Region 2

2022
Regional Needs Assessment

ABILENE RECOVERY COUNCIL

PREVENTION RESOURCE CENTER

104 Pine, Suite 3 Abilene, TX 79601	(Ph) 325-673-3503	www.prc2.org

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Introduction

What is the RNA?

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 2 and is supported by Texas Health and Human Services Commission (HHSC). The PRC 2 serves 30 counties in Northwest Texas. This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning.

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

Problem Statement

The RNA aims to address substance use/misuse and behavioral health concerns in Region 2. Additionally, the RNA will explore the following question: What are the most used substances and, greatest behavioral health issues, how do these two concerns intersect, and how do they affect the 30 counties and 12 sectors identified by HHSC in Region 2?

The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education. This document can provide useful information to stakeholders from a variety of disciplines: substance use prevention and treatment providers; community coalitions; medical providers; school districts and higher education institutions; city, county, and state leaders; and community members interested in public health and drug consumption.

Challenges within Region 2 continues to include the need for education for youth and adults, increased treatment facilities, resources for rural counties, additional recovery coaches, and additional prevention measures.

Who writes the RNA?

A team of Data Coordinators collect regional, and local data through collaborative partnerships with diverse agencies and key community stakeholders.

How is the RNA informed?

Qualitative data collection has been conducted, in the form of interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC 2 recognizes those collaborators who contributed to the creation of this RNA.

Social Determinants of Health

The U.S. Department of Health and Human Services, Healthy People 2030 defines the Social Determinants of Health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The SDOH are grouped into 5 domains: economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, and they contribute to health disparities and inequities. One goal of Heathy People 2030's is to work to create a social, physical, and economic environment that promotes attaining an individual's full potential for health and well-being. With the goal in mind, to improve health and reduce health disparities we must focus on the importance of "upstream" factors.

Figure1. Social Determinants of Health

Adapted from: Healthy People 2020

health.gov/healthypeople/objectives-and-data/social-determaints-health

Prevention Resource Center (PRC)

PRC's are funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and misuse and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (see Figure 2) to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups.

Regions

Figure 2. Map of Health Service Regions serviced by a Prevention Resource Center:

Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Southeast Texas
Region 6	Gulf Coast
Region 7	Central Texas
Region 8	Upper South Texas
Region 9	West Texas
Region 10	Upper Rio Grande
Region 11	Rio Grande Valley/Lower South Texas
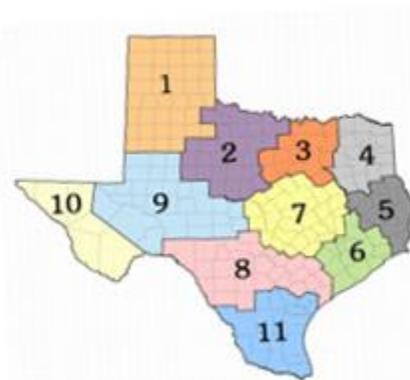
PRCs focus on the state's overall behavioral health and the four prevention priorities:

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

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

How PRCs Help the Community

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

Data Coordinators

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

Purpose

The RNA serves to identify gaps in data, resources, and services. These can be identified through key informant interviews and Regional Epidemiological Workgroups (REW). Key informant interviews provide an opportunity to meet with individuals within the 12 sectors identified by HHSC. The data gathered from these interviews will help to shape next year's RNA along with the region-wide data event. The (REW) includes individuals from multiple sectors and provides a broad view of substance use and behavioral health issues within the region, along with resources, knowledge of community readiness and gaps in services.

The RNA can serve in the following capacities:

- identify gaps in data where critical substance misuse information is missing
- determine county-level differences and disparities
- identify substance use issues that are unique to specific communities

Process

Between September and July, HHSC staff meets with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Community-specific qualitative data is collected through primary sources such as key stakeholders' interviews in multiple counties.   Region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

Epidemiology

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

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[1] Porta, Miquel S. *A Dictionary of Epidemiology*. Oxford: Oxford University Press, 2016, p. 95.

Methods

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

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

The conceptual framework for this report examines empirical indicators related to the SDoH, documented risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region.

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

Key Informant Interviews:

Participants
Participants were selected by county and sector and approached to participate in an interview with the Data Coordinator. The population within the counties selected include urban and rural communities. An effort was taken to hold key informant interviews from differing size counties within the same sector to gain a well-informed view of Region 2.

Interviews were conducted within the 12 sectors identified by HHSC

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

Procedures

A list of contacts were compiled for each sector and from multiple counties. This list was created with the assistance of program directors within the Abilene Recovery Council, the REW, Community Resource Coordination Group (CRCG) chairs, and through suggestions from key stakeholders.

Each participant is asked the following questions:

- What substance use concerns do you see in your community?
    - What do you think are the greatest contributing factors, and what leads you to this conclusion?
    - What do you believe are the most harmful consequences of substance use/misuse and what leads you to this conclusion?
    - What other areas of concern do you see in your community?
- How specifically does substance use affect your sector?
- What substance use and misuse prevention services and resources are you aware of in your community?
    - What do you see as the best resources in your community?
    - What services and resources does your community lack?
- What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
    - What do you see as the best resources in your community?
    - What services and resources does your community lack?
- What information does your sector need to better understand substance use/misuse and mental and emotional health in your community?

Other questions inevitably arise during the interviews.

Analysis Plan

Summaries were written for each interview according to guidance from HHSC. These summaries provided the data necessary to draw conclusions regarding substance use and behavioral health patterns in Region 2. Interviews were recorded when authorized by interviewees, transcribed, and then summarized. After several interviews, patterns surrounding drugs trends, lack of resources, insufficient number of treatment facilities, and recovery support services began to emerge. These trends continued throughout key informant interviews in both urban and rural communities.

Regional Epidemiological Workgroups:

Participants

The current members of the REW are made up of individuals within Taylor County. Taylor County is considered an urban county, and one of the two largest counties within Region 2. Members represent, city and county health department, law enforcement, mental health authority, youth prevention programs, civic organizations, and recovery services.

Procedures

Individuals were selected to represent multiple sectors. Additional recruitment is an ongoing process. Expansion to include surrounding counties and additional sectors has been discussed, and the possibility of conducting the REW meetings in a hybrid format so that more individuals can join has been discussed.

REW meetings discussed the following questions:

- Identification of data gaps
- Analysis of community resources and readiness
- Collaboration on region-wide prevention efforts
- Recommendations and/or development of other forms of prevention infrastructure support
- What are the takeaways from the discussion?
- What would be recommended solutions?
- How can the information discussed in the REW meetings inform future RNA's?
- How can the REW be better promoted to gain new perspectives?

Analysis Plan

Summaries were written for each meeting according to guidance from HHSC. These summaries were utilized to draw conclusions regarding gaps in data, community resources and readiness, region-wide prevention efforts, along with the need for promoting the REW and recruitment of new members. Gaps in data and community readiness continued to emerge during the meetings as more perspectives were included.

Results

Key Informant Interviews

The results from qualitative interviews indicate similar outcomes within all sectors and counties. Data shows substance use/misuse trends, ease of accessibility to substances, and additional treatment and recovery services. The emerging data identified a need for education on the developmental impact of substance use on adolescents, as a result of their use and the use of adults in the home. The data shows generational substance use, trauma, lack of life skills and healthy coping mechanisms contribute to the continuation of substance use/misuse and behavioral health needs in urban and rural communities. Rural communities have the additional challenge of having limited access to resources, the need to travel great distances for treatment, or having no other option aside from tele-health. These communities have been described as a "resource desert".

Substance Use Concerns:

Adults
- Methamphetamines
- Marijuana
- Alcohol
- Prescription Drugs – primarily opioids

Youth

- Electronic vape products
- Marijuana
- Alcohol
- Prescription Drugs

SAMHSA classifies Opioids as prescription or illegal drugs used for pain. These include Morphine, Codeine, Methadone, Oxycodone (OxyContin, Percodan, and Percocet), Hydrocodone (Vicodin, Lortab, and Norco), Fentanyl, Hydromorphone (Dilaudid), and Buprenorphine (Subutex, Sub Oxone). Illegal substances also include heroine. Opioids minimize pain and can affect other systems in the body including breathing, mood, and blood pressure.[2]

Counterfeit drugs are on the rise in Region 2, the state, and our nation. Illicitly Manufactured Fentanyl (IMF) has been found in counterfeit prescription drugs, such as, Percocet, OxyContin, Adderall, and Xanax. It has also been found laced into methamphetamines, marijuana, and with other street drugs. The inconsistency of the amount of IMF in these drugs causes it to be an extremely dangerous substance. During the first 3 months of 2022 the Drug Enforcement Agency (DEA) reported 7 confirmed mass overdose events across the United States resulting in 29 overdose deaths, and 58 overdoses.[3] Fentanyl was found in most of these overdose cases. DEA testing lab reports 4 out of every 10 pills

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[2] Substance Abuse and Mental Health Services Administration. Opioid
[3] Drug Enforcement Agency, DEA_Letter-Polydrug_Incidents-April_6_2022-Web_0.pdf Accessed August 19, 2022

tested contains a potentially fatal dose of fentanyl. This reinforces the need for public education and awareness of the dangers of counterfeit drugs.

Contributing Factors:

The continuing effects of COVID-19 contribute to substance use/misuse and behavioral health issues among adults and youth. Self-medicating and the purchase of counterfeit drugs, and street drugs on the dark web, and through social media platforms contribute to the increase in substance use/misuse. Unstable living environments and those lacking basic needs have an increased risk of substance use/misuse. Stigma continues to surround harm reduction through Medicated Assisted Treatment (MAT). MAT is the use of approved medications through the U.S. Food and Drug Administration with a combination of counseling and behavioral therapies, to provide a "whole-patient" approach.[4] MAT services are available to individuals 18 years and older with a history of moderate to severe opioid use disorder for at least 12 months in a row.

Adults' substance use has been contributed to the lack of skills needed to deal with life's stressors and, unresolved or ongoing trauma. Generational substance use is one of the most reported contributing factors, along with the lack of understanding and knowledge of the harmful consequences and developmental effects on youth. Additionally, the ease of access contributes to continued use/misuse of substances.

The risk of substance use works in congruence with the risk factor model. Accessibility should be considered in the perception a person has of obtaining alcohol, marijuana, tobacco, or prescription drugs. Substances believed to bring harm reduce the risk of abuse; however, if there is a low perception of harm the risk of abuse increases. Family associations may influence the risk of abuse. If parents are social hosts for adolescent parties, the risk of abuse is influenced. A community also contributes to a perceived risk if businesses do not follow state licensing and regulations in alcohol and tobacco sales. Youth who have easy access to substances in the home, a limited amount of parental supervision, or have a living environment with a low perception of harm from substances have higher risk factors for substance use. Adults with substance use disorders report using illicit substances during their teen and young adult years. There are many risk factors that increase the probability of substance use disorders in youth. These risk factors include family history, parental attitudes, family rejection of sexual orientation, sexual abuse, and mental health issues, among others. Protective factors that reduce the risk of substance use include family support and engagement, disapproval of use, and connections at school.

Texas passed legislation in 2005 that holds a person liable if they host a party where alcohol is provided to minors. Section 2.02 of the TABC extends the liability to those who provide alcohol to minors on their property or if the host supplies car keys to an intoxicated adult on the host's property. The law states that the host must know the minor's age. If they do not know their age, the host cannot be held liable for the minor. It is a class C misdemeanor for a minor to purchase, attempt to purchase, possess, consume alcoholic beverages, are intoxicated in public, or misrepresent their age to obtain alcohol. Consequences can include, a fine of up to $500.00, alcohol awareness class, and community service. A

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[4] Health and Human Services, Study on Substance Abuse Treatment Services, November 2020. Study on Substance Abuse Treatment Services Report (texas.gov) Accessed August 18, 2022

minor over 16 can face additional fines, loss of driver's license of up to 180 days, and the fines increase if the minor is over 17.

Sectors with direct contact with youth report the challenges of parental involvement and the need for parental and youth education. Treatment facilities for inpatient and outpatient that provide follow-up care for the youth and their families is a gap in service in Region 2. Treatment for marijuana use and vape cessation is also needed.

Through a cooperative agreement with the CDC and the American Academy of Pediatrics (AAP) a screening guide was developed for use in pediatric practices. The AAP recommends screenings begin at 9 years of age. In 2011 the AAP published a policy statement to introduce concepts and terminology of screening, brief intervention, and referral to treatment, (SBIRT). SAMHSA recommends using the universal screening SBIRT as a part of routine health care. Physicians cite barriers to screening patients as lack of time and sufficient training; however, increased familiarity with the SBIRT would help increase ease of use and improve outcomes.

During adolescence risk-taking behaviors are more prevalent, and experimentation with substances should not be condoned, facilitated, or trivialized by adults. Brief intervention focuses on positive feedback and motivation techniques that encourage behavior change or acceptance for treatment referral. Screenings can be conducted during any type of visit but should be included in annual well visits. The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts in adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18, according to SAMSHA.

Harmful Consequences:

Overdose and overdose deaths along with the increased rate of death by suicide are on the rise. Suicide is the 2nd leading cause of death for individuals 10 - 34[5]. Veterans, individuals in rural communities, LGBTQIA+, Black Indigenous People Of Color (BIPOC), and those with disabilities experience risk factors disproportionately linked to suicide. The CDC continues to track and monitor suicide rates within these groups in addition to all populations.

Provisional data from the CDC 's National Center for Health Statistics[6] estimate drug overdose deaths in the United States in 2021 increasing nearly 15% from the estimated deaths in 2020. Estimates for 2021 indicate estimated deaths at 107,622 compared to 93,655 estimated deaths in 2020.

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[5] Center for Disease Control – Suicide facts www.cdc.gov/suicide/facts/index.html accessed August 15, 2022
[6] Center for Disease Control – National Center for Health Statistics U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 - But Are Still Up 15% (cdc.gov), accessed August 18, 2022

United States Overdose Deaths
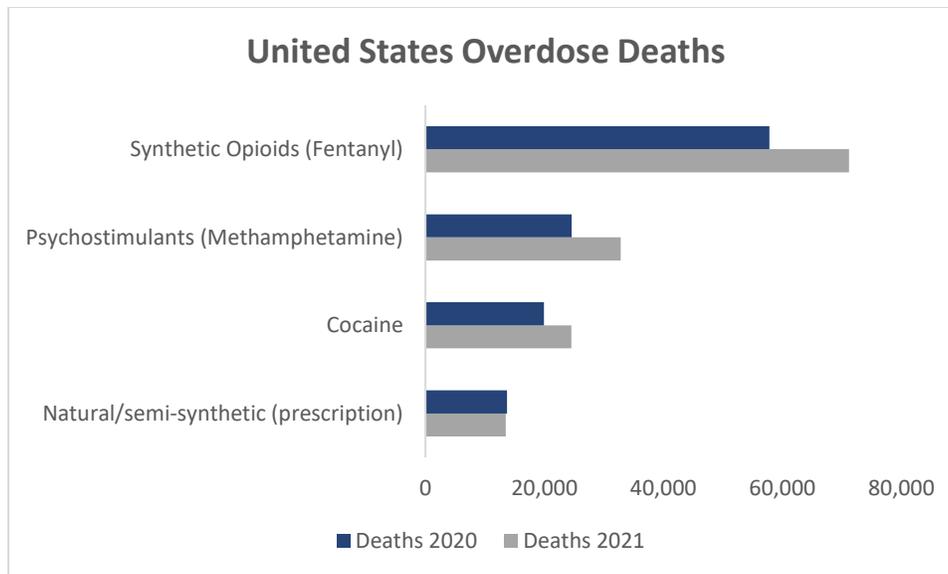
Source: CDC – National Center for Health Statistics

Overdose deaths involving opioids increased from 70,029 in 2020 to 80,816 in 2021, and synthetic opioids, primarily fentanyl, methamphetamines, and cocaine continue to increase. 82.3% of opioid-involved overdose deaths involved synthetic opioids.

Loss of jobs, home, family, and friends are consequences reported by multiple sectors regarding both substance use and behavioral health issues. Long-term substance use/misuse can contribute to the loss of an individual's goals and dreams for the future and, affect daily life by decreasing their ability to manage time, succeed in short-term goals, and maintain a productive lifestyle.

Individuals with a mental health illness have some of the greatest potential consequences if prescribed psychotropic medications are stopped abruptly. This abrupt stop can begin a rapid downward spiral into psychosis, depression, or mania. Some patients who cannot afford their medications will buy them online or from a street dealer, not knowing if the medication is laced with IMF and is potentially deadly.

Individuals with unresolved trauma or ongoing trauma have high risk factors for developing a SUD. SUDs and mental health conditions can intersect creating a complex dual diagnosis. Additionally, SUDs are a major factor in child removals, domestic violence, and abuse or neglect.

**Effects of Substance Use on Sectors:**
The effects are multi-faceted throughout the sectors. SUDs affect consistency in parenting, guardianship, family dynamics, basic need stability, crime rates, human trafficking, job rates, education, and access to quality healthcare, and these effects remain consistent within every county, community, and sector. These affects are cyclical and multi-generational. Individuals need a path to an improved life surrounded by support and services in order to change the trajectory of their life and the lives of future generations.

Individuals using/misusing substances often require a more aggressive form of treatment for health conditions. Substance use creates a higher risk of infection and are greater risk of life-threatening diseases such as heart attack, stroke, cancer, high blood pressure, and diabetes.

Burglary, vandalism, and property damage are reported in rural and urban communities. These types of crimes are costly for individuals and businesses and can become an on-going problem.

Earning potential is largely based on the level of education a person possesses. The U.S. Bureau of Labor Statistics (BLS) tracks median weekly earnings by educational attainment. A lack of growth in workforce and employment opportunities can have negative effects on a community. Individuals will leave to find higher paying jobs with more opportunities in other counties or states, or the lack of opportunity can continue the generational poverty, basic need insecurity, trauma, and self-medicating behaviors.

Median usual weekly earnings of full-time wage and salary workers 25 years and over by educational attainment, quarterly averages, not seasonally adjusted
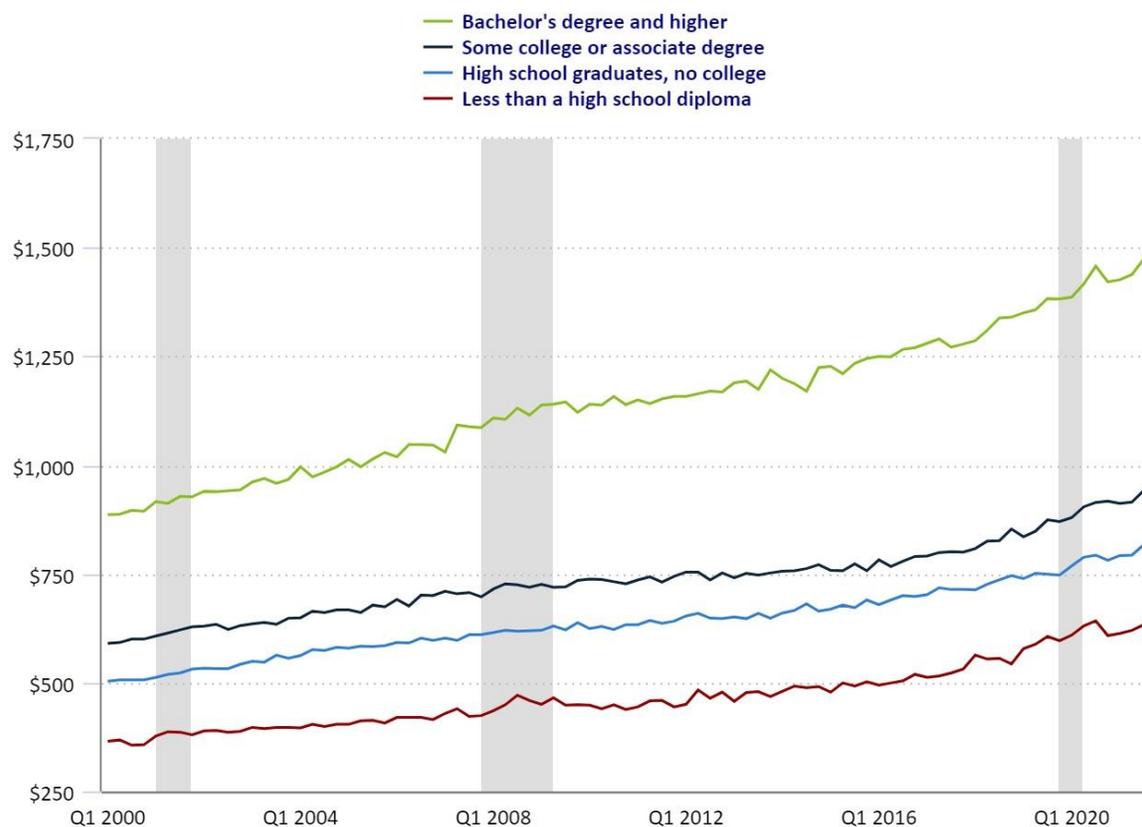

Source: U.S. Bureau of Labor Statistics

Schools and juvenile probation report an increase in truancy since the return to in-person learning. A larger gap in student achievement is attributed to students lack of sleep, increased defiance, and mood swings. Families struggling with maintaining a routine at home due to substance use or behavioral health

concerns contribute to students increased absences, lower grades, and increase in school discipline which can lead to the involvement of juvenile justice.

According to Attendance Works – Advancing Student Success by Reducing Chronic Absence[7] Texas does not monitor chronic absence. However, state school funding formula factors in average daily attendance. Approximately more than 8 million students across the United States miss so many days that they are academically at risk. A chronic absence is considered missing 10% or more of school days for any reason. These types of absences can translate into students being unable to meet grade level requirements.
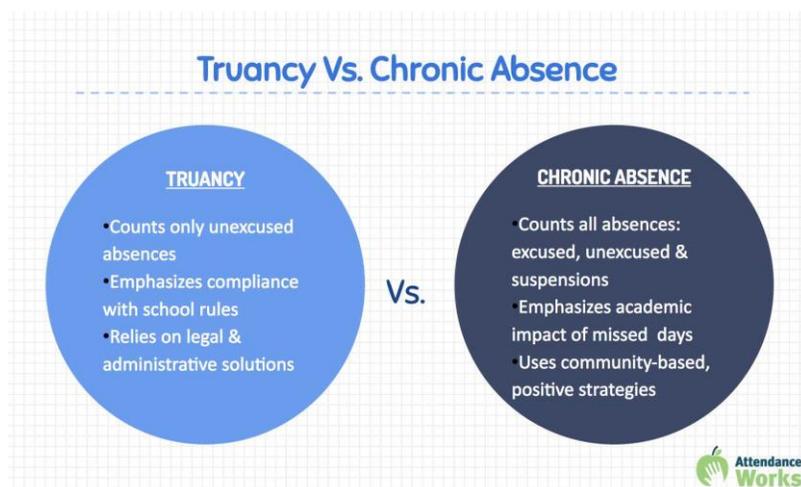
Source: Attendance Works, What's the Difference Between Chronic Absence and Truancy?

Teen pregnancy is a leading contributor to high school dropout rates for girls. The children of teen mothers are at risk of a lower school achievement, dropping out of high school, being incarcerated, becoming teen parents, and facing unemployment as a young adult[8]

The denial of substance use/misuse and behavioral health issues in a community or sector has a damaging effect by perpetuating generational use and limiting the county's ability to provide the necessary resources and services. Without adequate resources and services substance use/misuse and mental health illness will have a negative impact on all components of a community. In a study conducted between 2012 to 2015 the leading cause of maternal death which occurred more than 60 days postpartum was drug overdose. More than 80% of these deaths were from opioid overdose or in combination with other drugs. Demographic risk factors reveal overdose deaths occurred 64% in white, 33% 30-34 years of age, 97% living in an urban community, and 75% were on Medicaid at the time of delivery.[9] More studies are needed to determine needed services.

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[7] State Attendance Policy. Attendance Works, Advancing Student Success by Reducing Chronic Absence. Accessed August 2020
[8] Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press
[9] 2012-2015 Death Files, 2011 – 2015 Live Birth and Fetal Death Files. Center for Health Statistics, DSHS

Substance Use/Misuse Prevention Services and Resources Available:
- Abilene Recovery Council
- Serenity Impact
- Betty Hardwick
- West Texas Rehab – MAT
- Shannon Hospital – Detox center
- Rivercrest Hospital
- Oceans
- Helen Farabee

There are several substance use/misuse prevention services and resources available within Region 2. However, the access to services can have long wait times. Community coalitions are additional resources of information in many counties in Region 2.

Community Coalitions also provide prevention services and resources. Communities have a unique opportunity to provide support services for their residents. Protective factors within the community may include coalitions, policy development or change, treatment providers, social services, law enforcement capacity and support while also providing healthy youth activities and prevention through religious communities. Each of these areas serve as a protective factor and has their own roles and responsibilities within the communities they serve.

The Taylor Alliance for Prevention (TAP) is a Community Coalition Partnership group funded by The Department of State Health Services. The group works within Taylor County to reduce and prevent you and college aged substance misuse. They also work to reduce underage access to alcohol, marijuana, and prescription drugs through various strategic efforts through media advertisements, health education and working with law enforcement. TAP provides the opportunity for any citizen to become a member of the coalition and support prevention efforts throughout the community.

The West Texas Homeless Network is comprised of shelter providers, mental health professionals, substance misuse prevention professionals, treatment facility professionals, job corps representatives and social service representatives who collaborate to find solutions for homelessness within Taylor County and surrounding areas. The Network also attends the Basic Needs Network meetings and receives quarterly reports on the work being done within the area. The Network is funded through the Texas Department of Housing and Community Affairs and Texas Department of Mental Health and Mental Retardation. Currently, the West Texas Homeless Network now services Taylor County in Texas.

Basic Needs Network of West Central Texas is a multifaceted group consisting of social services agencies across nineteen counties within the area. The group is facilitated through Texas 211 A Call for Help and meets on a quarterly basis. Its purpose is to collaborate with all organizations in order to better meet the needs of those living within the area. It serves clients by providing food, clothing, shelter, and paying bills. This group is only a small picture of the assistance and willingness of people within the area to assist with client needs by the provision of services.

Drive Safe Coalition is a valuable group facilitated through the Texas Department of Transportation. Their mission is "To create a partnership to raise public awareness and improve traffic safety throughout the communities". This group is committed to issues such as impaired and distracted driving, seat belt usage, child passenger safety, motorcycle safety, teen drivers, underage drinking, pedestrian, and bicycle and school bus safety in ten counties within the region. This group has been an active partner with the PRC and other local coalitions in the area when opportunities arise for public awareness.

Community Resource Coordination Groups (CRCG) are local interagency groups comprised of public and private agencies. These groups are mandated by the state and funded through the Department of State Health Services. Their purpose is to develop a service plan for families or individual's needing collaboration between social services. Available to all Texans, CRCG's consist of representatives from commuters and caregivers, the Texas Health and Human Services Commission, the Texas Department of Aging and Disability Services, the Texas Department of Assistive and Rehabilitative Services, the Texas Department of Family and Protective Services, the Texas Department of Criminal Justice, the Texas Correctional Office on Offender with medical or Mental Impairments, the Texas Department of Housing and Community Affairs, the Texas Education Agency, the Texas Juvenile Probation Commission, the Texas Workforce Commission, the Texas youth Commission, and Private Child and Adult Serving Providers. All representatives and agencies cooperate and coordinate services to provide services to community members in need.

School Health Advisory Councils (SHAC), A School Health Advisory Council is a group appointed by the school district to serve at a district level. Members of the SHAC come from different areas of the community and within the specific school district. Most members are required to be parents who are not employed by the district. Texas Education Code, Title 2, Chapter 28, requires a SHAC in every school district, they are required to meet at least four times per year. SHAC plays an essential role in strengthening the connection between health and learning by assisting parents and the community to reinforce the knowledge and skills children need to maintain a healthy lifestyle.

The Recovery Oriented Systems of Care Coalition (ROSC), funded through the Department of State Health Services, works to build community support for a person's recovery care. Region 2 has established groups in Abilene and Wichita Falls. Their goals are to understand every person is unique with their own specific needs in recovery; recovery is a reality, everyone is invited to participate, also they strive to identify and build upon strengths in order to make our community a healthy place to live, recover and improve their quality of life.

YP Programs
The Youth Prevention programs are offered throughout the state of Texas. These programs offer education to youth and empower them to make positive choices for their life. The programs utilize curriculum which is designed to teach students life skills in order to know to strategize and manage life's difficult choices. For our region, the youth prevention program is offered in some schools but not to all schools across the reported area. Prevention Specialists work diligently to support our young people by offering them prevention education, life skills, and a unique atmosphere to discuss ways to handle difficult social situations which may or may not include drug and alcohol use. Youth Prevention programs are essential to providing positive education for life skills and drug-alcohol prevention throughout our reported area.

Substance Use/Misuse Services and Resources Needed:
Individuals receive treatment administered through residential treatment, outpatient services, and recovery communities. Youth in treatment receive services that include logical thinking, decision making, recreation choices, interactions with others, and living with life's challenges. Youth 12 – 17 years old receive the most treatment for Sedatives and Marijuana. The chart below shows the categories for Behavioral/Mental Health (BHMH) and SUDs and diagnosis for treatment.

Category	Diagnosis for Treatment
Behavioral / Mental Health (BHMH)	Mental disorders due to known physiological condition (dementia, etc.)
	Psychotic disorders
	Mood disorders
	Anxiety … & other non-psychotic mental disorders
	Behavioral syndromes associated with physiological disturbances and physical factors
	Personality disorders, etc.
	Childhood disorders
	Mental disorder NOS

Substance Use Disorder (SUD)	Alcohol related disorders
	Opioid related disorders
	Cannabis related disorders
	Sedative, hypnotic or anxiolytic related disorders
	Cocaine related disorders
	Other stimulant related disorders
	Hallucinogen related disorders
	Nicotine dependence
	Inhalant related disorders
	Other psychoactive substance related disorders

There is a need for additional recovery support services, detox centers, non-punitive alternatives, training for first responders, schools, hospitals, and the community. Drug courts, 2nd chance employers, stable housing, additional MAT resources and other harm reduction services and support.

Education is needed in every sector. Information on available resources, community awareness, parental education on developmental effects of substance use, red flags of behavioral health issues, human trafficking, are among the areas identified for additional education. A decrease in the quality of care has been reported for individuals with repeated visits to emergency rooms for overdose and mental health crisis. Resources and support services are needed in the emergency room for those in a non-life-threatening overdose, and connection to recovery services and detox centers have been

recommended along with education on harm reduction and destigmatizing language for emergency room personnel.

Re-entry resources and assistance is needed throughout Region 2. Transitional housing that allows varying paths to recovery, onsite counseling services, GED classes, and job training and placement services are in great demand. In order for an individual to re-enter successfully they need continued support and services that will meet their needs and the needs of their family in a culturally competent and destigmatizing manner.

Behavioral Health Prevention Services and Resources Available:
- Betty Hardwick
- Oceans
- Rivercrest
- Ministry of Counseling
- Mental Health America

Behavioral Health Services and Resources Needed:

Mental health disorders vary widely in impact and severity, with approximately one in four adults in the United States identified as having a diagnosable mental health disorder. Depression is the leading cause of disability in the U.S. for persons 15-44.[10] Disorders can occur no matter the racial, ethnic, or socioeconomic group. Risk factors for mental health have been identified, and family history and addictive disorders can increase those risk factors. However, there is still a lot to learn about mental health. The risk factors of biological, psychological, and sociocultural factors are still being determined.

Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced nurse practitioners specializing in mental health care.

Immediate follow-up care after release from a residential treatment facility, long term outpatient care and support for the individual and their family, transportation to services from rural communities, and additional peer support services are crucial in an individual's recovery. Juvenile resources are limited and have long wait times, causing prolonged family crisis or the need to travel great distances for care.

In the United States over 15 million children and adolescents need mental health services; however, only approximately 8,300 receive services. [11] There are many barriers that have been identified in the use of mental health services. These barriers differ by gender, age, ethnicity, and economics. According to the National Institute of Mental Health, half of all chronic mental illness begins by age 14. Mental Health America report 56.5 % of adults with mental health issues do not receive the necessary services.

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[10] Centers for Disease Control and Prevention, Mental Health Awareness
[11] American Academy of Child & Adolescent Psychiatry. (2016)

Information Needed:

Information and education on risk and protective factors and how they relate to substance use/misuse and behavioral health prevention has been identified as a continued need. Continuing collaborations and the sharing of resources and services provided by all agencies within Region 2 to better serve our communities.

- Public awareness events and activities
- parental involvement to increase protective factors is also needed
- Increased activities for youth that involve positive alternatives and offer affirming role models.
- Normalize mental health services diagnosis, medication, therapy, inpatient treatment, and follow-up care.
- Recognizing, identifying, and diagnosing mental health conditions at an early age is essential to providing long lasting positive results.

There are many risk and protective factors regarding suicide. There is a combination of individual, relationship, and community and societal factors that contribute to a person's risk for suicide. Although fewer studies have been done on protective factors, identifying, and understanding protective factors are equally important. [12] Suicide rates in the U.S. have increased approximately 33% from 1999 to 2019. Suicide is the 10th leading cause of death in the U.S, the 2nd leading cause of death among persons 10 – 34, the fourth leading cause of death of persons ages 34-54, and the fifth leading cause of death among persons ages 45-54. Risk factors include family history of suicide, child maltreatment, previous suicide attempts, isolation, feeling of hopelessness, barriers to accessing mental health treatment, and an unwillingness to seek help due to the stigma attached to mental and substance use disorder services. Mental health disorders and substance use disorders are a significant risk factor for suicide. Males are 3.7 times more likely to die by suicide than females, or older adults. Veterans have a 1.5 times higher rate than non-veterans, individuals living in rural areas compared to urban areas, and persons in the LGBTQIA+ community.

Protective factors include effective clinical care for mental, and substance use disorders, family and community support, skills in problem solving, conflict resolution, nonviolent ways of handling disputes, as well as support for ongoing medical and mental health.

There are strategies to help reduce suicide, these include:

- Emergency room screening
- Safety planning
- Behavioral therapy
- Reducing access to lethal means; firearms, medications, and alcohol
- Utilizing Suicide Prevention Resource Center

Increased education and support in recovery services for individuals choosing harm reduction, reducing stigma, and the importance of using destigmatizing language is also especially important. When in doubt, use people-first/person-centered language. This prioritizes the personhood of the individual over negative social stereotype and stigmatizing language.

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[12] Center for Disease Control and Prevention, Risk and Protective Factors Accessed August 16, 2021.

It's not about being "politically correct." It's about not creating or adding to the stigma injury and other barriers that can prevent another human being from accessing the treatment or recovery pathway that might save their life.

National Institute on Drug Abuse (NIDA)[13]

Previous: Stigma Reinforcing	Current: Recovery-Oriented & Supportive
Addict or Alcoholic (exception: 12 Step meetings) Drug or Alcohol Abuser - Junkie - Dope Fiend - Drug User – Druggie – Drug Offender	Person who uses drugs (PWUD) Person arrested for a drug violation Person with lived experience using drugs Person who has used drugs
Drug habit Abuse Problem Battling or suffering with addiction	Person with a Substance Use Disorder (SUD), or Opioid Use Disorder (OUD), _____ Use Disorder Person living with an addiction Use, Misuse - Harmful use, Problematic use, Regular use - Risky use - Heavy use
Clean Ex-addict Clean drug screen Came back clean Stayed clean Straight	Person in recovery / long term recovery Abstinent Not actively using Testing negative for substance use Negative drug screen Maintained or Sustained recovery Substance free
Dirty Dirty drug screen / Tested dirty	Actively using Testing positive for substance use
IV drug user Needle junkie	Person who injects drugs
Baby born addicted	Baby born with opioid ("other" drug) dependency Born with neonatal abstinence syndrome (NAS)
Relapse Chronic relapse Relapse Prevention	Resumed use Recurrence / Recurrence of symptoms Had a setback Recovery management – Recovery protection
Opioid Replacement Therapy Medication as a crutch	Medication Assisted Therapy (MAT) Pharmacotherapy Medication Assisted Recovery Supports (MARS) Medication as a treatment tool
Non-compliant Unmotivated Denial	Chooses not to _____ at this time/point/etc.. Person experiencing barriers Appears ambivalent at this time

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[13] National Institute on Drug Abuse – Words Matter: Preferred Language for Talking About Addiction, www.nida.nih/gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction Accessed August 18, 2022

Regional Epidemiological Workgroups

The current members of the Regional Epidemiological Workgroup (REW) are made up of individuals within Taylor County. Members represent, city and county health department, law enforcement, mental health authority, youth prevention programs, civic organizations, and recovery services.

Identification of data gaps

- Drug Overdoses that did not result in death
- Data from rural communities
- Social hosting
- Need for transitional and sober living housing
- Emerging drug trends; Delta 8,9, and 10

Analysis of community resources and readiness

There are many aspects that contribute to community readiness, and those can vary by community. Taylor county has community resources for individuals seeking assistance with jobs, housing, education, basic needs, recovery services, and mental health assistance. There remains the need for readiness to tackle some other areas of need. Alcohol density, social hosting policies, overdose peer support in an emergency setting, respite services, transitional and sober living housing are some identified areas of need.

There are tremendous services available for children, adolescents, and adults in our communities, however, our rural communities are still in need of services that are geographically more accessible.

Collaboration on region-wide prevention efforts

Our area is fortunate to have hundreds of non-profits and social service agencies within our counties. Many of these services provide for basic needs such as food, water, clothes; others provide treatment for mental health, the intellectually disabled, psychiatric treatment; others provide counseling, inpatient/outpatient services; intervention services include drug and alcohol referrals and counseling, peer recovery coaching, pregnancy intervention for new and expecting mothers-at-risk, and the numerous coalitions and community groups all willing to assist participants or community members in their needs. Region 2 has an atmosphere of a small town in which people truly do care in assisting one another.

The REW is committed to continuing collaboration efforts, along with expanding prevention efforts region wide. The region-wide data event was conducted using a hybrid model, offering in-person and virtual options which allowed a wider audience.

Takeaways from discussions

Communities should continue the conversation surrounding readiness and gaps in data and service. As we move forward our desire is continue working collaboratively to better serve our communities.

Conclusions

Region 2 is a diverse, growing region in Texas. There is a need in Region 2 for additional prevention education, public awareness, treatment and recovery services, follow-up care for the entire family following inpatient treatment, alternative transition for individuals reentering from incarceration, and an overarching theme of destigmatizing language, treatment, and support services.

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. The ease of access to substances for both adults and youth along with youth's perceived low parental risk of harm continues to increase risk factors.

Mental health and substance misuse treatment waiting lists generated by the Texas Department of State Health Services show data on both adult and child/adolescent waiting lists for substance use treatment and mental health services. Transportation to treatment and recovery services can be a barrier to individuals and families.

It is our goal to increase universal support, build resilience, provide support for families in crisis, convey calm and compassion, and normalize asking for and receiving services for substance use/misuse and behavioral health issues.

COVID-19 continues to change the way many people work, with some working from home, in the office, a combination of both or looking for a new career. These can cause feelings of stress, burnout, and anxiety. Learning how to cope with our emotions during this time increases our well-being at home, work, and in our communities. The CDC recommends learning to recognize the signs of stress and recommends tips for building resilience and managing job related stress.

Recognizing the signs of stress	
Feelings of irritation, anger, uncertainty, anxiety	Concern about the risk of being exposed to the virus
Feeling tired, overwhelmed, sad, or depressed	Managing a different workload
Trouble sleeping, or concentrating	Uncertainty about the future of your employment
Lack of motivation	Learning new communication tools, technical difficulties

Building resilience and managing job stress	
Identify things that cause stress	Take breaks to stretch, and check in with colleagues, family, and friends.
Open communication with employer	Spend time outdoors
Ask about access to mental health resources	If working from home, set regular hours
Develop daily routines	Practice mindfulness techniques

Behavior changes in your child	
Excessive worry or sadness	Use of alcohol, tobacco, or other drugs
Poor school performance	Difficulties concentrating
Unhealthy eating or sleeping	Unexplained headaches
Irritability	Excessive crying

Ways to support your child	
Age-appropriate conversations about COVID	Limit exposure to news and social media
Reassure your child of their safety	Keep regular routines whenever possible
Be a role model, practice self-care	Connect with family and friends
Encourage your child to practice self-care	Spend time in meaningful activities

Source: Tips for Managing Mental Health during COVID-19, TOC

SUD Treatment Providers (Treatment/Intervention providers)

The Abilene Recovery Council (ARC) has been an asset to treatment and interventions in the Abilene for over 60 years and an award-winning organization for over 20 years. The Abilene Recovery Council is a non-profit agency offering many programs to assist those with substance use and misuse related issues. The ARC houses programs such as Drug Offender Education, the Outreach, Screening, Assessment and Referral (OSAR) program, Peer Recovery, Parenting Awareness and Drug Risk Education (PADRES), and the Prevention Resource Center. Each program serves its own purpose for intervention, treatment, and prevention services for the region.

The Drug Offender Education, work to educate certain populations regarding alcohol and drug use and abuse within the big country. Attendees for these classes are primarily mandated through the courts to fulfill a legal consequence of certain behaviors conducted.

The Outreach Screening Assessment and Referral (OSAR) program provides assistance for individuals' and families with dependence issues free of charge and are self-referred or referred by other social services within the area. Counselors in this program screen and assess clients who need recovery services on a short term or long-term basis. The counselor determines the most applicable place for the client to receive the treatment for rehabilitation; these could in patient or outpatient services.

PADRE – Parenting Awareness and Drug Risk Education works with parents, male and female along with their children 0-6 years of age and expectant parents. PADRE's serve families in all 30 counties included in Region 2 with two offices, one in Abilene and the other in Wichita Falls. Additionally, participants will be seen in Sweetwater at Rolling Plains Memorial Hospital once a week. Rural communities are primarily served using virtual platforms or phone services, only needing to be seen in person once a month. Participants are enrolled for approximately 12 weeks and then referred out if needed, except in extreme situations. PADRE's provides substance use counseling, case management, community referrals, parenting education, Family Group, psychoeducational sessions, relapse prevention, rapid HIV testing, pregnancy testing, street outreach, educational community presentations, screening and assessments. PADRE's also advocates for their participants by making court appearance on their behalf, working with DFPS caseworker or probation officers, and advocating for any community resources they are or could be utilizing.

Oceans Behavioral Hospital in Abilene is a behavioral health facility in the area committed to utilizing a comprehensive approach in treating their clients. Their clients include helping adolescents, adults and seniors manage anxiety, depression, and other mental health issues. They offer inpatient services, family, and caregiver therapy as well as education in behavioral challenges and offering tools for those in care of the client. The agency has psychiatrists and medical physicians to ensure clients health and healing while being served.

The Recovery Oriented Systems of Care Coalition (ROSC), funded through the Department of State Health Services, works to build community support for a person's recovery care. Region 2 has established groups in Abilene and Wichita Falls. Their goals are to understand every person is unique with their own specific needs in recovery; recovery is a reality, everyone is invited to participate, also they strive to identify and build upon strengths in order to make our community a healthy place to live, recover and improve their quality of life.

Healthcare Providers

Name	Address	Facility - County Location	Contact Information
Community Connections of Central Texas	408 Mulberry St. Brownwood, TX 76801 100 E. Live Oak St. Coleman, TX 76834 1009 S. Austin St. Comanche, TX 76442 301 Pogue Ave. Eastland, TX 76448	Brownwood, Coleman, Comanche, Eastland	325-643-3363 www.cflr.us
Graham Regional Hospital	1301 Montgomery Rd. Graham, TX 76450	Young	940-549-3400 www.grahamrmc.com
Helen Farabee Centers	500 Broad St. Wichita Falls, TX 76301 516 Denver St. Wichita Falls, TX 76307 510 King St. Quanah, TX 79252		www.helenfarabee.org
North Texas State Hospital	4730 College Dr. Vernon, TX 76385	Wilbarger	940-552-9901
Red River Hospital	1505 8th St. Wichita Falls, TX 76301	Wichita	877-627-1134 www.redriverhospital.com
Rose Street Mental Health Care	1808 Rose St. Wichita Falls, TX 76301 1800 Rose St. Wichita Falls, TX 76301	Wichita	940-723-4488 www.rosestreet.org
Serenity Foundation	1502 N. 2nd St. Abilene, TX 79601	Taylor	325-673-6489 www.serenitytexas.com
Seymour Hospital	511 E. Ingram Seymour, TX 76380	Baylor	940-889-4259 www.seymourhospital.com

Shades of Hope	402 Mulberry St. Buffalo Gap, TX 79508	Taylor	325-572-3843 www.shadesofhope.com
West Texas Centers	505 Chestnut St. Colorado City, TX 79512 1200 Henderson St. Sweetwater, TX 79556 126 State St. Winters, TX 79567 1300 26th St. Snyder, TX 79549	Mitchell Nolan Runnels Scurry	325-728-3953 325-236-6619 325-754-5591 325-573-4947 www.wtcmhmr.org

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