

Regional Needs Assessment

REGION 7: CENTRAL TEXAS
PREVENTION RESOURCE CENTER

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Executive Summary

The Regional Needs Assessment (RNA) contains information collected by the Prevention Resource Center in Region 7 (PRC 7) with the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) and the Texas Department of State Health Services (DSHS). The RNA provides stakeholders (i.e., policymakers, health care workers, and interested residents) in the state, PRC and community at large, with a comprehensive view about the trends, outcomes and consequences associated with drug and alcohol use within the region and across the state. The RNA enables stakeholders to engage in long-term strategic prevention planning relative to the needs of the community. This RNA also serves as a template for sharing information with stakeholders in the future. Finally, this RNA will influence the development of a Regional Data Repository (RDR) which will function as part of a state data repository.

In this RNA, members of the PRC 7 sought to provide a descriptive account of Central Texas based on multiple datasets to address the following questions: What do we know from datasets? And what could be perceived as a concern from data? As datasets were examined, several concerns were made visible by illustrating county level extremes (e.g., the highest percentage in dropout rate), including:

- Female minorities in the 6-12 grade are more susceptible to illegal drugs on school property
- Prescriptions outnumber people, for every 8 prescriptions there are 7 people
- The belief that marijuana is a dangerous drug continues to decline among adolescents
- Adolescents seek treatment for marijuana, while adults seek treatment for methamphetamine

Determining needs of communities requires both a scientific and thoughtful approach. It would be negligent for the authors to present data describing conditions for communities or the state without also offering insight about contextual values inherent within those communities or the state. For, although communities can be described with numbers and percentages, they also contain residents with a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is a cultural, geographical, and social experience of diversity for many residents; the state is also culturally similar across its many community types (i.e., rural, suburban, city, and region). There are ubiquitous hallmarks within Texas many inhabitants see as familiar sentries in the farming and ranching communities of rural west Texas, the suburbs of Dallas/Fort Worth, the inner-city of Houston, or the Rio Grande Valley. While each of these communities is wonderfully unique in composition, most of them are united by a cultural pride, a commercialized branding rooted in folklore; the residents of Texas are part of a rugged and hard-working tapestry. The five point star, Austin stone, and Dairy Queen are but a handful of iconic imagery likely to be experienced by residents in the communities found across the extensive landscape of Texas.

Given the various distinctions between community types, it would be easy to see how trends may present differently amongst the regions of Texas. For example, some stakeholders might assume border regions are plagued more by drug cartels. However, it should be noted that the activity of these cartels plagues many of the more interior regions as well, as these regions are integral to the supply and trade routes of these powerful cartels (see Texas DPS Threat Overview, 2013). Some stakeholders might also assume suburban and inner-city community types with more treatment centers for substance abuse have higher drug use rates, based on the likelihood of individuals to remain in a given community after concluding treatment and the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation. Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document, however, to imply causality between substance and prevalence rates and the contextual values in community

types. Broader implications of meaning or etiology with relation to data are not addressed in this assessment.

The information presented in this assessment has been acquired by a team of regional evaluators through local and state entities, and compared with information from state and national datasets. Secondary information, taken from local surveys, focus groups, and interviews allows for participation by residents in the community, whose expertise lends a local voice to identified issues. It is the intent of the authors for the reader to ascertain standardized measures of substance use-related trends, with an understanding of the explicit contextual values of the communities within Region 7. The information obtained and presented can be used by community, region, and state level stakeholders to better understand the needs and serve residents within Region 7.

What is the PRC?

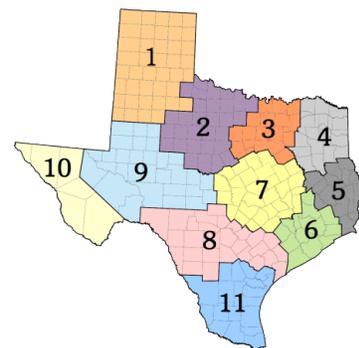
Prevention Resource Centers serve the community by providing infrastructure prevention resources and other indirect services supporting the network of agencies targeting substance abuse. Beginning in 2013, PRCs were re-tasked to become a regional resource for substance abuse prevention data. Whereas,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

Our Purpose

This needs assessment was developed to provide relevant substance abuse prevention data on adolescents throughout the state. Our mission is to serve as the central data collection repository; thereby synthesizing all available regional information into the form of a RNA. The RNA is crafted to exhibit localized needs in the community concerning Region 7. Therefore, our goals are focused on establishing ourselves as the regional informant to the state. Our goals are to: (1) identify reliable data sources for the region; (2) develop data-related partnerships across the region; (3) disseminate regional information to county leaders/partnerships; (4) participate in community meetings concerning efforts to reduce alcohol and substance abuse; and (5) continually identify localized and reliable information at the county and zip code level.

Our Regions

The Texas Department of State Health Services breaks up the state into 11 Health and Human Service Regions in order to ensure the resources best meet the needs of each area. Sub-sectioning Texas counties leads to improved directing of financial and human services that are vital to maintain and advance the health of the public. For further information see Appendix A.



What Evaluators Do

Regional PRC Evaluators are primarily responsible for identifying and gathering alcohol and drug consumption data and related risk and protective factors within their service regions. Their work in identifying and tracking substance use consumption patterns is then disseminated to stakeholders and the public through a variety of methods (e.g., fact sheets, social media, traditional news outlets, presentations, and reports such as this RNA). 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.

Key Concepts in This Assessment

As readers review this assessment, two guiding concepts appear throughout. The first concept is the emphasis on residents identified as adolescents. The second concept relates is the use of a public health framework in presenting information. Understanding the use of these two concepts within the RNA enables stakeholders to better grasp the empirical direction the Texas DSHS has set forth in their strategic prevention framework. Subsequent to the foundation set forth by a targeted demographic (i.e., adolescent population) and theoretical approach (i.e., public health framework), readers will be presented with discussions about key factors (e.g., such as risk and protective factors, consumption and consequence factors, and contextual indicators). The authors of this RNA understand readers will likely not read this document from beginning to end. Therefore, we strongly recommend readers become familiar with the two guiding concepts as doing so will enable them to acquire a greater comprehension of the information contained in the RNA.

Members of PRC's across the state, along with members of the DSHS, are well aware of the harm alcohol and drug use unleashes upon Texas' residents and communities. None of Texas' residents or communities are free of the harm from alcohol and drug use. Nor is this harm limited to any group of residents or communities differentiated by age, gender identification, ethnicity, cultural experience, or religious affiliation. While the incidence and prevalence rates of substance use for residents among all age groups are of great concern, evidence indicates effective prevention work done with young people has a positive and sustainable community impact. Young people are at a malleable developmental stage, when risk and protective factors may still be influenced. More troubling to many stakeholders are the effects substance use has on brain development as well as potential for risky behavior leading to injury or death. Social consequences for young people, such as poor academic standing, negative peer relationships, adverse childhood experiences, and overall community strain, are also of concern (Healthy People 2020).

Population of Concern

Having established young people as the primary population of concern for prevention planning, consideration must be given to how this document operationally defines the population and developmental spans for individuals within the population. Adolescence, for example, is a construct having debatable parameters. While typical thresholds for developmental spans are marked by chronology, some stakeholders point out the importance of behaviors, cognitive reason, aptitude, attitude, and competencies, as developmental markers. The Texas Department of State Health Services posits a more traditional definition for Adolescence as the period of age from 13 to 17 (see

Texas Administrative Code 441, rule 2). Both the WHO and APA concede, however, there are characteristics generally corresponding with the chronology of adolescence, such as hormonal and sexual maturation processes, social prioritization, and autonomy establishment.

The chronology of adolescence, however, has been challenged with recent research. Much of this research has been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH). The research, based in imaging/scanning methodologies of neurological processes, indicates the human brain is not completely developed until approximately age 25. Consequently, for this assessment Adolescents are defined as residents between the ages of 12 and 17.

Theoretical Framework–Epidemiology

Epidemiology is the theoretical framework from which this document evaluates the impact of alcohol and drug use. Meaning *'to study what is of the people'*, epidemiology frames alcohol and drug use as a public health concern that is both preventable and treatable. According to the WHO (WHO, 2014), "Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Various methods can be used to carry out epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to study determinants." The WHO also seeks information regarding the use of alcohol and drugs, the harms and treatment associated with use, as well as policy development, from an epidemiology perspective.

The Substance Abuse Mental Health Services Administration (SAMHSA) has adopted an epi-framework for the purpose of surveying and monitoring systems to provide national indicators regarding alcohol and drug use. Ultimately, the WHO, SAMHSA, and similar organizations, endeavor to create an infrastructure enabling effective analysis and strategic planning, identifying populations at risk, and evaluate appropriate policy implementation for prevention and treatment. For many years, state level stakeholders in the U.S. have looked at alcohol and drug use from an epidemiological perspective

Risk and Protective Factors

A discussion of the Risk and Protective factors concept is essential for understanding current work in alcohol and drug use prevention. Many personal characteristics influence or culminate in abstinence from alcohol and drug use. Understanding which of these characteristics are relevant is a concern for all stakeholders. For many years, researchers believed physical properties of alcohol and drugs were the determinants for addiction. While these properties are important, the physical and biological attributes of users are now believed to play a large role in addiction.

Genetic predisposition and prenatal exposure to alcohol, as well as self-image, self-control, and social competence are influential risk factors in alcohol and drug use. Other factors include (a) family dynamics, (b) community, (c) social constructs, (d) exposure to violence, (e) emotional distress, (f) academic ability, (g) socio-economic status, and (h) involvement with children's protective services or law enforcement. Protective factors include (a) an intact and distinct set of values, (b) high IQ and GPA, (c) positive social experiences, (d) spiritual affiliation, (e) family and role model connectedness, (f) open communications and interaction with parents, (g) awareness of high expectations from parents, (h) shared morning, after school, meal-time or night time routines, (i) peer social activities, and (j) commitment to school. Examination of risk and protective factors provides a meaningful understanding of the how and why for the development of alcohol and drug use. Access to data linking childhood

experiences with current behavioral health trends allows prevention planners to delineate core determinants for future attention.

Consequences and Consumption

A tangible way to develop an understanding of alcohol and drug use is best illustrated through sequentially analyzing consequence and consumption factors. The epi-framework used in this RNA calls for the examination of these factors with emphasis on how the public at large deals with adverse public health trends. As such, we discuss the importance of consequence and consumption factors.

We describe these two factors (i.e., consequence and consumption) in terms of prescription and illicit drugs, as well as alcohol. In doing so, readers of this assessment are able to conceptualize public health problems in an organized and systematic manner. SAMHSA (2008) provides an excellent example of how these factors are linked with alcohol. According to SAMHSA, factors related to consequence include mortality and crime; in addition, factors related to consumption include current binge drinking and age of initial use. For consequence and consumption, one or more consequence factors are used to assess and quantify consumption factors. Data for these factors are collected and maintained by various community and government organizations. Therefore, stakeholders in Texas continue to build the infrastructure for monitoring these factors.

For this RNA, consumption is defined 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 current use, age of initial use, drinking and driving, consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing. Needle sharing is one example of how a specific construct yields greater implications than just the consumption of the drug; it may provide contextual information regarding potential health risks like STD/HIV and Hepatitis risks for the individual, and contributes to the incidence rates of these preventable diseases. Just as needle sharing presents multiple consequences, binge drinking also presents a specific set of multiple consequences.

Introduction

In Texas, the Substance Abuse & Mental Health Services Section (SAMSHS) of the Department of State Health Services (DSHS) funds approximately 188 school and community programs to prevent alcohol, tobacco and other drugs (ATOD) use by members of Texas' adolescent population. These programs provide curricula and prevention strategies identified as both evidence based and effective by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework. Members of the DSHS worked in close collaboration with local community members to tailor services and meet local needs for ATOD use prevention. This strategic prevention framework provides a continuum of services targeting the three classifications of at-risk populations under the Institute of Medicine (IOM); (a) universal, (b) selective, and (c) indicated.

The Department of State Health Services funds 11 Prevention Resource Centers (PRCs) across the State of Texas. These centers are part of larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions which focus on implementing effective environmental strategies. This network of substance abuse prevention services works to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed at addressing our state's three prevention priorities to reduce: (a) under-age drinking; (b) marijuana use; and (c) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

Our Audience

Potential readers of this document include stakeholders interested in the prevention, intervention, and treatment of adolescent substance use in Texas. Stakeholders include, but not limited to, (a) substance abuse prevention and treatment providers; (b) medical providers; (c) schools and school districts; (d) substance abuse community coalitions; (e) city, county, and state leaders; (f) prevention program staff; and (g) community members vested in preventing substance use.

This RNA includes information readers will find useful for a variety of reasons. Some may find the information useful as an overview whereas others may see the information as providing more detailed knowledge of trends and consequences of specific drugs. This RNA is organized to meet the needs of both as well as others.

The executive summary found at the beginning of this RNA provides highlights of the report for those seeking a brief overview. Since readers of this RNA will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, we also include a description of our definitions in the section titled "Key Concepts." The core of the report focuses on substance use data.

Our Purpose

This RNA was developed to provide relevant substance abuse prevention data on adolescents throughout Texas. The adolescent population is the first group that the PRC's focus their collection and reporting efforts on due to the impact the younger generation has on communities. Further, research shows that efforts to postpone the initial age of onset in regards to substance use is critical in prevention and reduction of severity. According to the Archives of Pediatrics and Adolescent Medicine,

those who begin drinking before turning 14 years of age are more likely to develop alcoholic dependence. Therefore there is a need to delay the onset of alcohol consumption as long as possible (Archives of Pediatrics and Adolescent Medicine, 2006).

Specifically, this RNA serves the following purposes:

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

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

Where possible, both trend data and yearly statistics are presented with tables and figures. The tables and figures help summarize the interpretation of data. 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 not influenced by dramatic yearly changes. Tables show data in alphabetical order from top to bottom or left to right. Missing counties typically indicate 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 figures as well.

Methodology

A key informant approach was taken to gather information across Region 7. Through the strategic approach of identifying and discussing with individuals informed of alcohol and drug influence in their communities, the basis of gathering information is then reinforced by quantitative datasets. As a result, the use of qualitative information gathering coupled with available and accessible datasets yielded itself to a mixed methods research design.

Process

The state evaluator and regional evaluators collected primary and secondary data at county, regional, and state levels between September 1, 2014 and June 30, 2015. The state evaluator met with regional evaluators at a statewide conference to discuss expectations of assessments for each region. 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.

Stratification of Region 7

The process of stratification involved what was possible concerning the examination of secondary data descriptive of Region 7. Generally, dividing the region population by gender, ethnicity, pertaining to adolescents. However, the depth of stratification was tied to each dataset provided to inform the RNA. In constructing the RNA, every attempt was made to highlight or bring out what data indicated.

Quantitative Data Selection

The statewide evaluator team identified data indicators as well as specific populations to provide the most accurate picture of substance abuse trends within the state and each region. All indicators were discussed by the evaluator team in order to maintain credibility and accuracy. Some regions have unique indicators according to the local community data that was collected since the project began on September 1, 2014.

Identification of Variables

The identification of variables was a team approach, involving the collaboration of Texas Prevention Resource Center (PRC) evaluators. The use of several committees among evaluators was in place to strategically and reliably handle the overall structure and identification of variables. In other words, evaluators worked to standardize the format of all RNA's so that the RNA from one region could be comparable to the RNA of another region. The importance of identifying variables, therefore, was a collaborative effort led by the DSHS statewide evaluator in conjunction with regional evaluators.

Key Data Sources

In collaboration among PRC evaluators, the following data sources were considered key: (a) Community Common (Health Needs Assessment): U.S. Census Bureau's American Community Survey, (b) Texas State Data Center, (c) Census Explorer, (d) Center for Elimination of Disproportionality and Disparities, (e) County Health Rankings and Roadmaps, (f) U.S. Department of Labor, Bureau of Labor Statistics, (g) Texas Health and Human Services Commission, (h) National Center for Education Statistics, NCES – Common Core of Data, (i) KIDS Count Data Center, (j) Texas Education Agency, (k) Texas Department of Public Safety, (l) U.S. Customs and Border Protection, (m) Texas Health Data, DSHS Center for Health Statistics, (n) MONAHRO, (o) Texas Department of State Health Services, (p) Behavioral Risk Factor Surveillance System, (q) Public Policy Research Institute, (r) Center for Disease

Control and Prevention, (s) Texas Alcoholic Beverage Commission, (t) Substance Abuse and Mental Health Services Administration (SAMHSA), (u) Texas Department of Transportation, (v) Department of Health and Human Services, (w) Center for Behavioral Health Statistics and Quality (CBHSQ), and (x) Texas Higher Education Coordinating Board.

Criterion for Selection

This report is primarily based on secondary data sources using 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 goal is to provide the most recent data available (within the last five years).
3. **Methodological soundness:** Data that used well-documented methodology with valid and reliable data collection tools.
4. **Representativeness:** We chose data that most accurately reflects the target population in Texas and across the 11 human services regions.
5. **Accurateness:** Data is an accurate measure of the associated indicator.

Qualitative Data Selection

Maintaining issues of reliability and validity guided the selection process of qualitative data selection. Although not mentioned in key data sources, qualitative data sources were on the level of stakeholder interaction and engagement. As a result, identifying sources was tied to recognizing individuals in the community having access to alcohol and drug related information. The selection of qualitative data led to the use of key informants, focus groups, and surveys. Using these three strategies to gather information, reliability and validity issues were examined through unstructured and open questioning of

- Can we trust what we have just heard?
- How reliable is the information or insight we have just received?
- Is what we are hearing aligning with data sources?

Key Informant Interviews

Asking individuals in the community what they see related to alcohol and drug trends or patterns, involved identifying individuals in key roles. For example, law enforcement individuals provide a description of what is encountered while on duty. The same can be said of individuals in roles involving close contact with alcohol and drug related activity (e.g., hospital workers).

Focus Groups

The use of focus groups was not used in the traditionally sense of coordinating and organizing a focus group session by inviting stakeholders to discuss issues in the community. Rather, the approach was to ask questions during organization meetings. By participating and attending meetings throughout the region, we were able to talk with stakeholders expressing concerns for their communities and possessing information about alcohol and drug use in their community.

Surveys

Surveys originating from the Prevention Resource Center (PRC) were not heavily relied on for gaining descriptive information of the region. Rather, state and federal survey information was collected to

build a descriptive account of the region. Local surveying and data collection was used to support or inform the construction of our knowledge base.

Demographic Overview

The Prevention Resource Center 7 works to assess and collect information on the 30 counties within Region 7. The region is aligned to the Texas Department of Health and Human Services Region 7. Offices for the PRC 7 are located in Bryan Texas and situated in the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA). Region 7 is also known as Central Texas by the Texas Department of State Health Services.

According to DSHS, the urban-rural designation for 17 of the 30 counties was rural. Further county urban-rural labeling can be found in Appendix B. The classification of counties as wet, partially wet, and dry determine the counties legal status related to sales of alcoholic beverages. For example, wet means all sales of alcoholic beverage are legal everywhere in the county while dry means no sales of alcoholic beverages in the county are legal. As of June 2014, the Texas Alcoholic Beverage Commission has recorded the following 4 counties as wet: Brazos, Fayette, San Saba, and Washington. There are no dry counties in Region 7, which means the other 26 counties are considered partially wet.



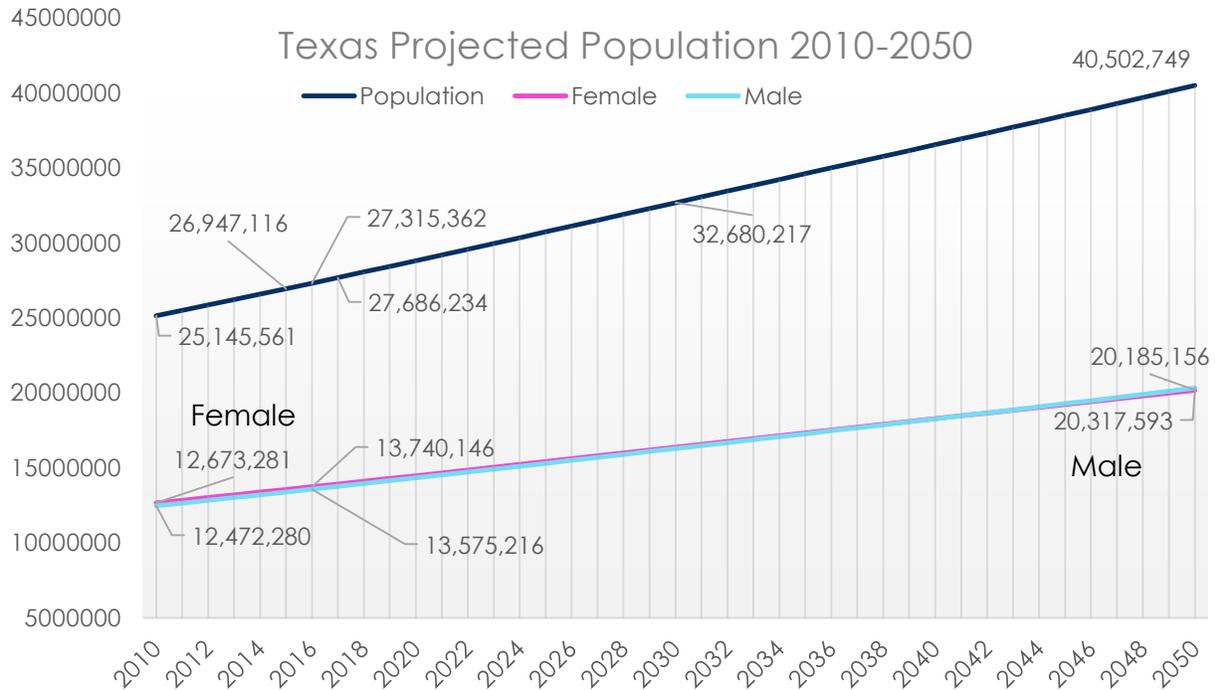
State Demographics

The State of Texas has 254 counties. In this section we convey a brief overview of Texas in several different areas. The PRC7 is described as Central Texas, so when describing Texas several other regions are considered. In fact, Texas is divided into 11 regions, where Central Texas or the PRC 7 region defines one part of Texas. Therefore, comparisons could be examined from PRC 7 to the rest of Texas.

Population

The population of Texas, according to the American Community Survey 2013, is 25,639,372 people. Below is the projected population growth leading up to 2050.

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Age

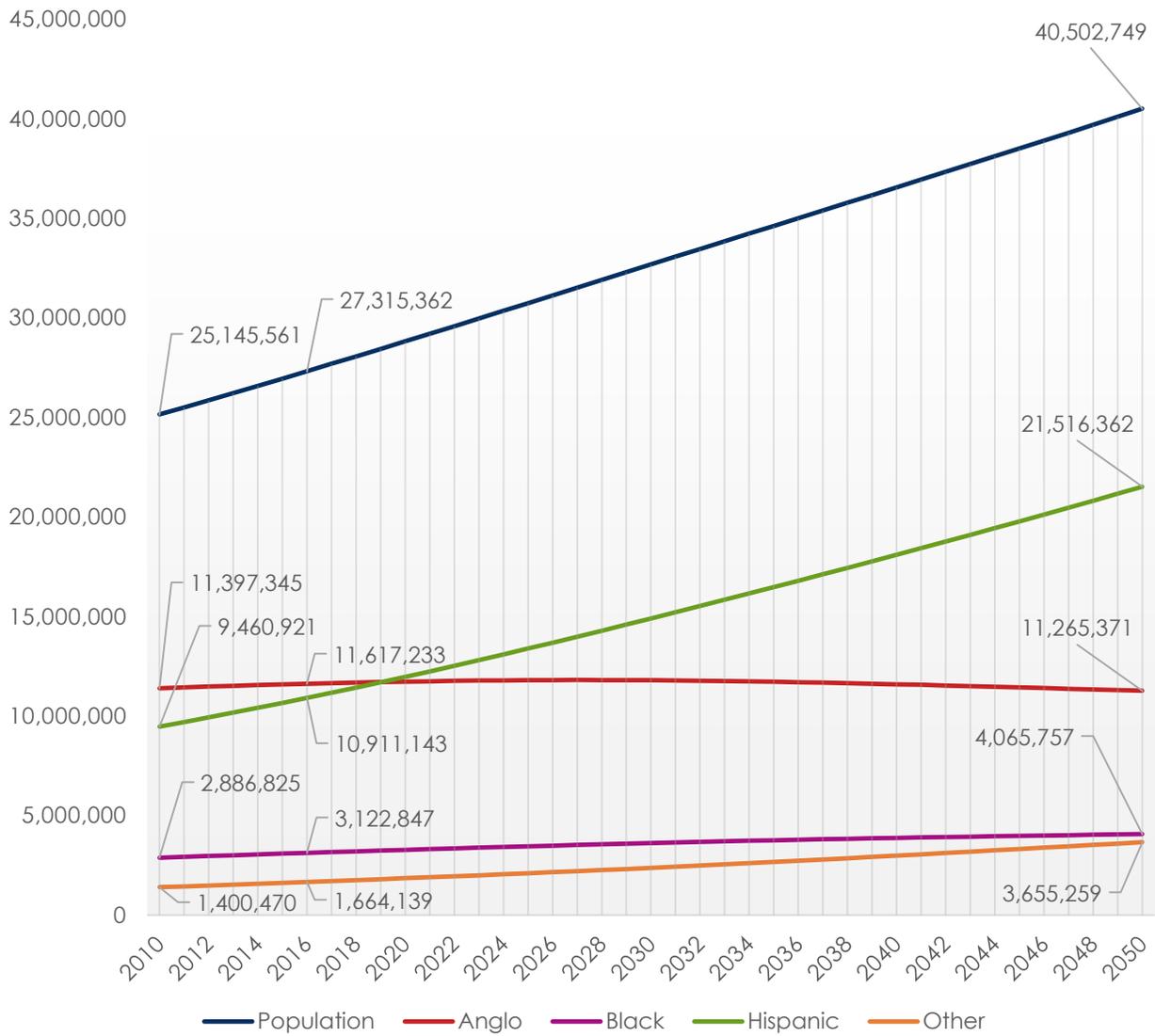
Dividing the population by age illustrates that in Texas the largest age group is the 5-17 population (19.47%). In contrast, the smallest age group is the 0-4 population (7.55%). The following age groups, in terms of percentage, fall between the two extremes: 18-24 accounts for 10.28% of the population; 25-34 accounts for 14.40% of the population; 35-44 accounts for 13.70% of the population; 45-54 accounts for 13.40% of the population; 55-64 accounts for 10.56% of the population; and 65+ accounts for 10.66% of the population.

Race/Ethnicity

In the figure below, we see the Hispanic population is projected to increase and surpass all other race/ethnicity populations in Texas.

2015 Regional Needs Assessment

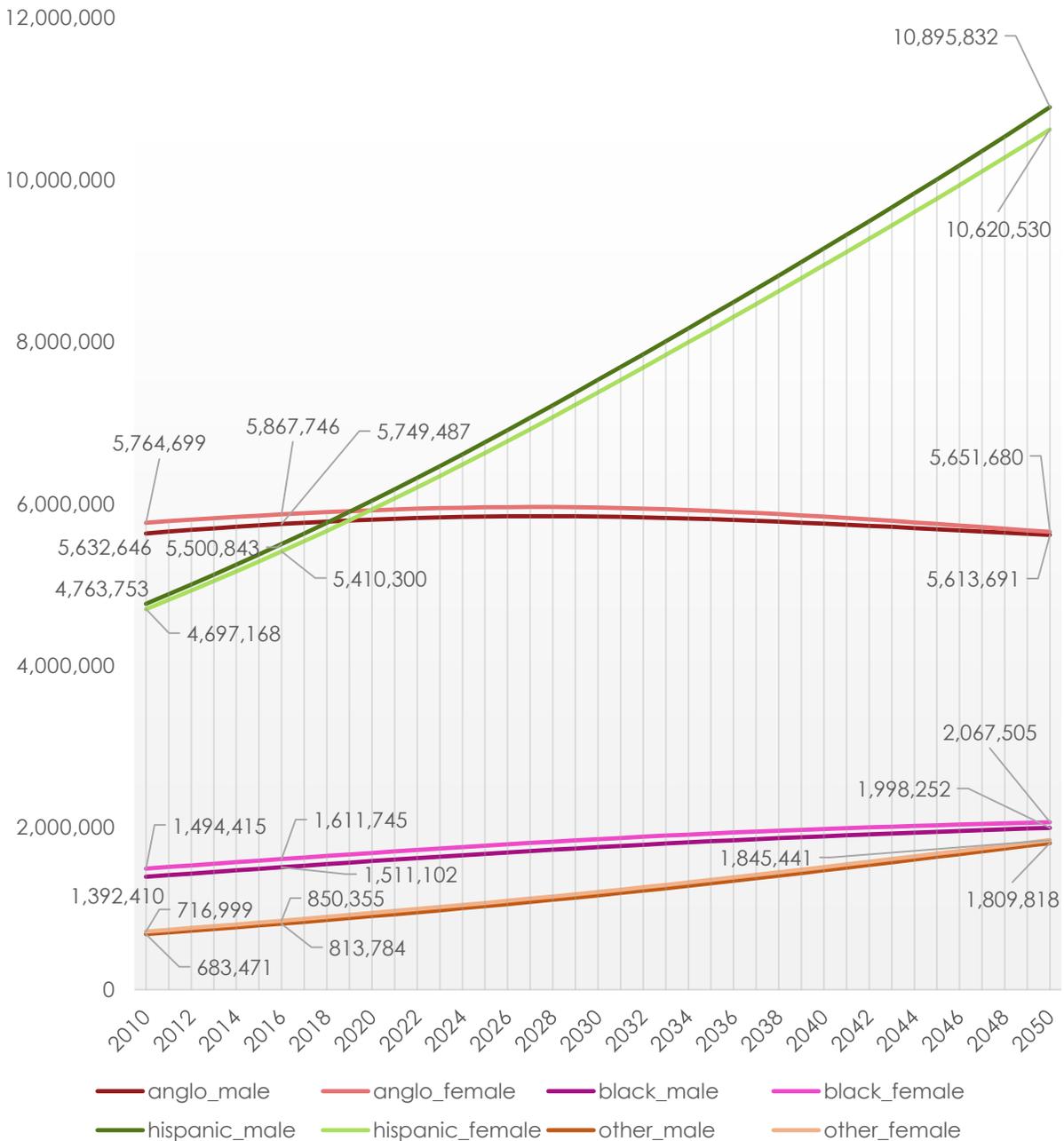
Texas Race/Ethnicity, Population Projection 2010-2050



Considering gender, we see that both Hispanic male and female are projected in an incline in the next figure.

2015 Regional Needs Assessment

Texas Gender and Race/Ethnicity, Population Projection
2010-2050

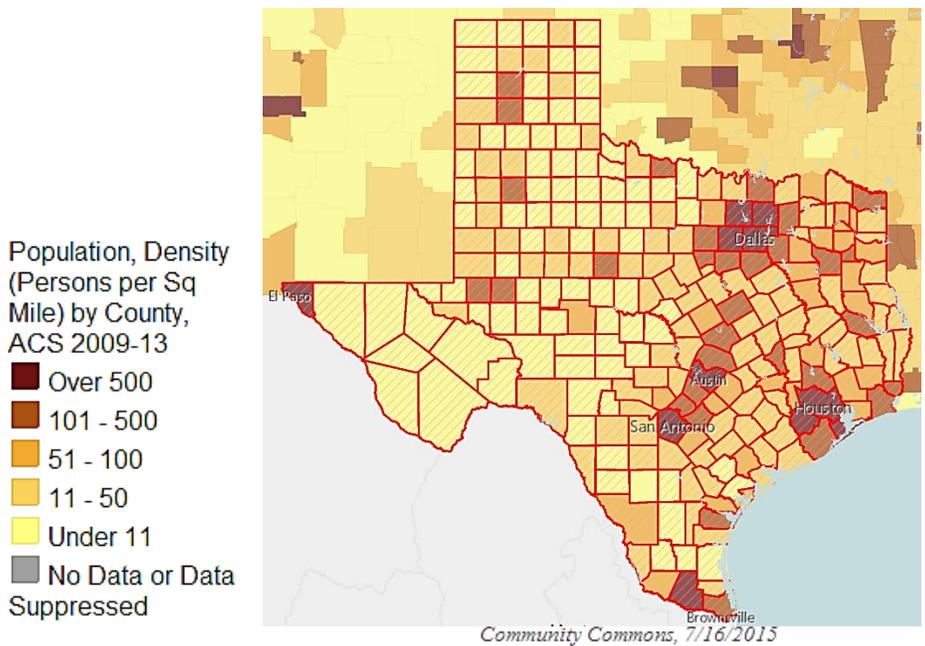


Languages

The American Community Survey (ACS) 2009-13 determined the amount of population age 5 and older with limited English proficiency. From a population of 23,704,399, the population identified as having limited English proficiency was 14.24% or 3,374,551 individuals older than age 5. Compared to the United States population of limited English proficient individuals who responded to the ACS, Texas had a higher percentage, 14.24% versus 8.63% (25,148,900 of 291,484,488).

Concentrations of Populations

The population of Texas is generally concentrated in Dallas-Fort Worth, Austin, San Antonio, Houston, El Paso, and McAllen. Also, the population tends to center around IH 35 from San Antonio to Dallas-Fort Worth. The figure below provides further depictions of population concentrations in Texas.



General Socioeconomics

Approximating general socioeconomics for the State of Texas has led to describing several components of socioeconomic status. The RNA provides descriptive information for average wages, household composition in relation to single-parent households, employment rates, and industry.

Average Wages

In Texas, the average weekly wage was \$842.10 (including federal). Excluding federal wages, the average weekly wage was 833.40. The employment numbers in Texas were 11,388,114 (including federal) and 11,197,863 (excluding federal). The total wages amounted to \$156,873,914,181 (including federal) and \$153,542,103,331 (excluding federal).

Household Composition

In Texas, there are 6,869,557 households. Of those households, 2,283,452 were single-parent households. As a result, 33% of the households in Texas are single-parent households.

Employment Rates

In Texas, a labor force of 183,784,775 individuals was recorded from March 2014 to April 2015. From the Texas labor force, 175,049,915 individuals were employed while 8,734,860 were unemployed during the same time. As a result, Texas had a 4.8% unemployment rate in April 2015, which was lower than the national unemployment rate (5.4% in April, 5.5% in May, and 5.3% in June).

Industry

The Trade, Transportation, and Utilities industry employs the largest number of Texas residents. In the table below, the *Professional and Business Services* (1,497,365) and *Education and Health Services* (1,476,674) industries also employ a large number of Texas residents.

| Industry | Amount Employed |
|--------------------------------------|-----------------|
| Natural Resources and Mining | 361,729 |
| Construction | 655,060 |
| Manufacturing | 880,611 |
| Trade, Transportation, and Utilities | 2,300,099 |
| Information | 198,049 |
| Financial Activities | 676,690 |
| Professional and Business Services | 1,497,365 |
| Education and Health Services | 1,476,674 |
| Leisure and Hospitality | 1,187,073 |
| Other Services | 312,522 |
| Unclassified | 63,536 |

TANF Recipients

According to U.S. Census Bureau, American Community Survey (2009-2013), the 5-year average for the percent of households with public assistance income (TANF) in Texas was 1.8%. In Texas there were 8,886,471 total households with 163,371 households accepting public assistance income. The percentage of households with public assistance income in Texas is lower than the national average (2.8%).

Food Stamp Recipients

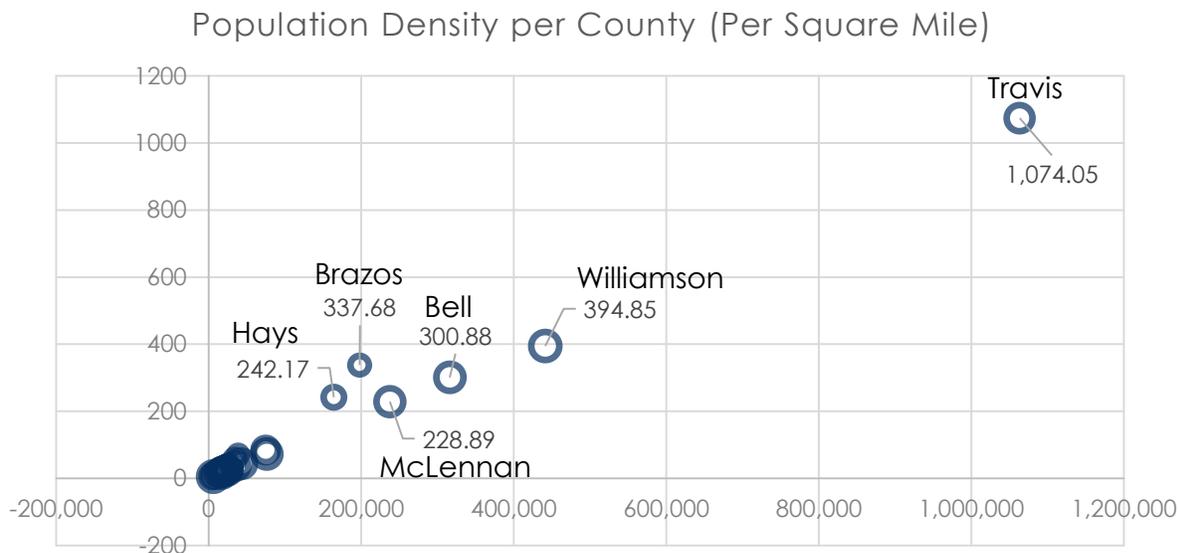
The U.S. Census Bureau, American Community Survey (2009-2013) contains 5-years of data. The average percent of total households with Supplemental Nutrition Assistance Program (SNAP) in Texas was 13.2%. In Texas there were 8,886,471 total households with 1,173,314 households receiving SNAP benefits. The percent of households receiving SNAP benefits in Texas is higher than the national 5-year average (12.4%).

Free School Lunch Recipients

In Texas, according to the National Center for Education Statistics (NCES-Common Core of Data, 2012-2013), 5,077,507 students attend k12 public schools. Of those students, 3,059,657 were eligible for free/reduced price lunch. Therefore, 60.3% of Texas students were eligible for free or reduced lunch. Children eligible for free lunch (alone) by year resulted in the following percentage of eligible students: 53.3% in 2009-10, 53.3% in 2010-11, 54.1% in 2011-12, and 60.4% in 2012-13.

Regional Demographics

Most of the population in Region 7 can be found in the following counties: Travis, Williamson, Bell, Brazos, McLennan and Hays. Of the 6 counties mentioned, five are closely positioned to Interstate Highway (IH) 35. Brazos County is the only county mentioned outside the IH 35 route.



The proportion of land to population in Region 7 is presented in the above figure to illustrate that large amounts of land are still available for the growing population in the region. The potential for further housing development is indicated in the figure as the trajectory of the population density is closer to population rather than land area. This suggests people in the region are living in concentrated areas. In the table below comparisons of Region 7 totals for population, population density and land area are provided. These values indicate Region 7 or Central Texas has plenty of room for future growth and development. In fact, most of the Region 7 land area has considerable potential for economic gain in relation to the Texas Triangle (a megaregion anchored by Houston, Dallas-Fort Worth, Austin, and San Antonio).

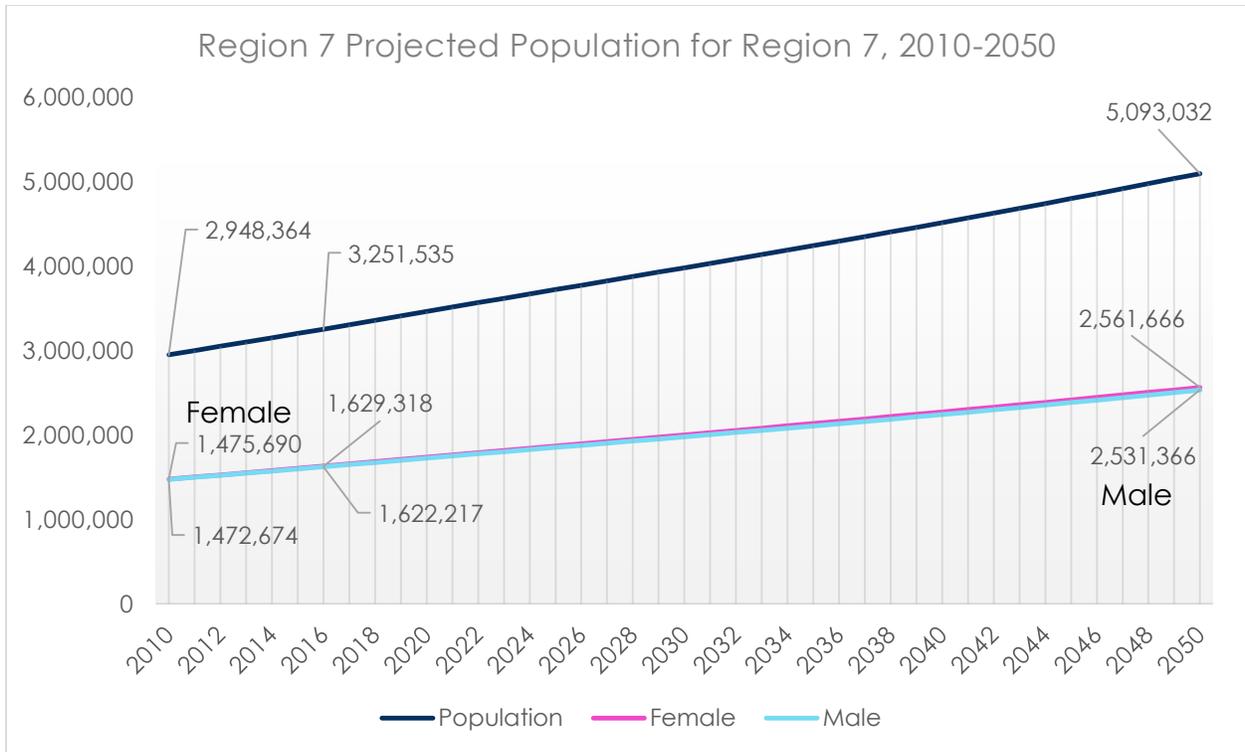
| Population Density of Region 7 Compared to Texas and U.S. | | | |
|---|------------------|---------------------|-------------------|
| Report Area | Total Population | Population Density* | Total Land Area** |
| Region 7 | 3,025,901 | 118.48 | 25,540 |
| Texas | 25,639,372 | 261,162.44 | 98.17 |
| United States | 311,536,591 | 3,530,997.60 | 88.23 |

Note. *=per square mile; **=unit in square miles. American Community Survey 2009-2013.

Population

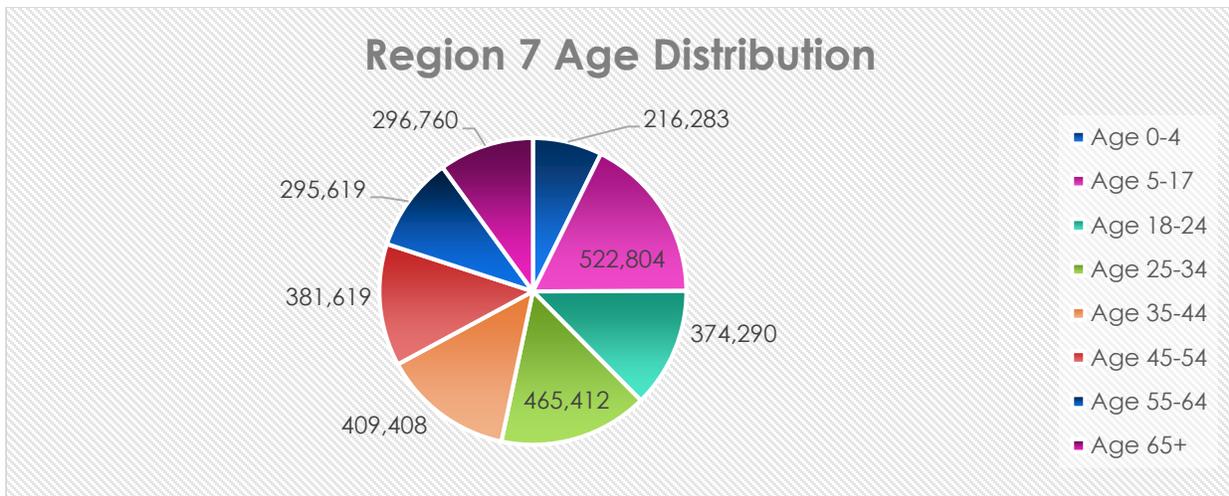
The population for PRC7 in 2012 was 2,962,195 with a population density of 115.98. While PRC 7 has a total land area (square miles) of 25,540.27, the 2013 estimates for the region reflect a 118.48 population density with a 3,025,901 total population. The Texas 2012 population density was 96.53 while the United States had a population density of 87.55. For 2013, increases in population on land area for Texas rose to a population density of 98.17 and a population density of 88.23 for the United States.

2015 Regional Needs Assessment



Age

Most of the Texas population is in the age category of 5-17 years of age.

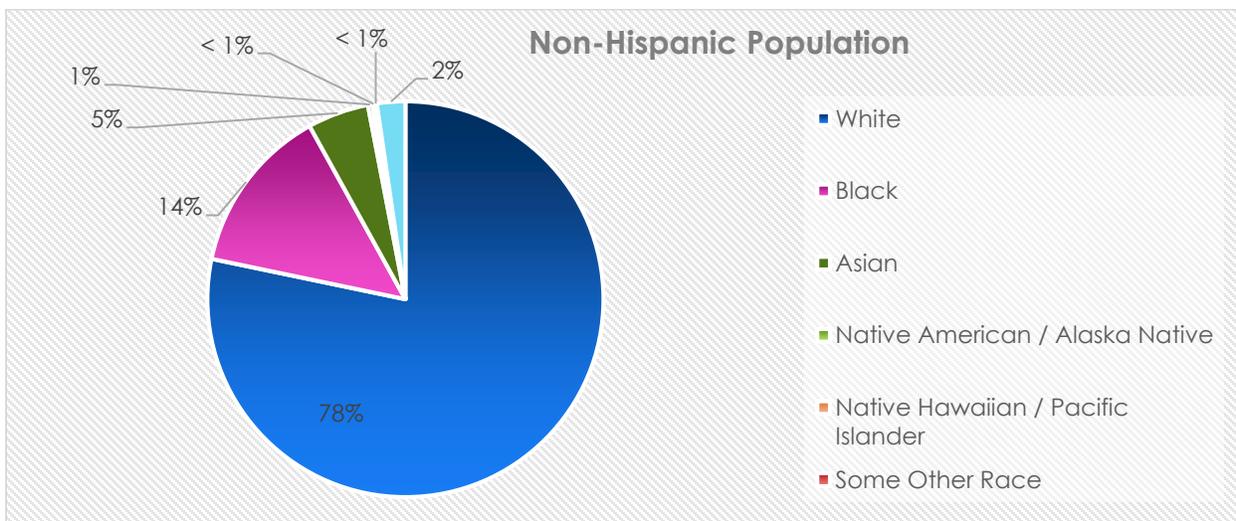
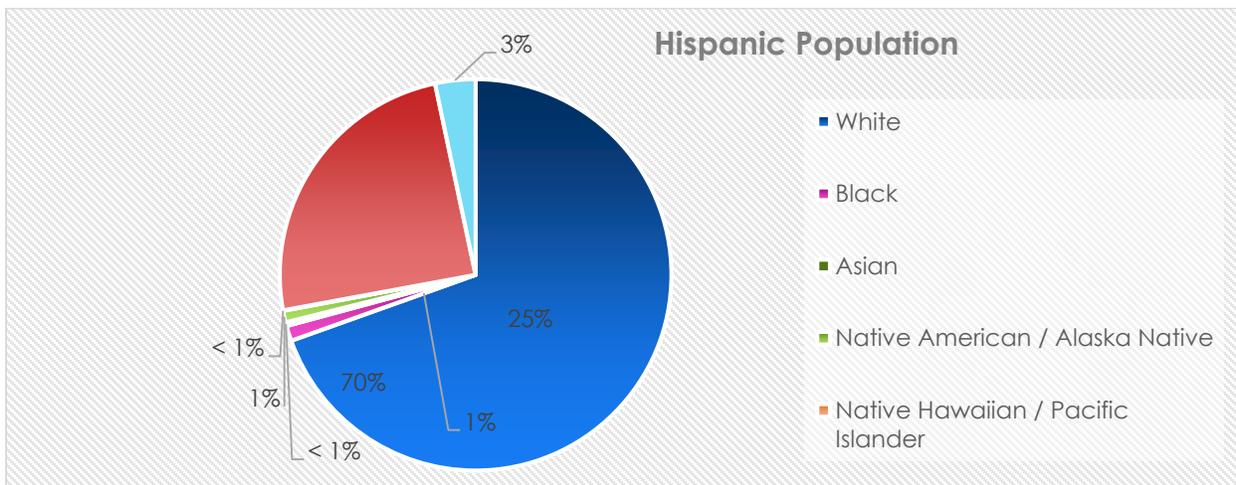
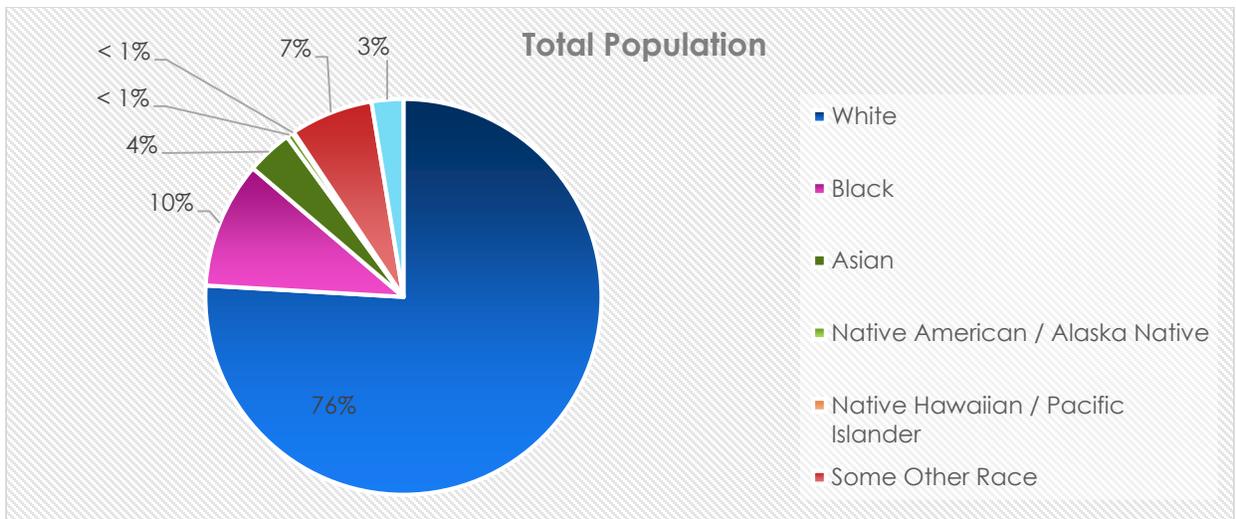


Source. US Census Bureau, American Community Survey: 2008-12.

Race

The total population in relation to race is graphically illustrated in three different pie charts. The first chart displays the total population in Region 7 and how they break into the seven race categories listed. The second chart shows the population percentage difference when the Hispanic population is taken from the total population. Then, the Hispanic population is assessed on how they see themselves in the listed race categories. The last pie chart provides a Non-Hispanic population amount.

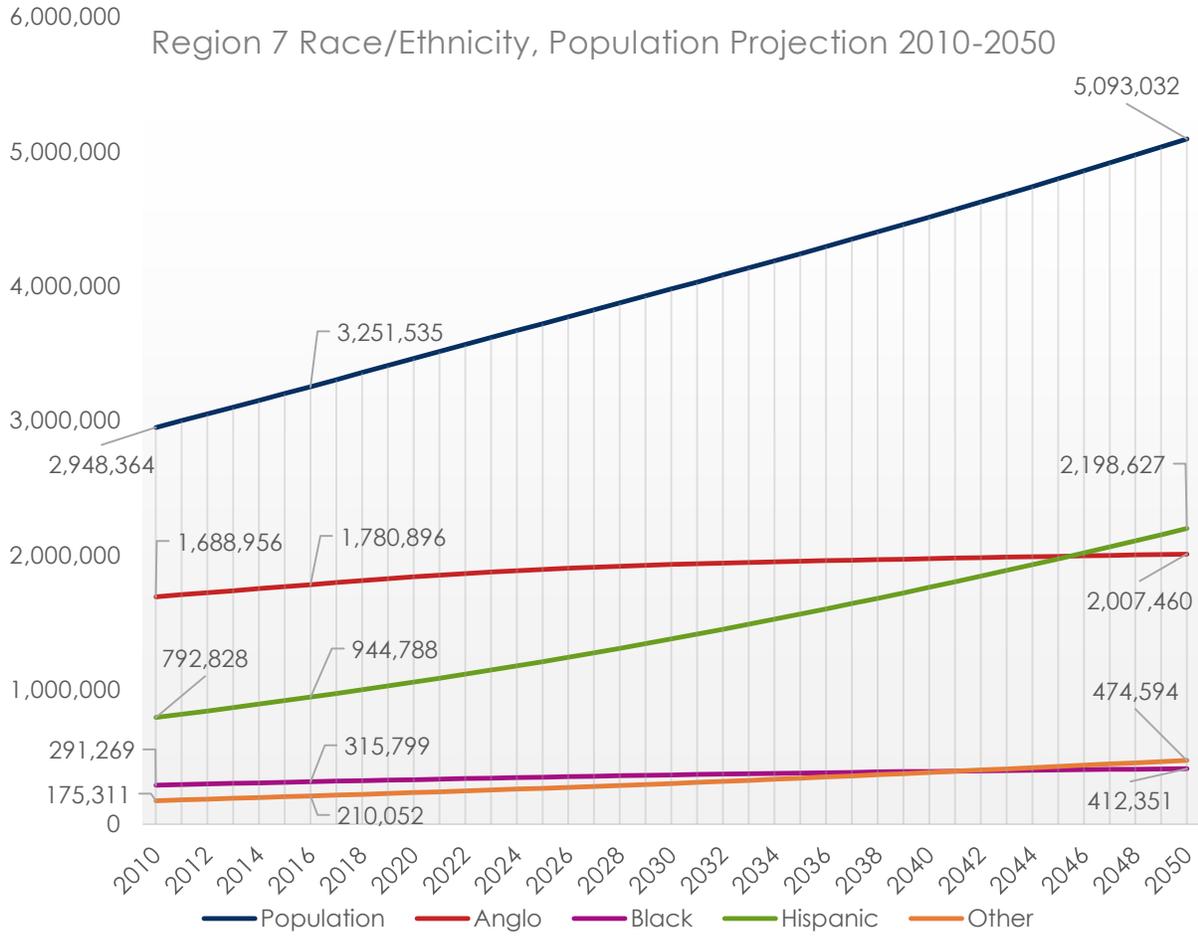
2015 Regional Needs Assessment



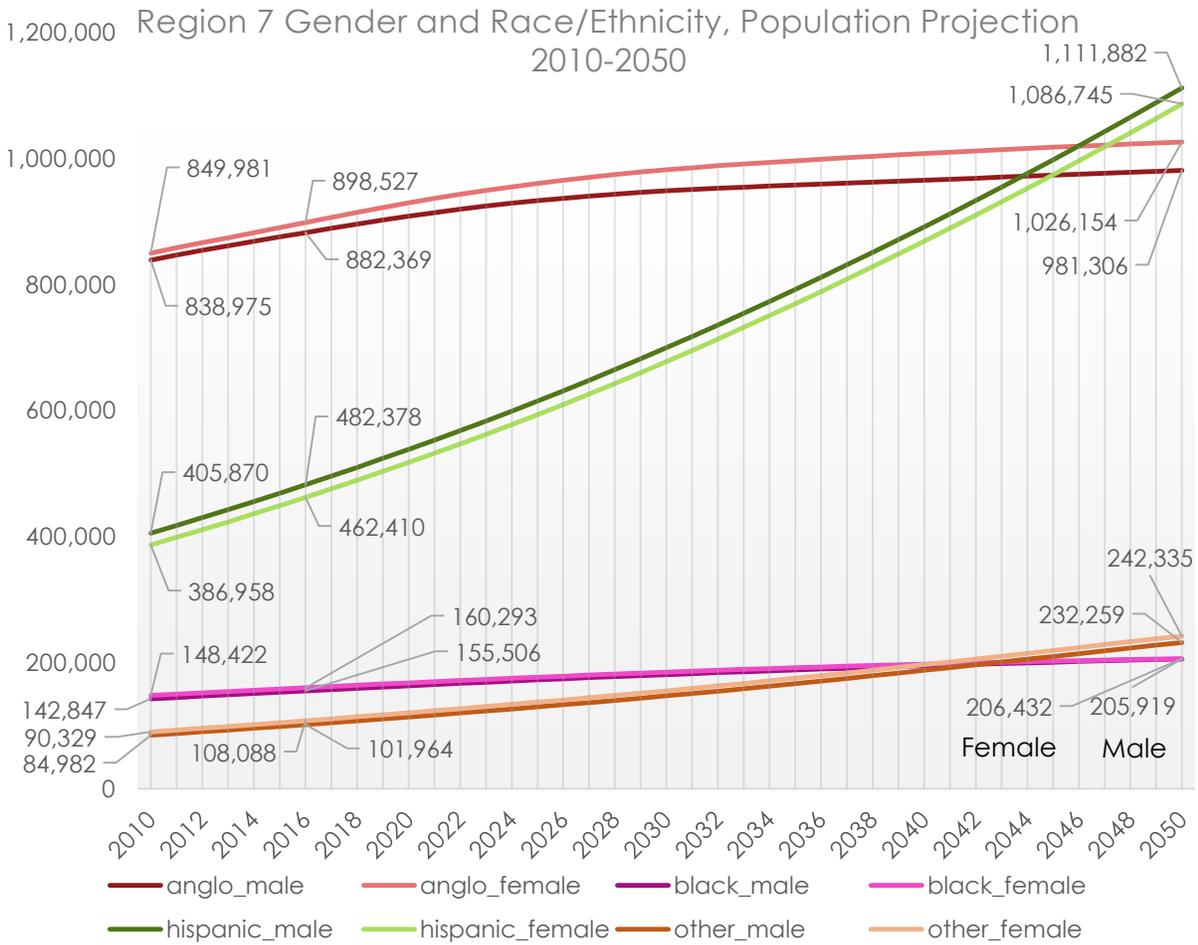
Ethnicity

Using the Texas State Data Center projections on population from 2010 to 2050, the next figures provides information on race/ethnicity and gender in Region 7.

2015 Regional Needs Assessment



2015 Regional Needs Assessment

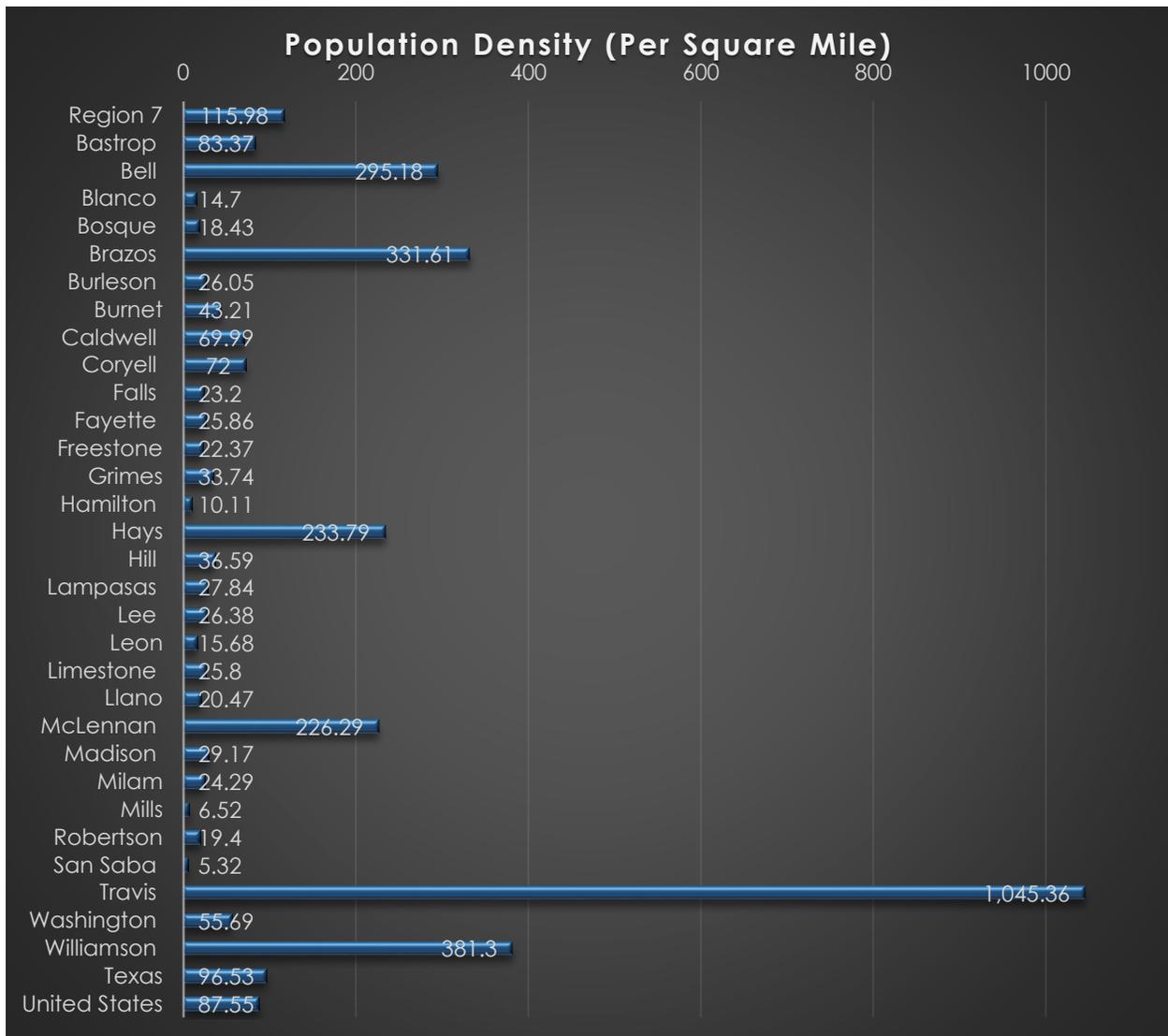


Languages

The rising population of English language learners (ELL) is also a concern in Central Texas because language can serve as a barrier to services. In this report, ELL population is tied to limited English proficient individuals. The inability to speak English can relate to barriers in healthcare access, provider communications, and health literacy or education. Results from the American Community Survey (2012) demonstrated that Region 7 had a population of 252,828 (9.21%) individuals whom were age 5 and older with limited English proficiency. Limited English proficiency was determined by individuals age 5 and older who speak a language other than English at home and responded that they speak English less than “very well.” The top three counties with the highest percentage of limited English proficient individuals were located in Travis (13.81%; $n=132,396$), Limestone (11.97%, $n=2,613$), and Bastrop (9.71%; $n=6,710$).

Concentrations of Populations

Population density (per square mile) among Region 7 counties vary. The counties with the highest population density include: Travis, Williamson, and Brazos. The figure below displays the population density values across the region.



The percentage of the population in-migration in Region 7, according to the American Community Survey (from 2011 estimates), was 10.37% (295,994 of 2,853,455). The population mobility (geographic) was assessed by changes in residence within a one year period, excluding individuals moving from one household to another in the same county. Only individuals leaving their county residence for another, from outside their state of residence, or from abroad were counted toward in-migration estimates. The three counties with the highest in-migration percentages in Region 7 were Coryell (16.79%, $n=12,505$), Brazos (15.25%, $n=29,157$), and Hays (13.56%, $n=21,252$).

General Socioeconomics

Lemstra et al. (2008) conducted a meta-analysis of marijuana and alcohol use in adolescents (aged 10-15) by socio-economic status (SES). They concluded that "lower SES adolescents have higher rates of marijuana and alcohol risk behavior than higher SES adolescents. Observing the implication of what Lemstra et al. (2008) described, poverty measures for Region 7 can help identify at-risk counties.

Average Wages by County

In the table below, we see higher employment in Bell and McLennan counties. Higher average weekly wages exist in Travis, Lee, and Leon Counties.

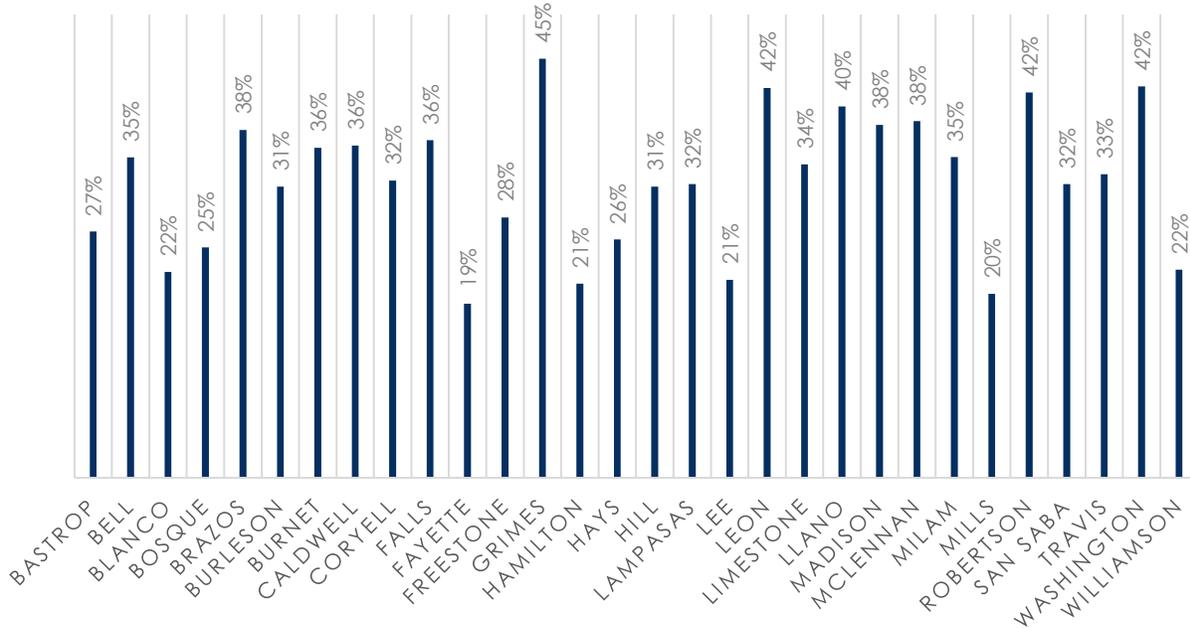
| County | Employment | Total (Including Federal) | |
|------------|------------|---------------------------|------------|
| | | Wages | AWW |
| Bastrop | 15,846 | \$149,654,837 | \$726.49 |
| Bell | 112,608 | \$1,178,088,801 | \$804.76 |
| Blanco | 2,965 | \$32,299,760 | \$838.07 |
| Bosque | 3,814 | \$39,657,625 | \$799.91 |
| Brazos | 99,371 | \$997,572,171 | \$772.22 |
| Burleson | 4,253 | \$47,235,133 | \$854.40 |
| Burnet | 13,508 | \$143,485,472 | \$817.12 |
| Caldwell | 8,211 | \$79,895,823 | \$748.49 |
| Coryell | 14,968 | \$123,265,183 | \$633.49 |
| Falls | 3,031 | \$27,836,754 | \$706.54 |
| Fayette | 9,551 | \$104,168,979 | \$838.94 |
| Freestone | 5,915 | \$70,614,150 | \$918.32 |
| Grimes | 8,535 | \$109,889,603 | \$990.36 |
| Hamilton | 2,578 | \$22,132,664 | \$660.40 |
| Hays | 59,884 | \$571,312,900 | \$733.87 |
| Hill | 9,634 | \$96,497,763 | \$770.49 |
| Lampasas | 4,572 | \$37,843,917 | \$636.76 |
| Lee | 7,269 | \$98,523,549 | \$1,042.61 |
| Leon | 5,776 | \$77,336,746 | \$1,029.95 |
| Limestone | 8,563 | \$80,231,741 | \$720.71 |
| Llano | 4,363 | \$38,091,090 | \$671.63 |
| Madison | 5,007 | \$44,090,116 | \$677.36 |
| McLennan | 106,148 | \$1,148,710,874 | \$832.44 |
| Milam | 5,677 | \$66,689,349 | \$903.69 |
| Mills | 1,361 | \$11,113,103 | \$627.95 |
| Robertson | 3,947 | \$46,296,292 | \$902.34 |
| San Saba | 1,613 | \$12,938,080 | \$617.01 |
| Travis | 667,437 | \$10,152,693,762 | \$1,170.11 |
| Washington | 15,392 | \$157,642,397 | \$787.83 |
| Williamson | 147,604 | \$1,843,042,197 | \$960.49 |

Source. Quarterly Census of Employment and Wages. AWW=Average Weekly Wage

Household Composition

More single-parent households with children exist in Grimes (45%), Leon (42%), Robertson (42%), and Washington (42%) Counties, as displayed in the preceding figure.

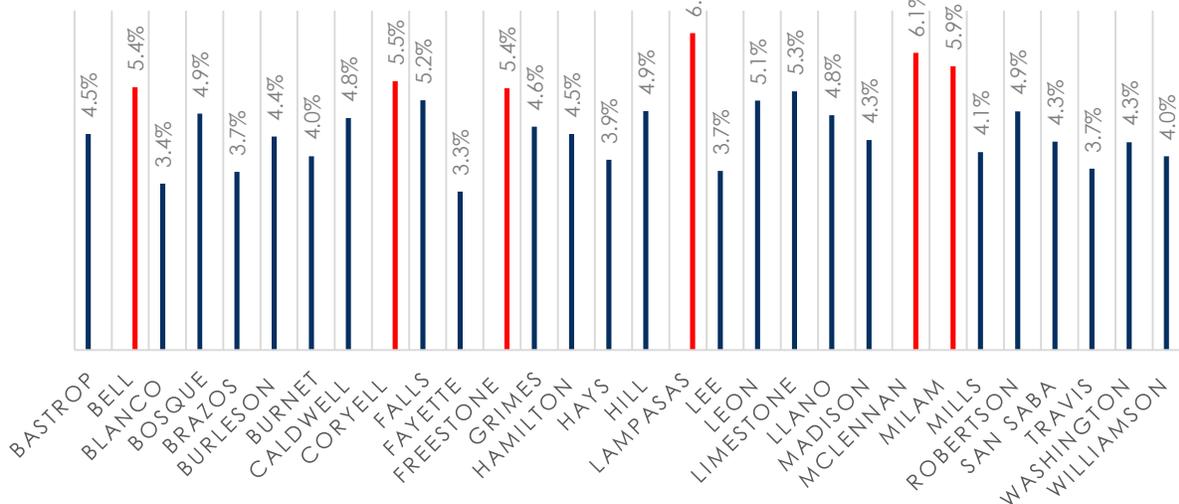
PERCENT OF CHILDREN IN SINGLE-PARENT HOUSEHOLDS



Employment Rates

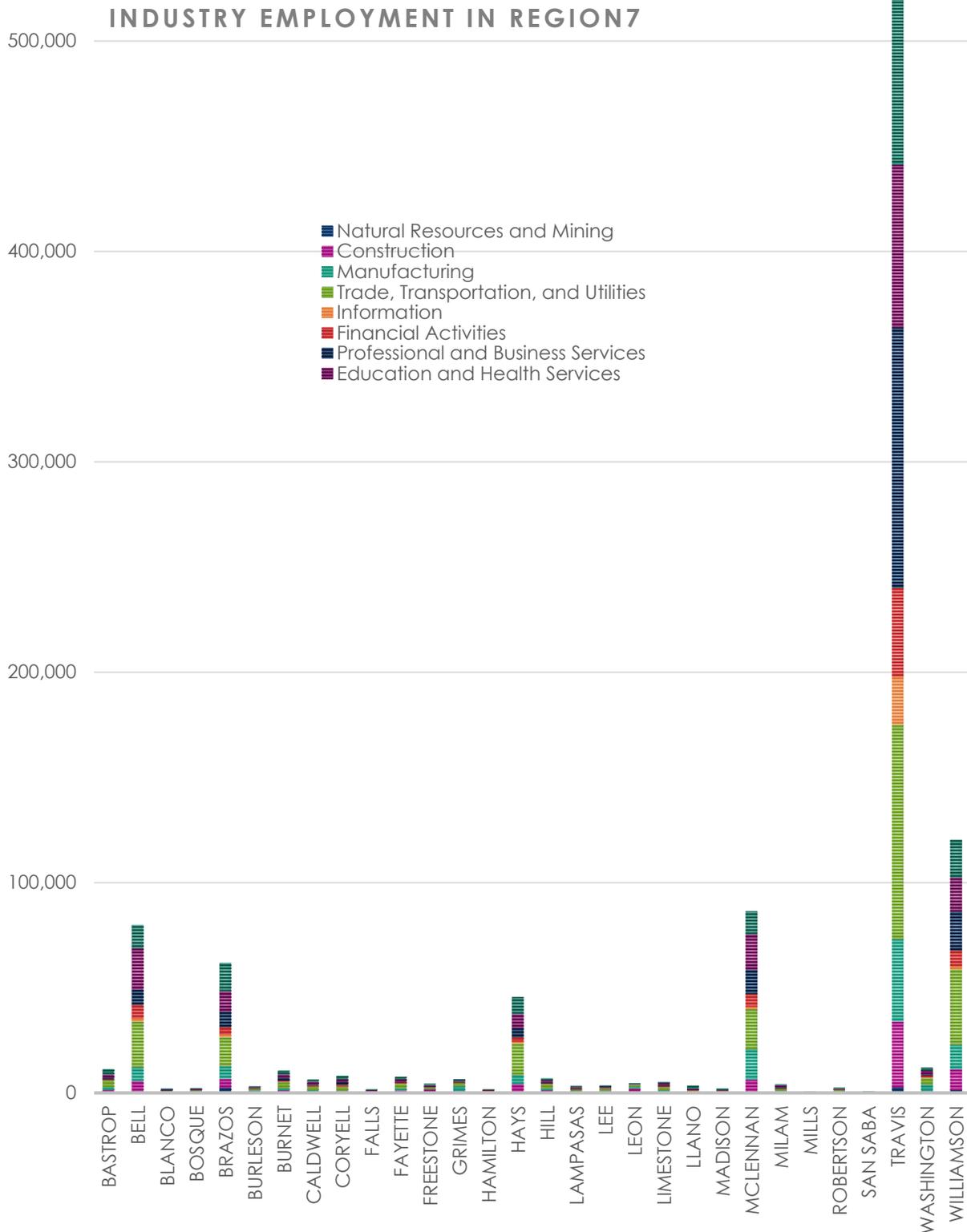
In Region 7, between March 2014 and April 2015, the labor force consisted of 21,059,936 individuals. Of the Region 7 labor force, 20,193,161 individuals were employed. At the same time, the number of individuals unemployed was 866,775. As a result, the unemployment rate in Region 7 was 4.1%, which was lower than the State (4.8%) and the nation (5.4%). In the figure below counties in red are those equal or greater than the nation’s unemployment rate.

UNEMPLOYMENT RATE, MARCH 2014-APRIL 2015



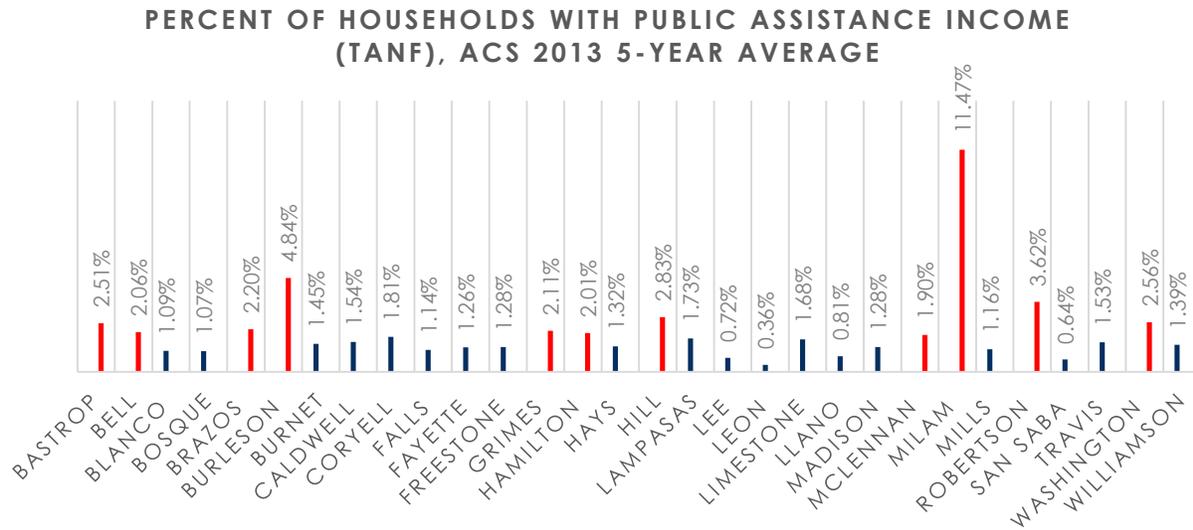
Industry

The combined growth of industries is highest among Travis and Williamson Counties, as observed in the proceeding figure.



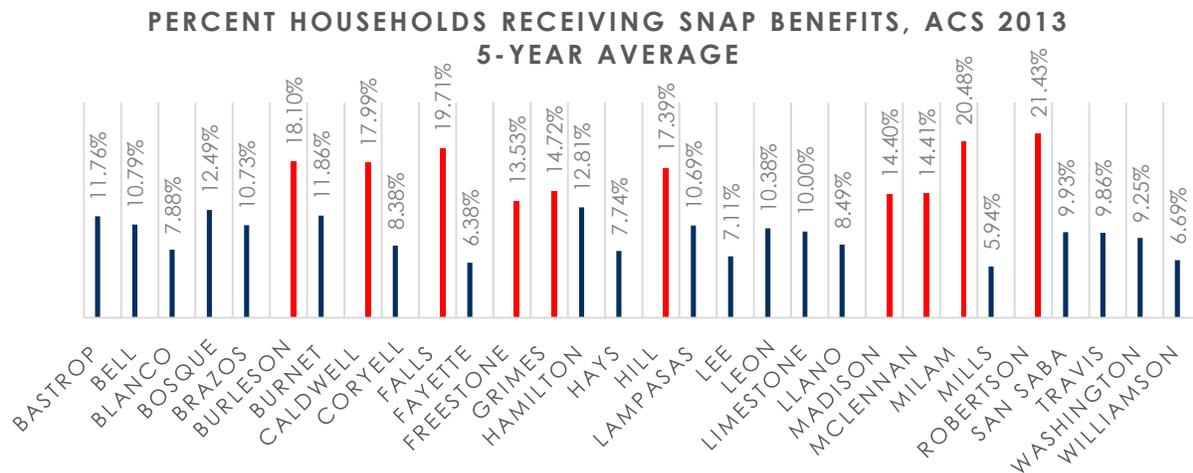
TANF Recipients

In Region 7, there were 1,093,074 total households recorded from the American Community Survey (2013, 5-year average). Of the total households, 19,341 were households with public assistance income. The 5-year average percent of households with public assistance income in Region 7, as a result, is 1.77%. Region 7 has a lower percent of households with public assistance income compared to the State (1.84%) and the nation (2.82%). In the figure below counties in red illustrate percentages above the State average.



Food Stamp Recipients

In Region 7, there were 1,093,074 total households recorded from the American Community Survey (2013, 5-year average). Of the total households, 112,705 were households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. The 5-year average percent of households receiving SNAP benefits in Region 7, as a result, is 10.31%. Region 7 has a lower percent of households receiving SNAP benefits compared to the State (13.20%) and the nation (12.40%). In the figure below counties in red illustrate percentages above the State average.



Free School Lunch Recipients

Region 7 had a 53% student population that qualified for total free and reduced lunch during the 2011-12 school year. The counties with the most students qualifying for total free and reduced lunch are Falls (77.3%, 1904 students), Madison (71%, 1851 students), and Bastrop (68.8%, 9175 students).

Environmental Risk Factors

Education

Courtesy of CommunityCommons.org – Educational Attainment shows the distribution of educational attainment levels in Region 7. Educational attainment is calculated for persons over 25, and is an average for the period from 2009 to 2013. In the Table below, Falls County has the highest percent of individuals without a high school diploma, followed by Robertson and Burleson counties.

| Report Area | Percent No High School Diploma | Percent High School Only | Percent Some College | Percent Associates Degree | Percent Bachelor's Degree | Percent Graduate or Professional Degree |
|-------------|--------------------------------|--------------------------|----------------------|---------------------------|---------------------------|---|
| Region 7 | 13.5 | 23.6 | 22.9 | 7.0 | 21.6 | 11.4 |
| Bastrop | 19.6 | 32.2 | 24.7 | 7.3 | 11.3 | 4.9 |
| Bell | 10.5 | 29.6 | 28.2 | 10.1 | 14.2 | 7.4 |
| Blanco | 13.0 | 30.6 | 25.2 | 4.4 | 18.7 | 8.0 |
| Bosque | 18.0 | 34.2 | 26.5 | 5.9 | 10.7 | 4.8 |
| Brazos | 15.0 | 20.9 | 20.2 | 5.2 | 20.9 | 17.9 |
| Burleson | 22.3 | 38.0 | 24.2 | 3.9 | 8.2 | 3.4 |
| Burnet | 15.8 | 31.6 | 25.4 | 5.3 | 15.1 | 6.9 |
| Caldwell | 21.0 | 37.6 | 20.1 | 5.6 | 11.5 | 4.2 |
| Coryell | 12.5 | 31.7 | 30.7 | 9.9 | 10.1 | 5.1 |
| Falls | 25.6 | 38.2 | 21.4 | 4.0 | 7.3 | 3.5 |
| Fayette | 19.9 | 36.6 | 21.1 | 5.7 | 12.7 | 4.1 |
| Freestone | 21.2 | 34.5 | 25.2 | 7.4 | 8.6 | 3.1 |
| Grimes | 21.5 | 37.3 | 23.5 | 6.6 | 7.4 | 3.7 |
| Hamilton | 18.3 | 34.5 | 23.7 | 5.8 | 13.3 | 4.5 |
| Hays | 10.7 | 21.4 | 24.3 | 6.9 | 25.8 | 10.9 |
| Hill | 21.3 | 30.7 | 25.3 | 7.9 | 10.4 | 4.4 |
| Lampasas | 14.0 | 28.0 | 29.1 | 9.1 | 13.0 | 6.8 |
| Lee | 18.4 | 37.4 | 21.8 | 6.7 | 10.8 | 5.0 |
| Leon | 17.1 | 35.6 | 27.3 | 5.2 | 10.3 | 4.5 |
| Limestone | 20.7 | 37.7 | 22.4 | 6.8 | 9.2 | 3.2 |
| Llano | 13.3 | 26.7 | 28.0 | 6.6 | 18.2 | 7.2 |
| McLennan | 17.7 | 28.3 | 23.0 | 9.4 | 14.3 | 7.5 |
| Madison | 21.3 | 37.9 | 22.3 | 6.1 | 9.3 | 3.2 |
| Milam | 18.8 | 39.5 | 21.5 | 5.8 | 10.5 | 3.9 |
| Mills | 18.5 | 30.1 | 22.5 | 7.0 | 15.3 | 6.7 |
| Robertson | 23.7 | 37.2 | 20.1 | 3.2 | 11.2 | 4.6 |
| San Saba | 19.0 | 36.0 | 28.1 | 3.8 | 10.2 | 2.9 |
| Travis | 13.0 | 16.9 | 19.6 | 5.6 | 28.6 | 16.3 |
| Washington | 19.1 | 29.3 | 19.8 | 8.3 | 17.3 | 6.2 |

2015 Regional Needs Assessment

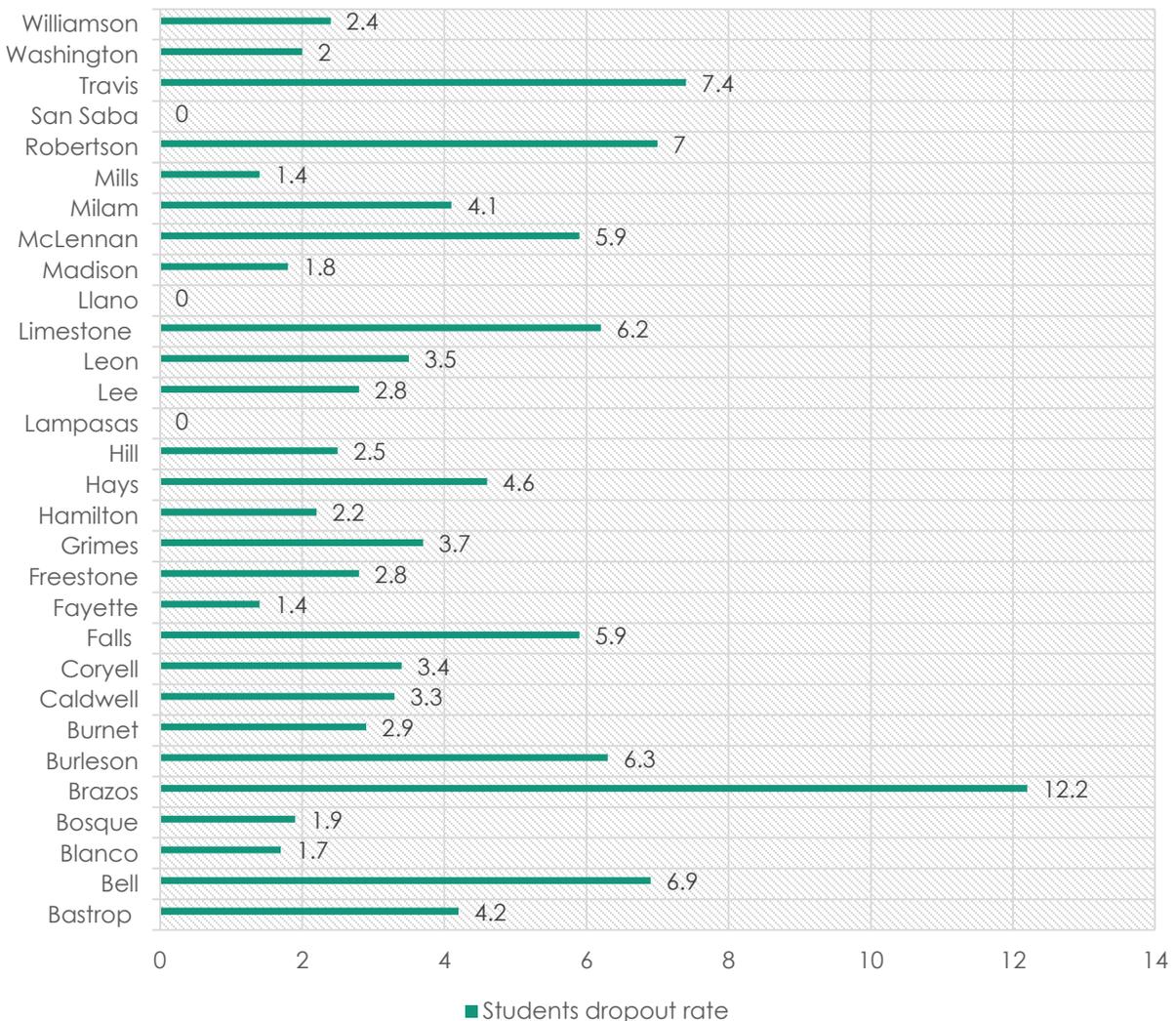
| | | | | | | |
|----------------------|------|------|------|-----|------|------|
| Williamson | 8.01 | 20.6 | 25.2 | 8.2 | 26.4 | 11.6 |
| Texas | 18.8 | 25.3 | 22.7 | 6.5 | 17.7 | 8.9 |
| United States | 14.0 | 28.1 | 21.3 | 7.8 | 18.1 | 10.8 |

Source. US Census Bureau, American Community Survey. 2009-13.

Dropout Rates

From the figure below, Brazos County had the highest dropout rate in 2013, followed by Travis and Bell Counties. San Saba, Llano, and Lampasas Counties had a zero dropout rate.

Dropout Rates, 2013



Youth Suspensions/Expulsions

Related to youth suspensions, data from the Texas Education Agency (TEA) on discipline rates per 1,000 student population by county is provided. From the Table below, there are higher student discipline rates in Burleson (301.3), Caldwell (294.0), and Grimes (292.9) Counties. As for incident rates, the counties with the highest rates were Caldwell (834.1), Burleson (790.8), and Bell (674.9) Counties.

2015 Regional Needs Assessment

| County | Student Pop. 2013-14 | Students Disciplined | No. of Incidents | Student Discipline Rate | Incident Rate |
|-------------------|----------------------|----------------------|------------------|-------------------------|---------------|
| Bastrop | 15373 | 3827 | 8034 | 248.9 | 522.6 |
| Bell | 67774 | 17696 | 45743 | 261.1 | 674.9 |
| Blanco | 1670 | 231 | 428 | 138.3 | 256.3 |
| Bosque | 2926 | 186 | 339 | 63.6 | 115.9 |
| Brazos | 27961 | 5466 | 13337 | 195.5 | 477.0 |
| Burleson | 2834 | 854 | 2241 | 301.3 | 790.8 |
| Burnet | 7240 | 1279 | 2773 | 176.7 | 383.0 |
| Caldwell | 6578 | 1934 | 5487 | 294.0 | 834.1 |
| Coryell | 11807 | 1999 | 4159 | 169.3 | 352.2 |
| Falls | 2353 | 563 | 1079 | 239.3 | 458.6 |
| Fayette | 3670 | 543 | 1173 | 148.0 | 319.6 |
| Freestone | 3638 | 361 | 527 | 99.2 | 144.9 |
| Grimes | 4339 | 1271 | 2847 | 292.9 | 656.1 |
| Hamilton | 1320 | 165 | 309 | 125.0 | 234.1 |
| Hays | 31118 | 4769 | 9477 | 153.3 | 304.6 |
| Hill | 6494 | 1164 | 2127 | 179.2 | 327.5 |
| Lampasas | 3705 | 791 | 1536 | 213.5 | 414.6 |
| Lee | 2994 | 541 | 1050 | 180.7 | 350.7 |
| Leon | 3049 | 326 | 603 | 106.9 | 197.8 |
| Limestone | 4101 | 924 | 1886 | 225.3 | 459.9 |
| Llano | 1829 | 441 | 1022 | 241.1 | 558.8 |
| Madison | 2588 | 488 | 907 | 188.6 | 350.5 |
| McLennan | 46328 | 11910 | 29446 | 257.1 | 635.6 |
| Milam | 4576 | 609 | 1038 | 133.1 | 226.8 |
| Mills | 845 | 70 | 205 | 82.8 | 242.6 |
| Robertson | 3225 | 464 | 772 | 143.9 | 239.4 |
| San Saba | 978 | 49 | 79 | 50.1 | 80.8 |
| Travis | 156082 | 23579 | 48986 | 151.1 | 313.8 |
| Washington | 5308 | 1023 | 2354 | 192.7 | 443.5 |
| Williamson | 105947 | 10398 | 20268 | 98.1 | 191.3 |

Of the TEA discipline rates related to alcohol and drugs, the following counties had the highest drugs/alcohol student rates: Lampasas (27.3), Bastrop (23.0), and Llano (22.4). Additionally, the same three counties have the three highest drugs/alcohol incident rate. Llano had a 40.5 drugs/alcohol incident rate, while Lampasas and Bastrop each had 28.6 and 24.2 drugs/alcohol incident rates.

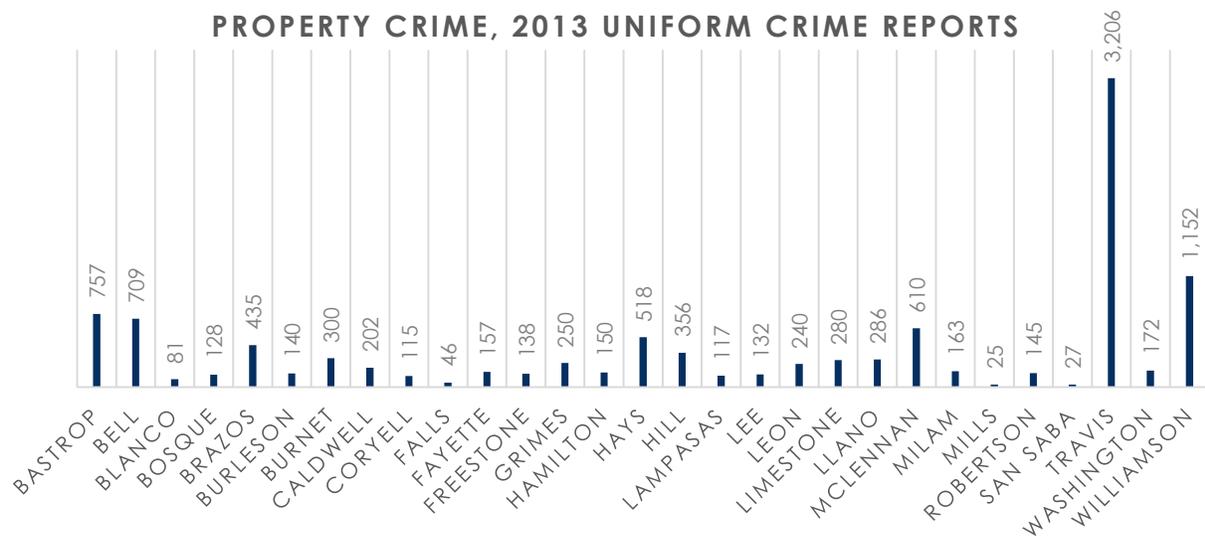
| County | Drugs/Alcohol - Students | Drugs/Alcohol - Incidents | Drugs/Alcohol Student Rate | Drugs/Alcohol Incident Rate |
|-----------------|--------------------------|---------------------------|----------------------------|-----------------------------|
| Bastrop | 354 | 372 | 23.0 | 24.2 |
| Bell | 577 | 642 | 8.5 | 9.5 |
| Blanco | 14 | 16 | 8.4 | 9.6 |
| Bosque | 0 | 6 | 0.0 | 2.1 |
| Brazos | 368 | 431 | 13.2 | 15.4 |
| Burleson | 0 | 0 | 0.0 | 0.0 |
| Burnet | 108 | 127 | 14.9 | 17.5 |
| Caldwell | 87 | 129 | 13.2 | 19.6 |
| Coryell | 89 | 109 | 7.5 | 9.2 |

| | | | | |
|------------|------|------|------|------|
| Falls | 0 | 0 | 0.0 | 0.0 |
| Fayette | 7 | 7 | 1.9 | 1.9 |
| Freestone | 18 | 19 | 4.9 | 5.2 |
| Grimes | 10 | 39 | 2.3 | 9.0 |
| Hamilton | 0 | 0 | 0.0 | 0.0 |
| Hays | 418 | 449 | 13.4 | 14.4 |
| Hill | 33 | 39 | 5.1 | 6.0 |
| Lampasas | 101 | 106 | 27.3 | 28.6 |
| Lee | 15 | 19 | 5.0 | 6.3 |
| Leon | 7 | 10 | 2.3 | 3.3 |
| Limestone | 12 | 12 | 2.9 | 2.9 |
| Llano | 41 | 74 | 22.4 | 40.5 |
| Madison | 20 | 20 | 7.7 | 7.7 |
| McLennan | 389 | 481 | 8.4 | 10.4 |
| Milam | 28 | 29 | 6.1 | 6.3 |
| Mills | 0 | 0 | 0.0 | 0.0 |
| Robertson | 6 | 6 | 1.9 | 1.9 |
| San Saba | 0 | 0 | 0.0 | 0.0 |
| Travis | 2193 | 2478 | 14.1 | 15.9 |
| Washington | 16 | 16 | 3.0 | 3.0 |
| Williamson | 1071 | 1228 | 10.1 | 11.6 |

Criminal Activity

Property Crime

The figure below displays the amount of offenses known to law enforcement from 2013. Also, the data shown in this figure do not reflect county totals but are the number of offenses reported by the sheriff's office or county police department.



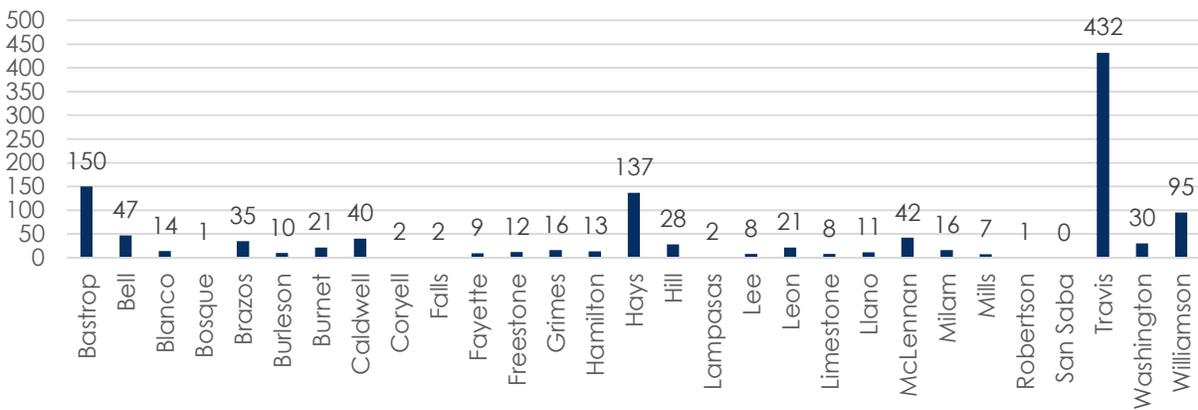
Domestic/Child Abuse

The value for confirmed victims of child abuse/neglect per 1,000 children was highest in San Saba (38.8), Llano (26.1), and Falls (19.9). Looking at the ratio between total CPS completed investigations and confirmed CPS investigations, the counties with the highest percent were Blanco (42.2%), San Saba (37.9%), and Milam (32.0%).

| County | Child Population | Confirmed Victims of Child Abuse/Neglect | Confirmed Victims of Child Abuse/Neglect per 1,000 Children | Total CPS Completed Investigations | Confirmed CPS Investigations | Percent Investigations Confirmed |
|------------------|------------------|--|---|------------------------------------|------------------------------|----------------------------------|
| Bastrop | 21,379 | 291 | 13.6 | 668 | 176 | 26.3% |
| Bell | 98,721 | 1,046 | 10.6 | 3,160 | 664 | 21.0% |
| Blanco | 2,278 | 29 | 12.7 | 45 | 19 | 42.2% |
| Bosque | 4,089 | 55 | 13.5 | 141 | 35 | 24.8% |
| Brazos | 47,729 | 308 | 6.5 | 976 | 195 | 20.0% |
| Burleson | 4,140 | 70 | 16.9 | 167 | 40 | 24.0% |
| Burnet | 10,299 | 172 | 16.7 | 409 | 113 | 27.6% |
| Caldwell | 10,317 | 122 | 11.8 | 335 | 83 | 24.8% |
| Coryell | 22,926 | 259 | 11.3 | 681 | 162 | 23.8% |
| Falls | 3,876 | 77 | 19.9 | 129 | 26 | 20.2% |
| Fayette | 5,417 | 38 | 7.0 | 123 | 27 | 22.0% |
| Freestone | 4,646 | 39 | 8.4 | 135 | 21 | 15.6% |
| Grimes | 6,105 | 81 | 13.3 | 171 | 48 | 28.1% |
| Hamilton | 1,789 | 14 | 7.8 | 59 | 11 | 18.6% |
| Hays | 47,624 | 378 | 7.9 | 938 | 227 | 24.2% |
| Hill | 8,734 | 133 | 15.2 | 278 | 85 | 30.6% |
| Lampasas | 4,923 | 92 | 18.7 | 181 | 47 | 26.0% |
| Lee | 4,076 | 46 | 11.3 | 116 | 28 | 24.1% |
| Leon | 3,867 | 48 | 12.4 | 119 | 29 | 24.4% |
| Limestone | 5,653 | 81 | 14.3 | 193 | 51 | 26.4% |
| Llano | 3,144 | 82 | 26.1 | 186 | 53 | 28.5% |
| Madison | 3,082 | 22 | 7.1 | 88 | 15 | 17.0% |
| McLennan | 61,080 | 884 | 14.5 | 2,055 | 548 | 26.7% |
| Milam | 6,366 | 95 | 14.9 | 197 | 63 | 32.0% |
| Mills | 1,153 | 9 | 7.8 | 41 | 7 | 17.1% |
| Robertson | 4,243 | 24 | 5.7 | 99 | 17 | 17.2% |
| San Saba | 1,212 | 47 | 38.8 | 58 | 22 | 37.9% |
| Travis | 274,241 | 2,157 | 7.9 | 7,151 | 1,434 | 20.1% |
| Washington | 7,696 | 79 | 10.3 | 183 | 49 | 26.8% |
| Williamson | 137,516 | 731 | 5.3 | 2,241 | 457 | 20.4% |
| STATEWIDE | 7,266,760 | 66,572 | 9.2 | 168,164 | 40,369 | 24.0% |

Simple/Aggravated Assaults

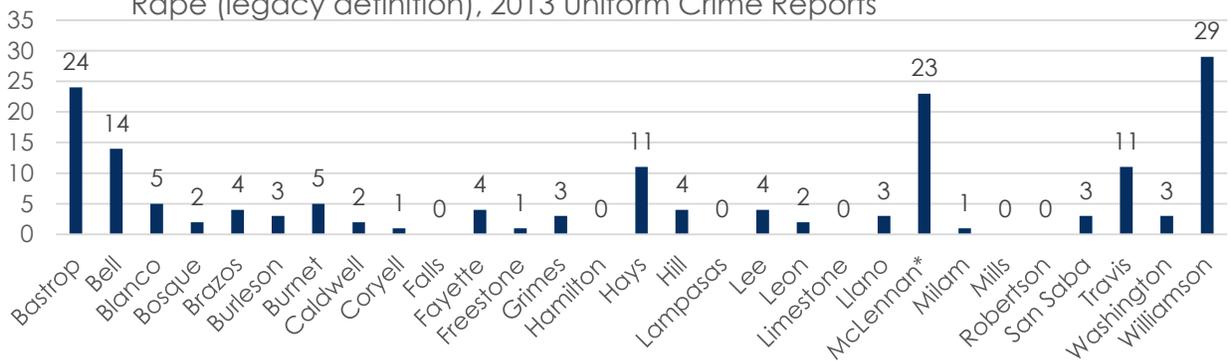
Aggravated Assault, 2013 Uniform Crime Reports



Sexual Assault

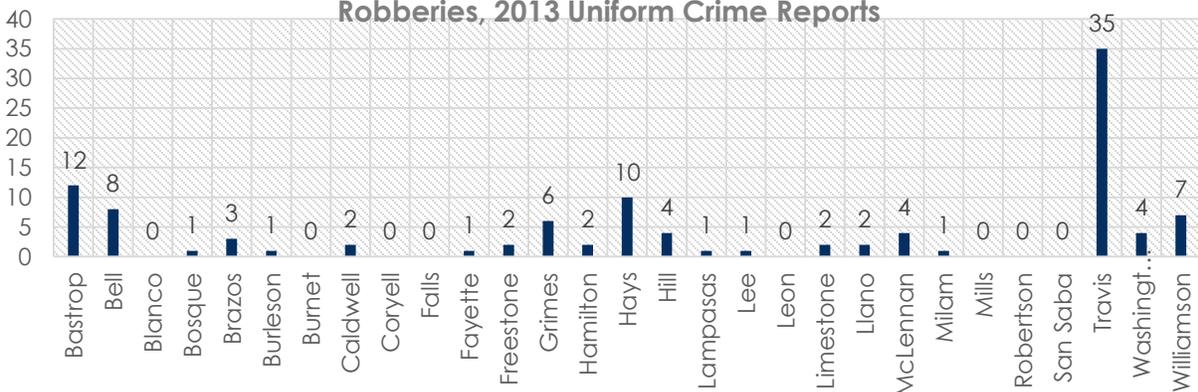
For sexual assault, the 2013 Uniform Crime Reports on rape was used. However, there are two definitions of rape. The legacy definition is the definition used for 80 years. The new definition for rape was introduced in 2011 and only cases of rape reported with the new definition are recorded for McLennan County (*).

Rape (legacy definition), 2013 Uniform Crime Reports



Robberies

Robberies, 2013 Uniform Crime Reports



Drug Seizures/Trafficking

Among the 30 counties in Region 7, clandestine labs did not report seizures of methamphetamine, amphetamine, P2P, PCP, Crack, or THC. Generally, seizures reported were related to marijuana, codeine, tranquilizers, and synthetic narcotics. For example, in the table below is a summation of DPS drug seizures (2013) in Region 7.

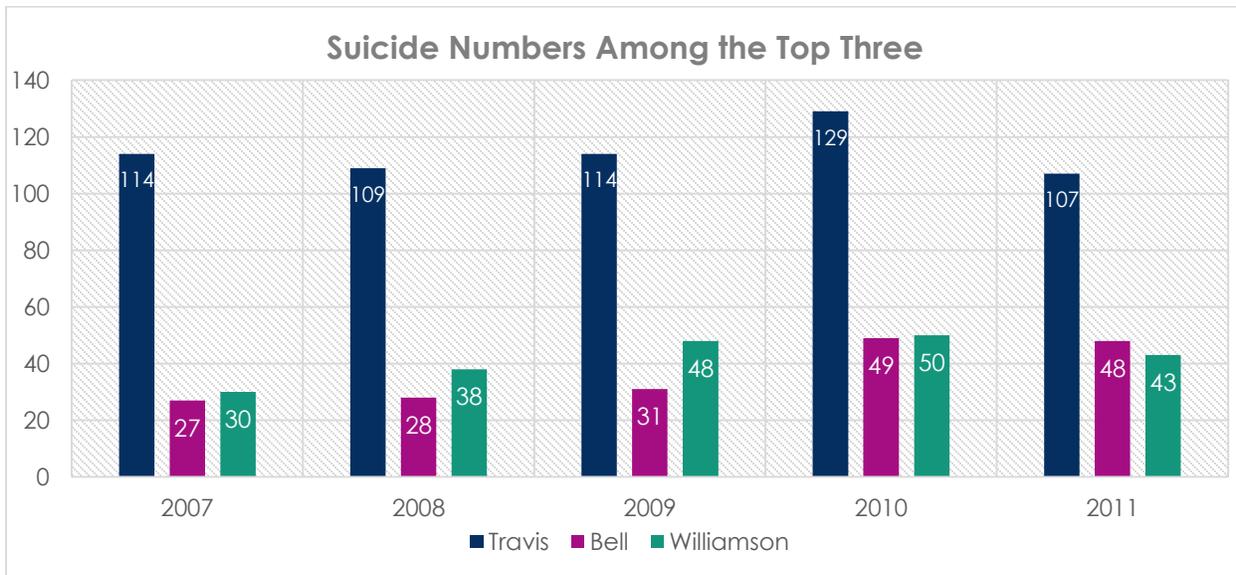
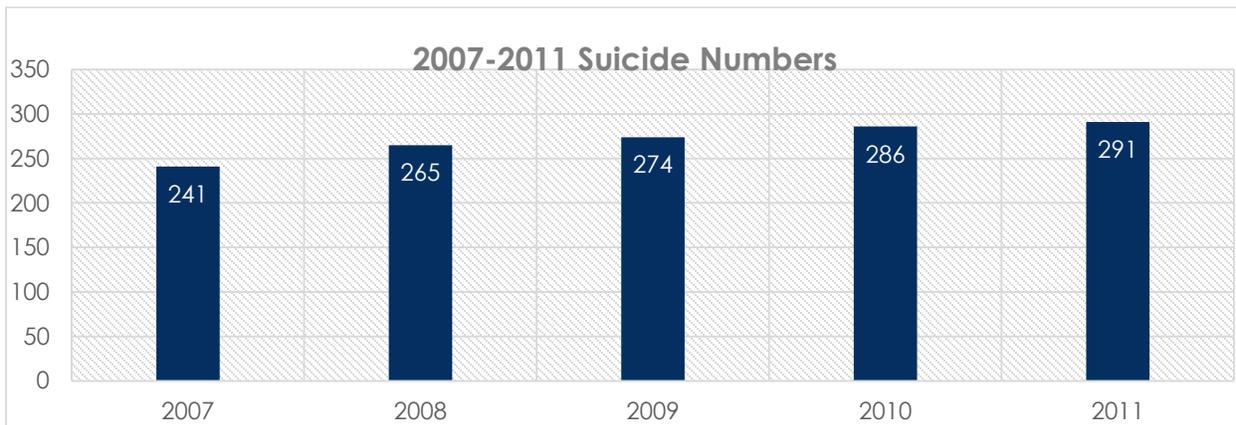
| Description | Solid Pounds | Solid Ounces | Solid Grams | Liquid Ounces | Dose Units | Items |
|----------------------------------|--------------|--------------|-------------|---------------|------------|-------|
| Marijuana(Packaged) | 166365 | 234 | 0 | 0 | 0 | 0 |
| Marijuana(Plants) | 0 | 0 | 0 | 0 | 0 | 74965 |
| Marijuana(Gardens) | 0 | 0 | 0 | 0 | 0 | 316 |
| Marijuana(Wild Fields) | 0 | 0 | 0 | 0 | 0 | 2 |
| Marijuana(Cultivated Fields) | 0 | 0 | 0 | 0 | 0 | 11 |
| Marijuana(Green Houses) | 0 | 0 | 0 | 0 | 0 | 20 |
| Hashish(Liquid Oil) | 0 | 0 | 0 | 27 | 0 | 0 |
| Hashish(Solid) | 69 | 29 | 100 | 0 | 0 | 0 |
| Opiates(Morphine) | 0 | 3 | 27 | 58 | 566 | 0 |
| Opiates(Heroin) | 111 | 31 | 124 | 9 | 436 | 0 |
| Opiates(Codeine) | 38 | 16 | 124 | 247 | 12299 | 0 |
| Opiates(Gum Opium) | 0 | 0 | 12 | 0 | 0 | 0 |
| Cocaine(Solid) | 1029 | 75 | 279 | 0 | 0 | 0 |
| Cocaine(Liquid) | 0 | 0 | 0 | 21 | 0 | 0 |
| Hallucinogens(LSD) | 0 | 13 | 32 | 0 | 478 | 0 |
| Hallucinogens(PCP) | 3 | 11 | 93 | 135 | 29 | 0 |
| Hallucinogens(Mushrooms) | 6 | 37 | 88 | 0 | 20 | 0 |
| Hallucinogens(Peyote) | 0 | 0 | 11 | 0 | 0 | 0 |
| Hallucinogens(Designer Drugs) | 26 | 29 | 101 | 52 | 6612 | 0 |
| Precursor Chemicals | 0 | 1 | 24 | 0 | 0 | 0 |
| Other Drugs(Barbiturates) | 0 | 0 | 0 | 6 | 3287 | 0 |
| Other Drugs(Amphetamines) | 5 | 29 | 112 | 1 | 1380 | 0 |
| Other Drugs(Methamphetamines) | 768 | 120 | 335 | 97 | 1056 | 0 |
| Other Drugs(Tranquilizers) | 0 | 0 | 0 | 76 | 12004 | 0 |
| Other Drugs(Synthetic Narcotics) | 0 | 0 | 0 | 149 | 35445 | 0 |
| Clandestine Labs | 0 | 0 | 0 | 0 | 0 | 3 |

Note. Contact the PRC 7 for specific county level data from the Texas DPS drug seizures (2013).

Mental Health

Suicide

In 2011, the death of 291 individuals by suicide occurred in Region 7. Data was collected from the Texas Department of State Health Services and counties with 9 or less total suicide numbers were suppressed. Thus, total number of suicide numbers illustrated below are from counties having 10 or more suicide cases. The regional annual totals from 2007 to 2011 was 1,357 suicides. In 2011, the three counties with the highest suicide number of suicides, in order, were Travis ($n=107$), Bell ($n=48$), and Williamson ($n=43$).



Note. In 2007 McLennan County ($n=33$) had more suicides than Bell County. From further county-level suicide estimates refer to Appendix I.

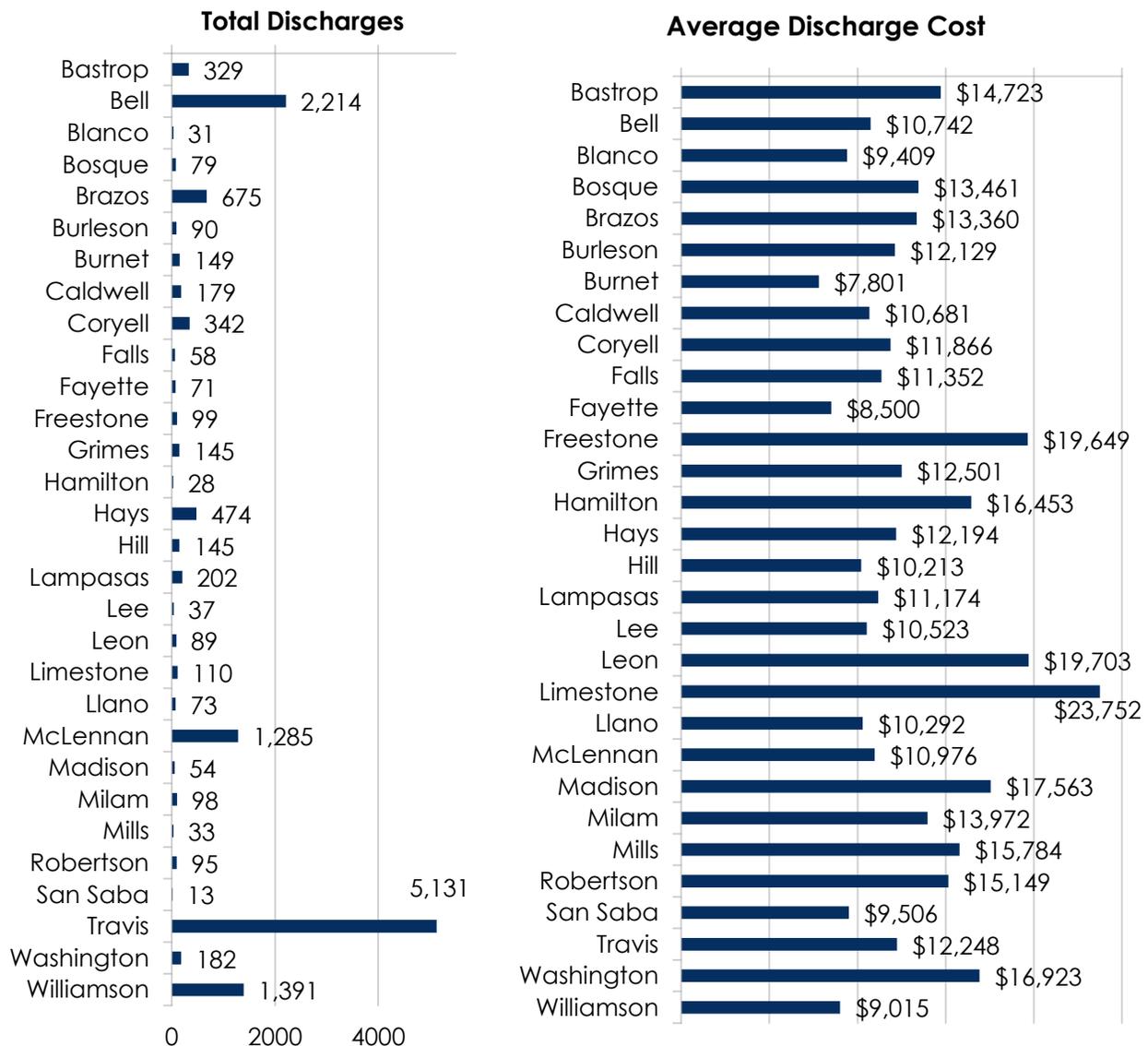
Supportive data from the Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10 also reports similar results. For a population of 2,820,031, the average annual deaths from 2006 -2010 was 312 in Region 7. Additionally, the age-adjusted (adjusted to 2000 estimates) death rate for suicide (per 100,000 population) for Region 7 was 11.78. In comparison, Texas had a 10.99 rate while

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the U.S. was calculated to have a death rate at 11.57. The Healthy People 2020 Target seeks to observe suicide death rates below 10.20. Unfortunately, suicide death rates in Region 7 from 2006-10 and the most recent 2007-11 does not reflect any indication of dropping to the Healthy People 2020 Target suicide rate goal, especially with increasing suicide numbers reported annually.

Psychiatric Hospital Admissions

Data is showing in Region 7 there are a total of 13,901 hospital discharges, which have a total cost of \$391,614 and had an average rate per 1,000 at 4.38 (TX rate=4.5; U.S. rate = 4.8). Among the 30 counties in Region 7



| Reported Regional Psychiatric Hospital Discharges Rate per 1,000 | | | | | |
|--|-----|-----------|-----|------------|-----|
| Bastrop | 4.2 | Fayette | 2.8 | Llano | 3.7 |
| Bell | 6.8 | Freestone | 4.9 | McLennan | 5.4 |
| Blanco | 2.8 | Grimes | 5.3 | Madison | 3.9 |
| Bosque | 4.3 | Hamilton | 3.2 | Milam | 3.9 |
| Brazos | 3.3 | Hays | 2.8 | Mills | 6.7 |
| Burleson | 5.2 | Hill | 4.0 | Robertson | 5.6 |
| Burnet | 3.3 | Lampasas | 9.8 | San Saba | 2.1 |
| Caldwell | 4.5 | Lee | 2.2 | Travis | 4.8 |
| Coryell | 4.6 | Leon | 5.1 | Washington | 5.3 |
| Falls | 3.3 | Limestone | 4.6 | Williamson | 3.0 |

Source. MONARHQ 2012

Substance abuse related disorder discharge, from MONAHRO, for Region 7 totaled 177 discharges with a mean cost of \$33, 082 (Discharge per 1,000 rate = 0.06). The top three counties are listed in the table below.

| Substance Related Disorder Discharges (Rate per 1,000) | | | |
|--|-------------------|-------------------|------------|
| County | No. of Discharges | Rate of Discharge | Mean Costs |
| Travis | 78 | 0.1 | \$39,779 |
| Bell | 28 | 0.1 | \$15,334 |
| Williamson | 26 | 0.1 | \$37,400 |

Source. MONARHQ 2012

Adolescents Receiving SA Treatment

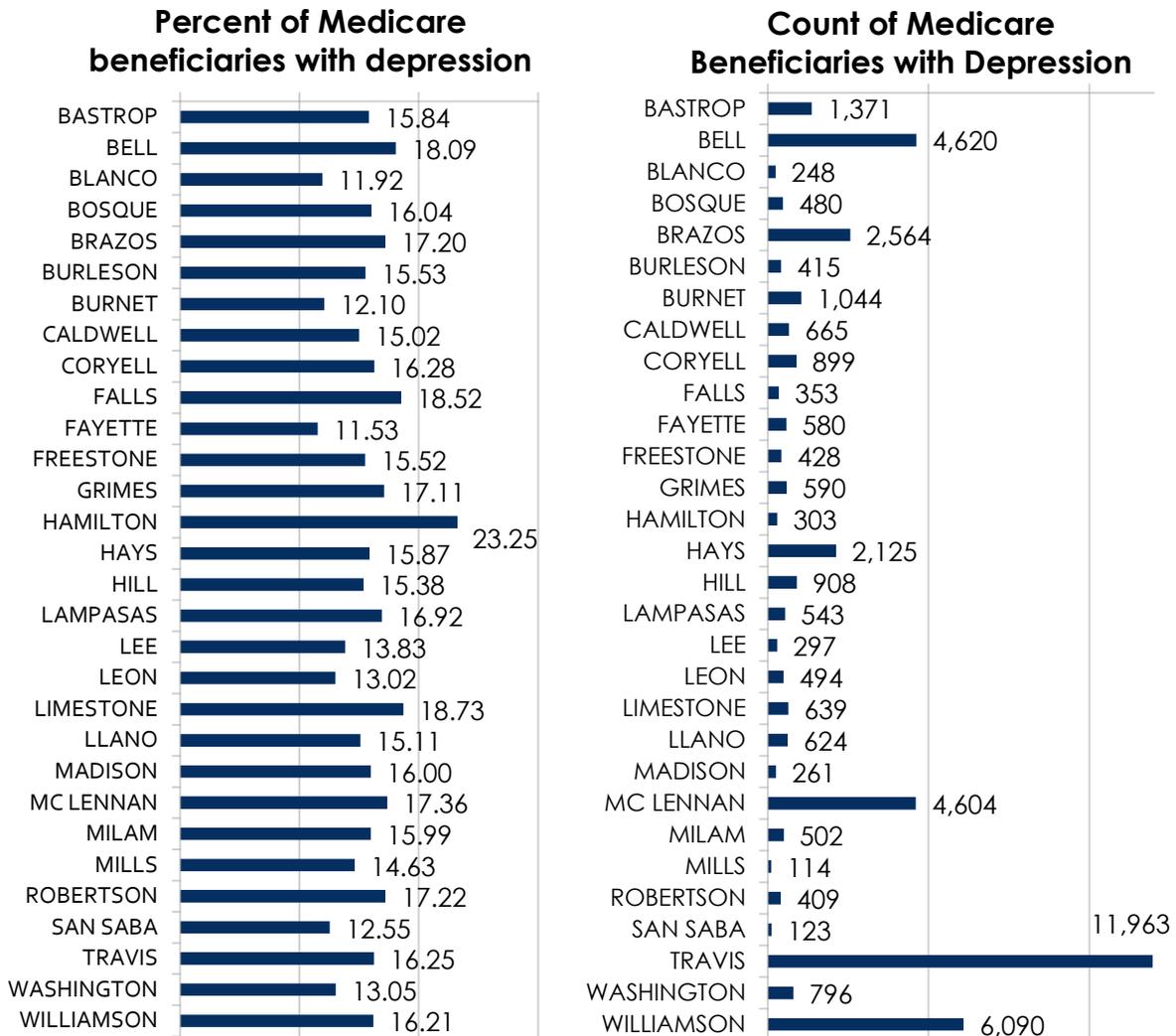
In Region 7, there were 472 substance abuse youth admissions recorded by DSHS (2014). These admissions represented 9.6% of total youth admissions. In the table below are totals for youth admissions that were more than 10 in total per county.

| Substance Abuse Youth Admissions | | |
|----------------------------------|-------------------|-----------|
| County | Marijuana/Hashish | Alcohol |
| Hays | 19 (90.5%) | |
| McLennan | 59 (92.2%) | |
| Travis | 281 (91.8%) | 10 (3.3%) |
| Williamson | 83 (86.5%) | |

Source. DSHS 2014, Substance Abuse Youth Admissions.

Depression

In the figures below is data describing depression among older individuals.



Social Factors

Social Norms of Substance Consumption

Data from the Texas School Survey (TSS, 2014) for Region 7 is combined with Region 8. As a result, what follows are numbers from two regions. The data extracted from the TSS is presented below as best matching social norms of substance consumption.

Parental Approval/Consumption

TABLE A-13: HOW DO YOUR PARENTS FEEL ABOUT KIDS YOUR AGE DRINKING ALCOHOL?

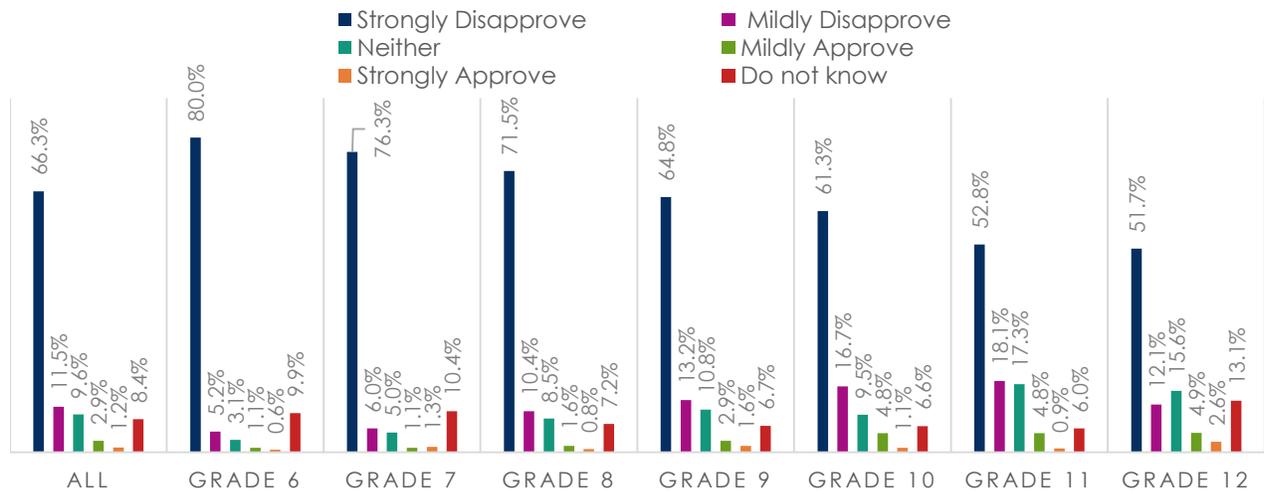


TABLE D-11: HOW DO YOUR PARENTS FEEL ABOUT KIDS YOUR AGE USING MARIJUANA?

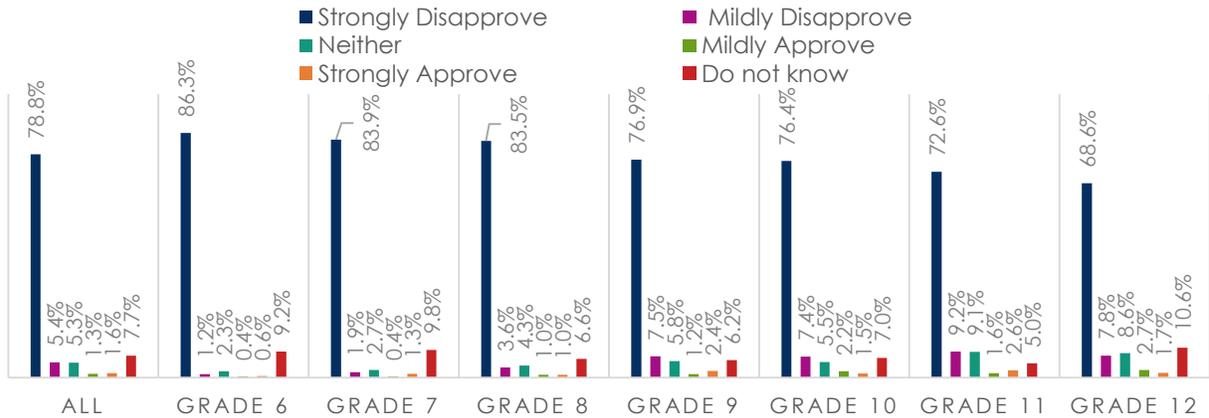
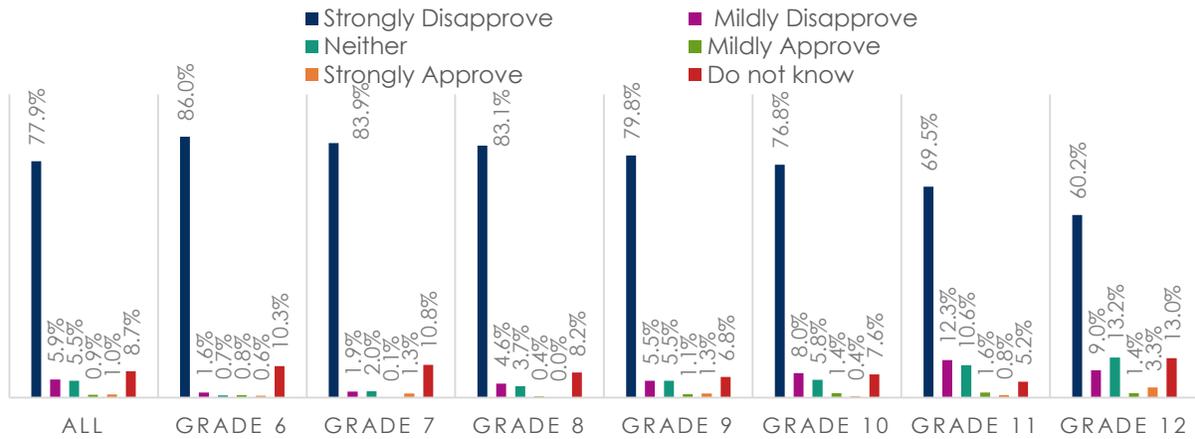
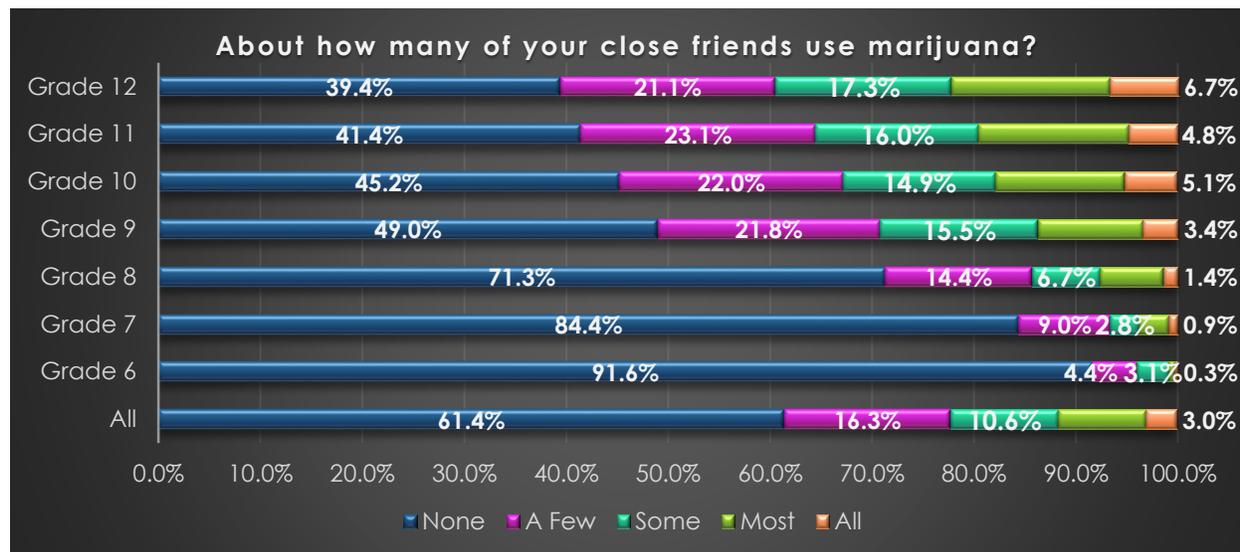
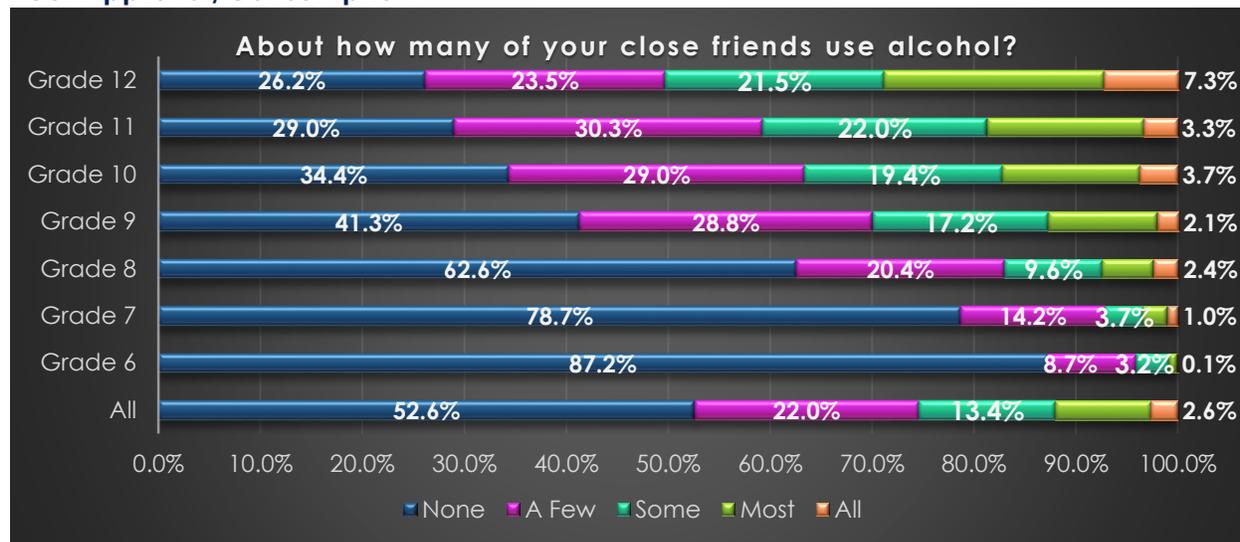
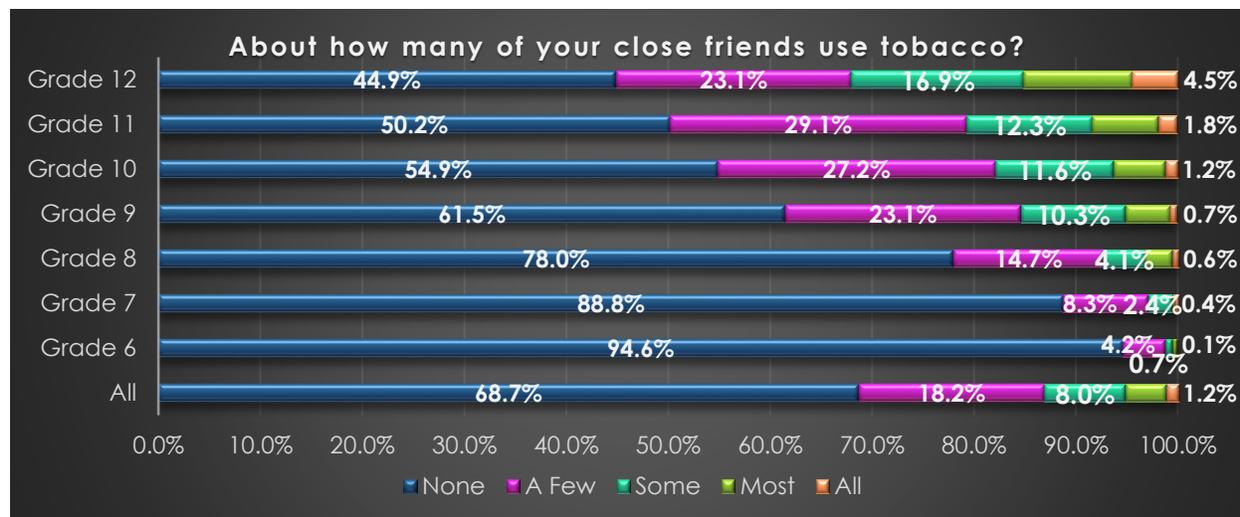


TABLE T-6: HOW DO YOUR PARENTS FEEL ABOUT KIDS YOUR AGE USING TOBACCO?



Peer Approval/Consumption





Adolescent Sexual Behavior

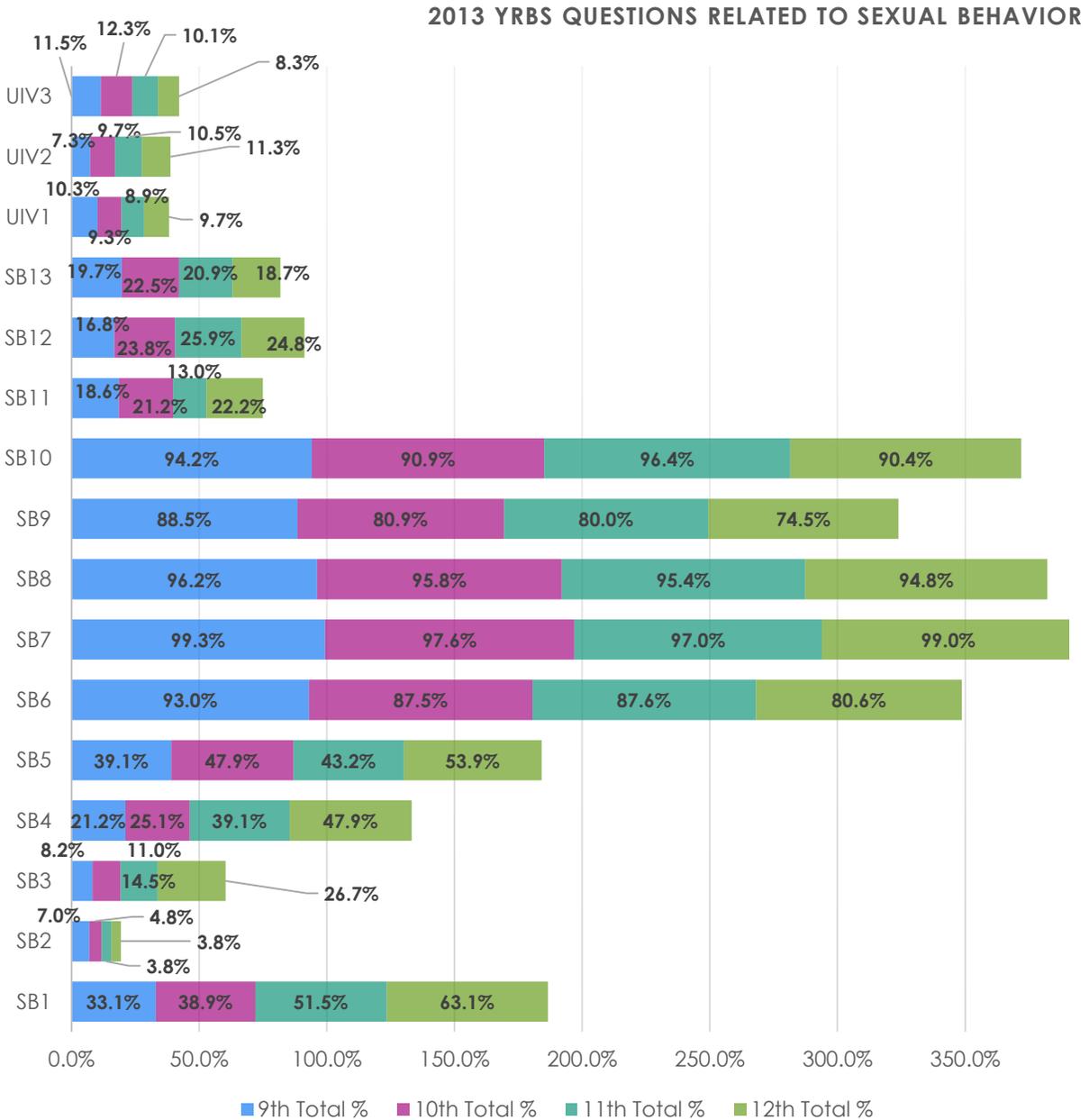
The Youth Risk Behavior Survey (YRBS) collects responses from high school students in Texas. For the year 2013 the following questions were asked:

| Youth Risk Behavior Survey questions related to sexual behavior | Coded for proceeding figure |
|---|-----------------------------|
| Sexual Behaviors (SB) | |
| Ever had sexual intercourse | SB1 |
| Had sexual intercourse before age 13 years (for the first time) | SB2 |
| Had sexual intercourse with four or more persons (during their life) | SB3 |
| Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey) | SB4 |
| Did not use a condom (during last sexual intercourse among students who were currently sexually active) | SB5 |
| Did not use birth control pills (before last sexual intercourse to prevent pregnancy among students who were currently sexually active) | SB6 |
| 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) | SB7 |
| 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) | SB8 |
| 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) | SB9 |
| 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) | SB10 |
| Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active) | SB11 |
| Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active) | SB12 |
| Were never taught in school about AIDS or HIV infection | SB13 |
| Unintentional Injuries and Violence (UIV) | |
| Were ever physically forced to have sexual intercourse (when they did not want to) | UIV1 |
| 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) | UIV2 |

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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)

UIV3



The teen birth rate per 1,000 population of females aged 15-19 was 43.57 in Region 7. In the region, a total of 4,664 births occurred for mothers between 15 and 19. In comparison, Texas has a teen birth rate

(per 1,000 population) of 55, while the national rate is 36.60. The three counties with the highest teen birth rate are Llano (70.40, *n*=28), Robertson (68.80, *n*=39), and Limestone (67.50, *n*=49).

Cultural Factors

Cultural factors influence decisions related to substance use. Many times, substance use is connected to accessibility. While misunderstanding or misbeliefs about a substance can also relate to cultural factors, a greater danger occurs when new habits or patterns for substance use connect themselves to culture.

Misunderstandings about Marijuana

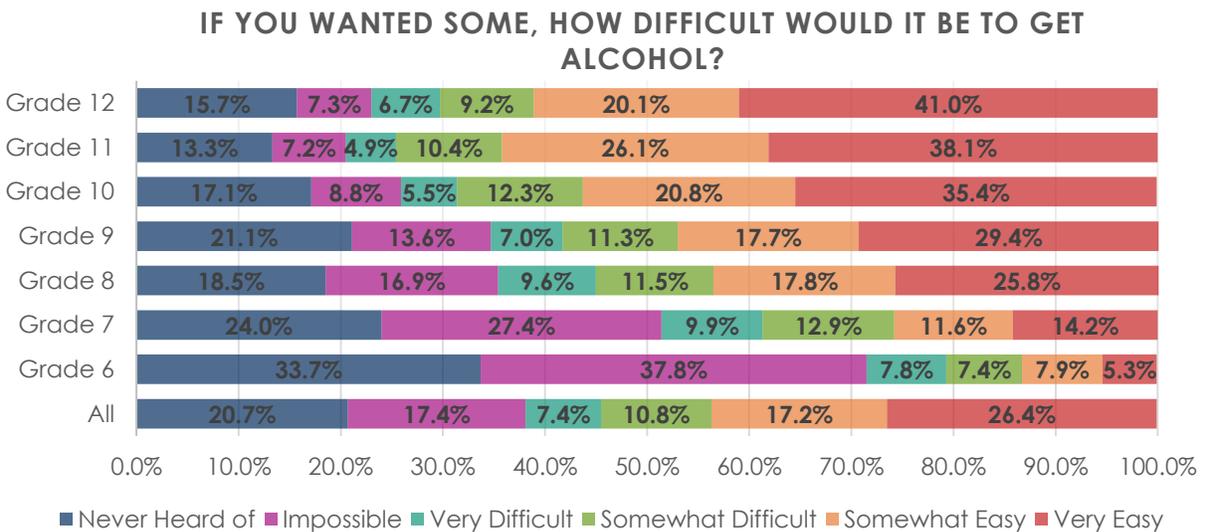
One misunderstanding concerning marijuana use is the difference between medical and recreational marijuana use. Recreational marijuana is commonly known to have more THC, while medical marijuana will have more CBD. The high from marijuana comes from THC. Another misunderstanding, especially among children, is that marijuana is illegal in Texas.

Accessibility

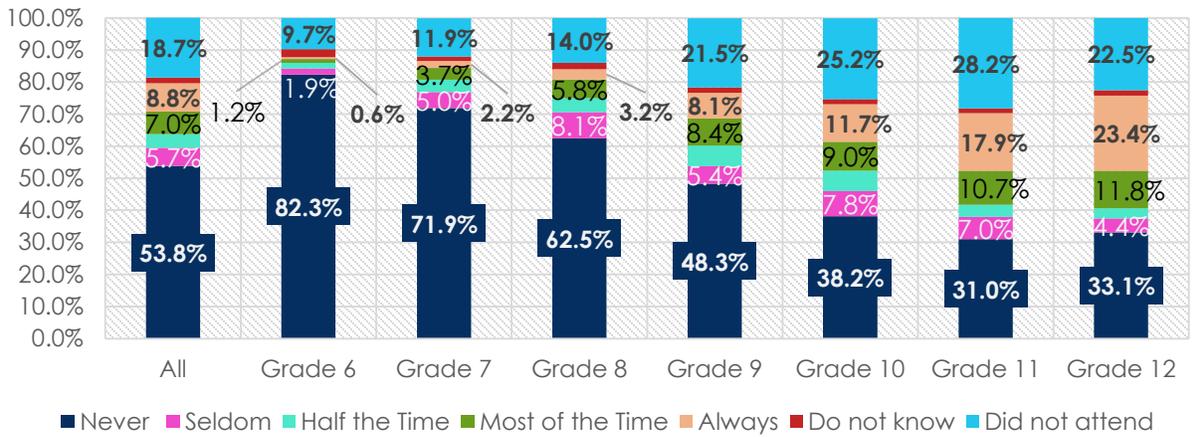
The ease of alcohol and drug accessibility for adolescents is a concern because of the potential to promote use at earlier ages. The following figures provide insight into how students perceive their access to substances (TSS, 2014).

Perceived Access

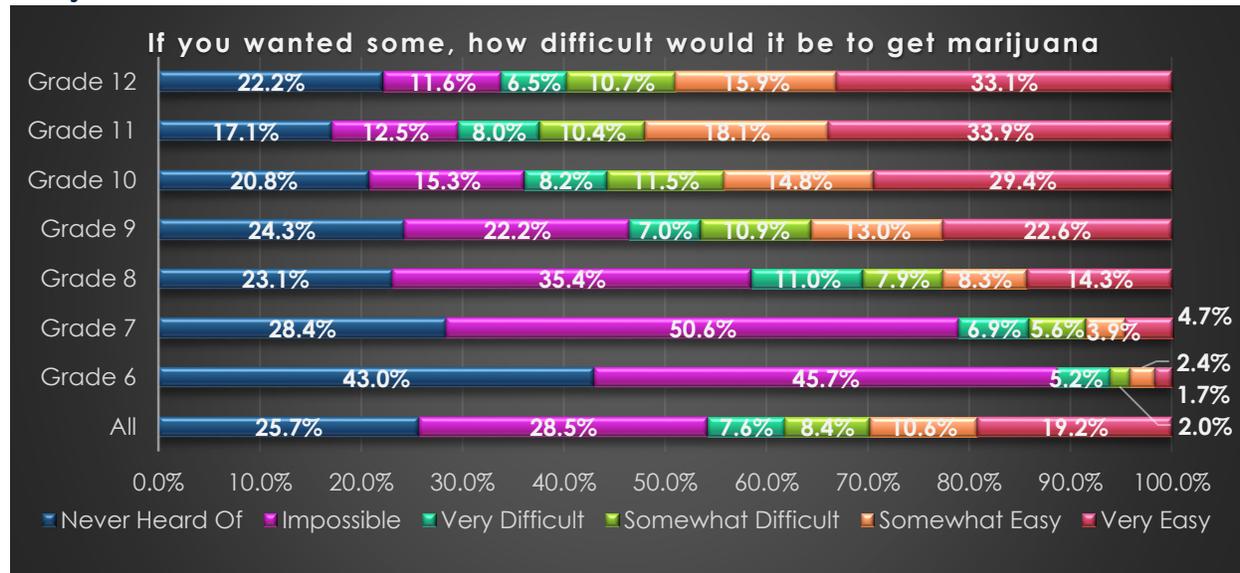
Alcohol

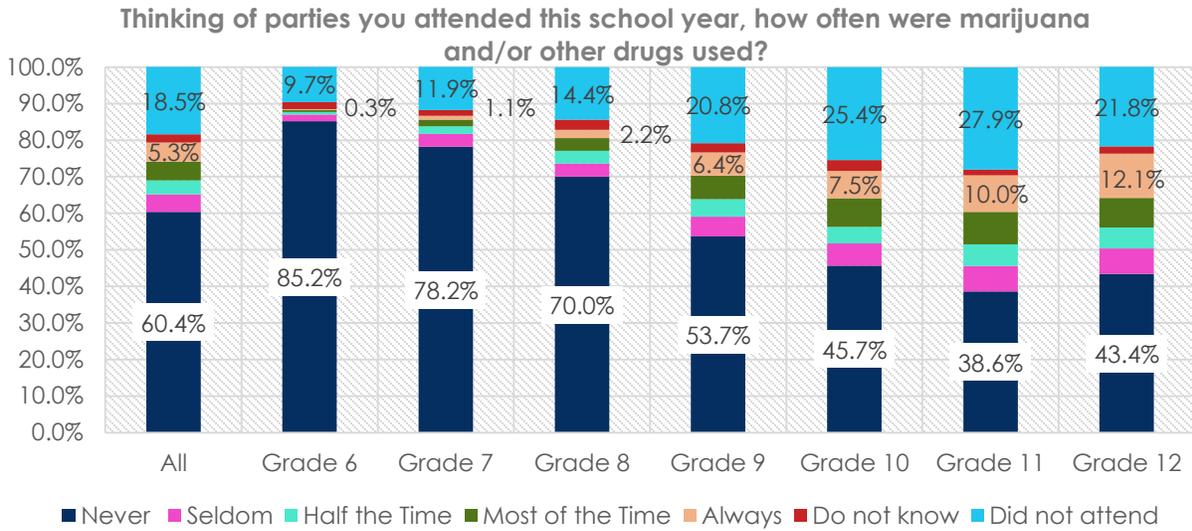


Thinking of parties you attended this school year, how often was alcohol used?



Marijuana





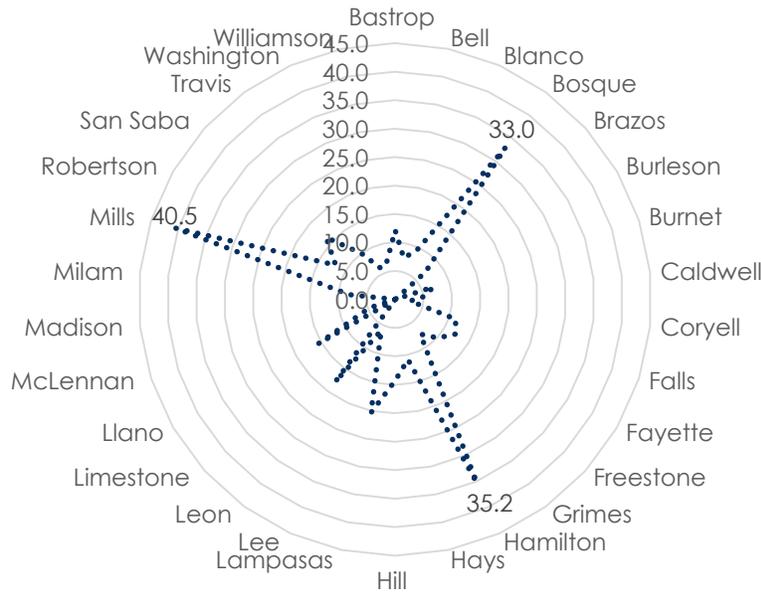
Prescription Drugs

Data on the accessibility of prescription drugs is limited. Yet, we know there are more prescriptions compared to the population in Region 7. Because prescriptions outnumber individuals in Region 7, there is a real danger in the accessibility of prescription drugs to adolescents. For more information, see Early Initiation of prescription drugs within the Regional Consumption Section.

Alcohol Access

In the figure below, access to alcohol in Region 7 is illustrated by county-level rates. The rates are calculated by the number of alcohol establishments divided by 100,000, as defined by North American Industry Classification System (NAICS) Code 445310. Alcohol establishments in this sample include those saleing beer, wine, and liquor. In the figure below, the three counties with the most access to alcohol based on the number of establishments are Mills, Hamilton, and Bosque counties.

ALCOHOL ACCESS BY VENDOR



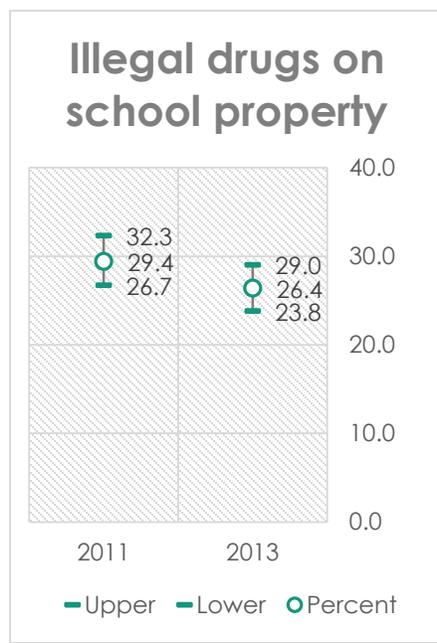
Marijuana Access

Although medical marijuana is not legalized in Texas, there are many advocates attesting to beneficial uses. However, the short-sightedness of marijuana use is the long-term health concerns. Other states in the US have legalized medical marijuana, while other states have legalized marijuana for recreational use, yet in Texas marijuana use is not allowed. Access to marijuana is mostly influenced from outside sources and will depend on law enforcement or marijuana decriminalization policies in order to reduce and control marijuana access.

Prescription Drugs Access

Access to prescription drugs is a growing trend in Texas and in Region 7. Coalitions have advocated that prescription pills be locked away and secured from potential abuse. Currently, there is one permanent prescription pill disposal box located in the Robertson County Sheriff's Office. Several prescription pill round-ups have occurred in the region to reduce access.

Illegal Drugs on School Property

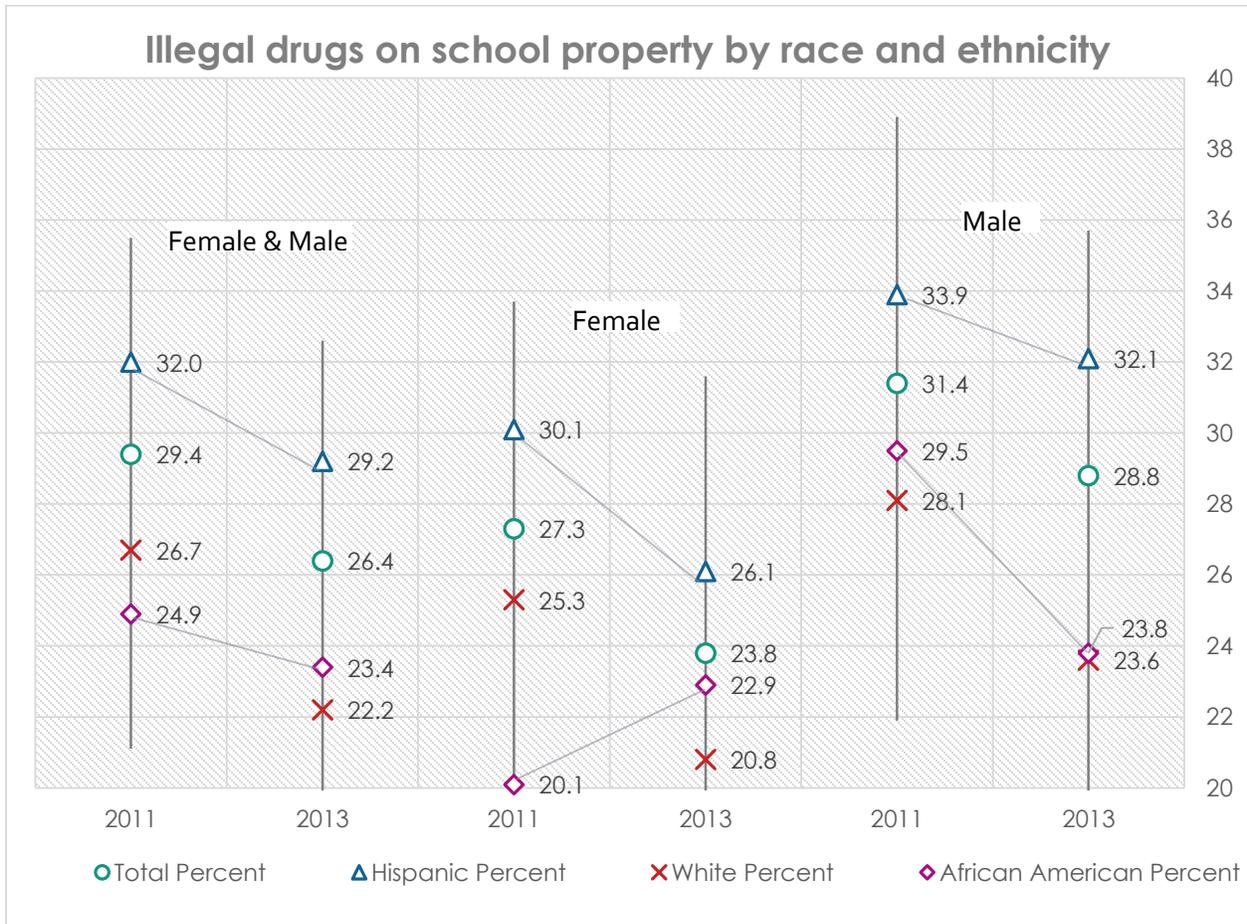


The Youth Risk Behavior Survey (YRBS) 2013 and 2011 illustrates what we know about illegal drugs on school property. For Texas, only high school data is available; other states also include middle school data.

Texas high school students 9-12 were asked during the 12 months before the survey if they were offered, sold, or given an illegal drug on school property. As illustrated in the figure, there is a decline of student 9-12 responses from 2011 (29.4%, $n = 4130$) to 2013 (26.4, $n = 3120$), and the student sample includes all races and ethnicities. The additional upper and lower values are

confidence limits also derived from the YRBS and serve as a range of possible values.

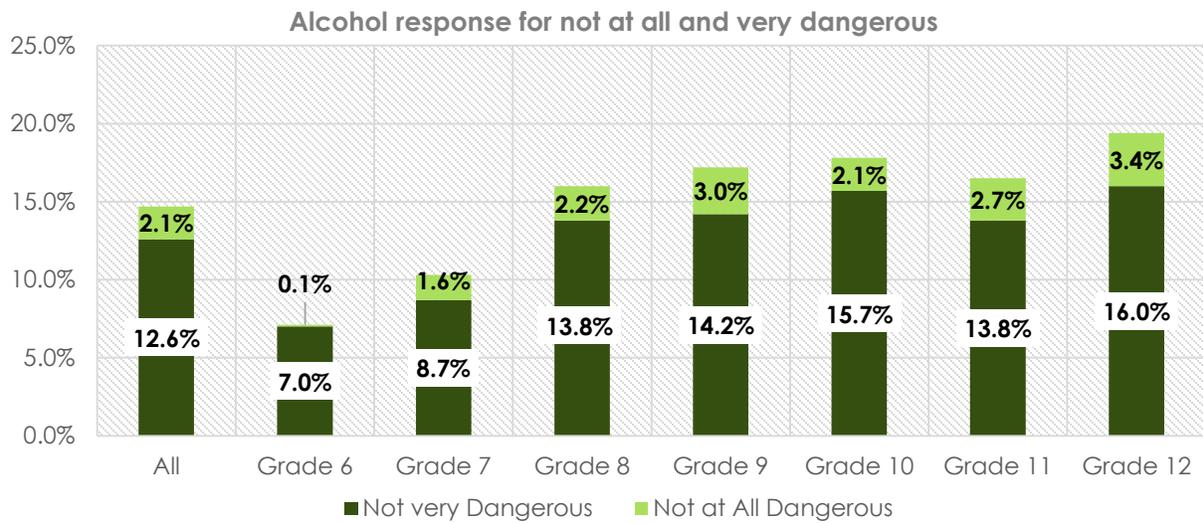
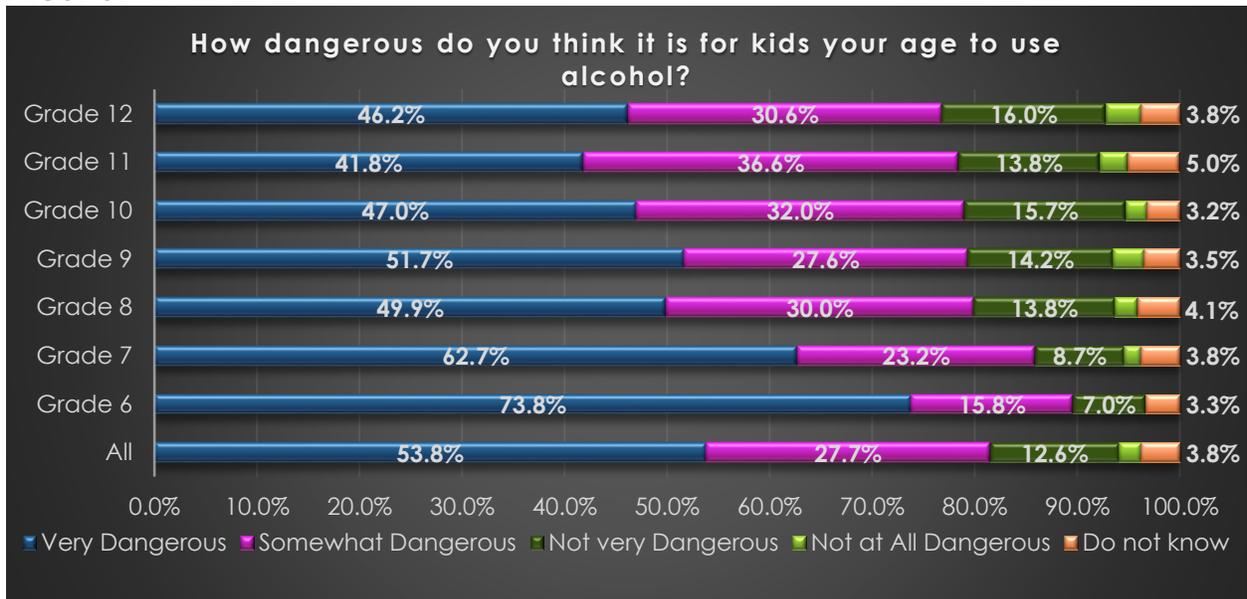
Across all races and ethnicities, when combining all high school grade levels together, from 2011 to 2013 YRBS responses for the offer, selling, giving of illegal drugs on school property has declined. However, the gap of decline is small among Hispanics and African Americans in the Female & Male 2011-2013 section of the figure. Furthermore, among African Americans, females had an increase related to illegal drugs on school property from 2011 to 2013 compared to male African Americans. Among Hispanics, the gap is smaller among Hispanic males compared to Hispanic females. For instance, see the next figure with race and ethnic comparisons.



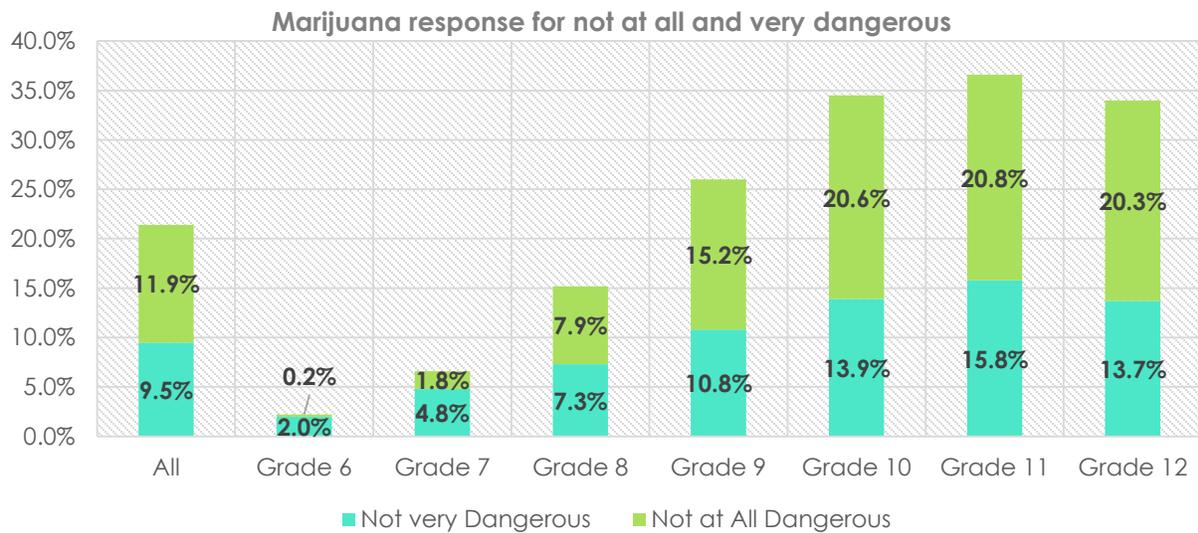
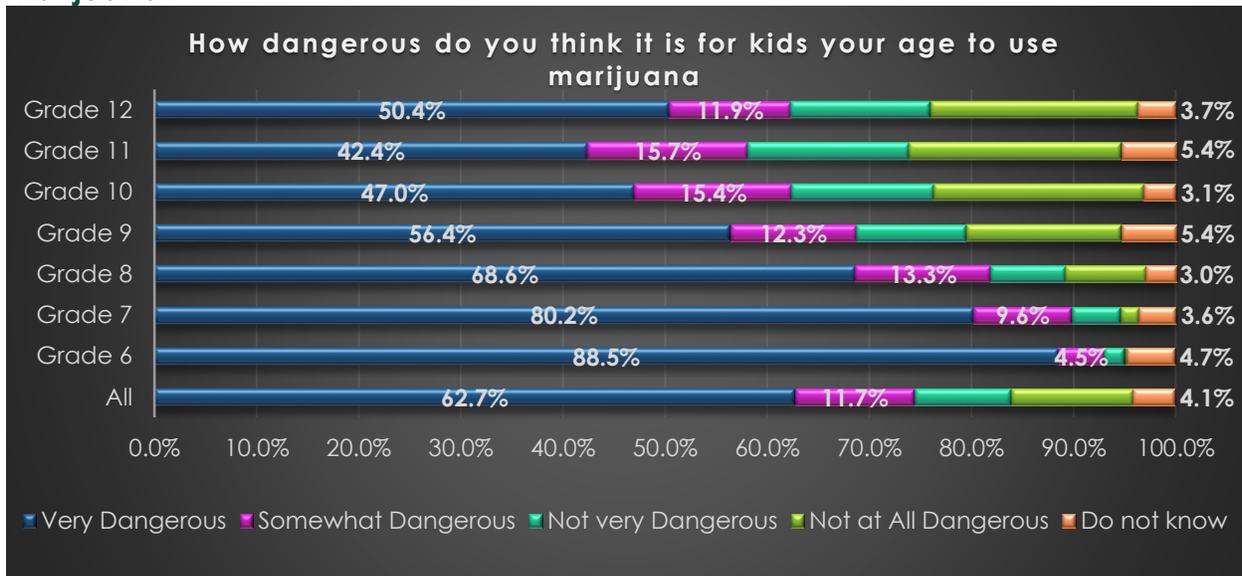
Perceived Risk of Harm

Results from the Texas School Survey for Alcohol and Drugs 2014 identifies the level of danger students (i.e., grades 6-12) associate with use of alcohol, marijuana, and prescription drugs. Region 7 and 8 results were combined according to the Public Policy Research Institute to improve sampling outcomes.

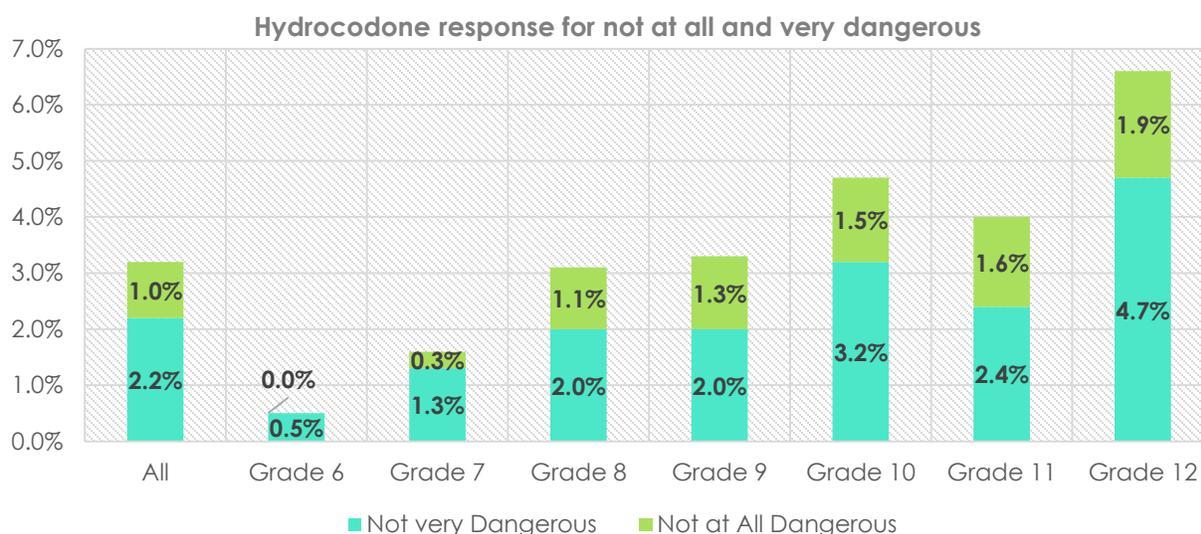
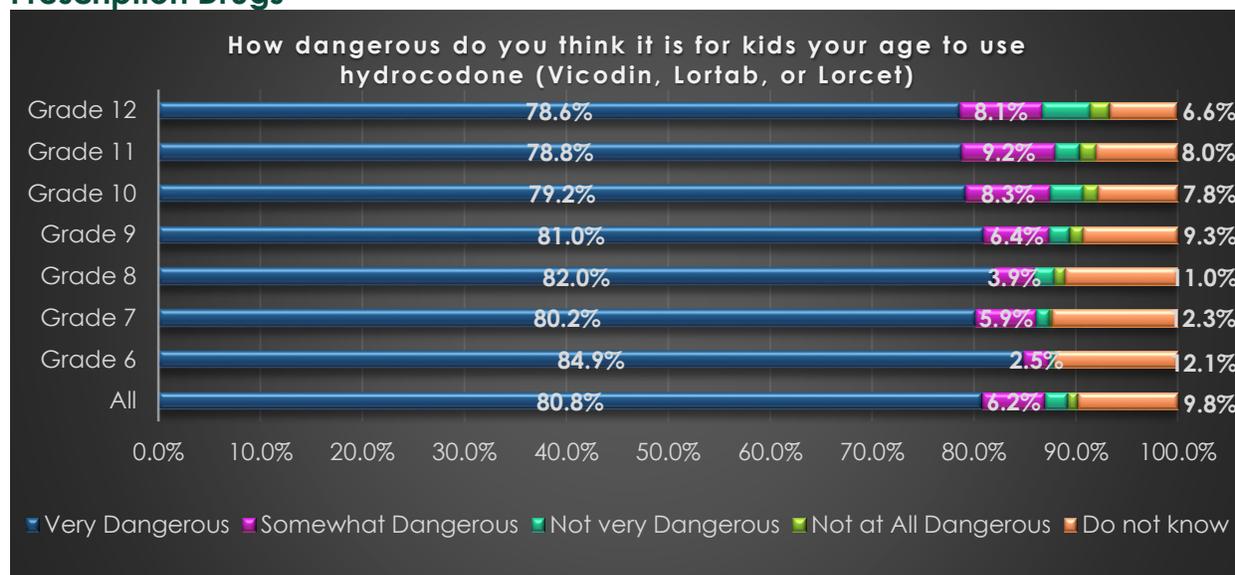
Alcohol



Marijuana



Prescription Drugs



Regional Consumption

Alcohol

According to the Texas Drug Facts among Youth 2012, alcohol continues to be the most commonly used substance among secondary school students. Additionally, Maxwell (2013) has found this to be apparent from Texas School Survey (TSS) data. Students in grades 7-12, over time, illustrate a gradual decrease in alcohol use and binge drinking (see Table on next page). For younger students (grades 4-6), observations from the Texas School Survey data indicate a decrease of overall alcohol use from 2010 to 2012. For example, lifetime alcohol use for students in grades 4-6 decreased from 21.5 percent (2010) to 17.7 percent (2012). Further highlights from TSS data demonstrate that past-school-year alcohol use also followed this downward trend from 13.7 percent to 11.2 percent.

Age of and Early Initiation

| Alcohol Initiation, Grades 6-12 | | |
|---------------------------------|-------------------|------------------------|
| Area | Age of Initiation | Early Initiation (<13) |
| Texas | 12.9 | 38.0% |
| Region 1 and 2 | 12.8 | 38.9% |
| Region 3 | 12.6 | 43.5% |
| Region 4 | 12.9 | 38.4% |
| Region 5 and 6 | 12.8 | 40.7% |
| Region 7 and 8 | 12.6 | 44.0% |
| Region 9 and 10 | 12.9 | 38.3% |
| Region 11 | 13.1 | 35.4% |

Source. 2014 Texas School Survey (q21b)

Current and Lifetime Use

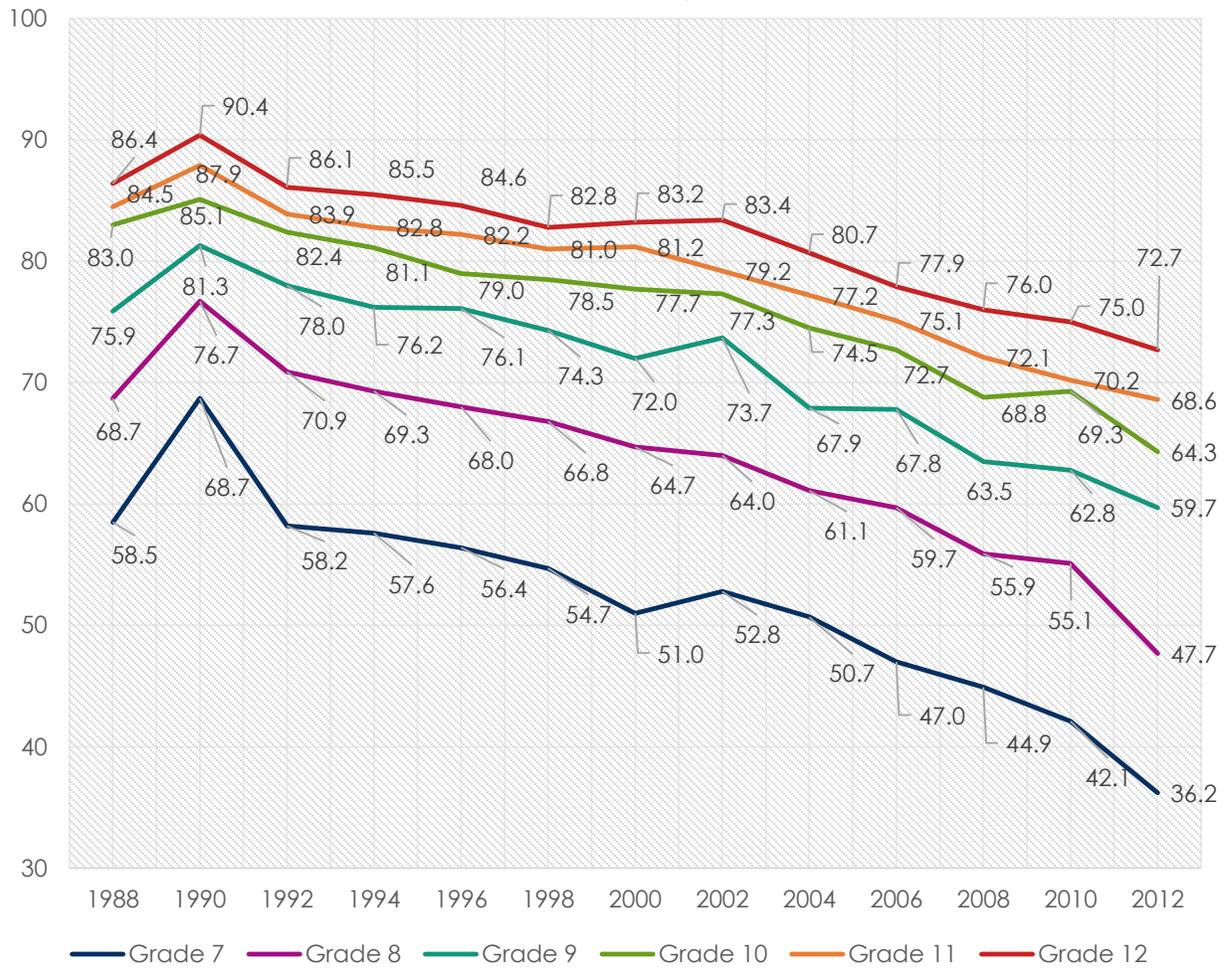
| Alcohol Consumption, Grades 6-12 | | | |
|----------------------------------|-------------------------|--------------------------|----------------------------|
| Area | Current Use, All Grades | Lifetime Use, All Grades | High-Risk Use*, All Grades |
| Texas | 21.2% | 50.5% | 13.8% |
| Region 1 and 2 | 21.1% | 51.3% | 17.5% |
| Region 3 | 15.0% | 40.0% | 9.3% |
| Region 4 | 20.7% | 49.6% | 15.1% |
| Region 5 and 6 | 21.9% | 51.9% | 13.3% |
| Region 7 and 8 | 18.6% | 45.7% | 11.3% |
| Region 9 and 10 | 23.2% | 51.9% | 15.2% |
| Region 11 | 19.0% | 43.7% | 13.2% |

Source. 2014 Texas School Survey (tA-1, tA-4). *=High-risk use is current (last 30 days) binge drinking (5 or more drinks).

| Alcohol Consumption, Grades 12 | | | |
|--------------------------------|-----------------------|------------------------|--------------------------|
| Area | Current Use, Grade 12 | Lifetime Use, Grade 12 | High-Risk Use*, Grade 12 |
| Texas | 32.7% | 64.3% | 23.5% |
| Region 1 and 2 | 35.6% | 71.5% | 33.0% |
| Region 3 | 25.6% | 55.5% | 17.9% |
| Region 4 | 35.8% | 69.5% | 30.3% |
| Region 5 and 6 | 36.3% | 70.0% | 26.4% |
| Region 7 and 8 | 33.6% | 61.5% | 21.0% |
| Region 9 and 10 | 39.8% | 74.1% | 30.9% |
| Region 11 | 33.4% | 66.5% | 23.7% |

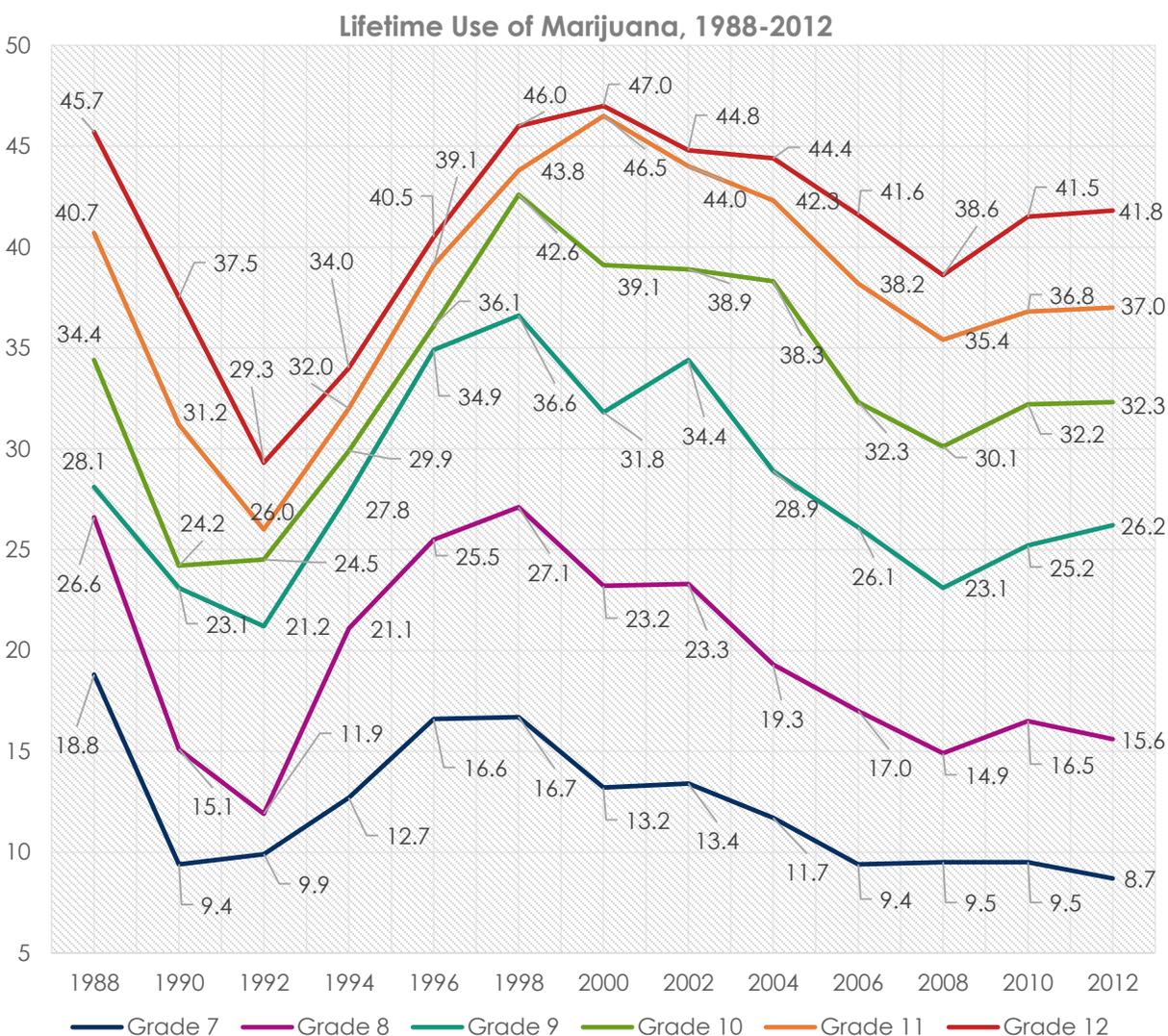
Source. 2014 Texas School Survey (tA-1, tA-4). *=High-risk use is current (last 30 days) binge drinking (5 or more drinks).

Lifetime use of Alcohol, 1988-2012



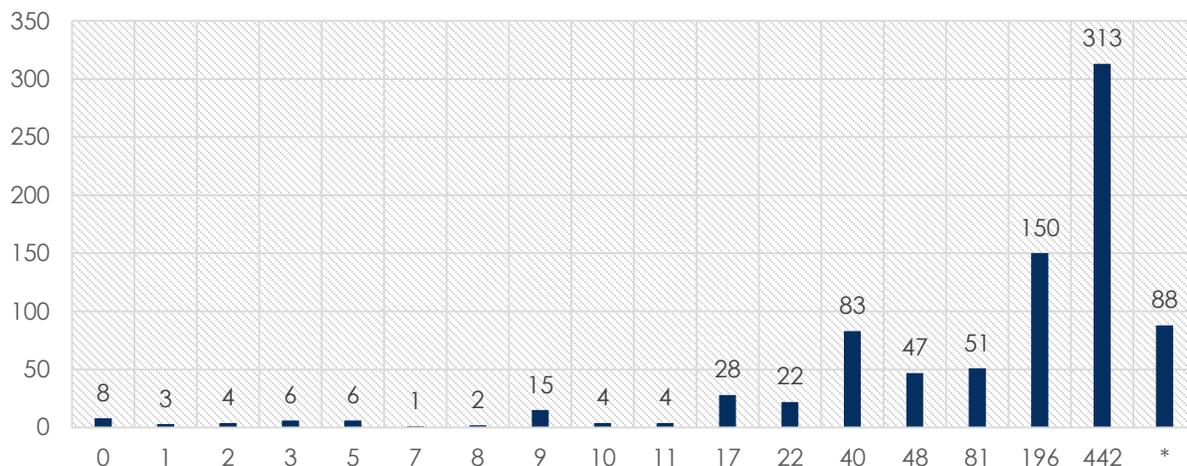
Marijuana

The most frequent age of initiation for marijuana use is 14 years old according to the Texas School Survey of Drug and Alcohol Use (2012). Early initiation of marijuana use among 7-12 graders was 6% (94,898). Also, 26.2 percent of students in grades 7-12 reported on the Texas School Survey (TSS 2012) that they had used marijuana at some point during their lives. The same result was found for students in 2010. Downward trends continue when observing student in grades 4-6. For example, lifetime marijuana use from 2010 to 2012 decreased from 1.9 percent to 1.7 percent with past-school year use dropping from 1.3 percent to 1.2 percent. Also, there was a decrease for students in grade 6 (3.8 percent to 3.2 percent).



During the September 2013 to May 2014 time span the number of new marijuana possession cases appeared in Region 7 courts. There was significant missing data for the month of May, yet in the span of 9 months there is continued new cases brought forth in Region 7 courts.

Sum of Sept to May 2014 Cases of Marijuana by Courts



Note. *=missing data

Marijuana edibles and vapor are new trends in marijuana use, especially in conjunction with the e-cigarette. As a result, marijuana in the form of oils, wax, and concentrates will become more prevalent, especially in promoting the presence of vapor shops across the region.

The consequences of marijuana legalization can lead to increased availability and the normalization of marijuana use. Following the legalization path would lead to further negative health consequences, especially among youth. A negative health aspect involving adolescent with chronic use can lead to dependence and addiction. Unfortunately, the legalization of marijuana will not solve the current public health challenges.

Age of and Early Initiation

| Marijuana Initiation, Grades 6-12 | | |
|-----------------------------------|-------------------|------------------------|
| Area | Age of Initiation | Early Initiation (<13) |
| Texas | 13.8 | 23.1% |
| Region 1 and 2 | 13.7 | 24.4% |
| Region 3 | 15.2 | 20.7% |
| Region 4 | 14.2 | 19.7% |
| Region 5 and 6 | 13.6 | 25.8% |
| Region 7 and 8 | 13.7 | 26.5% |
| Region 9 and 10 | 13.6 | 25.3% |
| Region 11 | 13.6 | 27.5% |

Source. 2014 Texas School Survey (q21d).

Current and Lifetime Use

| Marijuana Consumption, Grades 6-12 | | | | |
|------------------------------------|-------------------------|--------------------------|-----------------------|------------------------|
| Area | Current Use, All Grades | Lifetime Use, All Grades | Current Use, Grade 12 | Lifetime Use, Grade 12 |
| Texas* | 9.1% | 23.2% | 15.2% | 38.2%** |
| Region 1 and 2 | 7.9% | 21.5% | 14.7% | 41.0% |
| Region 3 | 6.7% | 16.6% | 13.7% | 34.2% |
| Region 4 | 5.9% | 18.0% | 15.5% | 39.5% |
| Region 5 and 6 | 9.5% | 23.9% | 18.1% | 41.4%** |
| Region 7 and 8 | 6.9% | 19.2% | 11.1% | 35.0% |
| Region 9 and 10 | 9.5% | 23.6% | 18.2% | 44.9% |
| Region 11 | 8.6% | 21.5% | 17.6% | 40.0% |

Source. 2014 Texas School Survey (tD-1). *=the State rate for all grades is grades 7-12, and regional rates are grades 6-12. **=Use 10th and 11th grade is equal to or grader than 12th grade.

Prescription Drugs

In 2011, the Executive Office of the President of the United States called the abuse of prescription drugs an epidemic. The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on to reduce prescription drug abuse. The four areas focused on education, monitoring, proper medication disposal, and enforcement. Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring in Texas includes implementation of prescription drug monitoring programs. One such program already established in Texas is the Prescription Access in Texas (PAT).

In a report conducted by the Trust for American's Health (TFAH 2013), Texas was found to have the eighth lowest drug overdose mortality rate in the U.S. The 2010 mortality rate (per 100,000) for Texas was 9.6. A mortality rate of 9.6 is alarming for Texas because in 1999 the mortality rate (per 100,000) used to be 5.4. As a result, the rate change from 1999-2010 has increased by 78 percent. In fact, according to Lankenau et al. (2012) prescription opioids are the most abused among young adults.

Adolescents are at risk for prescription drug use. In fact, estimates from the TFAH indicates that one in four teens have abused or misused a prescription drug during their lifetime. As an example, Ritalin and Adderall use by students was one in eight (13 %). The nonmedical use of Viadin was another significant prescription drug used among high school students (one in twelve students used Viadin) as well as OxyContin (one in twenty high school students).

| Top 17 Abused Prescription Drugs of 2013 | | | |
|--|--------------------------|--------------------------|----------|
| Prescription Drug | 2012 Sales | 2011 Sales | % change |
| OxyContin (Oxycodone HCl controlled-release) | 2.695 billion | 2.791 billion | -3.4% |
| Suboxone (buprenorphine HCl and naloxone) Sublingual Flim Subutex (buprenorphine HCl) | 1.349 billion | 1.228 billion | 9.8% |
| Concerta (methylphenidate HCl) | 1.073 billion | 1.268 billion | -15.4% |
| Ambien (zolpidem tartrate) | 670.6 million | 661.1 million | 1.4% |
| Ritalin/Focalin (methylphenidate HCl) | 554 million | 550 million | 0.7% |
| Zoloft (Sertraline HCl) | 541 million | 573 million | -5.6% |
| Lunesta (Eszopiclone) | 447.0 million* | 420.1 million* | 6.4% |
| Adderall XR (amphetamine/ dextroamphetamine) | 429.0 million | 532.8 million | -19.5% |
| Opana ER (oxymorphone HCl) | 299.287 million | 384.339 million | -22.1% |
| Xanax XR (alprazolam) | 274 million | 306 million | -10.5% |
| Klonopin/Rivotril (clonazepam) | 194 million | 211 million | -8.1% |
| Fentora (fentanyl citrate) | 121 million ¹ | 186 million ¹ | -34.9% |
| Percocet (oxycodone acetaminophen) | 103.406 million | 104.600 million | -1.1% |
| Ativan (lorazepam) | 30 million ¹ | 25 million ¹ | 20.0% |
| Soma (carisoprodol) | 27 million ¹ | 46 million ¹ | -41.3% |
| Valium (diazepam) | 8 million ¹ | 10 million ¹ | -20% |
| Vicodin (hydrocodone bitartrate and acetaminophen) | - | 168 million ¹ | - |

Source. Drugs.com and EvaluatePharma. *=2012-2013, 2011-2012 sales. 1 = sales from EvaluatePharma. List retrieved from <http://www.genengnews.com/insight-and-intelligence/top-17-abused-prescription-drugs-of-2013/77899961/?page=1>

Age of Initiation

The Age of Initiation for prescription drugs was not asked on the 2014 TSS. However, the prevalence of prescriptions in the region is an indication of prescription drug access. Because of the large amount of prescriptions relative to the 2014 population, the potential for youth to become involved with prescription drug abuse is a viable concern in Region 7.

Early Initiation

Adolescents initiating the use of prescription drugs are a real concern given that Region 7 has a high number of prescriptions compared to population. For example, in 2014 there were 3,589,960 prescriptions for a population of 3,148,709. The number of prescriptions to population in Region 7 is 8 prescriptions for 7 individuals. Of all 30 counties in Region 7, only three counties had more population compared to prescriptions (Bell, Brazos, and Coryell). Travis (1,202,860 prescriptions/1,094,126 population), Williamson (568,398 prescriptions/466,057 population), and McLennan (307,466 prescriptions/241,469 population) counties had the highest prescriptions to population ratio.

In addition, the amount of Schedule 2 prescriptions in Region 7 increases the likelihood of early initiation among adolescents abusing dangerous prescriptions. There were 1,770,742 scheduled 2 prescriptions in Region 7 among a 2014 population of 3,148,709. Schedule 2 prescriptions in Region 7, if viewed as a prescription per person, would translate to a rate of 14 out of every 25 individuals.

Schedule 2 drugs are defined as “drugs with a high potential for abuse, less abuse potential than Schedule I drugs, with use potentially leading to severe psychological or physical dependence. These drugs are considered dangerous” (DEA). Examples of Schedule 2 prescriptions are Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. In contrast, Schedule I drugs include heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote. These drugs are defined by the federal government “with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules.

Current and Lifetime Use

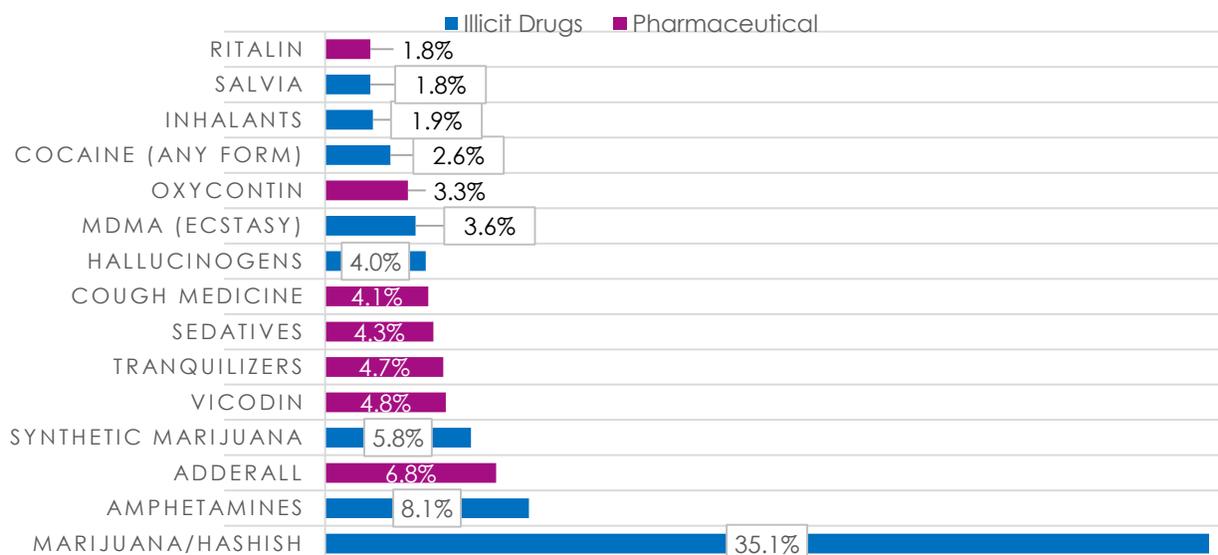
When asked if students ever used prescription drugs in their lifetime, the Regions 7 and 8 outcome for students in grades 7-12 was 14.6%. Regions 7 and 8 are the top areas for students in grades 7-12 to self-report current use of prescription drugs (i.e., second in highest percent reported). Additionally, comparatively to lifetime use, Region 7 and 8 is tied with Region 4 (14.6%) and third in highest percent reported from students.

| Prescription Drug Use, Grades 7-12 | | |
|------------------------------------|----------------------------|--------------------------|
| Area | Current Use (past 30 days) | Lifetime Use (ever used) |
| Texas | 7.3% | 13.7% |
| Region 1 and 2 | 7.8% | 15.4% |
| Region 3 | 6.4% | 13.1% |
| Region 4 | 8.7% | 14.6% |
| Region 5 and 6 | 7.7% | 13.9% |
| Region 7 and 8 | 8.2% | 14.6% |
| Region 9 and 10 | 7.6% | 15.3% |
| Region 11 | 5.5% | 11.0% |

Source. 2014 Texas School Survey (q21d).

Additional Data

PERCENT OF PAST-YEAR USE OF VARIOUS DRUGS AMONG 12TH GRADERS



Source. University of Michigan, 2014 Monitoring the Future Study

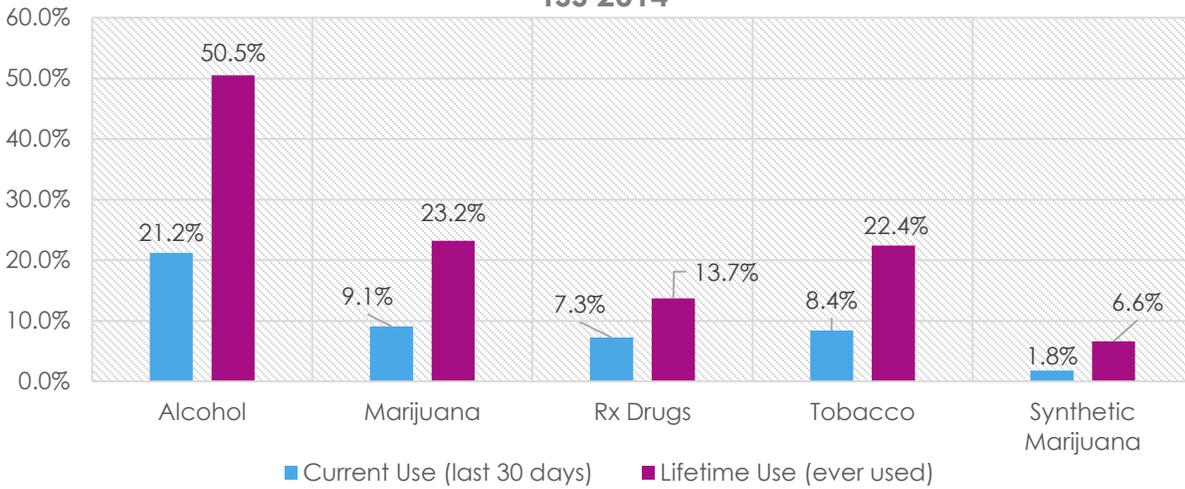
Emerging Trends

The description of emerging trends is guided by the following tables and figures describing substance use in Texas. Alcohol use among adolescents is still the number one concern. The second concern is marijuana use. Sporadic in use, the use of synthetic marijuana tends to make headlines during spring and summer. Also, related to marijuana use, the perceived risk of harm has steadily declined.

| Texas Substance Comparison, Grades 7-12 | | |
|---|----------------------------|--------------------------|
| Substance | Current Use (last 30 days) | Lifetime Use (ever used) |
| Alcohol | 21.2% | 50.5% |
| Marijuana | 9.1% | 23.2% |
| Prescription Drugs | 7.3% | 13.7% |
| Synthetic Marijuana | 1.8% | 6.6% |
| Tobacco | 8.4% | 22.4% |

Source. 2014 Texas School Survey.

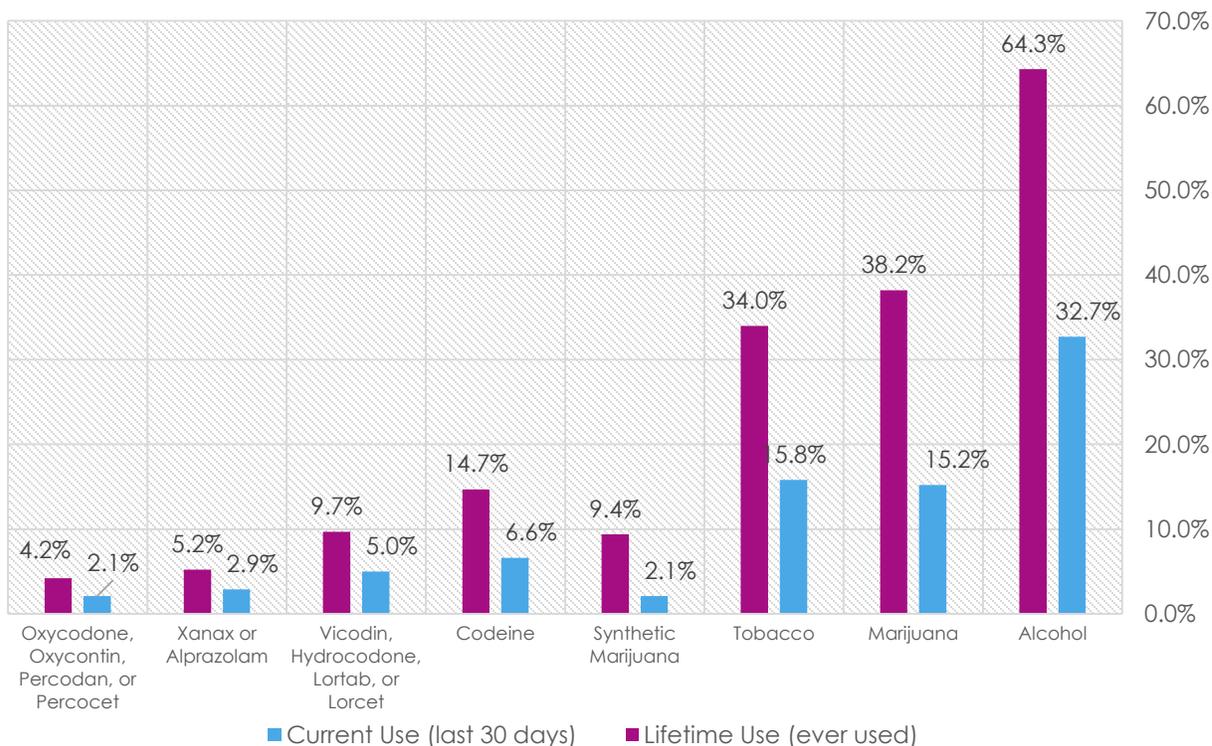
**Substance Comparison, Texas, Grades 7-12
TSS 2014**



| Texas Substance Comparison, Grade 12 | | |
|---|----------------------------|--------------------------|
| Substance | Current Use (last 30 days) | Lifetime Use (ever used) |
| Alcohol | 32.7% | 64.3% |
| Marijuana | 15.2% | 38.2% |
| Synthetic Marijuana | 2.1% | 9.4% |
| Tobacco | 15.8% | 34.0% |
| Codeine | 6.6% | 14.7% |
| Vicodin, Hydrocodone, Lortab, or Lorcet | 5.0% | 9.7% |
| Xanax or Alprazolam | 2.9% | 5.2% |
| Oxycodone, Oxycontin, Percodan, or Percocet | 2.1% | 4.2% |

Source. 2014 Texas School Survey.

Texas Substance Comparison, Grade 12
TSS 2014



Synthetic Cannabinoids

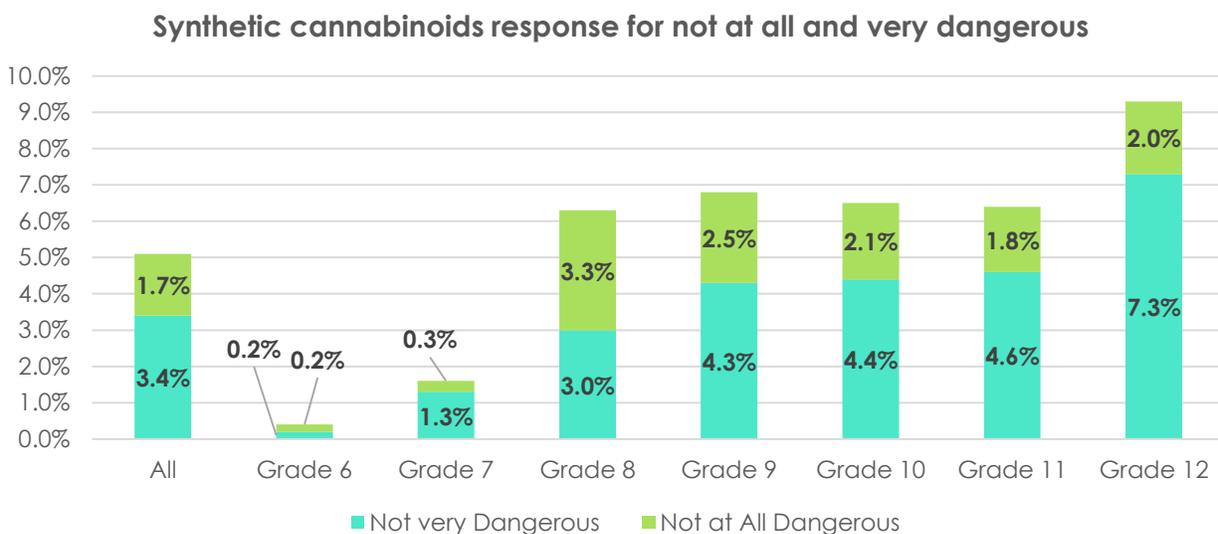
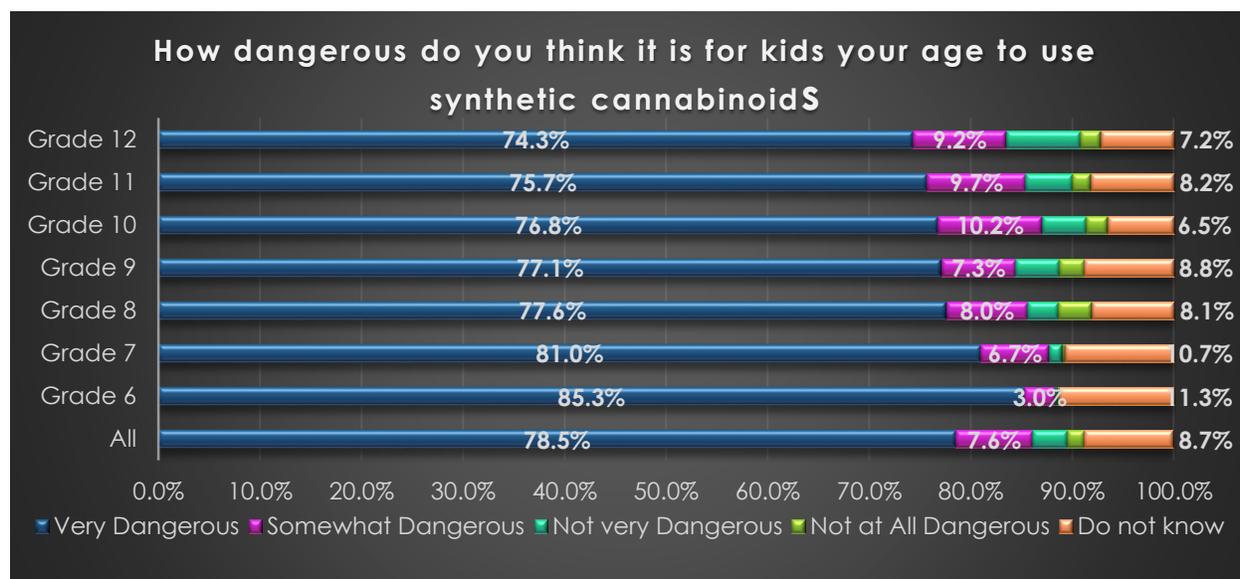
In Region 7, use of synthetic marijuana has been sporadic and inconsistent. Below are a series of figures describing use of synthetic cannabinoids by adolescents.

| Synthetic Marijuana Consumption, Grades 6-12 | | | | |
|--|-------------------------|--------------------------|-----------------------|------------------------|
| Area | Current Use, All Grades | Lifetime Use, All Grades | Current Use, Grade 12 | Lifetime Use, Grade 12 |
| Texas | 1.8% | 6.6% | 2.1% | 9.4%* |
| Region 1 and 2 | 1.5% | 7.3% | 3.0% | 13.2% |
| Region 3 | 1.1% | 3.8% | 1.1% | 6.4%* |
| Region 4 | 1.3% | 6.9% | 1.4% | 12.1%* |
| Region 5 and 6 | 1.8% | 6.3% | 2.0% | 9.5%* |
| Region 7 and 8 | 1.3% | 5.5% | 2.9% | 9.4% |
| Region 9 and 10 | 2.3% | 7.9% | 3.5% | 15.4% |
| Region 11 | 2.5% | 7.6% | 2.6% | 10.5%* |

Source. 2014 Texas School Survey (tD-1). *=Use 10th and 11th grade is equal to or grader than 12th grade.

| Synthetic Marijuana Initiation, Grades 6-12 | | |
|---|-------------------|------------------------|
| Area | Age of Initiation | Early Initiation (<13) |
| Texas | 14.2 | 14.7% |
| Region 1 and 2 | 14.2 | 11.6% |
| Region 3 | 14.1 | 15.7% |
| Region 4 | 14.5 | 9.8% |
| Region 5 and 6 | 14.2 | 14.9% |
| Region 7 and 8 | 14.2 | 18.3% |
| Region 9 and 10 | 14.0 | 16.5% |
| Region 11 | 14.1 | 18.9% |

Source. 2014 Texas School Survey (q21L).



Synthetic Cathinoids

Bath salts were more prevalent in 2011. As recorded by the Texas Poison Center Network the number of bath salt cases have declined in Region 7. From the table that follows, only 11 counties in Region 7 had cases of synthetic cathinoids. An observable improvement is the decline in bath salt exposures in Travis County.

| County | 2010 | 2011 | 2012 | 2013 | 2014 |
|------------|------|------|------|------|------|
| Bastrop | | 1 | | | |
| Bell | 2 | 9 | 1 | 1 | |
| Brazos | | | | 1 | |
| Burleson | | 3 | | 1 | |
| Burnet | | 1 | | | |
| Hays | | 1 | 1 | 1 | |
| McLennan | | 2 | | | |
| Milam | | | | | 1 |
| Travis | | 14 | 4 | 4 | |
| Washington | | | 1 | 1 | |
| Williamson | 2 | 2 | 4 | | |
| Total | 4 | 33 | 11 | 9 | 1 |

Source. Annual number of synthetic cathinone (bath salts) exposures reported to the Texas Poison Center Network during 1/1/2010 to 11/30/2014. Counties not present did not have any reported.

BHO “Dabbing” and Consumables

Butane hash oil (BHO) or honey oil is a more condensed version of THC (component of marijuana providing the high) use. The practice of cooking BHO has led to individuals blowing up their homes and injuring themselves and those in proximity. BHO “dabbing” and consumables need marijuana and the table below provides an idea of possible BHO in Region 7.

| Description | Solid Pounds | Solid Ounces | Solid Grams | Liquid Ounces | Dose Units | Items |
|---------------------|--------------|--------------|-------------|---------------|------------|-------|
| Marijuana(Packaged) | 166365 | 234 | 0 | 0 | 0 | 0 |
| Hashish(Liquid Oil) | 0 | 0 | 0 | 27 | 0 | 0 |
| Hashish(Solid) | 69 | 29 | 100 | 0 | 0 | 0 |
| Total | 166434 | 263 | 100 | 27 | 0 | 0 |

Source. 2013 Texas DPS Drug Seizures

E-Cigarettes/Vaping

The use of e-cigarettes (e-cigs) is a new trend. In the table below, the Texas Poison Center Network (TPCN) received reports on electronic cigarette exposures from 2009-2014. Counties missing from the list in Region 7 are counties where no calls exist. From 2013 to 2014, the amount of e-cigs exposure increased by a multiple of 3 – an incredible jump in exposure among 14 counties in Region 7.

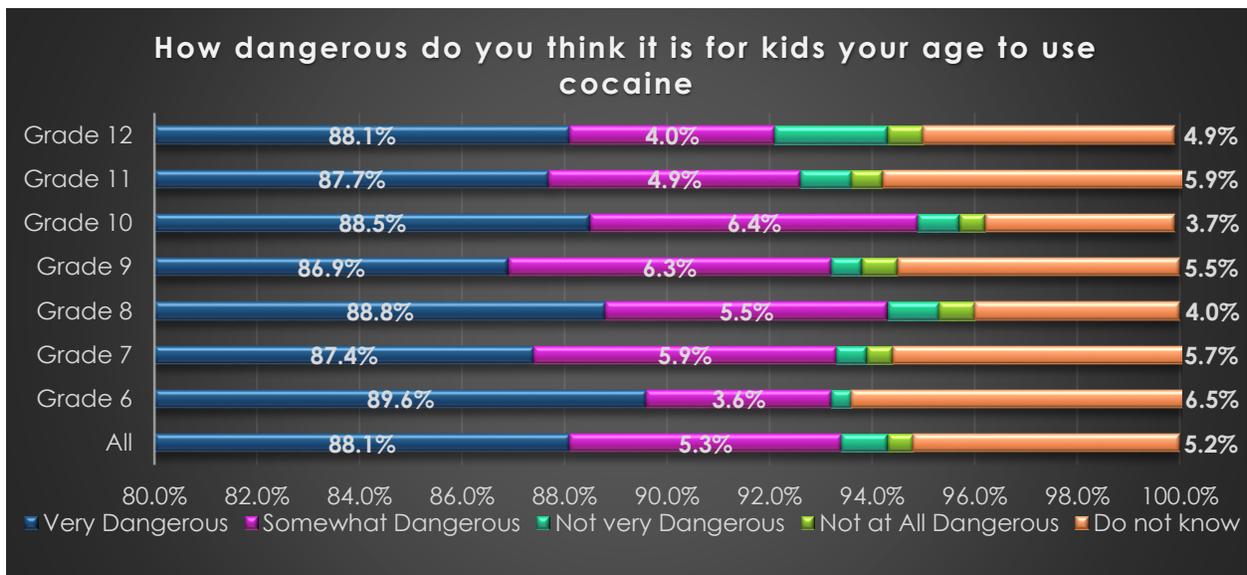
| County | 2010 | 2011 | 2012 | 2013 | 2014 |
|--------|------|------|------|------|------|
|--------|------|------|------|------|------|

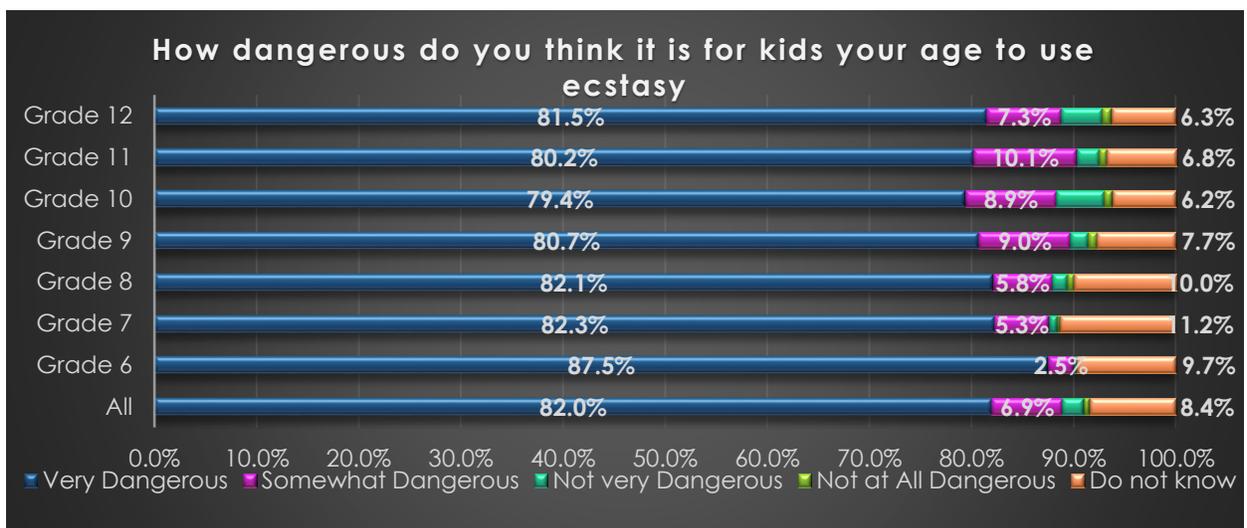
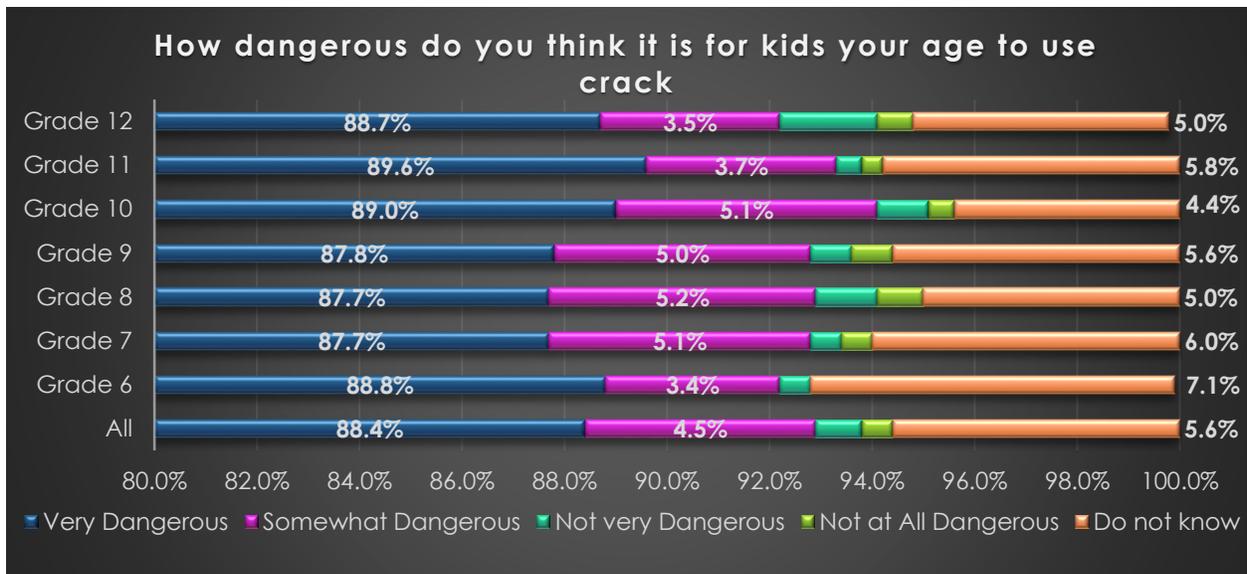
2015 Regional Needs Assessment

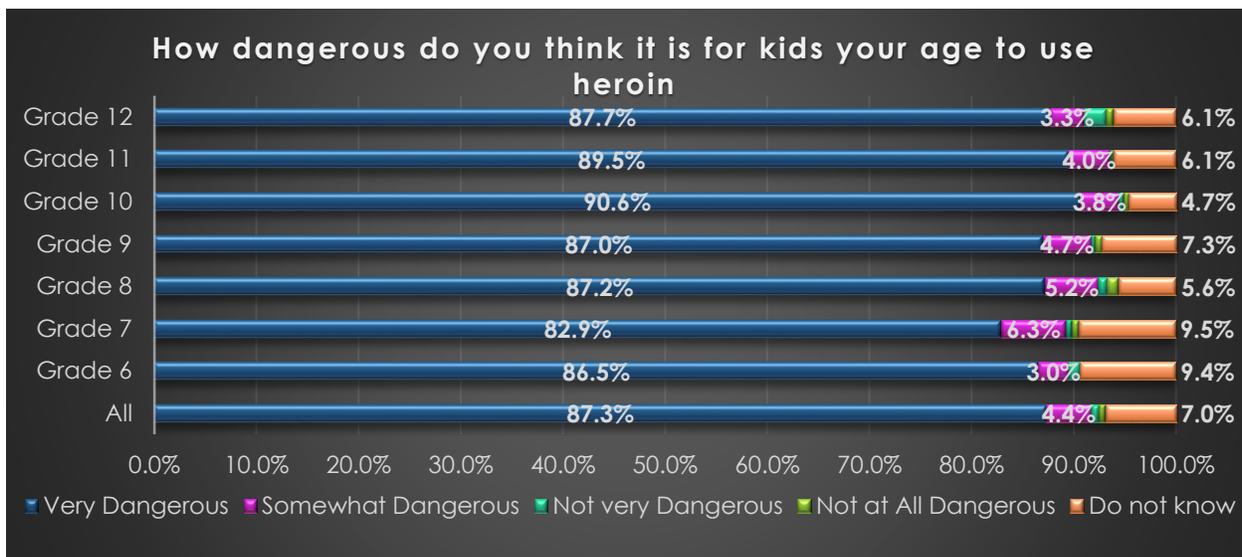
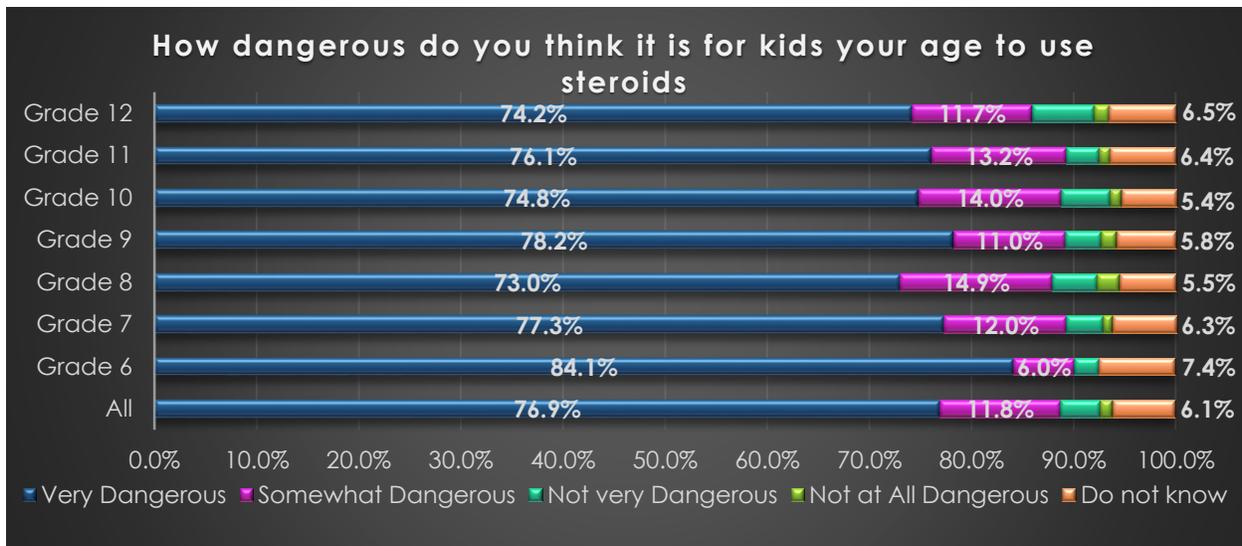
| County | 2010 | 2011 | 2012 | 2013 | 2014 |
|--------------|----------|----------|----------|-----------|-----------|
| Bastrop | | | | | 2 |
| Bell | | | 1 | | 4 |
| Bosque | | | | 1 | |
| Brazos | | 1 | | | 2 |
| Burnet | | | | | 2 |
| Coryell | | | | 2 | 2 |
| Hays | | | | 1 | 1 |
| Hill | | | | | 1 |
| Madison | | | | | 1 |
| McLennan | | | | | 4 |
| Milam | | | | | 1 |
| Travis | | | 3 | 6 | 13 |
| Washington | | | | | 1 |
| Williamson | | | 1 | 4 | 7 |
| Total | 0 | 1 | 5 | 14 | 41 |

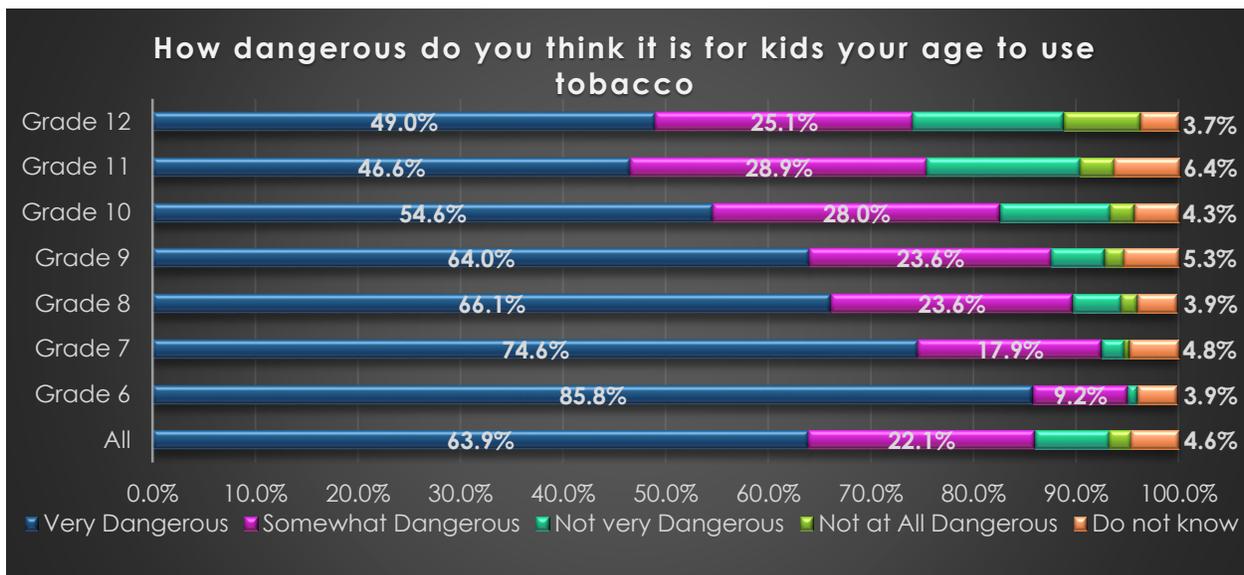
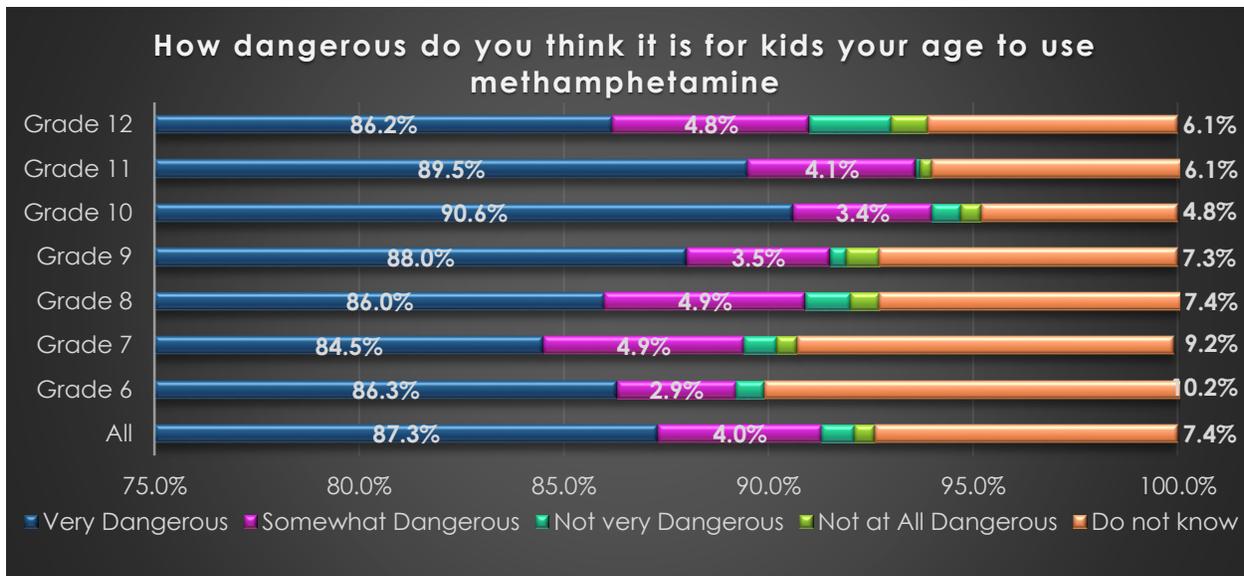
Other Substances

Taken from the Texas School Survey (TSS), how students felt about the following drugs helped to describe their thoughts.









| Tobacco Consumption, Grades 6-12 | | | | |
|----------------------------------|-------------------------|--------------------------|-----------------------|------------------------|
| Area | Current Use, All Grades | Lifetime Use, All Grades | Current Use, Grade 12 | Lifetime Use, Grade 12 |
| Texas | 8.4% | 22.4% | 15.8% | 34.0% |
| Region 1 and 2 | 11.6% | 28.6% | 21.5% | 49.6% |
| Region 3 | 6.2% | 16.3% | 14.6% | 28.2% |
| Region 4 | 9.5% | 25.3% | 19.0% | 41.5% |
| Region 5 and 6 | 7.0% | 20.4% | 14.9% | 32.5% |
| Region 7 and 8 | 7.4% | 19.4% | 15.3% | 32.5% |
| Region 9 and 10 | 9.4% | 24.5% | 20.3% | 47.5% |
| Region 11 | 7.4% | 19.8% | 15.5% | 37.5% |

Source. 2014 Texas School Survey (tT-1).

| Tobacco Initiation, Grades 6-12 | | |
|---------------------------------|-------------------|------------------------|
| Area | Age of Initiation | Early Initiation (<13) |
| Texas | 13.3 | 33.7% |
| Region 1 and 2 | 12.9 | 39.6% |
| Region 3 | 13.6 | 30.5% |
| Region 4 | 12.7 | 41.4% |
| Region 5 and 6 | 13.1 | 36.3% |
| Region 7 and 8 | 13.2 | 35.7% |
| Region 9 and 10 | 13.1 | 37.7% |
| Region 11 | 13.5 | 32.6% |

Source. 2014 Texas School Survey (q21a).

Consequences

Overview of Consequences

Several consequences are associated with alcohol and drug use, including; death, incarceration, hospitalization, and lower SES status. Below is an attempt to describe consequences as a result of alcohol and substance abuse.

Mortality

Overdose Deaths

From the Texas Poison Center Network during 2010-2014, 8 individuals died from synthetic cannabinoids and cathinones (see below table).

| Medical outcome | Synthetic cannabinoid | % | Synthetic cathinone | % |
|-----------------|-----------------------|------|---------------------|------|
| No effect | 151 | 5.4 | 21 | 3.5 |
| Minor effect | 615 | 22.0 | 78 | 13.0 |
| Moderate effect | 1146 | 41.0 | 290 | 48.3 |
| Major effect | 220 | 7.9 | 70 | 11.7 |
| Death | 4 | 0.1 | 4 | 0.7 |

Drug and Alcohol Related Fatalities

In the table below, Llano is observed to have the highest rate of death from alcohol and drug (UCD, 1999-2013).

| County | Deaths | Population | Age-Adjusted Rate |
|----------|--------|------------|-------------------|
| Bastrop | 178 | 1026127 | 16.51 |
| Bell | 451 | 4178664 | 12.18 |
| Blanco | 29 | 144829 | 15.96 |
| Bosque | 52 | 267123 | 18.5 |
| Brazos | 248 | 2644458 | 13.01 |
| Burleson | 36 | 253939 | 13.91 |
| Burnet | 112 | 597656 | 17.28 |
| Caldwell | 76 | 543379 | 14.23 |
| Coryell | 92 | 1112462 | 10.2 |

2015 Regional Needs Assessment

| County | Deaths | Population | Age-Adjusted Rate |
|------------|------------|------------|-------------------|
| Falls | 37 | 269690 | 13.7 |
| Fayette | 37 | 353099 | 9.81 |
| Freestone | 24 | 284295 | 8.12 |
| Grimes | 74 | 382952 | 17.73 |
| Hamilton | 13 | 124729 | Unreliable |
| Hays | 269 | 2007766 | 14.74 |
| Hill | 86 | 511348 | 16.83 |
| Lampasas | 37 | 287247 | 12.23 |
| Lee | 32 | 244407 | 12.52 |
| Leon | 44 | 242948 | 16.36 |
| Limestone | 50 | 343506 | 13.77 |
| Llano | 86 | 276380 | 29.88 |
| Madison | 24 | 199753 | 12.72 |
| McLennan | 506 | 3385193 | 15.91 |
| Milam | 62 | 370596 | 16.03 |
| Mills | Suppressed | 73943 | Suppressed |
| Robertson | 41 | 245643 | 16.72 |
| San Saba | 13 | 90697 | Unreliable |
| Travis | 2519 | 14083823 | 18.67 |
| Washington | 64 | 482420 | 12.22 |
| Williamson | 594 | 5329861 | 11.53 |

Rural counties display (in the table below) higher DUI fatality rates. For example, Blanco (16.81), San Saba (16.28), and Fayette (15.29) are counties with higher DUI fatality rates. Looking into the crash rate, we observe that counties Blanco (218.56), Burleson (194.84), and Llano (155.01) are greater in rate. Of the two rates, Blanco appears twice and would be an area of interest for improvement.

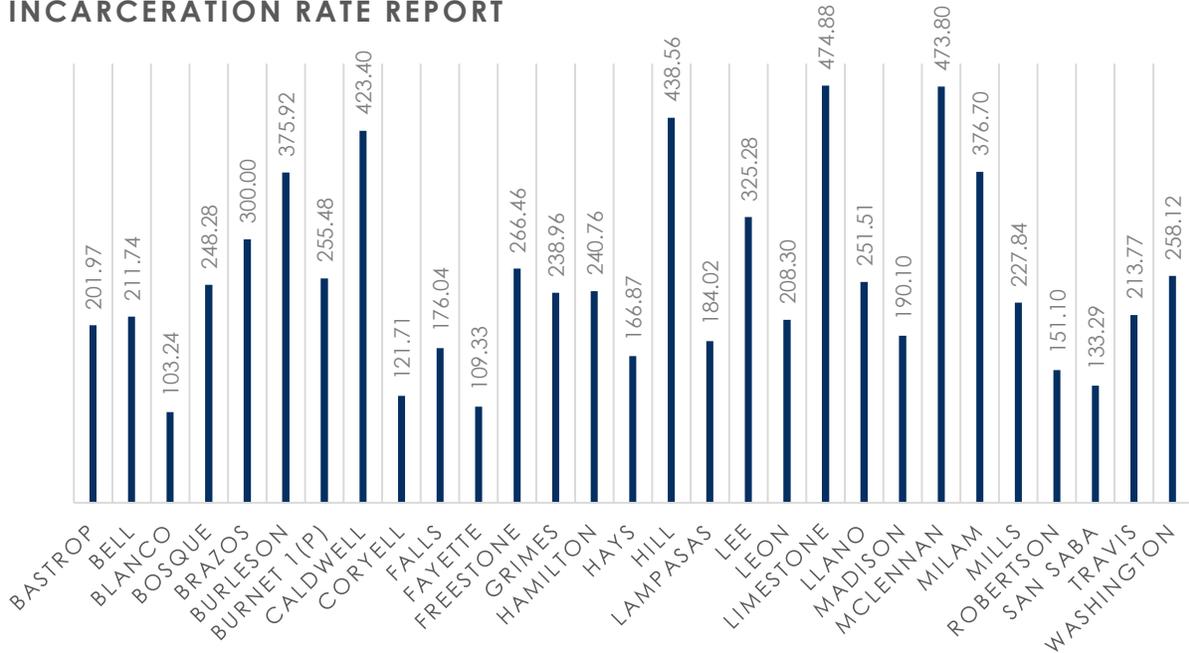
| County | County Population 2010-14 | Total DUI Crashes, 2010-14 | Total DUI Fatalities, 2010-14 | DUI Crash Rate per 100K, 2010-14 | DUI Fatality Rate per 100K, 2010-14 |
|----------|---------------------------|----------------------------|-------------------------------|----------------------------------|-------------------------------------|
| Bastrop | 383785 | 353 | 25 | 91.98 | 6.51 |
| Bell | 1613971 | 1504 | 67 | 93.19 | 4.15 |
| Blanco | 53531 | 117 | 9 | 218.56 | 16.81 |
| Bosque | 92050 | 90 | 8 | 97.77 | 8.69 |
| Brazos | 1003418 | 1093 | 16 | 108.93 | 1.59 |
| Burleson | 87249 | 170 | 10 | 194.84 | 11.46 |
| Burnet | 218396 | 306 | 16 | 140.11 | 7.33 |
| Caldwell | 196214 | 272 | 22 | 138.62 | 11.21 |
| Coryell | 387292 | 290 | 13 | 74.88 | 3.36 |
| Falls | 90339 | 79 | 5 | 87.45 | 5.53 |
| Fayette | 124224 | 157 | 19 | 126.38 | 15.29 |

| 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 |
|------------|---------------------------|----------------------------|-------------------------------|----------------------------------|-------------------------------------|
| Freestone | 100463 | 145 | 3 | 144.33 | 2.99 |
| Grimes | 135698 | 202 | 10 | 148.86 | 7.37 |
| Hamilton | 42578 | 35 | 1 | 82.2 | 2.35 |
| Hays | 836521 | 1083 | 28 | 129.46 | 3.35 |
| Hill | 178140 | 207 | 18 | 116.2 | 10.1 |
| Lampasas | 100364 | 91 | 0 | 90.67 | 0 |
| Lee | 84402 | 119 | 9 | 140.99 | 10.66 |
| Leon | 85411 | 103 | 10 | 120.59 | 11.71 |
| Limestone | 118685 | 135 | 8 | 113.75 | 6.74 |
| Llano | 96770 | 150 | 8 | 155.01 | 8.27 |
| Madison | 69464 | 65 | 6 | 93.57 | 8.64 |
| McLennan | 1190932 | 1478 | 63 | 124.1 | 5.29 |
| Milam | 125127 | 183 | 10 | 146.25 | 7.99 |
| Mills | 24691 | 25 | 3 | 101.25 | 12.15 |
| Robertson | 84736 | 127 | 13 | 149.88 | 15.34 |
| San Saba | 30721 | 36 | 5 | 117.18 | 16.28 |
| Travis | 5296170 | 7387 | 169 | 139.48 | 3.19 |
| Washington | 170746 | 222 | 10 | 130.02 | 5.86 |
| Williamson | 2221217 | 1285 | 57 | 57.85 | 2.57 |

Legal Consequences

For legal consequences, the incarceration rate for offenders is highest among the following counties: Limestone (474.88), McLennan (473.80), and Hill (438.56). The rates presented here come from the Texas Commission on Jail Standards, Incarceration rate report for March 2014 to February 2015. Also, the rates are based on 100,000 population amounts. The incarceration rate report provides a general estimate.

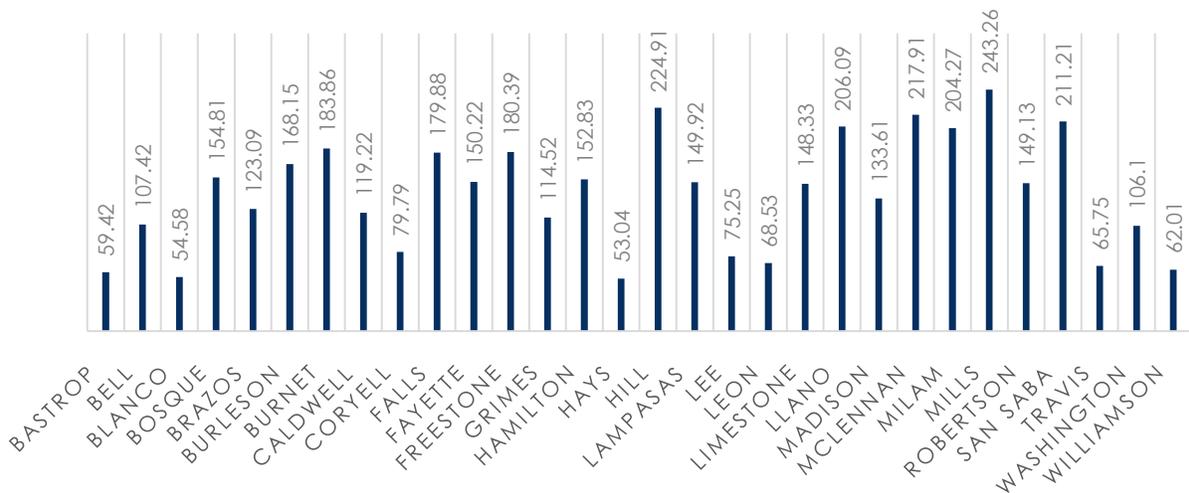
INCARCERATION RATE REPORT



Substance Use Criminal Charges

Listed below are the number of inmates serving alcohol and drug sentences divided by the population, and then multiplied by 100,000. The formulaic approach paints the picture that the highest rates occurs in Mills County (243.26). Next, we observe that Hill County (224.91) and San Saba (211.21) have the second and third highest rates for criminals serving alcohol and drug sentences. The three counties show inmates are placed or found in rural counties. This indicates monitoring of rural counties and the flow of drugs into urban counties should be considered.

INMATES/100K POPULATION



Hospitalization and Treatment

Hospital Use due to AOD

In Region 7, there were 177 AOD discharges. This resulted in a mean cost of \$33,082 (MONAHRQ 2012 data). If we multiple the number of discharges by the mean cost we get a total of \$5,855,496.52. However, there are significant costs in several counties: Bell (\$15,334; 28 discharges), Brazos (\$21,087; 6 discharges), Coryell (\$40,297; 10 discharges), McLennan (\$23,233; 14 discharges), Travis (\$39,779; 78 discharges), and Williamson (\$37,400; 26 discharges). For other counties in Region 7, their data has been suppressed because for 5 discharges or less the data is protected.

Adolescent AOD-related ER Admits

ER numbers were not determined. However, health professional express that they usually help with any bodily injury and do not necessary address substance use. As a result, a repeat substance abuser would keep coming to the ER if sustaining bodily injury.

In Region 7, there were 196 cases of synthetic cannabinoid use. This represented a 7.4% regional use compared to the rest of the State. Region 7 had the fifth highest synthetic cannabinoid use in the State with a rate per 100,000 of 6.65. Also, data from the Texas Poison Center Network (TPCN), 2009-2014 indicates that 8 individuals died from synthetic cannabinoid and synthetic cathinone exposures. For synthetic cathinone use, Region 7 had 58 cases. This total made up 9.9% use of total State percentages; Region 7 had the fourth highest percentage in synthetic cathinone use.

| Medical outcome | Synthetic cannabinoid | % | Synthetic cathinone | % |
|--|-----------------------|------|---------------------|------|
| No effect | 151 | 5.4 | 21 | 3.5 |
| Minor effect | 615 | 22.0 | 78 | 13.0 |
| Moderate effect | 1146 | 41.0 | 290 | 48.3 |
| Major effect | 220 | 7.9 | 70 | 11.7 |
| Death | 4 | 0.1 | 4 | 0.7 |
| Not followed, judged as nontoxic exposure (clinical effects not expected) | 1 | 0.0 | 1 | 0.2 |
| Not followed, minimal clinical effects possible (no more than minor effect possible) | 171 | 6.1 | 24 | 4.0 |
| Unable to follow, judged as a potentially toxic exposure | 452 | 16.2 | 102 | 17.0 |
| Unrelated effect, the exposure was probably not responsible for the effect(s) | 32 | 1.1 | 10 | 1.7 |
| Total | 2792 | | 600 | |

Adolescents Receiving SA Treatment

In Region 7, 452 adolescents received treatment. The majority of youth receiving treatment was for marijuana use. The break between counties were: 19 in Hays, 59 in McLennan, 10 in Travis for alcohol and 281 for marijuana, and 83 in Williamson. From other counties, the youth receiving treatment had to be over 10 before quantifiable numbers could be used.

Economic Impacts

Underage Drinking/Drug Use

Problems related to the misuse of alcohol can cost the United States \$223.5 billion. The Centers for Disease Control and Prevention has determined that almost three-quarters of the total cost for alcohol abuse is tied to binge drinking [2].

Average Cost of Treatment in Region

The average cost of treatment in Region 7 varies and are subject to change over time. However, some examples in the region include the following: Austin Recovery (Austin, TX)-\$8,850 per month; Burning Tree (Kaufman and Elgin, TX)-\$33,000 for a 3 month stay [3]; Christian Farms Treehouse Inc (Temple, TX)-intensive treatment for \$4,500 per month and supportive treatment for \$3,000 per month. For more precise estimates, evaluators need additional information.

Employability and College Admissions

Two very effective means for encouraging adolescents and youth to stay away from alcohol and drugs is employment and college admissions. Today's young people are concerned about getting a job or going to college. In Region 7 a media effort was used to address these two concerns. Current estimates indicate 3 out of 5 businesses drug test employees; we know marijuana remains in the human system for long periods of time. Therefore, the notion of not keeping or not receiving employment because of drug use connects with people. Most of the media efforts were concentrated in Greater Austin and the Brazos Valley.

Environmental Protective Factors

Overview of Protective Factors

Protective factors range in several different categories. In this section, the attempt is to begin identifying the protective factors by choosing apparent contributors.

Community Domain

The use of coalitions is the current method for reaching into communities to address issues of substance abuse. Alcohol and drugs are present everywhere and each community must be transparent in making issues of substance abuse known to all members of the community. Currently, there are 39 DSHS-funded coalitions in Texas. Of these 39 coalitions, 4 operate in Region 7. The presence of these coalitions serve as proactive factors in helping adolescents remain drug free.

Community Coalitions

In Region 7, according to Coalitions Texas, four DSHS-funded coalitions currently operate. These coalitions include the Voice Against Substance Abuse Coalition in Waco; the Community Alcohol and Substance Awareness Partnership (CASAP) in Bryan; the Hearne Zero Tolerance Youth Coalition in Hearne; and the LifeSteps Substance Abuse Prevention Coalition in Round Rock.

Regional Coalitions

A fifth coalition working in Region 7 is the Robertson County Community Coalition (RCCC). This coalition is financially supported through a drug free communities grant and works in partnership with the Hearne Zero Tolerance Youth Coalition. Together, both coalitions work with partners in Robertson County to address issues of alcohol abuse and drug use in the community.

Also, noteworthy, are the efforts of Texans Standing Tall (TST). This coalition is known for being leaders in producing reports and generating activities for awareness concerning underage drinking. One such report describes how the increase of an alcohol tax by 10 cents can dramatically change the health and economic status of residents in Texas. This coalition, however, is expanding to address state wide issues related to the dangers of substance abuse.

A final coalition of note is the Hays Caldwell Council on Alcohol and Substance Abuse. This coalition is involved in education and advocacy for better conditions free of substance abuse concerns is inspiring. They are well informed on their communities and knowledgeable about specific substance abuse struggle is present.

Treatment/Intervention Providers

Substance abuse and mental health treatment providers are centered in San Marcos, Austin, Georgetown, Belton, Waco, and College Station. Most service providers are located in Austin. There are a few mental health providers located in areas such as Caldwell, Cameron, Hearne, Navasota, Killeen, Lampasas, Hamilton, and Liberty Hill.

Religion and Prevention

Although it's powerful for youth to witness testimonies from their peers overcoming addictions, the data involved in such an occurrence lends itself to a rich qualitative nature. The transformative motivation and inspirational call to not get involved with drugs and alcohol after a testimony can have incredible influence over a community. Among religion options related to prevention is Celebrate Recovery. Key informant insight would describe Celebrate Recovery as being effective in helping those who are struggling with an addiction, yet clear numbers of how many individuals have recovered from an addiction and remain free from their addiction is not readily known.

School Domain

YP Programs

Agencies providing youth prevention (YP) programs are empowered with local coalitions and the prevention resource center. Considering all YPs, along with coalitions and the regional prevention resource center, there are 9 agencies that contribute to youth prevention. According to DSHS, the following agencies are funded in Region 7 and work in some capacity toward youth prevention, if not directly: (1) Austin-Travis County MHMR and Austin Travis County Integral Care, (2) Brazos Valley Council on Alcohol and Substance Abuse, (3) Connections Individual and Family Services Inc., (4) Hays Caldwell Council on Alcohol and Drug Abuse, (5) Phoenix Houses of Texas, Inc., (6) Viable Options in Community Endeavors, (7) Williamson Council on Alcohol and Drugs, dba LifeSteps, (8) Youth and Family Alliance, and (9) YWCA of Greater Austin. However, there are several noteworthy agencies working in Region 7, such as Texans Standing Tall and the Heart of Texas MHMR working to develop a Waco ROSC.

Students Receiving AOD Education in School

Although students across Texas and in Region 7 receive education about the dangers of alcohol and other drugs, complete data collection is still needed. From the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA), 1310 students receive education about the danger of alcohol and other drugs. All of these students are from Education Service Center 6. Further data collection and inquiry is needed to identify more students receiving education.

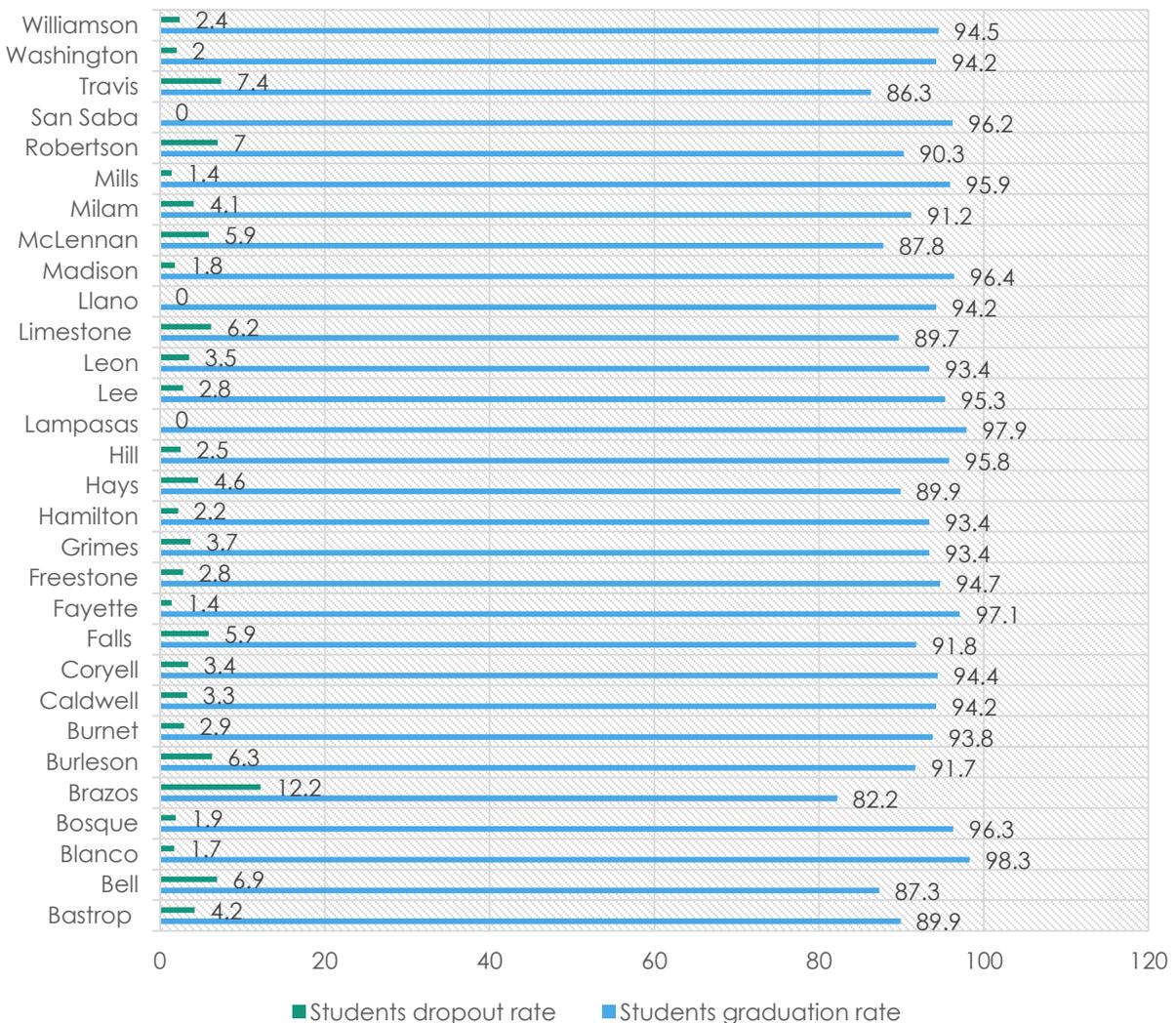
Academic Achievement

In the figure below graduation rates are compared to dropout rates. Early in this report, we described the dropout rates and witnessed the highest dropout rate in Brazos County. Also, in the below figure, we see the relationship between graduation and dropout rates since Brazos County has the lowest

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graduation rate. The highest graduation rates are in Blanco (98.3), Lampasas (97.9), and Fayette (97.1).

Graduation and Dropout Rates, 2013

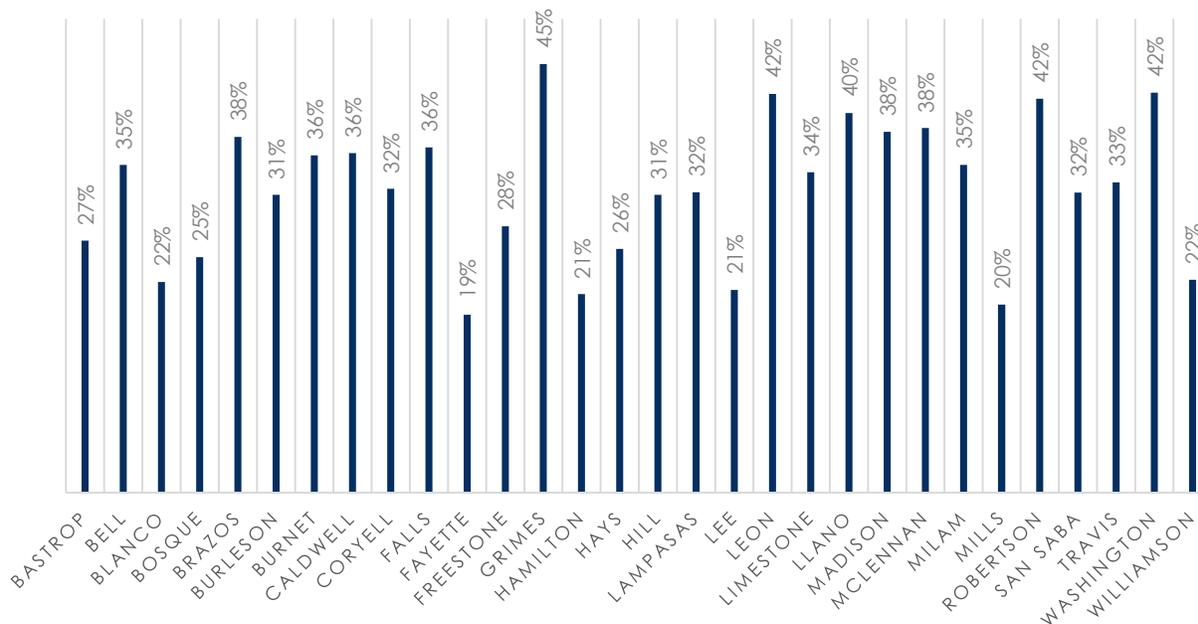


Family Domain

Parental/Social Support

According to a 2012 SAMHSA study [4], “more than 10 percent of U.S. children live with a parent with alcohol problems”. Additionally, 32% of children in Region 7 are in single-parent households. As a specific example, Grimes County leads all Region 7 counties in having the highest percentage (45%) of children living in single-parent households. In contrast, Fayette County has the lowest percentage of children living in single-parent households (19%).

PERCENT OF CHILDREN IN SINGLE-PARENT HOUSEHOLDS



In terms of social support, members of Region 7 work to identify and support social associations in the region. Associations identified include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations and professional organizations. We further identify social associations in terms of the number of associations per 10,000 residents as sourced from the North American Industry Classification System (2012). In Region 7, the association rate is 13.18 with comparative information indicating Williamson County having the lowest association rate (6.0) and Hamilton County having the highest rate (21.7).

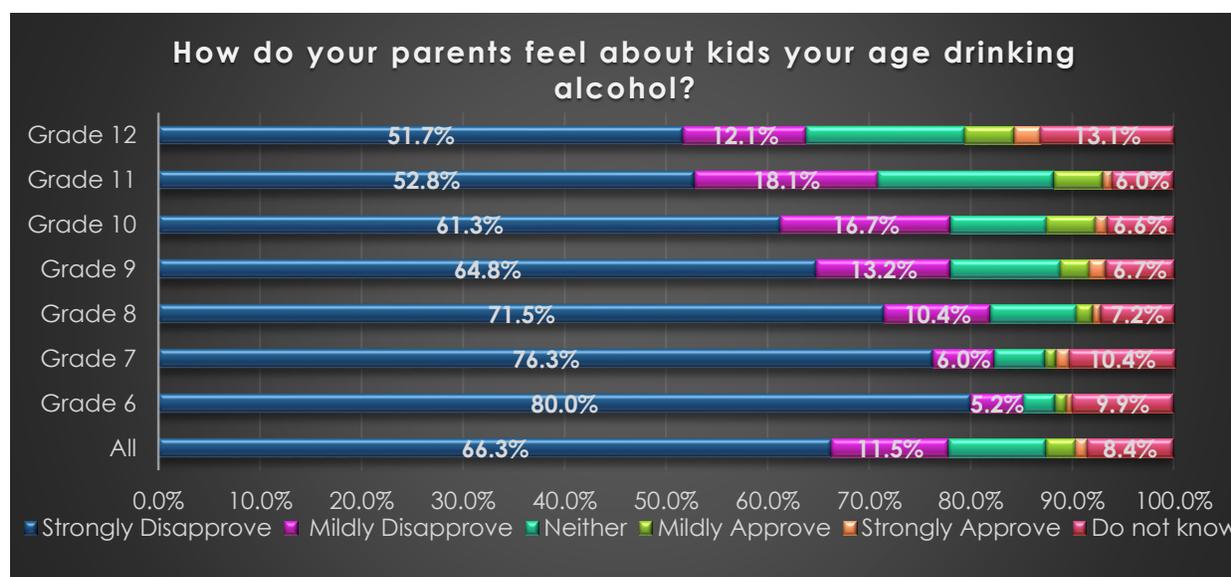
| Social Association Rates | | | | | |
|--------------------------|------------------|-------------------|------------------|-------------------|------------------|
| Area | Association Rate | Region 7 Counties | Association Rate | Region 7 Counties | Association Rate |
| Texas | 13.79 | Bastrop | 8.8 | Hill | 12.2 |
| Region 1 | 20.50 | Bell | 7.9 | Lampasas | 12.9 |
| Region 2 | 17.50 | Blanco | 12.2 | Lee | 13.3 |
| Region 3 | 10.29 | Bosque | 15.4 | Leon | 19.0 |
| Region 4 | 12.85 | Brazos | 8.2 | Limestone | 11.0 |
| Region 5 | 11.16 | Burleson | 14.5 | Llano | 14.7 |
| Region 6 | 9.97 | Burnet | 12.9 | Madison | 10.2 |
| Region 7 | 13.18 | Caldwell | 9.3 | McLennan | 11.9 |
| Region 8 | 10.76 | Coryell | 7.5 | Milam | 17.4 |
| Region 9 | 14.60 | Falls | 16.5 | Mills | 18.6 |
| Region 10 | 13.20 | Fayette | 20.2 | Robertson | 17.5 |
| Region 11 | 7.13 | Freestone | 13.8 | San Saba | 20.0 |
| | | Grimes | 7.5 | Travis | 9.3 |
| | | Hamilton | 21.7 | Washington | 17.9 |

| Social Association Rates | | | | | |
|--------------------------|--|------|-----|------------|-----|
| | | Hays | 7.1 | Williamson | 6.0 |

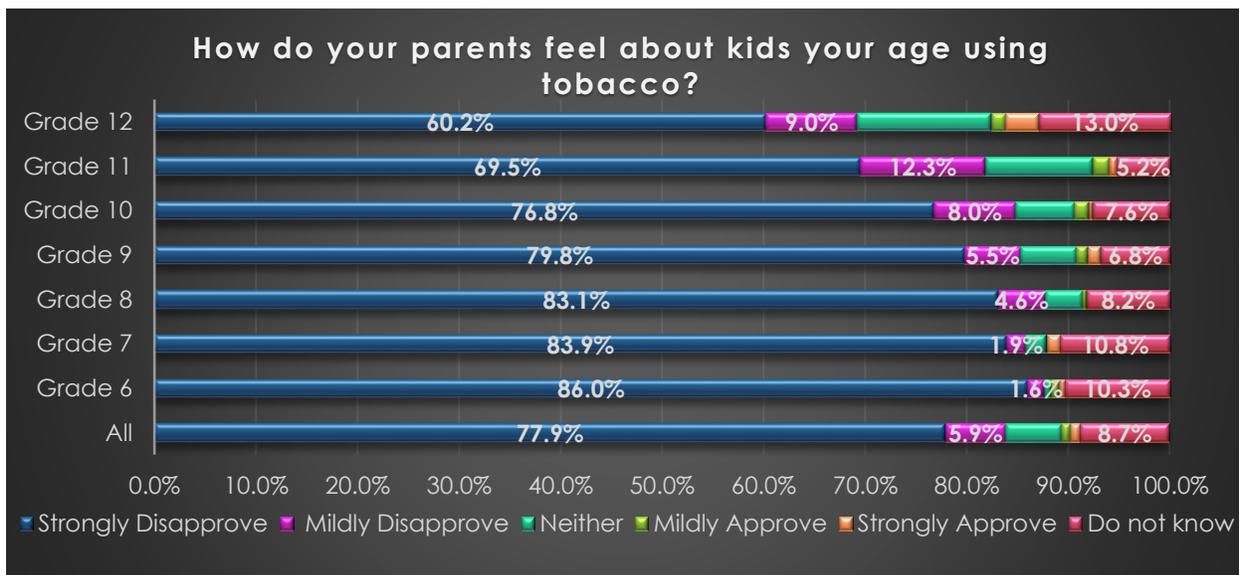
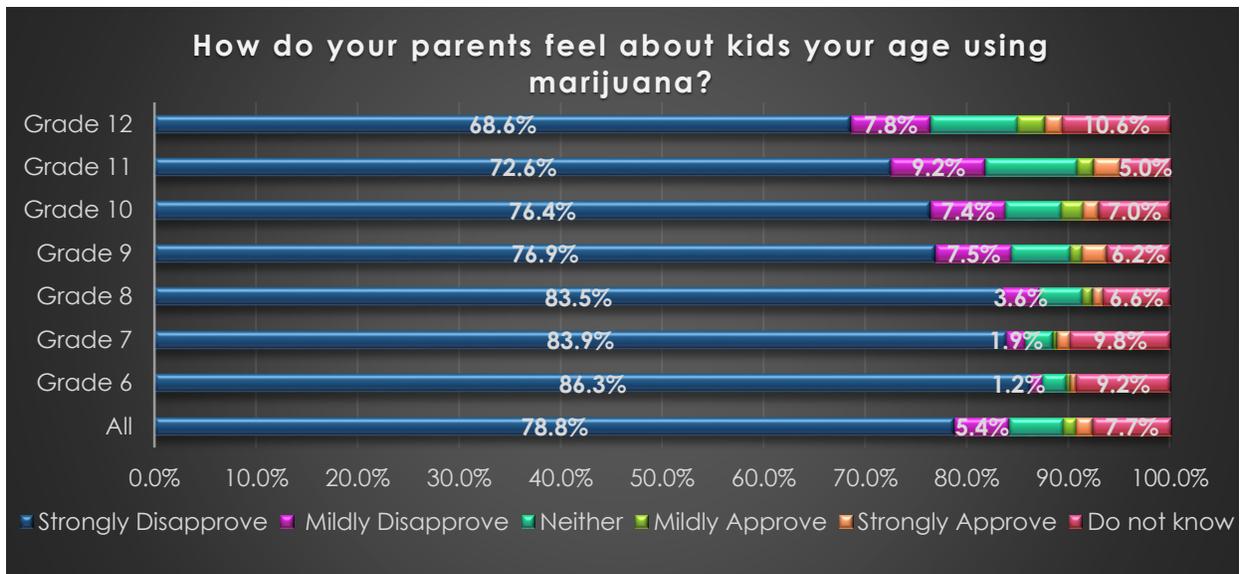
Source. North American Industry Classification System, 2012

Parental Attitudes toward Alcohol and Drug Consumption

Parental attitudes toward alcohol and drug use influence decisions made by youth and adolescents. For example, in one meeting from the LifeSteps Coalition (Round Rock, TX), a high school student organization introduced – SOS, Students Opposing Substances. The SOS organization worked to establish an agreement between students and parents that parental drug testing of students only occurred after spending time with other students. Students described this method as a way to not give into peer pressure and to inform parents of students’ choices in peers. Strengthening the parent-student relationships is important for describing current struggles of both parties. Below are a series of questions asked of students filling out the Texas School Survey.



Region 7 and 8 data were combined to provide an estimate of how parents feel about kids grade 6-12 using alcohol, marijuana, and tobacco.



Students Talking to Parents about ATOD

Youth prevention (YP) services provide a unique opportunity for students to start the conversation with parents about alcohol and drug use. There are several YP programs in Region 7, yet data collection methods and psychometric evaluation of instruments is required. Data from some YP services have undergone rigorous data quality measures to yield reliable results for informing policy makers and stakeholders.

Individual Domain

Life Skills Learned in YP Programs

Youth Prevention Programs occur in Region 7, yet exact data from youth prevention is still not incorporated or evaluated for feasibility in the RNA. We know youth prevention programs are required to inform evidenced based practices. With that said, more work is needed to identify how impact life

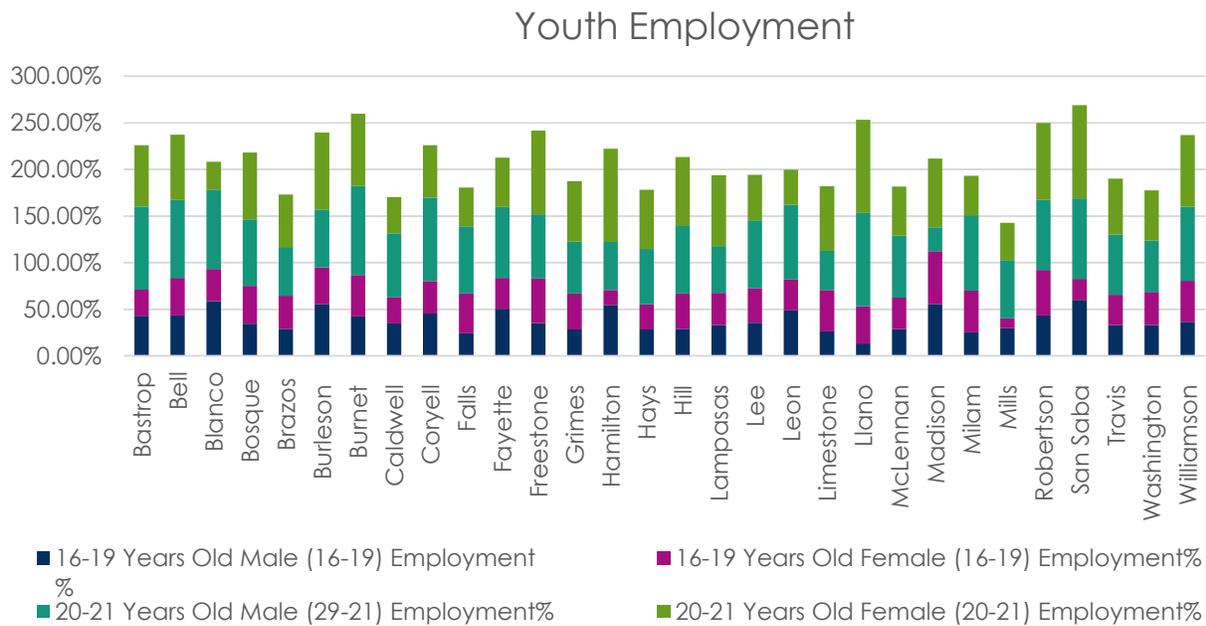
skills learned in YP programs have reshaped the community. For example, there is evidence that resiliency progra have helped youth overcome difficult circumstances and succeed by going to college.

Mental Health and Family Recovery Services

Mental health and family recovery services continue to expand and meet the changing needs of mental health first aid in the classroom. For example, Austin Integral Care has offered services to educators because of increased incidences of violence among youth in schools. In fact, the ACE study demonstrated that students no longer feel safe in schools.

Youth Employment

The percentage of youth working can create a positive factor in reducing drug use. For example, Llano County had the lowest employment for males, 16-19 years of age (13.35%). For females, 16-19 years of age, the county with the lowest employment was Mills (10.08%). For males, 20-21 years of age, the county with the lowest employment was Madison (25.57%). As for females, 20-21 years of age, the county with the lowest employment was Blanco. Other specific percentages can be found in Appendix B. From the figure below, San Saba and Burnet Counties have the most youth employed.



Youth Perception of Access

Illustrated in Accessibility, youth easily gain access to alcohol, marijuana, and prescription drugs. Therefore, the use of youth prevention programs becomes vital in helping youth decide drugs are not for them. Our cause as prevention professionals also comes into the picture, because youth have access “in a sense” to whatever they want. Our message about the dangers of alcohol and drug use becomes a priority and the cost for prevention becomes that more necessary. As we continue to limit access, helping youth be aware of the real life dangers in alcohol and drug use remains important.

Youth Perception of Risk and Harm

Illustrated in Perceived Risk of Harm section, youth tend to develop the belief that alcohol and prescription drugs are not dangerous. That trend is seen by observing the increased “not harmful” perspective of students from grades 6 to 12. For students in grade 12, the largest numbers occur for youth perceiving low risk in relation to alcohol and prescription drug use. For marijuana use, however, the largest numbers occur with students in grades 10 and 11. This suggests high school prevention programs talking about marijuana have been influenced youth in grade 12.

Trends of Declining Substance Use

Although there is indication of downward trends related to alcohol and drugs over time, the sporadic spikes of synthetic marijuana use has led to an increase in concern across communities and changes in community and user behaviors. For example, quick and sudden spikes in synthetic marijuana use have been driven by employers’ effort to drug test employees. Community stakeholders offer the possibility that marijuana users seek synthetic marijuana to get the same high and pass drug test.

Region in Focus

Gaps in Services

There are many opportunities for improvement concerning the services of Region 7. A growing issue in Region 7 is the language barrier. Not all service providers can help the Spanish-speaking population, this becomes more apparent in rural areas where services are already limited (e.g., San Saba County). The access to services (e.g., detox facility) are also lacking in rural areas. Finally, navigating the healthcare system is a challenge for many individuals living in Region 7.

Gaps in Data

Gaps exist in county-level data collection efforts across the region. In addition, as efforts are made to unify counties in data collection, gathering data in Spanish becomes apparent. The need to support local communities in collecting data remains a constant effort; especially as regional needs assessments attempt to tie into relevance at the local level. Stakeholders in the community have expressed that data become more local or specific to their community.

A significant source of surveying across the region is conducted through the Public Policy Research Institute. For the most part, drug and alcohol data collected from adolescents throughout the region is short of rich and detailed regional assessment, especially at the county-level. There are a number of coalitions assessing their community needs, but data outcomes are not representative for the region. Community-level data reporting can be collected for our evaluation and study of variables and factors at work, but more region-wide data collection is necessary. As a result, existing data is currently the only way to begin assessing and estimating the effects of alcohol, marijuana, and prescription drug use in the region. Therefore, continued encouragement and support for community-level efforts in the region is required. Further community-level activity is necessary to translate community data to a regional-level assessment. Expanding community data gathering efforts allows members of the region to develop county-level assessments and relational connections to neighboring counties.

The evaluation of certain seasonal occurrences are also necessary. For example, times related to the numerical value of 420 are commonly used in marijuana activity. The numerical value 420 can mean April 20th or the times 4:20pm or 4:20am. Also, the term “420 friendly” is sometimes used in online

social media settings as an indication of being open to marijuana use. In addition to marijuana activity, alcohol use generally increases during holidays (e.g., New Year's Eve). However, instruments (e.g., surveys) are needed to measure spikes in alcohol abuse to address this issue in the following years.

Regional Partners

Many regional partners support the efforts of the Prevention Resource Center 7. For example, the willingness of Huston-Tillotson University to foster epidemiological work on their campus has been an asset in describing the current nature of tobacco, alcohol, and drug use in Region 7. Public schools and districts have been vital in providing necessary education to students concerning the dangers of alcohol and drug use. Likewise, coalitions have been instrumental in prompting local change in communities. Though we are many people working for the same cause, we should continue in our work to identify others doing the same work and build stronger relationships.

Regional Successes

Region 7 has one permanent box for individuals to drop off unwanted prescribed medicine: Robertson Co. Sheriff's Office, 113 W. Decherd St., Franklin, Texas 77856; 979-828-3299. Additionally, a recent single event for prescription drug collection was conducted in the region. At this event, members of the PRC collected over a ton of prescription pills across 3 different collection sites (Washington, Brazos, and Robertson counties). Also, through the efforts of CVS/pharmacy and The Partnership at Drugfree.org, another site for the collection of prescription drugs, MedReturn, was created. In region 7, the collection site is located at the following: San Marcos Police Department, 630 E. Hopkins, San Marcos, TX 78666.

Several individuals involved in policy making at the city and college level in Region 7 are now discussing and developing policies related to the use of e-cigarettes in public establishments. For example, Baylor University has created policy disallowing e-cigarettes on-campus. The same discussion is occurring at the community-level as tobacco-free individuals have expressed discomfort when in close proximity to users of e-cigarettes.

Due to the presences of numerous public and private universities, Region 7 is enriched with access to academic scholars. These scholars have been instrumental in forming an epidemiological workgroup to address issues of marijuana use, prescription drug abuse, and underage drinking among adolescents. A second epidemiological workgroup is currently working to address issues related to tobacco use. Having multiple epidemiological workgroups help foster the scientific investigation of alcohol and substance abuse issues in Central Texas. Finally, the work and efforts of several coalitions in the area have been vital in addressing issues of marijuana use, underage drinking, and the status of prescription drug abuse in Region 7. A key aspect of the coalition in Central Texas has been the willingness of members to participate with the Prevention Resource Center and to contribute information from their experiences.

Conclusion

Although efforts to make people in region 7 think twice about using marijuana has led to resistance, the PRC continues to address misconceptions about marijuana use through directed media activities. One such activity utilized billboards in the Austin area to remind the public of the dangers associated with alcohol and substance abuse. Strong and negative public reaction toward the billboards concerning anti-marijuana messages served to inform the PRC where to strategically begin dialogues and work to

eliminate misconceptions about marijuana use. Although preventive alcohol and prescription drug messages did not spark activity from the Austin public further, work by members of the PRC with nearby coalitions is being conducted to begin understanding root causes for issues in this densely populated region (especially in the form of an epidemiological workgroup).

Key Findings

The following key findings can be said of Region 7:

- Female minorities in grades 6 through 12 are more susceptible to illegal drugs on school property
- The high dropout rate in Brazos County may impact adolescent alcohol and drug use in the region
- In Region 7, prescriptions outnumber people, for every 8 prescriptions there are 7 people
- The belief that marijuana is a dangerous drug continues to decline among adolescents
- Youth seek treatment for marijuana, while adults seek treatment for methamphetamine

Moving Forward

Prevention activities in Region 7 to address underage drinking, marijuana use, and prescription drug abuse are still important for stakeholders. Education for youth is needed to change perceptions about the dangers of alcohol and drugs. Similarly, we believe key findings should direct our actions as we continue moving forward in addressing alcohol and drug use in our region.

References

[1] Hingson, R.W.; Zha, W.; and Weitzman, E.R. Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18–24, 1998–2005. *Journal of Studies on Alcohol and Drugs* (Suppl. 16):12–20, 2009. PMID: 19538908 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701090/>

[2] Centers for Disease Control and Prevention. Excessive drinking costs U.S. \$223.5 billion. Available at: <http://www.cdc.gov/features/alcoholconsumption/>

2015 Regional Needs Assessment

[3] Lee, J. The costs of drug rehab. Retrieved from <http://www.choosehelp.com/topics/drug-rehab/the-costs-of-drug-rehab>

[4] SAMHSA. Data spotlight: Over 7 million children live with a parent with alcohol problems. 2012. Available at: <http://media.samhsa.gov/data/spotlight/Spot061ChildrenOfAlcoholics2012.pdf>

Appendix A

| PRC Region | Counties |
|---|--|
| 1: Panhandle and South Plains | Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum (41) |
| 2: Northwest Texas | Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30) |
| 3: Dallas/Fort Worth Metroplex | Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19) |
| 4: Upper East Texas | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23) |
| 6: Gulf Coast | Austin, Brazoria, Chambers, Colorado, FortBend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13) |
| 7: Central Texas | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30) |
| 11: Rio Grande Valley/Lower South Texas | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19) |
| <i>Note.</i> PRC stands for Prevention Resource Center and the number in parenthesis is the total number of counties in that particular region. | |

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Appendix B

| County | 16-19 Years Old | | 20-21 Years Old | |
|------------|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| | Male (16-19) Employment% | Female (16-19) Employment% | Male (20-21) Employment% | Female (20-21) Employment% |
| Bastrop | 43.06% | 27.88% | 89.01% | 66.10% |
| Bell | 43.33% | 40.39% | 83.52% | 69.87% |
| Blanco | 58.81% | 34.52% | 84.35% | 30.37% |
| Bosque | 34.60% | 40.50% | 71.19% | 71.74% |
| Brazos | 28.99% | 35.73% | 51.97% | 56.44% |
| Burleson | 55.53% | 39.48% | 61.69% | 82.76% |
| Burnet | 42.47% | 44.37% | 95.45% | 77.45% |
| Caldwell | 35.03% | 28.08% | 68.37% | 38.93% |
| Coryell | 45.37% | 35.03% | 89.09% | 56.53% |
| Falls | 24.29% | 42.61% | 71.89% | 41.84% |
| Fayette | 50.51% | 33.28% | 76.00% | 52.78% |
| Freestone | 35.10% | 47.93% | 68.79% | 89.89% |
| Grimes | 28.33% | 38.50% | 55.58% | 64.93% |
| Hamilton | 54.75% | 15.85% | 51.69% | 100.00% |
| Hays | 28.27% | 27.09% | 59.43% | 63.54% |
| Hill | 29.07% | 37.93% | 72.45% | 73.73% |
| Lampasas | 33.22% | 34.54% | 50.00% | 76.12% |
| Lee | 35.56% | 37.13% | 72.86% | 48.82% |
| Leon | 48.77% | 33.41% | 80.00% | 37.50% |
| Limestone | 26.51% | 44.15% | 42.00% | 69.43% |
| Llano | 13.35% | 39.89% | 100.00% | 100.00% |
| McLennan | 28.67% | 33.91% | 66.35% | 52.52% |
| Madison | 55.66% | 56.65% | 25.57% | 73.81% |
| Milam | 25.23% | 44.67% | 80.90% | 42.55% |
| Mills | 30.25% | 10.08% | 62.50% | 40.00% |
| Robertson | 43.26% | 48.81% | 75.55% | 82.25% |
| San Saba | 60.10% | 22.67% | 86.11% | 100.00% |
| Travis | 33.22% | 32.29% | 64.55% | 60.16% |
| Washington | 33.29% | 35.42% | 55.03% | 53.82% |
| Williamson | 36.51% | 43.96% | 79.77% | 76.70% |

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. |
| Adolescent | An individual between the ages of 12 and 17 years. |
| Age-adjustment | Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes allowing communities with different age structures to be compared |
| ATOD | Alcohol, tobacco, and other drugs. |
| Crude Mortality Rate | the mortality rate from all causes of death for a population during a specific time period |
| 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, |

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| | 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 |