2015

Prevention Resource Center
ABILENE

Regional Needs Assessment

REGION 2: ABILENE REGIONAL COUNCIL

PREVENTION RESOURCE CENTER

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Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center in Region 2, along with the Abilene Regional Council on Alcohol and Drug Abuse and supported by the Texas Department of State Health Services (DSHS). The annual needs assessment has been conducted to provide the PRC, local communities, and the state, with a comprehensive view of information about the trends, outcomes and consequences associated with substance use. This assessment was designed to enable PRCs, DSHS, and community stakeholders to engage in long-term strategic prevention planning. Effective planning is based on current information relative to the needs of the community. This is the second annual study of this kind in Region 2, building upon a body of work upon a body of work that began in Fiscal Year 2014. The information presented in the RNA has been carefully indexed in a repository to which each PRC contributes.

Determining community needs requires a thoughtful and scientific approach, employing an appraisal that is also informed about cultural and contextual values within the community. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and beliefs. Texas is a state with prolific attributes. And while much of the rest of the nation associates Texas with ten gallon hats and cowboy boots, residents understand that there are vast distinctions between El Paso and Muleshoe, Texas. One common thread among the people of this state is the cultural pride that is often associated with a rugged, hard-working, big talking lifestyle. The vast size of Texas precludes the accuracy of conducting one Statewide Needs Assessment. Such an undertaking would miss the mark on being comprehensive for prevention planning work, or any other work that requires population-specific data sets. As such, the Prevention Resource Centers across the state have embarked on a statement of work that allows for regional evaluation of resources and needs.

Given the various distinctions between each town and region, it would be easy to see how trends may differ across the state. One may assume that border regions are plagued by more cartel activity, for instance. However, it should be noted that cartel activity plagues many of our more interior regions, as they are integral to supply and trade routes for these powerful cartels (see Texas DPS Threat Overview, 2013). One might also assume that metropolitan areas experience more issues with club-drugs and hallucinogens, based on the urban population. Since these are "norms" or commonly held perceptions, a needs assessment would be an appropriate place to start. It is not the aim of this document to draw hard conclusions about relationships between any specific drugs or consequences, unless, however, the correlations have already been scientifically validated through a nationally credentialed source. For more information on how information is selected, please refer to the Methodology Section.

What is the PRC?

The Department of State Health Services Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of larger network of youth prevention programs across the state that offer direct prevention education to youth in schools and the community, as well as community coalitions which focus on implementing effective environmental strategies. This network of substance abuse prevention services works to improve the welfare of Texans by discouraging and reducing substance use and abuse. Prevention work in Texas addresses our state's

three prevention priorities to reduce: (1) under-age drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012. The state also continues to monitor and reduce Tobacco use through other prevention programming. These priorities have been outlined in the Texas Behavioral Health Strategic Plan developed in 2012, and are derived from a greater vision of the Substance Abuse Mental Health Services Administration.

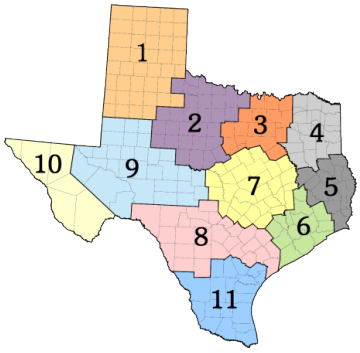
Our Purpose

Prevention Resource Centers serve the community with resources, training, data, and indirect services to support the network of substance abuse prevention framework. Direct services are generally those provided through curricula in schools. Indirect services include activities such as training and data collection. The PRC in Region 2 does not provide direct services, as those are provided by the Serenity House Youth Impact program. PRC coordinates trainings and other indirect activities with the Serenity House Youth Impact program for comprehensive prevention planning in the region.

In 2013, PRCs realigned to become a regional resource for substance abuse prevention data. Prior to 2013, PRCs served as a clearinghouse for substance use literature, prevention education, and media resources. The primary purpose of the PRC now is to gather and disseminate substance abuse prevention data which supports substance abuse prevention programs and prevention planning in Texas. Accordingly, the PRCs are also essential to evaluating the long-term impact of prevention efforts in Texas. Other valuable services provided by PRCs include prevention media campaigns, alcohol retailer compliance monitoring, tobacco surveillance activities, and collaborating with other agencies.

Our Regions

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



Regional PRC Evaluators are primarily responsible for identifying and gathering alcohol and drug consumption data and related risk and protective factors within their respective service regions.

Their work in identifying and tracking substance use consumption patterns is disseminated to stakeholders and the public through a variety of methods, such as fact sheets, social media, traditional news outlets, presentations, and reports such as this Regional Needs Assessment. Their work serves to provide state and local agencies valuable prevention data to assess target communities and high-risk populations in need of prevention services.

What Evaluators Do

PRC Regional Evaluators are primarily responsible for compiling regional demographic, socioeconomic and substance abuse related data in order to develop an effective Data Collection Plan and Regional Needs Assessment. The Evaluator collaborates with other prevention coalitions to build rapport and collects data from stakeholders within the community. Additionally, Evaluators share consumption data or patterns with stakeholders and the public through a variety of methods such as fact sheets, social media, and news outlets. Evaluators provide local agencies with accumulated data in order to identify target populations or communities in need of prevention services.

How We Help the Community

Each Prevention Resource Center is bound by a commitment to a healthy community. Each of the regional PRCs evaluate and implement empirical strategies that target drugs, alcohol, and other behavioral health choices made by youth. It is the impetus of each PRC2, as of 2014, to collect, assess, and evaluate data that accurately reflects each region's consumption factors, respectively. Evaluation, data collection, training, and community collaboration are the foundation for the PRC2. Additionally, PRC2 is vested in advocacy for implementation of the Texas School Survey in the local school districts. The TSS is a tool that assists in evaluation, design and implementation of appropriate prevention standards in our region. Since schools are not required to participate in the Texas School Survey, PRC aids Texas A&M in recruitment of schools that are crucial for the data collection process.

Key Concepts in This Report

There are two primary concepts that ground this document, focus on the youth population and an approach from a public health framework. Understanding the use of these key concepts within the Regional Needs Assessment provides readers an opportunity to comprehend the state's shift to data driven initiatives within strategic prevention framework planning. Readers will also become familiar with other key concepts, such as risk and protective factors, consumption and consequence factors, and indicators. The authors of this Regional Needs Assessment understand that readers will not likely read this document end to end. Therefore, we strongly suggest becoming familiar with the key concepts, should the reader decide to just read over specified sections.

The impact of drugs and alcohol in Texas may be detected in any demographic, location, culture, and socio-economic status. While rates of substance use is concerning for all age groups, ongoing research

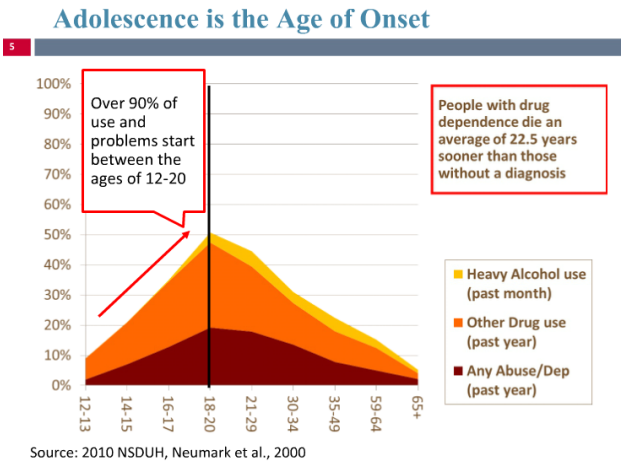
indicates that prevention work done with adolescents has a positive and sustainable community impact. The benefits of prevention work have an individual impact as well. Adolescence is, socially, and cognitively, an important developmental stage, of which positive and negative circumstances (risk and protective factors) may become more concrete for the individual. Most concerning are the effects that substance use has on youth brain development, the potential for risky behavior, possible injury, and of course death. Also concerning are social consequences such as poor academic standing, negative peer relationships, aversive childhood experiences, and overall community strain (1) Healthy People 2020).

Adolescents

Having established the youth population as a primary focus, consideration must be given to how this document operationally defines youth. Adolescence is often thought of as beginning around age 12 and generally concluding at or around 18-20. However, current research points to the importance of characteristics such as behaviors, cognitive reason, aptitude, attitude, and competencies, as hallmarks for traversing developmental thresholds.

Recent research also indicates that the brain undergoes significant realignment during adolescence (Seigel, 2008). This brain reshaping starts just before the teen years, and concludes in the mid-twenties. During this shift, the brain begins pruning down existing neurons and linkages which were developed during childhood experiences, quite like a gardener prunes a garden for maximum growth potential. During this pruning, the brain starts settling the myelin sheaths that serve the remaining neuron linkages; a process which lasts through the 20's. Interestingly, this phase of neurological development also provides an opportunity for what can most simply be defined as a "use it or lose it" system. Accordingly a teen enduring stress is more apt, at this stage of development, to develop behavioral health disorders such as mood, thought, and anxiety. This pruning stage may also account for poor decision making (Casey, Jones, & Hare, 2008) and behavioral health disorder onset.

The discovery of this information has led to the need to redefine developmental stages, which lends itself to a discussion of service implications. When sending a youth to treatment for substance use, Texas applies a definition of Adolescence as ages 13-17 (2) Texas Administrative Code 441, rule 25.). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the APA and WHO concede that there are characteristics generally corresponding with age, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy. Conversely, the age associated with defining youth, specifically late adolescence, has shifted over the last decade. During this time, the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH) have expanded the definition of adolescence to end around the age of 25. The research, neurologically oriented and substantiated with imaging/scanning methodologies, indicates that the human brain is not completely developed until around the age of 25.



Epidemeology

The Substance Abuse Mental Health Services Administration has also adopted this approach, or, epi-framework, for the purpose of collecting national data on drugs and alcohol use, or, indicators. Ultimately, the WHO, SAMHSA, and several other organizations, are endeavoring to create on ongoing system (repository) that will enable effective analysis and strategic planning for the nation's disease burden, while also identifying risk, and evaluating policy for prevention and treatment. Many states in America currently approach drug and alcohol use from an epidemiological perspective and yielding solid outcomes in prevention work. The epidemiological approach allows for collective action to address the roots of the substance use problems, rather than just treating the symptoms.

Risk and Protective Factors

A discussion of Risk and Protective Factors concept is essential to understanding how many personal characteristics influence, or culminate in youth choices regarding drug and alcohol use. For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction. While the effect of substance use is initially a reward in and of itself, the individual's physical and biological attributions play a distinguished role in the potential for the development of addiction. Quite like the perfect storm, substance use potential grows when nature and nurture cross paths in negative ways for vulnerable individuals. For instance, genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, self-control, or social competence, are influential factors in substance use disorders. Other risk factors include family strife, loose knit communities, intolerant society, and exposure to violence, emotional distress, poor academics, socio-economic status, and involvement with children's protective services, law enforcement, and parental absence.

Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model connectedness, open communications and interaction with parents, awareness of high expectations from parents, shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school. Kaiser Permanente collaborates with the Centers for Disease Control on the Adverse Child Experience (ACE) study which

compared eight categories of negative childhood experiences against adult health status. Participants answered a survey in while visiting their primary doctors. Over 17,000 participants, predominantly male, Caucasian, college educated, and over 60, were queried on the following experiences: recurrent and severe physical abuse, recurrent and severe emotional abuse, and contact sexual abuse growing up in a household with: an alcoholic or drug-user, a member being imprisoned, a mentally ill, chronically depressed, or institutionalized member, the mother being treated violently, and both biological parents not being present. The answers were analyzed and correlated with negative health outcomes such as heart disease, obesity, addiction, and early, preventable death. ACE study results have underscored the reality of adverse childhood experiences as more common than typically perceived, although often undetected, and exhibit a prominent relationship between these experiences and poor behavioral health choices and management later in life.

Examination of these risk and protective factors builds upon what we have learned recently about the neurological changes youth undergo, clarifying how and why youth substance use trends develop from an epidemiological perspective. Looking at this data from a community perspective links childhood experiences with current behavioral health trends allows prevention planners to delineate core areas of focus. The prevalence of trends becomes even more obvious when consequences and consumption factors are surveyed, as they demonstrate how the community experiences a public health problem. In other words, today's reported history enables researchers and practitioners to implement tomorrow's prevention initiatives.

Consequences and Consumption

Another way to understand drug and alcohol trends comes from analyzing consequences and consumption patterns. Just this spring, for instance, the media paid attention to the amount of Meth seizures in Brown County, and called for an understanding of why this was happening. The media interviewed treatment providers and law enforcement, to discuss the "why". At no time did anyone discuss some important factors, such as, were Brown County residents arrested, or were residents from other counties arrested in Brown County? These details may not matter to the concerned citizens of Brown County, but are essential considerations. If the majority or residents arrested were from Brown County, the problem is more likely to be localized. But if the arrested were from other counties, the problem is likely more of a trafficking issue, and larger scale, and a more accurate way to begin answering "why". In fact, "how" is often the best way to answer "why" in epidemiology. The Epidemiological approach calls for an examination of the consequences and consumption factors like the ones presented in the Brown County scenario.

These two concepts, consequences, and consumption, will be utilized throughout this document relative to alcohol, prescription drugs, and illicit drugs. Let's look at how this works with alcohol, for example. SAMHSA reports that alcohol-related consequences include mortality and crime associated with consumption patterns which include current binge drinking and age of initial use. For each of these variables, data measures (or "indicators") are used to examine to strategize prevention. This data should be collected and maintained by various community and government organizations. Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption.

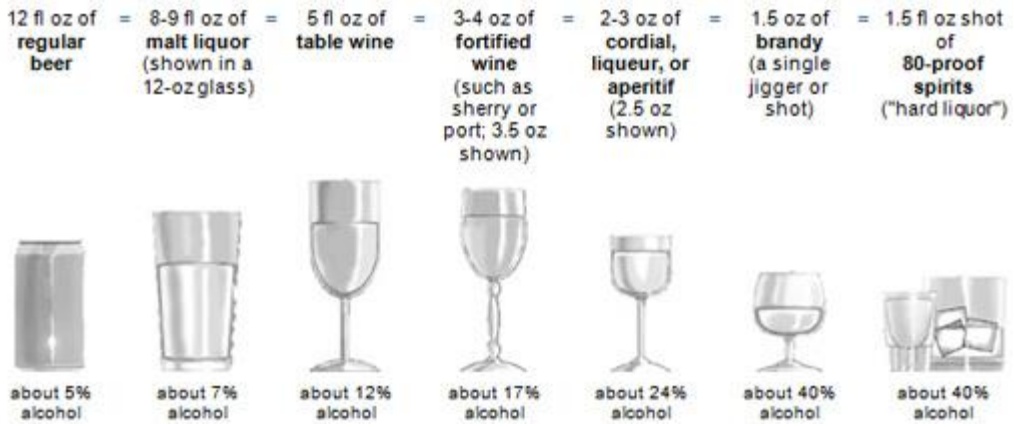
But there is a complex relationship between consequences and consumption patterns. Many substance-related problems are multi-causal in nature, often with dynamics such as lifestyle, family culture, peer relations, education level, criminal justice involvement, and so on. Because consumption and consequences are so intertwined, and occur within a constellation of other factors, separating clear relationships is a difficult task. When it comes to consequences and consumption, finding concrete information beckons a chicken/egg debate of which factor comes first. Researchers must look at aggregate, or a large amount of relative data, in order to ascribe any meaningful relationships to the information obtained. Compiling aggregate data in this manner is part of the scope of completing a Regional Needs Assessment and creating the data repository. Exploration of consequences and consumption rates allows for a broadened taxonomical view of the diverse array of casual factors associated with each problem.

Consumption data in and of itself may be vulnerable to inaccuracy, as it is often gathered through the self-report process. Self-reported data may not include report of use of other substrates, or may leave out co-occurring aspects of substance use problems. A teen may likely report alcohol use but not marijuana use, for instance. SAMHSA (2014) defines Consumption as the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends. Terms that define consumption include: current use (within the previous 30 days), current binge drinking, heavy drinking, and age of initial use or onset. Circumstances such as drinking and driving, alcohol consumption during pregnancy, per capita sales are specific to legal substances such as alcohol and tobacco.

Consumption factors associated with illicit drugs include terms such as route of administration e.g. oral ingestion versus intravenous use and needle-sharing, It should be noted that route of administration is also utilized with alcohol and other drugs, but is expanded upon to incorporate IV use for illicit drugs. In fact, needle-sharing is a great example of how a specific circumstances yield greater information than just analyzing the numbers relative to the consumption of the drug. In this example, analysis of IV use and needle sharing may provide contextual information regarding potential health risks like STD/HIV and Hepatitis risks for the individual and community, and is therefore linked to a bigger picture. Just as needle sharing presents multiple consequences, binge drinking also beckons a specific set of multiple consequences, albeit potentially different than needle sharing.

The concept of consumption also beckons the standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol

must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences. The National Institute on Alcohol Abuse and Alcoholism defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 1.5 ounce shot of distilled spirits. With regard to intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while "benders" are considered two or more days of sustained heavy drinking.



Introduction

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

Our Audience

It is the intent of the authors for the reader to understand substance-use related trends, relative to the community cultures across the region. The data obtained and presented regionally can be used by local agencies, community providers, citizens of the community, and Texas Department of State Health Services to better understand the community needs and evaluate how to meet these needs. Potential readers of this document include stakeholders who are interested or affected by prevention, intervention, and treatment of adolescent substance use in the state of Texas. An example of a stakeholder includes but is not limited to law enforcement, substance abuse prevention and treatment providers; medical providers; schools and school districts; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members. This report includes a wealth of information and readers will consult this report for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. This report is organized so that it meets these various needs.

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

Our Purpose

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

1. To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;
2. To identify gaps in data where critical substance abuse information is missing;
3. To determine regional differences and disparities throughout the state;
4. To identify substance use issues that is unique to specific communities and regions in the state;

5. To provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;
6. To provide data to local providers to support their grant-writing activities and provide justification for funding requests;
7. To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

How to Use This Document

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

The team composing this report designed it so the reader could refer to various sections or subjects as needed. Of course reading the whole document would indicate interest within the communities, credibility of the evaluation team, and/or quality of composition. However, the evaluators across the state understand that it is a lengthy document to read, and requires some time to process the data included. Ergo, one may find the document handy as a reference resource regardless of how the document is read. The document is laid out in three basic sections which function like a prologue, a narrative, and an epilogue. While it may not be as exciting as a novel, it is definitely a product that tells a story about youth choices in behavioral health. At the end of the document, the reader is provided with information regarding feedback.

The information presented in this document has been acquired by a team of regional evaluators through state and local entities, and compared with state and national rates. Secondary data, such as local surveys, focus groups, and interviews with key informants may also allow for input from others in the community, whose expertise lends a specific and qualitative description to identified issues.
The information presented here is comprised of data available in the region and state, and is presented with relevance to how the agencies, organizations, and populations are depicted within the data. Some domains of youth data may yield breakdowns that conclude with age 17, for instance, and some will end at age 19. While it is beneficial for the reader to have an understanding of adolescence, it is equally important to understand that the data presented within this document has been mined from different sources, and will therefore consist of different demographic subsets of age. The authoring team has endeavored to standardize the information presented here. More about standardization and methodology can be found in the second section of this document.

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

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

Methodology

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2014 and May 30, 2015. The state evaluator met with the regional evaluators at a statewide conference in October 2014 to discuss the expectations of the regional needs assessments. Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support through resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). Between October 2014 and June 2015, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The data was primarily gathered through established secondary sources including federal and state government data sources. In addition, region-specific data collected through local organizations, community coalitions, school districts and local-level governments are included to provide unique local-level information. Additionally, data was collected through primary sources such as one-on-one interviews and focus groups conducted with stake holders at the regional levels

Quantitative Data Selection

In order to conduct a relatively uniform data analysis in all regions across Texas, Evaluators in conjunction with DSHS identified certain variables to be utilized in the quantitative data selection process. The criteria for data sources were based on validity and reliability of the database sources.

Identification of Variables

From December of 2014 through April of 2015, the Regional Evaluators met weekly to discuss the data to be utilized in the RNA. During that time, the group also worked on establishing a methodology process which would set guidelines for data selection. The group compiled a thorough index of data sources known for validity and applicability. It is important to note that the primary collection of data, which means evaluators were directly surveying, researching, or collecting data from respondents and other resources in a "first-hand" manner, are not included in this assessment. The term "secondary" data refers to a set or sets of data that has already been acquired and established, for the purposes of this document, as valid and reliable. There are many advantages to utilizing secondary data, which

include cost, timeliness, collateral information, analytical potential, and provision a foundation for future primary data collection.

Criterion for Selection

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

Key Data Sources

Key data sources will include resources such as the National Survey on Drug Use and Health, The United States Census Bureau, The Substance Abuse Mental Health Services Administration, Poison Control Data, The Federal Bureau of Investigation, The Community Common Health Needs Assessments, The Texas State Data Center, The American Community Survey, Census Explorer, The Center for Elimination of Disproportionality and Disparities, The County Health Rankings and Roadmaps, The U.S. Department of Labor, The Bureau of Labor Statistics, The Texas Health and Human Services Commission, The National Center for Education Statistics, NCES-Common Core of Data, The Texas Education Agency, The Texas Department of Public Safety, The U.S. Customs and Border Protection, Texas Health Data, DSHS Center for Health Statistics, The Behavioral Risk Factor Surveillance System, The Texas Department of State Health Services, Public Policy Research Institute, The Texas Alcoholic Beverage Commission, The Substance Abuse and Mental Health Services Administration, The Texas Department of Criminal Justice, The Texas Juvenile Justice Department, and The Texas Higher Education Coordinating Board.

Qualitative Data Selection

Qualitative data is necessary for identifying needs within a population or community which may or may not appear as prevalent issues in quantitative data collection. Although valid, reliable and numerical quantitative data may only portray a piece of a complex puzzle; qualitative data allows for a holistic approach in viewing the puzzle. Evaluators and Community Liaisons may utilize a variety of methods of qualitative data collection such as key informant interviews, focus groups, and conducting surveys. Qualitative data serves as an additional method of understanding a region from a holistic perspective which may not otherwise be known in other data collection methods.

Key Informant Interviews

Key informants and stakeholders were interviewed throughout the course of the fiscal year 2014 to identify community needs, trends, and recommendations. Clinicians from the local mental health authorities, substance abuse providers, academic professionals, psychiatric hospital employees, The Department of Protective Services professionals, Juvenile Probation officers, and other agency representatives have dialogued with PRC2 on perceived problems and potential solutions. Key informant interviews provide contextual information regarding culture and context, as well as norms and attitudes among a certain population or community. As such, key informant interviews with stakeholders may assist with identifying potential trends for future evaluation.

Focus Groups

Many of the regions across the state have engaged local communities in focus groups. According to the Centers for Disease Control, "A focus group is a group interview of approximately six to twelve people who share similar characteristics or common interests. A facilitator guides the group based on a predetermined set of topics. The facilitator creates an environment that encourages participants to share their perceptions and points of view.

The PRC is a part of many focus groups within the region. Community Liaison's, Tobacco Specialist, and the Evaluator all participate in various groups such as Community Resource Coordination Groups, the Taylor Alliance for Prevention, Citizens United Against Disproportionality and Disparities, and other community groups and task forces. Each group serves a diverse purpose but all are driving forces in prevention efforts, assisting the community in accessing and acquiring necessary resources while providing support through their services to the community.

Surveys

Surveys have historically been a very popular and easy method for collecting data. The PRC2 has identified a need to conduct surveys in order to gather additional regional information among substance and alcohol abuse related issues among youth and rural regions which may not formally report or possess quantitative data for their community. The PRC2 would like to gain insight and understand their region. If the PRC2 was able to collect qualitative data, the information would be used in the Regional Needs Assessment while also providing community stakeholders with valuable information in regards to their community.

Demographic Overview

Texas is geographically and demographically diverse, with a land area of 261, 23 in square miles. It shares 1254 miles of border with Mexico, has 27 ports of entry, and 367 miles of coastline. The 2014 U.S. Census Bureau data estimates that the Texas population is 26,956,958, which represents just over 7% of the estimated American population of 318,857,056. Conversely, Texas only houses 36.3 persons per square mile, while the rest of the country boasts double that, at 87.4 persons per square mile. This figure underscores the rural nature of this vastly spread yet highly populated state.

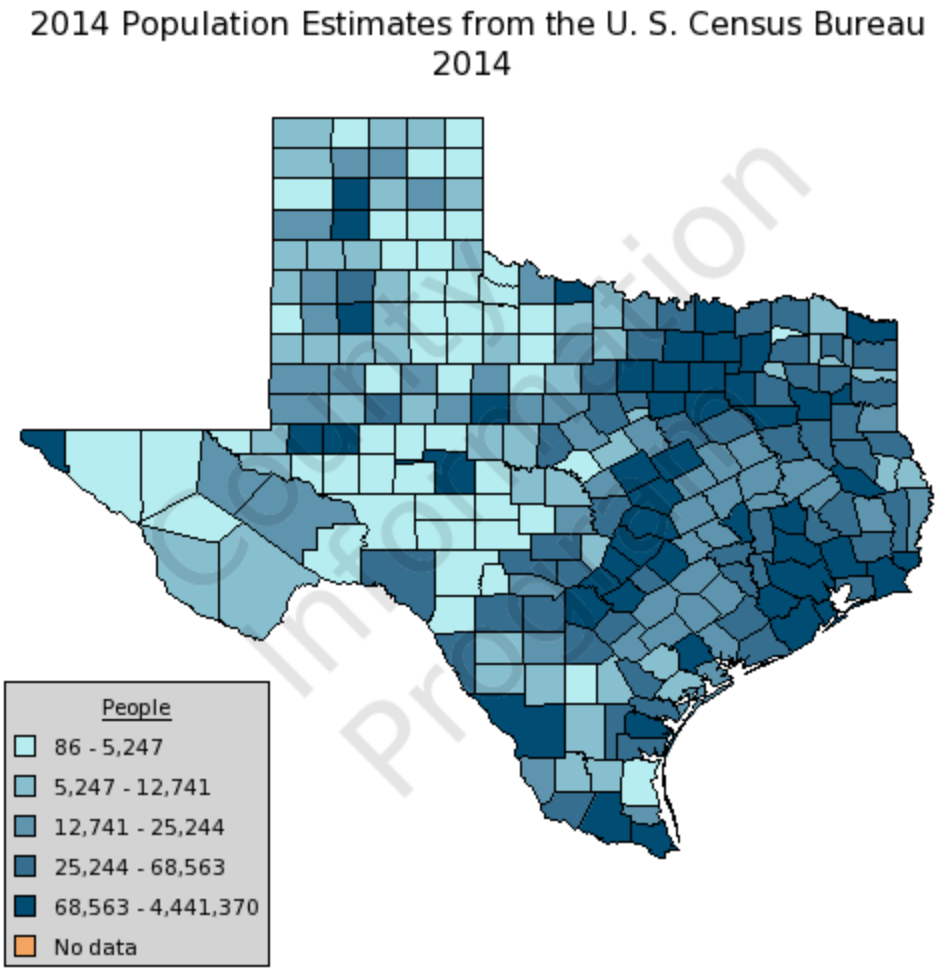
State Demographics

People QuickFacts	Texas	USA
Population, 2014 estimate	26,956,958	318,857,056
Population, 2013 estimate	26,505,637	316,497,531
Population, 2010 (April 1) estimates base	25,146,104	308,758,105
Population, percent change - April 1, 2010 to July 1, 2014	7.2%	3.3%
Population, percent change - April 1, 2010 to July 1, 2013	5.4%	2.5%
Population, 2010	25,145,561	308,745,538

Persons under 5 years, percent, 2013	7.3%	6.3%
Persons under 18 years, percent, 2013	26.6%	23.3%
Persons 65 years and over, percent, 2013	11.2%	14.1%
Female persons, percent, 2013	50.3%	50.8%
White alone, percent, 2013 (a)	80.3%	77.7%
Black or African American alone, percent, 2013 (a)	12.4%	13.2%
American Indian and Alaska Native alone, percent, 2013 (a)	1.0%	1.2%
Asian alone, percent, 2013 (a)	4.3%	5.3%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.2%
Two or More Races, percent, 2013	1.8%	2.4%
Hispanic or Latino, percent, 2013 (b)	38.4%	17.1%
White alone, not Hispanic or Latino, percent, 2013	44.0%	62.6%
Veterans, 2009-2013	1,583,272	21,263,779

Concentrations of Populations

Urban areas of Texas, such as the Dallas/ Fort Worth Metroplex, Harris County/Houston, and Travis County/Austin areas have significant concentrations of populations. According to the Office of the Governor Economic Development & Tourism (20), Texas is home to six of America's largest cities which include Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso.



General Socioeconomics

According to U.S. Census, Texas reports to have 64.7% of the population age of 16+ are part of the civilian labor force. Health care and social assistance recipients were 113,830,198 for the state. In terms of retail sales per capita, Texas reports an average of $13,061 which is higher than the U.S. rate at $12,990.

Household Composition

As stated by the table above in State Demographics, the state of Texas accounts a total of 8,886,471 households in which an average of 2.82 persons abide. Household income averages to be $51,900 on a state level reporting below the national level of $53,046 per year. Home ownership in Texas is reporting at 63% in 2013.

Employment Rates

According to the U.S. Census Bureau, 2013 reported to have 9,663,567 total employment rates across the state or 3.3 %; this is higher than the national employment rate which is at 2%.

TANF Recipients

According to the Community Commons Health Needs Assessment, Texas has 163,371 households receiving public assistance income; this equates to an average of 1.84% which is lower than the national average at 2.82%.

Percent Households with Public Assistance Income (TANF), ACS 2013 5-Year Average

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Texas	8,886,471	163,371	1.84%
United States	115,610,216	3,255,213	2.82%

Food Stamp Recipients

The Community Commons Health Needs Assessment also reports Texas to have an average of 1,173,314 households receiving SNAP benefits equating to 13.2%. Texas reports higher than the national average which is at 12.4% of households receiving SNAP benefits.

Percent Households Receiving SNAP Benefits, ACS 2013 5-Year Average

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Texas	8,886,471	1,173,314	13.20%
United States	115,610,216	14,339,330	12.40%

Regional Demographics

Within Region 2, populations are concentrated in larger cities such as Abilene, Wichita Falls and Brownwood. Rural areas surrounding these areas are sparsely populated with much of the area represented by less than 1 person per square mile. However, even rural populations are somewhat concentrated around larger towns and cities located within the region. Abilene's population which is over 18, 000 increases by 22,000 as rural residents commute into the area for work daily.

Population

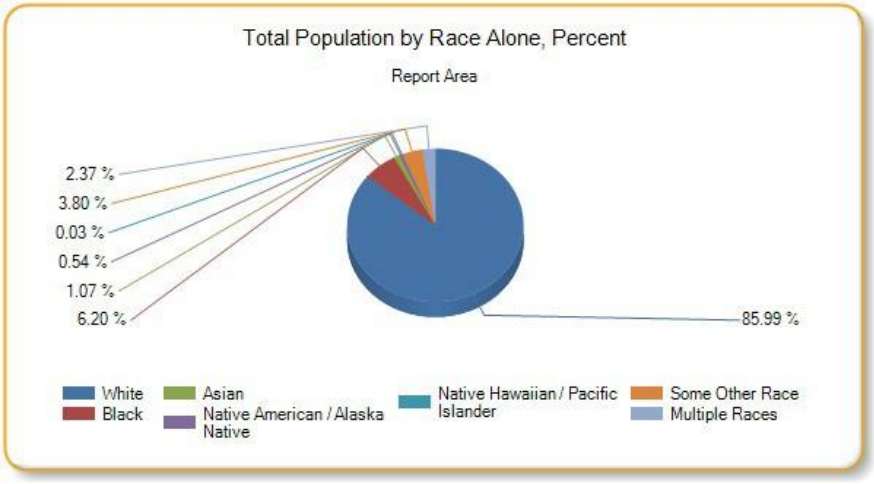
There are a total of 549,156 people living in Region 2 living in a land area of 27,295.46 square miles according to the U.S. Census Bureau American Community Survey 2009-2013. This area also reports a population density of 20.12 persons per square mile, which is less than the national average of 88.23 persons per square mile.

Age

According to the Health Indicator Data reported in the Community Health Needs Assessment, age is primarily distributed evenly among certain age groups in Region 2. Group percentages of age were reported as 0-4 at 6.6%, 5-17 at 16.7%, 18-24 at 11.5%, 25-34 at 12.6%, 35-44 at 11.4%, 45-54 at 13.4%, 55-64 at 12.0% and age 65 at 15.9%. .

Race

Race is divided into seven categories according to the Community Health Needs Assessment Report. Races were divided and reported as White 472,207 or 86%%, Black 34,060 or 6.2%, Asian 5,864 or 1.07%, Native American/Alaska Native 2,965 or .5%, Native Hawaiian/Pacific Islander 140 or .03%, Some Other Races 20,895 or 3.8%, and Multiple Races 13,025 or 2.4% of people living in Region 2.Indicative of the data reported for Region 2, state and national data reflect the same trends Texas and the U. S., Whites and Blacks have been indicated to have strong representation in racial categories when compared to other classifications. Whites are reported as 74% of the population at a state and national level while Black is reported at approximately 12% of the current population.



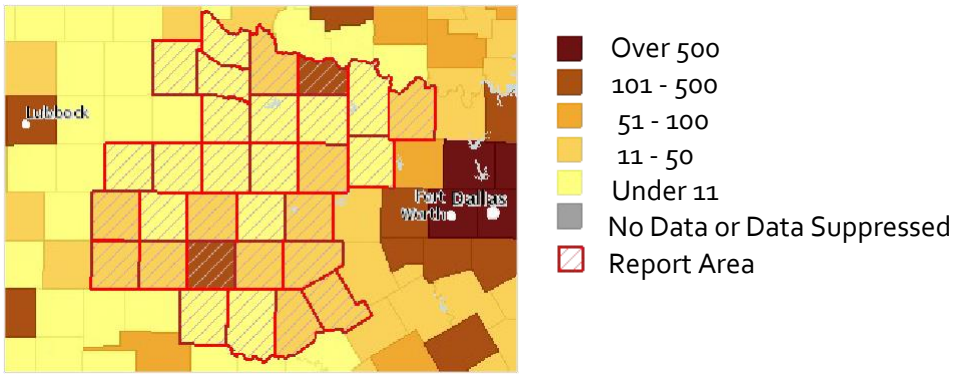
Ethnicity

According to the Community Commons Needs Assessment Health Indicator Report for 2015, there are 111, 855 Hispanic or Latino individual's living in Region 2; this is 20.4% of the total population within the region which is less than the Texas percentage 37.9% and greater than the national percentage 16.6%. There are 437,301 individuals of Non-Hispanic ethnicity equating to 79.6% of the total population within the region; this is reported to be more than the state percentage at 62.1% and less than the national percentage which is 83.4% of Non-Hispanic origin.

Concentrations of Populations

The Population Density (persons per sq. mile) by County map reports Region 2 as primarily rural and sparsely populated. There are only a few areas of urban populations in certain counties such as Taylor, Wichita and Brown.

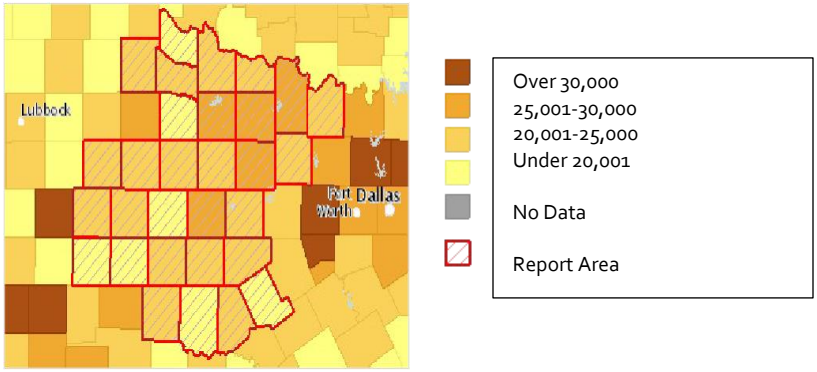
Population, Density (Persons per Sq. Mile) by County, ACS 2009-13



Average Income by County

The Community Commons Needs Assessment reports per capita income rate for Region 2 is $22, 308 which includes reported income from wages, salaries, self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income rate is computed for the average man, woman and child for the indicated area. It is also below the state per capita income which is $26, 018 and the national income level which is $28, 154.

Per Capita Income by County, ACS 2009-13



Within the reported area, 88,197 or 17.26% individuals are living in homes below the Federal Poverty Level (FPL). This percentage is similar to the state poverty percentages which is 17.64% but is greater than the national FPL percentage 15.37%.

In the region, 30,007 or 23.94% of children ages 0-17 live in homes with an income below the FPL. Our region's percentages are reported to be less than the state percentage FPL which is 25.26% but above the national FPL which is 21.58%. According to the Needs Assessment, Coleman County was reported to have the highest percentages (45.37%) of population under 18 in poverty while Archer County was reported to have the lowest percentage of children in poverty at 13.49%.

Unemployment Rates

The total unemployment rate for the reported area is 11, 777 or 4.7% of civilians who are non-institutionalized. This number reported by the Community Commons Needs Assessment reflects positively on Region 2 for the state unemployment rate is 5.4% and nationally reported to be at 6.8%. Unemployment rates are relevant to consider because of the implications for other factors such as

financial instability, health services, healthy food and other indicators which may affect a person's overall health status if they are not employed.

Industry

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

To the north, the county of Wichita is largely industrial. About 20% of the workers in Wichita Falls are government-employed (AHEC).The municipality of Wichita Falls, anticipating federal drawdown impacts on Sheppard AFB's productivity, have devised an economic development strategy entitled Vision 20/20 which details plans to focus and capitalize on resources already in place. Industries that remain strong include: Abb Inc., Alcoa Howmet, Cryovac Inc., Ppg Industries Inc., Pratt & Whitney, Saint-gobain, Vetrotex America, Tranter Inc., United Electric Magic Aire Div, Wichita Tank Mfg Inc., and Washex Inc.

Brownwood is home to large manufacturing agencies which include 3m, Co Dan Hil Containers, Kohler Co, Loadcraft Industries Ltd, Performance Pipe, R & S Industries Inc., Real Tuff Industries, Superior Essex Inc., Vulcan Materials-southwest Div, and Wes-tex Printing.

The remaining rural areas, which specialize in farming, agriculture, production, and mining, typically have significantly less technical, scientific, professional, and financial, services activities that are readily available in urban areas. The public sector has been a major source of earned income in rural areas. The development of rural areas has resulted in several inter-counties collaborations, including the Cline Shale Alliance, and the West Texas Energy Consortium. These partnerships work to ensure economic stability and balance in the cities and towns affected by the oil industry. The following depictions of Texas Industry were made available by *Texas Workforce Solutions and Texas Tech Health Sciences Center F. Marie Hall Institute for Rural and Community Health*.

TANF Recipients

Socioeconomic data reported from the Community Commons Health Needs Assessment 1.84% of total households in the state receive public assistance income such as Temporary Assistance to Needy Families (TANF). Nine counties within Region 2 reported having higher than state level percentages (1.84%) of households with public assistance income: Archer, Brown, Callahan, Comanche, Eastland, Hardeman, Nolan, Scurry, and Taylor. Eastland reports the highest percentage at 8.7%.

Percent Households with Public Assistance Income (TANF), ACS 2013 5-Year Average

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	8,886,471	163,371	1.84%
Archer	3,342	70	2.09%
Baylor	1,798	26	1.45%
Brown	13,405	252	1.88%
Callahan	5,201	209	4.02%
Clay	4,216	52	1.23%
Coleman	3,478	60	1.73%
Comanche	5,162	116	2.25%
Cottle	709	3	0.42%
Eastland	6,872	598	8.70%
Fisher	1,518	23	1.52%
Foard	491	9	1.83%
Hardeman	1,745	45	2.58%
Haskell	2,425	22	0.91%
Jack	2,972	20	0.67%
Jones	5,641	80	1.42%
Kent	401	5	1.25%
Knox	1,557	12	0.77%
Mitchell	2,748	40	1.46%
Montague	8,038	110	1.37%
Nolan	5,527	246	4.45%
Runnels	3,818	45	1.18%
Scurry	5,846	176	3.01%
Shackelford	1,445	9	0.62%
Stonewall	578	0	0%
Stephens	3,509	44	1.25%
Taylor	49,304	982	1.99%
Throckmorton	758	7	0.92%
Wichita	48,305	665	1.38%
Wilbarger	5,161	49	0.95%
Young	7,186	60	0.83%

Food Stamp Recipients

According to the chart below, Brown, Coleman, Cottle, Eastland, Hardeman, Haskell, Knox, Nolan, Runnels, Scurry, Stephens, and Willabarger all report higher percentages of households receiving SNAP benefits when compared to the state percentage which is 13.2%. Mitchell and Wichita counties also join previous listed counties as having a higher percentage of households' receiving benefits compared to the national percentage which is 12.4%.

Percent Households Receiving SNAP Benefits, ACS 2013 5-Year Average

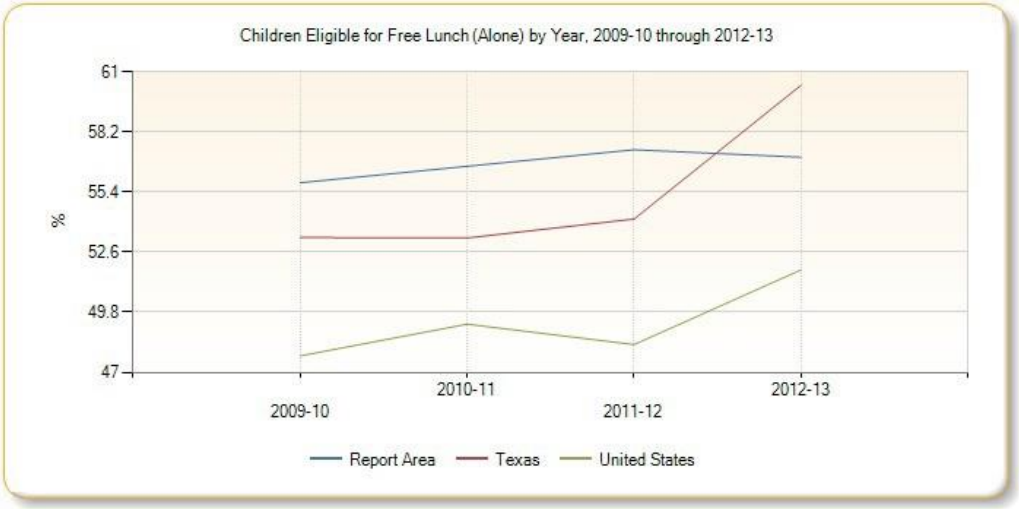
Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Archer	3,342	263	7.87%
Baylor	1,798	227	12.63%
Brown	13,405	1,899	14.17%
Callahan	5,201	473	9.09%
Clay	4,216	253	6%
Coleman	3,478	635	18.26%
Comanche	5,162	583	11.29%
Cottle	709	113	15.94%
Eastland	6,872	916	13.33%
Fisher	1,518	180	11.86%
Foard	491	57	11.61%
Hardeman	1,745	265	15.19%
Haskell	2,425	528	21.77%
Jack	2,972	236	7.94%
Jones	5,641	606	10.74%
Kent	401	34	8.48%
Knox	1,557	257	16.51%
Mitchell	2,748	343	12.48%
Montague	8,038	822	10.23%

Nolan	5,527	931	16.84%
Runnels	3,818	561	14.69%
Scurry	5,846	835	14.28%
Shackelford	1,445	138	9.55%
Stephens	3,509	498	14.19%
Stonewall	578	59	10.21%
Taylor	49,304	6,037	12.24%
Throckmorton	758	64	8.44%
Wichita	48,305	6,046	12.52%
Wilbarger	5,161	723	14.01%
Young	7,186	880	12.25%
Texas	**8,886,471**	**1,173,314**	**13.20%**
United States	**115,610,216**	**14,339,330**	**12.40%**

Free School Lunch Recipients

Within the reported area of Region 2, there are 94,350 students enrolled in public school. Of these students, 53, 782 or 57% are eligible for free or reduced lunch. The average state level in Texas of students eligible for free or reduced lunch is 60.26% while the nationally eligible students in the U.S. are 51.7%. Region 2 exceeds the national average of students who are eligible for free or reduced lunch.

The table below indicates the number of students eligible for free or reduced lunch is increasing in Texas. In 2009, the data reflected eligible students were 53.3% compared to 2013 at 60.4%. However, regionally the children eligible for free lunch is on a slight negative trend. This indicator data is relevant for it aids in evaluating vulnerable populations who may be in need of additional social services within the community.



Environmental Risk Factors

In prevention, certain influences within a person's surroundings may increase the likelihood of becoming at risk. Educational, criminal and mental health statistics all contribute to evaluating the level of environmental risk within the region.

Education

The state of Texas is comprised of twenty Education Service Centers (ESC) areas; also referred to as regions the area coverage differs according to the Health and Human Services regional divisions. Each ESC is kept accountable by the Texas Education Agency and governed locally by each school district. Region 2 is comprised of three ESC regions, 9, 14 and partially of 15. Region 2's educational institutions include private and state universities, community colleges, vocational and post-secondary schools, charter, trade schools, as well as private and public schools for primary education (grades K-12).

According to the National Center for Education Statistics (NCES), research suggests education is one of the strongest predictors of health. In Region 2, 88.6% of students are receiving their high school diploma within four years. 92.9% of students are graduating within their four years as well. Collectively, Region 2 is surpassing state and national levels of receiving high school diplomas and on time graduation rates.

Dropout Rates

According to the Texas Education Agency 2015 Four Year Completion and Dropout Rates, Region 2 reports mostly under state dropout rates which are 6.6. Only five counties report close to state rates; these include Wilbarger at 9.0, Throckmorton at 6.7, Stonewall at 6.3, Scurry and Taylor at 6.2. Region 2 reflects positively for all students graduating, continuing or attaining a GED. Wilbarger reports 91.0 and Throckmorton reports 93.3 graduation rates which is below the state level at 93.4. Generally, Region 2 has a few areas of concern in dropout rates yet is reflecting positively overall for graduation among youth.

TEA 2015 Four Year Completion and Dropout Rates

County Name	County all students graduation, continuation, or GED rate	County all students graduation rate	County all students continuation rate	County all students GED rate	County all students dropout rate
ARCHER	99.3	96.3	1.5	1.5	0.7
BAYLOR	100.0	97.3	2.7	0.0	0.0
BROWN	97.7	96.1	1.2	0.5	2.3
CALLAHAN	98.0	95.4	2.6	0.0	2.0
CLAY	98.3	97.5	0.8	0.0	1.7
COLEMAN	96.3	95.1	1.2	0.0	3.7
COMANCHE	99.2	98.5	0.0	0.8	0.8
COTTLE	100.0	100.0	0.0	0.0	0.0
EASTLAND	94.7	92.7	1.5	0.5	5.3
FISHER	98.0	98.0	0.0	0.0	2.0
FOARD	100.0	100.0	0.0	0.0	0.0
HARDEMAN	96.2	92.5	3.8	0.0	3.8
HASKELL	96.4	96.4	0.0	0.0	3.6
JACK	100.0	97.9	2.1	0.0	0.0
JONES	98.9	97.8	1.1	0.0	1.1
KENT	100.0	100.0	0.0	0.0	0.0
KNOX	98.0	98.0	0.0	0.0	2.0
MITCHELL	98.0	98.0	0.0	0.0	2.0
MONTAGUE	95.9	93.9	2.0	0.0	4.1
NOLAN	96.2	94.6	1.6	0.0	3.8
RUNNELS	97.0	97.0	0.0	0.0	3.0
SCURRY	93.8	92.8	0.5	0.5	6.2
SHACKELFORD	95.5	93.9	1.5	0.0	4.5
STONEWALL	93.8	93.8	0.0	0.0	6.3
STEPHENS	97.4	94.9	1.3	1.3	2.6
TAYLOR	93.8	85.9	5.3	2.6	6.2
THROCKMORTON	93.3	93.3	0.0	0.0	6.7
WICHITA	96.4	93.2	1.2	2.0	3.6
WILBARGER	91.0	87.6	1.1	2.3	9.0
YOUNG	98.1	94.9	3.3	0.0	1.9
"TEXAS"	**93.4**	**88.0**	**4.6**	**0.8**	**6.6**

Youth Suspensions/Expulsions

The following charts report TEA discipline rates by student population and the number of incidents including alcohol or drugs within each county for Region 2. Counties who have higher concentrated

populations reported higher numbers in students disciplined once and twice. Ranking order from highest number of discipline rates to lowest were Wichita, Taylor, Brown and Scurry. The ranking order was switched between Brown and Scurry in list of (2) reported incidents.

In terms of discipline rates per 1,000 of the student populations by county 2013-2014, Scurry county was reported to have 17% of their students disciplined which is interestingly similar to a more populated area such as Wichita which reported 20% of students disciplined. The ranking order of counties who had the highest percentages of students disciplined, of incidents and drug/alcohol incidents to lowest was reported to be: Wichita, Scurry, Taylor and Brown. Within Region 2, eight counties were reported as having drug/alcohol incidents reported. Wichita had the most incidents reported at 334 followed by Taylor with 240 drug/alcohol incidents reported. These counties also have the highest student populations within Region 2.

Counties reported having the highest percentages within Region 2 for categories of discipline were close to state levels which are reported to be 18% of students disciplined, 38.5% of incidents and 1.3% of drug/alcohol related incidents reported. Wichita exceeded state level percentages in students disciplined and drug and alcohol related incidents. Scurry county's percentages were reported extremely close to state level percentages.

TEA Discipline Rates per 1, 000 Student Populations by County 2013-2014

County	Student Pop.	Students Disciplined (1)	No. of Incidents (2)
ARCHER	1,851	108	236
BAYLOR	582	68	112
BROWN	6,604	816	1,370
CALLAHAN	2,432	276	458
CLAY	1,639	124	213
COLEMAN	1,304	154	307
COMANCHE	2,223	58	74
COTTLE	220	0	0
EASTLAND	2,996	199	292
FISHER	552	54	97
FOARD	218	17	28
HARDEMAN	726	95	133
HASKELL	944	76	135
JACK	1,578	184	299

JONES	2,669	208	351
KENT	144	9	11
KNOX	749	27	48
MITCHELL	1,460	60	93
MONTAGUE	3,362	368	589
NOLAN	3,033	255	431
RUNNELS	2,064	286	583
SCURRY	3,283	568	1,088
SHACKELFORD	626	10	13
STONEWALL	253	5	5
STEPHENS	1,457	234	532
TAYLOR	33,544	4,057	7,712
THROCKMORTON	312	20	30
WICHITA	21,418	4,316	8,173
WILBARGER	2441	490	853
YOUNG	3,515	408	885
TEXAS	1,424,293	257,095	536,776

TEA Discipline Rates per 1, 000 Student Populations by County 2013-2014

County	Student Pop.	Students Disciplined	Number of Incidents	Drugs/Alcohol - Incidents
ARCHER	1,851	108	236	0
BAYLOR	582	68	112	0
BROWN	6,604	816	1,370	36
CALLAHAN	2,432	276	458	5
CLAY	1,639	124	213	0
COLEMAN	1,304	154	307	55

COMANCHE	2,223	58	74	0
COTTLE	220	0	0	0
EASTLAND	2,996	199	292	0
FISHER	552	54	97	0
FOARD	218	17	28	0
HARDEMAN	726	95	133	0
HASKELL	944	76	135	0
JACK	1,578	184	299	0
JONES	2,669	208	351	0
KENT	144	9	11	0
KNOX	749	27	48	0
MITCHELL	1,460	60	93	0
MONTAGUE	3,362	368	589	20
NOLAN	3,033	255	431	15
RUNNELS	2,064	286	583	0
SCURRY	3,283	568	1,088	17
SHACKELFORD	626	10	13	0
STEPHENS	1,457	234	532	7
STONEWALL	253	5	5	0
TAYLOR	33,544	4,057	7,712	240
THROCKMORTON	312	20	30	0
WICHITA	21,418	4,316	8,173	334
WILBARGER	2,441	490	853	0
YOUNG	3,515	408	885	0
TEXAS	5,058,211	951,091	1,951,455	66,741

Criminal Activity

Criminal activity is a significant indicator to determine the overall safety of a region, county or community. Types of crime may be an indicator of certain areas of need within a region or community.

Criminal Activity Totals

The following data for criminal activity includes totals for specific crimes such as murder, rape, robbery, assault, burglary, larceny, and auto theft. The dataset also provides the population of that county, the number of offenses, rates per 1, 000, number of clearances, percentages cleared and number of arrests within the county.

According to the Texas Department of Public Safety Crimes by County for 2013-2014, certain rural counties within the Region have higher crime rates per 1,000 than other "urban" counties. For instance, Nolan had the highest rate at 4, 326 followed by Wichita at 4,301, Taylor at 4,003, Scurry at 3,999, Baylor at 3,326, Wilbarger at 3,188 and Brown at 3,143. 2013 Data suggests some rural counties have higher rates or are ranking just as high in crime rates as other more populated areas within the region. 2014 data reports highest crime rates per 100,000 in ranking order as: Taylor, Fisher, Scurry, Wichita and Brown. Data suggests Taylor, Fisher and Brown counties have all had an increase in crimes between years 2013-2014 while reporting at high rates compared to all counties within the region.

2013-2014 Texas Department of Public Safety: Crimes by County

County	Total Number of Offenses 2013	Rate per 100,000 2013	Total Number of Offenses 2014	Rate per 100,000 2014
ARCHER	77	1,112.2	60	866.8
BAYLOR	120	3,326.9	90	2,489.6
BROWN	1,191	3,143.8	1,200	3,163.2
CALLAHAN	164	1,208.5	202	1,482.5
CLAY	102	969.9	152	1,449.7
COLEMAN	234	2,708	168	1,971.6
COMANCHE	308	2,239.5	315	2,310.4
COTTLE	5	336.5	14	965.5
EASTLAND	514	2,787.1	445	2,433.3
FISHER	110	2,873.6	152	3,936.8
FOARD	7	537.6	0	0
HARDEMAN	131	3,213.9	75	1,869.4
HASKELL	57	966.1	63	1,070.3
JACK	212	2,353.7	222	2,465
JONES	323	2,180.2	316	2,208.9
KENT	14	1,643.2	11	1,354.7
KNOX	37	967.1	28	736.3
MITCHELL	196	2,096.3	198	2,091.3
MONTAGUE	549	2,802	481	2,455.3
NOLAN	644	4,326.8	382	2,530.5

RUNNELS	185	1,766.8	189	1,828.7
SCURRY	690	3,999.3	644	3,676.4
SHACKELFORD	23	682.9	31	911.2
STEPHENS	141	1,490	139	1,506.1
STONEWALL	18	1,221.2	5	350.4
TAYLOR	5,596	4,003.9	6,366	4,505.2
THROCKMORTON	22	1,376.7	5	311.5
WICHITA	5,681	4,301.4	5,317	3,394.6
WILBARGER	422	3,188.8	343	2,611.3
YOUNG	539	2,938	373	2,024.1

Texas Juvenile Justice Department

The Texas Juvenile Justice Crime Statistics of 2013 comprised of certain crimes including assaults, drug, property and other offenses whether it be a CINS, misdemeanor or categorized as a felony. Taylor, Wichita and Brown counties all report high percentages regarding certain crimes committed. The data also includes total number of offenses in certain stages of sentencing such as referrals, dispositions, adjudications and also the average age of juveniles. In comparison to state levels, Region 2 makes up a total of 2.04% of total Texas referrals, 2.08% of dispositions, and 1.57% of total adjudications. The average age of juveniles is 14.68 years of age. *See Appendix A for TJJD Crime Stats 2013: Referrals, Dispositions, Total Adjudications, and Average Age for All and First Time Offenders*.

Child Abuse

The chart below reports confirmed Child Protective Service (CPS) victims and investigations for the 2014 fiscal year for Region 2; it also includes state level information. Although CPS cases may have open investigations, situations may not escalate to completing a full investigation for individuals and families. The percentage of total completed CPS investigations was calculated in order to report the child abuse situation within certain counties in Region 2.

The ranking of highest percentage of total completed CPS investigations to lowest completed investigations is as follows: Nolan (5.92%), Taylor (4.72%), Wichita (4.61%), Scurry (4.17%), Jones (4.02%), Eastland (3.9%), Montague (3.8%), Young (3.76%), Comanche (3.7%), Brown (3.69%), and Callahan (3.48%). These counties were chosen for they reported over 100 cases of total completed investigations within their county. All counties listed are reporting higher than state level percentage of completed investigations which is reported at 2.3%. *See Appendix A for the Confirmed CPS Victims and Investigations Fiscal Year 2014 chart*.

Confirmed CPS Victims and Investigations Fiscal Year 2014

County	Child Population	Confirmed Victims of Child Abuse/Neglect	Total CPS Completed Investigations	Confirmed CPS Investigations	Percent Investigations Confirmed

Archer	2,117	35	58	20	34.5%
Baylor	764	9	34	8	23.5%
Brown	9,154	162	338	99	29.3%
Callahan	3,306	46	115	29	25.2%
Clay	2,362	20	63	19	30.2%
Coleman	1,970	29	72	22	30.6%
Comanche	3,350	45	124	32	25.8%
Cottle	341	9	11	4	36.4%
Eastland	4,237	77	169	47	27.8%
Fisher	805	16	33	7	21.2%
Foard	247	1	6	1	16.7%
Hardeman	1,028	25	33	13	39.4%
Haskell	1,205	24	33	15	45.5%
Jack	1,959	41	65	20	30.8%
Jones	3,758	71	151	43	28.5%
Kent	162	6	7	2	28.6%
Knox	931	14	19	7	36.8%
Mitchell	1,813	36	85	19	22.4%
Montague	4,611	98	175	60	34.4%
Nolan	4,006	86	237	56	23.6%
Runnels	2,576	29	75	19	25.3%
Scurry	4,460	75	186	47	25.3%
Shackelford	803	15	26	8	30.8%
Stephens	2,265	33	76	22	28.9%
Stonewall	320	6	10	4	40.0%
Taylor	33,477	907	1,579	530	33.6%
Throckmorton	323	3	9	2	22.2%
Wichita	31,177	704	1,438	413	28.7%

Wilbarger	3,466	38	78	21	26.9%
Young	4,524	61	170	38	22.4%
Texas	7,266,760	66,572	168,164	40,369	24.0%

This table addresses the Texas Family Code 261.004 Subsection (b) (4) (A). Population data sources: Texas State Data Center, University of Texas (San Antonio). Data is based on 2010 Census.

Drug Seizures/Trafficking

2015 DPS Drug Seizures Report indicates the number of drugs and types of drugs seized within a county. Categories of drugs include packaged, plants, gardens, wild fields, cultivated fields, green houses, liquids, solids and so forth. Types of drugs included are marijuana, hashish, opiates, cocaine, hallucinogens, precursor chemicals, other drugs and labs. The report indicated low numbers for seizures in rural counties however larger counties report larger numbers of seizures for various drugs. For their highest reporting category, Brown County reported to have 497 seizures of "other drugs" classified as tranquilizers. Taylor County reported 1,896 seized of synthetic narcotics in dose units. Wichita County also reported 5,514 seizures of tranquilizers and 6,357 of synthetic narcotics. Marijuana seizures are prevalent every county. Remarkably, rural areas report not having seizures of any drugs; explanations for no seizures are not conclusive. Data charts are available upon request.

Mental Health

Mental health services in Texas are continuously altering their services as funding priorities and regulations change from year to year. Recently, legislatures enacted the collaboration of substance abuse prevention programs and mental health services in order to streamline prevention services. Rural communities have the most difficulty with standardized methods of prevention services; since the change these communities have lost services while others have gained resources within their community. Despite gaps in services and other challenges which will be discussed later, PRC2 has collaborated with mental health authorities through coalitions in order to collectively provide appropriate services for people in need. Specifically, Region 2's mental health authorities include: The Betty Hardwick Center, The Helen Farabee Centers, and Center for Life Resources.

Suicide

The following data chart reports the suicide mortality rates per 100K population reported by the Center of Disease Control from 1999-2013. In this report, data was "suppressed" if the data met requirements for certain confidentiality restraints. Suicide death rates were considered "unreliable" if the rate is calculated as 20 or less within the county.

In considering the rate of suicides compared to actual deaths, some counties report higher levels of deaths than rates while other counties report higher rates with less reported deaths. Counties with higher deaths than rates are: Wichita (280 deaths, 14.23 suicide rate), Taylor (249 deaths, 12.89 suicide rate), Brown (78 deaths, 13.71 suicide rate); these counties have the most concentrated populations within Region 2. Counties with higher suicide rates and less reported deaths are: Callahan (32 deaths, 16.13 suicide rate), Jones (62 deaths, 20.42 suicide rate), Young (44 deaths, 16.21 suicide rate) and Montague (62 deaths, 21.19 suicide rate); these counties are considered rural counties.

Data suggests urban counties have lower suicide rates but higher deaths compared to rural counties. It should be noted Texas reports to have a suicide rate of 10.73 which suggests all counties within Region 2 who reported suicide rates were above the state level rate.

Suicide Mortality Rates Per 100 K Populations, 1999-2013, CDC Wonder MCD

County	Deaths	Population	Crude Rate
Archer	11	133787	Unreliable
Baylor	Suppressed	57757	Suppressed
Brown	78	568996	13.71
Callahan	32	198394	16.13
Clay	24	164331	14.6
Comanche	23	206855	11.12
Cottle	Suppressed	24469	Suppressed
Eastland	34	276195	12.31
Fisher	Suppressed	61475	Suppressed
Foard	Suppressed	21592	Suppressed
Hardeman	Suppressed	65419	Suppressed
Haskell	19	88862	Unreliable
Jack	14	134469	Unreliable
Jones	62	303638	20.42
Kent	Suppressed	12149	Suppressed
Knox	Suppressed	58234	Suppressed
Mitchell	18	141353	Unreliable
Montague	62	292646	21.19
Nolan	34	227460	14.95
Runnels	19	161283	Unreliable
Scurry	29	247296	11.73
Shackelford	Suppressed	50014	Suppressed
Stonewall	Suppressed	22349	Suppressed
Stephens	32	142464	22.46
Taylor	249	1931564	12.89
Throckmorton	Suppressed	25418	Suppressed
Wichita	280	1967313	14.23
Wilbarger	26	207652	12.52
Young	44	271500	16.21
Total	**37699**	**351253065**	**10.73**

Psychiatric Hospital Discharges and Costs

The following chart states the total number of psychiatric hospital discharges for counties with Region 2 and the average costs of psychiatric hospitalizations. State and national discharges, rates and costs are also included for comparison.

Counties with a higher number of discharges included Wichita (959), Taylor (949), Brown (243), Montague (117) and Eastland (116). Rural counties such as Cottle, Haskell, Kent, Shackelford, Stonewall, and Throckmorton did not report either total discharges or averages costs due to fewer discharges therefore needing to protect the confidentiality of their patients in data collection. Perhaps, accessibility to psychiatric hospitals or population differences could account for the differences reflected in the reported data.

Average costs for the listed counties above ranges from $12, 000- $19, 000. The average cost in Texas is $15,646. Region 2's average costs vary between counties; some counties report below state average costs while others such as Mitchell County report the highest average cost of psychiatric treatment at $24,894.

Psychiatric Hospital Discharges and Costs by County

County	Total Discharges	Average Costs
Archer	24	$14,697
Baylor	18	$11,132
Brown	243	$12,571
Callahan	72	$9,651
Clay	48	$10,271
Coleman	47	$10,910
Comanche	36	$13,056
Cottle	c	c
Eastland	116	$17,375
Fisher	11	$16,762
Hardeman	10	$11,113
Haskell	11	c
Jack	43	$14,422
Jones	59	$15,997
Kent	c	c
Knox	15	$12,803
Mitchell	24	$24,894
Montague	117	$15,068

Nolan	93	$12,233
Runnels	59	$12,754
Scurry	50	$10,178
Shackelford	15	c
Stephens	64	$17,492
Stonewall	7	c
Taylor	949	$19,054
Throckmorton	c	c
Wichita	959	$13,235
Wilbarger	53	$11,522
Young	80	$14,730
Total U. S.	**1,501,170**	**$6,388**
Texas	**118,420**	**15,646**

Values based on 5 or fewer discharges are suppressed to protect confidentiality of patients and are designated with a "c".

**Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 38,590,733. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 are not reliable, and are designated with a †.*

***Rates are based on the number of hospital discharges, unadjusted for any population differences.*

****Mean costs are unadjusted.*

Adolescents Receiving SA Treatment

In 2012, SAMHSA reported a total of 41,682 individuals treated for substance abuse in Texas; of this total 10.3% were between the ages of 12-17 and 5.3% were ages 18-20. 52% of adolescents were treated for marijuana use, 27% were treated for hallucinogens, and 27% were for unknown substances, 21% for inhalants, and 2% for alcohol. In order to have a wholesome regional representation, data from local substance abuse treatment centers would be useful for future regional needs assessments.

Depression

According to the Center for Medicare Surveys conducted in 2015, the following data reports the number of Medicare beneficiaries with depression and the percentage of Medicare beneficiaries with

depression by county in Region 2; state and national data is reported for comparison. The age range of participants for the survey was 67-75 years, both men and women, Non-Hispanic White, African American, Hispanic, and "Other".

Stephens County reported having the highest percentage of beneficiaries with depression at 22.31% while Hardeman reported having lowest percentage of beneficiaries' at 13.56%. All counties reported within a close range of state and national levels of percentages of beneficiaries with depression. The state level percentage of Medicare beneficiaries with depression was reported to be 15.82% while the national percentage was reported to be 16.55%. Eighteen out of thirty counties within Region 2 exceed state and national percentages while other counties are in close range of reported percentages.

Center for Medicare Surveys 2015: Depression

County	Count of Medicare beneficiaries with depression	Percent of Medicare beneficiaries with depression
Archer	204	19.52%
Baylor	180	20.93%
Brown	1,238	17.90%
Callahan	374	17.44%
Clay	223	15.61%
Coleman	289	15.03%
Comanche	376	14.87%
Cottle	63	17.50%
Eastland	594	17.56%
Fisher	117	16.83%
Foard	47	14.11%
Hardeman	102	13.56%
Haskell	156	14.07%
Jack	195	16.75%
Jones	308	13.96%
Kent	19	13.97%
Knox	103	15.90%
Mitchell	195	16.18%
Montague	662	15.71%
Nolan	388	15.71%
Runnels	322	14.84%
Scurry	313	14.24%
Shackelford	88	16.96%
Stephens	322	22.31%

Stonewall	63	19.33%
Taylor	3,279	18.11%
Throckmorton	52	16.10%
Wichita	4,347	21.65%
Wilbarger	377	18.94%
Young	733	20.22%
State	**5,426,189**	**15.82%**
National	**374,006**	**16.55%**

MHMR Crisis Hotlines

The Department of State Health Services lists contact information for local and regional mental health crisis hotlines may be accessed on their website at www.dshs.stat.tx.us/mhsa-crisishotline/. The chart below includes regional mental health crisis hotline contact information.

Region 2 Mental Health Centers				
Center	**Crisis Hotline**	**Main Phone**	**Website**	**Counties Served**
Betty Hardwick Center 2616 S. Clack Abilene, TX 79606-1545	800-758-3344	325-690-5100	www.bhcmhmr.org	Callahan Jones Shackle ford Stephens Taylor
Center for Life Resources 408 Mulberry Brownwood, TX 76801	800-458-7788	325-646-9574	www.cflr.us	Brown Coleman Comanche Eastland McCullough Mills SanSaba
Helen Farabee Centers 1000 Brooke St. Wichita Falls, TX 76301	800-621-8504	940-397-3143	www.helenfarabee.org	Archer Baylor Childress Clay, Cottle Dickens Foard Hardeman Haskell, Jack King, Knox Montague Stonewall Throckmort-on, Wichita Wilbarger Wise, Young

Social Factors

Each region, county, city and community consists of diverse people and places. A regional needs assessment may give an opportunity to understand the influence of prevalent social factors. Clearly, factors may influence individuals positively or negatively. According to the National Institute on Drug Abuse, social factors such as stress, early physical or sexual abuse, witnessing violence, peers who use drugs and the availability of drugs all contribute the later drug abuse and addiction. Furthermore, social norms of substance consumption, parental approval of consumption, peer approval of consumption, and cultural norms of substance abuse are only a few aspects to consider when interpreting reported data in order to recognize the influence of social factors while assessing needs.

Social Norms of Substance Consumption

The National Institute of Drug Abuse (NIDA) indicates four social norms or reasons as to why individuals begin using substances. Reasons include in order to "feel good", to feel better, to do better and curiosity "because others are doing it". Consuming drugs give the user an intense feeling of pleasure followed by other effects such as self-confidence, power, and increased energy. Some use substances to lessen feelings of anxiety, stress or stress related disorders, and depression. Others consume substances in order to improve their cognitive or athletic performance while some are simply subject to the influence of peer pressure within their social circle. Using substances may give the user a temporary solution to an overall underlying issue; consequently once usage is initiated it may be extremely challenging to exert self-control in effort to cease consumption.

Parental Approval/Consumption

Parental influence is a significant factor in identifying a risk of addiction. NIDA explains the influence within the home environment is an important factor to consider. A child may become accustomed to drug and alcoholic consumption if parents and older family members engage in this activity; this ultimately increases their likelihood of developing their own drug related issues.

The following data was collected by the Texas School Survey of 2014 giving an indication of parental approval of tobacco, alcohol and marijuana use within state levels. Region 1 and 2 data is also included for comparison. Regions 1 and 2 were combined in order to improve methods of collecting quantitative data yet both regions are entirely diverse in their identity.

The TSS reports, 1.6% of Texas students' parents strongly approve of kids their age using marijuana; 1.2% parents strongly approve of kids their age drinking alcohol while .9% of students know their parents strongly approve of kids their age using tobacco. In congruence with state trends, the TSS reported 1.5% of students within Region 1 and 2 parents strongly approve of kids their age using marijuana; 1.0% strongly approves using tobacco while .9% strongly approves of kids their age drinking alcohol. Marijuana now surpasses alcohol in parental approval of consumption on both a local and state level. *See Appendix A for full Parental Approval/Consumption data for Texas and Region 1&2.*

Peer Approval/Consumption

Friends, peers and acquaintances may have a considerable influence within an individual's life. The National Institute of Drug Abuse emphasizes a person with no environmental risk factors may be swayed by peers who have the power to influence behavior. Poor social skills and academic failure may also contribute to becoming dependent to drugs or effects of being a part of an addictive lifestyle.

The following data was reported by the Texas School Survey for 2014 which asked students how many of their close friends use tobacco, alcohol or marijuana. State level data is also included for comparison. 12.7% of students close friends in Texas drink alcohol, 11% use marijuana and 4.6% of students close friends use tobacco. In congruence with state level peer approval consumption percentages, 14.2% of Region 1 and 2 students close friends use alcohol, 6.9% use marijuana and 5.7% use tobacco. *See Appendix A for full Peer Approval/Consumption data for Texas and Region 1&2.*

Cultural Norms and Substance Abuse

Culture is another factor to consider in not only understanding a person holistically but also in drug use, drugs of choice and treatment for substance related issues. Substance abuse interventions proven to be effective for one culture may not be for another. NIDA emphasizes the norms and treatment process must "be careful to incorporate factors that are unique to each target group".

Adolescent Sexual Behavior

The Texas High School Youth Risk Behavior Survey of 2013 examines adolescent sexual behavior s and unintentional injuries or violence in regards to sexual behavior. Participants were both male and female from diverse ethnic backgrounds including Hispanics, Whites, Black or African American. Students from "other races" (multiple races, Native Hawaiian, other Pacific Islander, Asian, American Indian or Alaskan Native) were not included for the number of respondents were less than 100. Students were asked specific questions regarding their sexual behaviors and experiences.

Results of the survey report Texas total percentage of students participating in sexual behaviors as just under the national percentage. 45.9% of Texas students surveyed reported they have had sexual intercourse which is close to the national percentage of 46.8%. Additionally, 93% of Texas students did not use any preventative measures such as a condom, birth control pills, a shot, an IUD or implant, or patch before participating in sexual behaviors. Perhaps more preventative action is needed in adolescent sexual behavior. *See Appendix B for Texas and United States High School Youth Risk Behavior Survey, 2013.*

Teen birth rates are another aspect to consider in terms of adolescent sexual behavior. The Department of State Health Services has kept record of teen birth rates in Texas by county since 2005 -2012. In Region 2, Nolan County has the highest percentage of teen births; it is 21.2%. Coleman reports a 20.6% and Fisher reports 20.1%. Only Throckmorton County reports to be lower than state level percentages of teen births; they report to be at 9.5%. All other counties within Region 2 report higher percentages than state level percentage which is 12.6%.

Texas Department of State Health Services 2005-2012: Teen Birth Rates

County	15 to 17	18 to 19	Total Teen Births	Total All Births	2005-2012 Female Pop. 15-19	2005-12 Teen Birth Rate (per 1000)	2005-12 Teen Births (% of All Births)
Archer	17	59	76	641	2,624	28.96	11.9%
Baylor	22	40	62	343	1,097	56.52	18.1%

Brown	181	429	610	3700	10,608	57.50	16.5%
Callahan	46	97	143	1132	3,976	35.97	12.6%
Clay	23	82	105	805	3,220	32.61	13.0%
Coleman	55	108	163	792	2,298	70.93	20.6%
Comanche	92	170	262	1422	3,974	65.93	18.4%
Cottle	4	17	21	114	419	50.12	18.4%
Eastland	89	204	293	1753	5,096	57.50	16.7%
Fisher	23	40	63	313	1,138	55.36	20.1%
Foard	7	11	18	103	460	39.13	17.5%
Hardeman	32	37	69	409	1,187	58.13	16.9%
Haskell	37	49	86	445	1,532	56.14	19.3%
Jack	34	86	120	781	2,292	52.36	15.4%
Jones	82	191	273	1460	4,526	60.32	18.7%
Kent	2	5	7	46	197	35.53	15.2%
Knox	21	43	64	389	1,233	51.91	16.5%
Mitchell	45	116	161	819	1,951	82.52	19.7%
Montague	81	216	297	1950	5,072	58.56	15.2%
Nolan	136	239	375	1766	4,342	86.37	21.2%
Runnels	61	106	167	1031	2,988	55.89	16.2%
Scurry	149	247	396	2049	4,300	92.09	19.3%
Shackelford	11	32	43	289	1,106	38.88	14.9%
Stonewall	5	7	12	109	348	34.48	11.0%
Stephens	48	109	157	952	2,453	64.00	16.5%
Taylor	725	1675	2400	16692	35,675	67.27	14.4%
Throckmorton	4	7	11	116	439	25.06	9.5%
Wichita	691	1532	2223	14817	37,498	59.28	15.0%
Wilbarger	99	181	280	1553	3,913	71.56	18.0%
Young	82	239	321	1923	4,949	64.86	16.7%
TEXAS	**135444**	**260743**	**396187**	**3144598**	**7,256,605**	**54.60**	**12.6%**

Texas Health Data, Texas Department of State Health Services, Center For Health Statistics, 2005-2012

Data are for live births to females aged 15-19 for the years 2005-2012

Population figures are for the female population aged 15-19 for the years 2005-2012 via the Texas State Data Center

Cultural Factors

The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes the importance of culture as a factor among prevention services. Prevention professionals should have a working ability in cultural competence. While most view culture as the difference between race and ethnicity, there may be other aspects of culture which may not be as apparent as visual differences. In

order to have an effective prevention plan, prevention professionals must consider the cultural context within their targeted community, county or region.

Misunderstandings about Marijuana

The legalization of marijuana is remaining a controversial topic in society. Policy makers have influenced government to legalize marijuana by justifying common myths. One myth society believes is that marijuana is not addictive; new research is proving this concept wrong. 1 in 11 or 9% of people who use marijuana will become addicted. If an adolescent begins smoking marijuana, the rate increases to 17% or 1 in 6; for daily users this number increases to 25%. Despite the knowledge adolescents may have of marijuana impairing their cognitive ability, perceptions of harm continue to decline as reported by NIDA's annual Monitoring the Future Survey. Another misunderstanding of marijuana was that tax revenue would generate positive outcomes for the state and local economies. However, since legalization tax revenues from marijuana has been quickly offset by social costs. One of the most believed myths is that the greater part of those who are in prison are there simply because of a marijuana possession and are "taking up valuable space" in prison. The Smart Approaches to Marijuana research denies the validity of this myth; less than .7% of all state inmates are incarcerated for marijuana possession only. Federal data shows 99.8% of federal prisoners are incarcerated for drug trafficking. Finally, one more misunderstanding is the belief legalization would diminish drug cartels and the black market economy. Yet, it has not done so because of the small amount of revenues drug trafficking has among them. Marijuana only accounts for about 15-20% of criminal organizational profits. Legalization has not and will not dissuade cartels or black market operatives from continuing to function.

Accessibility

The Community Commons Needs Assessment was not able to determine the percentage of accessibility for regional, state or national levels due to the lack of data within the region. It would be best to acquire this information in order to fully grasp the needs of the region. The Texas School Survey will be used to account for the level of perceived general accessibility to alcohol, marijuana, and prescription drugs.

Perceived Access

State and local drug and alcohol data has been compiled through the Texas School Survey (TSS) for the 2013-14 academic year to yield and serve as a picture of how perceived accessibility may be reflected in alcohol and drug use in adolescents.

According the TSS, 22.3% of all students grades 7^{th}-12^{th} grades indicated it would be "very easy" for them to access tobacco, 30% for alcohol access, 23% for marijuana access, 10.2% for synthetic marijuana access, and other drugs such as crack, cocaine, steroids, ecstasy, heroine and methamphetamines had very low percentages of accessibility. . Region 1&2, 24% of students reported it would be "very easy" for them to access tobacco, 26% to alcohol, 17% accessibility to marijuana and 10% to synthetic marijuana. Region 1&2 reported lower than state percentages in terms of perceived accessibility to drugs except for synthetic marijuana which reported at the same percentage at the state. *See Appendix A for Perceived Access: Texas and Region 1&2 charts*.

Alcohol

As stated earlier, the TSS indicated 30% of all students from grades 7th-12th grades said it would be "very easy" for them to obtain alcohol. Data suggest that as students become older they have a higher perception of accessibility to alcohol. Students were asked if alcohol was used at parties they attended; 12% of Texas students reported it was "always" used. 13% of students within Region 1 &2 reported as "always" having alcohol at parties.

Marijuana

23% of students who participated in the TSS indicated it would be "very easy" for them to access marijuana; 10% of students indicated "very easy" perceptions of accessibility of synthetic marijuana. 7.8% of Texas students reported marijuana use as "always" used at parties they attended in the past year; 4.9% of Regional students reported "always" having marijuana at parties.

Prescription Drugs

Unfortunately, the TSS survey does not include information or any data concerning the perceived accessibility of prescription drugs. Certainly, this information would be valuable in order to make an effective assessment of needs.

Alcohol Access

According to the TSS, 2.3% of students surveyed in grades 7th- 12th reported they "always" get their alcoholic beverages from home, 3.7% get their beverages from friends, 1.7% from the store, 10.4% from parties, and 4.4% from other sources. Perhaps more prevention efforts are needed in order to decrease accessibility to minors.

Alcohol Licenses

The Texas Alcoholic Beverage Commission was created in 1935 regulating all phases of alcoholic beverages in the state which includes sales, taxation, importation, manufacturing, transporting and advertisement. The Texas Alcoholic Beverage Code grants certain authorities to the Texas Alcoholic Beverage Commission such as to:

- "Grant, refuse, suspend, or cancel permits and licenses in all phases of the alcoholic beverage industry;
- Supervise, inspect, and regulate the manufacturing, importation, exportation, transportation, sale, storage, distribution, and possession of alcoholic beverages;
- Assess and collect fees and taxes;
- Investigate for violations of the Alcoholic Beverage Code and assist in the prosecution of violators;
- Seize illicit beverages;
- Adopt standards of quality and approve labels and size of containers for all alcoholic beverages sold in Texas;
- Pass rules to assist the agency in all of the above"

Each applicant for licensure may access The Application Guide for Retailers which offers general information to assist in applying for and obtaining an alcoholic license for wholesalers, distributors and manufacturers. All forms may also be accessed online at www.tabc.state.tx.us; additional forms, instructions, fees, bonds, tax collector information, fundraising opportunities, promotional permits and additional licensing material may be accessed online for future or current applicants.

The following chart reports the average alcoholic beverage permit by population in counties for Region 2.

TABC Alcoholic Beverage Permits per 100K Populations by Texas County- 2015 (For both On-Premises and Off-Premises Consumption)

County	TABC Permits**
Archer	20
Baylor	9
Brown	71
Callahan	18
Clay	11
Comanche	30
Cottle	5
Eastland	35
Fisher	9
Foard	4
Hardeman	13
Haskell	16
Jack	7
Jones	10
Kent*	0
Knox	10
Mitchell	19
Montague	38
Nolan	40
Runnels	29
Stephens	24
Taylor	273
Throckmorton *	0
Wichita	317
Wilbarger	30
Young	15
TEXAS	**53263**

* No data/permits available.
**Permits current as of March 4, 2015. Permit classes used for analysis included only those where the final purchase is made by the consumer (on- and off-premises consumption). All other permit types (wholesale, distribution, storage, etc.) were omitted.

Sales Violations

Reporting alcoholic-related violations or filing a complaint against a TABS-licensed location may be done by filling out a TABC Complaint Form then submitting it using a mobile app, sending it to

complaints@tabc.texas.gov, fax it to TABC Headquarters at 512-206-3449 or mailing the complaint form to:

Texas Alcoholic Beverage Commission Enforcement Division

P.O. Box 13127

Austin, TX 78711.

As stated in the resolution of complaints, the commission will investigate all complaints made. The allowed time the commission will use for the investigation will be based on what information is provided by the complaint form as well as the consideration of public health and safety. The commission withholds the right to cancel, suspend, or refuse to issue a permit or license based on the complaint made if it is proven to be in violation. The complainant will be informed of the result of the investigation made. Information regarding past complaints against an organization may be accessed by filing a request to the Texas Public Information Act; it is noted some information may not be subjected to disclosure. Unfortunately, regional data for violation is not available for this assessment.

According to the TABC sale violation reports from 2011-2013, alcohol sales to minors are increasing within the Region. In 2011, one sale to minor was recorded in Wichita; in 2012 three sales to minors were recorded in Taylor; in 2013 four sales to minors were recorded in Taylor County.

Social Hosting of Parties

The Texas Alcoholic Beverage Commission assists in campaigning and supporting the Texas Zero Tolerance Law which prohibits minors driving under the influence of alcohol. The Texas Zero Tolerance Law also prohibits social hosting (providing alcohol to minors). If minors are under adult care are consuming alcohol, adults are liable therefore responsible of providing an illegal substance to minors. Legal consequence may apply.

Marijuana Access

The TSS does not include questions regarding where students access marijuana. The questions included inquires the frequency of use, the average age of first use and family situation, how long students attended classes while high, had absences or conduct problems, how many friends use marijuana, if it was used at parties, and the perception of harm. If data included information on the location of access, the data could be used to measure the need for prevention efforts within the region.

Prescription Drugs Access

Unfortunately, the TSS does not include questions regarding where students access prescription drugs; it only asks if they have ever taken certain kinds of prescription drugs. The lack of data does not give a clear indication of how students may be accessing them or if they are accessing them illegally. Specific questions are needed in order to gain a clearer picture of what may be occurring with prescription drug use among adolescents.

Illegal Drugs on School Property

The Texas High School Youth Behavior Survey 2013 includes questions regarding illegal drugs on school property from a state and national perspective. Participants were both male and female from diverse ethnic backgrounds including Hispanics, Whites, Black or African American. Students from "other races" (multiple races, Native Hawaiian, other Pacific Islander, Asian, American Indian or Alaskan

Native) were not included for the number of respondents were less than 100. Students were asked if they were offered, sold or given any illegal drugs on school property. 26.4% of Texas students said they had while 22.1% of students nationally said they had been approached by illegal drugs on their campus. Therefore, Texas surpasses the national percentage of students being exposed to illegal substances on school property.

In light of previously discussed data from the *TEA Discipline Rates per 1,000 Student Population by County 2013-2014*, Wichita, Scurry, Taylor and Brown counties all reported having drug/alcohol related incidents reported. Scurry County was reported having similar discipline rate results compared to larger schools which in some cases exceed state rates of student discipline. Data proposes although students may be disciplined they are still being exposed to illegal drugs on school property.

Perceived Risk of Harm

In order to recognize an individual's use or abuse of alcohol, marijuana or prescription drugs one must examine the perception of harm. If perceptions are low in substance use, an individual would be more likely to use substances.

Alcohol

State level data collected by the TSS survey reported 52% of students think of alcohol to be "very dangerous". However, data indicates as students are getting older, their perception of harm is decreasing. For instance, 65% of 7th graders report alcohol to be "very dangerous" while 46% of 12th graders indicated it as "very dangerous". Region 1&2 exceed state percentages by reporting 56% of students believe alcohol to be "very dangerous". The decrease in perception of harm as students' age is also reflected in regional data.

TSS Perceived Risk of Harm: Texas

Table A-14: How dangerous do you think it is for kids your age to use **alcohol**?

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	52.0%	29.3%	12.4%	2.4%	3.9%
Grade 7	65.1%	20.7%	8.5%	1.6%	4.1%
Grade 8	55.2%	26.3%	12.1%	2.2%	4.2%
Grade 9	51.9%	28.9%	13.4%	2.7%	3.1%
Grade 10	47.5%	32.7%	13.3%	2.8%	3.7%
Grade 11	43.7%	35.1%	14.1%	2.9%	4.2%
Grade 12	46.2%	33.7%	13.6%	2.4%	4.0%

Region 1&2

Table A-14: How dangerous do you think it is for kids your age to use **alcohol**?

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	56.1%	26.2%	11.2%	2.3%	4.3%
Grade 6	77.7%	16.7%	4.4%	0.2%	1.0%
Grade 7	61.4%	21.1%	11.4%	1.1%	5.0%
Grade 8	56.2%	25.5%	10.8%	1.8%	5.7%
Grade 9	54.3%	26.6%	14.3%	2.9%	2.0%
Grade 10	47.4%	34.1%	9.9%	1.9%	6.8%
Grade 11	45.7%	29.1%	14.2%	4.9%	6.1%
Grade 12	46.8%	32.3%	13.6%	3.6%	3.8%

Marijuana

TSS data for Texas marijuana perceptions report 57% of students in Texas think marijuana is "very dangerous" 78% believe synthetic marijuana is "very dangerous". Perception of harm is also decreasing as age increases among students. In congruence with alcohol perceptions of harm, Region 1&2 exceeds state perceptions. For instance, 65.4% of students believe marijuana use to be "very dangerous" and 83% of students believe synthetic marijuana to be "very dangerous". Perceptions of harm for marijuana use, just as alcohol use decrease overtime as students become older.

TSS Perceived Risk of Harm: Texas

Table D-12: How dangerous do you think it is for kids your age to use …					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
Marijuana?					
All	57.2%	13.6%	11.2%	13.7%	4.2%
Grade 7	79.5%	8.9%	4.5%	2.9%	4.3%
Grade 8	68.1%	13.3%	6.8%	7.6%	4.2%
Grade 9	58.1%	13.5%	11.1%	13.3%	4.0%
Grade 10	47.2%	16.4%	15.2%	17.6%	3.6%
Grade 11	41.7%	15.5%	15.2%	22.8%	4.8%
Grade 12	43.0%	15.0%	16.5%	21.1%	4.5%

Synthetic Marijuana?					
All	78.1%	8.4%	3.6%	1.6%	8.3%
Grade 7	83.2%	5.4%	1.7%	0.7%	8.9%
Grade 8	78.8%	7.5%	3.0%	1.7%	9.0%

Grade 9	77.2%	9.2%	4.2%	1.9%	7.5%
Grade 10	75.0%	10.3%	4.8%	2.4%	7.5%
Grade 11	75.7%	10.0%	4.2%	1.8%	8.4%
Grade 12	78.0%	8.0%	4.2%	1.4%	8.5%

Region 1&2

Table D-12: How dangerous do you think it is for kids your age to use ...

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
Marijuana?					
All	65.4%	10.6%	8.0%	10.5%	5.6%
Grade 6	87.7%	2.4%	1.2%	0.5%	8.2%
Grade 7	72.9%	8.0%	4.4%	5.8%	8.9%
Grade 8	71.6%	11.0%	6.1%	8.2%	3.1%
Grade 9	67.7%	13.1%	8.5%	9.0%	1.7%
Grade 10	55.1%	13.8%	12.2%	12.1%	6.8%
Grade 11	48.5%	12.6%	11.0%	21.7%	6.2%
Grade 12	48.6%	14.5%	14.2%	18.5%	4.2%
Synthetic Marijuana?					
All	83.1%	6.4%	2.2%	0.8%	7.5%
Grade 6	88.6%	2.3%	0.0%	0.1%	9.1%
Grade 7	80.6%	3.6%	3.2%	1.5%	11.1%
Grade 8	81.0%	6.0%	3.2%	0.9%	8.9%
Grade 9	87.1%	7.7%	1.8%	0.8%	2.6%
Grade 10	79.5%	8.7%	3.0%	0.7%	8.1%
Grade 11	79.4%	9.6%	2.9%	0.9%	7.3%
Grade 12	85.3%	7.6%	1.3%	0.4%	5.4%

Prescription Drugs

The TSS did not include questions regarding perception of harm for prescription drug abuse or usage. Certainly, if this data was obtained it would be considerably valuable to the regional needs assessment from a statewide perspective.

Regional Consumption

The Texas School Survey (TSS) indicates the consumption rates of certain substances such as tobacco, alcohol, marijuana. The survey was given to 6th-12th graders in Region 2 providing valuable information regarding consumption rates among youth.

Alcohol

Regional consumption may be recorded and analyzed by a variety of studies and surveys. The Drinking Behavior by County 2002-2012 reports both female and male drinking habits; these are classified as heavy or binge drinking. The dataset reports national, state and regional data as well as the percentage of change overtime.

Nationally, alcohol consumption has shown a steady increase of 17% from 2005-2012. Texas reports an increase of 18% even though it is an unsteady increase. Regionally, Jack County reports the highest percentage of change in heavy drinking at 29.4%, followed by Coleman County at 27.5%, Montague at 26.2%, Scurry County at 22.8% and Taylor at 22.2%. Contrariwise, counties within the region reported a negative percentage of change overtime. Baylor had the highest percentage of decrease in heavy drinking at -18.5%, followed by Comanche at -6.7%, Knox at -4.7% and Foard at -3.6%.

In terms of binge drinking, the U.S. was reported to have an unsteady increase or a 5.8% change from 2002-2012. Texas reports to have an unsteady decrease or a -2.2% decrease in binge drinking behaviors. Regionally, Stonewall County reported to have the largest decrease at -27.4%, followed by Shackelford at 17.1% and Wilbarger at 16.5%. Although some counties are reported to have some increase of binge drinking behaviors, most counties within the region are reflective of decreasing percentages of drinking behaviors.

Drinking Behavior by County 2002-2012: Heavy and Binge

Location	Percent Change 2005-2012, Both Sexes	Percent Change 2002-2012, Both Sexes
United States	**17.2**	**5.8**
Texas	**18.2**	**-2.2**
Archer	10.6	-10.6
Baylor	-18.5	-6.5
Brown	9.4	-7.6
Callahan	11.2	-5.3
Clay	16.8	-6.0
Coleman	27.5	1.6

Comanche	-6.7	-15.1
Cottle	-1.5	10.6
Eastland	17.8	-8.0
Fisher	8.6	0.9
Foard	-3.6	-6.8
Hardeman	14.6	7.2
Haskell	12.2	-11.0
Jack	29.4	-5.5
Jones	18.0	-0.4
Kent	-1.0	-9.2
Knox	-4.1	8.0
Mitchell	2.6	-6.8
Montague	26.2	-2.9
Nolan	-0.7	3.9
Runnels	18.4	9.6
Scurry	22.8	5.8
Shackelford	7.7	-17.1
Stephens	8.5	-7.7
Stonewall	-2.7	-27.4
Taylor	22.2	0.6
Throckmorton	5.4	-3.0
Wichita	18.2	1.2
Young	17.0	-16.5

Age of and Early Initiation

According to the Texas School Survey, Region 1&2 ranks approximately at state level age of and early initiation of alcohol use among students. Perhaps additional prevention efforts are needed for alcohol use among students if lower percentages of initiation of use are wanted.

Texas School Survey 2013-2014: Alcohol Initiation, Grades 6-12 (TSS q21b)

Region	Age of Initiation	Early Initiation (<13)
State	12.9	38.0%
1&2	12.8	38.9%

Current and Lifetime Use

Region 1 &2 also reports close to state level percentages on current and lifetime use yet exceeds on high-risk use (last 30 days binge drinking which is 5 or more drinks); Region 1&2 rank the highest for all regions in Texas for high-risk use. Data suggests more preventative efforts may be needed due to high percentages in current, lifetime and high-risk use across Region 1&2.

Texas School Survey 2013-2014: Alcohol Consumption, Grades 6-12 (TSS tA-1, tA-4)

Region	Current Use, All Grades	Lifetime Use, All Grades	High-Risk Use*, All Grades
State	21.2%	50.5%	13.8%
1&2	21.1%	51.3%	17.5%

*High-risk use is current (last 30 days) binge drinking (5 or more drinks).

Qualitative Data

Qualitative data was not used for data collection in the TSS however; the PRC2 has identified a need for qualitative data in order to understand the needs of students holistically. Qualitative data would inherently give students the opportunity to give insight to prevention professionals which may not otherwise be known from quantitative data collection.

Marijuana

According to TSS data, marijuana is the most used illegal drug followed by synthetic marijuana. 8% of students within the region indicated they had used marijuana in the past 30 days while 2% of students used synthetic marijuana. Other drugs such as cocaine, crack, hallucinogens, rohypnol, steroids, ecstasy, heroine, and methamphetamines indicated less than a percentage of use within the last 30 days. Additionally, 2% of students indicated they normally use marijuana several times weekly and monthly.

Age of and Early Initiation

Overall, most regions in Texas report close to the age of initiation at state average which is 13.8 years old yet Region 1&2 report higher average percentages than the state which is 23.1%. In a sense, students appear to be using marijuana at young age.

For synthetic marijuana use, all regions report within a close range of the state level age of initiation which is 14.2 years old. The state reports 14.7% to be the average early initiation percentage; Region 1&2, and Region 4 are the only regions reporting under this percentage.

Texas School Survey 2013-2014: Marijuana Initiation, Grades 6-12 (TSS q21d)

Region	Age of Initiation	Early Initiation (<13)
State	13.8	23.1%
1&2	13.7	24.4%

Texas School Survey 2013-2014: Synthetic Marijuana Initiation, Grades 6-12 (TSS q21L)

Region	Age of Initiation	Early Initiation (<13)
State	14.2	14.7%
1&2	14.2	11.6%

Current and Lifetime Use

Region 1&2 reports lower percentages of both current and lifetime use for marijuana compared to state percentages which are 9.1% for current use and 23.2% for lifetime use. In terms of synthetic marijuana use, 1.8% of students in Texas currently use while 6.6% of students reported using marijuana within their lifetime. Region 1&2 exceed the state percentages in lifetime use of synthetic marijuana.

Texas School Survey 2013-2014: Marijuana Consumption, Grades 6-12

Region	Current Use, All Grades	Lifetime Use, All Grades
State	9.1%	23.2%
1&2	7.9%	21.5%

Texas School Survey 2013-2014: Synthetic Marijuana Consumption, Grades 6-12

Region	Current Use, All Grades	Lifetime Use, All Grades
State	1.8%	6.6%
1&2	1.5%	7.3%

Prescription Drugs

In terms of prescription drug use, the TSS reports current use or lifetime use of certain prescription drugs. These drugs include: Codeine cough syrup, Oxycotine, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Hydrocodone, Valium, Diazepam, Xanax and Alprazolam.

Age of and Early Initiation

Age of and early initiation to prescription drugs was not asked in the Texas School Survey.

Current and Lifetime Use

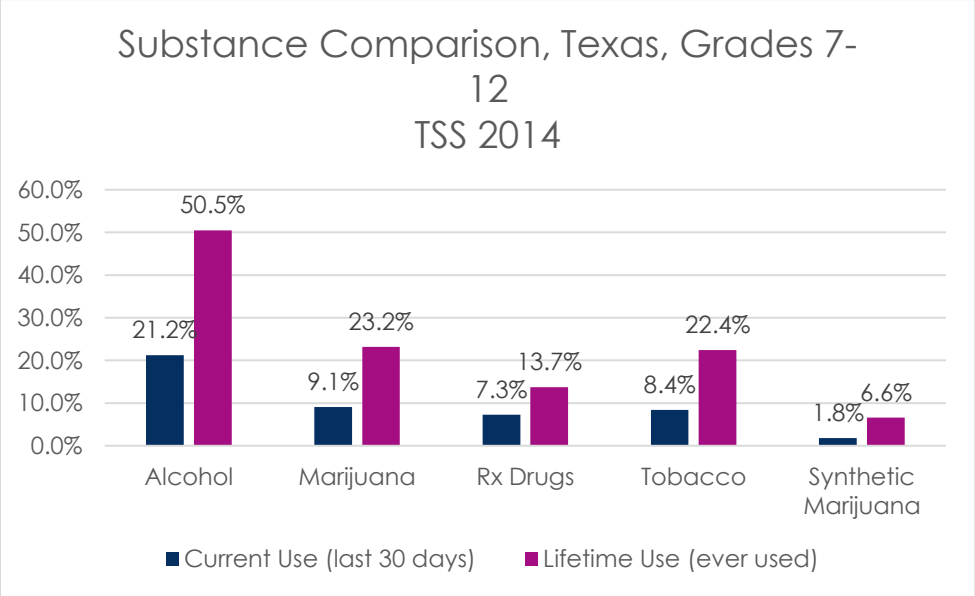
7.3% of Texas students surveyed used prescription drugs within the past 30 days; 13.7% of Texas students reported having ever used certain prescription drugs. Region 1&2 reported 7.8% in current use and 15.4% in lifetime use for prescription drug use which exceeds state percentage levels of use.

Texas School Survey 2013-2014: Prescription Drug Use, Grades 7-12

Region	Current Use (past 30 days)	Lifetime Use (ever used)
State	7.3%	13.7%
1&2	7.8%	15.4%

Texas School Survey Substance Comparison

Overall, the TSS reports alcohol as having the highest consumption rates for Texas students followed by marijuana, tobacco, prescription drugs and synthetic marijuana. Whether the substance is consumed currently or ever used within a student's lifetime, the trend in consumption continues for each category.



	Current Use (last 30 days)	Lifetime Use (ever used)
Alcohol	21.2%	50.5%
Marijuana	9.1%	23.2%
Rx Drugs	7.3%	13.7%
Tobacco	8.4%	22.4%
Synthetic Marijuana	1.8%	6.6%

Emerging Trends

One of the purposes of a Regional Needs Assessment is to identify and educate communities of emerging trends for drug use and possible abuse. Synthetic cannabinoids, synthetic cathinone's, e-cigarettes or vaping, BHO "dabbing" and consumables, and other substances such as inhalants have all been identified as new trends in drug abuse. Unfortunately, emerging trends can have lethal consequence due to the unknown side effects of a new substance. Therefore it is necessary to educate those within a community, county, region as to what emerging trends may be and how they could affect the dwelling population.

Synthetic Cannabinoids

Synthetic cannabinoids or otherwise known as K2/Spice is a chemically-coated herbal mixture similar to marijuana. It is also consumed through smoking just as marijuana. These substances are sold as "safe" and "legal" products to the consumer yet the effect is similar to that of marijuana due to THC levels within the substance. The National Institute of Drug Abuse reports the origins of chemicals within "spice" are unknown. Research is needed in order to accurately know the effects this product has on the brain. It has been reported some compounds of K2 have had powerful and unpredictable effects on the consumer such as paranoia and hallucinations.

The Texas Poison Center Network has recorded exposure to synthetic cannabinoids from 2010-2014 showing an unsteady increase overtime however; exposure percentages are reporting to be the highest they have ever been at 27% for people living in Texas in 2014. Most users are from ages 13-20+, male and initially ingested the substance by inhalation and was intentional for use. The majority of users were living in urban communities, at their residence, using one type of cannabinoids which moderately affected their heart rate and were already in route to hospitals when Poison Control was contacted. Patients were then treated with IV fluids when received. Region 2 measured to be 3.5% of all exposures to synthetic cannabinoids yet reported to have the highest rate per 1,000 in Texas at 16.90.

Synthetic Cathinones

Synthetic cathinones or otherwise known as bath salts, have become a serious yet growing public health and safety issue. According to the National Institute on Drug Abuse (NIDA), bath salts produce a wide range of effects such as increased sociability, sex drive, and euphoria. Others may become paranoid, agitated, delirious, display violent or psychotic behavior or even death. Bath salts may be used orally, snorted, inhaled or injected by a consumer. Because of the severity in onset of certain side effects, emergency room visits from consumers of the bath salts have dramatically increased. Research has indicated side effects and dangers of bath salts are similar to that of methamphetamines; consumers crave the drug and are addicted. Since bath salts are an emerging trend, additional research is needed in order to determine other side effects or identify other unknown ingredients which may be found within the compound.

The Texas Poison Center Network has also recorded exposure to bath salts from 2010-2014; data reflects a peak at 56% in 2011 but has steadily decreased to 4.7% in 2014. Most users were male, 20 and older and ingested or inhaled the substance. Users were intentional, at their own residence in urban communities, used one or more types of the substance and were already in route to the hospital when it was reported. The substance was classified as seriously affecting the patient by rapid heart rate, hypertension and were agitated or irritated. Patients were treated with IV fluids and benzodiazepines. In this time period (2010-2014), Region 2 reported 3% of total exposures and had the third highest exposure rates per 1,000 in Texas.

E-Cigarettes/Vaping

A new popular trend among adolescents and adults are e-cigarettes. These devices are battery powered designed to deliver nicotine to the user through various flavorings and chemicals. The chemicals used give off a vapor instead of smoke allowing the user to feel as if they are "safe" to use. E-cigarettes are commonly believed to help aid in lower nicotine cravings; however little is known if these devices truly do help in this process. According to NIDA, there are more than 250 brands of e-cigarettes on the market today. Research is needed to understand the health risks on the body and brain; at this

time there is very little information known. Furthermore, the danger using this device is a concern for youth. E-cigarettes may be a "gateway" product for youth to begin using tobacco products since they are commonly misunderstood as being "safe". Although there is very little data on this emerging trend, scientific research is need to truly comprehend the health effects of using this product.

BHO "Dabbing "and Consumables

With the growing popularity of marijuana use and legalization, certain practices of using are emerging. "Dabbing" and/or eating the drug in baked goods or in other sweet treats is a dangerous emerging trend which may have detrimental effects. Dabbing refers to a method of smoking THC-rick extracts from the plant therefore giving the user a robust effect; dabbing is on the rise among users. Also, consumables have become increasingly popular as legalization of the drug has come about in certain states. General public health and safety is a concern as these products may be mistaken for regular consumables (i.e. brownies, cookies, candies etc.) which has led to increased hospitalizations of children in certain states. Perhaps these consequences of legalizing a drug were not considered as policy makers signed new regulations.

Other Substances

The TSS data collected for Region 2 included questions regarding inhalants such as spray paint, whiteout/correction fluid/magic markers, and computer dusting sprays, helium, butane, propane, whippets, Freon, glue, paint thinner, other solvents, gasoline, octane booster, carburetor cleaner, other aerosol sprays, and any inhalants. 4% of students reported having used any inhalant within the past month while all other inhalant use reported 1% or lower.

Consequences

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

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

Overview of Consequences

Any decision results in consequences. Life circumstances, environmental risks, drug abuse and use may all contribute to certain consequences within a person's life. Mortality due to overdose, drugs and/or alcohol use, legal issues, personal injury, criminal charges or arrests, hospitalizations due to alcohol or other drug use are only a few consequences affecting a region and ultimately affecting the state.

Another consequence of public health is the amount of exposure to certain substances. The chart below was reported by the Texas Poison Center Network from 2009-2014 and reports the distribution of exposures to certain substances as they are reported by the informant or caller. Substances included in this data set are: alcohol, chemicals, mushrooms, tobacco/nicotine products, antidepressants, cardiovascular drugs, cold and cough preparations, miscellaneous drugs, muscle relaxants, narcotic antagonists, radiopharmaceuticals, sedatives, stimulants/street drugs and the total distribution overall for the counties within the region.

According to the Texas Poison Center Network, Region 2 makes up 2.56% of Texas distribution exposure. Brown County reports to have the highest amount of total distribution exposure for these substances from 2009-2014, followed by Nolan County, Wilbarger, Knox, Young and Stonewall. This data is surprising because larger counties such as Taylor and Wichita report lower distribution exposures to substances and are more populated areas which have immediate access to substance abuse treatment. Perhaps more rural areas have a higher distribution exposure rate due to lack of treatment facilities and resources however; this statement is not conclusive.

Texas Poison Center Network 2009-2014: Distribution of Exposures to Selected Substances by Caller; Rates Per 100K

County	Alcohols	Chemicals	Mushrooms	Tobacco / Nicotine Products	Antidepressants	Cardiovascular Drugs	Cold and Cough Preparations

"TEXAS"	30504	18089	1841	3919	40270	36169	37125
ARCHER	5.44	10.88	0.00	5.44	9.07	19.95	21.76
BAYLOR	17.78	22.23	8.89	13.34	35.57	48.90	26.67
BROWN	54.10	18.18	2.16	6.49	74.44	45.01	50.64
CALLAHAN	4.87	8.52	1.22	4.87	14.60	17.04	10.95
CLAY	19.91	4.59	0.00	3.06	21.44	16.85	12.25
COLEMAN	37.62	16.93	0.00	11.28	37.62	22.57	33.85
COMANCHE	36.65	16.55	2.36	3.55	43.74	23.64	30.74
COTTLE	0.00	21.48	10.74	0.00	32.22	53.70	10.74
EASTLAND	36.66	5.36	0.89	2.68	47.39	27.72	37.55
FISHER	12.51	8.34	0.00	0.00	33.35	33.35	37.52
FOARD	0.00	12.26	0.00	0.00	0.00	36.78	36.78
HARDEMAN	23.88	15.92	0.00	3.98	35.82	19.90	39.80
HASKELL	19.95	5.70	0.00	5.70	39.90	25.65	22.80
JACK	22.05	11.03	1.84	1.84	42.27	16.54	25.73
JONES	21.21	4.89	0.82	2.45	26.92	23.65	23.65
KENT	0.00	20.56	0.00	0.00	20.56	20.56	41.12
KNOX	22.13	22.13	4.43	0.00	57.53	57.53	4.43
MITCHELL	28.02	12.26	1.75	5.25	26.27	15.76	36.78
MONTAGUE	29.25	15.04	4.18	0.00	45.96	40.11	34.26
NOLAN	40.21	36.95	3.26	3.26	73.90	56.51	39.13
RUNNELS	15.69	21.97	0.00	0.00	28.24	32.95	40.79
SCURRY	26.39	21.50	0.00	1.95	38.12	35.18	31.28
SHACKELFORD	4.89	9.78	0.00	0.00	0.00	39.10	34.21
STONEWALL	0.00	22.15	0.00	11.08	66.45	55.38	44.30
STEPHENS	36.05	30.90	1.72	5.15	39.49	25.75	32.62
TAYLOR	20.26	18.12	1.51	5.54	37.24	27.05	31.83
THROCKMORTON	29.74	19.83	0.00	0.00	29.74	29.74	39.66
WICHITA	26.44	16.49	1.01	4.15	47.09	37.27	33.11
WILBARGER	40.89	24.05	2.41	2.41	61.33	45.70	28.86
YOUNG	24.14	16.99	0.89	4.47	66.17	46.50	28.62

	Miscellaneous Drugs	Muscle Relaxants	Narcotic Antagonists	Radio-pharmaceuticals	Sedative / Hypnotics / Antipsychotics	Stimulants and Street Drugs	Total 2009-14
"TEXAS"	8123	13042	115	11	63970	27340	280518
ARCHER	3.63	1.81	0.00	0.00	3.63	0.00	81.62
BAYLOR	4.45	22.23	0.00	0.00	75.58	22.23	297.86
BROWN	9.09	39.82	0.00	0.00	126.38	32.46	458.78
CALLAHAN	7.30	3.65	0.00	0.00	15.82	10.95	99.78

CLAY	4.59	7.66	0.00	0.00	42.88	12.25	145.49
COLEMAN	9.40	7.52	0.00	0.00	52.66	30.09	259.55
COMANCHE	8.28	16.55	0.00	0.00	67.39	14.19	263.64
COTTLE	0.00	21.48	0.00	0.00	21.48	0.00	171.84
EASTLAND	6.26	18.78	0.00	0.00	67.95	27.72	278.97
FISHER	0.00	25.01	4.17	0.00	25.01	12.51	191.75
FOARD	0.00	0.00	0.00	0.00	0.00	0.00	85.82
HARDEMAN	0.00	23.88	0.00	0.00	63.67	7.96	234.80
HASKELL	14.25	11.40	0.00	0.00	59.84	19.95	225.13
JACK	5.51	11.03	0.00	0.00	31.24	9.19	178.27
JONES	8.16	7.34	0.00	0.00	30.18	15.50	164.76
KENT	0.00	0.00	0.00	0.00	41.12	20.56	164.47
KNOX	4.43	39.83	0.00	0.00	97.37	35.41	345.21
MITCHELL	5.25	12.26	0.00	0.00	36.78	24.52	204.93
MONTAGUE	10.86	19.22	0.00	0.00	75.20	12.53	286.61
NOLAN	11.96	21.74	0.00	0.00	93.47	33.69	414.08
RUNNELS	0.00	12.55	0.00	0.00	37.66	20.40	210.24
SCURRY	8.80	15.64	0.00	0.00	53.75	30.30	262.91
SHACKELFORD	4.89	4.89	0.00	0.00	9.78	19.55	127.08
STONEWALL	11.08	11.08	11.08	0.00	66.45	11.08	310.11
STEPHENS	5.15	29.19	0.00	0.00	63.52	22.32	291.87
TAYLOR	7.55	13.59	0.00	0.00	46.18	20.76	229.63
THROCKMORTON	0.00	29.74	0.00	0.00	39.66	0.00	218.12
WICHITA	9.44	16.12	0.13	0.00	72.90	20.27	284.41
WILBARGER	10.82	24.05	0.00	0.00	111.85	24.05	376.43
YOUNG	8.94	28.62	0.00	0.00	79.59	25.04	329.97

Mortality

According to the Surgeon General's Call to Action, the period of adolescence is thought of as a time of growth, where individuals are least prone to health problems. Nonetheless, mortality rates increase 200% between middle childhood and late adolescence due to more risk taking behaviors. Although youth mortality rates are prevalent among national data, regional data was not exclusive to adolescents. The Community Commons Needs Assessment analyzed Region 2's general population mortality rates. Surprisingly, Region 2 reports as having higher rates of accidental deaths comparted to state and national levels; Region 2 has a rate of 54 unintentional injury deaths per 100,00 people

compared to state levels at 40 deaths and national levels at 39 deaths. Additionally, Region 2 reports to have higher motor vehicle crash deaths than state and national levels. Regionally, there are an average of 13 deaths due to motor vehicle crashes per 100,000 people compared to 9 at state levels and 8 on a national. Some counties did not have any data to report ultimately skewing results.

Overdose Deaths

Prescription drug overdose is an increasingly relevant consequence of public health measures. According to the Prevention Status Report of 2013, the Center of Disease Control states the "deaths involving opioids have more than quadrupled since 1999". The sharp increase in deaths parallels prescriptions of drugs to patients. In order to keep doctors accountable, the CDC and other agencies are working together to address and evaluate certain interventions and policies in order to reduce overdose deaths. The CDC evaluates states on policies and practices by a rating system based on the states laws and programs. Green indicates the policy or practice is working in accordance with expert recommendations and accuracy; yellow indicates the policy or practice is in partial accordance while red indicates the policy or practice is either absent or not established with experts or recommendations.

Texas reports lower drug overdose death rates compared to national levels; Texas also has a state pain clinic law that inhibits overprescribing practices and is meeting the criteria of that law overall and is reporting in the "green". Texas also has a prescription drug monitoring program which show early signs of changing providers prescribing practices and allow for information regarding their prescriptions by reporting to law enforcement or other agencies for findings. Texas reports in the "yellow" in this category and has room for improvement for following best practices in prescription drug monitoring programs.

Drug and Alcohol Related Fatalities

According to TxDOT 2010-2014 DUI Crahses and Injuries report, only seven counties report lower than state rates of DUI fatalities per 1,000. Stonewall reports to have the highest rateat 80 fatalities per 1,000 followed by Knox at 26, Runnels at 18, Archer and Fisher at 15 fatalities per 1,000. Although the data is indicative of a four year period, it may give stakeholders an indication of where most alcoholic fatalities are occurring. All of the listed counties above are considered rural areas.

2010-2014 DUI Crashes and Injuries by County, TxDOT

County	County Population 2010-14	Total DUI Crashes, 2010-14	Total DUI Fatalities, 2010-14	DUI Crash Rate per 100K, 2010-14	DUI Fatality Rate per 100K, 2010-14
Archer	45,711	72	7	157.51	15.31
Baylor	18,544	21	2	113.24	10.79
Brown	192,324	207	3	107.63	1.56
Callahan	68,276	73	6	106.92	8.79
Clay	54,248	57	5	105.07	9.22
Coleman	44,513	83	4	186.46	8.99
Comanche	70,392	80	3	113.65	4.26
Cottle	7,616	4	1	52.52	13.13
Eastland	93,560	84	10	89.78	10.69
Fisher	19,877	34	3	171.05	15.09

Foard	6,718	6	1	89.31	14.89
Hardeman	20,837	16	1	76.79	4.80
Haskell	29,454	32	2	108.64	6.79
Jack	45,540	48	3	105.40	6.59
Jones	102,380	71	13	69.35	12.70
Kent	4,033	10	0	247.95	0.00
Knox	18,700	21	5	112.30	26.74
Mitchell	47,484	39	4	82.13	8.42
Montague	99,515	107	4	107.52	4.02
Nolan	76,878	90	4	117.07	5.20
Runnels	52,778	53	10	100.42	18.95
Scurry	86,056	85	10	98.77	11.62
Shackelford	17,077	25	3	146.40	17.57
Stephens	48,560	57	1	117.38	2.06
Stonewall	7,452	13	6	174.45	80.52
Taylor	666,499	737	24	110.58	3.60
Throckmorton	8,228	8	0	97.23	0.00
Wichita	660,589	623	20	94.31	3.03
Wilbarger	68,715	61	9	88.77	13.10
Young	93,558	79	4	84.44	4.28
"TEXAS"	129,301,566	**124,569**	**5,281**	96.34	4.08

Information contained in this report represents reportable data collected from Texas Peace Officer's Crash Reports (CR-3) received and processed by the Department as of May 20, 2015.

Legal Consequences

At times legal consequences are necessary to deter destructive public behavior. Such consequences are valuable for they not only protect communities but they are a measure of public health concerns. The following data reports incarceration rates within Region 2.

In reviewing the data collected by the Texas Commission on Jail Standards, certain counties reported high incarceration rates per 100k in rural areas compared to urban counties. For instance, Brown County reported the highest incarceration rate at 467.94; Taylor reported 369.36 and Wichita at 359.53. All of these counties are considered urbanized due to larger cities within the county. However, rural counties such as Young, Stonewall, and Scurry reported high incarceration rates even with less populated areas within the county. Young County reports a 408.96 rate; Stephens and Eastland Counties are just as high as Taylor County at a 369 incarceration rate, Nolan at 355, and Stonewall at 338 and Scurry at 303 persons incarcerated per 100k. All of these counties report higher than the state level incarceration rate which is reported at 227.45 persons. Fourteen out of thirty counties in Region 2 are above the state level incarceration rate.

Texas Commission on Jail Standards: Incarceration Rate Report March 2014- February 2015

County	**ADP	Rate Per 100K Pop.
Archer	16	183.17
Baylor	8	220.81

Brown	177	467.94
Callahan	13	96.18
Clay	16	151.87
Comanche	41	297.86
Cottle	0	0.00
Eastland	68	369.14
Fisher	7	182.10
Foard	2	153.02
Hardeman	8	195.98
Haskell	15	254.19
Jack	19	211.51
Jones	35	175.24
Kent	1	119.19
Knox	4	105.57
Mitchell	23	246.36
Montague	54	276.00
Nolan	53	355.13
Runnels	27	258.40
Scurry	52	303.63
Shackelford	6	178.78
Stephens	35	369.82
Stonewall	5	338.98
Taylor	493	369.36
Throckmorton	2	124.92
Wichita	473	359.53
Wilbarger	25	188.57
Young	75	408.96
TEXAS	**59,349**	**227.45**

* Based on 2012 population estimates.

** ADP is based on the 1st day of the month jail population report figures from 4/1/2014 t03/1/2015

ADP is based on local inmates housed in county and a local inmate housed elsewhere and does not include contract inmates.

Privately operated facilities housing contract inmates only are not included

Driving Under the Influence

The Center for Disease Control reports driving while impaired by alcohol accounts for nearly one third of all traffic-related deaths in the U.S. DUI's are a prevalent public health issue. Texas may be seen as a leader in deterring intoxicated behavior from a legal standpoint.

According to the Uniform Crime Report of 2013, DUI arrests have significantly dropped in Texas. In 2012, there were approximately 90,000 DUI arrests; 2013 reports have 74,792 persons arrested for DUI's. Texas began a "No Refusal" weekend initiative in 2005 wherein suspects could not refuse to submit a breathalyzer test. Since the initiative, other counties joined in order to prevent DUI's from occurring within their communities. Data suggests "No Refusal" has deterred behavior from driving while intoxicated. As always, new legislation brings controversy; some believe the law violates personal rights. Despite arguments against at least 30 states have legal authority to enforce a no refusal initiative. Perhaps legal consequences have positive affects rather than a negative on society.

Substance Use Criminal Charges

A criminal charge involves a formal accusation taking on several forms such as a complaint, information, indictment, citation or traffic ticket. In regards to substance abuse, criminal charges become more severe. Substance abuse related criminal charges vary from any charge from drug/substance manufacturing, possession, or distribution could lead one to any classification of criminal charge. Substance use criminal charges could have lifelong effects on a user; education in preventing substance abuse is compulsory for those who may be at risk for criminal charges.

Number of Arrests Related to AOD

Collectively, Region 2 contributes as 4.45% of all drug and alcohol inmates in the state of Texas. Taylor County reports the most inmates at 382, followed by Wichita at254 and Brown County at 230 inmates.

Texas Department of Criminal Justice, Inmate Population by Sentencing County, Drug and Alcohol Sentences as of 05-20-2015

County	Drug/Alcohol Inmates
Archer	7
Baylor	7
Brown	230
Callahan	14
Clay	18
Coleman	16
Comanche	28
Cottle	1
Eastland	90
Fisher	5
Foard	3
Hardeman	5
Haskell	41
Jack	8
Jones	24
Kent	0
Knox	6
Mitchell	26
Montague	40
Nolan	38
Runnels	18
Scurry	43
Shackelford	1

Stephens	19
Stonewall	3
Taylor	382
Throckmorton	3
Wichita	254
Wilbarger	25
Young	39
TEXAS	**31,327**

*2015 Texas State Data Center Population Estimate

Illicit Drug Prevalence Rates

According to the National Institute on Drug Abuse there was an estimate of 23.9 million Americans ages 12 or older or 9% of the total population who had used or abused an illicit drug in the past month. Nationally illicit drug use is on the rise. Marijuana use reports 18.9 million users. On a state level, the Texas Drug Control Update stated nearly 6% of residents in Texas reported using illicit drugs within the past month. The prevalence of illicit drug use in Texas is congruent with the national levels of use. Regional information has large gaps and is not reported for every county.

Hospitalization and Treatment

Data related to hospitalization and treatment due to substance abuse would be useful to share with community officials. Regional information may allow stakeholders to review needs for prevention services.

Adolescents Receiving SA Treatment

According to the Department of State Health Services Substance Abuse Youth Admissions 2014 dataset, there were a total of 4,911 youths served for substance abuse in Texas. The age range is 12-18 years who were treated in a youth service type or youth program. County level data is based on youth's residing county not where the program is located; masked at less than 10. Regional data is based on the provider location; masked at less than 4.

Region 2 served a total of 93 youths for substance abuse equating to 1.89% of the total. Wichita and Taylor Counties were the only areas for the region who served youths for substance abuse; all other counties were not listed or were masked due to small numbers. 89% of those receiving treatment did so for marijuana use within these counties. 90% of those treated did so through an outpatient facility. Despite lack of numbers, regional data seems to correlate with state percentage data. 85% of all youths served for substance abuse in Texas were treated for marijuana, 3% for alcohol, 2% for methamphetamines and other cannabinoids. *The DSHS Substance Abuse Youth Admissions 2014 data is available upon request.*

Economic Impact

In public health measures, the economy certainly has an impact on a community. Certain indicators such as underage drinking or drug use, average cost of treatment within a region, employability and college admissions may affect the economic condition within a community, county and region.

Underage Drinking/Drug Use

According to the National Survey on Drug Use and Health 8.7 million people age 12-20 (23% of this age group) reported drinking alcohol within the last month. It is also reported youth drink excessively. 5.4

million (14%) adolescents engage in binge drinking, 1.4 million (3%) drink heavily. Because adolescents are still developing, the effects of alcohol could be more damaging than suspected. Aside from being an illegal substance, underage drinking is still a public health risk. For example, if adolescent males wreck their cars under the influence of alcohol, insurance agents may have to increase policy premiums for all customers due to the high rate of wrecks. All community members have consequences due to one person's decision. Economic consequences may not be as apparent as physical consequences however; they are still an important aspect to consider.

College Admissions

In analyzing the data from Texas high school graduates in the fiscal year 2014, data suggests students attend college where it is available. For instance, Taylor, Wichita and Brown Counties all report to have the highest enrollment for graduates attending college. Contrariwise, rural counties such as Cottle, Fisher, Foard, Kent, Knox, Stonewall and Throckmorton all report less than 25 graduates attending college. Surely, the data is not conclusive as to what reasoning the students do not attend college however; all three counties who reported higher enrollment rates do have colleges in their counties.

Texas High School Graduates from FY 2014 Enrolled in Texas Public or Independent Higher Education

County	Student Population 2013-14	2013-14 Graduates Enrolling in College	Rate per 1000
Archer	1,851	138	74.55
Baylor	582	27	46.39
Brown	6,604	355	53.76
Callahan	2,432	117	48.11
Clay	1,639	88	53.69
Coleman	1,304	61	46.78
Comanche	2,223	106	47.68
Cottle	220	<25	N/A
Eastland	2,996	174	58.08
Fisher	552	<25	N/A
Foard	218	<25	N/A
Hardeman	726	36	49.59
Haskell	944	41	43.43
Jack	1,578	62	39.29
Jones	2,669	170	63.69
Kent	144	<25	N/A
Knox	749	<25	N/A
Mitchell	1,460	53	36.30
Montague	3,362	148	44.02
Nolan	3,033	106	34.95
Runnels	2,064	129	62.50

Scurry	3,283	163	49.65
Shackelford	626	28	44.73
Stonewall	253	<25	N/A
Stephens	1,457	64	43.93
Taylor	33,544	1,562	46.57
Throckmorton	312	<25	N/A
Wichita	21,418	1,350	63.03
Wilbarger	2,441	126	51.62
Young	3,515	221	62.87
Texas	**5,058,211**	**299,332**	**59.18**

Districts with more than 25 graduates

'Other' records combine records where Total Students for one institution < 5.
'Not trackable' graduates have non-standard ID numbers that will not find a match at Texas higher education institutions.
'Not found' graduates have standard ID numbers that were not found in the specified Fall term at Texas higher education institutions.

According to the Texas Higher Education Coordinating Board Enrollment Forecast Report of 2015, there are a total of 168,185 college applicants last academic year. Of these applicants the 85% of students remained in Texas for college and were mostly white, females. Additional information for enrollement included applicants to other states, countries, acceptances by the top 10% and other applicants, public and private universities, ethnicity and gender totals and invidualized into certain colleges. *Data involving the Texas Higher Education Coordinating Board Enrollment Forecast Report is available upon request*.

Qualitative Data on Consequences

The PRC2 has identified a need for qualitative data in order to understand regional needs holistically. Qualitative data would inherently give insight to stakeholders into individual's lives who may face certain consequences due to substance abuse.

Environmental Protective Factors

Environmental protective factors can be found through support and services available within the community. Environmental protective factors allow community members to feel and be supported through the availability of appropriate social services and resources within a community.

Overview of Protective Factors

Region 2 has many protective within the community. Social support services and resources within regional communities are: coalitions, treatment or intervention providers, local social services, law enforcement capacity and support, healthy youth activities, religious prevention services. Within schools there are: YP programs, schools receiving education on alcohol or other drug dependency, academic achievement, alternative peer groups. Families may offer social support, attitudes toward

drug and alcohol abuse; individuals may also have their own perceptions, attitudes, education employment and perceptions of access. Protective factors are vital within a community; they may provide support and services an individual, family or community need in order to overcome certain obstacles.

Community Domain

A community may be defined as a "social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage". It is the interacting of certain populations within an area. Communities may often provide various resources biased on the needs of their community. At times it is best if all resource services work together to provide members with an opportunity to see their needs fulfilled.

Community Coalitions

At times it is best to consolidate or combine efforts in prevention or mental health services; these are community coalitions. Mental Health Task Force and Focus Groups, Community Resources Coordination Groups, Champions for Children, Citizens United Against Disproportionality and Disparity Groups, are only a few within the region; these will be discussed later in more detail. The basis of coalitions is collaboration among social services to enhance opportunities for positive change among community members in need. Rural areas benefit the most from coalitions because of the lack of resources within the area.

Environmental Changes

Due to the fluidity in economic conditions, funding, policies and politics, communities often experience environmental change. Whether the change is positive or negative, the environment is consistently undergoing change ultimately affecting members of the community. Environmental protective factors may be the opportunity for community members to know they are supported and will have their needs met despite change. A sense of community creates a sense of security.

Regional Coalitions

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

The Taylor Alliance for Prevention (TAP) is a Community Coalition Partnership group funded by The Department of State Health Services. The group works within Taylor County to reduce and prevent youth and college aged substance abuse. They also work to reduce underage access to alcohol, marijuana, and prescription drugs through various strategic efforts through media advertisements,

health education and working with law enforcement. TAP provides the opportunity for any citizen to become a member of the coalition and support prevention efforts throughout the community.

Citizens United Against Disproportionality and Disparities (CUADD) is also funded through the Department of State Health Services. Members of the coalition are made up of significant stakeholders within the community such as the chief of police, city councilman and educators in higher education. The group continuously works to address disproportionality and racial disparities within community systems and institutions in order to ensure they function from a multi-cultural perspective and are culturally competent in their services. The CUADD is presently pursuing a community "dinner table" where the community will have the opportunity to gather, discuss, learn and voice their concerns on issues; the PRC2 is looking for areas of involvement as planning and development of this event ensue. The CUADD hopes to elevate boundaries while having courageous conversations with community members which may not otherwise be discussed.

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

The Mental Health Task Force and Focus Group in Wichita Falls is comprised of agency representatives who address and discuss systematic issues and needs of those with mental health issues. In regular meetings, the group discusses trends within crisis situations such as how to assist those who deal with addiction, substance abuse, and mental illness. City and county law enforcement, judges, probation officers and staff, mental health professionals and practitioners, TAP members, and healthcare officials all have a presence within the MHTF.

The Tobacco Prevention Control Coalition within Wichita County Public Health District in Wichita Falls mission is to prevent illness and injury by promoting a health and safe community in their prevention efforts. Funded by DSHS, The Prevention Resource Center within ARCADA has partnered with Wichita public health officials specifically in the Tobacco Prevention Control Coalition in order to share data, reports and information within their county. This past year the Tobacco Prevention Control Coalition conducted the Texas Youth Tobacco Survey which indicated 35% of students (6^{th}-12^{th}) had exposure to second hand smoke within the past week in cars; 52% of students said tobacco was "easy" or "very easy" to obtain. Wichita reports 19.7% of people within the county smoke cigarettes (state percentage is 17%) and E-cigarettes use is also on the rise. The Coalition is working to pass a comprehensive smoke free ordinance which would include E-cigarettes in order to combat this issue.

The West Texas Homeless Network is comprised of shelter providers, mental health professionals, substance abuse prevention professionals, treatment facility professionals, job corps representatives and social service representatives who collaborate to find solutions for homelessness within Taylor County and surrounding areas. The Network also attends the Basic Needs Network meetings and receives quarterly reports on the work being done within the area. The Network is funded through the Texas Department of Housing and Community Affairs and Texas Department of Mental Health and Mental Retardation. The West Texas Homeless Network now services a total of 216 counties in Texas.

The Young County Child Fatality Review Team is a multidisciplinary team seeking to understand children's' deaths in order to prevent tragedy in the future. The Team purposefully advises and advocates for policy or practice change in order to ensure the safety of children. Funded by the Department of State Health Services, it is comprised of local judges, representatives and professionals from health, mental health, educators, medical examiners, pediatricians, law enforcement, district attorney, child advocacy representatives, child protective services, and other prevention professionals. With the wide range of perspectives and input the Team reviews specific cases while identifying useful methods of prevention in child deaths. The PRC2 is currently pursuing to attend future Child Fatality Review Teams in additional counties.

Treatment/Intervention Providers

The Abilene Regional Council on Alcohol and Drug Abuse (ARCADA) has been an asset to treatment and interventions in the Abilene are for over 55years and an award winning organization for over 23 years. Known as the "Council", ARCADA is a non-profit agency offering many programs to assist those with substance use and abuse related issues. ARCADA's programs such as Drug Offender Education, Alcohol Awareness (MIP), the Texas Youth Tobacco Awareness Program, the Outreach, Screening, Assessment and Referral (OSAR) program, Peer Recovery, Pregnant Postpartum Intervention (PPI)/HOPE program, and the Prevention Resource Center are all programs within ARCADA each serving their own purpose for prevention.

The Drug Offender Education, Alcohol Awareness (MIP) and Texas Youth Tobacco Awareness programs all work to educate certain populations regarding alcohol and drug use and abuse within the big country we who have legal obligations to attend.

The OSAR program is dedicated to provide assistance for individuals' and families with chemical dependence issues free of charge and are self-referred or through other recovery support services. It is also available to anyone in Region 2.

Peer Recovery, sponsored by Recovery Oriented Systems of Care coalition, is also available through ARCADA. An individual may attend a 50-hour training in order to provide one with a comprehensive overview of the purposes, tasks and role of a Recovery Coach. Coaches are those who are interested in serving as a guide or mentor to those who are seeking recovery services. Coaches provide support for their client regarding their recovery needs. Peer Recovery offers a crucial aspect of support while providing the opportunity for recovering individual's the opportunity to build a new way of life.

Helping Ourselves Prepare and Empower is a unique program designed to assist pregnant mothers and postpartum females both youth and adult with substance use disorders or who may be at risk of developing use disorders. HOPE serves the client's by offering screenings and assessments, service plans, OSAR and local mental health referrals when needed, HIV/STD education, evidence-based education on parenting, child developments, family violence, safety pregnancy planning, reproductive health, and education on Fetal Alcohol Spectrum Disorders (FASD). They also offer alternatives to promote family bonding, case management, and transitional planning. Unfortunately, only Callahan, Jones, Nolan, Shakelford, Stephens and Taylor counties are served at this time; they are funded through the Post-Partum Initiative Grant.

The Prevention Resource Center has been the most proficient and historically consistent prevention resource center for Region 2. Over the years, the PRC has conducted hundreds of alcohol, tobacco, and

other drug use and abuse presentations to youth and adults throughout the Region. However, the PRC has undergone recent changes from a resource distribution center to now a center for data collection for substance use and abuse across the region. The PRC strives to become an outcome-oriented change agent for prevention where previous established relationships and collaborations among resources will grow while developing a community based approach in assisting those in need. The PRC continuously attends and coordinates training events held in alignment with Prevention Training Services while also providing additional educational trainings and events for staff in order to enhance their abilities as professionals within the prevention field. The PRC is active in engaging community members within coalitions, workgroups, networking, collecting data, leading epidemiological workgroups, and providing the public with collection activities, data and resources. The data collected for the Regional Needs Assessment will assist in strategic planning for communities within Region 2.

Serenity House Drug and Alcohol Treatment Foundation is a non-profit agency offering treatment and prevention services throughout Region 2. Serenity receives most funds through private donors but also through the Department of State Health Services allowing them to provide services to Abilene, Wichita Falls, San Antonio and Fredericksburg. Serenity has recently expanded their services to youth in prevention services through their "Youth Prevention Program" in order to educate youth in local school districts such as Abilene, Eastland, Cisco, Jim Ned, Hawley, Merkel and Clyde. Since 2008, Serenity House has also worked in collaboration with TAP in developing strategic planning for prevention within the community. The PRC2, TAP and Serenity continue to work together in raising awareness of prevention within Taylor County while building upon the collaborative relationship for years to come.

Local Social Services

Region 2 is fortunate to have a few local social service resources within the reported area. The Betty Hardwick Center, located in Abilene is a presiding Mental Health and Developmental Disability Authority having been established and servicing the area since 1971. The Center serves Callahan, Jones, Shackelford, Stephens and Taylor counties operating on a $13 million budget overseen by a Board of Trustees. The Center includes services such as early childhood intervention services to babies 0-3 and their families, outpatient mental health services for children and adults, as well as outpatient and residential services to those with intellectual and developmental disabilities.

Abilene Behavioral Health, a local mental health treatment facility in Abilene, offers a variety of treatment plans options for those with addiction, depression, anxiety, are diagnosed bipolar or with other mental health disorders. Their services are offered to children, adolescents, adults, older adults and have outpatient therapy.

The Helen Farabee Center located in Wichita Falls has served North Texas since 1969 operating more than 20 program facilities within the counties they serve. The Center specializes in providing access to community-based treatment and support services for those with severe or persistent forms of mental illness and persons with intellectual and developmental disabilities. Each center also collaborates with local behavioral health and/or mental retardation services to provide support for them and their families.

Center for Life Resources, located in Brownwood, is an agency of the Central Texas Mental Health Retardation Center serving Brown, Eastland, Coleman, Comanche, San Saba, Mills, and McCulloch counties. The Center serves those with mental illnesses, mental retardation and substance abuse

issues. More specifically their services include programs such as Adult Behavioral Health, Autism, Child and Adolescent, Home and Community-based, Early Childhood Intervention, Intermediate Care Facilities, Coordination for Individuals with Developmental Disabilities, Outpatient Substance Abuse, Texas Home Living and Vet Support Services for Veterans.

Law Enforcement Capacity and Support

The presence of law enforcement within the community is an environmental protective. Clearly, having officer input in prevention services would an asset to community coalitions as well. Taylor County is fortunate to have their chief of police working with the Citizens United Against Disproportionality and Disparities community coalition. The PRC2 is continuing to pursue relationships with other surrounding counties through coalitions such as the Child Fatality Review Team in Young County where law enforcement is present. Future relations with law enforcement may be an opportunity for the PRC to build rapport, establish relationships while inviting officers, sheriffs' and chiefs to coalitions within their county and community.

Healthy Youth Activities

Big Brothers Big Sisters of America is an asset within Region 2 communities. BBBS has a vision for every child to be successful in life; this non-profit volunteer based organization provides children who face adversity with professionally supported one-on-one relationships. This program is proven to directly impact a child's life empowering them to be successful therefore less likely to be using illegal drugs, alcohol or skip school. Region 2 is comprised of many BBBS' however; more rural areas do not have the access to such an incredible asset for youth.

YMCA's also offer youth healthy activities within the community. Each YMCA offers a Get Kidz Fit program for children ages 6-12 focusing on healthy living, fitness and nutrition. Children may also attend daycare and day camps, summer sports camps, aquatics, and other team sports. YMCA'S offer many outlets for children and youth to be involved in programs; programs and activities do cost money in order to attend which may be a deterrent. The YMCA takes pride offering everyone an opportunity to learn, grow and thrive within their community.

Alliance for Women and Children provides quality programs for women and children uniquely designed to empower. Programs such as the After-School Care, A-Teens, and Women's Programs offer the empowerment and support services women and children need within the Big Country. Monthly fees are required however, scholarships are provided for those who qualify. Having been in business since 1920, Alliance promotes values such as self-assurance, well-being, and continues to succeed within all the programs offered. Alliance is a leading non-profit organization of the Abilene area.

Club Courage and Camp Courage, sponsored through Hendrick Hospice Care, and are designed to help children who are facing adversity through life circumstances such as the experience of death, divorce, separation or deployment. These Clubs teach participants healthy coping methods and provide the opportunity to speak with licensed professionals. Costs are low and scholarships are available to those in need.

Religion and Prevention

Region 2 is primarily identified as being a part of the "Bible Belt". Many churches and religious groups throughout the region identify with various affiliations and beliefs offering youth and adults support or preventative services through their denomination.

School Domain

Schools have a unique opportunity to serve as a protective factor within the student's personal life. On average, students spend approximately seven hours a day at school from ages five to eighteen; schools play a unique role in constructing a student's perception in certain areas in life. Youth Prevention programs, receiving education on alcohol and other drugs, having a sober school or alternative peer groups and striving for academic achievement may all be protective factors within a student's educational experience.

YP Programs

Within Region 2 Youth Prevention programs are conducted within the school system by Serenity House. Funded by the Department of State Health Services, the youth prevention program strives to equip youth with facts, empower them to make healthy choices, build self-worth and self-confidence in order to maximize their fullest potential. Drug prevention curriculums include: "Too Good for Drugs", "Project towards No Drug Abuse" and Positive Action"; programs are nationally approved, rich with facts about alcohol, tobacco and other drug use and abuse. Each program is designed to develop skills such as managing emotions, communication, making friendships, social skills, analyzing media messages and managing peer pressure. Certainly, these programs offer student's the building blocks of prevention and defense against harmful behavior unfortunately these programs are only offered in larger communities in some classes. Rural areas do not have the opportunity to be a part of such a valuable resource.

Students Receiving AOD Education in School

In addition to the programs offered through Serenity House, students also receive health education courses through their required course work. Health class education introduces students on the effects and harm of alcohol, drugs may cause one's body or overall health. Classes inform students from an educational perspective while giving the opportunity for better decision making based on the acquired knowledge.

Alternative Peer Group

Communities In Schools is one of the most recognized and accessible resources for student's in need within the school district. Communities In Schools of the Big Country is a part of a nationwide dropout prevention program approaching student's from a holistic perspective. This organization believes there may be several factors as to why a student may not be reaching their fullest potential; campus coordinators work with students to build a relationship and gather resources for them to acquire their goals including graduation. Communities In Schools of the Big Country is currently working in schools within ESC region 14 such as Ortiz Elementary, Madison, Mann and Craig Middle Schools, and Abilene and Cooper High Schools. Surely, more school districts and students within Region 2 would benefit from the services and opportunities they provide within a student's life. Partnerships within rural communities would greatly benefit from their services; at this time none exist.

Academic Achievement

Striving for academic achievement not only builds on self-worth and self-esteem but it offers additional opportunities in life if acquired. Income ratios differ significantly from high school graduates and college graduates and even more so for those who do not acquire a high school diploma. Studies suggest the gaps are widening therefore emphasizing the need for not only high school but a college

diploma. Academic achievement is now more than ever proving to be a protective factor within a community financial security is guaranteed if education is acquired.

Family Domain

Family and friends play critical roles in inspiring an individual's life. Simply having family support may contribute to the level of successes or failures one has depending if the influence is positive or negative. For purposes of this report, social support, household's with single parents and parental attitudes towards alcohol and drug consumption will be discussed. The association rate and number of single parent households may indicate the amount of social support generally available.

Social Support

Social associations may be beneficial to the general public. Such associations are defined by the North American Industry Classification System of 2012 include memberships to organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political, labor, business and professional organizations. Region 2 has an overall association rate of 17.5 compared the state at 13.79.

County	Association Rate
Archer	13.7
Baylor	22.1
Brown	16.9
Callahan	16.3
Cameron	5.7
Clay	12.3
Coleman	19.6
Comanche	15.3
Cottle	13.5
Eastland	15.7
Fisher	23.4
Foard	30.6
Hardeman	22
Haskell	18.6
Jack	15.6
Kent	23.8

Knox	29
Mitchell	9.6
Montague	16.9
Nolan	16.8
Runnels	21.1
Scurry	15.2
Shackelford	20.9
Stonewall	13.6
Taylor	13.2
Throckmorton	25
Wichita	11.6
Wilbarger	14.3
Young	14.2

Data reflecting the number and percentage of single parent household is also included in order to grasp the social situation within Region 2 by county. Adults and children in single-parent households are at risk for adverse health outcome such as mental health problems and unhealthy behaviors such as smoking, excessive substance use and abuse, depression and suicide. This data was collected by the American Community Survey, a five year estimate; this is a nationwide survey designed to provide communities with a fresh look at how they are changing. It is also a critical element in the Census Bureau's reengineered decennial census program. The ACS collects and produces population and housing information every year instead of every ten years. The County Health Rankings use the American Community Survey data to obtain measures of social and economic factors. According to this data, Runnels County reports to have the highest percentage of single-parent households at 54%, followed by Foard at 49%, and Mitchell at 40%. Archer reports to have the lowest percentage at 15% single-parent households.

Number of Single-Parent Households and Number of Households by County

County	# Single-Parent Households	# Households	% Single-Parent Households
Archer	320	2,068	15%
Baylor	133	706	19%
Brown	2,731	8,671	31%
Callahan	658	3,117	21%

Clay	345	2,421	14%
Coleman	870	1,931	45%
Comanche	720	3,239	22%
Cottle	72	270	27%
Eastland	1,323	3,877	34%
Fisher	176	889	20%
Foard	140	286	49%
Hardeman	306	859	36%
Haskell	339	1,142	30%
Jack	423	1,910	22%
Jones	931	3,429	27%
Kent	48	185	26%
Knox	342	934	37%
Mitchell	739	1,829	40%
Montague	1,331	4,523	29%
Nolan	1,422	3,711	38%
Runnels	1,398	2,577	54%
Scurry	1,607	4,247	38%
Shackelford	173	791	22%
Stephens	732	2,205	33%
Stonewall	46	338	14%
Taylor	11,761	31,931	37%
Throckmorton	96	336	29%
Wichita	10,937	30,031	36%
Wilbarger	1,222	3,208	38%
Young	1,252	4,439	28%

Parental Attitudes toward Alcohol and Drug Consumption

According to the TSS Survey 2013-2014 students were asked how their parents felt about kids their age drinking alcohol. An average of 62% of all students from grades reported their parents "strongly disapprove", 13% "mildly disapprove", 11% neither disapprove or approve, 5% "mildly approve", 1% "strongly approve", and 9% "do not know" how their parents feel.

Additionally students were asked how their parents feel about kids their age using marijuana. 80% of all students reported their parents "strongly disapprove", 5% "mildly disapprove", 5% neither agree nor disagree, 2% "mildly approve" and "strongly approve" while 8% "do not know" how their parents feel. As far as other drug use, parental feelings were not asked in this survey.

Individual Domain

On a personal level, certain factors may attune a person's ability thrive or become victim to life circumstances. Skills sets taught through the YP programs, mental health and family recovery services, employment and perception of harm and access to drugs all have a part within a person's individual sphere of influence.

Life Skills Learned in YP Programs

Skills learned within the YP programs include goal setting, social skills, decision making, identifying and managing emotions and communicating effectively. Students learn the value in setting goals whether short or long term and practice implementing them. Students learn how to make and choose healthy friendships whether it be in groups or on an individual basis; students learn to differentiate between safe and unsafe actions while addressing the consequences of the action. Students also practice in managing different emotions by demonstrating techniques in dealing with various emotions. Finally, students learn certain techniques in listening, paraphrasing, assertiveness, peer pressure and positive self-talk. All skills taught through YP programs are essential for any individual to know and implement.

Mental Health and Family Recovery Services

The Division of Prevention and Early Intervention (PEI) was created to consolidate child abuse prevention and juvenile delinquency prevention and early intervention programs within the jurisdiction of a single state agency. Consolidation of these programs is intended to eliminate fragmentation and duplication of contracted prevention and early intervention services for at-risk children, youth, and families.

Services to At-Risk Youth (STAR) - The STAR program contracts with community agencies to offer family crisis intervention counseling, short- term emergency respite care, and individual and family counseling. Youth up to age 17 and their families are eligible if they experience conflict at home, truancy or delinquency, or a youth who runs away from home. STAR services are available in all 254 Texas counties. Each STAR contractor also provides universal child abuse prevention services, ranging from local media campaigns to informational brochures and parenting classes.

Community Youth Development (CYD) - The CYD program contracts with community-based organizations to develop juvenile delinquency prevention programs in ZIP codes with high juvenile crime rates. Approaches used by communities to prevent delinquency have included mentoring, youth employment programs, career preparation, youth leadership development and recreational activities. Communities prioritize and fund specific prevention services according to local needs. CYD services are available in 15 targeted Texas ZIP codes.

Statewide Youth Services Network (SYSN) - The SYSN program contracts provide community and evidence-based juvenile delinquency prevention programs focused on youth ages 10 through 17, in each DFPS region.

As data reflects, Region 2 seemed to primarily participate in the STAR program for juveniles. Taylor County had the most participants (350) followed by Wichita (126) and Wilbarger (105). Data also suggests two extremes of juvenile prevention programs; some counties have high rates of participation while other counties do not have data to report possibly due to lack of programs within the area. Fifteen out of thirty counties report higher than state level participation in juvenile prevention programs. Perhaps if other counties simply need the opportunity to participate in juvenile delinquency prevention programs.

Youth Served in the Juvenile Delinquency Prevention Programs Fiscal Year 2014

County	STAR*	CYD**	SYSN***	TOTAL	Rate per 1000
Archer	1	0	0	1	.47
Baylor	11	0	0	11	14.40
Brown	27	0	20	47	5.13
Callahan	0	0	0	0	0.00
Clay	0	0	0	0	0.00
Coleman	33	0	0	33	16.75
Comanche	44	0	0	44	13.13
Cottle	8	0	0	8	23.46
Eastland	4	0	0	4	.94
Fisher	2	0	0	2	2.48
Foard	6	0	0	6	24.29
Hardeman	25	0	0	25	24.32
Haskell	8	0	0	8	6.64
Jack	0	0	4	4	2.04
Jones	64	0	0	64	17.03
Kent	2	0	0	2	12.35
Knox	12	0	0	12	12.89
Mitchell	40	0	0	40	22.06
Montague	0	0	0	0	0.00
Nolan	70	0	0	70	17.47
Runnels	13	0	0	13	5.05
Scurry	63	0	29	92	20.63
Shackelford	0	0	0	0	0.00
Stephens	0	0	0	0	0.00
Stonewall	1	0	0	1	3.13
Taylor	350	0	94	444	13.26

Throckmorton	1	0	1	2	6.19
Wichita	126	0	113	239	7.67
Wilbarger	105	0	31	136	39.24
Young	0	0	0	0	0.00
STATEWIDE	23,943	17,932	4,191	46,066	6.34

Youth Employment

Youth employment can be a positive factor to the community. With employment come responsibility, general life skills, and a sense of accomplishment. According to the American Community Survey employment status for those 16 years of age and older was recorded. Most of the region reflects both males and females as employed at higher percentages than state level percentages which are males from 16-19 at 36.25% and females at 35.19%. Counties reporting under state percentages for both male and female included: Brown, Comanche, Eastland, Fisher, Hardeman, Knox, Mitchell, Runnels, Throckmorton, and Wilbarger.

Age Group by Employment Status for the Populations 16 Years and Over

County	16-19 Years Old		20-21 Years Old	
	Male Employment Percentage	Female Employment Percentage	Male Employment Percentage	Female Employment Percentage
Archer	30.56%	45.18%	80.21%	50.00%
Baylor	36.90%	6.00%	0.00%	0.00%
Brown	26.12%	11.27%	71.56%	55.41%
Callahan	18.93%	38.37%	55.03%	51.34%
Clay	40.44%	30.41%	77.61%	83.64%
Coleman	30.92%	60.20%	36.29%	27.32%
Comanche	21.22%	26.18%	45.00%	50.72%
Cottle	75.00%	48.39%	55.88%	100.00%
Eastland	21.66%	31.11%	63.98%	82.85%
Fisher	26.32%	27.52%	87.34%	69.39%
Foard	35.48%	88.00%	0.00%	0.00%
Hardeman	19.09%	20.69%	30.34%	76.92%

Haskell	43.70%	6.15%	100.00%	26.09%
Jack	25.91%	41.22%	44.44%	72.52%
Jones	20.84%	46.95%	8.01%	54.69%
Kent	77.78%	46.67%	100.00%	91.67%
Knox	25.42%	14.46%	52.38%	70.97%
Mitchell	33.42%	20.14%	2.34%	49.02%
Montague	29.63%	35.75%	89.08%	83.05%
Nolan	48.88%	37.75%	78.39%	99.22%
Runnels	16.22%	15.89%	55.77%	32.53%
Scurry	29.07%	36.38%	77.05%	64.32%
Shackelford	56.82%	13.92%	74.19%	97.22%
Stephens	26.56%	45.00%	77.42%	79.55%
Stonewall	64.29%	0.00%	0.00%	100.00%
Taylor	45.50%	44.96%	75.32%	77.39%
Throckmorton	0.00%	25.53%	100.00%	100.00%
Wichita	60.97%	47.59%	84.40%	77.58%
Wilbarger	34.48%	30.53%	81.73%	76.42%
Young	30.93%	39.67%	90.99%	67.46%
Texas	36.25%	35.19%	71.60%	64.11%

Youth Perception of Access

The Texas School Survey asked students "if you wanted some, how difficult would it be to get tobacco?" 24% of students from grades 6-12 answered it would be "very easy". In the alcohol survey students were asked the same question; 26% of students reported it would be "very easy". 18% of students reported it would be "very easy" for them to access marijuana if they wanted it as well. As students' age increased their perception percentages also increased in each areas of drug use.

Youth Perception of Risk and Harm

The Texas School Survey also questioned students how dangerous they thought certain drugs and alcohol were. 59% of students from grades 6-12 reported using tobacco as "very dangerous". 56% of students who answered the survey reported using alcohol as "very dangerous"; 65% of students reported marijuana to be "very dangerous". Interestingly enough, data indicates as students become older their perception of risk and harm decreases.

Trends of Declining Substance Use

The TSS indicates a decline in substance use; "popular" drugs are remaining areas of concern and attention. The Texas School Survey has been administered since 1988 to the present, informing readers of what drug trends are occurring overtime. Here are a few examples of certain drug trends. In 1990, tobacco once reported past month use to be at 20.9%; 2014 reported it at 8.4%, lower than 2012 past month at 11%. Alcohol past month use is also decreasing; 25% was reported in 2012 is now 21%. Inhalants were reported at 4.8% in 2012; 2014 reports 3.9%. Any illicit drug use has also seen significantly lower us; it is reported at 10%. Marijuana has seen a slight decrease from 11% to 9%. Other drug such as cocaine, hallucinogens, steroids, ecstasy, heroine and methamphetamines have less than 1% of users within the last month and continues to decline overtime. Overall, substance use continues to decline yet certain substances remain a concern for prevention professionals.

Region in Focus

Areas with a concentrated population appear to have fewer gaps due to the availability of resources within short distance. Accessibility is necessary to comprehend in evaluating gaps in resources within Region 2. Rural areas have a unique culture in addition to having the most difficulty in acquiring needed resources.

Gaps in Services

Region 2's rural areas face significant challenges in obtaining necessary resources. Many social services providers are only able to reach certain areas within Region 2; grant requirements or lack of funding for the entire region for a certain service usually accounts for providers. Community Resource Coalition Groups have been formed in all counties to help alleviate some gaps. Resources such as the YP program offered through Serenity, Communities In Schools, the CUADD and other daily resource organizations are not offered in rural areas; programs could be extremely beneficial within rural communities. In previous years ARCADA had been the source of prevention education within many rural communities. They established trusting relationships within rural areas yet changes in funding caused these counties to no longer provide prevention education. Trusting relationships are undeniably necessary within rural and small communities. If "outsiders" come into the community demanding services, data, or a working relationship without having built a trusting relationship, rural communities are not open to sharing information with an "outsider". Trust and respect are earned; it is cultural to rural areas. Outsiders must be aware of and willing to build relationship within these communities in order to gain insight into needs. On the other hand, urban communities such as Abilene could benefit from youth prevention programs. Although there are YP programs offered through certain schools in certain classes, prevention education or healthy youth activities should be offered to all youth. With popularity growing among adolescents who use and abuse marijuana, prevention education is essential to combat the issue. Developmental stages of adolescents suggest they are more willing to search for their identity by the influence of others; at times what is popular is not factual. Adolescents must be informed by evidence-based research and studies in order to see the effects of substance abuse and use. Although certain resources for youth are offered larger schools, not all may have the opportunity to participate. The PRC would welcome the opportunity to educate youth within a structured program or partner with organization's willing to do so across the entire region.

Gaps in Data

Much of the data in rural communities is not available, suppressed or labeled as unreliable. Reasons are not definitive however one might suggest it could be due to the community's culture as discussed above; it is not conclusive. Missing data such as in crime rates, types of crime and mental health services could be quite helpful in assessing the area overall if the information was given. Despite the challenges in acquiring data, the PRC staff works diligently to build and initiate relationships with local officials within rural communities in order to acquire necessary data. The PRC is a part of local actively engaging the community's needs while building a trusting relationship with officials in the area.

Regional Partners and Successes

In the past year, the PRC2 has continued to partner with local social services, mental health authorities and law enforcement in their prevention work within the community. Relationships often create partnerships within Region 2; the PRC continues to build networks within Region 2. As additional relationships are built more services may be provided while the needs of people may be met. Serenity House and ARCADA have continued to support each other through services provided through some counties in Region 2 furthermore, a regional wide partnership may be credited as notable success.

Substance abuse treatment facilities and mental health authorities continue to collaborate with each other in coordination and care among clients. In order to continue to build on joint efforts, treatment facilities should be equipped with data, trends and evidence-based practice methods relevant to Region's needs. The Prevention Resource Center is committed to providing necessary information to local and regional resources in order to benefit their own organizational needs.

Conclusion

Knowing the needs of a region is an essential way of planning effective solutions. Region 2 is well equipped with varied resources; however rural communities face several difficulties in acquiring necessary resources. Coalitions are the building blocks of any community; the PRC2 continues to promote relationships, develop networks within communities, and promote their own agency among other resources within the community. The PRC is dedicated in facilitating strategic planning through epidemiological workgroups within the counties in Region 2. In reviewing this assessment the PRC will continue to educate within prevention areas of expertise, use data, research and evidence-based practice to develop decision making within their workgroups and daily tasks.

Key Findings

Many of the key findings of this document include valuable information regarding juveniles within the Region. Educationally, youths are performing extremely well; 92% graduate in four years while in high school. Dropout rates are extremely below state and national levels as well. As far as discipline rates, data suggested juveniles for rural counties were at times reported as high as urban communities however this was only shown in a few rural counties. The Texas Juvenile Justice Department reports Region 2 as contributing to approximately 2% of total referrals, dispositions, and adjudications in Texas.

Sexual behavior and consumption data suggested teens are sexually active and mostly not using protection; only one county within Region 2 is below state and national percentages of teen birth rates.

Alcohol is the most widely used substance followed by marijuana use. Data also suggests students are aware of the danger but still use it; marijuana use is now rating higher than tobacco use among teens. Youth treated for substance abuse within the region are mostly for outpatient services for marijuana use. Although there are systems in place for treatment, it may be difficult for youths to receive services due to a variety of reasons. Data suggests additional preventative services are needed for youth within the Region.

Another interesting finding for the Region would be considering the data for criminal activity and drug abuse and seizures within the Region. Some rural communities reported higher or just as high criminal activity rates when compared to urban communities. Also, rural counties did not appear to have many drug seizures. Although marijuana was present in all counties there appeared to be a lack of data regarding this issue. Reasons as to why this may be occurring are not conclusive but should be taken into consideration. If all data was reported, it may give stakeholders an idea of what the needs for Region 2.

Furthermore, the area is reported to have the highest rate per 1,000 in Texas for synthetic cannabinoid exposure and use; 3.5% of all reported exposure were oriented in Region 2. Synthetic cathinone use is at an all time low percentage compared to previous years of exposure. Unfortunately, TABC data reports suggest alcoholic beverage sales to minors in on the rise within Region 2. With all key findings considered officials may find an indication and need for prevention services within the area.

Comparison of Region to State/National

Overall, Region 2 data should be used to compare to state and national levels in order to relatively understand the area. Regional demographics indicate the area as more rural, primarily white and black and earn less than the state and national average of yearly income. Region 2 and Texas has a higher percentage of individuals living in poverty than the national percentage; some counties report higher than state percentages of TANF and food stamp assistance. Free lunch need within the Region is increasing overtime as well.

Region 2 is reporting higher than state percentages of reported completed child abuse investigations, suicide rates and depression; treatment for psychiatric treatment ranges from $12, 000-19,000 which is higher than the national average of hospitalization costs.

Consumption for substances continues to remain a concern for the region. Alcohol remains the most used substance followed by marijuana. In terms of current and lifetime use, Region 2 ranks the highest among all regions in Texas for alcoholic consumption; Region 2 is ranks higher than state percentages on marijuana consumption but under for synthetic marijuana use.

In terms of consequences, some rural areas are reporting more exposure to substances than urban areas; Region 2 makes up 2.56% of reported exposures to substances within Texas. Region 2 also reports higher than state and national percentages of accidental deaths as well as drug and alcohol related deaths compared to the state. Fourteen out of the thirty counties within the region reported higher than state incarceration rates making up approximately 4.45% of all inmates in Texas.

Overall, Region 2 appears to have a need for additional resources due to data provided by the socioeconomic status, mental health, consumption rates and consequences within the area. Qualitative

data could assist in understanding the effects of and needs of certain rural counties which lack data but also of urban counties who may have easier accessibility to resources.

Moving Forward

The Prevention Resource Center will continue to build relationships, establish partnerships, collaborate in facilitating substance abuse treatment, gather data and trends, and establish new partnerships within Region 2. Specifically, the PRC2 seeks to initiate any improvements within the region based on the results of this evaluation. In accordance with DSHS regulations, the PRC2 will continue their prevention efforts and services in earnest hope of refining prevention services.

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Appendix A

TJJD Crime Stats 2013: Referrals

		Offense Type				
		Assaultive Offense	Drug Offense	Property Offense	Other Offense	**TOTAL**
		Count	Count	Count	Count	
	ARCHER	2	0	1	3	6
	BAYLOR	1	0	0	0	1
	BROWN	29	14	47	35	125
	CALLAHAN	5	2	5	5	17
	COLEMAN	1	6	8	1	16
	COMANCHE	3	1	2	5	11
	COTTLE	0	0	0	0	0
	CLAY	3	0	2	2	7
	FISHER	2	0	1	0	3
	FOARD	0	0	0	0	0
	HARDEMAN	1	0	0	0	1
	HASKELL	1	1	0	0	2
	JACK	5	1	0	1	7

	JONES	6	0	14	6	26
	KENT	0	0	0	0	0
	KNOX	0	0	0	0	0
	MITCHELL	1	0	0	1	2
	MONTAGUE	6	6	9	2	23
	NOLAN	27	13	25	17	82
	RUNNELS	0	0	0	1	1
	SCURRY	3	3	3	10	19
	SHACKELFORD	2	3	3	2	10
	STEPHENS	1	0	14	4	19
	STONEWALL	0	0	0	0	0
	TAYLOR	118	66	108	146	438
	THROCKMORTON	1	0	0	0	1
	WICHITA	130	44	65	229	468
	WILBARGER	5	0	11	2	18
	YOUNG	10	10	20	10	50
TOTAL		**363**	**170**	**338**	**482**	**1353**

		Offense Type			
		Felony	Misdemeanor	CINS	**TOTAL**
		Count	Count	Count	
	ARCHER	2	4	0	6
	BAYLOR	0	1	0	1
	BROWN	36	66	23	125
	CALLAHAN	8	5	4	17
	COLEMAN	5	5	6	16
	COMANCHE	1	6	4	11
	COTTLE	0	0	0	0
	CLAY	4	3	0	7
	FISHER	1	2	0	3
	FOARD	0	0	0	0
	HARDEMAN	0	1	0	1
	HASKELL	1	1	0	2
	JACK	2	5	0	7
	JONES	12	8	6	26
	KENT	0	0	0	0
	KNOX	0	0	0	0
	MITCHELL	1	0	1	2
	MONTAGUE	8	15	0	23

	NOLAN	31	43	8	82
	RUNNELS	0	0	1	1
	SCURRY	5	8	6	19
	SHACKELFORD	4	4	2	10
	STEPHENS	9	10	0	19
	STONEWALL	0	0	0	0
	TAYLOR	99	266	73	438
	THROCKMORTON	1	0	0	1
	WICHITA	85	208	175	468
	WILBARGER	9	8	1	18
	YOUNG	13	30	7	50
TOTAL		**337**	**699**	**317**	**1353**

TJJD Crime Stats 2013: Dispositions

		Offense Type				
		Assaultive Offense	Drug Offense	Property Offense	Other Offense	**TOTAL**
		Count	Count	Count	Count	
	ARCHER	2	0	1	3	6
	BAYLOR	1	0	0	0	1
	BROWN	31	14	48	38	131
	CALLAHAN	2	2	5	5	14
	CLAY	2	1	2	2	7
	COLEMAN	1	6	8	1	16
	COMANCHE	2	2	5	4	13
	COTTLE	0	0	0	0	0
	EASTLAND	9	0	10	8	27
	FISHER	2	0	0	0	2
	FOARD	0	0	0	0	0
	HARDEMAN	1	0	0	0	1
	HASKELL	1	1	0	1	3
	JACK	5	1	0	1	7
	JONES	7	0	13	7	27
	KENT	0	0	0	0	0
	KNOX	0	0	0	0	0
	MITCHELL	0	0	0	2	2
	MONTAGUE	8	5	11	5	29
	NOLAN	30	13	23	20	86
	RUNNELS	1	0	7	1	9

	SCURRY	4	4	2	10	20
	SHACKELFORD	0	2	3	2	7
	STEPHENS	1	0	12	3	16
	STONEWALL	0	0	0	0	0
	TAYLOR	117	66	110	154	447
	THROCKMORTON	0	0	0	0	0
	WICHITA	125	43	70	246	484
	WILBARGER	5	0	10	2	17
	YOUNG	11	11	25	10	57
	Total	368	171	365	525	1429

		Offense Type			
		Felony	Misdemeanor	CINS	**TOTAL**
		Count	Count	Count	
	ARCHER	2	4	0	6
	BAYLOR	0	1	0	1
	BROWN	36	69	26	131
	CALLAHAN	7	3	4	14
	CLAY	3	4	0	7
	COLEMAN	5	5	6	16
	COMANCHE	2	9	2	13
	COTTLE	0	0	0	0
	EASTLAND	10	15	2	27
	FISHER	0	2	0	2
	FOARD	0	0	0	0
	HARDEMAN	0	1	0	1
	HASKELL	1	1	1	3
	JACK	2	5	0	7
	JONES	11	9	7	27
	KENT	0	0	0	0
	KNOX	0	0	0	0
	MITCHELL	0	0	2	2
	MONTAGUE	11	18	0	29
	NOLAN	30	46	10	86
	RUNNELS	5	3	1	9
	SCURRY	4	10	6	20
	SHACKELFORD	2	3	2	7
	STEPHENS	7	9	0	16

	STONEWALL	0	0	0	0
	TAYLOR	112	265	70	447
	THROCKMORTON	0	0	0	0
	WICHITA	83	206	195	484
	WILBARGER	7	9	1	17
	YOUNG	23	28	6	57
	Total	363	725	341	1429

TJJD Crime Stats 2013: Total Adjudications

		Offense Type				
		Assaultive Offense	Drug Offense	Property Offense	Other Offense	**TOTAL**
		Count	Count	Count	Count	
	ARCHER	1	0	0	1	2
	BAYLOR	1	0	0	0	1
	BROWN	7	1	10	5	23
	CALLAHAN	0	0	1	1	2
	CLAY	2	0	0	0	2
	COLEMAN	0	1	0	1	2
	COMANCHE	0	1	0	1	2
	COTTLE	0	0	0	0	0
	EASTLAND	2	0	2	0	4
	FISHER	0	0	0	0	0
	FOARD	0	0	0	0	0
	HARDEMAN	0	0	0	0	0
	HASKELL	1	0	0	1	2
	JACK	1	0	0	0	1
	JONES	0	0	4	2	6
	KENT	0	0	0	0	0
	KNOX	0	0	0	0	0
	MITCHELL	0	0	0	1	1
	MONTAGUE	3	0	2	1	6
	NOLAN	5	3	9	3	20
	RUNNELS	0	0	0	0	0
	SCURRY	1	2	1	1	5
	SHACKELFORD	0	0	1	2	3
	STEPHENS	1	0	9	3	13
	STONEWALL	0	0	0	0	0
	TAYLOR	36	2	25	38	101

	THROCKMORTON	0	0	0	0	0
	WICHITA	18	9	13	29	69
	WILBARGER	0	0	3	0	3
	YOUNG	4	3	11	3	21
	Total	83	22	91	93	289

TJJD Crime Stats 2013: Average Age All and First Time Offenders

COUNTY (ALL)	AVERAGE AGE	COUNTY(First Time)	AVERAGE AGE
ARCHER	15.33	ARCHER	16.00
BAYLOR	15.00	BAYLOR	15.00
BROWN	14.55	BROWN	14.46
CALLAHAN	15.36	CALLAHAN	15.20
CLAY	15.25	CLAY	15.00
COLEMAN	14.85	COLEMAN	15.00
COMANCHE	15.20	COMANCHE	14.83
COTTLE		COTTLE	
EASTLAND	14.92	EASTLAND	15.00
FISHER	15.00	FISHER	15.00
FOARD		FOARD	
HARDEMAN	14.00	HARDEMAN	14.00
HASKELL	15.00	HASKELL	14.00
JACK	13.80	JACK	14.20
JONES	14.14	JONES	13.54
KENT		KENT	
KNOX		KNOX	
MITCHELL	16.50	MITCHELL	16.00
MONTAGUE	14.55	MONTAGUE	14.57
NOLAN	14.63	NOLAN	14.73
RUNNELS	16.00	RUNNELS	
SCURRY	14.50	SCURRY	13.40
SHACKELFORD	14.33	SHACKELFORD	13.50
STEPHENS	14.81	STEPHENS	14.90
STONEWALL		STONEWALL	
TAYLOR	14.41	TAYLOR	14.07
THROCKMORTON	11.00	THROCKMORTON	11.00
WICHITA	14.81	WICHITA	14.26
WILBARGER	14.50	WILBARGER	14.57
YOUNG	14.46	YOUNG	14.23
Region 2 av	14.68	Region 2 av	14.44

Parental Approval/Consumption: Texas

Table T-6: How do your parents feel about kids your age using tobacco?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All Grade	77.7%	7.1%	5.9%	1.1%	0.9%	7.4%
7 Grade	84.6%	2.5%	2.0%	0.3%	1.1%	9.6%
8 Grade	83.5%	4.4%	3.4%	0.6%	0.4%	7.7%
9 Grade	80.1%	6.2%	5.0%	0.8%	1.2%	6.6%
10 Grade	78.0%	8.2%	6.4%	1.2%	0.4%	5.9%
11 Grade	72.2%	10.2%	8.4%	1.9%	0.7%	6.6%
12	64.2%	12.7%	11.9%	1.9%	1.5%	7.8%

Table A-13: How do your parents feel about kids your age drinking alcohol?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All Grade	64.9%	13.1%	10.4%	3.5%	1.2%	6.9%
7 Grade	77.2%	6.6%	4.2%	0.9%	1.2%	9.8%
8 Grade	73.2%	10.0%	6.8%	2.0%	0.7%	7.4%
9 Grade	65.8%	13.3%	10.2%	3.2%	1.4%	6.0%
10 Grade	61.7%	15.0%	12.3%	5.1%	0.8%	5.2%
11 Grade	55.9%	16.5%	15.2%	5.3%	1.3%	5.8%
12	51.8%	18.6%	15.8%	5.0%	1.6%	7.3%

Table D-11: How do your parents feel about kids your age using marijuana?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	78.7%	6.1%	5.4%	1.4%	1.6%	6.8%
Grade 7	84.8%	2.0%	2.0%	0.4%	1.4%	9.3%
Grade 8	83.4%	3.9%	3.9%	0.9%	1.2%	6.8%
Grade 9	79.5%	6.4%	5.0%	1.2%	2.0%	5.9%
Grade 10	77.3%	7.6%	6.2%	2.0%	1.5%	5.5%
Grade 11	74.0%	8.1%	7.9%	2.3%	1.7%	6.0%
Grade 12	70.9%	9.5%	8.6%	2.1%	1.9%	7.0%

Parental Approval/Consumption: Regions 1 and 2

Table T-6: How do your parents feel about kids your age using **tobacco**?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	70.2%	10.1%	8.2%	1.4%	1.0%	9.1%
Grade 6	83.2%	1.3%	0.6%	0.3%	0.3%	14.3%
Grade 7	79.6%	5.4%	2.5%	0.0%	0.7%	11.8%
Grade 8	72.0%	10.0%	6.9%	0.5%	0.2%	10.4%
Grade 9	72.9%	10.7%	6.9%	1.6%	2.0%	5.9%
Grade 10	63.1%	13.5%	13.9%	1.9%	0.2%	7.3%
Grade 11	61.7%	15.4%	12.5%	3.2%	0.5%	6.8%
Grade 12	56.3%	15.4%	15.4%	2.5%	3.5%	6.8%

Table A-13: How do your parents feel about kids your age drinking **alcohol**?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	62.4%	12.6%	11.0%	4.5%	0.9%	8.6%
Grade 6	76.9%	4.2%	1.7%	0.4%	0.3%	16.6%
Grade 7	73.5%	8.4%	3.7%	1.9%	0.8%	11.7%

Grade 8	62.3%	16.7%	10.7%	1.0%	0.2%	9.2%
Grade 9	57.8%	13.0%	14.3%	8.4%	2.0%	4.5%
Grade 10	59.3%	15.0%	14.7%	4.5%	1.3%	5.1%
Grade 11	57.8%	12.5%	14.0%	6.9%	0.9%	7.8%
Grade 12	47.4%	18.9%	19.0%	8.6%	0.5%	5.6%

Table D-11: How do your parents feel about kids your age using **marijuana**?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	77.9%	5.3%	5.3%	1.9%	1.5%	8.0%
Grade 6	81.2%	0.6%	0.8%	0.0%	0.5%	16.9%
Grade 7	82.1%	3.2%	1.3%	0.6%	1.0%	11.8%
Grade 8	78.7%	5.2%	7.8%	0.8%	0.3%	7.2%
Grade 9	78.2%	9.1%	4.6%	1.4%	2.3%	4.4%
Grade 10	80.0%	3.8%	6.3%	3.1%	0.7%	6.0%
Grade 11	73.8%	7.4%	7.3%	4.1%	1.4%	6.0%
Grade 12	70.2%	7.7%	9.8%	3.9%	4.5%	3.9%

Peer Approval/Consumption: Texas

Table T-5: About how many of your close friends use **tobacco**?

	None	A Few	Some	Most	All
All	64.0%	20.9%	9.5%	4.6%	1.0%
Grade 7	85.4%	10.1%	3.3%	0.8%	0.4%
Grade 8	77.3%	15.2%	5.0%	2.1%	0.4%
Grade 9	64.3%	21.5%	9.3%	4.1%	0.8%
Grade 10	56.6%	25.7%	11.6%	5.3%	0.8%
Grade 11	49.6%	28.1%	13.4%	7.4%	1.5%
Grade 12	44.8%	27.1%	16.2%	9.5%	2.4%

Table A-10: About how many of your close friends use **alcohol**?

	None	A Few	Some	Most	All
All	45.0%	23.5%	15.2%	12.7%	3.5%

Grade 7	74.5%	16.7%	5.4%	2.7%	0.7%
Grade 8	60.7%	22.1%	10.9%	5.0%	1.4%
Grade 9	43.3%	27.2%	15.9%	11.0%	2.7%
Grade 10	31.4%	27.8%	20.5%	16.3%	4.0%
Grade 11	26.8%	26.0%	19.9%	21.2%	6.0%
Grade 12	26.6%	21.4%	20.6%	23.6%	7.8%

Table D-9: About how many of your close friends use **marijuana**?

	None	A Few	Some	Most	All
All	52.7%	19.5%	12.9%	11.0%	3.9%
Grade 7	78.3%	11.9%	5.0%	3.6%	1.2%
Grade 8	65.5%	17.0%	8.9%	6.7%	1.8%
Grade 9	51.6%	20.9%	13.6%	10.5%	3.4%
Grade 10	41.9%	23.0%	16.6%	14.1%	4.3%
Grade 11	36.2%	23.5%	16.9%	17.0%	6.4%
Grade 12	37.2%	21.6%	18.5%	15.8%	6.9%

Peer Approval/Consumption: Regions 1 and 2

Table T-5: About how many of your close friends use **tobacco**?

	None	A Few	Some	Most	All
All	57.8%	24.1%	11.2%	5.7%	1.3%
Grade 6	92.0%	6.9%	0.5%	0.3%	0.3%
Grade 7	82.5%	12.3%	4.0%	0.9%	0.3%
Grade 8	63.5%	25.3%	9.1%	2.0%	0.0%
Grade 9	50.8%	31.0%	11.0%	4.8%	2.5%
Grade 10	40.6%	28.3%	21.0%	8.9%	1.2%
Grade 11	34.8%	39.6%	13.3%	10.9%	1.4%
Grade 12	31.8%	27.7%	22.3%	14.5%	3.5%

Table A-10: About how many of your close friends use **alcohol**?

	None	A Few	Some	Most	All
All	43.2%	23.3%	15.9%	14.2%	3.4%
Grade 6	85.4%	10.3%	3.9%	0.2%	0.2%
Grade 7	66.0%	21.3%	9.2%	3.1%	0.4%
Grade 8	48.9%	26.1%	19.2%	5.0%	0.7%

Grade 9	32.6%	27.2%	18.3%	17.5%	4.3%
Grade 10	21.5%	32.2%	24.6%	18.5%	3.2%
Grade 11	17.6%	28.5%	14.9%	32.9%	6.1%
Grade 12	21.7%	17.9%	23.5%	26.7%	10.2%

Table D-9: About how many of your close friends use **marijuana**?

	None	A Few	Some	Most	All
All	60.3%	18.3%	11.4%	6.9%	3.1%
Grade 6	96.1%	2.4%	1.0%	0.2%	0.3%
Grade 7	74.8%	15.0%	7.2%	1.9%	1.1%
Grade 8	63.3%	17.6%	10.5%	7.0%	1.5%
Grade 9	54.7%	23.5%	11.1%	7.2%	3.6%
Grade 10	46.8%	24.8%	15.5%	8.8%	4.1%
Grade 11	38.7%	22.6%	17.7%	13.7%	7.3%
Grade 12	40.8%	24.2%	18.9%	11.6%	4.5%

Perceived Access: Texas

Table T-4: If you wanted some, how difficult would it be to get **tobacco**?

	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	24.6%	21.0%	7.7%	10.1%	14.4%	22.3%
Grade 7	34.4%	36.2%	9.2%	7.7%	6.9%	5.6%
Grade 8	27.9%	28.0%	11.4%	10.4%	11.7%	10.6%
Grade 9	24.9%	21.4%	8.1%	12.2%	14.9%	18.4%
Grade 10	20.5%	16.5%	6.5%	12.4%	20.0%	24.0%
Grade 11	18.9%	11.8%	6.4%	10.4%	18.9%	33.6%
Grade 12	18.8%	7.9%	3.8%	6.7%	14.5%	48.3%

Table A-6: If you wanted some, how difficult would it be to get **alcohol**?

	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy

All	19.8%	13.9%	5.9%	11.1%	19.3%	30.0%
Grade 7	29.9%	27.0%	8.3%	10.3%	11.3%	13.2%
Grade 8	23.4%	18.9%	8.0%	11.1%	17.3%	21.3%
Grade 9	19.8%	13.2%	5.6%	12.4%	19.2%	29.7%
Grade 10	15.2%	9.3%	4.7%	11.1%	22.8%	36.9%
Grade 11	13.4%	7.4%	4.4%	10.5%	22.6%	41.8%
Grade 12	14.8%	5.1%	4.1%	10.7%	24.0%	41.4%

Table A-11: Thinking of parties you attended this school year, how often was **alcohol** used?

	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	46.5%	6.8%	5.5%	9.3%	12.2%	1.8%	17.9%
Grade 7	72.3%	5.5%	3.5%	3.2%	1.8%	2.1%	11.8%
Grade 8	61.0%	8.4%	5.2%	5.4%	3.0%	2.1%	14.9%
Grade 9	44.5%	7.7%	6.9%	10.0%	10.3%	1.5%	19.1%
Grade 10	34.3%	7.4%	6.2%	12.6%	15.8%	1.9%	21.8%
Grade 11	30.9%	6.9%	5.2%	13.0%	20.9%	1.8%	21.3%
Grade 12	30.2%	4.7%	5.7%	13.1%	26.0%	1.0%	19.3%

Table D-5: If you wanted some, how difficult would it be to get…

		Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana							
	All	23.2%	22.8%	7.7%	9.5%	13.5%	23.3%
	Grade 7	34.5%	40.8%	7.5%	6.3%	4.7%	6.3%
	Grade 8	27.0%	31.6%	10.0%	9.0%	9.7%	12.7%
	Grade 9	22.3%	21.7%	8.5%	10.8%	14.6%	22.2%
	Grade 10	18.0%	16.3%	7.2%	11.5%	17.4%	29.6%
	Grade 11	16.7%	12.1%	6.4%	9.5%	17.8%	37.5%
	Grade 12	18.6%	10.1%	6.1%	10.0%	18.6%	36.6%
Cocaine							
	All	32.0%	33.9%	13.7%	9.8%	5.0%	5.5%
	Grade 7	39.5%	44.2%	9.3%	3.6%	1.5%	1.8%
	Grade 8	32.6%	40.7%	12.4%	7.4%	3.6%	3.2%

	Grade 9	31.3%	33.7%	13.6%	10.5%	5.3%	5.7%
	Grade 10	28.4%	30.8%	16.0%	12.6%	6.1%	6.1%
	Grade 11	28.7%	26.1%	16.4%	13.1%	6.9%	8.8%
	Grade 12	30.3%	25.3%	15.5%	13.1%	7.1%	8.8%
Crack							
	All	33.8%	34.8%	14.1%	8.6%	4.1%	4.6%
	Grade 7	41.3%	43.4%	8.4%	3.7%	1.2%	1.9%
	Grade 8	33.8%	40.9%	12.4%	6.5%	3.1%	3.4%
	Grade 9	33.0%	34.6%	13.8%	8.8%	4.7%	5.0%
	Grade 10	30.0%	32.7%	16.1%	11.1%	5.2%	5.0%
	Grade 11	31.3%	27.8%	17.9%	10.9%	5.4%	6.7%
	Grade 12	33.0%	26.6%	17.5%	11.5%	5.2%	6.1%
Steroids							
	All	34.9%	34.2%	13.5%	8.5%	4.4%	4.4%
	Grade 7	41.9%	42.0%	8.7%	3.3%	2.1%	2.0%
	Grade 8	35.2%	39.4%	12.5%	6.4%	3.6%	2.9%
	Grade 9	34.0%	34.4%	13.5%	9.2%	4.5%	4.4%
	Grade 10	30.9%	32.5%	14.8%	11.1%	5.7%	5.0%
	Grade 11	32.7%	27.8%	17.2%	10.4%	5.7%	6.2%
	Grade 12	34.4%	26.4%	15.2%	11.8%	5.4%	6.7%
Ecstasy?							
	All	41.8%	27.8%	11.1%	8.1%	5.5%	5.7%
	Grade 7	59.4%	30.8%	4.8%	2.2%	1.2%	1.6%
	Grade 8	48.8%	31.1%	9.6%	5.3%	2.7%	2.4%
	Grade 9	39.6%	28.3%	11.2%	9.2%	6.2%	5.6%
	Grade 10	33.5%	28.9%	13.0%	11.1%	6.4%	7.0%
	Grade 11	32.8%	23.7%	14.6%	10.9%	8.9%	9.1%
	Grade 12	33.7%	22.3%	14.7%	11.0%	8.3%	10.1%

Heroin?							
	All	40.4%	35.1%	12.6%	5.7%	2.7%	3.5%
	Grade 7	52.3%	36.6%	5.9%	2.6%	0.9%	1.8%
	Grade 8	42.9%	38.7%	10.0%	4.3%	2.4%	1.8%
	Grade 9	39.0%	34.8%	12.6%	6.4%	3.4%	3.8%
	Grade 10	34.3%	36.3%	14.8%	7.6%	3.1%	3.9%
	Grade 11	36.1%	32.6%	15.8%	7.3%	3.5%	4.7%
	Grade 12	36.5%	30.8%	17.9%	6.6%	3.0%	5.2%
Methamphetamine ?							
	All	42.7%	33.2%	12.0%	5.7%	2.7%	3.8%
	Grade 7	55.1%	34.1%	6.2%	2.0%	0.9%	1.7%
	Grade 8	47.3%	35.0%	9.4%	4.2%	1.9%	2.3%
	Grade 9	41.2%	33.7%	11.9%	6.1%	3.1%	4.1%
	Grade 10	36.4%	33.9%	13.8%	7.9%	3.6%	4.3%
	Grade 11	36.7%	31.4%	15.4%	7.0%	3.7%	5.7%
	Grade 12	37.0%	30.2%	16.6%	7.4%	3.3%	5.5%

Synthetic Marijuana?							
	All	41.3%	25.1%	8.7%	7.1%	7.6%	10.2%
	Grade 7	55.3%	31.0%	5.9%	2.6%	2.1%	3.0%
	Grade 8	47.2%	28.9%	8.1%	5.0%	5.1%	5.7%
	Grade 9	39.1%	25.7%	8.2%	7.7%	8.0%	11.3%
	Grade 10	34.4%	23.9%	9.8%	9.5%	10.1%	12.3%
	Grade 11	34.0%	19.9%	10.2%	9.4%	11.9%	14.6%
	Grade 12	35.3%	19.1%	11.0%	9.1%	9.2%	16.3%

Table D-10: Thinking of parties you attended this school year, how often were **marijuana and/or other drugs** used?

	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	53.7%	6.5%	5.2%	6.6%	7.8%	2.4%	17.8%

Grade 7	77.4%	3.5%	2.2%	2.0%	1.3%	1.9%	11.8%
Grade 8	68.1%	5.1%	3.5%	3.4%	2.7%	2.5%	14.7%
Grade 9	52.4%	7.4%	5.2%	6.8%	6.7%	2.3%	19.2%
Grade 10	43.0%	7.3%	7.0%	8.5%	9.4%	3.0%	21.8%
Grade 11	37.9%	8.4%	6.9%	9.1%	13.8%	2.7%	21.3%
Grade 12	37.8%	7.5%	7.1%	11.4%	15.2%	1.9%	19.1%

TSS Perceived Access: Regions 1 and 2

Table T-4: If you wanted some, how difficult would it be to get **tobacco**?

	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	25.5%	20.0%	6.5%	9.0%	14.9%	24.2%
Grade 6	53.2%	33.3%	5.9%	2.5%	3.9%	1.3%
Grade 7	38.5%	31.1%	7.3%	9.7%	8.8%	4.5%
Grade 8	21.9%	21.5%	12.8%	13.1%	17.6%	13.1%
Grade 9	18.6%	15.5%	7.3%	13.3%	20.1%	25.2%
Grade 10	16.6%	11.8%	4.5%	8.6%	20.2%	38.4%
Grade 11	12.5%	16.7%	4.5%	8.9%	18.1%	39.3%
Grade 12	11.9%	6.4%	2.4%	6.6%	17.0%	55.6%

Table A-6: If you wanted some, how difficult would it be to get **alcohol**?

	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	22.0%	15.9%	6.0%	9.8%	19.9%	26.4%
Grade 6	51.7%	30.8%	5.1%	2.6%	5.8%	4.1%
Grade 7	31.7%	22.5%	9.2%	9.8%	14.8%	12.0%
Grade 8	18.3%	18.0%	10.0%	11.1%	22.9%	19.7%
Grade 9	15.1%	11.6%	6.5%	9.8%	19.7%	37.4%
Grade 10	14.9%	5.4%	2.9%	12.9%	24.2%	39.8%
Grade 11	7.6%	15.3%	4.1%	11.6%	26.0%	35.4%
Grade 12	10.0%	5.0%	3.3%	11.8%	28.5%	41.4%

Table A-11: Thinking of parties you attended this school year, how often was **alcohol** used?

	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	45.5%	7.2%	4.3%	8.5%	13.1%	2.0%	19.3%

Grade 6	78.3%	2.9%	0.9%	1.1%	0.0%	0.7%	16.1%
Grade 7	63.0%	5.6%	3.6%	4.0%	1.5%	2.9%	19.4%
Grade 8	50.3%	11.8%	6.6%	8.3%	4.1%	0.7%	18.2%
Grade 9	38.9%	7.9%	3.3%	13.8%	16.1%	1.2%	18.9%
Grade 10	29.4%	7.5%	5.4%	13.3%	18.9%	0.8%	24.7%
Grade 11	32.0%	6.7%	5.4%	8.3%	25.1%	5.8%	16.7%
Grade 12	23.6%	8.0%	4.6%	11.1%	29.6%	1.7%	21.4%

Table D-5: If you wanted some, how difficult would it be to get…

		Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana							
	All	29.1%	24.6%	7.5%	9.1%	11.9%	17.8%
	Grade 6	58.8%	32.5%	4.3%	0.8%	1.5%	2.2%
	Grade 7	47.1%	27.9%	8.5%	6.8%	4.4%	5.3%
	Grade 8	21.6%	34.5%	11.4%	11.3%	8.7%	12.6%
	Grade 9	22.1%	23.3%	7.1%	11.0%	14.3%	22.3%
	Grade 10	19.0%	16.7%	7.1%	14.7%	16.7%	25.8%
	Grade 11	13.7%	21.0%	4.8%	12.0%	20.5%	28.0%
	Grade 12	14.5%	13.6%	9.1%	8.5%	20.4%	33.9%
Cocaine							
	All	37.4%	33.4%	12.4%	7.8%	4.1%	5.0%
	Grade 6	59.3%	35.4%	2.3%	0.5%	1.2%	1.3%
	Grade 7	51.5%	33.0%	10.3%	3.3%	1.1%	0.9%
	Grade 8	29.3%	46.0%	15.7%	4.7%	1.7%	2.6%
	Grade 9	29.1%	29.3%	18.8%	10.1%	4.5%	8.2%
	Grade 10	32.3%	29.2%	15.6%	11.8%	6.1%	5.0%
	Grade 11	27.7%	34.6%	10.2%	10.3%	6.5%	10.7%
	Grade 12	28.1%	25.2%	14.2%	15.7%	9.4%	7.5%
Crack							
	All	38.3%	34.0%	12.8%	7.0%	4.2%	3.7%
	Grade 6	59.4%	35.2%	2.2%	0.7%	1.2%	1.3%
	Grade 7	51.5%	33.4%	9.7%	3.3%	1.3%	0.8%
	Grade 8	30.9%	46.2%	14.7%	4.8%	2.2%	1.3%
	Grade 9	28.3%	31.3%	21.9%	7.5%	3.8%	7.1%
	Grade 10	35.1%	29.1%	15.2%	10.2%	6.6%	3.8%
	Grade 11	29.5%	35.5%	11.1%	8.9%	6.4%	8.7%

	Grade 12	29.8%	26.1%	15.3%	15.7%	8.9%	4.1%
Steroids							
	All	40.0%	32.8%	11.6%	7.0%	4.6%	3.9%
	Grade 6	63.5%	29.2%	2.9%	1.1%	1.9%	1.4%
	Grade 7	50.7%	36.2%	6.6%	2.2%	3.1%	1.1%
	Grade 8	35.6%	43.0%	10.6%	6.1%	2.7%	2.1%
	Grade 9	28.8%	31.1%	16.1%	9.8%	6.9%	7.4%
	Grade 10	34.4%	27.0%	17.7%	11.9%	5.1%	3.9%
	Grade 11	30.4%	36.7%	9.0%	10.4%	6.2%	7.4%
	Grade 12	33.0%	26.0%	20.2%	9.0%	7.4%	4.4%
Ecstasy?							
	All	48.0%	28.5%	11.1%	5.6%	3.5%	3.5%
	Grade 6	71.9%	23.5%	1.7%	0.5%	1.3%	1.1%
	Grade 7	64.0%	25.6%	6.2%	1.8%	1.1%	1.3%
	Grade 8	45.4%	36.8%	10.8%	3.5%	2.0%	1.4%
	Grade 9	38.4%	28.4%	15.6%	6.5%	3.9%	7.2%
	Grade 10	40.4%	28.6%	15.9%	7.1%	4.6%	3.5%
	Grade 11	35.6%	30.5%	12.0%	9.9%	6.2%	5.7%
	Grade 12	35.0%	25.9%	16.8%	11.7%	6.1%	4.4%
Heroin?							
	All	44.5%	34.1%	10.9%	5.0%	2.6%	2.9%
	Grade 6	67.5%	26.1%	2.1%	1.7%	1.3%	1.2%
	Grade 7	59.6%	31.0%	5.8%	2.0%	0.8%	0.8%
	Grade 8	39.2%	44.1%	9.8%	4.7%	1.4%	0.9%
	Grade 9	34.4%	36.3%	14.2%	5.6%	3.1%	6.4%
	Grade 10	37.3%	33.8%	16.9%	5.8%	3.9%	2.2%
	Grade 11	33.8%	36.6%	10.5%	9.4%	3.6%	6.1%
	Grade 12	35.7%	31.3%	18.7%	6.8%	4.8%	2.7%
Methamphetamine?							
	All	45.9%	32.4%	9.6%	5.6%	3.2%	3.4%
	Grade 6	66.6%	28.2%	2.3%	0.1%	1.5%	1.2%
	Grade 7	60.9%	27.0%	8.0%	2.0%	1.4%	0.7%
	Grade 8	42.5%	41.4%	9.2%	4.0%	1.4%	1.5%
	Grade 9	38.2%	34.6%	9.3%	6.7%	3.9%	7.3%
	Grade 10	40.2%	31.7%	13.7%	6.7%	4.7%	3.0%

	Grade 11	34.0%	34.1%	9.5%	9.9%	5.5%	7.1%
	Grade 12	33.6%	29.8%	16.7%	11.6%	4.9%	3.4%
Synthetic Marijuana?							
	All	42.2%	26.2%	8.5%	6.5%	6.4%	10.1%
	Grade 6	67.8%	27.6%	2.0%	0.0%	1.3%	1.2%
	Grade 7	59.6%	24.4%	7.0%	3.5%	2.6%	2.8%
	Grade 8	41.6%	31.7%	11.9%	4.9%	3.6%	6.3%
	Grade 9	32.8%	26.3%	10.4%	6.0%	8.8%	15.7%
	Grade 10	32.3%	21.3%	7.2%	13.2%	11.3%	14.7%
	Grade 11	26.1%	29.5%	9.0%	10.8%	9.5%	15.0%
	Grade 12	29.0%	22.3%	12.6%	9.1%	9.3%	17.7%

Appendix B

Texas, High School Youth Risk Behavior Survey, 2013

Questions	Total %
Sexual Behaviors	
Ever had sexual intercourse	45.9
Had sexual intercourse before age 13 years (for the first time)	5.2
Had sexual intercourse with four or more persons (during their life)	14.9
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	32.8
Did not use a condom (during last sexual intercourse among students who were currently sexually active)	47.1
Did not use birth control pills (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	86.3
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	98.2
Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	95.3
Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	79.8
Did not use both a condom during and birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse (to prevent STD and pregnancy among	93.0

students who were currently sexually active)	
Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)	19.0
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	23.8
Were never taught in school about AIDS or HIV infection	20.6
Were never tested for HIV (not including tests done when donating blood)	
Unintentional Injuries and Violence	
Were ever physically forced to have sexual intercourse (when they did not want to)	9.9
Experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	9.9
Experienced sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	11.1

United States, High School Youth Risk Behavior Survey, 2013

Questions	Total %
Sexual Behaviors	
Ever had sexual intercourse	46.8
Had sexual intercourse before age 13 years (for the first time)	5.6
Had sexual intercourse with four or more persons (during their life)	15
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	34
Did not use a condom (during last sexual intercourse among students who were currently sexually active)	40.9
Did not use birth control pills (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	81
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	98.4
Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	95.3
Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	74.7

Did not use both a condom during and birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse (to prevent STD and pregnancy among students who were currently sexually active)	91.2
Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)	13.7
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	22.4
Were never taught in school about AIDS or HIV infection	14.7
Were never tested for HIV (not including tests done when donating blood)	87.1
Unintentional Injuries and Violence	
Were ever physically forced to have sexual intercourse (when they did not want to)	7.3
Experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	10.3
Experienced sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	10.4

Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center

Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey

VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

BONUS: Table Samples

First Column	Second Column	Third Column
• lacinia in dui. Nunc • bibendum urna. • non placerat lorem	• lacinia in dui. Nunc • bibendum urna. • non placerat lorem	• lacinia in dui. Nunc • bibendum urna. • non placerat lorem
• Fusce quis vulputate magna, • ut eleifend arcu. Aenean libero libero, • pretium sit amet velit vel, dictum ornare nibh.	• Vivamus tincidunt, odio ac consectetur dignissim, felis diam pellentesque dolor, et dapibus arcu odio a justo. • Suspendisse potenti. Phasellus hendrerit, mi id dictum lobortis, odio erat faucibus est,	• Vivamus tincidunt, odio ac consectetur dignissim, felis diam • pellentesque dolor, et dapibus arcu odio • a justo. Suspendisse potenti. Phasellus hendrerit, mi id • dictum lobortis, odio erat faucibus est,
• Integer felis risus, aliquet non metus eget, • cursus malesuada nisi. Curabitur ultrices venenatis nisi,	• Sed faucibus tortor eget elit ultricies • dignissim. Etiam volutpat rhoncus • felis eget dignissim	• Curabitur ultrices venenatis nisi, • sit amet hendrerit velit tincidunt et. Aliquam eget eleifend justo,

Reported Regional Spice Exposures 2010-14					
Armstrong	0	Garza	1	Moore	5
Bailey	1	Gray	9	Motley	0
Briscoe	0	Hale	8	Ochiltree	11
Carson	0	Hall	0	Oldham	0
Castro	1	Hansford	0	Parmer	2
Childress	3	Hartley	1	Potter	27
Cochran	0	Hemphill	1	Randall	5
Collingsworth	1	Hockley	3	Roberts	0
Crosby	0	Hutchinson	3	Sherman	0
Dallam	0	King	0	Swisher	0
Deaf Smith	2	Lamb	1	Terry	0
Dickens	0	Lipscomb	0	Wheeler	1
Donley	0	Lubbock	26	Yoakum	0
Floyd	1	Lynn	2	**TOTAL**	**115**

Reported Regional Spice Exposures 2010-14					
Armstrong	0	Garza	1	Moore	5
Bailey	1	Gray	9	Motley	0
Briscoe	0	Hale	8	Ochiltree	11
Carson	0	Hall	0	Oldham	0
Castro	1	Hansford	0	Parmer	2
Childress	3	Hartley	1	Potter	27
Cochran	0	Hemphill	1	Randall	5
Collingsworth	1	Hockley	3	Roberts	0
Crosby	0	Hutchinson	3	Sherman	0
Dallam	0	King	0	Swisher	0
Deaf Smith	2	Lamb	1	Terry	0
Dickens	0	Lipscomb	0	Wheeler	1
Donley	0	Lubbock	26	Yoakum	0
Floyd	1	Lynn	2	**TOTAL**	**115**

Reported Regional Spice Exposures 2010-14					
Armstrong	0	Garza	1	Moore	5
Bailey	1	Gray	9	Motley	0
Briscoe	0	Hale	8	Ochiltree	11
Carson	0	Hall	0	Oldham	0
Castro	1	Hansford	0	Parmer	2

Childress	3	Hartley	1	Potter	27
Cochran	0	Hemphill	1	Randall	5
Collingsworth	1	Hockley	3	Roberts	0
Crosby	0	Hutchinson	3	Sherman	0
Dallam	0	King	0	Swisher	0
Deaf Smith	2	Lamb	1	Terry	0
Dickens	0	Lipscomb	0	Wheeler	1
Donley	0	Lubbock	26	Yoakum	0
Floyd	1	Lynn	2	**TOTAL**	**115**

Reported Regional Spice Exposures 2010-14					
Armstrong	0	Garza	1	Moore	5
Bailey	1	Gray	9	Motley	0
Briscoe	0	Hale	8	Ochiltree	11
Carson	0	Hall	0	Oldham	0
Castro	1	Hansford	0	Parmer	2
Childress	3	Hartley	1	Potter	27
Cochran	0	Hemphill	1	Randall	5
Collingsworth	1	Hockley	3	Roberts	0
Crosby	0	Hutchinson	3	Sherman	0
Dallam	0	King	0	Swisher	0
Deaf Smith	2	Lamb	1	Terry	0
Donley	0	Lubbock	26	Yoakum	0
Floyd	1	Lynn	2	**TOTAL**	**115**

Reported Regional Spice Exposures 2010-14					
Armstrong	0	Garza	1	Moore	5
Bailey	1	Gray	9	Motley	0
Briscoe	0	Hale	8	Ochiltree	11
Carson	0	Hall	0	Oldham	0
Castro	1	Hansford	0	Parmer	2
Childress	3	Hartley	1	Potter	27
Cochran	0	Hemphill	1	Randall	5
Collingsworth	1	Hockley	3	Roberts	0
Crosby	0	Hutchinson	3	Sherman	0
Dallam	0	King	0	Swisher	0

Deaf Smith	2	Lamb	1	Terry	0
Dickens	0	Lipscomb	0	Wheeler	1
Donley	0	Lubbock	26	Yoakum	0
Floyd	1	Lynn	2	**TOTAL**	**115**