2014

Regional Needs Assessment

REGION 2 PREVENTION RESROUCE CENTER

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Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center in Region 2, along with and supported by the (local) Regional Council on Alcohol and Drug Abuse and the Texas Department of State Health Services (DSHS). The needs assessment has been conducted to provide the state, the PRC and the community at large, with a comprehensive view of information about the trends, outcomes and consequences associated with regional and statewide drug and alcohol use. The assessment was designed to enable PRC's, DSHS, and community stakeholders to engage in long-term strategic prevention planning based on current information relative to the needs of the community. This study also serves as the premiere effort in a body of work upon which further Regional Needs Assessments will follow. Moreover, the information compiled in the RNA will be utilized to build a Regional Data Repository, which will function as part of a state data repository.

Determining community needs requires a thoughtful, scientific and qualitative approach. It would be negligible for this document to present numbers and percentages without also offering insight about cultural and contextual values that are inherent within the local communities and across the state. After all, community encompasses innumerable factors. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is, for many residents, a cultural, geographical, and social experience of diversity, it is also culturally homogenous across all of its towns and cities. There are ubiquitous hallmarks within Texas that inhabitants may see as familiar sentries through each town, and off of each interstate, whether one is in the Valley or in the rolling plains. While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore; that the population is of a rugged and hard-working tapestry, and that Texans are tough people. The five point star, Austin stone, and Dairy Queen are but a handful of iconic imagery that may be experienced in any given town across the extensive landscape of Texas. Because of the vast size of Texas, one State Epidemiological Profile would also not be comprehensive enough in certain domains, which would be a disservice to smaller communities. As such, Regional Needs Assessments, along with Regional Evaluators, will aid in a more efficacious approach to prevention planning for the great state of Texas.

Given the various distinctions between each town and region, it would be easy to see how trends may present differently amongst geographical locations. One may assume that border regions are plagued by more cartel activity, for instance. However, it should be noted that cartel activity plagues many of our more interior regions, as they are integral to supply and trade routes for these powerful cartels (see Texas DPS Threat Overview, 2013). One might also assume that areas with treatment centers have higher drug use rates, based on the amount of individuals who remain in any given area after concluding treatment, and based on the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation. Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document to infer causality between any substance and prevalence rate in any given area or cultural context. Broader implications of meaning or etiology with relation to data, such as difference between MIP county rates, are not part of the PRC or DSHS initiative.

The information presented in this document has been acquired by a team of regional evaluators through state and local entities, and compared with state and national rates. Secondary data, such as local surveys, focus groups, and interviews with key informants may also allow for input from others in the community, whose expertise lends a specific and qualitative description to identified issues. It is the intent of the authors for the reader to ascertain standardized measures of substance-use related trends, with an understanding of the explicit cultural framework of the region and communities. The data obtained and presented regionally can be used by local agencies, community providers, citizens of the community, and Texas DSHS to better understand the needs of the communities and to evaluate how to best serve these needs.

Key Concepts in This Report

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

PRC'S statewide, along with DSHS, are well-aware of the impact that drugs and alcohol unleash upon the state of Texas. No demographic is free of the potential for use, misuse, abuse, and dependence of and on any substance. Nor is it limited by or restricted to any age, gender identification, ethnicity, cultural experience or religious affiliation. While the incidence and prevalence rates of substance use among all age groups are concerning, evidence indicates that prevention work done with adolescents has a positive and sustainable community impact. The benefits of prevention work have an individual impact as well. Adolescence is a malleable developmental stage, when risk and protective factors may be amenable. Most concerning are the effects that substance use has on youth brain development, the potential for risky behavior, possible injury, and of course death. Also concerning are social consequences such as poor academic standing, negative peer relationships, aversive childhood experiences, and overall community strain (1) Healthy People 2020).

Adolescence

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

must be considered, and which hold equal footing of legitimacy in the discussion. Texas Department of State Health Services posits a more traditional definition of Adolescence as ages 13-17 (2) Texas Administrative Code 441, rule 25.). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the APA and WHO concede that there are characteristics generally corresponding with the chronology of adolescence, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy. Conversely, the chronology of adolescence and youth has been challenged with recent research efforts. Many have been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH) culminating in the consideration of an expanded definition of adolescence that ends around the age of 25. The research, neurologically oriented and empirically based in imaging/scanning methodologies, indicates that the human brain is not completely developed until around the age of 25.

The Massachusetts Institute for Technology (MIT)'s(7) hosts the Young Adult Development Project. It is one of many research based entities that provides an overview of brain development into the mid-twenties. As neuroscience progresses, the public may become more educated on the development of the brain- which occurs from the back to the front. What this means is that the part of the brain known for judgment and reason, is the last part to develop, and that *does not occur at the age of 18.* According to some scholars, researchers, and authors, the implication is that age 18 is only about half-way through the adolescent period of brain development. Therefore, the chronology of youth must be considered relative to the neurological aspect, as opposed to the previously held idea that maturation was merely psycho-social and sexual in nature. These recent findings are important in developing a greater understanding of prevention work with the college-aged groups who are experimenting with risky behaviors.

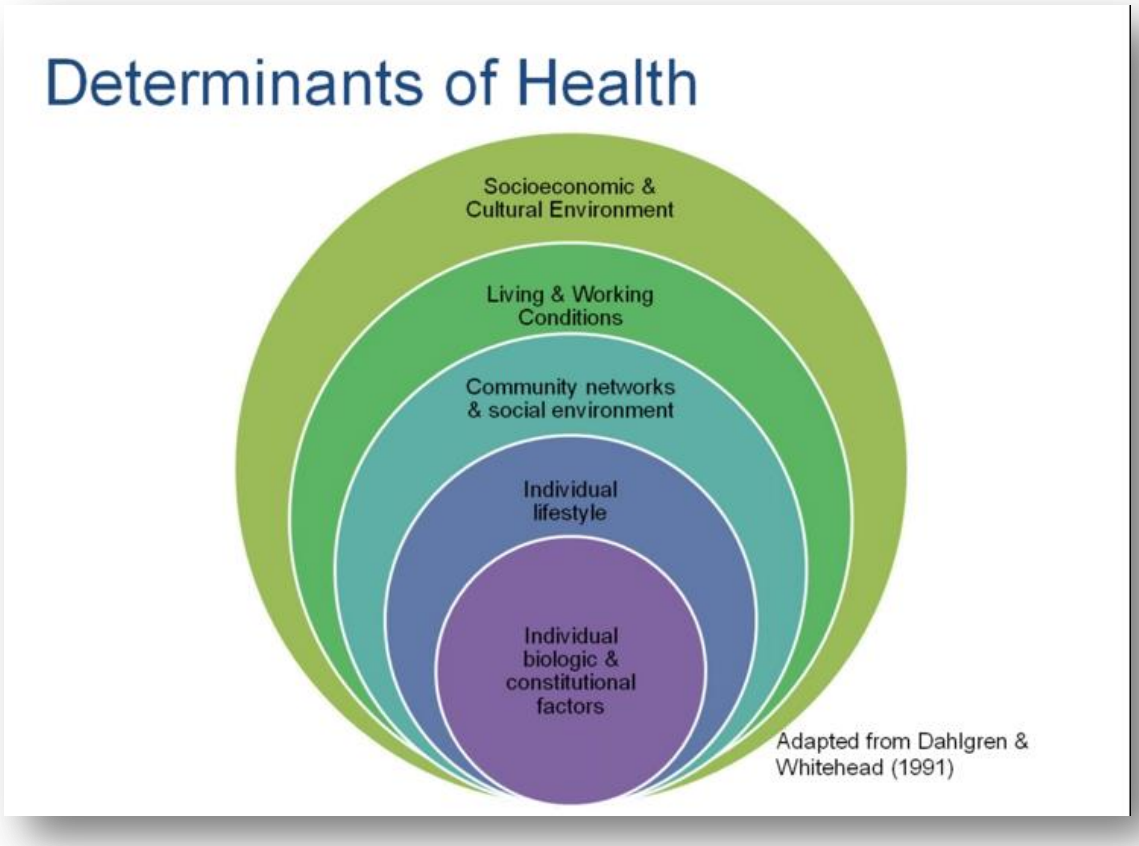
The information presented here is comprised of data available found in the region and state, and is presented with relevance to how the agencies, organizations, and populations are depicted within the data. Some domains of youth data may yield breakdowns that conclude with age 17, for instance, and some will end at age 19. While it is beneficial for the reader to be have an understanding of the current conceptualizations of adolescence, it is equally important to understand that the data presented within this document has been mined from different sources, and will therefore consist of different demographic subsets of age. The authoring team has endeavored to standardize the information presented here. More about standardization and methodology can be found in the second section of this document.

Epidemiology

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

study determinants." The WHO also seeks information regarding the use of drugs and alcohol, the harms and treatment associated with use, as well as policy development, from an epidemiological perspective.

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



Risk and Protective Factors

A discussion of Risk and Protective Factors concept is essential to understanding how prevention work with drugs and alcohol is currently utilized. There are many personal characteristics that influence, or culminate in the abstinence from drug and alcohol use; the understanding of which is relevant to grasping the big picture of substance use disorders. For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction. While the effect of substance use is initially a reward in and of itself, the individual's physical and biological attributions play a distinguished role in the potential for the development of addiction.

Genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, self-control, or social competence, are influential factors in substance use disorders. Other risk factors include family strife, loose knit communities, intolerant society, and exposure to violence, emotional distress, poor academics, socio-economic status, and involvement with children's protective services, law enforcement, and parental absence. Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model connectedness, open communications and interaction with parents, awareness of high expectations from parents, shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school.

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

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

Consequences and Consumption Factors

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

factors. This process parallels how the public at large deals with tragedies and aversive public health trends. As such, we will discuss the importance of consequences and consumption factors.

These two concepts, consequences, and consumption, will be described in this document relative to alcohol, prescription drugs, and illicit drugs, which will enable the reader to conceptualize the public health problems in an organized and systematic manner. SAMHSA (12) has provided an excellent example of how these concepts are tied together with alcohol. 'With respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, one or more specific data measures (or "indicators") are used to assess and quantify the prevention-related constructs. Indicator data are collected and maintained by various community and government organizations." Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption.

Overview of Consequences Concept

There is a complex relationship between consequences and consumption patterns. Many substance-related problems are multi-causal in nature, and often include exacerbating and sustaining dynamics such as lifestyle, family culture, peer relations, education level, criminal justice involvement, and so on. Because consumption and consequences are so intertwined, and occur within a constellation of other factors, separating clear relationships is a difficult task. When it comes to consequences and consumption, extrapolating discrete information beckons a chicken/egg debate of which factor comes first. Researchers must look at aggregate data in order to ascribe any meaningful relationships to the information obtained. Compiling aggregate data in this manner is part of scope of completing a Regional Needs Assessment and creating the data repository. Exploration of consequences and consumption rates allows for a broadened taxonomical view of the diverse array of casual factors associated with each problem. Additionally, consumption data alone may be vulnerable to inaccuracy, as it is often gathered through the self-report process, and may not include substrates or co-occurring but influential aspects of substance use problems. Moreover, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related consequences. As such, the process may appear to be a method of working backwards, however it inherently incorporates a very pragmatic version of inductive reasoning.

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol, prescription or illicit drug use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired events for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measureable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence. The World Health Organization estimates alcohol use as the world's third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs. Evaluation of the world-wide impact of drug and alcohol use related consequences presents a consistent and reliable allegory of local consequence and consumption factors.

Overview of Consumption Concept

SAMHSA (2014) defines Consumption as the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, Drinking and driving, Alcohol consumption during pregnancy, per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle-sharing. Needle-sharing is a great example of how a specific construct yields greater implications than just the consumption of the drug; it may provide contextual information regarding potential health risks like STD/HIV and Hepatitis risks for the individual, and contributes to the incidence rates of these preventable diseases. Just as needle sharing presents multiple consequences, binge drinking also beckons a specific set of multiple consequences, albeit potentially different than needle sharing.

The concept also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences. The National Institute on Alcohol Abuse and Alcoholism defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 1.5 ounce shot of distilled spirits. With regard to intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while "benders" are considered two or more days of sustained heavy drinking. Standardizing units continues to prove difficult, although here are some common measurements:

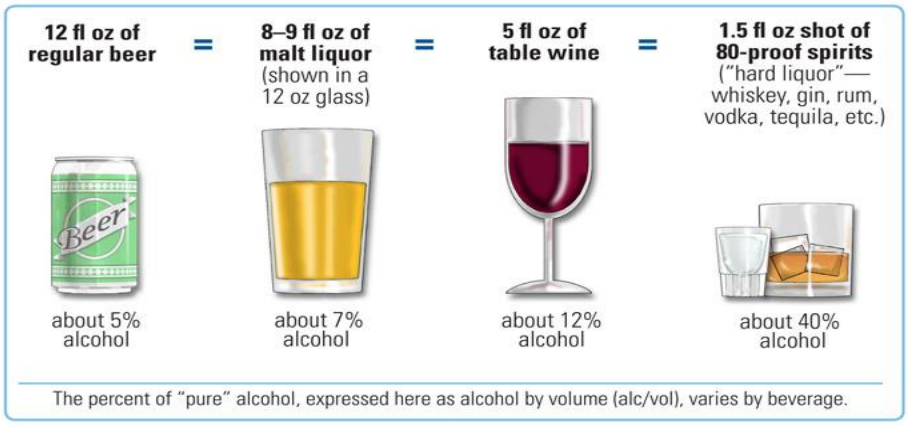


Table 2 [National Institute on Alchohol Abuse and Alcoholism, 2014)

Because alcohol is legal, commercially available, and federally regulated, it is a more accessible example to employ regarding standardization. This is why the BAC is such an important element in determining risk associated with consumption. Unfortunately, the purity of heroin, or the amount of amphetamine found in speed, for instance, are often ascertained in lab or toxicology reports, which are usually accessible in when a health or legal consequence has already occurred. The inability to know or regulate the purity of street drugs is one of the riskiest determinants for consumption therein, and potentially a large contributing factor to the recent epidemic of heroin overdoses in the US (16). Moreover, pharmaceuticals, pose a completely different consumption variation potential. Those readers unfamiliar with prescription drugs should become apprised of differences between classes of pills, and between the types of pills found within each class. There are vast pharmaceutical differences, such effect, potency, and half-life, found between the various opioids as well as benzodiazepines.

Introduction

The Department of State Health Services (DSHS), Substance Abuse & Mental Health Services Section, funds approximately 188 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). The Strategic Prevention Framework provided by CSAP guides many prevention activities in Texas. In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.

What is the PRC?

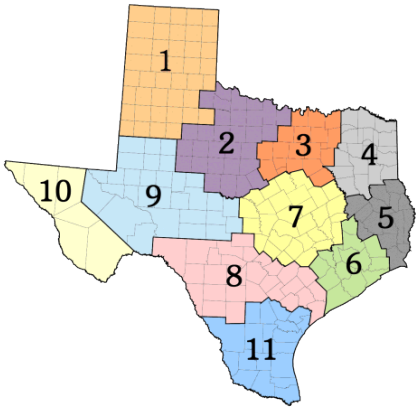
The Department of State Health Services Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community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

Our Purpose

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

Our Regions

Texas is comprised of 11 regions for Health and Human Service Commission purposes. Each region falls under a DSHS Division for Regional and Local Health Services (RLHS) which are recognized locally, statewide and nationally as key to the support of high quality essential public health services at the local level in Texas. The DSHS vision ensures recognition of the value of essential public health services as permeating all levels of governance and all programs administered by the Texas Department of State Health Services. The mission of DSHS Division for Regional and Local Health Services is to serve the needs of Local Public Health Agencies, DSHS Health Service Regions, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs.



What Evaluators Do

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

How We Help the Community

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

How to Use This Document

This needs assessment is a review of data on substance abuse and related variables across the state that will aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Department of State Health Services. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

Purpose of This Report

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

1. To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;
2. To identify gaps in data where critical substance abuse information is missing;
3. To determine regional differences and disparities throughout the state;
4. To identify substance use issues that are unique to specific communities and regions in the state;
5. To provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;
6. To provide data to local providers to support their grant-writing activities and provide justification for funding requests;
7. To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

Features of This Report

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the state of Texas. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; schools and school districts; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use. This report includes a wealth of information and readers will consult this report for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. This report is organized so that it meets these various needs.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, we also included a description of our definitions in the section titled "Key Concepts." The core of the report focuses on substance use data. For each of the substances included in this report, we focus on the following factors in detail: age of initiation; early initiation; current use; lifetime use; and consequences.

Methodology

This Regional Needs Assessment is one of several across the state of Texas. Through a process of collaboration amongst all of the regional evaluators, an overall outline was drafted which included introductory matter, key concepts, and an inclusive list of indicators, consequences and consumption information, as well as specific sections regarding regional resources and gaps in service. So while each Region's Needs Assessment will have different information, the goal of RNA workgroup was to produce a standardized report, containing information specific to each region regarding drug and alcohol impacts and recommendations.

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2013 and May 30, 2014. The state evaluator met with the regional evaluators at a statewide conference in October 2013 to discuss the expectations of the regional needs assessments. Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support through resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). Between October 2013 and June 2013, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The data was primarily gathered through established secondary sources including federal and state government data sources. In addition, region-specific data collected through local organizations, community coalitions, school districts and local-level governments are included to provide unique local-level information. Additionally, data was collected through primary sources such as one-on-one interviews and focus groups conducted with stake holders at the regional levels

Data Selection Process

From December of 2013 through April of 2014, the Regional Evaluators met weekly to discuss the data to be utilized in the RNA. During that time, the group also worked on establishing a methodology process which would set guidelines for data selection. The group compiled a thorough index of data sources known for validity and applicability. It is important to note that the primary collection of data, which means evaluators were directly surveying, researching, or collecting data from respondents and other resources in a "first-hand" manner, are not included in this assessment. The term "secondary" data refers to a set or sets of data that has already been acquired and established, for the purposes of this document, as valid and reliable. There are many advantages to utilizing secondary data, which include cost, timeliness, collateral information, analytical potential, and provision a foundation for future primary data collection.

Using Tables and Charts

Where possible, both trend data and yearly statistics are presented in table and chart format. The tables and charts are meant to help summarize the data interpretation. The figures are displayed at the most basic level for the easy interpretation for all of our readers from expert epidemiologists to lay people interested in substance abuse. For further clarification of the more complicated figures and mathematical arrangements, descriptive text is provided above the figures. Where possible, five year displays of data are presented, to highlight any overall trends that are not overly influenced by dramatic yearly changes. Tables always show the data presented in alphabetical order from top to bottom or left

to right. In some cases, there is missing data, or data has been masked. Missing counties typically mean that data was not provided for those counties, either due to unavailability or censorship to avoid identification with numbers less than 10. The same display of information applies to charts as well. The RNA uses a variety of charts. Figures refer to a combination of a table and a chart shown side by side in order for clarity and comparison purposes.

Criterion for Selection

We chose secondary data sources based on the following criteria:

1. Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
2. Timeliness: Our attempt is to provide the most recent data available (within the last five years).
3. Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
4. Representative: We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
5. Accuracy: Data is an accurate measure of the associated indicator.

Data Points

A data point is a specific or discrete unit of information within a data analysis setting. Typically, a data point may be represented with numerical values or pictorially. Data points within the public health spectrum may be represented by a determinant (cause) or may include traits of the distribution. Examples may include, but are not limited to:

- A substance used
- A particular age of onset
- A DWI
- A treatment admission
- Current use information
- Academic performance
- Parental involvement
- A stakeholder interview
- A focus group response
- An alcohol outlet of accessibility
- A prevention initiative

Adolescent Population

As described in the key concepts portion of this document, the adolescent population is the target demographic for assessing needs in Region 2. Our region is home over 125,000 minors. Since the Regional Evaluator is tasked with collecting and analyzing secondary data, most of the data youth data presented in this document will be reflected in the consequences section. Gathering adolescent consumption data has been an arduous task, due to variable such as availability of data, self-reporting measures and related accuracy issues, cultural norms and attitudes and perceptions within the public and key stakeholders that are not readily conducive to ascertaining specific data.

Key Informant Interviews and Focus Groups

Key informants and stakeholders were interviewed throughout the course of the fiscal year 2014 to identify community needs, trends, and recommendations. Clinicians from the local Mental Health Authorities, substance abuse providers, academic professionals, psychiatric hospitals, Department of Protective Services, Juvenile Probation, and other agencies have dialogued with PRC2 on perceived problems and potential solutions. The qualitative data provided by these interviews lends insight into

some determinant factors that may not necessarily appear as prevalent. Some notable incidents today may actually become tomorrow's prevalence rates. As such, key informant interviews with stakeholders may assist with identifying potential trends for future evaluation. Additionally, key informant interviews also provide contextual information regarding culture and context, as well as norms and attitudes.

Statewide Demographic Overview

The demography of Texas is highly relative to the geography of Texas. Texas, wildly rural, yet definitively expansive in urban areas, is geographically and demographically diverse, with a burgeoning population. The DPS Threat Overview (DPS, 2013) states "Texas is the second largest state in the union, featuring a land area of 261, 231.71 in square miles. It shares 1254 miles of border with Mexico, has 27 ports of entry, and 367 miles of coastline". The U.S. Census Bureau (2013) data estimates that the Texas population is 26,448,193, representing just over 8% of the estimated American population of 316,128,839. Conversely, Texas only houses 36.3 persons per square mile, while the rest of the county boasts double that, at 87.4 persons per square mile. This figure underscores the rural nature of this vastly spread yet highly populated state. The urban centers of Texas, such as the Dallas-Fort Worth Metroplex, Harris County/Houston, and Travis County/Austin areas have experienced recent popularity and significant growth. The DFW metroplex area has more than 6.5 million people, and the Houston area has more than 4 million. According to the Office of the Governor Economic Development & Tourism (20), Texas is home to six of America's largest cities which include Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso.

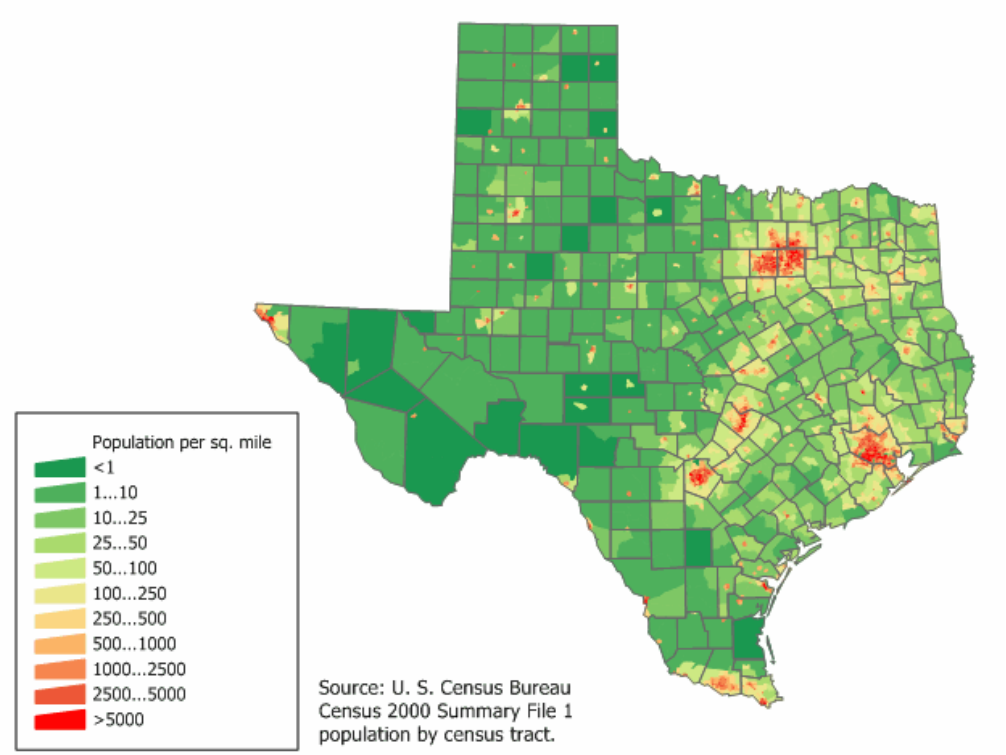
On the other hand, Texas is sprinkled with hundreds of small towns, the rural profiles of each creating different barriers with accessibility, communication, and service delivery for the populations. The Area Health Education Centers (21) partner with Bureau of Health Professions, Health Resources and Services Administration, and the US Department of Health and Human Services to address deficits in rural health care. The AHECs network with universities to bring health care workforce development and education to rural areas while focusing on cultivating and supporting future and current health care providers. According to the Texas Comptroller of Public Accounts (22), the economic growth that has spirited urban progression has drawn from the rural areas once so agriculture, oil and gas industry favorable. This shift, according to the comptroller, has created rural population decline, attributable to the volatility and the technological redefining of these industries. Many laid-off workers have been forced to relocate or migrate to metropolitan areas for work. The majority of this redistribution occurred from 1990-1999. The more recent industrial evolution of Texas has been typified by the inception of whole new industries dependent on the natural amenities and resources in rural Texas. Additionally, the same technological forces that have shaped Texas industry also bridge the geographically isolated communities, yielding jobs and commercial growth in rural Texas.

Texas continues to maintain a fundamental trade relationship with Mexico and others. The state is also integral to defense and manufacturing infrastructures. In 2013, Texas gained a 2.3 % increase in employment with an additional 252,400 seasonally adjusted jobs from December 2012 to December 2013. According to the Bureau of Labor Statistics, Texas added more jobs than any other state in 2013. In fact, during the fourth quarter of 2013, Pricewaterhouse reports that venture capitalists invested over 315.8 million in the industrial/energy software, biotechnology, and IT industries. Considering the recent

popularity and growth, shifts in population from rural to metro areas, the diverse nature of our culture and economy, both of which feature a robust Hispanic component, Texas definitely presents some paradoxical elements for analysis. The implications for the youth cohort and culture, particularly with substance use, will be discussed later in this document.

State Demographics

The population under the age of 18 years is 26.8% compared to the nation's 23.5%. Children 5 years and under comprise 7.5% of the state's population, while adults 65 and older are represented by 10.9% of the state's residents. The national numbers for these demographics are somewhat commensurate, at 6.4% and 13.7% respectively. 50.3% of Texans are female, and the national representation is 50.8%. The spectrum of ethnicity ranges with Caucasians at 80.6%, African Americans 12.3%, American Indian and Alaska Native at 1.0%, Asian, 4.2%, Native Hawaiian and Other Pacific Islander 0.1%, two or More Races, 1.7%, Hispanic or Latino, 38.2% and white alone, not Hispanic or Latino, 44.5%. In general, the demographics for the state are fairly aligned with the Nation's demographics, with the exception of the Hispanic or Latino population; which is more than double the national statistic of 16.9%. Over a third of Texas residents speak a language other than English while at home, compared to only a fifth of the nation. 16.3% of Texans are foreign-born, also higher than the national average of 12.9%.



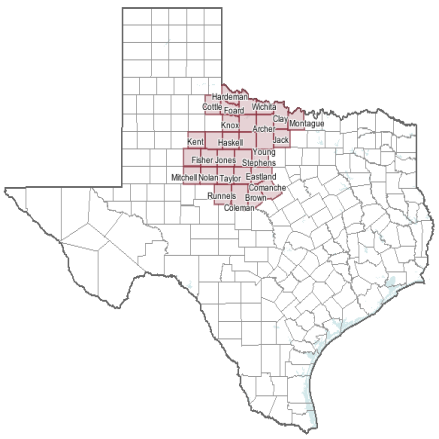
80% of Texans have completed high school, falling just 5% short of the nation's statistic. Over a quarter of Texas residents have obtained a bachelor's degree or higher. The home ownership rate in the state of Texas is 63.9% while the national average is 65.5%, with median value of owner occupied housing at $128,000 compared to the national value of $181, 400. Texas averages more household members than the national numbers, at 2.8 and 2.61 respectively. Texas ranks just under the national 12 month Per capita income of $28,051 at $25,809. The average Texan household income is $51,563 and the national is $53,046. Interestingly, the Bureau of Economic Analysis ranked Texas #3 in the nation for the 2013

third quarter for total state personal income, at 1.16 trillion. While many "have", there are pockets of "have nots"; 17.4% of state residents live below the poverty line while 14.9% live below poverty level nationally. 6% of the nation's veterans reside in Texas. Of the 21.8 million veterans living in America, 1.6 reside here.

In 2013, Texas yielded a gross domestic product of more than $12 trillion (DPS threat overview) 25.The US Census Bureau reports the number of private nonfarm establishments as 525,420 of the 7,354,043 across the country, employing 8,987,6631 of the national 113,425,965 nonfarm employees. Almost 9% of Texas commerce consists of 'nonemployer' establishments. These are businesses that have no paid employees, but accrue annual business receipts, and are subject to federal income taxes. These businesses are typically run by one self-employed proprietor, are small, unincorporated, and often the principal source of income. Nonemployer establishments number 1,975,620 of the national rate of 22,491,080. There are 2,164,852 Texas firms of the 27 million across the nation, which are defined as single physical business locations. Firms may be represented by businesses run out of a home or in a separate location. Of the 2 million-plus firms in Texas, 20.7 are Hispanic owned, and 28.2% are female owned; while blacks own 7.1%, Indian and Alaska-Natives own .9%, Asians own 5.3%, and Native Hawaiian/Other Pacific Islanders own .1%. The state and national rates are in alignment statistically, with the exception of the Hispanic demographic, which is, nationally, only 8.3%. As of 2007, the last Census information for Texas indicates (per $1000) exports totaling 593,541,502 merchant wholesales at 424,238,194 and retail sales at 311,334,781, compared to the national numbers of 5,319,456,312, 4,174,286,516 and 3,917,663,456, respectively. The Texas retail sales per capita for were $13,061, in 2007, with accommodation and food services sales (per $1000) at 42,054,592.

Our Region

Region 2 is represented by Archer, Baylor, Brown, Callahan, Clay, Coleman, Cottle, Commanche, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, and Young Counties. At the state level, each region employs a multidisciplinary team consisting of public health, medical professionals, nutrition experts, social workers, environmental quality specialists and support staff. Within the 30 counties of Region 2, those that are without existing local health agencies are served by the state level team of Region 2. Region 2 has local health agencies in Brown, Wichita, Taylor, Fisher, Scurry and Eastland Counties.



Region 2 is primarily rural, with larger populations located in the counties of Brown, to the south, Nolan, to the west, Eastland, to the east, Wichita, to the north, and Taylor, near the middle of the region. The region is very agricultural, with a strong history of farm and ranching. Other vital industries within the region are centered in gas, oil, and wind energy production. Much of Region 2 developed along agricultural and industrial trade routes as Texas grew. The corridor that encompasses these counties is a true reflection of western heritage and history for the state of Texas and our country.

Within the cities of Brownwood, Sweetwater, Eastland, Wichita Falls, and Abilene, there are universities, retail, industrial and

technological agencies, as well as military, cultural affairs, and well-developed municipal infrastructures that include airports and economic development planning. These cities beckon the feeling of small town living in a bigger town setting, and are surrounded by rural communities that depend on what these larger towns have to offer. The region is experiencing some recent growth with the discovery and development of the Cline Shale Oil field, which stretches from Texas to North Dakota. As this field booms, new franchises of hospitality, retail, and increased real estate needs are blossoming west from Midland Odessa into Region 2, bringing with it new cultural experiences.

Regional Demographics

Although the region is experiencing new and recent growth, the most recent *published* data paints a different picture that what is currently taking place. As the ACS tool indicates, the regional demographic trends have shown a population decline between 2000 and 2012. However, the current revitalization that is happening in the region, along with predictions from the America2050 coalition, (partnered with Transportation for America, estimates that 70% of Texas residents will be concentrated along and with the perimeter that spans from Dallas to Houston to Austin/San Antonio. While none of these cities are in Region 2, many of the regional counties border what is being touted as the next megaregion. One thing is certain; the face of our region is changing dramatically, and will continue to do so as economic factors shift. In the meantime, this needs assessment seeks to educate the public regarding the current state of the region, with an understanding of the historical contexts, and while considering the future potential. This document doesn't seek to prognosticate about the future of Region 2, rather to educate in an informed nature with recommendations for drug and alcohol prevention planning for the public health of the region.

Regional Population

According to the Community Action Partnership National Association, population estimates for the region have declined by -0.15%, decreasing from 549,267 persons in 2000 to 548,454 persons in 2012. The Texas State Center for Health Statistics Demographic Data estimates a slightly larger population than CAP, at 556,835 total people within the 30 counties of Region 2. Foard County has experienced the greatest loss at -21.52%. Callahan County, on the other hand, gained 4.77% population growth. This shift certainly nods to the concentration of a megaregion, as discussed previously, as Foard is on the Western side of the region, and Callahan is eastern, spanning a section of I-20 that leads from Abilene to the Dallas/Ft. worth Metroplex.

Age

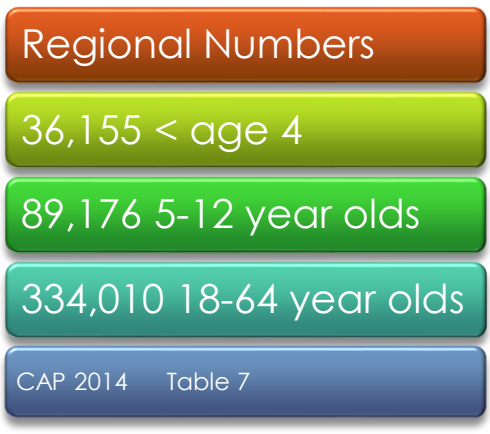
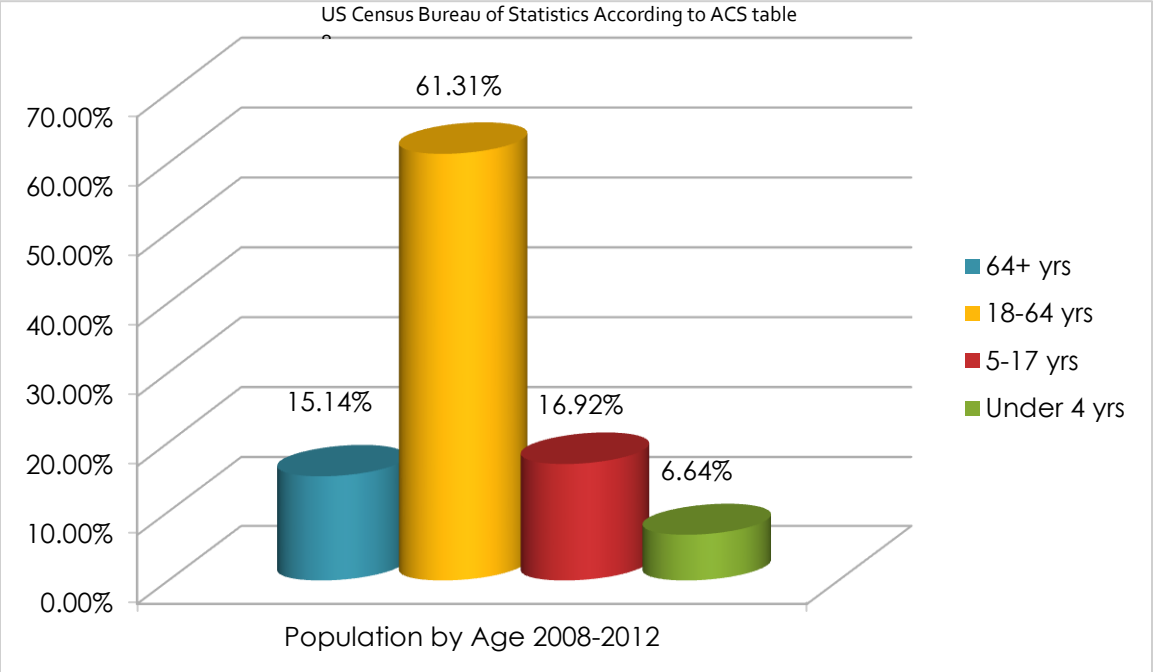


Table 8 depicts the regional population by age group. The ACS 2008-2012 5 year population estimates the female population comprised 49.63% of the report area, while the male population represented 50.37%. Minors aged 5-17 represent almost 17% of Region 2's population, while about 61% of the population is aged 18-64. The demographic of the ages 12-21 is 79,214 according to the Texas State Center for Health Statistics. The senior cohort of individuals living in the region, defined as 64 and older, is 15.14%. The counties with the highest youth populations (ages 5-17) are Taylor, Wichita,

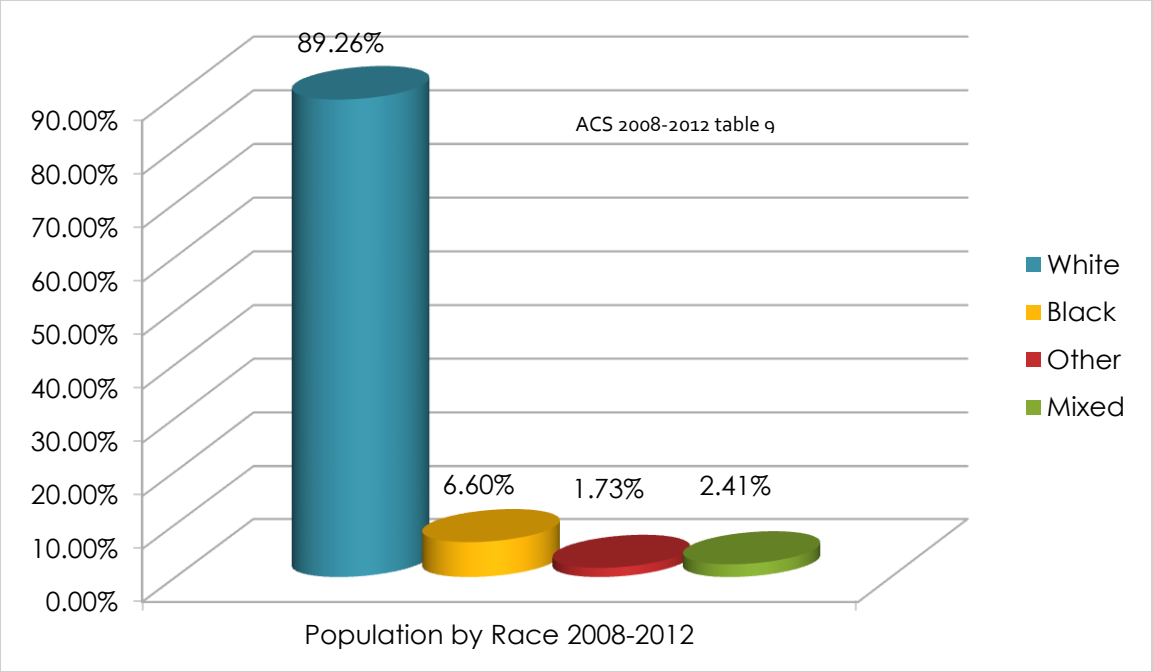
and Brown counties. Secondary county population sizes range from just over 100 (Throckmorton) to just over 1600 (Young). There are significantly more females than males over the age of 64 in this region, numbering at 48,668 and 33, 797 respectively. The 2013 Hendrick Health System Needs Assessment, which covers Callahan, Taylor, and Jones counties, prognosticates the growth of this older group to 15% of the coverage area by 2018.



According to the Area Health Education Center's Community Needs Assessment for Wichita County, the area has 23,343 persons age 15-24 representing 17.8 % of the population, slightly higher than the state average of 14.7 %. 24,589 persons (18.7) % are 55 or over, compared to 20.7% statewide. In Wichita County the total number in the age groups of 25 to 44, was 27,645 (21%), compared to a statewide %age of 42.5%, indicating that the Wichita Falls area has a higher concentration of aging cohorts than younger, and higher than the national average. AHEC indicates that Brown County youth (age 15-24 numbers 5,089; representing 13.4 % of their population. 9,120 persons (23.9%) are 55 or over. The total number of people 25 to 44 was 6,451 or 16.9%, compared to a statewide %age of 42.5. In the Brown County area, males over 18 are 37.2% of the population, and females are 38.9%

Race

The U.S. Census Bureau defines race as a self-identified and self-reported concept of social and cultural value. The individual is able to choose from one of many global groups. Where ethnicity has biological foundations in anthropological science, race is neither biological nor scientific. Race is a social construct used to categorize individuals based on skin color, ancestry, and country of origin. Region 2 is racially homogenous, yielding a statistical majority of persons identifying as White. Population by race is shown in table 9. According to the American Community Survey 5 year averages, 89.26% of persons are white, the black population is represented by 6.6%, and other races combined were 1.73%. Persons identifying themselves as mixed race made up 2.41% of the population.



Ethnicity

Although Race and Ethnicity are separate concepts, they are inter-related. As the region is primarily white, the ethnic breakdown is in alignment with a large portion of the population represented by whites, followed by blacks, mixed race, Asian, American Indian, and Native Hawaiian. The 2010 Census indicated a 6% growth nationally in white populations, primarily due to the recognition of Hispanic origin as an ethnicity rather than a race. So respondents may choose to identity as White Hispanic or Non-White Hispanic. Ergo, the almost 90% regional population follows the national trend, and is comprised of both Anglo and Hispanic descents, with 114,783 Hispanics and 391,438 Anglos in the region.

Concentrations of Populations

As indicated in the overview, there are pockets of population scattered about the region, centered primarily in the cities of Abilene, Wichita Falls, and Brownwood. Rural areas surrounding these areas are often sparsely populated, with much of the area represented by less than 1 person per square mile. Populations are fluid, someowhat, as, for instance, Abiliene's population of over 118 thousand grows by another 22,000 daily, as rural residents commute into the area for work.

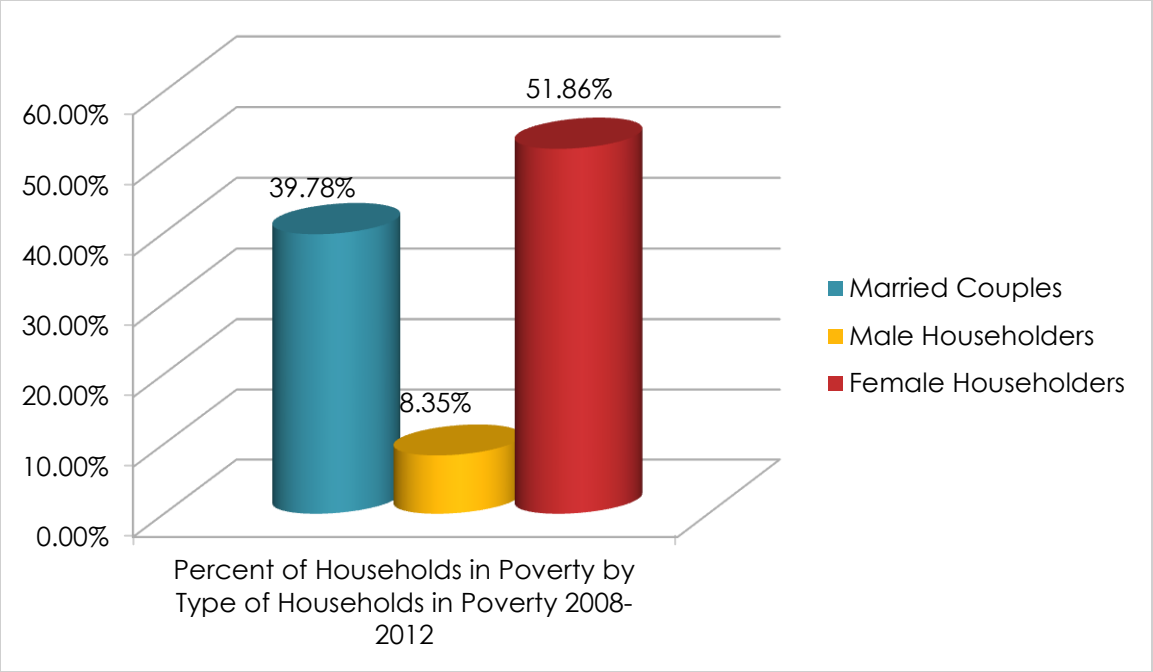
General Socioeconomic

In the region, 18.2% of people live below the poverty line, which is greater than the national average of 14.9 %. 2012 poverty estimates indicate 93,740 people live below the poverty area; 32,071 or 25% are minors under the age of 17. The rate for children aged 5-17 is 23.8%. In 2012, Jones County, Texas, had the highest poverty rate at 26.6%, while Archer County, had the lowest at 9.4%, according to the CAP According to the American Community Survey 5 year estimates, an average of 16.57 % of all persons in Region 2 lived in a state of poverty The lowest poverty rate belonged to Kent County (6.3%) while Coleman County had the highest poverty rate of 30 %.

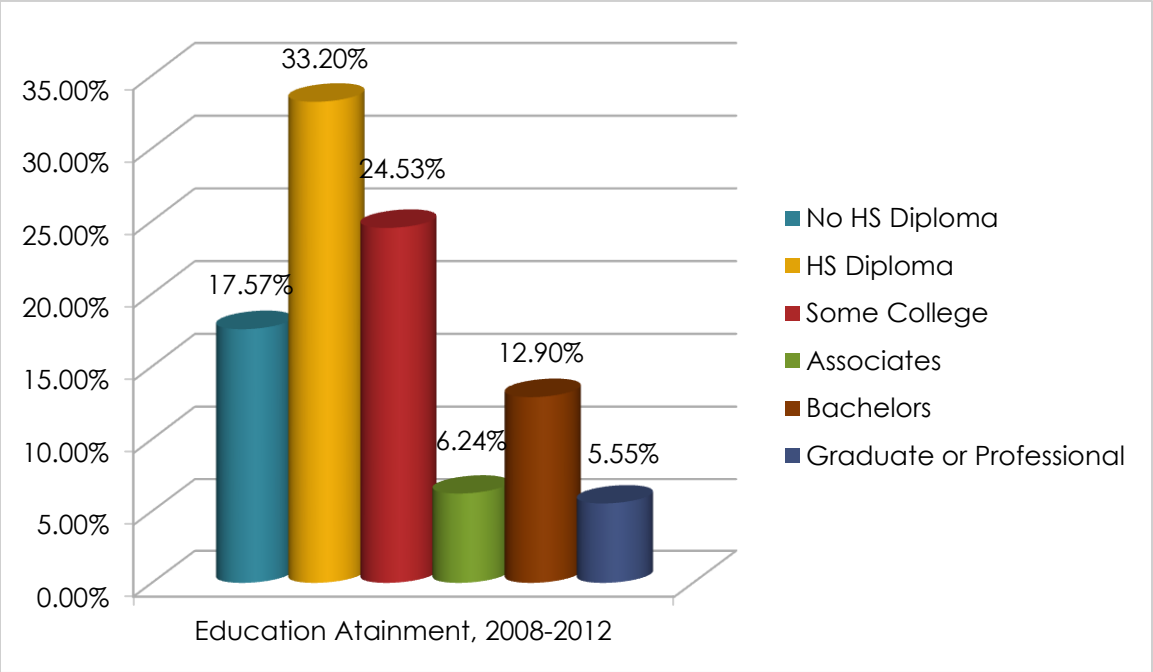
Average Household Income by County

There are two economic measures that indicate county or area health, and both are of income. Median Household Income and Per Capita Income, both of which are shown for the region in the following table, are economic indicators of interest. Household income ranged from $30,690 in Coleman County to $56,250 in Archer County. The average Per Capita income is $21,911 as compared to a national average of $28,051.Median annual household incomes in our region ranged from 30,660 in Cottle County, to 55,459 in Archer.

Geographic Area	Median Household Income, 2012	Per Capita Income, 2012	Median Household Income ($)
Archer County, Texas	56,250	27,057	55,459
Baylor County, Texas	34,688	23,041	33,164
Brown County, Texas	40,821	20,979	43,303
Callahan County, Texas	46,812	23,311	41,874
Clay County, Texas	54,298	25,165	51,960
Coleman County, Texas	30,690	18,404	32,231
Comanche County, Texas	36,599	18,845	36,522
Cottle County, Texas	34,770	21,429	30,660
Eastland County, Texas	35,044	21,895	37,916
Fisher County, Texas	42,900	22,401	38,963
Foard County, Texas	32,443	18,954	32,041
Hardeman County, Texas	35,332	19,025	34,601
Haskell County, Texas	40,247	22,734	31,505
Jack County, Texas	43,902	21,492	44,064
Jones County, Texas	38,896	14,339	38,066
Kent County, Texas	38,750	22,949	38,627
Knox County, Texas	33,667	19,635	33,182
Mitchell County, Texas	41,082	15,463	37,395
Montague County, Texas	45,287	24,667	45,996
Nolan County, Texas	37,671	20,008	34,941
Runnels County, Texas	39,115	20,848	35,593
Scurry County, Texas	46,340	22,926	49,340
Shackelford County, Texas	46,181	23,931	48,779
Stephens County, Texas	38,424	19,896	40,805
Stonewall County, Texas	52,917	27,670	39,054
Taylor County, Texas	44,372	23,790	43,181
Throckmorton County, Texas	41,019	24,557	41,149
Wichita County, Texas	45,589	23,656	43,791
Wilbarger County, Texas	42,271	21,098	37,304
Young County, Texas	42,008	27,177	43,248
Report Area	41,280	21,911	
Texas	51,563	25,809	50, 747
United States	**60,119**	**29,733**	**51,371**

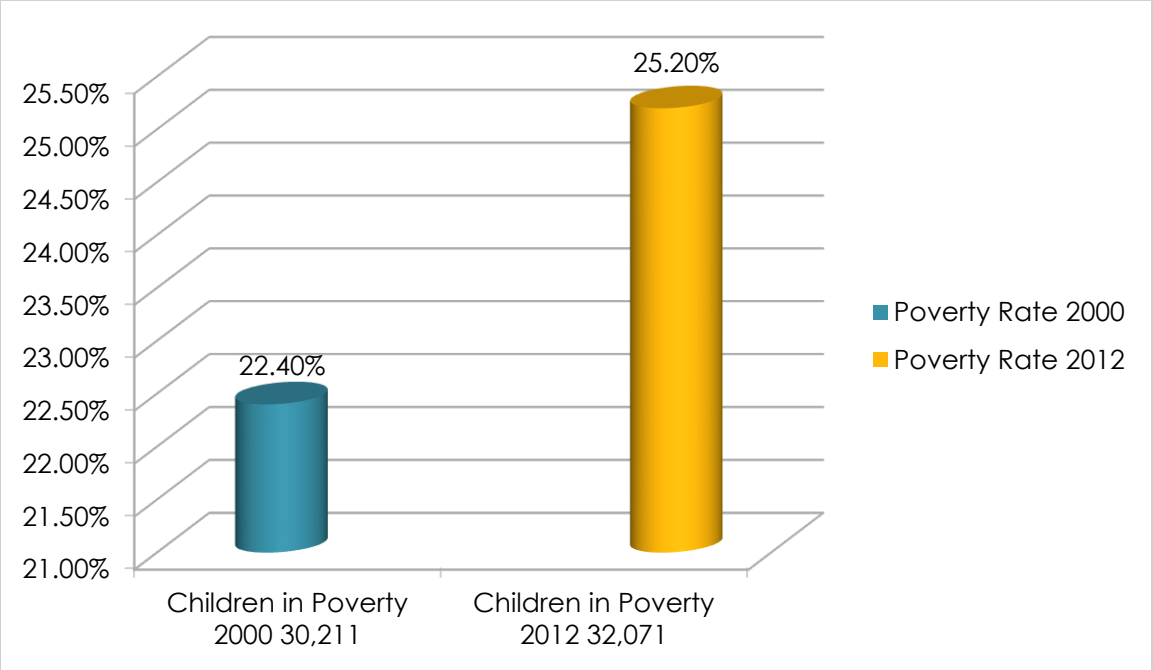


In addition to examining the rate of persons living in poverty, regional health may also be demonstrated by looking at the rate and households living in poverty Of the 204,108 households in the region, 15.6% live in poverty, according to the ACS 2008-2012 averages. Clay County has the lowest rate, at 7.3, while Coleman County, and has the highest. In 2012, it is estimated that there were 31,796 households, or 15.58 %, living in poverty within the report area. Table 12 provides percentages on the types of households living in poverty. In our region, there were 16,653 households living in poverty. There are a strikingly significant number of female householders living in poverty, 51.86%. Throckmorton maintained the lowest female householder rate, while Taylor County had the largest rate of female householders living in poverty.



Impoverished Children

The poverty rate for children living in our region is greater than the national average of 20.8 %, increasing by 2.9%, compared to a national increase of 6.4 %. Hardeman County experienced the greatest change in poverty, increasing by 6.9% from 2000-2012 and Knox County experienced the least amount of change, decreasing by -6 %. The 2000-2012 poverty rate change for children under five increased by 2.3% compared to a decrease of 6.5% nationally. Again Hardeman experienced the greatest change increasing by 7.8% while Knox County experienced the least change, decreasing by 9.9%. The poverty rate change for children ages five to seventeen for the same time frame and reporting area increased by 3.7%, compared to a national increase of 6.4%. Following suit with the other trends, Hardeman County experienced the greatest change increasing by 6.5% from 2000-2012 and Stonewall County, Texas, experienced the least amount of change, decreasing by -7.4%.



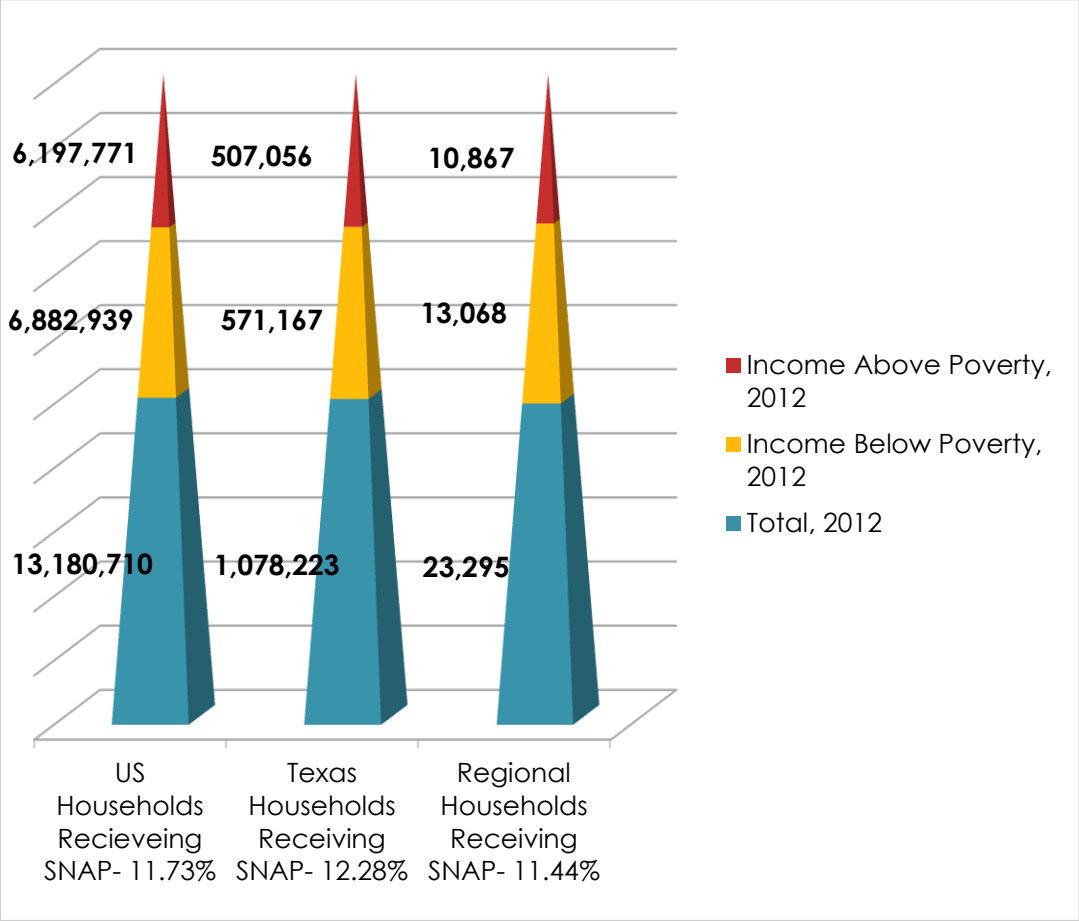
An average of 22.89 % of children lived in a state of poverty during 2012. Kent County had the lowest poverty rate (5.4%) while Coleman County had the highest child poverty rate of 51.1%.During 2012, 29.12% of children fewer than five lived in a state of poverty. Stonewall County had the lowest poverty rate (12.5 %) while Coleman County had the highest poverty rate at 52.8 %. ACS data indicates that an average of 20.45% of children aged five to seventeen were impoverished during 2012. Kent County had the lowest poverty rate (0 %) while Coleman County had the highest poverty rate of 50.3%. The poverty rate for children age five to seventeen living in our region is greater than the national average of 19.6 %

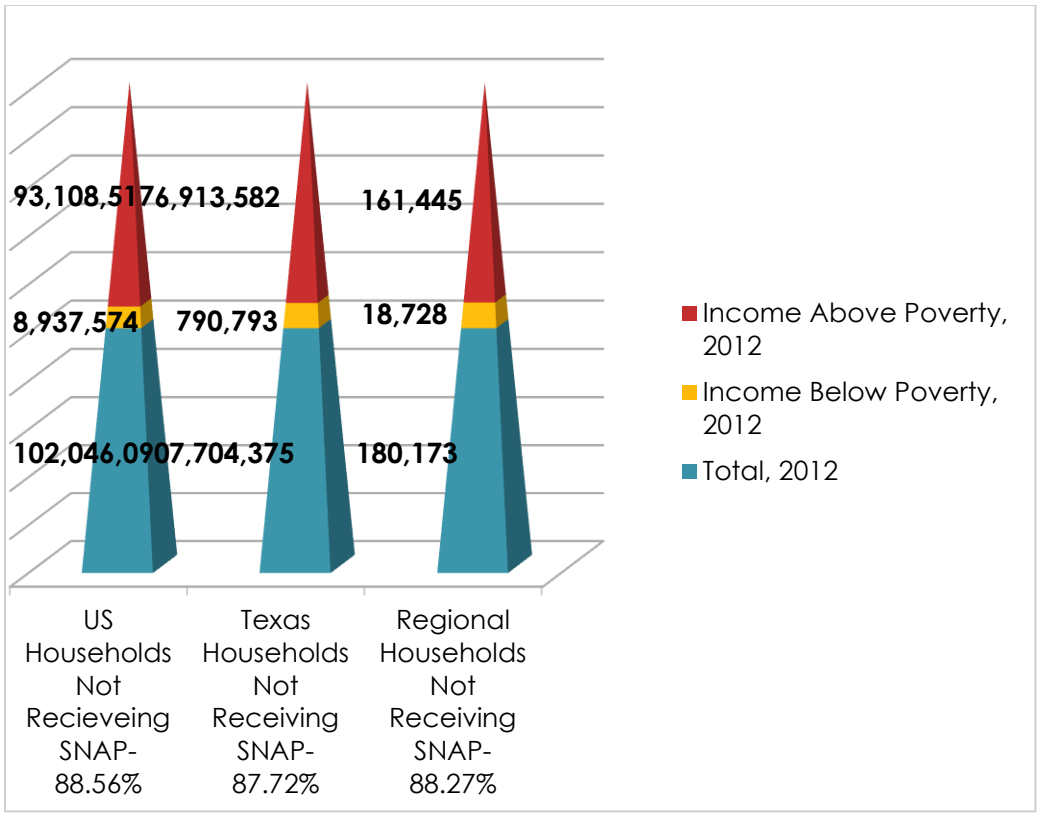
Insured/Uninsured Children

Determining insurance coverage for the population is an estimate, calculated by ascertaining the number of those eligible (typically those under 65) and subtracting the number of people who actually are insured. Based on these estimates, the 2010 rate of uninsured individuals ranged from 23.2 in Mitchell County to 37.5 in Cottle County. The percentage of persons uninsured ranged from 23.2 in Mitchell County, Texas, to 37.5 in Cottle County, Texas. Of course the passing of the Healthcare Reform Act in 2012 will affect the actual number of people seeking and obtaining coverage in 2013.

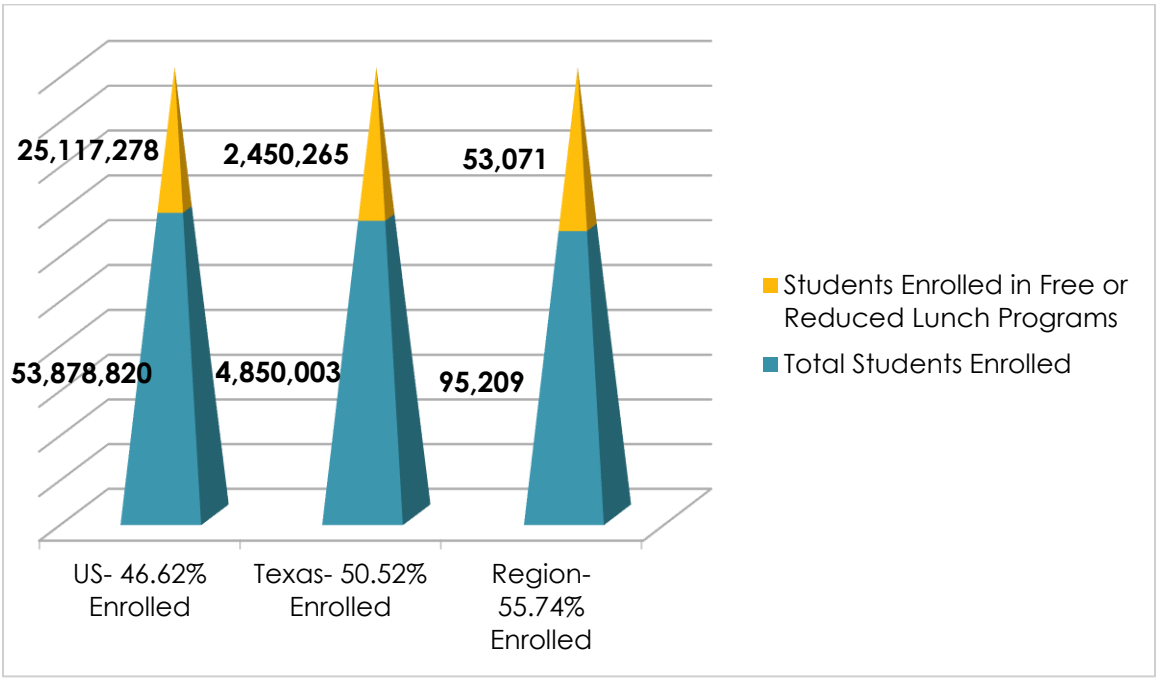
TANF/ SNAP/ Free School Lunch Program

23,935 households (or 11.73 %) received SNAP benefits during 2012. Yet 18,728 (or 9.18 %) households with income levels below the poverty level that did not receive SNAP payments during that same time frame. At 5.39 %, Shackelford County had the smallest percentage of households receiving SNAP payments, while Haskell County, Texas, had 22.66 % of households receiving SNAP payments, which is more than the national average of 7.8 %.



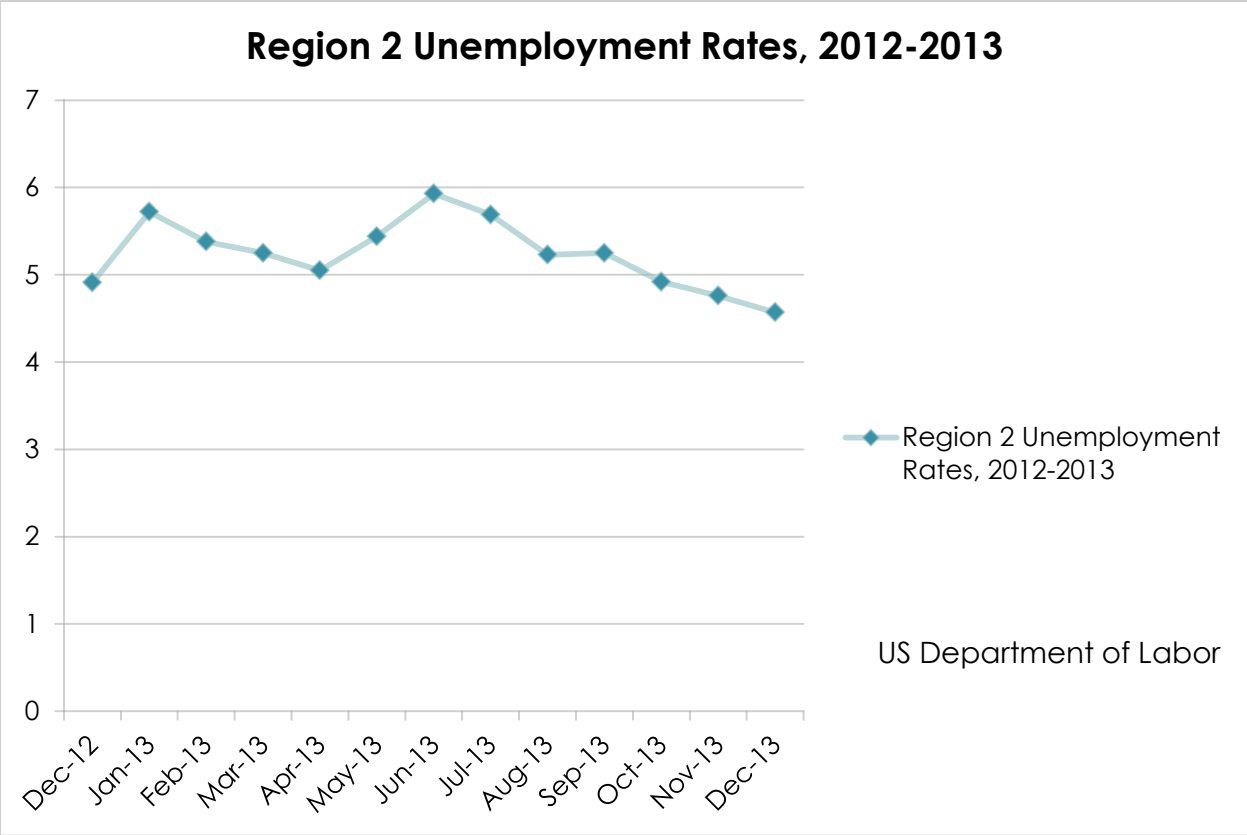


In 2009-2010, 53,071 students (or 55.74 %) received free or reduced price lunches. Archer County had the smallest rate of students participating in the school lunch program, at 36.44% while Hardeman County had 69.77 % of students participating, which is higher than the national average of 46.62 %.

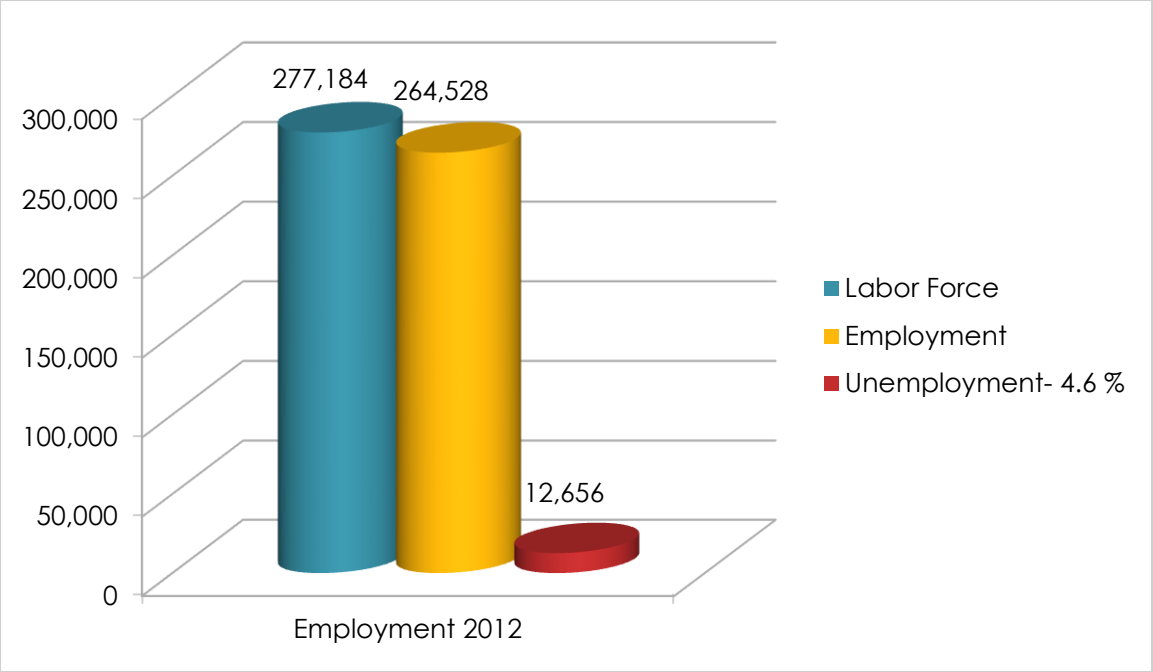


Employment

Area unemployment rates vary from 2.4 % in Shackelford County, to 5.5 % in Jones County, Texas. Overall, the area experienced an average 4.6 % unemployment rate. According to the U.S. Department of Labor, unemployment for this one year period fell from 13,402 persons to 12,656 persons, a rate change of -0.34 %. The greatest change in the unemployment rate occurred in Foard County, with a rate increase of 1.1 while the smallest change was in Kent County, with a rate decrease of 0.5 %.



Regional unemployment rates have dropped from December 2009 to December 2013, falling from 6.7% to 4.6 %. The area experienced a decrease of-3.6% in Montague to 0.1% in Kent County. Unemployment for the year fell from 13,402 persons to 12,656 persons, constituting a rate change of -0.34 %. The greatest change in the unemployment rate occurred in Foard, with an increase of 1.1 while the smallest change was in Kent County, with a rate decrease of 0.5 %.



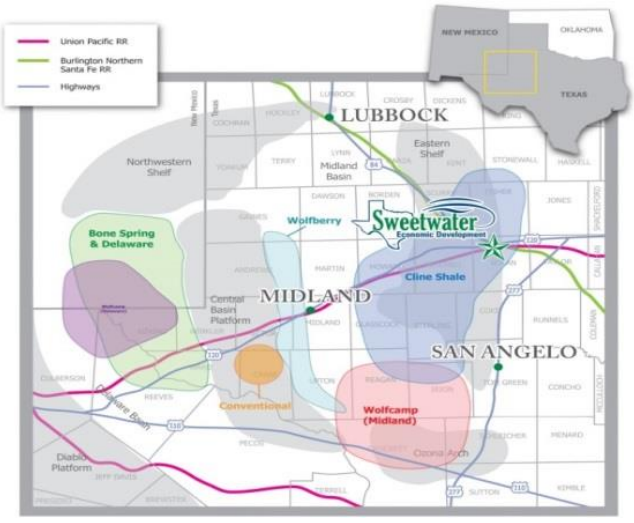
Industry

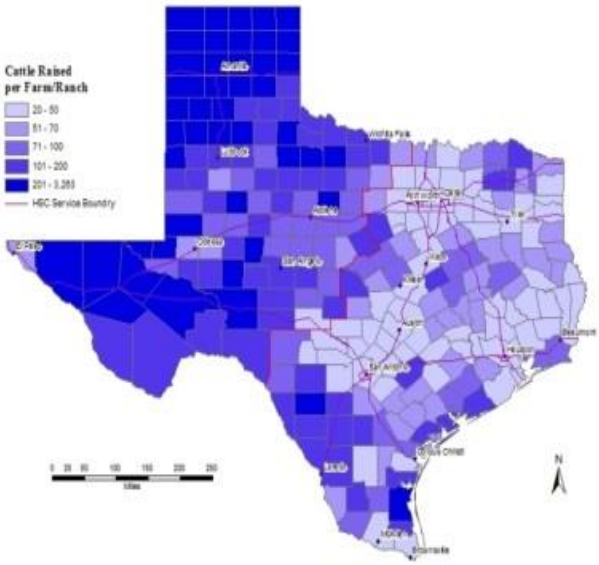
As stated in the overview, Region 2, like much of Texas, is largely rural. It is rich with oil and gas production, ranching, manufacturing, and military defense infrastructure. The three areas of highest population concentration feature, between them, two major Air Force Bases, Dyess in Abilene and Sheppard Air Force Base in Wichita Falls. Both of these bases provide mission stability to the USAF as a whole, are central to the Air Combat Command, as well as career training. Both bases are the largest employers in their respective areas. Dyess AFB continues to provide integral bomb wing training to the Uniformed Services. In Abilene, Dyess AFB, followed by Blue Cross Blue Shield, are the largest employers. There is new construction in Taylor County. As of the latest Area Health Education Center's most recent Community Health Assessment for Taylor County, the leaders in industry include Abilene Lumber, Coca-Cola Bottling Co, Fehr Foods Inc., Lonestar Windfarm, Martin Sprocket & Gear, Peerless Mfg Co, Pepsi Beverage Co, Rockwell Collins Inc., Tige Boats Inc., and Toltec Corp. The face of industry is quickly reshaping in Taylor County in anticipation of the Cline Shale Oil Boom.

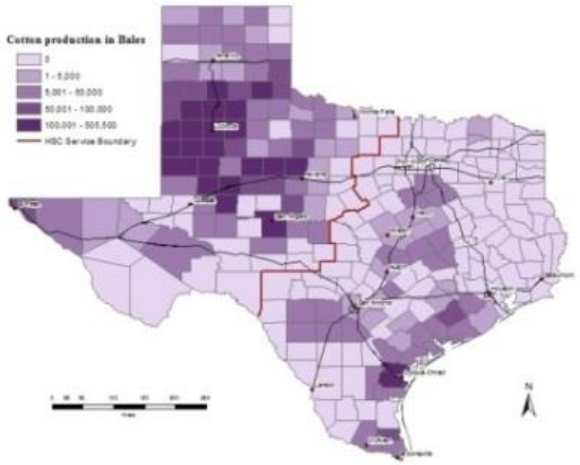
To the north, the area of Wichita is largely industrial and aircraft production oriented. About 20% of the workers in Wichita Falls are government-employed (AHEC).The municipality of Wichita Falls, anticipating federal drawdown impacts on Sheppard AFB's productivity, have devised an economic development strategy entitled Vision 20/20 which details plans to focus and capitalize on resources and industry already in place. The plan outlines an initiative to draw new talent while developing current human capacity. While there is much migration to the neighboring Metroplex, industries that remain strong include: Abb Inc., Alcoa Howmet, Cryovac Inc., Ppg Industries Inc., Pratt & Whitney, Saint-gobain, Vetrotex America, Tranter Inc., United Electric Magic Aire Div, Wichita Tank Mfg Inc., Washex Inc. The Wichita Falls area had 39,415 employees who were private wage and salary workers representing 72.5% of all workers.

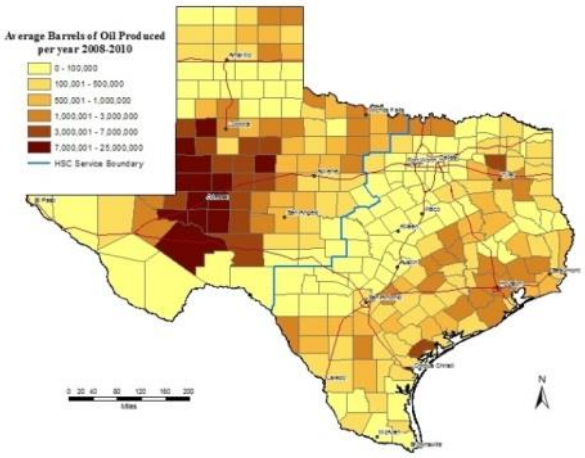
Brownwood is home to large manufacturing agencies which include 3m, Co Dan Hil Containers, Kohler Co, Loadcraft Industries Ltd, Performance Pipe, R & S Industries Inc., Real Tuff Industries, Superior

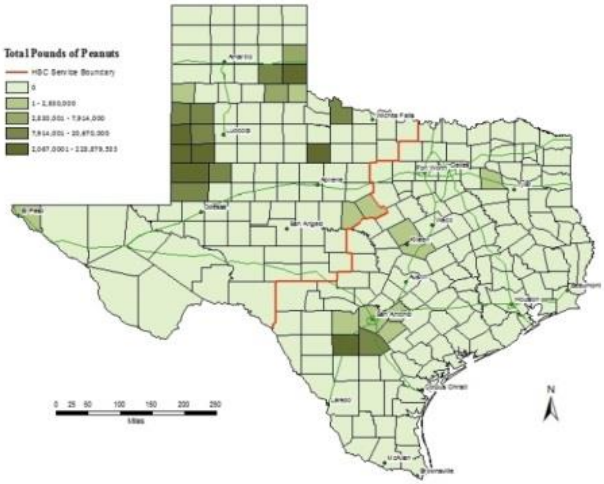
Essex Inc., Vulcan Materials-southwest Div, and Wes-tex Printing. The Brownwood area had 11,356 employees who were private wage and salary workers representing 73.1% of all workers. The area had another 2,538 government employed persons (16.3%), and 9.9% (1,540) who were self-employed. Sweetwater, much smaller than previously mentioned towns in population, is one of the largest Windmill energy producing areas in the nation. Additionally, Sweetwater sits on the perimeter of the quickly advancing Cline Shale oil boom movement. The area Economic Development board reports "As manufacturing jobs leave the United States, Sweetwater has continued to grow its manufacturing base. From sheet rock to radiation detecting equipment to concrete to substation components, Sweetwater, a town of 10,969 has over 800 full time jobs just in the manufacturing sector. Sweetwater is a place that embraces manufacturing operations." The remaining rural areas, which specialize in farming, agriculture, production, and mining, typically have significantly less technical, scientific, professional, and financial, services activities that are readily available in urban areas. The public sector has been a major source of earned income in rural areas. Trends in these activities shape the job opportunities available to the rural labor force. With recent growth in oil exploration, and natural gas fracking the state of our rural economies will look vastly different in the next five years. As this graphic depicts, a large portion of Region 2 falls within the Cline Shale Oil area. The development of this area has resulted in several inter-county collaborative, including the Cline Shale Alliance, and the West Texas Energy Consortium. These collaborates work to ensure economic stability and balance in the cities and towns affected by the oil boom. The following depictions of Texas Industry were made available by Texas Workforce Solutions and Texas Tech Health Sciences Center F. Marie Hall Institute for Rural and Community Health











Consequences and Contextual Factors

As discussed in the Key Concepts Section of this document, examination of the consequences of any public health measure allows for analyzing how public health patterns manifest in the population. With the evaluation of substance use, which is a particularly complex behavior with equally complex determinants, consequences of use often bring the using behaviors to light, well before an individual or system of care may be ready to address the behaviors. Prevention professionals and providers of treatment are no strangers to the concept of resistance in substance-using populations, the importance of recognizing the stages of change, motivation enhancement, and the progressive illness of substance use and addiction. Treatment providers and prevention professionals are also very aware of SUD's not becoming problematic for clients until some negative consequences have been suffered. Seldom are the positive consequences associated with health and behavioral health that beckon evaluation of use-patterns. Ergo, it should be noted that examining patterns relative to consequences reveal a significant amount of qualitative as well as quantitative data surrounding substance use. Contextual factors are also integral to evaluating public health priorities. As we focus on a youth demographic for substance use trends, family culture, community involvement, academic history, medical stability, emotional functioning, peer support, and previous traumas are contexts that may mediate or mitigate the

individual's propensity toward substance use. These contexts are highly qualitative in nature, and necessary to understanding the public health profile for the region with regard to substance use. As the discussion unfolds regarding consequences, regional attributes will be explored relative to a public health context.

The 2011 Surgeon General's Call to Action elaborates on consequences for adolescent alcohol use, stating that the "short and long-term consequences that arise from underage alcohol consumption are astonishing in their range and magnitude, affecting adolescents, the people around them, and society as a whole." Aversive outcomes, such as injuries, fatalities, and risky behaviors are often associated with alcohol and drug use. Examination of indicators such as these, in addition to legal/criminal, health, academic, and family variables allow for a more detailed picture to emerge. As with alcohol, drug use creates chaotic results for both the user and family. The Office of National Drug Control estimates that half a trillion dollars are lost to substance use yearly, just in the United States. The monetary consequences are evenly distributed across domains that include health, criminal and vocational productivity loss. The impacts range about $181 billion for illicit drugs, and 285 billion for alcohol. The mortal cost of substance use is staggering. The Centers for Disease Control and Prevention indicate that over 38,000 Americans died of substance use in 2006. Substance use can destroy families, negatively impact communities, decimates academics, impacts work performance, and is a common factor in violent crimes and auto accidents. What follows is a discussion of substance use indicators relative to health, academic, and criminal, as well as related consequences.

Mortality

According to the Surgeon General's Call to Action, we typically think of the period of adolescence as a time of growth, where individuals are least prone to health problems. However, mortality rates increase 200% between middle childhood and late adolescence, due to more risk taking behaviors. The World Health Organization's (2014) depiction of Adolescent health epidemiology indicates that mortality rates for youth are lower than compared to other age groups, and have decreased slightly in the past decade. The WHO also suggests that the leading casus of adolescent death around the world include road injury, HIV (now the second leading cause of adolescent death worldwide) suicide, lower respiratory infections, and interpersonal violence.

Suicide

Suicide, whether accidental or intentional, is always a tragedy, and often a shock to individuals close to the victim. According to SAMHSA (2013), suicide is the leading cause of death for individuals aged 15-24 in our nation. Region 2 suicide frequencies increased from 39 in 2009 to 56, in 2010, falling again to 41 in 2011. Without more detailed analysis, it is difficult to know how many suicides were completed because of substances but without substances in the body, or a conclusive post-mortem report. There are other violent deaths and fatalities that could perhaps be attributed to substance use, but aren't, due to reporting error, poor collateral information, or confounding variables. SAMHSA also suggests that 35% of individuals who struggle with mental health and/or substance use disorder do not complete suicide; however, longitudinal data indicates that 90% of completed suicide cases have experienced a mental health and/or substance use disorder. A majority of individuals who have completed suicide often suffer from a mood disorder, or co-occurring mental and substance use disorders. Ongoing research continues to support the notion that substance use remains only second to mood disorders

such as depression in risk factors associated with suicide. Those with alcohol and drug abuse disorders are more than 6 times likely to be at risk for suicide attempts.

Drug/Alcohol Related Fatalities

There has been a rise in news reports of heroin overdoses in the past year, as what is being identified as an epidemic gains more national attention. The fact remains that heroin, along with alcohol; benzodiazepines, amphetamines and tobacco have always taken lives. The frequencies are more notable presently, with government and media attention focused on the heroin epidemic, and legalization of marijuana in other states. According to a recent report entitled Prescription Drug Abuse: Strategies to Stop the Epidemic Texas has the eighth lowest drug overdose mortality rate in the United States, at 9.6 per 100,000. These overdose mortalities, many of which are from prescribed drugs, had previously increased by 78% over the last decade and a half. Nationally, rates have doubled in more than half of the states over the same time frame, and have tripled and quadrupled in third of the states. According to the director of Johns Hopkins Center for Injury Research and Policy, 50 Americans die daily from prescription drug overdoses, and over 6 million suffer from substance use disorders. Locally, overdoses recorded by DSHS during the year of 2010, numbered at 22 for the region. The leading cause of overdoses was split between opioids and psychostimulants.

Another newsworthy trend is the amount of automobile incigdents related to drug and alcohol use. As noted earlier, the WHO estimates road related injuries as the number one mortality threat to adolescents. According to Texas Department of Public Safety, in 2012, Region 2 lost 5 persons under the age of 25 to DUI fatality. Two of those 5 were under the age of 21. DPS also reports that Region 2 had a total of 627 alcohol related rashes, 43 of which resulted in fatalities, with 176 resulted in serious injuries. There were 25,671 alcohol related crashes total across the state of Texas in 2012.3 More discussion will be presented later with regard to the criminal aspects of alcohol and drug related safety on the roadways.

Health

According to the Texas Department of State Health Services, health and human services in Texas are provided by the following five agencies; The Health and Human Services Commission, the Department of Family and Protective Services, the Department of Assistive and Rehabilitative Services, the Department of Aging and Disability Services, and the Department of State Health Services.117 These agencies support over 200 programs in the state of Texas. At the local level, representatives from these branches collaborate together frequently to coordinate care for the residents of the region. Rural communities such as those located Northeast of Abilene convene monthly, as, for example, the Rolling Plains Rural Health Coalition do. These coalitions embody the spirit of rural Texans, working to achieve community health, in the face of challenges with access to care and availability of providers.

According to the American Community Survey, institutional Medicare and Medicaid providers, including hospitals, nursing facilities, federally qualified health centers, rural health clinics and community mental health centers for the region total 703. Wichita County, had the most active providers (129), while Kent County, had the fewest (4).Where the ACS reports 3 Community Mental Health Centers, there are, 5 Local Mental Health Authority agencies, which also serve as community centers for mental health needs. DSHS reports that in 2011, there are 82,403 Region 2 Medicare recipients over 65 and 15,668 disabled persons receiving Medicare for a total of 98,072. Wichita County had the highest number (4,031) of Medicare recipients among disabled persons, while Kent County had the lowest number (13) of Medicare recipients among disabled persons. Texas Department of State Health Services reports that by October 2013, of the estimated 246,867 enrolled in Medicaid services for the region, 73,358 were children and 50,568 were under the age of 19. Of those minors receiving Medicaid benefits, 6,147 were infants, 15,509 were under the age of 5, and 17,178 were 6 and up.

STD/HIV/AIDS

Surveillance of health threats are one of many epidemiological approaches to maintaining public health in any community. In the reporting years of 2005-2012, blacks and females were the most prevalent demographics for reported cases of Gonorrhea, and Chlamydia, while males were the prevalent carriers of primary and secondary Syphilis in the state of Texas. Texas Department of State Health Center for Statistics reports that in 2012 for Region 2, rates per 100,000 were 7587 for Chlamydia, 1500.3 for Gonorrhea , 9.9 for Syphilis (Prim/Sec), 50.7 for HIV (not AIDS) and 58.6 for AIDS Diagnoses.

2010-2012 HIV Cases and Rates Region 2 by Age Group

Region 2 Age	2010	2011	2012
0-12	0	0	0
13-14	0	0	0
15-19	2	1	0
20-24	3	1	4
Region 2 Total	5	2	4
Texas State Total	1070	1066	1061

2010-2012 HIV Case Rates (per 100,000) in Texas and Region 2 by Age Group

Region 2 Age	2010	2011	2012
0-12	0.0	0.0	0.0
13-14	0.0	0.0	0.0
15-19	5.0	2.6	0.0
20-24	7.1	2.3	9.2
Region 2 Total	2.6	1.1	2.1
Texas State Total	5.7	5.6	5.5

Sexual Behaviors and Teen Pregnancy

The Texas Youth Behavior Risk Surveillance System data for 2011 indicates that of the 3731 students (9-12) surveyed, almost 7% indicated a first sexual encounter under the age of 13. Additionally, 17% of 3570 students confirmed that they had more than four sex partners over their lifespan. 37.35% of 3560 responded that they had had one or more partners in the last three months. 24% of 1247 surveyed admitted they drank alcohol or used drugs before last sexual intercourse. 1213 students were surveyed about birth control, of which 54.5% stated that they had used condoms during the last three months and 10.9% used birth control prior to intercourse The Centers for Disease Control reports that Teen pregnancies are on the decline nationwide. In the state of Texas, DSHS Center for Health Statistics reports that in reign 2 there were 11 teen births under 14, 326 for females age 15-17, and 779 for those who were 18-19.

Adolescent Hospitalizations

At the time of publication, the Prevention Resource Center had not been able to obtain the number of adolescents hospitalized across the region, but continue to seek this information for needs assessing purposes. Hospitalization data is fundamental to determining consequence and consumption prevalence rates for youth using substances.

Academic Challenges

Region 2 is comprised of 3 Educating Service Center areas, also called regions. These regions are not to be confused with the Health and Human Service Commission Regions. Although there is some overlap, they are not the same type of regions. HHSC Region 2 is served by Education Service Centers 9, 14 and 15. Each ESC is accountable the Texas Education Agency, and governs over several Independent School Districts locally. There are also several higher learning institutions in Region 2; including private universities, state universities, community and two year colleges, as post-secondary well as vocational and trade schools. The following table shows the distribution of educational attainment in the region, which is calculated for adults over the age of 25 and averaged over the period from 2008 to 2012.

The National Center for Education Statistics (NCES) provides calculations about literacy skills LACKED for basic prose. It is important to note that the term literacy, in this case, is applied to an educational detriment, and out of context, could be a misleading moniker for a highly important indicator. The NCES estimates an adult literacy rate of 14% in Region 2. In other words, it is estimated that 14% of adults in region 2 do not possess a capacity to read basic prose. These calculations are based on educational attainment, poverty, and other factors in each county. Regional literacy rates ranged from 11% in Archer County, to 22 in Mitchell County, Texas, in 2003.

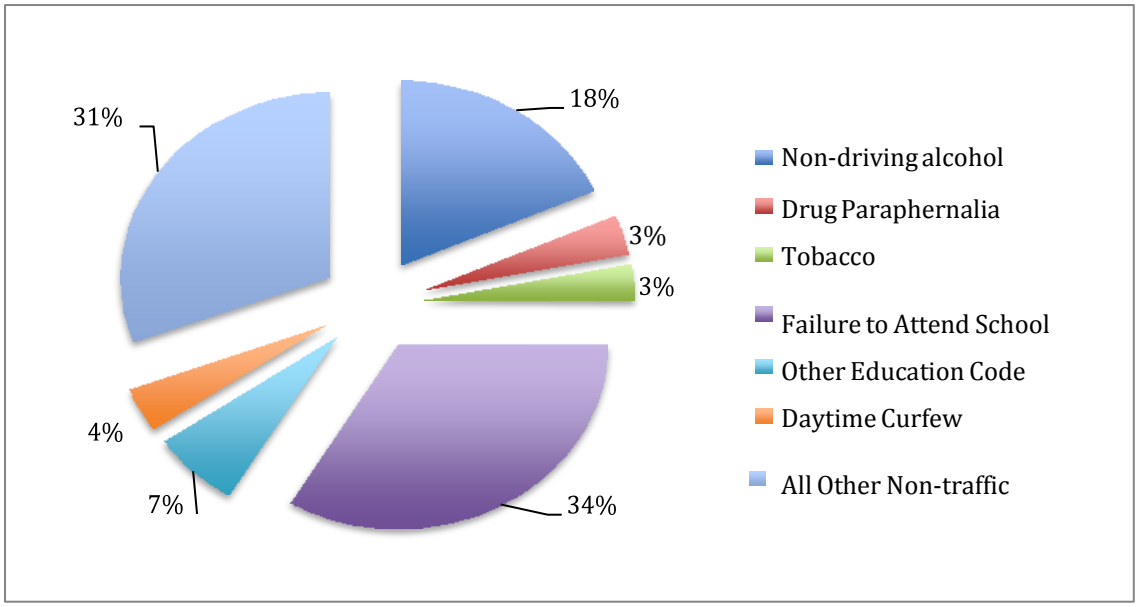
Dropout and Attendance Rates

According to the 2008-2012 ACS, 33.2% of adults in Region 2 completed high school education, while 17.57 did not. The region averaged a dropout rate of .4% for 2011 to 2012. The highest dropout rates for high school occurred in Taylor, Coleman and Eastland Counties at 2.1, 1.7, and 1.7 percent, respectively. Taylor also had the highest middle school dropout rate for the same calendar year, at 1.9%, followed by Jack, Eastland and Mitchell Counties with a rate of .4%. Community and Junior Colleges across region 2 have reported graduation and persistence rates for cohorts with beginning attendance starting in FY 2009 and ending in FY 2013. Of the cohorts currently attending in FY 2013, 36.9% were graduating and

48.8% were persisting with their college pursuits (Texas Higher Education Coordinating Board, March 25, 2014)

Youth Suspension and Expulsions

According to the 2012 annual report from the Texas Office of Court Administration, during the period of 2000-2009, over half (60%) of Texas public school children were suspended or expelled. Additionally, African-American students were 31% more likely to receive discretionary discipline action. Students who are suspended or expelled for a discretionary discipline action, are three times likely to interact with the juvenile justice system in the following school year. Over 229,000 non-traffic citations were issued to juveniles in 2012 on and off school campuses.



Texas Office of Court Administration, 2012 Annual Report (2013). .

Criminal Activity

The Texas Juvenile Justice Division figures for 2013 indicate that there were 421 referrals for Felonies, and 829 for misdemeanors in our region. Of the 1401 regional dispositions, 358 were felony, and 719 misdemeanors. The average offender age in our Region is 14.63, and the average age for the first time offender is 14.5.According to the he Uniform Crime Reporting Program there were 2102 arrests in Region 2 in 2012 for juveniles.

Assaults and Robberies

TJJD reports that there were 416 referred assaultive cases in the region for 2013.356 were disposed, and 87 were adjudicated. The Uniform Crime Reporting Program indicates a total of 668 assaultive cases and 142 burglaries in the region involving youth offenders.

Alcohol/Drug Related Domestic Abuse

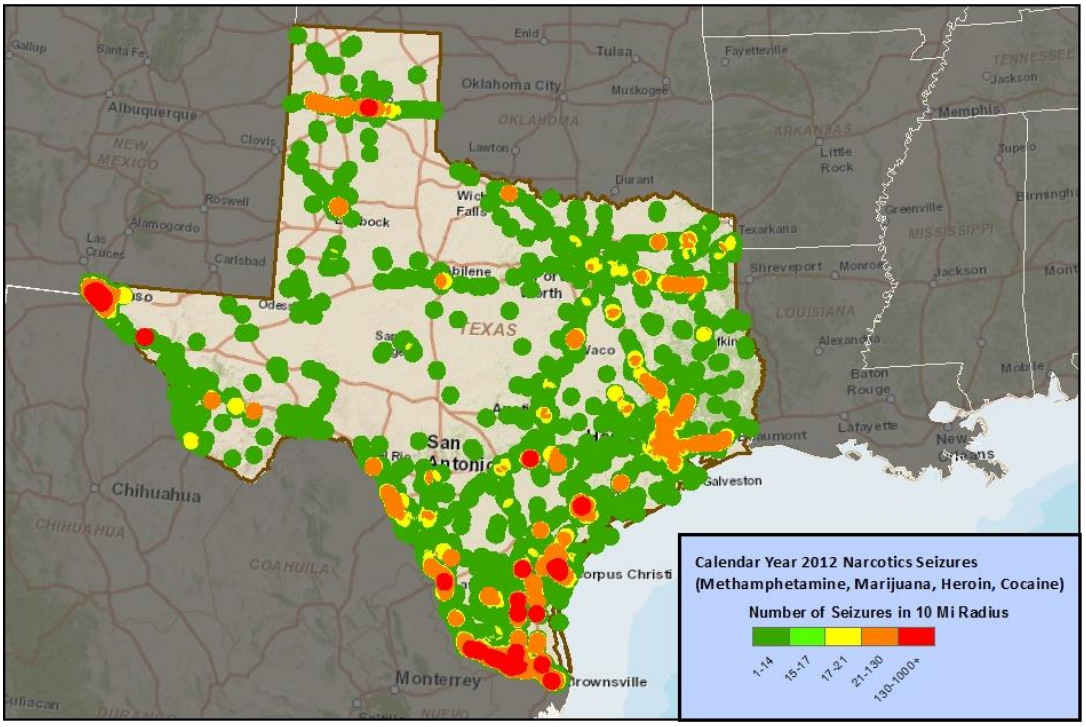
The Youth Behavior Risk Surveillance Survey from 2011, as reported by the Center for Health Statistics at Texas DSHS indicates that of the 4334 of students surveyed, 11% of 9th graders, 12% of 10th graders, 12% of 11th graders, and 12.5% of seniors reported who being hit, slapped, or physically hurt on purpose by their boy/girlfriend during the past 12 months.

Number of Arrests Related to Drugs and Alcohol

According to figures provided by the Texas Juvenile Department, 217 youth in the region were referred for drug related crimes in 2013. There were 185 drug-related dispositions, and 28 drug-related adjudications for region 2 reports that 690 arrests were substance related. XX arrests resulted from sales of drugs, with substance x having the highest arrest frequency rates. XX arrests resulted from DUI's.

Although other drug related offenses resulted in more arrests, drunk and drugged driving continues to be a major public health issue. The Fatality Analysis reporting system was used to collect data regarding drug and alcohol use from 1999-2010. Samples relative to alcohol and drug use data was collected from drivers within an hour after vehicle crash fatalities from six states, including California, Hawaii, Illinois, New Hampshire, Rhode Island, and West Virginia) which routinely performed toxicological testing. Of the 23,591 drivers studied, 39.7% tested positive for alcohol and 24.8% for other drugs. The prevalence of positive results over the study period for nonalcoholic drugs increased from 16.6% in 1999 to 28.3% in 2010. The positive results for alcohol remained the same, with marijuana becoming the most prevalent.

Travel is often affected by drugs in different ways. The following DPS Threat Overview 2013 pictorial representation of Cartel trade routes indicates the high traffic levels of the drug trade across the state of Texas. As one can see from the picture, Region 2 is one of the least traveled areas for Cartel trade route activity, however the three highest populated areas of the region are also "warm spots" on this heat map for cartel drug trafficking. Further research may one day yield data regarding how many children are affiliated with or affected by Cartel activity.



Minor in Possession

The Uniform Crime Reporting Program data from 2012 states that there were 106 combined arrests for DUI, Public Intoxication, and violation of liquor laws for regional juveniles. The Fiscal year to date total for education on MIP violations is a mere 57 for the local area, and for the PRC, which serves the entire area. There are several counties that do not require an education component for minors found in possession of alcohol.

Property Crimes

The Texas Juvenile Justice Division reports that in 2013, 417 property offense related cases were referred, 351 were disposed, and 97 were adjudicated. The Uniform Crime Reporting Program states that 66 juvenile arrests were made for property crimes in the year of 2012.

Community Supervision

Of the 309 adjudicated cases, only 32 ended up in commitment, leaving 263 juveniles on probation.

Mental Health

The state of Texas has undergone some significant changes legislatively and with funding for mental health services over the last five years. While funding has been streamlined, federal parity laws have passed creating for more latitude in the forum of mental health treatment. Texas faces a mental health worker shortage in both rural and urban areas. Despite these challenges, the local mental health authorities within Reign 2's boundaries continue to work together with other providers and in collaborative groups across their encatchments to provide the most appropriate services to at applicable levels of acuity for populations in need. Region 2 Local mental health authorities include Helen Farabee, The Betty Hardwick Center, and Center for Life Resources, Central Plains, Pecan Valley, and West Texas Centers.

Psychiatric Hospital Admissions and Adolescent Substance Abuse Treatment

According to SAMHSA Treatment Episode Data for 2012, 42,241 individuals were admitted for treatment in 2012. 10.3% were between 12-17, 5.3% were between 18-20, and 15.4% were between 21-25.In 2013, 177 youth from Region 2 were admitted to Residential, Intensive Outpatient, or Outpatient Treatment Services. The average age of admission was 15.6, and the most common substance treated for was marijuana, according to the DSHS databook. Private institutions, insurance-utilized beds, and cash-pay treatments are not accounted for in this data, indicating a loss of vital information. Locally 249 children and 578 adolescents were admitted at Abilene Behavioral Health l for 2013. Data from the Wichita and Brown Counties are not yet available.

Local Mental Health Authority Data

Locally, there were 207 child crisis assessments in calendar year 2013. The system reports do not currently provide data on how many of those crisis and intake children had substance abuse issues. Locally, the Child and Adolescent Unit at MHMR enrolled 159 new children were into services in 2013. Also, 261 total children received services throughout the year. Data from Center for Life Resources, Helen Farabee, and West Texas MHMR's would be a beneficial addition to a complete needs assessment.

Consumption Patterns and Accessibility

Local and state data have been compiled to determine how accessible drugs and alcohol are to minors, and what the consumption patterns look like. Ultimately, a regional picture would be best represented by equitable data collection across all counties. Unfortunately, there are still gaps in data that prevent a comprehensive presentation of data use across all counties in the region.

Alcohol

Adolescent Perceptions of Access

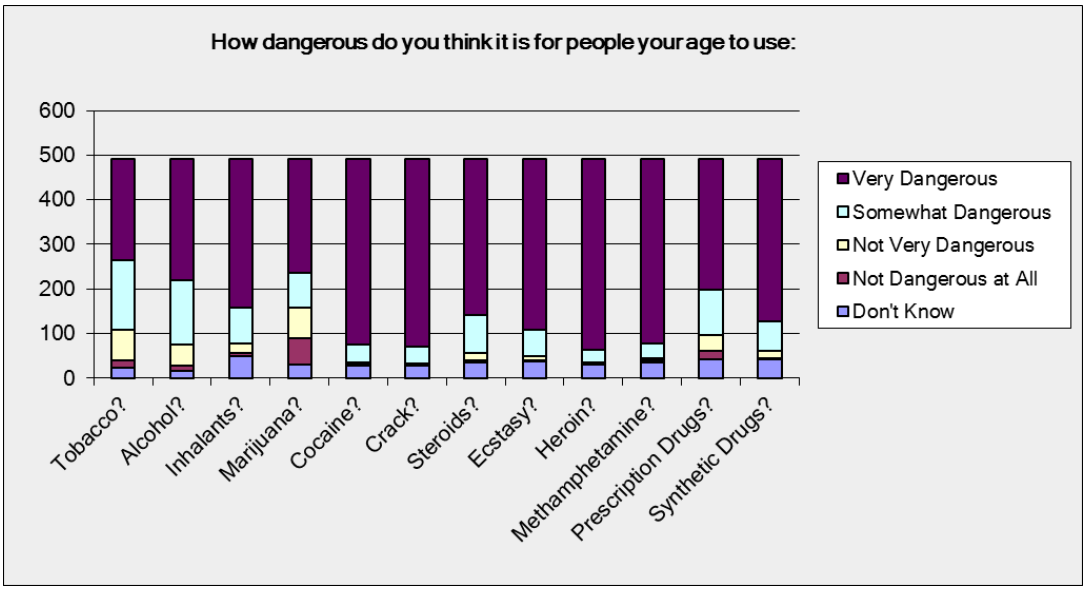
The Texas School Survey administered for the academic year of 2012 indicates that when all grades were asked how easy it is to obtain any alcohol, 38.8% replied that it would be very easy. The trends from grade to grade, across all varieties of alcohol, consistently indicate increasing perception of ease of access rather than difficulty with access. 50.3 of all Texas school aged youth (7-12) surveyed in the TSS 2012 agreed that alcohol was very dangerous to for cohorts to use, and 65.4 indicated that parents would strongly disapprove of cohorts drinking alcohol. 86.7% of all respondents agreed that it was very dangerous for cohorts to use heroin, but only 73.6% of all respondents agreed that inhalant use was dangerous. 10% of respondents indicated that alcohol was used "most of the time" at parties respondents attended, while 7.1% responded that marijuana and other drugs were used "most of the time.

Ease of Obtaining Alcohol by Underage Drinkers

2.5% of students surveyed by the TSS confirm that when they have obtained alcohol, they got it from parents, while 5.2% responded that they receive it from friends, and 2% indicated that they got it from a store. Community Coalition Partnership Surveys taken over the current fiscal year with 501 high school students in the Taylor County area, male N 274 (54.7) and female N 227 (45.3%), and with an age and race distribution as follows:

13 or younger	1.4%	7
14	5.6%	28
15	48.7%	244
16	22.0%	110
17	10.0%	50
18 or older	12.4%	62
White or Caucasian	60.9%	305
African American or Black	10.8%	54
Hispanic or Mexican American	22.6%	113
Asian American	1.0%	5
Alaskan Native or Native American	0.4%	2
Other	4.4%	22

Respondents from the Community Coalition Partnership FY 14 Student survey Indicated that students generally perceive alcohol and drugs as dangerous.



However, almost half report that they have ridden in a car with someone they know has been drinking. It should be noted, however, that the survey does not seek information on the relationship driver to the respondent. Norms may preclude that the drivers of these respondents would be peers, but drivers could also be parents, or other trusted adults with whom the responders are riding

Alcohol Licenses and Sales Violations

TABC data indicates that some rural counties in our region appear to have more violations than urban, particularly in less densely populated areas of the region. Notably, TABC (2014) collected, statewide, $77,263,040.01 in tax on alcohol sales for 32,192,934 gallons in 2013.

Local survey data regarding sources for obtaining alcohol and drugs follow:

Complete the following statement. I usually obtain alcohol:		
Answer Options	**Response Percent**	**Response Count**
from home (with adult supervision)	11.8%	58
from home (without adult supervision)	5.3%	26
from parents	0.6%	3
from siblings	0.8%	4
from other family members	3.7%	18
from friends	9.3%	46
from friends' parents	1.2%	6
from a store	2.4%	12
at parties	7.7%	38
other source	2.2%	11
I don't drink	54.9%	270
	answered question	492
	skipped question	9

Marijuana

Marijuana is still illegal in the state of Texas and the possession, use and sale of it brings forth some stiff legal and financial penalties. The Uniform Crime Reports (2012) indicate that 1493 arrests were made statewide for the sale of marijuana, however only 8 of those arrests occurred in our region and with juveniles.

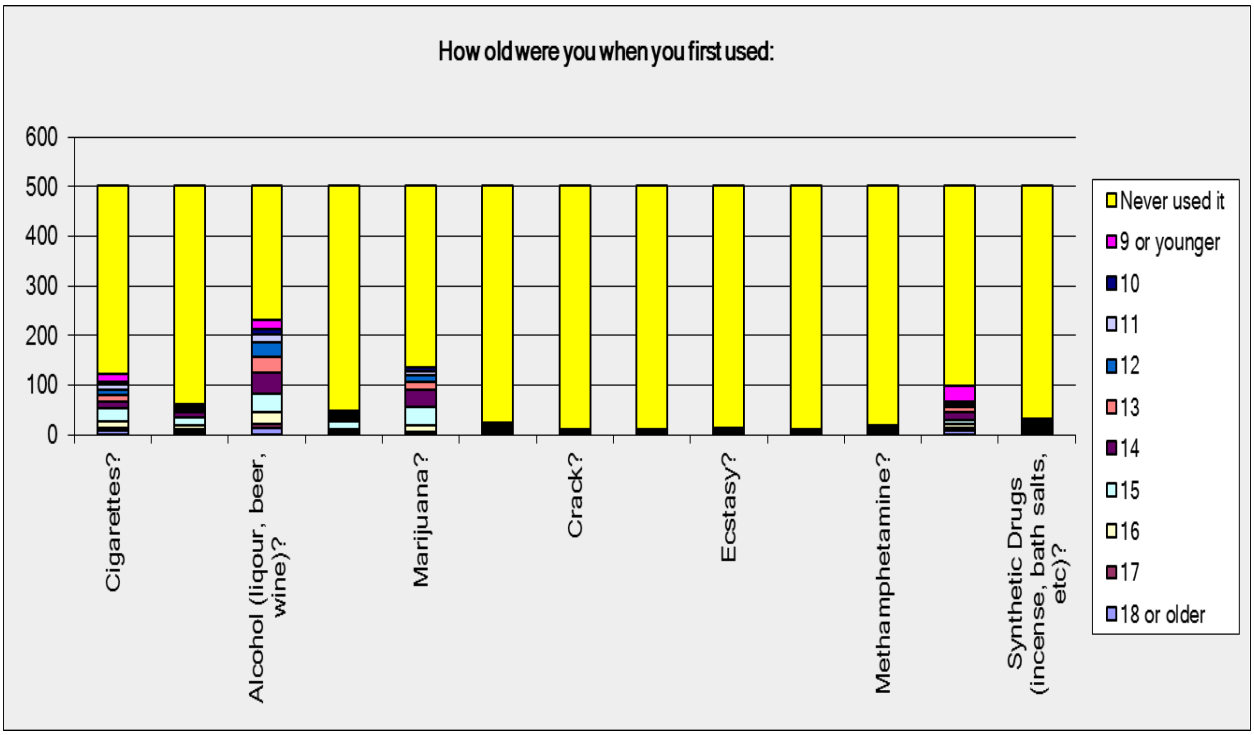
Prescription Drugs

With the prescription drug use, abuse and overdose problems growing nationally, Texas and it's regions are quickly working to create an appropriate surveillance system to cut down on problems associated with prescription drug use. 123,025 adult arrests were made for possession of drugs across the state of Texas (2012) of which 19,466 were for opioid possession. Only 12 juvenile arrests were made in our region in 2012 for opioid possession.

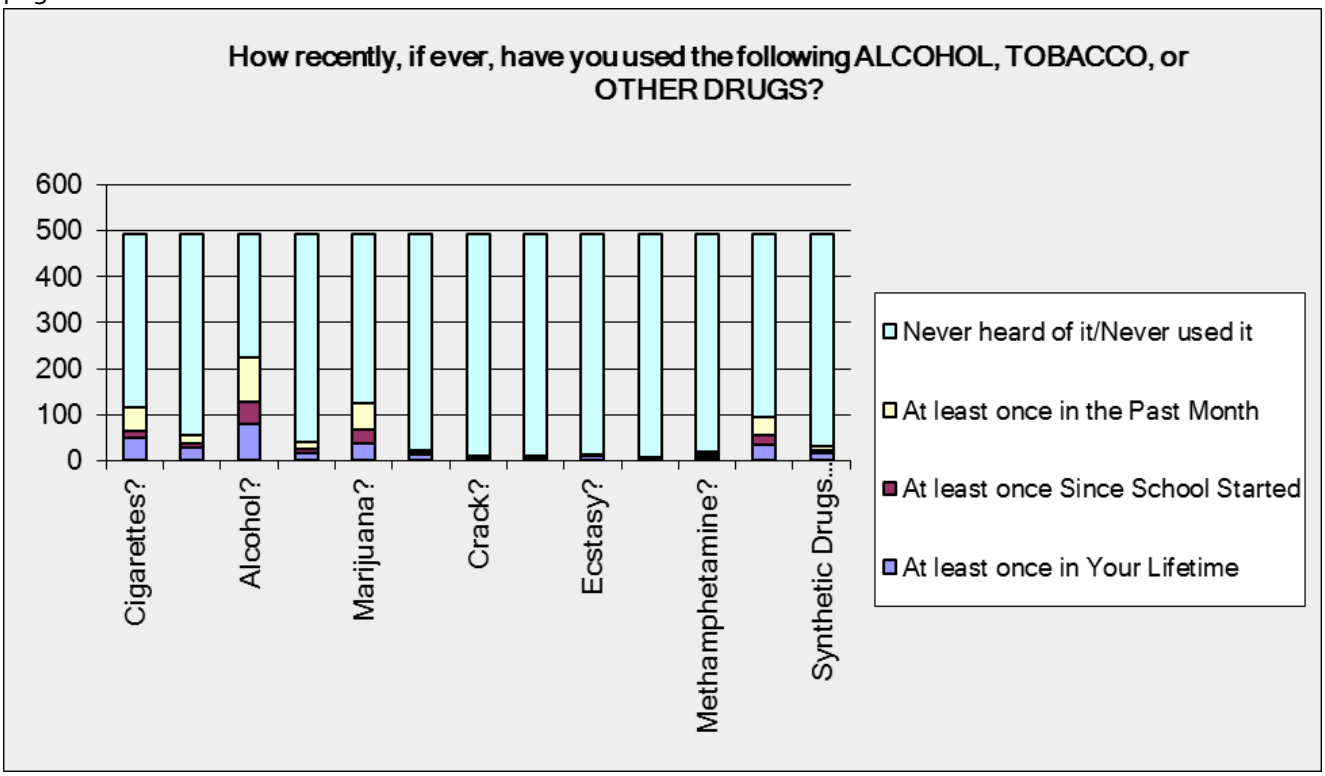
Regional Consumption Data

Since 2010, the local Community Coalition Partnership (Taylor Alliance for Prevention) has surveyed local high school students in Taylor County, which includes Abilene, Wylie, Jim Ned, Merkel, and Trent Independent School Districts. TAP volunteers historically survey students in the school setting depending on the school's schedule of availability. The previous fiscal year, however, afforded little opportunity to survey students. Where a sample of almost 900 students was ascertained last fiscal year, this year only 500 were reached, and primarily through a local driving school.

According to data collected by the TAP/CCP, the age of onset for a variety of substances is as follows:

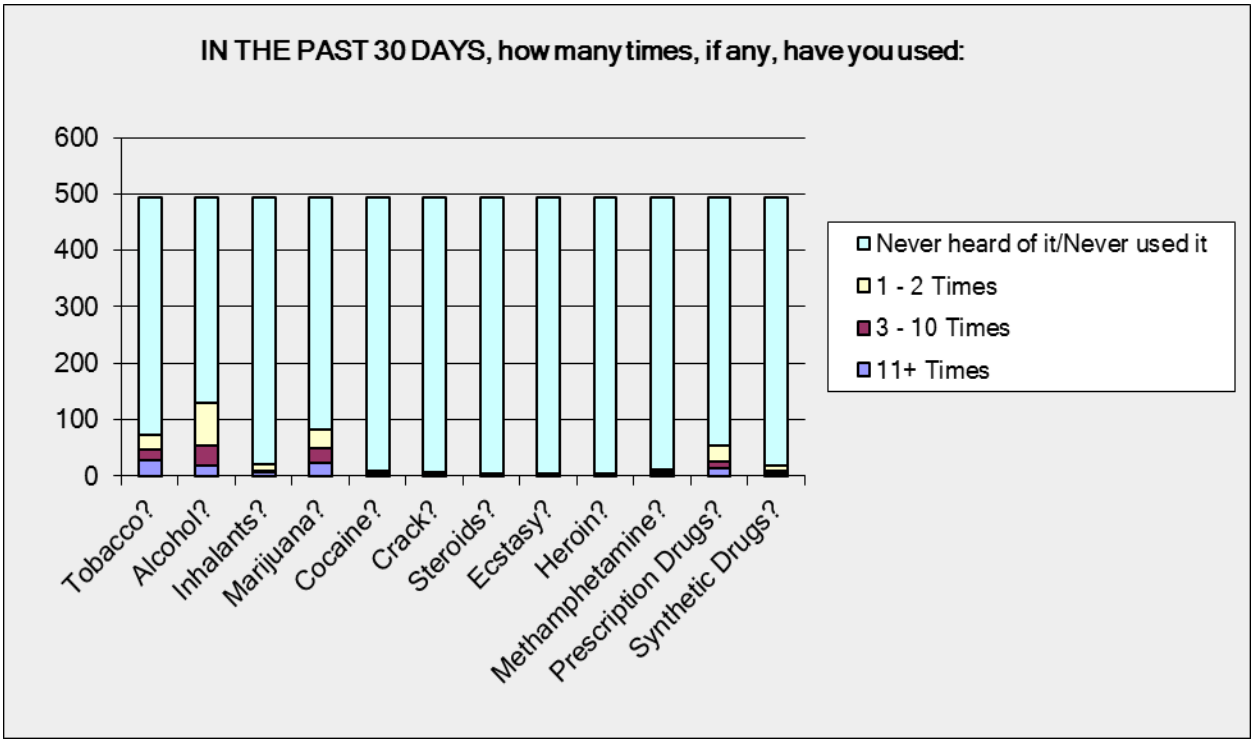


From the same survey data, questions used to ascertain and validate history are shown on the next page:



How old were you when you first used:

Answer Options	Never used it	9 or younger	10	11	12	13	14	15	16	17	18 or older	Response Count
Cigarettes?	378	16	6	10	12	11	15	27	13	4	9	501
Smokeless Tobacco?	439	3	1	3	5	5	10	16	9	5	5	501
Alcohol (liquor, beer, wine)?	270	19	10	17	27	34	40	39	24	7	14	501
Inhalants?	453	3	1	2	4	5	7	14	5	4	3	501
Marijuana?	364	2	7	9	12	16	35	36	13	4	3	501
Cocaine (not crack)?	477	0	0	0	2	2	3	5	7	2	3	501
Crack?	490	0	0	0	0	2	1	1	0	1	6	501
Steroids?	490	2	0	0	1	0	1	3	0	1	3	501
Ecstasy?	486	0	1	0	0	1	3	2	2	3	3	501
Heroin?	491	0	0	1	0	0	2	3	0	1	3	501
Methamphetamine?	481	0	0	0	0	1	6	3	2	2	6	501
Prescription Drugs?	401	32	3	3	5	10	17	7	9	5	9	501
Synthetic Drugs	468	0	0	2	4	5	5	7	5	1	4	501
											answered question	501
											skipped question	0



Alcohol Consumption

The Texas School Survey of 2012 indicates 25.1 % of all students surveyed stated that they had some alcohol type of product within the past 30 days. While the 2012 TSS indicates that alcohol continues to be the most commonly used substance among youth with a rate of 58% reporting they had used alcohol at some point in their lives, decreases have been detected In both lifetime and current (30 day) alcohol use-from 29 percent in 2010 to 25 percent in 2012.The TSS findings for binge drinking, defined as having five or more drinks at one time in the past month, was reported by 18 percent of students in grades 7-12, down from 20 percent in 2010.National Survey on Drug Use and Health data for Region 2 from 2008-2010 indicates that 40% of respondents admit to lifetime use of alcohol.

Local TAP CCP local Data indicates

How many drinks containing alcohol do you have on a typical day when you are drinking?		
Answer Options	**Response Percent**	**Response Count**
1 or 2	20.0%	98
3 or 4	8.6%	42
5 or 6	3.9%	19
7 to 9	2.4%	12
10 or more	3.7%	18
none	61.4%	301
	answered question	**490**
	skipped question	**11**

How often do you have six or more drinks on one occasion?

Answer Options	Response Percent	Response Count
Never	79.4%	389
Less than monthly	13.9%	68
Monthly	5.1%	25
Weekly	1.0%	5
Daily or almost daily	0.6%	3
answered question		490
skipped question		11

How often during the last year have you found that you were not able to stop drinking once you had started?

Answer Options	Response Percent	Response Count
Never	91.8%	450
Less than monthly	4.9%	24
Monthly	2.4%	12
Weekly	0.6%	3
Daily or almost daily	0.2%	1
answered question		490
skipped question		11

How often during the last year have you failed to do what was normally expected of you because of drinking?

Answer Options	Response Percent	Response Count
Never	92.9%	455
Less than monthly	5.3%	26
Monthly	1.0%	5
Weekly	0.8%	4
Daily or almost daily	0.0%	0
answered question		490
skipped question		11

Qualitative Data

Focus groups conducted by the TAP CCP with Abilene High School youth in the fall of 2013 revealed that youth understands and recognize the dangers of alcohol, but are feel that adults should also be concentrating on prevention efforts with other substances. Youth feedback on the survey instrument concurred that the alcohol-heavy questions would do a disservice to uncovering more relevant data about marijuana and other drugs.

Marijuana Consumption

According to the 2012 TSS data, Marijuana remained the most widely used illegal drug among Texas youth. About 26.2 percent of secondary school students in 2012 reported lifetime use of marijuana, same as the rate in 2010. Past-month use of marijuana was 11.1 percent in 2012, compared to 11.4 percent in 2010.NSDU data, for Region 2, 2008-2010, indicates that around 13% of respondents have confirmed using marijuana. The NSDU data also indicated past year cannabis use for 9.3 percent of Texans age 12 and older. Local data is limited and may be found in the preceding tables.

Qualitative Data

TAP CCP performed a focus group with Abilene High School youth in the fall of 2013 revealed that youth understands and recognize that adults believe alcohol is a problem for youth consumption, however the youth stated that marijuana was actually the bigger problem on campus.

Prescription Drugs

Prescription drugs have garnered much attention within the past few years, culminating in symposiums and consortiums formulated to drive policy to reduce access to and overdose from prescription drugs. Popularized in the music and entertainment genres over the past decades, some forms of prescription drugs such as cough syrup have been widely abused. According to the TSS 2012 Data, about 10.8 percent of secondary school students reported using codeine cough syrup nomadically at some point in their lives, and 4.0 percent did so in the past month. Both rates showed a decrease between 2010 and 2012.The two most commonly abused drugs, OxyContin and Hydrocodone. These drugs were reportedly nomadically used by 3.6 percent of the students in their lifetime and 7.5 percent respectively. Both prevalence rates were higher than those in 2008 or 2010.In additions to "oxy's" and "hydros", benzodiazepines are fairly commonly abused drugs. 2.0 percent of the students in 2012 reported nonmedical use of Valium in their lifetime and 3.9 percent reported lifetime nonmedical use of Xanax. These rates have shown a continuous decrease since 2008.Again, local data is limited and can be referenced in the previous tables.

Qualitative Data

Interviews with local community stakeholders reveal that youth being treated for prescription drug use, abuse or dependence most commonly admit to receiving the drugs from someone they know. Moreover, key informants reveal that it is most commonly obtained from a medicine cabinet in the home.

Other Drugs

The 2012 TSS also reported that in Texas, lifetime inhalant use was 15.7 percent with a current use rate of 4.8 percent. Both rates have decreased in the past two years. Just over 4% of students reported that they had tried cocaine or crack, and 1.4% confirmed current use (past 30 days) of these drugs. Luckily, cocaine and crack continue to decrease in prevalence. A decease in was noted in MDMA lifetime use from 6.8 percent to 5.7 percent and in past-month use (from 2.5 percent to 1.7 percent). The extensive decrease of this club drug was more radical among younger students. Thankfully, lifetime use of hallucinogens has also decreased from 4.6 percent in 2010 to 4.1 percent in 2012. Local data is sparse, but what is available may be referenced in the tables included at the beginning of this section.

Regional Strengths/Protective Factors

Region 2, while mostly rural in nature, has some strength with regard to prevention, intervention, treatment, and recovery support services. Unfortunately, these resources are not evenly dispersed throughout the region, so spreading these resources into the rural areas will require community involvement.

Access to Healthcare

Access to medical healthcare is available across the region, with many trauma level facilities available. Access to mental healthcare, however, is a bigger challenge for populations outside of Abilene, Wichita Falls, and Brownwood. There are local providers and Community Resource care centers, but a shortage in mental health workers across the state makes for a barrier to accessing services.

Local Social Services

There are several coalitions and community agencies in our region that collaborate to pool resources and combine efforts in order to effect change enhance the regional population. The Champion for Children coalition offers a statewide conference designed to provide quality training and information on topics of interest to leaders in child abuse prevention. Groups that benefit from the conference include: social workers, counselors, educators, child care and youth workers, law enforcement personnel, medical and legal professionals, foster parents, child welfare board volunteers, elected officials, and other interested child advocates. The conference is steered by a committee of these professionals who also work to nominate and vote on a Champion of the Year. TAP members attend this annual event to raise awareness and develop membership diversity. The F.R.I.E.N.D.S., or, "Finding Resources Integrating Encouragement Networking Discussion and Support" is a local coalition that meets at the local Department of State Health Services (DSHS) building in Abilene, Texas. Local agencies are represented during these coalition meetings. TAP is endeavoring to create a working relationship with this coalition.

The Mental Health Task Force and Focus Group in Wichita Falls are groups of providers and agency representatives who meet regularly r to address systemic issues and the needs of those with mental health illness. The group meets to discuss trends in treatment for crisis situations, as well as how to help those who are suffering from both substance abuse and addiction and mental illness, is made up of county and city law enforcement, county and city judges, probation officers and staff, treatment facilities, MH hospitals, substance abuse prevention facilities, healthcare, etc. TAP members attend this meeting to stay informed about local policy, and to provide input as well. The West Texas Homeless Network is a large group of individuals from shelters, law enforcement, mental health facilities, substance abuse prevention and treatment facilities, job corps, and social assistance agencies. This group works to find solutions to homelessness in Taylor County and surrounding areas. Community Resource Coordination Groups are located across the counties are comprised of individuals, educators, family members, public providers, and private providers who come together to develop Individual Service Plans (ISPs) for children and youth who require coordinated efforts through interagency coordination and cooperation.

Citizens United against Disproportionality is a group of citizens who meet to address and change disparities and disproportionality in Taylor County. TAP is eager to develop networking capacity with this group. Da'Cypher 360 is a youth mentoring group that works with CUAD, Communities in Schools and other agencies to provide support for adolescents. This community group is dedicated to helping at risk children with incarcerated parents. Da'Cypher 360 offers mentoring, tutoring, and guidance to youth in the area.

Alliance for Women and Children offers many programs with scholarships for the economically disadvantaged children. The Alliance offers low-cost after-school care for Woodson, and Locust Head-Start Programs, and Austin, Bassett, Bonham, Bowie, College Heights, Jackson, Johnston, Lee, Long, Ortiz, Reagan, Taylor, Thomas and Ward Elementary Schools, in the Abilene ISD, as well as Tie Elementary in the Merkel ISD, and Buffalo Gap Elementary in the Jim Ned CISD. Of the families that take advantage of this low-cost child care, 45% receive some sort of financial assistance. In 2006, The Alliance for Women and Children was able to award over $100,000.00 in scholarships. The Alliance is also home to the A-Teens Program. This program works with middle-school-aged girls once a week during the school year with longer running camps available during the summer. These programs are offered in Mann, Clack, Madison, and Craig Junior High Schools in the Abilene ISD, and Wylie Junior High School in Wylie ISD. The cost of this program is also very low, so that many teenage girls may participate, and again, scholarships are available for those in need. This program works to encourage discussion about current issues that young teens are faced with, as well as working to establish high self-esteem, healthy choices, cultural diversity, money and finances, and dating safety.

Hendrick Hospice Care currently sponsors Club Courage and Camp Courage. These programs are designed to help children who are at risk due to the experience of death, divorce, separation, or deployment. Club Courage is a program held for six weeks in the fall and six weeks in the spring, while Camp Courage is a week-long camp held during the summer. These camps teach children coping methods, and allow them the opportunity to talk with licensed individuals to help them through the grieving process. The cost of the camp is very low, with scholarships available, while the Club Courage is a free program. Both programs are available to any child who has experienced loss through death or divorce. Children for Club Courage are usually identified through a school counselor.

Hope Camp is sponsored by the Abilene Baptist Association, and is a camp for at-risk youth as identified through school counselors. Children participating in this camp must be in middle school, sixth through eighth grade. There is no cost for this camp which takes place one weekend during the summer. This camp is faith-based and focuses on decision making skills, self-esteem, and healthy life-styles. The Abilene Baptist Association will be contacted by the coalition as a possible partner. Our local YMCA has two facilities in Abilene. Each YMCA offers a Get Kidz Fit program for children ages 6-12. This program focuses on healthy lifestyles, fitness and nutrition. The YMCA facilities also offer information on their websites free to the community called Healthy Family Home. They also offer child care and day camps, summer sports camps, aquatics, and team sports. The YMCA offers many programs for children, but high membership fees and enrollment costs make many of these programs unavailable to the children that need it. The International Rescue Committee works with various countries to relocate refuges to 22 cities across the United States. By assisting with humanitarian

crises, the IRC is able to help immigrants become productive and integrated members of their local communities. TAP is looking forward to a fruitful working relationship with the IRC.

Municipal Programs such as the one in Abilene are offered by many of the cities in the area for area youth; often including recreation centers with free after-school child care for children ages 6-13. The city also offers free Teen Night for children 13-16 on Tuesday evenings as a drug-free activity for area teens, as well as family night volleyball on Thursday nights at no charge. The City also offers karate, volleyball, basketball, and fitness classes at a low-cost for area youth. The costs for these programs increase to people who do not live within the city, therefore; some programs are unavailable to youth in rural areas. The rural towns in Taylor County do not have any programs like these available to its youth.

Law Enforcement/Mental Health Authority

Recent legislation allows our local mental health authority to offer educators incentives to participate in Mental Health First Aid. Betty Hardwick and Helen Farabee Centers are actively training police officers, community members, teachers, and other providers. This is a program offered by our local Community Center which is designed to instruct educators of all varieties and credentials about risk factors and the signs of behavioral health problems in student populations. PRC anticipates that that the implementation of this program will provide further scaffolding opportunities for local youth.

Another community agency throughout the region is the Communities in Schools. The mission of (CIS) is to champion the connection of needed community resources with schools to help young people successfully learn, stay in school, and prepare for life. By bringing caring adults into the schools to address children's unmet needs, CIS provides the link between educators and the community. The result: teachers are free to teach, and students- many in jeopardy of dropping out- have the opportunity to focus on learning.

Prevention

The Taylor Alliance for Prevention is a Community Coalition Partnership (CCP) group that has been in existence prior to affiliation with DSHS as a CCP. The group has worked in Taylor County to raise awareness and educate the population on the dangers of drugs and alcohol consumption for youth, social hosting, and college binge drinking. Some recent campaign efforts of the CCP include sticker shock, which alerted adults to the consequences of serving minors, a collaborative with the Texas Department of Public Transportation, and an alliance with the Bryce Kennedy Memorial Foundation. The TAP/CCP has surveyed high school students in the area for four years, and continues to do so through various settings both in and out of the campus locations.

The Prevention Resource Center in Region 2 was historically most prolific in conducting presentations on alcohol, tobacco, and other drugs to children and adults throughout the community. Recently, the Prevention Resource Center has restructured organizational focus to transition from a clearinghouse for information dissemination to a vehicle for data collection. As a fundamental repository for data and information about substance use in the regional communities, the PRC is endeavoring to become an outcomes-oriented change agent for prevention in Taylor County and HHSC Region 2. The Prevention Resource Center is building upon previously established collaborations, while developing networking linkages to empower a community approach to community problems. The agency remains proactive in coordinating events, trainings and workshops. These trainings are usually held in alignment with Prevention Training Services (PTS) and are offered in order to extend educational opportunities to professionals in the prevention, intervention, and social services field. The PRC maintains an active role within the community by networking with other agencies, collecting data, leading epidemiology workgroups, manning booths at several public events in order to conduct data collection activities. Where the Prevention Resource Center once provided information, the PRC will now be seeking information and empirical data from the community in order to assist the community in strategic planning.

The Prevention Resource Center has partnered with the Taylor Alliance for Prevention (Community Coalition Partnership) since the coalition's inception in 2007. In fact, it is that collaborative effort that enabled TAP to become more recognized within the community, further diversified in membership as well as mission, and sustainable as a resource. The PRC continues to maintain active participation in the coalition, building capacity through sharing booths at events, developing media workgroup partnerships, working together in educating the community, and with data collection activities, strategic planning, and implementation. While TAP and PRC are inextricably linked internally, each functions separately and maintains different scopes of work in the area.

Regions 9, 14 and 15 of the Educational Service Center previously offered many different programs to Title IV Safe and Drug-Free Schools and Communities co-op members over the years. At the end of the 2009-2010 school years, the Federal Funding for the Title IV program was stopped. Superintendents were made aware of this change and were given the opportunity to buy days of service through a program called Safe and Effective School Services (SESS). This is a per day fee service program that districts can choose to pay into. The fees range from $400-$600 per day for services depending upon how many days are purchased. As of September 2012, the following Taylor County school districts are members of SESS: Jim Ned CISD, Trent ISD, and Wylie ISD. Abilene ISD and Merkel ISD are not currently members of SESS. SESS provides bully prevention; drug prevention; internet safety; school safety; dating safety; trauma, grief and loss resources; and Chapter 37/PEIMs resources. Districts that do not buy SESS service days continue to receive assistance from Region XIV in the form of web support and technical assistance. Prevention Resource Center is currently researching the other districts affiliations with the SESS.

Texas Alcohol Beverage Commission also offers prevention services to industry as well as to through community outreach. Retailer prevention includes manager awareness programs, Cops in Shops, Operation Fake Out, Shoulder Tap Stings, and Project Save, Read the Label, Check the ID, and the S.E.R.V.E. program. TABC also offers project SAVE for schools, as a program, not a curriculum, as well as power point presentations on college binge drinking, drinking in Texas, underage drinking and driving, Shattered Dreams (re-enactment, alcohol and your child (a parent guide) , Project Celebration, and minor sting operations. As previously mentioned, Taylor County utilizes Serenity House for prevention curriculum. The PRC will continue to increase community-based processes in a wraparound manner in order to maximize prevention efforts, raise awareness and generate support from multiple segments of the community for effective substance abuse and other mental health disorder prevention, intervention and treatment services in our target area.

The Abilene Regional Council on Alcohol and Drug Abuse (ARCADA) as the recipient of the Community Coalition Partnership grant from DSHS. Although TAP (formerly named Teen Addiction Prevention) internally formed as a grass-roots assembly to fill a gap in services, TAP has been formally affiliated with the CCP grant since 2008.The Abilene Regional Council on Alcohol and Drug Abuse (ARCADA) has worked in the area of education, intervention, and referral for over 55 years, and has been the seat of award winning prevention

programming for over 23 years. ARCADA, also known as "the Council" is a non-profit agency that offers many programs to help individuals dealing with substance use/abuse issues. In addition to the Prevention Resource Center, which is housed at ARCADA, the Council currently provides education at all levels of need in the community.

Serenity Foundation of Texas is a local non-profit agency offering treatment and prevention services throughout Region 2. Offices in Abilene, Wichita Falls, San Antonio, and Fredericksburg, Serenity is able to cover a wide scope of the population. While Serenity is most recognizable across the nation as an excellent treatment option, Serenity also has a 'Youth Prevention Program. Serenity has recently expanded its prevention catchment area, and as an organization, has worked to bridge from treatment to prevention services. The YPP currently offers the following curriculum, "Too Good for Drugs" (K-8), "Project Toward No Drug Abuse" (9-12), Youth Prevention Universal/Life Skills, and Project Success through the Youth Prevention Indicated Program in Abilene, Eastland, Cisco, Jim Ned, Hawley, Merkel, and Clyde. PRC has worked with Serenity through the Taylor Alliance for Prevention since 2008, developing a significant and highly collaborative relationship over the last five years. Serenity staff has served in leadership positions in TAP and have been instrumental in the development of strategic framework planning.

Intervention

ARCADA's Offender Education classes cover a spectrum of prevention/intervention components, such as driving under the influence, Alcohol Awareness Program (MIP), Drug Offender Education, and Texas Youth Tobacco Awareness Program. The Council is also a primary source for referrals to treatment. The Outreach, Screening, Assessment, and Referral (OSAR) program actively assists individuals with obtaining substance abuse treatment and recovery support services, crisis intervention, motivational counseling, and follow up after services. The OSAR program also offers drug and alcohol use screenings for the public as well as agencies.

Helping Ourselves Prepare and Empower Pregnant Post-Partum Intervention program assists mothers with screening, assessment, and referrals if needed, service planning, HIV/'STD education, evidenced based education on parenting, child development, family violence, safety, pregnancy planning, reproductive health, and Fetal Alcohol Syndrome. This program also helps assist with developing activities for family bonding, case management, and transitional planning. HOPE coordinates with agencies such as Pregnancy Resource Center, Noah Project, and Hope Haven Abilene, all sharing a common mission of assisting pregnant females and mothers with challenges such as substance dependence, domestic violence, and homelessness.

Treatment

As previously discussed, Serenity Foundation of Texas is a non-profit agency offering detoxification, in-patient substance abuse treatment and out-patient substance abuse treatment for adults. Serenity

Foundation maintains a detoxification unit and a 28 day residential treatment facility on the Abilene campus, and a 28 day treatment facility in Fredericksburg, where clients may go after detoxification in Abilene. Serenity's outpatient and intensive outpatient services allow clients to continue treatment and recovery support while they integrate and transition back into a life free of drugs and alcohol. All of Serenity's programming is based on the Recovery Dynamics program and incorporates Psycho-educational components along with group, individual and family therapy.

Abilene Behavioral Health is a psychiatric facility specializing in crisis stabilization for children and adults. This organization provides mental health, substance abuse, and dual diagnosis services with a 94 bed capacity for in-patient, partial hospitalization, and outpatient clients of all ages. Abilene Behavioral Health will be opening an Adolescent Residential Treatment Center in September. The FY 15 Regional Needs Assessment will provide data from that expansion. Another private hospital that provides assistance with substance abuse recently opened in the Abilene Area. Oceans Behavioral Health is a new acute care facility that just opened in the Abilene area, hosting a 35 bed capacity for adults and geriatric populations. This hospital helps with psychiatric and dually diagnosed clients, and does not provide services for children and adolescents. Red River Hospital is 74 bed hospital serving youth and adults in the Wichita Falls area. The hospital specializes in treating dually diagnosed in all demographics and is highly utilized by the military providers making referrals out of Dyess AFB and Sheppard AFB.

Aftercare/Recovery Resources

Over the last three years, a system wide recovery support group has culminated within Abilene, and as of 2013 has become integrated throughout the Wichita/Abilene/Brown area. The Recovery Oriented Systems of Care is continuum amongst components of treatment services, recovery support services, public policy consumers and client perspective. The ROSC has been working to organize in the area since 2011, and has just recently developed an infrastructure from which to grow community investment. The ROSC hosted a 2013 symposium called Pathways to Recovery, of which over 130 people took part. This symposium provided an opportunity to start a dialogue with individuals regarding strengths and weaknesses in area recovery opportunities. One of the areas identified during the symposium was a gap in services for youth with substance abuse issues, which will be examined more closely. While the capacity is developed for ROSC, and direction determined, this young and tenacious group is already working on a Peer Recovery Support training opportunity for community members interested in learning and becoming certified in this methodology of recovery support. The ROSC has also taken an interest in disseminating information about new resources to the area, such as Oxford Houses, progressive treatment options, and opportunities in our state capital for recovery supporters to have a voice in legislation. ROSC is more than an advocacy group; it is a task oriented gathering that is very much centered in community reinforcement approach.

Gaps in Region

The areas of concentrated population have few gaps, with a few exceptions. As previously mentioned, coalitions and community groups work particularly hard to identify and prevent gaps and staff specific cases. Rural areas understandably face the most difficulty with systemic coordination.

Gaps in Service

The realignment of the PRC from information dissemination to data collection will obviously present some inherent issues as the transition is made. The PRC will no longer offer prevention presentations in the schools, nor will the PRC be making any presentations to the public. The PRC's previous participation in these activates has been beneficial and integral to prevention in the area. However, it must be noted that the PRC plays in data collection.

Attention to the impact of synthetic drugs is an issue the PRC is frequently asked about. While Texas DSHS recommends a focus on alcohol, marijuana and prescription drugs, it is appropriate and warranted based on local data, the PRC continues to collect and monitor data regarding the impact of these drugs on our youth. A big gap in prevention services and efforts remains a concern in Abilene during the summer months. Although the Boys and Girls Clubs, City Recreation Centers, and other child care facilities host prevention programs, these programs do not target the majority of the children, and children above age 12 are almost missed completely. This gap is even larger in the rural communities.. Because of this, there are many unattended children in the rural communities between the hours of 3:30 and 5:30 p.m., Christmas break, spring break, and summer vacation. While Abilene offers many programs through the City Recreation Centers, Boys and Girls Clubs, Alliance for Women and Children, and numerous child care facilities which accept CCPO, or financial assistance, the rural communities do not have such programs. Currently, PRC, the Council, and TAP are working to alleviate the lack of activities for middle school to early high school aged students.

Another prevention gap lies in the coordination of prevention services that are offered in the school districts. Serenity House offers several prevention curricula to elementary and secondary aged students, however, not all students receive evidence-based prevention education. By enhancing the likelihood of students becoming productive, responsible and healthy citizens, prevention saves the community time, heartache and money in the future. Teachers, especially in rural schools, are already stretched in many directions in their attempt to prepare students academically. Often, the social and health lessons are overlooked for the sake of time and budget on the ISDs end. Prevention programs meet that need in the schools where they are available. Unfortunately, some schools are not afforded these valuable offerings due to lack of prevention staff availability and/or school staff being unwilling to give up class time for prevention education.

Gaps in Data

Currently, there are several gaps in data throughout the region. The PRC staff and evaluator have been and continue with working in the community to gather data needed to identify priorities for prevention planning. Collateral and or qualitative data is helpful, however efficacious measures are most desirable. The local sheriff in a county may verbally report a string of burglaries, as well as an increase in synthetic drug use within the youth community, for instance, to PRC members at a local CRCG meeting. While there are no specific numbers reported, the data is still relevant to the evaluator and the PRC staff for prevention planning. Again, rural communities are the primary areas where largest gaps in data exist.

Reasons are numerable but not conclusive without a longitudinal series of needs assessments. Reasons may include lack of providers to report data, lack of reporting done due to stigma, and lack of continuum of care for data collection. In Region 2, areas such as Jack, Wilbarger, and Montague have very small populations, and therefore do not offer data.

Conclusion

The primary aim of the PRC's effort has expanded to include prevention work with high school students through college aged youth. The PRC, in an effort to collect accurate data for the region, has begun enlisting the aid of the schools, through the participation of the Texas School Survey, as well as the universities to help propel our services within these forums. Understanding the needs of the region is integral to offering solutions for the region. The PRC will continue to seek ways to enhance the strong community and positive family bonds, encourage involvement of parents in the lives of their children, and educate children and adults about poor social coping skills and work to cultivate positive affiliations with peers engaging in risky behaviors. The TAP coalition has the ability to educate students on healthy and responsible decision making through information dissemination and presentations in schools and in community centers, as such remains a central key to the PRC's data collection and dissemination. The PRC continues to develop networks to work with parents in need of education and empowered in order to influence their children in terms of ATOD prevention. The PRC will work with neighboring agencies to assess and address parental attitudes and norms regarding youth substance use, In order to continue to identify regional needs, the PRC will continue to diversify into content specific or epidemiological work-groups for the purpose of accomplishing comprehensive prevention planning.

What Does This Report Mean To You?

As previously mentioned, the Prevention Resource Center is dedicated to strategic planning through the development of epidemiological workgroups. These groups meet regularly to identify and direct prevention initiatives. Effective implementation of prevention planning for our youth requires community involvement, across the region, in all domains, sectors and municipalities, utilizing all degrees of education and experience, in order to develop data driven decision making. What you have to offer, your knowledge of current or historical contexts, your passion for helping others, a love for youth and children, is what the local workgroups and the PRC need from you.

How Should You Use This Information?

The information provided in this document is meant to highlight strengths and identify challenges for planning purposes. The information herein may be used for grant writing purposes, for business development, and most importantly for prevention planning. Ultimately, this document is the first in a series of needs assessments that will allow the communities in the region to become more familiar with their own and their neighboring populations. One county may be able to lend insight and experience-based support to another in fighting the issues of youth drug and alcohol use. All it takes is for one person to read this document and decide to take ownership in the future of his or her community.

Regional Success

There are several other regions in the state of Texas who have consolidated substance abuse and mental health services, and have had success in coordination of care and treatment. There are many opponents to this idea, however, the statewide audits have revealed that these are best practice models worth studying.A successful region wil not lack data in youth substance abuse trends, will be able to work within a system of care to identify prevalence rates, and to analyze determinants and distribution factors. Additionally, a successful region will have educated municipalities, law enforcement, social service providers, and community agencies on the important work to be done with adolescents. In closing, it is the earnest hope of the Region 2 Prevention Resource Center, that the reader has found this document useful. Any suggestions, questions, or comments may be directed to the regional evaluator, listed in Appendix B of this document.

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Appendix A

PRC Region	Counties
1	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum (41)
2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30)
3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23)
6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30)
8	Atacosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala (28)
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green,

	Upton, Ward, and Winkler (30)
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)

Appendix B

PRC Evaluators	Contact
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Region 1 : Bob Schafer	Bob.Schafer@mccaod.com
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Region 4: Chris Carpenter	CCarpenter@etcada.com
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Region 7: Tiberio Garza	TGarza@bvcasa.org
Region 11: Violeta Davila	VDavila@rgvcouncil.org

Glossary of Terms

30 Day Use	The %age of people who have used a substance in the 30 days before they participated in they survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to aready have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a

	prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder

- Many of the health problems seen in adolescence start during the first decade, emphasizing the need for programming across the life-course.
- The mortality and morbidity/disability patterns of adolescence reflect the transition from childhood to adulthood and the impact of the developmental processes taking place during this period.
- Important gender differences include more interpersonal violence and war-related deaths among male adolescents and maternal problems affecting females, although the latter have decreased significantly between 2000 and 2012.
- There are more similarities than differences among regions and between high and low/middle income countries.
- The increase in global HIV-related deaths results primarily from high mortality among adolescents in the African Region.
- The statistics expose some largely neglected issues in adolescent health: mental health problems, suicide, alcohol use, road injuries and other unintentional injuries, interpersonal violence and war.

Common infectious diseases continue to be a major problemr