



2023

REGIONAL NEEDS ASSESSMENT

PREVENTION RESOURCE CENTER REGION 9

www.reg9prc.org

Artist: Don L. Parks
"Boom Town"

A program of the Permian Basin Regional Council on Alcohol and Drug Abuse

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Lastly, PRC 9 would like to thank the Petroleum Museum and the family of Don L. Parks for their contribution and use of 'Boom Town', the artwork used on the cover of the 2023 Regional Needs Assessment. The 'Boom Town' image is a composite of a small-town community in the Permian Basin that served as the delivery point of equipment and supplies for the new oil fields circa 1926. The location of this 'Boom Town' is looking south from the base of King Mountain in western Upton County, near the present town of McCamey in Region 9. Don L. Parks lived in Midland where he enjoyed painting Permian Basin and southwest landscapes.

Executive Summary

What is the Regional Needs Assessment (RNA)?

The Prevention Resource Center's (PRC) RNA is a document created by Region 9 Data Coordinator, Jennifer Weston along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC for Region 9 serves 30 counties in west Texas.

A needs assessment is the process of determining and addressing the "gaps" between the current conditions and desired conditions in a set environment or demographic.¹ This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information about the unique needs of Texas' diverse communities. This document will present summary statistics of risk and protective factors associated with substance use, consumption patterns, and public health consequences. In addition, this report will offer insight on gaps in behavioral health promotion and substance use prevention services and data in Texas.

Who creates the RNA?

A team of Data Coordinators from all eleven PRCs has gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change²:

- youth and young adults

¹ Watkins, R., et al. (2012).

² Centers for Disease Control and Prevention. (2021).

- parents
- business communities
- media
- schools
- organizations serving youth and young adults
- law enforcement agencies
- religious or fraternal organizations
- civic or volunteer groups
- healthcare professionals and organizations
- state, local, and tribal government agencies
- and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, Education Services Centers, and Local Mental Health Authorities

PRC 9 recognizes those collaborators who contributed to the creation of this RNA.

How is the RNA informed?

Qualitative data has been collected in the form of focus groups and interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy. The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

Main key findings from this assessment includes:

Demographics:

Region 9 has seen both economic and population growth within the previous few years. Region 9 is growing and needs additional support services in the area of mental health and substance use/misuse. As many counties in Region 9 lose population, there are shifting dynamics within those counties as well as the counties seeing substantial increase in population. Resources and needs of a community will need to be re-evaluated as population shifts occur.

Substance Use Behaviors:

There are many positive changes within Region 9 with regards to substance use behaviors. Region 9 saw decreases in substance use through the Texas School Survey (TSS) in almost all types of substance use. However, there has been a 77 percent increase in overdose deaths within the last five years. The age of first use of substances is also happening at a younger age according to the TSS. Fentanyl deaths continue to rise and impact children as young as 13.

Underlying Risk Factors:

Region 9 saw a substantial increase in both alcohol and tobacco retailers within the last few years. Keeping retailers informed about laws involving minors and avoiding violations needs to be a focus. Dropout rates in some counties continue to be high in number, and educational attainment continues to be low in Region 9. Prevention education needs to be a priority within our schools and communities. We are seeing favorable results within Region 9 in regard to the amount of substance use. It is important to continue educating our youth, families, and communities.

Behavioral Health Disparities:

Although Region 9 has seen a favorable increase in the amount of mental health providers, most communities are in need of more providers, along with increased mental health facility availability. Youth and adult mental health problems are increasing and will require treatment, both outpatient and in-patient. Prevention and family skill development also play a key role in healthy behavioral health within a community.

Protective Factors and Community Strengths

Region 9 has developed programs and resources to combat some of the disparities that have impacted our community. Many organizations exist to increase protective factors and positive outcomes for our communities. Spirituality and social organizations are positive protective factors within Region 9, as well as the economy, and employment rate. Less students are being offered substances at school as well.

Introduction

The information presented in this RNA aims to contribute to program planning, evidence-based decision making, and community education. The RNA strives to increase knowledge of factors related to substance use and behavioral health. There are several guiding key concepts throughout the RNA, including a focus on the youth and young adult population and the use of an empirical, public health framework. All key concepts are outlined within their own respective sections later in this report.

The information in this needs assessment is based on three main data categories:

1. exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
2. exploration of drug consumption trends of adolescents with a primary focus on the state-delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and non-medical use of prescription drugs; and
3. broader public health and public safety consequences that result from substance use and behavioral health challenges

The report concludes with a collection of prevention resources in the region, an overview of the region's capacity to address substance use and other behavioral health challenges, and overall takeaways from the RNA.

Prevention Resource Centers (PRCs)

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

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

- underage alcohol use
- underage tobacco and nicotine products use
- marijuana and other cannabinoids use
- non-medical use of prescription drugs

PRCs have four fundamental objectives:

- collect data relevant to the state's prevention priorities, share findings with community partners, and ensure sustainability of a Regional Epidemiological Workgroup (REW) focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional behavioral health promotion and substance use prevention trainings
- conduct media awareness activities related to substance use prevention and behavioral health promotion
- conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers

Regions

Figure 1. MAP OF PUBLIC 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



Image courtesy of HHSC.

How PRCs Help the Community

PRCs provide information and education to other HHSC-funded providers, community groups, and other stakeholders through four core areas based around the four fundamental objectives: Data, Training, Media, and Tobacco. All the core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use, and behavioral health in general. PRCs work to educate the community on substance use and associated consequences through various data products, such as the RNA, media awareness activities, training, and retailer education. Through these actions, 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.

Data

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead an 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.

- Develop and maintain the REW.
- Conduct Key Informant Interviews (KII).
- Develop and facilitate at least one regionwide event based on RNA data findings.
- Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts of substance use and behavioral health data.
- Compile and synthesize data to develop an RNA to provide community organizations and stakeholders with region-specific substance use, behavioral health, and Social Determinants of Health (SDoH) information.
- Direct stakeholders to resources regarding data collection strategies and evaluation activities.
- Disseminate findings to the community.

Training

The Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings.

- Work directly with HHSC-funded training entity to identify training and learning needs
- Host and coordinate trainings for virtual and in-person trainings
- Provide monthly updates to HHSC-funded prevention providers within the region about the availability of substance use prevention trainings and related trainings offered by HHSC-funded training entity and other community-based organizations

Media

The Public Relations Coordinators use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion.

- Promote consistent statewide messaging by participating in HHSC's statewide media campaign
- Maintain organizational social media platforms required by HHSC to post original content, share other organizations posts, and HHSC media
- Promote prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media

Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco and other nicotine products. Tobacco Coordinators conduct retailer checks to verify retailers are complying with state and federal regulations regarding proper signage and placement of tobacco products. In addition, Tobacco Coordinators provide education on state and federal guidelines for tobacco sales.

- Conduct on-site, voluntary checks with tobacco retailers in the region
- Provide education to tobacco retailers in the region that require additional information on most current tobacco laws as they pertain to minor access
- Conduct follow-up voluntary compliance visits with all tobacco retailers who have been cited for tobacco-related violations

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors and different geographic locations within that region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

A needs assessment is a systematic process for determining and addressing "gaps" between current conditions and desired conditions.³ The RNA is a specific needs assessment that provides community organizations and stakeholders with region-specific substance use and related behavioral health information. At the broadest level, the RNA can show patterns of substance use among adolescents and adults, monitor changes in substance use trends over time, and identify substance use and behavioral health issues that are unique to specific communities. It provides data to local providers to support grant-writing activities and provide justification for funding requests and to assist policymakers in program planning and policy decisions regarding substance use prevention, intervention, and treatment. The RNA can highlight gaps in data where critical substance use and behavioral health information is missing. It is a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs tailored to specific needs through the monitoring of county-level differences and disparities. Figure 2 below shows a visual representation of the overall steps and process of creating the RNA.

Figure 2. STEPS, PROCESSES, AND STAKEHOLDERS INVOLVED FOR RNA CREATION

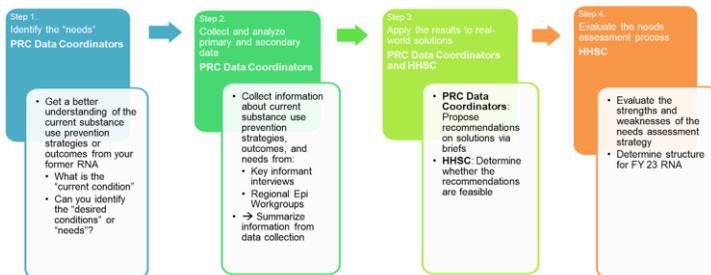


Image courtesy of HHSC.

Stakeholders/Audience

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

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The

³ Watkins, R., et al. (2012).

core of the report focuses on risk factors and protective factors, consumption patterns, and public health and safety consequences.

Stakeholders within the twelve sectors both contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.⁴ The information gathered in these interviews was compiled to create the 2022 RNA and will be utilized in the 2023 RNA. These twelve sectors are:

- | | |
|--|--|
| <ul style="list-style-type: none">• youth and young adults• parents• business communities• media• schools• organizations serving youth and young adults• law enforcement agencies• religious or fraternal organizations | <ul style="list-style-type: none">• civic or volunteer groups• healthcare professionals and organizations• state, local, and tribal government agencies• and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities |
|--|--|

Each sector has a unique knowledge of substance use along with risk and protective factors in their communities.

Regionwide Event

The Region 9 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues. An event to highlight and bring attention to the fentanyl crisis was conducted in August of 2022. Stakeholders from around Region 9 were invited to learn more about the dangers and patterns of use of fentanyl in our area. They were asked to join the conversation to collaboratively combat the rise in overdose deaths throughout the region.

Due to the unprecedented rise in fentanyl-related deaths, it has been the focus of the PRC to inform stakeholders and community members about the dangers associated with the drug. Because of this, the PRC will hold a follow-up Regionwide Event to continue the focus on fentanyl deaths. This event will take place in September of 2023.

⁴ Centers for Disease Control and Prevention. (2021).

Methodology

This needs assessment reviews behavioral health data on substance use, substance use disorders, related risk and protective factors, and other negative public health and safety consequences that will aid in substance use prevention decision making at the county, regional, and state level.

Conceptual Framework

The overall conceptual framework for this report is the use of epidemiological data to show the overall distribution of certain indicators that are associated with substance use and behavioral health challenges. Broadly, these indicators consist of documented risk and protective factors, such as the Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences (PCEs); consumption patterns; and public health and safety consequences related to substance use and behavioral health challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region. For more information on these various frameworks and concepts, please see the “Key Concepts” section later in this report.

Process

PRCs collaborate with HHSC’s Data Specialist in the Prevention and Behavioral Health Promotion Unit, other PRC Data Coordinators, other HHSC staff, and regional stakeholders to develop a comprehensive data infrastructure for each PRC region.

HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Primary data was collected from a variety of community stakeholders, and secondary data sources were identified as a part of the methodology behind this document. Readers can expect to find information from secondary data sources such as: the U.S. Census, American Community Survey, Texas Department of State Health Services, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, among others.

Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted or measured, and given a numerical value. Quantitative data tells how many, how much, or how often and is gathered by measuring and counting then analyzing using statistical analysis. Quantitative indicators were selected after doing a literature review on causal factors and consequences that are most related to substance use and non-medical use of prescription drugs. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. Data used in this report was primarily gathered through established secondary sources including federal and state government agencies to ensure reliability and accuracy. Region-specific quantitative data collected through local law enforcement, community coalitions, school districts, and local-level governments is included to address the unique regional needs of the community.

While the data selection process was heavily informed by research and evidence on substance use, we caution readers against drawing any firm conclusions about the consequences of substance use from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between substance use and consequences for the community.

Longitudinal Data

To capture a richer depiction of possible trends in the data, multi-year data, referred to as longitudinal data, is reported where it is available from respective sources. Longitudinal data in this needs assessment consist of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was a direct negative effect on the data collection efforts of many organizations and agencies. This in turn has left a lasting mark on the validity and reliability of any data that was collected during this time period. While this report will include data from the time of COVID-19, primarily the years 2020 and 2021, it is important to keep in mind that these data points may not be truly accurate of what was going on during that time. As such, no firm conclusions should be drawn from data collected during those years and we caution again making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

Texas School Survey (TSS) and Texas College Survey (TCS)

The primary sources of quantitative data for substance use behaviors for this report are the Texas School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use. TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA) at Texas A&M University. For TSS, PSAA actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year.

It is important to note that during the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. Figures 3 and 4 provide more detail on context on recruitment and the number of usable surveys from 2018 through 2022, showcasing how 2020 caused a sizable drop in both campuses that participated and in usable surveys.

Figure 3. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Participating Campuses	Total Non-Blank Surveys	Usable Surveys	Number Rejected	Percent Rejected
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

Figure 4. Texas School Survey Distribution Across Grades in 2020 and 2022

Grade	Survey Distribution TSS 2022		Survey Distribution TSS 2020		Difference Between 2020* and 2022 TSS
	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.5%	1,608
Total	42,199	100.0%	27,965	100.0%	14,234

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

Qualitative Data Selection

Qualitative data is descriptive in nature and expressed in terms of language, interpretation, and meaning rather than numerical values and categorized based on traits and characteristics. Qualitative data tells the why or how behind certain behaviors by describing certain attributes and is gathered through observation and interviews then analyzed by grouping data into meaningful themes or categories.

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection

methods provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources.

Key Informant Interviews

Data Coordinators conducted Key Informant Interviews (KII) with stakeholders that represent the twelve community sectors (please see the prior section on the Regionwide Event in the Introduction for a table of these sectors) across each region. Most of these interviews occurred between September of 2021 and August of 2022 and a few others up through August of 2023.

Key Informants are individuals with specific local knowledge about certain aspects of the community because of their professional background, leadership responsibilities, or personal experience. Compared to quantitative data, the format of interviewing allows the interviewer to ask more open-ended questions and allows the Key Informant to speak rather than filling in pre-selected options. This results in data with richer insights and more in-depth understanding and clarification. The interviews focused on the informant's perceptions of their communities' greatest resources and needs and to determine how their communities are affected by substance use and behavioral health challenges

Each participant was asked the following questions:

1. What substance use concerns do you see in your community?
 - a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
 - b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?

Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then used coding techniques to analyze the data.⁵ This involved categorizing the information by topics, themes, and patterns.

⁵ University of Illinois Urbana-Champaign Library. (2023).

Key Concepts

Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.⁶ This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use 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 use and the contributing factors influencing this behavior.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.⁷

Social-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.⁸ This RNA is organized using the four domains of the SEM (See Figure 5)⁹ as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions like the physical built environment, experiences of poverty, the health care/service system, and retail access to substances
- Interpersonal Domain – social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access

⁶ Centers for Disease Control and Prevention. (2012).

⁷ Substance Abuse and Mental Health Services. (2019).

⁸ Centers for Disease Control and Prevention. (2022a).

⁹ Adapted from: D'Amico, EJ, et al. (2016).

- Individual Domain – intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

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

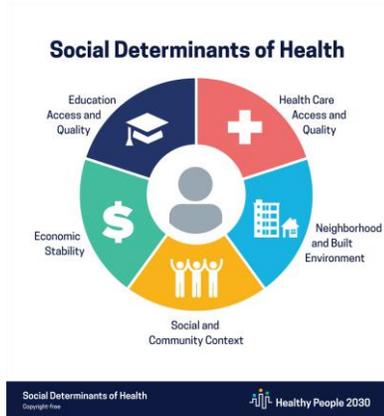
Figure 5. Social-Ecological Model for Substance Use, with Examples

Society	Risk Factors	Protective Factors
	<ul style="list-style-type: none"> • Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media 	<ul style="list-style-type: none"> • Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
Community	<ul style="list-style-type: none"> • Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Interpersonal	<ul style="list-style-type: none"> • Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers 	<ul style="list-style-type: none"> • Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
Individual	<ul style="list-style-type: none"> • Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

Social Determinants of Health (SDOH)

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹⁰ The SDOH are grouped into 5 domains (see Figure 6): economic stability, education access and quality, health care access and quality, 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 also contribute to health disparities and inequities.

Figure 6. SOCIAL DETERMINANTS OF HEALTH



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 6/8/2023 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Adolescence

The American Psychological Association defines “adolescence” as a part of human development which begins at puberty (10-12 years of age) and ends with physiological and neurobiological maturity, reaching to at least 20 years of age. Brain development continues into an individual’s mid-twenties. Adolescence is a period of major changes in physical characteristics along with significant effects on body image, self-concept, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.¹¹ The World Health Organization (WHO) adds this period of growth poses

¹⁰ Healthy People 2030, U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023).

¹¹ American Psychological Association. (2023).

a critical point in vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well-being.¹²

A similar but slightly different term that is used in the justice system is “juvenile.” The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of “delinquent conduct” or “conduct in need of supervision”.¹³ Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to define the population of interest more precisely.

Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.¹⁴ ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones
- Multiple types of cancer

The study also showed that there is a dose-response relationship where experiencing ACEs in more categories is directly linked with an increasing risk for the above physical and behavioral

¹² World Health Organization. (2023).

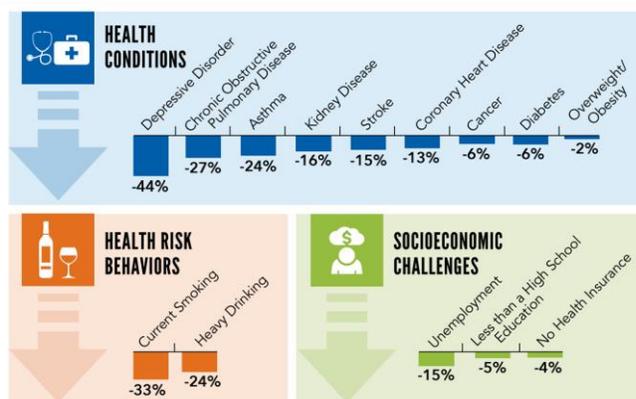
¹³ Texas Juvenile Justice Department. (2022).

¹⁴ Felitti, VJ, et al. (1998).

health concerns. ACEs can also negatively impact job opportunities, education, and earning potential.

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make

Figure 7. POTENTIAL REDUCTION OF NEGATIVE OUTCOMES IN ADULTHOOD



Accessed from: <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

these experiences more likely to occur.¹⁵ Figure 7 above describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Positive Childhood Experiences (PCEs)

Unlike ACEs which have been researched for decades, Positive Childhood Experiences are still a relatively new and explored aspect of prevention. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on Positive Childhood Experiences (PCEs), defines a positive childhood experience as “feeling safe in our families to talk about emotions and things that are hard and feeling support during hard times.”¹⁶ Dr. Bethell and her colleagues conducted a similar study to

¹⁵ Centers for Disease Control and Prevention. (2022).

¹⁶ Kreitz, M. (2023).

the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.
4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.
7. Feeling safe and protected by an adult in the home.¹⁷

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower odd of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE's remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.¹⁸

Consumption Patterns

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

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

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

¹⁷ Pinetree Institute. (2023).

¹⁸ Bethell, C. et al. (2019).

Community Demographics

Overview of Region

Region 9, also known as West Texas, consists of a 30-county area across the Permian Basin, covering about 39,800 square miles.¹⁹ The county that is furthest west in Region 9 is Reeves County with the county seat being Pecos. The southernmost county is Terrell County with the county seat being Sanderson. The eastern most county in Region 9 is Mason County, with the county seat of Mason. Gaines, Dawson, and Borden counties are the northern most border counties with the county seats of Seminole, Lamesa, and Gail, respectively. Interstate 10 and Interstate 20 run horizontally through Region 9. Pecos County is the county with the largest area in Region 9 and spans 4,763.9 square miles. Loving County is the least populated county in Texas with a population of 58.²⁰ The region holds three metropolitan statistical areas (MSAs): Midland MSA (Midland County), Odessa MSA (Ector County), and San Angelo MSA (Tom Green County and Irion County). Midland County has a total population estimate of 168,242, Ector County has a total population estimate of 159,230, and Tom Green County has a total population estimate of 120,429 for the year 2022. Region 9 also includes schools from Education Service Centers (ECs) 15, 17, and 18.

Key industries of West Texas include mining, oil and gas extraction, pipeline transportation, crop production, machinery manufacturing, utilities, truck transportation, rental and leasing services, specialty trade contractors, merchant wholesalers, and support activities for agriculture. No other region in Texas relies as heavily on oil and gas production as Region 9. Up to 90 percent of West Texas' county tax bases are related to oil and gas. The mining sector is responsible for more than 15 percent of jobs in the region. This is significantly above the Texas average of 2.6 percent. Income in the success of the oil and gas industry relies heavily on volatile crude oil, making West Texas incredibly economically vulnerable. However, since the discovery of new technology, the region has added more than 46,000 jobs between 2010 and 2020, a gain of nearly 18 percent.²¹

Population

The Texas Demographic Center estimates that the total population of Region 9 in 2023 will be 711,530 people. This is an increase of 33,458 people from the estimate from January 1, 2022, for Region 9, which is almost 5 percent in just one year. The population has grown by about 13 percent (more than 75,000 people) since the 2010 census, compared to 15.9 percent growth statewide. Andrews County led regional gains during this period at 25.9 percent growth, followed by Midland County at 24.2 percent. Despite overall growth in the region, 18 of the 30 counties in the region lost population during this 10-year period.²² Region 9 also has a robust transient worker population with many men living in 'man camps', and workers and families living in RV's. It is difficult for the census to account for accurate population counts due to the nature of travel and the lack of permanence.

¹⁹ Texas Demographic Center. (2021).

²⁰ Texas Comptroller. (2022).

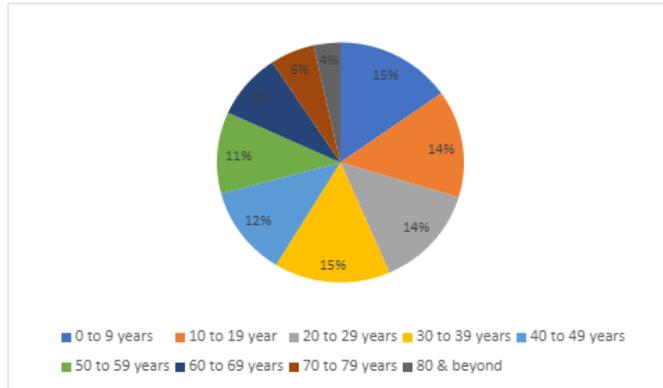
²¹ Institute for Energy Economics and Financial Analysis. (2021).

²² U.S. Census Bureau. (2021).

Population by Sex and Age

In Region 9, 48.1 percent of the population is female. 70 percent of the counties in Region 9 have a lower population of females than males. In the United States, there have always been more females than males among the total population. At the lowest point since 1960, there have been at least 50.4 percent of the U.S. population that are female.²³

Figure 8 REGION 9 POPULATION BY AGE



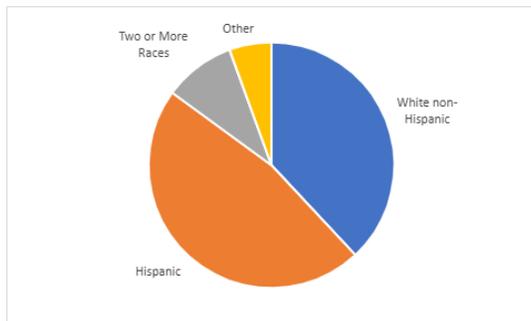
U.S. CENSUS BUREAU. (2022). American Community Survey. 5-Year Estimates. <https://data.census.gov>.

When reviewing population by age in Region 9, it was broken down into ten-year increments. Those people ages 30 to 39 years of age were the most populous in Region 9, followed closely by people ages 0 to 9 years of age.²⁴ The birth rate in the United States has been declining yearly since 2016, but Region 9 appears to be maintaining population growth from births within the region.

Race/Ethnicity

In Region 9, White non-Hispanic and races who are ethnically Hispanic make up 42.2 percent and 52.1 percent of the population respectively.²⁵ Collectively, this is 94.3 percent of the Region 9 population, placing it much higher than the collective Texas average of White non-Hispanics and Hispanics (80%).²⁵ Throughout Region 9, 10.4 percent of the population reported that they are two or more races, with the majority identifying as Hispanic ethnicity. There are also small percentages of the population who are of Black, Native American, Pacific Islander, and other races.

Figure 9 POPULATION BY RACE AND ETHNICITY



U.S. Census Bureau (2022). American Community Survey. 5-Year Estimates. <https://data.census.gov>.

²³ The World Bank. (2022).

²⁴ U.S. Census Bureau. (2021).

²⁵ U.S. Census Bureau. (2021).

Disability

According to the U.S. Census Bureau 2017-2021 American Community Survey 5-year estimates, those in Region 9 who have cognitive, ambulatory, and/or self-care difficulty who are 5 years of age and over make up 13.1 percent of the population. The state of Texas has a population of individuals with disabilities of 11.8 percent, putting the percentage of Region 9 1.3 percent higher than the state of Texas.²⁶

LGBTQ+ Households

Same-sex household information is not available at a regional level. However, in the United States, there are approximately 1,209,000 same-sex couples, making up 1.7 percent of the population. 47.8 percent are male-male couples, and 52.2 percent are female-female couples. There are approximately 68,347,000 opposite-sex couples. The state of Texas has the second largest number of same-sex couple households at 103,565 households. However, Texas does not have one of the highest percentages of same-sex couples.²⁷

Language

The American Community Survey asked residents about the languages that they speak. This can be an important factor when some services are only available in English. 89 percent of the population in Region 9 ‘speak English only or speak English “very well”, while 14 percent of the population report that they ‘speak English less than “very well”. Gaines, Glasscock, and Reeves County had over 20 percent of the population who ‘speaks English less than “very well”. 17 counties fell at less than 11 percent of the population who ‘speaks English less than “very well”.²⁸ This is also a concern when the majority of the county is able to communicate with one another, but perhaps is not able to provide bilingual services, causing the population who speaks less than very well to be isolated and unable to interact with the larger community.

Societal Domain

Economic

The major economic drivers of Region 9 are based in oil and gas extraction, along with related services. This is unique to the regional economy. The economy of the Permian Basin is considered volatile, as it can change dramatically over a very short period of time. However, advances in technology have led to record new well productivity within the Permian Basin starting in 2021. The Permian Basin accounted for about 43 percent of U.S. crude oil production and 17 percent of U.S. natural gas production in 2022.²⁹ Fortunately, more than 46,000 jobs have been added to Region 9 between 2010 and 2020, a gain of almost 18 percent, which is 10 percent higher than the U.S. percent change in total jobs for the same time period. Region 9 produced 63.6 billion dollars in gross domestic product in 2020. Crude oil prices have been rising and will continue to rise into 2024, according to the U.S. Energy Information Administration. This is occurring due to persistent inventory drawdowns. Inventory drawdowns take place when demand

²⁶ U.S. Census Bureau. (2022).

²⁷ U.S. Census Bureau. (2021).

²⁸ U.S. Census Bureau. (2022).

²⁹ Texas Comptroller. (2021).

for a commodity is greater than the supply of that commodity. Oil prices in 2023 have been considerably less volatile than they were between 2020 and 2022. The Permian Basin in Region 9 led crude oil production in the United States for the years 2020 through 2022.³⁰

Median Household Income

Region 9 had a median household income of \$63,488 in 2019, up from \$45,963 in 2010, a 38.1 percent increase. Median household income in Texas, by comparison, was \$61,874 in 2019, up 24.6 percent in 2010.³¹

As demonstrated in Figure 10, although Region 9 has a total median household income of \$63,488, there are vast differences among counties. Andrews, Glasscock, and Midland county all have median income above \$80,000. Coke, Concho, Dawson, Irion, McCulloch, Menard, and Terrell all have a median income that falls below

FIGURE 10 MEDIAN AND PER CAPITA INCOME BY COUNTY

County	Median Household Income	Per Capita Income
Andrews	\$80,518	\$34,970
Borden	\$68,500	\$34,706
Coke	\$42,639	\$27,194
Concho	\$46,719	\$22,225
Crane	\$67,804	\$27,084
Crockett	\$52,731	\$28,512
Dawson	\$42,778	\$20,655
Ector	\$64,975	\$30,952
Gaines	\$67,728	\$25,931
Glasscock	\$85,417	\$40,040
Howard	\$60,260	\$27,504
Irion	\$39,770	\$26,525
Kimble	\$55,677	\$37,697
Loving	--	\$53,358
Martin	\$69,194	\$34,185
Mason	\$73,186	\$36,131
McCulloch	\$46,552	\$25,897
Menard	\$40,341	\$29,372
Midland	\$88,210	\$43,572
Pecos	\$55,652	\$25,576
Reagan	\$62,829	\$25,929
Reeves	\$53,548	\$25,148
Schleicher	\$61,094	\$27,870
Sterling	\$55,481	\$27,214
Sutton	\$61,538	\$25,610
Terrell	\$47,012	\$26,807
Tom Green	\$62,052	\$31,064
Upton	\$58,333	\$26,817
Ward	\$66,216	\$29,991
Winkler	\$67,904	\$28,304

³⁰ U.S. Energy Information Administration. (2022).

³¹ U.S. Census Bureau. (2021).

\$50,000.³² Because of the geographic area encompassing Region 9, there are different industries and also economic disparities among different counties.

Per Capita Income

Per capita income is also an important measure for each county. Average income per capita is a factor that can often portray a more aggregate picture of the makeup of a particular county. This is due to the inclusion of individual unemployment counts, which can be neglected in census-level counts. Per capita income reflects the average income per person for a certain population, whereas median household income separates the upper half of the population from the lower half of the population.

Per capita income in Region 9 (See figure 10), ranges from \$20,655 in Dawson County to \$53,358 in Loving County with a mean of \$30,338 for Region 9. 20 of Region 9's 30 counties fall below the mean for per capita income.³³

Employment

In 2022, the unemployment rate for Texas was 3.9 percent, and 3.5 percent for Region 9. Sutton county had the highest unemployment rate of 5.7 percent in the region, and Loving County had the lowest rate of 0.6 percent. The unemployment rates for Midland (MSA), Odessa (MSA), and San Angelo (MSA) were 2.9 percent, 3.9 percent, and 3.4 percent respectively.

TANF Recipients

Temporary Assistance for Needy Families (TANF) is a program that provides cash for monthly household expenses. Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals. TANF is further broken down into the TANF Basic Program, which assists single parents and children who may be in the guardianship of the state, and the TANF State Program. TANF Basic Program is funded by federal money and the TANF State Program is specific to two-parent households and funded with State General Revenue dollars. These funds are generally reserved for when there is an emergency in the family and the family will be short on funds for the month.³⁴

Region 9 served 3,256 families with TANF in 2020. There was a total of 231,445 households in the region at that time. 1.4 percent of families in Region 9 received TANF within the year 2020. Fourteen counties in the region had less than one percent of their households receiving TANF. Dawson county had the highest rate of families who received TANF, with 3.3 percent of the households receiving assistance.

SNAP Recipients

Supplemental Nutrition Assistance Program (SNAP) is a federally funded program that helps families with low-income buy nutritious food from local food stores or online. SNAP assistance is available to qualifying families, elderly people, and single adults. Applicants must reside in Texas and must apply in the county in which they reside. SNAP funds cannot be used to buy tobacco, alcoholic drinks, things that are not food or drink, or food bills that have already been incurred. Most people aged 16 to 59 must follow work rules to get SNAP benefits. Work rules

³² U.S. Census Bureau (2021).

³³ U.S. Census Bureau. (2021).

³⁴ Texas Health and Human Services. (2023).

mean a person must look for a job or be in an approved work program. If the person has a job, they can't quit without a good reason.³⁵

Region 9 saw an increase in SNAP cases from 2021 to 2022. There were 26,496 more cases in the year 2022 than in the previous year. There was a decrease in cases from 2020 to 2021 of 3,080 cases. The counties with the most cases by median number of cases per 100 households are Dawson, Loving, McCulloch, Pecos, and Reeves counties. Glasscock, Irion, Mason, and Sterling counties had the lowest cases per 100 households.³⁶

Free/Reduced Lunch

In the United States, the National School Lunch Program (NSLP) provides eligible students with free or reduced-price lunch (FRPL). Student eligibility for FRPL can provide a substitute measure for the concentration of low-income students in the school. For this indicator, public schools (including both traditional and charter) are divided into categories by FRPL eligibility.³⁷ Low-poverty schools are defined as public schools where 25 percent or less of the students are eligible for FRPL. Mid-low poverty schools are those where 25.1 to 50 percent of the students are eligible for FRPL. Mid-high poverty schools are those where 50.1 to 75 percent of the students are eligible for FRPL. High-poverty schools are those where more than 75 percent of the students are eligible for FRPL.

In the fall of 2021, approximately 10.5 million students nationally attended high-poverty schools. Interestingly, the percentage of public-school students in high-poverty schools was lower than the percentage in low-poverty schools (21% vs. 24%). This was a departure from the pattern observed for most years in the prior decade when the opposite was observed. There were previously higher percentages of public-school students in high-poverty schools than in low-poverty schools.³⁸

From 2018 to 2021, Region 9 has close to 70 percent of counties that fall into the mid-high poverty category for FRPL, with the exception of the school year 2019-2020, during the COVID-19 epidemic. During 2019-2020, almost 80 percent of counties were in the high poverty schools according to FRPL. By the 2020-2021 school year, schools had returned to similar percentages to the 2018-2019 school year.

Students Experiencing Homelessness

All Texas local education agencies (LEAs) must follow federal rules concerning the education of homeless students. Through the McKinney-Vento Act, there are program supports for the education of homeless children and youths in each state, which gather comprehensive information about homeless children and youths and the impediments they must overcome to regularly attend school. These grants also help ensure that homeless children, including preschoolers and youths, have equal access to free and appropriate public education (FAPE).³⁹ States must review and revise laws and practices that ensures equal access. States are required to have an approved plan for addressing problems associated with the enrollment, attendance, and

³⁵ Texas Health and Human Services. (2023).

³⁶ Texas Health and Human Services. (2023).

³⁷ National Center for Education Statistics. (2023).

³⁸ USDA Food and Nutrition Service. (2023).

³⁹ U.S. Department of Education. (2010).

success of homeless children in school. This includes addressing problems due to transportation needs, immunization and residency requirements, lack of birth certificates and school records, and guardianship issues. LEAs also offer expedited evaluations of the needs of homeless children to help them enroll in school, attend regularly, and achieve success. State law also addresses the educational rights of children and youth experiencing homelessness.⁴⁰ Texas Education Code (TEC) 25.001, 25.002, and 29.153 address educational rights concerning school admission and preschool for homeless students.⁴¹

Region 9 serves 3 educational service centers, ESC 15, 17, and 18. Region 9 schools within these ESCs have a population of children and youth experiencing homelessness. ESC 15 and 17 have almost a 1 percent student population who are experiencing homelessness, whereas ESC 18 has a 2 percent student homelessness rate. Ector County, which includes the Odessa MSA has a rate of 3.8 percent of total students enrolled in their district who have experienced homelessness within the 2022-2023 school year. In the 2019-2020 school year, Ector County experienced a student homelessness rate of almost 5 percent. Midland County, which has roughly the same total student population, and is located only 23 miles apart, has a rate of 1.0 percent student homelessness.

Community Domain

Educational Attainment

The U.S. Census Bureau states that in 2021, the population aged 25 and older in the United States was distributed as follows: 8.9 percent had less than a high school diploma or equivalent, 27.9 percent had high school graduate as their highest level of school completed, 14.9 percent had completed some college, 10.5 percent had an associate degree, 23.5 percent had a bachelor's degree, and 14.4 percent had completed an advanced degree such as a master's degree, professional degree, or doctoral degree.⁴²

Region 9 educational attainment rates are lower than national and state averages for higher education degrees such as a master's degree, professional degree, or doctoral degree. Midland MSA was distributed as follows: 15.5 percent had 'less than a high school diploma or equivalent', 24.2 percent had 'high school graduate' as their highest level of school completed, 23.1 percent had completed 'some college', 8.4 percent had an associate degree, 20.3 percent had a bachelor's degree, and 8.5 percent had completed an advanced degree such as a master's degree, professional degree, or doctoral degree. Odessa MSA (Ector County) was distributed as follows: 23.7 percent had less than a high school diploma or equivalent, 29.8 percent had high school graduate as their highest level of school completed, 22.5 percent had completed some college, 7.8 percent had an associate degree, 11.3 percent had a bachelor's degree, and 5.0 percent had completed an advanced degree. San Angelo MSA (Tom Green County) was distributed as follows: 12.6 percent had less than a high school diploma or equivalent, 29.5 percent had high school graduate as their highest level of school completed, 25.5 percent had completed some college, 7.3 percent had an associate degree, 17.0 percent had a bachelor's

⁴⁰ U.S. Department of Education. (2023).

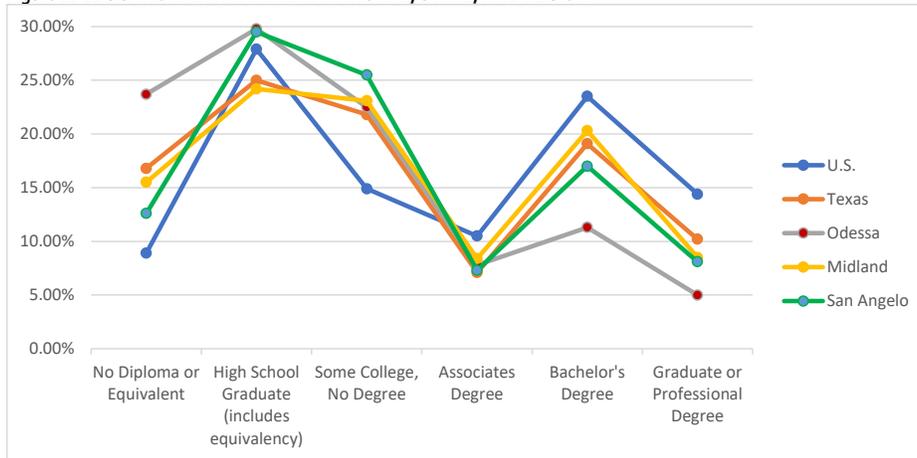
⁴¹ U.S. Department of Education. (2023).

⁴² U.S. Census Bureau. (2021).

degree, and 8.1 percent had completed an advanced degree such as a master’s degree, professional degree, or doctoral degree.⁴³ (See Figure 11).

All three MSAs in Region 9 have a higher rate of people without a diploma, and high school diploma as their highest level of school completed than the national average. San Angelo MSA follows Midland MSA with over 50 percent of their population having either a high school diploma or some college as their highest level of school completed. Odessa MSA also has more than 50 percent of the population having either a high school diploma or some college as their highest level of school completed, and almost a quarter of the population who has no diploma or equivalent. Odessa has the lowest number of people with bachelor’s degrees or professional degrees.

Figure 11 EDUCATIONAL ATTAINMENT NATIONAL, STATE, AND REGION



U.S. Census Bureau. (2021). American Community Survey: Educational Attainment.

Community Conditions

Alcohol Related Arrests

Alcohol plays a large role in criminal activities and violence. Over the past several decades, researchers have examined the relationship between alcohol, drugs, and crime. Data suggests that engaging in prolonged drinking or binge drinking significantly increases your risk of committing violent offenses.⁴⁴ Research has shown that a high percentage of people who abuse their partners also misuse substances.⁴⁵ The amount of alcohol a person has before engaging in abusive behaviors is usually one or more drinks. An estimated 1.4 million incidents of alcohol-related

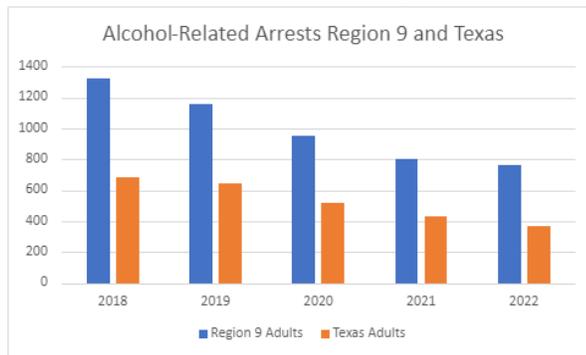
⁴³ U.S. Census Bureau. (2021).

⁴⁴ Mosel, S. (2023).

⁴⁵ Stuart et al. (2009).

violence are committed against strangers each year.⁴⁶ Because it is unknown if the person arrested was under the influence of alcohol, these crimes are not included in alcohol arrests.

Figure 12 ALCOHOL-RELATED ARRESTS REGION 9 AND TEXAS



Region 9 has seen a decrease in alcohol-related arrests. In 2018, there were 6,341 arrests in Region 9 that were related to alcohol. In 2022, there were 3,660 arrests. The state of Texas has also seen a large decrease in the average number of alcohol-related arrests. Region 9 has more than twice as many alcohol-related arrests than the state of Texas (See Figure 12).⁴⁷

Uniform Crime Reporting. (2023).

Drug Related Arrests

Drug crimes involve using, possessing, manufacturing, or distributing drugs classified as having a potential for abuse. Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential. There are drug-defined offenses that are directly violations against possession, distribution, and manufacturing, as well as drug-related offenses, such as violent behavior resulting from drug effects, or robbery/burglary to acquire drugs.⁴⁸

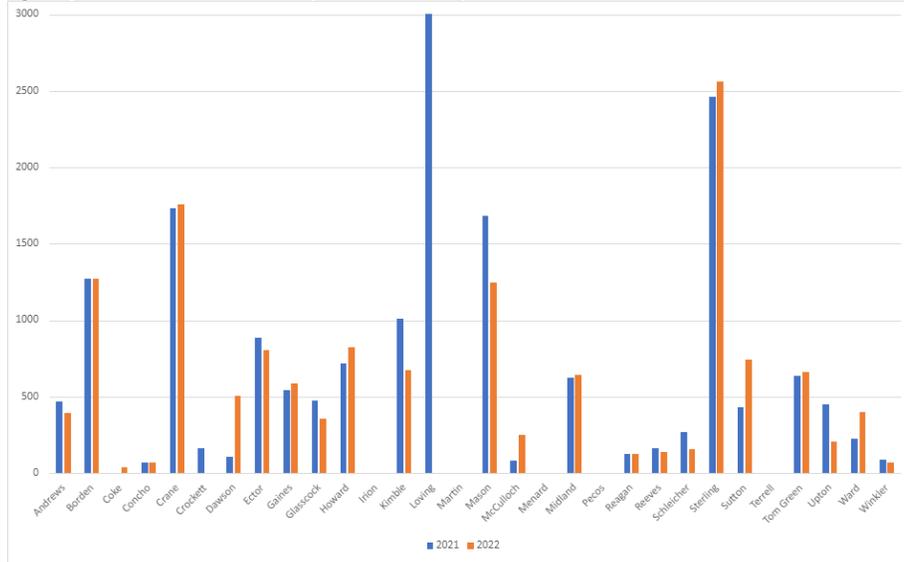
Region 9 has seen a drop in drug-related crimes since 2018, where total drug-related arrests for the region are lower in 2022. Eleven counties showed increases in drug-related arrests from 2021 to 2022, and nine showed a decrease. The other ten counties remained stable from 2021 to 2022 (See Figure 13).

⁴⁶ Mosel, S. (2023).

⁴⁷ Uniform Crime Reporting. (2023).

⁴⁸ U.S. Department of State (2023).

Figure 13 DRUG ARRESTS BY REGION 9 COUNTY PER 100,000

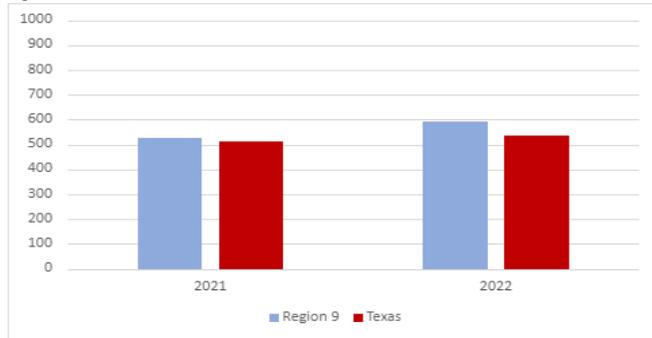


U.S. Department of State. Combating Drugs and Crime. <https://www.state.gov/policy-issues/combating-drugs-and-crime/>. Accessed 7/23/23.

Violent Crime and Property Crime Rates

The Federal Bureau of Investigation (FBI) crime reporting program defines violent and property crimes. Violent crime is composed of four offenses: murder and nonnegligent manslaughter, rape, robbery, and aggravated assault. They involve offenses of force or threat of force. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. There is no force or threat of force against the victims.⁴⁹

Figure 14- VIOLENT CRIME PER 100,000 POPULATION FOR REGION 9 AND TEXAS



Texas Department of Public Safety's Uniform Crime Reporting. <https://txucr.nibrs.com/>. Accessed 6/1/23.

In Region 9, the metropolitan areas (MPAs) of Midland and San Angelo had increases in the violent crime and property crime arrest rate. San Angelo saw a 37.5 percent increase and Midland saw a 27.1 percent increase from 2021 to 2022. Odessa saw a 8.3 percent decrease in violent crime and property crime. Dawson County had 2 total violent and property crime arrests in 2021, and 42 in

⁴⁹ U.S. Department of Justice. (2019).

2022, a 31.5 percent increase from the year before. The state of Texas has slightly lower violent crime and property rates than Region 9 (See Figure 15 & 16).

Figure 15 INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2022

Table ___ INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2022

	Population Total	Murder and Nonnegligent Homicide	Manlaughter by Negligence	Rape	Robbery	Aggravated Assault	Burglary	Larceny - Theft	Motor Vehicle Theft	Other Assaults	Arson	Total Offenses
Andrews	18184	0	0	0	0	29	7	26	6	37	0	105
Borden	550	0	0	0	0	0	0	0	0	0	0	0
Coke	3288	0	0	0	0	0	0	0	0	1	0	1
Concho	3181	0	0	0	0	2	0	0	0	0	0	2
Crane	4654	0	0	0	0	0	0	0	0	11	0	11
Crockett	2939	0	0	0	0	1	0	0	0	7	0	8
Dawson	12371	1	0	0	0	8	3	8	4	40	1	65
Ector	161258	12	1	9	31	174	78	365	89	1109	6	1874
Gaines	21167	2	0	0	1	11	9	8	3	36	1	71
Glasscock	1221	0	0	0	0	0	0	1	2	1	0	4
Howard	34620	3	0	1	6	66	22	128	21	161	0	408
Irion	1555	0	0	0	0	0	0	0	0	0	0	0
Kimble	4295	0	0	0	0	2	1	1	3	7	0	14
Loving	83	0	0	0	0	0	0	0	0	0	0	0
Martin	5213	0	0	0	0	0	0	0	0	0	0	0
Mason	3948	1	0	1	0	14	5	14	6	19	0	60
McCulloch	7676	0	0	0	0	0	0	1	0	3	0	4
Menard	1981	0	0	0	0	0	0	0	0	0	0	0
Midland	166964	7	2	4	12	256	61	229	53	1038	4	1666
Pecos	15202	0	0	1	0	1	2	1	1	22	0	28
Reagan	3363	0	0	0	0	0	0	0	0	1	0	1
Reeves	14584	0	0	0	0	34	2	6	2	13	0	57
Schleicher	2547	0	0	0	0	1	1	2	0	0	0	4
Sterling	1391	0	0	0	0	1	1	2	2	2	0	8
Sutton	3417	0	0	0	0	0	3	0	0	6	0	9
Terrell	979	0	0	0	0	0	0	0	0	0	0	0
Tom Green	119048	4	1	25	15	61	40	398	30	435	4	1013
Upton	3340	0	0	0	0	1	0	4	1	14	0	20
Ward	11375	1	0	0	1	7	14	12	8	35	1	79
Winkler	7629	0	0	0	0	3	2	0	1	11	0	17

Texas Department of Public Safety's Uniform Crime Reporting. <https://bxucr.nibrs.com/>. Accessed 6/1/23.

Figure 16 INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2021

Table ___ INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2021

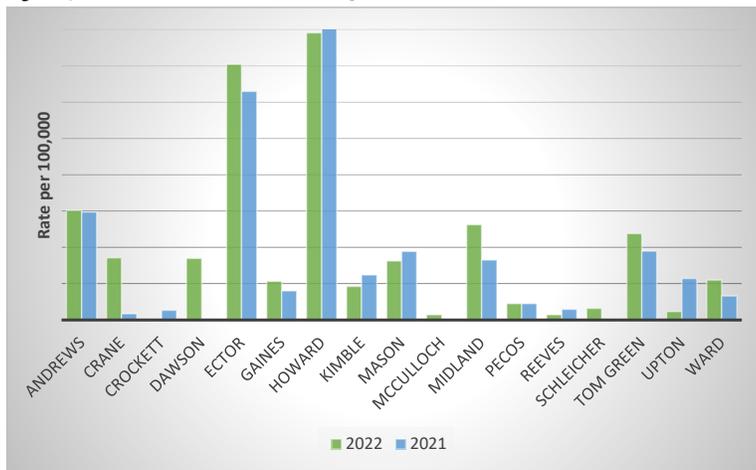
	Population Total	Murder and Nonnegligent Homicide	Manlaughter by Negligence	Rape	Robbery	Aggravated Assault	Burglary	Larceny - Theft	Motor Vehicle Theft	Other Assaults	Arson	Total Offenses
Andrews	18184	0	0	1	1	26	10	22	3	25	0	88
Borden	550	0	0	1	0	1	0	0	1	1	0	4
Coke	3288	0	0	0	0	0	0	0	0	2	0	2
Concho	3181	0	0	0	0	3	0	0	0	2	0	5
Crane	4654	0	0	0	0	1	0	0	0	14	0	15
Crockett	2939	0	0	0	0	0	1	0	0	5	0	6
Dawson	12371	0	0	0	0	0	0	0	1	1	0	2
Ector	161258	13	1	16	30	185	97	418	51	966	6	1783
Gaines	21167	1	0	0	3	11	5	22	3	39	0	84
Glasscock	1221	0	0	0	0	0	1	0	0	0	0	1
Howard	34620	8	0	0	6	63	31	148	23	127	4	410
Irion	1555	0	0	0	0	0	0	0	0	0	0	0
Kimble	4295	0	0	0	0	2	0	1	1	12	0	16
Loving	83	0	0	0	0	1	0	0	0	0	0	1
Martin	5213	0	0	0	0	0	0	0	0	0	0	0
Mason	3948	0	0	1	0	9	3	7	5	30	0	55
McCulloch	7676	0	0	0	0	1	2	0	1	2	0	6
Menard	1981	0	0	0	0	0	0	0	0	0	0	0
Midland	166964	4	2	18	12	204	39	161	42	909	3	1394
Pecos	15202	0	0	0	0	5	4	4	2	14	0	29
Reagan	3363	0	0	1	0	0	0	0	0	1	0	2
Reeves	14584	1	1	0	1	25	1	8	1	7	0	45
Schleicher	2547	0	0	0	0	0	0	0	0	0	0	0
Sterling	1391	0	0	0	0	0	0	2	2	1	0	5
Sutton	3417	0	0	0	0	0	0	0	0	1	0	1
Terrell	979	0	0	0	0	0	0	0	0	0	0	0
Tom Green	119048	1	0	11	12	50	23	263	31	458	4	853
Upton	3340	0	0	0	0	1	0	0	1	5	0	7
Ward	11375	0	0	0	0	6	1	5	9	36	0	57
Winkler	7629	0	0	0	1	3	3	1	0	26	0	34

Texas Department of Public Safety's Uniform Crime Reporting. <https://txucr.nibrs.com/>. Accessed 6/1/23.

Juvenile Probation

In Region 9, all juvenile offenses in 2021 totaled 2,098. In 2022, the total number of juvenile offenses rose to 2,492, a 19 percent rise in juvenile crimes for the region. Ector County, and Howard County had the highest rate of juvenile crimes per 100,000 people. In 2021, 16 counties and in 2022, 14 counties in Region 9 had no juvenile crime reported. Midland County saw an increase of 109 juvenile crimes per 100,000 people in the year 2022, from the previous year. Ector County saw an increase of 86 juvenile crimes per 100,000 people in the year 2022, from 2021. Tom Green County saw an increase of 45 juvenile crimes per 100,000 people in the year 2022, from the previous year. Although Howard County has one of the highest rates of juvenile crimes, there were 61 less juvenile crimes per 100,000 in 2022 than there were in 2021. Figure 17 shows all counties in Region 9 who had reports of juvenile crimes committed within that county.

Figure 17 JUVENILE CRIME RATES REGION 9



Uniform Crime Reporting. <https://txucr.nibrs.com/>.

Region 9 has a shortage of space within our juvenile detention centers according to qualitative data that has been gathered from stakeholders in our community. Juveniles are being arrested for violent crimes, but there is no place to detain them. From 2020 through 2022, there were 2,015

juvenile violent crime arrests within the region. The Midland County Barbara Culver Juvenile Center and the Ector County Youth Center both have 28 beds within their facility for juvenile offenders. The Tom Green County Juvenile Justice Center has 25 beds available. Some centers are only available to male offenders. Many juveniles are released when detention would normally be recommended or required for the severity of the crime committed.

Health Care/Service System

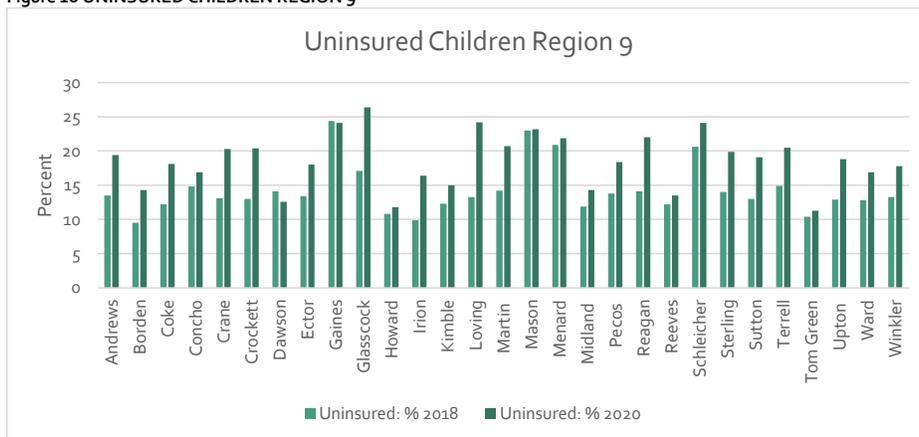
Health insurance coverage in the United States is associated with improved health care and health outcomes. It is also a key measure of health care access. Population estimates of coverage though health insurance is essential to develop and assess federal and state health care policies.

Uninsured Children

According to the U.S. Census Bureau, “In 2020, 5.6 percent of all children were without health coverage for the entire calendar year.” Although this number was not statistically different from the percentage of children that were uninsured in 2018, a closer analysis shows that the uninsured status changes between 2018 and 2020 affected children in poverty more than those living above the poverty level.⁵⁰ Children with family incomes between 100 percent and 399 percent of poverty experienced significant changes in both private coverage (declined by 2.0 percentage points) and public coverage (increased by 1.7 percentage points) through programs like Medicaid and CHIP.⁵¹

Region 9 showed an increase of uninsured children in almost every county, with the exception of Dawson and Gaines counties. This was most likely due to the COVID-19 epidemic, and consequently parental loss of employment and health benefits.

Figure 18 UNINSURED CHILDREN REGION 9



US Census Bureau, Small Area Health Insurance Estimates, 2018-2020. https://www.census.gov/data-tools/demo/sahie/#/?s_year=2020,2019,2018&s_statefips=48&s_agecat=0&s_searchtype=sc Accessed 4/5/2023.⁵²

Uninsured Adults Ages 19-64

Uninsured includes adults who did not indicate that they have coverage at the time of the interview under private health insurance, Medicare, CHIP, a state-sponsored health plan, other government programs, or military coverage. In 2020, 13.9 percent of working age adults were uninsured. Overall, working-age adults were more likely than children to be uninsured.⁵³ Region 9 had an average of 23.6 percent of uninsured working-age adults in 2018, and an average of 24.16 percent of uninsured working-age adults in 2020, only showing a 0.56 percent increase within that duration. Andrews and Gaines counties showed the highest increase from 2018 to 2020. One half of the counties in Region 9 saw a decrease in 2020 from uninsured rates

⁵⁰ Bunch, L.N. and Bandekar, A.U. (2021).

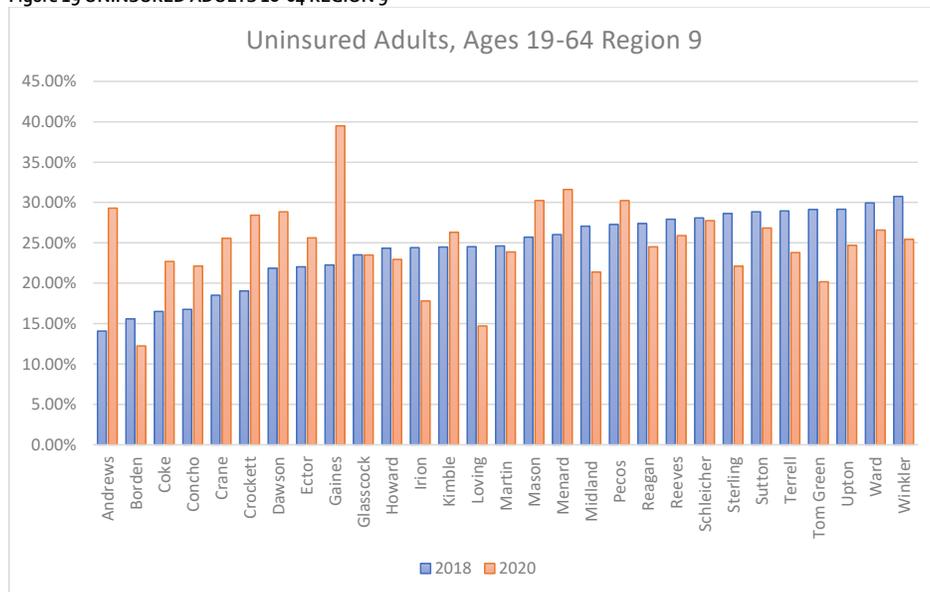
⁵¹ Bunch, L.N. and Bandekar, A.U. (2021).

⁵² U.S. Census Bureau. (2021).

⁵³ Cha, A.E. & Cohen, R.A. (2022).

in 2018. Rates of uninsured adults continue to drop because of governmental policy enacted through the American Rescue Plan’s enhance Marketplace subsidies, the continuous enrollment provision in Medicaid, several recent state Medicaid expansions, and substantial enrollment outreach by the Administration.⁵⁴

Figure 19 UNINSURED ADULTS 18-64 REGION 9



US Census Bureau, Small Area Health Insurance Estimates, 2018-2020. https://www.census.gov/data-tools/demo/sahie/#/?s_year=2020,2019,2018&s_statefips=48&s_agecat=0&s_searchtype=sc. Accessed 4/5/2023. ⁵⁵

Retail Access

Alcohol Retail Density

Region 9 has seen a 23 percent rise in alcohol license holders from 2018 to 2022. Retail alcohol density is associated with increased adolescent alcohol use due to perceived availability. Adolescents who have a variety of opportunities to obtain alcohol could develop the impression that underage drinking is common and socially endorsed.⁵⁶ In a study by Berke et.al, alcohol retail density was twice as high as the median density in high-proportion Hispanic communities. The geographic density of alcohol retailers can change the characteristics of the neighborhood and is a community risk factor that may influence behavior.⁵⁷

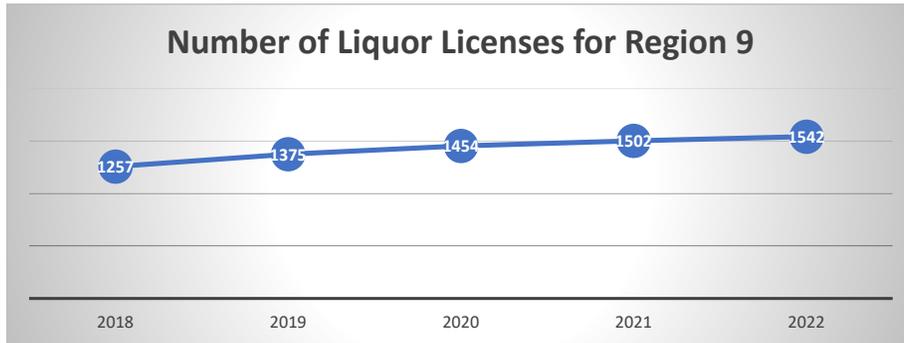
⁵⁴ U.S. Department of Health and Human Services. (2022).

⁵⁵ U.S. Census Bureau. (2021).

⁵⁶ Kuntsche, E., Kuendig, H., & Gmel, G. (2008).

⁵⁷ Burke et.al. (2010).

Figure 20 NUMBER OF LIQUOR LICENSES FOR REGION 9

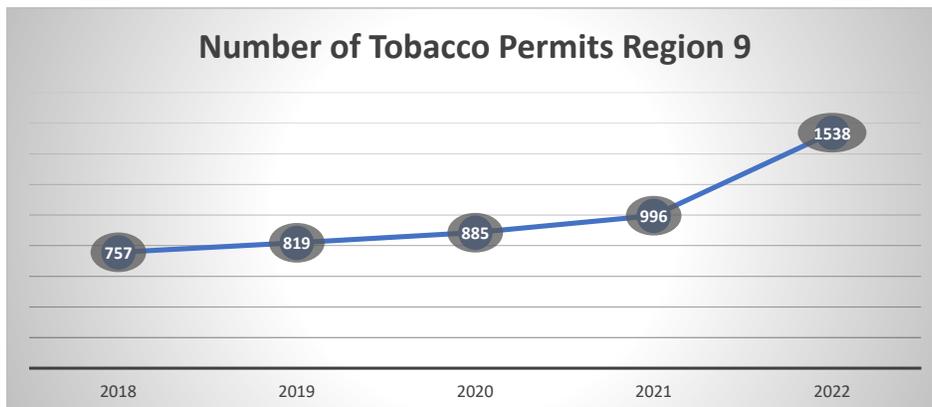


Texas Alcoholic Beverage Commission (2023). 2018-2022 Number of Active Alcohol Retailer Licenses on May 1st of Each Year.

Tobacco Retail Density

Region 9 has seen a 103 percent increase in permits for tobacco sales from 2018 to 2022. In 2018, there were 757 retailers who had tobacco permits. In 2022, there were 1,538 permits held in Region 9. The largest increase occurred from 2021 to 2022, where the number increased by 542 permits in the region, a 54.4 percent increase within a year.⁵⁸ Region 9 conducted 881 visits to retailers in the fiscal year of 2023. The Region 9 tobacco retailer conducts an annual symposium for retailer education in collaboration with the Texas Comptroller’s office regarding compliance and laws regarding tobacco and e-cigarette sales in order to bring awareness to tobacco laws.

Figure 21 NUMBER OF TOBACCO PERMITS REGION 9



All Cigarette/Tobacco Retailers. <https://data.texas.gov/See-Category-Title/All-Cigarette-and-Tobacco-Retailers/yrkr-maw5/data>. Accessed 6/2/2023.

⁵⁸ All Cigarette/Tobacco Retailers. (2023).

E-cigarette Permit Density

There are 1,516 active e-cigarette retailers in Region 9.⁵⁹ Within the 2023 fiscal year, 393 visits were conducted by the tobacco coordinator in Region 9, where retailers held both licenses to sell tobacco and e-cigarettes. The prevalence of e-cigarette retailers has been increasing, which increases the availability and access to use. This can be a factor of underage use, even with strict requirements from retailers.

In 2021, the Centers for Disease Control and Prevention (CDC) estimated that nationally, 11.3 percent of high school students and 2.8 percent of middle school students had used e-cigarette products in the past month.⁶⁰ The 2021 Texas Youth Tobacco Survey (YTS) provides data on the prevalence of e-cigarette use among youth in Texas. Sixteen percent of middle and high school students reported having used or tried e-cigarettes within 2021. This is a statistically significant reduction from 2020 (21.1 percent) and 2018 (22.8 percent). When broken down by school level in 2021, 21 percent of high school students and 10.2 percent of middle school students reported ever using e-cigarettes. Reports broken down by race indicate that 19.6 percent of white students have ever used e-cigarettes, compared to 14.7 percent of Hispanic students, 11.8 percent of black students, and 17 percent of students reporting other race/ethnicity.

Alcohol Sales to Minors

Alcohol sales to minors were broken down by county in Region 9. The counties identified were Midland County with one sale to minors in 2020, one in 2022, and two already for 2023; Tom Green County had three in 2020 and has had two for the first half of 2023; Ector County had two in 2022, and has had two so far in 2023. Andrews County has had one in 2023, and Mason County has had two in 2023.⁶¹ To compare, in 2019, 12 counties totaled 29 sales to minors. The state of Texas had 914 violations in 2019. However, the state of Texas saw 770 violations involving alcohol and minors in 2022. There have been 230 alcohol violations with minors so far in the first seven months of 2023.

School Conditions

Students Offered Drugs

The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded, classroom-based, paper survey conducted every two years on odd years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. This surveillance can be used to monitor the Healthy People 2030 Objectives for smoking, overweight, exercise, seat belt use, fruit and vegetable consumption, alcohol consumption, drug use, sexual activity, and other risk factors to establish intervention priorities and monitor the long-term impact of health promotion programs. The High School Youth Risk Behavior Survey obtains data on the percentage of high school students who were offered, sold, or given an illegal drug on school property by someone during the past twelve months.

The data collected is not broken down by region but is instead collected for the statewide average. In 2021, 17.4 percent of students were offered, sold, or given an illegal drug on school

⁵⁹ *Active Cigarette/Tobacco Retailers*. (2023).

⁶⁰ Gentzke, A.S., Wang, T.W., Cornelius, M., et al. (2022).

⁶¹ Texas Alcoholic Beverage Commission. (2023).

property by someone during the past twelve months. In 2019, that number was 27.6 percent, the highest since 2011.⁶²

Protective Factors

Social Associations

Familial and social support can be impacted by healthy social associations. County Health Rankings and Roadmaps include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations as social associations that are positive protective factors. The United States has 9.3 membership associations per 10,000 people. Texas has 7.6 membership associations per 10,000 people.⁶³

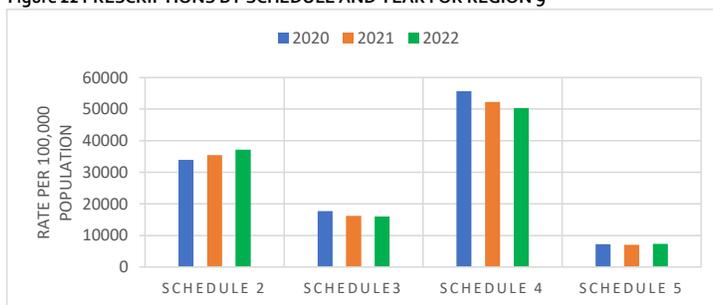
In 2021, 19 of the 30 counties in Region 9 were at or above the Texas rate of 7.6 associations. There were 6 counties in Region 9 that had no social associations within their county. Sterling and Irion counties had the highest rates of 22.8 and 25.6 associations respectively.⁶⁴

Prescription Drug Monitoring Program

The 2019 National Drug Control Strategy outlined areas that focus on reducing prescription drug abuse. One of the areas of focus was to expand use of the Prescription Drug Monitoring Program (PDMP).⁶⁵

Prescription drugs are in almost every home. Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring and tracking are necessary measures to assess prescription drug rates throughout communities and the impacts these rates create. Monitoring also helps enforce prescription medication regulations on providers who may choose to abuse their prescribing privileges.⁶⁶ Monitoring in Texas also includes implementation of prescription drug monitoring programs (PDMP) by drug schedule type.⁶⁷ Schedule 2 drugs are the most addictive

Figure 22 PRESCRIPTIONS BY SCHEDULE AND YEAR FOR REGION 9



Texas Prescription Monitoring Program. (2023). Texas State Board of Pharmacy. <https://www.pharmacy.texas.gov/PMP/>.

⁶² Texas Department of State Health Services. (2023).

⁶³ County Health Rankings and Roadmaps. (2023).

⁶⁴ County Health Rankings and Roadmaps. (2023).

⁶⁵ Prescription Drug Monitoring Program. (2023).

⁶⁶ Texas State Board of Pharmacy. (2003).

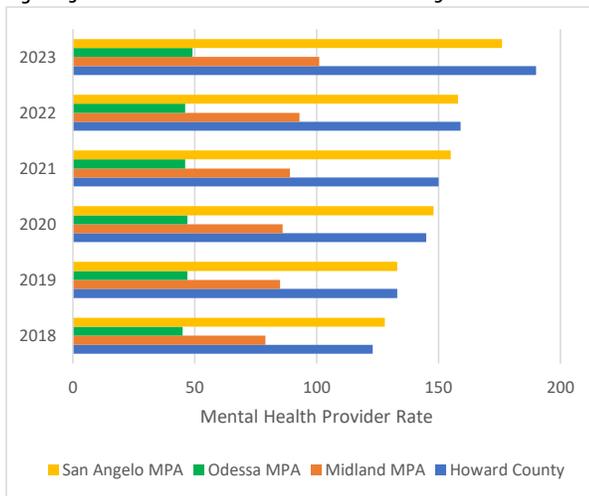
⁶⁷ Prescription Drug Monitoring Program. (2023).

substances, and the proceeding numbers indicate less of a risk of addiction. For each number increase that the drugs are listed under, the risk goes down.

Figure 22 shows the schedule 2 prescriptions, those at highest risk for addiction, have increased over the last three years in Region 9, while all other schedule level prescriptions have gone down. This increase in schedule 2 prescription is also being seen at the state level at approximately the same rate.⁶⁸

Mental Health Providers

Figure 23 MENTAL HEALTH PROVIDER RATE REGION 9



Due to the geographical area that Region 9 serves and the low population density in many of the smaller counties, it is an underserved area for mental health providers. There are very few mental health providers in Region 9, although this number is slowly increasing. The use of telehealth appointments does bring more opportunities for Region 9 population to receive services. Out of the 30 counties in Region 9, 15 counties have at least one mental health provider. Within the three MPAs, there has been a positive increase in the number of providers since 2018. (See Figure 23).

University of Wisconsin Population Health Institute. (n.d.) Data and Resources. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/tesas/data-and-resources>

From 2018 to 2023, Midland MPA has gained 40 providers, San Angelo MPA has gained 59 providers, and Odessa MPA has gained 8 providers. Notably, Howard County has 65 mental health providers for a population of 48,227, which is very favorable for their community. From 2018 to 2023, Howard County gained 20 new mental health providers.⁶⁹ Figure 23 shows how many providers are available in each area compared to the area population.

⁶⁸ Texas Prescription Monitoring Program. (2023).

⁶⁹ University of Wisconsin Population Health Institute. (n.d.).

Interpersonal Domain

Family Environment

The family dynamics that a child grows up in contribute to their well-being. Protective factors within the family include safe, stable, and nurturing relationships with consistent family time, having basic needs met of food, shelter, and health services, and families who engage in fun, positive activities together. It is also important that caregivers engage in parental monitoring, supervision, and consistent enforcement of rules. It is also important that families have caregivers who work through conflicts peacefully and have positive relationships with the people around them.⁷⁰

Single-Parent Households

Children can thrive in any family structure, and family structures can change over time. However, children in single-parent families, compared to kids in married-parent households are more likely to experience poor outcomes. There are many underlying factors that play a role in child success. According to decades of research, socioeconomic status is linked to family structure. In 2021, nearly 30 percent of single parents lived in poverty, compared to 6 percent of married couples.⁷¹

Region 9 has 20.08 percent of children living in single-parent households. Single-father households constitute 16.23 percent of single-parent households and single-mother households constitute 83.77 percent of single-parent households in Region 9. According to the U.S. Census, 26.4 percent children in the U.S. live in single-parent households. About 22 percent of children live with single mothers and 5 percent of children live with single fathers.⁷² Due to the nature of the economic industry within Region 9, single parents have a difficult time securing higher paying jobs due to the time demands of the oil and gas industry. Resources such as familial support and flexible childcare must be in place to secure jobs within the major industries in Region 9.

⁷⁰ Centers for Disease Control. (2023).

⁷¹ Annie E. Casey Foundation (2023).

⁷² U.S. Census Bureau (2021).

Figure 24 SINGLE-PARENT HOUSEHOLDS IN REGION 9

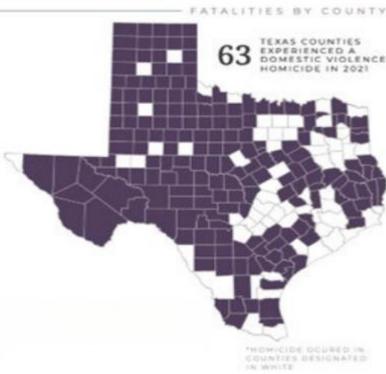
	Total Households with children under 18 years	Male, no spouse/partner present, with own children under 18 years	Female, no spouse/partner present, with own children under 18 years	Single-Parent Households Estimate	Single-Parent Households Percent
ANDREWS	2861	0	416	416	14.54%
BORDEN	64	9	4	13	20.31%
COKE	255	13	52	65	25.49%
CONCHO	104	7	31	38	36.54%
CRANE	575	0	33	33	5.74%
CROCKETT	350	138	28	166	47.43%
DAWSON	1,404	25	322	347	24.72%
ECTOR	24,623	789	4,498	5287	21.47%
GAINES	3,136	131	519	650	20.73%
GLASSCOCK	175	62	6	68	38.86%
HOWARD	4,269	369	603	972	22.77%
IRION	199	33	15	48	24.12%
KIMBLE	435	0	36	36	8.28%
LOVING	9	0	0	0	0.00%
MARTIN	809	52	119	171	21.14%
MASON	412	0	84	84	20.39%
MCCULLOCH	918	20	130	150	16.34%
MENARD	138	0	16	16	11.59%
MIDLAND	25,988	787	4,005	4792	18.44%
PECOS	1,770	33	389	422	23.84%
REAGAN	516	6	32	38	7.36%
REEVES	1,483	20	324	344	23.20%
SCHLEICHER	268	0	15	15	5.60%
STERLING	172	8	21	29	16.86%
SUTTON	449	9	100	109	24.28%
TERRELL	65	2	12	14	21.54%
TOM GREEN	13,980	601	2,392	2993	21.41%
UPTON	406	7	73	80	19.70%
WARD	1,914	119	321	440	22.99%
WINKLER	1,138	5	187	192	16.87%

U.S. Census Bureau. (2023). American Community Survey.

Family Violence Crime Rate

The Texas Family Code defines Family Violence as “an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm, bodily

Figure 25 Intimate Partner Violence and Homicides in 2021



Texas Council on Family Violence. (2022). Honoring Texas Victims: Family violence homicides in 2021. https://tcfv.org/wp-content/uploads/tcfv_htv_rprt_2021.pdf. Accessed 7/27/23.

injury, assault, or sexual assault, but does not include defensive measures to protect oneself.”⁷³ The law includes abuse, defined as physical injury that results in substantial harm of genuine threat; sexual contact, intercourse, or conduct; or compelling or encouraging the child to engage in sexual conduct. For the purposes of family violence reports, ‘family’ includes individuals related by consanguinity (blood) or affinity, marriage or former marriage, biological parents of the same child, foster children, foster parents, and members of former members of the same household (including roommates). The Family Code also includes the Dating Relationship, which means a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature.⁷⁴

In Region 9, there were 6,075 incidents of family violence in 2022. In 2021, there were 5,798 incidents. Region 9 has a substantially higher rate of family violence than the state of Texas as a whole (See Figure 26).⁷⁵ Nationally, family violence is seeing a rise in incidents with an increase of 8.1 percent from 2021 to 2022. Texas recorded 228 homicides by intimate partners in the year 2020. In the year 2021, Texas had 204 homicides by intimate partners. Furthermore, reported incidents of family violence in Texas have continued to increase year over year. Figure 25 shows that Region 9 had three counties that had family violence fatalities in 2021. Both Ector and Midland counties had two deaths by intimate partner, and Howard County had one death.⁷⁶

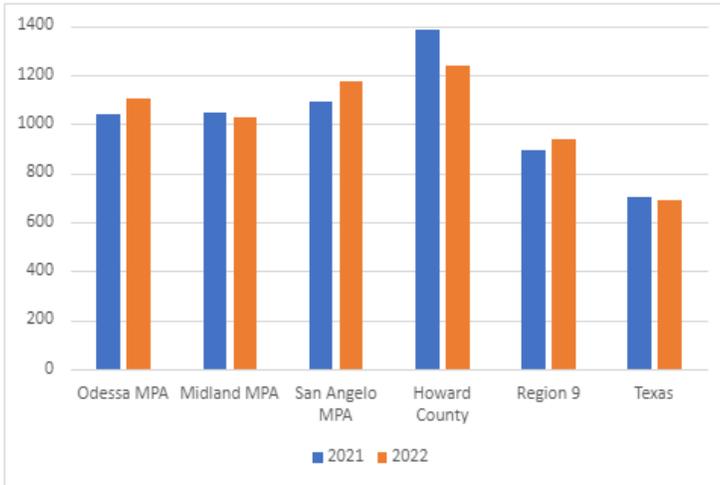
⁷³ Department of Public Safety. (2021).

⁷⁴ Department of Public Safety. (2021).

⁷⁵ Texas Department of Public Safety. (2022).

⁷⁶ Texas Council on Family Violence. (2022).

Figure 26 FAMILY VIOLENCE RATES (per 100,000 people) FOR REGION 9 and TEXAS



Texas Department of Public Safety (2022). TX Family Violence Report 2018-2022 [Data set]. <https://txucr.nibrs.com/Report/TXFamilyViolenceReport>. Accessed 8/4/23.

Victims of Maltreatment

During the COVID-19 pandemic, reports of child abuse declined dramatically. Emergency Department visits related to suspected or confirmed child abuse and neglect decreased beginning the week of March 15, 2020, coinciding with the declaration of a national emergency related to COVID-19 and implementation of community mitigation measures.⁷⁷ Although the total number of ED visits related to child abuse and neglect decreased by 53 percent beginning in March 2020, the proportion of these visits per 100,000 ED visits increased, suggesting that health care-seeking patterns shifted during the pandemic, with ED visits for other causes declining more than ED visits for child abuse and neglect declined. The decreased number of ED visits related to child abuse and neglect coincides with decreases in reports of child abuse and neglect to child protective services.⁷⁸ The consistent number of visits related to child abuse and neglect requiring hospitalization from 2019 to 2020, despite decreased number of ED visits related to child abuse and neglect, suggests that injury severity did not decrease during the pandemic.⁷⁹

From 2018 to 2022, Region 9 saw an increase in confirmed victims from 2018 to 2019, but the rate has decreased every year since then. Tom Green County has significantly more victims consistently than any of the other counties. In Region 9, the average rate of confirmed victims is 10.21 per 1,000 children, whereas Tom Green County alone has an average rate of confirmed victims of 38.58 per 1,000 children. That is over three times the average rate of the region.

⁷⁷ Sidpra J, Abomeli D, Hameed B, et al. (2020).

⁷⁸ Peterman, A, Potts, A, O'Donnell, M, et al. (2020).

⁷⁹ Swedo, E, Idaidkkadar, N, Leemis, R, et al. (2020).

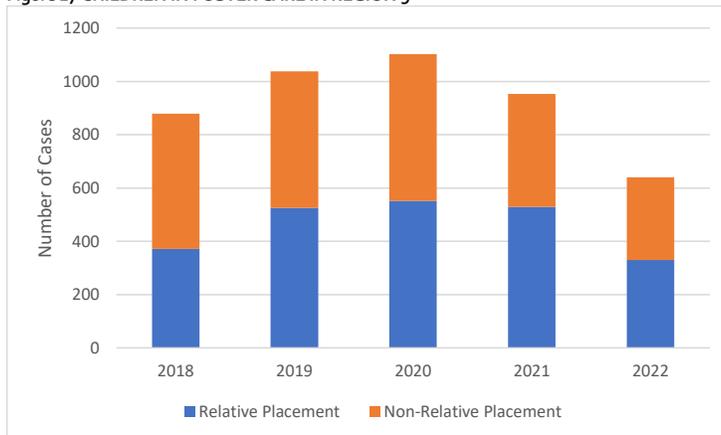
Border, Crockett, Howard, and Kimble County also had higher rates within some years from 2018 to 2022.⁸⁰

Children in Foster Care

In the fiscal year ending August 2022, Texas placed 9,514 children in substitute care. Statewide, only about 35 percent of those children get placed within their county of residence. Furthermore, about 42.5 percent of children are placed with relatives in the state of Texas.⁸¹

Region 9 had 640 children placed in substitute care in 2022, 953 children placed in 2021, and 1,102 children placed in care in 2020. Region 9 has done better than the state average in placing children with relatives. Most counties in Region 9 place less than one percent of their population under 18 years of age in substitute care. In the past two years, no counties in Region 9 place more than 1.9 percent of the population under 18 in substitute care.

Figure 27 CHILDREN IN FOSTER CARE IN REGION 9



Department of Family Protective Services. (2023).

Parental Depression

Depression affects approximately 7.5 million parents in the U.S. each year. Studies show that major depression in either parent can interfere with parenting quality and increase the risk of children developing mental, behavioral, and social problems.⁸² According to the Center for Disease Control and Prevention (CDC) 13.3 percent of a sample of adults in the state of Texas said that their “mental health was not good for greater than 14 days” in the past year among adults aged 18 or over.

Adults who were asked this question in 2020 within Region 9 reported a 15.6 percent rate in which their “mental health was not good for greater than 14 days” in the past year among adults aged 18 or over. Only Borden County reported a rate lower than 15 percent when rounding to the

⁸⁰ Department of Family Protective Services. (2023).

⁸¹ Department of Family Protective Services. (2023).

⁸² National Research Council and Institute of Medicine. (2009).

nearest 0.5 percent. In 2018 when this survey was conducted, Region 9 had an average of 14.05 percent of adults who said that their “mental health was not good for greater than 14 days” in the past year.⁸³

Perceptions of Parental Attitudes

Research has shown that rates of substance use among youths were lower among those youth whose parents disapproved of substance use than among those whose parents did not disapprove or voice disapproval. There are also lower rates of use in youth that believe that their parents would strongly disapprove of their substance use compared with rates among those that thought their parents would somewhat disapprove or would neither approve nor disapprove.⁸⁴

Parental Disapproval of Alcohol

The 2022 Texas School Survey (TSS) revealed that 54.4 percent of all students surveyed believe that their parents ‘strongly disapprove’ of their children using alcohol. In 2020, 55.1 percent of students in Region 9 reported that their parents strongly disapproved of kids their age using alcohol. In 2018, the ‘strongly disapprove’ percentage was 58.7 percent. The percentage has continued to drop lower with each survey that has been conducted. The 2022 state average for student perception of parental approval of consumption or ‘strongly disapprove’ was 58.0 percent. The Texas average is higher than the Region 9 percentage of student perceptions about their parents’ disapproval of drinking alcohol.⁸⁵

Parental Disapproval of Tobacco

Tobacco use in Region 9 was believed to be strongly disapproved of by parents at 77.4 percent from the 2022 TSS. This is a favorable rise from 73.8 disapproval in 2018. When broken down by grade level, 83 percent of seventh graders state that their parents would ‘strongly disapprove’, whereas only 56 percent of twelfth graders say that their parents would ‘strongly disapprove’ on the 2022 survey. The state report includes 77.0 percent of students who say that their parents would ‘strongly disapprove’. The state average per grade level is much less variance than Region 9; seventh graders say that 80.8 percent of parents ‘strongly disapprove’, whereas 71.8 percent of twelfth graders state that their parents would ‘strongly disapprove’.

Parental Disapproval of Marijuana

Region 9 students report that 77.0 percent of parents ‘strongly disapprove’ of adolescents their age using marijuana. The state average for parents who ‘strongly disapprove’ is 74.1 percent. This is almost 4 percent difference, putting Region 9 ahead of the state average. In Region 9 in 2020, the portion of parents who strongly disapproved was 72.2 percent, and 74.2 in 2018.⁸⁶

Perceptions of Peer Use

Peer pressure is a risk factor for substance use, among both children and adults. There are different kinds of peer pressure, and it can be both positive and negative. There is direct pressure, indirect pressure, and environmental norms. Environmental norms involve experiencing pressure to adhere to what is “normal” among their peer group, such as smoke breaks. Direct pressure involves peers urging a person by threatening them, telling them how fun something will be, or

⁸³ Center for Disease Control and Prevention. (2022).

⁸⁴ Substance Abuse and Mental Health Services Administration. (2020).

⁸⁵ Texas School Survey (2022).

⁸⁶ Texas School Survey. (2022).

using suggestions. Indirect pressure happens when friends share habits, such as smoking, or a person perceives that many or even all of their peers are doing something, such as using drugs.⁸⁷ Perceived peer substance use is a significant predictor of peer participant frequency and the perceiver's own substance use.⁸⁸ Inside the Texas School Survey, students were asked, "How dangerous do you think it is for kids your age to use..." alcohol, tobacco, and marijuana?. The students were to choose their answer between "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".

Friends Who Use Alcohol

According to the TSS, Region 9 has seen a drop in the percentage of students who think that their close friends are using alcohol, showing a rise in the number of students who report none of their friends use alcohol. From 2018 to 2022, 12.7 percent more students report that none of their friends are using alcohol. In 2018, 41.6 percent, and in 2022, 54.3 percent of students said that none of their friends use alcohol. This is even more pronounced in tenth, eleventh, and twelfth grade, where we see percentage increases of 15.7, 17.6, and 17.6 percent from 2018 to 2022 respectively. When comparing Region 9 with statewide averages, the state TSS shows 1.2 percent less students who believe that all of their friends are using alcohol, and a 2.4 percent decrease in students who believe that most of their friends are using alcohol.

Friends Who Use Tobacco

Region 9 is also seeing a favorable trend with peer tobacco use. Among all students surveyed in 2022, 81.9 percent reported that none of their friends use tobacco, a 15.9 percent increase from 2018, where it was reported that 66.0 percent said that none of their friends use tobacco. Again, tenth, eleventh, and twelfth grade shows the greatest change of 19.4, 27.0, 27.3 percent accordingly. State TSS numbers show only a 0.6 percent difference from Region 9 data. The state shows 82.5 percent of students surveyed in 2022 reported that none of their friends use tobacco, and Region 9 reports 81.9 percent of students surveyed indicated that none of their friends use tobacco.

Friends Who Use Marijuana

Marijuana use by close friends has also been reported to have decreased from 2018, according to the 2022 TSS. In 2018, it was reported that 56.1 percent of students indicated that none of their friends use marijuana. In 2022, 69.4 percent reported that none of their friends use marijuana. The state average is somewhat more favorable than Region 9, with 71.2 percent of students reporting that none of their friends use marijuana. In Region 9, 15 percent of students said that a few friends use marijuana, 7.5 percent said that some friends use, 5.7 percent said that most friends use, and 2.3 percent said that all of their friends use marijuana. State average shows that 13.7 percent said that a few friends use, 7.0 percent said that some of their friends use, 6.1 percent state that most of their friends use, and 2.0 percent state that all of their friends use marijuana.

Perceived Substance Availability

When evaluating the risk of substance use, risk factors are good indicators in finding the most vulnerable points for adolescents. An important risk factor to look at is the perception students have of accessibility in obtaining alcohol, tobacco, marijuana, or other drugs. If students perceive

⁸⁷ Medical News Today (2022).

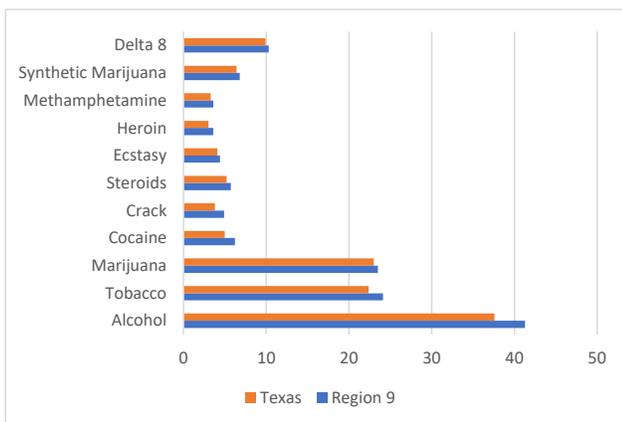
⁸⁸ DiGuseppi, G.T. et al. (2018).

the difficulty or how easy it would be to obtain these substances, it can also help determine the risk. The higher the perception that it is easy to obtain drugs and alcohol, the more confident the student will be in seeking the substances. Knowing what students perceive as easy accessibility can assist in ways to lower the risk. Other risks that students face are parents hosting parties where alcohol and drugs are available. Social hosting is an obvious setting where students observe the acceptable behaviors of adults using or making substances available. The more common and accepted drugs and alcohol are, the more accessible it will be. Although there are difficulties in controlling several environments where substances are available to students, the community is also a contributing factor that can be more controlled. If businesses do not follow licensing and regulations, the risk factor will only increase on how accessible alcohol is to students.

Social Access

The 2022 TSS asked Region 9 students about their perception of how easy it was to obtain alcohol and other drugs (AOD): tobacco, alcohol, marijuana, ecstasy, cocaine, crack, delta 8, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine.⁸⁹ Region 9 students were given options on how easy they thought it would be to obtain these substances: “never heard of it”, “impossible”, “very difficult”, “somewhat easy”, or “very easy” to obtain.

Figure 28 EASE TO OBTAIN SUBSTANCES REGION 9 AND TEXAS



Texas School Survey. (2022).

“never heard of it”, “impossible”, “very difficult”, “somewhat easy”, or “very easy” to obtain.

In 2022, compared to the state of Texas, students in Region 9 reported more students who claim that tobacco, alcohol, and cocaine, marijuana, heroin, crack, ecstasy, steroids, methamphetamine, and synthetic marijuana, and delta-8 are easy to obtain (See Figure 28). The easiest drug to obtain according to students in Region 9 was alcohol (41.3%), followed by tobacco (24.1%), in 2022.⁹⁰

Access to Alcohol

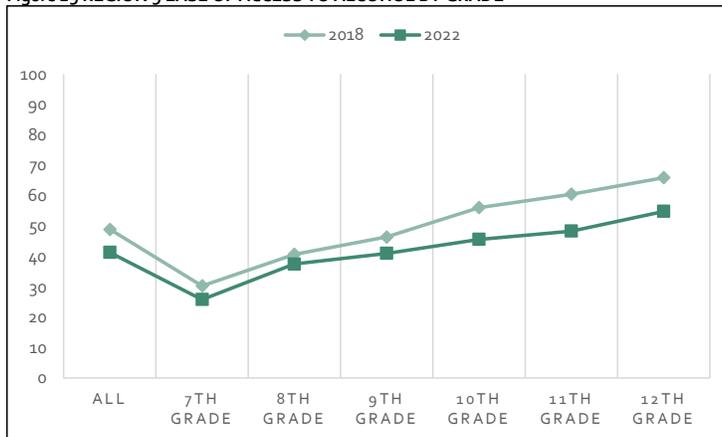
Students in Region 9 reported less accessibility to alcohol in 2022 than they did in 2018. In every grade level there was a drop in the number of students who said that it was ‘very easy’ or ‘somewhat easy’ to obtain alcohol. Rates in the state of Texas show that Region 9 still ranks higher than the state of Texas with students who say that it is very or somewhat easy to obtain.

⁸⁹ Texas School Survey. (2022).

⁹⁰ Texas School Survey (2022).

Region 9 had 41.3 percent of students, and the state of Texas had 37.6 percent of students who felt that alcohol would be ‘very easy’ or ‘somewhat easy’ to obtain.

Figure 29 REGION 9 EASE OF ACCESS TO ALCOHOL BY GRADE



Texas School Survey. (2022).

Access to Tobacco

Region 9 saw a substantial decrease in how easy students found it was to obtain tobacco. In 2018, 36 percent of students reported that tobacco was either ‘very easy’ or ‘somewhat easy’ to obtain. There was a 12% drop in students who felt that tobacco was ‘very easy’ or ‘somewhat easy’ to access (24.1%). The state of Texas had an average of 22.4 percent of students who found tobacco easy to obtain in 2022.

Access to Marijuana

In 2018, Region 9 saw a rate of 31.3 percent of all students who said that marijuana was either ‘very easy’ or ‘somewhat easy’ to obtain. In the 2022 TSS, that number dropped to 23.5 percent. The 7.8 percent drop shows a favorable trend. The state of Texas shows an average of 23.0 percent of students who felt that marijuana was ‘very easy’ or ‘somewhat easy’ to access in 2022. In 2018, the Texas state average was 33.5 percent. Region 9 had a 2.2 percent higher rate of easy access to marijuana than the Texas average in 2018. In 2022, Region 9 had only 0.5 percent higher rate than the state.

Presence of a Substance at Parties

Statewide, in 2022, 45.9 percent of students surveyed who were in twelfth grade state that alcohol was never used at parties. In Region 9 in 2022, students in twelfth grade said that 40.2 percent of the time alcohol was not used at parties. In 2018, only 26.7 percent of twelfth graders reported that alcohol was never used at parties. This 13.5 percent increase in alcohol not being reported at parties from 2018 to 2022 is a favorable trend in Region 9. The state average is 5.7 percent higher than Region 9 in 2022, but in 2018, Region 9 lagged behind the state by 6.2 percent.

In 2022, Region 9 saw an even more favorable increase in students who report that marijuana is never used at parties. In eleventh grade, this number went from 40.2 percent in 2018 to 55.8 percent in 2022. When separated by grade level, twelfth grade went from 39.1 percent to 49.5 percent of students stating that marijuana was never used at parties. Region 9 has more students who answered ‘never’ than the state of Texas, which has 45.1 percent of eleventh graders and 41.4 percent of twelfth graders in 2022 who report ‘never’ regarding how often marijuana was used.

Academic Achievement- TEA

High academic achievement is a protective factor against substance use, and helps students to feel less stressed, better connected with teachers and peers, and have better relationships with parents. Academic achievement is also a risk factor when children aren’t doing well in school. Many studies have found that lower school attachment and school commitment levels are associated with the risk of substance use.⁹¹

High School Dropout Rate

The high school dropout rate in Region 9 has declined over the last three years of finalized data. In 2019, 3.2 per 1000 students dropped out of high school in Region 9. In 2020, 3.0 per 1000 students dropped out. In 2021, 2.4 per 1000 students dropped out. Region wide, over one-third of the counties had no dropouts each year, and some counties, such as Ector, Howard, Pecos, Reagan, and Reeves counties all had at least one year over 10 per 1000 students who dropped out of high school. Howard County leads Region 9 with the most concerning dropout rate. In 2019, Howard County had 17.4 per 1000 students who dropped out, 12.4 per 1000 in 2020, but by 2021, the rate was down to 10.7 per 1000 students. Ector County came in second, with 12.7 per 1000 students dropping out in 2019, 12.0 per 1000 in 2020, and 10.4 per 1000 in 2021.⁹²

The oil and gas industry offers lucrative opportunities regardless of educational attainment. This could be why Region 9 sees such a high dropout rate in some counties. However, Midland County is significantly lower than Howard or Ector counties, the three largest county populations in the middle of the Permian Basin. Midland County had 9.1 per 1000 students who dropped out in 2019, 8.3 per 1000 in 2020, and 8.1 per 1000 in 2021. This number is still higher than Region 9, and the state of Texas average (5.4%), but much lower than the surrounding counties.

Absenteeism

Attending school regularly has been shown to help students achieve at higher levels than students who did not have regular attendance. Students who dropped out of high school missed significantly more days of school in first grade than their peers who graduated from high school.⁹³ Region 9 has an average of 10.3 absences per student. The counties with the highest rates of absenteeism were Pecos, Reeves, Midland, and Ector with the rates of 16.2, 14.9, 14.7, and 14.4 respectively.⁹⁴

⁹¹ Martinez et al. (2017); Meisel, S.N. & Colder, C.R. (2017); Franco, K. & Grattet, R. (2019).

⁹² Texas Education Agency. (2022).

⁹³ Allensworth, E., and Easton, J.Q. (2005).

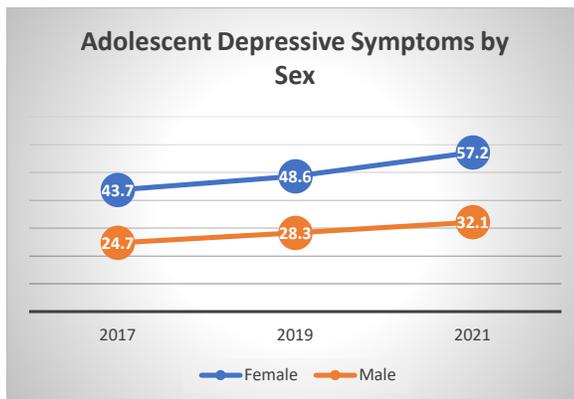
⁹⁴ Texas Education Agency. (2023).

Youth Mental Health

The presence of mental health conditions, trauma, or neurodevelopmental disorders increases the risk for developing a substance use disorder.⁹⁵ Behavioral health workforce shortages affect the well-being and access to treatment of mental health conditions. Region 9 has an exceptionally high shortage of mental health providers, and a shortage of treatment centers in our area. The 87th Texas Legislature (2021) approved Senate Bill 8, to partially fund a new behavioral health center to serve Region 9. The campus will include 100 inpatient beds. It will also offer a crisis stabilization unit, offering 24-hour emergency access for patients brought in through ambulance or law enforcement. It could also include private counseling rooms, multi-function conference and education rooms, and an auditorium. It will most likely rely on teaching relationships between Texas Tech and the hospital districts in Midland County and Ector County.

Adolescent Depression

Figure 30 ADOLESCENT DEPRESSIVE SYMPTOMS BY SEX



Youth Risk Behavior Survey. Texas Health Data. Texas Department of State Health Services. <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey-2021>. Accessed - 4/7/23.

According to the Texas Youth Risk Behavioral Surveillance Survey, 44.6 percent of students surveyed said that they were sad or hopeless in the year 2021. This survey was also given in 2019, where 38.3 percent of students indicated that they were sad or hopeless. In 2017, 34.2 percent of teens reported to be sad or hopeless on the survey. There is a 30 percent increase in depressive symptoms from 2017 to 2021. Females reported higher levels of depressive symptoms than males. (See Figure 30). This survey was conducted at a state level. Regional numbers were not obtained.

Youth Perception of Risk/Harm

An adolescent's perception of the risks associated with substance use is an important determinant of whether he or she will participate in using those substances.⁹⁶ Providing youth with accurate and relevant information about the harm associated with substance use is a key component in prevention services.

⁹⁵ Heilman, D., and Gibson, M. (2023).

⁹⁶ Lipari, R.N. (2013).

Perception of Risk/Harm- Alcohol

The TSS for 2022 showed that on average, 46.5 percent of students think that using alcohol is ‘very dangerous’. Region 9 saw an increase from 2018 to 2022 in the percentage of tenth, eleventh, and twelfth graders who said that alcohol was ‘very dangerous’, whereas seventh, eighth and ninth graders saw a decrease in the percentage of students for the same indicator. In these lower grades, there was an increase in the percentage of students who thought that alcohol was ‘somewhat dangerous’, and ‘not very dangerous’. All grades had a drop in the percentage of students who thought that alcohol was ‘not at all dangerous’. There was also a rise in students who stated that they did not know if alcohol was dangerous.

The state of Texas TSS showed that 50.7 percent of students said that consuming alcohol was ‘very dangerous’ in 2022. In 2018, 49.2 percent of students said that alcohol was ‘very dangerous’. The state of Texas has a larger percent of students who believe that alcohol is ‘very dangerous’, showing a 4.1 percent deficit from the state average for Region 9.

Perception of Risk/Harm- Tobacco

The perception of harmfulness of tobacco increased among Region 9 students. In 2022, 61.0 percent of students reported that they viewed tobacco as ‘very dangerous’ in the TSS survey, while 56.4 percent of students reported tobacco as ‘very dangerous’ in 2018. Statewide, students felt that tobacco was ‘very dangerous’ at a rate of 65.2 percent in 2022. In the state of Texas, 1.2 percent of students said that tobacco was ‘not at all dangerous’, whereas Region 9 students had 1.6 percent of students who did not find it at all dangerous.

Perception of Risk/Harm- Electronic Vapor Products

In Region 9, there are significant changes in perception of harm from electronic vapor products. In 2018, 11.7 percent of students said that electronic vapor products were ‘not at all dangerous’, yet in 2022, only 3.7 percent of students believed that they were ‘not at all dangerous’. Furthermore, 61.6 percent of students believed that electronic vapor products were ‘very dangerous’, while in 2018, only 54.1 percent believed that they were ‘very dangerous’. The combined percentage of both ‘very dangerous’ and ‘somewhat dangerous’ increased from 66.1 in 2018 to 81.3 percent of students surveyed in Region 9 in 2022, a 15.2 percent difference.

Perception of Risk/Harm- Marijuana

More students in Region 9 reported that marijuana is ‘very dangerous’ in 2022 than in 2018 by 5.4 percent for all ages surveyed. In 2018, 56.1 percent of students reported that marijuana is very dangerous, whereas 61.5 percent reported that it was ‘very dangerous’ in 2022. The state of Texas had survey reports of 60.1 percent of students who think it is ‘very dangerous’, putting Region 9 ahead of state averages in student perception of harm from marijuana.

Perception of Risk/Harm- Prescription Drugs

In 2023, the Centers for Disease Control and Prevention (CDC) stated that 73 percent of teens were not aware that fake prescription pills were being made with fentanyl.⁹⁷ DEA laboratory testing has revealed that six out of ten fake prescription pills contain a potentially lethal dose of fentanyl.⁹⁸ Consuming a prescription pill that doesn’t belong to the person taking it is very dangerous. In Region 9, 75.0 percent of students surveyed on the TSS reported that taking

⁹⁷ Centers for Disease Control and Prevention. (2023).

⁹⁸ United States Drug Enforcement Administration. (2022).

prescription drugs 'not prescribed to you' is 'very dangerous'. The state of Texas reports that 73.8 percent of students surveyed believed prescription pills prescribed to others are 'very dangerous'.

Early Initiation of Use

Early initiation of substance use, defined as occurring in adolescents under the age of 15, is a predictor of Substance Use Disorders later in adulthood. Delaying the age of onset of the consumption of substances may be one of the most effective ways to reduce Substance Use Disorders.⁹⁹

Age of First Use- Alcohol

From 2018 to 2022, Region 9 has seen a drop in the age of first use from 13.0 years to 12.7 average years of age. This drop has also been seen statewide, where the 2022 state of Texas age of first use is 12.8, down from 13.1 in 2018. Both Region 9 and the state of Texas TSS found the average age of first use for seventh graders was 10.3 and 10.2 respectively.

Age of First Use- Tobacco

The age of first use of tobacco saw a more substantial decrease in age from 2018 to 2022, both regionally and statewide. Region 9 saw a decrease of average age of first use from 13.2 years down to 12.7 in 2022. The state of Texas saw a decrease from 13.5 years of age to 13.0 years of age at first use.

Age of First Use- Marijuana

Marijuana age of first use remained stable from 2018 to 2022, both region and statewide. Region 9 had an average age of first use of 13.7, exactly the same age as was reported in 2018. The state of Texas saw a slight increase of age from 14.0 in 2018, to 14.1 in 2022.

Age of First Use- Illicit Drugs

From 2018 to 2022, the age of first use for illicit drugs also remained stable, both region and statewide. Region 9 had an average age of first use of 13.6, precisely the same age as was reported in 2018. The state of Texas also reported the exact age of 13.9 in 2018 and also in 2022.

Protective Factors

High School Graduation

Receiving a high school diploma decreases the risk of premature death as well as increases employment prospects and lifelong earning potential.¹⁰⁰ Obtaining less than a high school education significantly increases the risk for later drug use disorders (3-4-fold increase).¹⁰¹ In Region 9, Pecos County and Ector County have the lowest graduation rates, followed by Howard, Midland, Reeves and Tom Green counties. Both Pecos and Ector county saw an increase in the graduation rate for 2021, the most recent data available, but both counties have an average four-year rate of 79.3 percent and 81.4 percent respectively. The students most affected by this was the economically disadvantaged student, and African American males in Ector County, and economically disadvantaged students and White males in Pecos County.

⁹⁹ Poudel, A. & Gautam, S. (2017); Grant, B.F. & Dawson, D.A. (1998).

¹⁰⁰ U.S. Department of Health and Human Services. (2021).

¹⁰¹ Fothergill, K.E. et al. (2007).

Spirituality

Evidence-based studies point to the instrumental contribution of faith to substance abuse prevention and recovery. Religious and spiritual beliefs and practices lead to lower levels of substance abuse, including reduced likelihood of using various drugs in the course of a lifetime.¹⁰² A study by Koenig et al. Identified more than 278 quantitative studies attending to the connection between alcohol abuse and faith prior to 2010. In 86 percent of these studies, it was found that faith reduced the risks associated with alcohol use or dependence.¹⁰³ In 2020, Region 9 had a total of 1,000 congregations, including all faiths. The percentage of the population that are adherents to a particular faith community is an average of 60.01 percent. The state of Texas has at least 55.1 percent who are adherents to a community of faith. The national average is 48.6 percent.¹⁰⁴

Patterns of Consumption

Youth Substance Use

Youth substance use is measured on the TSS, asking students ‘How recently, if ever, have you used...’ for a variety of substances, along with specific types of alcohol (beer, wine coolers, wine, liquor). The specific indicators are, ‘never used; ever used; within this school year; within the past month’.¹⁰⁵

Alcohol

In Region 9, 49.8 percent of students surveyed in 2022 reported that they had ‘never used’ alcohol. In the state of Texas, 57.7 percent of students said that they had ‘never used’ alcohol. Although the state of Texas has a 7.9 percent more favorable rate of students who don’t drink, both Texas and Region 9 saw a 9.2 and 9.1 percent increase respectively from 2018 in students who ‘never used’. In Region 9, 50.2 percent of students had ‘ever used’, and out of that population, 31.2 percent state that they have used ‘within the school year’, and 26.6 percent state that they have used ‘within the past month’. The state of Texas has 42.3 percent who have ‘ever used’, and out of that population 26.6 percent used ‘within the school year’ and 22.5 percent used ‘within the past month’.

The 2022 TSS indicated that almost 10 percent (9.8%) of students in Region 9 participated in binge drinking ‘during the past 30 days’. The state average was 7.9 percent of students who reported binge drinking ‘during the past 30 days’. There are favorable changes in the patterns of teen alcohol use, because in 2018, the state of Texas average was 11.7 percent, and the Region 9 percentage was 14.3. The state of Texas saw a drop of 3.8 percent, and Region 9 saw a drop of 4.5 percent of students who were participating in binge drinking.

Tobacco

Region 9 shows that 71.8 percent of students had ‘never used’ tobacco in 2022, whereas the state of Texas shows that 77.6 percent of students had ‘never used’. In 2018, Region 9 had 63.6 percent of students who had ‘never used’, and the state of Texas had 69.7 percent who had ‘never used’. Both statewide and regionally, we are seeing less students who are using tobacco.

¹⁰² Grim, B.J. & Grim, M.E. (2019).

¹⁰³ Koenig HG, King D, Carson VB. (2012).

¹⁰⁴ Association of Religion Data Archives. (2020).

¹⁰⁵ Texas School Survey (2022).

Although there is a lower number recorded in Region 9, the gap is closing with the state. There was a 6.1 percent difference in 2018, while in 2022, there is only a 5.8 percent gap from the state average. Out of the 28.2 percent of students who state that they had ‘ever used’, 16.3 percent say that they had used ‘within the school year’ and 12.6 percent state that they had used within the ‘past month’.

E-Cigs/ Vaping Products

The TSS showed that 74.7 percent of students surveyed in Region 9 had ‘never used’ electronic vapor products, and 80.1 percent of students in the state of Texas had ‘never used’. Region 9 showed a 6.2 percent increase in the percentage of students who had ‘never used’, whereas Texas showed a 5.8 percent increase from 2018. Region 9 is coming closer to the state average of students who have never used. Of the 25.3 percent of students in Region 9 who have ‘ever used’, 13.8 percent claim to have used ‘within the school year’, and 9.7 percent used ‘within the past month’.

Marijuana

Out of the students surveyed in 2022 in Region 9, 82.7 percent state that they have ‘never used’ marijuana. The state of Texas showed 83.2 percent of students who have ‘never used’ marijuana, which is only 0.5 percent higher than the Region 9 average. In 2018, 75.2 percent of Region 9, and 77.9 percent of the state of Texas had ‘never used’. Of the 17.3 percent of students who reported that they had ‘ever used’, 12.2 percent said that they used ‘within the school year’, and 9.9 percent said that they used ‘within the past month’. The state of Texas had 12.5 percent of students who used ‘within the school year’, and 10.3 percent who had used ‘within the past month’.

Prescription Drugs

Region 9 shows that 85.6 percent of students had ‘never used’ prescription drugs not prescribed to them in 2022, whereas the state of Texas shows that 87.0 percent of students had ‘never used’. In 2018, Region 9 had 78.9 percent of students who had ‘never used’, and the state of Texas had 81.5 percent who had ‘never used’. Both statewide and regionally, we are seeing less students who are using prescription drugs not prescribed to them. Out of the 14.4 percent of students in Region 9 who state that they had ‘ever used’, 7.6 percent say that they had used ‘within the school year’ and 5.0 percent state that they had used within the ‘past month’. Although we are seeing a decrease in this number, more still needs to be done to inform students of the dangers of prescription (prescribed to someone else) and fake prescription pills.

Illicit Drugs

The TSS showed that 81.1 percent of students surveyed in 2022 in Region 9 had ‘never used’ ‘any illicit drug’, and 80.8 percent of students in the state of Texas had ‘never used’ them. In 2018, 73.5 percent of students in Region 9 had ‘never used’, whereas Texas showed 76.5 percent of students who had ‘never used’ in 2018. Of the 18.9 percent of students in Region 9 who had ‘ever used’, 14.0 percent claim to have used ‘within the school year’, and 10.4 percent used ‘within the past month’. Region 9 has more students who have never used any illicit drug than the state of Texas average. From 2018 to 2022, Region 9 saw a 7.8 percent increase in the percentage of students who had ‘never used’ illicit drugs.

College Student Consumption

The Texas College Survey of Substance Use (TCS) is a survey of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. It is conducted by the Public Service and Administration with the Texas Health and Human Services Commission. It is a representative sample taken from select colleges and universities.¹⁰⁶ One concern that has been highlighted in the TCS is that students have poor awareness of campus programs designed to inform students about drug and alcohol misuse and to help students who believe they are suffering from a substance use disorder.¹⁰⁷

The TCS consists of 23 large 4-year universities, 25 small 4-year universities, and 40 2-year colleges or districts. It is a statewide survey, that does not break down information by region or county. In gathering qualitative data from stakeholders and internet research, it was found that university and college campuses in Region 9 lack prevention and treatment resources to reach students in need. The education on substance dangers, especially fake prescription pills and fentanyl needs to increase on higher education campuses.

Alcohol

In 2021, college students surveyed reported a lifetime use of alcohol at 73.2 percent, with females using at a 2.8 percent higher rate than males. Furthermore, out of students who reported using alcohol, 65.1 percent had used in the past year, and 50.8 percent had used in the past 30 days. In the 2019 survey, 76.8 percent of students reported a lifetime use, with 70.6 percent using within the past year, and 54.8 percent using within the past 30 days. Females in 2019 used at a 2.9 percent higher rate than males. Approximately 30 percent of male respondents, and 33 percent of female report that they engaged in binge drinking (five or more drinks for males, and four or more drinks for females within a two-hour timeframe) at least once in the 30 days preceding the survey. On average, students reported that they had enough alcohol to feel drunk 2.1 times in the preceding 30 days.

Tobacco

Tobacco use in 2021 decreased to 39.9 percent lifetime use compared to the 2019 survey, where 44.6 percent of students reported use. Males had a 5.2 percent higher rate of lifetime use than females. It was shown that 26.1 percent of participants used tobacco within the past year, and 17.4 percent claim to have used tobacco within the past 30 days.

Marijuana

The lifetime use of marijuana reported by respondents is 37.7 percent, with 1.7 percent higher rate in females than in males. 25.7 percent of respondents used marijuana within the past year, and 15.3 percent of respondents used marijuana within the past 30 days. Data from the 2019 survey show that there was not a statistically significant change in the use of marijuana among respondents from 2019 to 2021.

¹⁰⁶ Texas Health and Human Services. (2022).

¹⁰⁷ Texas College Survey. (2021).

Adult Substance Use

Current Use-Alcohol

In 2021, 51.9 percent of adults in Texas report to have had at least one alcoholic drink within the past 30 days. In reviewing data from previous years, Texas is not seeing much change in the rate of adults who regularly consume alcohol. In 2020, 51.0 percent of adults reported to have had at least one drink within the past 30 days, in 2019, 52.5 percent, and in 2018, there were 51.8 percent who reported recent alcohol use.¹⁰⁸

Adult Binge Drinking

Binge drinking is defined as consuming five or more drinks within a two-hour time period for men or four or more drinks within a two-hour time period for women. According to the 2021 National Survey on Drug Use and Health (NSDUH), 21.5 percent of people in the United States 12 and older reported binge drinking during the past month.¹⁰⁹ Information gathered from the Behavioral Risk Factor Surveillance System shows that 21.1 percent of males, and 12.0 percent of females participated in binge drinking in 2021.¹¹⁰

Adult Smoking

According to the Center for Disease Control, it was estimated that in 2021, 13.1 percent of adults in Texas were current smokers. This number remained stable from 2020, where the percentage of adults who were current smokers was 13.2 percent.¹¹¹ This data was not broken down by the county level.

Consequences of Substance Use/Misuse

The consequences of substance misuse can be far reaching. People with addiction often have one or more associated health issues, including heart or lung disease, stroke, cancer, HIV/AIDS, hepatitis, or mental health conditions.¹¹² Substance misuse puts the community at an increased risk of motor vehicle accidents. It also causes great economic loss to both individuals and our communities.

Mortality

Opioid ED Visits

According to information gathered by The National Emergency Medical Services Information System (NEMSIS), which includes data from many EMS and Medical Districts, Texas has a 'Zero or Much Lower than Average' rate of non-fatal opioid overdoses. Regionally, over the past 365 days, some counties in Region 9 are showing a higher rate of overdoses. Counties are rated on a scale of six levels of number of overdoses. Most of the counties in Region 9 are classified as 'Zero or Much Lower than Average', apart from Ector, Howard, Mason, Midland, Sterling, and Tom Green County. Winkler and Tom Green Counties, which are rated 'Lower than Average', Howard County, which is 'Near National Average', and Ector, Midland, Sterling, and Mason counties, which are 'Higher than Average' for the previous year. Dawson County has just

¹⁰⁸ Centers for Disease Control and Prevention (2022).

¹⁰⁹ National Institute on Alcohol Abuse and Alcoholism. (2023).

¹¹⁰ Centers for Disease Control and Prevention. (2022).

¹¹¹ Center for Disease Control. (2022).

¹¹² National Institute on Drug Abuse (2022).

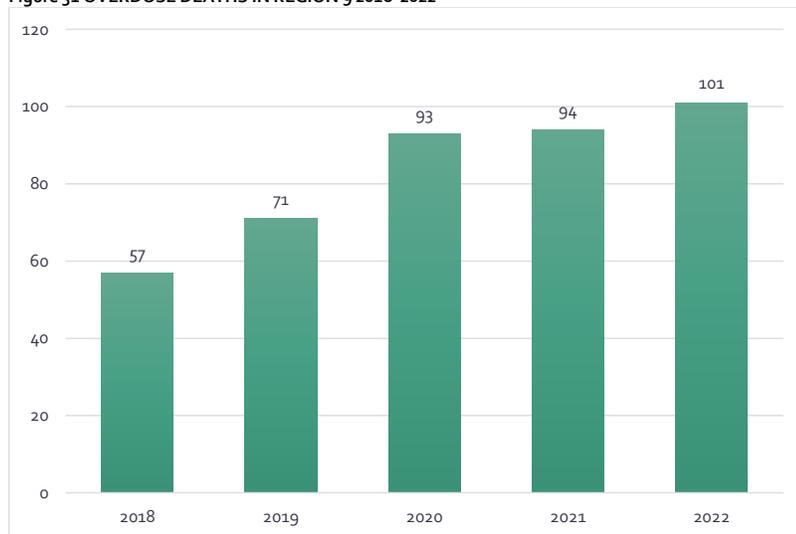
recently entered the classification of ‘Higher than Average’ for the last 28 days. It should be noted that 22 percent of these patients nationally were not transported to a medical facility, such as an Emergency Department.¹¹³

Overdose Deaths

Overdose deaths in Region 9 are calculated by county. Counts of 1-9 people by county are suppressed to prevent the identification of individuals. Therefore, the number of people represented in this data is likely to be lower than the actual number of overdose deaths due to the small size of many of the counties in Region 9. Furthermore, according to the Texas Department of State Health Services, Center for Health Statistics, death data for 2021 and 2022 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data is subject to change before 2021 and 2022 data are finalized.¹¹⁴

Region 9 had 101 overdose deaths recorded for 2022, a 77 percent increase from 2018. Figure 31 illustrates the rise in overdose deaths over the last five years.

Figure 31 OVERDOSE DEATHS IN REGION 9 2018-2022



Drug-Related Poisonings, Texas Residents, 2018-2022[^]. Department of State Health Services, Center for Health Statistics. Data request received April 28, 2023.

¹¹³ National Emergency Medical Services Information System. (2022).

¹¹⁴ Texas Department of State Health Services, Center for Health Statistics (2023).

Adolescent Deaths by Suicide

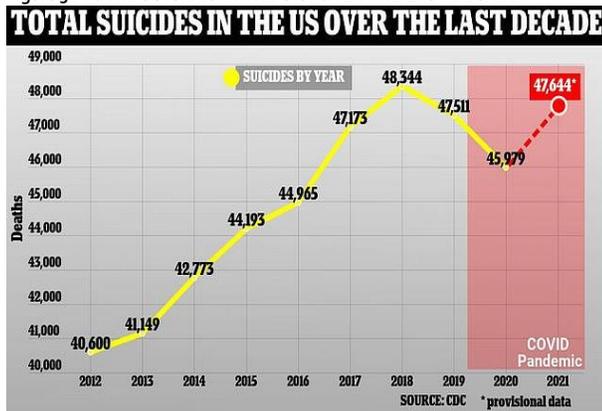
Region 9 data shows less than 10 deaths by suicide for residents aged 10 to 19 years old for 2020, 2021, and 2022. In both 2018 and 2019, there were 12 adolescent deaths by suicide. Counts of 1-9 people by county are suppressed to prevent the identification of individuals. Therefore, the number of people represented in this data is likely to be lower than the actual number of overdose deaths due to the small size of many of the counties in Region 9. Furthermore, according to the Texas Department of State Health Services, Center for Health Statistics, death data for 2021 and 2022 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. The provided data is subject to change before 2021 and 2022 data is finalized.

When analyzing the number of deaths by suicide of people aged 15 to 24 years old in Region 9, there were 23 deaths in 2022, 14 deaths in 2021, 13 in 2020, 23 in 2019, and 24 in 2018. For each year from 2018 to 2022, there was at least one, but less than 10 deaths by suicide of people aged 5 to 14 years old in Region 9. Deaths by suicide are not always recorded accurately. A study by Bakst et al., found that suicide rates were 42 percent higher than what is reported due to classification by method used, and making a determination that it was in fact intentional.¹¹⁵ Law enforcement or health officials have difficulty in determining a death as suicide, they must have undeniable proof. Proof that the deceased intentionally committed suicide, such as a suicide note, and possibly postings on social media can assist in determining a death as suicide.

All Deaths by Suicide

Region 9 recorded 594 suicides from 2018 to 2022. There were 127 recorded deaths by suicide in the year 2022. In 2021, there were 14 more deaths classified as suicide than in 2022.

Figure 32 TOTAL SUICIDES IN THE U.S. OVER THE LAST DECADE



Provisional data from CDC's National Center for Health Statistics indicate that both the number and the rate of suicides in the United States increased four percent from 2020 to 2021, after two consecutive years of decline in 2019 and 2020. In 2021, suicide was among the top 9 leading causes of death for people ages 10 to 64. Suicide was the second leading cause of death for people ages 10 to 14 and ages 20 to 34.¹¹⁶

As mentioned previously, deaths by suicide are not always recorded accurately. The numbers listed are most likely grossly under-represented. However, there is still a dramatic increase as we are seeing deaths by suicide as a leading cause of death.

¹¹⁵ Bakst, S.S. et al. (2015)

¹¹⁶ Centers for Disease Control. (2023).

Alcohol Related Vehicular Fatalities

According to the Texas Peace Officer's Crash Reports for the years 2018 to 2020, Odessa ranked as number one, and Midland ranked as number five in the state for the most fatality and serious injury crashes caused by alcohol-impaired driving. For both Midland and Odessa, the average blood alcohol content in these motor vehicle crashes was over two times the legal limit.¹¹⁷ Region 9 had 79 vehicular fatalities from alcohol-related crashes in 2022. Ector County had 22 fatal crashes, and Midland County had 36 fatal crashes that were alcohol related. Although Tom Green County has a comparable population to Ector and Midland County, Tom Green County had only three fatal alcohol-related crashes in 2022. Ector County did not see an increase in alcohol-related crashes from 2021 or 2020; however, Midland County saw a 260 percent increase in alcohol-related crashes from the 2020 and 2021 crash numbers.¹¹⁸

Healthcare

The Clinical Management for Behavioral Health Services is a system created by the Department of State Health Services (DSHS) for DSHS and Health and Human Services Commission (HHSC) for contracted substance use and mental health treatment service providers and others who qualify. Not all substance use disorder treatment is recorded in this system.¹¹⁹ Possible explanations for the drastic drop in treatment most likely has more to do with loss of care providers in the area than a drop in people with substance use disorders who need treatment. Qualitative data from stakeholders in Region 9 indicate that substance use treatment is unobtainable due to the number of treatment centers and providers that both adults and especially youth have access to as well as the barriers affecting those needing treatment, and the ability to receive treatment.

Outreach, Screening, Assessment, and Referral (OSAR) programs are available to all people who are currently residing in the State of Texas who are looking for information about substance use services. OSAR programs offer a starting point for people who are looking for help to access substance use services. OSAR programs are incorporated into multiple local mental health authorities (LMHAs) and local behavioral health authorities. They are available in several locations across the state of Texas throughout the 11 Texas Health and Human Services Regions. They are available for immediate and confidential help 24 hours a day, seven days a week. To find the OSAR in a specific area, please visit <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral> to find each OSAR's contact information. Help can also be requested by contacting 211 Texas or calling 877-541-7905.¹²⁰ The LMHA and the OSAR program for Region 9 is PermianCare.¹²¹ From Fiscal Year 2019 to 2020, there was a 21 percent increase in Region 9 drug screenings performed through OSAR but saw a 17 percent decrease from 2020 to 2021. In the fiscal year of 2021, there were 1,502 drug screens administered through July 28, 2021.

Commented [H(1)]: Would you also want drug-related fatalities and/or injuries, not just deaths?

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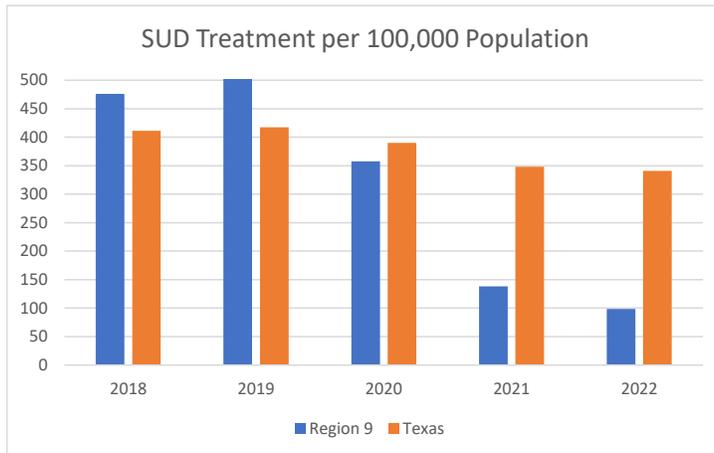
¹¹⁷ Texas Peace Officer Crash Reports. (2021).

¹¹⁸ Texas Department of Transportation. (2023).

¹¹⁹ Texas Health and Human Services. (n.d.).

¹²⁰ Texas Health and Human Services. (2023).

FIGURE 33 SUD TREATMENT POPULATION for REGION 9 AND TEXAS



HHSC. (2023). Numbers Served with Substance Use Treatment 2018-2022. Retrieved from HHSC data request.

Figure 33 shows a subtle decrease in substance use treatment for the state of Texas, and a substantial decrease in treatment for Region 9. This trend does not line up with other data sources in Region 9 to account for such a drop in the need for substance use treatment, which indicates a loss in services rather than a decrease in need.

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) offers a program known as the *Families Matter! Program*, a parenting awareness and drug risk education program. Community-based intervention services for both males and females at risk for involvement or currently involved with the Department of Family and Protective Services with substance use disorders or who are at risk of developing substance use disorders. Referrals are also accepted from community correction departments, family attorneys, school counselors, outreach screening and referrals (OSAR) program. Substance use treatment facilities, and/or individuals that wish to help parents who are at risk for substance use disorders.¹²¹

In Region 9, The Permian Basin Regional Council on

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

The Alcohol and Drug Awareness Center for the Concho Valley (ADACCV) offers outpatient treatment that consists of a six-month program. ADACCV has recently built a new facility, the Journey Recovery Center, which is a 72-bed treatment and detox facility providing comprehensive residential substance use treatment for both adult men and adult women. At the Journey Recovery Center, families can stay intact, and children can live with their parent as they go through treatment. ADACCV also provides alcohol and drug-free recovery housing (the Williams House

¹²¹ Permian Basin Regional Council on Alcohol & Drug Abuse. (n.d.).

and Sara's House) to individuals with a history of substance use. Recovery residences provide safe housing for individuals to initiate and sustain long term recovery. Occupants are required to work in the community and participate actively in their individualized program of recovery, including attending at least four recovery supportive activities per week.

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

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

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

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

Economic

The average taxpayer spends thousands of dollars on unknown drug and alcohol-related costs. The following section pictures the estimated costs to Region 9 regarding underage drinking, alcohol-related arrests, marijuana, synthetic drug, and prescription drug abuse, as well as average regional treatment costs. Furthermore, the costs including intangible monetary losses, such as risky sexual behavior, funerals, fire damages, and other expenses should be considered.

In 2006, underage drinking cost the state of Texas \$1.8 billion, while excessive drinking in total cost the state of Texas \$16.5 billion.¹²² This ranked Texas first in the nation for underage drinking costs. Exact costs may differ due to varying analyses because different entities calculated these estimates, and these numbers do show a trend of dramatically increasing state costs for underage drinking from 2006-2013. With that in mind, a family of five contributed over \$1,000 in 2013 to pay for underage drinking. If the cost of underage drinking in Texas remained the same from 2013 to now, Region 9 can expect to pay over \$131 million for underage drinking.¹²³ This, however, is

¹²² National Institute on Drug Abuse. (2023).

¹²³ Texas Health and Human Services Commission. (2021).

also a conservative estimate, as the trend of underage drinking costs is expected to have risen since 2013. The consequences are numerous and the youth who drink alcohol are likely to experience these during their formative years. These students can have school problems, poor or failing grades. Social problems such as fighting and not participating in activities. Unwanted and unplanned sexual activity can make youth more vulnerable to physical or sexual assaults. Also, alcohol-related car accidents and unintentional injuries, such as burns, falls, or drowning. Alcohol can affect a developing brain and cause memory problems that may have life-long effects. Alcohol can also be a gateway to misusing other drugs, alcohol poisoning and death.¹²⁴ All of these consequences have economic ramifications.

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

One of the most notable economic impacts of underage drinking is risky adolescent sexual activity. Correlations from Miller, Levy, Spicer, and Taylor indicate underage drinking can contribute to costly, young sexual activity.¹²⁵ Their findings indicate that a teenager is five times more likely to engage in risky sexual activity if they drink alcohol. The Texas Campaign to Prevent Teen Pregnancy estimates that each teen birth costs the public about \$7,400, including prenatal, labor and delivery postpartum care, infant care, WIC expenses, TANF assistance, and SNAP during pregnancy and infancy costs. Region 9 has a 37 percent higher teenage birth rate than the Texas state average.¹²⁶

The negative effects of alcohol can be measured, i.e., blood alcohol concentration (BAC) levels. Other drugs are not able to be measured in this way and there are many challenges in reporting that a certain crime was committed because a person was under the influence of drugs. Alcohol is the most common used drug, although it can be difficult to estimate the financial consequences, alcohol is less challenging to obtain than illegal drugs. Nationally, alcohol was estimated to have cost \$27 billion dollars in healthcare funds and \$249 billion overall for 2010. Illicit drug use was estimated to cost the U.S. \$181 billion in 2002 and over \$193 billion in 2007, an increase of more than 6% in 5 years with \$11 billion of the 2007 estimate in health care costs. Prescription opioids cost taxpayers \$26 billion in health care costs and \$78.5 billion overall in 2013. Tobacco cost U.S. taxpayers \$168 billion in health care costs, and \$300 billion overall in 2010.¹²⁷ These values represent the use of resources to address health and crime consequences and the loss of potential productivity from disability, premature death, and withdrawal from the legitimate workforce. With the rise of the opioid epidemic in the years since, according to the 2017 Council of Economic Advisors, it was estimated in 2015 that the opioid epidemic cost \$504 billion.

¹²⁴ Centers for Disease Control and Prevention. (2022).

¹²⁵ Miller et al. (2006).

¹²⁶ County Health Rankings & Roadmaps. (2023).

¹²⁷ National Institute on Drug Abuse. (2023).

Emerging Trends

Figure 34 XYLAZINE SIDE EFFECTS ON HUMANS



Summit Malibu. (2023). Xylazine Horse Tranquilizer Drug Use is Increasing. [Xylazine Horse Tranquilizer Drug Use is Increasing - SummitRehab \(summitmalibu.com\)](https://www.summitrehab.com/blog/xylazine-horse-tranquilizer-drug-use-is-increasing/).

Synthetic Drugs

According to the United Nations Office on Drugs and Crime, due to developments in the chemical and pharmaceutical industries, we continue to have discovery and increase of new synthetic drugs. New pharmaceuticals, such as synthetic tranquilizers, stimulants, and anesthetics have advanced medicine, but also expanded opportunities for the use of the non-authorized supply of new mind-altering substances.¹²⁸ New compounds are discovered rapidly, and potency is much higher than naturally derived drugs due to the ease of researching medical literature by clandestine chemists. In a review of the literature on the synthesis routes for fentanyl, the criminals illegally manufacturing the drug are learning from published research and patents.¹²⁹

Synthetic Drugs of most concern found in Region 9 are fentanyl, methamphetamine, and xylazine. Among the synthetic drugs of most concern to Region 9, xylazine is the newest emerging trend. In March of 2023, the Texas Department of State Health Services issued a health advisory that xylazine, a large animal tranquilizer not approved for human consumption, mixed with illicit fentanyl has been found in west Texas.¹³⁰ Consumers of fentanyl might not be aware that the xylazine is in the fentanyl supply. Xylazine has a strong sedative effect and can cause unconsciousness, low blood pressure, a slowed heart rate and breathing, and may cause organ damage due to a loss of blood flow.

¹²⁸ United Nations Office of Drug (2023).

¹²⁹ Bryce Pardo et al. (2019).

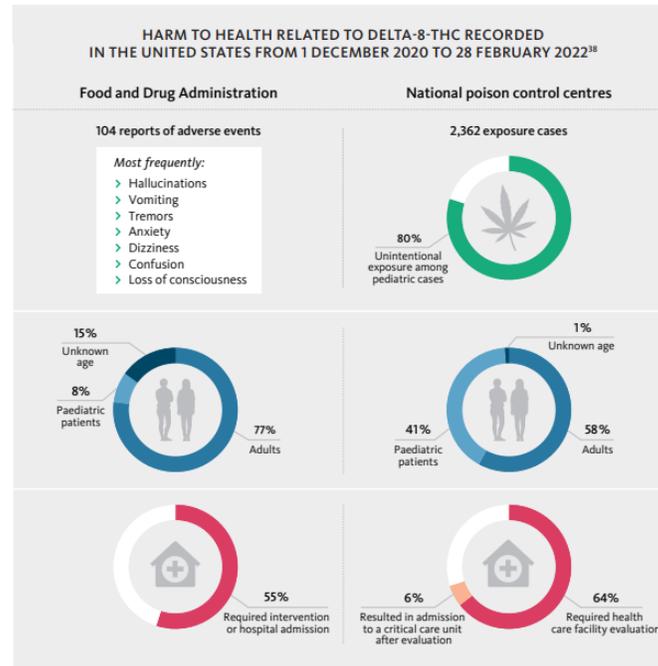
¹³⁰ Texas Department of State Health Services. (2023).

Delta Products (Tetrahydrocannabinol)

Besides synthetic drugs, Region 9 also has seen an increase in delta-8, delta-9, and delta-10 products containing tetrahydrocannabinol (THC), a psychoactive substance found in the Cannabis sativa plant. It is typically manufactured from CBD. These products have not been evaluated or approved by the FDA for safe use in any context.¹³¹ Of the three variations of THC, delta-9 is the most potent psychoactive, followed by delta-10. Delta-8 is the most mild and claims to have half of the potency of delta-9.

The national poison control centers received 2,362 exposure cases of delta-8 products between January 1, 2021 (the date that the product code was added to the database), and February 28, 2022. 70% required health care facility evaluation, of which 8% resulted in admission to a critical care unit; 45% of patients requiring a health care evaluation were pediatric patients. One pediatric case was coded with a medical outcome of death. Marketing of delta-8 is appealing to children and is occurring online. Figure 33 shows the harmful health effects from delta-8.

Figure 35 HARM TO HEALTH DELTA-8 THC



Food and Drug Administration. (2023). <https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc>.

Impact of COVID-19 on Behavioral Health

The COVID-19 crisis created a disruption in the organization of society. According to one report from the CDC, in late June of 2020, 31 percent of survey respondents reported symptoms of anxiety or depression, 13 percent reported having started or increased substance use, and 11 percent reported having serious thoughts of suicide in the past 30 days. The rates are nearly double what would have been expected before the pandemic.¹³² Risk factors included food insufficiency, financial concerns, and loneliness.

Social isolation and feelings of loneliness were felt by many people, but especially adolescents and children. They are sensitive to changes in the routine of their daily life. The emotions and

¹³¹ Food and Drug Administration. (2022).

¹³² Gordon, J. (2021)

behaviors of adolescents, who have a developing mind, were especially impacted by the lockdown, possible fear of illness, likelihood of financial strain, and strained family interactions.¹³³ Research has been done where pre-pandemic mental health was compared to mental health during the pandemic. There was a statistically significant deterioration of mental health across clinical and community samples, with greater deterioration in the community sample.

Community Interview Findings

Key Informant interviews were conducted in June, July, and August of 2022. The following summary includes interviewees from the following sectors: Business Community, Civic and Volunteer Groups, Faith-Based Community, Healthcare Professionals, Law Enforcement Agencies, Local Mental Health Authority (LMHA), Media, Youth/Young Adult Serving Organizations, Non-Profits, Parents, Education, and State and Local Government.

When asked about substance use concerns that are seen within the Region 9 communities, contributing factors and consequences, concerns mentioned were the geographical location of Region 9 within the state of Texas. A few stakeholders mentioned that because Interstate 20 is a halfway point between Dallas and El Paso, that drugs were passing through our community. The majority of the participants voiced concern regarding youth use of alcohol, tobacco, prescription drugs and marijuana. The greatest concerns were youth using at an early age and the reality that they do not often know what substances they are taking. Also, youth are not aware of how substances affect their bodies and how using them can impact their life. Other concerns in Region 9 were auto accidents due to being under the influence of alcohol or drugs as well as opioid overdoses in the community. Moreover, others included the stigma against people with substance use disorder. Lastly, there was concern about bed shortages for people seeking treatment.

Responses to contributing factors to the concerns mentioned, included many theories. Stakeholders believe that youth substance use is due to boredom, peer pressure, and social media influencers. It was also mentioned that the lack of funding for treatment centers and facilities contributes to the concern about individuals not seeking treatment. Several interviewees talked about the fast-paced environment in which youth are living and that youth are dealing with more adult issues earlier than expected. The most talked about contributing factor was the accessibility to drugs.

Those interviewed were asked what the most harmful consequence of substance use/misuse was, every respondent answered that loss of life is the most harmful consequence. Most respondents had a personal connection to someone who has lost their life to substance use/misuse, or they work with individuals who struggle with substance use disorders. Other consequences mentioned were teen pregnancy, poverty, increase in crisis volume that puts limits on how agencies and communities respond, prison, dropping out of school, and drunk or drugged driving.

When asked how substance use affects their sector directly, there were similar answers among the respondents. Those who work directly with the community or provide services talked about resources such as time and funding being stretched thin. This leads to burnout or turnover in

¹³³ Craig, S, Ames, M, Bondi, BC, et al. (2020).

staff. Law enforcement reports a rise in DUI/DWI's and manslaughter cases. The healthcare sector notices a rise in other health issues that require treatment because of substance use, as well as an increase in teen pregnancies.

There appeared to be a lack of awareness of community resources among the interviewees. When specifically asked about what prevention services and resources they were aware of, their responses were: "none", "not enough", and "a few". Some respondents were more specific such as "sober living", "victim liaison", "community health workers", "peer support specialist", "first responders" and "recovery programs". The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) and the Alcohol and Drug Awareness Center for the Concho Valley (ADACCV) were mentioned as prevention programs. Recovery-based resources were mentioned most often.

Those interviewed were asked what was believed to be the best resources in their community for prevention, responses included police, peer support programs, mentorship, LMHA, schools, and other prevention programs from PBRCADA and ADACCV. The main concern among stakeholders was a lack in prevention resources. Answers were a variety of unsure, all lacking, not enough unity of resources, lack of detox beds, lack of funding for sustainable programming and services, language barriers, and most commonly people not accessing services.

The respondents were questioned about mental and emotional wellbeing resources they are aware of in the Region 9 community in which they reside. Similar answers were given as with the prevention resources that many were unsure of what those resources were, but it was known that the resources existed. Those interviewees from agencies that work as a community provider or nonprofit were very aware of existing resources for mental and emotional wellbeing.

The "best resources" listed were the LMHA, churches, Texas Tech Health Sciences Center, nonprofits, and counselors. In contrast, the interviewees also mentioned that there is a lack of services and a lack of knowledge about the services. The common theme with most interviewees was more community awareness in substance abuse is needed. Most respondents mentioned if there was more awareness, those in need would be able to get help or understand how to seek and access services. Many of the interviewees felt that there is a shortage of Mental Health Officers. With the few in Region 9, they are stretched thin when there are many calls for assistance. There is also a shortage of Licensed Professional Counselors (LPCs) and Licensed Clinical Drug Counselor (LCDCs) as well as lack of mental health facilities in our area. Many patients needing mental health inpatient treatment are sent to other areas in Texas due to the lack of availability of beds within local facilities. Pediatric Psychiatry was also mentioned as a lacking resource. There are some resources, but the amount is insufficient for the need in Region 9.

When asked what information their specific sector needed to better understand substance use/misuse and mental and emotional health in their community, the responses were education, awareness, and more information. Specifically, it was mentioned that there was a need to be more trauma informed and have access to more trainings. Some sectors spoke about being more open minded and putting the effort forth to learn about mental health and substance use/misuse. Also, sectors spoke about funding and legislation for substance abuse and mental health in

Texas. Lastly, respondents wanted to know how they could partner with prevention work so that they can be more helpful within their sector.

The final question for the interviewees was, “what should we be asking experts in this field?”. Responses indicated once again that more information to find resources, understand the consequences and other education on substance use and mental health was requested. Mostly, respondents wanted to know, “how are the experts making change?”, “What are they doing to help the community?”, “How are they empowering people?”, “What is being done about medication assisted treatment?” They would like to ask experts to search at the state level for funding allocation, and to look at states who have had positive outcomes to compare data, and to look for ways to adopt successful strategies. Funding is integral in obtaining more resources, including beds for those who seek to receive treatment without barriers to access services.

In summary, the key findings demonstrate that there was agreement among respondents regarding the lack of prevention and mental/emotional health resources, access to information about how to find resources, accessibility to resources, and many similar concerns regarding youth substance use/misuse. It is evident that more prevention awareness is needed in schools, communities, and throughout each community sector. The interviews conducted will be used to inform the community and stakeholders about resources, offer education, and address concerns. One of the most powerful statements from an interview was “if my child was using drugs, I would not know what to do or where to start to look for help. I need more information”.

Recommendations for next steps begin with conversations with prevention and mental health professionals to inquire about current and future prevention messages in the community, along with how communities can receive a more thorough knowledge of resources. This will enable community leaders to feel empowered to engage in conversations within their communities and sectors. The greatest concern appears to be lack of resources, accessibility to the resources that do exist, and knowing what is available to help those in need. Analysis among each community in Region 9 should be conducted to see what the specific needs are for that specific county.

Lastly, education and awareness need to be addressed. People do not anticipate that they will ever need assistance with substance use/misuse or mental health services for their family. With the quote from an interviewee, shared above, it is apparent that when resources are needed, it could be difficult to find and access because of lack of knowledge. Informing the public and educating Region 9 can help in reducing the stigma around seeking help or treatment. By informing the greater community, and specifically faith-based communities, parents, educators, counselors, LMHA’s, business community, nonprofits, youth serving organizations, civic groups and volunteers, stakeholders, and law enforcement of opportunities to learn about prevention and how to have conversations at home and/or in their sector, Region 9 can help change the life course of young people and those who need treatment.

Community Coalitions

1. **Better Breathing Club at Midland Memorial Hospital:** This program meets once a month to help people understand their breathing problems. Asthma, COPD, and emphysema are explained and ways to help individuals cope with their diagnosis are explored. Better Breathing Club currently serves Midland County. (432) 221-4864
2. **The Concho Valley C.A.R.E.S. Coalition:** This coalition is a Drug Free Community (DFC) Coalition that was established by the Alcohol and Drug Abuse Council for the Concho Valley (ADACCV). It addresses high-risk factors for those in the community to empower them to make better choices and minimize substance abuse dependence risks. The Concho Valley C.A.R.E.S. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley


<http://www.adaccv.org/cares/>, <https://www.facebook.com/CVCARES/>
3. **Early Childhood Coalition:** The Early Childhood Coalition is a community coalition representing both Midland and Odessa. The coalition consists of 60 stakeholder agencies including education, medical community, social services, mental health services, county government, public health, drug and alcohol abuse prevention, youth programming, and childcare providers. The focus is to facilitate ongoing collaboration of the community.
4. **Family Health Coalition:** This coalition in Region 9 promotes collaboration of the many services available throughout the region. This coalition meets quarterly throughout the region, promotes all levels of healthy living, and is open to anyone. The Family Health Coalition currently serves agencies that service people of all age groups.
5. **Midessa Community Alliance Coalition:** The Midessa Community Alliance Coalition is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA). The Coalition's mission is to reduce underage drinking, tobacco, nicotine use, and substance abuse by: creating a community culture that promotes healthy choices; advocating for policies and regulations that protect, empower and nurture youth; and facilitate positive opportunities for youth to be involved and thrive. The goal is to engage, advocate, and empower through education, community collaboration, and awareness in policy and social change for Midland and Ector County and to build a healthy drug-free communities.


<https://www.facebook.com/MidessaCoalition>
6. **Homeless Coalition:** The Ector and Midland County homeless coalitions are a collaborative group of local agencies interested in supporting and stabilizing individuals in need. These coalitions identify and help to meet the needs of the homeless by providing shelter, food, transportation, housing, medical needs, and hygiene. The Homeless Coalition serves Midland and Ector counties.


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



www.facebook.com/ectorvictimscoalition/ victimservices@mcounty.com

8. **Oxford House:** Oxford House is a democratically run, self-supporting and drug free home for those in recovery from drug and alcohol addiction. The number of residents in an Oxford House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Currently, Odessa has 3 Men's Houses and 1 Women's House. San Angelo has 1 Men's and 1 Women's House.



https://www.oxfordhouse.org/userfiles/file/purpose_and_structure.php

9. **Permian Basin Military Partners Coalition:** The Permian Basin Military Partners Coalition has been in place for almost 16 years. They currently refer veterans to other agencies in the area for different services needed. They will continue to focus on providing help serving this population through referrals, as well as education and awareness on alcohol, tobacco, and prescription drug use and abuse.



<https://www.facebook.com/Permian-Basin-Military-Partners-Coalition-776850372391827/>

10. **Teen Pregnancy Prevention Coalition:** The Permian Basin Teen Pregnancy Prevention Coalition began in 2015 to advocate for a comprehensive strategy to prevent teen pregnancy and STDs. The goal is to do this by increasing parent and community involvement and empowering young people to make educated healthy decisions about relationships, sex, and pregnancy by connecting with mentors, peers, and the healthcare system. The Permian Basin Teen Pregnancy Prevention Coalition represents Andrews, Crane, Ector, Midland, and Upton counties. Contact ectortpc@gmail.com or view <https://www.pbteenpregnancyprevention.com>

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

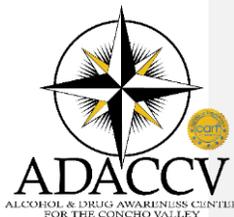


<https://www.facebook.com/xoutylc/>

Treatment/Intervention Providers

1. **Alcohol and Drug Awareness Center for the Concho Valley (ADACCV):** The mission of the Alcohol and Drug Awareness Center for the Concho Valley is to save lives and create healthier communities. The vision is to be an effective and dynamic force in the prevention of human

degradation, the loss of human dignity, and the ultimate loss of life caused by substance abuse and addiction in our community. In addition to the numerous treatment services they provide, they also offer support groups for individuals in recovery. <http://www.adaccv.org/> The following programs are also offered by ADACCV:



- **Cotton Lindsey Center:** Cotton Lindsey Center is an outpatient program consisting of a 14 or 26-week program which includes curriculum involving relapse prevention and education for both individuals and groups. The Cotton Lindsey Center is in San Angelo, TX.
 - **Journey Recovery Center:** is a 72 bed treatment and detox facility that provides comprehensive residential substance use treatment for adult men and women. With detoxification services for up to 12 clients, 30 male treatment beds, and 30 female treatment beds, including women with children placements.
 - **Sara's House:** Sara's House is an intensive residential treatment program for indigent women, including pregnant women and women with children. This program can accommodate children 0-5 years of age, and the number of children residing with each mother is determined on a case-by-case basis. The residential program focuses on intense and support-driven counseling for those in need. Sara's House is in San Angelo, TX.
 - **The Williams House:** The Williams House is an intensive residential treatment program for adult males. The treatment plan of the Williams House includes individual and group counseling, personal and social adjustment goals, and includes Gorski's Relapse Prevention Training. The Williams House is in San Angelo, TX.
2. **Alcoholics Anonymous: (AA)** AA first appeared in 1939 and is an international fellowship of men and women who have a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical program and available almost everywhere. There are no age or education requirements for AA. Membership is open to anyone who wants to do something about his or her drinking problem and follow a 12-step program.
 3. **Basin Detox:** For over 24 years, Basin Detox Systems has provided medical detox for individuals struggling with chemical dependency, including alcohol, substance, and opioid addiction and misuse. The detox programs are located in acute care hospitals under the care of physicians to treat the individual's withdrawal symptoms. The treatment options are fully covered by most private insurance plans. The primary focus is the detox stage of recovery, believing this a vital part of recovery. Contact (432)520-2990 <https://www.basindetox.com>
 4. **Celebrate Recovery:** Celebrate Recovery helps people find freedom from hurts, habits, and hang-ups including addictions, compulsive, and dysfunctional behaviors. Celebrate Recovery meets at First Methodist Church in Midland every Tuesday night. You do not have to be a member of First Methodist to attend. <http://www.firstmethodistmidland.com/celebrate-recovery/>
 5. **Centers for Children and Families:** Centers for Children and Families exists to improve quality of life and strengthen the communities they serve through counseling, educational, and supportive services. They offer counseling, parenting education classes, adoption support, and military support. Centers for Children and Families currently serves Ector and Midland counties. <https://centerstx.org/>



6. **Concho Valley Turning Point:** Concho Valley Turning Point offers rehabilitation, recovery, and outreach services for individuals and families looking for help in overcoming addiction and other destructive lifestyles. They offer intervention services to those who need assistance in confronting addiction. <https://cvtp.org/>
7. **Clover House:** This facility provides alcoholism treatment services to court-ordered patients. The treatment center provides residential short-term treatment and residential long-term treatment care. There are special groups and programs for persons with co-occurring mental and substance use disorders, men, and criminal justice groups. Special language services provided include Spanish. Clover House serves counties across Texas, but patients must be court-ordered. (432)580-0321
8. **Ector County Health Department:** This program is responsible for the development, integration and coordination of communicable disease control activities, environmental and consumer health protection programs, and public health promotion in Ector County. Services include the containment of vaccine preventable diseases, sexually transmitted diseases, tuberculosis, and food-borne illnesses. Food service sanitation, water quality, waste-water control, and the investigation of sanitation complaints are environmental health services performed by Ector County Health Department personnel. (432)498-4141
9. **Gaines County Community Rehabilitation Center:** This program is funded by Gaines County and serves the communities of Seminole and Seagraves. The program offers drug evaluation, outpatient services applicable to individuals and groups, and provides drug offender education. County residents can seek counseling and referral services for substance use and abuse through this program. (432)758-4000
10. **Heart of Texas Healthcare System- Heritage Program:** This program provides outpatient mental health services to senior adults. The Heritage Program campus is in Brady, Texas, where professionals provide healthcare as well as mental health services. (325)597-2901 <https://www.heartoftexashealthcare.org/services/heritageprogram.php>
11. **Medical Center Hospital Odessa:** Medical Center Health System is a comprehensive healthcare provider in the Permian Basin. Medical Center Health System introduced the Center for Health & Wellness, including Mission Fitness, ProCare Internal Medicine, Laboratory, Diabetes Center and Radiology. MCHS has clinics at various locations to make healthcare more accessible to Odessa and the surrounding 17 counties. <https://www.mchodessa.com>
12. **Midland County Health Department:** This program is responsible for community education and outreach in food safety, immunizations, septic systems and tuberculosis control. They also provide worksite wellness and assist employees in being smoke and tobacco-free at work, be active and eat healthy at work. They provide Men's Health and Women's Health as well as School Health guidelines to learn more about promoting school health. (432)681-7613
13. **Mission Messiah:** Mission Messiah is an 18-month faith-based residential program for women and their children. The eighteen months consist of 12 months of campus residency, and 6 months of accountable living (on their own) through mentorship, counseling, and service. Mission Messiah serves all counties. <https://missionmessiah.org/>
14. **Mommy & Me Program:** Mommy & Me is a program designed for pregnant and postpartum females who are identified as being at-risk of having or who have a substance use disorder. The program provides the clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: overdose prevention, fetal and child



development, Fetal Alcohol Spectrum Disorder (FASD), family violence, infant and child safety guidelines, pregnancy planning and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://pbrcada.org/>

15. **Narcotics Anonymous (NA):** NA is a global community-based organization which was founded in 1953. The program offers recovery from the effects of addiction through working a 12-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for those with a substance use challenge who wish to pursue and maintain a drug-free lifestyle. The name Narcotics Anonymous is not meant to imply a focus on any particular drug. NA's approach makes no distinction between drugs, including alcohol. Membership is free and there is no affiliation with any organizations outside of NA including governments, religions, law enforcements groups, or medical and psychiatric associations. <https://www.na.org/>



16. **Oceans Behavioral Health Center:** Oceans Behavioral Health Center is a secured inpatient treatment facility in Midland, TX for individuals suffering from psychiatric illnesses. Oceans provides 14 geriatric beds (ages 55 and older) and 28 beds for adults (ages 18 to 54). In March 2015, Oceans opened a portion of their facility to reach adolescents (ages 12-17). They currently have 20 beds designated for adolescent treatment of psychiatric and substance abuse issues. <https://oceanshealthcare.com/permian-basin>.



17. **PADRE Program:** The Parenting Awareness and Drug Risk Education (PADRE) program provides community-based, gender-specific intervention services to both parenting males and expecting fathers and parenting females and expecting mothers at risk for involvement or currently involved with Department of Family Protective Services (DFPS) with substance use disorders or who are at risk of developing substance use disorder. Outreach, screening, assessment, and needed referrals for substance abuse, mental health, and other needed community resources, case management, and coordination with other service providers are provided. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://pbrcada.org/>

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



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

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

- **She's for Sure Program:** She's for Sure provides outpatient substance abuse treatment to adolescents and adult women who have a history of chemical dependency or who are currently chemically dependent.
- **Top Rank Youth Program:** Top Rank Youth Program provides outpatient substance abuse treatment for adolescents (ages 13-17) who do not require a structured residential treatment.
- **Turning Point:** Turning Point provides detoxification services and intensive residential treatment. Adults are assisted through detoxification and placed in a highly structured and supervised residential setting, designed for newly-recovering individuals. This facility is in Ector County.

19. **River Crest Hospital:** River Crest Hospital is a secured inpatient facility in San Angelo, TX that provides mental health and substance abuse treatment to adults and adolescents throughout Region 9. The goal of River Crest is to provide evaluation, crisis stability, treatment, education, prevention, and follow-up care. River Crest is a modern 80-bed hospital specializing in the treatment of mental health and substance abuse issues that can afflict people of all ages. River Crest Hospital serves all counties.



<https://www.rivercresthospital.com/>

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



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



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

21. **Steps Recovery:** Steps Recovery is a 13-week Bible-based program offered at the First Baptist Church of Odessa and is modeled after the traditional 12-steps of AA. Steps allows individuals to apply biblical scripture to each step of substance abuse recovery. Steps Recovery serves Midland and Ector counties.

<https://www.fbcodessa.com/connect/care/life-recovery/>

Local Social Services

1. **Adult and Teen Challenge of Texas:** Teen Challenge of the Permian Basin is a residential, faith-based program that helps individuals that suffer from addictions. This program offers help to individuals by offering religion-based acceptance, coping, and problem-solving skills. The focus is on family, leadership, and goals for those in need with the goal being the reunification of the family and overcoming addiction. Teen Challenge currently serves Midland and Ector counties. Adult programs are currently not available in the Permian Basin, but they are available in other parts of the state. <http://teenchallenge.tx.org/>



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



3. **Casa De Amigos:** Casa De Amigos aims to improve quality of life throughout the community by “helping individuals to help themselves”. Programs currently being offered include senior programs, health and wellness programs, education services, and social services. Specifically, the Take 2 Program is funded by Chevron to break the cycle of poverty by helping individuals gain employment in high paying industries. VITA is another Casa de Amigos program, and it offers free tax services to low-income families. Casa de Amigos serves all counties. <http://www.casadeamigosmidland.org/>



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



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



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

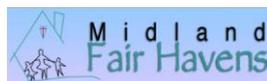
6. **Goodwill of West Texas:** Goodwill of West Texas' goal is to provide opportunities to people with barriers to employment. Goodwill formed a retail store organization to assist those in need with everyday items from household goods to clothing needs. Goodwill West Texas currently serves Howard, McCulloch,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



7. **Harmony Home Children's Advocacy Center:** Harmony Home Children's Advocacy Center serves Ector, Pecos, Ward, Reeves, Loving, Winkler, and Ward counties by providing services for child victims of sexual, physical, and emotional abuse. Their goal is to break the silence and help heal the hurt of child abuse. Harmony Home offers prevention, education, forensic interviews, victim services, therapy, and community outreach. <https://www.ohhcac.org/>



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



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



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



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



12. **West Texas Food Bank:** The primary goal for the West Texas Food Bank is to provide those in need with food and groceries (individuals, families, daycares, youth programs, senior centers, and soup kitchens). The West Texas Food Bank serves Dawson, Borden, Andrews, Martin, Howard, Loving, Winkler, Ector, Midland, Glasscock, Ward, Crane, Upton, Reeves, Pecos, and Terrell counties in Region 9. <https://www.wtxfoodbank.org/>



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



Law Enforcement Capacity and Support

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

<https://www.midlandtexas.gov/316/Citizens-on-Patrol>

<https://www.odessa-tx.gov/461/Citizens-on-Patrol>

<http://sanangelopolice.org/articles/view/citizens-police-academy>



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

<https://www.odessa-tx.gov/480/Citizens-Police-Academy>

<http://midlandtexas.gov/315/Citizen-Police-Academy>

<https://www.pecostx.gov/government/departments/police/citizens-police-academy>

3. **National Night Out:** Local law enforcement agencies encourage communities to establish neighborhood watches, apartment watches, and even mall watches to help identify and work against potential crimes and criminals. Police officers make it a point to participate in community-driven “National Night Out” block parties to help educate and inform communities of crime trends. National Night Out is currently celebrated in Pecos, Ector, and Midland counties. <https://natw.org/>



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

[Home | Midland Teen Court](#) [Teen Court | Odessa, TX \(odessa-tx.gov\)](#)

Healthy Youth Activities

1. **Big Brothers Big Sisters of the Permian Basin:** The mission of Big Brothers Big Sisters is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Big Brothers Big Sisters is one of the oldest and largest mentoring organizations in the nation and currently serves Midland and Ector counties. www.bbbspermianbasin.org.
2. **Boys and Girls Club of America:** This program focuses on building collaborative relationships within the community through child/youth development, self-esteem, and a love of learning by teaching them about civic duty, responsibility, honesty, and self-discipline. The program offers homework support and help, education towards healthy choices, and arts and crafts. The Boys and Girls Club has local chapters throughout Texas. <http://www.basinkids.org/>
3. **Boy Scouts of America:** Boy Scouts of America is one of the nation's largest value-based youth development organizations. They provide a program for both male and female adolescents that builds character, life skills, promotes citizen and community development, and personal fitness. The Boy Scouts of America has local chapters throughout the nation. <https://www.scouting.org/>
4. **Campfire WTX:** The Campfire WTX program provides the opportunity for young people to find their spark, lift their voice, and discover who they are so that they can go out and shape the world. Campfire WTX offers after-school care, day camps, volunteer community service, life skills development, stranger danger education, and homework assistance for children. <http://campfirewtx.org/>
5. **First Priority of the Permian Basin:** First Priority of the Permian Basin aims to use parents, teachers, pastors, business leaders, and youth to equip, encourage, and empower junior and high school students to bring Christ into their lives. First Priority currently serves Ector, Midland, and Ward counties. <https://firstprioritypb.org/>
6. **Girl Scouts:** The mission of the Girl Scouts is to build girls of courage, confidence, and character, which make the world a better place. They offer team building, individual development mentoring, a sense of belonging, and community involvement. The Girl Scouts has local chapters throughout the nation. <https://www.girlscouts.org/>
7. **Teen F.L.O.W.:** Teen F.L.O.W. (Faithful Leaders of the Word) is a Christian center that focuses on at-risk youth and adolescents by providing safe havens, meals, fun activities, educational skill development, and Bible studies. Teen F.L.O.W. currently serves Midland and Ector counties. <http://teenflow.com/>



8. **Texas 4-H Club:** The 4-H Club offers youth a chance to follow their dreams by enabling them to make healthy choices and pursue activities that hold an interest to them. Through this program, youth meet challenges head-on, learn life skills that will continue to help them as they reach maturity, and develop social, emotional, physical, and cognitive competencies. This helps youth make positive choices in how they live their lives. Youth learn leadership, citizenship, and occupational skills that help them build strong character well into adulthood. Texas 4-H has local chapters throughout Texas. <https://texas4-h.tamu.edu/>



9. **YMCA Partners with Youth Program:** YMCA Partners with Youth offers programs for adolescents to take part in fun activities and teams that enable participating youth to present better decisions about life choices. Some of the youth activities include flag football, basketball, soccer, volleyball, softball, and cheerleading. They give the youth a variety of activities to select from and help promote an active, healthy life. This program is offered in Midland and Ector counties. They also offer a Silver Sneakers Club which gives senior citizens a discount for membership.



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

Local Mental Health Providers

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

FIGURE 36 REGION 9 MENTAL HEALTH CENTERS	
Center	Center for Life Resources
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	http://www.cflr.us/
Counties Served	McCulloch
Center	Hill Country Mental Health & Developmental Disabilities Centers
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	http://www.hillcountry.org/
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	MHMR Services for the Concho Valley
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	http://www.mhmrv.org
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	PermianCare (Permian Basin Community Centers for MHMR)
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	http://www.pbmhmr.com/
Counties Served	Ector, Midland, Pecos
Center	West Texas Centers
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	http://www.wtcmhmr.org/
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

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



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



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



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



5. **MHMR Services for the Concho Valley:** MHMR Services for the Concho Valley provides services and support to those suffering from an array of mental health illnesses, developmental delays, and intellectual and developmental disabilities. The goal of the MHMR Center is to help people work together to help themselves. Currently they serve seven counties in the Concho Valley area, including Coke, Concho, Tom Green, Crockett, Irion, Reagan, and Sterling counties in Region 9.



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

7. **PermiaCare:** PermiaCare, provides services for Early Childhood Intervention, mental health, Intellectual Development Disorder, chemical dependency, and HIV. PermiaCare is a public entity that is governed by a local Board of Trustees. The center was formed in 1969 by the city of Midland. Private insurance, Medicare, and Medicaid are accepted. The Texas Health and Human Services Commission (HHSC) contracts for mental health and chemical dependency services, Intellectual Developmental Disorders, and Early Childhood Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer. www.permiacare.org
8. **Samaritan Counseling:** Samaritan Counseling Center is a comprehensive outpatient mental health care clinic offering counseling, education, and programs. They provide licensed, professional counseling services to children ages 3 and up, adolescents, adults, senior citizens, veterans, active military and their families throughout the Permian Basin and surrounding areas. Samaritan's goal is to restore hope and healing of mind, body, and spirit for optimal wellness. <http://samaritancewtx.org/>
9. **West Texas Centers:** West Texas Centers provides services and support options to people with mental illnesses and Intellectual and Developmental Disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, and Winkler counties in Region 9. The purpose of the community center is to offer proper support and services to those in need for them to begin the road to recovery and to lead productive lives. <https://www.wtcmhmr.org/>



Putting it all Together

Region 9 has seen positive changes within the consumption patterns of substance use among youth. However, there are still many areas of concern that need to be addressed. Children are using substances at increasingly younger ages within our region. The younger that substances are introduced, there is a greater likelihood of substance use disorders in the future. Binge drinking is also a concern among all age groups in Region 9. Binge drinking has many consequences including health, criminal justice, and even mortality. Fentanyl, and overdose deaths also continue to be of urgent concern which needs attention. Lastly, there has been a 103 percent increase in tobacco retailers, with many of these being smoke shops that legally sell delta 8, 9, and 10, which contain THC and have been responsible for many emergency department visits and calls to poison control.

Underlying risk factors contributing to behavioral health concerns in Region 9 include the access to mental health services including mental health providers and facilities to accommodate more intensive treatment. Juveniles are also being arrested more often and for more violent crimes. The lack of juvenile detention space, and the geographical distance from some of the counties in Region 9 mean that juveniles aren't seeing the severity and consequence of making choices to engage in crime. Educational attainment is also much lower than the national or state average. Also of concern is the uninsured rate for health care for both children and adults, the increase in the availability of alcohol and tobacco through more permits, academic achievement including absenteeism, and early initiation to substances. All these risk factors can impact substance use and misuse within our communities.

Along with the need for more mental health facilities and service providers, there is a need for substance use inpatient treatment, especially for youth. More Licensed Clinical Drug Counselors (LCDCs) are also needed within our region. There are disparities in suicide rates and depression that are increasingly growing in Region 9. One way that behavioral health can be impacted is with prevention programs that are implemented within school districts, teaching children coping skills, and how to make decisions that are both positive and healthy.

Protective factors that are in place in Region 9 include the economic growth that we are seeing within our region as well as the creation of jobs that has occurred over the last two years. Prevention services offered to students, families and the greater community are being used to promote well-being, educating about substance use, bring awareness, and build more protective factors. The growth in the rate of mental health providers, and the construction of a new mental health facility is also a great step forward to combat the improvement in behavioral health outcomes. Lastly, Region 9 has many social associations and opportunities for spiritual connection that have been shown to be protective factors for well-being.

Although Region 9 still has work to do to create better behavioral health outcomes in our communities, there have been many positive changes that stakeholders and agencies have been successful in addressing. This Regional Needs Assessment will identify areas that need further attention and highlight both protective and risk factors that will enable Region 9 to transform the areas of need and fortify existing strengths.

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Appendix

Figure 1. MAP OF PUBLIC 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



Image courtesy of HHSC.

Figure 2. STEPS, PROCESSES, AND STAKEHOLDERS INVOLVED FOR RNA CREATION

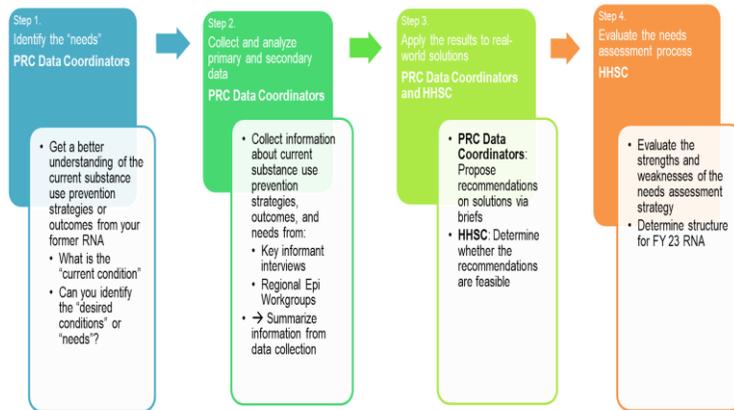


Image courtesy of HHSC.

Figure 3. NUMBER OF USABLE SURVEYS INCLUDED IN STATE SAMPLE FOR TEXAS SCHOOL SURVEY 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Participating Campuses	Total Non-Blank Surveys	Usable Surveys	Number Rejected	Percent Rejected
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

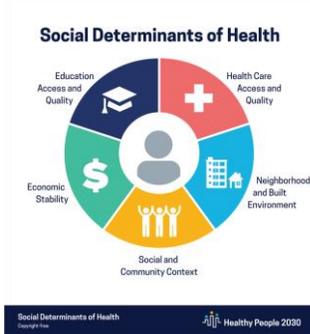
Figure 4. TEXAS SCHOOL SURVEY DISTRIBUTION ACROSS GRADES IN 2020 and 2022

Grade	Survey Distribution TSS 2022		Survey Distribution TSS 2020		Difference Between 2020* and 2022 TSS
	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.5%	1,608
Total	42,199	100.0%	27,965	100.0%	14,234

Figure 5. SOCIAL-ECOLOGICAL MODEL FOR SUBSTANCE USE WITH EXAMPLES

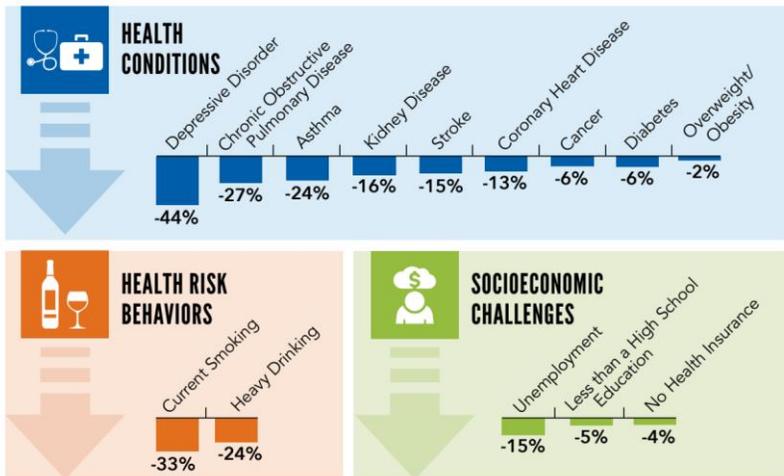
Society	Risk Factors	Protective Factors
	Impoverishment <ul style="list-style-type: none"> • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media 	<ul style="list-style-type: none"> • Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
Community	Availability of AOD <ul style="list-style-type: none"> • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Interpersonal	<ul style="list-style-type: none"> • Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers 	<ul style="list-style-type: none"> • Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
Individual	Biological and psychological dispositions <ul style="list-style-type: none"> • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

Figure 6. SOCIAL DETERMINANTS OF HEALTH



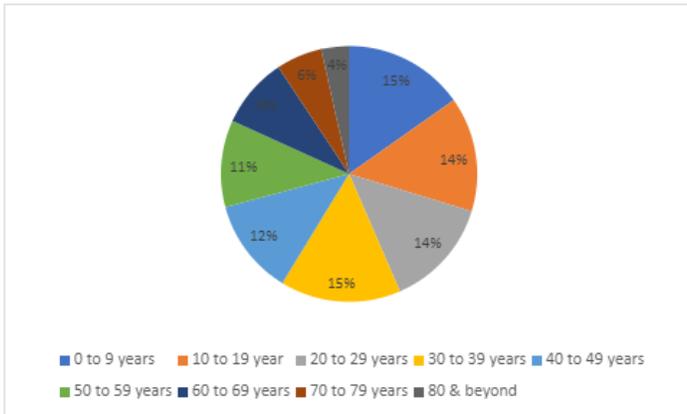
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 6/8/2023 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Figure 7. POTENTIAL REDUCTION OF NEGATIVE OUTCOMES



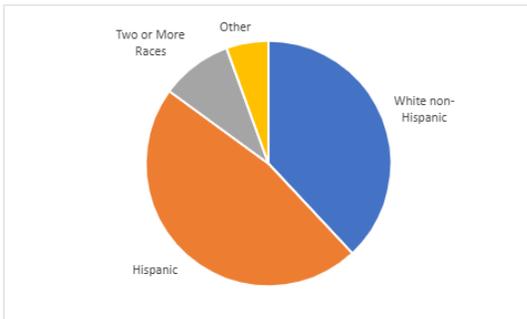
Accessed from: <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Figure 8 REGION 9 POPULATION BY AGE



U.S. CENSUS BUREAU. (2022). American Community Survey. 5-Year Estimates. <https://data.census.gov>.

Figure 9 POPULATION BY RACE AND ETHNICITY



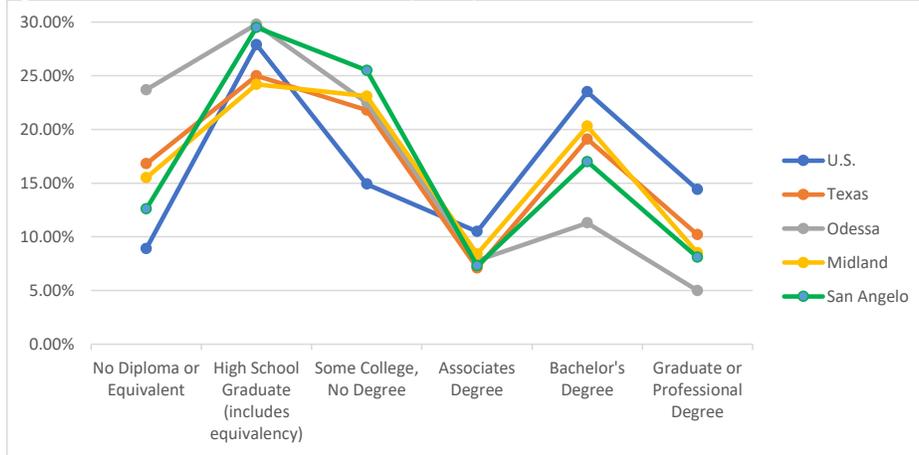
U.S. Census Bureau (2022). American Community Survey. 5-Year Estimates. <https://data.census.gov>.

FIGURE 10 MEDIAN AND PER CAPITA INCOME BY COUNTY

County	Median Household Income	Per Capita Income
Andrews	\$80,518	\$34,970
Borden	\$68,500	\$34,706
Coke	\$42,639	\$27,194
Concho	\$46,719	\$22,225
Crane	\$67,804	\$27,084
Crockett	\$52,731	\$28,512
Dawson	\$42,778	\$20,655
Ector	\$64,975	\$30,952
Gaines	\$67,728	\$25,931
Glasscock	\$85,417	\$40,040
Howard	\$60,260	\$27,504
Irion	\$39,770	\$26,525
Kimble	\$55,677	\$37,697
Loving	--	\$53,358
Martin	\$69,194	\$34,185
Mason	\$73,186	\$36,131
McCulloch	\$46,552	\$25,897
Menard	\$40,341	\$29,372
Midland	\$88,210	\$43,572
Pecos	\$55,652	\$25,576
Reagan	\$62,829	\$25,929
Reeves	\$53,548	\$25,148
Schleicher	\$61,094	\$27,870
Sterling	\$55,481	\$27,214
Sutton	\$61,538	\$25,610
Terrell	\$47,012	\$26,807
Tom Green	\$62,052	\$31,064
Upton	\$58,333	\$26,817
Ward	\$66,216	\$29,991
Winkler	\$67,904	\$28,304

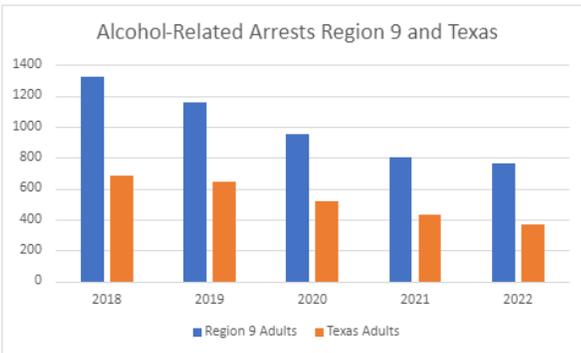
U.S. Census Bureau. (2021).

Figure 11 EDUCATIONAL ATTAINMENT NATIONAL, STATE, AND REGION



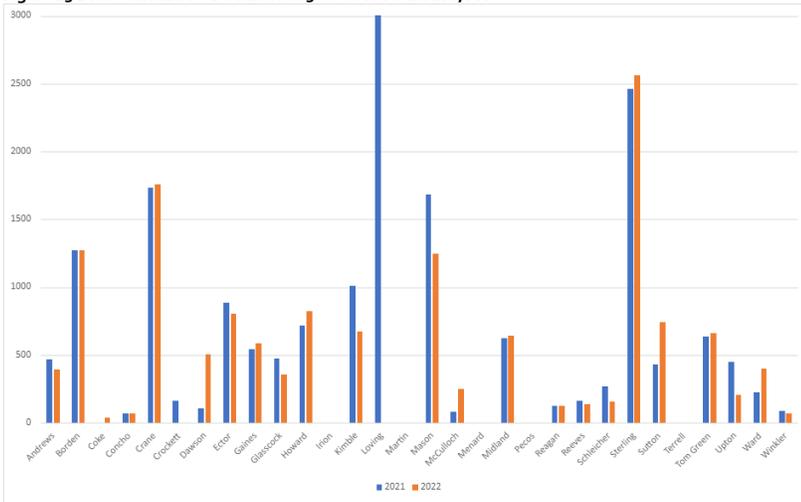
U.S. Census Bureau. (2021). American Community Survey: Educational Attainment.

Figure 12 ALCOHOL-RELATED ARRESTS REGION 9 AND TEXAS



Uniform Crime Reporting. (2023).

Figure 13 DRUG ARRESTS BY REGION 9 COUNTY PER 100,000



U.S. Department of State. Combating Drugs and Crime. <https://www.state.gov/policy-issues/combating-drugs-and-crime/>. Accessed 7/23/23.

Figure 14- VIOLENT CRIME PER 100,000 POPULATION FOR REGION 9 AND TEXAS



Texas Department of Public Safety's Uniform Crime Reporting. <https://txucr.nibrs.com/>.

Figure 15 INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2022

Table 15 -- INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2022

	Population Total	Murder and Nonnegligent Homicide	Manslaughter by Negligence	Rape	Robbery	Aggravated Assault	Burglary	Larceny - Theft	Motor Vehicle Theft	Other Assaults	Arson	Total Offenses
Andrews	18184	0	0	0	0	29	7	26	6	37	0	105
Borden	550	0	0	0	0	0	0	0	0	0	0	0
Coke	3288	0	0	0	0	0	0	0	0	1	0	1
Concho	3181	0	0	0	0	2	0	0	0	0	0	2
Crane	4654	0	0	0	0	0	0	0	0	11	0	11
Crockett	2939	0	0	0	0	1	0	0	0	7	0	8
Dawson	12371	1	0	0	0	8	3	8	4	40	1	65
Ector	161258	12	1	9	31	174	78	365	89	1109	6	1874
Galnes	21167	2	0	0	1	11	9	8	3	36	1	71
Glasscock	1221	0	0	0	0	0	0	1	2	1	0	4
Howard	34620	3	0	1	6	66	22	128	21	161	0	408
Irion	1555	0	0	0	0	0	0	0	0	0	0	0
Kimble	4295	0	0	0	0	2	1	1	3	7	0	14
Loving	83	0	0	0	0	0	0	0	0	0	0	0
Martin	5213	0	0	0	0	0	0	0	0	0	0	0
Mason	3948	1	0	1	0	14	5	14	6	19	0	60
McCulloch	7676	0	0	0	0	0	0	1	0	3	0	4
Menard	1981	0	0	0	0	0	0	0	0	0	0	0
Midland	166964	7	2	4	12	256	61	229	53	1038	4	1666
Pecos	15202	0	0	1	0	1	2	1	1	22	0	28
Reagan	3363	0	0	0	0	0	0	0	0	1	0	1
Reeves	14584	0	0	0	0	34	2	6	2	13	0	57
Schleicher	2547	0	0	0	0	1	1	2	0	0	0	4
Sterling	1391	0	0	0	0	1	1	2	2	2	0	8
Sutton	3417	0	0	0	0	0	3	0	0	6	0	9
Terrell	979	0	0	0	0	0	0	0	0	0	0	0
Tom Green	119048	4	1	25	15	61	40	398	30	435	4	1013
Upton	3340	0	0	0	0	1	0	4	1	14	0	20
Ward	11375	1	0	0	1	7	14	12	8	35	1	79
Winkler	7629	0	0	0	0	3	2	0	1	11	0	17

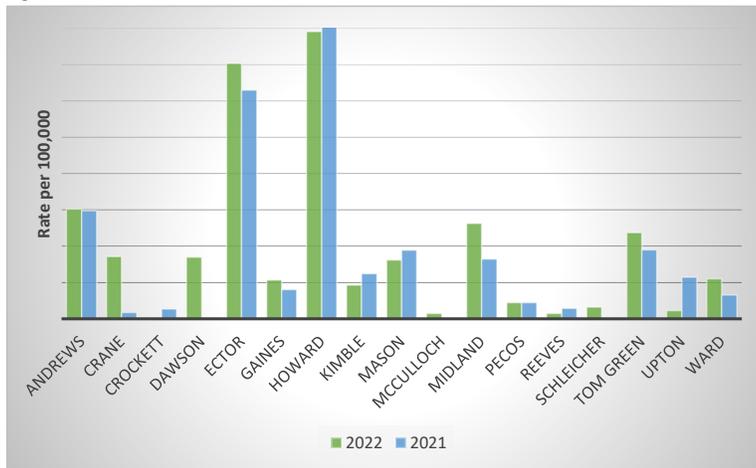
Texas Department of Public Safety's Uniform Crime Reporting. <https://txucr.nibrs.com/>. Accessed 6/1/23.

Figure 16 INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2021

Table 1 - INDEX VIOLENT AND PROPERTY CRIME BY COUNTY- 2021													
	Population Total	Murder and Nonnegligent Homicide	Manslaughter by Negligence	Rape	Robbery	Aggravated Assault	Burglary	Larceny - Theft	Motor Vehicle Theft	Other Assaults	Arson	Total Offenses	
Andrews	18184	0	0	1	1	26	10	22	3	25	0	88	
Borden	550	0	0	1	0	1	0	0	1	1	0	4	
Coke	3288	0	0	0	0	0	0	0	0	2	0	2	
Concho	3181	0	0	0	0	3	0	0	0	2	0	5	
Crane	4654	0	0	0	0	1	0	0	0	14	0	15	
Crockett	2939	0	0	0	0	0	1	0	0	5	0	6	
Dawson	12371	0	0	0	0	0	0	0	1	1	0	2	
Ector	161258	13	1	16	30	185	97	418	51	966	6	1783	
Gaines	21167	1	0	0	3	11	5	22	3	39	0	84	
Glasscock	1221	0	0	0	0	0	1	0	0	0	0	1	
Howard	34620	8	0	0	6	63	31	148	23	127	4	410	
Irion	1555	0	0	0	0	0	0	0	0	0	0	0	
Kimble	4295	0	0	0	0	2	0	1	1	12	0	16	
Loving	83	0	0	0	0	1	0	0	0	0	0	1	
Martin	5213	0	0	0	0	0	0	0	0	0	0	0	
Mason	3948	0	0	1	0	9	3	7	5	30	0	55	
McCulloch	7676	0	0	0	0	1	2	0	1	2	0	6	
Menard	1981	0	0	0	0	0	0	0	0	0	0	0	
Midland	166964	4	2	18	12	204	39	161	42	909	3	1394	
Pecos	15202	0	0	0	0	5	4	4	2	14	0	29	
Reagan	3363	0	0	1	0	0	0	0	0	1	0	2	
Reeves	14584	1	1	0	1	25	1	8	1	7	0	45	
Schleicher	2547	0	0	0	0	0	0	0	0	0	0	0	
Sterling	1391	0	0	0	0	0	0	2	2	1	0	5	
Sutton	3417	0	0	0	0	0	0	0	0	1	0	1	
Terrell	979	0	0	0	0	0	0	0	0	0	0	0	
Tom Green	119048	1	0	11	12	50	23	263	31	458	4	853	
Upton	3940	0	0	0	0	1	0	0	1	5	0	7	
Ward	11375	0	0	0	0	6	1	5	9	36	0	57	
Winkler	7629	0	0	0	1	3	3	1	0	26	0	34	

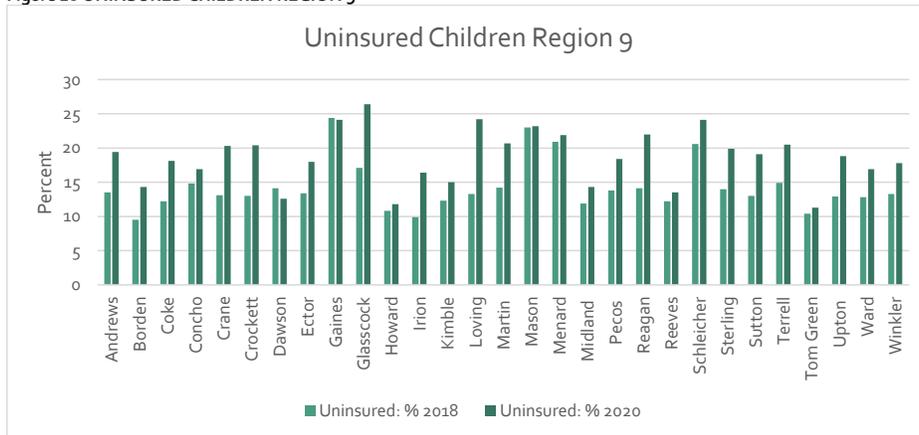
Texas Department of Public Safety's Uniform Crime Reporting. <https://txucr.nibrs.com/>. Accessed 6/1/23.

Figure 17 JUVENILE CRIME RATES REGION 9



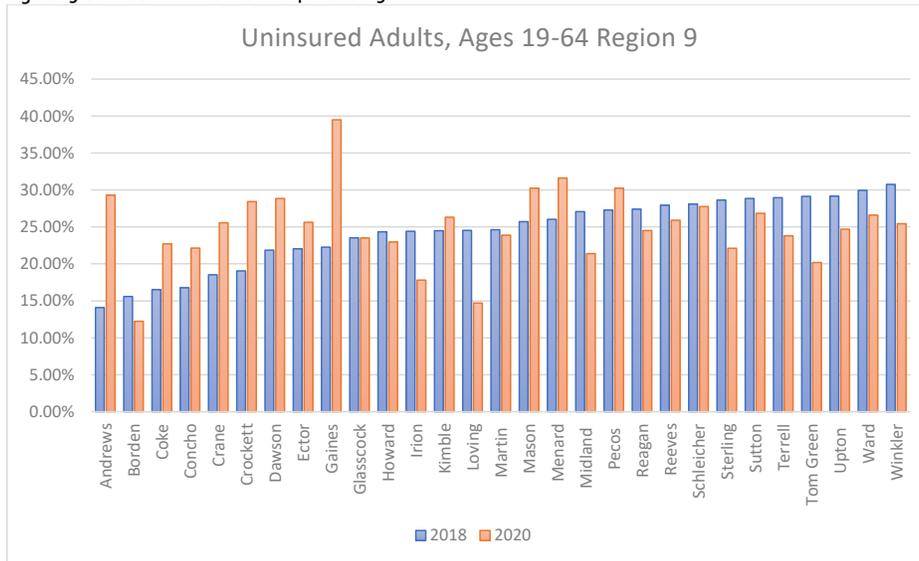
Uniform Crime Reporting. <https://txucr.nibrs.com/>.

Figure 18 UNINSURED CHILDREN REGION 9



US Census Bureau, Small Area Health Insurance Estimates, 2018-2020. https://www.census.gov/data-tools/demo/sahie/#/?s_year=2020,2019,2018&s_statefips=48&s_agecat=0&s_searchtype=sc Accessed 4/5/2023. ¹³⁴

Figure 19 UNINSURED ADULTS 18-64 REGION 9

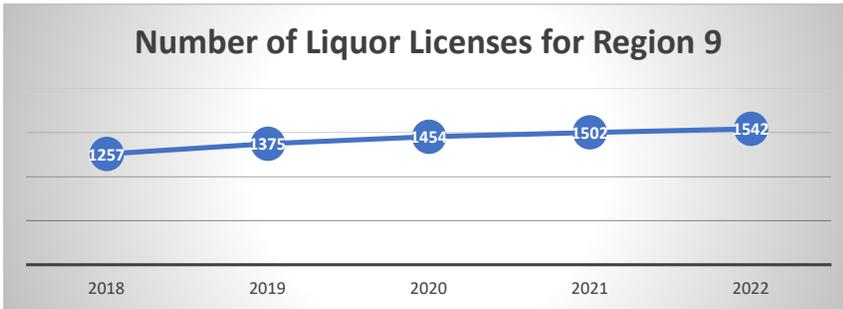


US Census Bureau, Small Area Health Insurance Estimates, 2018-2020. https://www.census.gov/data-tools/demo/sahie/#/?s_year=2020,2019,2018&s_statefips=48&s_agecat=0&s_searchtype=sc. Accessed 4/5/2023. ¹³⁵

¹³⁴ U.S. Census Bureau. (2021).

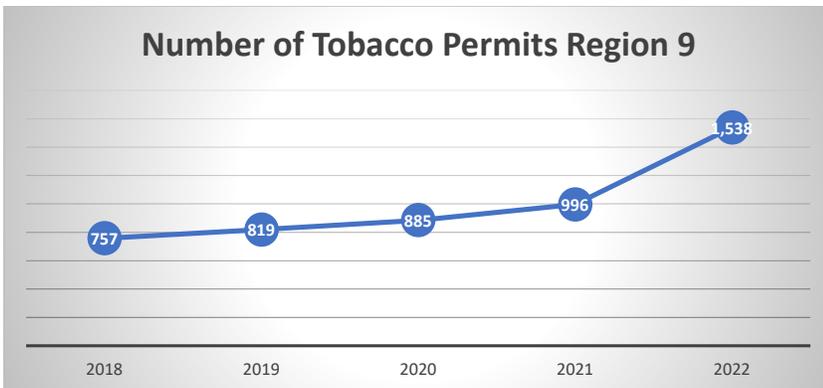
¹³⁵ U.S. Census Bureau. (2021).

Figure 20 NUMBER OF LIQUOR LICENSES FOR REGION 9



Texas Alcoholic Beverage Commission (2023). 2018-2022 Number of Active Alcohol Retailer Licenses on May 1st of Each Year. Retrieved via data request from organization.

Figure 21 NUMBER OF TOBACCO PERMITS REGION 9



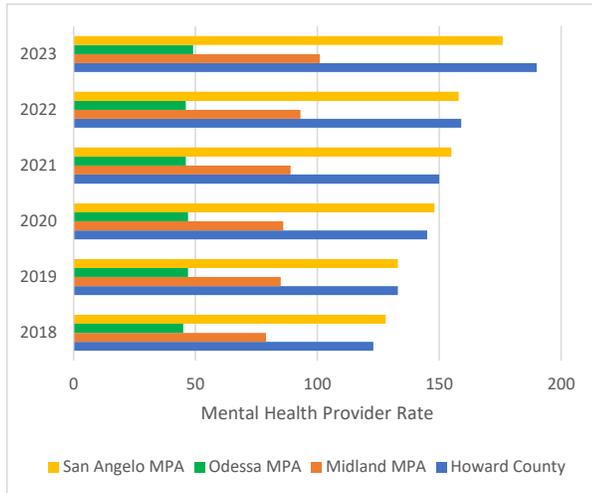
All Cigarette/Tobacco Retailers. <https://data.texas.gov/See-Category-Title/All-Cigarette-and-Tobacco-Retailers/yrkr-maw5/data>. Accessed 6/2/2023.

Figure 22 PRESCRIPTIONS BY SCHEDULE AND YEAR FOR REGION 9



Texas Prescription Monitoring Program. (2023). Texas State Board of Pharmacy. <https://www.pharmacy.texas.gov/PMP/>.

Figure 23 MENTAL HEALTH PROVIDER RATE REGION 9



University of Wisconsin Population Health Institute. (n.d.) Data and Resources. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/tesas/data-and-resources>.

Figure 24 SINGLE-PARENT HOUSEHOLDS IN REGION 9

	Total Households with children under 18 years	Male, no spouse/partner present, with own children under 18 years	Female, no spouse/partner present, with own children under 18 years	Single-Parent Households Estimate	Single-Parent Households Percent
ANDREWS	2861	0	416	416	14.54%
BORDEN	64	9	4	13	20.31%
COKE	255	13	52	65	25.49%
CONCHO	104	7	31	38	36.54%
CRANE	575	0	33	33	5.74%
CROCKETT	350	138	28	166	47.43%
DAWSON	1,404	25	322	347	24.72%
ECTOR	24,623	789	4,498	5287	21.47%
GAINES	3,136	131	519	650	20.73%
GLASSCOCK	175	62	6	68	38.86%
HOWARD	4,269	369	603	972	22.77%
IRION	199	33	15	48	24.12%
KIMBLE	435	0	36	36	8.28%
LOVING	9	0	0	0	0.00%

MARTIN	809	52	119	171	21.14%
MASON	412	0	84	84	20.39%
MCCULLOCH	918	20	130	150	16.34%
MENARD	138	0	16	16	11.59%
MIDLAND	25,988	787	4,005	4792	18.44%
PECOS	1,770	33	389	422	23.84%
REAGAN	516	6	32	38	7.36%
REEVES	1,483	20	324	344	23.20%
SCHLEICHER	268	0	15	15	5.60%
STERLING	172	8	21	29	16.86%
SUTTON	449	9	100	109	24.28%
TERRELL	65	2	12	14	21.54%
TOM GREEN	13,980	601	2,392	2993	21.41%
UPTON	406	7	73	80	19.70%
WARD	1,914	119	321	440	22.99%
WINKLER	1,138	5	187	192	16.87%

Figure 25 INTIMATE PARTNER VIOLENCE and HOMICIDES IN 2021



Texas Council on Family Violence. (2022). Honoring Texas Victims: Family violence homicides in 2021. https://tcfv.org/wp-content/uploads/tcfv_htv_rprt_2021.pdf. Accessed 7/27/23.

Figure 26 FAMILY VIOLENCE RATES (per 100,000 people) FOR REGION 9 and TEXAS

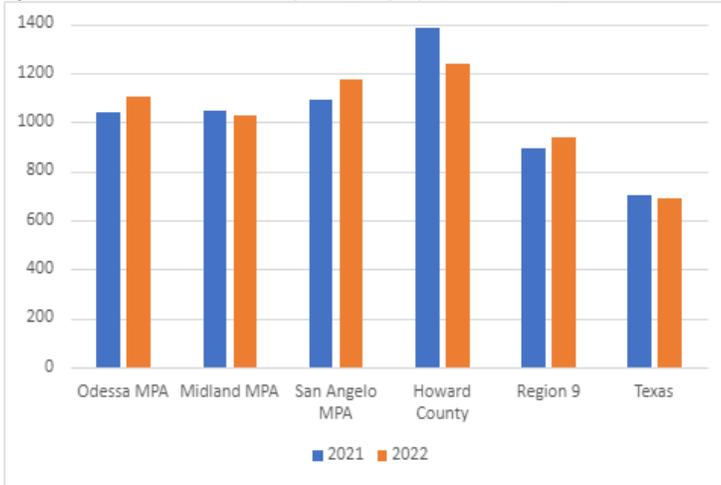
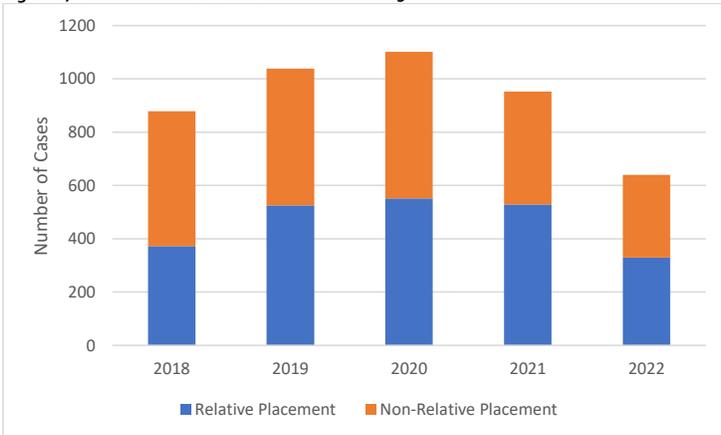
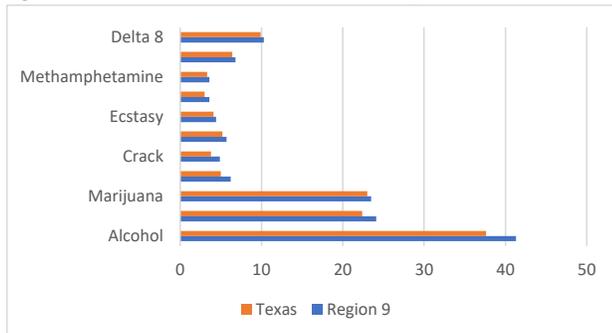


Figure 27 CHILDREN IN FOSTER CARE IN REGION 9



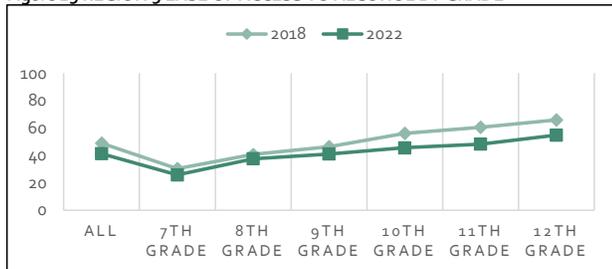
Department of Family Protective Services. (2023).

Figure 28 EASE TO OBTAIN SUBSTANCES REGION 9 AND TEXAS



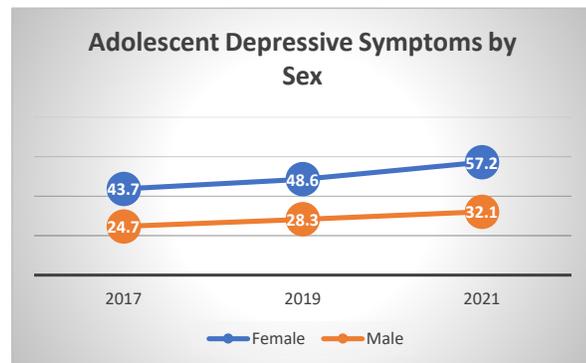
Texas School Survey. (2022).

Figure 29 REGION 9 EASE OF ACCESS TO ALCOHOL BY GRADE



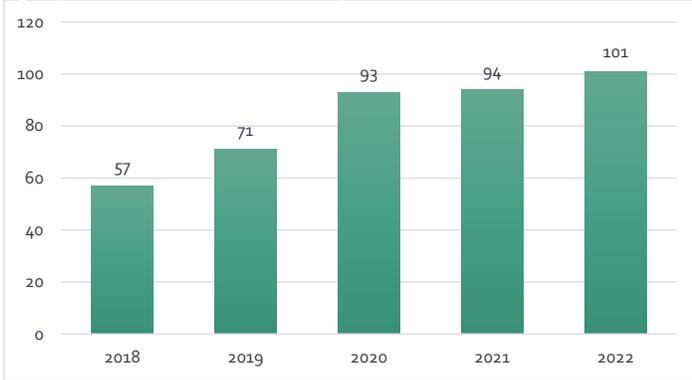
Texas School Survey. (2022).

Figure 30 ADOLESCENT DEPRESSIVE SYMPTOMS BY SEX



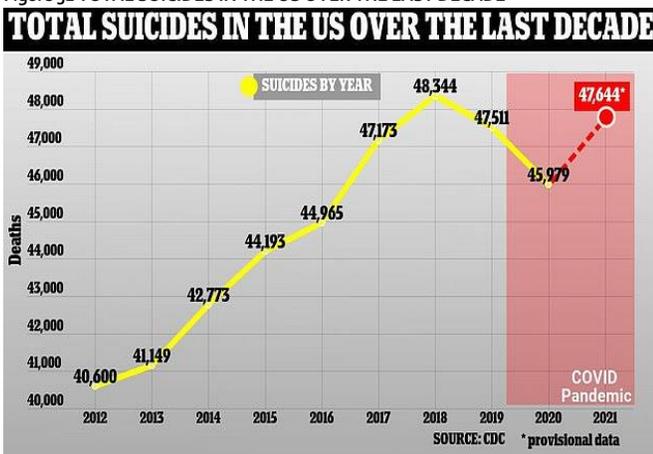
Youth Risk Behavior Survey. Texas Health Data. Texas Department of State Health Services. <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey-2021>. Accessed - 4/7/23.

Figure 31 OVERDOSE DEATHS IN REGION 9 2018-2022



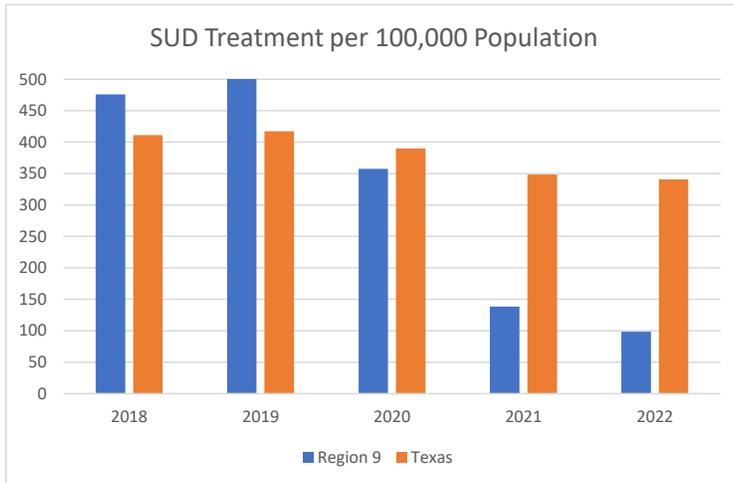
Drug-Related Poisonings, Texas Residents, 2018-2022[^]. Department of State Health Services, Center for Health Statistics. Data request received April 28, 2023.

Figure 32 TOTAL SUICIDES IN THE US OVER THE LAST DECADE



<https://www.dailymail.co.uk/health/article-11266487/Suicide-rates-rose-2021-second-year-pandemic-reversing-years-decline.html>

FIGURE 33 SUD TREATMENT POPULATION for REGION 9 AND TEXAS



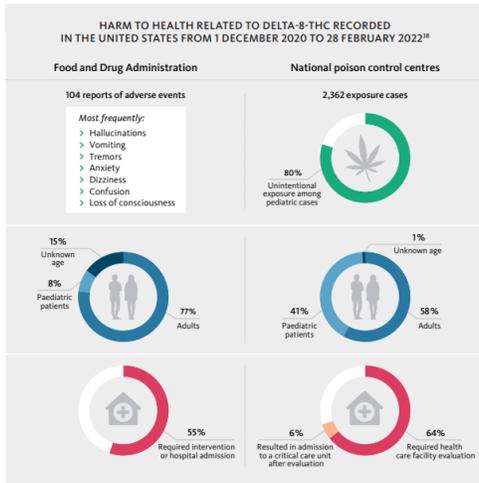
HHSC. (2023). Numbers Served with Substance Use Treatment 2018-2022. Retrieved from HHSC data request.

Figure 34 XYLAZINE SIDE EFFECTS ON HUMANS



Summit Malibu. (2023). Xylazine Horse Tranquilizer Drug Use is Increasing. [Xylazine Horse Tranquilizer Drug Use is Increasing - SummitRehab \(summitmalibu.com\)](https://summitmalibu.com). Accessed 8/14/23.

Figure 35 HARM TO HEALTH DELTA-8 THC



Food and Drug Administration. (2023). <https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc>.

FIGURE 36 REGION 9 MENTAL HEALTH CENTERS

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

ACES	<p>Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.</p> <p>May also refer to adverse <i>community</i> experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).</p> <p>Please see the beginning of the report for more information on ACEs.</p>
Adolescent	<p>An individual ranging between the ages of 10 and 20 years depending on what health organization you reference. For a more in-depth description and definition, see the “Adolescence” section in “Key Concepts” in the beginning of the RNA.</p>
ATOD	<p>Acronym for alcohol, tobacco, and other drugs.</p>
BRFSS	<p>Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.</p>
Counterfeit Drug	<p>A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect</p>

	amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.
<i>DSHS</i>	The Texas Department of State Health Services. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.
<i>Drug</i>	A medicine or other substance which has a physiological and/or psychological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
<i>Evaluation</i>	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility, making comparisons based on these measurements, and the use of the resulting information to optimize program outcomes. The primary purpose is to gain insight to assist in future change.
<i>HHS</i>	The United States Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
<i>Incidence</i>	The proportion, rate, or frequency of new occurrences of a disease, crime, or something else undesirable. In the case of substance use, it is a measure of the risk for new substance use behaviors and new substance use disorder cases within a community.
<i>LGBTQIA+</i>	

	An inclusive term referring to people of marginalized gender identities and sexual orientations and their allies. Examples include lesbian, gay, bisexual, transgender, non-binary, genderqueer, questioning, queer, intersex, asexual, demisexual, and pansexual.
<i>Justice-Impacted</i>	Justice-impacted individuals include those who have been incarcerated or detained in a prison, immigration detention center, local jail, juvenile detention center, or any other carceral setting, those who have been convicted but not incarcerated, those who have been charged but not convicted, and those who have been arrested.
<i>MAT/MOUD</i>	Medication-Assisted Treatment. The use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.
<i>Neurotoxin</i>	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
<i>Person-Centered Language or Person-First Language</i>	<p>Language that puts people first. A person’s identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are more than their substance use disorder, mental illness, or disability.</p> <p>Please note: some people do prefer the use of language that is not person-centered to self-identify, e.g., in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), some people prefer to self-identify as an “addict” rather than a “person with addiction” even though this is not person-centered language. It is best practice to use the language that a person asks you to use when referring to them.</p>

<i>PRC</i>	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.
<i>Prevalence</i>	The current proportion, rate, or frequency of a disease, crime, or other event or health state with a given community. In the case of substance use, it refers to the current rates of substance use, and the current rate of substance use disorders within a given community.
<i>Protective Factor</i>	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.
<i>Recovery</i>	A process of change through which individuals struggling with behavioral health challenges improve their health and wellness, live a self-directed life, and strive to reach their full potential.
<i>Risk Factor</i>	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
<i>Self-Directed Violence</i>	Anything a person does intentionally that can cause injury to self, including death.

<p><i>SPF</i></p>	<p>Strategic Prevention Framework. SPF is a model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities with implementing effective plans to prevent substance use. The idea behind the SPF is to use findings from public health research and community assessment, such as this RNA, along with evidence-based prevention programs to build a robust and sustainable prevention system. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. More information can be found here: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf</p>
<p><i>Stigma</i></p>	<p>The stigma of substance use—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance use and misuse. Stigma has the potential to negatively affect a person’s self-esteem, damage relationships with loved ones, and prevent those suffering from substance use and misuse from accessing treatment.</p>
<p><i>SDoH</i></p>	<p>Social Determinants of Health. These refer to 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. See the beginning of the RNA for more details.</p>
<p><i>Substance Abuse</i></p>	<p>When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs.</p> <p>Please note: This is an antiquated term that should be avoided as it contributes to the stigma surrounding substance use and substance use disorders. The term “abuse” has been found to have a high association with negative judgments and punishment and can prevent people seeking treatment. More information can be found here:</p>

	https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction
Substance Dependence	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
Substance Misuse or Non-Medical Substance Use	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 any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

<i>TCS</i>	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
<i>TSS</i>	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.
<i>YRBS</i>	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.