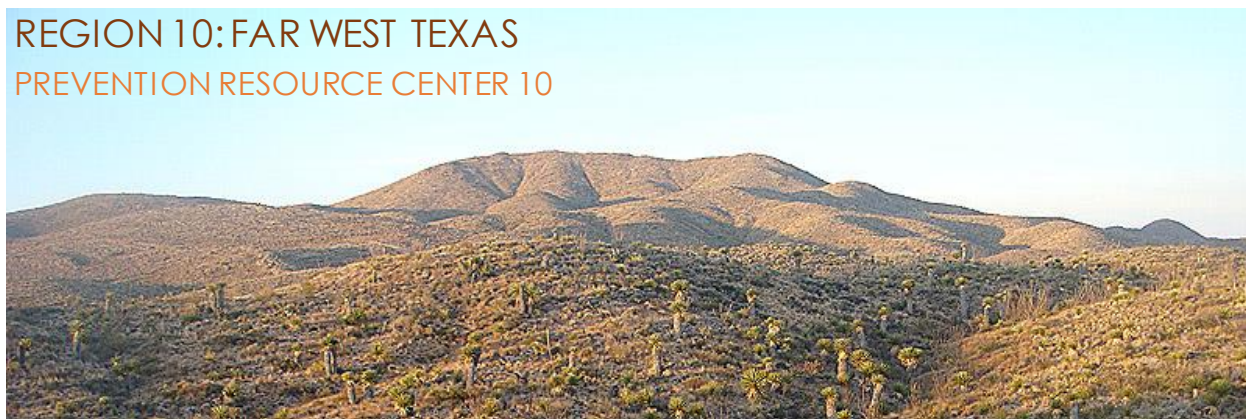




Regional Needs Assessment

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Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center in Region 10 (PRC 10) along with and supported by Aliviane, Inc. and the Texas Department of State Health Services (DSHS). The needs assessment has been conducted to provide the state, the PRC, and the community at large, with a comprehensive view of information about the trends, outcomes and consequences associated with regional and statewide drug and alcohol use. The assessment was designed to enable PRC's, DSHS, and community stakeholders to engage in long-term strategic prevention planning based on current information relative to the needs of the community. This study also serves as the premiere effort in a body of work upon which further Regional Needs Assessments will follow. Moreover, the information compiled in the RNA will be utilized to build a Regional Data Repository, which will function as part of a state data repository.

Determining community needs requires a thoughtful, scientific and qualitative approach. It would be remiss for this document to present numbers and percentages without also offering insight about cultural and contextual values that are inherent within the local communities and across the state. After all, community encompasses innumerable factors. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and expectations.

While Texas is, for many residents, a cultural, geographical, and social experience of diversity, it is also culturally similar across all of its towns and cities. There are ubiquitous hallmarks within Texas that inhabitants may see as familiar through each town, and off of each interstate, whether one is in the desert area of far west Texas or in the rolling plains.

"While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore"

While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore; that the population is of a rugged and hard-working tapestry, and that Texans are tough people. There are many attributes that provide for similarities and differences between each town and region.

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

causality between any substance and prevalence rate in any given area or cultural context. Broader implications of meaning or etiology with relation to data are not addressed in this report.

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

What is the PRC?

The Prevention Resource Center is a statewide initiative funded by the Texas Department of State Health Services that spans across 11 regions. Each PRC functions as a data collection repository, training liaison in substance abuse prevention, and conducts tobacco compliance check at tobacco merchant retailers. The PRC is charged to facilitate and maximize regional resources in data collection in order to develop an annual RNA.

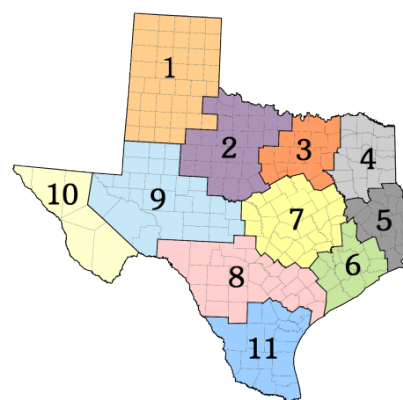
The data collection efforts carried by PRC are focused on the state's prevention priorities of alcohol (underage drinking), marijuana, prescription drugs, tobacco, and other drugs. The Prevention Resource Centers collaborate closely with community stakeholders, substance abuse prevention programs, and other community advocates to identify and coordinate training opportunities for the region.

Our Purpose

Prevention Resource Centers are to enhance regional efforts in the area of substance abuse prevention through data collection, data and information dissemination, and providing indirect support services through relevant substance abuse prevention training. It is our goal to provide the most appropriate, accurate, reliable data on current trends, facts, and research in the area of alcohol, marijuana, prescription drugs, tobacco and other drugs.

Our Regions

Region 1: Panhandle and South Plains
Region 2: Northwest Texas
Region 3: Dallas/Fort Worth Metroplex
Region 4: Upper East Texas
Region 5: Beaumont
Region 6: Gulf Coast
Region 7: Central Texas
Region 8: San Antonio
Region 9: Midland
Region 10: Far West Texas
Region 11: Rio Grande Valley/Lower South Texas



What Evaluators Do

Regional PRC Evaluators have many responsibilities related to the development of a sustainable central data repository in the region. Evaluators are responsible for developing data collection strategies and activities, developing, and conducting surveys and focus groups that target local and county data, as well as analyzing data, creating written and oral reports and databases for the central data repository, and working and collaborating with the DSHS Statewide Prevention Evaluator. The PRC Regional Evaluator also works closely with the Community Liaison and the Prevention Specialists to identify those entities that are able to collaborate and provide data resources appropriate for the development of the central data repository.

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

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

Additionally, Evaluators provide technical assistance and consultation to providers, community groups and other stakeholders for substance abuse data collection activities for the data repository.

How We Help the Community

PRC's provide systems for collecting data, and help stakeholders navigate data that is collected through the Central Data Repository, to develop programs and make informed decisions. The role of PRC is to contribute to the increase in stakeholder's knowledge and understanding of the populations they serve, improve programs, and make data-driven decisions. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas for improvement.

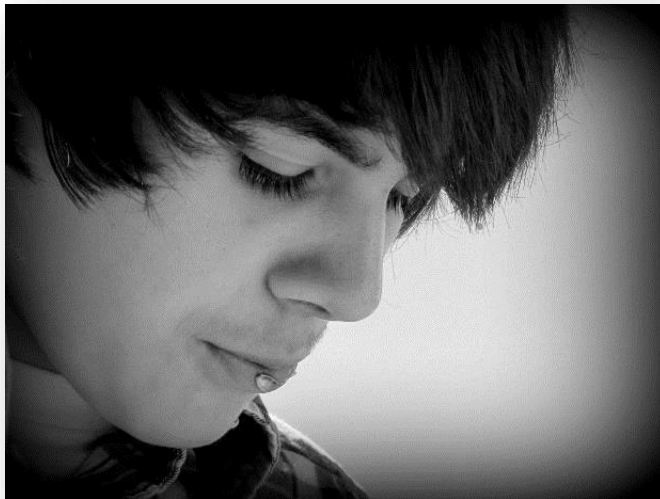
Key Concepts in This Report

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

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

Adolescents

Having established the youth population as a primary focus for the RNA and for prevention planning, consideration must be given to how this document operationally defines youth and developmental spans that comprise it. Adolescence, for instance, is a construct that must be examined as having some debatable parameters. While the typical thresholds for any given developmental time frame are usually marked by chronology, many scientists and professionals point out the appearance of characteristics such as behaviors, cognitive reason, aptitude, attitude, and competencies, as developmental milestone markers. From the chronological viewpoint, there are a handful of tenets that must be considered, and which hold equal footing of legitimacy in the discussion. Texas Department of State Health Services posits a more traditional definition of Adolescence as ages 13-17 (Texas Administrative Code 441, rule 25.). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the APA and WHO concede that there are characteristics generally corresponding with the chronology of adolescence, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy.



Conversely, the chronology of adolescence and youth has been challenged with recent research efforts. Many have been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH), culminating in the consideration of an expanded definition of adolescence that ends around the age of 25. The research, neurologically oriented and empirically based in imaging/scanning methodologies, indicates that the human brain is not completely developed until around the age of 25.

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

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

Epidemiology

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

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

Risk and Protective Factors

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

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

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

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

Consequences and Consumption

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

These two concepts, consequences, and consumption, will be described in this document relative to alcohol, prescription drugs, and illicit drugs, which will enable the reader to conceptualize the public health problems in an organized and systematic manner. SAMHSA (2008) has provided an excellent example of how these concepts are tied together with alcohol. "With respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, one or more specific data measures (or "indicators") are used to assess and quantify the prevention-related constructs. Indicator data are collected and maintained by various community and government organizations." Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption.

Introduction

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



Photo Source: <http://www.samhsa.gov/spf>

The Department of State Health Services Substance Abuse Services funds 11 Prevention Resource Centers (PRCs) across the State of Texas. These centers are part of a 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: (1) under-age drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.



How to Use This Document

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

Purpose of This Report

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

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

Features of This Report

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the state of Texas. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; schools and school districts; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

This report includes a wealth of information and readers will consult this report for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. This report is organized so that it meets these various needs.

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

Methodology

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2014 and June 30, 2015. The state evaluator met with the regional evaluators at a statewide conference in October 2014 to discuss the expectations of the regional needs assessments. Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support through resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). Between October 2014 and July 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

Using Tables and Charts

Where possible, both trend data and yearly statistics are presented in table and chart format. The tables and charts are meant to help summarize the data interpretation. The figures are displayed at the most basic level for the easy interpretation for all of our readers from expert epidemiologists to the lay person interested in substance abuse. For further clarification of the more complicated figures and mathematical arrangements, descriptive text is provided above the figures. Where possible, five year displays of data are presented, to highlight any overall trends that are not overly influenced by dramatic yearly changes. Tables always show the data presented in alphabetical order from top to bottom or left to right. Red blocks tend to describe negative-impact community trends while green blocks show positive impact. Missing counties typically mean that data was not provided for those counties, either due to unavailability or censorship to avoid identification with numbers less than 10. The same display of information applies to charts as well. The RNA uses both bar and pie charts. Figures refer to a combination of a table and a chart shown side by side in order for clarity and comparison purposes.

Data Selection Process

The state wide evaluator team identified data indicators as well as specific populations in order 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, 2013.

Criterion for Selection

We chose secondary data sources based on the following criteria:

1. **Relevance:** The data source provides an appropriate measure of substance use consumption, consequences, and related risk and protective factors.
2. **Timeliness:** Our goal is to provide the most recent data available (within the last five years).
3. **Methodologically sound:** Data that used well documented methodology with valid and reliable data collection tools.
4. **Representative:** We chose data that most accurately reflects the target population in Texas and across the 11 human services regions.
5. **Accuracy:** Data is an accurate measure of the associated indicator.

Adolescent Population

The adolescent population is the first group that the PRCs focus their collection and reporting efforts on due to the impact the younger generation has on the community. Further research shows that efforts to postpone the initial age of onset in regards to substance abuse is critical in its prevention and reduction in 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).

Quantitative Data Selection

SAMHSA states that quantitative data is described in numbers and shows how often something occurs or to what degree a phenomenon exists¹:

- Answers, “How many?” “How often?”
- Measures levels of behavior and trends.
- Is objective, standardized, and easily analyzed.
- Is easily comparable to similar data from other communities and levels.
- Examples: statistics, survey data, records, archival data.

The PRC evaluators have selected a number of reliable data sources that are relevant and current to their respective regions throughout the state. Throughout this document you will find quantitative data that was gathered from national, state, and local agencies to create a regional assessment that is representative of each prospective region in the state.

¹ Substance Abuse and Mental Health Services Administration, Epidemiological Data: What Can it Tell You?

Demographic Overview

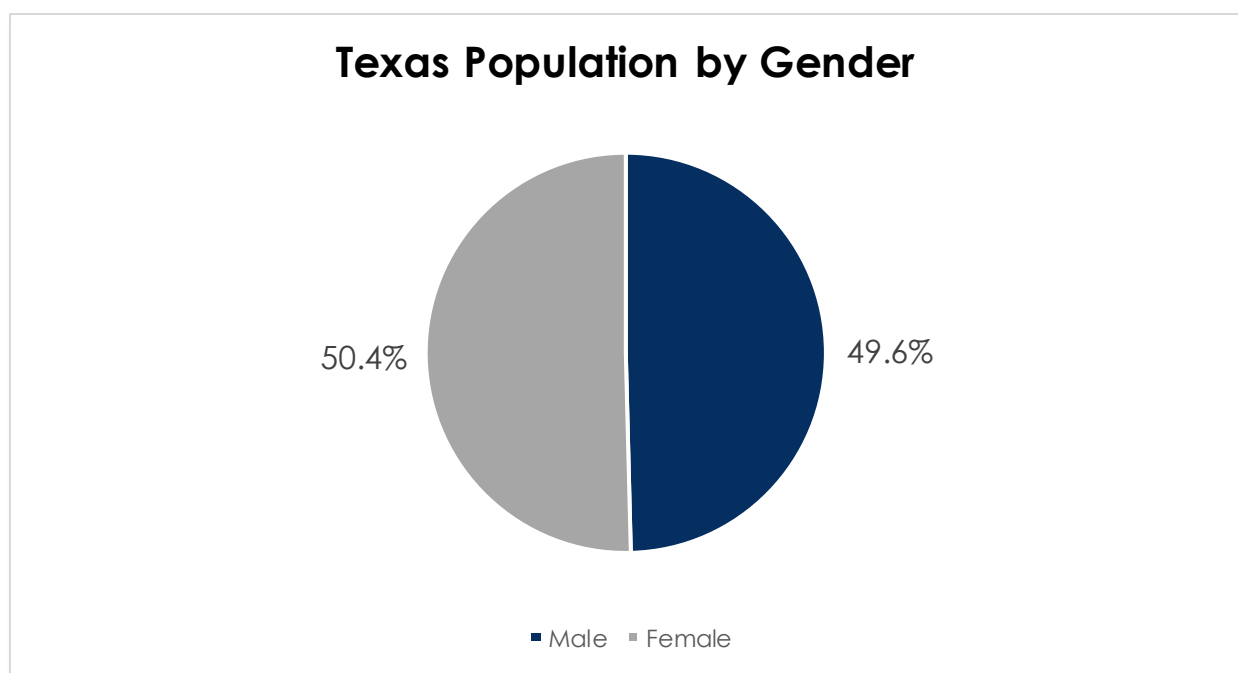
State Demographics

Texas is the second largest and second most populous state in the nation with an estimated population of 25,639,373 according to the 2009-2013 American Community Survey 5-Year Estimates. It should be noted that the number of individuals actually living in the state may indeed be more than estimated.

The United States Department of Homeland Security (USDHS) estimates that 1.8 million individuals reside in the state as unauthorized immigrants in 2011². This has an impact on our state demographics as this population has been reported as increasing over time. The USDHS estimates a population change of 60,000 annually that reside in Texas as unauthorized immigrants.

Population

The total population of Texas is estimated at 25,639,373; when broken down by gender there are 12,729,156 males (49.6%), and 12,910,217 females (50.4%) in the state. The US Census Bureau, Population Division as of July 1, 2014 estimates a population increase to a total of 26,956,958 for the state of Texas.



Data Source: US Census Bureau, American Community Survey 2009-2013

² Department of Homeland Security, Population Estimates

Age

The largest age group in the state of Texas is 25 to 34 years of age at 14.4% of the population, and the smallest age group is that of 85 years and over at 1.2%. The median age for the state is 33.8.

Age Group	Estimated Total	Percentage
Under 5 years	1,934,973	7.5%
5 to 9 years	1,954,747	7.6%
10 to 14 years	1,906,075	7.4%
15 to 19 years	1,884,547	7.4%
20 to 24 years	1,878,724	7.3%
25 to 34 years	3,690,303	14.4%
35 to 44 years	3,510,980	13.7%
45 to 54 years	3,435,096	13.4%
55 to 59 years	1,469,598	5.7%
60 to 64 years	1,237,984	4.8%
65 to 74 years	1,568,590	6.1%
75 to 84 years	848,059	3.3%
85 years and over	319,697	1.2%

Data Source: US Census Bureau, American Community Survey 2009-2013

Race

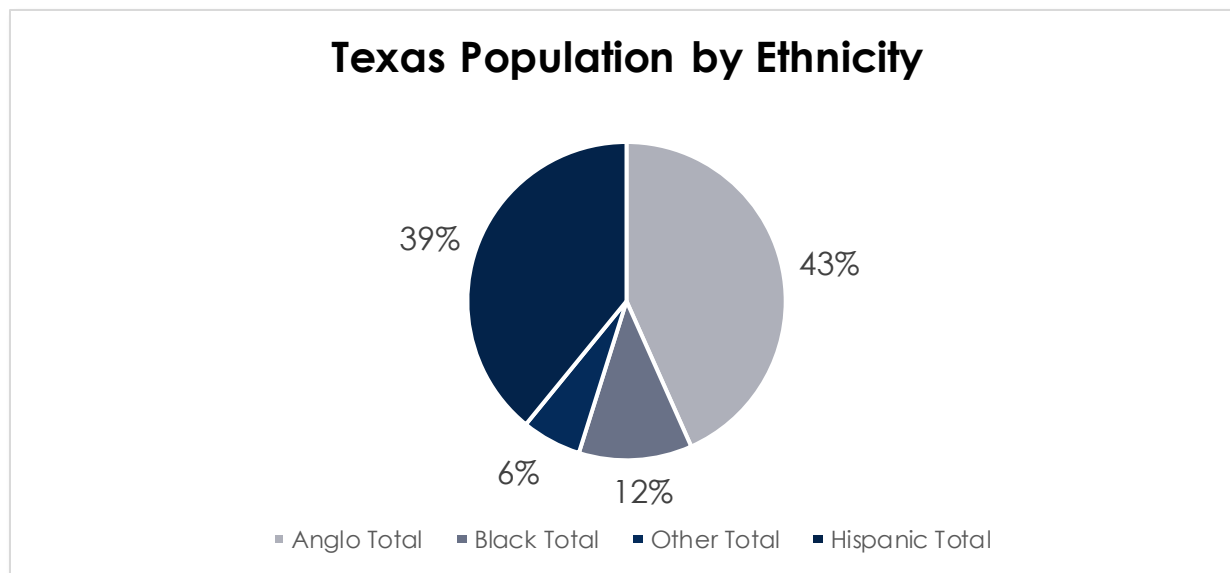
The American Community Survey 2009-2013 estimates that of the total population in Texas, 97.7% claim only one race and the remaining 2.3% report two or more races. It is important to note that Hispanics fall under the race of White, and are later categorized by ethnicity.

Race alone or in combination with one or more other races		
Total population	25,639,373	25,639,373
White	19,580,511	76.4%
Black or African American	3,236,369	12.6%
American Indian and Alaska Native	304,987	1.2%
Asian	1,163,272	4.5%
Native Hawaiian and Other Pacific Islander	43,401	0.2%
Some other race	1,938,336	7.6%

Data Source: US Census Bureau, American Community Survey 2009-2013

Ethnicity

As of 2013, the Texas State Data Center has reported that 43% of the state of Texas are Anglo, 39% Hispanic, 12% Black, and 6% Other³. The category of "Other" is not clearly defined by the Texas State Data Center. The US Census Bureau, 2009-2013 American Community Survey estimates that 4,187,930 individuals in the state of Texas are foreign born, 66.6% are not a US citizen and 33.4% are a naturalized US citizen⁴.



Data Source: Texas State Data Center 2013

Languages

In Texas, 65.3% of that state population 5 years and over speak only English. Of this population, Spanish is second at 29.5% for language spoken other than English. Please see our regional demographics for specific data on linguistically isolated households.

Language	Estimate Total	Speak English "very well"	Speak English less than "very well"
Speak only English	65.3%	-	-
Speak a language other than English	34.7%	59.0%	41.0%
Spanish or Spanish Creole	29.5%	58.1%	41.9%
Other Indo-European	2.0%	74.7%	25.3%
Asian and Pacific Island	2.6%	54.3%	45.7%
Other languages	0.6%	71.0%	29.0%

Data Source: US Census Bureau, American Community Survey 2009-2013

³ Texas Data Center, Age, Sex, and Race/Ethnicity Population Estimates, State and All Counties

⁴ U.S. Census Bureau, 2009-2013 5-Year American Community Survey

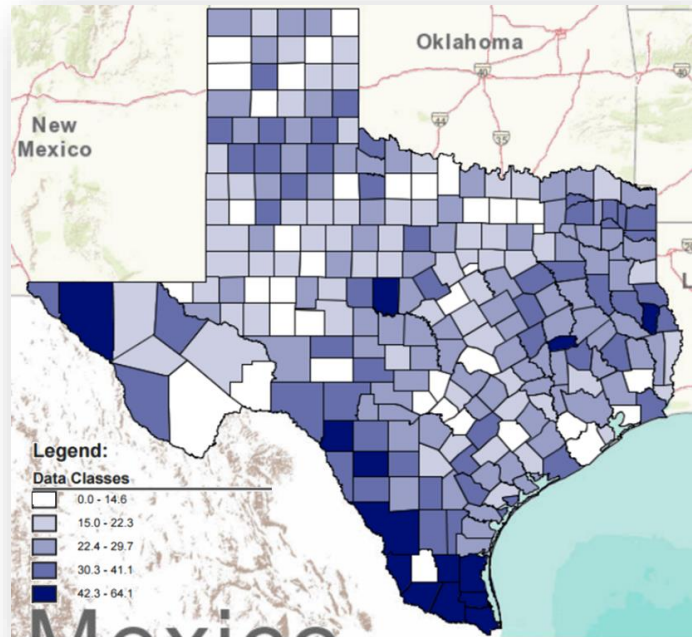
Concentrations of Populations

Texas is the second largest state in the nation with an estimated population of 25,639,373. Texas has 261,162.44 total land area in square miles with a population density of 98.17 per square mile.

General Socioeconomics

The current poverty level in Texas is at 17.6% which is above the national level of 15.4%. There are an estimated 9,718,669 individuals below the 200% poverty level⁵.

Our most fragile population, children, are the most subjective to poverty due to their family composition. In a two parent household 15.2% of children live in poverty; whereas children living with only male householder (27.2%) or female householder (49.8%) increase their chances of poverty⁶.



Data Source: US Census Bureau, American Community Survey 2009-2013

Children Poverty Status	Texas			
	Total	In married-couple family household	In male householder, no wife present, family household	In female householder, no husband present, family household
	Estimate	Estimate	Estimate	Estimate
Children in households for whom poverty status is determined	6,835,657	4,567,464	455,198	1,806,518
Income in the past 12 months below poverty level	25.2%	15.2%	27.2%	49.8%
Income in the past 12 months at or above poverty level	74.8%	84.8%	72.8%	50.2%

Data Source: US Census Bureau, American Community Survey 2009-2013

⁵ U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Poverty status in the past 12 months

⁶ U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Children Characteristics

Average Wage for State

Texas holds a median household income of \$51,900 and a mean income of \$72,474. As mentioned above, the income status is prompted by family composition.

Income	Texas			
	Households	Families	Married-couple families	Nonfamily households
	Estimate	Estimate	Estimate	Estimate
Total	8,886,471	6,206,755	4,485,819	2,679,716
Less than \$10,000	7.4%	5.1%	1.9%	14.4%
\$10,000 to \$14,999	5.3%	3.7%	2.1%	9.7%
\$15,000 to \$24,999	11.0%	9.2%	6.4%	15.9%
\$25,000 to \$34,999	10.7%	9.9%	8.0%	13.0%
\$35,000 to \$49,999	13.8%	13.3%	12.1%	15.0%
\$50,000 to \$74,999	17.8%	18.3%	19.2%	15.7%
\$75,000 to \$99,999	11.7%	13.3%	15.5%	7.3%
\$100,000 to \$149,999	12.6%	15.2%	19.1%	5.7%
\$150,000 to \$199,999	4.8%	6.0%	7.8%	1.7%
\$200,000 or more	4.7%	5.9%	7.9%	1.7%
Median income (dollars)	51,900	61,066	75,302	32,354
Mean income (dollars)	72,474	82,269	97,042	46,631

Data Source: US Census Bureau, American Community Survey 2009-2013

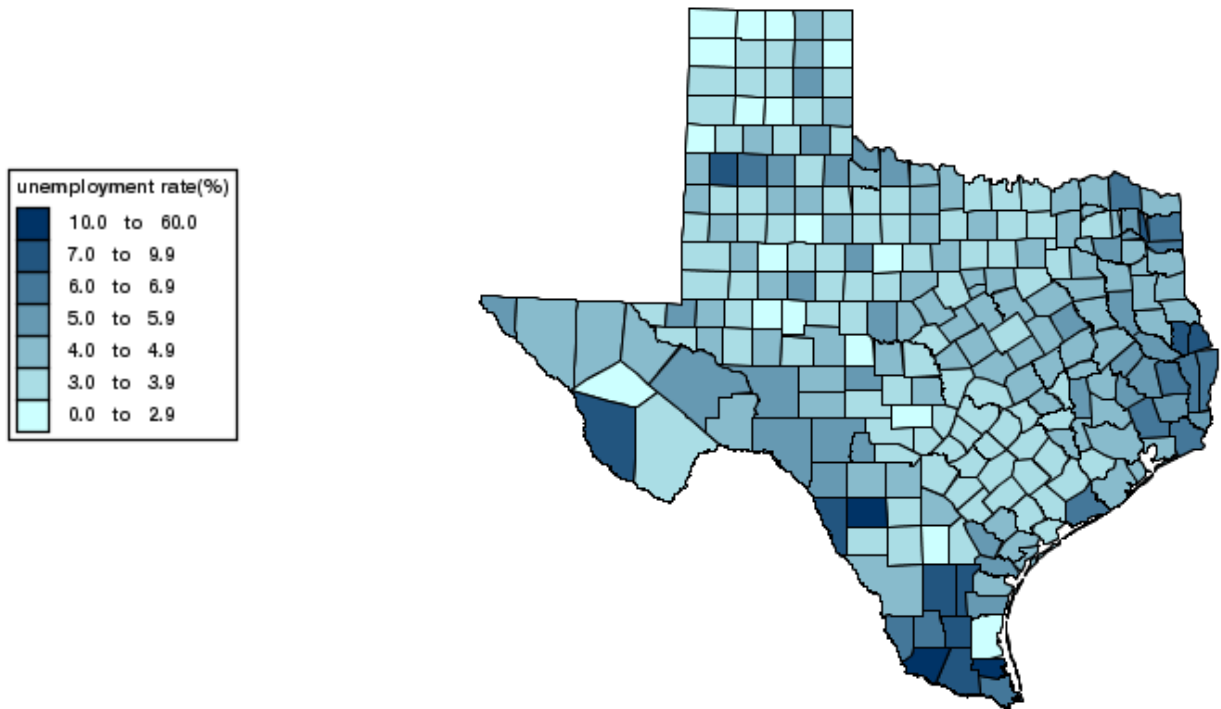
Household Composition

According to the US Census Bureau, 2010 Census 69.9% of total households in the state are family households, and 30.1% are nonfamily households. The average household size in Texas is 2.75 and the average family size is 3.31.

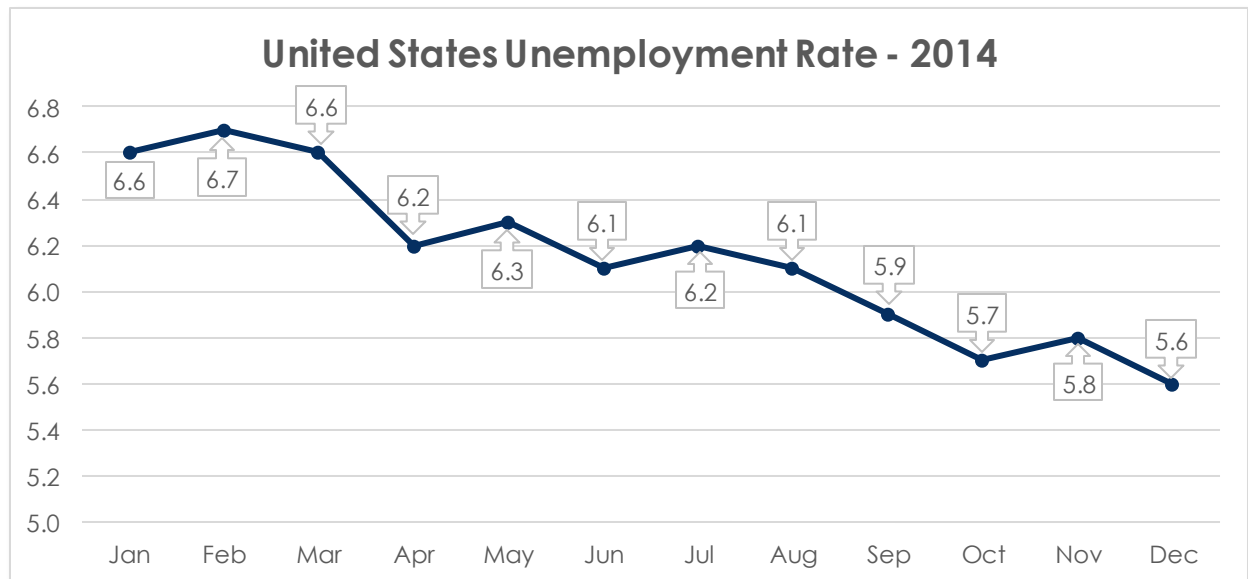
Employment Rates

The Texas unemployment rate has dropped over the last few years. As of June 2015, the unemployment rate was reported at 4.2% in Texas by the US Bureau of Labor Statistics⁷. Region 10 employment rates can be found in the Regional Demographics section of this document.

Unemployment rates by county, not seasonally adjusted, Texas May 2015



Data Source: U.S. Bureau of Labor Statistics



Data Source: U.S. Bureau of Labor Statistics

⁷ U.S. Bureau of Labor Statistics, Regional and State Employment and Unemployment Summary

Texas Economy

Texas Economy at a Glance	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015
Labor Force Data						
Civilian Labor Force	13,185.9	13,185.8	13,173.5	13,154.8	13,139.8	13,086.6
Employment	12,600.8	12,620.2	12,614.6	12,596.8	12,579.9	12,541.8
Unemployment	585.1	565.5	558.9	558.0	559.9	544.8
Unemployment Rate	4.4	4.3	4.2	4.2	4.3	4.2
Nonfarm Wage and Salary Employment						
Total Nonfarm	11,762.6	11,778.6	11,753.4	11,755.5	11,786.4	11,803.1
12-month % change	3.4	3.2	2.9	2.5	2.5	2.3
Mining and Logging	315.3	311.4	307.9	300.0	293.2	295.9
12-month % change	6.8	4.6	3.1	-0.3	-3.3	-3.1
Construction	677.1	678.9	672.7	668.3	666.0	666.5
12-month % change	7.7	7.1	6.1	4.1	3.0	2.9
Manufacturing	893.0	883.9	880.3	876.0	869.3	863.9
12-month % change	2.0	0.5	0.1	-0.6	-1.7	-2.4
Trade, Transportation, and Utilities	2,358.0	2,373.3	2,362.8	2,364.1	2,369.9	2,366.2
12-month % change	3.4	3.9	3.3	3.1	3.1	2.6
Information	207.3	205.8	204.8	206.7	205.7	206.9
12-month % change	2.2	1.4	1.2	1.8	1.5	1.9
Financial Activities	713.7	713.4	715.7	715.3	716.3	712.7
12-month % change	3.1	3.0	3.2	2.9	2.8	2.0
Professional & Business Services	1,580.9	1,579.2	1,571.6	1,573.9	1,583.1	1,591.4
12-month % change	4.8	4.2	3.3	2.6	2.9	3.1
Education & Health Services	1,554.7	1,559.2	1,562.8	1,564.3	1,574.4	1,584.5
12-month % change	3.2	3.2	3.5	3.3	3.7	4.3
Leisure & Hospitality	1,214.1	1,223.1	1,226.6	1,232.0	1,247.8	1,247.7
12-month % change	4.2	4.7	4.6	4.7	5.7	5.3
Other Services	411.6	413.1	411.9	414.7	413.0	415.7
12-month % change	1.8	1.7	1.3	2.0	0.8	1.6
Government	1,836.9	1,837.3	1,836.3	1,840.2	1,847.7	1,851.7
12-month % change	1.0	1.0	0.9	1.0	1.3	1.2

Data Source: U.S. Bureau of Labor Statistics

Industry

The top three industries in Texas for employment by individual 16 years and over are in educational services, and health care and social assistance (21.7%), retail trade (11.6%), and professional, scientific, management, administrative, and waste management services (10.8%).

Industry	United States	Texas
Civilian employed population 16 years and over	141,864,697	11,569,041
Agriculture, forestry, fishing and hunting, and mining	1.9%	3.1%
Construction	6.2%	7.9%
Manufacturing	10.5%	9.4%
Wholesale trade	2.8%	3.0%
Retail trade	11.6%	11.6%
Transportation and warehousing, and utilities	4.9%	5.4%
Information	2.2%	1.8%
Finance and insurance, and real estate and rental and leasing	6.7%	6.6%
Professional, scientific, and management, and administrative and waste management services	10.8%	10.8%
Educational services, and health care and social assistance	23.2%	21.7%
Arts, entertainment, and recreation, and accommodation and food services	9.3%	8.7%
Other services, except public administration	5.0%	5.4%
Public administration	5.0%	4.5%

Data Source: US Census Bureau, American Community Survey 2009-2013

TANF Recipients

The Texas Temporary Assistance for Needy Families (TANF) program is designed to help families financially with monetary support. This support is for families with children age 18 and younger that have little to no money. In of May 2015, Texas had supported families with a total of \$4,831,747 in case payments⁸.

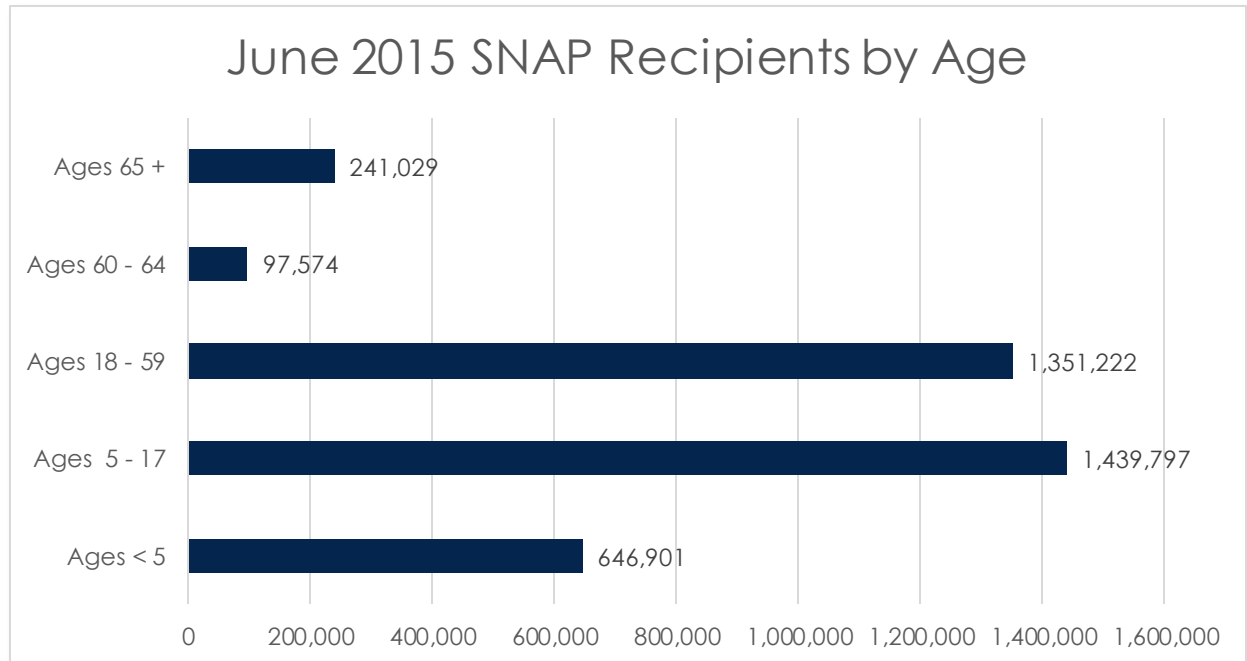
TANF Basic Program One-Parent and Child Only Cases							
Benefit Month	Basic Cases	Basic Recipients	Basic Children	Basic Adults	Basic Case Payments	Basic Average Payments Per Case	Basic Average Payments Per Recipient
May-2015	26,220	62,343	54,862	7,481	\$4,525,254	173	73
TANF State Program Two-Parent Cases							
Benefit Month	State Cases	State Recipients	State Children	State Adults	State Case Payments	State Average Payments Per Case	State Average Payments Per Recipient
May-2015	697	2,489	1,507	982	\$185,693	266	75
TANF One-Time Program Cases							
Benefit Month			One-Time Cases		One-Time Payments		
May-2015			118		\$118,000		
TANF Grandparents Program Cases							
Benefit Month			Grandparent Cases		Grandparents Payment		
May-2015			28		\$28,000		

Data Source: Texas Health and Human Service Commission, TANF Statistics

⁸ Texas Health and Human Services Commission, TANF Statistics

Food Stamp Recipients

The Texas Supplemental Nutrition Assistance Program (SNAP) aids millions of eligible, low-income individuals and families in providing access to the purchase of food. In the month of June 2015, Texas supported 3,776,523 recipients with a total benefit of \$433,454,758 in food benefits.



Data Source: Texas Health and Human Service Commission, TANF and SNAP Enrollment Statistics

Stratification of Region 10

Far West Texas stretches across six of the largest counties in the state, which make up nearly half of the Texas border area with Mexico. Region 10's geographical area contains mostly rural desert and mountainous landscapes spanning a total land area of 21,694.08 square miles.

Report Area	Total Estimated Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Brewster	9,244	6,182.10	1.5
Culberson	2,345	3,811.77	0.62
El Paso	813,015	1,012.43	803.04
Hudspeth	3,394	4,569.63	0.74
Jeff Davis	2,311	2,263.94	1.02
Presidio	7,579	3,854.23	1.97
Region 10	837,888	21,694.08	38.62
Texas	25,639,373	261,162.44	98.17

Data Source: US Census Bureau, American Community Survey 2009-2013

Due to size and the landscape of our region, cities are spread miles apart with extremely impoverished communities known as 'colonias' between them. The Colonia Initiatives Program Office of the Texas Secretary of State reports that in 2010 El Paso County contained 321 colonias totaling a population of 86,472⁹. Other counties in Region 10 have considerably less colonias, Brewster 3, Culberson 2, Hudspeth 6, Jeff Davis 1, and Presidio with 8.

Furthermore, Far West Texas (namely El Paso County) is considered a High Intensity Drug Trafficking Area by the Office of National Drug Control Policy (ONDCP)¹⁰, this along with the extreme poverty places our region at a high risk for substance abuse/use where drugs are readily available.

⁹ Texas Secretary of State, Directory of Colonias Located in Texas

¹⁰ Office of National Drug Control Policy, High Intensity Drug Trafficking Areas Program Report to Congress

Regional Demographics

Region 10 serves the following counties in Texas:

- Brewster
- Culberson
- El Paso
- Hudspeth
- Jeff Davis
- Presidio

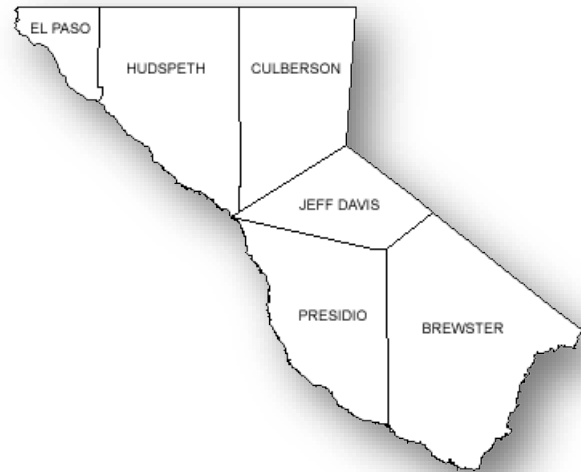


Photo Source: <http://www.thebards.net/images/maps/texas/region11.gif>

Population

Region 10 is made up of a diverse population of individuals. Our geographical area places us in proximity with our border nation of Mexico. Region 10 shares many common elements with Mexico to include its culture, intensive population migrations, drug trafficking, drug cartel activity, and poverty.

Region 10 (El Paso County), is home to one of the largest military bases in the world. Fort Bliss has an estimated population of at least 8,604 individuals according to the US Census 2009-2013 American Community Survey. Although that may seem rather small in number, this may not take into consideration the 27,991 active duty, 1,999 reservist, 39,850 family members, 12,424 civilians, 32,384 retirees, and the 37,855 family members of retirees that make up a total supportive population of 164,926¹¹



Photo Source: Ricky Carrasco

Our region is a community with a large number of immigrants, both legal and illegal, with cities few and far between them. Within the rural areas outlining our cities, small communities made up of previously farmed land have developed into colonias. These colonias lack many of the standard necessities that make for third world living conditions. According to the Federal Reserve Bank of Dallas Office of Community Affairs, there are approximately 400,000 individuals living in rural colonias along the Texas border with Mexico. With poverty levels higher than national rates and most of the state of Texas, Region 10's socioeconomic and environmental conditions negatively influence the mental health of individuals on the border due to a lack of resources, drug trafficking, violence, and immigration risks¹²

¹¹ Department of Defense, Military One Source, Military Installations

¹² The National Child Traumatic Stress Network, Addressing the Mental Health Problems of Border and Immigrant Youth

Age

According to 2013 the US Census Bureau, the age of the population in the Texas Region 10 ranges between 31.2 and 54.8 years old

Table: 2013 US Census Bureau, Region 10 Average Age Percentage by Category and Median Age

County	0-17	18-24	25-64	65+	Median Age
Brewster	20.4%	10.1%	52.3%	17.1%	41.7
Culberson	27.7%	8.2%	51.5%	12.7%	37.5
El Paso	29.6%	11.5%	48.6%	10.5%	31.2
Hudspeth	28.0%	6.7%	50.6%	14.6%	37.6
Jeff Davis	18.4%	5.6%	42.2%	33.8%	54.8
Presidio	27.6%	6.9%	46.6%	19.3%	40.4
Texas	26.9%	10.3%	52%	10.7%	33.8

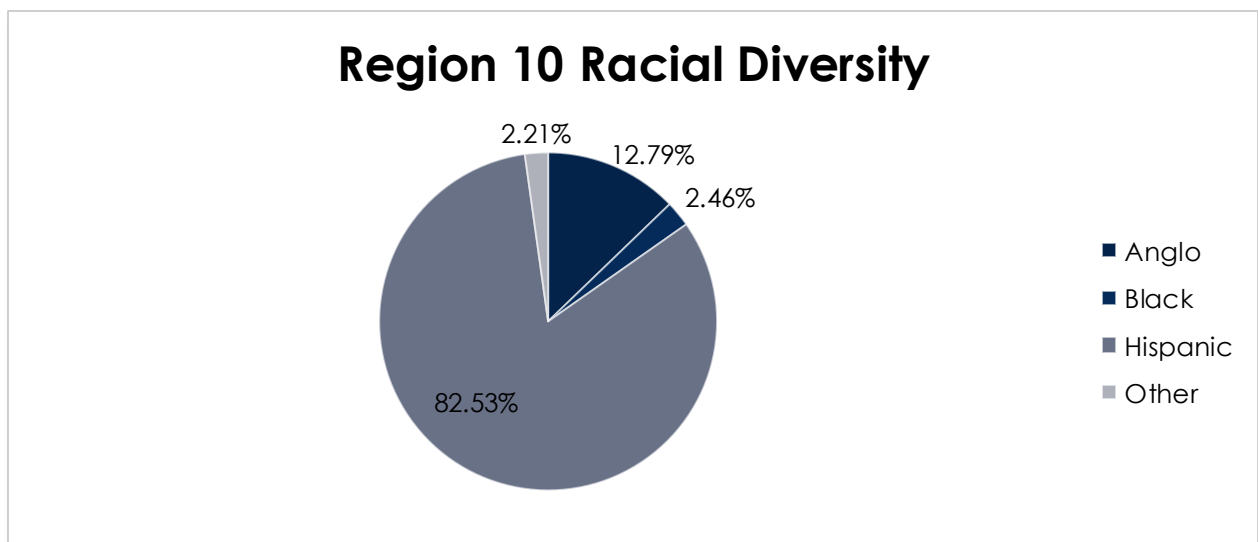
Data Source: US Census Bureau, American Community Survey 2009-2013

Race

The total population by race in Region 10, according to the Texas State Data Center for 2013, is shown below. In total, the Hispanic population comprised 82.54%, the Anglo population represented 12.77%, the black population 2.47%, and all other races combined were 2.22% of the total population.

County	Total	Anglo	Black	Hispanic	Other
Brewster	9,274	4,983	76	3,979	236
Culberson	2,388	497	9	1,828	54
El Paso	829,726	100,689	20,910	689,721	18,406
Hudspeth	3,447	618	30	2,752	47
Jeff Davis	2,238	1,415	8	762	53
Presidio	7,982	1,153	25	6,667	137
Region 10	855,055	109,355	21,058	705,709	18,993
Texas	26,448,193	11,460,706	3,044,184	10,340,413	1,602,890

Data Source: Texas State Data Center



Data Source: Texas State Data Center

Ethnicity

According to US Census 2009-2013 American Community Survey, Presidio County had the highest percentage of Hispanic population compared to the other counties in Region 10. The county with the least Hispanics is Jeff Davis with only 40.80% of its population being Hispanic. This percentage of Hispanics is higher than in the rest of Texas with a percentage of 37.90 and the United States with 16.62 percent.

County	Total Population	Hispanic or Latino Population (%)	Non-Hispanic Population (%)
Brewster	9,244	3,976 (43.01%)	5,268 (56.99%)
Culberson	2,345	1,816 (77.44%)	529 (22.56%)
Hudspeth	3,394	2,682 (79.02%)	712 (20.98%)
El Paso	813,015	663,256 (81.58%)	149,759 (18.42%)
Jeff Davis	2,311	943 (40.80%)	1,368 (59.20%)
Presidio	7,579	6,224 (82.12%)	1,355 (17.88%)
Region 10	837,888	678,897 (81.02%)	158,991 (18.98%)
Texas	25,639,372	9,717,727 (37.90%)	15,921,646 (62.10%)
United States	311,536,608	51,786,592 (16.62%)	259,750,000 (83.38%)

Data Source: US Census Bureau, American Community Survey 2009-2013

Languages

In Region 10, languages spoken other than English vary across counties. Spanish dominate as a language spoken other than English in over 4 of the 6 counties: Presidio 84.7%, Hudspeth 77.7%, El Paso 71.0% and Culberson 63.3%.

County	English Only	Speak other language than English	Spanish	Indo-European	Asian and Pacific Island	Other languages
Brewster	61.0%	39.0%	36.7%	0.9%	1.1%	0.3%
Culberson	36.0%	64.0%	63.3%	0.4%	0.0%	0.3%
Hudspeth	21.1%	78.9%	77.7%	0.9%	0.0%	0.2%
El Paso	27.0%	73.0%	71.0%	1.0%	0.8%	0.2%
Jeff Davis	55.2%	44.8%	44.2%	0.5%	0.0%	1.1%
Presidio	12.9%	87.1%	84.7%	1.3%	1.1%	0.0%
Region 10	-	-	-	-	-	-
Texas	65.3%	34.7%	29.5%	2.0%	2.6%	0.6%
United States	79.3%	20.7%	12.9%	3.7%	3.3%	0.9%

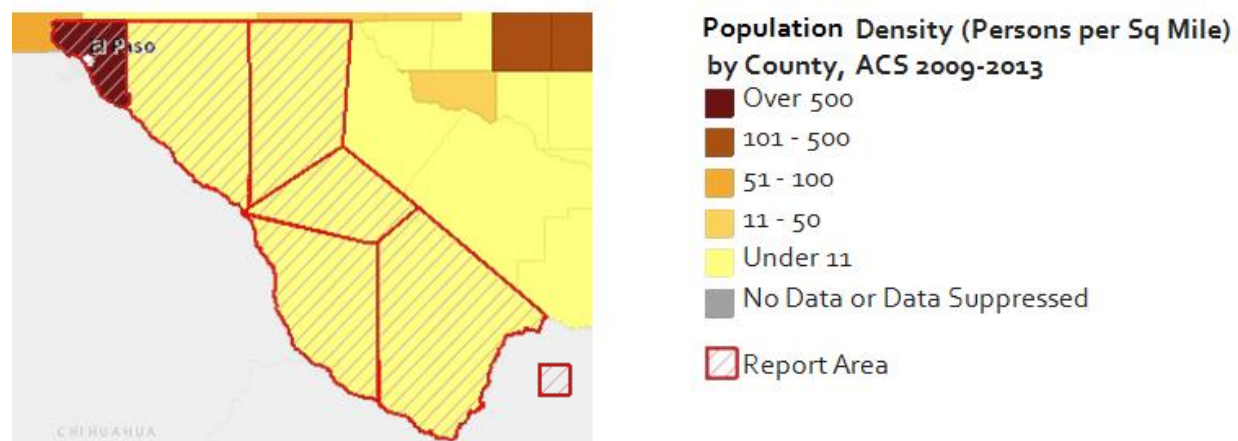
Data Source: US Census Bureau, American Community Survey 2009-2013

Concentrations of Populations

In 2013, in Region 10 there was an estimated population of 837,888 living in a total land area of 21,694.10 square miles defined for this assessment according to the U.S Census Bureau American Community Survey 2009-2013. The population density for this area is 38.62, less than the Texas population density of 98.17 and less than the United States population density of 88.23.

Report Area	Total Population	Total Land Area(Square Miles)	Population Density (Per Square Mile)
Brewster County	9,244	6,182.10	1.5
Culberson County	2,345	3,811.77	0.62
El Paso County	813,015	1,012.43	803.04
Hudspeth County	3,394	4,569.63	0.74
Jeff Davis County	2,311	2,263.94	1.02
Presidio County	7,579	3,854.23	1.97
Region 10	837,888	21,694.10	38.62
Texas	25,639,373	261,162.44	98.17
United States	311,536,591	3,530,997.60	88.23

Data Source: US Census Bureau, American Community Survey 2009-2013



From 2009 to 2013, the population estimates for Region 10 grew by 11.3%, increasing from 753,985 people in 2009 to 831,481 people in 2013. The greatest increase in population occurred in El Paso County with a growth 11.46%, whereas Culberson County had a 5.29% decrease in population¹.

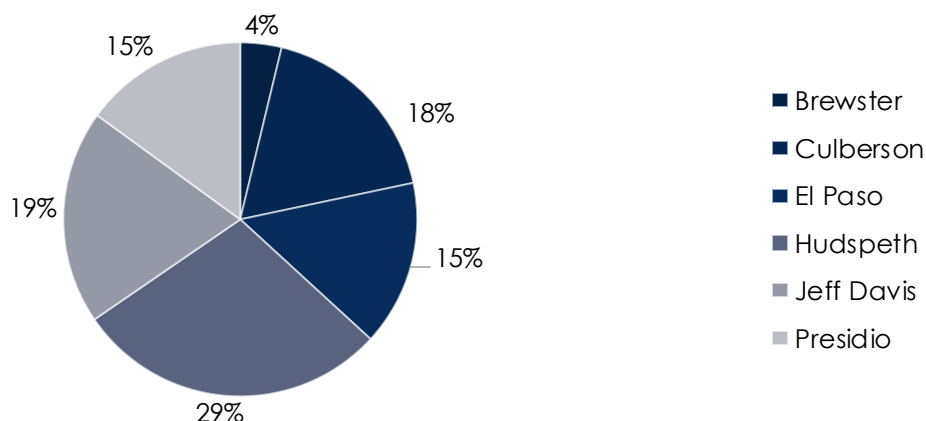
County	2009	2013	Population Change	Percent Change
Brewster	9,216	9,244	28	0.30%
Culberson	2,476	2,345	-131	-5.29%
El Paso	729,396	813,015	83,619	11.46%
Hudspeth	3,169	3,394	225	7.10%
Jeff Davis	2,192	2,311	119	5.43%
Presidio	7,536	7,579	43	0.57%
Region 10	753,985	837,888	77,496	11.13%
Texas	23,819,042	25,639,373	28	7.64%

Data Source: US Census Bureau, American Community Survey 2009-2013

General Socioeconomics

The 2013 American Community Survey 5-year data is an average of data collected from 2009 through 2013. Hudspeth County, in region 10, had the largest percentage of families whose income in the past 12 months is below the poverty level. In Texas, 13.7 % of families had an income below the poverty level, and in the United States there is 11.3%.

Percentage of Families whose Income in The Past 12 Months is Below the Poverty Level

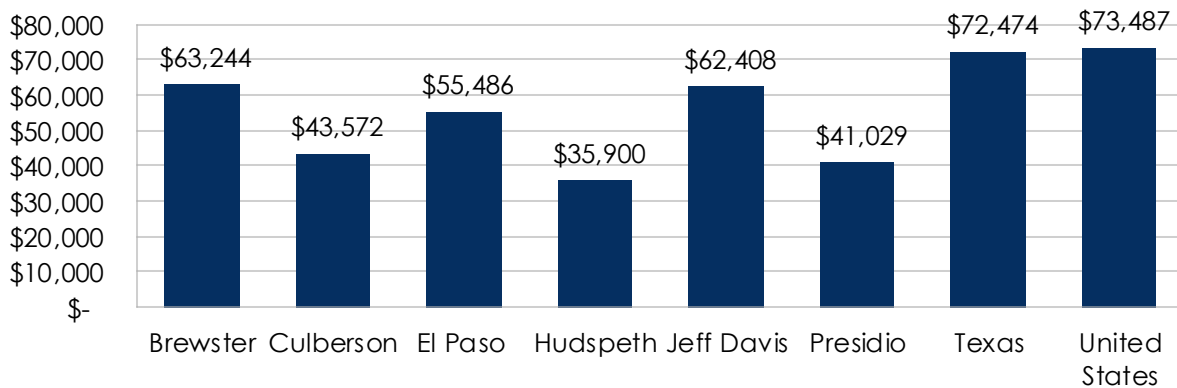


Data Source: US Census Bureau, American Community Survey 2009-2013

Average Wages by County

The average household income for Region 10 is lower than in Texas, \$72,474, and in the United States \$73,487. Hudspeth has the lowest average household income with \$35,900 a year. Brewster County has an average income of \$63,244 a year, making it the highest annual household income in Region 10.

Average Household Income



Data Source: US Census Bureau, American Community Survey 2009-2013

Household Composition

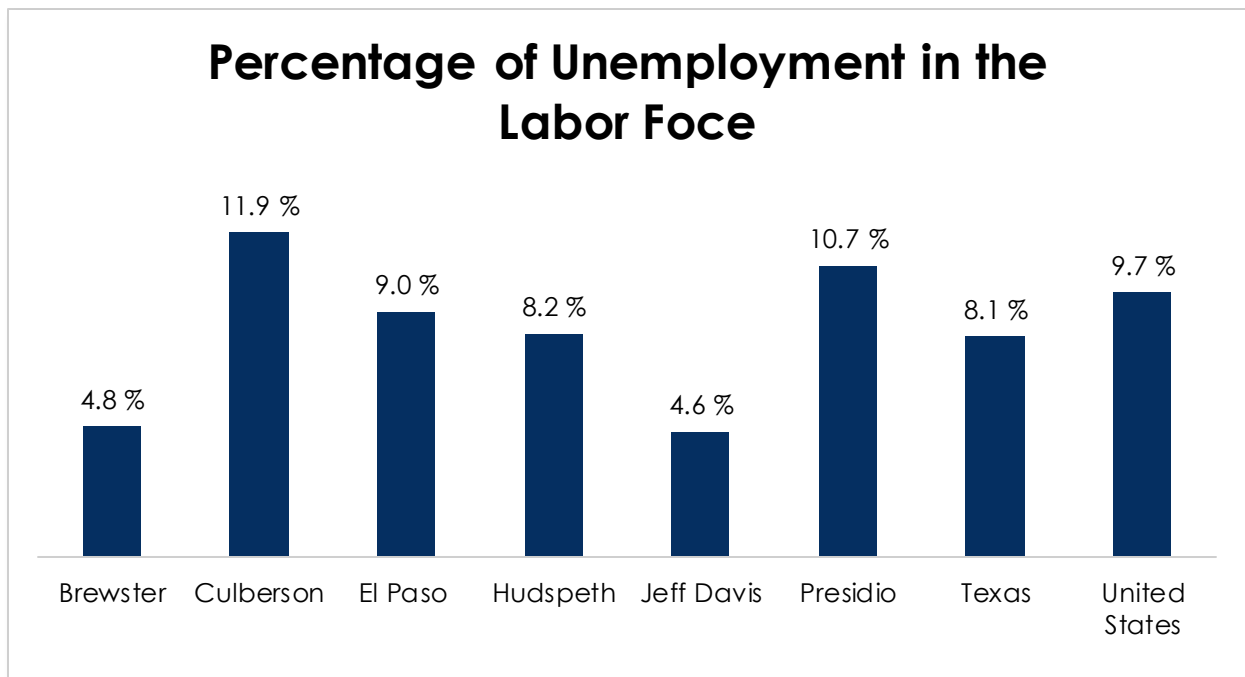
According to the US Census Bureau, 2010 Census 69.9% of total households in the state are family households, and 30.1% are nonfamily households. The average household size in Texas is 2.75 and the average family size is 3.31. El Paso County has the largest number of households in the region despite being the smallest county in size (256,557).

	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
Total Households	4,207 (100%)	908 (100%)	256,557 (100%)	1,174 (100%)	1,034 (100%)	2,906 (100%)
Family Households	2,329 (55.4%)	630 (69.4%)	196,625 (76.6%)	867 (73.9%)	684 (66.2%)	1,996 (68.7%)
Nonfamily Households	1,878 (44.6%)	278 (30.6%)	59,932 (23.4%)	307 (26.1%)	350 (33.8%)	910 (31.3%)
Average Household Size	2.18	2.63	3.06	2.89	2.18	2.69
Average Family Size	2.89	3.21	3.56	3.47	2.68	3.35

Data Source: US Census Bureau, American Community Survey 2009-2013

Employment Rates

According to the 2013 American Community Survey, the county in Region 10 with the highest unemployment rate is Culberson. Of the 1,816 people over 16 year's old living in Culberson County, 62.5% are part of the labor force. Of the 62.5% labor force, 55.1% are employed, and 11.9% are unemployed. Jeff Davis County has a population of 1,954 people over the age of 16, and those 55.2% of those individuals are part of the labor force; 52.4% are employed and 4.6% of the labor force population is unemployed making Jeff Davis the County with the lowest unemployment rate in Region 10.



Data Source: US Census Bureau, American Community Survey 2009-2013

Industry

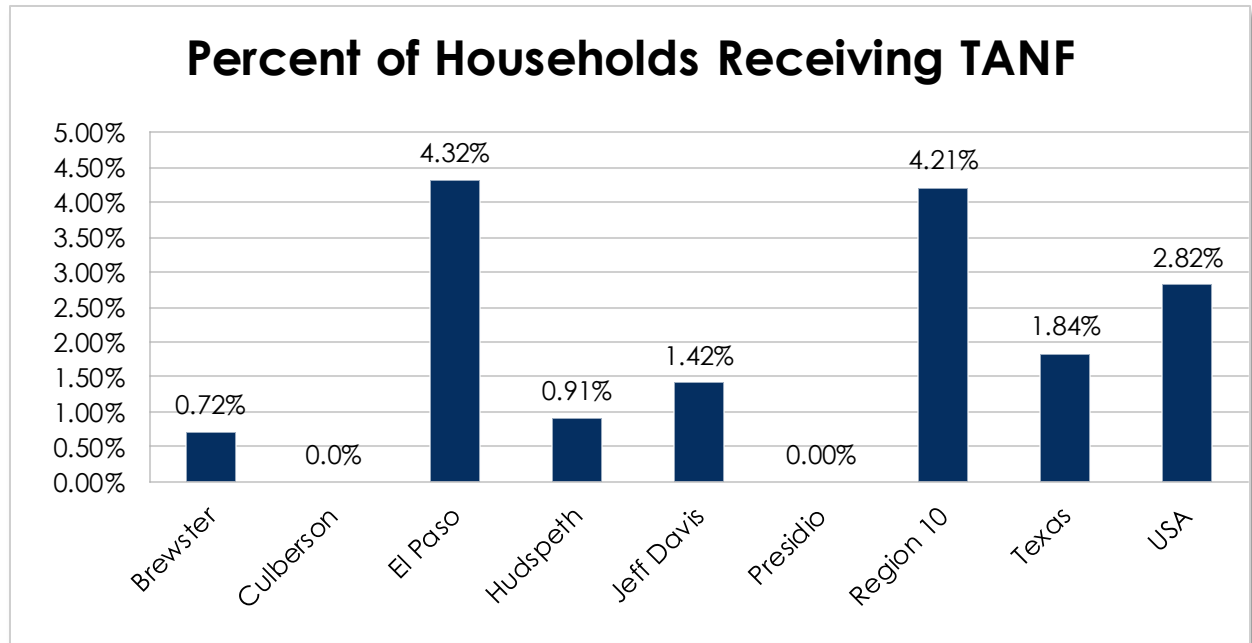
Throughout Region 10, the industry of educational services, health care and social assistance has the largest population of civilians employed 16 years and over. This is reflective of what is reported at the national and state level.

Industry	United States	Texas	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
Civilian employed population 16 years and over	141,864,697	11,569,041	4,564	1,000	316,765	1,193	1,023	2,765
Agriculture, forestry, fishing and hunting, and mining	1.9%	3.1%	6.4%	10.0%	1.1%	15.3%	23.3%	10.8%
Construction	6.2%	7.9%	11.5%	5.8%	6.6%	8.0%	9.8%	6.0%
Manufacturing	10.5%	9.4%	1.0%	0.0%	7.6%	2.2%	0.4%	4.3%
Wholesale trade	2.8%	3.0%	2.4%	1.7%	2.7%	0.7%	1.5%	0.6%
Retail trade	11.6%	11.6%	11.1%	19.3%	12.0%	11.6%	8.6%	8.0%
Transportation and warehousing, and utilities	4.9%	5.4%	1.9%	6.8%	6.6%	6.9%	1.9%	4.6%
Information	2.2%	1.8%	0.8%	3.7%	2.4%	3.7%	1.6%	0.0%
Finance and insurance, and real estate and rental and leasing	6.7%	6.6%	2.5%	2.3%	4.9%	1.3%	4.5%	3.9%
Professional, scientific, and management, and administrative and waste management services	10.8%	10.8%	4.2%	3.2%	9.3%	6.3%	3.4%	2.7%
Educational services, and health care and social assistance	23.2%	21.7%	30.9%	23.5%	25.5%	19.6%	22.5%	25.5%
Arts, entertainment, and recreation, and accommodation and food services	9.3%	8.7%	12.7%	15.9%	9.4%	8.0%	11.8%	12.8%
Other services, except public administration	5.0%	5.4%	4.3%	2.3%	4.8%	2.3%	5.6%	5.8%
Public administration	5.0%	4.5%	10.3%	5.5%	7.2%	14.2%	5.3%	15.0%

Data Source: US Census Bureau, American Community Survey 2009-2013

TANF Recipients

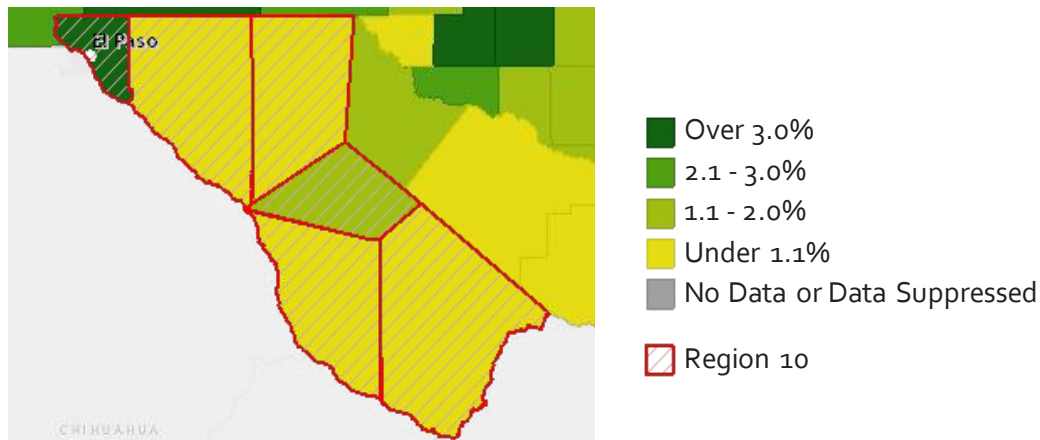
This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps (Community Commons).



Data Source: US Census Bureau, American Community Survey 2009-2013

Based on the American Community Survey 2013, El Paso County has higher percentage (4.32%) of households by county receiving public assistance income compared to Region 10 overall (4.21%), Texas (1.84%), and the United States (2.82%).

Households with Public Assistance Income, Percent of Total Households by County, ACS 2009-2013



Food Stamp Recipients

According to the 2013 American Community Survey, in the Texas Region 10, 23.1% of the households receive SNAP benefits. The county that receives the most SNAP benefits is Presidio, with 31% of the households receiving SNAP, of which 62.8% are below poverty level.

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Region 10	11,162	40,771,000	\$3,652
Brewster	30	123,800	\$4,126
Culberson	0	0	no data
El Paso	11,108	40,595,300	\$3,654
Hudspeth	10	34,000	\$3,400
Jeff Davis	14	17,900	\$1,278
Presidio	0	0	no data
Texas	163,371	554,020,288	\$3,391
United States	3,255,213	12,395,441,152	\$3,807

Data Source: US Census Bureau, American Community Survey 2009-2013

County	Households Receiving SNAP			Households Not Receiving SNAP		
	Total	%	Below Poverty Level %	Total	%	Below Poverty Level %
Brewster	412	10.0%	54.1%	3,740	90.1%	7.9%
Culberson	229	27.3%	54.0%	609	72.7%	21.0%
El Paso	59,453	23.3%	55.3%	196,120	76.7%	12.4%
Hudspeth	289	26.4%	77.5%	807	73.6%	23.2%
Jeff Davis	79	8.0%	25.3%	910	92.0%	6.0%
Presidio	811	31.0%	62.8%	1,805	69.0%	10.2%
Texas	1,173,314	12.3%	52.4%	7,713,157	86.8%	10.1%
United States	14,339,330	12.4%	52.30%	101,270,886	87.60%	8.8%

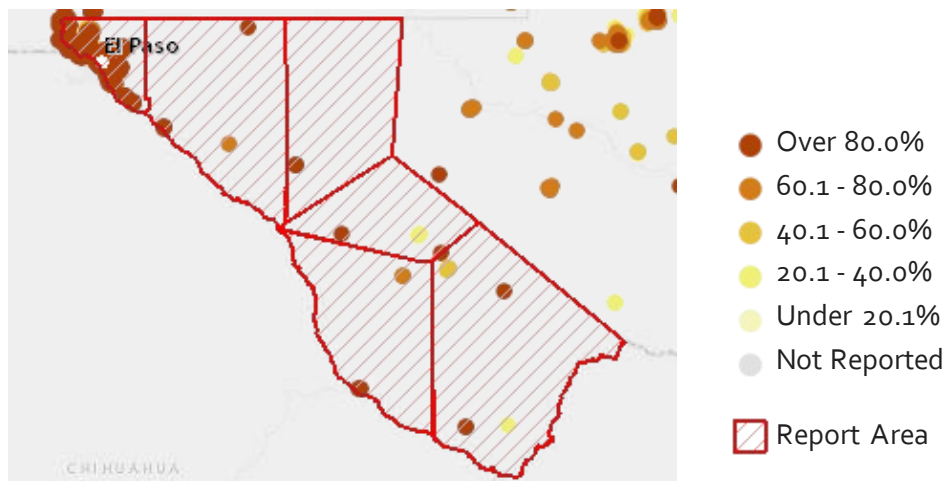
Data Source: US Census Bureau, American Community Survey 2009-2013

Free School Lunch Recipients

County	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Brewster	1,264	704	55.70%
Culberson	432	320	74.07%
El Paso	181,602	136,206	75.00%
Hudspeth	712	595	83.57%
Jeff Davis	343	169	49.27%
Presidio	1,772	1,504	84.88%
Region 10	186,125	139,498	74.95%
Texas	5,077,507	3,059,657	60.26%
United States	49,936,793	25,615,437	51.70%

Data Source: National Center for Education Statistics, NCES - Common Core of Data

Students Eligible for Free or Reduced Lunch by Location, NCES CCD 2012-2013



Environmental Risk Factors

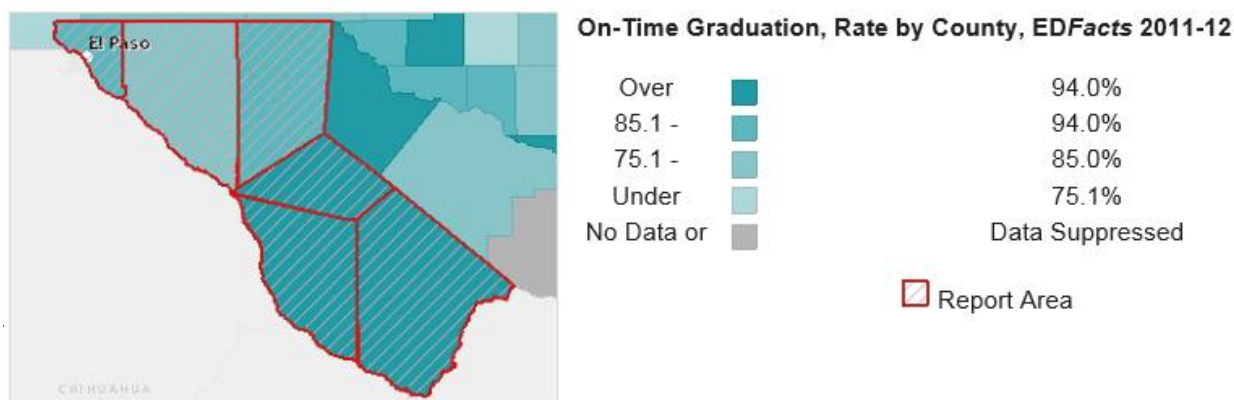
Prevention practitioners have long targeted risk and protective factors as the influences of behavioral health problems according to SAMHSA. A risk factor is a characteristic related to the individual's biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.¹³ Below are many of the factors that may influence an individual's likelihood to develop a substance abuse or related behavioral health problem.

Education

Within the report area 85.7% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Rate
Brewster	71	69	97.18
Culberson	31	29	93.55
El Paso	12,454	10,640	85.43
Hudspeth	53	44	83.05
Jeff Davis	45	43	95.56
Presidio	134	128	95.52
Region 10	12,788	10,953	85.7
Texas	303,299	270,122	89.1
United States	3,351,452	2,754,352	82.2

Data Source: US Department of Education, ED Facts. Additional data analysis by CARES. Source geography: School District.



¹³ Substance Abuse and Mental Health Services Administration, Levels of Risk, Levels of Intervention

Attendance & Dropout Rates

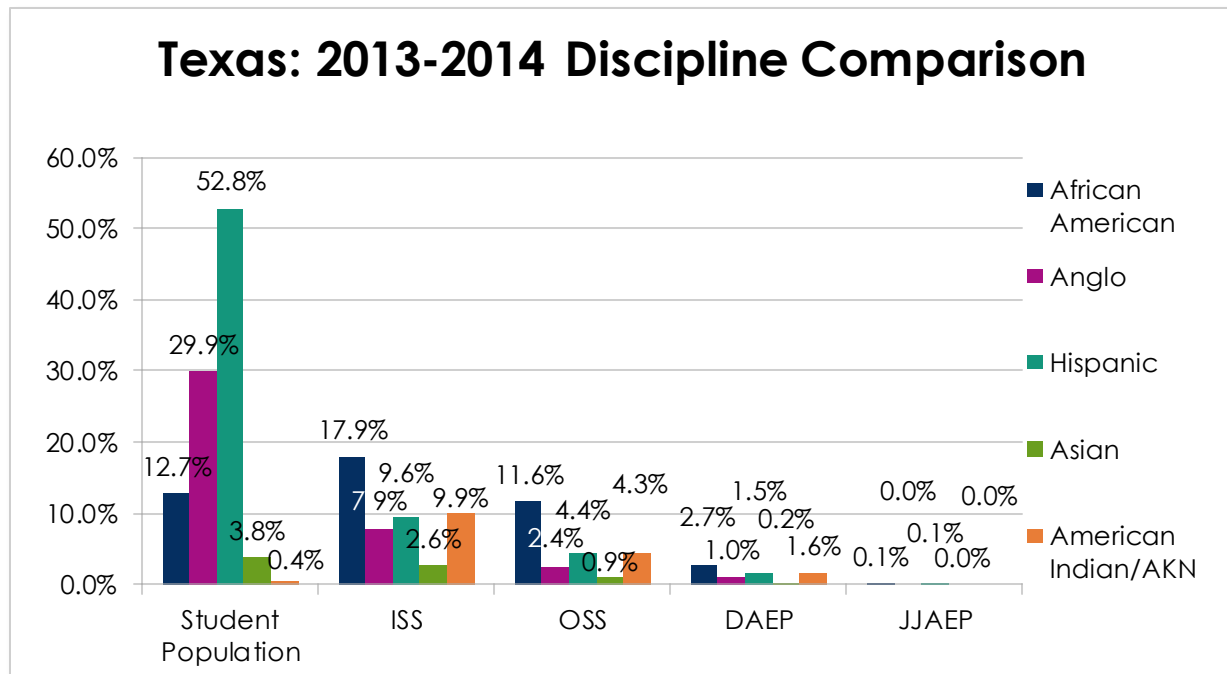
El Paso Independent School District, Socorro Independent School District, and Ysleta Independent School District are the largest districts in the region. Below you will find the attendance rate and dropout rate for each district in Region 10.

Brewster District	Total Students	Attendance Rate	Dropout Rate
Alpine	1,047	95.8	0.0
Marathon	41	96.9	0.0
San Vicente	24	95.5	-
Terlingua	99	95.4	0.0
Culberson District	Total Students	Attendance Rate	Dropout Rate
Culberson	459	94.0	1.3
El Paso District	Total Students	Attendance Rate	Dropout Rate
Anthony	813	96.2	0.9
Burnham Wood	914	97.4	0.0
Canutillo	5,977	95.7	2.7
Clint	11,805	96.6	1.7
El Paso Academy	417	86.3	12.6
El Paso	61,290	95.6	3.1
Fabens	2,355	96.5	1.3
Harmony	1,731	96.8	0.0
La Fe Preparatory	275	96.2	-
Paso Del Norte	306	93.0	1.3
San Elizario	4,109	96.3	2.0
Socorro	44,405	96.3	1.1
Tornillo	1,336	95.7	0.9
Vista Del Futuro	255	97.3	-
Ysleta	43,007	95.7	2.2
Hudspeth District	Total Students	Attendance Rate	Dropout Rate
Dell City	71	95.5	0.0
Fort Hancock	476	96.6	1.9
Sierra Blanca	124	94.0	2.1
Jeff Davis District	Total Students	Attendance Rate	Dropout Rate
Fort Davis	239	95.5	1.3
Valentine	31	96.2	0.0
Presidio District	Total Students	Attendance Rate	Dropout Rate
Marfa	356	95.3	3.0
Presidio	1,403	95.2	1.1

Data Source: Texas Education Agency, Snapshot 2014 District Details

Youth Suspensions/Expulsions

According to the Texas Education Agency, there is a total student population in Texas of 5,289,752. This student population is made up of 52.80% Hispanic, 29.94% Anglo, 13.01% African American, 3.84% Asian, and 0.41% American Indian.



Data Source: Texas Education Agency, Discipline Data Products

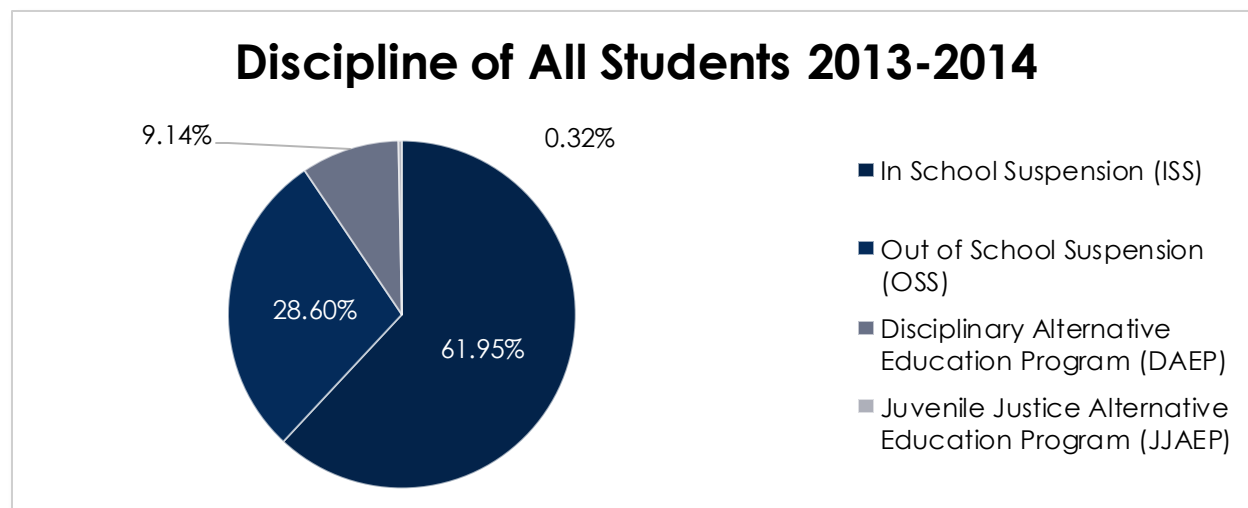
The cart above shows the percentage of students by race/ethnicity experiencing disciplinary actions by the following:

ISS - In School Suspension

OSS - Out of School Suspension

DAEP - Disciplinary Alternative Education Program

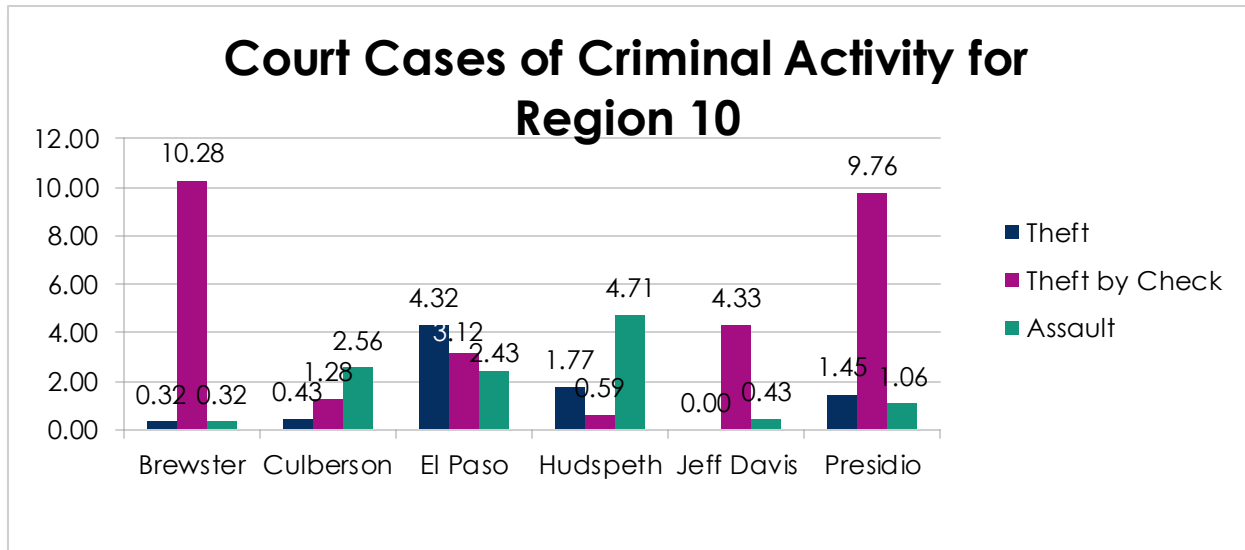
JJAEP - Juvenile Justice Alternative Education Program



Data Source: Texas Education Agency, Discipline Data Products

Criminal Activity

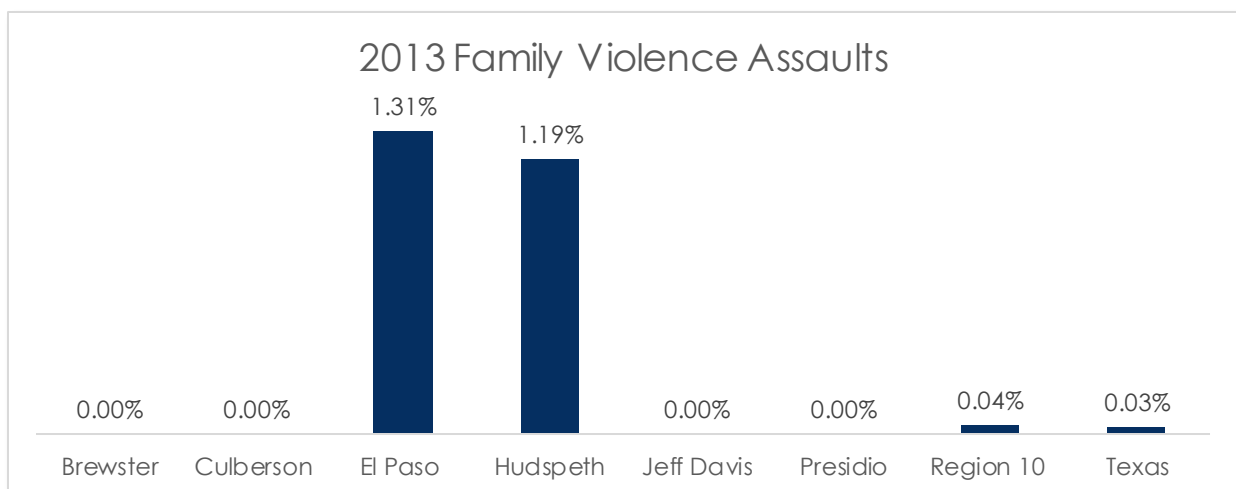
During 2013, the Texas Office of Court Administration reported that Texas had a total of 87,176 court cases of theft, 74,158 cases of theft by check, and 26,864 assaults. Of the counties of Region 10, El Paso County had the largest amount of court cases of theft, theft by check and assault. These are cases of criminal activity for Region 10:



Data Source: Texas Office of Court Administration: County Level Courts Misdemeanor Activity Detail, 2013. Per 1,000 population rate

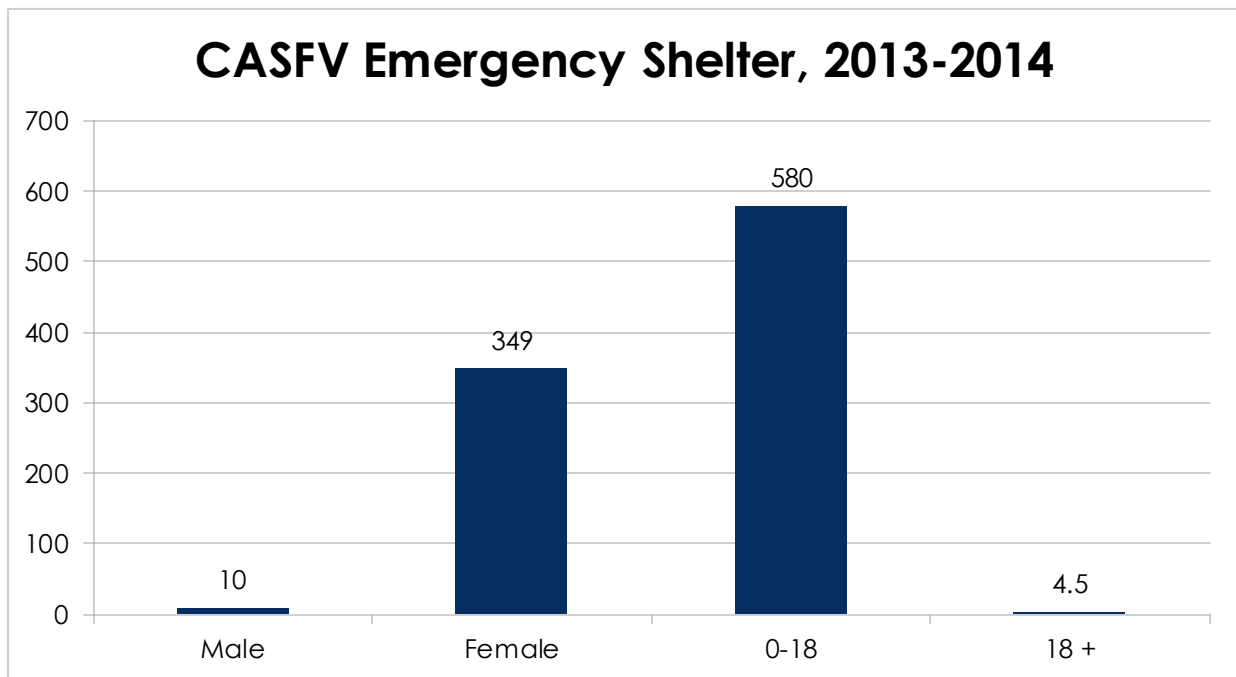
Domestic/Child Abuse

According to the 2013 Texas Office of Court Administration, there were 3,336 court cases of family violence in El Paso; meaning that 1.31% of families in the county suffered of family violence and 1.19% of the families (13 cases) in Hudspeth County. This is significantly higher than in the rest of Texas (.04%, 33,311 cases). However, the counties of Brewster, Culberson, Jeff Davis, and Presidio had no court cases of family violence during 2013.



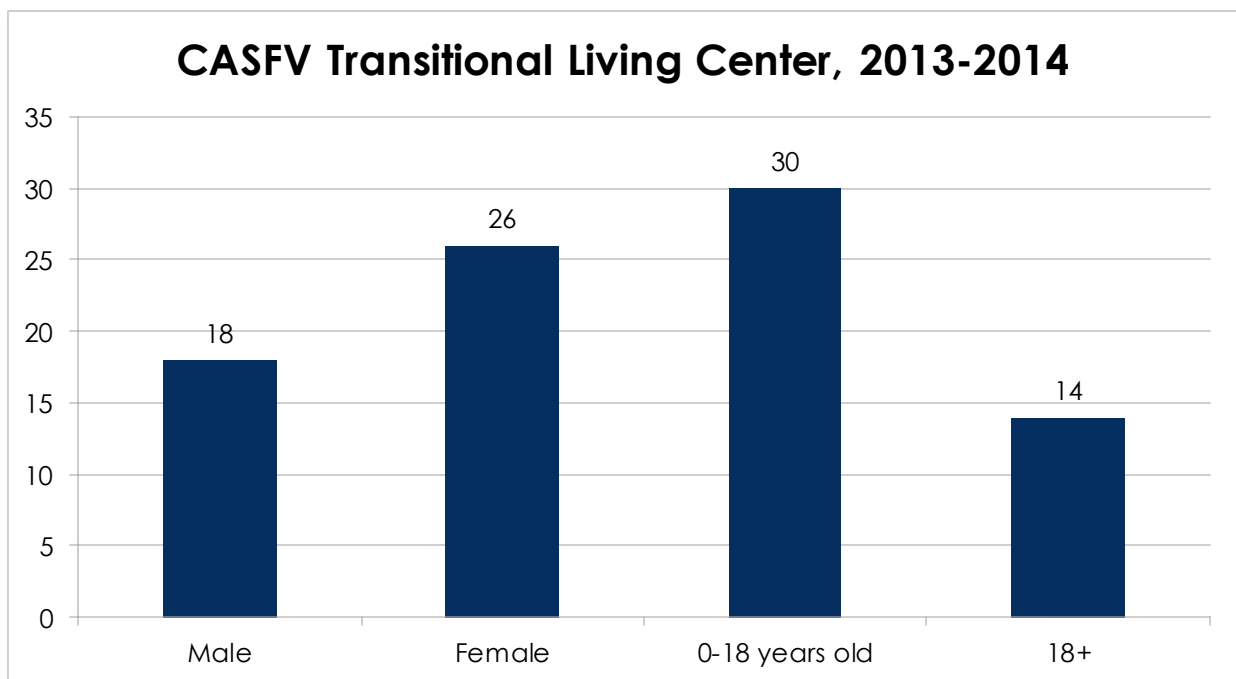
Data Source: Texas Office of Court Administration

In El Paso County between 2013 and 2014, the Center Against Sexual and Family Violence (CAFV) had 939 residents staying at the emergency shelter.



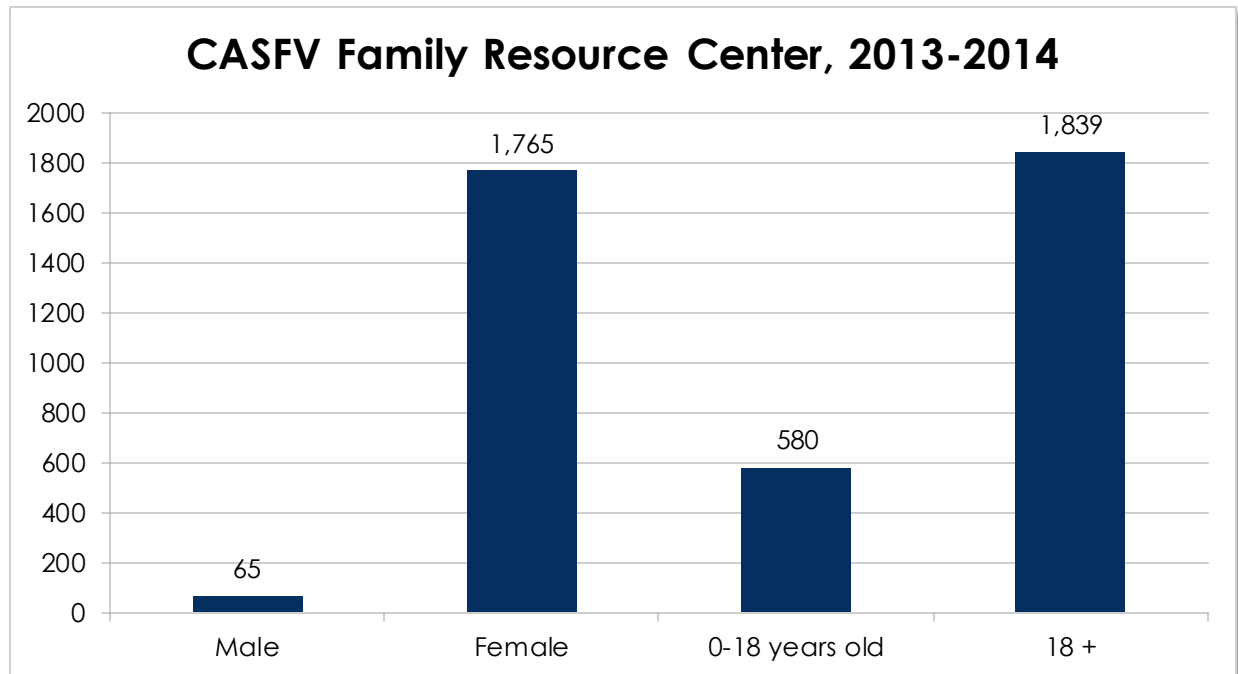
Data Source: Center Against Sexual and Family Violence

44 people used the CASFV Transitional Living Center between the years 2013-2014. Residents were mostly females younger than 18.



Data Source: Center Against Sexual and Family Violence

The CASFV also has other services such as the Family Resource Center where there were 2,538 clients assisted.



Data Source: Center Against Sexual and Family Violence

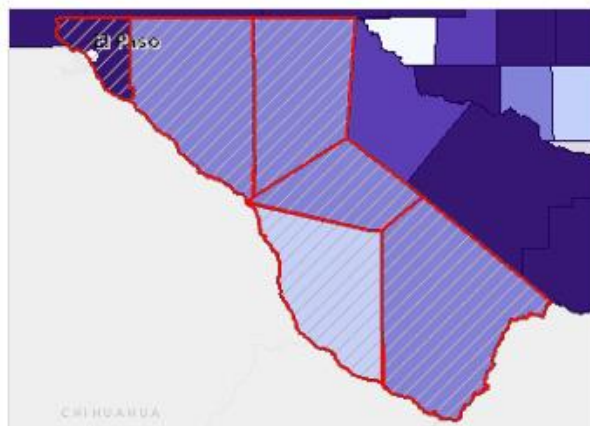
The CASFV Battering Intervention & Prevention Program is an intervention program where the aggressor is court mandated to attend a series of courses for them to learn how to control their anger and not guiding it towards their family. Between the years 2013-2014, there were 465 participants of which 57 were female and 408 were male.

Violent Crime

Below is the number of violent crimes as indicated by the Federal Bureau of Investigation. These numbers include homicide, rape, robbery, and aggravated assault. Law enforcement reports the rate of violent crime offenses per 100,000 residents.

Region 10	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Brewster	9,395	12	124.18
Culberson	2,422	3	123.88
El Paso	817,075	3,281	401.51
Hudspeth	3,500	4	123.82
Jeff Davis	2,352	3	141.74
Presidio	7,232	3	46.09
Region 10	841,976	3,306	392.6
Texas	25,589,808	108,021	422.1
United States	306,859,354	1,213,859	395.5

Data Source: Federal Bureau of Investigation, FBI uniform Crime Reports. Additional data from National Archive of Criminal Justice Data.



Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2010-12

- Over 300.0
- 150.1 - 300.0
- 50.1 - 150.0
- Under 50.1
- No Violent Crime
- No Data or Data Suppressed

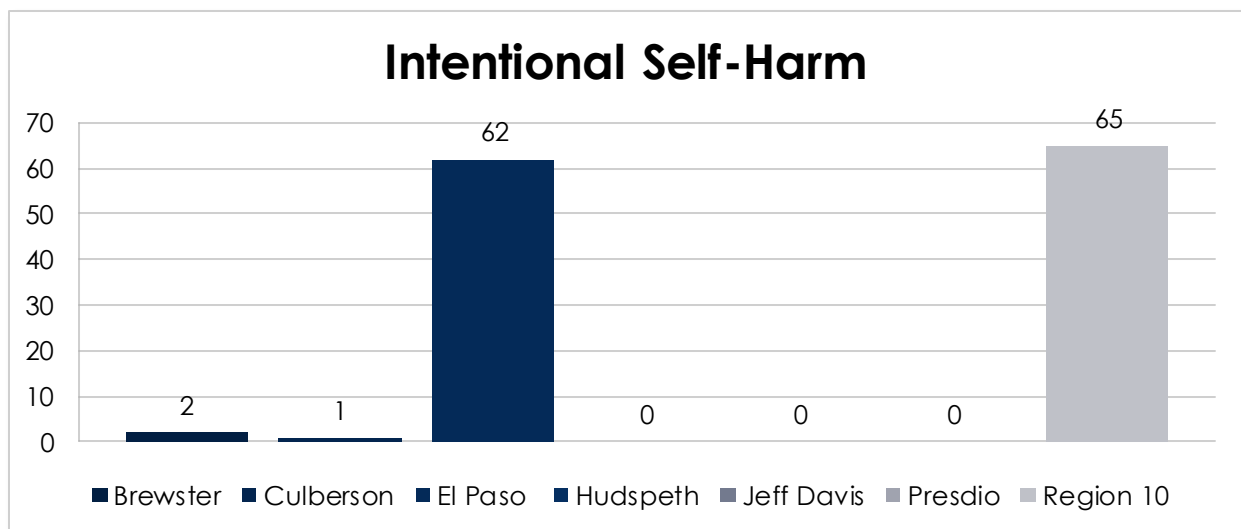
Report Area

Mental Health

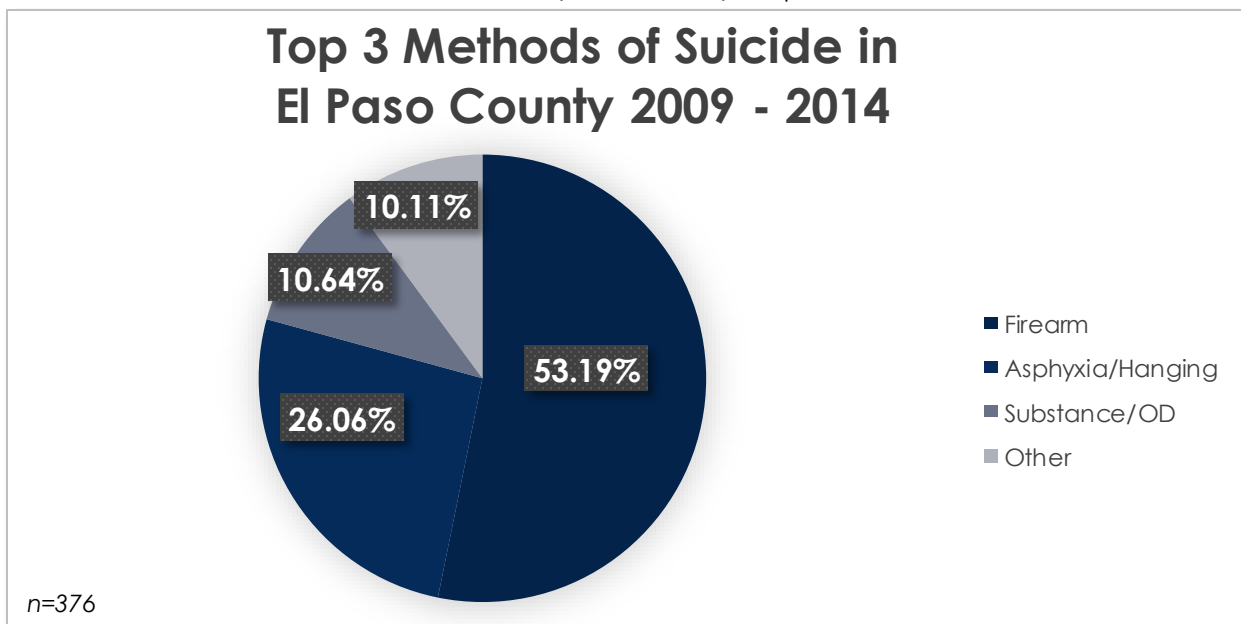
Mental and substance use disorders impact the health of the individual, their families, and the community if not addressed. SAMHSA reports that in 2010, an estimated 9.6 million adults aged 18 and older in the United States had a serious mental illness, and 2.2 million youth aged 12 to 17 had a major depressive episode during the past year. Furthermore it is reported that an estimated 23.1 million Americans aged 12 and older needed treatment for substance use (SAMHSA, 2012).

Suicide

In 2012, the state of Texas had a total 3,032 suicides with a rate of 11.8. El Paso had the highest amount of suicides with 62 and a rate of 7.7, which is lower than in the rest of Texas. Hudspeth, Jeff Davis, and Presidio had no suicides for the year of 2012.



Data Source: Center for Disease Control and Prevention, CDC WONDER, Multiple Cause of Death Data



Data Source: El Paso Office of the Medical Examiner & Forensic Laboratory

Psychiatric Hospital Data

The Texas MONAHRQ Hospital Data: Utilization and Quality 2012 showed that the total number of discharges in the U.S. in 2011 was 1,501,170 with a rate of 4.8 and mean cost of \$6,388. South of the U.S. had 541,121 with a rate of 4.8, having a mean cost of \$4,864. The rate of discharges in Texas is 4.8, the same as in the U.S. with a mean cost of dollars of \$16,022, which is significantly higher than the overall cost in the U.S. The 18-44 age group in Texas, Brewster, and El Paso has the highest rate of discharge. The counties of Culberson, Hudspeth, Jeff Davis, and Presidio did not have any data available.

	Texas			Brewster			El Paso		
	Number of Discharges per 1,000 persons	Rate ** of Discharges	Mean *** Costs in Dollars	Number of Discharges per 1,000 persons	Rate ** of Discharges	Mean *** Costs in Dollars	Number of Discharges per 1,000 persons	Rate ** of Discharges	Mean *** Costs in Dollars
Total	123,912	4.8	\$16,022	20	2.2	\$14,143	3,810	4.6	\$15,436
Age Group									
<18	31,701	4.5	\$13,099	c	c	-	1,061	4.4	\$7,078
18-44	50,550	5.1	\$14,198	9	3.1	c	1,519	5	\$12,985
45-64	29,861	4.6	\$18,337	c	c	c	825	4.4	\$18,556
65+	11,800	4.4	\$26,332	c	c	c	405	4.8	\$34,851
Gender									
Male	58,602	4.5	\$16,315	11	2.4	c	1,924	4.8	\$16,957
Female	65,310	5	\$15,760	9	2	c	1,886	4.5	\$13,733
Race/Ethnicity									
White	64,247	5.6	\$16,252	15	3	\$15,292	947	9.4	\$16,854
Black	22,139	7.3	\$16,250	c	c	c	222	10.7	\$12,476
Hispanic	26,235	2.6	\$15,541	c	c	c	920	1.3	\$15,513
Asian or Pacific Island	1,336	1.3	\$15,755	c	c	-	34	3.9	c
Native American	557	6.3	\$18,544	-	-	-	1,686	307	\$7,241
Other	9,218	27.9	\$14,828	-	-	-	c	-	-
Missing	180	-	\$13,304	15	3	\$15,292	947	9.4	\$16,854

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

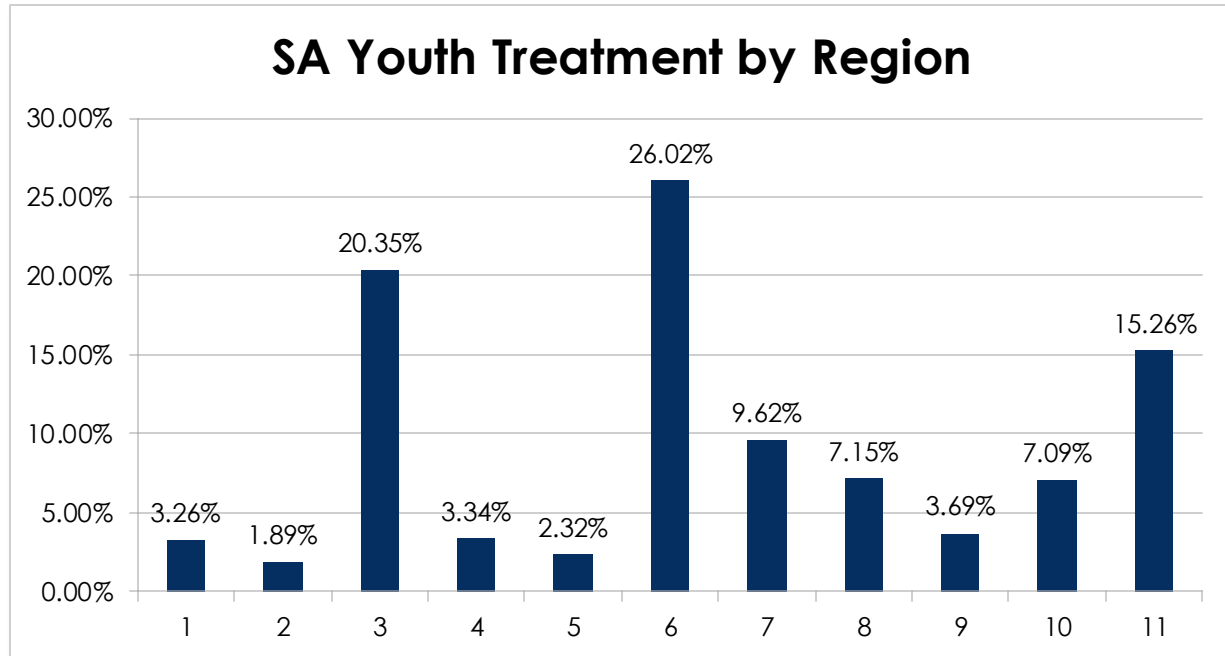
*Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 38,590,733. Statistics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

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

***Mean costs are unadjusted.

Adolescents Receiving SA Treatment

During 2014, 4,908 youths between the ages of 12 through 18 received Substance Abuse (SA) Treatment (DSHS Community Level Connections).



Data Source: DSHS Community Level Connections

Depression

The following table has information on the total amount of Medicare beneficiaries with depression. The lowest percentage of Medicare Beneficiaries with depression is from the Jeff Davis County (7.05%) and the highest percentage is El Paso County (14.3%). All of the Region 10 counties are below the percentage of people with depression in Texas (16.19%) and in the United States (15.46%).

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Brewster	1,320	142	10.76%
Culberson	355	39	10.99%
El Paso	58,888	8,423	14.3%
Hudspeth	380	31	8.16%
Jeff Davis	468	33	7.05%
Presidio	1,384	123	8.89%
Region 10	62,795	8,791	14%
Texas	2,340,725	379,048	16.19%
United States	34,126,305	5,271,176	15.45%

Data Source: Centers for Medicare and Medicaid Services

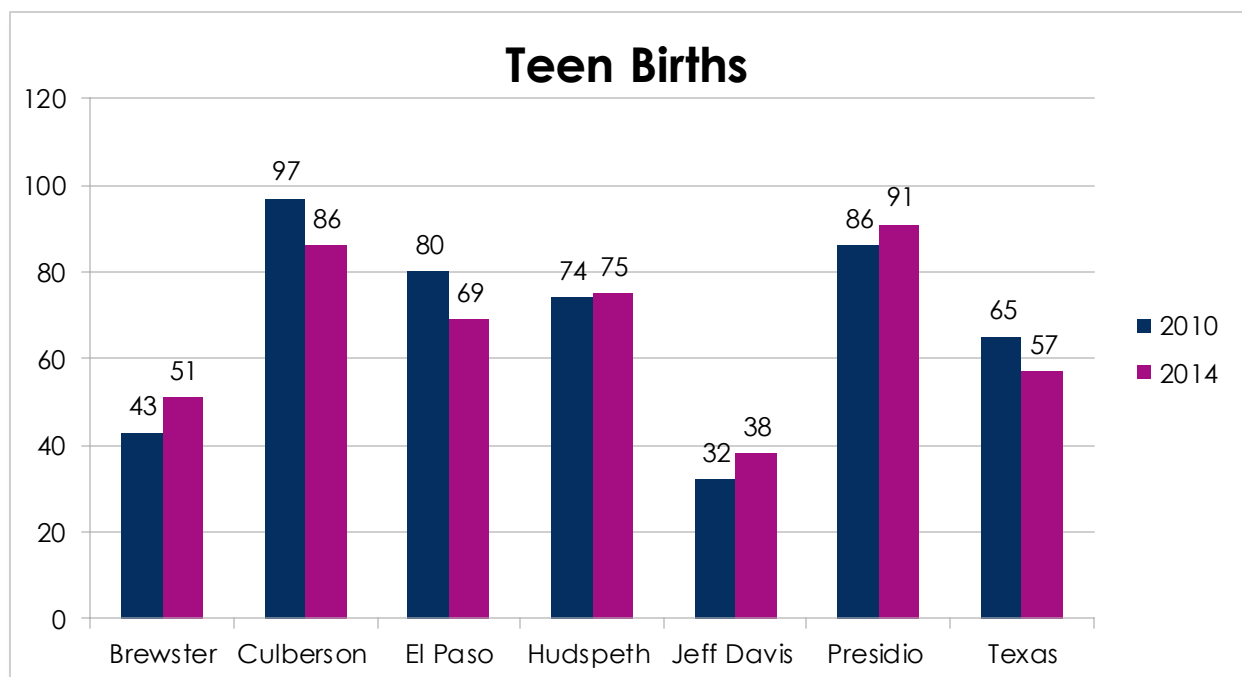
Social Factors

There are a number of factors that can influence the likelihood of an individual using substances such as biological and psychological characteristics. An individual may come across specific risk factors in their life that can include norms and laws favorable to substance use, much like the misinformation many individuals have on synthetic marijuana.

A variety of risk factors in society include behaviors that adolescents partake in such as underage drinking, adolescent sexual activity, and cultural norms. Although teen pregnancy may or may not be contributed to substance abuse, it is important to understand that it may increase a teen parent's risk factors.

Adolescent Sexual Behavior

The following is a graph with data from the County Health Rankings & Roadmaps with the number of births per 1,000 females between the ages of 15 and 19 in the years 2010 and 2014. It can be seen that the birth rates in Texas have decreased between 2010 and 2014. Birth rates are the highest in Culberson County and Jeff Davis has the lowest teen birth rate. The birth rate of Culberson, El Paso, Hudspeth, and Presidio are higher than in Texas. However, Culberson and El Paso County showed lower rates in 2014 than in 2010.



Data Source: County Health Rankings & Roadmaps, Teen Births 2010-2014. Rate per 1,000 females between the ages of 15 and 19

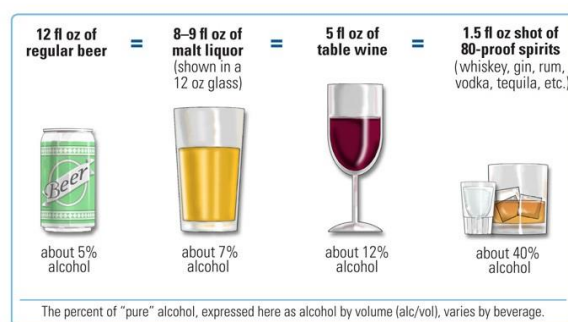
Regional Consumption

The Prevention Resource Center has compiled regional consumption data from multiple sources for Region 10. The primary data that has been selected for use throughout this section is from the Texas School Survey of Drug and Alcohol Use (TSS): 2014 for Region 9 and 10 grades 6-12. Other supplemental data is drawn from the Behavioral Risk Factor Surveillance System (BRFSS).

Alcohol

Alcohol enters the bloodstream from the initial drink and has an immediate effect that can appear within about 10 minutes. SAMHSA reports that slightly more than half of Americans aged 12 or older as being current drinkers of alcohol. The Community Commons reported the following ranking for counties based on the alcohol consumption below¹⁴. Out of the 254 counties in Texas, Jeff Davis County was ranked 10 compared to Culberson County with the ranking of 214 in alcohol consumption.

Report Area	State Rank
Brewster	14
Culberson	214
El Paso	24
Hudspeth	76
Jeff Davis	10
Presidio	185



Four out of the six counties in Region 10 ranked among the top 30% of counties with the most alcohol consumption. This is also reflected in Region 10 for the average expenditures in alcohol (\$851.30) and percentage of at home expenditures (15.04%), which is higher than the average in Texas and the U.S.

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Region 10	\$851.30	15.04%
Texas	\$792.67	13.82%
United States	\$839.54	14.29%

Age of Initiation

According to the TSS 2014 the average age of first use of alcohol reported by 6th graders was 10.1.

Average Age of First Use of Alcohol							
	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Average Age	10.1	10.5	11.3	12.4	13.3	14.2	14.5

Data Source: Texas School Survey, Region 9 & 10, 2014

¹⁴ Courtesy: Community Commons, Community Health Needs Assessment

Early Initiation

Alcohol consumption has been recorded by the 2014 Texas School Survey and the earliest year reported with alcohol consumption is the seventh grade with 30.9% of students ever used alcohol. However, this number is lower than in 2010, which recorded 42.1% of seventh graders have consumed alcohol. Overall, in 2014, 50.5% Texas students between the seventh and twelfth grade *have ever* consumed alcohol compared to 61.8% of the students in 2010.

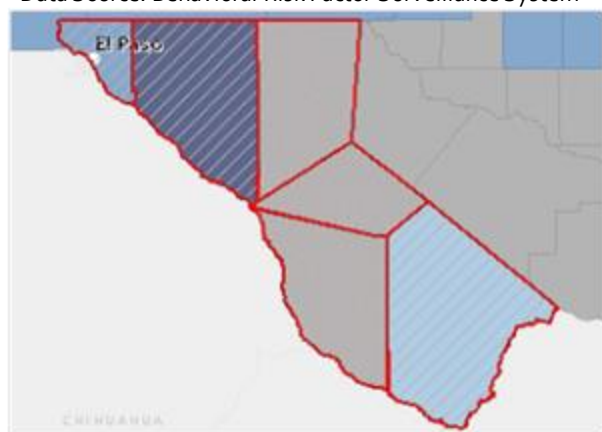
Current Use

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

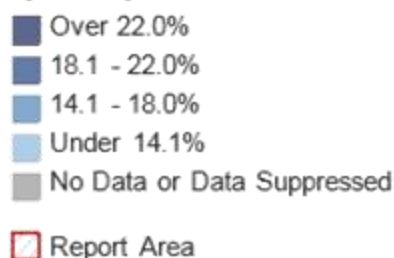
The percentage of estimated adults drinking excessively in Region 10 is lower (15.61%) than in the rest of Texas (15.8%) and the U.S. (16.94%). However, Hudspeth County has a high number of estimated adults drinking excessively (28%).

Report Area	Total Population Age 18<	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Region 10	568,520	88,857	15.96%	15.61%
Brewster	7,353	941	12.8%	12.1%
Culberson	1,870	no data	suppressed	suppressed
El Paso	549,476	87,916	16%	15.6%
Hudspeth	2,379	no data	suppressed	28%
Jeff Davis	1,910	no data	suppressed	suppressed
Presidio	5,532	no data	suppressed	suppressed
Texas	17,999,726	2,879,956	16%	15.8%
United States	232,556,016	38,248,349	16.45%	16.94%

Data Source: Behavioral Risk Factor Surveillance System



Excessive Drinking, Percent of Adults Age 18 by County, BRFSS 2006-12



Lifetime Use

The TSS 2014 asks students *how recently, if ever, have you used alcohol* with the choice of selecting *Past Month, School Year, Ever Used, Never Used*. All grade levels responded that 51.9% of students have used alcohol at least once in their lifetime.

Usage of Alcohol by Grade Level				
	Past Month	School Year	Ever Used	Never Used
All	23.2%	30.1%	51.9%	48.1%
Grade 6	8.7%	9.0%	23.5%	76.4%
Grade 7	8.5%	12.0%	30.1%	69.8%
Grade 8	17.2%	22.2%	50.4%	49.6%
Grade 9	22.3%	30.9%	55.7%	44.3%
Grade 10	30.8%	39.4%	61.5%	38.5%
Grade 11	39.7%	48.9%	73.1%	26.8%
Grade 12	39.8%	54.2%	74.1%	25.9%

Data Source: Texas School Survey, Region 9 & 10, 2014

Accessibility

It is reported that 24.6% of all students believe that it is *very easy* to obtain alcohol, 16.8% *somewhat easy*, 10.9% *somewhat difficult*, 5.8% *very difficult*, 14.3% *impossible*, 27.5% *never heard of*. Accessibility becomes *very easy* according to students as grade level increases.

Percentage <i>Very Easy</i> to get Alcohol							
	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Any Alcohol	4.7%	12.9%	17.6%	25.7%	35.0%	39.8%	38.3%

Data Source: Texas School Survey, Region 9 & 10, 2014

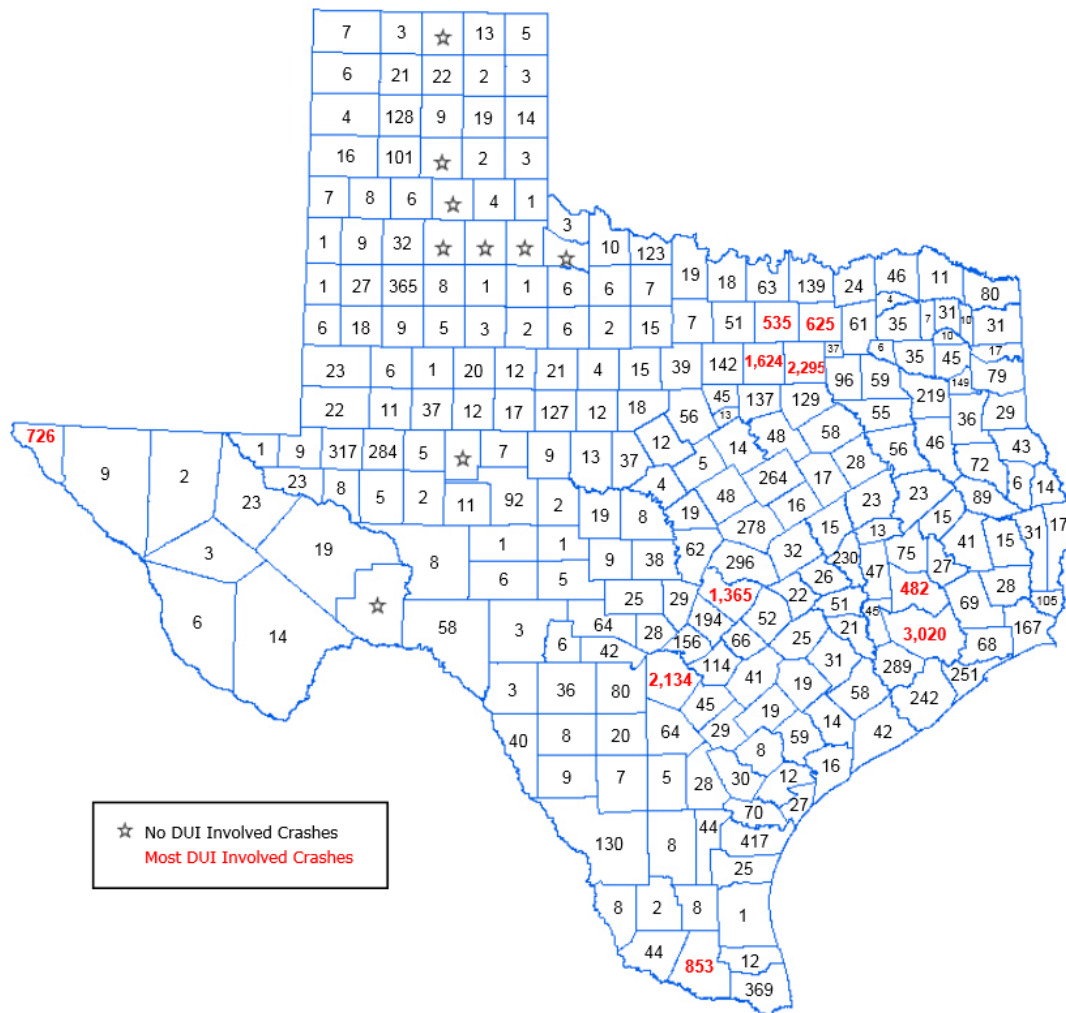
The same trend occurs as grade level increases, so does accessibility of alcohol at parties that students attend. There is at 33.3% increase of alcohol *always* being provided at parties that students attend from grade 6 to grade 12. Students in grade 12 also report that *most of the time* they are able to get alcohol from *parties* (22.9%), *friends* (22.4%), *home* (7.9%), *store* (6.1%), and some *other source* (12.7%).

Alcohol Provided at Parties Students Attended							
	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	47.5%	6.8%	7.0%	9.0%	13.0%	1.9%	14.8%
Grade 6	83.1%	3.5%	4.3%	2.2%	0.1%	2.7%	4.1%
Grade 7	67.1%	6.4%	4.3%	3.9%	1.9%	3.7%	12.6%
Grade 8	53.6%	9.5%	5.3%	6.2%	6.0%	3.3%	16.1%
Grade 9	43.0%	8.7%	9.6%	10.1%	9.7%	1.3%	17.5%
Grade 10	33.5%	8.1%	9.0%	15.4%	17.8%	0.7%	15.5%
Grade 11	32.8%	9.4%	8.6%	10.8%	25.1%	0.9%	12.5%
Grade 12	19.8%	0.2%	7.5%	14.5%	33.4%	0.6%	24.0%

Data Source: Texas School Survey, Region 9 & 10, 2014

Consequences

Texas Department of Transportation data on DUI Involved Crashes by County, 2014¹⁵



In 2014, Texas had a total of 24,386 crashes with alcohol was involved, of those crashes, 760 crashes where in the Texas Region 10. El Paso was among the top 10 counties with the most crashes with 726 crashes. The county with the least crashes was Culberson with 2 crashes involving DUI.

¹⁵ Texas Department of Transportation, Texas Motor Vehicle Crash Statistics 2014

Marijuana

Marijuana is one of the leading illegal drugs that is seized along the Texas and Mexico border. The Texas Department of Public Safety reports that \$47,728,814.70 worth of marijuana was seized through Operation Strong Safety between June 23, 2014 and September 2, 2014¹⁶. According to the National Institute on Drug Abuse, marijuana use has remained stable in 2014 in response to the University of Michigan's 2014 Monitoring the Future Study. The study has found that 56.7 percent of seniors say they disapprove of adults who smoke it occasionally, and 73.4 percent say they disapprove of adults smoking marijuana regularly¹⁷.

Some points to remember when discussing marijuana, is that people use marijuana in a number of ways such as smoking, eating, drinking, and inhaling it. New forms of usage have emerged such as smoking extracts from the plant in a practice known as dabbing.



Photo Source: Nation Institute on Drug Abuse

"...people use marijuana in a number of ways such as smoking, eating, drinking, and inhaling it."

Dabbing marijuana cigarettes and even e-cigarettes with butane hash oil (BHO) has become a new trend that is spreading throughout the nation. The Drug Enforcement Administration states that these extracts such as BHO raise the level of delta-9-tetrahydrocannabinol (THC) to at least 75% to 85% more potentate¹⁸.

Age of Initiation

The earlier a child begins to use marijuana, the more likely they are to become addicted to it. The average age of initiation for grades 6-12 is 13.6.

Average Age of First Use of Marijuana							
	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Average Age	12.0	11.5	12.5	12.9	13.6	14.2	14.9

Data Source: Texas School Survey, Region 9 & 10, 2014

Early Initiation

The Texas School Survey reported that in 2014 7% of seventh graders have ever consumed marijuana, and between the seventh and twelfth grades total of 24.2% of students have ever consumed marijuana. However, this is a lower number compared to the 2010 data of 11.5% for seventh graders and 27.9% for grades seven through twelve. The earliest age of initiation according to the TSS 2014 for Region 10 was 11.5.

¹⁶ Texas Department of Public Safety, Texas Border Security Dashboard

¹⁷ University of Michigan, 2014 Monitoring the Future Study

¹⁸ Drug Enforcement Administration, DEA/DA undercover Operations Stops Countrywide Drug Manufacturing Operations

Current Use

According to SAMHSA, marijuana use rose to 7.5% of users aged 12 or older in 2013 which is up from 6.2% in 2002¹⁹. According to the 2013 National Survey on Drug Use and Health, 5.7 million persons aged 12 or older used marijuana on a daily or almost daily basis in 2013. In Texas however, lifetime marijuana use decreased from about 26.2 percent of students in 2012 to 23.2 percent of students in 2014²⁰.

Current Usage by Grade Level							
	Never Used	Every Day	Several Times a Week	Several Times a Month	About Once a Month	About Once a Year	Less than Once a Year
All	79.2%	1.8%	2.1%	3.7%	3.9%	3.8%	5.6%
Grade 6	97.3%	0.2%	0.0%	0.5%	1.2%	0.6%	0.2%
Grade 7	92.6%	0.8%	1.2%	1.3%	1.6%	0.4%	2.0%
Grade 8	82.6%	2.5%	1.6%	2.3%	3.1%	3.0%	4.9%
Grade 9	77.1%	1.4%	1.1%	5.1%	4.0%	5.4%	5.9%
Grade 10	72.7%	2.6%	4.8%	4.2%	4.8%	5.3%	5.5%
Grade 11	68.8%	2.2%	2.3%	4.4%	6.9%	5.9%	9.5%
Grade 12	59.8%	3.0%	4.2%	8.3%	6.6%	6.0%	12.2%

Data Source: Texas School Survey, Region 9 & 10, 2014

Lifetime Use

The TSS 2014 asks students *how recently, if ever, have you used marijuana* with the choice of selecting *Past Month, School Year, Ever Used, Never Used*. All grade levels responded that 22.6% of students have used marijuana at least once in their lifetime.

Usage of Marijuana by Grade Level				
	Past Month	School Year	Ever Used	Never Used
All	9.5%	13.6%	23.6%	76.5%
Grade 6	0.6%	0.7%	3.0%	97.0%
Grade 7	3.0%	3.5%	5.9%	94.1%
Grade 8	7.0%	11.2%	19.9%	80.2%
Grade 9	8.1%	12.1%	26.5%	73.5%
Grade 10	16.0%	21.6%	32.1%	67.8%
Grade 11	15.1%	21.3%	35.8%	64.2%
Grade 12	18.2%	26.9%	44.9%	55.1%

Data Source: Texas School Survey, Region 9 & 10, 2014

Marijuana Consequences

After alcohol, marijuana is the drug most often linked to car accidents, including those involving deaths²¹. NIDA states that regular marijuana use has been associated with several psychological effects, including depression, anxiety, suicidal thoughts, and personality disturbances.

¹⁹ SAMHSA, 2013 National Survey on Drug Use and Health

²⁰ Texas Department of State Health Services, Drug Facts among Texas youth 2014

²¹ National Institute on Drug Abuse, Marijuana: Facts for Teens

Prescription Drugs

The 2013 National Survey on Drug Use and Health indicates that about 15.3 million people aged 12 or older used prescription drugs non-medically and is abuse more often than any other drug (excluding marijuana and alcohol). According the CDC, 44 people in the US die every day from overdose of prescription painkillers.

The CDC also reports that deaths from prescription painkillers have quadrupled since 1999, killing more than 16,000 people in the US in 2013²². Furthermore, nearly two million American 12 years of age and older either abused or were dependent on opioids according to the CDC in 2013.

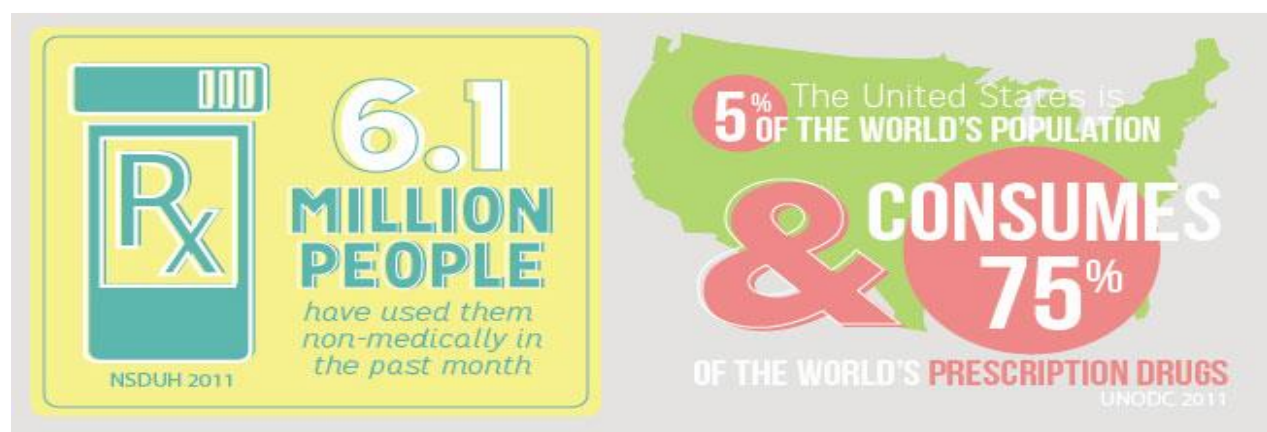


Photo Source: Nation Institute on Drug Abuse, Data Sources: Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings & United nations Office on Drugs and Crime 2011 World Drug Report

Over-The-Counter Use

The TSS 2014 asked students *how recently, if ever, have you taken the following OVER-THE-COUNTER drugs?* The table below displays their results.

Usage of Over-the-Counter Drugs by Grade Level Dxm, Triple Cs, Or Coricidin				
	Past Month	School Year	Ever Used	Never Used
All	2.6%	3.3%	5.2%	94.9%
Grade 6	0.6%	0.6%	1.6%	98.3%
Grade 7	1.2%	1.4%	3.8%	96.2%
Grade 8	0.8%	1.1%	3.3%	96.8%
Grade 9	4.2%	4.2%	6.2%	93.8%
Grade 10	3.8%	6.5%	9.5%	90.5%
Grade 11	4.4%	5.0%	6.9%	93.1%
Grade 12	3.0%	3.8%	4.1%	95.9%

Data Source: Texas School Survey, Region 9 & 10, 2014

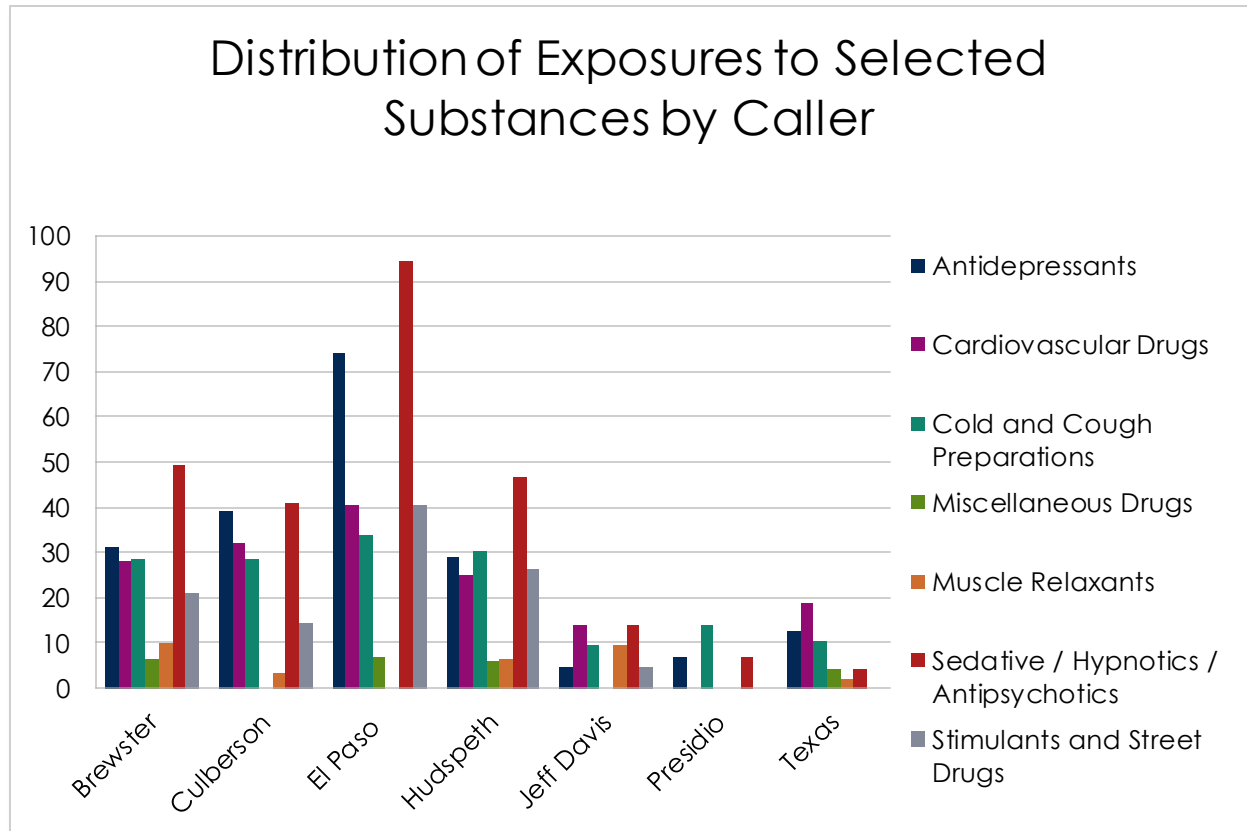
²² Center for Disease Control and Prevention, Injury Prevention & Control: Prescription Drug Overdose

Prescription Use

Usage of Over-the-Counter Drugs by Grade Level				
Codeine Cough Syrup				
	Past Month	School Year	Ever Used	Never Used
All	4.6%	7.3%	11.5%	88.6%
Grade 6	1.5%	2.5%	4.5%	95.6%
Grade 7	1.9%	2.2%	3.6%	96.3%
Grade 8	2.7%	3.0%	7.2%	92.8%
Grade 9	5.8%	7.6%	11.4%	88.6%
Grade 10	5.4%	10.3%	16.6%	83.4%
Grade 11	7.3%	10.7%	17.1%	82.9%
Grade 12	8.2%	16.3%	22.0%	78.0%
OxyContin, Percodan, Percocet, or Oxycodone				
All	1.4%	2.1%	2.7%	97.2%
Grade 6	0.5%	0.6%	0.6%	99.4%
Grade 7	0.5%	0.5%	0.9%	99.1%
Grade 8	0.8%	0.8%	2.1%	97.9%
Grade 9	1.7%	1.7%	1.8%	98.1%
Grade 10	1.9%	3.0%	3.6%	96.3%
Grade 11	2.6%	2.6%	4.5%	95.5%
Grade 12	2.1%	6.7%	6.9%	93.1%
Vicodin, Lortab, Lorcet, or Hydrocodone				
All	2.7%	3.8%	6.0%	94.0%
Grade 6	0.0%	0.1%	1.9%	98.2%
Grade 7	0.5%	0.5%	1.3%	98.7%
Grade 8	1.3%	1.6%	2.1%	97.8%
Grade 9	2.2%	3.6%	4.8%	95.2%
Grade 10	4.9%	6.9%	9.1%	90.8%
Grade 11	5.5%	6.2%	9.7%	90.3%
Grade 12	5.3%	8.5%	15.1%	84.9%
Valium or Diazepam				
All	0.7%	0.8%	1.3%	98.7%
Grade 6	0.1%	0.2%	0.2%	99.8%
Grade 7	0.4%	0.4%	0.4%	99.6%
Grade 8	0.5%	0.5%	0.9%	99.1%
Grade 9	0.3%	0.4%	0.4%	99.7%
Grade 10	0.6%	0.6%	1.2%	98.8%
Grade 11	1.8%	1.8%	3.0%	97.0%
Grade 12	1.5%	2.1%	3.4%	96.6%
Xanax or Alprazolam				
All	1.8%	2.4%	3.2%	96.7%
Grade 6	0.0%	0.1%	0.6%	99.5%
Grade 7	1.0%	1.0%	1.1%	98.9%
Grade 8	1.1%	1.3%	1.9%	98.0%
Grade 9	1.4%	1.5%	2.2%	97.7%
Grade 10	1.3%	3.2%	4.4%	95.6%
Grade 11	5.5%	6.5%	8.6%	91.4%
Grade 12	2.9%	4.4%	4.8%	95.2%

Misuse/Abuse Consequences

During 2009- 2014, substance calls to the Texas Poison Center Network, El Paso County had the highest rate of calls relating to substance abuse. Jeff Davis and Presidio rate of calls are below the Texas rate, however, the rates for Brewster, Culberson, El Paso, and Hudspeth are well above the Texas rate of calls to the Texas Poison Center Network.



Data Source: Texas Poison Center Network, 2009-2014. Rate by 100,000 population

Tobacco

Over the years, tobacco use has been the leading cause of disease and death in the United States that is preventable. The CDC reports that cigarette smoking results in more than 480,000 premature deaths in the US each year.

NIDA states that other forms of tobacco remain popular among 12th grade students such as hookah. There has also been an increase in the popularity of e-cigarettes and vaping that allow the user to inhale nicotine without the smoke associated with tobacco.



Age of Initiation

Average Age of First Use of Tobacco							
	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Average Age	10.1	11.1	11.5	11.9	13.1	14.1	14.8

Data Source: Texas School Survey, Region 9 & 10, 2014

Tobacco Use

Usage of Any Tobacco Product by Grade Level				
	Past Month	School Year	Ever Used	Never Used
All	9.4%	13.1%	24.5%	75.5%
Grade 6	1.3%	1.4%	6.4%	93.6%
Grade 7	3.9%	4.9%	13.6%	86.4%
Grade 8	7.0%	12.0%	21.8%	78.2%
Grade 9	7.8%	10.5%	23.0%	77.0%
Grade 10	12.8%	17.6%	31.0%	69.0%
Grade 11	15.5%	21.9%	33.6%	66.5%
Grade 12	20.3%	27.3%	47.5%	52.5%

Data Source: Texas School Survey, Region 9 & 10, 2014

Prevalence

Current Tobacco Usage by Grade Level							
	Never Used	Every Day	Several Times a Week	Several Times a Month	About Once a Month	About Once a Year	Less than Once a Year
All	82.6%	1.8%	1.8%	1.8%	3.6%	3.2%	5.3%
Grade 6	97.6%	0.0%	0.1%	0.1%	0.5%	0.6%	1.1%
Grade 7	93.7%	0.5%	0.5%	0.3%	0.6%	1.6%	2.8%
Grade 8	85.2%	1.0%	2.4%	1.9%	2.1%	3.5%	3.9%
Grade 9	82.6%	1.1%	0.7%	2.6%	2.4%	3.6%	7.2%
Grade 10	77.4%	0.4%	2.6%	2.8%	5.8%	5.9%	5.3%
Grade 11	77.0%	3.8%	2.0%	2.7%	6.3%	3.2%	5.0%
Grade 12	60.7%	6.8%	4.8%	2.5%	8.9%	3.9%	12.5%

Data Source: Texas School Survey, Region 9 & 10, 2014

Emerging Trends

Drug trends help us understand prevalence of drug use and the consumption patterns of drugs over time. Unfortunately, as often as we monitor these drug trends among our population new drugs emerge changing the norm among usage. Current trends include street drugs that are known as 'Spice' or 'Bath Salts' have grown in popularity. These synthetic drugs are dangerous and a brief description of the drugs is provided here to help build awareness on the most current trends.

Synthetic Cannabinoids

Spice is a synthetic drug created in a laboratory that eventually made its way to the streets in Europe before making its way to the United States. In the 1990's, J.W. Juffman at Clemson University created a large series of compounds²³. These compounds were primarily developed as pharmaceutical agents intended for pain management also known as analgesic drugs.

Spice is a mixture of herbs that are dried in a similar fashion to marijuana and combined with the manmade compounds explained above. Most products have added chemicals that the designers of the drug include at their discretion.

There have been a rising number of calls to poison control centers nationally and in Region 10 due to the use of Spice. It should be noted that Spice is illegal, yet producers of the drug continuously change the formula of the product to evade legal restrictions.



The TSS 2014 for Region 9 & 10 report that the average age of initiation for grades 6-12 is 14 years old.

Prevalence of Spice Use				
	Past Month	School Year	Ever Used	Never Used
All	2.3%	3.6%	7.9%	92.1%
Grade 6	0.0%	0.0%	0.1%	99.9%
Grade 7	1.8%	2.8%	3.4%	96.6%
Grade 8	2.7%	4.7%	7.8%	92.1%
Grade 9	2.1%	2.9%	7.7%	92.3%
Grade 10	3.3%	5.2%	11.6%	88.4%
Grade 11	3.1%	4.0%	10.4%	89.6%
Grade 12	3.5%	5.9%	15.4%	84.6%

Data Source: Texas School Survey, Region 9 & 10, 2014

²³ European Monitoring Centre for Drugs and Drug Addiction, Understanding the 'Spice' phenomenon

Synthetic Cathinones

Much like Spice, Bath Salts have emerged rapidly among Europe and the United States. Bath Salts contain a number of chemicals that can produce euphoria and increased sociability and sex drive.

Common synthetic cathinone's found in bath salts include 3,4-methylenedioxypyrovalerone (MDPV), mephedrone ("Drone," "Meph," or "Meow Meow"), and methylone, but there are many others²⁴.

Bath salts users have reported that Bath salt trigger intense cravings (or a compulsive urge to use the drug again) and that they are highly addictive according to NIDA.



Photo Source: Partners for Drug-Free Kids

E-Cigarettes/Vaping

The Center for Disease Control and Prevention reports that e-cigarette use has tripled among middle and high school students in less than a year in a press release on April 16, 2015.

The CDC reported e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students²⁵.

In a separate press release, the CDC announced that more than half (51.1 percent) of the calls to poison centers due to e-cigarettes involved young children under age 5, and about 42 percent of the poison calls involved people age 20 and older²⁶.



Photo Source: Partners for Drug-Free Kids

BHO "Dabbing" and Consumables

Butane Hash Oil (BHO) is an extract high in THC levels and is extremely dangerous to create. The process includes filtering marijuana with butane and then boiling the butane from the marijuana. This has caused many fires and explosions in homes where individuals are attempting to create this substance. If successful, users are left with a product that can be used to dab there e-cigarette or vaping machines to get an odorless high off of the BHO.

Other forms can be created after the substance is extracted to place in food as an oil, create a wax or butter to place in lip balms, or shatter that look similar to peanut brittle.

²⁴ National Institute on Drug Abuse, Drug Facts: Synthetic Cathinones ("Bath Salts")

²⁵ Centers for Disease Control and Prevention, E-cigarette use triples among middle and high school students in just one year

²⁶ Centers for Disease Control and Prevention, New CDC study finds dramatic increase in e-cigarette-related calls to poison centers

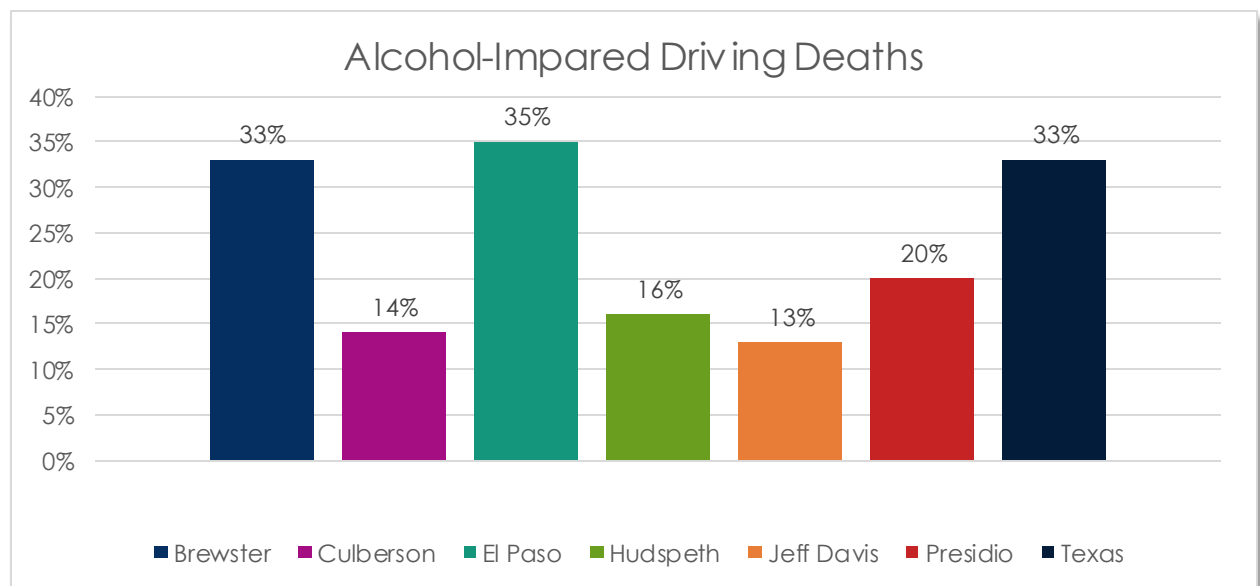
Consequences

The use of drugs and alcohol result in a number of individuals that find themselves in hospitalization or in other cases they die as a result of their substance use. Not only do individuals who abuse drugs and alcohol place themselves at risk, but those around them are also impacted by their usage of substances.

Mortality

Driving Deaths with Alcohol Involvement

Driving while under the influence of alcohol places everyone in danger. The Fatality Analysis Reporting System reports a census of fatal motor vehicle crashes resulting in the death of a motorist or a non-motorist.



Data Source: County Health Rankings & Roadmaps, Extracted July 2015

The table below the total DUI related crashes/fatalities from 2010-2014²⁷.

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
Brewster	47012	58	4	123.37	8.51
Culberson	12339	17	4	137.77	32.42
El Paso	775785	4122	133	531.33	17.14
Hudspeth	17798	38	7	213.51	39.33
Jeff Davis	11832	23	0	194.39	0.00
Presidio	39937	23	1	57.59	2.50

²⁷ Texas Department of Transportation, 2010-2014 DUI Crashes and Injury by County

Drug and Alcohol Related Fatalities

According to 2013 CDC Wonder Drug and Alcohol Induced Deaths Region 10 has a lower death rate (593.3) than in the rest of Texas (677.5) and the U.S. (821.5). The Jeff Davis County has the highest death rate due drugs or alcohol, and Hudspeth lowest (482.21).

County	Population	Deaths	Crude Rate Per 100,000
Brewster	9,286	58	624.6
Culberson	2,277	22	966.2
El Paso	827,718	4876	589.1
Hudspeth	3,318	16	(Unreliable) 482.21
Jeff Davis	2,253	30	1331.6
Presidio County	7,201	53	736.0
Region 10	852,053	5055	593.3
Texas	26,448,193	179,183	677.5
U.S.	316,128,839	2,596,993	821.5

Data source: 2013 CDC Wonder: Drug and Alcohol Induced Deaths

Deaths due to Drug Poisoning

Drug overdose was the leading cause of injury death in 2010 according to County Health Rankings & Roadmaps. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes²⁸. Data for the region is not complete, yet in El Paso County as of July 2015 there were 431 drug poisoning deaths which is up from 400 in 2014²⁹. Data for other counties in the region is missing.

Legal Consequences

Drug and/or Alcohol Related Inmate Population

The Texas Department of Criminal Justice reports that 427 inmates are serving sentences for drug and/or related crimes. Below is a table displaying the population by counties in Region 10.

County	Drug/Alcohol Inmates
Brewster	3
Culberson	2
El Paso	416
Hudspeth	3
Jeff Davis	2
Presidio	1
Total	427

Data Source: Texas Department of Criminal Justice

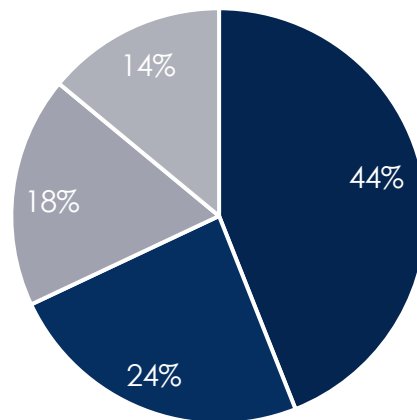
²⁸ County Health Rankings, Drug Poisoning Deaths, Description

²⁹ County Health Rankings, Drug Poisoning Deaths, Data

Treatment

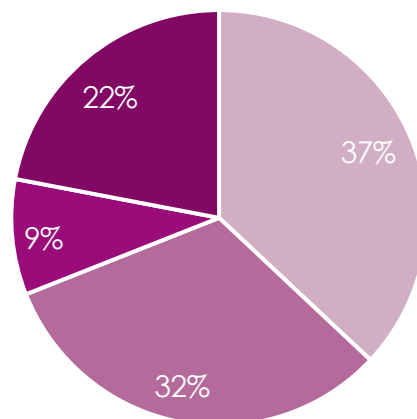
Aliviane, Inc. has been providing treatment services to Region 10 for more than 45 years. The agency served close to 2,500 individuals in treatment and behavioral health services from September 2013 - August 2014. Alcohol was reported as the primary drug of choice among all treatment services with the exception on treatment service for youth where marijuana was predominant. The primary drug of choice is closely monitored to provide the highest level of treatment, below is top three reported for each center provide by Aliviane, Inc. in 2014. The category of other was added for various drugs of choice (Heroin, Meth, etc.) that were not included as part of the top three selected drugs of choice.

Men's Residential - Primary Drug of Choice



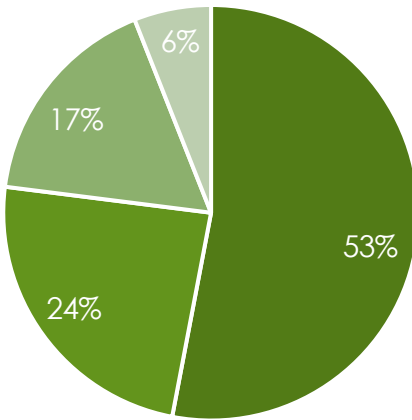
■ Alcohol ■ Cocaine ■ Marijuana ■ Other

Women's Residential - Primary Drug of Choice



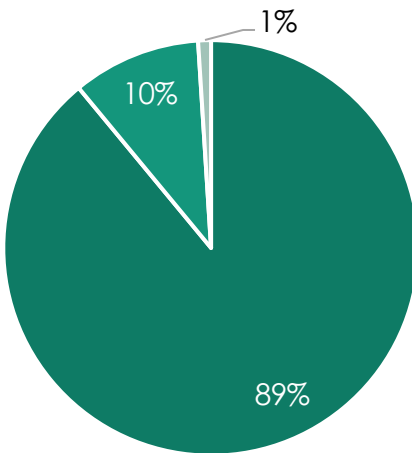
■ Alcohol ■ Cocaine ■ Marijuana ■ Other

Outpatient - Primary Drug of Choice



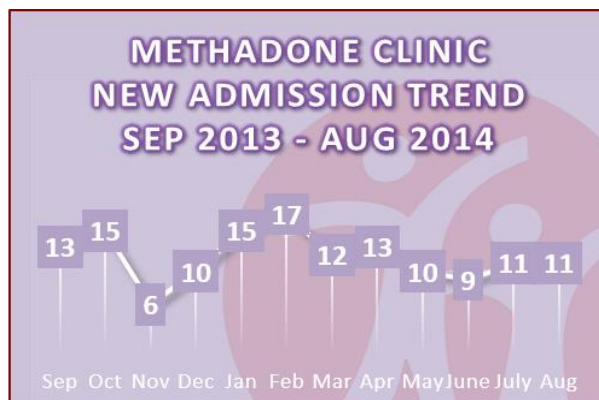
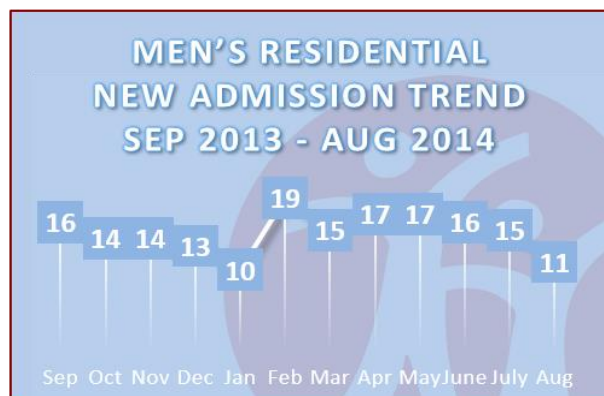
■ Alcohol ■ Cocaine ■ Marijuana ■ Other

Teen Treatment - Primary Drug of Choice



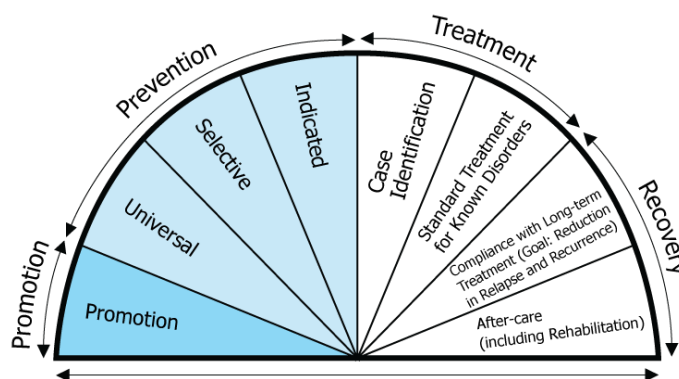
■ Marijuana ■ Alcohol ■ Other

Aliviane monitors new admission trends throughout its major treatment and behavioral health services. The charts below describe these trends.



Environmental Protective Factors

There are a multitude of opportunities for addressing behavior health problems and disorders. By increasing the amount of evidence-based practices in our community, the likelihood we increase protective factors. Prevention is at the core of providing a continuum of care, and part of a comprehensive approach to behavioral health.



Prevention strategies are focused on helping develop knowledge, attitudes, and skills to help individuals make good choices and/or change harmful behaviors³⁰. Prevention is an attempt to reach individuals before the onset of a disorder and is intended to prevent or reduce the risk of developing a behavioral health problem.

Region 10 is striving to provide services to individuals across the continuum of care and create opportunities of individuals to succeed.

Department of Health and Human Service Funded Prevention Programs

The Texas Department of Health and Human Services has funded a number of programs to provide service throughout Region 10. These programs not only focus on the individual, they also create environmental change that supports healthy behaviors. These services are provided through Universal, Selective, and Indicated programming³¹:

- Universal (YPU) - Prevention programs that are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience.
- Selective (YPS) - Prevention programs that target subgroups of the general population that are determined to be at risk for substance abuse.
- Indicated (YPI) - Prevention intervention programs that identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs.

Additional to the services about, DSHS funds Community Coalition Programs (CCP) throughout the state. The coalitions address community concerns regarding the prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in target counties³².

³⁰ SAMHSA, Prevention of Substance Abuse and Mental Illness, Prevention Strategies

³¹ Texas Department of State Health Services, Universal, Selective, and Indicated Prevention

³² Texas Department of State Health Services, Substance Abuse Prevention Services: Community Coalition Programs (CCP)

Youth Prevention Programs

PRIDES (YPU) - Aliviane, Inc.

PRIDES is an acronym for Prevention and Intervention of Drug Abuse through the Enhancement of Self Esteem. The PRIDES program provides universal prevention services that promote a process of addressing health and wellness for individuals, families, and communities in the El Paso County and Culberson County that increase knowledge, skills, and attitudes necessary for making positive life choices.



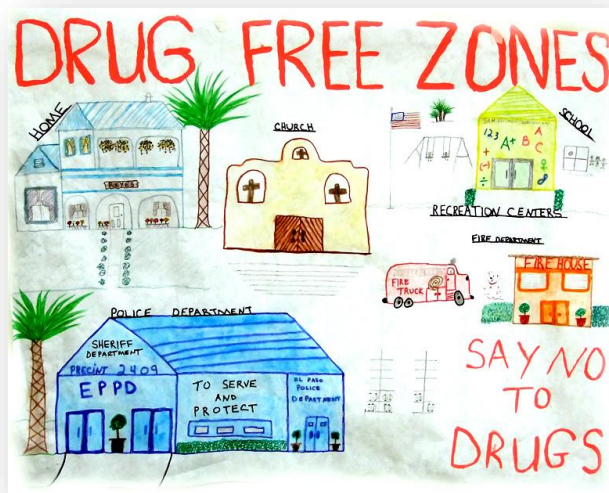
PRIDES services include outreach to the community, linkages to behavioral health services throughout Far West Texas, and the use of Life Skills Training for families to increase pro-social behaviors among that promote healthy and drug-free lifestyles.

Evidence-based curriculum education for elementary youth ages 8 to 12 and middle school youth 12-14 that will improve academic achievement and knowledge of the dangers of alcohol, tobacco, other drugs, (ATOD) and gang involvement.

Strengthening Families (YPS) - Aliviane, Inc.

With a special focus on youth ages 12 to 16, Strengthening Families is a family based prevention program that promotes healthy living, awareness of risks related to alcohol, tobacco and other drugs, and community involvement through activities that are educational, fun, and inspiring for everyone in the family.

Strengthening Families addresses risks related to substance abuse and other risks factors associated with school failure, delinquency, social problems and violence at home, school, or in the community, poverty, gang involvement and other issues.



IMASTAR (YPI) - Aliviane, Inc.

IMASTAR stands for: I'm Motivated to learn, I'm Achieving my goals, I'm Staying drug and alcohol free, I'm Thinking about my future, I'm Active in my School, I'm Responsible for my success.

IMASTAR is a prevention program that has been serving youth in El Paso County since 1994. The program addresses involvement in substance abuse and other high risk behavior such as poor grades, excessive unexcused absenteeism, tardiness, disruptive behavior, gang activity, repeated suspensions, social problems, and family dysfunction.



Youth in IMASTAR are provided with comprehensive screening and service planning, prevention education skills training, prevention counseling, referral support, AOD Presentations and Tobacco presentations. Participants are also engaged in fun activities that are culturally relevant, offset attraction to the use of alcohol, tobacco or other drugs and foster bonding with peers, family, school and community.

Advocates for Prevention Coalition (CCP)- Aliviane, Inc.

El Paso Advocates for Prevention Coalition, also known as the El Paso APC is a community coalition partnership serving the communities rural areas of El Paso County.

The El Paso APC works towards prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in El Paso County, amongst youth and adults, by promoting and conducting community-based and evidence-based prevention strategies with key stakeholders.



Alcohol and Substance Abuse Program (ASAP) - Ysleta del Sur Pueblo³³

ASAP utilizes the Positive Action (PA) curriculum developed by the Center for Substance Abuse Prevention (CSAP).

PA is an evidence-based program focused on character development and academic improvement, which has shown strong evidence of positive effect in prevention and intervention strategies for Native American youth, ages 6-12. When used in an intervention setting, such as counseling, it promotes an intrinsic interest in becoming a better person by encouraging a positive self-concept, educational advancement and responsible citizenship.



CHOICES Program - Communities in Schools (CIS), El Paso³⁴

Choices is a drug and alcohol prevention program. The goal of the "Choices" program is the prevention of violence, alcohol, tobacco and other drug use among the youth of El Paso, specifically the CIS targeted areas. CIS provides the Choices program weekly in 8 schools in the Ysleta and Socorro Independent School Districts.

CIS Choices provides services for other CIS campuses on a monthly basis through presentation, information dissemination, alternative drug free activities, and career/health fairs.

Rio Grande Safe Communities - University Medical Center El Paso (UMC)³⁵

The Rio Grande Safe Communities Coalition (RGSCC) is funded through a Community Coalition Prevention (CCP) through the Texas Department of State Health Services, and is managed and coordinated by UMC's Level I Trauma Center in order to link local agencies and organizations with local community needs.

RGSCC organizes a local coalition composed of community members representing a minimum of 12 sectors (youth, parents, businesses, media, schools, youth serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, healthcare professionals, state, local or government agencies with expertise in the field of substance abuse, and other organizations involved in reducing substance abuse).



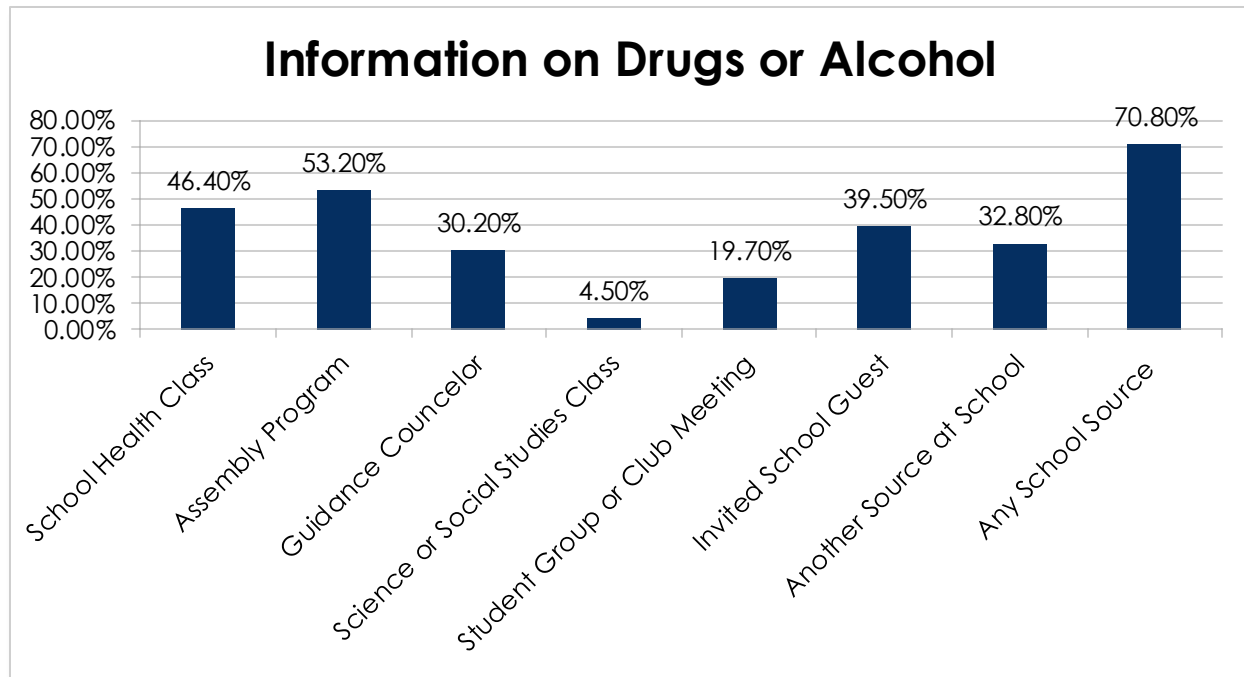
³³ Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program

³⁴ Communities In Schools, Programs, Choices

³⁵ Rio Grande Safe Communities, Who We Are

Students Receiving AOD Education in School

The 2014 Texas School Survey showed that students between the grades 6 and 12, mostly received information on drugs and alcohol from assembly programs (53.2%) and the least from Science or Social Studies Class. Overall, 70% of the time students received information relating to drugs or alcohol from school.



Data Source: Texas School Survey, Region 9 & 10, 2014

Further Community Resources

El Paso Project Launch and Aliviane, Inc. have created an app with a directory intended to be a resource hub of community mental health and wellness services in the region. You can download it free with the QR links below or in your app store by searching for 'Aliviane'.





Project Launch Aliviane Directory

This directory is intended to be a resource hub for El Paso residents and health professionals in locating community mental health and wellness services that meet each families' unique needs, beginning at birth! It is our hope that the directory will raise awareness and support of children's social and emotional health, or as we say, having a happy heart! Download our **FREE** app today!











Region in Focus

Due to its size and location, Region 10 is secluded from the rest of Texas. The need for services in our large and rural counties is clear when reviewing the data in the regional needs assessment. Our region has found ways to be innovative in our approach out of the necessity to provide adequate services. It is clear that our region is capable of doing more with less funding than the rest of the state through the extent that is possible.

The regional data that was collected and provided in this regional needs assessment is but a glimpse into the region's challenges in the prevention of substance abuse. Further data on Region 10 is available from each section, and further data related to other topics outside of the realm of substance abuse is available through the PRC10 upon request.

Our hope is that organizations, community stakeholders, foundations, or anyone interested in providing services to our region will find this RNA useful in their efforts.

Gaps in Services

The greatest barrier to receiving services is our lack of transportation throughout the region. El Paso County provides a large amount of services that are available to the region, yet travel from areas such as Presidio or Marfa takes hours. Furthermore, our colonias in Region 10 suffer from extremely poor road conditions where in some cases the roadways are unpaved and flood during even small amounts of rain.

Areas in the region such as Presidio County have expressed to the PRC10 that services for substance abuse prevention are needed. In a stakeholders meeting in Presidio County, community advocates expressed the need for treatment services for substance abuse do to the fact that the nearest facility is located in El Paso County which is 250 miles away. This is the case for most of Region 10 when seeking out services for family members for substance abuse and mental health services.

Gaps in Data

Current gaps in data identified by the PRC10 are in the following areas:

- Texas School Survey data from our large school districts such as El Paso Independent School District, Socorro Independent School District, and others
- County level data on the synthetic drug use, abuse, and overdose
- County level data on the economic impact substance abuse and use has on the community
- County level data on emergency room visits due to substance abuse or use

This list could go further, and the Prevention Resource Centers across the state are working together in efforts toward collecting this data. Our targets for data collection are in the areas of drug abuse treatment and prevention/intervention programs, local hospitals, county and local health departments, medical examiner's office, poison control centers, drug helplines, mental health centers, HIV/STD outreach programs, pharmaceutical associations, county forensic labs, criminal justice/police reports, drug seizures, drug cost/purity, education/school districts, recreation centers, and university research.

Regional Partners

In 2015, the Surveillance Network on Drug Abuse was created in efforts to monitor and assess the causes, determinants, and distribution of drugs in Region 10. Individuals that are key informants, stakeholders, and advocates were selected to partake in the network to plan appropriate strategies to effectively collect data that is relevant.

The agencies represented in the Surveillance Network on Drug Abuse are:

- 211
- Aliviane, Inc.
- Big Brothers, Big Sisters
- Child Protective Services
- City of El Paso Department of Public Health
- Department of State Health Services
- El Paso County Criminal Court at Law 2
- El Paso Housing Authority
- El Paso Independent School District
- El Paso Police Department
- Rio Grande Safe Communities
- Shift Positive
- Smoke Free Paso del Norte
- University of Texas at El Paso
- West Texas Poison Control

Regional Successes

The Robert Wood Johnson Foundation (RWJF) honors and elevates U.S. communities that are making great strides in their journey toward better health. Annually, RWJF awards the *RWJF Culture of Health Prize* to communities that represent solutions-driven leadership.

Each winner is selected from among more than 300 applicants and chosen by a team of reviewers comprised of more than 30 leaders in health, community development, policy, leadership, and coalition building from across the nation.

El Paso County is one of 15 finalist in the running for this award. The RWJF recognizes communities that are creating powerful partnerships and deep commitments to enable all in our diverse society to lead healthy lives. Finalist will be announce in the fall of 2015.

Conclusion

Based on the findings of the RNA it is important for the community to address issues related to alcohol, marijuana, and prescription drug abuse. Collective impact has been used throughout the world and has been shown to have the greatest changes in the community. Instead of an organization competing against others to obtain the greatest change, through collective impact, organizations work together toward the same goal³⁶.

It is important to understand that although one risk factor is being addressed, not much change may be seen unless all of the risk factors are addressed at the same time³⁷. For collective impact to work, it is important to identify key players that can converge and organize their goals to align with each other in order to sustain action and impact.

In order to achieve this, the Prevention Resource Center will serve as the backbone organization providing strategic direction, facilitating dialogue between key players, managing data collection and analysis, coordinating community outreach, and mobilizing strategies for funding.

Key Findings

Alcohol seems to be the prevailing substance used and abused which is widespread in Region 10. The Texas School Survey continues to identify that our youth continue to gain access to alcohol and the prevalence of use overtime increases.

Interestingly enough, treatment service for youth in El Paso County are primarily for the abuse of marijuana. At Aliviane, Inc.'s Treatment Resources for Youth (TRY), 89% of the 280 individuals served were for marijuana. Currently, as of June 2015 TRY has served 221 individuals where 95% have identified marijuana as their drug of choice.

Among adults in El Paso County receiving substance abuse treatment, alcohol remains the highest percentage identified as primary drug of choice throughout residential and outpatient services among individuals.

Moving Forward

The Prevention Resource Center Region 10 is continuously seeking new and up-to-date data that is relevant to the region as well as the state. As mentioned before, this RNA is filled with data that individuals may like to examine more in-depth. Data requests or submissions can be made by contacting:

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³⁶ Hanley Brown, Fay, John Kania, and Mark Kramer. "Channeling change: Making collective impact work." Stanford Social Innovation Review 20 (2012): 1-8.

³⁷ Kania, John, and Mark Kramer. "Collective impact." (2011): 36-41.

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Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

PRC Regions

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

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