by the number of people per square mile of land. These estimates are based on the 2021 population estimates listed previously. The population density of Texas for 2021 is estimated to be 112.3 people/sq. land mile (See Table 2).<sup>11,12</sup> The population density of Region 9 is about one-seventh of the Texas population density at an average of 18.1 people/sq.mile.<sup>11,12</sup> Though Region 9 is covered by many sparsely inhabited counties, it still contains Ector County which has a population density of 210.0 people/sq.mile; Midland County which has a population density of 211.2 people/sq.mile; and Tom Green County which has a population density of 81.1 people/sq.mile.<sup>11,12</sup>

The cities that largely account for these higher density areas are Odessa (Ector County), Midland (Midland County), and San Angelo (Tom Green).

Table 2. **Region 9 Population Density, 2021**

County	2021 Region 9 Population Density*	County	2021 Region 9 Population Density*	County	2021 Region 9 Population Density*
<b>TEXAS</b>	112.3	<b>Glasscock</b>	1.5	<b>Reagan</b>	3.6
<b>REGION 9</b>	18.1	<b>Howard</b>	46.2	<b>Reeves</b>	6.0
<b>Andrews</b>	15.5	<b>Irion</b>	1.4	<b>Schleicher</b>	2.8
<b>Borden</b>	0.8	<b>Kimble</b>	3.4	<b>Sterling</b>	1.3
<b>Coke</b>	3.5	<b>Loving</b>	0.1	<b>Sutton</b>	3.0
<b>Concho</b>	4.2	<b>Martin</b>	6.8	<b>Terrell</b>	0.4
<b>Crane</b>	8.2	<b>Mason</b>	4.2	<b>Tom Green</b>	81.1
<b>Crockett</b>	1.4	<b>McCulloch</b>	8.1	<b>Upton</b>	3.3
<b>Dawson</b>	15.0	<b>Menard</b>	2.4	<b>Ward</b>	16.7
<b>Ector</b>	210.0	<b>Midland</b>	211.2	<b>Winkler</b>	11.4
<b>Gaines</b>	15.0	<b>Pecos</b>	3.5		

\*Density= People per square mile

Source: Texas Department of State Health Services, U.S. Census Bureau<sup>11,12</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 3. Region 9 Population by Race and Ethnicity, 2021

County	Anglo	%	Black	%	Hispanic	%	Other	%	Total
<b>TEXAS</b>	<b>12,209,069</b>	<b>40%</b>	<b>3,630,915</b>	<b>12%</b>	<b>12,056,086</b>	<b>40%</b>	<b>2,272,856</b>	<b>8%</b>	<b>30,168,926</b>
<b>REGION 9</b>	<b>286,422</b>	<b>40%</b>	<b>31,110</b>	<b>4%</b>	<b>395,169</b>	<b>55%</b>	<b>11,336</b>	<b>2%</b>	<b>724,337</b>
Andrews	7,774	34%	239	1%	14,895	64%	288	1%	23,196
Borden	571	83%	0	0%	114	16%	6	1%	691
Coke	2,401	75%	7	0%	725	23%	68	2%	3,201
Concho	1,682	41%	57	1%	2,353	57%	44	1%	4,136
Crane	1,865	29%	143	2%	4,326	67%	88	1%	6,422
Crockett	1,379	34%	13	0%	2,626	65%	42	1%	4,060
Dawson	4,577	34%	907	7%	7,866	58%	160	1%	13,510
Ector	55,815	30%	8,303	4%	121,861	65%	2,585	1%	188,564
Gaines	11,663	52%	321	1%	10,302	46%	294	1%	22,580
Glasscock	883	64%	21	2%	464	34%	11	0%	1,379
Howard	19,469	47%	2,484	6%	18,920	45%	774	2%	41,647
Irion	996	66%	11	1%	465	31%	34	2%	1,506
Kimble	2,957	69%	16	0%	1,261	29%	56	1%	4,290
Loving	60	65%	0	0%	29	31%	4	4%	93
McCulloch	5,462	63%	159	2%	2,944	34%	107	1%	8,672
Martin	2,823	46%	89	1%	3,194	52%	78	1%	6,184
Mason	2,766	71%	25	0%	1,057	27%	45	1%	3,893
Menard	1,233	57%	11	0%	915	42%	23	1%	2,182
Midland	78,173	41%	11,256	6%	97,331	51%	3,432	2%	190,182
Pecos	4,251	26%	536	3%	11,525	70%	181	2%	16,513
Reagan	1,199	28%	30	1%	3,008	70%	42	1%	4,279
Reeves	2,730	17%	722	5%	12,261	78%	89	1%	15,802
Schleicher	1,614	44%	42	1%	1,971	54%	28	1%	3,655
Sterling	782	62%	13	1%	429	34%	33	3%	1,257
Sutton	1,567	36%	6	0%	2,799	64%	29	1%	4,401
Terrell	507	48%	6	1%	528	50%	12	1%	1,053
Tom Green	61,374	50%	4,929	4%	43,459	35%	2,674	2%	123,436
Upton	1,679	41%	54	1%	2,261	56%	62	2%	4,056
Ward	4,974	36%	550	4%	8,217	59%	203	1%	13,944
Winkler	3,196	33%	150	2%	6,063	63%	144	2%	9,553

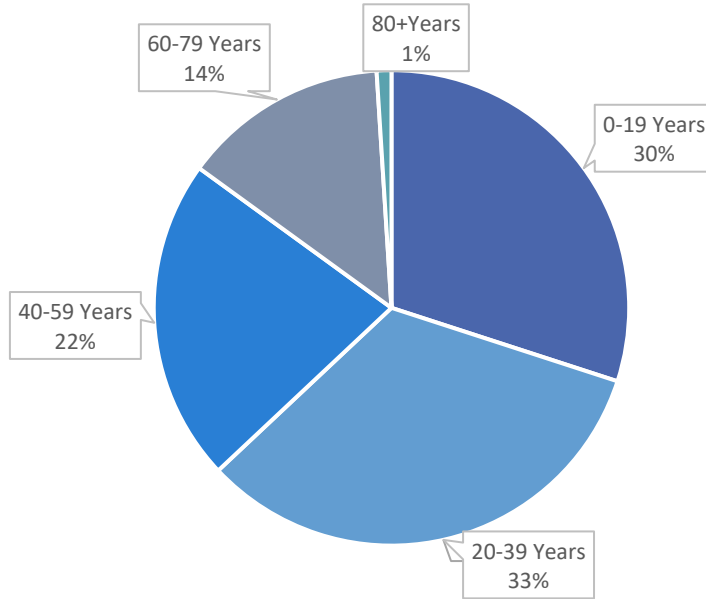
Source: Texas Demographic Center<sup>13</sup>



## Race/Ethnicity

In Region 9, Anglos and Hispanic make up 40% and 55% of the population, respectively (See Table 3 on previous page).<sup>13</sup> Collectively, this is 95% of the Region 9 population, placing it much higher than the collective Texas average of Anglos and Hispanics (80%).<sup>13</sup> Throughout Region 9, there are also groups of Black, Native American, Pacific Islander, and other European races, ethnicities, and nationalities.

Figure 10. Region 9 Age Demographics, 2021



Source: Texas Demographic Center<sup>13</sup>

## Age

Region 9 age demographics are broken down into the following categories: 0-19 years old, 20-39 years old, 40-59 years old, 60-79 years old, and 80 years old and older (See Figure 10).<sup>13</sup> The largest age groups in Region 9 in 2021 are estimated to be the 20-39 years old age group at 33%, or 230,900 people. Next is 0-19 age group estimated at 30% of the population or a total of 216,071 people.<sup>13</sup> This age group is followed by 40-59-year-olds in Region 9, making up 22% of the population, or 156,099 people.<sup>13</sup> Age group 60-79-year-olds make up 14% of the population in Region 9 (104,850), followed by age group 80+(1%) or 2,524 people.<sup>13</sup>



## Languages

According to the 2019 American Community Survey (ACS), 89% of Region 9 “speaks English only or speaks English ‘very well’”, thus is ‘English Proficient’, while 11% of Region 9 “speaks English less than ‘very well’” or is Limited English proficient (LEP).<sup>12</sup> Table 4 breaks down the ACS language speaking ability variables and shows the language proficiency of each county in Region 9, including percentages of that population for each proficiency.

Table 4. Region 9 English Proficiency, 2019

County	English Proficient*	Not English Proficient**	County	English Proficient*	Not English Proficient**
<b>TEXAS</b>	87%	13%	<b>McCulloch</b>	95%	5%
<b>REGION 9</b>	89%	11%	<b>Martin</b>	92%	8%
<b>Andrews</b>	85%	15%	<b>Mason</b>	92%	8%
<b>Borden</b>	100%	0%	<b>Menard</b>	88%	12%
<b>Coke</b>	96%	4%	<b>Midland</b>	91%	9%
<b>Concho</b>	73%	27%	<b>Pecos</b>	86%	14%
<b>Crane</b>	87%	13%	<b>Reagan</b>	84%	16%
<b>Crockett</b>	96%	4%	<b>Reeves</b>	80%	20%
<b>Dawson</b>	91%	9%	<b>Schleicher</b>	92%	8%
<b>Ector</b>	86%	14%	<b>Sterling</b>	96%	4%
<b>Gaines</b>	79%	21%	<b>Sutton</b>	89%	11%
<b>Glasscock</b>	77%	23%	<b>Terrell</b>	89%	11%
<b>Howard</b>	88%	12%	<b>Tom Green</b>	94%	6%
<b>Irion</b>	100%	0%	<b>Upton</b>	89%	11%
<b>Kimble</b>	95%	5%	<b>Ward</b>	90%	10%
<b>Loving</b>	84%	16%	<b>Winkler</b>	88%	12%

\*: English Proficient means "Speaks English only or speaks English 'very well'".

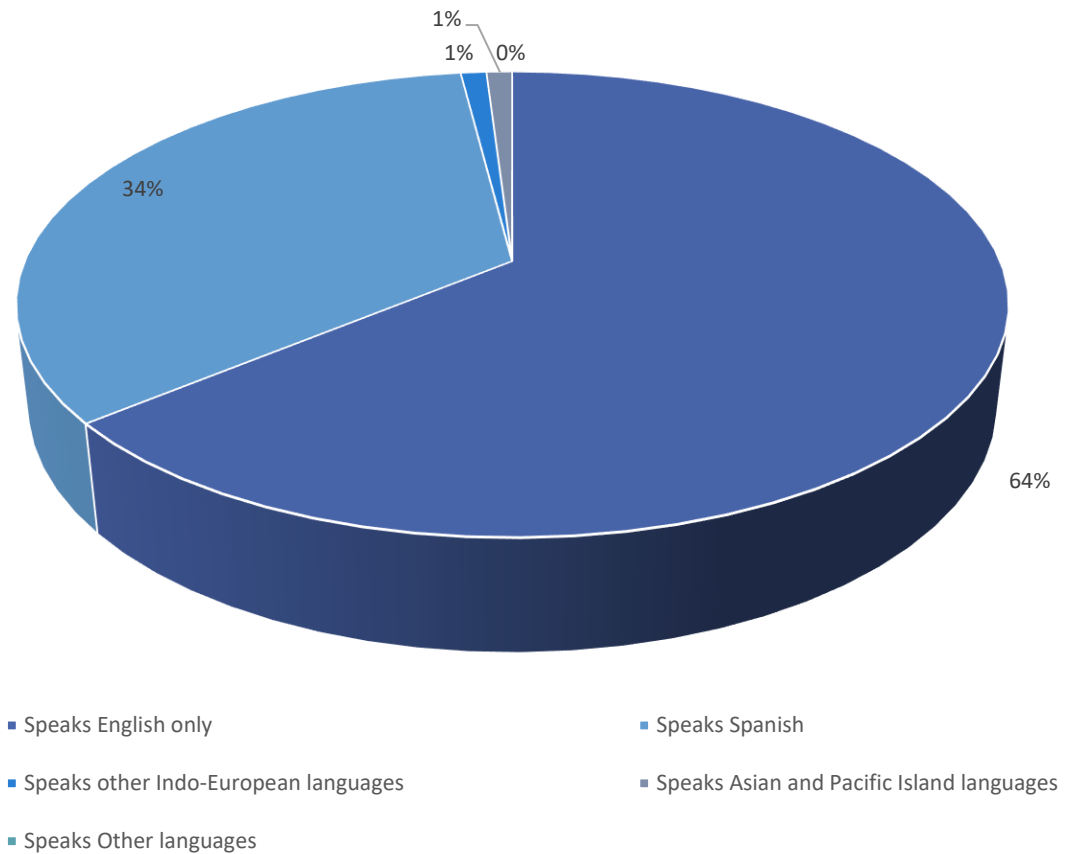
\*\*: Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau<sup>12</sup>

According to the 2019 ACS, over half (64%) of Region 9 speaks only English.<sup>12</sup> About 34% of the population also speaks Spanish and nearly 2% of the population speaks Indo-European, Asian and Pacific, and/or other languages (See Figure 11).<sup>12</sup>

Source: U.S. Census Bureau, American Community Survey, 2019<sup>12</sup>

Figure 11. Region 9 Languages, 2019



## General Socioeconomics

The major economic drivers of Region 9 are based in fossil fuel industries. Due to the economic dependence on oil and other fossil fuels, the economy of the Permian Basin is considered volatile, as it can change quickly in a short period of time. The COVID-19 crisis proved this true as

unpredictable events caused a dramatic effect on West Texas employment.

The highest point of oil output per day was the beginning of 2020. But as the COVID-19 crisis impacted the Permian Basin, there was an 87,000 barrel per day drop of output.

But as the number of COVID-19 cases began to

drop, the Permian Basin oil production saw an upturn to 54,000 barrels/day in April 2021 (See Figure 12).<sup>15</sup> In the month of March 2019, the total volume of oil was 128,738,511 BBLs (barrels) for the whole state of Texas. To compare, the total volume of oil for May 2021 was at 112,719,857 BBLs. Nine of the top 10 oil producing counties were in Region 9 and accounted for 64,795,181 BBLs for the month of May 2021.<sup>14</sup> Region 9 accounted for over 50% of oil production for the whole state of Texas. The top oil producer for Texas and in Region 9 was Midland County at 16,127,487 BBLs for the month of May 2021.<sup>14</sup>

The COVID-19 pandemic caused a significant loss of jobs all over the world. Of course, it also caused job loss in West Texas, the economy affected the barrel output and created a loss of jobs in Region 9 as well. Unemployment rates for Texas were at 3.5% in April 2019, however, after the COVID-19 pandemic, Texas unemployment rates rose to 12.8% in April 2020.<sup>16</sup> The largest cities, Odessa and Midland in Region 9 had an unemployment rate of 2.9% and 2.0% respectively in December 2019. In March 2020, those numbers went up to 4.4% in Odessa and 3.1% for Midland. To compare to 2020, the employment rate for Odessa in May 2021 was 10.1%, while Midland was at 6.9%, both higher than the Texas unemployment rate (6.5%).<sup>16</sup>

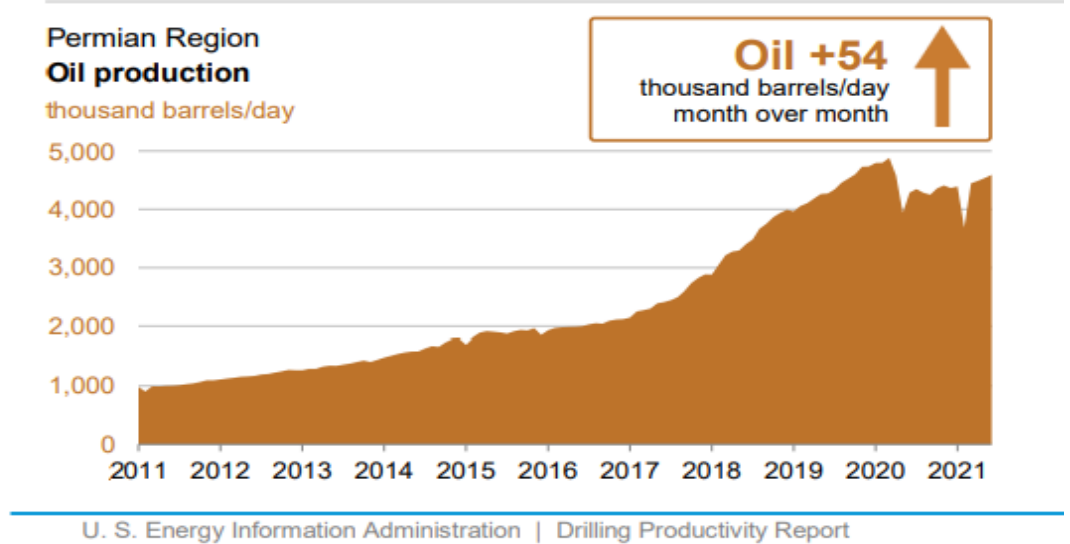


FIGURE 12. PERMIAN BASIN OIL PRODUCTION, 2011-2021 SOURCE: U.S. Energy Information Administration<sup>15</sup>

## Household Composition

When looking at risk factors, family dynamics are always viewed as a major contributor to substance abuse. Single-parent households are defined by single parent, male or female, with no spouse present.<sup>18</sup> Single parent households increase the risk in anxiety disorders, depression and suicide. Mental disorder as well as unhealthy behaviors like smoking also contribute.<sup>19-21</sup> From 2018 to 2020, the Texas average stayed the same at 33%, however, in 2021 the state saw a decline to 26% with single parent households. The Region 9 percentage showed a decline the last three years from 32% in 2018, 30% in 2020 to 23% in 2021 (See Table 5).<sup>17</sup>

Table 5. Region 9 Single Parent Household Percentage, 2021

County	Single Parent Household (%)	County	Single Parent Household (%)
<b>Texas</b>	<b>26%</b>		
<b>Region 9</b>	<b>23%</b>	Mason	27%
Andrews	17%	McCulloch	24%
Borden	26%	Menard	11%
Coke	30%	Midland	22%
Concho	33%	Pecos	17%
Crane	15%	Reagan	10%
Crockett	19%	Reeves	25%
Dawson	40%	Schleicher	5%
Ector	26%	Sterling	61%
Gaines	17%	Sutton	25%
Glasscock	13%	Terrell	21%
Howard	33%	Tom Green	27%
Irion	32%	Upton	27%
Kimble	15%	Ward	15%
Loving	---	Winkler	15%
Martin	14%		

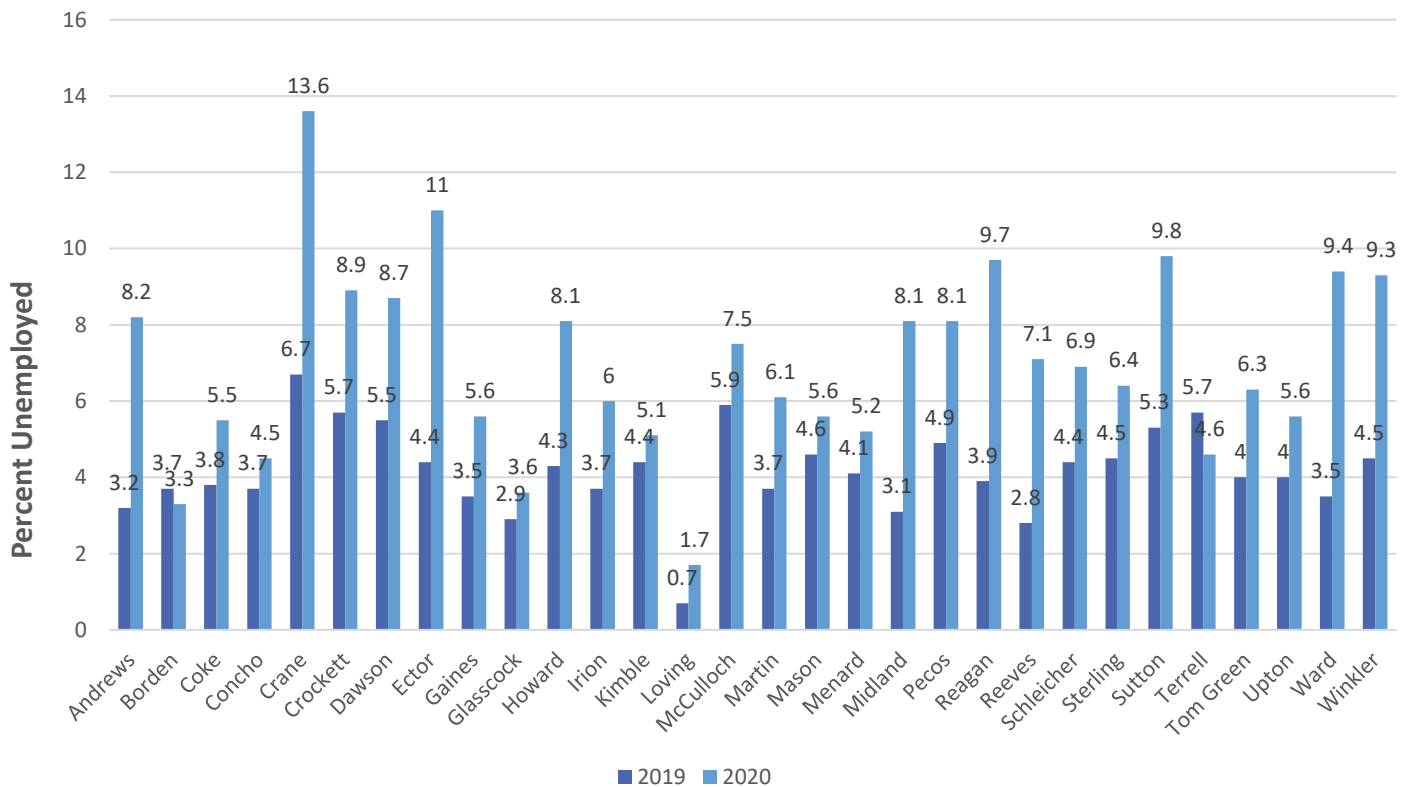
Source: County Health Rankings and Roadmaps<sup>17</sup>

## Employment

In March 2020, the unemployment rate for Texas was at 5.5%, and in Region 9 was slightly below that at 5.4%, but once the pandemic affected the numbers, Texas saw an unemployment rate jump to over 12.9% in April 2020.<sup>22</sup> But as vaccines took effect, the unemployment rate went down to 6.7% in April 2021. Only 5 counties in Region 9 had unemployment rates at or above that of the Texas average: Crane, Crockett, Dawson, McCulloch, and Terrell. The county with the highest unemployment rate was Crane County at 6.7%. The county with the lowest unemployment rate was Loving County with .7%.<sup>26</sup> The larger counties in 2019 in Region 9, Ector, Midland and Tom Green, had 4.4%, 3.1% and 4.0% respectively.<sup>22</sup> During the height of the pandemic, there was an evident spike in unemployment within Region 9. Crane saw the largest unemployment rate rise between 2019 and 2020 at 6.9% between 2019 and 2020. The county with the smallest increase in unemployment was Concho County with a 0.8% rise in employment. Only one county saw a decline in unemployment rates between 2019-2020 which was Borden County seeing a 0.4% decrease.

Source: Bureau of Labor Statistics<sup>22</sup>

Figure 13. Region 9 Unemployment Rates by County, 2019 and 2020



## Income

The U.S. Bureau of Labor Statistics determined the average weekly salary by county for 2019. Salary per capita is calculated by dividing the average weekly salary by the square miles of a specific county. The Salary Per Capita is the average weekly income per capita. The county with the lowest salary per capita is (See Table 6) Crockett County at \$0.32, while the county with the highest weekly salary per capita is the smallest county in Region 9, Loving County at \$2.55.<sup>22</sup>

County	Average Weekly Salary	Salary Per Capita	County	Average Weekly Salary	Salary Per Capita
<b>Andrews</b>	\$1401	\$0.93	<b>McCulloch</b>	\$789	\$0.74
<b>Borden</b>	\$806	\$0.90	<b>Martin</b>	\$1180	\$1.29
<b>Coke</b>	\$869	\$0.95	<b>Mason</b>	\$716	\$0.77
<b>Concho</b>	\$861	\$0.88	<b>Menard</b>	\$586	\$0.65
<b>Crane</b>	\$1198	\$1.53	<b>Midland</b>	\$1529	\$1.70
<b>Crockett</b>	\$890	\$0.32	<b>Pecos</b>	\$981	\$0.21
<b>Dawson</b>	\$820	\$0.91	<b>Reagan</b>	\$1424	\$1.21
<b>Ector</b>	\$1272	\$1.42	<b>Reeves</b>	\$1302	\$0.49
<b>Gaines</b>	\$1088	\$0.72	<b>Schleicher</b>	\$957	\$0.73
<b>Glasscock</b>	\$1202	\$0.89	<b>Sterling</b>	\$960	\$1.04
<b>Howard</b>	\$1055	\$1.17	<b>Sutton</b>	\$1233	\$0.85
<b>Irion</b>	\$1401	\$1.33	<b>Terrell</b>	\$865	\$0.37
<b>Kimble</b>	\$693	\$0.55	<b>Tom Green</b>	\$909	\$0.60
<b>Loving</b>	\$1705	\$2.55	<b>Upton</b>	\$1687	\$1.36
			<b>Ward</b>	\$1284	\$1.43
			<b>Winkler</b>	\$1356	\$1.61

Source: U.S. Bureau of Labor Statistics<sup>22</sup>

## SNAP Benefits

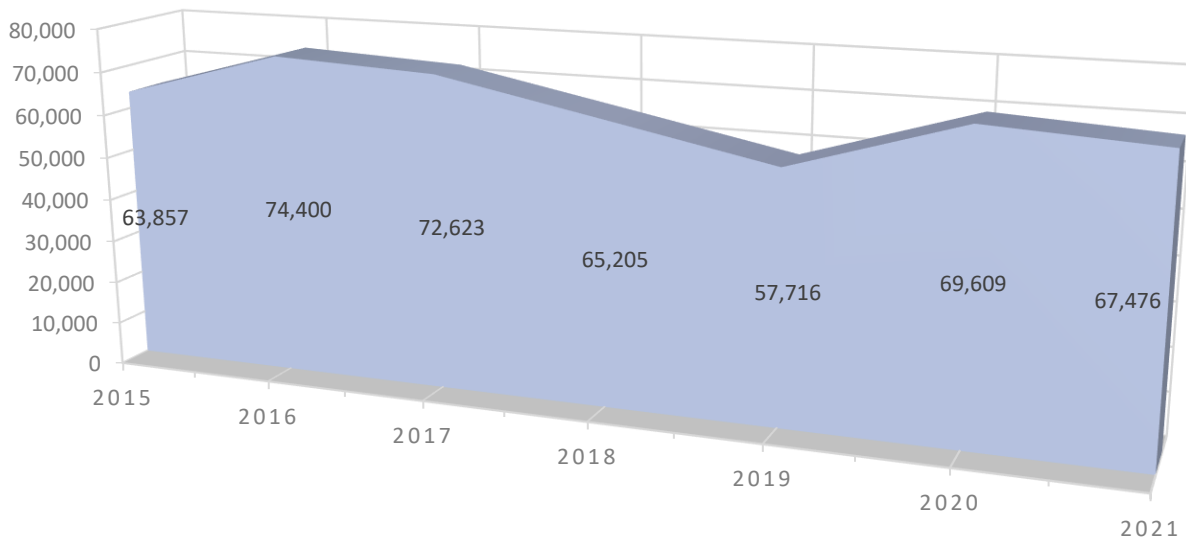
Supplemental Nutrition Assistance Program (SNAP) benefits are put onto the Lone Star Card and can be used like a credit card at stores that accept SNAP. SNAP cards cannot be used to buy tobacco, alcoholic drinks, things you cannot eat or drink, or pay for food bills that have already been incurred. SNAP is designed for people who may not have a lot of money but want to eat healthy foods. Most able-bodied adults aged 18-49 years old without dependents can qualify for SNAP benefits for 3 months out of a 3-year period, which can be extended if the person works at least 20 hours/week.

Figure 14 depicts Region 9's average monthly SNAP recipients from 2015-2021.<sup>23</sup> In 2019, Region 9 had 57,716 SNAP recipients which is the fewest SNAP recipients since 2014 when Region 9 had 54,848 SNAP recipients.<sup>23</sup> From 2018 to 2019, there was an 11.5% decrease in monthly SNAP recipients in Region 9.<sup>23</sup> Since economic production, wages, and employment rates in Region 9 increased from 2018 to 2019, there's likely a correlation between Region 9's economic growth from 2018 to 2019 and a decrease in Region 9 residents using SNAP.<sup>23</sup> It would be no surprise that during the pandemic there would be a rise of SNAP recipients in 2020. From 2019 to 2020 there was a 17.1% increase in SNAP recipients (See Figure 14) from 57,716 in 2019 to 69,609 in 2020. But through May 2021, the average of monthly SNAP recipients fell to 67,476 recipients which was a 3.1% decrease from 2020.<sup>23</sup>

Of the highest monthly averages of SNAP recipients in Region 9, Ector County had the most average monthly SNAP recipients at 20,445, or 30% of Region 9's total average monthly SNAP recipients.<sup>23</sup> The next highest per month concentration of SNAP recipients in Region 9 was

Source: Texas Health and Human Services<sup>23</sup>

**FIGURE 14. REGION 9 AVERAGE MONTHLY SNAP RECIPIENTS, 2015-2021**



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Midland and Tom Green County at 13,605 and 12,166 respectively.<sup>23</sup> Midland County accounts for about 20% of Region 9’s total monthly average SNAP recipients each while Tom Green accounted for 18%.<sup>23</sup>

The reason this Regional Needs Assessment depicts monthly averages of SNAP recipients is because SNAP data from Texas Health and Human Services Commission does not track repeat SNAP users, so there is not a way to determine the total number of new SNAP enrollees.<sup>23</sup> Moreover, monthly average SNAP users depicted in this RNA is consistent with depictions from other Texas public health regions. Table 7 depicts Region 9’s average monthly SNAP recipient by Region 9 county.<sup>23</sup>

County	Average SNAP Recipients	County	Average SNAP Recipients
<b>REGION 9</b>	67,476	<b>Mason</b>	242
<b>Andrews</b>	1,783	<b>McCulloch</b>	1,144
<b>Borden</b>	35	<b>Menard</b>	220
<b>Coke</b>	323	<b>Midland</b>	13,605
<b>Concho</b>	306	<b>Pecos</b>	1,966
<b>Crane</b>	424	<b>Reagan</b>	301
<b>Crockett</b>	280	<b>Reeves</b>	1,974
<b>Dawson</b>	2,045	<b>Schleicher</b>	249
<b>Ector</b>	20,445	<b>Sterling</b>	107
<b>Gaines</b>	1,802	<b>Sutton</b>	328
<b>Glasscock</b>	34	<b>Terrell</b>	71
<b>Howard</b>	4,076	<b>Tom Green</b>	12,166
<b>Irion</b>	76	<b>Upton</b>	383
<b>Kimble</b>	429	<b>Ward</b>	1,347
<b>Loving</b>	16	<b>Winkler</b>	758
<b>Martin</b>	560		

Source: Texas Health and Human Services<sup>23</sup>

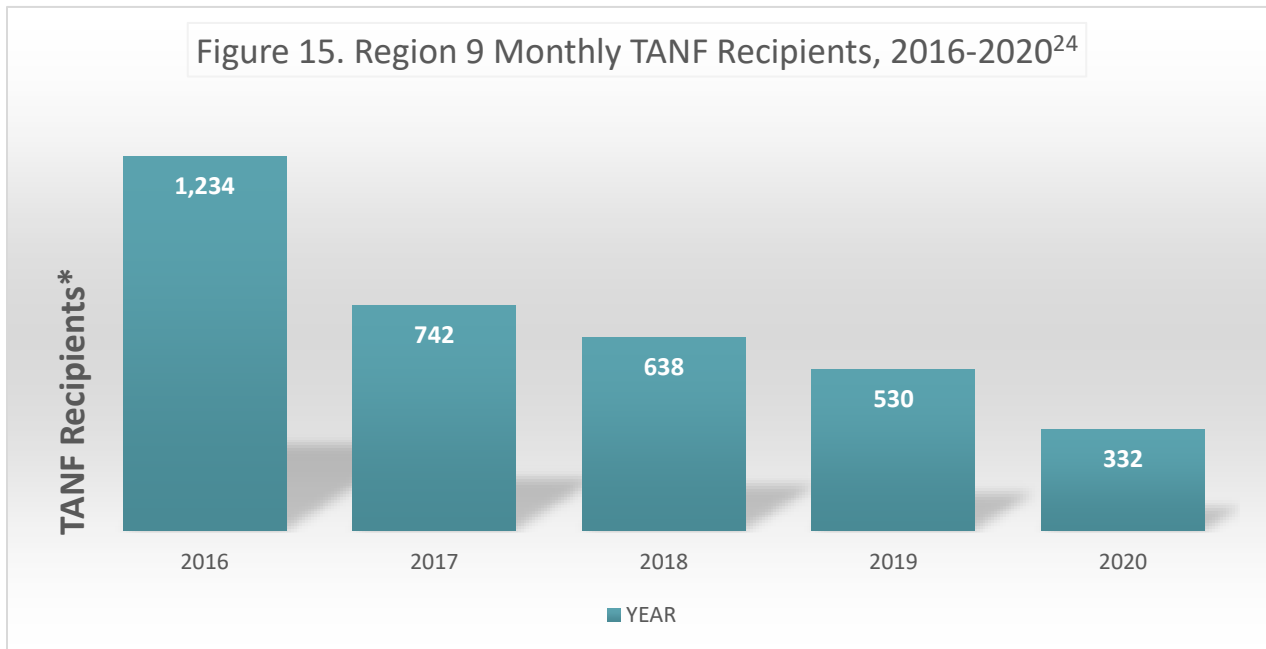


## TANF Benefits

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.<sup>24</sup> Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals. TANF is further broken down into the TANF Basic Program which assists single parents and children who may be wards of the state, and the TANF State Program.<sup>24</sup> TANF Basic is funded by federal money and the TANF's State Program is specific dollars.<sup>24</sup> These funds are generally reserved when there is an emergency in the family and the family will be short on funds for the month.<sup>24</sup>

The difference in “cases” versus “recipients” is that a case typically involves an entire family, while recipients include each individual in the family.<sup>24</sup> In short, there are typically many more “recipients” than “cases” but the only consistently available data for Region 9 are the total number of TANF cases.<sup>24</sup>

In Region 9 there was an average of 311 Basic TANF cases active in any given month in 2020. Ector County had the highest average month-to-month Basic TANF active cases at 82, followed by Tom Green County at 80, Midland County at 59, and Howard County at 19.<sup>24</sup> Every other Region 9 county had an average of twelve or less Basic TANF cases active during any given month in 2020.<sup>24</sup>

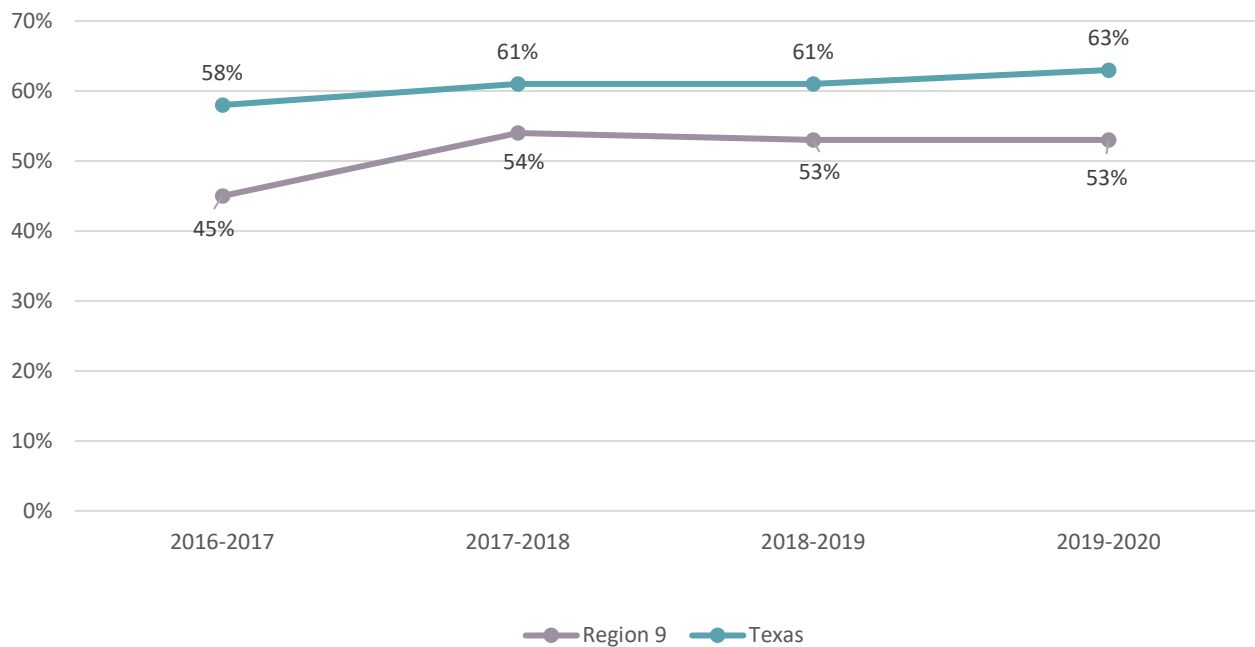


Source: Texas Health and Human Services Commission<sup>24</sup>

Figure 15 shows the average number of monthly TANF recipients for Region 9 from 2016-2020. Recipient counts were calculated as the average number of recipients per month for each year. Recipients include both TANF Basic and TANF State Program recipients. From 2017-2020, there was an average of 332 to 742 monthly TANF recipients in Region 9, a spike in 2016 of 1,234 TANF recipients per month saw a steady decline through 2020. Of the past five years, 2020 had the lowest number of monthly TANF recipients in Region 9.<sup>24</sup>

Source: U.S. Department of Education, National Center for Education Statistics<sup>25</sup>

Figure 16. Region 9 Free and Reduced Lunch Students, 2016-2020<sup>25</sup>



## Free and Reduced-Price School Lunch Participants

The National Center for Education Statistics (NCES) states, “The percentage of students receiving free or reduced-price lunch is often used as a proxy measure for the percentage of students living in poverty.” However, these numbers do not necessarily reflect the percentage of the students living in poverty.<sup>25</sup> In 2017, about 61% of Texas students were free and reduced-price lunch students (See Figure 16).<sup>25</sup> The 2017-2018 school year saw a 3% rise from the previous school year for the state of Texas. The proportion of free and reduced-price lunch students in Region 9 is below the Texas average through 2017-2018, but the 2017-2018 school year in Region 9 saw a 9% increase from the year before.<sup>25</sup> From 2018 through 2020, the free and reduced lunch students in Region 9 remained steady at 53% while the state average saw a slight rise from 61% to 63%. However, through the past four school years, Region 9 remained consistently below the state average each school year.

County	Uninsured Children (%)	County	Uninsured Children (%)
<b>TEXAS</b>	11%	<b>Mason</b>	25%
<b>Andrews</b>	14%	<b>McCulloch</b>	13%
<b>Borden</b>	15%	<b>Menard</b>	18%
<b>Coke</b>	15%	<b>Midland</b>	15%
<b>Concho</b>	15%	<b>Pecos</b>	14%
<b>Crane</b>	11%	<b>Reagan</b>	14%
<b>Crockett</b>	14%	<b>Reeves</b>	12%
<b>Dawson</b>	12%	<b>Schleicher</b>	20%
<b>Ector</b>	12%	<b>Sterling</b>	18%
<b>Gaines</b>	27%	<b>Sutton</b>	13%
<b>Glasscock</b>	20%	<b>Terrell</b>	25%
<b>Howard</b>	12%	<b>Tom Green</b>	11%
<b>Irion</b>	14%	<b>Upton</b>	17%
<b>Kimble</b>	13%	<b>Ward</b>	14%
<b>Loving</b>	18%	<b>Winkler</b>	12%
<b>Martin</b>	18%		

Source: County Health Rankings<sup>26</sup>

## Uninsured Children

Uninsured children are quantified as the percentage of children under age 19 that are not covered by health insurance. Lack of health insurance coverage are significant barriers to accessing health care and “going without coverage can have serious health consequences for the uninsured”.<sup>26</sup> Table 8 on the previous page shows the percentage of uninsured children in each county in Region 9 in 2020. In 2020, about 11% of Texas children were uninsured which saw no change from the previous year.<sup>26</sup> The counties with lowest rate of uninsured children at 11% were Crane and 11% in Tom Green County. The county with the highest percentage rate of uninsured children was Gaines County at 27%.<sup>26</sup> The largest counties in Region 9 were both above the Texas average, Ector County had a 12% rate of uninsured children while Midland County had a slightly higher rate at 15% of uninsured children.<sup>26</sup>

## Environmental Risk Factors

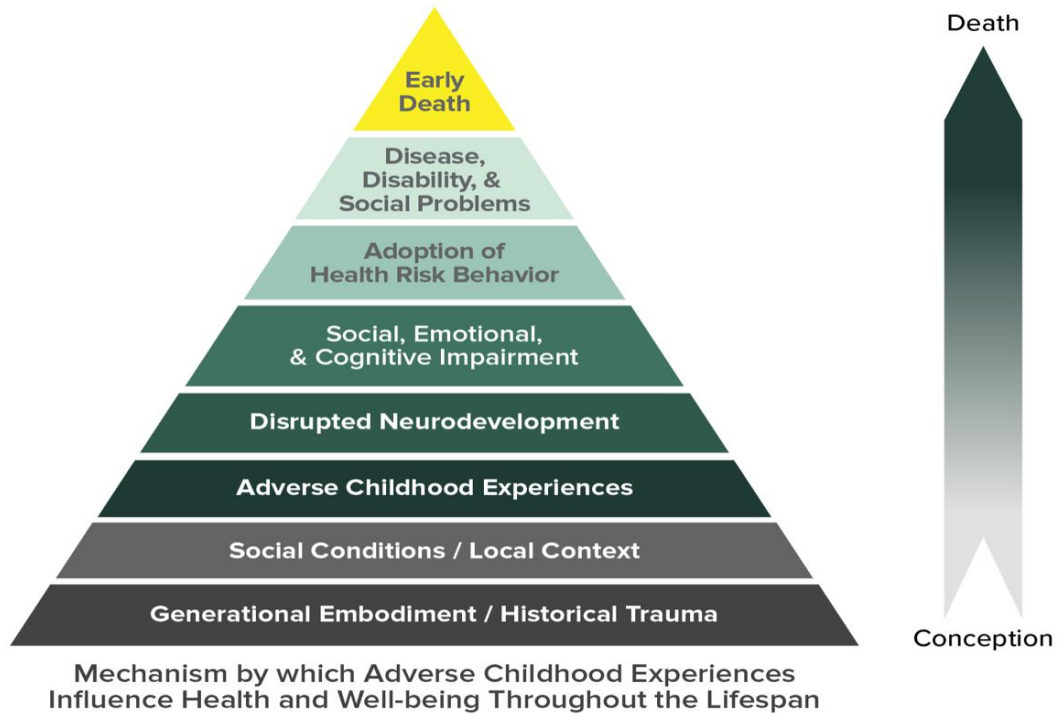
Risk factors play a large role in what determines the likelihood of drug use and addiction. The more risk factors a person is exposed to, that person is more likely to abuse drugs or become addicted.<sup>27</sup> Risk falls in to two categories, environmental and biological. Environmental risks can include living conditions at home, conditions at school and/or in their neighborhood.<sup>29</sup>

Preventionists look to environmental factors they can alter to reduce the risk.

Community, family, school, and friends all provide a domain of influence on children, and a risk of addiction can develop in any of the domains. Biological risks may fall within a person's genetics, the stage of development that child is in, as well as their gender or ethnicity.<sup>27</sup>

The Adverse Childhood Experiences (ACE) study is one of the largest childhood abuse and neglect and later-life health and well-being investigations.<sup>28</sup> The original Centers for Disease Control and Prevention (CDC)-Kaiser Permanente ACE study was conducted from 1995-1997 including 17,000 participants from Southern California.<sup>28</sup> Since then, many ACE studies have occurred using similar tactics. ACEs are stressful or traumatic events, including abuse and neglect, which may also include witnessing domestic violence or growing up with family members who have or had SUD's.<sup>30</sup> Examples of ACEs differ between each adolescent. For example, an event that may be traumatic for one child may simply be part of life for another child. In summary, ACEs include physical, sexual, emotional abuse, physical and emotional neglect, intimate partner violence, mother was treated violently, substance misuse within the household, household with mental illness, parental separation or divorce, and incarcerated household member(s).<sup>30</sup> As the number of ACEs increases, so does the risk for the following<sup>28</sup>:

- 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 smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement



**Figure 17. The ACE Pyramid**

Source: Centers for Disease Control and Prevention<sup>28</sup>

The ACE Pyramid represents the conceptual framework for the ACE study (See Figure 17).<sup>28</sup> The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease and well-being throughout the life course. ACEs are described here to provide understanding of risk factors included in this RNA. The Region 9 PRC often teaches ACEs at presentations in schools and the community.

## Education

Region 9 counties are spread across three Education Service Centers (ESCs): 15, 17, and 18.<sup>30</sup>

- **ESC 15:** Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, Tom Green
- **ESC 17:** Borden, Dawson, Gaines
- **ESC 18:** Andrews, Crane, Ector, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reagan, Reeves, Terrell, Upton, Ward, Winkler

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Education Regions 15, 17, and 18 do not match with HHSC Region 9, so these ESCs service more than just the listed counties above. For the purposes of this report, this RNA will only introduce data that is significant to the areas that the PRC services. There are 41 schools in Ector County Independent School District (ECISD), as well as one alternative education center and seven private schools that serve the population within the county. There are 38 schools in Midland ISD, as well as one alternative education center and 11 private schools. Additionally, there are three schools in Greenwood. San Angelo ISD is home to 27 schools, two alternative education centers, and 11 private schools. Midland and Ector Counties represent the largest school systems in Region 9.

### Graduation and Dropout Rates

According to the Texas Education Agency (TEA), graduation rates are measured as the percentage of students in a cohort which graduate in the expected graduation time, i.e., four years for a cohort beginning in Grade 9.<sup>30</sup> Dropout rates are measured as the percentage of students in that cohort which do not return to public school the following fall, are not expelled, and did not graduate, receive and General Educational Development (GED) certificate, continue school outside the public school system, begin college, or die.<sup>30</sup> Region 9 had the lowest graduation rate (87.0%) and highest dropout rate (8.3%) in Texas in 2018 (See Table 9).<sup>30</sup>

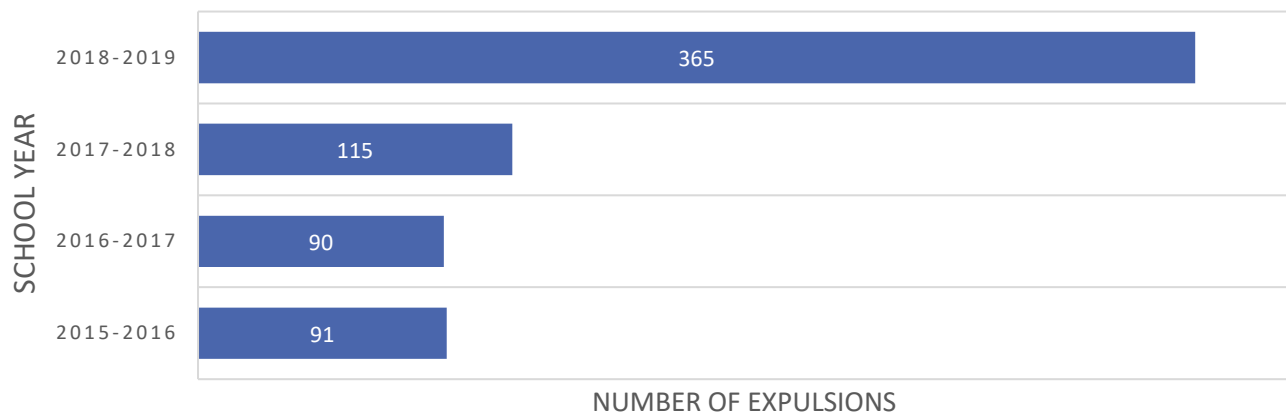
Region	Graduation Rate	Dropout Rate
1	92.6	4.3
2	95.2	2.7
3	89.1	6.0
4	93.1	3.5
5	91.2	6.2
6	89.3	6.6
7	89.6	6.1
8	91.0	5.7
<b>9</b>	<b>87.0</b>	<b>8.3</b>
10	93.0	3.6
11	90.8	5.7

Source: Texas Education Agency<sup>30</sup>

## School Expulsions

Disciplinary actions are reported to the Texas Education Agency each year. Figure 18 shows expulsions specifically reported in Region 9 schools from school year 2015 to 2016 to school year 2018-2019.<sup>31</sup> Expulsions in Region 9 schools have generally been increasing since 2014 (81).<sup>31</sup> Compared to the 2014-2015 school year, there was a 30% increase in school expulsions in Region 9 in the 2017-2018 school year and in school year 2018-2019 saw the largest jump in Region 9 expulsions with a 68% rise from the previous school year.<sup>31</sup>

**FIGURE 18. REGION 9 SCHOOL EXPULSIONS, 2015-2019**

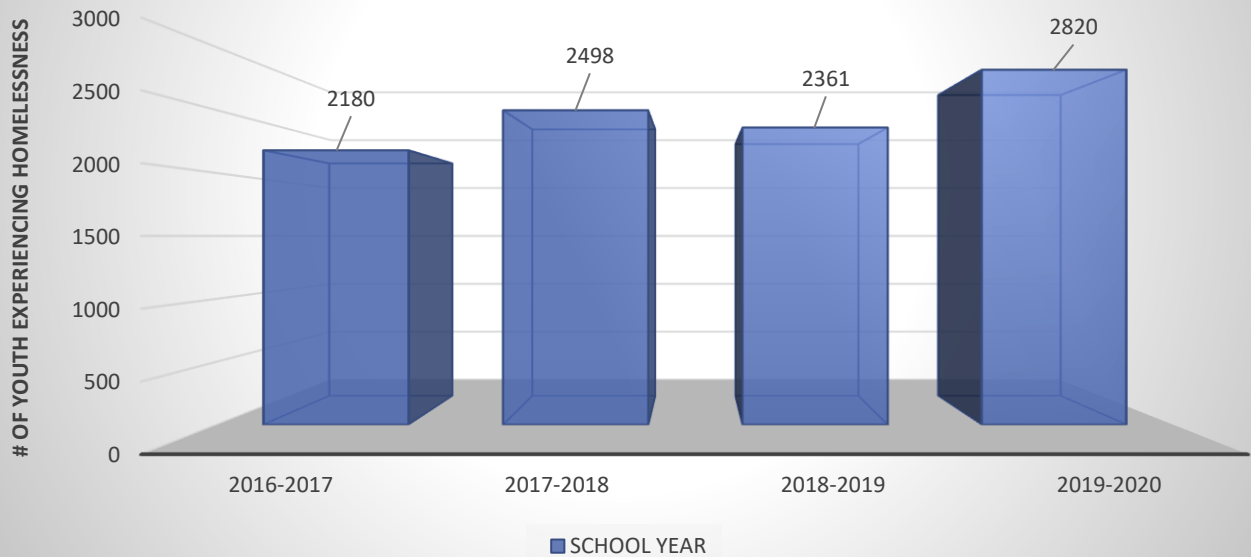


Source: Texas Education Agency<sup>31</sup>

## Children and Youth Experiencing Homelessness

The Texas Education Agency also collects data on the number of children and youth experiencing homelessness.<sup>32</sup> See Figure 19 on the following page shows the number of youths in Region 9 that experienced homelessness from school year 2015-2016 to school year 2019-2020.<sup>32</sup> In the 2015-2016 school year, there were 3,029 youth in Region 9 who experienced homelessness. In the 2018-2019 school year, there were 2,361 youth who experienced homelessness, or a 28% decrease in youth experiencing homelessness.<sup>32</sup> The number of youths in Region 9 who experienced homelessness increased for two school years from 2016-2018, then dropped for the 2018-2019 school year. However, Region 9 saw a 16% rise in 2019-2020 with 2,820 youth experiencing homelessness.<sup>32</sup>

**FIGURE 19. Region 9 Youth Experiencing Homelessness, 2016-2020<sup>32</sup>**



Source: Texas Education Agency<sup>32</sup>

## Criminal Activity

The term criminal activity can be defined by many irresponsible activities deemed illegal by the law and law enforcement officials. The Region 9 PRC includes Table 10 on the following page to detail the rate of index crimes in Region 9. Index crime rates are calculated per 100,000 people and shown for the year 2019. Index crime rates are comprised of eight crimes deemed by the FBI to produce a crime index: murder, rape, robbery, assault, burglary, larceny, auto theft, and arson. However, arson rates are not shown here because they are not reported by the Uniform Crime Report as part of its Crime Index.

Index crimes can be separated into index violent crimes and index property crimes. Index violent crimes include murder, rape, robbery, aggravated assault. Index property crimes includes index crimes: burglary, larceny, and auto theft.



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 10. Region 9 Index Crime Rates (per 100k), 2019

County	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
<b>TEXAS</b>	<b>4.6</b>	<b>51.9</b>	<b>98.5</b>	<b>258.4</b>	<b>409.4</b>	<b>1,710.8</b>	<b>242.9</b>	<b>2,776.6</b>
<b>REGION 9</b>	<b>5.0</b>	<b>52.3</b>	<b>27.4</b>	<b>356.0</b>	<b>753.1</b>	<b>2,564.9</b>	<b>215.6</b>	<b>3,974.3</b>
Andrews	0.0	55.2	5.5	336.5	330.9	1,031.4	182	1,941.5
Borden	0.0	0.0	0.0	0.0	592.6	1,481.6	148.1	2,222.2
Coke	30.3	0.0	0.0	0.0	30.3	0.0	0.0	60.7
Concho	0.0	0.0	0.0	425.5	77.4	270.8	0.0	773.3
Crane	0.0	20.9	0.0	0.0	104.6	209.1	41.8	376.4
Crockett	0.0	0.0	28.3	56.6	2,998.6	311.2	0.0	3,394.6
Dawson	8.0	79.9	31.9	255.5	934.3	2,291.8	167.7	3,769.1
Ector	7.4	77.2	78.5	598.7	496.2	1,970.4	391.1	3,619.5
Gaines	0.0	33.2	9.5	270.7	261.2	645.8	90.2	1,310.7
Glasscock	0.0	0.0	0.0	0.0	146.8	1,248.2	73.4	1,468.4
Howard	8.3	30.5	41.6	479.3	567.9	1,892.2	302	3,321.8
Irion	0.0	66.7	0.0	200	466.7	1,333.3	200	2,266.7
Kimble	0.0	0.0	0.0	114.4	160.1	388.9	91.5	755
Loving	0.0	0.0	0.0	0.0	0.0	11,724.1	0.0	11,724.1
Martin	0.0	69.7	17.4	122	156.8	888.7	191.7	1,446.2
Mason	0.0	0.0	0.0	23.6	165	212.2	23.6	424.3
McCulloch	0.0	0.0	12.7	50.7	227.9	810.4	126.6	1,228.3
Menard	0.0	0.0	0.0	47.6	618.2	0.0	0.0	665.7
Midland	5.4	37.7	40.1	228.2	277.9	1,479.5	233.0	2,301.9
Pecos	6.4	19.2	12.8	378	429.3	762.5	83.3	1,691.5
Reagan	0.0	0.0	0.0	213.1	319.7	1,092.2	159.8	1,784.8
Reeves	0.0	110	38.8	679.3	168.2	1,552.7	32.3	2,581.4
Schleicher	0.0	0.0	0.0	0.0	102.5	717.2	102.5	922.1
Sterling	0.0	0.0	0.0	76	76	288	0.0	379.9
Sutton	0.0	53.8	26.9	107.6	26.9	645.7	53.8	914.7
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.5	82.5	42.9	208.8	592.7	2,346.5	219.7	3,495.7
Upton	0.0	0.0	0.0	27	0.0	432.1	54	513.1
Ward	8.6	34.6	8.6	293.8	596.3	1,495	77.8	2,514.7
Winkler	0.0	78.7	13.1	406.5	380.2	930.9	222.9	2,032.3

Source: Texas Department of Public Safety<sup>29</sup>

## Index Violent Crime

Region 9 has higher murder, rape, assault, burglary, and larceny crime rates than the Texas average (See Table 10 on previous page).<sup>29</sup> Most noticeably, Region 9 reported a 73% higher rate of assault than in Texas in 2019.<sup>29</sup> However, Region 9 had less than half of robbery rate of Texas in 2019.<sup>29</sup>

Looking at the county level for Region 9 population centers, Reeves County had highest in assault (679.3%/100k) crime rates in 2019 in Texas.<sup>29</sup> Ector County had a higher Murder, Assault, Rape rate than Texas in 2019, as well, but Robbery 78.5% per 100k was below the state rate (98.5%/100k).<sup>29</sup> Tom Green County had a 31% higher rate of rape (82.5%/100k) compared to Texas in 2019, but lower rates than the state for all violent crimes in 2019.<sup>29</sup>

The Region 9 county with the highest rate of murder in 2019 was Coke County with a rate 30.3% murders per 100K population, or a 25% higher rate than that of Texas in 2019. Ector County had the highest rate of robbery in Region 9 in 2019. The highest rate in 2019 for Assaults in Region 9 was Reeves County at 679.3% per 100k compared to Texas rate 258.4% per 100k.<sup>29</sup> The highest rates of Assaults in Region 9 were in Ector, Reeves, Concho, and Howard Counties at 598.7%, 679.3%, 425.5% and 479.3% per 100k, respectively. The number of assaults in these counties are well above the Texas rate at 258.4% per 100,000 people.<sup>29</sup>

## Index Property Crime

Region 9 reported higher rates of burglary, larceny, and auto theft in 2019 by 84%, 50%, and 13% respectively (See Table 10 on the previous page).<sup>29</sup>

Looking at the county level for Region 9 population centers, Ector County had higher burglary (753.1/100k), larceny (2,564.9/100k), and auto theft (391.1/100k)<sup>29</sup> than the state of Texas. Crockett County had the highest burglary rate for Region 9 (2,998.6/100k).<sup>29</sup> Loving County, the smallest county in the region, posted the highest larceny rate (11,724.1/100k) for Region 9.<sup>29</sup> Ector County not only had the higher rate than the Texas rate (242.9/100k) for auto theft, but Ector County was also the highest number of auto thefts in Region 9 at 391.1 per 100k.<sup>29</sup>

Sutton County had the lowest rate of burglary in Region 9 (26.9/100k). Crane County had the lowest larceny rate for the Region at 209.1 per 100k. Mason County had the lowest auto theft 23.9/100k.

## Family Violence Crime

The Texas Department of Family and Protective Services (DFPS) protects children and vulnerable adults from abuse, neglect, and exploitation. One of its programs is Child Protective Services, or CPS, which protects children from abuse and neglect through services, foster care, and adoption. Child abuse and separation from family is considered a risk factor when it comes to substance use. Looking at the number of children that were removed by CPS or children in the CPS system that were removed from their homes, shows the widespread issue of abuse and neglect of child abuse in Region 9. In 2009, there were the lowest number of removals at 358 in Region 9 counties (See Figure 21).<sup>34</sup> The year 2019 had the highest number of child removals (810) followed by the year 2008 (782).<sup>34</sup> During the pandemic, Region 9 saw a small decline in children being removed as compared to 2019 numbers. The 2020 numbers were 60 less removals or a 7% drop from the previous year.<sup>34</sup>

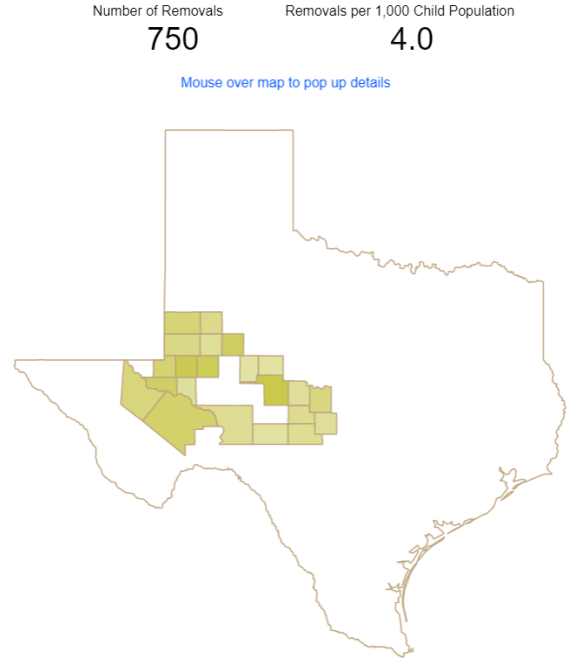
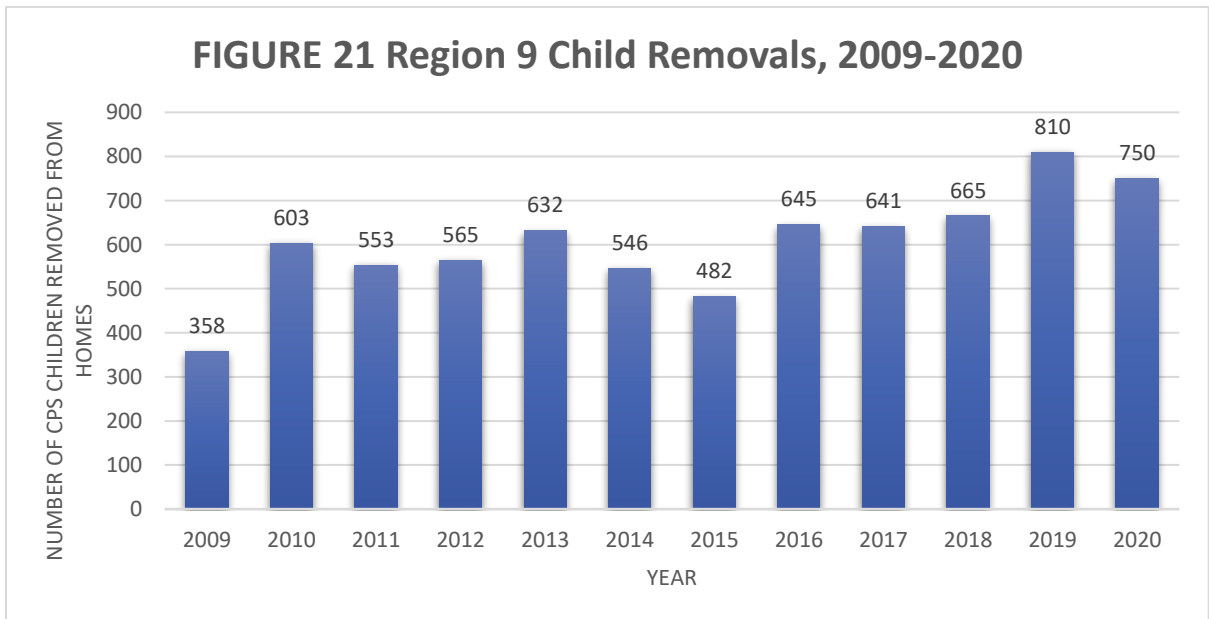


Figure 20, Number of Removals in Region 9, 2020<sup>33</sup> Source: Texas Department of Family and Protective Services



Source: Texas Department of Family and Protective Services<sup>34</sup>

## **Mental Health**

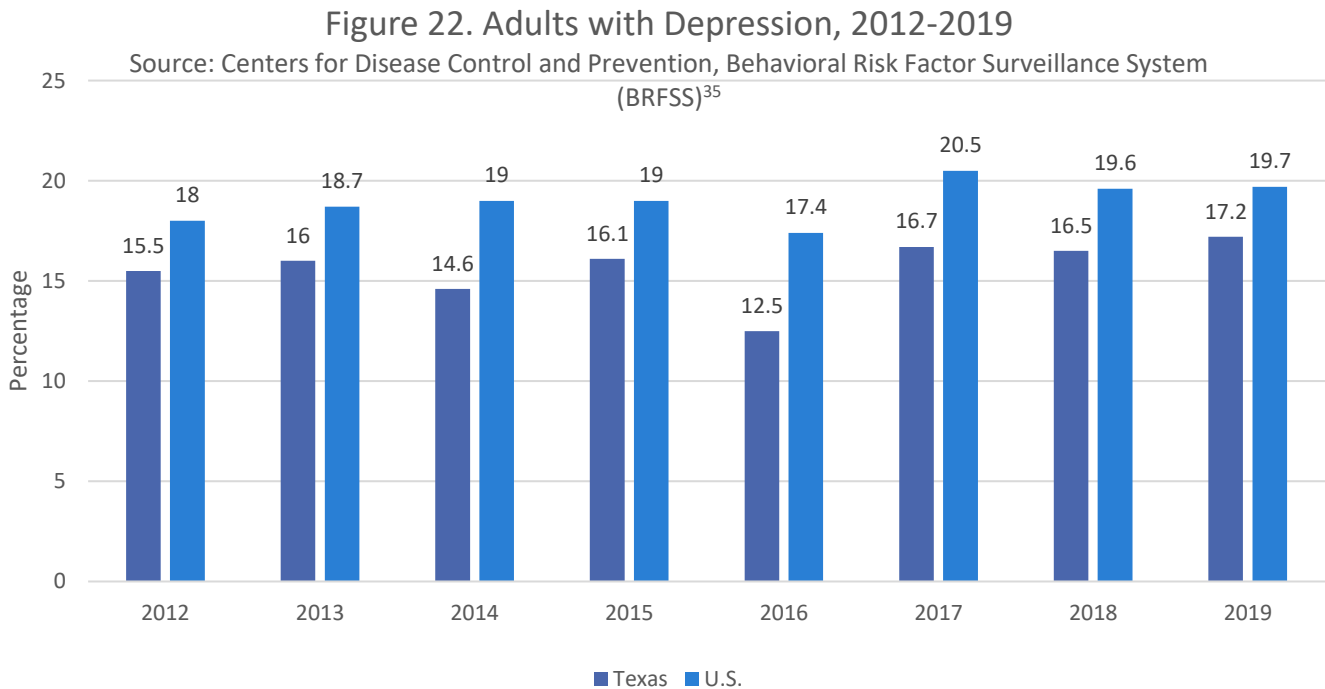
Region 9 covers a wide expanse of west Texas. The largest of the 30 counties include Ector, Midland and Tom Green counties. The smaller counties include Loving, Borden and Irion. No matter the size, all counties must have access to mental health services. Due to the rural areas having limited resources, it is difficult to treat the clients with immediate mental health crises. Waiting lists and lack of services prove to be a challenge for outlying areas. However, technology has made the process of evaluating and speaking to clients through video and virtual meetings a much easier process for those that cannot travel to the centers. In Region 9, there are five service centers that can provide a variety of services: Center for Life Resources in Brownwood, Hill Country Mental Health Developmental Disabilities (MHDD) in Kerrville which serves Region 9 Kimble County, Mental Health and Mental Retardation (MHMR) Services of the Concho Valley in San Angelo, PermianCare covers Odessa and Midland area. The West Texas Centers cover Big Spring (Howard County) area. Howard County also has the Big Spring State Hospital that serves West Texas and surrounding areas for inpatient treatment. Mental health patients have a wide array of needs, from medication monitoring to resource referrals. For a list of Mental Health Providers in Region 9, please refer to Table 49 on page 126. The centers are there to provide the best treatment for the client and recognize their needs to help them adapt based on their level care. The centers provide access to doctors that prescribe medications for mental health conditions that possibly affect their daily lives. Clients that are prescribed medication are monitored closely for side effects and necessary changes in doses or medications if their mental health deteriorates.

## **Depression**

According to the Anxiety and Depression Association of America, 322 million people worldwide live with depression. The most common diagnosis of depression is Major Depressive Disorder. In 2017, around 17.3 million adults, 18 years or older in the United States had experienced a major depressive episode in the last year, which was 7.1% of American adults. The prevalence of major depressive episode was higher in adult females (8.7%) compared to males (5.3%). The age group that was most prevalent of major depressive episodes were the 18-25 age group or (13.1%).<sup>44</sup>

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

According to Behavioral Risk Factor Surveillance System (BRFSS) the lowest percentage of people diagnosed with depression between 2012 and 2019 in Texas was in 2016 (12.5%).<sup>35</sup> The United States showed a higher percentage than Texas of those diagnosed with depression between 2012 and 2018. The highest percentage of those diagnosed with depression in Texas was 2017 at 16.7%. (See Figure 22).<sup>35</sup> Based on the population of the United States, the year with the highest percentage of people diagnosed with depression was in 2017 at 20.5%, and 2019 was a close second with 19.7%. In Texas, 2019 saw the highest percentage of adults diagnosed with depression than the previous seven years at 17.2%.<sup>35</sup> In 2016, the lowest percentage of people diagnosed with depression in the United States between 2012 and 2018 was at 17.4%. Texas had a lower percentage per population than the United States of those diagnosed with depression. The U.S. had a consistent trend of adults with depression between 2013 and 2015, at 18.7% in 2013 and 19.0% in 2014 and 2015.<sup>35</sup> In 2016, there was a decline for both the United States and in Texas of those diagnosed with depression at 17.4% and 12.5% respectively.<sup>35</sup> However, in 2017 both the United States and Texas saw an increase at 20.5% and 16.7%, and saw a slight decrease in 2018 with the U.S. at 19.6% and Texas at 16.5%.<sup>35</sup>



## Suicide

From 1999-2019, 59,443 suicides were reported in Texas, which was an increase of 3,995 from 2018. Region 9 had a total of 1,612 from 1999-2019, which was 130 more suicides than 2018. Region 9 accounted for 2.7% suicides in the state of Texas.<sup>36</sup> Table 11 compares crude rates and age-adjusted rates of suicides in Region 9 from 1999-2019.<sup>36</sup> Age-adjusted rates are crude rates that are adjusted so the rate is not influenced by age distribution, which can increase or decrease any rate. Kimble County had the highest rate of suicides in Region 9 from 1999-2019, according to crude rate (21.2/100k). McCulloch had the highest age-adjusted rate at (20.2/100k).<sup>36</sup> The counties with smaller populations in Region 9 were not shown in crude rate or age-adjusted rate on Table 11.<sup>36</sup> Only four counties in Region 9 showed no change in suicides between 1999-2019, Coke, Crockett, Mason, and Sutton did not report a suicide death in 2019.<sup>36</sup> Those showing less than 20 suicide deaths in low populated areas were considered unreliable and entered in this table as suppressed. Law enforcement or health officials have a difficulty in determining a death as suicide, they must have undeniable proof. Proof that the deceased intentionally committed suicide, such as a suicide note, and possibly postings on social media can assist in determining a death as suicide.

Table 11. Region 9 Suicides, 1999-2019

County	Deaths	Crude Rate	Age-Adjusted Rate
<b>Texas</b>	<b>59,443</b>	<b>11.4</b>	<b>11.7</b>
Andrews	44	13.9	14.5
Coke	13	Suppressed	Suppressed
Crane	15	Suppressed	Suppressed
Crockett	11	Suppressed	Suppressed
Dawson	31	10.7	10.3
Ector	369	12.7	13.3
Gaines	35	9.6	10.7
Howard	140	19.1	19.4
Kimble	20	21.2	19.7
McCulloch	32	18.7	20.2
Mason	15	Suppressed	Suppressed
Midland	380	13.0	13.3
Pecos	39	11.7	11.8
Reagan	11	Suppressed	Suppressed
Reeves	29	10.0	9.8
Sutton	12	Suppressed	Suppressed
Tom	358	14.6	14.9
Green	29	12.7	13.0
Ward	29	12.7	13.0
Winkler	29	19.0	19.2

Source: CDC Wonder<sup>36</sup>

Drug overdose deaths are not considered suicide but ruled accidental. However, there is an inconsistency on whether the death should be ruled a suicide by overdose or strictly as an accident. There is not a specified protocol on determining a death as suicide unless there is clear, undeniable proof. Since there is no specific guideline, the overdose deaths are ruled accidental.

## Substance Use and Mental Health

About 9.2 million Americans have been diagnosed with both mental health issues and substance use disorder.<sup>37</sup> This accounts for 3.7% of all adults in the United States. Among adults over the age of 18, an estimated 28.1% of adults with any mental illness (AMI) and 37.2% of adults with serious mental illness (SMI) were cigarette smokers in the past month compared with 16.3% of those without any mental illness.<sup>37</sup> Adults with AMI accounted for 31.3% of binge drinkers and 32.3% of adults with SMI were binge drinkers compared to 25.3% of adults with no mental illness.<sup>37</sup> However, the percentage of adults without mental illness accounted for 15.7%,

and much higher for adults with SMI, (49.4 percent) and adults with AMI (36.7 percent).<sup>37</sup> Cigarette use was defined as smoking “part or all of a cigarette”. Those diagnosed with mental illness accounted for majority of individuals that were current users and not defined as an occasional smoker.<sup>37</sup> The concern for an individual taking medications to treat mental health conditions and a current smoker is how it affects the chemical reaction within the body.

Tobacco users in 2018 numbered at 58.8 million people were considered current users. Tobacco products consist of snuff, dip, chewing tobacco, cigars, and pipe tobacco. Medications used to treat mental health issues have side effects. Because those being treated for mental health diagnoses can be more likely to smoke cigarettes, thus increasing the likelihood of side effects of the prescribed medications. The ingredients in cigarettes can prevent the medications to reach the dosage effectiveness and can challenge the prescribing doctor to raise or change medication that will best treat the diagnosis.

### **Social Factors**

Children exposed to drug and alcohol use will have a higher probability of using drugs and alcohol at some point in their life. Environmental factors have a big impact on what children see as normal. What they are exposed to will significantly shape the way they will live their lives as they grow into adulthood. If the children are exposed to drugs and alcohol, the children will know this as normal behavior and act according to how they are raised.

Because of drug and alcohol use can be a norm in some households, peer approval also affects children’s temptation of drug and alcohol use. Peer approval of substance use can predict later-on substance dependence, even if early use is controlled.<sup>38</sup> A study developed by Taylor and Lloyd in children who used substances earlier on in their development, and had low self-esteem were most likely to develop a substance abuse issue.<sup>39</sup> In correlation with those with substance addiction and self-esteem, those with substance use issues will more than likely have a low self-esteem than those not suffering from low self-esteem.<sup>39</sup> Theoretically, the reason why children with low self-esteem rely on substance use is due to feeling a temporary comfort with themselves. Children with substance addiction rely on the exhilaration they feel to fill the void that boosts their self-esteem.

If children are exposed to an environment where substances are used regularly, peer pressure may play an integral part as well. Peer pressure to use substances will not be as difficult to resist because the acceptable casual attitudes children are exposed to at home.

### **Texas School Survey Data**

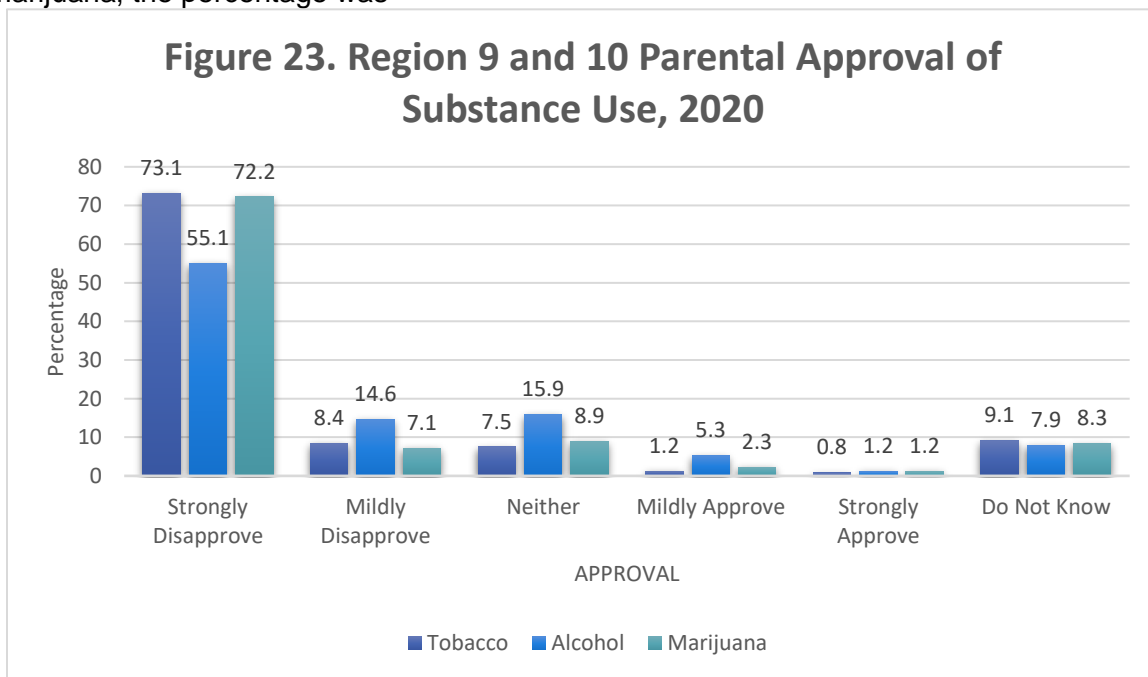
The Texas School Survey (TSS) is a collection of self-reported tobacco, alcohol, inhalant, and substance use data gathered annually from students in public schools throughout the state of Texas. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Health and Human Services Commission (HHSC), is also administered in even numbered years to a representative state sample of Texas students in grades 7 through 12.<sup>6</sup> The PPRI is researched and collected at Texas A&M University through the Texas School Survey. Schools are chosen to participate in the survey and students must be registered in TSS prior to completion. The TSS collects data from these schools during the fall of each even number year, so the most recent data collected occurred during the 2020-2021 school. Because there were a smaller sample of students in each region, many regions were combined to have a larger and more accurate number on the statistics. This and other factors are considered gaps



in data for this school year including information collected from students who attended school remotely and possibly slowly returned to classroom learning.

### Youth Perception of Parental Approval of Consumption

The 2020 survey showed 55.1% of students in Region 9 & 10 reported that their parents disapproved of kids their age using alcohol (See Figure 23).<sup>6</sup> Even more students reported their parents strongly disapproved of kids their age using tobacco (73.1%) and marijuana (72.2%).<sup>6</sup> The state average for student perception of parental approval of consumption or ‘strongly disapprove’ was 61.3% for alcohol, 76.7% for tobacco, and 74.2% for marijuana. This is markedly higher than the Region 8 and 9 percentage of student perceptions.<sup>6</sup> The percentage of parents that strongly disapprove of students for the 2020 TSS in Region 9 & 10 was slightly lower than the 2018 TSS, ‘Strongly Disapprove’ percentage for Tobacco was 73.8% in 2018 and 73.1% in 2020. Alcohol disapproval was at 58.7% in 2018 but decreased to 55.1% in 2020 TSS. Comparing the 2018 and 2020 TSS, Parental strong approval of tobacco, alcohol and marijuana, the percentage was



Source: Texas School Survey, 2020<sup>6</sup>

slightly higher on approval of tobacco and alcohol use in 2020, while the percentage of parents who strongly approve of marijuana use was down from 2018 (1.4%) to 1.2% in 2020.<sup>6</sup>

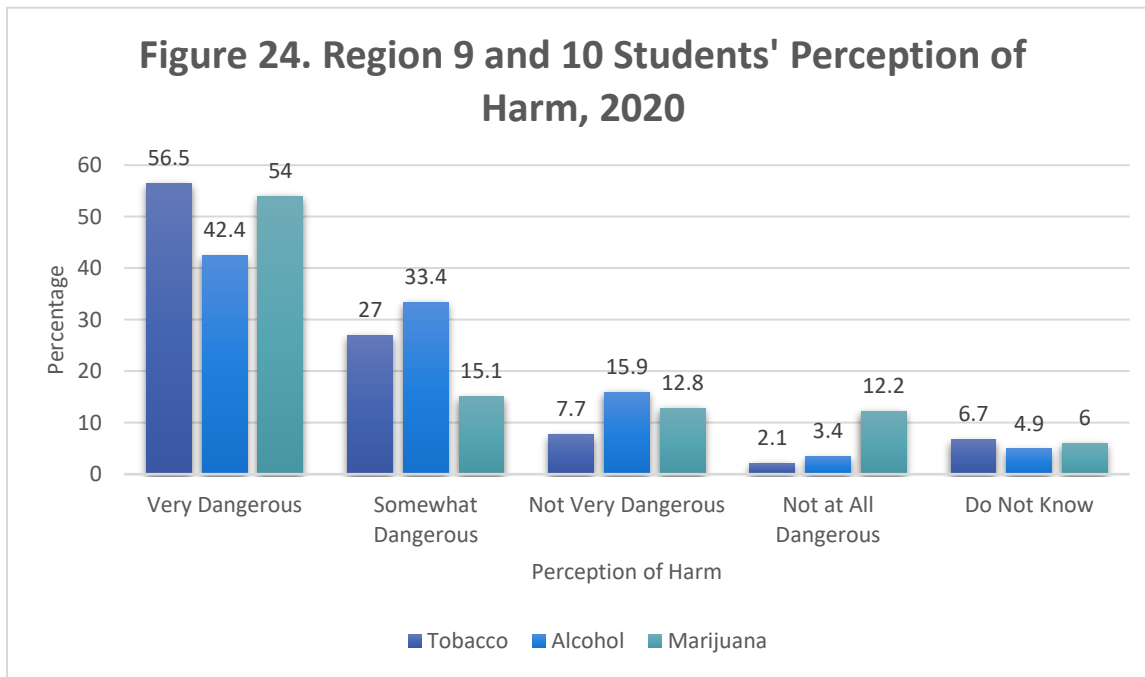
### Youth Perception of Peer Approval of Consumption

Inside the Texas School Survey, students were asked, “How dangerous do you think it is for kids your age to use...” alcohol, tobacco, and marijuana.<sup>6</sup> The students were to choose their answer between “very dangerous”, “somewhat dangerous”, “not very dangerous”, “not at all dangerous”, and “do not know”.<sup>6</sup> In 2020 TSS, 42.4% saw that alcohol was very dangerous, down from 47.0% in the 2018 TSS of Region 9 & 10 students reported that they believe it is “very dangerous” for kids their age to use alcohol (See Figure 24 on next page).<sup>6</sup> Students that believed marijuana was “very dangerous” was at 56.1% in 2018 down in 2020 to 54%, while



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

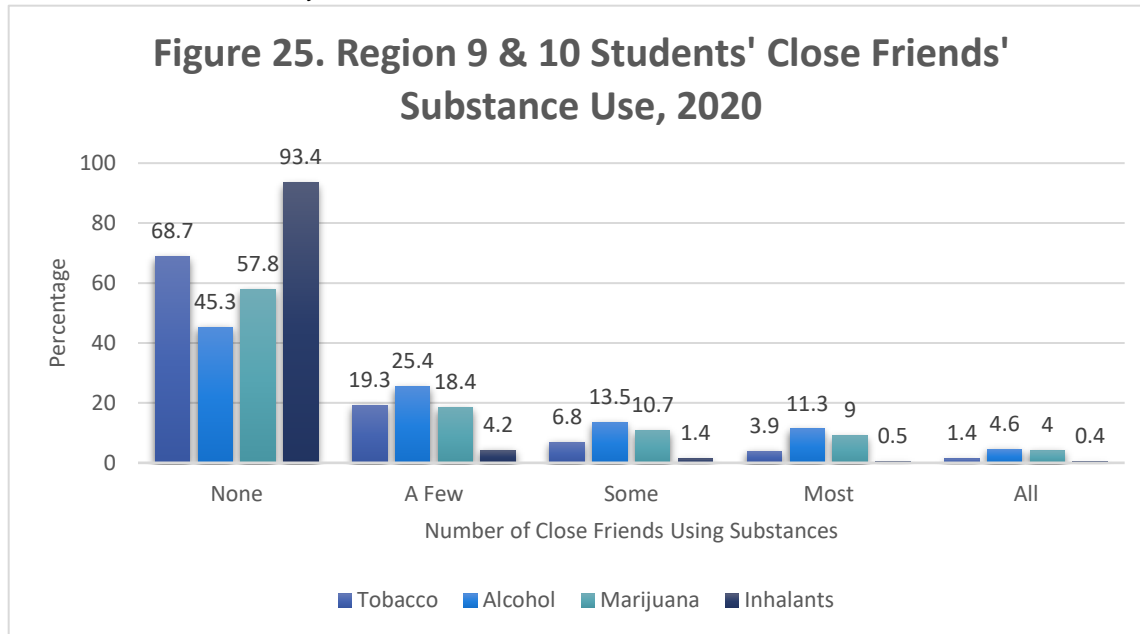
56.4% of the students believed the same for alcohol in 2018 saw a steeper decline in 2020 at 42.4%.<sup>6</sup> Students perception of themselves and how they viewed parent perception of substance use was recognizably different.<sup>6</sup> There was a higher percentage of students that believed alcohol, marijuana, and tobacco are dangerous compared to how they perceived their parents' views of the dangers of alcohol, marijuana, and tobacco. Students in Region 9 & 10 that reported "not at all dangerous" for kid their age to use marijuana was at 12.2%, same as the 2018 TSS. Of those students only 3.4% reported this for alcohol, up from 2018 (3.0%) and 2.1% for tobacco, also slightly higher than 2018 (2.6%).<sup>40</sup> Students in Region 9 & 10 that "Do not know" if alcohol, tobacco, or marijuana is dangerous for kids their age was about 5% to just less than 7%.<sup>6</sup> This is slightly higher than the 2018 TSS, that saw 3-5% of students that "do not know" if it is dangerous for kids their age to use alcohol, tobacco, or marijuana.



Source: Texas School Survey, 2020<sup>6</sup>

Furthermore, 4.4% of Region 9 & 10 students reported that most or all of their close friends use tobacco, 11.3% reported most or all of their close friends use alcohol, which is lower than the 2018 TSS (12%).<sup>6</sup> Of those students, 12.1% reported most or all of their close friends use marijuana for the 2018 TSS, but fell to 9% in the 2020 TSS, and 0.5% reported most or all of their close friends use inhalants (See Figure 25 on the next page).<sup>6</sup> In all, 25.4% of Region 9 & 10 students reported they have at least a few close friends that use alcohol; 18.4% reported the same for marijuana use; and 4.2% reported that they have at least a few close friends that use inhalants.

Source: Texas School Survey, 2020.<sup>6</sup>



## Cultural Norms and Substance Use

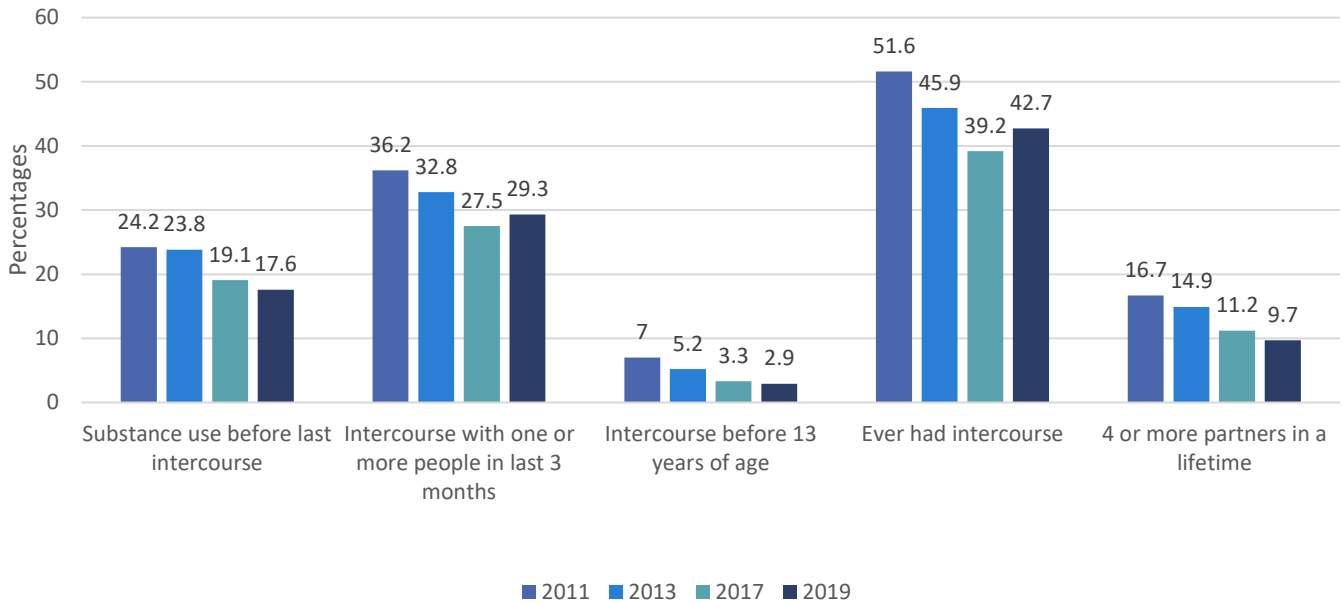
Not only does the environment play an integral part in development of individual beliefs in problems faced with drug usage, but culture may also play a primary role on a student's feelings on substance use. Culture may be a protective barrier that is naturally integrated into social groups, such as negative stigma that a culture may attach to drug use. Rapid social change can also accelerate the use of substances. Those cultures that have little exposure to drugs and may not have developed protective factors that other cultures have already established, could increase the chance of substance use.<sup>41</sup> Loss of a healthy ethnic or cultural identity may occur among cultures which have been rapidly influenced by an outside source.<sup>36</sup> Substance use treatment providers must be knowledgeable of the changing and various cultures of their clients.<sup>41</sup>

## Adolescent Sexual Behavior

Peer pressure, social norms and environmental factors play a crucial role in the development of adolescents. Drugs and alcohol consumption can contribute to a child making decisions that may not be the social norm, but peer pressure or the environmental conditions can lead to risky sexual behavior as well.

A survey conducted on high school students by the CDC, state, and local agencies compiled by the Youth Risk Behavior Surveillance System (YRBSS) looked at different factors regarding sexual activity of adolescents. The survey in 2011 determined that over 52% of children ever had

Figure 26. Texas Adolescents' Sexual Behavior, 2011-2019<sup>42</sup>



Source: Texas Department of State Health Services, Youth Risk Behavior Survey<sup>42</sup>

sexual intercourse but by 2017 saw a decline to 39.2% (See Figure 26)<sup>42</sup> but increased to 42.7% in 2019.<sup>42</sup>

On Figure 26, 29.3% of adolescents had intercourse in the last 3 months or considered sexually active in 2019. This number is up from 27.5% from 2017.<sup>42</sup> The adolescents that used a substance prior to sex was higher in 2017 (19.1%) than in 2019 (17.6%).<sup>42</sup> The rate of teens that had more than four partners in their lifetime also saw a decline from 2017 to 2019 (11.2% to 9.7%).<sup>42</sup>

Although the state saw an increase in adolescents having sex from 2017 to 2019, 39.2% to 42.7%, the rate of teen births in Region 9 declined in 2019 from the previous year.<sup>42</sup> The average teen birth rate per 1,000 for girls 15-19 years old in the state of Texas was at 31 in 2019 (See Table 12 on the next page), which was a slight decrease from the year before (34).<sup>43</sup> Every county in Region 9 had a lower birth rate than the year before except Reagan County, who had a rate of 66 births per 1,000 in 2018 up from 64 in 2017.<sup>43</sup> Reeves County had a rate of 81 births per 1,000 and Crockett at 74, and Reagan at 66, the highest rates in Region 9.<sup>43</sup> Mason County had the lowest teen birth rate for 2019 at 17 per 1,000 births. Borden, Glasscock, Irion, Loving, Sterling and Terrell County did not have sufficient data to enter birth rates.<sup>43</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Compared to the 2018 Region 9 teen birth rates, there were six counties that saw a rise in teen birth rate per 1,000 for 2019.<sup>43</sup> One county saw a significant rise in teen birth rate between 2018 and 2019, Crockett County, up from 65 in 2018 to 74 in 2019. Four other counties only rose 1 per 1,000, Menard up one from 32 in 2018, Reeves up from 80, Schleicher up from 23 and Upton up from 48.<sup>43</sup> Two counties had no change from 2018 to 2019, Kimble and Reagan County, 47 and 66 teen births per 1,000 respectively.<sup>43</sup> The state teen birth rate also saw a decline in 2019 to 31 from 34 in 2018 teen births per 1,000. Only two counties had a lower teen birth rate than the state of Texas in 2019, Mason (17) and Schleicher (24).<sup>43</sup> Six counties had suppressed rates of teen births due to insufficient numbers: Borden, Glasscock, Irion, Loving, Sterling, and Terrell.<sup>43</sup>

**Table 12. Region 9 Teen Birth Rates, 2019**

<b>County</b>	<b>Teen Birth Rate (per 1,000)</b>	<b>County</b>	<b>Teen Birth Rate (per 1,000)</b>
<b>Texas</b>	<b>31</b>	Mason	17
Andrews	56	McCulloch	35
Borden	--	Menard	33
Coke	34	Midland	47
Concho	32	Pecos	59
Crane	50	Reagan	66
Crockett	74	Reeves	81
Dawson	63	Schleicher	24
Ector	60	Sterling	--
Gaines	49	Sutton	48
Glasscock	--	Terrell	--
Howard	62	Tom Green	33
Irion	--	Upton	49
Kimble	47	Ward	53
Loving	--	Winkler	49
Martin	52		

Source: County Health Rankings and Roadmaps<sup>43</sup>

## Misconceptions about Marijuana

The most used illicit drug in the United States is marijuana.<sup>44</sup> About 9% of the population over the age of 12 reported that they were current users in 2016.<sup>44</sup> With many states now legalizing marijuana, there are differences of opinion so politics and social beliefs play a role in how marijuana will be viewed.<sup>54</sup> In politics, bills are proposed to legalize marijuana. Because of many misconceptions of marijuana, it is important for scientifically proven information be distributed through the RNA. The facts and myths about marijuana are listed below.

- **Myth:** *Marijuana is legal in Texas.*

**Fact:** Marijuana is not legal in Texas. Marijuana (cannabis) is a Schedule I drug, defined as a drug with no currently accepted medical use and a high potential for abuse.<sup>46</sup>

- **Myth:** *CBD is legal in Texas...that means marijuana is legal.*

**Fact:** Marijuana is illegal in Texas; CBD is not marijuana. Cannabidiol, aka CBD, is a pharmacologically relevant constituent of the Cannabis plant.<sup>47</sup> Those who smoke cannabis may do so for the intoxicating effects of tetrahydrocannabinol (THC) that is present in cannabis.<sup>47</sup> However, CBD does not contain THC, is nonintoxicating, and contains anxiolytic, anti-inflammatory, antiemetic, and antipsychotic properties.<sup>47</sup>

- **Myth:** *Marijuana is not harmful.*

**Fact:** Marijuana can cause both mental and physical harm to the user. Marijuana affects brain development and (when use begins in adolescence) may impair thinking, memory and learning functions as well as affect how the brain builds connections.<sup>48</sup> Marijuana smoke affects the lungs and people who smoke marijuana frequently may have the same breathing problems as tobacco smokers.<sup>48</sup> Marijuana can increase the chance for heart attacks, as it raises the heart rate for some time after being smoked, and can lead to Cannabinoid Hyperemesis Syndrome, where the user experiences cycles of severe nausea, vomiting, and dehydration.<sup>48</sup> Long-term marijuana use has been linked to mental health conditions in some users, such as temporary hallucinations, temporary paranoia, and worsening symptoms of existing schizophrenia.<sup>48</sup>

- **Myth:** *Marijuana is not addictive.*

**Fact:** According to the Diagnostic and Statistical Manual-V (DSM-5), "Cannabis Addiction is a highly prevalent public health issue and common clinical problem."<sup>49</sup> On average, adults seeking treatment for marijuana use disorders have attempted to quit more than six times.<sup>50</sup>

- **Myth:** *Marijuana is not as harmful to your health as tobacco.*

**Fact:** Any smoke is harmful to lung health.<sup>52</sup> Smoking marijuana causes chronic bronchitis, chronic cough, phlegm production, wheeze, acute bronchitis, and has been linked to causing air pockets in the chest cavity.<sup>52</sup>

- **Myth:** *Marijuana is not a gateway drug.*

**Fact:** To be a gateway drug, the use of marijuana must be prior to the use of other drugs.<sup>49</sup> In 2013, nearly three-quarters of adult illicit-drug users reported that marijuana was their first illicit drug of choice.<sup>49</sup> When one uses an addictive drug, their probability of using another addictive drug is increased.<sup>49</sup> Marijuana is highly correlated with alcohol, opioid, and cocaine use disorders.<sup>53</sup>

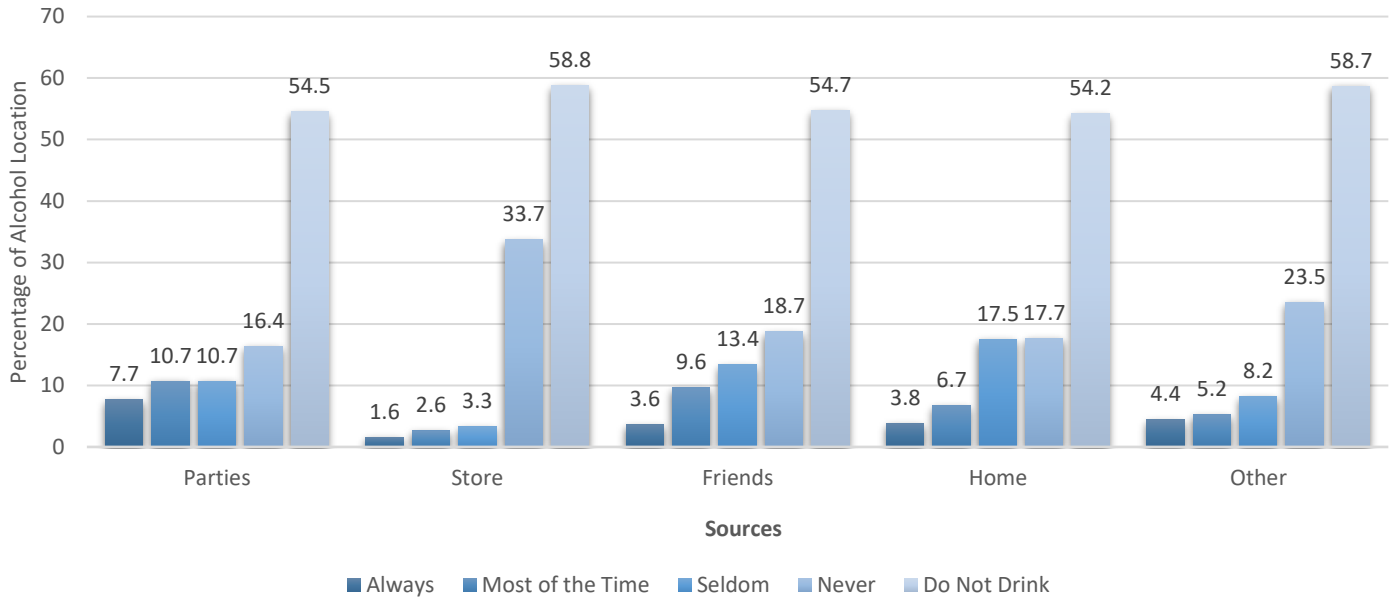
## Accessibility

When evaluating the risk of substance use, risk factors are good indicators in finding the most vulnerable points for adolescents. An important risk factor to look at is the perception students have of accessibility in obtaining marijuana, alcohol, or other drugs. If students perceive the difficulty or how easy it would be to obtain these substances, it can also help determine the risk. The perception that it is easy to obtain drugs and alcohol, the more confident the student will be in seeking the substances. Knowing what students perceive as easy accessibility can assist in ways to lower the risk. Other risks that students face are parents hosting parties where alcohol and drugs are available. Social hosting is an obvious setting where students observe the acceptable behaviors of adults using or making substances available. The more common and accepted drugs and alcohol are, the more accessible it will be. Although the difficulties in controlling the environment where substances are available to students, the community is also a contributing factor that can be more controlled. If businesses do not follow licensing and regulations, the risk factor will only increase on how accessible alcohol is to students.

## Social Hosting

In 2017, the Here 2 Impact (H2i) Coalition passed a Social Host Accountability Ordinance (SHO) in Ector County that ticketed adults that provided a location where alcohol was available to minors.<sup>58</sup> Texas law states that adults cannot furnish alcohol to minors that are not their children. The SHO also holds adults responsible for underage drinking parties if underage people are served, regardless of who furnished the alcohol. The SHO went into effect in August 2017 and Odessa was the fourth city in Texas to pass this ordinance.<sup>58</sup> In May 2019, Odessa Police Department developed a task force to increase patrol during Operation Graduation: Social Host. This operation was to ensure celebrations were safe and would respond to calls involving drug use, underage drinking parties and social host violations. The Odessa Police Department teamed up with other local law enforcement as well as response organizations to respond to calls throughout the city and county. Those involved in the effort were the ECISD Police, Ector County Hospital District Police, Ector County Sheriff Department, Odessa Crime Stoppers and Permian Basin Regional Council on Alcohol and Drug Abuse.<sup>58</sup> Any tips that Odessa Crime Stoppers received that resulted in a citation could have resulted in a cash reward. Citations that were issued were Minor in Possession, Minor Consuming, Furnishing Alcohol to Minors, or Social Host Accountability.

**Figure 27. Sources of Alcohol Obtainment for Region 9 & 10 Students, 2020<sup>6</sup>**



Source: Texas School Survey, 2020<sup>6</sup>

Inside the Texas School Survey, students were asked where they obtained their alcohol, students in Region 9 & 10 were asked whether they obtain alcoholic beverages from ‘Parties’, ‘Stores’, ‘Friends’, ‘Home’, or ‘Other’ (See Figure 27).<sup>6</sup> On the 2020 TSS, 7.7% of the students ‘Always’ obtain their alcohol from parties, 3.8% from their home, 3.6% from their friends. Only 1.6% of the students stated they ‘Always’ obtain their alcohol from the store.<sup>6</sup> The students that state that they obtain alcohol ‘Most of the Time’ from parties was at 10.7%, while 9.6% received alcohol from friends. Students that obtained alcohol from home was at 6.7%, and 2.6% from a store ‘Most of the Time’.<sup>6</sup>

## Students' Perceived Access of AOD

On the 2020 TSS, Region 9 & 10 students were surveyed on their perception of how easy it was to obtain alcohol and other drugs (AOD): tobacco, alcohol, marijuana, ecstasy, cocaine, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine.<sup>6</sup> Region 9 students were given options on how easy they thought it would be to obtain these substances: "never heard of it", "impossible", "very difficult", "somewhat easy", or "very easy" to obtain. These will be combined and classified by students that perceived these substances were "easy" to obtain.<sup>6</sup>

Table 13. Students who believe it is easy\* to obtain substances (%), 2020<sup>6</sup>

Region	Tobacco	Alcohol	Marijuana	Ecstasy
Region 9/10	16.4	27.4	19.0	3.6
Texas	15.0	26.2	17.5	3.8
	Cocaine	Crack	Synthetic Marijuana	Inhalants
Region 9/10	4.5	3.3	5.7	21.6
Texas	3.8	3.0	5.4	22.1
	Steroids	Heroin	Methamphetamine	
Region 9/10	3.4	2.7	2.6	
Texas	3.0	2.3	2.7	

\*: Students answered that the particular substance is either "very easy" or "somewhat easy" to obtain

Source: Texas School Survey, 2020<sup>6</sup>

In 2020, compared to the state of Texas, students in Region 9 reported that tobacco, alcohol, and cocaine, marijuana, heroin, crack, steroids, and synthetic marijuana are easy to obtain (See Table 13),<sup>6</sup> concluding that fewer students in Region 9 & 10 reported that ecstasy, inhalants, and methamphetamine are easy to obtain than the state of Texas reported.<sup>6</sup> The easiest drug to obtain according to students in Region 9 & 10 was alcohol (27.4%), followed by tobacco (16.4%), and inhalants (21.6%) in 2020.<sup>6</sup> However, ecstasy, heroin and methamphetamine were drugs that students thought were not as easy to obtain in 2020, (3.6%), (2.7%) and (2.6%) consecutively.<sup>6</sup>

## Alcohol Retail Permit Density and Violations

According to TABC, there were 1,566 retailers in Region 9 in 2020 where alcohol could be purchased. Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC) and can be sold to qualifying grocery stores, convenience stores, bars and entertainment clubs.<sup>54</sup> Having a high concentration of retail alcohol outlets in a small area can produce a public health issue by increasing the environmental risk factors.<sup>55</sup> Access to alcohol in densely populated areas produces risk of dependence and these dense areas will lack the access to care for those seeking treatment for alcohol dependence.

Currently, the state of Texas has 61,326 licensed retail alcohol permits.<sup>54</sup> Texas is 261,797 square miles and measuring the density of retail alcohol sales per 10 square miles calculates to 2.4 alcohol permits for the state.<sup>54</sup> The largest counties in Region 9 are Ector, Midland and Tom Green.<sup>54</sup> The previous year Ector yielded a retail permit density of 211.3 alcohol permits per 100k square miles, Midland yielded 193.3 permits per 100k square miles and Tom Green had a retail permit density of 197.2 alcohol permit per 100k square miles.<sup>54</sup> The current permit count for Ector increased by 11 alcohol permits, Midland increased by 29, while Tom Green County



saw a decrease of eight permits from the previous year.<sup>54</sup> Ector county spans 901.8 square miles and yielded a retail permit density of 4.3 permits per 10 square miles, which was almost twice as dense as the state of Texas. Midland spans 902.1 square miles and yielded a retail permit density of 4.0 permits per 10 square miles.<sup>54</sup> Tom Green County spans 1,540.6 square miles and yielded a retail permit density of 1.6 permits per 10 square miles. In 2020, there were a total of four sales to minors, while the year before yielded 29.<sup>54</sup>

## Prescription Drug Access

More than 841,000 people have died from drug overdose from 1999 through 2019.<sup>59</sup> Over 70% of all overdose deaths in 2019 involved an opioid.<sup>59</sup> Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce intensity of pain. Overdose deaths have increased over six times since 1999.<sup>59</sup> Overdoses involving opioids, such as prescription, heroin, or synthetic opiates (fentanyl) have killed nearly 49,860 people in 2019, and 32% of those deaths involved prescription opiates.<sup>59</sup> In Texas, there were 547 opiate overdose deaths in 2018. There was a slight decrease in opiate overdose deaths in 2019 at 535 deaths.

The opioid epidemic of overdose deaths is outlined in three waves. The first wave began in the 1990's because of deaths from prescription opiates (natural, semi-synthetic and methadone). The second wave began in 2010 with increasing deaths involving heroin. The third wave began in 2013 with overdose deaths from synthetic opioids, especially illegally manufactured fentanyl.<sup>61</sup> In 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid epidemic a public health emergency and announced a 5-Point Strategy to combat the opioid crisis.<sup>71</sup> The HHS announced these five priorities as:

1. Improving access to treatment and recovery services.
2. Promoting use of overdose-reversing drugs.
3. Strengthening our understanding of the epidemic through better public health surveillance.
4. Providing support for cutting edge research on pain and addiction; and
5. Advancing better practices for pain management.<sup>65</sup>

Schedule II drugs (usually prescribed for pain management) are defined as those with a high potential for abuse and use can potentially lead to severe psychological or physical dependence.<sup>46</sup> Most opioids, such as hydrocodone, methadone, oxycodone, hydromorphone, and fentanyl, fall into this category of Schedule II drugs.<sup>46</sup> Table 12 below shows Schedule II drug dispensations for 21 out of the 30 counties in Region 9 from 2015 to 2018. The other nine counties in Region 9 did not have enough data to report on. From 2015-2018, seven counties in Region 9 (Crane, Howard, Martin, Midland, Reagan, Tom Green, and Upton) reported an increase in Schedule II drug dispensations while the remaining 14 counties reported a decrease in Schedule II drug dispensations (See Table 14 on the next page).<sup>62</sup> From 2015 to 2018, Texas had an overall 66.4% decrease in Schedule II dispensations while Region 9 had a 0.29% increase in Schedule II drug dispensations.<sup>62</sup> This shows that Region 9 has not duplicated the efforts at the state level.

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 14. Region 9 Schedule II Drug Dispensations, 2015-2018					
County	2015	2016	2017	2018	% Difference from 2015 to 2018
<b>TEXAS</b>	<b>38,453,715</b>	<b>39,164,413</b>	<b>13,383,655</b>	<b>12,918,910</b>	<b>-66.40%</b>
<b>REGION 9</b>	<b>261,666</b>	<b>248,438</b>	<b>271,660</b>	<b>262,426</b>	<b>0.29%</b>
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Source: Drug Enforcement Administration (DEA)<sup>62</sup>

### On-Campus Substance Violations

Because Public Health Region 9 does not align with the Texas Education Service Center regions, data for on-campus ATOD violations includes ESCs 15, 17, 18 since these encompass Public Health Region 9 (See Figure 28).<sup>64</sup> It is important to note that other schools outside of Health Region 9 are included in ESCs 15, 17, and 18.

On-campus ATOD violations have varied year-to-year in this region, but no steady increase or decrease in any one violation is seen between the 2015 and 2019 school years (See Table 15).<sup>64</sup> There were about as many controlled substance/drug violations in the 2017-2018 school year as there were from 2015-2016 but saw an increase of 5.7% in 2018-2019.<sup>64</sup> Possibly due to the pandemic at the beginning of 2020 there was a 33% drop in student Controlled Substance/Drug violations. In the 2019-2020 school year there was also a 56% decrease in alcohol violations from the previous school year.<sup>64</sup> However, felony-controlled substance violations increased each school year, with the most violations in the 2019-2020 school year followed by the 2018-2019 year.<sup>64</sup>

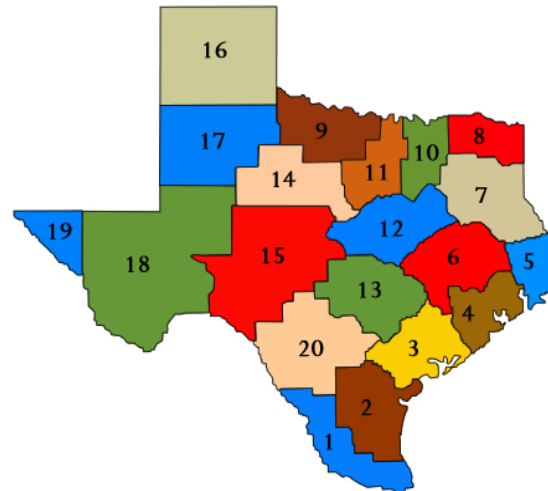


Figure 28. Texas Education Service Centers Map  
Source: Texas Education Agency<sup>64</sup>

Table 15. On-Campus Substance Violations, 2015-2020 Schools from ESC Regions 15, 17, and 18					
Violation	2015-16	2016-17	2017-18	2018-19	2019-20
Controlled Substances/Drugs	1,214	1,190	1,276	1,353	909
Alcohol Violations	122	140	228	196	87
Tobacco	202	180	256	286	N/A
Felony Controlled Substance	0	7	17	19	35

Source: Texas Education Agency<sup>64</sup>

## Perceived Risk of Harm

Students were asked, “How dangerous do you think it is for kids your age to use...” the following 10 substances: tobacco, alcohol, marijuana, prescription (Rx) drugs, cocaine, crack, synthetic marijuana, ecstasy, steroids, heroin, methamphetamine, and inhalants, and given the answer choices of “very dangerous”, “somewhat dangerous”, “not very dangerous”, “not at all dangerous”, and “do not know”.<sup>6</sup>

Table 16 shows an overview of perceived risk of harm in Region 9 & 10. This table compares Texas students to Region 9 & 10 students in 2020 on the percentage of students who reported that they believed X substance was either “very dangerous” or “somewhat dangerous”, (here deemed together as simply “dangerous”). In general, the percentage of students in Region 9 & 10 was comparable to the percentage of students in Texas that believe a certain substance is dangerous.<sup>6</sup> A slightly larger proportion of students in Texas compared to Region 9 & 10 reported

Region	Tobacco	Alcohol	Marijuana	Rx Drugs
9 & 10	56.5	42.4	54.0	72.1
Texas	61.5	47.8	56.9	73.6
	Cocaine	Crack	Synthetic Marijuana	Ecstasy
9 & 10	84.6	85.4	79.0	78.1
Texas	86.4	87.1	80.0	80.6
	Steroids	Heroin	Methamphetamine	Inhalants
9 & 10	73.1	85.3	85.6	69.6
Texas	76.5	87.9	87.5	70.3

\*Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.

Source: Texas School Survey, 2020<sup>6</sup>

that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous.<sup>6</sup> On the other hand, a smaller proportion of students in Region 9 & 10 compared to Texas reported that tobacco and heroin are dangerous.<sup>6</sup> None of these differences were larger than 5%.<sup>6</sup>

The following “Perceived Risk of Harm” sections are focused on students in Regions 9 & 10, including averages broken up by grade level. During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. Because of

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

the low number of participants, some regions had to be combined to ensure a higher participation rate. The students surveyed were questioned about alcohol, marijuana, prescription drugs, and tobacco. Please note that anytime prescription drugs were asked about in the 2020 TSS, the question concerned abusing, not just using, prescription drugs.

### Perceived Risk of Harm from Alcohol

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>47.8</b>	<b>30.5</b>	<b>14.5</b>	<b>2.7</b>	<b>4.5</b>
<b>1 &amp; 2</b>	47.0	32.7	14.8	2.3	3.1
<b>2</b>	47.8	31.5	15.2	1.9	3.5
<b>3 &amp; 4</b>	54.5	27.0	12.1	2.3	4.2
<b>4 &amp; 5</b>	53.2	28.1	11.7	2.9	4.0
<b>6 &amp; 7</b>	42.4	33.0	17.5	2.9	4.2
<b>6, 8, 11</b>	42.4	33.4	15.9	3.4	4.9
<b>8 &amp; 9</b>	45.5	31.2	15.3	2.8	5.1
<b>9 &amp; 10</b>	47.5	30.8	14.1	3.3	4.4

Source: Texas School Survey, 2020<sup>6</sup>

According to the 2020 TSS, more Region 9 and 10 youth in grades 7-12 believe that it is “not at all dangerous” for kids their age to use alcohol than the average Texas youth in the same grade levels (See Table 17).<sup>6</sup> Specifically, 3.3% of youth in grades 7-12 in Region 9 & 10 believe that alcohol is “not at all dangerous” for kids their age to use, while 2.7% of Texas youth believe the same.<sup>6</sup>

Accordingly, less students in Region 9 & 10 (45.5%) believe that alcohol is “very dangerous” to use compared to 47.8% of Texas students in 2020.<sup>6</sup>

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>42.4</b>	<b>33.4</b>	<b>15.9</b>	<b>3.4</b>	<b>4.9</b>
Grade 7	52.6	29.6	11.2	2.6	4.0
Grade 8	43.9	31.3	16.8	3.7	4.3
Grade 9	44.6	30.0	15.9	3.9	5.7
Grade 10	38.5	32.2	21.5	2.6	5.1
Grade 11	38.0	36.4	14.4	3.2	8.0
Grade 12	34.4	43.3	15.8	4.3	2.1

Source: Texas School Survey, 2020<sup>6</sup>

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 18 on the previous page shows Region 9 & 10 students alone. Over 18% more 7<sup>th</sup> graders than 12<sup>th</sup> graders in Region 9 & 10 reported that alcohol is “very dangerous” for kids their age to use.<sup>40</sup> However, over 13% more 12<sup>th</sup> graders than 7<sup>th</sup> graders reported that alcohol is “somewhat dangerous” to use.<sup>6</sup> Generally, the higher the grade level, the lower the perception of “very dangerous” harm and the higher the perception of “somewhat dangerous” harm from alcohol in Region 9 & 10 students in 2020.

### Perceived Risk of Harm from Marijuana

According to the 2020 TSS, Region 9 & 10 students are about average in each category questioning the perceived risk of harm of using marijuana (see Table 19).<sup>6</sup> Around 58.8% of Region 9 & 10 students believe it is “very dangerous” for kids their age to use marijuana and 9.7% believe it is “not at all dangerous”.<sup>6</sup> Nearly 5% of students in Region 9 & 10 “do not know” if it is dangerous for kids their age to use marijuana.<sup>4</sup> Each of these regional averages were comparable to the state in 2020.

Table 19. Texas Student’s Perceived Risk of Harm from Marijuana (%), 2020					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>56.9</b>	<b>14.3</b>	<b>12.9</b>	<b>10.5</b>	<b>5.3</b>
1 & 2	58.1	15.2	12.1	10.7	3.9
2	54.3	14.9	13.9	12.2	4.6
3 & 4	61.3	12.9	11.0	9.9	4.8
4 & 5	64.3	12.0	9.6	9.8	4.3
6 & 7	51.3	14.9	16.6	11.8	5.3
6,8, 11	54.0	15.1	12.8	12.2	6.0
8 & 9	54.7	14.6	13.9	11.0	5.8
<b>9 &amp; 10</b>	<b>58.8</b>	<b>15.7</b>	<b>10.8</b>	<b>9.7</b>	<b>5.0</b>

Source: Texas School Survey, 2020<sup>6</sup>

Despite having overall average perceptions of harm compared to the rest of the state, Region 9 & 10 students have greatly varying levels of perception of harm of marijuana between grade levels (See Table 20 on the next page).<sup>6</sup> For instance, 17.6% which is lower than 2018 (20%) of 12<sup>th</sup> graders in Region 9 & 10 believe that it is “not at all dangerous” for kids their age to use marijuana, while less than 3.6%, a decrease from the 2018 TSS (6%) of 7<sup>th</sup> graders believe the same, showing a 14% difference.<sup>9</sup> Accordingly, 7.3% of 7<sup>th</sup> graders in Region 9 & 10 believe that it is “very dangerous” for kids their age to use marijuana while this number drops to 41.1% in 12<sup>th</sup> graders.<sup>40</sup> Similar to alcohol, the higher the grade level, the lower the perception of harm from marijuana in Region 9 & 10 students in 2020.<sup>6</sup>

Table 20. Regions 9 &amp; 10 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2020

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	54.0	15.1	12.8	12.2	6.0
Grade 7	74.3	12.7	4.1	3.6	5.4
Grade 8	64.0	13.7	8.4	9.1	4.9
Grade 9	55.9	14.0	11.0	11.9	7.3
Grade 10	44.4	15.0	18.4	16.3	6.0
Grade 11	39.3	18.3	17.3	16.5	8.6
Grade 12	41.1	18.0	20.0	17.6	3.4

Source: Texas School Survey, 2020<sup>6</sup>

## Perceived Risk of Harm from Prescription Drugs

According to the 2020 TSS, 87.8% of Region 9 & 10 students in grades 7-12 believe prescription drug abuse is either “very” or “somewhat” dangerous (See Table 21).<sup>6</sup> About 5.2% of Region 9 & 10 youth reported that they believe abusing prescription drugs is “not very” or “not at all” dangerous.<sup>40</sup> At 7.0% of Region 9 and 10 youth reported that they did not know if prescription drug abuse is dangerous.<sup>6</sup> Perception of harm from Region 9 & 10 youth concerning prescription drug abuse is comparable to Texas student reporting in 2020.

Table 21. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2020

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	73.6	13.8	4.0	1.3	7.2
1 & 2	78.0	12.2	3.4	1.1	5.3
2	76.2	13.2	3.8	1.1	5.7
3 & 4	75.8	13.4	3.8	1.0	6.0
4 & 5	78.0	11.7	3.3	1.1	5.9
6 & 7	70.4	16.3	4.8	1.4	7.1
6, 8, 11	72.1	13.1	4.2	1.7	8.8
8 & 9	72.1	14.5	4.0	1.3	8.1
9 & 10	75.7	12.1	3.4	1.8	7.0

Source: Texas School Survey, 2020<sup>6</sup>

In Region 9 & 10, most students in grades 7-12 reported they believe prescription drug abuse is “very dangerous” (See Table 22 on the next page).<sup>6</sup> Unlike the 18.2% fluctuation we see in the alcohol category and the 33.2% fluctuation we see in the marijuana categories from 7<sup>th</sup> to 12<sup>th</sup> grade responses, nearly as many 7<sup>th</sup> grade students (69.9%) as 12<sup>th</sup> grade students (74.2%) in Region 9 & 10 believe that abusing prescription drugs is “very dangerous”.<sup>4</sup> Thus, Region 9 & 10



youth perception of harm from prescription drug abuse is less sensitive to age than perception of harm from alcohol and marijuana.<sup>6</sup> In fact, prescription drug abuse was opposite of other substances in that the higher the grade level, the higher the perception of harm in Region 9 & 10 youth.<sup>6</sup>

**Table 22. Regions 9 & 10 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2020**

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>72.1</b>	<b>13.1</b>	<b>4.2</b>	<b>1.7</b>	<b>8.8</b>
Grade 7	69.9	11.9	5.7	1.1	11.5
Grade 8	76.7	12.1	3.8	3.0	8.9
Grade 9	73.7	12.3	3.4	2.5	8.1
Grade 10	73.4	13.2	4.2	0.9	8.4
Grade 11	69.7	15.8	3.0	2.0	9.4
Grade 12	74.2	13.9	5.0	0.8	6.1

Source: Texas School Survey, 2020<sup>6</sup>

### Perceived Risk of Harm from Tobacco and Other Nicotine Products

According to the 2020 TSS, 86.2% of Region 9 & 10 youth believe tobacco is either “very” or “somewhat” dangerous (See Table 23).<sup>6</sup> About 86.2% of Texas youth believe tobacco is either “very” or “somewhat” dangerous, which is equal to the Region 9 & 10 youth reportings.<sup>6</sup>

**Table 23. Texas Student’s Perceived Risk of Harm from Tobacco (%), 2020**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>61.5</b>	<b>24.7</b>	<b>6.7</b>	<b>1.6</b>	<b>5.5</b>
<b>1 &amp; 2</b>	60.6	26.1	7.5	1.6	4.3
<b>2</b>	59.8	26.0	8.1	1.4	4.7
<b>3 &amp; 4</b>	64.8	23.2	6.1	1.2	4.7
<b>4 &amp; 5</b>	60.0	24.1	9.0	2.3	4.6
<b>6 &amp; 7</b>	59.2	26.5	7.2	1.6	5.5
<b>6, 8, 11</b>	56.5	27.0	7.7	2.1	6.7
<b>8 &amp; 9</b>	60.6	24.7	6.5	1.7	6.5
<b>9 &amp; 10</b>	62.9	23.3	7.0	1.8	5.0

Source: Texas School Survey, 2020<sup>6</sup>

Like with alcohol and marijuana, student perceptions varied greatly between grade levels for perceived harm from tobacco use (See Table 24).<sup>6</sup> In fact, in Region 9 & 10, about 36% less 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that tobacco is “very dangerous” for kids their age to use and, on the reverse side, two times more 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that tobacco is “not at all dangerous” for kids their age to use.<sup>6</sup> However, 50% more 12<sup>th</sup> graders reported that



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

tobacco is “somewhat dangerous” compared to 7<sup>th</sup> graders in Region 9 & 10.<sup>6</sup> Thus, the higher the grade level, they believe are ‘somewhat dangerous’ the higher the perception of harm.<sup>6</sup>

Table 24. Regions 9 & 10 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2020					
Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>56.5</b>	<b>27.0</b>	<b>7.7</b>	<b>2.1</b>	<b>6.7</b>
Grade 7	68.5	18.6	4.9	0.6	6.3
Grade 8	65.7	22.8	5.0	2.0	4.5
Grade 9	56.7	26.1	8.2	1.9	7.2
Grade 10	50.9	29.6	8.7	2.3	8.5
Grade 11	48.5	30.0	8.3	4.0	9.2
Grade 12	43.7	37.4	12.2	2.3	4.4

Source: Texas School Survey, 2020<sup>6</sup>

Additionally, students were surveyed for their perception of harm from electronic vapor products (See Table 25).<sup>6</sup> Two percent less students in Region 9 & 10 compared to Texas students reported that electronic vapor products are either “very” or “somewhat” dangerous to use.<sup>6</sup> At 5.4% of Region 9 & 10 students did not know if electronic vapor products are dangerous to use.<sup>6</sup>

Table 25. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2020					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>62.0</b>	<b>18.9</b>	<b>9.9</b>	<b>3.4</b>	<b>5.7</b>
<b>1 &amp; 2</b>	64.0	18.7	10.3	3.4	3.6
<b>2</b>	61.1	19.9	11.0	3.6	4.4
<b>3 &amp; 4</b>	66.0	17.3	8.9	2.6	5.2
<b>4 &amp; 5</b>	67.2	15.7	8.5	3.7	4.8
<b>6 &amp; 7</b>	57.2	21.7	11.8	3.7	5.7
<b>6, 8, 11</b>	56.8	20.8	11.4	4.3	6.7
<b>8 &amp; 9</b>	60.5	19.2	10.1	3.8	6.4
<b>9 &amp; 10</b>	63.7	16.6	10.3	4.0	5.4

Source: Texas School Survey, 2020<sup>6</sup>

As with tobacco, more than 18% less 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that electronic vapor products are “very dangerous” for kids their age to use, and 1.5 times more 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that electronic vapor products are “not at all dangerous” for kids their age to

use.<sup>6</sup> Like with alcohol, tobacco, and marijuana, the higher the grade level, the lower the perception of harm from electronic vapor products in Region 9 & 10 students in 2020.<sup>6</sup>

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>56.8</b>	<b>20.8</b>	<b>11.4</b>	<b>4.3</b>	<b>6.7</b>
Grade 7	65.7	18.0	7.0	3.1	6.2
Grade 8	61.0	18.7	10.5	3.3	6.5
Grade 9	56.2	17.5	14.1	5.4	6.7
Grade 10	52.5	21.7	14.3	4.2	7.4
Grade 11	49.6	26.3	10.6	4.8	8.7
Grade 12	53.9	24.2	12.4	5.3	4.2

Source: Texas School Survey, 2020<sup>6</sup>

## Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and prescription drug abuse), the following information reports consumption rates of alcohol, marijuana, and prescription drugs. Data reported for youth is researched and collected by the PPRI at Texas A&M University through participation in the Texas School Survey (TSS).<sup>6</sup>

### Alcohol

Alcohol is the most commonly abused substance among youth, both nationally and in Region 9 & 10.<sup>6,65</sup> However, Region 9 & 10 students reported at noticeably higher rates than the Texas average in saying that a few, some, most, or all of their close friends use alcohol (See Table 27).<sup>6</sup> According to the 2020 TSS, 9.9% of students in grades 7-12 in Region 9 & 10 believe “most” of their close friends use alcohol while only 9.4% of the state reported so.<sup>6</sup> About 14.0% of students in Region 9 & 10 reportedly believe that “some” of their close friends use alcohol, 23.6% reported

Region	None	A Few	Some	Most	All
<b>State</b>	52.8	22.2	12.7	9.4	3.0
<b>1 &amp; 2</b>	45.2	26.6	15.4	10.4	2.4
<b>2</b>	46.5	25.4	15.8	10.0	2.3
<b>3 &amp; 4</b>	62.0	19.3	9.7	7.1	1.8
<b>4 &amp; 5</b>	51.4	22.1	12.3	10.9	3.3
<b>6 &amp; 7</b>	47.7	23.0	14.9	11.0	3.4
<b>6, 8, 11</b>	45.3	25.4	13.5	11.3	4.6
<b>8 &amp; 9</b>	48.5	24.7	12.9	10.4	3.5
<b>9 &amp; 10</b>	49.1	23.6	14.0	9.9	3.4

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Source: Texas School Survey, 2020<sup>6</sup>

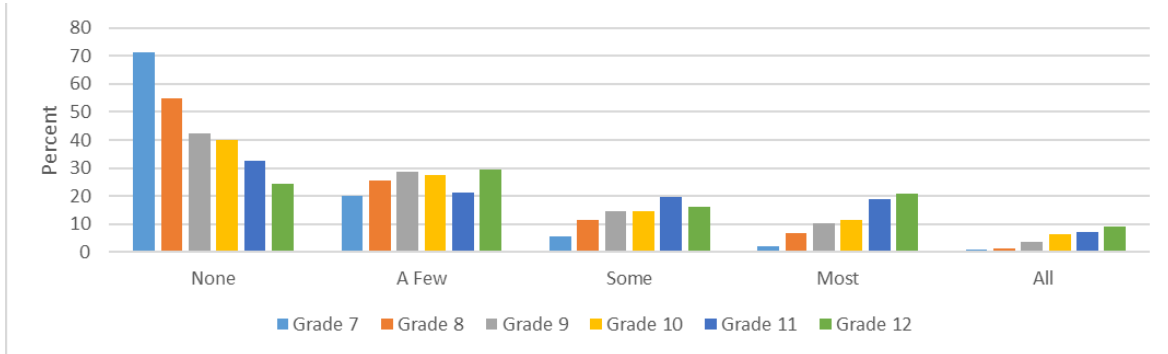


Figure 29. Region 9 & 10 Students Whose Friends Use Alcohol by Grade Level, 2020<sup>6</sup>

only a “few” of their close friends use alcohol, 45.3% reported that “none” of their close friends use alcohol, and 4.6% reported that “all” of their friends use alcohol.<sup>6</sup> Looking at high schoolers in Region 9 & 10, the percentage of students reporting “none” of their close friends use alcohol declines from 7<sup>th</sup> – 12<sup>th</sup> graders while the percentage of students reporting “most” or “all” of their close friends use alcohol increases from 7<sup>th</sup> – 12<sup>th</sup> graders (See Figure 29).<sup>6</sup> In Region 9 & 10, about one in every three 12<sup>th</sup> grade students say “most” or “all” of their friends use alcohol.<sup>6</sup>

Table 28. Age of First Use of Alcohol, 2020

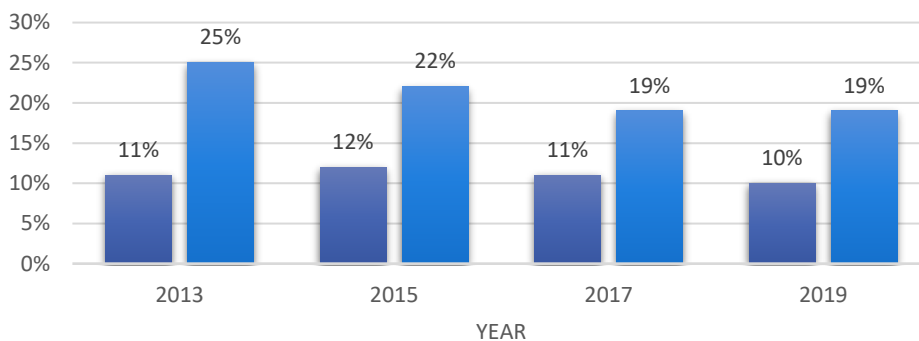
Region	Age
<b>Texas</b>	<b>12.8</b>
1 & 2	12.8
2	12.8
3 & 4	12.7
4 & 5	12.9
6 & 7	12.8
6, 8, 11	12.8
8 & 9	12.9
9 & 10	13.0

Source: Texas School Survey, 2020<sup>6</sup>

## Early Initiation to Alcohol and College Use

Age of first use of alcohol was asked to youth in the 2020 TSS, i.e. the age of the participant when they first tried alcohol.<sup>6</sup> The average age Region 9 and 10 youth first used alcohol was 13.0 years old in 2018, but for 2020 TSS, the average age has gone down to 12.8 (See Table 28 on the previous page) running equal to the state average.<sup>6</sup> The average age of first use for youth across Texas was 13.1 years old in 2018 but the average age for the 2020 TSS has gone down slightly to 13.0%.<sup>4</sup> Region 9 and 10 was highest age of first use of alcohol in the state in 2020.<sup>6</sup> Two regions showed the average age at 12.9, while only one region was below the age of 12.8, and that was the combination of Region 3 and 4 at the average age of 12.7.<sup>6</sup>

**Figure 30. Underage Texas College Students' Alcohol Obtainment, 2013 - 2019**



T

■ Fake ID ■ Not Carded at Stores/Bars

Texas College Survey, 2019<sup>66</sup>

In the 2019 Texas College Survey (TCS), underage college students across Texas were asked where they obtained alcohol.<sup>66</sup> About 70% reported they obtained alcohol from a friend over 21; 49% reported they obtained alcohol from a parent or relative; and, 35% reported they obtained alcohol from a friend under 21.<sup>66</sup> Moreover, 10% of underage college students in Texas reported they used a fake I.D. to obtain alcohol and 19% reported they were not carded at stores/bars (See Figure 30).<sup>66</sup> From 2013 to 2019, there has been a steady decline in Texas college underage drinkers *not* being carded at stores/bars while the percentage of students using fake IDs has remained relatively stable.<sup>66</sup> The most common place for underage Texas college students to drink without being carded was at restaurants (28%), followed by off-campus bars and gas stations (each 19%).<sup>66</sup>

## Current/Lifetime Alcohol Use

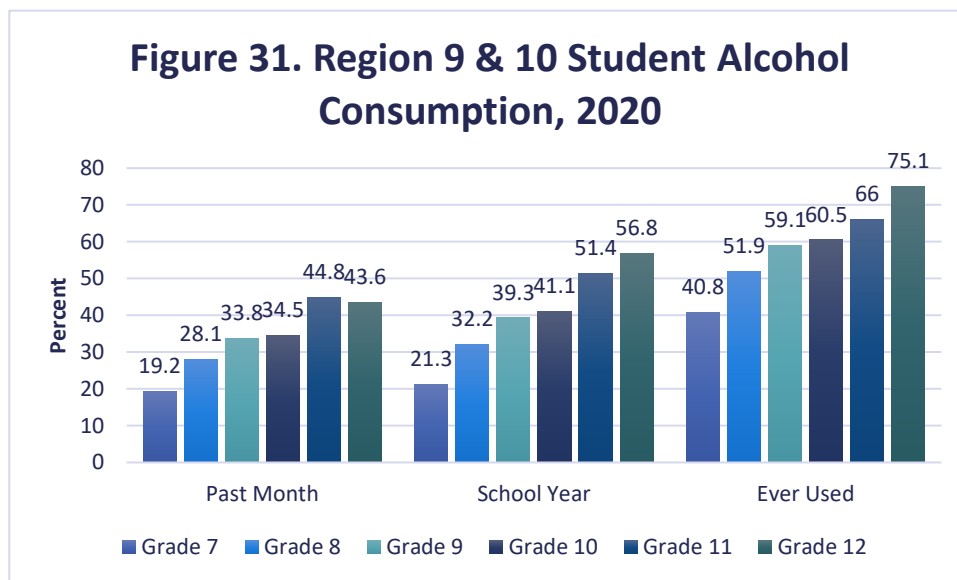
Underage drinking cannot be understated as an issue in 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 and 10, where some of the most current, school-year, lifetime, and high-risk use in the state (See Table 29).<sup>6</sup> According to the 2020 TSS, 53.4% of 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 and 10 have drunk alcohol at some point in their lifetime.<sup>6</sup> About 14% of Region 9 & 10 students reported they were high-risk users, i.e., binge users of alcohol in the last 30 days which is 5 or more drinks in a 2-hour period.<sup>6</sup> About 31.6% of students in Region 9 & 10 in 2020 reported they currently use alcohol which is down from the 35% in the 2018 TSS.<sup>6</sup>

**Table 29: Texas Student Alcohol Consumption (%), 2020**

Region	Current Use	School Year Use	Lifetime Use	Never Used
<b>State</b>	27.4	32.4	50.5	49.5
1 & 2	31.6	36.9	57.8	75.1
2	29.2	34.4	54.8	45.2
3 & 4	20.2	24.0	40.8	59.2
4 & 5	27.3	32.2	50.6	49.4
6 & 7	28.4	34.8	55.3	44.7
6, 8, 11	29.6	34.7	54.1	45.9
8 & 9	26.0	30.8	48.6	51.4
<b>9 &amp; 10</b>	<b>31.6</b>	<b>36.4</b>	<b>53.4</b>	<b>46.6</b>

When looking at alcohol use in 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 & 10, it is obvious to see that as grade level increases, so does the percentage of students using alcohol (See Figure 31).<sup>6</sup> This is illustrative of students' perception of harm stated earlier in this text. Accordingly, as grade level increases the percentage of students reporting that they have "never used" alcohol steadily declines.<sup>6</sup>

Source: Texas School Survey, 2020<sup>6</sup>



Source: Texas School Survey, 2020<sup>6</sup>

## Qualitative and Local Data on Alcohol Use

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that they rarely see a student come to school drunk or under the influence of alcohol. It is suspected that underage drinking is more of a problem “outside of school” than, per se, illicit drugs on campus.

However, local recovery centers note that alcohol misuse is still the most prevalent issue they see. Furthermore, local Department of Family and Protective Services (DFPS) offices commented that “probably 80-90%” and “up to 99%” of their cases involve some form of alcohol, drugs, or both. When meeting with local stakeholders, such as law enforcement, teachers, and healthcare professionals, alcohol is undoubtedly an issue in the Permian Basin.

Furthermore, Figure 32 shows that Odessa and Midland are the two highest ranking cities in Texas for drunk driving deaths from 2013-2017.<sup>67</sup> Odessa has a drunk driving death rate of 6.26 and Midland 6.19, both nearly double the U.S. drunk driving death rate in 2012 of 3.3 deaths per 100,000 residents.<sup>67,68</sup>

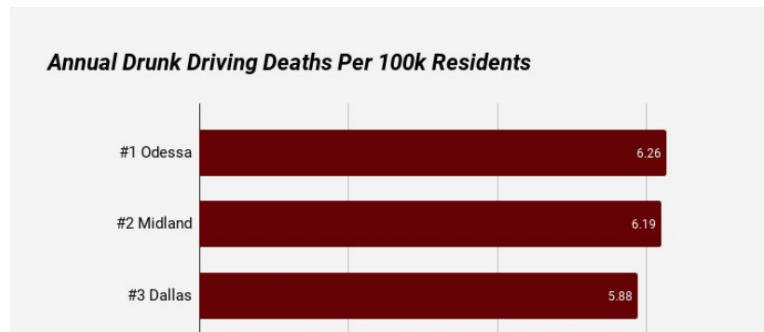


Figure 32. The 10 Texas Cities with the Highest Drunk Driving Fatality Rates, 2013-2017

Source: Texas Department of Transportation<sup>67</sup>

## Tobacco

Tobacco use is primarily established during adolescence.<sup>69,70</sup> Nearly 9 out of 10 cigarette smokers began smoking before they were 18 years of age and every day in the U.S. more than 3,000 youth under the age of 18 smoke their first cigarette.<sup>70</sup> From 2011-2017, cigarette smoking declined among middle and high school students across the U.S., but electronic cigarette use increased among the same demographic.<sup>71,72</sup> These trends are reflected in Region 9 youth.

## Age of Initiation to Tobacco

According to the 2020 TSS, the average age students in Region 9 & 10 reported first use of tobacco was 12.9 years (See Table 30) compared to the 2018 TSS (13.2).<sup>6</sup> The average age Texas youth reported first using tobacco in 2020 was 13.2 years.<sup>6</sup> Region 9 & 10 tied for youngest age matching Region 2 and only two regions tied with the next lowest average age at 13.0 in the state for first use of tobacco.<sup>6</sup>

Table 30. Age of First Use of Tobacco, 2020

Region	Age
<b>Texas</b>	<b>13.2</b>
1 & 2	13.2
2	12.9
3 & 4	13.2
4 & 5	13.0
6 & 7	13.3
6, 8, 11	13.0
8 & 9	13.3
<b>9 &amp; 10</b>	<b>12.9</b>

Source: Texas School Survey, 2020<sup>6</sup>

## Current/Lifetime Tobacco Use

Three percent more youth in Region 9 & 10 reported using tobacco in the past 30 days compared to the state average in 2020 (See Table 31) .<sup>6</sup> Similarly, nearly 2.5% more youth in Region 9 & 10 reported using tobacco in the past school year compared to the Texas average and 2.0% less youth in Region 9 & 10 reported having ever used tobacco compared to the Texas average.<sup>6</sup> Region 9 & 10 youth are using tobacco at lower rates than Texas youth in each category of use (current, school year, and lifetime). Like with alcohol and marijuana, and unlike prescription drug abuse, the percentage of students using tobacco increases by grade level and

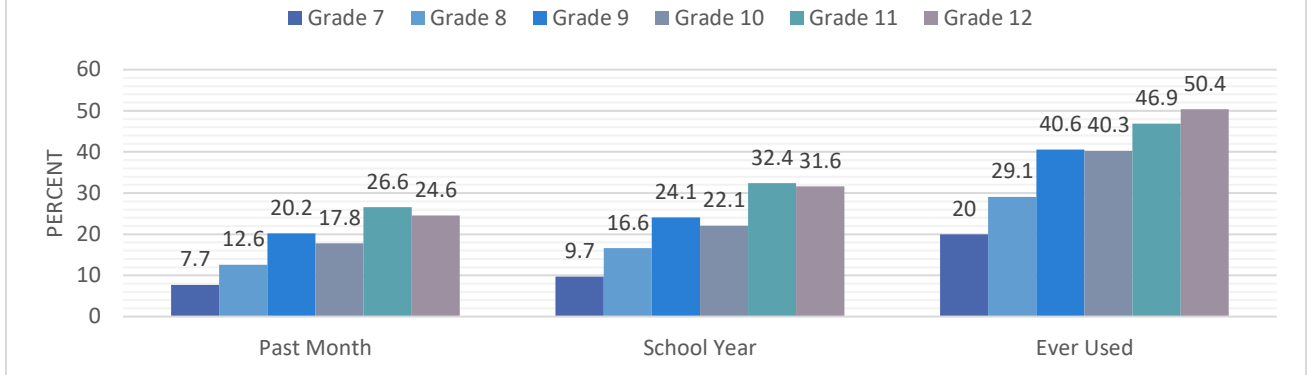
Table 31: Texas Student Tobacco Use (%), 2020

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	14.2	17.9	30.2
1 & 2	17.1	22.9	37.7
2	17.0	22.2	36.6
3 & 4	10.5	13.3	24.1
4 & 5	17.8	21.8	33.1
6 & 7	14.9	17.7	30.1
6, 8, 11	17.9	22.2	37.3
8 & 9	18.6	21.4	29.5
<b>9 &amp; 10</b>	<b>16.9</b>	<b>20.3</b>	<b>33.7</b>

the percentage of students having never used tobacco decreases by grade level consistently (See Figure 33 on the following page).<sup>6</sup> More than one in every two 12<sup>th</sup> grade students in Region 9 & 10 have used tobacco at some point in their life and about one in every five 7<sup>th</sup> grade students in Region 9 & 10 have used tobacco at some point in their life.<sup>6</sup> Furthermore, more than one-third of 12<sup>th</sup> grade students in Region 9 & 10 are currently using tobacco.<sup>6</sup>

Source: Texas School Survey, 2020<sup>6</sup>

Figure 33. Region 9 & 10 Student Tobacco Use, 2020

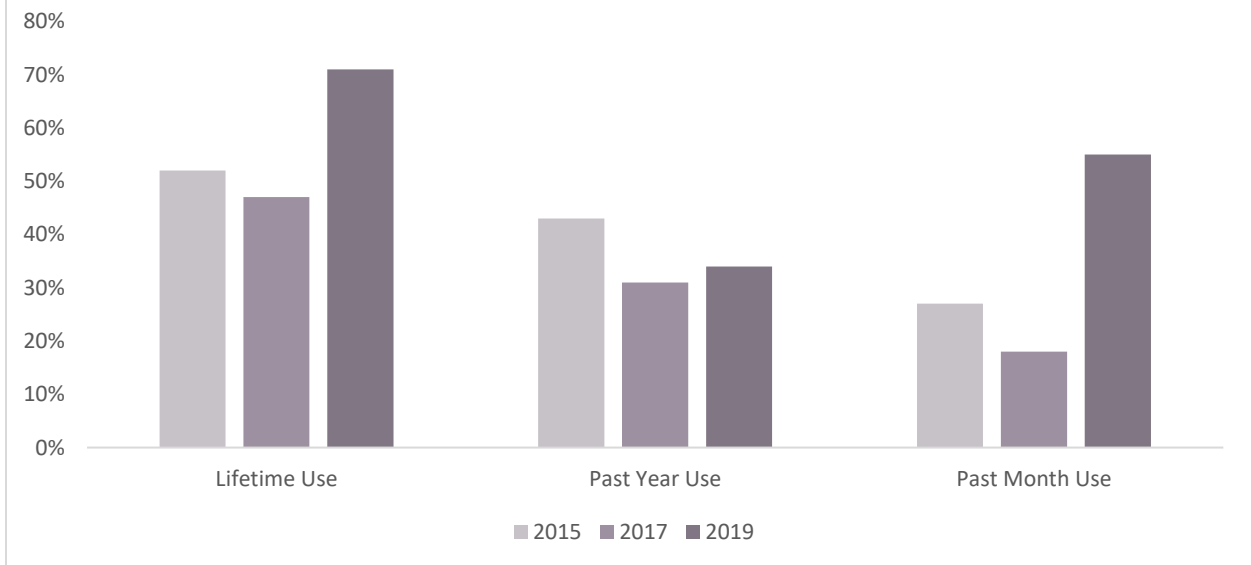


Source: Texas School Survey, 2020<sup>66</sup>

### College Tobacco Use

Tobacco use among Texas college students is also high, but has reportedly declined since 2015 (See Figure 34).<sup>66</sup> According to the 2017 Texas College Survey (TCS), about 18% of Texas college students used tobacco in the past 30 days, a large decline from 25.7% in 2015.<sup>66</sup> In 2017, nearly 47% of Texas college students reported they had ever used tobacco in their lifetime, an 8.5% decrease from student reports in 2015.<sup>66</sup>

Figure 34. Texas College Students: Tobacco Use, 2015-2019



Source: Texas College Survey, 2019<sup>66</sup>



## Qualitative Data on Tobacco Use

Upon visiting local junior high and high schools, all campuses noted that vaping/using vaping devices is the most popular drug use they see on campus. JUULs are the most common vaping device seen on Region 9 & 10 campuses. Going into nearly any convenience store in Midland/Odessa, one will find advertising for JUUL. The JUUL is discussed more in the *Emerging Trends* section of this assessment. Estimated tobacco advertising in Texas is around \$590.7 million dollars spent each year.<sup>84</sup>

## Marijuana

With legalization efforts succeeding in various states across the U.S., marijuana continues to grow as a drug of choice among youth and adults in Region 9 & 10. In recent years, perception of harm regarding marijuana has diminished in Region 9 & 10, possibly due to misinformation and pro-legalization efforts. As explained earlier, there are many common misconceptions about the drug, and these misunderstandings about marijuana may correlate with increased use in Region 9 & 10 as well as in the United States.

### Age of Initiation to Marijuana

Data from the 2020 TSS indicates that the age of initiation (first use) for marijuana in students in Region 9 & 10 is 13.6 years old, which ties with Region 2 for the next youngest age of initiation to marijuana in the state.<sup>6</sup> Region 9 & 10 has the lowest average age of initiation to marijuana at 13.5. The state average age of first use of marijuana is 13.9 years old (See Table 32).<sup>6</sup>

Table 32. Age of First Use of Marijuana, 2020

Region	Age
<b>Texas</b>	<b>13.9</b>
1 & 2	13.8
2	13.6
3 & 4	14.2
4 & 5	14.0
6 & 7	14.1
6, 8, 11	13.6
8 & 9	13.9
<b>9 &amp; 10</b>	<b>13.5</b>

### Qualitative Data Current/Lifetime Marijuana Use

Table 33: Texas Student Marijuana Use (%), 2020			
Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	12.4	15.1	20.8
<b>1 &amp; 2</b>	13.6	15.8	23.3
<b>2</b>	14.2	16.5	23.8
<b>3 &amp; 4</b>	8.5	10.9	15.6
<b>4 &amp; 5</b>	9.1	11.3	16.2
<b>6 &amp; 7</b>	14.6	17.7	24.0
<b>6, 8, 11</b>	14.7	17.8	24.3
<b>8 &amp; 9</b>	14.5	17.4	23.2
<b>9 &amp; 10</b>	14.0	16.3	22.5

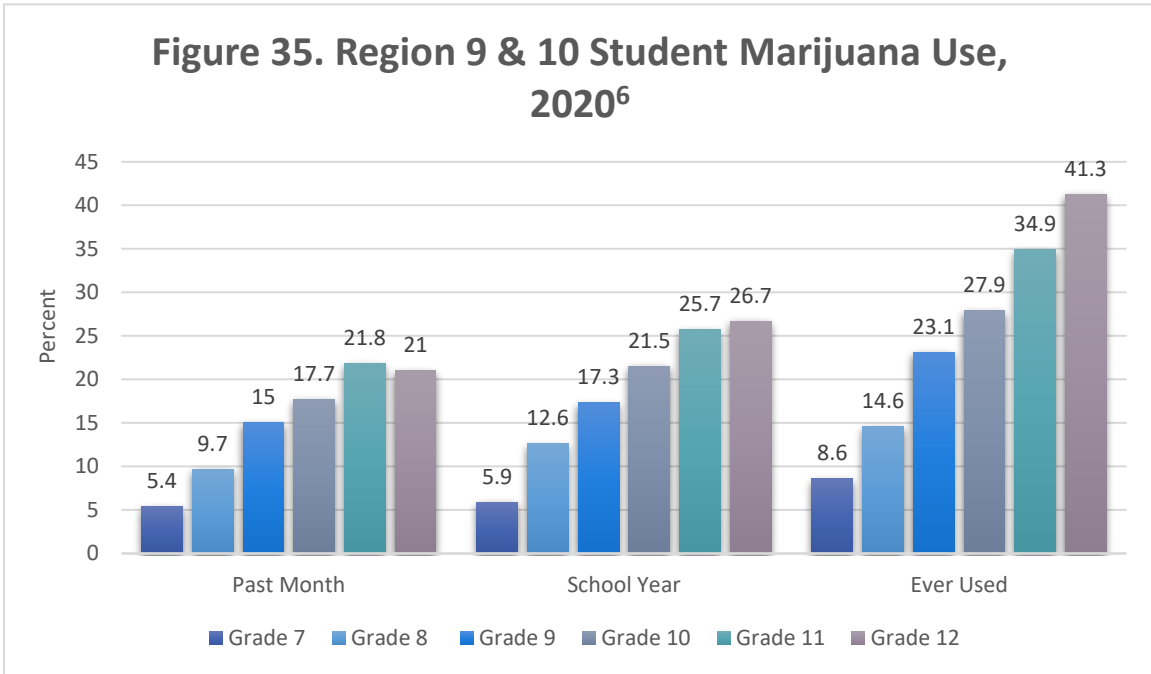
Source: Texas School Survey, 2020<sup>6</sup>

Source: Texas School Survey, 2020<sup>6</sup>

Students in Region 8 and 9 rank the third highest in Texas for both current and school-year use of marijuana (See Table 33).<sup>6</sup> Additionally, Region 9 & 10 has the greatest proportion of youth in the state for lifetime use of marijuana.<sup>6</sup> Nearly one in four (22.5%) 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 & 10 have used marijuana at least once in their lifetime.<sup>4</sup> Moreover, about one in seven 7<sup>th</sup>-12<sup>th</sup> grade students in

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

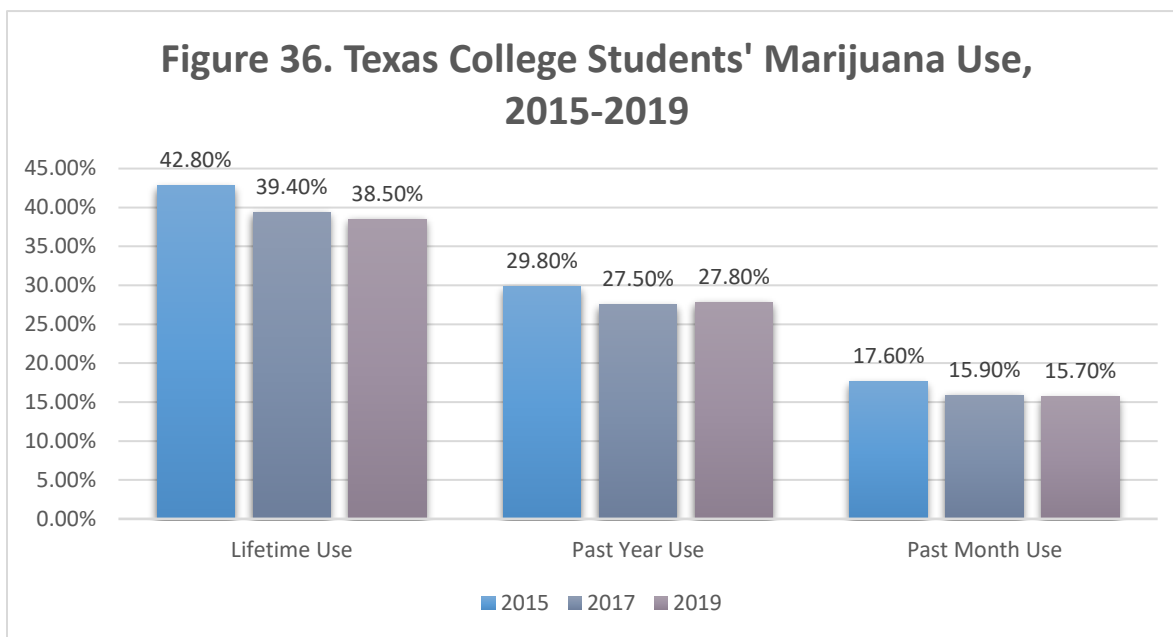
Region 9 & 10 are currently using (in the past 30 days) marijuana.<sup>4</sup> Thus, the majority (about 75% total) of Region 9 & 10 students reported they have never used marijuana, no matter the grade level (See Figure 35).<sup>6</sup> However, the percentage of these students drops by grade level, i.e., nearly 91% of 7<sup>th</sup> graders reported having “never used” marijuana while less than 60% of 12<sup>th</sup> graders reported the same.<sup>4</sup> Accordingly, the percentage of students reporting they have “ever used” marijuana increases by grade level, i.e., about 8.2% of 7<sup>th</sup> graders reported they have “ever used” marijuana while this rises to over 41% in 12<sup>th</sup> graders.<sup>4</sup> Additionally, more than one in every five 12<sup>th</sup> grade students in Region 9 & 10 reported using marijuana in the past month.<sup>6</sup>



Source: Texas School Survey, 2020<sup>6</sup>

**College Marijuana Use**

Marijuana use among Texas college students is also high but has reportedly declined since 2015 (See Figure 36 on the next page).<sup>66</sup> However, between 2017 and 2019, student’s past year use slightly increased. But for past month use and lifetime use overall the trend has been decreasing between 2015 and 2019. According to the 2019 Texas College Survey (TCS), about 16% of Texas college students used marijuana in the past 30 days, a decrease from .2% in 2017.<sup>66</sup> In 2019, 38.5% of Texas college students reported they had used marijuana in their lifetime, which is a 4% decrease from student reports in 2015.<sup>66</sup> College use is expected to rise, however, as nearby states, like Colorado and New Mexico, have legalized marijuana and “weed tourism” increases.



Source: Texas College Survey, 2019<sup>66</sup>

### Qualitative Data on Marijuana Use

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that marijuana use is “most definitely” an issue. However, liquid marijuana used in electronic nicotine delivery systems (ENDS), such as JUUL™ devices, is more often seen now. School officials report they sometimes smell marijuana on students coming back from lunch or at other times, but they mostly catch student marijuana use in ENDS devices which hide the scent of marijuana.

Furthermore, local DFPS offices report that methamphetamine and marijuana are their two most commonly illicit drugs in their cases. Finally, a local drug screening facility, primarily for oil field workers, noted that they see marijuana and cocaine use the most often.

### Prescription Drugs

In 2019, the Executive Office of the President of the United States stated the misuse and abuse of prescription drugs have ruined families and taken too many lives.<sup>62</sup> The 2019 National Drug Control Strategy outlined areas that focus on reducing prescription drug abuse: 1) expand use of the Prescription Drug Monitoring Program (PDMP), 2) strengthen capacity of the state and local, and tribal communities to identify and prevent substance abuse. 3) enhance research and development of evidence-based prevention programs, and 4) expand drug take-back across the country.<sup>62</sup> Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring and tracking are necessary measures to assess prescription drug rates throughout communities and the impacts these rates create. Monitoring also helps

enforce prescription medication regulations on providers who may choose to abuse their prescribing privileges. Monitoring in Texas also includes implementation of prescription drug monitoring programs (PDMP).<sup>62</sup>

### Age of Initiation

In the 2020 TSS, students are not asked about the age which they first misused prescription drugs, but the 2019 Monitoring the Future survey showed that 7.6% of 12<sup>th</sup> graders in the U.S. misused prescription drugs in the past year, while 14.2% have misused prescription medication in their lifetime.<sup>74</sup>

### Current/Lifetime Use

In 2020, 6.2% of Region 9 & 10 youth reported abusing prescription drugs in the past month, i.e., current misuse (See Table 34).<sup>6</sup> Nearly 10% of Region 9 & 10 youth reported misusing prescription drugs in the past school year down from 12% on the 2018 TSS, and over 21% reported having ever misused prescription drugs in their lifetime.<sup>6</sup>

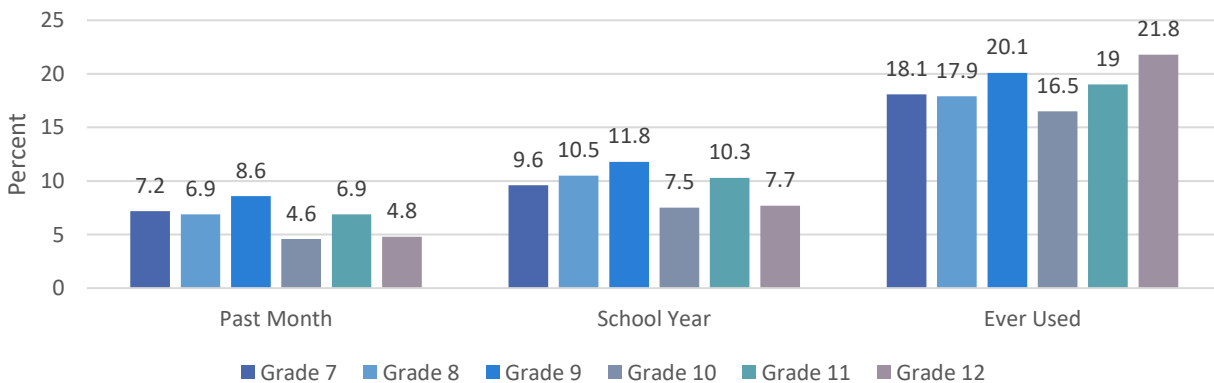
Unlike with alcohol and marijuana use, there is a less distinguishable trend with prescription drug misuse among 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 & 10 (See Figure 37).<sup>6</sup>

**Table 34: Texas Students' Prescription Drug Misuse (%), 2020**

Region	Current Misuse	School Year Misuse	Lifetime Misuse
<b>State</b>	6.1	8.9	17.2
<b>1 &amp; 2</b>	6.5	9.5	19.8
<b>2</b>	7.2	10.2	20.7
<b>3 &amp; 4</b>	5.9	8.7	15.7
<b>4 &amp; 5</b>	5.6	8.1	16.9
<b>6 &amp; 7</b>	6.1	9.1	18.7
<b>6, 8, 11</b>	6.6	9.7	18.8
<b>8 &amp; 9</b>	7.1	10.0	18.7
<b>9 &amp; 10</b>	6.2	9.3	21.3

Source: Texas School Survey, 2020<sup>6</sup>

Figure 37. Region 9 & 10 Student Prescription Drug Use, 2020



Source: Texas School Survey, 2020<sup>6</sup>

The expectation would be that the higher the grade level, the higher the percentage of students who have misused prescription drugs.<sup>6</sup> But for the 12<sup>th</sup> graders surveyed regarding prescription drug use in the past month or within the school year seniors were lower than all grades except the 10<sup>th</sup> graders surveyed.

In 2020, Region 9 & 10 students were also asked about their use of prescription opioids which were not prescribed to them, i.e., their misuse of prescription opioids, including: OxyContin, Percodan, Percocet, Vicodin, Lortab, Lorcet, and Hydrocodone. Table 35 shows that less than 1% of Region 9 & 10 youth reported misusing prescription opioids in the past month; 1.4% reported misusing prescription opioids in the past school year; and 2.9% of Region 9 & 10 youth reported misusing prescription opioids in their lifetime.<sup>6</sup>

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	0.7	1.2	2.9
<b>1 &amp; 2</b>	1.0	1.6	4.1
<b>2</b>	1.1	1.7	4.3
<b>3 &amp; 4</b>	0.6	1.0	2.6
<b>4 &amp; 5</b>	0.6	1.0	3.2
<b>6 &amp; 7</b>	1.0	1.8	4.0
<b>6, 8, 11</b>	0.7	1.2	2.7
<b>8 &amp; 9</b>	0.9	1.4	3.9
<b>9 &amp; 10</b>	1.2	1.4	2.9

Region 9 & 10 youth rates were comparable to state averages for current use and use in the past school year, as well as in opioid misuse in their lifetime.<sup>6</sup>

Source: Texas School Survey, 2020<sup>6</sup>

## Qualitative Data on Prescription Drug Abuse

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that besides seeing marijuana on campus, prescription medications are the drugs that are most commonly. Examples they gave were Adderall and some opioids, such as Oxycontin and Hydrocodone, but the most-commonly-seen among all campuses is Xanax, a prescription medication that treats anxiety and panic disorders. School officials noted that you can sometimes smell other drugs, like marijuana, but pills have no scent and are easy to hide. When asking the school officials if they had to name just one prescription drug, they see the most, the unanimous response was Xanax. They urge parents to check and secure their medicine cabinets because students of all kinds are being caught with pills on campus that are not prescribed to them, i.e., prescription drug misuse.

Furthermore, local DFPS offices reported that they see prescription medications among the top substances abused in their cases. Others reported on prescription opioids, specifically, which is recognized exclusively later in this text in the *Special Topic: Opioids* section.

## Other Illicit Drugs

### Age of Initiation

Data from the 2020 TSS indicates that the age of initiation (first-use) in Region 9 & 10 youth for cocaine is 14.1, down from 14.8 in the 2018 TSS. For 2020 TSS, age for first use of crack was at 12.6 years, down from 2018 TSS (13.4).<sup>6</sup> Next, steroids 12.0 years same as previous TSS, ecstasy at 14.9 years, up from 14.6 in the 2018 TSS.<sup>6</sup> The 2018 TSS showed age for first use of heroin at 12.8 years, showed to be a year younger in 2020 at 11.8.<sup>6</sup> For methamphetamine the 2020 TSS 13.5 years, down from the previous TSS (13.8).<sup>6</sup> Following the trend of the youth using at a younger age of first use, synthetic marijuana, 13.4 years in 2018 but for 2020 TSS, down to 13.2 years of age, and inhalants 11.9 years 2018, down to 11.2 years of age in the 2020 TSS (See Table 36).<sup>6</sup> These ages were all comparable to the state average age of first use for each of these substances, except crack and heroin saw Region 9 & 10 younger than the state average.<sup>6</sup>

Substance	Texas	Region 9 & 10
Cocaine	14.3	13.9
Crack	13.4	12.4
Steroids	12.4	12.1
Ecstasy	14.6	14.5
Heroin	12.7	11.6
Methamphetamine	13.6	12.1
Synthetic Marijuana	13.8	13.5
Inhalants	11.8	11.7

Source: Texas School Survey, 2020<sup>6</sup>

### Current/Lifetime Use

In 2020, 15.7% of Region 9 & 10 youth reported that they used some kind of illicit drug in the past month (current use) slightly higher than the 2018 TSS (15.3%); about 20% reported they used some kind of illicit drug in the past school year up from the previous TSS (19.6%)<sup>6</sup>; and, more than 26% reported they've used some kind of illicit drug in their lifetime (See Table 37 on the next page) which was comparable to the 2018 TSS.<sup>6</sup> These rates were recognizably above the state averages of 13.0%, 17.1%, and 22.7% for current, school-year, and lifetime use of illicit drugs in 2018.<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 37: Texas Student Illicit Drug Use (%), 2020**

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	13.0	17.1	22.7
<b>1 &amp; 2</b>	14.3	18.0	24.9
<b>2</b>	15	18.9	25.7
<b>3 &amp; 4</b>	9.3	12.6	17.1
<b>4 &amp; 5</b>	9.8	13.3	18.0
<b>6 &amp; 7</b>	14.4	18.9	24.8
<b>6, 8, 11</b>	15.7	20.4	26.6
<b>8 &amp; 9</b>	14.7	18.6	24.8
<b>9 &amp; 10</b>	15.2	19.6	25.3

Source: Texas School Survey, 2020<sup>6</sup>

Looking further into the data, marijuana was the illicit drug of choice for Region 9 & 10 youth in 2020 for current, schoolyear, and lifetime use.<sup>6</sup> Table 38 shows that 22.5% of Region 9 & 10 youth reported they used marijuana at some point in their lifetime. The second most-used substance for Region 9 & 10 youth was synthetic marijuana (4.5%) followed by cocaine (3.6%), then Ecstasy (2.5%).<sup>6</sup>

**Table 38: Region 9 & 10 Student Illicit Drug Use (%), 2020**

Substance	Current Use	School Year Use	Lifetime Use
<b>Any Illicit Drug</b>	14.7	18.6	24.8
<b>Marijuana</b>	14.0	16.3	22.5
<b>Cocaine</b>	2.0	2.2	3.6
<b>Crack</b>	0.7	0.8	1.0
<b>Hallucinogens</b>	1.0	1.4	2.4
<b>Synthetic Cathinone</b>	0.3	0.3	0.5
<b>Steroids</b>	0.4	0.6	1.2
<b>Ecstasy</b>	0.9	1.2	2.5
<b>Heroin</b>	0.3	0.4	0.9
<b>Methamphetamine</b>	0.6	0.6	1.1
<b>Synthetic Marijuana</b>	1.4	2.2	4.5

Source: Texas School Survey, 2020<sup>6</sup>

## **Qualitative Data on Illicit Drug Use**

Often, the Region 9 PRC receives data requests for illicit drug use, especially for cocaine and methamphetamine. This data is particularly difficult to obtain in adults because there is no convenient way to measure this substance use, as there can be with alcohol, nor a public survey that reports the consumption rates of adults in our community. However, from dialogue in our community, we realize that illicit drug use is a problem more than worthy of our attention. One way we can draw a picture of illicit drug use in our region is from local law enforcement. Local police officers have shared with us that cocaine, methamphetamine, and heroin are large issues in our area, especially with oil field workers on long shifts. Police officers have reported stories to us that it is common for them to catch someone possessing methamphetamine while they are on their way to a 24-hour long shift at work. Some officers showed us specific neighborhoods which were known for cocaine, methamphetamine, etc. Law enforcement also shared that they see a lot of prescription opioid abuse, especially oxycodone and hydrocodone.



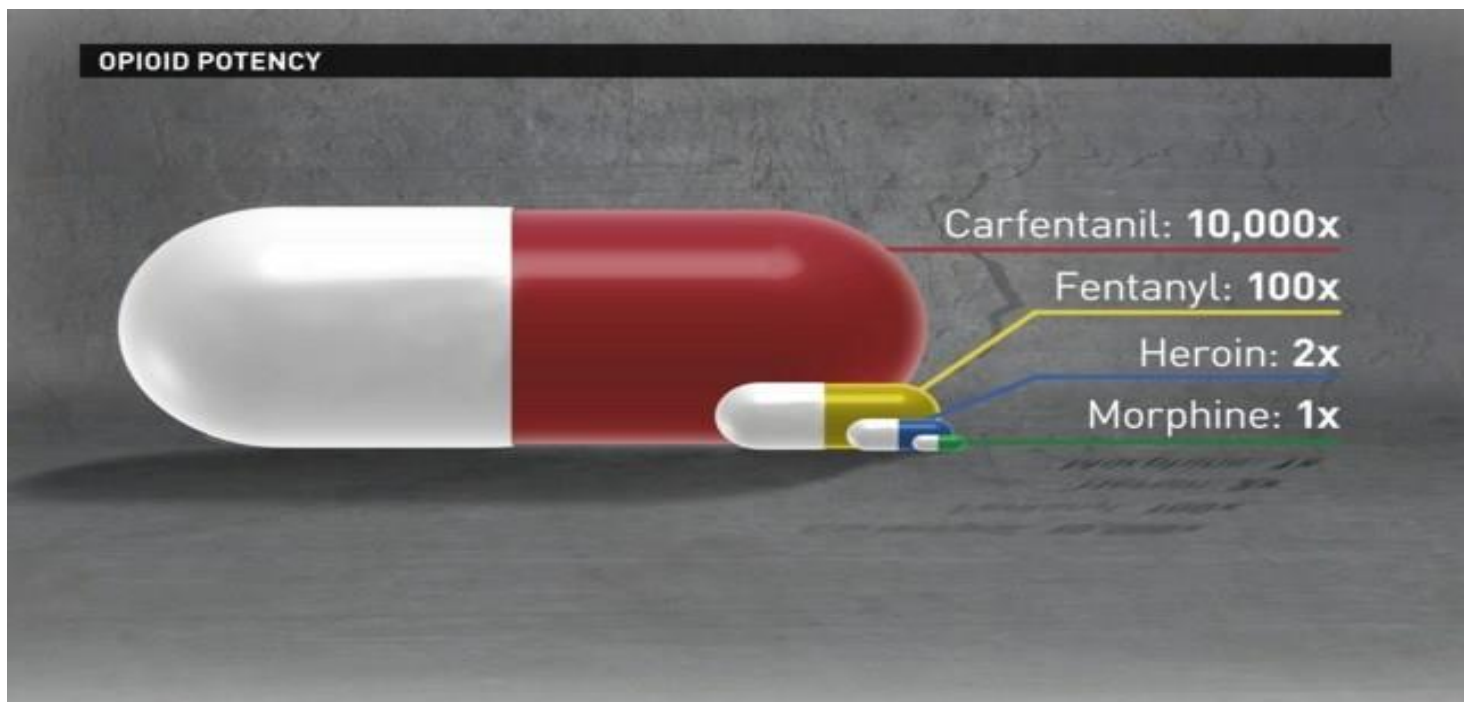
## Opioids: Deadly Crisis

Opioids are pain-relieving drugs that is a by-product of opium. Opium is included in opiates and synthetic opiates such as heroin (illegal opiate) and prescription medications. Medications prescribed for pain relief include oxycodone (OxyContin), hydrocodone (Vicodin), morphine and methadone.<sup>76</sup> Fentanyl is a synthetic opiate used to treat severe pain for patients in advanced stages of cancer but is now common and distributed illegally.<sup>76</sup> Biological effects of fentanyl are like heroin; however, fentanyl can be 50 to 100 times more potent than heroin.<sup>77,78</sup>

In perspective, oxycodone is 1.5 times stronger than morphine, heroin is 2-5 times stronger than morphine, methadone is 3 times stronger than morphine, fentanyl is 50 to 100 times stronger than morphine, and carfentanil 10,000 times stronger than morphine. (See Figure 38)<sup>80</sup>

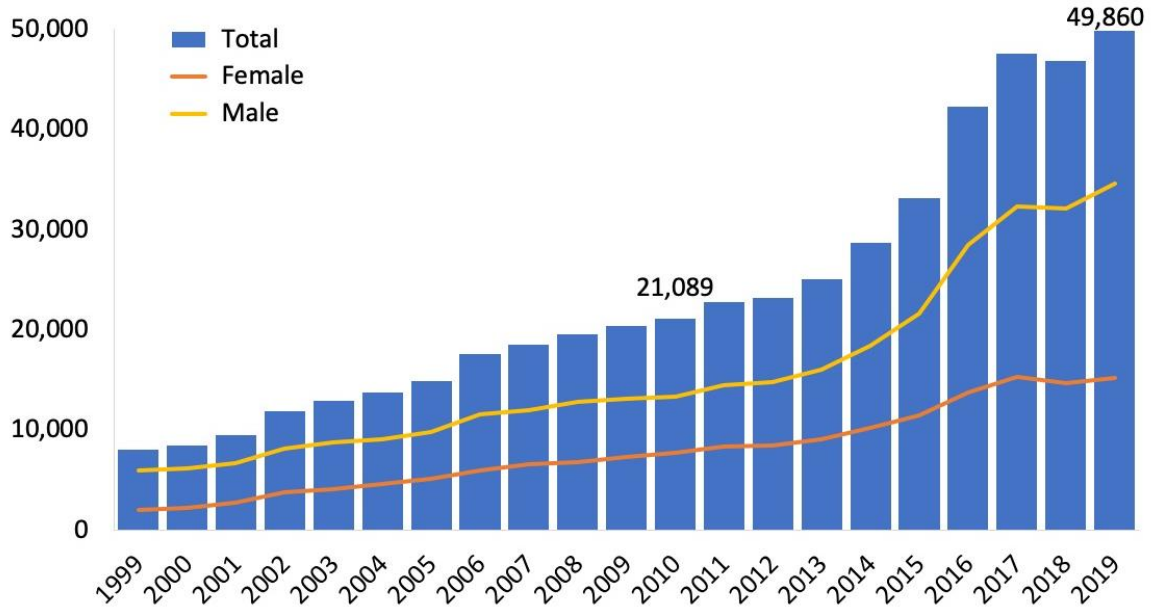
Carfentanil is commonly used as a tranquilizer on elephants and other large mammals and is not intended for use on humans but is found to be mixed in heroin and other drugs creating an extremely lethal drug.<sup>87</sup>

FIGURE 38. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE



Source: Canadian Centre for Addictions<sup>80</sup>

**Figure 39. National Drug Overdose Deaths Involving Any Opioid: Number Among All Ages, by Gender, 1999-2019<sup>81</sup>**



\*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

## National Crisis

In 2019, 70,630 people in the United States died of a drug overdose, and over 49,000 of those people died from opiate overdose.<sup>81</sup> Almost 73% of overdose deaths in the U.S. involved a synthetic opioid (excluding methadone). In 2019, 28% of opiate overdose deaths were a prescription opioid, this was a 7% decrease from 2018. Comparatively, heroin overdose deaths also accounted for 28% of opiate deaths in 2019, which was a 6% decrease from 2018.<sup>81</sup>

In 2010, 21,089 opiate overdose deaths were opioid-involved, and by 2019 deaths rose to 49,860 people, (See Figure 39).<sup>81</sup> There was a decrease in deaths in 2018 which was at 46,802 overdose deaths but rose over 3,000 people in 2019.

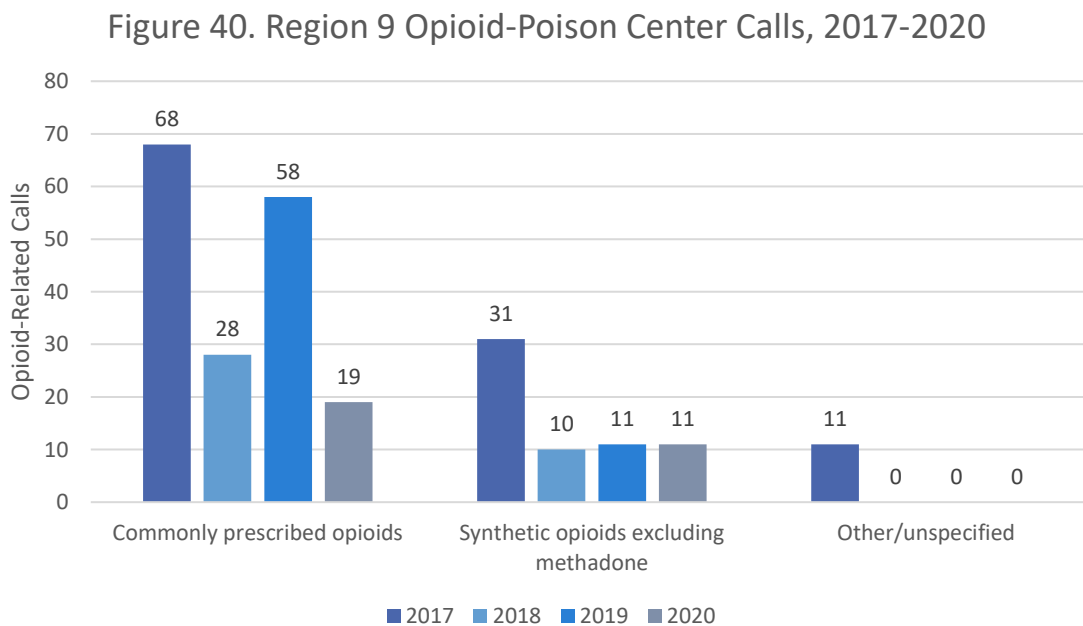
The misuse of opiates and addiction to prescription pain medications, illicit opioids such as heroin and synthetic opioids (fentanyl) is a national crisis that affects public health as well as social and economic welfare.<sup>72</sup> The total economic burden of the prescription opioid overdose abuse, and dependence in the U.S. as of 2013 was estimated to be \$78.5 billion, of which over a third of these costs is attributed to increased health care and substance abuse treatment costs.<sup>75</sup>

In 2017, CastLight report found that, contrary to popular belief, “opioid abusers are more likely to live in the rural south” than on the east or west coast of the U.S.<sup>85</sup> This report also ranked four Texas cities among the top 25 opioid abusing cities, including Odessa (Ector County) with an

8% opioid abuse rate and rank of #15 in the U.S.<sup>85</sup> This report estimates that 8% of people prescribed opioids in Odessa are abusing them.<sup>85</sup>

### Qualitative Data: Texas Poison Center Calls

In 2017, the Texas Poison Center reported 112 opioid-related exposures from Region 9 (See Figure 40).<sup>86</sup> Midland County accounted for 36 of these calls, Ector County had 22, Tom Green County 16, and Howard County had 10 calls.<sup>90</sup> Thirty-one of the 112 calls were for synthetic opioids other than methadone; 11 of the calls were for unspecified opioids; and 68 calls were for commonly prescribed opioids.<sup>86</sup> Two calls were not included in this data because it was masked as a specified opiate. In 2018, the commonly prescribed opioid calls fell to 28 total calls, Midland accounted for 15 calls and Tom Green accounted for 13. However, in 2019 Region 9 saw a rise in calls on poison center call for prescribed opioids from the previous year at 58 calls. Tom Green County had the most at 19, then Midland had 15, Howard County had 13 while Ector



Source: Texas Health and Human Services Commission<sup>86</sup>

County had 11 calls to the poison center. Region 9 calls were relative to the state of Texas rate, where 67% of the calls received for commonly prescribed opioids. Synthetic opioids remained around the same number of calls between 2018 and 2020 at 11 calls for 2019 and 2020. Heroin and unspecified opioids accounted for the remaining of the opioid-related calls to the Texas Poison Control Center in 2017, but did not have poison center calls that could be identified as 'other' between 2018 and 2020.<sup>86</sup>

## Adolescent Use

Around 10.3 million people over the age of 12 misused opiates in 2018. The majority of those people misusing opioids were prescription opiates, but not heroin.<sup>2</sup> In 2018, over 3,177 youth aged 15-24 died from a drug overdose, and over 60% of those were heroin or opioid related.<sup>88</sup> Estimates indicate that for every young adult deaths due to prescription drug overdoses, including opiates, there were 22 treatment admissions and 119 emergency room visits.<sup>97</sup> Drug overdose deaths involving opioids among adolescents have more than tripled from 1999 and 2015. Opiate overdose death rate is more than cocaine, benzodiazepines, and psychostimulant overdose death rates combined (See Figure 41).<sup>90</sup>

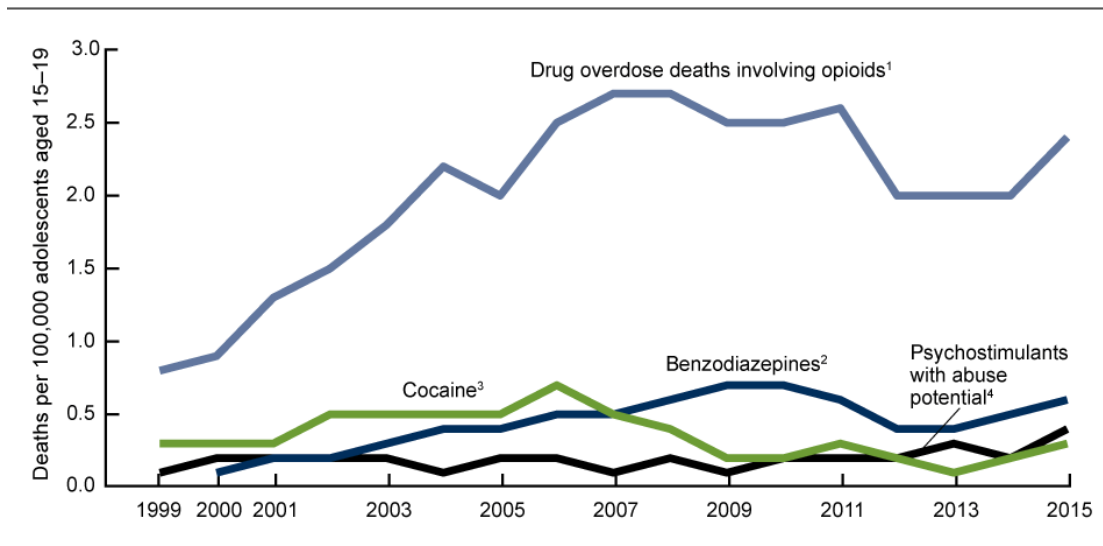


Figure 41. Drug Overdose Death Rates for Adolescents Aged 15-19, 1999-2015

Source: Centers for Disease Control and Prevention<sup>89</sup>

Between 1999 and 2015, the drug overdose rate for males, 15-19 years of age was consistently higher than for females.<sup>89</sup> The males experienced a decline in overdose deaths between 2007 and 2014 yet showed a slight increase from 2014 to 2015. It was noted that in 2015, most male and female overdose deaths were unintentional, although female deaths were more than twice as likely as male deaths to be suicides.<sup>89</sup> Overdose death rates among those 15 to 19 years of age were highest for opioid drugs, specifically heroin.<sup>89</sup>

## Qualitative Data

Students in junior high and high schools are reportedly carrying prescription medications on campus, either for use or for sales. Schools report students bringing opioids, specifically hydrocodone and oxycodone (Vicodin, Oxycontin) to the campus. School officials have observed some students selling these pills before school begins so they are no longer in possession on school premises. However, some students buy the drugs then use on campus or possess them through the day for use after school hours. It is encouraged that the parents who are prescribed opiates, such as Xanax, and other medications to secure them at home.

Treatment facilities in the Permian Basin report that less than a quarter of their patients are being treated for opioid abuse. More than likely this is because the clinics are primarily for opioid abusers, such as methadone clinics. Both Odessa and Midland have outpatient methadone clinics, and in total have the capacity to serve 241 patients. During the pandemic, in July 2020 both methadone clinics had a wait list for new patients and due to restrictions and lockdowns, fewer patients could be seen. As of July 2021, wait lists are still in place, but restrictions are relaxed and allowing more patients to be seen. These clinics treat heroin and a mixture of oral opiates which are the most common opioids abused.

Department of Family and Protective Services also report that they see prescription medication abuse, including opiates are among the top substances abused in their cases.

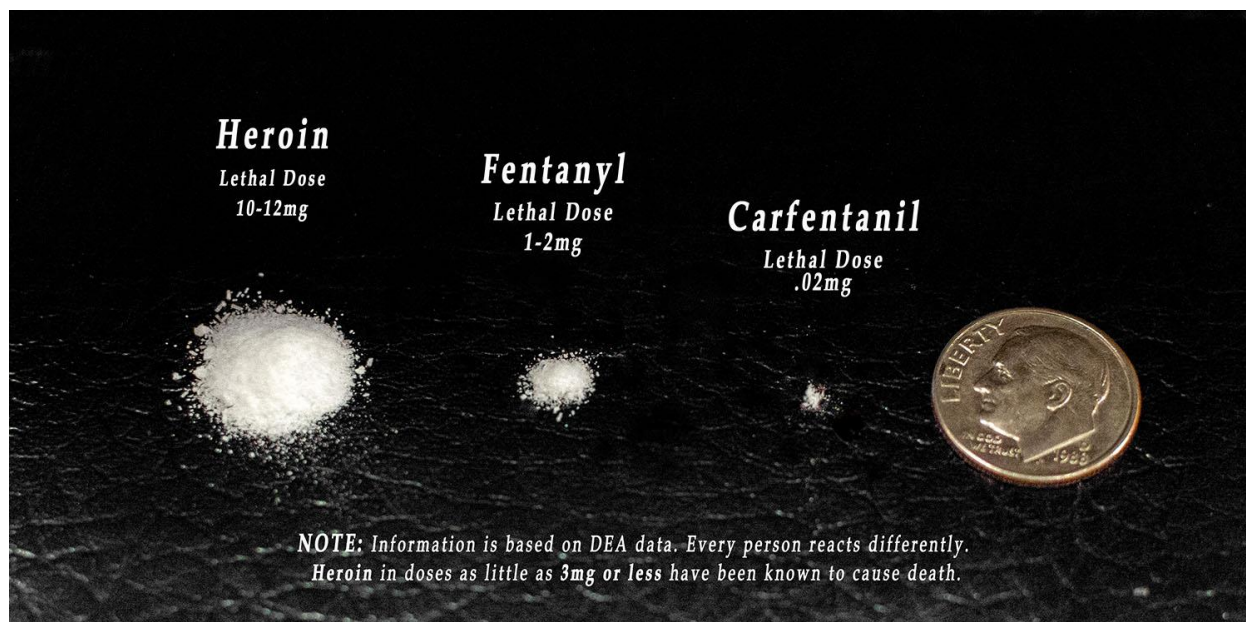
## Dangers of Fentanyl and Opioids

Fentanyl is a powerful synthetic opioid analgesic like morphine, but is 50 to 100 times more potent.<sup>89,90</sup> Fentanyl is a Schedule II prescription drug and is manufactured as a surgery anesthetic, pain management medication after surgery, and to treat chronic pain in patients that are intolerant to other painkillers.<sup>89</sup> In its legal (prescription) form, fentanyl is known as Actiq®, Duragesic®, and Sublimaze®.<sup>91</sup> Street names for fentanyl or for fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.<sup>91</sup>

In 2013, the Drug Enforcement Administration (DEA) began noticing a spike in opioid overdoses and deaths and found them to be the result of counterfeit pharmaceutical products containing fentanyl or fentanyl-related substances and other synthetic opioids.<sup>90</sup> The current rise in opioid-related deaths appears to be driven by illicitly produced fentanyl products.<sup>90</sup> South America and Mexico appear to be the main regions smuggling fentanyl into the U.S. with a notable amount also coming through Canada.<sup>90</sup>

Fentanyl-related substances have been identified in powder, pill, capsule, and liquid forms, as well as on blotter paper.<sup>90</sup> Fentanyl has also been identified in counterfeit pharmaceutical products, such as tablets that mimic oxycodone, and found in mixtures with cocaine (“speedball”) and heroin plus other synthetic opioids (“Grey Death”).<sup>90</sup> It has been determined that only 1-2 milligrams, about the size of 5-7 grains of salt, of fentanyl can induce respiratory depression, arrest, and possibly death (See Figure 42 on the next page).<sup>91</sup>

The DEA gives specific guidelines on treating a first responder that may come into contact with a fentanyl-related substance, including administering multiple doses of naloxone, an opioid overdose antidote, if the victim overdosed.<sup>91</sup> Naloxone is available as an injectable (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray).<sup>91</sup>



**Figure 42. Lethal Amounts of Different Opiates**

Source: inmaricopa.com<sup>92</sup>

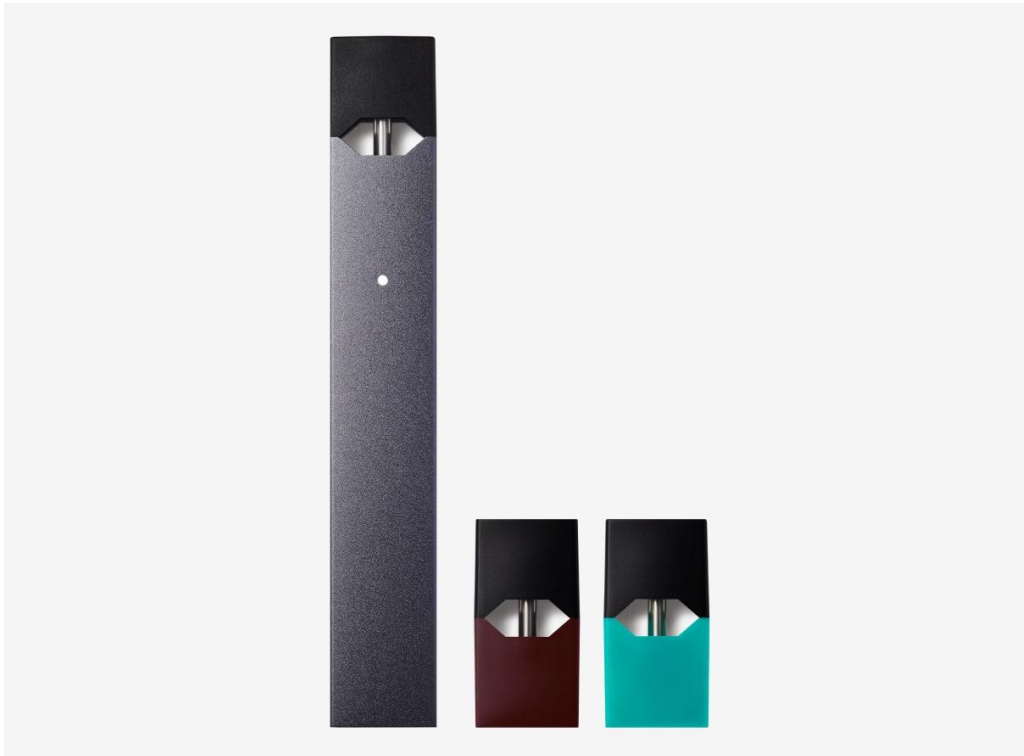
## Emerging Trends

To understand current trends in substance use it is to be aware of any new substances and devices in the market. Many times, emerging trends consume the drug market at a rapid pace without knowledge of the effects a drug or device may cause. New substances and devices can often be detrimental to a society. One such new trend we are seeing across the U.S. and in the Permian Basin is the JUUL™.

## JUULs and E-Cigarettes

JUUL devices are a closed system vapor product and use a heating mechanism to create an aerosol.<sup>93</sup> JUULs are rechargeable using a USB port and the e-liquid or the fluid that creates the vapor is utilized through JUUL pods. These pods contain propylene glycol, glycerine, benzoic acid, flavors, and nicotine. According to the JUUL website, their mission is to create an alternative for current smokers, not a new habit for nonsmokers.<sup>93</sup> JUUL devices have a sleek design and are manufactured to give a “healthier” alternative to adult tobacco cigarette smokers while still delivering the nicotine (See Figure 43 on next page).<sup>93</sup>





**FIGURE 43. JUUL™ The New Electronic Cigarette**

Source: JUUL, 2021<sup>93</sup>

The JUUL was developed as an alternative for current adult smokers. However, these e-cigarettes have been a successful alternative among teens across the U.S. and the Permian Basin because of its sleek design and its ability to be recharged easily within an hour. However, as of September 1, 2019, all cigarettes and electronic cigarettes are illegal to buy under the age of 21 because of Senate Bill 21 in Texas.

JUULs now make up 68% of the \$2 billion e-cigarette market.<sup>95</sup> As of February 2020, 68 deaths and more than 2,800 cases of serious lung illness related to e-cigarettes have been reported to the CDC.<sup>95</sup> The increased harm of JUULs compared to e-cigarettes is due to the contents of the pods. The e-liquid is 5% nicotine by volume, which is more than twice the concentration of nicotine in similar devices like the Blu e-cig cartridge (2.4% nicotine) and can increase the risk of addiction.

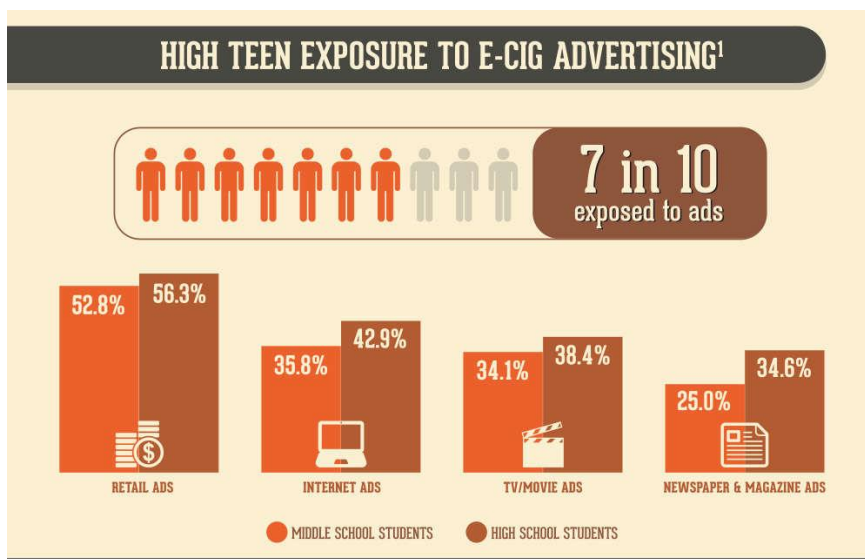
Since teens use multiple pods in one sitting, they can unknowingly become exposed to unsafe levels of nicotine that can have immediate and long-term health consequences. The amount of nicotine in one JUUL pod is equivalent to a pack of cigarettes.<sup>95</sup> In 2016, the Food and Drug Administration (FDA) was given the authority to regulate e-cigarettes. These e-cigarettes remain on the market where underage people have access and continue to perpetuate addiction to

nicotine. Another brand of e-cigarette is called the Puff Bar. In an apparent effort to slow the sales of Electronic Nicotine Delivery Systems (ENDS) to underage people,<sup>94</sup> Puff Bar claims on their website to be tobacco-based but is nicotine free.<sup>96</sup> E-cigarettes is a new trend, but there are new studies out regarding usage among students.<sup>96</sup>

In 2019, the North Carolina Attorney General filed a lawsuit claiming JUUL marketed their products toward children and misled the public about risks associated with these products. This was the first state to file a lawsuit alleging JUUL marketed to children. In June 2021, JUUL Labs settled the lawsuit and will have to pay \$40 million and make changes to its business practices, including not selling any flavored e-cigarette without the consent of the United States Food and Drug Administration.<sup>89</sup> The orders in the lawsuit enforce that “JUUL must abandon all marketing strategies and content that appeals to young people.” Also, the conclusion of the suit states “JUUL will be prohibited from influencer advertising, outdoor advertising near schools, sponsoring sporting events and concerts, and most social media advertising”. Also, a part of the suit states, “JUUL cannot use anyone under the age of 35 in their advertising and cannot make claims that their e-cigarettes are safer or better for your health than combustible cigarettes.”<sup>89</sup>

The ruling granted \$40 million to the state of North Carolina, which will be used for proven programs for children that are addicted to e-cigarettes quit. The consent order also requires JUUL to develop a barcode age-verification system where products are sold. They will also institute compliance checks by sending in 1,000 mystery shoppers per year to ensure stores are following these sales restrictions.<sup>89</sup> For online sales, the order also restricts sales to an individual to two e-cigarettes per month, 10 per year, and no more than 60 pods per month.<sup>89</sup>

Teenagers have access to advertising through commercials on TV, computer pop-ups, and advertising in magazines that expose them to e-cigarettes. Surveys show that 70% of students (See Figure 44) are exposed to some type of e-cigarette advertising. Of students surveyed, 42.9% of high school students and 35.8% of middle schoolers are exposed to internet ads.



While 38.4% of high school students and 34.1% of middle school students claim they are exposed to ads showing e-cigarettes while watching TV or viewing commercials at the movie theater.<sup>88</sup> More teens are exposed to retail than any other advertising, 56.3% of high schoolers and 52.8% of middle schoolers view e-cigarette commercials.<sup>88</sup>

Figure 44. TEEN EXPOSURE TO E-CIGARETTE ADVERTISING<sup>88</sup>

Source: National Institute on Drug Abuse<sup>88</sup>



Barrington-Trimis et al. found that e-cigarette users had over 6 times the odds of beginning cigarettes later in life as compared to non-e-cigarette users.<sup>98</sup> NIDA reports that over 30% of e-cigarette users began smoking within 6 months of using an e-cigarette while only 8% of non-users began smoking (See Figure 45).<sup>99</sup> Over 25% of e-cigarette users start smoking within 12 months, while just over 9% of non-users start smoking cigarettes. Nearly one fifth of 12<sup>th</sup> grade students across the U.S. reported using e-cigarettes in the past month.<sup>99</sup> Teens will not always know what is in their e-cigarettes. Figure 45 shows

that two-thirds of teens believe only flavoring is in their e-cigarette. But only 13% of students

know that their e-cigarettes contain nicotine.<sup>99</sup> It is possible the e-cigarettes will have no nicotine as some brands claim to be nicotine-free. Nearly 6% of students believe their e-cigarettes contain marijuana, which is also possible.<sup>99</sup> Students looking for tutorials on how to use marijuana in e-cigarettes will find online forums and threads on how to use the liquid in their e-cigarette. Schools note that students can and do get high in class simply by vaping liquid marijuana from their flash-drive looking vaping devices.

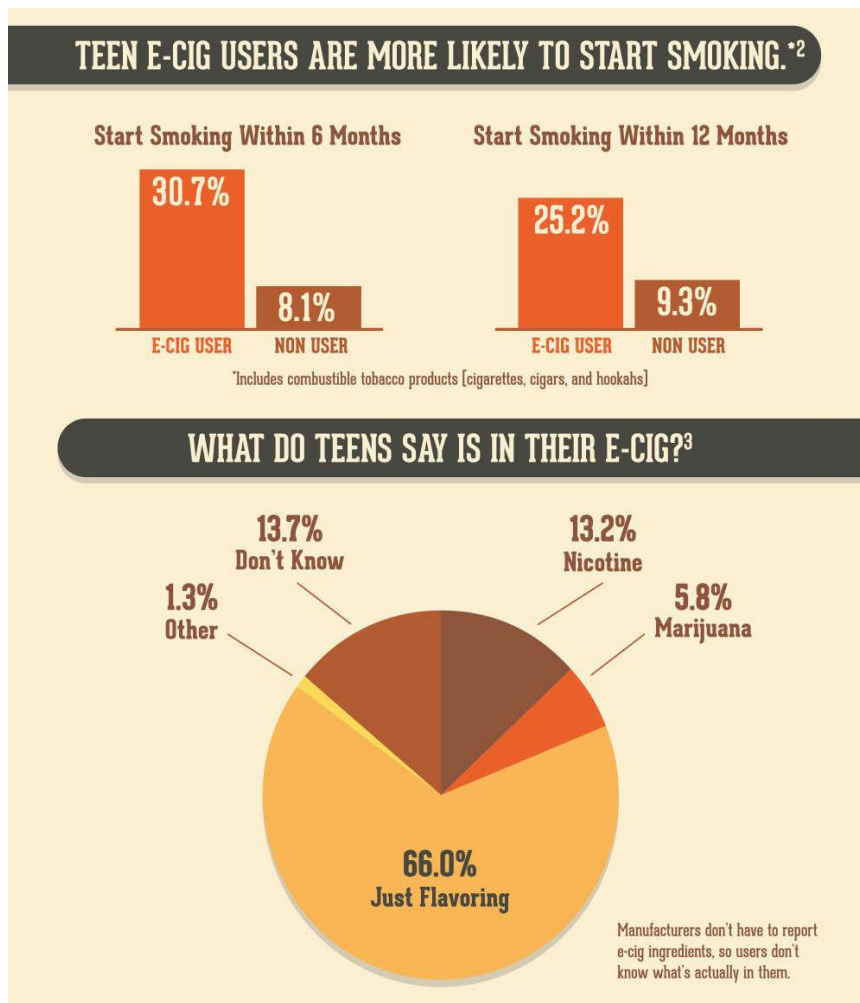


Figure 45. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS

Source: National Institute on Drug Abuse<sup>99</sup>

## Smoking and COVID-19 Emerging Trends

During the COVID-19 pandemic, questions have been asked whether smokers are more susceptible of contracting the virus than nonsmokers. Smokers are more likely to share cigarettes and touch their nose and faces than non-smokers. Smokers may already have lung problems, and because COVID-19 attacks the lungs the probability of more severe symptoms and possibly death will rise. If lungs are already damaged, they are not able to provide oxygen or use oxygen like healthy lungs could provide. Smoking and vaping can also lower a person's immunity to respiratory infections. One study found that e-cigarettes suppress immune cells in the nose, but also destroys the cilia in the lungs. Cilia are tiny, hair-like structures that trap viruses and debris and sweep them out of the airway. When damaged, cilia is less capable in preventing the virus from settling into the lungs.<sup>100</sup> Damage to the cilia in the lungs can make it harder to clear out mucus.<sup>100</sup> A Chinese study of those who had COVID-19 and were hospitalized with pneumonia found that the odds of the disease could get worse were also 14 times higher in those who smoke or had a history of smoking.<sup>100</sup> People that vape, no matter what is in the liquid, are more likely to have a compromised immunity just as cigarette smokers are compromised.<sup>100</sup> Vapers, for the same reasons as smokers, are likely to get the coronavirus because of lower immunity and touching their faces more. Research also suggests that the aerosols from e-cigarettes irritate and hurt lung cells and makes it much more difficult to fight infection.<sup>100</sup>

So how can smokers lower their Coronavirus risk? Quit smoking and vaping if it is possible. Experts are not sure if former smokers or vapers are more likely to get COVID-19 than those who never smoked.<sup>100</sup> However, former smokers or vapers can possibly have a lower risk of complications from COVID-19 than current users. Because the lungs heal after people quit smoking, they report less coughing and shortness of breath within a few weeks to months of quitting. Cilia begins to regrow and heal quickly, and the probability of fighting respiratory infection grows as the cilia heals.<sup>100</sup>

Help for those who want to quit smoking or vaping is connected to the National Cancer Institute and the number to call is 800-QUIT-NOW.<sup>100</sup>

Public health officials also say the way to cut the risk of catching COVID-19 is to: stay away from others who may have been exposed to the virus, wash your hands at least 20 seconds and often.<sup>100</sup> Try not to touch your nose, mouth and eyes and disinfect surfaces in your home that get touched a lot.<sup>100</sup>

An emerging trend surfaced after COVID-19 affected our daily lives, and it is the way mental health professionals managed clients and their needs while on lockdown or quarantine. Mental Healthcare workers maintained service levels by adjusting to remote technology. Video access went up 98%, phone calls up 391%, while face to face was down 72%.<sup>132</sup> As of March 2021, Texas Health and Human Services provided a COVID Mental Health Support Line for Texans experiencing anxiety, stress or emotional challenges 24/7.<sup>132</sup> They have answered over 12,400 calls, talked with Texans from 198 counties and hosted virtual support groups for frontline healthcare workers.<sup>132</sup> From May 2020 through June 2021, FEMA extended financial support to Local Behavioral Health and Mental Health Authorities which provided 21,818 individual counseling, 35,599 Group and Public Education, and helped reach over 2 million people through media, education and emails.<sup>132</sup>

## Consequences

In assessing environmental risk factors, one may face certain consequences due to the amount of risk accumulated. Consequences may include mortality, legal consequences, hospitalizations, economic impacts, and more. Each realm of consequences listed in the following section could affect the community, school, family, and individual sectors.

## Overview

To sell alcohol or tobacco in the state of Texas, an application must be approved and then distributed to businesses allowing them to sell to the consumer. Businesses must comply with rules and conditions to ensure they follow laws of distribution. The businesses must be observant and check identification cards, so they do not sell tobacco or alcohol to minors. Businesses could lose their license and thus affect their company stability. Consequences come in a variety of forms, such as: overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking, and drug use, cost of treatment, as well as low employment and college admissions. These consequences are felt by the community at-large and are relevant because they, in turn, are a way of reporting the risk factor present in a community.

Table 39. Region 9 Alcohol Permit rate Per 100,000 people, 2021

County	Alcohol Permit (per 100,000)	County	Alcohol Permit (per 100,000)
<b>Texas</b>	<b>205.3</b>	Mason	256.4
Andrews	103.0	McCulloch	264.4
Borden	--	Menard	503.4
Coke	156.0	Midland	193.3
Concho	337.4	Pecos	355.5
Crane	186.5	Reagan	300.5
Crockett	343.9	Reeves	414.3
Dawson	154.8	Schleicher	180.5
Ector	211.3	Sterling	238.7
Gaines	101.6	Sutton	522
Glasscock	217.4	Terrell	189.2
Howard	195.5	Tom Green	197.2
Irion	397.6	Upton	394.5
Kimble	626.6	Ward	278.9
Loving	2,150.5	Winkler	355.3
Martin	64.6		

Source: Texas Alcoholic Beverage Commission<sup>101</sup>

## Alcohol and Tobacco Permits

In 2020, the average alcohol permits approved in the state of Texas was 200.9 per 100,000 people.<sup>101</sup> In comparison to Region 9, the highest number of alcohol permits per 100,000 people was Loving County with 2,173.9 alcohol permits (See Table 39 on previous page).<sup>101</sup> Martin County had the lowest alcohol permit rate per 100,000 at 49.6.<sup>101</sup> The total number of alcohol permits distributed in the state of Texas was 59,630.<sup>101</sup> In Region 9, the total number of permits distributed was 1,100 in 2020.<sup>101</sup> Ector County had the highest number of alcohol permits at 387, Midland was a close second at 355, and Tom Green had 246.<sup>101</sup> Borden did not have sufficient data, and Loving County had 2 permits approved.<sup>101</sup>

Tobacco permits completed in the state of Texas totaled 30,937 in 2020. For Region 9, the total tobacco permits distributed was 854.<sup>102</sup> The largest counties in Region 9 had the most permits distributed; Ector had 209, Midland was at 179 and Tom Green County 117 tobacco permits.<sup>102</sup> However, the highest number of tobacco permits distributed per 100,000 people was Loving County at 4,347.8 permits.<sup>102</sup> The lowest rate of tobacco permits came from Andrews County at 76.3 permits per 100,000 people (See Table 40).<sup>102</sup>

Table 40. Region 9 Tobacco Permit rate per 100,000, 2020

County	Tobacco Permit per (100,000)	County	Tobacco Permit (per 100,000)
<b>Texas</b>	<b>104.2</b>	Mason	153.9
Andrews	76.3	McCulloch	138.6
Borden	292.0	Menard	274.2
Coke	186.6	Midland	95.5
Concho	217.0	Pecos	199.6
Crane	145.0	Reagan	165.6
Crockett	222.8	Reeves	222.8
Dawson	117.7	Schleicher	151.0
Ector	113.1	Sterling	319.5
Gaines	99.5	Sutton	342.4
Glasscock	219.8	Terrell	189.8
Howard	123.7	Tom Green	94.9
Irion	331.6	Upton	226.0
Kimble	437.4	Ward	147.1
Loving	4,347.8	Winkler	182.9
Martin	99.3		

Source: Texas.Gov<sup>102</sup>

## Alcohol and Tobacco Sales to Minors

Data for tobacco sales to minors is gathered by Health and Human Services and according to their website, Region 9 counties had no sales.<sup>104</sup> However, the state of Texas totaled 292 tobacco sales to minors.<sup>104</sup>

Alcohol sales to minors were broken down by county in Region 9, and out of 30 these are the counties identified: Midland county had one sale to minors in 2020, Tom Green County had three.<sup>103</sup> To compare, in 2019, 12 counties totaled 29 sales to minors. The state of Texas had 914 in 2019. However, the state of Texas saw 217 alcohol sales to minors in 2020.<sup>103</sup>

## Mortality

Fatality is the most extreme example of substance use consequences but is not uncommon. Alcohol and other drugs can kill people in a variety of ways, either directly or indirectly, and the magnitude of this consequence is inconceivable. However, it is important to report that data can be attributed to substance use. Thus, the following section expresses substance use-related mortality rates in Region 9.

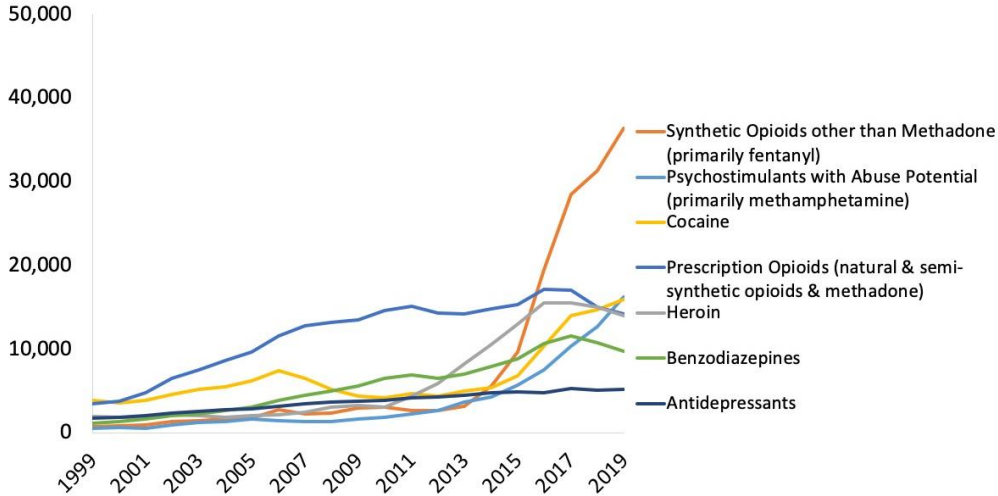
Area	Overdose Death Crude Rate per 100K
<b>Texas</b>	<b>19.4</b>
Andrews County	11.4
Dawson County	18.0
Ector County	23.8
Gaines County	11.1
Howard County	22.3
McCulloch County	13.5
Midland County	17.9
Pecos County	15.5
Reeves County	24.8
Tom Green County	18.9
Ward County	22.6
Winkler County	21.5

Source: CDC Wonder<sup>105</sup>

## Overdose Deaths

Overdose death is a directly related fatality due to alcohol and/or drugs. Table 41 on the previous page shows the overdose death crude rate, or the number of people per 100,000 population that died directly from overdosing on alcohol or drugs from 1999-2018.<sup>105</sup> Only 23 counties in Region 9 had data for the overdose death crude rate, as the remaining counties did not have sufficient data to report on this factor from 1999-2018. The county with the highest overdose death rate from 1999-2018 was Reeves County (county seat of Pecos, TX) at 24.8 overdose deaths per 100,000 population.<sup>105</sup> This declined from the 1999-2017 crude rate which was at 25.6 overdose deaths per 100,000 population. In comparison, Reeves County's overdose death crude rate was 28% higher than the Texas overdose death rate from 1999-2018.<sup>105</sup> Following Reeves County, Ector County had an overdose death crude rate of 23.8 and Ward County at 22.6 per 100,000 overdose deaths.<sup>105</sup>

The Centers for Disease Control and Prevention gathered statistics from 1999-2019 on the drug overdose deaths involving prescription and illicit drugs. Trends show that synthetic opioids other than methadone (specifically fentanyl) are the leading cause of overdose deaths in the U.S. as of 2019. There were a reported 70,630 drug overdose deaths in 2019 which rose from the previous year. Deaths involving other synthetic opioids other than methadone (primarily fentanyl) continued to rise with more than 36,359 overdose deaths reported in 2019.<sup>81</sup> Followed by prescription opioids, cocaine, psychostimulants with abuse potential (including methamphetamine), benzodiazepines, antidepressants (See Figure 46)<sup>81</sup>. Also notable is that alcohol was not included in Figure 46 because alcohol is added to Table 42 on the next page.



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

**FIGURE 46. NATIONAL DRUG-INVOLVED OVERDOSE DEATHS AMONG ALL AGES, 1999-2019**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database released December 2020.

## Drug and Alcohol-Related Deaths

The Centers for Disease Control and Prevention presents data regarding alcohol-induced deaths include deaths from dependent and nondependent use of alcohol.<sup>105</sup> Deaths from accidental poisoning by alcohol, excluding unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome are included.<sup>105</sup> Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning (drug overdose) and deaths from medical conditions resulting from chronic drug use, such as drug-induced overdose. Drug-induced deaths are separated from alcohol-induced deaths to represent the magnitude of each. Crude rates are represented in number of deaths per 100,000 population and are not adjusted for age or any other factors, therefore, the *crude* rate.<sup>105</sup>

The alcohol-induced death crude rate for Texas from 1999-2019 was 9.3 deaths per 100,000 which is .2 higher than the previous year.<sup>105</sup> Eight counties out of 30 in Region 9 had sufficient data to report on this variable, (See Table 42).<sup>105</sup> Ward County had the highest alcohol-induced death crude rate from 1999-2019 in Region 9 of 12.2 deaths per 100,000.<sup>105</sup> The second and third counties with the highest alcohol-induced death crude rate were Ector County (11.1) and Howard County (10.9) replacing Reeves County for the third spot.<sup>105</sup>

Area	Crude Rate per 100K
<b>Texas</b>	<b>9.3</b>
Dawson County	10.0
Ector County	11.1
Howard County	10.9
Midland County	9.4
Pecos County	8.7
Reeves County	10.7
Tom Green County	7.6
Ward County	12.2

Source: CDC Wonder<sup>105</sup>



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

The drug-induced death crude rate of Texas from 1999-2019 was 10.3 (see Table 43)<sup>105</sup> Winkler County had the highest drug-induced death crude rate in Region 9 from 1999-2018 at 15.1 drug-induced deaths per 100,000.<sup>105</sup> Winkler County deaths between 1999-2019 were 38% higher than the state of Texas (10.3).<sup>105</sup> The second and third highest drug-induced death crude rate in Region 9 were Reeves County (14.5) and Ector County (13.0) consecutively.<sup>105</sup>

Area	Crude Rate per 100K
<b>Texas</b>	<b>10.3</b>
Andrews County	7.6
Dawson County	9.0
Ector County	13.0
Gaines County	6.9
Howard County	12.0
Midland County	8.5
Reeves County	14.5
Tom Green County	11.3
Ward County	10.0
Winkler County	15.1

Source: CDC Wonder<sup>105</sup>

### Alcohol-Impaired Driving Deaths

The oilfield boom typically brings more vehicles to the Permian Basin, and with more traffic comes an increase in accidents. With accidents there will be deaths. County Health Rankings data shows deaths that occurred from alcohol-impaired driving (See Table 44 on the next page).<sup>106</sup> In Region 9, between 2015 and 2019, the county with the highest number of alcohol-impaired deaths was Ector (87).<sup>106</sup> Second was Midland County with 70 deaths from alcohol-impaired driving, and 17 deaths in Tom Green County. Counties with no deaths from alcohol impaired driving were Borden, Dawson, Irion, Menard, and Schleicher.<sup>106</sup>



County	Alcohol Impaired Deaths	County	Alcohol Impaired Deaths
Andrews	16	McCulloch	2
Borden	0	Menard	0
Coke	1	Midland	70
Concho	1	Pecos	10
Crane	2	Reagan	3
Crockett	2	Reeves	15
Dawson	0	Schleicher	0
Ector	87	Sterling	2
Gaines	5	Sutton	1
Glasscock	2	Terrell	1
Howard	9	Tom Green	17
Irion	0	Upton	3
Kimble	1	Ward	13
Loving	6	Winkler	9
Martin	6		

Source: County Health Rankings<sup>106</sup>

## Drug and Alcohol-Related Crashes

Overdose deaths are a widespread problem in the U.S., however, there are other deaths that are taken out on the road. These deaths are caused by vehicle crashes that were identified as Driving Under the Influence (DUI). Region 9 reported 920 crashes identified as a DUI accident (see Table 45 on the next page) for 2020 which was a 13% decrease from the year before.<sup>107</sup> The 920 crashes in 2020 equates to 2.5 DUI accidents every day. In 2020, the most DUI crashes for Region 9 were in Ector County (298).<sup>107</sup> The counties that posted the second and third highest DUI crashes were Midland County (256) and Tom Green County (133).<sup>107</sup> Ector and Midland counties posted less DUI crashes than the previous year. However, Tom Green County saw 33 more DUI crashes than 2019. Eight counties in Region 9 saw a rise in DUI crashes from 2019-2020.<sup>107</sup> There was a 9.5% decrease in DUI crashes from 2015-2017 in Region 9, but from 2017-2019 saw an increase of 30% in DUI crashes. Of the 920 DUI crashes recorded in Region 9, there were 41 deaths in 2020. This was a 33% decrease from 2019, where Region 9 had 60 fatalities resulting from DUI crashes.<sup>107</sup> In 2018, Region 9 stats showed 108 serious injuries due to DUI accidents, while 2019 had 122 people with serious injuries caused from DUI accidents and in 2020 that number increased to 142 people with serious injuries caused from DUI accidents. Non-serious injuries in 2018 numbered at 244, while in 2019, there were 287 non-serious injuries due to DUI accidents and in 2020 there were 211 non-serious injuries due to DUI accidents.<sup>107</sup>

Table 45. Region 9 DUI Crashes, 2018-2020

County	2018	2019	2020
<b>REGION 9</b>	<b>962</b>	<b>1,053</b>	<b>920</b>
Andrews	11	24	18
Borden	0	2	0
Coke	2	4	3
Concho	4	4	5
Crane	4	7	9
Crockett	4	9	8
Dawson	7	8	13
Ector	341	386	298
Gaines	16	16	26
Glasscock	2	0	1
Howard	50	37	38
Irion	0	1	0
Kimble	13	7	7
Loving	3	3	0
Martin	10	15	15
Mason	2	3	3
McCulloch	6	5	3
Menard	2	5	2
Midland	254	273	256
Pecos	15	19	13
Reagan	5	9	2
Reeves	39	46	22
Schleicher	2	2	0
Sterling	8	4	1
Sutton	8	15	15
Terrell	0	0	1
Tom Green	99	100	133
Upton	5	3	1
Ward	29	33	11
Winkler	21	13	16

Source: Texas Department of Transportation<sup>107</sup>

## Legal Consequences

Behaviors can lead to positive consequences and can also have negative consequences. Those people that use drugs or consume alcohol will likely have consequences from their use. In the next sections, the following information will include the latest information on arrests for drug and alcohol violations. Also included will be statistics on substance use as well as criminal court cases for Region 9.

### Driving Under the Influence

Arrests that are alcohol related made by local law enforcement and the Federal Bureau of Investigation (FBI) will be coded and categorized based on the offense. The charges can range from liquor law violations, public drunkenness and Driving Under the Influence (DUI).<sup>108</sup> The FBI defines a DUI as “driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic.”<sup>109</sup> Liquor law violations consist of “the violation of state or local laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages, not including driving under the influence and drunkenness. Federal violations are excluded.”<sup>109</sup> Drunkenness violations are “to drink alcoholic beverages to the extent that one’s mental faculties and physical coordination are substantially impaired. Driving under the influence is excluded.”<sup>109</sup>

According to the Texas Department of Public Safety, Ector County had the highest number of DUI arrests at 909 in Region 9 (See Table 46).<sup>108</sup> The second highest county for DUI arrests was Midland County at 351, while Tom Green was third at 244.<sup>108</sup> Ector County had 61% more arrests than Midland County which is a significant difference between two counties separated by 23 miles.

Arrests for DUI does not necessarily mean the person was convicted for that offense but could have pled to a lesser charge or the charge was dismissed. In the next section, incarcerations for Driving While Intoxicated (DWI) and drug offenses will be discussed.

**Table 46. Reg. 9 Driving Under Influence Arrests, 2019**

County	Arrests for DUI	County	Arrests for DUI
<b>Region 9</b>	2,024	<b>Mason</b>	11
<b>Andrews</b>	94	<b>McCulloch</b>	3
<b>Borden</b>	3	<b>Menard</b>	10
<b>Coke</b>	7	<b>Midland</b>	351
<b>Concho</b>	0	<b>Pecos</b>	19
<b>Crane</b>	26	<b>Reagan</b>	8
<b>Crockett</b>	0	<b>Reeves</b>	65
<b>Dawson</b>	27	<b>Schleicher</b>	1
<b>Ector</b>	909	<b>Sterling</b>	17
<b>Gaines</b>	60	<b>Sutton</b>	17
<b>Glasscock</b>	0	<b>Terrell</b>	0
<b>Howard</b>	56	<b>Tom Green</b>	244
<b>Irion</b>	1	<b>Upton</b>	32
<b>Kimble</b>	8	<b>Ward</b>	22
<b>Loving</b>	0	<b>Winkler</b>	30
<b>Martin</b>	3		

Source: Texas Department of Public Safety<sup>108</sup>

## Substance Use Criminal Charges

The average number of people incarcerated for Driving While Intoxicated (DWI) and drug offenses (including delivery and possession charges) in Region 9 in 2020, at “any one time” is shown in Table 47 on the next page. As of June 2021, the number of people incarcerated in Texas Department of Criminal Justice represents the average number of incarcerations at any one time throughout the year.<sup>110</sup> Region 9 had a total of 210 people with DWI incarcerations and 756 drug incarcerations in 2020. The county with the most DWI/Drug Incarcerations in Region 9 was Tom Green County with 43 DWI and 253 drug incarcerations.<sup>110</sup> Second and third counties with most incarcerations were Ector County with 59 DWI and 192 drug incarcerations, and Midland County with 49 DWI and 133 drug incarcerations respectively.<sup>110</sup> In Texas, the total of incarcerated persons for drug offense is 17,305, and for DWI is 3,956. Of those incarcerated in Texas prisons with DWI offense, 5% are from Region 9. Those incarcerated with a drug offense, 4% of them are from Region 9.

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 47. Region 9 "Any One Time" Incarcerations for DWI and Drug Offenses, 2020								
County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
<b>Region 9</b>	<b>210</b>	<b>756</b>	Howard	10	34	Reeves	3	11
Andrews	5	7	Irion	0	1	Schleicher	0	2
Borden	0	0	Kimble	3	9	Sterling	0	1
Coke	1	0	Loving	0	1	Sutton	1	6
Concho	2	2	McCulloch	3	11	Terrell	0	0
Crane	1	2	Martin	1	2	Tom Green	43	253
Crockett	1	4	Mason	0	1	Upton	2	5
Dawson	8	23	Menard	0	4	Ward	3	20
Ector	59	192	Midland	49	133	Winkler	2	4
Gaines	8	14	Pecos	4	6			
Glasscock	0	1	Reagan	1	7			

June\*: On hand population at TDCJ for DWI and drug offenses on June 27, 2021.

Source: Texas Department of Criminal Justice<sup>110</sup>

## Direct Costs

The average cost paid to resolve a DWI first time offense case was \$6,500, with an average of \$4,400 in lost wages. The numerous items that are included in the cost of defending a DWI offense are as follows:<sup>111</sup> Attorney’s fees and expenses can average out to \$1,900, which was a public defender fee, not an attorney retained by the defendant.<sup>111</sup> Also, court-ordered fines which averaged out to \$1,100, and increases in car insurance. An average of \$800 per year increase was noted for car insurance premiums.<sup>111</sup> As a condition of court orders, traffic school



may be imposed and could cost around \$360 on average.<sup>111</sup> Department of Public Safety charges \$100 to reinstate a license if their driver’s license is suspended.<sup>112</sup> Ignition interlock devices may be installed on vehicles and the defendant must pay on average \$170 for installation and maintenance of the device.<sup>111</sup> Towing and storage of the vehicle can occur if a sober person cannot safely operate the vehicle after arrest. Average cost of towing can be around \$170.<sup>111</sup> Once the defendant speaks with a judge, bond is set and on average will have to pay \$150 to bail out of jail.<sup>111</sup>

Figure 47. Texas DWI Fines Breakdown  
Source: Law Office of Brent de la Paz<sup>114</sup>

For a defendant with their first DWI in Texas can pay a minimum of \$12,000 (See Figure 47).<sup>114</sup> The conviction costs for two or more DWI’s increase accordingly. According to the Texas Department of Transportation, if a person arrested for suspicion of driving under the influence has a child passenger, steeper penalties could be administered. Charges could stack up quickly and become very expensive if driving drunk with a child under the age of fifteen. This could include a fine up to \$10,000, a charge of Endangering a Child, sentencing up to two years in prison, and an additional 180 days added to license suspension.<sup>113</sup>

There are also laws regarding open containers while in a motor vehicle. These include a definition of what an open container is: “A bottle, can or a receptacle that contains any amount of alcoholic beverage that is open, has been opened, that has a broken seal or the contents of which are partially removed”.<sup>113</sup> Also, a “passenger area of a motor vehicle” is defined as the area designed for the seating of the operator and the passengers, but does not include a locked glovebox, the trunk or the area behind an upright seat. The person commits an offense if they knowingly possess an open container in a passenger area on a public highway, regardless of the vehicle is being operated, stopped, or is parked. Possession by a person of one or more open containers in a single criminal episode is considered a single offense.<sup>113</sup>

It is more difficult to put an average cost estimate on drug offenses because of the variables involved. As an example, sentencing can vary on charges that are similar such as drug

possession vs. intent to distribute. Fines can range from less than \$100 and/or a few days in jail to thousands of dollars and several years in prison for the same offense.<sup>115</sup> Different factors such as the type of drug, quantity of drug, how the drug was stored, possession of drug paraphernalia, and past convictions of the offender can affect sentencing.<sup>116</sup> The highest penalty given in Texas for drug possession is life or 99 years in prison and/or fine of up to \$250,000.<sup>116</sup>

## **Courses for Alcohol, DWI and Drug Education**

There are different reasons why individuals would require classes on alcohol, drugs, or DWI education. An individual may be court-ordered to attend classes for probation or parole requirements. For Region 9 there are different resources that provide alcohol education programs for minors, drug offender education programs, DWI education and/or intervention programs. According to Texas Department of Licensing and Regulation, an individual can search for courses by zip code, city, county, or provider.<sup>118</sup> A DWI Education Course is 12 hours in length and designed to help DWI offenders increase their knowledge about alcohol and drugs as substances relate to driving skills, identify individual drinking/drug use and driving patterns and assist them in developing plans which will reduce the probability of future DWI behavior.<sup>118</sup> DWI Intervention is a 32 hour program designed for multiple DWI offenders. The purpose is to intervene in alcohol/drug abusing lifestyles of the offenders to encourage entry into treatment.<sup>118</sup> Alcohol Education for Minors is a 6-hour course designed to help participants increase their knowledge about alcohol and drugs among young people.<sup>118</sup> For Region 9, the highest populated counties with more options for individuals requiring treatment. For Ector County there are two DWI Education Programs, and three DWI Intervention Programs to choose from.<sup>118</sup> There are now two Alcohol Education Program for Minors available in Ector County, up one from the previous year.<sup>118</sup> There are four Drug Offender Education Programs within Ector County.<sup>131</sup> In Midland County there are three DWI Intervention Programs, three DWI Education Programs, and one Alcohol Education Program for Minors.<sup>131</sup> In Midland County, there are now two Drug Offender Education Program.<sup>131</sup> Tom Green County has one Alcohol Education Program for Minors, one DWI Education Program, and one DWI Intervention Program.<sup>131</sup> There is only one Drug Offender Education Program available in Tom Green County.<sup>131</sup>

## **Hospitalization and Treatment**

Drug and alcohol use and dependence can lead to medical and mental issues. People can experience serious side effects or overdoses and need hospitalization. Of those hospitalized, it is only a small portion of the community who are using alcohol or drugs, so it is difficult to get an accurate number of those admitted for specific drug or alcohol issues. Knowing why the patients are admitted to the hospital when they discharge could help determine the needs of the community. Data for hospitalizations regarding substance use has not been available for quite some time. Drug and alcohol issues can also cause behaviors that lead to consequences such as transmission of HIV. Treatment data is available in the upcoming sections.

## **HIV Rates and Transmission**

Alcohol and drug use effects individuals' rational thinking. If a person is in a situation that can lead to negative behaviors such as intravenous drug use or unprotected sex, there are consequences individuals will have to live with and treat for the rest of their lives.<sup>119</sup> The consequences can lead to sexually transmitted disease such as HIV or Human Immunodeficiency Virus.<sup>119</sup> Only certain body fluids such as blood, semen, pre-seminal fluid,

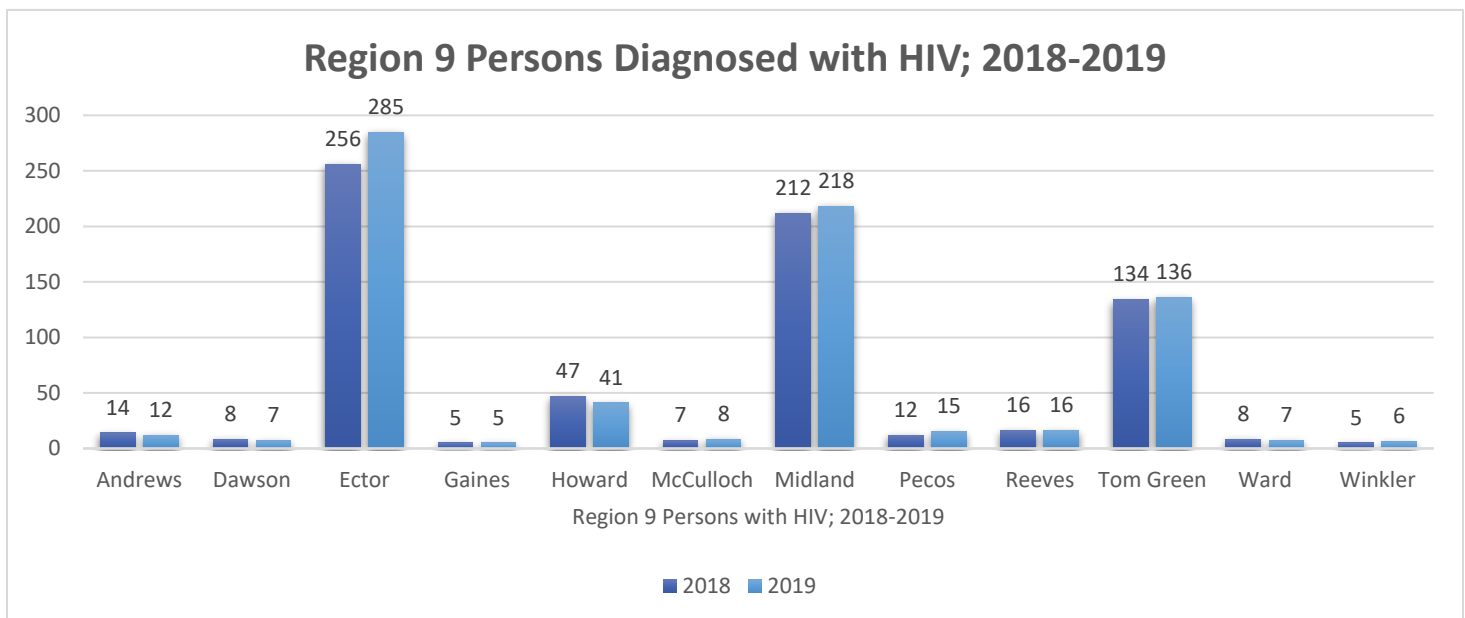


## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

rectal fluids, vaginal fluid and breast milk-from a person who has HIV can transmit HIV.<sup>119</sup> These fluids must come in contact with a mucous membrane or damaged tissue or directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis and mouth.<sup>125</sup> Sharing needles or syringes, rinse water, or other equipment used to prepare drugs for injection with someone who has HIV.<sup>119</sup> HIV can live in a used needle up to 42 days depending on temperature and other factors.<sup>119</sup> HIV attacks the immune system causing the person to be more vulnerable to virus.<sup>119</sup> If untreated, HIV can lead to Acquired Immune Deficiency Syndrome (AIDS) and can be fatal.<sup>119</sup>

In Region 9, there were 12 counties that had new diagnoses and treatment of patients with HIV in 2018 and 2019 (See Figure 48).<sup>120</sup> The county with highest diagnoses in Region 9 in 2018 was Ector County at 256 patients which is .17% of the population in 2018. Ector County was still highest in 2019 with 285 patients. Second was Midland County with 218 people which was .14% of the population, and Tom Green County was third with 136 patients, .12% of the population in 2019.<sup>120</sup> Besides the counties in Region 9 that did not have a person diagnosed with HIV in 2019, the counties with lowest numbers of diagnoses are Gaines and Winkler at five and Dawson and Ward with seven people diagnosed in 2019.<sup>120</sup>

Figure 48. Region 9 Persons with HIV; 2018-2019<sup>120</sup>



Source: Texas Health and Human Services Commission

### Substance Abuse Treatment for Adolescents and Adults

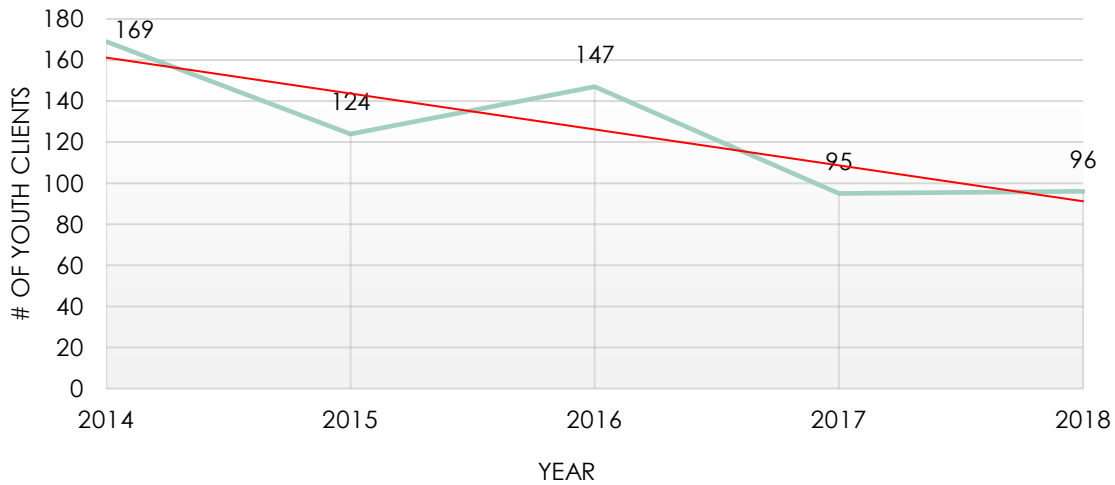
Substance use and mental health conditions must be treated separately and individualized. The combination of these or Co-occurring Psychiatric and Substance use Disorder (COPSD) clients are individuals who have mental health diagnosis as well as a substance use disorder. For those individuals with substance use disorders may seek treatment to help manage their usage. However, they may not believe their substance use is a severe problem and seek out-patient

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

care. These services can help individuals manage their substance use and maintain sobriety without going into a residential treatment facility.

Individuals that have a higher dependence on substances may require a more intense in-patient treatment. Doctors can monitor the individual more closely in a medical facility assisting them to safely get off the substances. When individuals require a detoxification (detox) from substances, professionals must monitor them closely to ensure medical stability. With detox comes residential treatment. Those individuals needing monitoring to ensure medical stability or detox, are admitted into a medical facility, and can last between 72 and 96 hours. Of course, the length of time in detox depends on a few things. Physicians must determine the substances used, how much the patient had taken and for how long. This will help the medical personnel monitor the person throughout the detox process and discharge them once they are medically stable. At the end of the detox period, the patient could possibly be admitted to a residential facility for further substance treatment. After Access to inpatient treatment, patients will have professional counselors specializing in substance use and can teach the individuals coping skills to find sobriety and stay substance free.

Figure 49. Region 9 Youth Substance Use Treatment, 2014-2018



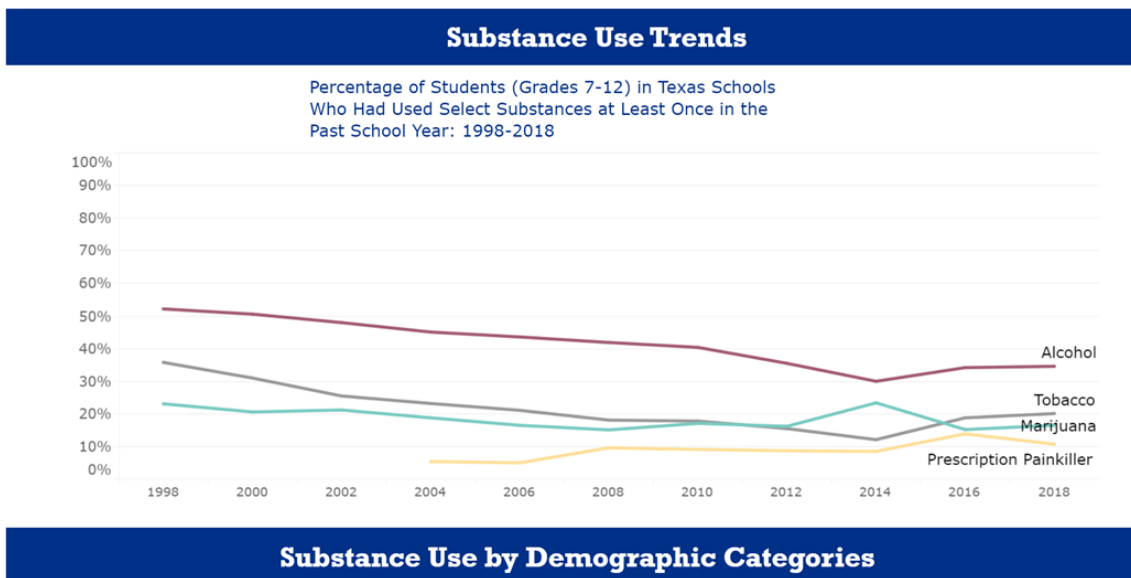
Source: Substance Abuse and Mental Health Services Administration<sup>117</sup>



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Treatment for substance use in youth has seen a decline in Region 9 since 2014 (see Figure 49 on previous page).<sup>117</sup> Age range for youth receiving substance treatment were between 13 and 17. The highest number of youths receiving treatment in Region 9 was 169 youth in 2014. In 2015 the region saw a drop to 124 youth but rose again in 2016 to 147.<sup>117</sup> But from 2016, there was a decline to 95 youth in 2017 and 96 in 2018.<sup>117</sup> The red trendline shows how the numbers of youth receiving substance use treatment dropped from 2014 to 2018. Other details to consider when reviewing this data are the number of treatment centers/providers youth have access to as well as the barriers affecting youth that need treatment but cannot receive it.

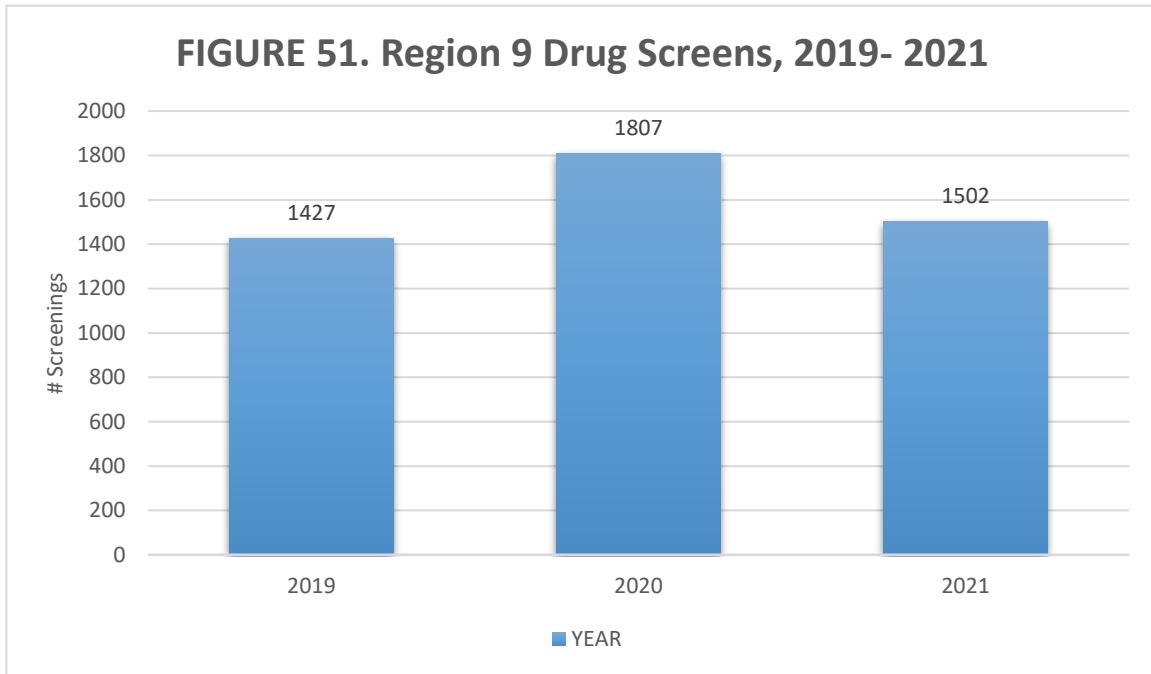
Between the years of 1998 and 2018, alcohol was the most used substance, (See Figure 50).<sup>150</sup> In 2016, 34% of students used alcohol at least once, while in 2018, 34.4% said they used alcohol at least once. From 2016 to 2018, tobacco use, and marijuana use through the school year increased, but Prescription Painkiller use declined in 2018.<sup>150</sup>



**Figure 50. Substance Use Trends, Grades 7-12; 1998-2018**

Source: Texas Health and Human Services Commission<sup>150</sup>

OSAR or Outreach, Screening, Assessment, and Referral centers are held at local mental health authorities (LMHAs) and perform screenings for individuals seeking substance use treatment services. The LMHA and the OSAR Center for Region 9 is PermianCare.<sup>121</sup> From Fiscal Year 2019 to 2020, there was a 21% increase in Region 9 drug screenings performed through OSAR in 2020 but saw a 17% decrease from 2020 to 2021. (See Figure 51 on the next page).<sup>121</sup> In FY 2021 there were 1,502 drug screens administered through July 28, 2021. Director of Turning Point in Odessa, Carmen Harris, stated that their facility administers 150 to 175 drug screens each month. With a month left on FY2021, the drug screen estimate will be less than FY2020 showed at 1,807 drug screens.



Source: OSAR PermianCare Turning Point, 2021<sup>121</sup>

## Mental Health and Substance Treatment for Adolescents and Adults

Adolescents and adults that receive treatment for substance use disorders may also have a need for mental health treatment. Region 9 clients are identified as Behavioral Mental Health clients or Substance Use Disorder (SUD) client.<sup>117</sup> The Table 48 on the next page shows Medicaid approved clients aged 12 and older in 2016 that were receiving services for mental health services and/or being treated for Substance Use Disorder.<sup>122</sup> Loving County in Region 9 did not show anyone over the age of 12 receiving treatment. The largest counties in Region 9, Midland, Ector, and Tom Green counties, of course, had the higher numbers of Medicaid recipients receiving treatment.<sup>122</sup> The numbers may overlap as some clients receiving mental health treatment could also be receiving Substance Use Disorder treatment as well.<sup>122</sup> Tom Green County accounted for 2,402 people receiving Behavioral Mental Health Care and 81 receiving treatment for Substance Use Disorder. Midland was second highest with total of 1,993 clients receiving mental health care, 85 treated for SUD, while Ector County had 1,747 clients being treated for mental health care, and 76 patients for SUD.<sup>122</sup> It should be noted that the numbers are clients that receive Medicaid, this does not account for clients with private insurance or receiving treatment on a sliding fee scale from treatment centers.<sup>122</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Region 9 County	Total Male	Total Female	BHMH Male	BHMH Female	SUD Male	SUD Female
Andrews	162	73	159	71	3	2
Borden	3	0	3	0	0	0
Coke	55	17	54	17	1	0
Concho	50	23	48	23	2	0
Crane	48	23	48	23	0	0
Crockett	37	9	36	9	1	0
Dawson	187	52	182	52	5	0
Ector	1,325	498	1,271	476	54	22
Gaines	133	53	132	53	1	0
Glasscock	2	3	2	3	0	0
Howard	435	170	422	168	13	2
Irion	8	6	8	5	0	1
Kimble	63	20	62	20	1	0
Loving	0	0	0	0	0	0
Martin	50	11	49	11	1	0
Mason	22	11	21	11	1	0
McCulloch	147	68	142	66	5	2
Menard	34	3	32	3	2	0
Midland	1,508	570	1,438	555	70	15
Pecos	149	35	146	34	3	1
Reagan	19	4	17	4	2	0
Reeves	155	48	151	48	4	0
Schleicher	35	8	34	8	1	0
Sterling	17	6	17	6	0	0
Sutton	22	16	21	16	1	0
Terrell	13	6	13	6	0	0
Tom Green	1,761	722	1,700	702	61	20
Upton	38	7	38	7	0	0
Ward	157	45	154	45	3	0
Winkler	73	35	71	33	2	2

TABLE 48. Region 9 Texas Medicaid Clients with Behavior/Mental Health or Substance Use Disorder, 2020

Source: Texas Health and Human Services<sup>122</sup>

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) offers the *Daddy & Me* program designed to help new and current fathers overcome parental-related challenges. PBRCADA also offers the *Mommy & Me* program for mothers of child-bearing age who are pregnant or who have recently given birth and are at-risk for drug use and/or have a drug dependence.

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Turning Point in Odessa, a program associated with PermianCare, is a residential treatment setting that has 42 beds. PermianCare, previously Permian Basin Community Centers, 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. Additionally, the *Top Rank Youth* program provides outpatient substance abuse treatment for teenagers who do not require a residential treatment setting. PermianCare also offers the COPSD program for dual diagnosis clients, as well as Outreach, Screening, Assessment, and Referral (OSAR) to patients in need of such services.

The Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) offers outpatient treatment that consists of a six-month program. ADACCV also has William's House and Sara's House. 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. ADACCV is also building a new facility, the Journey Recovery Center. The new 20,000+ square foot facility will allow ADACCV to consolidate its residential treatment services to one location and double its residential treatment capacity by providing 30 male treatment beds and 18 female treatment beds. ADACCV will also add residential detoxification services that can accommodate up to 12 clients.

River Crest Hospital in San Angelo offers both mental health and substance abuse treatment. River Crest has an 80-bed facility which includes patients with mental illness as well as individuals going through substance abuse treatment. River Crest is one of few agencies that takes Tri-Care, or common military insurance.

Members of the military that are seeking substance abuse treatment can either go to the West Texas Veterans Affairs (VA) Healthcare System in Big Spring, TX and receive residential treatment or to the outpatient clinic at the Permian Basin Community-Based Outpatient Clinic in Odessa. The Big Spring VA hospital has a 40-bed facility that has the capacity to serve 36 male and 4 female military veterans. The Permian Basin Community-Based Outpatient Clinic, or VA Odessa Clinic, serves both male and female veterans in an outpatient setting.

The Springboard Center is a chemical dependency treatment facility in Midland, TX that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 of which are allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services.

Big Spring, in Howard County, has no detox facilities and relies on the facilities in the surrounding counties to provide treatment to individuals.

### **EMS Runs for Overdose Symptoms**

The most recently compiled data which exists regarding emergency department "runs", or number of times an Emergency Medical Services (EMS) agency was sent to respond to an event, comes from the Texas EMS Registry provided by the HHSC.<sup>123</sup> In 2016, there were 138 EMS runs regarding primary symptoms of overdose (drugs or alcohol) in Region 9.<sup>123</sup> About half of these (68) came from Midland County alone.<sup>112</sup> The second leading county was Ector, accounting for

17 (12%) EMS runs for overdose symptoms in Region 9.<sup>129</sup> Overdose EMS runs have declined from 2010-2016 in Region 9.<sup>123</sup> In 2011 Region 9 reported its highest number of overdose EMS runs of 373, and in 2016, Region 9 reported its lowest number of overdose EMS runs of 138.<sup>123</sup> There was no data for 2015.

## Economic Impacts

Economic impacts are one of the most alarming concerns for stakeholders, because the average taxpayer spends thousands of dollars on unknown drug and alcohol-related costs. The following section pictures the 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/Drug Use

According to the CDC, underage excessive drinking costs the U.S. 3,200 lives each year.<sup>124</sup> The 2019 Youth Risk Behavior Survey (YRBSS) found that 29% drank some alcohol, 14% binge drank, 5% drove after drinking alcohol, and 17% rode with a driver who had been drinking alcohol.<sup>133</sup>

Of the children surveyed in the YRBSS, 8% of 8<sup>th</sup> graders have used alcohol within the last 30 days, while 29% of 12<sup>th</sup> graders have used within the last 30 days. Also, 4% of the 8<sup>th</sup> graders claimed to have drunk alcohol in the past two weeks, while 14% of 12<sup>th</sup> graders drank in the past two weeks. Of those surveyed between the ages of 12 and 20, 19% have drunk alcohol, and of those 11% binge drank within the last 30 days.<sup>133</sup>

What also should be considered are the costs including of intangible monetary losses, such as risky sexual behavior, funerals, fire damages, and other costs.<sup>125</sup>

In 2006, underage drinking cost the state of Texas \$1.8 billion, while excessive drinking in total cost the state of Texas \$16.5 billion.<sup>120</sup> This ranked Texas first in the nation for underage drinking costs.<sup>120</sup> Exact costs may differ due to varying analyses because different entities calculated these estimates, and these numbers do show a trend of dramatically increasing state costs for underage drinking from 2006-2013. With that in mind, a family of five contributed over \$1,000 in 2013 to pay for underage drinking. If the cost of underage drinking in Texas remained the same from 2013 to now, Region 9 can expect to pay over \$131 million for underage drinking.<sup>11,123</sup> This, however, is also a conservative estimate, as the trend of underage drinking costs is expected to have risen since 2013. Consequences are numerous and the youth who drink alcohol are likely to experience these during their formative years. These students can have school problems, poor or failing grades. Social problems such as fighting and not participating in activities. Unwanted and unplanned sexual activity can make youth more vulnerable to physical or sexual assaults. Also, alcohol-related car accidents and unintentional injuries, such as burns, falls, or drowning. Alcohol can affect a developing brain and cause memory problems that may have life-long effects. Alcohol can also be a gateway to misusing other drugs, alcohol poisoning and death.<sup>124</sup>

Underage drinking is an illegal activity and is also a public health issue. If individuals under 21 years old wreck a vehicle, insurance companies can increase policy premiums for all customers in that specific area due to the high rate of wrecks. This is an example of the community suffering consequences of one member's decision.

One of the most notable economic impacts of underage drinking is risky adolescent sexual activity. Correlations from Miller, Levy, Spicer, and Taylor indicate underage drinking can

contribute to costly, young sexual activity.<sup>125</sup> Their findings indicate that a teenager is five times more likely to engage in risky sexual activity if they drink alcohol.<sup>125</sup> The Texas Campaign to Prevent Teen Pregnancy estimates that each teen birth costs the public about \$7,400, including prenatal, labor and delivery postpartum care, infant care, WIC expenses, TANF assistance, and SNAP during pregnancy and infancy costs.<sup>43</sup> Region 9 has one of the highest teenage birth rates in Texas.<sup>43</sup> Refer to Table 12 earlier in this text to view more information.

The negative effects of alcohol can be measured, i.e., blood alcohol concentration (BAC) levels. Other drugs are not able to be measured in this way and there are many challenges in reporting that a certain crime was committed because a person was under the influence of drugs. Alcohol is the most common used drug, although it can be difficult to estimate the financial consequences, alcohol is less challenging to obtain than illegal drugs. There are few estimates on the costs of the consequences of illicit drug use and abuse in America, but the Office of the National Drug Control Policy and the National Drug Intelligence Center did provide estimates of the economic impact of illicit drug use in 2010 and 2011. Illicit drug use was estimated to cost the U.S. \$181 billion in 2002 and over \$193 billion in 2007, an increase of more than 6% in 5 years.<sup>128,129</sup> These values represent the use of resources to address health and crime consequences and the loss of potential productivity from disability, premature death, and withdrawal from the legitimate workforce.<sup>128</sup> With the rise of the opioid epidemic in the years since, according to the 2017 Council of Economic Advisors, it was estimated in 2015 that the opioid epidemic cost \$504 billion.<sup>135</sup>

### **Average Cost of Treatment**

There are no specific figures for the average cost of substance abuse treatment in Region 9, but NIDA estimates that substance abuse costs the U.S. over \$740 billion each year.<sup>134</sup> Treatment can be costly but with the overall price of consequences that add up over time. Treatment is less expensive than alternatives like incarceration, where 1 year of imprisonment costs around \$24,000 and 1 year of methadone treatment is about \$4,700.<sup>134</sup> Every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in drug-related crime, criminal justice costs, and theft. Savings related to healthcare can exceed costs by a ratio of 12 to 1.<sup>130</sup> Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; fewer drug-related accidents, including overdoses and deaths.<sup>130</sup> Prevention is said to have the potential to save \$18 per \$1 invested in effective school-based prevention programs.<sup>136</sup>

### **Employability and College Admissions**

The Equal Employment Opportunity Commission (EEOC) states that employees and applicants may not be discriminated based on race, color, religion, sex, national origin, age, disability, or genetic information.<sup>137</sup> Individuals that have been arrested is proof of criminal conduct, so the arrest alone does not necessarily mean the employer will overlook the applicant.<sup>138</sup> Arrest records, however, may cause concern for the employer into inquiring into the individual's conduct.<sup>139</sup> A conviction will usually be enough evidence for the employer into that person's criminal conduct.<sup>139</sup> Some circumstances, there may be reasons why an employer may not rely on the conviction record when making employment decisions.<sup>139</sup> Several states' laws limit employers' use of arrest and conviction records to make employment decisions.<sup>140</sup> These laws may prohibit employers from asking about arrest records or require employers to wait until late in the hiring process to ask about conviction records.<sup>140</sup>



Colleges and universities may also require criminal history check, and 66% of universities across the nation require criminal history checks prior to admission.<sup>138</sup> But, less than half of the schools that collect criminal justice information have written policies in place and only 40% train staff on how to interpret criminal information.<sup>138</sup> Many convictions are viewed as negative factors during the admissions process, namely drug and alcohol convictions, and this can place a hindrance on that individual's future, especially in terms of their education.<sup>139</sup> Furthermore, those in a state or federal prison cannot receive a Federal Pell Grant or federal student loans.<sup>140</sup> Those in an institution other than federal or state still cannot receive federal student loans, but may be eligible for a Federal Pell Grant.<sup>140</sup> Those in federal, state, or another institution may be eligible for other grants and Federal Work-Study, but probably won't receive them because priority is given to those eligible for a Federal Pell Grant and there are many challenges of performing a Federal Work-Study while incarcerated.<sup>140</sup> Once released, most eligibility limitations are removed except for drug-related and sexual offenses.<sup>144</sup> Additionally, if the offense occurred while the student was receiving federal aid, eligibility may be suspended.<sup>140</sup>

Excessive alcohol use and/or drug use in college creates a limitless cascade of consequences. According to the Center on Young Adult Health and Development (2013), students who abuse drugs and use alcohol excessively during college may have a harder time finding a job and maintaining relationships outside of school once they graduate.<sup>141</sup> Moreover, college students excessively drinking alcohol or using drugs face more challenges in completing their courses successfully and graduating.<sup>141</sup> This study claims, "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."<sup>141</sup> 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."<sup>141</sup>

Though it is unclear how many drug-related convictions affect graduating high school students, according to the 2019 Texas College Survey, nearly one half of Texas college students are at risk because of their illegal use of marijuana.<sup>66</sup>

### **Qualitative Data on Consequences**

The Region 9 PRC held multiple interviews and focus groups from 2016-2018. Though the purpose of those interviews and focus groups varied, many focus groups and interviews held by the Region 9 PRC reported the following results:

- Region 9 youth believe more protective factors, especially in the form of "things and activities to do for kids", should exist in Region 9 to minimize drug use. Many youths expressed interest in opening youth employment job markets in Region 9 population centers like Odessa, Midland, and San Angelo, as well as more entertainment venues for youth to mingle without pressures of alcohol vendors.
- Region 9 parents can often believe they know what their children are doing or where they are most of the time, but youth reported doing very different activities than what parents claim their children do. Honest family communication and child whereabouts are important to minimize substance use-related involvement and consequences.
- Region 9 youth want to be treated with less blithe by teachers and adults when talking about substance use. Multiple focus groups held by the Region 9 PRC indicated that youth prefer

straight-forward, blunt conversations about substance abuse backed by science, rather than ambiguous conversations about substance use with no scientific reasoning, to minimize substance use consequences.

- Region 9 parents report that they would like to be more well-informed on current drug trends and how to best talk to their children and young relatives about drugs and alcohol.

## Environmental Protective Factors

Protective factors are the characteristics at a community, family, or individual level that are associated with a lower likelihood of problematic outcomes.<sup>151</sup> They can be seen as positive countering events.<sup>151</sup> It is important to remember different age groups have different protective factors and some protective factors may overlap between age groups. Protective factors may also be correlated or have cumulative effects and could be predictive of other issues. Protective factors in Region 9 are reported to show what establishments are currently in place to counteract substance abuse, as well as to bring to attention to which areas Region 9 lags in so that appropriate measures can be taken to respond to the needs of our community more effectively.

## Overview

For purposes of this report, protective factors are segregated into community, school, family, and individual domains. Inclusions of each domain are listed below:

- |  |  |
|--|--|
| <p style="text-align: center;"><b><u>Community</u></b></p> <ul style="list-style-type: none"><li>• Community Coalitions</li><li>• Treatment/Intervention Providers</li><li>• Local Social Services</li><li>• Law Enforcement Capacity and Support</li><li>• Religion</li></ul> | <p style="text-align: center;"><b><u>School</u></b></p> <ul style="list-style-type: none"><li>• YP Programs</li><li>• ATOD Education</li><li>• Sober Schools</li><li>• Alternative Peer Groups</li><li>• Academic Achievement</li></ul>                                |
| <p style="text-align: center;"><b><u>Family</u></b></p> <ul style="list-style-type: none"><li>• Parental Attitudes</li><li>• Parental Conversations</li><li>• Parental/Social Support</li></ul>  | <p style="text-align: center;"><b><u>Individual</u></b></p> <ul style="list-style-type: none"><li>• Life Skills</li><li>• Mental Health Services</li><li>• Youth Employment</li><li>• Youth Perception - Access</li><li>• Youth Perception - Risk &amp; Harm</li></ul> |



## 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 within the community. Many of these coalitions maintain active Facebook pages which are listed with their descriptions. If you are interested in joining, please look them up on Facebook or contact the Region 9 PRC for more information.

## Community Coalitions

1. **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 with their diagnosis are explored. Better Breathing Club currently serves Midland County. (432) 221-4864
2. **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). It addresses high-risk factors for those in the community to empower them to make better choices and minimize substance abuse dependence risks. The Concho Valley C.A.R.E.S. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley  
<http://www.adaccv.org/cares/>, <https://www.facebook.com/CVCARES/>
3. **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 childcare providers. The focus is to facilitate ongoing collaboration of community.  
[mbrenem@pbrcada.org](mailto:mbrenem@pbrcada.org)
4. **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. The Family Health Coalition currently serves agencies that service people of all age groups.  
[joanne.mundy@dshs.texas.gov](mailto:joanne.mundy@dshs.texas.gov)
5. **Midessa Community Alliance Coalition:** This coalition is a merger of the previous Here to Impact Coalition and the Midland Coalition. The Midessa Community Alliance Coalition is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA). The Coalition's mission is to reduce underage drinking, tobacco, nicotine use, and substance abuse by: creating a community culture that promotes healthy choices; advocating for policies and regulations that protect, empower and nurture



youth; and facilitate positive opportunities for youth to be involved and thrive. The goal is to engage, advocate, and empower through education, community collaboration, and awareness in policy and social change for Midland and Ector County and to build a healthy and drug-free community.  
<https://www.facebook.com/MidessaCoalition>

6. **Homeless Coalition:** The Ector and Midland County homeless coalitions are a collaborative group of local agencies interested in supporting and stabilizing individuals in need. These coalitions identify and help to meet the needs of the homeless by providing, shelter, food, transportation, housing, medical needs, and hygiene. The Homeless Coalition serves Midland and Ector counties.  
[mbrenem@pbrcada.org](mailto:mbrenem@pbrcada.org)



7. **Midland/Ector County Crime Victims Coalition:** The mission of the Midland and Ector County Crime Victims Coalition is to enhance services and promote justice to all victims of crime through the cooperation of local non-profit and law enforcement agencies. Each county has their own coalition which works to promote victim advocacy and awareness in the community.  
[mbrenem@pbrcada.org](mailto:mbrenem@pbrcada.org)



8. **Oxford House:** Oxford House is a democratically run, self-supporting and drug free home for those in recovery from drug and alcohol addiction. The number of residents in an Oxford House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Currently, Odessa has 3 Men's Houses and 1 Women's House. San Angelo has 1 Men's and 1 Women's House.  
[https://www.oxfordhouse.org/userfiles/file/purpose\\_and\\_structure.php](https://www.oxfordhouse.org/userfiles/file/purpose_and_structure.php)



9. **Permian Basin Military Partners Coalition:** The Permian Basin Military Partners Coalition has been in place for almost 16 years. They currently refer veterans to other agencies in the area for different services needed. They 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.  
<https://www.facebook.com/Permian-Basin-Military-Partners-Coalition-776850372391827/>



10. **Teen Pregnancy Prevention Coalition:** The Permian Basin Teen Pregnancy Prevention Coalition began in 2015 to advocate for a comprehensive strategy to prevent teen pregnancy and STDs. The goal is to do this by increasing parent and community involvement and empowering young people to make educated healthy decisions about relationships, sex, and pregnancy by connecting with mentors, peers, and the healthcare system. The Permian Basin Teen Pregnancy Prevention

Coalition represents Andrews, Crane, Ector, Midland, and Upton counties. Contact [ectortpc@gmail.com](mailto:ectortpc@gmail.com) or view <https://www.pbteenpregnancyprevention.com>

11. **X-Out Youth Leadership Coalition:** The X-Out Youth Leadership Coalition is an in-house program of PBRCADA. This is a group of adolescents in Ector County ages 12-17 that want to empower their peers 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.



<https://www.facebook.com/xoutylc/>

## Treatment/Intervention Providers

1. **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. In addition to the numerous treatment services they provide, they also offer support groups for individuals in recovery. ADACCV is excited to have begun construction on the much-anticipated Journey Recovery Center. This planned expansion, which should be open in late summer 2019, of life-saving programs will add crucial residential detoxification services to accommodate up to 12 clients. The expansion will also allow ADACCV to consolidate residential treatment services to one location and double capacity by providing 30 male treatment beds and 18 female treatment beds for the concho Valley. <http://www.adaccv.org/> The following programs are also offered by ADACCV:



- **Cotton Lindsey Center:** Cotton Lindsey Center is an outpatient program consisting of a 14 or 26-week program which includes curriculum involving relapse prevention and education for both individuals and groups. The Cotton Lindsey Center is in San Angelo, TX.
- **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 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. Sara's House is in San Angelo, TX.
- **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. William's House is in San Angelo, TX.

2. **Alcoholics Anonymous: (AA)** AA first appeared in 1939 and is an international fellowship of men and women who have a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical program 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. <https://www.westtexasadrc.com/>



**West Texas  
ADRC**

3. **Basin Detox:** For over 24 years, Basin Detox Systems has provided medical detox for individuals struggling with chemical dependency. The detox programs are located in acute care hospitals under the care of physicians to treat the individual's withdrawal symptoms. The primary focus is the detox stage of recovery. Believing this a vital part of recovery. Contact (432)520-2990 <https://www.basindetox.com>

4. **Begin Again Recovery Center:** The Begin Again Recovery Center located in Midland, TX offers individual sessions, process groups, multi-family group counseling, chemical dependency counseling, addiction education, relief from anger and resentment and how to participate in leisure activities without alcohol/drugs. A treatment plan will be developed to meet personal needs. Our services provide the knowledge and education to live a more productive crime-free, clean, and sober lifestyle. These services will allow individuals to engage in treatment while continuing to live at home and maintain employment. The curriculum is designed to strengthen self-esteem, rebuild personal relationships, develop a recovery support system, promote health, and to address issues that are important for the individual to resolve. Success means a completion of the program, the ability to maintain sobriety, and a new life filled with opportunities and direction. <https://drug-treatment-facilitys.com>, contact (833)610-1415 or (432)218-8635.



5. **Celebrate Recovery:** Celebrate Recovery helps people find freedom from hurts, habits, and hang-ups including addictions, compulsive, and dysfunctional behaviors. Celebrate Recovery meets at First Methodist Church in Midland every Tuesday night. You do not have to be a member of First Methodist to attend. <http://www.firstmethodistmidland.com/celebrate-recovery/>



6. **Centers for Children and Families:** Centers for Children and Families exists to improve quality of life and strengthen the communities they serve through counseling, educational, and supportive services. They offer counseling, parenting education classes, adoption support, and military support. Centers for Children and Families currently serves Ector and Midland counties. <https://centerstx.org/>





7. **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 services to those who need assistance in confronting addiction. <https://cvtp.org/>



8. **Clover House:** This facility provides alcoholism treatment services to court-ordered patients. The treatment center provides residential short-term treatment and residential long-term treatment care. There are special groups and programs for persons with co-

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

occurring mental and substance use disorders, men, and criminal justice groups. Special language services provided include Spanish. Clover House serves counties across Texas, but patients must be court-ordered. (432)580-0321

9. **Daddy & Me Program:** Daddy & Me is a program designed for adult or adolescent males who are expecting, and/or current fathers, to help overcome the challenges that often come with parenting. The program provides clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://pbrcada.org/>
10. **Ector County Health Department:** This program is responsible for the development, integration and coordination of communicable disease control activities, environmental and consumer health protection programs, and public health promotion in Ector County. Services include the containment of vaccine preventable diseases, sexually transmitted diseases, tuberculosis, and food-borne illnesses. Food service sanitation, water quality, waste-water control, and the investigation of sanitation complaints are environmental health services performed by Ector County Health Department personnel. (432)498-4141
11. **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. (432)758-4000
12. **Heart of Texas Healthcare System- Heritage Program:** This program provides outpatient mental health services to senior adults. The Heritage Program campus is in Brady, Texas, where professionals provide healthcare as well as mental health services. <https://www.heartoftexashealthcare.org/services/heritageprogram.php>The logo for Heart of Texas Healthcare System features a stylized heart icon composed of three overlapping shapes in shades of red and orange. To the right of the icon, the text reads "HEART OF TEXAS HEALTHCARE SYSTEM" in a bold, sans-serif font, with "HEALTHCARE SYSTEM" in a larger font size. Below this, the tagline "quality is the cornerstone of everything we do" is written in a smaller, lowercase font.
13. **Medical Center Hospital Odessa:** Medical Center Health System is a comprehensive healthcare provider in the Permian Basin. Medical Center Health System introduced the Center for Health & Wellness, including Mission Fitness, ProCare Internal Medicine, Laboratory, Diabetes Center and Radiology. MCHS has clinics at various locations to make healthcare more accessible to Odessa and surrounding 17 counties. <https://www.mchodessa.com>
14. **Midland County Health Department:** This program is responsible for community education and outreach in food safety, immunizations, septic systems and tuberculosis control. They also provide worksite wellness and assist employees in being smoke and tobacco-free at work, be active and eat healthy at work. They provide Men's Health and Women's Health as well as School Health guidelines to learn more about promoting school health. (432)681-7613
15. **Mission Messiah:** Mission Messiah is an 18-month faith-based residential program for women and their children. The eighteen months consist of 12 months of campus residency, and 6 months of accountable living (on their own) through mentorship, counseling, and service. Mission Messiah serves all counties. <https://missionmessiah.org/>The logo for Mission Messiah features the text "Mission Messiah" in a large, bold, blue font. Below it, the tagline "A New Creation In Christ" is written in a smaller, blue font. The entire logo is set against a light gray rectangular background.



16. **Mommy & Me Program:** Mommy & Me is a program designed for pregnant and postpartum females who are identified as being at-risk of having or who have a substance use disorder. The program provides the clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://pbrcada.org/>



17. **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 those with a substance use challenge 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. <https://www.na.org/>



18. **Oceans Behavioral Health Center:**

Oceans Behavioral Health Center is a secured inpatient treatment facility in



**OCEANS BEHAVIORAL HOSPITAL  
PERMIAN BASIN**

Midland, TX for individuals suffering from psychiatric illnesses. Oceans provides 14 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 12-17). They currently have 20 beds designated for adolescent treatment of psychiatric and substance abuse issues. <https://oceanshealthcare.com/permian-basin>.

19. **PermiaCare:** PermiaCare offers treatment services throughout Region 9. These services include Outreach, Screening, Assessment, and Referral (OSAR) for mental health and substance use issues. <https://www.pbmhmr.com/> The following programs are offered by PermiaCare for substance use treatment:



- **Co-Occurring Psychiatric and Chemical Dependency (COPSD) Program:** This program serves those diagnosed as having both major mental and chemical dependencies. Screening, integrated assessments, counseling, case coordination, linkages to other providers, and face-to-face contacts are completed to ensure the client remains drug-free and psychiatrically stable.
- **Fresh Start** This program provides outpatient substance abuse treatment to adult men and women who do not need more intensive treatment.
- **Outreach, Screening, Assessment, and Referral (OSAR):** The OSAR program helps with individuals and families with dependence issues free of charge and are self-referred or referred by other social services within the area. A Licensed Chemical Dependency Counselor (LCDC) in this program screens and assesses clients who need recovery services on a short-term or long-term basis. The LCDC

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

determines the most appropriate place for the client to receive treatment for rehabilitation; these could be inpatient or outpatient services.

- **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.
- **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 in Ector County.



20. **River Crest Hospital:** River Crest Hospital is a secured inpatient facility in San Angelo, TX 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. River Crest Hospital serves all counties.  
<https://www.rivercresthospital.com/>

21. **Serenity Al-Anon:** Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive change to their individual situations, whether the alcoholic admits the existence of a drinking problem and seeks help or not. Serenity Al-Anon offers several meetings across the Permian Basin and surrounding areas.  
<http://texas-al-anon.org/meetings/midlandodessa/>



22. **The Springboard Center:** The Springboard Center is a chemical dependency treatment facility in Midland, Texas that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services. Springboard serves all counties.  
<https://www.springboardcenter.org/>

23. **Steps Recovery:** Steps Recovery is a 13-week Bible-based program offered at the First Baptist Church of Odessa and is modeled after the traditional 12-steps of AA. Steps allows individuals to apply biblical scripture to each step of substance abuse recovery. Steps Recovery serves Midland and Ector counties.  
<https://www.fbcodessa.com/connect/care/life-recovery/>

## Local Social Services

1. **Adult and Teen Challenge of Texas:** 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 those in need with the goal being the reunification of the family and overcoming addiction. Teen Challenge currently serves Midland and Ector counties. Adult programs are currently not available in the Permian Basin, but they are available in other parts of the state. <http://teenchallengetx.org/>



2. **Buckner Children and Family Services:** Buckner International transforms the lives of vulnerable children, enriches the lives of senior adults, and builds strong families through Christ-centered values. The Midland programs include Foster Care & Adoption where they train foster parents, and they place foster children in their home that CPS has removed and are frequently adopted. Family Pathways is another program that provides affordable housing to single moms & their children as they pursue a college degree to become self-efficient. [www.Buckner.org](http://www.Buckner.org)



3. **Casa De Amigos:** Casa De Amigos aims to improve 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. Specifically, the Take 2 Program is funded by Chevron to break the cycle of poverty by helping individuals gain employment in high paying industries. VITA is another Casa de Amigos program, and it offers free tax services to low-income families. Casa de Amigos serves all counties. <http://www.casadeamigosmidland.org/>



4. **The Center for Early Childhood Development (CECD):** The CECD of the Permian Basin offers free programs that help individuals become great parents. This program is sponsored by the University of Texas – Permian Basin. The CECD 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. The CECD also helps parents find the best resources available to them based on family needs. The CECD has several sub-programs that all work toward community improvement and involvement, including home visiting programs, fatherhood engagement programs, an early childhood resource network, and childhood (ages 0-5) hotline for parents. <https://www.utpb.edu/ced/cecd/index>



5. **The Crisis Center:** The Crisis Center of West Texas (CCWTX) provides services for adult survivors of domestic and sexual violence and their minor children. These free services include Louise Wood Angel House (a 61-bed emergency center), counseling, case management, legal assistance, crisis response services, and safety planning. CCWTX also offers research and evidence-based prevention education for youth and adults in the community and reStart, a Batterers





## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Intervention and Prevention Program (BIPP) for men and women who have perpetuated abuse. CCWTX provides services in Andrews, Crane, Ector, Gaines, Loving, Pecos, Reeves, Ward, and Winkler counties. <https://ccwtx.org/>

6. **Goodwill of West Texas:** Goodwill of West Texas' goal is to provide opportunities to people with barriers to employment. Goodwill formed a retail store organization to assist those in need with everyday items from household goods to clothing needs. Goodwill West Texas currently serves Howard, McCulloch, Ector, Midland, and Tom Green counties. <https://www.goodwillwesttexas.org/>  

7. **Harmony Home Children's Advocacy Center:** Harmony Home Children's Advocacy Center serves Ector, Pecos, Ward, Reeves, Loving, Winkler, and Ward counties 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. <https://www.ohhcac.org/>  

8. **Midland Fair Havens:** Midland Fair Havens provides transitional housing and equips single mothers and their children for self-sufficient living by addressing their educational, vocational, spiritual, and emotional needs in residential and non-residential settings. Midland Fair Havens provides residential and non-residential services to single mothers and their children. <http://www.mfh.org/>  

9. **Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA):** PBRCADEA provides prevention and intervention services throughout Region 9. PBRCADEA currently serves the HHSC Region 9 outlined in this report (30 counties). The Region 9 PRC, responsible for this document, is a program within PBRCADEA. PBRCADEA also houses the Mommy & Me, Daddy & Me, H2i Coalition, Midland Coalition, and Youth Prevention programs. <https://pbrcada.org/>  

10. **Safe Place:** Safe Place in Midland provides domestic and sexual assault services for individuals affected by domestic and sexual violence. Safe Place serves Midland, Ector, Howard, Martin, Crane, Dawson, Gaines, Reeves, Upton, Ward, Winkler, Glasscock, and Loving counties. Safe Place services include shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers. <https://www.safeplacenow.com/>  

11. **Salvation Army:** The Salvation Army is an international organization whose focus is on the spiritual and physical well-being for everyone in need. The Salvation Army offers services for emergency response, family tracking, health services, social services, and addiction dependency. Even though they are an international organization, regional offices can be found throughout Texas. <http://www.salvationarmytexas.org/midland/>  


DOING THE  
MOST GOOD<sup>®</sup>  
SERVING TEXANS IN NEED SINCE 1889

12. **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, daycares, 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.  
<https://www.wtxfoodbank.org/>



13. **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 helps 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.  
<http://www.gowto.org/>



## Law Enforcement Capacity and Support

1. **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 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 vehicle searches. The police department considers them to be invaluable in assisting with surveillance in high crime areas.  
<https://www.midlandtexas.gov/316/Citizens-on-Patrol>  
<https://www.odessa-tx.gov/461/Citizens-on-Patrol>  
<http://sanangelopolice.org/articles/view/citizens-police-academy>
2. **Citizens Police Academy:** The Police Department offers a 40-hour course that is designed to give community members a working knowledge of the police department and to encourage community involvement. The course introduces the students/citizens to procedures, training, investigations, firearm, and narcotic enforcement. The students are given opportunities to “ride along” with officers.  
<https://www.odessa-tx.gov/480/Citizens-Police-Academy>  
<http://midlandtexas.gov/315/Citizen-Police-Academy>  
<https://www.pecostx.gov/government/departments/police/citizens-police-academy>
3. **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” block parties to help educate and



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

inform communities of crime trends. National Night Out is currently celebrated in Pecos, Ector, and Midland counties. <https://natw.org/>

4. **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 adolescents. Teen Court stresses the individual's responsibility and accountability for his or her actions. [http://www.midlandteencourt.org/midland\\_teen\\_court.aspx](http://www.midlandteencourt.org/midland_teen_court.aspx)  
<http://www.odessa-tx.gov/government/departments/municipal-court/teen-court>

### Healthy Youth Activities

1. **Big Brothers Big Sisters of the Permian Basin:** The mission of Big Brothers Big Sisters is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Big Brothers Big Sisters is one of the oldest and largest mentoring organizations in the nation and currently serves Midland and Ector counties. [www.bbbspermianbasin.org](http://www.bbbspermianbasin.org).



2. **Boys and Girls Club of America:** This program focuses on building collaborative relationships within the community through 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 has local chapters throughout Texas. <http://www.basinkids.org/>



3. **Boy Scouts of America:** Boy Scouts of America is one of the nation's largest value-based youth development organizations. They provide a program for both male and female adolescents that builds character, life skills, promotes citizen and community development, and personal fitness. The Boy Scouts of America has local chapters throughout the nation. <https://www.scouting.org/>



4. **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. <http://campfirewtx.org/>



5. **First Priority of the Permian Basin:** First Priority of the Permian Basin aims to use parents, teachers, pastors, business leaders, and youth to equip, encourage, and empower junior and high school students to bring Christ into their lives. First Priority currently serves Ector, Midland, and Ward counties.



<https://www.firstprioritypermianbasin.org/>

6. **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, a sense of belonging, and community involvement. The Girl Scouts has local chapters throughout the nation.



<https://www.girlscouts.org/>

7. **Teen F.L.O.W.:** Teen F.L.O.W. (Faithful Leaders of the Word) is a Christian center that focuses on at-risk youth 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.



<http://teenflow.com/>

8. **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, and 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 well into adulthood. Texas 4-H has local chapters throughout Texas.



<https://texas4-h.tamu.edu/>

9. **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 youth a variety of activities to select from and help promote an active, healthy 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.



<http://www.ymca.net/> or <https://odessaymca.org/> or <https://midlandymca.org/>

## Local Mental Health Providers

A list of the 5 mental health centers in Region 9 and their corresponding contact information is provided below in Table 49. Following this is a more informative list of these mental health centers along with other mental health providers in the region.

Table 49 REGION 9 MENTAL HEALTH CENTERS	
Center	<b>Center for Life Resources</b>
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	<a href="http://www.cflr.us/">http://www.cflr.us/</a>
Counties Served	McCulloch
Center	<b>Hill Country Mental Health &amp; Developmental Disabilities Centers</b>
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	<a href="http://www.hillcountry.org/">http://www.hillcountry.org/</a>
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	<b>MHMR Services for the Concho Valley</b>
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	<a href="http://www.mhmrcv.org">http://www.mhmrcv.org</a>
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	<b>PermianCare (Permian Basin Community Centers for MHMR)</b>
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	<a href="http://www.pbmhmr.com/">http://www.pbmhmr.com/</a>
Counties Served	Ector, Midland, Pecos
Center	<b>West Texas Centers</b>
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	<a href="http://www.wtcmhmr.org/">http://www.wtcmhmr.org/</a>
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

1. **Agape Counseling:** Agape offers counseling from a Christian perspective for people wanting counseling from that viewpoint. Agape's faith statement aligns closely with the Apostle's Creed. For clients that have other faith traditions, their faith is honored. Both people of all faiths and no faith are counseled.  
<https://agapewesttexas.org/>



2. **The Alpha Center:** The Alpha Center provides a wide variety of services to their clients. Some of their services include court-ordered drug education and therapy, anger management, grief counseling, family counseling, and many others.



3. **Center for Life Resources:** The Center for Life Resources provides a myriad of services from adult and child behavioral health, substance abuse services, peer support, autism, and intellectual and developmental delays services. Within Region 9, Center for Life Resources serves McCulloch County.



4. **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 serves Kimble, Mason, Menard, Schleicher, and Sutton Counties in Region 9, as well as Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Medina, Real, Uvalde, and Val Verde counties outside of Region 9.  
<http://www.hillcountry.org/>



MENTAL HEALTH &  
DEVELOPMENTAL DISABILITIES CENTER  
HILL COUNTRY

5. **MHMR Services for the Concho Valley:** MHMR Services for the Concho Valley provides services and support to those suffering from an array of mental health illnesses, developmental delays, and 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.  
<https://www.mhmrcv.org/>

**MHMR Services**  
for the Concho Valley  
*"Working Together to Help People Help Themselves"*



6. **New Day Counseling:** New Day Counseling offers a variety of mental health services including cognitive-behavioral therapy, anger management, and parenting classes. In addition to these services, New Day Counseling specializes in substance use therapy, DWI interventions, and drug offender education. <https://www.newdayodessa.com/>

7. **PermiaCare:** PermiaCare, formerly Permian Basin Community Centers, provides services for Early Childhood Intervention, mental health, Intellectual Development Disorder, chemical dependency, and HIV. PermiaCare 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 Health and Human Services



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Commission (HHSC) contracts for mental health and chemical dependency services, Intellectual Developmental Disorders, and Early Childhood Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer.

- 8. Samaritan Counseling:** Samaritan Counseling Center is a comprehensive outpatient mental health care clinic offering counseling, education, and programs. They provide licensed, professional counseling services to children ages 3 and up, adolescents, adults, senior citizens, veterans, active military and their families throughout the Permian Basin and surrounding areas. Samaritan's goal is to restore hope and healing of mind, body, and spirit for optimal wellness.



<http://samaritanccwtx.org/>

- 9. West Texas Centers:** West Texas Centers provides services and support options to people with mental illnesses and Intellectual and Developmental Disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, and Winkler counties in Region 9. The purpose of the community center is to offer proper support and services to those in need for them to begin the road to recovery and to lead productive lives. <https://www.wtcmhmr.org/>



## Environmental Changes

Environmental strategies to challenge the prevalence and significance of substance abuse can take on many forms. In Region 9, a popular environmental strategy to combat substance abuse is the use of medication drop boxes. The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADE) heads both the Midessa Coalition, which serves Midland County and Ector County.

The Midessa Coalition hosted in part with the DEA the National Prescription Drug Take Back Day's, one in the fall of 2020 and Spring of 2021 and collected 187.60lbs combined. With the pandemic, these events were limited to one location.

The Midessa Coalition's Medication Drop Boxes Collected for 2019 and 2020 (combined totals of two locations):

- 2019: 176.75
- 2020: 124.10

The drop boxes closed in February of 2021 due health concerns and pending location change. These boxes were located at Odessa Police Department and the Midland Sheriff's Department.

The Alcohol and Drug Abuse Council of the Concho Valley (ADACCV), which is housed in San Angelo and serves the Concho Valley, have collected 87.4 pounds of medication from Prescription Take Back Events since 2018. There are also three drop boxes in San Angelo which can be found at the San Angelo Police Department (Monday–Friday, 8am–5pm), the Walgreens

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Pharmacy on Abe St. (open 24/7), and the Medical Arts Pharmacy (Monday–Friday, 9am–6pm; Saturday 9am–1pm).

Another way that organizations can initiate environmental strategies to combat substance abuse is to present substance abuse risks and harms to the community. ADACCV and PBRCADA programs execute hundreds of community presentations annually to address substance abuse.

Other ADACCV environmental changes worth noting include the passage of a no-smoking ordinance. ADACCV and Concho Valley C.A.R.E.S. partnered with the City of San Angelo Parks and Recreation Department in asking the city to amend the smoke-free San Angelo ordinance to include more specific restrictions on park areas where smoking would be prohibited. The new stipulation allows the city to place signs reminding residents that smoking is not allowed within 50 feet of playgrounds, pavilions, and other locations as selected by the Parks and Recreation Director. Other places, such as the area around The Bosque and fenced in spaces like city swimming pools, will also require smokers to be at least 50 feet away to smoke.

Another environmental strategy which has been successful in San Angelo, Ector, and Midland counties is ADACCV's and PBRCADA's promotion and use of Deterra Drug Deactivation System pouches and bags. Powered by patented MAT® (Molecular Adsorption Technology), the Deterra® System deactivates prescription drugs, rendering them ineffective for misuse and safe for the environment. Deterra pouches come in a variety of sizes, including buckets which can dispose up to 2,600 prescription pills safely.





One example of environmental change through policy is by passing social host ordinances (SHO). As of July 25<sup>th</sup>, 2017, Odessa was the fourth city in Texas to pass a social host ordinance (following San Antonio, El Paso, and Palmview) penalizing the distribution of alcohol to minors at social hosting parties. Specifically, the policy fines property owners where illegal underage drinking parties occur. According to the ordinance, “The intent of the ordinance is to protect the public health, safety, quiet enjoyment of residential property, and general welfare, rather than punish, and therefore, provide those persons who actively or passively aid, abet, or allow gatherings involving underage drinking shall be held accountable.” SHO went into effect on August 25, 2017.<sup>58</sup> According to Corporal Steve LeSueur from Odessa Police Department, that between July 2019 and August 2020 there were 5 citations issued for Violation of Social Host Ordinance-1<sup>st</sup> Offense.

Citations are also given for noise violations. Noise from loud music or any noise that could be determined to be annoying or disruptive is subject to a citation. Different cities have ordinances limiting times of the day where it is illegal to having loud disruption. According to Corporal Steve LeSueur from Odessa Police Department, there were 3 citations issued for Unreasonable Noise between July 2019 and August 2020.

## School Domain

Education is one of the strongest protective factors a child can attain. Schools serve as a protective asset in a variety of ways. They not only provide education, but also social support, skill development, and the development of a positive self-image.

## YP Programs

In Region 9, Youth Prevention (YP) programs exist in Coke, Concho, Crockett, Ector, Howard, Irion, Kimble, Martin, Mason, McCulloch, Menard, Midland, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties. ADACCV serves Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties while PBRCADA serves Ector, Howard, Martin, and Midland Counties. Prevention specialists also provide community-wide presentations, interactive demonstrations, hands-on activities and other educational opportunities to community groups, youth groups, churches, businesses, and community social services organizations.

Youth drug prevention curriculums implemented in schools and community sites are evidence-based and provide facts about alcohol, tobacco, and other drugs. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The goal of YP

programs is to help build self-efficacy and become positive role models while implementing curriculum at community sites.

**ADACCV YP Programs:**

For youth ages 6-17 in the YP Selective (YPS) program, ADACCV’s prevention team utilizes the Curriculum Based Support Group (CBSG) program, including Kids Connection and Youth Connection. This program is designed to provide a safe place for youth to learn vital life skills that will help them make healthy choices, overcome adversity, and stay drug-free while gaining a greater understanding of themselves and others.

For youth ages 14-17 in the YP Indicated (YPI) program, ADACCV’s prevention team utilizes Project Toward No Drug Abuse (PTND). This evidence-based curriculum provides information about the social and health consequences of drug use, and includes instruction in active listening, effective communication skills, stress management, tobacco cessation techniques, and self-control to counteract risk factors for drug abuse relevant to older teens. The prevention staff also offer individualized prevention counseling and referral services for youth and their families. These intervention-based services are designed to address high-risk behaviors in youth and provide access to available resources to them and their families.

Table 50 shows success rates for Fiscal Year 2019, YP programs provided by ADACCV.

Table 50. ADACCV YP Program Success Rates, Fiscal Year 2019			
	Youth Served	Youth successfully completed	Overall success rate
YPS -CBSG	550	511	93%
YPI –PTND	320	286	89%

**PBRCADA YP Programs:**

PRCRADA youth prevention programs consist of three Universal programs (YPU) and one Indicated program (YPI). These programs serve Ector and Midland Counties. Each program serves youth with an evidence-based curriculum from ages 10-14 in the Universal programs, and 14-19 in the Indicated program. PBRCADA offers the following youth prevention curriculum:

- YPI: Curriculum Based Support Group (Kids/Youth Connection)-Midland County
- YPU: Too Good for Drugs-Ector County

YP programs implemented by PBRCADA served a total of 441 youth in the 2018-19 school year. The YPI program in Midland had a success rate of 100% (See Table 51 on the following page). Students were classified as successful if they met the 80% attendance requirements and answered at least 5 out of 10 questions correctly by the end of the program. The questions concerned topics such as increased perception of risk of substances, if the students talked to one of their parents throughout the curriculum about the dangers of ATOD, if the student changed their group of friends if their friends posed risk factors.

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI – Midland	12	2	12	100%
YPU – Ector	429	18	429	100%

Youth programs are targeting students that are in a school setting. Because of the COVID-19 pandemic, students were no longer attending classes at a brick-and-mortar building were then allowed to complete the 2019-2020 school year from home. Those students who would ordinarily attend YP programs in a brick-and-mortar setting, COVID-19 had an impact on the curriculum implementation in Region 9.

**Students Receiving AOD Education in School**

As mentioned earlier in this RNA, the Texas School Survey is completed every two years, and updated data for the 2020-2021 school year. The 2020 Texas School Survey asked students across the state, “Since school began in the fall, have you gotten any information on drugs or alcohol from the following sources?” and given the choices: school health class, an assembly program, guidance counselor, school nurse, science, or social studies (SS) class, student group or club meeting at school, an invited school guest, another source at school, and any school source. Due to the low participation rates on the TSS, some Regions had to be combined to ensure a larger sample of participants in one area. For our region, TSS combined Region 8 and 9 as well as 9 and 10.<sup>6</sup> According to the 2020 TSS, the highest percentage of Region 8 and 9 students reported receiving AOD prevention education from was an assembly program (38.6%), followed by a science

class (27.9%), and an invited guest (22.3%).<sup>6</sup> This order of sources is replicated by the state averages, as well.

Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	Any School Source
<b>State</b>	<b>39.7</b>	<b>41.4</b>	<b>24.3</b>	<b>15.2</b>	<b>28.3</b>	<b>13.5</b>	<b>29.4</b>	<b>28.4</b>	<b>66.9</b>
1&2	31.0	51.2	20.3	13.4	25.9	11.4	36.0	26.4	67.6
2	29.2	45.1	21.2	11.9	25.8	12.0	31.8	25.9	65.2
3&4	41.9	51.2	27.8	16.2	26.8	16.5	37.0	32.5	71.9
4&5	34.3	52.4	22.8	15.0	23.9	13.5	35.5	26.5	67.6
6&7	35.5	30.1	19.0	11.1	27.3	10.3	22.1	25.2	62.2
6,8,11	41.2	33.0	23.0	16.0	31.2	12.7	23.6	26.6	63.6
8&9	35.2	38.6	20.9	14.6	27.9	11.0	22.3	25.2	61.4
9&10	47.1	49.7	34.2	21.7	32.2	17.6	37.1	32.7	71.1

Source: Texas School Survey, 2020<sup>6</sup>

## Family Domain

The family domain is important to recognize when discussing substance use, because the family dynamic is considered one of the strongest protective or risk factors associated with substance abuse. Unfortunately, there is not a regional survey for our youth to respond to concerning their family domain. The most recent data we have concerning this domain is from the Texas Prevention Impact Index (TPII) held only in Midland County in 2016. Though this data can certainly not represent all our youth today, it does give insight to the family domain of our community at a recent time. According to the 2016 TPII, nearly three-quarters of 6<sup>th</sup>-12<sup>th</sup> grade students in Midland ISD had two parents at home, while 16% had a mother only.<sup>143</sup> Forty-three percent of students reported they can “always” talk to their parents about problems; 45% reported they can “sometimes” and 12% reported they can “never” talk to their parents when they have problems.<sup>143</sup> Two-thirds of Midland ISD students in grades 6-12 in 2016 reported they eat dinner with adults every day, while 18% reported they eat dinner with adults only 1-3 days per week.<sup>143</sup> However, only 32% of students reported they discuss daily events with adults every day while 34% reported they watch TV with adults daily.<sup>143</sup> Nearly half of students (46%) reported they attend church, temple, or spiritual meetings with adults 1-3 times per week.<sup>147</sup> Fifty-six percent of students reported they would go to a parent first with questions about alcohol or other drugs and 16% reported they would go to a brother or sister first.<sup>143</sup> Eleven percent of students reported having participated in family counseling in the past year.<sup>143</sup>

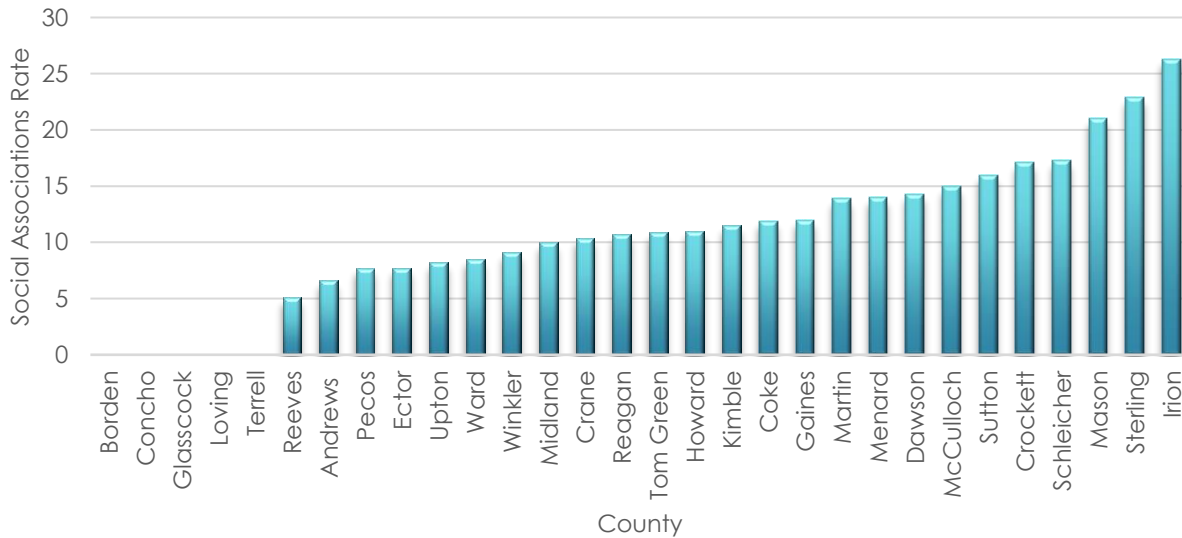
## Parental/Social Support

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and mortality.<sup>144</sup> Social associations are a health factor that help measure family and social support. County Health Rankings and Roadmaps includes

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations as social associations.<sup>144</sup> In 2021, Region 9 had 334 social associations.<sup>144</sup> The average rate across Texas for 2021 was 7.8 social associations per 10,000 population (See Figure 52).<sup>148</sup> Most of Region 9’s counties were above this rate, with Irion County having over three times the Texas rate (26.3 social associations/10,000 population) and the highest rate in Region 9.<sup>144</sup> Borden, Concho, Glasscock, Loving, and Terrell counties had a reported number of 0 social associations, or insufficient data.<sup>144</sup> Population centers of Region 9, i.e., Midland (10.0), and Tom Green (10.9) counties, were above the Texas average social association rate of 7.8 but Ector County was just under with a 7.7 social association rate.<sup>144</sup> Upton was just above at 8.2 social associations per 10,000 population.<sup>144</sup> Andrews(6.6) and Reeves(5.1) counties were both below the Texas social association rate.<sup>144</sup>

**Figure 52. Region Social Associations Rate, 2021**



Social Association Rate: Number of Social Associations per 10,000 population

Source: County Health Rankings and Roadmaps<sup>144</sup>

**Parental Attitudes toward Alcohol and Drug Consumption**

In the 2020 TSS, students across the state in grades 7-12 were asked, “How do your parents feel about kids your age drinking alcohol?”, and given the options: “strongly disapprove”, “mildly disapprove”, “neither approve/disapprove”, “mildly approve”, “strongly approve”, and “do not know”.<sup>6</sup> About 75% of Region 9 & 10 students reported that their parents either “strongly disapprove” or “mildly disapprove” of kids their age drinking alcohol, which is a little lower than the state average of 75.3% (See Table 53 on the following page).<sup>6</sup> Region 9 & 10 students reported about average compared to the state for each option, whether disapproving or approving, of their parents’ feelings of kids their age drinking alcohol.<sup>6</sup> However, it is recognizable that Region 9 & 10 students reported higher in the “strongly” disapproving categories compared to state, pointing towards the notion that fewer Region 9 & 10 parents feel strongly about alcohol use compared to the state. More Regin 9 & 10 youth are unsure of their parents’ approval of alcohol use, as well.<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>60.9</b>	<b>14.4</b>	<b>11.8</b>	<b>4.4</b>	<b>0.9</b>	<b>7.6</b>
1 & 2	58.4	16.1	14.3	4.3	1.2	5.7
2	58.7	15.5	15.1	3.9	0.7	6.0
3 & 4	65.6	14.1	10.1	3.0	0.7	6.4
4 & 5	61.0	13.2	12.5	3.8	1.1	8.4
6 & 7	58.2	15.7	12.7	5.3	0.8	7.3
6, 8, 11	59.4	13.7	12.1	4.9	1.2	8.6
8 & 9	55.1	14.6	15.9	5.3	1.2	7.9
<b>9 &amp; 10</b>	<b>61.1</b>	<b>14.1</b>	<b>12.1</b>	<b>3.6</b>	<b>1.0</b>	<b>8.0</b>

Additionally, Texas students in 7<sup>th</sup>-12<sup>th</sup> grade were asked, “How do your parents feel about kids your age using tobacco?”, and given the options: “strongly disapprove”, “mildly disapprove”,

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>78.4</b>	<b>7.2</b>	<b>4.8</b>	<b>1.0</b>	<b>0.6</b>	<b>7.9</b>
1 & 2	76.1	8.3	7.2	1.1	0.9	6.5
2	75.4	8.4	8.0	0.8	0.5	6.7
3 & 4	81.5	7.3	3.3	0.9	0.4	6.6
4 & 5	73.2	8.0	7.3	1.8	0.8	8.9
6 & 7	78.5	7.7	4.7	1.1	0.5	7.5
6, 8, 11	77.4	6.8	4.8	1.0	0.8	9.2
8 & 9	73.1	8.4	7.5	1.2	0.8	9.1
<b>9 &amp; 10</b>	<b>78.2</b>	<b>6.4</b>	<b>5.4</b>	<b>0.8</b>	<b>0.6</b>	<b>8.5</b>

Source: Texas School Survey, 2020<sup>6</sup>

“neither approve/disapprove”, “mildly approve”, “strongly approve”, and “do not know” (see Table 54).<sup>6</sup> About 74% of Region 9 & 10 students and 78% of students across the state believe their parents “strongly disapprove” of kids their age using tobacco.<sup>6</sup> About 2% of students in Region 9 & 10 and across Texas believe their parents either strongly or mildly approve of kids their age using tobacco.<sup>6</sup> Noticeably, less Region 9 & 10 students than the state believe their parents “strongly disapprove” of tobacco use; more Region 9 & 10 students than the state believe their parents “mildly disapprove” of tobacco use; and, more Region 9 & 10 students than the state believe their parents approve, either mildly or strongly, of tobacco use.<sup>6</sup> This implies less Region 9 & 10 parents feel strongly disapproving of tobacco use in youth compared to the state. More Region 9 & 10 youth are unsure of their parents’ approval of tobacco use, as well.

Furthermore, the 2020 TSS also asked students about parental attitudes in regards to marijuana.<sup>6</sup> Similar to tobacco, the majority of both Texas and Region 9 & 10 students (82.4% and 83.8%, respectively) believe their parents either strongly or mildly disapprove of kids their age using marijuana (see Table 55).<sup>6</sup> However, more students in Region 9 & 10 (3.5%) believe their parents either mildly or strongly approve of kids their age using marijuana than do students believing their parents either mildly or strongly approve of kids their age using tobacco (2.7%).<sup>6</sup> The same notion also holds true with marijuana use in that more Region 9 & 10 parents feel “mildly” about marijuana use compared to the state than they do “strongly”, whether approving or disapproving.<sup>6</sup>



Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>75.3</b>	<b>7.1</b>	<b>7.0</b>	<b>1.9</b>	<b>1.3</b>	<b>7.5</b>
1 & 2	75.6	6.7	7.9	1.8	2.0	6.0
2	72.7	6.8	9.9	2.3	1.8	6.4
3 & 4	77.1	7.8	6.0	1.6	1.0	6.5
4 & 5	77.4	5.6	6.0	1.5	1.2	8.2
6 & 7	74.1	7.4	7.9	2.1	1.3	7.1
6, 8, 11	73.6	6.8	7.7	2.0	1.4	8.5
8 & 9	72.2	7.1	8.9	2.3	1.2	8.3
<b>9 &amp; 10</b>	<b>78.3</b>	<b>5.5</b>	<b>5.4</b>	<b>1.6</b>	<b>1.1</b>	<b>7.4</b>

Source: Texas School Survey, 2020<sup>6</sup>

## Students Talking to Parents about ATOD

According to the 2016 TPII, a survey which asked Midland ISD 6<sup>th</sup>-12<sup>th</sup> grade students questions pertaining to substance use and family dynamics of substance use, not many parents are having conversations with their children about substance use.<sup>143</sup> In this survey, only 23% of students reported talking to their families about tobacco and only 31% reported talking about other drugs.<sup>143</sup> However, 85% of students did report speaking to their families about alcohol.<sup>143</sup> Forty percent of students reported discussing curfews with their families and, even less, 36%, reported discussing parties with their families.<sup>143</sup> The top 3 most reported topics discussed with families were: 1) friends (86%), 2) alcohol (85%), and 3) sports (73%).<sup>143</sup>

## Individual Domain

As listed previously, life skills, mental health services, youth employment, and youth perception of ATOD access and ATOD harm are all protective factors apart of the individual domain. Protective factors can not only build resilience in a person's life, but may help build one's own positive self-image, promote self-control, build social competence, increase academic achievement, improve family and community relationships, increase access to support services, and increase feelings of belonging.

### Life Skills Learned in YP Programs

YP programs implement curriculums in schools and community sites that are evidence-based and endorsed by SAMHSA.<sup>145</sup> YP programs empower young people and promote the development of healthy behaviors to allow youth the knowledge to transition into adulthood in a healthy way by partnering with their families and communities.<sup>145</sup> These lessons help students set goals and make healthy decisions for their life. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The benefits of YP programs include<sup>145</sup>:

- Reduced substance use risk factors through strengthened protective factors
- Enhanced cultural identity and pride
- Decreased instances of substance use and misuse
- Decreased risk for health issues related to substance use and misuse and unhealthy habits
- Reduced risk for behavioral health issues
- Reduced costs to society associated with health care, law enforcement, and assistance programs
- Enhanced sense of well-being
- Improved quality of life
- Reduced likelihood of legal issues

### Youth Perception of Access

Ease of access to substances has been shown to have a direct relationship with youth substance use and a youth's perception of ease is indicative of how accessible that substance is to them.<sup>146</sup> Students in Region 9 & 10 were asked in the 2020 TSS, "If you wanted some, how difficult would it be to get..." tobacco, alcohol, marijuana, cocaine, crack, steroids, ecstasy, heroin, methamphetamine, synthetic marijuana, and inhalants (see Table 56 on the following page).<sup>6</sup> Students were given the following answer choices: "never heard of it", "impossible", "very difficult", "somewhat difficult", "somewhat easy", and "very easy".

The drug with the highest percentage of students reporting they had "never heard of it" was ecstasy (53.7%), followed closely by methamphetamine (50.3%) and synthetic marijuana (50.0%).<sup>4</sup> Alcohol was reported by the least percentage (21.5%) of students to have never been heard of by Region 9 & 10 youth.<sup>6</sup>

Heroin and crack were reported by the highest percentage of students to be "impossible" to get; crack and cocaine were most popular to be "very difficult" to obtain; and alcohol was reported by the highest percentage of students to be "somewhat difficult", "somewhat easy", and "very easy" to obtain.<sup>6</sup> Thus, the leading drug for each level of difficulty to obtain:

- Never heard of it: Ecstasy
- Impossible: Crack
- Very difficult: Cocaine
- Somewhat difficult: Alcohol
- Somewhat easy: Alcohol
- Very easy: Alcohol



Table 56. Region 9 &amp; 10 Students' Perceived Ease of Access (%), 2020

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Tobacco	29.4	21.9	7.5	11.4	13.4	16.4
Alcohol	21.5	13.3	6.1	12.1	19.7	27.4
Marijuana	28.2	24.3	8.1	8.4	12.0	19.0
Cocaine	41.1	33.7	10.7	6.5	3.6	4.5
Crack	43.4	35.1	10.2	5.5	2.6	3.3
Steroids	45.7	32.6	9.7	6.6	2.0	3.4
Ecstasy	53.7	27.3	7.1	5.4	3.0	3.6
Heroin	48.5	34.9	8.7	3.9	1.4	2.7
Methamphetamine	50.3	33.2	7.9	4.4	1.6	2.6
Synthetic Marijuana	50.0	27.4	6.8	5.8	4.4	5.7
Inhalants	44.9	17.0	3.9	5.3	7.3	21.6

Source: Texas School Survey, 2020<sup>6</sup>

## Youth Perception of Harm

Additionally, a youth's perception of harm or risks from using a substance is an important determinant of whether they choose to partake of that substance.<sup>147</sup> Region 9 students in grades 7-12 were asked, "How dangerous do you think it is for kids your age to use..." each of the following substances: tobacco, electronic vapor (e-vapor) products, alcohol, marijuana, cocaine, crack, ecstasy, steroids, heroin, methamphetamine, synthetic marijuana, any prescription drug, and inhalants (see Table 57 on the following page).<sup>6</sup> Students were given the answer choices: "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".<sup>6</sup>

Methamphetamine (85.6%) and heroin (85.3%) were answered by the highest percentage of students to be "very dangerous" to use.<sup>6</sup> Alcohol (33.4%) was reported by the highest percentage of students to be "somewhat dangerous" to use; electronic vapor products (15.6%) to be "not very dangerous" to use; marijuana (12.2%) to be "not at all dangerous" to use; and, the highest percentage of students reporting that they did not know the dangers of this drug was for synthetic marijuana.<sup>6</sup>

Thus, the leading drug for each level of perceived harm:

- Very Dangerous: Crack and Heroin
- Somewhat Dangerous: Alcohol
- Not Very Dangerous: Electronic Vapor Products
- Not at All Dangerous: Marijuana
- Do Not Know: Synthetic Marijuana

Substance	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Tobacco	56.5	27.0	7.7	2.1	6.7
E-Vapor Products	56.8	20.8	11.4	4.3	6.7
Alcohol	42.4	33.4	15.9	3.4	4.9
Marijuana	54.0	15.1	12.8	12.2	6.0
Cocaine	84.6	7.3	0.9	0.6	6.6
Crack	84.5	6.5	0.5	0.6	7.0
Ecstasy	78.1	8.2	1.5	0.8	11.3
Steroids	73.1	12.8	3.4	1.4	9.2
Heroin	85.3	5.1	0.7	0.7	8.2
Methamphetamine	85.6	5.0	0.7	0.6	8.2
Synthetic Marijuana	79.0	8.1	2.2	1.3	9.3
Any Prescription Drug	72.1	13.1	4.2	1.7	8.8
Inhalants	69.6	14.5	4.3	2.0	9.4

Source: Texas School Survey, 2020<sup>6</sup>

## Tracking Trends

Some trends noted throughout this 2020 Regional Needs Assessment, include both substance use and substance use-related outcomes. In 2020, Region 9 reported the lowest number of monthly TANF recipients reported since 2016 (Figure 15). Additionally, there was also a 9% decline in SNAP recipients from 2020 to 2021 (Table 7). On the other hand, Region 9 has seen an increase in free and reduced-price lunch students from the 2016-17 school year to the 2017-18 school year of about 13% (Figure 16) but remained for the 2019-2020 school year. In the 2017-18 school year to the 2018-19 school year, Region 9 reported three times more school expulsions compared to the previous year (Table 18). Furthermore, in the 2018-19 school year, Region 9 reported a decrease in youth experiencing homelessness compared to the previous school year alone (Figure 16) but increased for the 2019-20 school year. Additionally, in 2019, Region 9 reported the highest amount of CPS child removals (810) since 2008 (Figure 20) but saw a decrease to 750 in 2020. Teen birth rates remain high across Region 9 (Table 12). Region 9 reported a 0.3% increase in schedule II drug dispensations from 2015-2018, but a 3.4% decrease from 2017, while Texas reported a 66% decrease (Table 14). Region 9 reported more DUI crashes in 2019 than in 2018, around 8.6% increase (Table 45) but the numbers declined in 2020. Region 9 youth substance abuse treatment was at an all-time low in 2018 since 2014 (Figures 48 and 49). There was an increase in OSAR screenings in Region 9 from 2019 to 2020, but a slight decline in FY2021 reporting through July (Figure 50).

Looking on a statewide scale, Texas reported a 34% increase in adults living with depression from the year 2016 to 2017 alone but saw a slight decrease in 2018 from 2017 and saw a decline in 2018-19. The year 2017 saw the highest this number has been reported since 2012 (Figure 22). Figure 26 in this text depicts that Texas adolescent sexual behavior has consistently been on the decline from 2011 to 2019. In 2019, fewer underage Texas college students report being carded at stores and bars and using fake IDs than in 2017 (Figure 29).

Fewer Texas college students reported using marijuana in 2019 than in 2017 for lifetime, past year, and past month use (Figures 33 and 35). However, more Texas college students reported smoking tobacco during the same time. Drug overdose deaths continue to reach soaring rates across the nation, due to synthetic opioids like fentanyl (Figures 38, 41, 45).

### Region in Focus

Region 9 prides itself on the many services offered to those in need, be it with substance abuse, mental health, or both. However, seeing as the population in Region 9 continues to increase and substance abuse trends do as well, there is a nearly inevitable gap of services to some of this population. There is a significant number of Region 9 youth which engage in the illegal consumption of substances, particularly marijuana, alcohol, tobacco, and the misuse of prescription drugs.

### Gaps in Service

The most significant gap in service in the Permian Basin and Concho Valley regarding behavioral health stems from the sheer lack of services available in Region 9, especially for rural counties. Region 9 has less than 50 substance abuse treatment beds available for youth ages 18 and younger. For adults, there are less than 200 treatment beds available. Beyond substance abuse treatment, there is a significant lack of mental health professionals and providers in Region 9. Since mental health issues and substance abuse are considerably similar in their disease functionality, prevention, intervention, and treatment and are often co-occurring, it is important that Region 9 provides more mental healthcare options.

### Gaps in Data

Certain indicator information is still needed in assessing the area for potential risks. The following information describes the gaps of data desired for purposes of this report.

- **Local hospital data:** Some of the first lines of defense include local hospitals and emergency rooms. First responders have a unique role in reacting and repairing the consequences of some behaviors members of our community may take. Local emergency room data is difficult to collect as many Region 9 hospitals either don't collect the data or are unable to readily share their data. The PRC will continue to pursue emergency room data to learn about any substances or public health issues that may raise preventative measures for our community.
- **Data obtainment:** For this RNA, a plethora of sources are necessary to collect data. There are eleven evaluators across the state of Texas working to write annual assessments in utilizing these data sources. Many datasets are not uploaded until April – May and being that the RNA is usually due in July, this not only rushes the research but also hinders analysis. The due date for the 2020 RNA, due to the COVID-19 pandemic, was pushed to August, which allowed a little more data to be gathered if it was available. The same date of submission for the 2021 RNA was approved for submission to the state in August 2021. Of course, with the RNA extension there was the probability of data not being available as data could not be collected during the pandemic. A streamlined approach in services,

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

immediate access to datasets, and responsive agencies which report these data would allow our processes of writing and analyzing to be much more thorough and speedier.

- Participation in the Texas School Survey from Region 9 school districts: Each year, the PRC works hard to get more schools in Region 9 to know about and participate in the TSS. Low participation in the Texas School Survey makes Region 9 pair with other Regions, like Region 10, to attain data saturation, potentially skewing the accuracy of Texas School Survey results or depictions of Region 9 itself. However, due to successful partnerships made in 2018, Region 9 met requirements to obtain its own report for the 2018 TSS! But in the 2020 TSS, Region 9 was combined with Region 10. Continued participation and involvement from local schools greatly enhances substance abuse prevention work. As for 2020 data in TSS, COVID-19 significantly impacted the stats collected from students and because of the combination of Regions 9 and 10 one cannot know the impact on the numbers in this 2021 Regional Needs Assessment.
- Masked and rural community data: To keep data non-identifiable and confidential, data is masked under certain thresholds for varying sets, i.e., if a town or entity has data to report but not enough incidents to report, then this data is masked, or counted as zero, for that entity. Region 9 is largely made up of small towns, so much of our data is masked and true values for these towns is not known, therefore hindering analysis and capability to perceive a community's full needs. In the years to come, the Region 9 PRC aspires to collect more data from rural communities in our region.
- College students: Region 9 has two universities and several colleges. There is a lack of data concerning substance use in Region 9 college students. Knowing substance use trends in Region 9 college students would allow insight to the environment they are immersed into and allow prevention, intervention, and treatment providers to respond appropriately.
- Opioid data: There is an alarming lack of data across Texas concerning opioids. The HHSC just recently established an opioid dashboard, yet most counties in Texas do not have enough data to report. Efforts regarding opioid data collection will aid researchers, preventionists, interventionists, treatment providers, and more, to not only prepare but also to gain insight and respond to the opioid crisis in our communities.
- Adult substance use data: Many youths in Region 9 can participate in the Texas School Survey every other year, though not all. There is no such survey for adults in our community. Thus, estimates of the impact of alcohol, tobacco, and illicit drug abuse in our community is left up to compiling consequences data, re: DWI arrests, drug possession charges, drunk driving fatalities. It would be useful to have a community survey that anonymously questions the community on what substances they are using, what risk factors are involved, and the environmental factors of the participant.

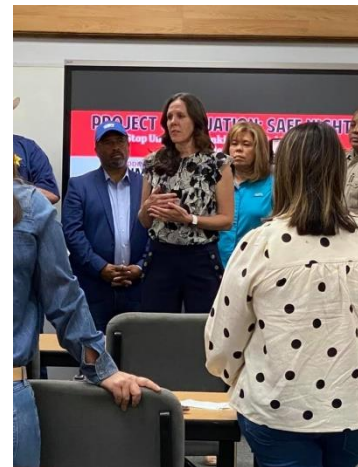
## Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. It would be obstructive to list all our regional partners here, as the list is extensive and expanding. Our partners include law enforcement officials, health departments, mental health authorities, media and multimedia stations, non-profit agencies for intervention and prevention services, other PRCs across the state of Texas, prevention education programs, local schools, coalitions focused on preventative measures, and more. We are most grateful for these partnerships and the services we can provide each other with. We look forward to growing our partnerships with other agencies in the next fiscal year.

## Regional Successes

Aside from countless presentations, forming new partnerships, and developing new tools, the following shows some of the success our agency, the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA), has achieved throughout the 2021 fiscal year:

The Midessa Community Alliance Coalition continued its partnership with the DEA and hosted the National DEA Prescription Drug Take Back events. The coalition participated in many meetings with coalition members to keep resources up to date for the community through the current pandemic. The coalition participated in press conferences to combat underage drinking throughout the year. Quarterly the coalition continued educating law enforcement on the Social Host Accountability Ordinance in Odessa.





## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

The Impact Youth Prevention programs created a hybrid approach to implementing program services. Curriculum, presentations, and meetings were able to be done virtually. The National Red Ribbon Week was celebrated differently for our communities. Staff created a YouTube channel that allowed nurses and counselors to share the videos on their campuses. Red Ribbon week was a success, and the youth programs reached many more youth with virtual presentations. The Impact Programs hosted their 8<sup>th</sup> Camp Just Imagine with the Odessa Family YMCA's and were able to branch out to Casa De Amigos Youth in Midland with prevention positive alternatives. Meeting the needs of families this year the Impact programs distributed 630 backpacks full of supplies to youth in need.



The Prevention Resource Center ran a successful media campaign in Region 9. The campaign focused on making healthy choices and encouraged parents to talk to their children and set expectations when it came to substance use. With youth beginning to experiment with drugs around age 13 this campaign aimed to combat that. The campaign was seen through TV, social media, billboards and heard on the radio.

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

The Alcohol & Drug Abuse Council for the Concho Valley (ADACCV) is licensed by the Texas Health and Human Services Commission to provide substance use prevention services for youth and adults and substance use disorder treatment for adult males and females. ADACCV's primary service area, the Concho Valley, has a population of approximately 169,000 and covers over 16,000 square miles in thirteen counties (Coke, Concho, Crockett, Irion, Kimble, Mason, McCullough, Menard, Reagan, Schleicher, Sutton, Sterling and Tom Green).

ADACCV's prevention team utilizes scientifically proven strategies to address youth and family substance use issues. Prevention specialists' partner with Concho Valley schools to provide a variety of evidence-based curricula for students. They also provide community-wide presentations, interactive demonstrations, hands-on activities and other educational opportunities to community groups, youth groups, churches, businesses, and community social services organizations. ADACCV is funded by HHSC to implement four prevention programs: YPU, YPS, YPI and CCP. The mission of the Alcohol & Drug Abuse Council for the Concho Valley's Prevention Team is to educate and empower youth and adults to promote positive change, to create healthier communities.

The past couple of years have proven to be difficult times with the COVID pandemic. Despite the barriers and obstacles that the pandemic created, ADACCV prevention was able to innovate and adapt to continue providing prevention services to the Concho Valley. During the pandemic ADACCV turned obstacles into opportunities by using additional channels to deliver its services. ADACCV was able to continue providing services not only in-person, but also by creating and distributing online content to the residents of the Concho Valley.

During the first three quarters of FY21 ADACCV provided evidence-based curriculum to nearly 1,000 students, in a face-to-face setting. ADACCV improved and formed new relationships with schools in rural counties to provide curriculum. By providing services in these rural counties during a pandemic, not only did ADACCV provide services in a much-needed time, but in areas that can historically go underserved. During ADACCV's quality assurance checks and evaluations we collected responses from participants that reflected their excitement and appreciation for the services being offered during the pandemic.

Additionally, ADACCV continued to provide other activities and presentations face-to-face and virtually through its many relationships throughout the Concho Valley. During the past fiscal year ADACCV strengthened its relationship with the local Boys and Girls Club. Through this partnership ADACCV has provided services to two separate Boys and Girls Club locations in Tom Green County, two days a week in-person. This partnership has allowed ADACCV to help address risk factors and increase protective factors for youth who are trying to navigate through a pandemic. ADACCV Prevention staff have been able to form meaningful and impactful relationships with the students at these locations. Additionally, this relationship has extended beyond Tom Green County. ADACCV also provides in person services at the Boys and Girls Club in Menard County.

During the spring of this year ADACCV partnered with the Boys and Girls Club and the San Angelo Police Department to host a free youth dodge ball tournament. The event was a success with a great turnout. The youth enjoyed playing dodge ball with six police officers from the San Angelo Police Department. We also had support from a local business in facilitating the event.



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

ADACCV has also been able to provide some impactful community activities that have allowed youth opportunities to be engaged in a positive and encouraging setting. ADACCV hosted its annual youth summer leadership camp in-person this year. Campers this year learned the importance of being a leader in their schools and communities. They participated in service projects like preparing meals for the elderly. They also participated in a ropes course through a partnership that ADACCV formed with another local non-profit. Here are a few events that ADACCV participated in throughout the year:



Youth from the Summer Leadership Camp volunteering at Meals for the Elderly.

Campers at ADACCV's Summer Leadership Camp participating in a ropes course.



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Tobacco presentation at the YMCA during Kick Butts Day.



Tobacco presentation at the Boys and Girls Club during Kick Butts Day.



2021 REGIONAL NEEDS ASSESSMENT--REGION 9



Partnering with a community agency for a drive-thru event.

Tobacco Presentation at a middle school.



ADACCV partnered with the Boys and Girls Club and the San Angelo Police Department to host a community dodgeball game.

## Conclusion

In conclusion, the Region 9 Prevention Resource Center aims to provide the community with a more complete perspective of the substance use trends and related consequences happening in our community. The RNA has shown trends that underage drinking, marijuana use, and the abuse of prescription drugs are among the leading substance use issues in the Permian Basin. Being informed of these trends and data should guide stakeholders with a more well-informed and focused vision for their efforts and inspire parents and adults with a desire to work preventatively with youth concerning substance use.

## Major Key Findings

One of the major key findings in this 2021 Regional Needs Assessment is that alcohol is still the most used drug among youth in Region 9, followed by tobacco, marijuana, and prescription drug misuse, accordingly. This is only partially reflected by student perception of harm, which ranks electronic vapor products as the least dangerous substance use followed by marijuana use, alcohol use, tobacco use, and prescription misuse, accordingly. Though alcohol violations have increased dramatically in Region 9 schools, use of this substance is seen more outside of school. In Region 9 school settings, there is commonly seen marijuana use, tobacco use via electronic vapor products like JUULs, and prescription drug misuse, most notably that of Xanax.

Another major key finding is that alcohol use is still a glaring issue in the Region 9 adult population, as well. Direct consequences of this use include Odessa and Midland being the top two cities in Texas for drunk driving deaths. Additionally, at any one time in Region 9, there are approximately 210 people incarcerated for a DWI charge. Furthermore, every county in Region 9 (with sufficient data) has higher alcohol-induced death crude rates than that of the state. On average there are just under 3 DUI crashes every day in Region 9 in the year 2020.

Additionally, it is unsettling to know that 12.2% of Region 9 youth believe that marijuana use is “not at all dangerous” with an additional 12.8% believing marijuana use is “not very dangerous”. In total, nearly one-third of our youth believe marijuana is not dangerous or are unsure of the dangers of marijuana use. A low perception of harm or an unknown perception of harm is a risk factor for substance use. Marijuana use is also the most widely accepted substance use by our youth.

Finally, most Region 9 statistics contained information while the oilfield boom was in full swing prior to the COVID-19 pandemic, but the youth experiencing homelessness increased. In 2020 there was an increase in TANF but 2021 saw a slight decrease, while SNAP recipients in 2020 also saw a decline from the previous year. Free and reduced lunches and CPS child removals decreased slightly. However, Region 9 increased in unemployment rates since the pandemic lockdown began in March 2020 and saw a remarkable decrease in unemployment in March 2021. There are many providers and resources in the community that serve both our youth and adult populations to prevent, intervene, and/or treat substance use disorders and mental health conditions. In fact, most Region 9 students receive alcohol and other drug education at school.

Though there is this influx of money and resources in Region 9, issues at the community level still exist and resources for these, e.g., domestic violence shelters, substance abuse treatment centers, and housing committees, are needed at growing rates.

### Summary of Region 9 Compared to State

One will notice that most data in this report is calculated in rates and/or percentages. This is so regional data may be compared to state or national data. Comparison allows Region 9 to fully assess the impact of substance use happening in its communities.

Substance use-related comparison data: In 2021, Region 9 reported 23% single-parent households compared to 26% seen at the state level (Table 5). Region 9's unemployment rate is 5.4% while the state of Texas is 5.5% (Figure 13). Region 9 remains under the state rate for free and reduced-price lunch recipients (Figure 16). Only one county in Region 9 was at the Texas rate of uninsured children (Table 8). Region 9 has the lowest graduation rate and highest dropout rate in the state (Table 9). Region 9 has counties with higher rates of murder, rape, assault, burglary, and larceny (Table 10) than the state of Texas. Eight of the twelve Region 9 counties with available data, have a higher crude rate of suicide than the state (Table 11). Twenty-two of the twenty-four Region 9 counties with available data are above the Texas teen birth rate (Table 12). Twenty-five Region 9 counties had social association data for 2021 and of these, 21 were at or above the Texas social association rate (Figure 49).

Substance use comparison data: A higher percentage of students in Region 9 and 10 compared to the state believe it is easy to obtain tobacco, alcohol, marijuana, heroin, steroids, synthetic marijuana, and cocaine (Table 13). Loving and Kimble counties have higher alcohol retail permit densities than the state. Region 9 reported a 0.29% increase in Schedule II Drug Dispensations from 2015 to 2018, while Texas reported an overall 66.4% decrease in Schedule II Drug Dispensations (Table 14). A larger proportion of the state of Texas students than in Region 9 and 10 believe that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous (Table 16). Region 9 and 10 youth have lower perceptions of harm for alcohol, tobacco, and electronic vapor products compared to the state (Tables 17, 23, 25) but higher perceptions of harm for marijuana and prescription drug misuse (Tables 19 and 21). About 7% more Region 9 and 10 youth than youth across Texas reported that they have at least a few friends who use alcohol (Table 27). Region 9 and 10 youth begin using alcohol, tobacco, and marijuana at a younger age than youth across the state (Tables 28, 30, 32). A much higher percentage of Region 9 and 10 youth have used alcohol, tobacco, marijuana, prescription drugs (misuse), and illicit drugs in general compared to youth across the state (Tables 29, 31, 33, 34, 37). Region 9 and 10 youth also begin using cocaine, crack, heroin, methamphetamines, inhalants, steroids, ecstasy, and synthetic marijuana at a younger age than youth across the state (Table 36). Only 12 counties in Region 9 had data on overdose death crude rates, and of these, 5 counties were above the Texas overdose death crude rate from 1999-2018 (Table 41). Only 8 counties in Region 9 and 10 had data on alcohol-induced death crude rates, and of these, 7 of 8 counties were above the Texas alcohol-induced death crude rate from 1999-2018 (Table 42). Accordingly, only 8 counties in Region 9 had data for drug-induced death crude rates, and of these, 6 were above the Texas drug-induced death crude rate (Table 43). A larger proportion of Region 9 students compared to the state reported receiving alcohol and other drug (AOD) education in 2018 (Table 52). A larger proportion of

Region 9 parents either mildly approve or mildly disapprove of youth alcohol, tobacco, and marijuana consumption compared to parents across the state (Tables 53, 54, 55). A smaller proportion of Region 9 and 10 parents strongly disapprove of alcohol, tobacco and marijuana compared to parents across the state, most recognizably for alcohol and tobacco consumption (Tables 53, 54, 55). This evidence suggests Region 9 and 10 parents tend to feel more mildly about youth substance use compared to parents across the state.

### **Moving Forward**

This RNA is meant to address and help bring light to the issues and challenges discussed in this text to make our communities safer and healthier. By using data from this RNA, we hope that our communities can receive the care necessary to achieve these goals, as well as provide the resources necessary for a strong, thorough, and consistent prevention message. The Region 9 PRC utilizes this data to discern curricula taught to students, presentations shown to stakeholders such as law enforcement and health care professionals, and to gain funding from existing sources in response to the evident needs in our community.

This 2021 RNA shows that there is a continuing need for substance use prevention, especially for youth in our region. There is also a need for quality parental involvement. Studies show that parent involvement helps increase communication, promotes positive attitudes for health behaviors, and is more likely to create a responsive drug education as part of a holistic approach to drug education than using isolated education programs alone.<sup>144,145</sup> More Region 9 students reported their parents believe various drugs are dangerous, but less students reported that they, themselves, believe these drugs are dangerous. This shows a gap in parent-child communication and is one way in which prevention programs, like the PRC and PBRCADA, can gear programs towards in the coming years.

Each agency, coalition, organization, school, and stakeholder play a major part in the information and data collected and shared with the Region 9 PRC. A simple “thank you” does not express the immense gratitude the Region 9 PRC has for every individual who made this RNA a reality. Your contribution to the Region 9 PRC and this document makes our communities safer, healthier, and more well-informed, all of which the benefits are endless. The Region 9 PRC looks forward to your continued cooperation and sharing of information.

Additionally, the Region 9 PRC is constantly seeking input on the RNA. Our staff disseminate the Regional Needs Assessment across both Region 9 and the state to show stakeholders areas in need of attention in the fields of community health and prevention. The process of making the 2021 RNA takes many months and time not spent on creating this document is largely spent on disseminating the information within the report and collecting new information. If you are interested in giving the Region 9 PRC relevant information regarding community health, would like more information on gaps in this data, or if you simply have a question about this RNA, please contact the Region 9 PRC Data



Coordinator Travis Cress at [tcress@pbrcada.org](mailto:tcress@pbrcada.org). A special thank you to PBRCADA staff that helped in the final review of the 2021 RNA and making this document available to the public: Laurie Marquez, Tim Kelleners, Imelda Garcia, JaeDeen Walden, and Bryleigh MacGregor.

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## Appendix A

### Glossary of Terms

<b>30 Day Use</b>	The percentage of people who have used a substance in the 30 days before they participated in the survey.
<b>ACES</b>	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.
<b>Adolescent</b>	An individual between the ages of 12 and 17 years.
<b>ATOD</b>	Alcohol, tobacco, and other drugs.
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.
<b>Counterfeit Drug</b>	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.
<b>DSHS</b>	Department of State Health Services. A state agency of Texas that assists Texans who need services or help. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

<b><i>Drug</i></b>	A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
<b><i>Epidemiology</i></b>	The study (scientific, systematic, and data driven) and analysis of the distribution (who, when, and where), patterns, and determinants of health and disease conditions in defined populations.
<b><i>Evaluation</i></b>	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. The primary purpose is to gain insight to assist in future change.
<b><i>HHS</i></b>	Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
<b><i>Incidence</i></b>	The occurrence, rate, or frequency of a disease, crime, or something else undesirable. A measure of the risk for new substance abuse cases within a region.
<b><i>LGBTQIA+</i></b>	An inclusive term covering people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies.
<b><i>MAT</i></b>	Medication-Assisted Treatment. The use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.
<b><i>Neurotoxin</i></b>	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.

<b><i>Person-Centered Language</i></b>	Language that puts people first. A person’s identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are so much more than their substance use disorder, mental illness, or disability.
<b><i>PRC</i></b>	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to drug and alcohol use.
<b><i>Prevalence</i></b>	The proportion of the population within the region found to already have a certain substance abuse problem.
<b><i>Protective Factor</i></b>	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.
<b><i>Recovery</i></b>	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
<b><i>Risk Factor</i></b>	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
<b><i>Self-Directed Violence</i></b>	Anything a person does intentionally that can cause injury to self, including death.
<b><i>SPF</i></b>	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.

<p><b><i>Stigma</i></b></p>	<p>The stigma of addiction—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance abuse and addiction. Stigma has the potential to negatively affect a person’s self-esteem, damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment.</p>
<p><b><i>SdoH</i></b></p>	<p>Social Determinants of Health. The economic and social conditions that influence individual and group differences in health status.</p>
<p><b><i>Substance Abuse</i></b></p>	<p>When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.</p>
<p><b><i>Substance Dependence</i></b></p>	<p>An adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use.</p>
<p><b><i>Substance Misuse</i></b></p>	<p>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.</p>
<p><b><i>Substance Use</i></b></p>	<p>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.</p>
<p><b><i>SUD</i></b></p>	<p>Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.</p>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

<p><b>Telehealth</b></p>	<p>The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.</p>
<p><b>TCS</b></p>	<p>Texas College Survey of Substance Use. A biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas.</p>
<p><b>TSS</b></p>	<p>Texas School Survey. Collection of self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission and administered by the Public Policy Research Institute.</p>
<p><b>YRBS</b></p>	<p>Youth Risk Behavior Surveillance Survey. An American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.</p>

## Appendix B

### Tables

<b>TABLE 1</b>	<b>Region 9 Population</b>	<b>Estimates, 2019-2021</b>	
<b>County</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>TEXAS</b>	29,948,091	30,521,978	30,168,926
<b>REGION 9</b>	635,255	642,563	724,337
<b>Andrews</b>	17,215	17,487	23,196
<b>Borden</b>	694	698	691
<b>Coke</b>	3,116	3,095	3,201
<b>Concho</b>	4,281	4,299	4,136
<b>Crane</b>	5,249	5,349	6,422
<b>Crockett</b>	4,049	4,082	4,060
<b>Dawson</b>	14,693	14,756	13,510
<b>Ector</b>	157,226	159,521	188,564
<b>Gaines</b>	21,236	21,681	22,580
<b>Glasscock</b>	1,338	1,351	1,379
<b>Howard</b>	37,477	37,715	41,647
<b>Irion</b>	1,709	1,712	1,506
<b>Kimble</b>	5,005	5,052	4,290
<b>Loving</b>	80	81	93
<b>McCulloch</b>	4,192	9,040	8,672
<b>Martin</b>	8,959	5,606	6,184
<b>Mason</b>	5,529	4,211	3,893
<b>Menard</b>	2,398	2,406	2,182
<b>Midland</b>	156,862	159,256	190,182
<b>Pecos</b>	16,910	17,026	16,513
<b>Reagan</b>	3,854	3,908	4,279
<b>Reeves</b>	14,816	14,934	15,802
<b>Schleicher</b>	3,872	3,920	3,655
<b>Sterling</b>	1,212	1,214	1,257
<b>Sutton</b>	4,600	4,651	4,401
<b>Terrell</b>	1,043	1,047	1,053
<b>Tom Green</b>	114,494	114,995	123,436
<b>Upton</b>	3,832	3,886	4,056
<b>Ward</b>	11,155	11,213	13,944
<b>Winkler</b>	8,241	8,371	9,553

Source: Texas Department of State Health Services<sup>11</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 2. **Region 9 Population Density, 2021**

County	2021 Region 9 Population Density*	County	2021 Region 9 Population Density*	County	2021 Region 9 Population Density*
<b>TEXAS</b>	112.3	<b>Glasscock</b>	1.5	<b>Reagan</b>	3.6
<b>REGION 9</b>	18.1	<b>Howard</b>	46.2	<b>Reeves</b>	6.0
<b>Andrews</b>	15.5	<b>Irion</b>	1.4	<b>Schleicher</b>	2.8
<b>Borden</b>	0.8	<b>Kimble</b>	3.4	<b>Sterling</b>	1.3
<b>Coke</b>	3.5	<b>Loving</b>	0.1	<b>Sutton</b>	3.0
<b>Concho</b>	4.2	<b>Martin</b>	6.8	<b>Terrell</b>	0.4
<b>Crane</b>	8.2	<b>Mason</b>	4.2	<b>Tom Green</b>	81.1
<b>Crockett</b>	1.4	<b>McCulloch</b>	8.1	<b>Upton</b>	3.3
<b>Dawson</b>	15.0	<b>Menard</b>	2.4	<b>Ward</b>	16.7
<b>Ector</b>	210.0	<b>Midland</b>	211.2	<b>Winkler</b>	11.4
<b>Gaines</b>	15.0	<b>Pecos</b>	3.5		

\*Density= People per square mile

Source: Texas Department of State Health Services, U.S. Census Bureau<sup>11,12</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 3. Region 9 Population by Race and Ethnicity, 2021

County	Anglo	%	Black	%	Hispanic	%	Other	%	Total
<b>TEXAS</b>	<b>12,209,069</b>	<b>40%</b>	<b>3,630,915</b>	<b>12%</b>	<b>12,056,086</b>	<b>40%</b>	<b>2,272,856</b>	<b>8%</b>	<b>30,168,926</b>
<b>REGION 9</b>	<b>286,422</b>	<b>40%</b>	<b>31,110</b>	<b>4%</b>	<b>395,169</b>	<b>55%</b>	<b>11,336</b>	<b>2%</b>	<b>724,337</b>
Andrews	7,774	34%	239	1%	14,895	64%	288	1%	23,196
Borden	571	83%	0	0%	114	16%	6	1%	691
Coke	2,401	75%	7	0%	725	23%	68	2%	3,201
Concho	1,682	41%	57	1%	2,353	57%	44	1%	4,136
Crane	1,865	29%	143	2%	4,326	67%	88	1%	6,422
Crockett	1,379	34%	13	0%	2,626	65%	42	1%	4,060
Dawson	4,577	34%	907	7%	7,866	58%	160	1%	13,510
Ector	55,815	30%	8,303	4%	121,861	65%	2,585	1%	188,564
Gaines	11,663	52%	321	1%	10,302	46%	294	1%	22,580
Glasscock	883	64%	21	2%	464	34%	11	0%	1,379
Howard	19,469	47%	2,484	6%	18,920	45%	774	2%	41,647
Irion	996	66%	11	1%	465	31%	34	2%	1,506
Kimble	2,957	69%	16	0%	1,261	29%	56	1%	4,290
Loving	60	65%	0	0%	29	31%	4	4%	93
McCulloch	5,462	63%	159	2%	2,944	34%	107	1%	8,672
Martin	2,823	46%	89	1%	3,194	52%	78	1%	6,184
Mason	2,766	71%	25	0%	1,057	27%	45	1%	3,893
Menard	1,233	57%	11	0%	915	42%	23	1%	2,182
Midland	78,173	41%	11,256	6%	97,331	51%	3,432	2%	190,182
Pecos	4,251	26%	536	3%	11,525	70%	181	2%	16,513
Reagan	1,199	28%	30	1%	3,008	70%	42	1%	4,279
Reeves	2,730	17%	722	5%	12,261	78%	89	1%	15,802
Schleicher	1,614	44%	42	1%	1,971	54%	28	1%	3,655
Sterling	782	62%	13	1%	429	34%	33	3%	1,257
Sutton	1,567	36%	6	0%	2,799	64%	29	1%	4,401
Terrell	507	48%	6	1%	528	50%	12	1%	1,053
Tom Green	61,374	50%	4,929	4%	43,459	35%	2,674	2%	123,436
Upton	1,679	41%	54	1%	2,261	56%	62	2%	4,056
Ward	4,974	36%	550	4%	8,217	59%	203	1%	13,944
Winkler	3,196	33%	150	2%	6,063	63%	144	2%	9,553

Source: Texas Demographic Center<sup>13</sup>



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 4. Region 9 English Proficiency, 2019

County	English Proficient*	Not English Proficient**	County	English Proficient*	Not English Proficient**
<b>TEXAS</b>	87%	13%	<b>McCulloch</b>	95%	5%
<b>REGION9</b>	89%	11%	<b>Martin</b>	92%	8%
<b>Andrews</b>	85%	15%	<b>Mason</b>	92%	8%
<b>Borden</b>	100%	0%	<b>Menard</b>	88%	12%
<b>Coke</b>	96%	4%	<b>Midland</b>	91%	9%
<b>Concho</b>	73%	27%	<b>Pecos</b>	86%	14%
<b>Crane</b>	87%	13%	<b>Reagan</b>	84%	16%
<b>Crockett</b>	96%	4%	<b>Reeves</b>	80%	20%
<b>Dawson</b>	91%	9%	<b>Schleicher</b>	92%	8%
<b>Ector</b>	86%	14%	<b>Sterling</b>	96%	4%
<b>Gaines</b>	79%	21%	<b>Sutton</b>	89%	11%
<b>Glasscock</b>	77%	23%	<b>Terrell</b>	89%	11%
<b>Howard</b>	88%	12%	<b>Tom Green</b>	94%	6%
<b>Irion</b>	100%	0%	<b>Upton</b>	89%	11%
<b>Kimble</b>	95%	5%	<b>Ward</b>	90%	10%
<b>Loving</b>	84%	16%	<b>Winkler</b>	88%	12%

\*: English Proficient means "Speaks English only or speaks English 'very well'".

\*\* : Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau<sup>12</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 5. Region 9 Single Parent Household Percentage, 2021			
County	Single Parent Household (%)	County	Single Parent Household (%)
<b>Texas</b>	<b>26%</b>		
<b>Region 9</b>	<b>23%</b>	Mason	27%
Andrews	17%	McCulloch	24%
Borden	26%	Menard	11%
Coke	30%	Midland	22%
Concho	33%	Pecos	17%
Crane	15%	Reagan	10%
Crockett	19%	Reeves	25%
Dawson	40%	Schleicher	5%
Ector	26%	Sterling	61%
Gaines	17%	Sutton	25%
Glasscock	13%	Terrell	21%
Howard	33%	Tom Green	27%
Irion	32%	Upton	27%
Kimble	15%	Ward	15%
Loving	0	Winkler	15%
Martin	14%		

Source: County Health Rankings and Roadmaps<sup>17</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 6. Region 9 Average Weekly Salaries, 2019

County	Average Weekly Salary	Salary Per Capita	County	Average Weekly Salary	Salary Per Capita
<b>Andrews</b>	\$1401	\$0.93	<b>McCulloch</b>	\$789	\$0.74
<b>Borden</b>	\$806	\$0.90	<b>Martin</b>	\$1180	\$1.29
<b>Coke</b>	\$869	\$0.95	<b>Mason</b>	\$716	\$0.77
<b>Concho</b>	\$861	\$0.88	<b>Menard</b>	\$586	\$0.65
<b>Crane</b>	\$1198	\$1.53	<b>Midland</b>	\$1529	\$1.70
<b>Crockett</b>	\$890	\$0.32	<b>Pecos</b>	\$981	\$0.21
<b>Dawson</b>	\$820	\$0.91	<b>Reagan</b>	\$1424	\$1.21
<b>Ector</b>	\$1272	\$1.42	<b>Reeves</b>	\$1302	\$0.49
<b>Gaines</b>	\$1088	\$0.72	<b>Schleicher</b>	\$957	\$0.73
<b>Glasscock</b>	\$1202	\$0.89	<b>Sterling</b>	\$960	\$1.04
<b>Howard</b>	\$1055	\$1.17	<b>Sutton</b>	\$1233	\$0.85
<b>Irion</b>	\$1401	\$1.33	<b>Terrell</b>	\$865	\$0.37
<b>Kimble</b>	\$693	\$0.55	<b>Tom Green</b>	\$909	\$0.60
<b>Loving</b>	\$1705	\$2.55	<b>Upton</b>	\$1687	\$1.36
			<b>Ward</b>	\$1284	\$1.43
			<b>Winkler</b>	\$1356	\$1.61

Source: U.S. Bureau of Labor Statistics<sup>22</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

<b>Table 7. Region 9 Monthly SNAP Recipients, 2021</b>			
<b>County</b>	<b>Average SNAP Recipients</b>	<b>County</b>	<b>Average SNAP Recipients</b>
<b>REGION 9</b>	67,476	<b>Mason</b>	242
<b>Andrews</b>	1,783	<b>McCulloch</b>	1,144
<b>Borden</b>	35	<b>Menard</b>	220
<b>Coke</b>	323	<b>Midland</b>	13,605
<b>Concho</b>	306	<b>Pecos</b>	1,966
<b>Crane</b>	424	<b>Reagan</b>	301
<b>Crockett</b>	280	<b>Reeves</b>	1,974
<b>Dawson</b>	2,045	<b>Schleicher</b>	249
<b>Ector</b>	20,445	<b>Sterling</b>	107
<b>Gaines</b>	1,802	<b>Sutton</b>	328
<b>Glasscock</b>	34	<b>Terrell</b>	71
<b>Howard</b>	4,076	<b>Tom Green</b>	12,166
<b>Irion</b>	76	<b>Upton</b>	383
<b>Kimble</b>	429	<b>Ward</b>	1,347
<b>Loving</b>	16	<b>Winkler</b>	758
<b>Martin</b>	560		

Source: Texas Health and Human Services<sup>23</sup>

<b>Table 8. Region 9 Uninsured Children (%), 2020</b>			
<b>County</b>	<b>Uninsured Children (%)</b>	<b>County</b>	<b>Uninsured Children (%)</b>
<b>TEXAS</b>	11%	<b>Mason</b>	25%
<b>Andrews</b>	14%	<b>McCulloch</b>	13%
<b>Borden</b>	15%	<b>Menard</b>	18%
<b>Coke</b>	15%	<b>Midland</b>	15%
<b>Concho</b>	15%	<b>Pecos</b>	14%
<b>Crane</b>	11%	<b>Reagan</b>	14%
<b>Crockett</b>	14%	<b>Reeves</b>	12%
<b>Dawson</b>	12%	<b>Schleicher</b>	20%
<b>Ector</b>	12%	<b>Sterling</b>	18%
<b>Gaines</b>	27%	<b>Sutton</b>	13%
<b>Glasscock</b>	20%	<b>Terrell</b>	25%
<b>Howard</b>	12%	<b>Tom Green</b>	11%
<b>Irion</b>	14%	<b>Upton</b>	17%
<b>Kimble</b>	13%	<b>Ward</b>	14%
<b>Loving</b>	18%	<b>Winkler</b>	12%
<b>Martin</b>	18%		

Source: County Health Rankings<sup>26</sup>

Table 9. Graduation and Dropout Rates by Region (%), 2019		
Region	Graduation Rate	Dropout Rate
1	92.6	4.3
2	95.2	2.7
3	89.1	6.0
4	93.1	3.5
5	91.2	6.2
6	89.3	6.6
7	89.6	6.1
8	91.0	5.7
<b>9</b>	<b>87.0</b>	<b>8.3</b>
10	93.0	3.6
11	90.8	5.7

Source: Texas Education Agency<sup>30</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 10. Region 9 Index Crime Rates (per 100k), 2019

County	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
<b>TEXAS</b>	<b>4.6</b>	<b>51.9</b>	<b>98.5</b>	<b>258.4</b>	<b>409.4</b>	<b>1,710.8</b>	<b>242.9</b>	<b>2,776.6</b>
<b>REGION 9</b>	<b>5.0</b>	<b>52.3</b>	<b>27.4</b>	<b>356.0</b>	<b>753.1</b>	<b>2,564.9</b>	<b>215.6</b>	<b>3,974.3</b>
Andrews	0.0	55.2	5.5	336.5	330.9	1,031.4	182	1,941.5
Borden	0.0	0.0	0.0	0.0	592.6	1,481.6	148.1	2,222.2
Coke	30.3	0.0	0.0	0.0	30.3	0.0	0.0	60.7
Concho	0.0	0.0	0.0	425.5	77.4	270.8	0.0	773.3
Crane	0.0	20.9	0.0	0.0	104.6	209.1	41.8	376.4
Crockett	0.0	0.0	28.3	56.6	2,998.6	311.2	0.0	3,394.6
Dawson	8.0	79.9	31.9	255.5	934.3	2,291.8	167.7	3,769.1
Ector	7.4	77.2	78.5	598.7	496.2	1,970.4	391.1	3,619.5
Gaines	0.0	33.2	9.5	270.7	261.2	645.8	90.2	1,310.7
Glasscock	0.0	0.0	0.0	0.0	146.8	1,248.2	73.4	1,468.4
Howard	8.3	30.5	41.6	479.3	567.9	1,892.2	302	3,321.8
Irion	0.0	66.7	0.0	200	466.7	1,333.3	200	2,266.7
Kimble	0.0	0.0	0.0	114.4	160.1	388.9	91.5	755
Loving	0.0	0.0	0.0	0.0	0.0	11,724.1	0.0	11,724.1
Martin	0.0	69.7	17.4	122	156.8	888.7	191.7	1,446.2
Mason	0.0	0.0	0.0	23.6	165	212.2	23.6	424.3
McCulloch	0.0	0.0	12.7	50.7	227.9	810.4	126.6	1,228.3
Menard	0.0	0.0	0.0	47.6	618.2	0.0	0.0	665.7
Midland	5.4	37.7	40.1	228.2	277.9	1,479.5	233.0	2,301.9
Pecos	6.4	19.2	12.8	378	429.3	762.5	83.3	1,691.5
Reagan	0.0	0.0	0.0	213.1	319.7	1,092.2	159.8	1,784.8
Reeves	0.0	110	38.8	679.3	168.2	1,552.7	32.3	2,581.4
Schleicher	0.0	0.0	0.0	0.0	102.5	717.2	102.5	922.1
Sterling	0.0	0.0	0.0	76	76	288	0.0	379.9
Sutton	0.0	53.8	26.9	107.6	26.9	645.7	53.8	914.7
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.5	82.5	42.9	208.8	592.7	2,346.5	219.7	3,495.7
Upton	0.0	0.0	0.0	27	0.0	432.1	54	513.1
Ward	8.6	34.6	8.6	293.8	596.3	1,495	77.8	2,514.7
Winkler	0.0	78.7	13.1	406.5	380.2	930.9	222.9	2,032.3

Source: Texas Department of Public Safety<sup>29</sup>



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 11. Region 9 Suicides, 1999-2019			
County	Deaths	Crude Rate	Age-Adjusted Rate
<b>Texas</b>	<b>59,443</b>	<b>11.4</b>	<b>11.7</b>
Andrews	44	13.9	14.5
Coke	13	Suppressed	Suppressed
Crane	15	Suppressed	Suppressed
Crockett	11	Suppressed	Suppressed
Dawson	31	10.7	10.3
Ector	369	12.7	13.3
Gaines	35	9.6	10.7
Howard	140	19.1	19.4
Kimble	20	21.2	19.7
McCulloch	32	18.7	20.2
Mason	15	Suppressed	Suppressed
Midland	380	13.0	13.3
Pecos	39	11.7	11.8
Reagan	11	Suppressed	Suppressed
Reeves	29	10.0	9.8
Sutton	12	Suppressed	Suppressed
Tom Green	358	14.6	14.9
Ward	29	12.7	13.0
Winkler	29	19.0	19.2

Source: CDC Wonder<sup>36</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 12. Region 9 Teen Birth Rates, 2019**

County	Teen Birth Rate (per 1,000)	County	Teen Birth Rate (per 1,000)
<b>Texas</b>	<b>31</b>	Mason	17
Andrews	56	McCulloch	35
Borden	--	Menard	33
Coke	34	Midland	47
Concho	32	Pecos	59
Crane	50	Reagan	66
Crockett	74	Reeves	81
Dawson	63	Schleicher	24
Ector	60	Sterling	--
Gaines	49	Sutton	48
Glasscock	--	Terrell	--
Howard	62	Tom Green	33
Irion	--	Upton	49
Kimble	47	Ward	53
Loving	--	Winkler	49
Martin	52		

Source: County Health Rankings and Roadmaps<sup>43</sup>

**Table 13. Students who believe it is easy\* to obtain substances (%), 2020<sup>6</sup>**

Region	Tobacco	Alcohol	Marijuana	Ecstasy
Region 9/10	16.4	27.4	19.0	3.6
Texas	15.0	26.2	17.5	3.8
	Cocaine	Crack	Synthetic Marijuana	Inhalants
Region 9/10	4.5	3.3	5.7	21.6
Texas	3.8	3.0	5.4	22.1
	Steroids	Heroin	Methamphetamine	
Region 9/10	3.4	2.7	2.6	
Texas	3.0	2.3	2.7	

\*: Students answered that the particular substance is either “very easy” or “somewhat easy” to obtain

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 14. Region 9 Schedule II Drug Dispensations, 2015-2018					
County	2015	2016	2017	2018	% Difference from 2015 to 2018
<b>TEXAS</b>	<b>38,453,715</b>	<b>39,164,413</b>	<b>13,383,655</b>	<b>12,918,910</b>	<b>-66.40%</b>
<b>REGION 9</b>	<b>261,666</b>	<b>248,438</b>	<b>271,660</b>	<b>262,426</b>	<b>0.29%</b>
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Source: Drug Enforcement Administration (DEA)<sup>62</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 15. On-Campus Substance Violations, 2015-2020 Schools from ESC Regions 15, 17, and 18					
Violation	2015-16	2016-17	2017-18	2018-19	2019-20
Controlled Substances/Drugs	1,214	1,190	1,276	1,353	909
Alcohol Violations	122	140	228	196	87
Tobacco	202	180	256	286	N/A
Felony Controlled Substance	0	7	17	19	35

Source: Texas Education Agency<sup>64</sup>

Table 16. Students who believe substances are dangerous* (%), 2020				
Region	Tobacco	Alcohol	Marijuana	Rx Drugs
9 & 10	56.5	42.4	54.0	72.1
Texas	61.5	47.8	56.9	73.6
	Cocaine	Crack	Synthetic Marijuana	Ecstasy
9 & 10	84.6	85.4	79.0	78.1
Texas	86.4	87.1	80.0	80.6
	Steroids	Heroin	Methamphetamine	Inhalants
9 & 10	73.1	85.3	85.6	69.6
Texas	76.5	87.9	87.5	70.3

\*Students answered that the particular substance was either “very dangerous” or “somewhat dangerous” for kids their age to use.

Source: Texas School Survey, 2020<sup>4</sup>

Table 17. Texas Student's Perceived Risk of Harm from Alcohol (%), 2020					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>47.8</b>	<b>30.5</b>	<b>14.5</b>	<b>2.7</b>	<b>4.5</b>
<b>1 &amp; 2</b>	47.0	32.7	14.8	2.3	3.1
<b>2</b>	47.8	31.5	15.2	1.9	3.5
<b>3 &amp; 4</b>	54.5	27.0	12.1	2.3	4.2
<b>4 &amp; 5</b>	53.2	28.1	11.7	2.9	4.0
<b>6 &amp; 7</b>	42.4	33.0	17.5	2.9	4.2
<b>6, 8, 11</b>	42.4	33.4	15.9	3.4	4.9
<b>8 &amp; 9</b>	45.5	31.2	15.3	2.8	5.1
9 & 10	47.5	30.8	14.1	3.3	4.4

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 18. Regions 9 and 10 Students' Perceived Risk of Harm from Alcohol by Grade Level (%), 2020					
Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>42.4</b>	<b>33.4</b>	<b>15.9</b>	<b>3.4</b>	<b>4.9</b>
Grade 7	52.6	29.6	11.2	2.6	4.0
Grade 8	43.9	31.3	16.8	3.7	4.3
Grade 9	44.6	30.0	15.9	3.9	5.7
Grade 10	38.5	32.2	21.5	2.6	5.1
Grade 11	38.0	36.4	14.4	3.2	8.0
Grade 12	34.4	43.3	15.8	4.3	2.1

Source: Texas School Survey, 2020<sup>6</sup>

Table 19. Texas Student's Perceived Risk of Harm from Marijuana (%), 2020					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>56.9</b>	<b>14.3</b>	<b>12.9</b>	<b>10.5</b>	<b>5.3</b>
1 & 2	58.1	15.2	12.1	10.7	3.9
2	54.3	14.9	13.9	12.2	4.6
3 & 4	61.3	12.9	11.0	9.9	4.8
4 & 5	64.3	12.0	9.6	9.8	4.3
6 & 7	51.3	14.9	16.6	11.8	5.3
6,8, 11	54.0	15.1	12.8	12.2	6.0
8 & 9	54.7	14.6	13.9	11.0	5.8
<b>9 &amp; 10</b>	<b>58.8</b>	<b>15.7</b>	<b>10.8</b>	<b>9.7</b>	<b>5.0</b>

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 20. Regions 9 and 10 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2020

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>54.0</b>	<b>15.1</b>	<b>12.8</b>	<b>12.2</b>	<b>6.0</b>
Grade 7	74.3	12.7	4.1	3.6	5.4
Grade 8	64.0	13.7	8.4	9.1	4.9
Grade 9	55.9	14.0	11.0	11.9	7.3
Grade 10	44.4	15.0	18.4	16.3	6.0
Grade 11	39.3	18.3	17.3	16.5	8.6
Grade 12	41.1	18.0	20.0	17.6	3.4

Source: Texas School Survey, 2020<sup>6</sup>

Table 21. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2020					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>73.6</b>	<b>13.8</b>	<b>4.0</b>	<b>1.3</b>	<b>7.2</b>
<b>1 &amp; 2</b>	78.0	12.2	3.4	1.1	5.3
<b>2</b>	76.2	13.2	3.8	1.1	5.7
<b>3 &amp; 4</b>	75.8	13.4	3.8	1.0	6.0
<b>4 &amp; 5</b>	78.0	11.7	3.3	1.1	5.9
<b>6 &amp; 7</b>	70.4	16.3	4.8	1.4	7.1
<b>6, 8, 11</b>	72.1	13.1	4.2	1.7	8.8
<b>8 &amp; 9</b>	72.1	14.5	4.0	1.3	8.1
<b>9 &amp; 10</b>	75.7	12.1	3.4	1.8	7.0

Source: Texas School Survey, 2020<sup>6</sup>



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 22. Regions 9 and 10 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2020**

<b>Grade Level</b>	<b>Very Dangerous</b>	<b>Somewhat Dangerous</b>	<b>Not Very Dangerous</b>	<b>Not at All Dangerous</b>	<b>Do Not Know</b>
<b>All</b>	<b>72.1</b>	<b>13.1</b>	<b>4.2</b>	<b>1.7</b>	<b>8.8</b>
Grade 7	69.9	11.9	5.7	1.1	11.5
Grade 8	76.7	12.1	3.8	3.0	8.9
Grade 9	73.7	12.3	3.4	2.5	8.1
Grade 10	73.4	13.2	4.2	0.9	8.4
Grade 11	69.7	15.8	3.0	2.0	9.4
Grade 12	74.2	13.9	5.0	0.8	6.1

Source: Texas School Survey, 2020<sup>6</sup>

**Table 23. Texas Student's Perceived Risk of Harm from Tobacco (%), 2020**

<b>Region</b>	<b>Very Dangerous</b>	<b>Somewhat Dangerous</b>	<b>Not Very Dangerous</b>	<b>Not at All Dangerous</b>	<b>Do Not Know</b>
<b>State</b>	<b>61.5</b>	<b>24.7</b>	<b>6.7</b>	<b>1.6</b>	<b>5.5</b>
<b>1 &amp; 2</b>	60.6	26.1	7.5	1.6	4.3
<b>2</b>	59.8	26.0	8.1	1.4	4.7
<b>3 &amp; 4</b>	64.8	23.2	6.1	1.2	4.7
<b>4 &amp; 5</b>	60.0	24.1	9.0	2.3	4.6
<b>6 &amp; 7</b>	59.2	26.5	7.2	1.6	5.5
<b>6, 8, 11</b>	56.5	27.0	7.7	2.1	6.7
<b>8 &amp; 9</b>	60.6	24.7	6.5	1.7	6.5
<b>9 &amp; 10</b>	62.9	23.3	7.0	1.8	5.0

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 24. Regions 9 and 10 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2020**

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>56.5</b>	<b>27.0</b>	<b>7.7</b>	<b>2.1</b>	<b>6.7</b>
Grade 7	68.5	18.6	4.9	0.6	6.3
Grade 8	65.7	22.8	5.0	2.0	4.5
Grade 9	56.7	26.1	8.2	1.9	7.2
Grade 10	50.9	29.6	8.7	2.3	8.5
Grade 11	48.5	30.0	8.3	4.0	9.2
Grade 12	43.7	37.4	12.2	2.3	4.4

Source: Texas School Survey, 2020<sup>6</sup>

**Table 25. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2020**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>62.0</b>	<b>18.9</b>	<b>9.9</b>	<b>3.4</b>	<b>5.7</b>
<b>1 &amp; 2</b>	64.0	18.7	10.3	3.4	3.6
<b>2</b>	61.1	19.9	11.0	3.6	4.4
<b>3 &amp; 4</b>	66.0	17.3	8.9	2.6	5.2
<b>4 &amp; 5</b>	67.2	15.7	8.5	3.7	4.8
<b>6 &amp; 7</b>	57.2	21.7	11.8	3.7	5.7
<b>6, 8, 11</b>	56.8	20.8	11.4	4.3	6.7
<b>8 &amp; 9</b>	60.5	19.2	10.1	3.8	6.4
<b>9 &amp; 10</b>	63.7	16.6	10.3	4.0	5.4

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 26. Regions 9 & 10 Students' Perceived Risk of Harm from Electronic Vapor Products by Grade Level (%), 2020**

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>56.8</b>	<b>20.8</b>	<b>11.4</b>	<b>4.3</b>	<b>6.7</b>
Grade 7	65.7	18.0	7.0	3.1	6.2
Grade 8	61.0	18.7	10.5	3.3	6.5
Grade 9	56.2	17.5	14.1	5.4	6.7
Grade 10	52.5	21.7	14.3	4.2	7.4
Grade 11	49.6	26.3	10.6	4.8	8.7
Grade 12	53.9	24.2	12.4	5.3	4.2

Source: Texas School Survey, 2020<sup>6</sup>

**Table 27. Students Whose Close Friends Use Alcohol (%), 2020**

Region	None	A Few	Some	Most	All
<b>State</b>	52.8	22.2	12.7	9.4	3.0
<b>1 &amp; 2</b>	45.2	26.6	15.4	10.4	2.4
<b>2</b>	46.5	25.4	15.8	10.0	2.3
<b>3 &amp; 4</b>	62.0	19.3	9.7	7.1	1.8
<b>4 &amp; 5</b>	51.4	22.1	12.3	10.9	3.3
<b>6 &amp; 7</b>	47.7	23.0	14.9	11.0	3.4
<b>6, 8, 11</b>	45.3	25.4	13.5	11.3	4.6
<b>8 &amp; 9</b>	48.5	24.7	12.9	10.4	3.5
<b>9 &amp; 10</b>	49.1	23.6	14.0	9.9	3.4

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 28. Age of First Use of Alcohol, 2020

Region	Age
<b>Texas</b>	<b>12.8</b>
1 & 2	12.8
2	12.8
3 & 4	12.7
4 & 5	12.9
6 & 7	12.8
6, 8, 11	12.8
8 & 9	12.9
9 & 10	13.0

Source: Texas School Survey, 2020<sup>6</sup>

Table 29: Texas Student Alcohol Consumption (%), 2020

Region	Current Use	School Year Use	Lifetime Use	Never Used
<b>State</b>	27.4	32.4	50.5	49.5
1 & 2	31.6	36.9	57.8	75.1
2	29.2	34.4	54.8	45.2
3 & 4	20.2	24.0	40.8	59.2
4 & 5	27.3	32.2	50.6	49.4
6 & 7	28.4	34.8	55.3	44.7
6, 8, 11	29.6	34.7	54.1	45.9
8 & 9	26.0	30.8	48.6	51.4
<b>9 &amp; 10</b>	<b>31.6</b>	<b>36.4</b>	<b>53.4</b>	<b>46.6</b>

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 30. Age of First Use of Tobacco, 2020**

<b>Region</b>	<b>Age</b>
<b>Texas</b>	<b>13.2</b>
1 & 2	13.2
2	12.9
3 & 4	13.2
4 & 5	13.0
6 & 7	13.3
6, 8, 11	13.0
8 & 9	13.3
<b>9 &amp; 10</b>	<b>12.9</b>

Source: Texas School Survey, 2020<sup>6</sup>

**Table 31: Texas Student Tobacco Use (%), 2020**

<b>Region</b>	<b>Current Use</b>	<b>School Year Use</b>	<b>Lifetime Use</b>
<b>State</b>	<b>14.2</b>	<b>17.9</b>	<b>30.2</b>
1 & 2	17.1	22.9	37.7
2	17.0	22.2	36.6
3 & 4	10.5	13.3	24.1
4 & 5	17.8	21.8	33.1
6 & 7	14.9	17.7	30.1
6, 8, 11	17.9	22.2	37.3
8 & 9	18.6	21.4	29.5
<b>9 &amp; 10</b>	<b>16.9</b>	<b>20.3</b>	<b>33.7</b>

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 32. Age of First Use of Marijuana, 2020	
Region	Age
<b>Texas</b>	<b>13.9</b>
1 & 2	13.8
2	13.6
3 & 4	14.2
4 & 5	14.0
6 & 7	14.1
6, 8, 11	13.6
8 & 9	13.9
<b>9 &amp; 10</b>	<b>13.5</b>

Source: Texas School Survey, 2020<sup>6</sup>

Table 33: Texas Student Marijuana Use (%), 2020			
Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	12.4	15.1	20.8
<b>1 &amp; 2</b>	13.6	15.8	23.3
<b>2</b>	14.2	16.5	23.8
<b>3 &amp; 4</b>	8.5	10.9	15.6
<b>4 &amp; 5</b>	9.1	11.3	16.2
<b>6 &amp; 7</b>	14.6	17.7	24.0
<b>6, 8, 11</b>	14.7	17.8	24.3
<b>8 &amp; 9</b>	14.5	17.4	23.2
<b>9 &amp; 10</b>	14.0	16.3	22.5

Source: Texas School Survey, 2020<sup>6</sup>

**Table 34: Texas Students' Prescription Drug Misuse (%), 2020**

<b>Region</b>	<b>Current Misuse</b>	<b>School Year Misuse</b>	<b>Lifetime Misuse</b>
<b>State</b>	6.1	8.9	17.2
<b>1 &amp; 2</b>	6.5	9.5	19.8
<b>2</b>	7.2	10.2	20.7
<b>3 &amp; 4</b>	5.9	8.7	15.7
<b>4 &amp; 5</b>	5.6	8.1	16.9
<b>6 &amp; 7</b>	6.1	9.1	18.7
<b>6, 8, 11</b>	6.6	9.7	18.8
<b>8 &amp; 9</b>	7.1	10.0	18.7
<b>9 &amp; 10</b>	6.2	9.3	21.3

Source: Texas School Survey, 2020<sup>6</sup>

**Table 35: Texas Students' Rx Opioid Misuse (%), 2020**

<b>Region</b>	<b>Current Use</b>	<b>School Year Use</b>	<b>Lifetime Use</b>
<b>State</b>	0.7	1.2	2.9
<b>1 &amp; 2</b>	1.0	1.6	4.1
<b>2</b>	1.1	1.7	4.3
<b>3 &amp; 4</b>	0.6	1.0	2.6
<b>4 &amp; 5</b>	0.6	1.0	3.2
<b>6 &amp; 7</b>	1.0	1.8	4.0
<b>6, 8, 11</b>	0.7	1.2	2.7
<b>8 &amp; 9</b>	0.9	1.4	3.9
<b>9 &amp; 10</b>	1.2	1.4	2.9

Source: Texas School Survey, 2020<sup>6</sup>



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Substance	Texas	Region 9 & 10
Cocaine	14.3	13.9
Crack	13.4	12.4
Steroids	12.4	12.1
Ecstasy	14.6	14.5
Heroin	12.7	11.6
Methamphetamine	13.6	12.1
Synthetic Marijuana	13.8	13.5
Inhalants	11.8	11.7

Source: Texas School Survey, 2020<sup>6</sup>

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	13.0	17.1	22.7
<b>1 &amp; 2</b>	14.3	18.0	24.9
<b>2</b>	15	18.9	25.7
<b>3 &amp; 4</b>	9.3	12.6	17.1
<b>4 &amp; 5</b>	9.8	13.3	18.0
<b>6 &amp; 7</b>	14.4	18.9	24.8
<b>6, 8, 11</b>	15.7	20.4	26.6
<b>8 &amp; 9</b>	14.7	18.6	24.8
<b>9 &amp; 10</b>	15.2	19.6	25.3

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 38: Region 9 and 10 Student Illicit Drug Use (%), 2020

Substance	Current Use	School Year Use	Lifetime Use
<b>Any Illicit Drug</b>	14.7	18.6	24.8
<b>Marijuana</b>	14.0	16.3	22.5
<b>Cocaine</b>	2.0	2.2	3.6
<b>Crack</b>	0.7	0.8	1.0
<b>Hallucinogens</b>	1.0	1.4	2.4
<b>Synthetic Cathinone</b>	0.3	0.3	0.5
<b>Steroids</b>	0.4	0.6	1.2
<b>Ecstasy</b>	0.9	1.2	2.5
<b>Heroin</b>	0.3	0.4	0.9
<b>Methamphetamine</b>	0.6	0.6	1.1
<b>Synthetic Marijuana</b>	1.4	2.2	4.5

Source: Texas School Survey, 2020<sup>6</sup>

Table 39. Region 9 Alcohol Permit rate Per 100,000 people, 2021

County	Alcohol Permit (per 100,000)	County	Alcohol Permit (per 100,000)
<b>Texas</b>	<b>205.3</b>	Mason	256.4
Andrews	103.0	McCulloch	264.4
Borden	--	Menard	503.4
Coke	156.0	Midland	193.3
Concho	337.4	Pecos	355.5
Crane	186.5	Reagan	300.5
Crockett	343.9	Reeves	414.3
Dawson	154.8	Schleicher	180.5
Ector	211.3	Sterling	238.7
Gaines	101.6	Sutton	522
Glasscock	217.4	Terrell	189.2
Howard	195.5	Tom Green	197.2
Irion	397.6	Upton	394.5
Kimble	626.6	Ward	278.9
Loving	2,150.5	Winkler	355.3
Martin	64.6		

Source: Texas Alcoholic Beverage Commission<sup>101</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 40. Region 9 Tobacco Permit rate per 100,000, 2020

County	Tobacco Permit per (100,000)	County	Tobacco Permit (per 100,000)
<b>Texas</b>	<b>104.2</b>	Mason	153.9
Andrews	76.3	McCulloch	138.6
Borden	292.0	Menard	274.2
Coke	186.6	Midland	95.5
Concho	217.0	Pecos	199.6
Crane	145.0	Reagan	165.6
Crockett	222.8	Reeves	222.8
Dawson	117.7	Schleicher	151.0
Ector	113.1	Sterling	319.5
Gaines	99.5	Sutton	342.4
Glasscock	219.8	Terrell	189.8
Howard	123.7	Tom Green	94.9
Irion	331.6	Upton	226.0
Kimble	437.4	Ward	147.1
Loving	4,347.8	Winkler	182.9
Martin	99.3		

Source: Texas.Gov<sup>102</sup>

Table 41. Region 9 Overdose Death Crude Rate per 100K, 1999-2018

Area	Overdose Death Crude Rate per 100K
<b>Texas</b>	<b>19.4</b>
Andrews County	11.4
Dawson County	18.0
Ector County	23.8
Gaines County	11.1
Howard County	22.3
McCulloch County	13.5
Midland County	17.9
Pecos County	15.5
Reeves County	24.8
Tom Green County	18.9
Ward County	22.6
Winkler County	21.5

Source: CDC Wonder<sup>105</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 42. Alcohol-Induced Death Crude Rate, 1999-2019	
Area	Crude Rate per 100K
<b>Texas</b>	<b>9.3</b>
Dawson County	10.0
Ector County	11.1
Howard County	10.9
Midland County	9.4
Pecos County	8.7
Reeves County	10.7
Tom Green County	7.6
Ward County	12.2

Source: CDC Wonder<sup>105</sup>

Table 43. Drug-Induced Death Crude Rate, 1999-2019	
Area	Crude Rate per 100K
<b>Texas</b>	<b>10.3</b>
Andrews County	7.6
Dawson County	9.0
Ector County	13.0
Gaines County	6.9
Howard County	12.0
Midland County	8.5
Reeves County	14.5
Tom Green County	11.3
Ward County	10.0
Winkler County	15.1

Source: CDC Wonder<sup>105</sup>

<b>Table 44. Region 9 Alcohol Impaired Driving Deaths, 2015-2019</b>			
<b>County</b>	<b>Alcohol Impaired Deaths</b>	<b>County</b>	<b>Alcohol Impaired Deaths</b>
<b>Andrews</b>	16	<b>McCulloch</b>	2
<b>Borden</b>	0	<b>Menard</b>	0
<b>Coke</b>	1	<b>Midland</b>	70
<b>Concho</b>	1	<b>Pecos</b>	10
<b>Crane</b>	2	<b>Reagan</b>	3
<b>Crockett</b>	2	<b>Reeves</b>	15
<b>Dawson</b>	0	<b>Schleicher</b>	0
<b>Ector</b>	87	<b>Sterling</b>	2
<b>Gaines</b>	5	<b>Sutton</b>	1
<b>Glasscock</b>	2	<b>Terrell</b>	1
<b>Howard</b>	9	<b>Tom Green</b>	17
<b>Irion</b>	0	<b>Upton</b>	3
<b>Kimble</b>	1	<b>Ward</b>	13
<b>Loving</b>	6	<b>Winkler</b>	9
<b>Martin</b>	6		

Source: County Health Rankings<sup>106</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 45. Region 9 DUI Crashes, 2018-2020**

<b>County</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>REGION 9</b>	<b>962</b>	<b>1,053</b>	<b>920</b>
Andrews	11	24	18
Borden	0	2	0
Coke	2	4	3
Concho	4	4	5
Crane	4	7	9
Crockett	4	9	8
Dawson	7	8	13
Ector	341	386	298
Gaines	16	16	26
Glasscock	2	0	1
Howard	50	37	38
Irion	0	1	0
Kimble	13	7	7
Loving	3	3	0
Martin	10	15	15
Mason	2	3	3
McCulloch	6	5	3
Menard	2	5	2
Midland	254	273	256
Pecos	15	19	13
Reagan	5	9	2
Reeves	39	46	22
Schleicher	2	2	0
Sterling	8	4	1
Sutton	8	15	15
Terrell	0	0	1
Tom Green	99	100	133
Upton	5	3	1
Ward	29	33	11
Winkler	21	13	16

Source: Texas Department of Transportation<sup>107</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 46. Reg. 9 Driving Under Influence Arrests, 2019**

County	Arrests for DUI	County	Arrests for DUI
<b>Region 9</b>	2,024	<b>Mason</b>	11
<b>Andrews</b>	94	<b>McCulloch</b>	3
<b>Borden</b>	3	<b>Menard</b>	10
<b>Coke</b>	7	<b>Midland</b>	351
<b>Concho</b>	0	<b>Pecos</b>	19
<b>Crane</b>	26	<b>Reagan</b>	8
<b>Crockett</b>	0	<b>Reeves</b>	65
<b>Dawson</b>	27	<b>Schleicher</b>	1
<b>Ector</b>	909	<b>Sterling</b>	17
<b>Gaines</b>	60	<b>Sutton</b>	17
<b>Glasscock</b>	0	<b>Terrell</b>	0
<b>Howard</b>	56	<b>Tom Green</b>	244
<b>Irion</b>	1	<b>Upton</b>	32
<b>Kimble</b>	8	<b>Ward</b>	22
<b>Loving</b>	0	<b>Winkler</b>	30
<b>Martin</b>	3		

Source: Texas Department of Public Safety<sup>108</sup>

**Table 47. Region 9 “Any One Time” Incarcerations for DWI and Drug Offenses, 2020**

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
<b>Region 9</b>	<b>210</b>	<b>756</b>	Howard	10	34	Reeves	3	11
Andrews	5	7	Irion	0	1	Schleicher	0	2
Borden	0	0	Kimble	3	9	Sterling	0	1
Coke	1	0	Loving	0	1	Sutton	1	6
Concho	2	2	McCulloch	3	11	Terrell	0	0
Crane	1	2	Martin	1	2	Tom Green	43	253
Crockett	1	4	Mason	0	1	Upton	2	5
Dawson	8	23	Menard	0	4	Ward	3	20
Ector	59	192	Midland	49	133	Winkler	2	4
Gaines	8	14	Pecos	4	6			
Glasscock	0	1	Reagan	1	7			

June\*: On hand population at TDCJ for DWI and drug offenses on June 27, 2021.

Source: Texas Department of Criminal Justice<sup>110</sup>



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

TABLE 48. Region 9 Texas Medicaid Clients with Behavior/Mental Health or Substance Use Disorder, 2020

Region 9						
County	Total Male	Total Female	BMH Male	BMH Female	SUD Male	SUD Female
Andrews	162	73	159	71	3	2
Borden	3	0	3	0	0	0
Coke	55	17	54	17	1	0
Concho	50	23	48	23	2	0
Crane	48	23	48	23	0	0
Crockett	37	9	36	9	1	0
Dawson	187	52	182	52	5	0
Ector	1,325	498	1,271	476	54	22
Gaines	133	53	132	53	1	0
Glasscock	2	3	2	3	0	0
Howard	435	170	422	168	13	2
Irion	8	6	8	5	0	1
Kimble	63	20	62	20	1	0
Loving	0	0	0	0	0	0
Martin	50	11	49	11	1	0
Mason	22	11	21	11	1	0
McCulloch	147	68	142	66	5	2
Menard	34	3	32	3	2	0
Midland	1,508	570	1,438	555	70	15
Pecos	149	35	146	34	3	1
Reagan	19	4	17	4	2	0
Reeves	155	48	151	48	4	0
Schleicher	35	8	34	8	1	0
Sterling	17	6	17	6	0	0
Sutton	22	16	21	16	1	0
Terrell	13	6	13	6	0	0
Tom Green	1,761	722	1,700	702	61	20
Upton	38	7	38	7	0	0
Ward	157	45	154	45	3	0
Winkler	73	35	71	33	2	2

Source: Texas Health and Human Services<sup>122</sup>

Table 49 REGION 9 MENTAL HEALTH CENTERS

Center	<b>Center for Life Resources</b>
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	<a href="http://www.cflr.us/">http://www.cflr.us/</a>
Counties Served	McCulloch
Center	<b>Hill Country Mental Health &amp; Developmental Disabilities Centers</b>
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	<a href="http://www.hillcountry.org/">http://www.hillcountry.org/</a>
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	<b>MHMR Services for the Concho Valley</b>
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	<a href="http://www.mhmrcv.org">http://www.mhmrcv.org</a>
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	<b>PermianCare (Permian Basin Community Centers for MHMR)</b>
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	<a href="http://www.pbmhmr.com/">http://www.pbmhmr.com/</a>
Counties Served	Ector, Midland, Pecos
Center	<b>West Texas Centers</b>
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	<a href="http://www.wtcmhmr.org/">http://www.wtcmhmr.org/</a>
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

	Youth Served	Youth successfully completed	Overall success rate
YPS -CBSG	550	511	93%
YPI – PTND	320	286	89%

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI – Midland	12	2	12	100%
YPU – Ector	429	18	429	100%

Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	Any School Source
<b>State</b>	<b>39.7</b>	<b>41.4</b>	<b>24.3</b>	<b>15.2</b>	<b>28.3</b>	<b>13.5</b>	<b>29.4</b>	<b>28.4</b>	<b>66.9</b>
1&2	31.0	51.2	20.3	13.4	25.9	11.4	36.0	26.4	67.6
2	29.2	45.1	21.2	11.9	25.8	12.0	31.8	25.9	65.2
3&4	41.9	51.2	27.8	16.2	26.8	16.5	37.0	32.5	71.9
4&5	34.3	52.4	22.8	15.0	23.9	13.5	35.5	26.5	67.6
6&7	35.5	30.1	19.0	11.1	27.3	10.3	22.1	25.2	62.2
6,8,11	41.2	33.0	23.0	16.0	31.2	12.7	23.6	26.6	63.6
8&9	35.2	38.6	20.9	14.6	27.9	11.0	22.3	25.2	61.4
9&10	47.1	49.7	34.2	21.7	32.2	17.6	37.1	32.7	71.1

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Table 53. Student Perception of Parental Approval of Alcohol (%), 2020						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>60.9</b>	<b>14.4</b>	<b>11.8</b>	<b>4.4</b>	<b>0.9</b>	<b>7.6</b>
1 & 2	58.4	16.1	14.3	4.3	1.2	5.7
2	58.7	15.5	15.1	3.9	0.7	6.0
3 & 4	65.6	14.1	10.1	3.0	0.7	6.4
4 & 5	61.0	13.2	12.5	3.8	1.1	8.4
6 & 7	58.2	15.7	12.7	5.3	0.8	7.3
6, 8, 11	59.4	13.7	12.1	4.9	1.2	8.6
8 & 9	55.1	14.6	15.9	5.3	1.2	7.9
<b>9 &amp; 10</b>	<b>61.1</b>	<b>14.1</b>	<b>12.1</b>	<b>3.6</b>	<b>1.0</b>	<b>8.0</b>

Source: Texas School Survey, 2020<sup>6</sup>

Table 54. Student Perception of Parental Approval of Tobacco (%), 2020						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>78.4</b>	<b>7.2</b>	<b>4.8</b>	<b>1.0</b>	<b>0.6</b>	<b>7.9</b>
1 & 2	76.1	8.3	7.2	1.1	0.9	6.5
2	75.4	8.4	8.0	0.8	0.5	6.7
3 & 4	81.5	7.3	3.3	0.9	0.4	6.6
4 & 5	73.2	8.0	7.3	1.8	0.8	8.9
6 & 7	78.5	7.7	4.7	1.1	0.5	7.5
6, 8, 11	77.4	6.8	4.8	1.0	0.8	9.2
8 & 9	73.1	8.4	7.5	1.2	0.8	9.1
<b>9 &amp; 10</b>	<b>78.2</b>	<b>6.4</b>	<b>5.4</b>	<b>0.8</b>	<b>0.6</b>	<b>8.5</b>

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Table 55. Student Perception of Parental Approval of Marijuana (%), 2020**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>75.3</b>	<b>7.1</b>	<b>7.0</b>	<b>1.9</b>	<b>1.3</b>	<b>7.5</b>
1 & 2	75.6	6.7	7.9	1.8	2.0	6.0
2	72.7	6.8	9.9	2.3	1.8	6.4
3 & 4	77.1	7.8	6.0	1.6	1.0	6.5
4 & 5	77.4	5.6	6.0	1.5	1.2	8.2
6 & 7	74.1	7.4	7.9	2.1	1.3	7.1
6, 8, 11	73.6	6.8	7.7	2.0	1.4	8.5
8 & 9	72.2	7.1	8.9	2.3	1.2	8.3
<b>9 &amp; 10</b>	<b>78.3</b>	<b>5.5</b>	<b>5.4</b>	<b>1.6</b>	<b>1.1</b>	<b>7.4</b>

Source: Texas School Survey, 2020<sup>6</sup>

**Table 56. Region 9 & 10 Students' Perceived Ease of Access (%), 2020**

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Tobacco	29.4	21.9	7.5	11.4	13.4	16.4
Alcohol	21.5	13.3	6.1	12.1	19.7	27.4
Marijuana	28.2	24.3	8.1	8.4	12.0	19.0
Cocaine	41.1	33.7	10.7	6.5	3.6	4.5
Crack	43.4	35.1	10.2	5.5	2.6	3.3
Steroids	45.7	32.6	9.7	6.6	2.0	3.4
Ecstasy	53.7	27.3	7.1	5.4	3.0	3.6
Heroin	48.5	34.9	8.7	3.9	1.4	2.7
Methamphetamine	50.3	33.2	7.9	4.4	1.6	2.6
Synthetic Marijuana	50.0	27.4	6.8	5.8	4.4	5.7
Inhalants	44.9	17.0	3.9	5.3	7.3	21.6

Source: Texas School Survey, 2020<sup>6</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

<b>Table 57. Region 9 Students' Perceived Risk/Harm (%), 2020</b>					
<b>Substance</b>	<b>Very Dangerous</b>	<b>Somewhat Dangerous</b>	<b>Not Very Dangerous</b>	<b>Not at All Dangerous</b>	<b>Do Not Know</b>
Tobacco	56.5	27.0	7.7	2.1	6.7
E-Vapor Products	56.8	20.8	11.4	4.3	6.7
Alcohol	42.4	33.4	15.9	3.4	4.9
Marijuana	54.0	15.1	12.8	12.2	6.0
Cocaine	84.6	7.3	0.9	0.6	6.6
Crack	84.5	6.5	0.5	0.6	7.0
Ecstasy	78.1	8.2	1.5	0.8	11.3
Steroids	73.1	12.8	3.4	1.4	9.2
Heroin	85.3	5.1	0.7	0.7	8.2
Methamphetamine	85.6	5.0	0.7	0.6	8.2
Synthetic Marijuana	79.0	8.1	2.2	1.3	9.3
Any Prescription Drug	72.1	13.1	4.2	1.7	8.8
Inhalants	69.6	14.5	4.3	2.0	9.4

Source: Texas School Survey, 2020<sup>6</sup>

## Figures



**Figure 1.** Map of Health Service Regions serviced by a Prevention Resource Center

Figure 2. Texas School Survey, 2020,2018<sup>6</sup>

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Campuses Participated	Total Non-Blank Surveys	Usable Surveys	# Rejected	% Rejected
2020*	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%
2016	600	187	140	50,143	49,070	1,073	2.1%



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Figure 3. Texas School Survey, 2020, 2018<sup>6</sup>

Grade	Survey Distribution TSS 2020*		Survey Distribution TSS 2018		Difference Between 2018 and 2020* TSS
	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	6,414	2.9%	12,445	20.5%	-6,031
Grade 8	6,472	23.1%	12,268	20.2%	-5,796
Grade 9	4,189	15.0%	9,409	15.5%	-5,220
Grade 10	4,119	14.7%	9,571	15.8%	-5,452
Grade 11	3,556	12.7%	9,163	15.1%	-5,607
Grade 12	3,215	11.5%	7,920	13.0%	-4,705
<b>Total</b>	<b>27,965</b>	<b>100.0%</b>	<b>60,776</b>	<b>100.0%</b>	<b>-32,811</b>

Texas School Survey, 2020/2018. [http://www.texaschoolsurvey.org/Report\\_](http://www.texaschoolsurvey.org/Report_) Accessed March 4, 2021<sup>6</sup>



**Assessment**

Profile population needs, resources, and readiness to address needs and gaps

**Capacity**

Mobilize and/or build capacity to address needs

**Planning**

Develop a Comprehensive Strategic Plan

**Implementation**

Implement the Strategic Plan and corresponding evidence-based prevention strategies

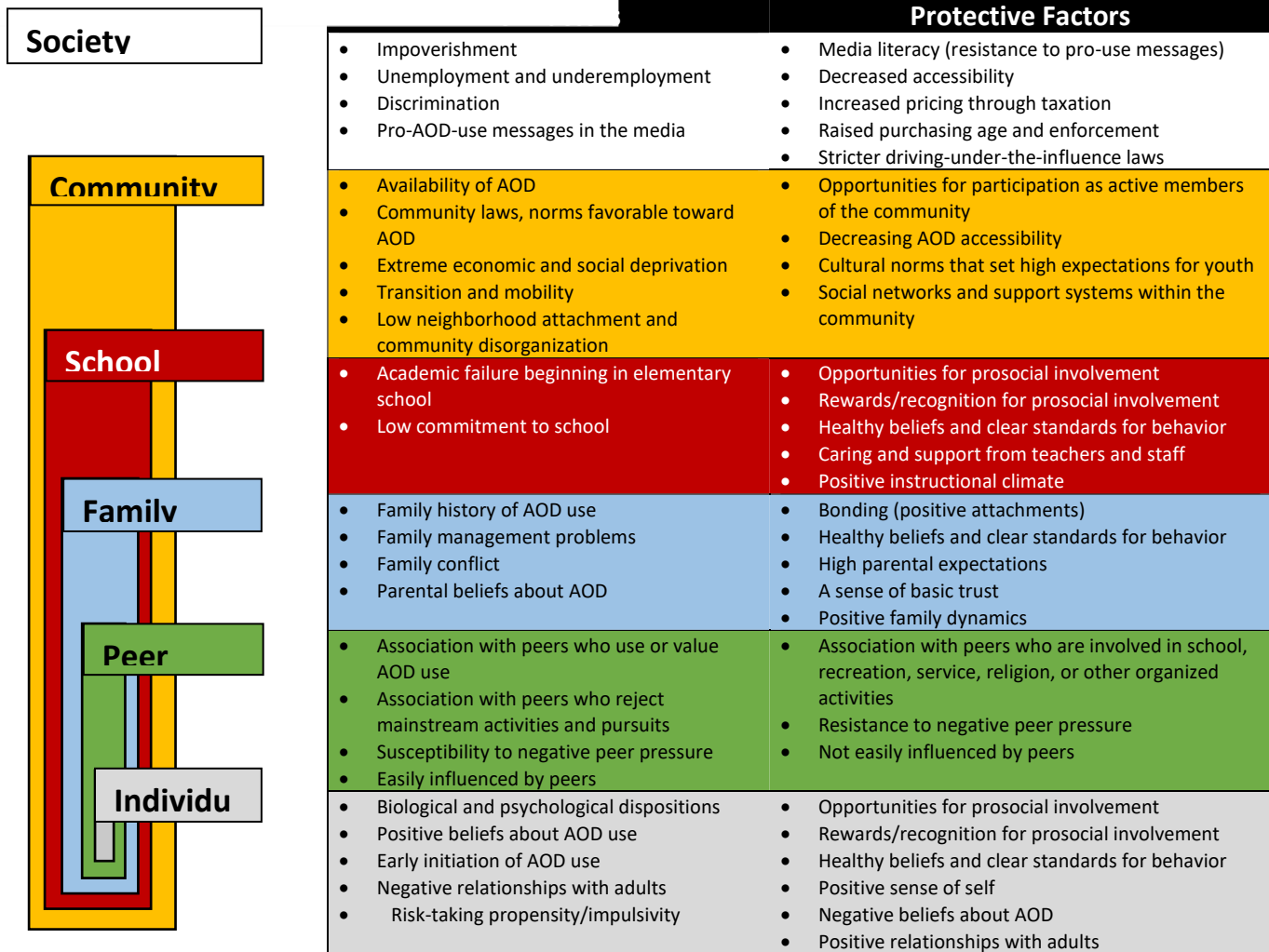
**Evaluation**

Monitor, evaluate, sustain, and improve or replace those that fail

Figure 4. Strategic Prevention Framework (SPF)<sup>2</sup>

## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

**Figure 5. Socio-Ecological Model for Substance Use, with Examples**





Adapted from: Healthy People 2020

**Figure 6.** Social Determinants of Health

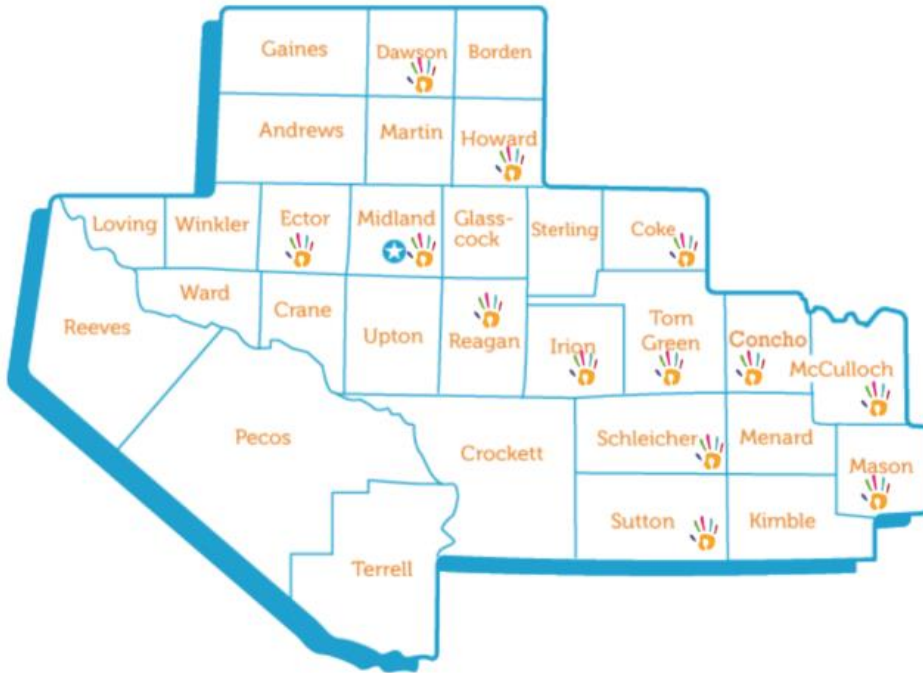
Figure 7. National Institute on Alcohol Abuse and Alcoholism (NIAAA).



National Institute on Alcohol Abuse and Alcoholism <https://www.niaaa.nih.gov/>  
Accessed April 16, 2020<sup>5</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

13 Child Welfare Boards in the  
**Greater Midland Area**



- COKE**  
Donna Poehls, Chair  
[donna.poehls@bronteisd.net](mailto:donna.poehls@bronteisd.net)
- CONCHO**  
Milissa Wright, Chair  
[ma-wright@tamu.edu](mailto:ma-wright@tamu.edu)
- DAWSON**  
Melissa Cazares, Chair  
[melicaza@yahoo.com](mailto:melicaza@yahoo.com)
- ECTOR**  
Lucas Rodriguez, Chair  
[luke@wtsc.us.com](mailto:luke@wtsc.us.com)
- HOWARD**  
Becky Moughon, Chair  
[rurevic@suddenlink.net](mailto:rurevic@suddenlink.net)
- IRION**  
Alison Gryder, Chair  
[alison.gryder@outlook.com](mailto:alison.gryder@outlook.com)
- MASON**  
Misty Standard, Chair  
[misty@milestonestx.com](mailto:misty@milestonestx.com)
- MCCULLOCH**  
Connie Humphreys, Chair  
[chh409@hotmail.com](mailto:chh409@hotmail.com)
- MIDLAND**  
Shelly Worrell, Chair  
[shelly\\_worrell@oxy.com](mailto:shelly_worrell@oxy.com)
- REAGAN**  
Sarah New, Chair  
[sarah.new@reagancountyisd.net](mailto:sarah.new@reagancountyisd.net)
- SCHLEICHER**  
Rhonda McCants, Chair  
[mccantsfive@yahoo.com](mailto:mccantsfive@yahoo.com)
- SUTTON**  
Candis Davis, Chair  
[candy.davis@sonoraisd.net](mailto:candy.davis@sonoraisd.net)
- TOM GREEN**  
Shelly Suksta, Chair  
[shellysuksta@shannonhealth.org](mailto:shellysuksta@shannonhealth.org)



Figure 8. TEXAS HEALTH REGION 9 COUNTIES

Source: Texas Council of Child Welfare Boards<sup>7</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

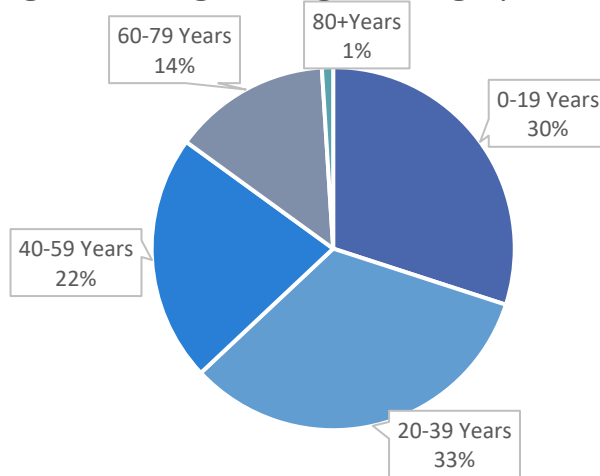
Figure 9. JOB and WAGE TRENDS in WEST TEXAS<sup>9</sup>

Sources: JobsEQ and U.S. Bureau of Labor Statistics<sup>9</sup>

Exhibit 5: West Texas Region Wage Trends, 2007 to 2017				
Area	Average Wage, 2017	Change in Wages from 2007	Nominal Rate of Change, 2007 to 2017	Real Rate of Change,* 2007 to 2017
Midland MSA	\$69,490	\$24,159	53.3%	29.7%
Odessa MSA	\$56,250	\$14,492	34.7%	13.9%
West Texas Region	\$56,491	\$17,694	45.6%	23.2%
Texas	\$55,801	\$11,106	24.9%	5.6%
United States	\$55,375	\$10,917	24.6%	5.4%

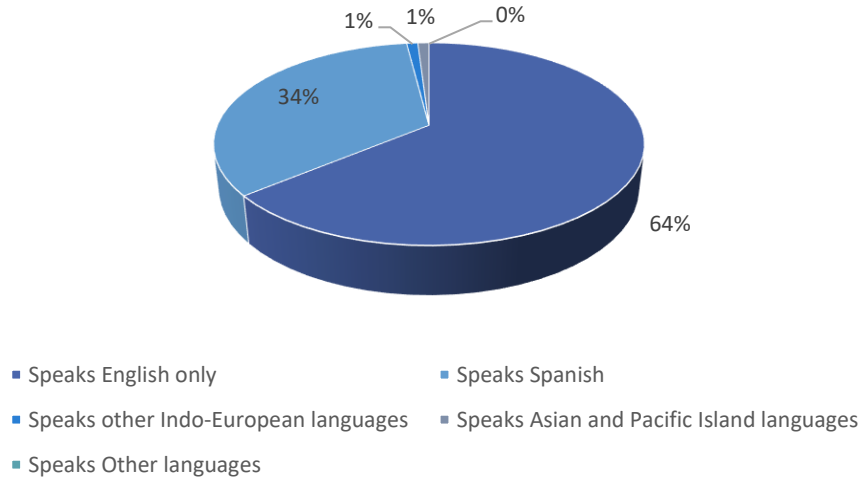
\* The constant or "real" rate adjusts average wages for the effects of inflation in the value of a particular base year. According to the Bureau of Labor Statistics, prices in 2017 are 18.22 percent higher than prices in 2007.

Figure 10. Region 9 Age Demographics, 2021



Source: Texas Demographic Center<sup>13</sup>

Figure 11. Region 9 languages, 2019



Source: U.S. Census Bureau, American Community Survey, 2019<sup>12</sup>

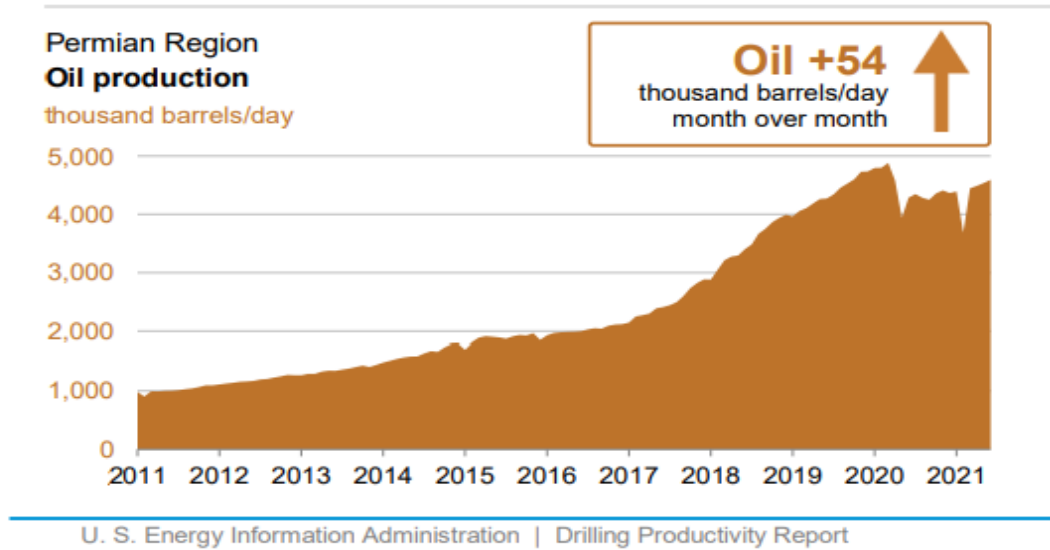


FIGURE 12. PERMIAN BASIN OIL PRODUCTION, 2011-2021 SOURCE: U.S. Energy Information Administration



2021 REGIONAL NEEDS ASSESSMENT--REGION 9

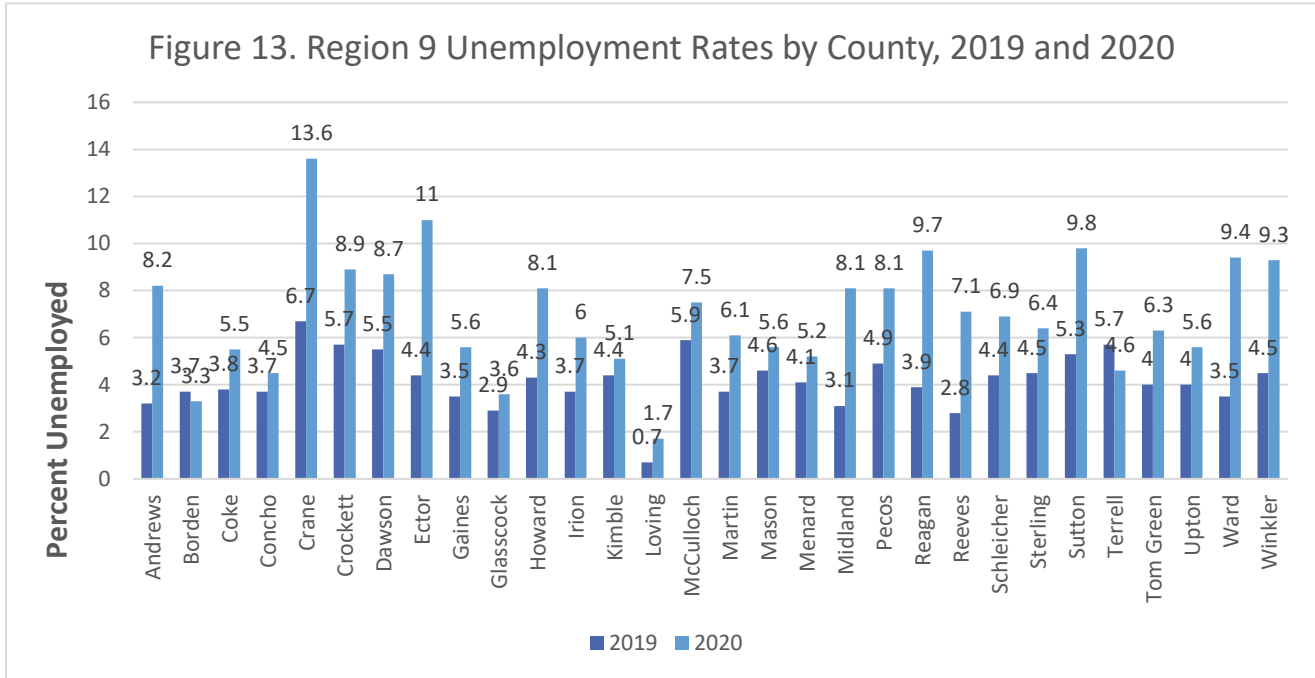
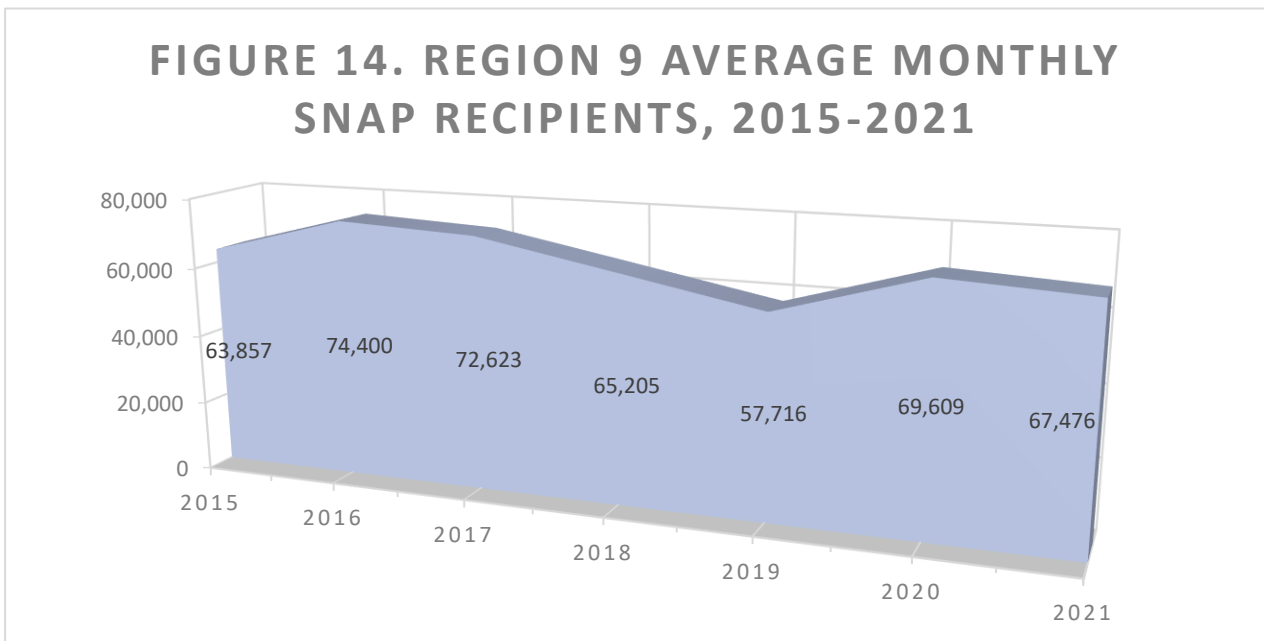


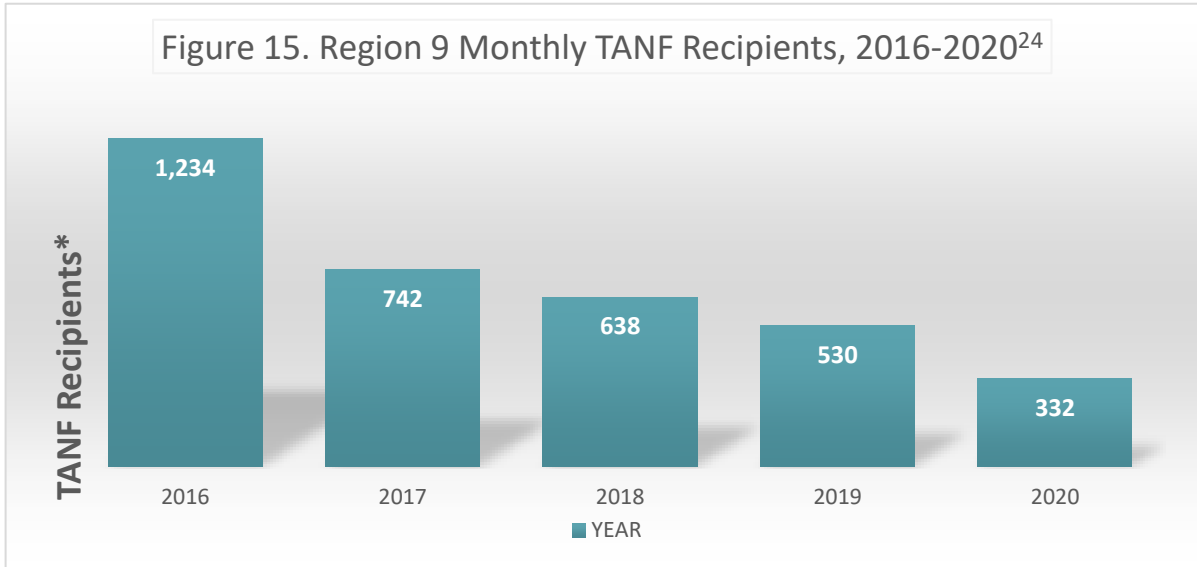
Figure 13. Region 9 Unemployment Rates by County

Source: Bureau of Labor Statistics<sup>22</sup>

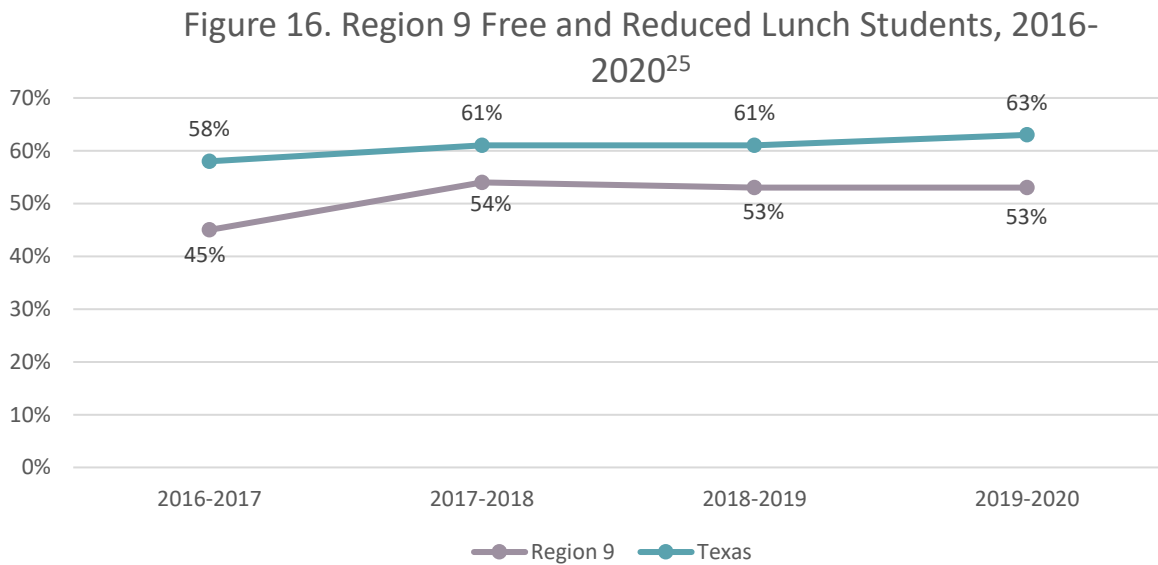


Source: Texas Health and Human Services<sup>23</sup>

2021 REGIONAL NEEDS ASSESSMENT--REGION 9



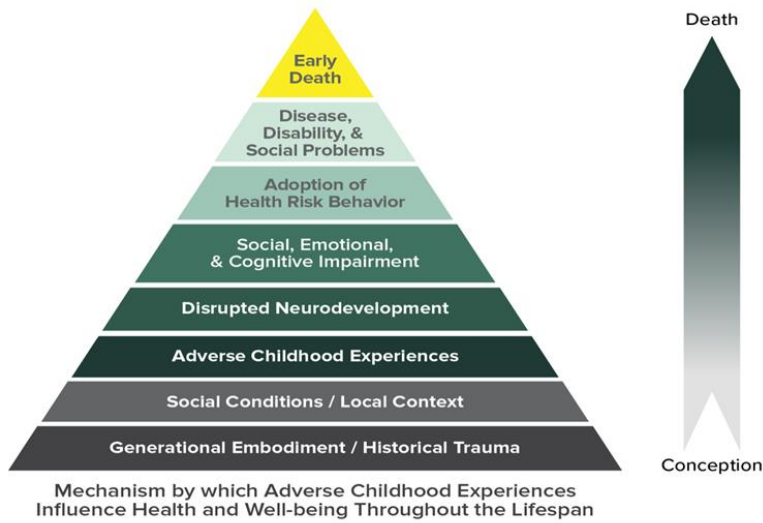
Source: Texas Health and Human Services Commission<sup>24</sup>



Source: U.S. Department of Education, National Center for Education Statistics<sup>25</sup>

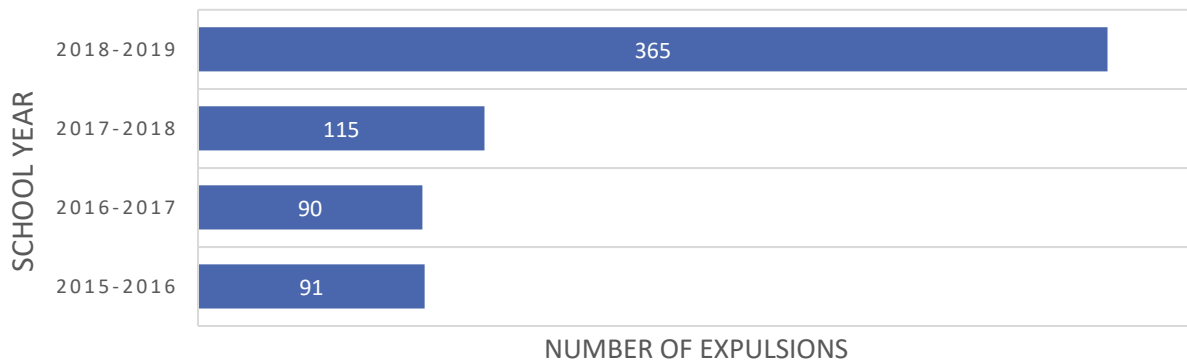
**Figure 17. The ACE Pyramid**

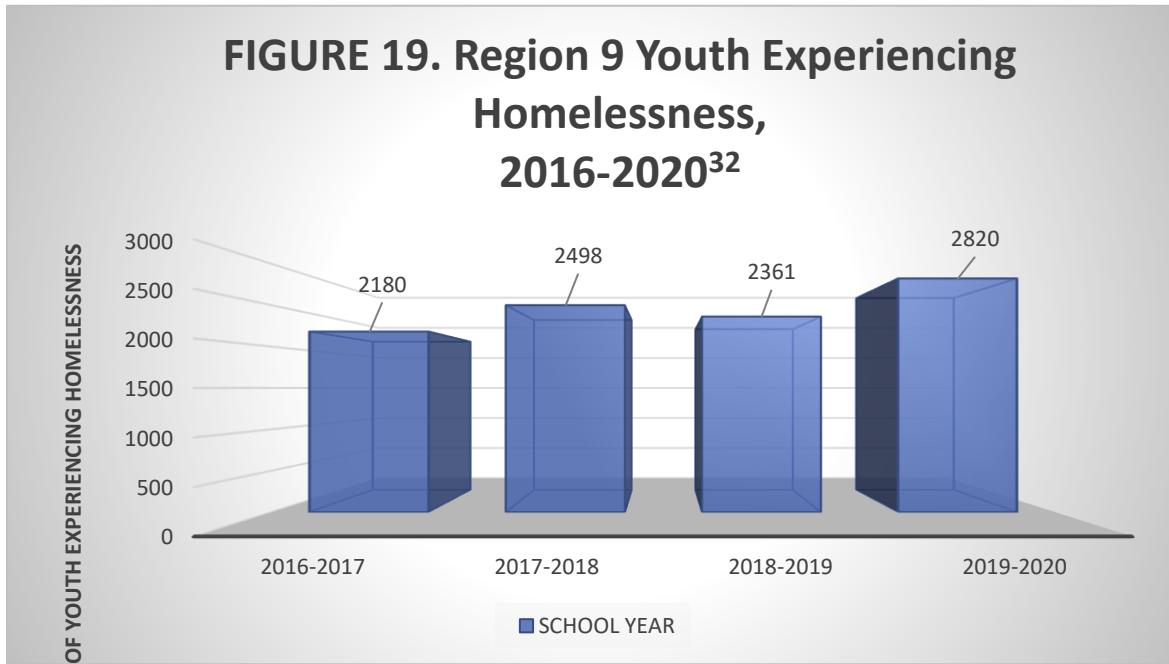
Source: Centers for Disease Control and Prevention<sup>28</sup>



Source: Texas Education Agency<sup>31</sup>

**FIGURE 18. REGION 9 SCHOOL EXPULSIONS, 2015-2019**





Source: Texas Education Agency<sup>32</sup>

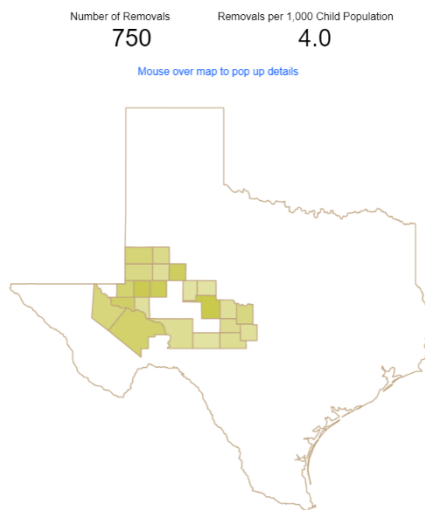
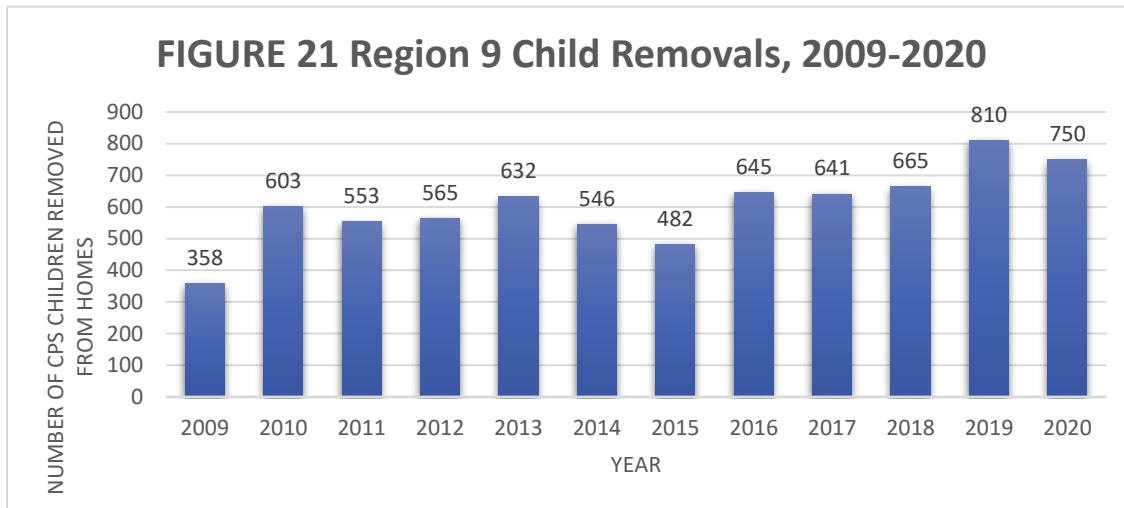
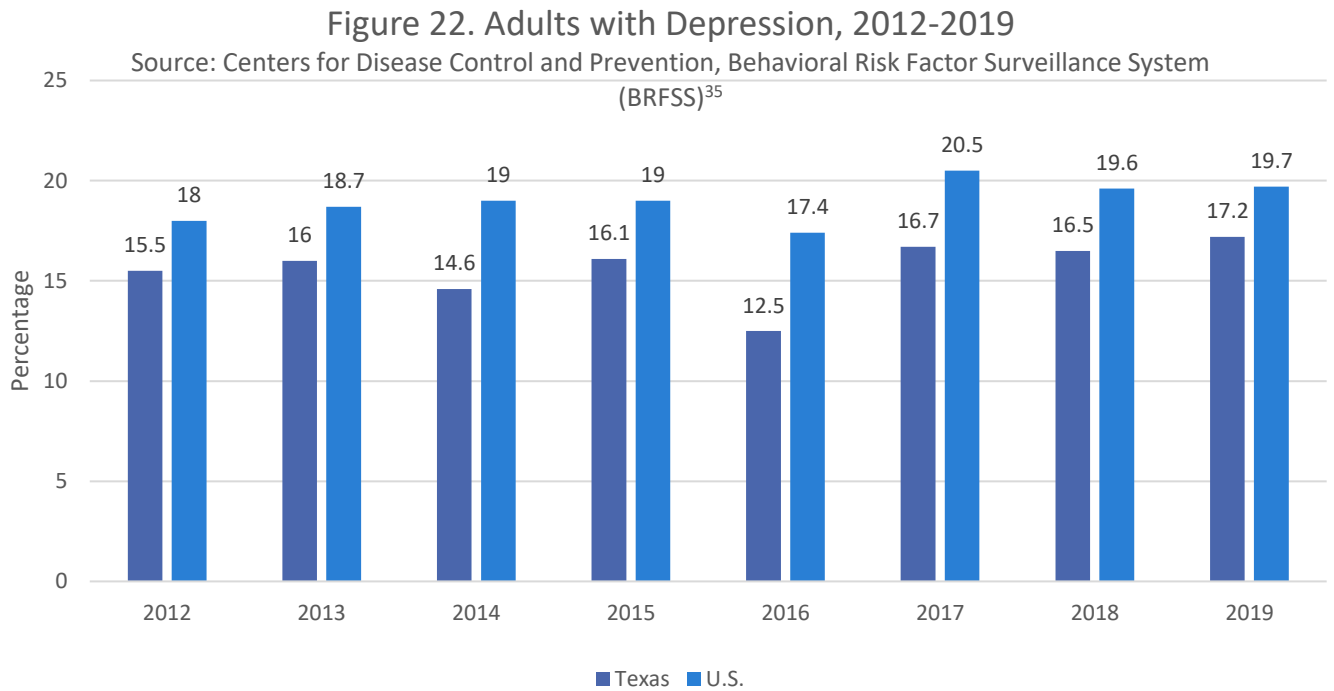


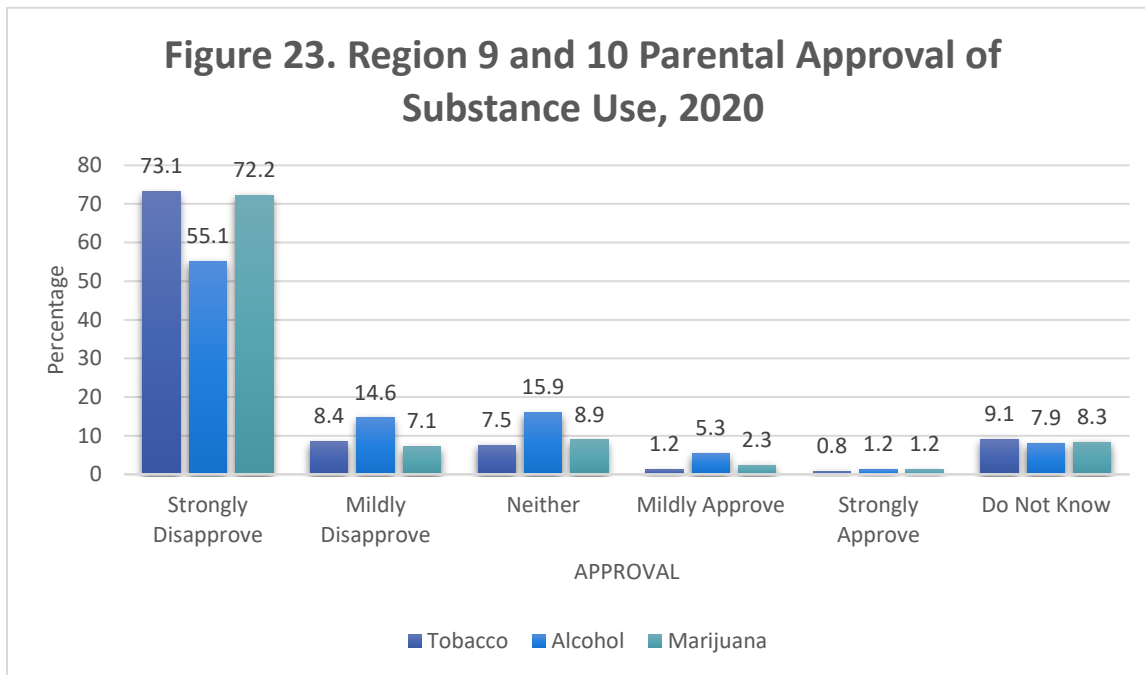
Figure 20, Number of Removals in Region 9, 2020<sup>33</sup> Source: Texas Department of Family and Protective Services

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

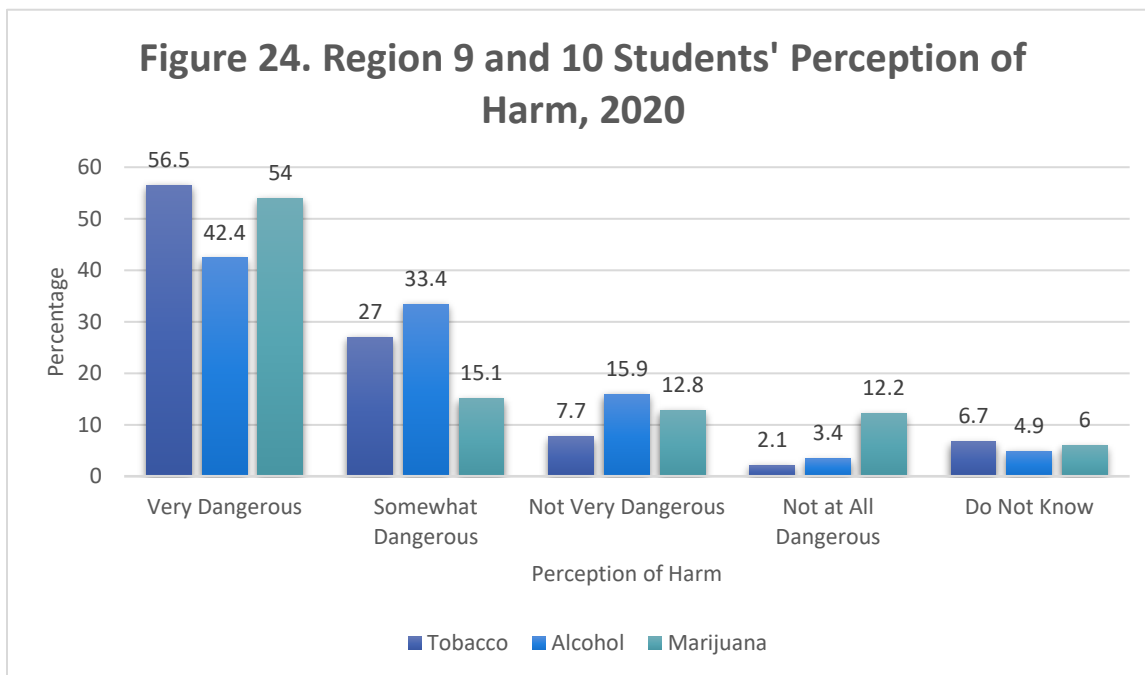


Source: Texas Department of Family and Protective Services<sup>34</sup>

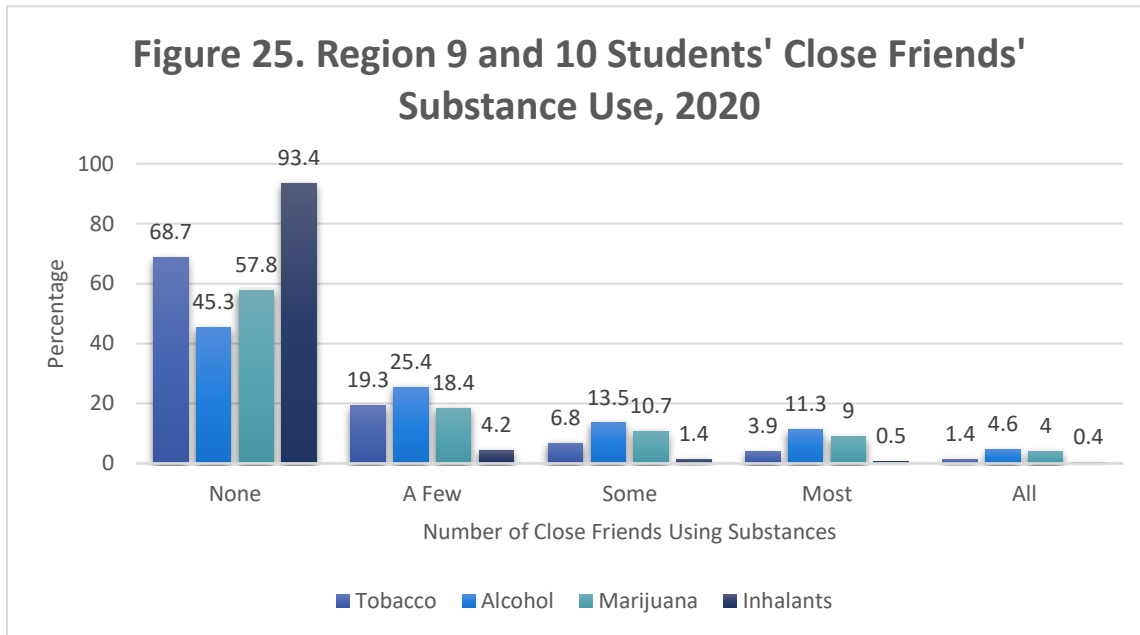




Source: Texas School Survey<sup>6</sup>

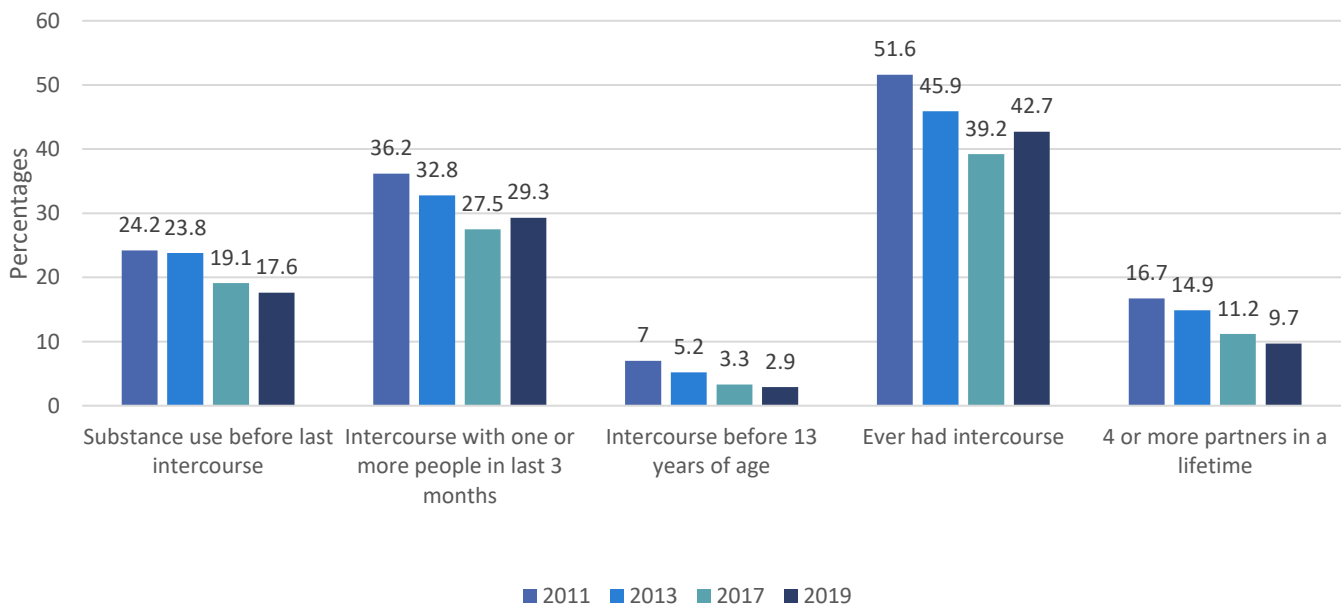


Source: Texas School Survey<sup>6</sup>



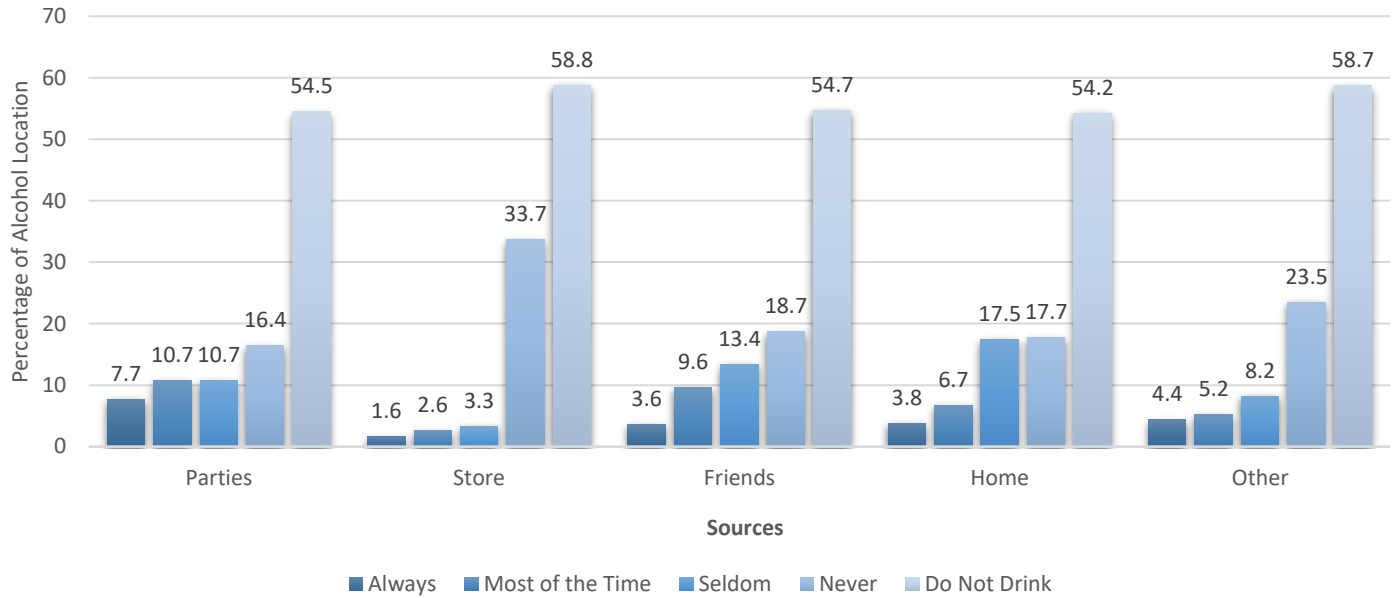
Source: Texas School Survey<sup>6</sup>

Figure 26. Texas Adolescents' Sexual Behavior, 2011-2019<sup>42</sup>



Source: Texas Department of State Health Services, Youth Risk Behavior Survey<sup>42</sup>

**Figure 27. Sources of Alcohol Obtainment for Region 9 & 10 Students, 2020<sup>6</sup>**



Source: Texas School Survey<sup>6</sup>

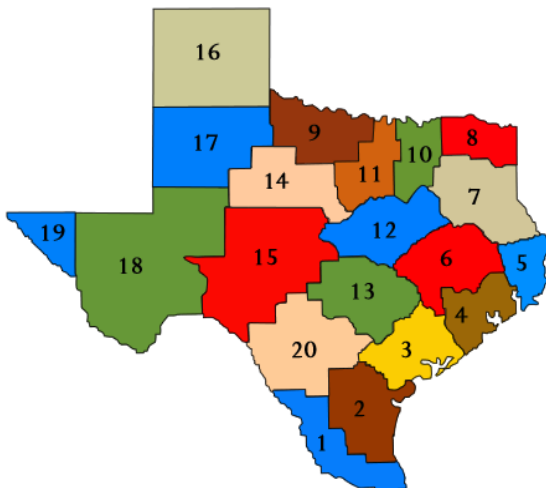


Figure 28. Texas Education Service Centers Map  
Source: Texas Education Agency<sup>64</sup>



## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9

Source: Texas School Survey, 2020<sup>6</sup>

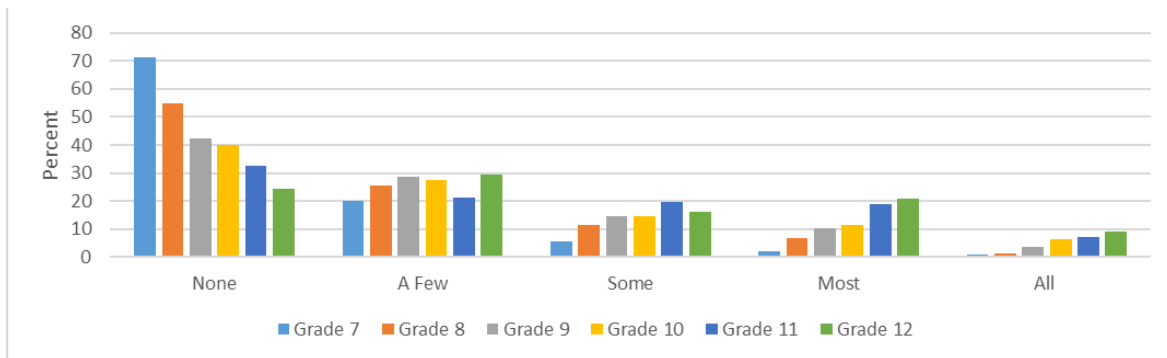
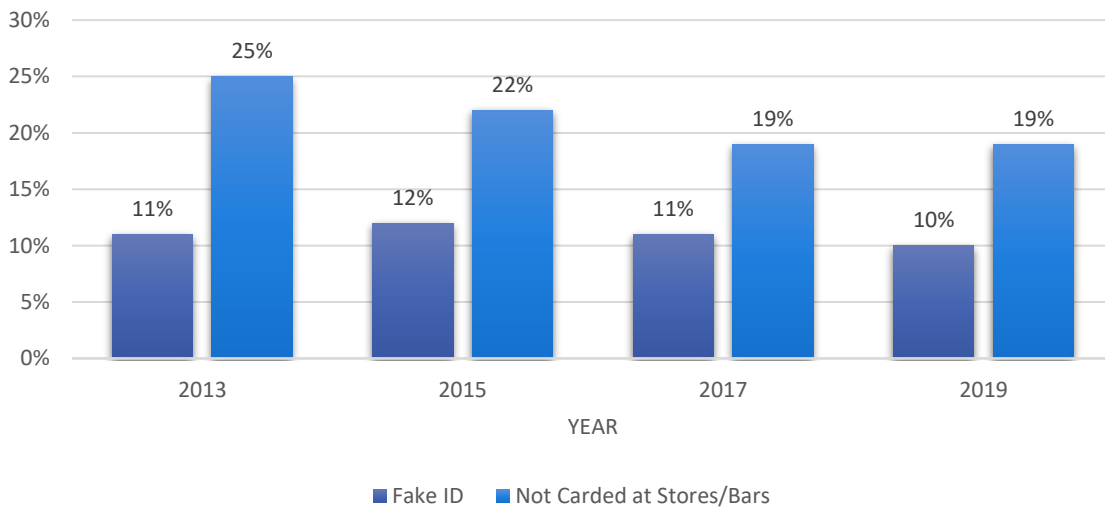
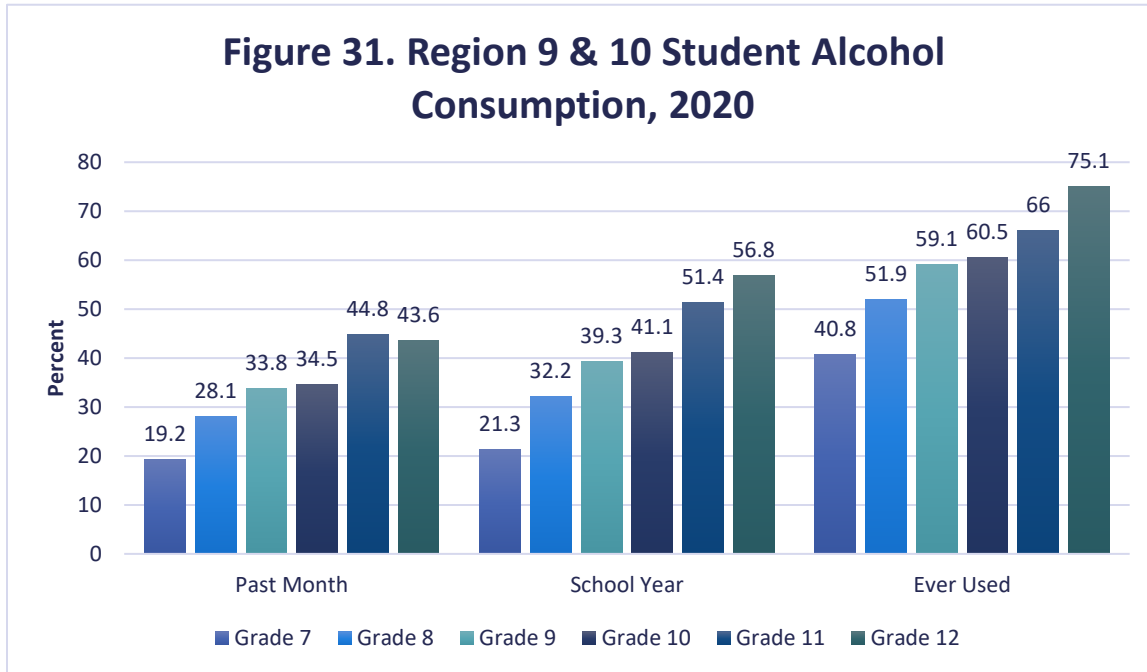


Figure 29. Region 9 & 10 Students Whose Friends Use Alcohol by Grade Level, 2020<sup>6</sup>

### Figure 30. Underage Texas College Students' Alcohol Obtainment, 2013 - 2019



Source: Texas College Survey<sup>66</sup>



Source: Texas School Survey<sup>6</sup>

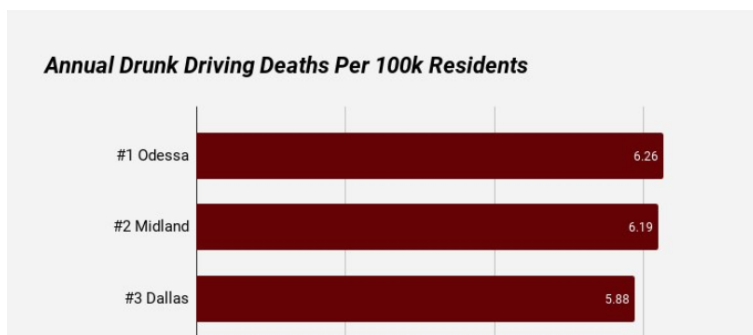
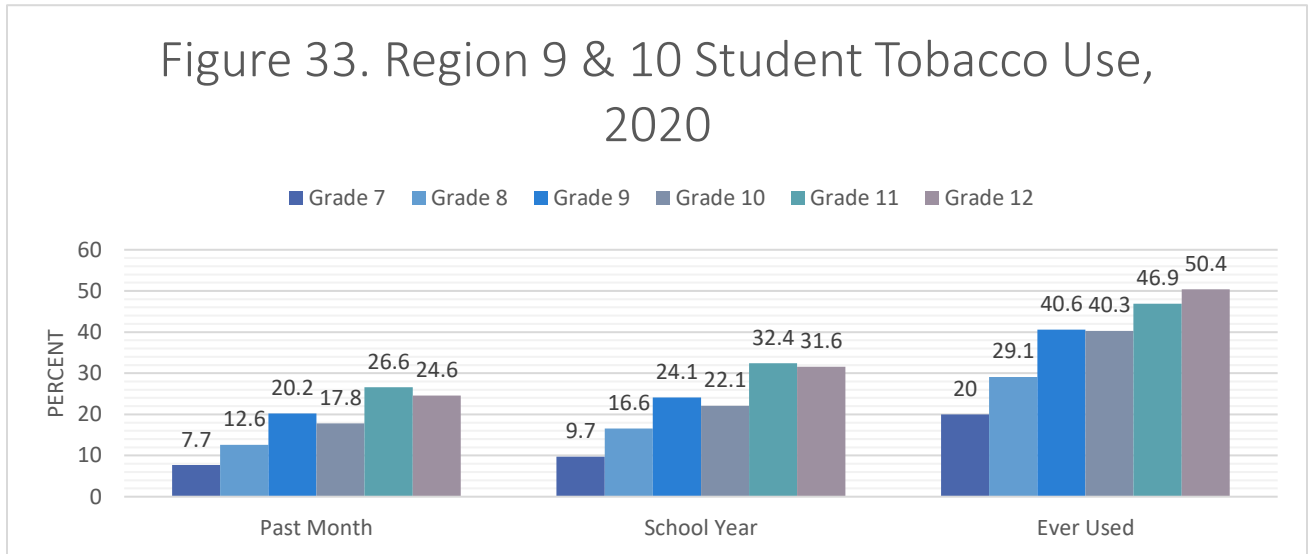
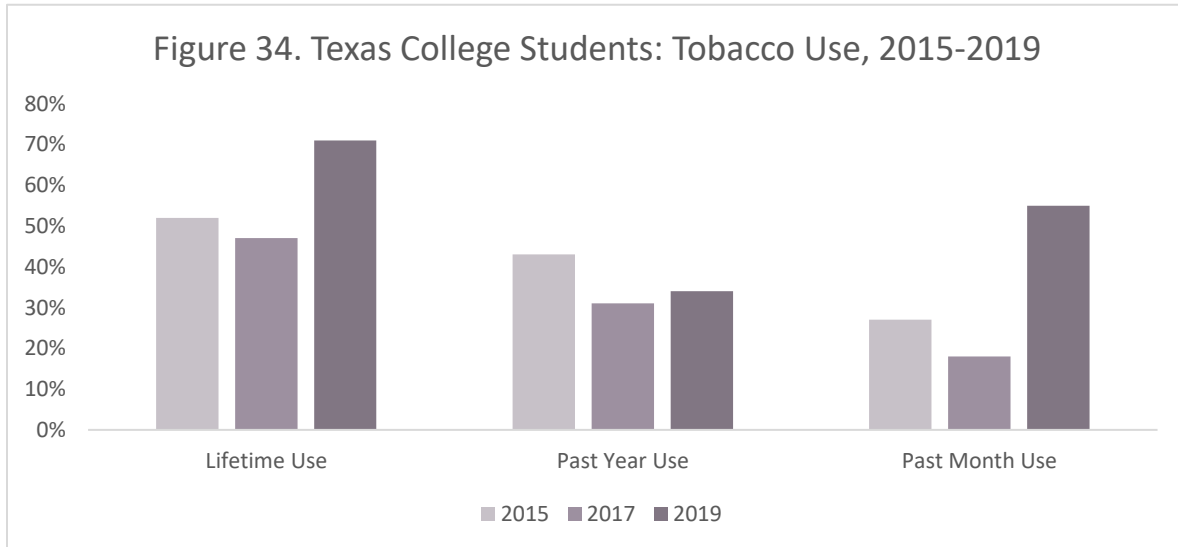


Figure 32. The 10 Texas Cities with the Highest Drunk Driving Fatality Rates, 2013-2017  
 Source: Texas Department of Transportation<sup>67</sup>

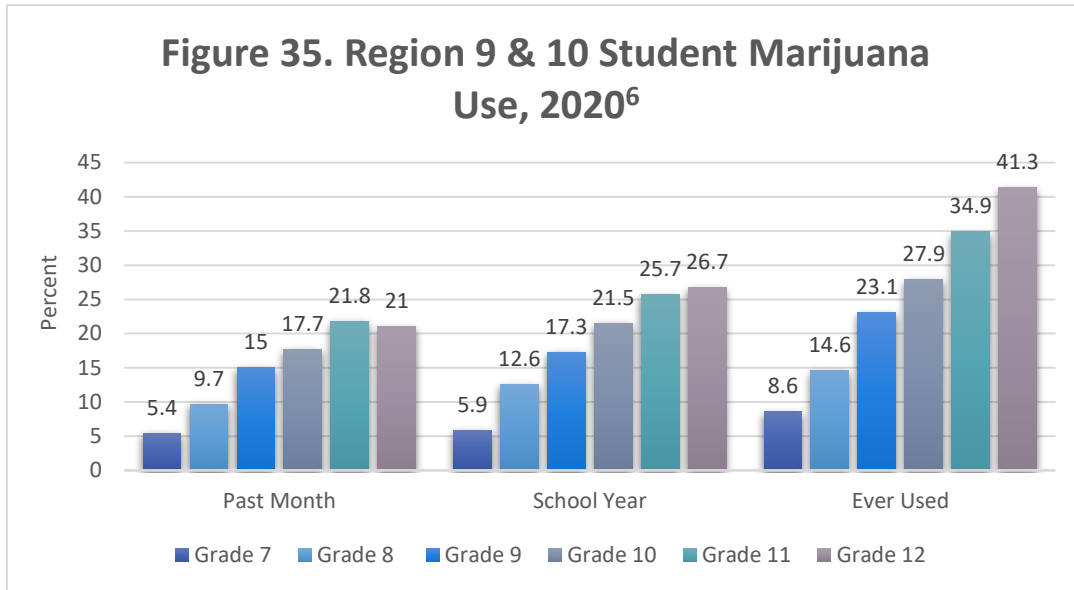
2021 REGIONAL NEEDS ASSESSMENT--REGION 9



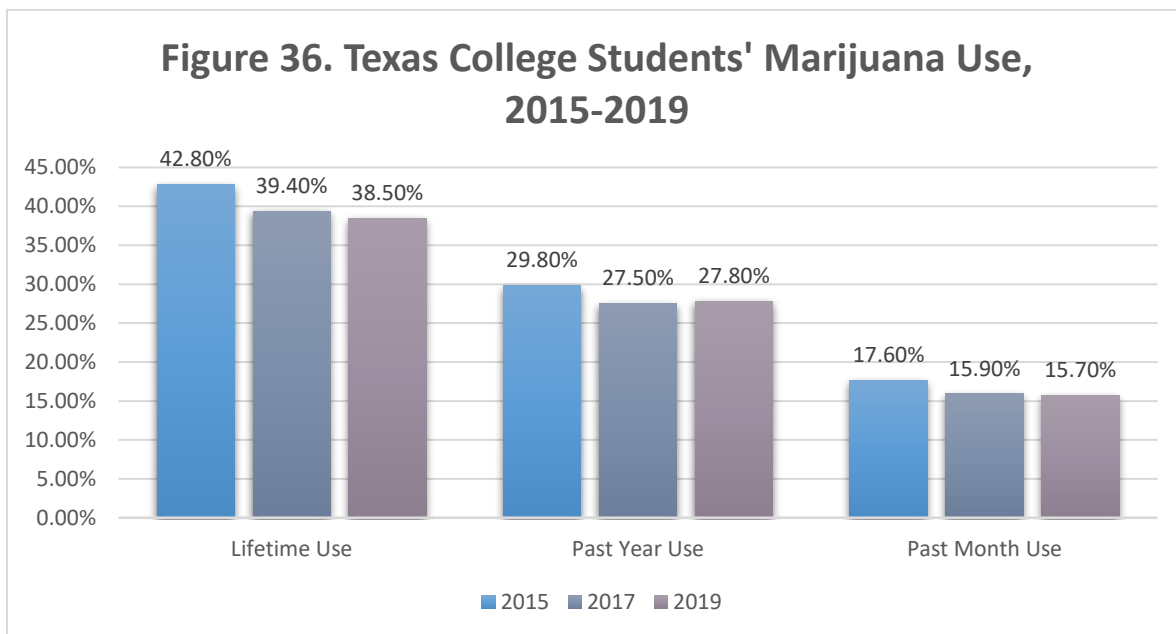
Source: Texas School Survey<sup>6</sup>



Source: Texas College Survey<sup>66</sup>

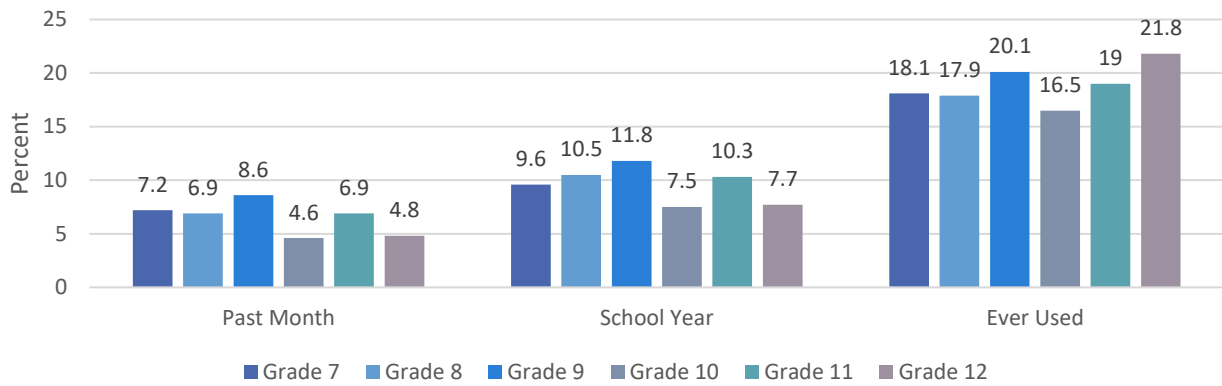


Source: Texas School Survey<sup>6</sup>



Source: Texas College Survey<sup>66</sup>

Figure 37. Region 9 and 10 Student Prescription Drug Use, 2020



Source: Texas School Survey<sup>6</sup>

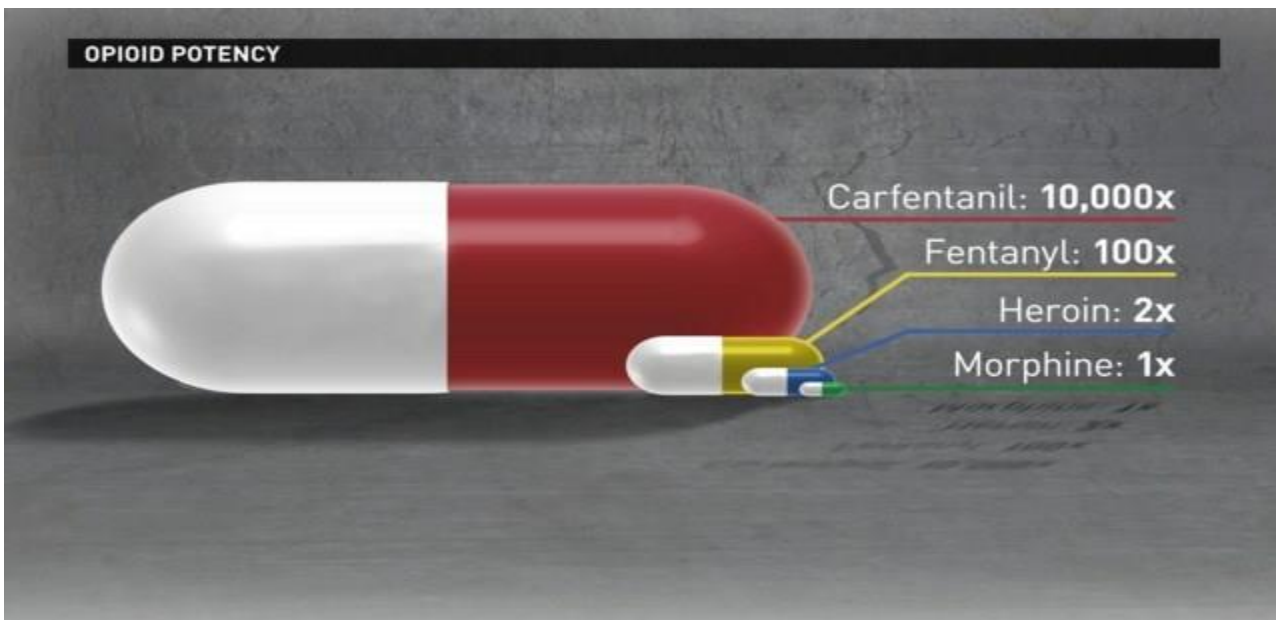
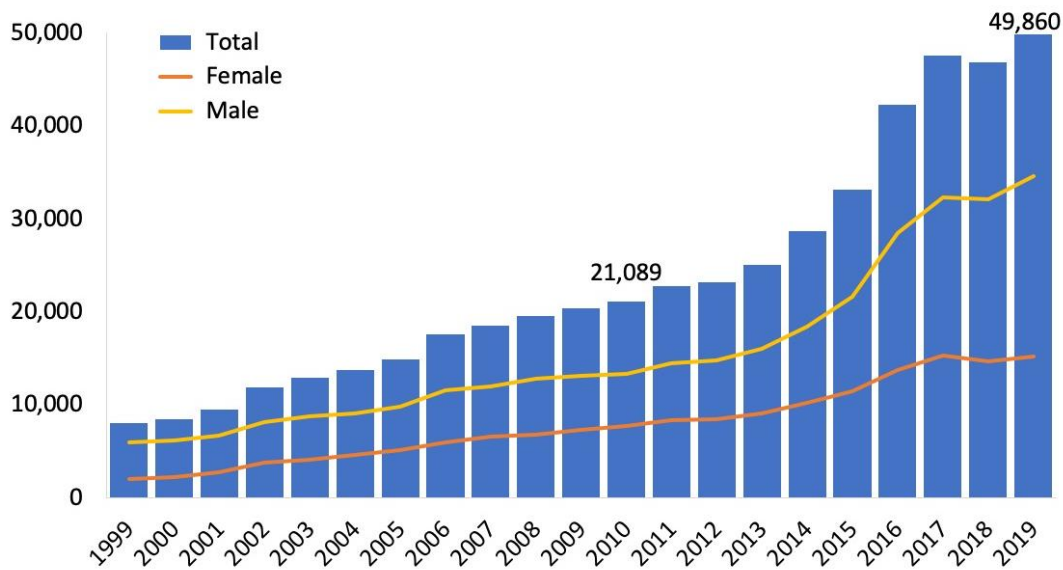


FIGURE 38. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE

Source: Canadian Centre for Addictions<sup>80</sup>

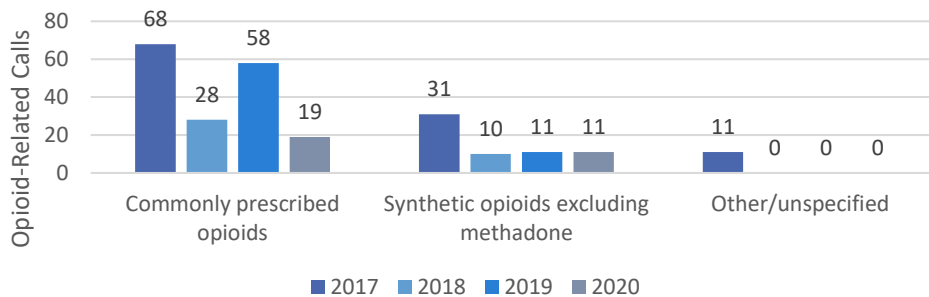
## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9



\*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

**Figure 39. National Drug Overdose Deaths Involving Any Opioid: Number Among All Ages, by Gender. 1999-2019.**

**Figure 40. Region 9 Opioid-Poison Center Calls, 2017-2020**



Source: Texas Health and Human Service Commission

2021 REGIONAL NEEDS ASSESSMENT--REGION 9

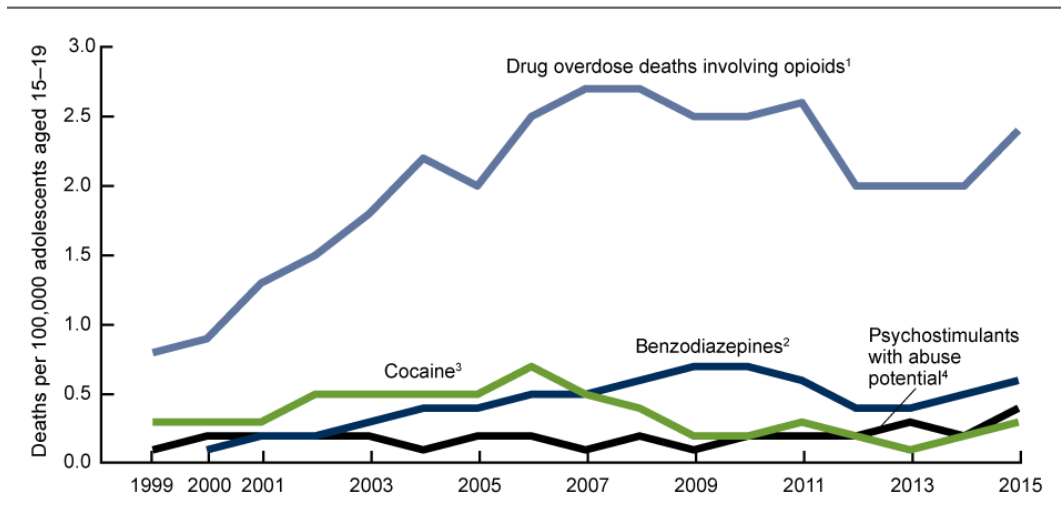


Figure 41. Drug Overdose Death Rates for Adolescents Aged 15-19, 1999-2015

Source: Centers for Disease Control and Prevention<sup>89</sup>

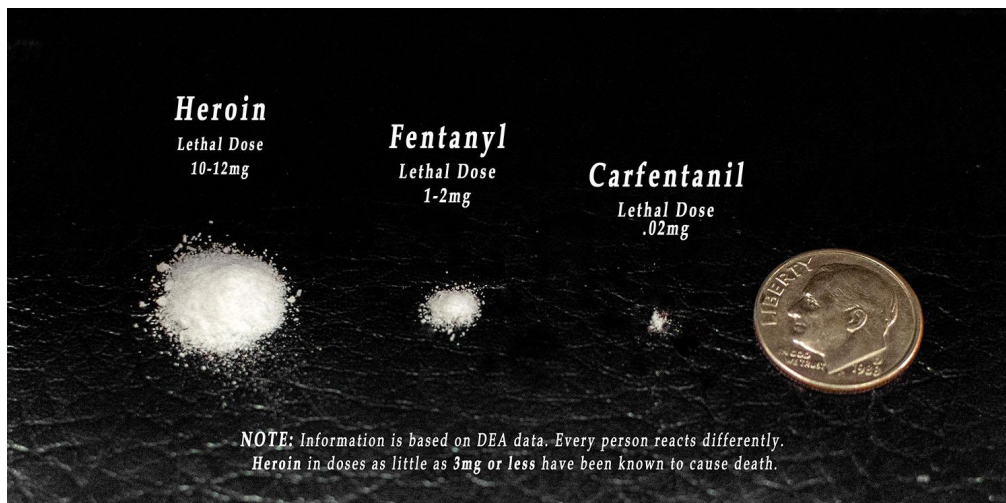
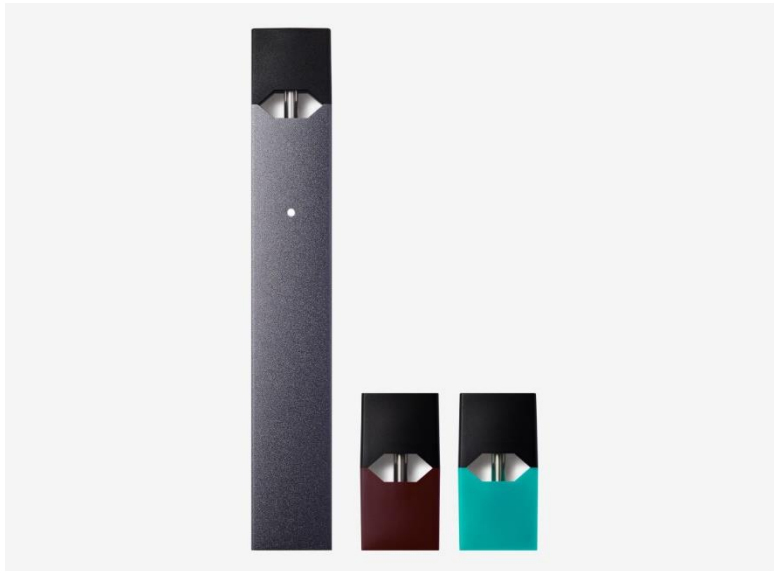


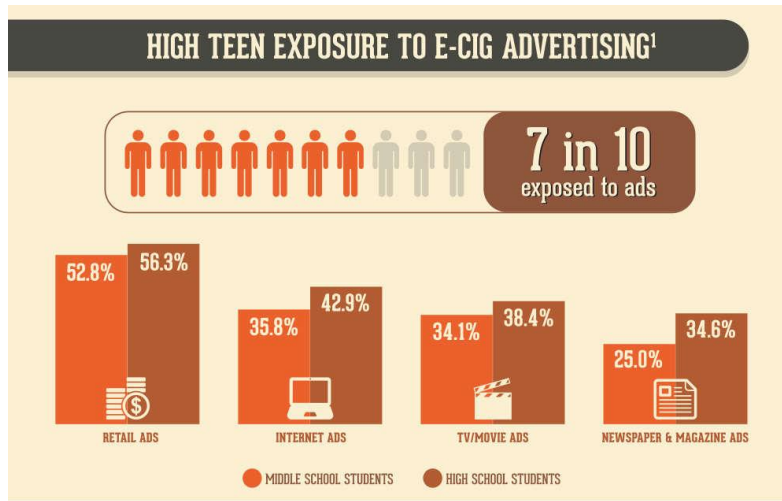
Figure 42. Lethal Amounts of Different Opiates

Source: inmaricopa.com<sup>92</sup>



**FIGURE 43. JUUL™The New Electronic Cigarette**

Source: JUUL, 2021<sup>93</sup>

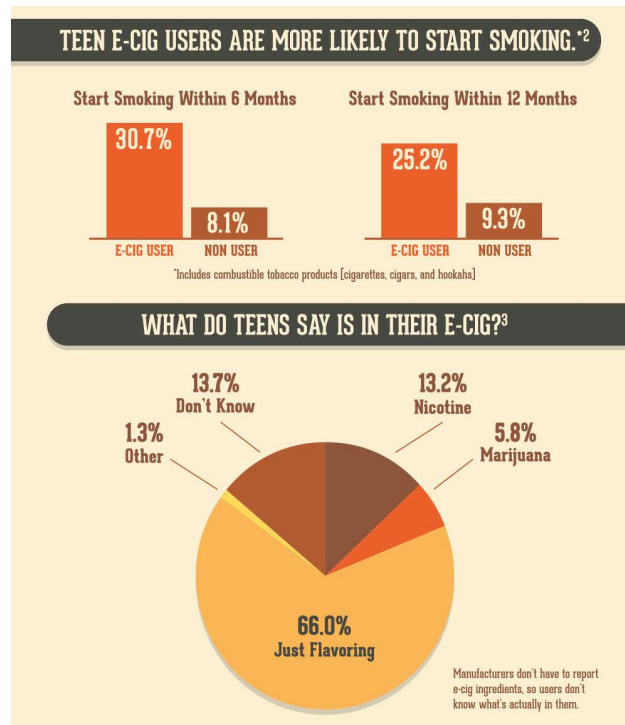


**Figure 44. TEEN EXPOSURE TO E-CIGARETTE ADVERTISING<sup>88</sup>**

Source: National Institute on Drug Abuse<sup>88</sup>

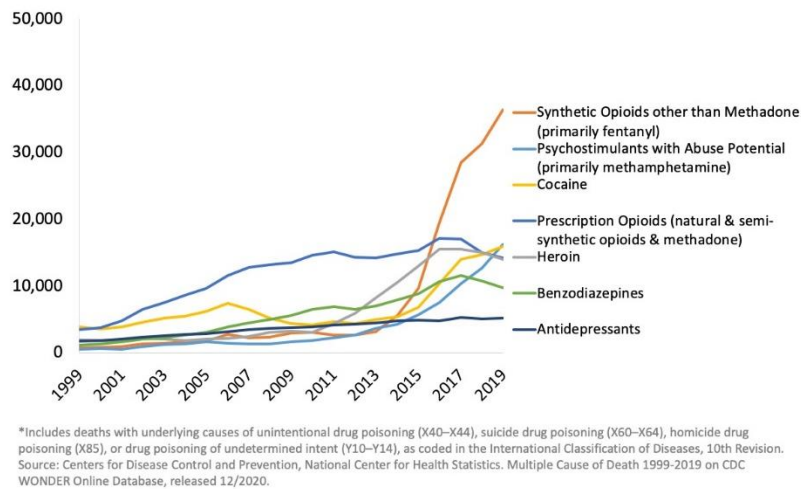


## 2021 REGIONAL NEEDS ASSESSMENT--REGION 9



**Figure 45. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS**

Source: National Institute on Drug Abuse<sup>99</sup>



**FIGURE 46. NATIONAL DRUG-INVOLVED OVERDOSE DEATHS AMONG ALL AGES, 1999-2019**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database released December 2020.

2021 REGIONAL NEEDS ASSESSMENT--REGION 9



Figure 47. Texas DWI Fines Breakdown  
Source: Law Office of Brent de la Paz<sup>114</sup>

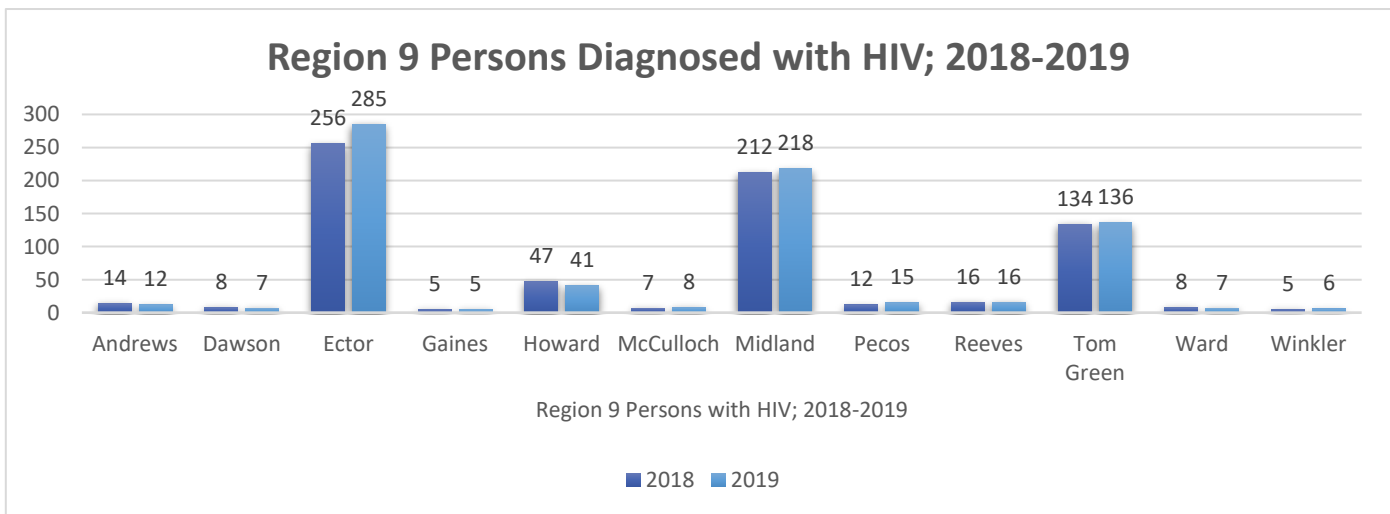
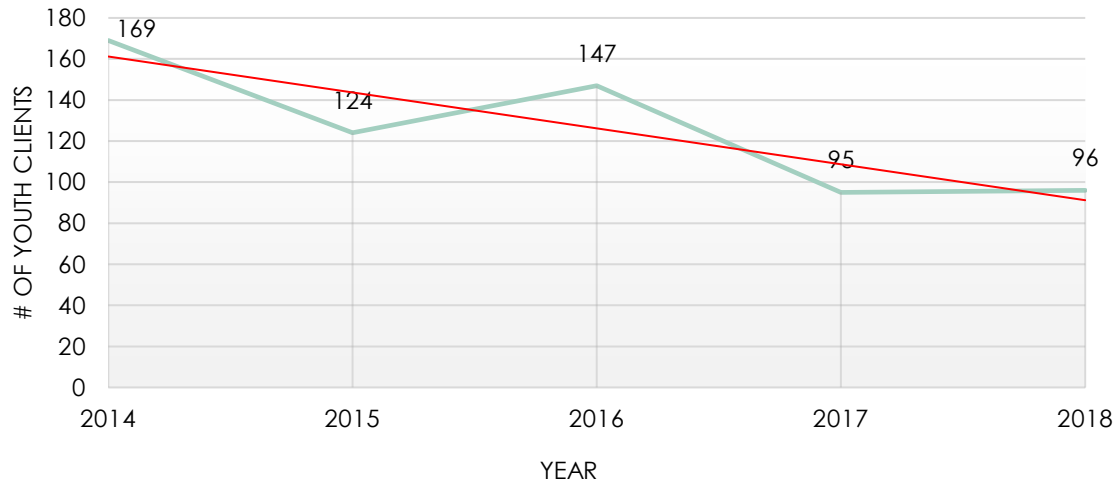


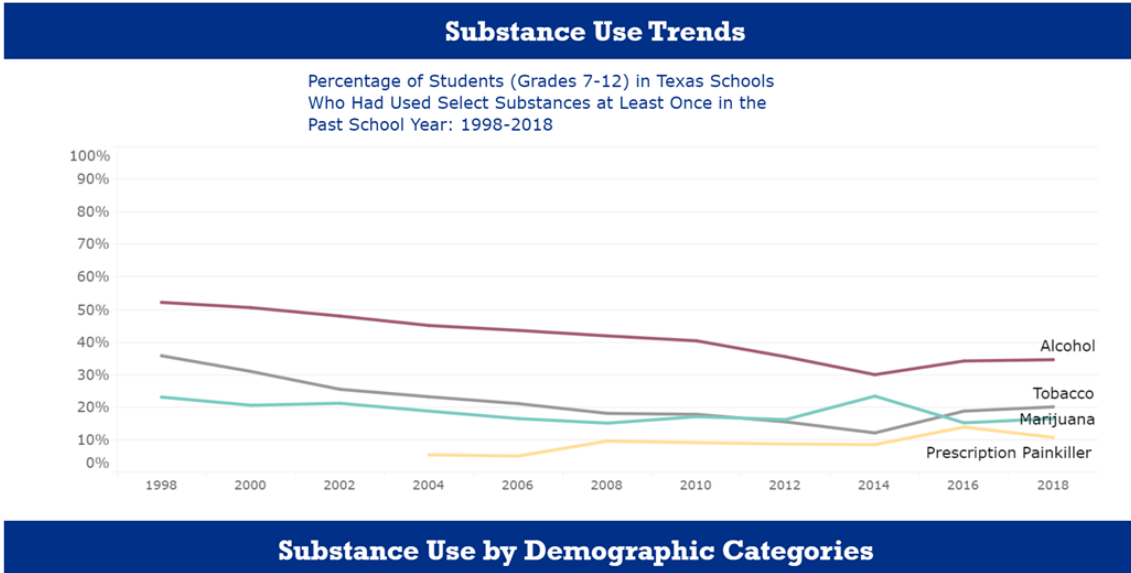
Figure 48. Region 9 Persons with HIV; 2018-2019<sup>120</sup>

Source: Texas Health and Human Services Commission

Figure 49. Region 9 Youth Substance Use Treatment, 2014-2018

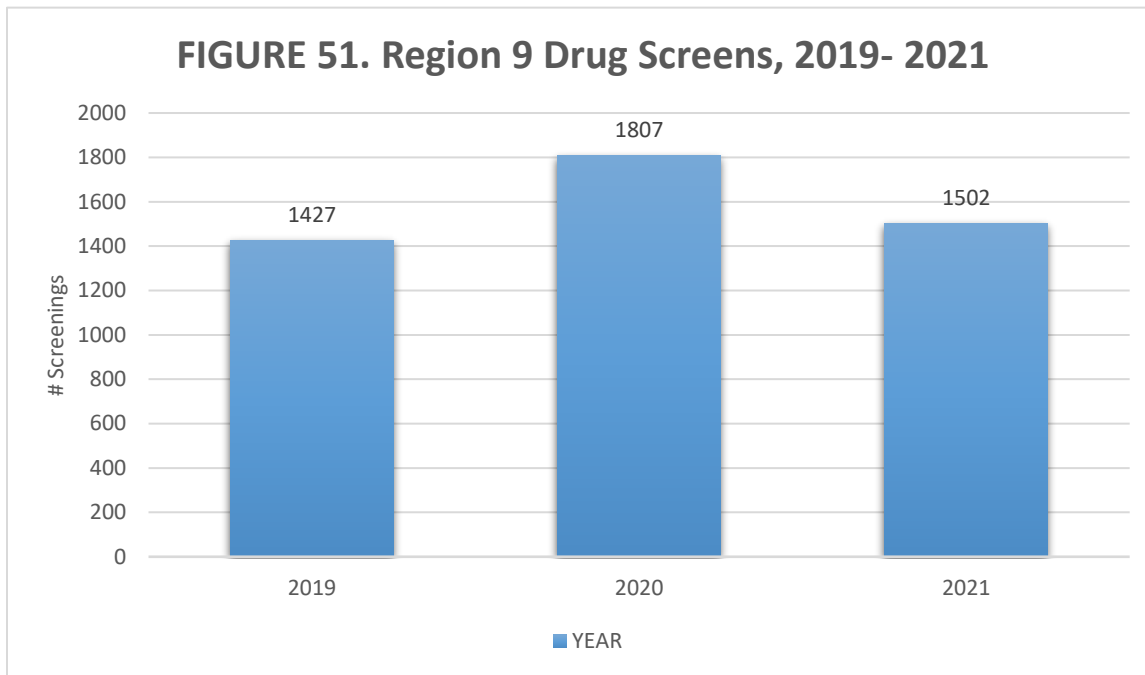


Source: Substance Abuse and Mental Health Services Administration<sup>117</sup>

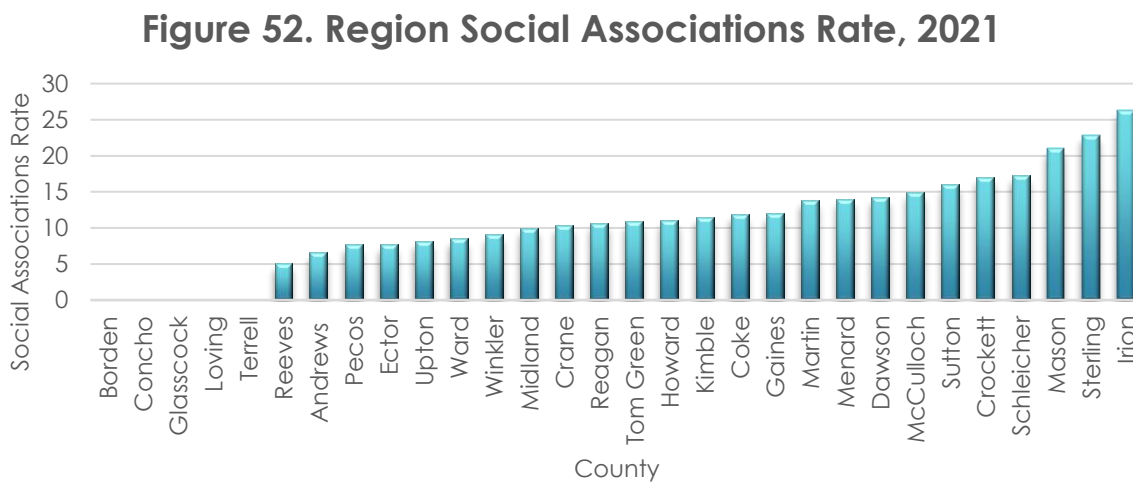


**Figure 50. Substance Use Trends, Grades 7-12; 1998-2018**

Source: Texas Health and Human Services Commission<sup>150</sup>



Source: OSAR PermianCare Turning Point, 2021<sup>121</sup>



Social Association Rate: Number of Social Associations per 10,000 population

Source: County Health Rankings and Roadmaps<sup>144</sup>

**PRC Regions**

<b>Region</b>	<b>Area</b>	<b>Counties</b>
1	Amarillo, Lubbock	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, Yoakum
2	Wichita Falls, Abilene	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
3	Dallas/Fort Worth, Arlington	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise
4	Texarkana, Longview, Tyler	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
5	Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
6	Houston-Galveston, Conroe	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
7	Austin, Round Rock, Killeen, Temple, Bryan/College Station, Waco	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson
8	San Antonio, New Braunfels, Victoria	Atascosa, 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, Zavala
9	Midland/Odessa, San Angelo	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
10	El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio
11	Corpus Christi, Brownsville, Harlingen, McAllen, Edinburgh, Mission, Laredo	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

## 2021 Regional Data Coordinators

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1	Lisa Howe	<a href="mailto:lhowe@mail.ci.lubbock.tx.us">lhowe@mail.ci.lubbock.tx.us</a>
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