**PRC**
PREVENTION RESOURCE CENTER
— REGION 1 —

# Table of Contents

# Executive Summary

## What is the RNA?

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by Region 1 along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC in Region 1 serves 41 counties in the Panhandle and South Plains.

This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on most current information about the unique needs of Texas' diverse communities. This document will present a summary of statistics on risk and protective factors associated with drug use, as well as consumption patterns and consequence data; at the same time it will offer insight on gaps in services and data.

## Who writes the RNA?

A team of Data Coordinators has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health, and education, among others.

## How is the RNA informed?

Qualitative data collection has been conducted, in the form of questionnaires, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC in Region 1 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

# Key findings

This needs assessment serves as an analysis of where to start in building an effective PRC and enhancing prevention resources throughout the south plains and panhandle. A major theme throughout the assessment was the need for additional data. Once there is additional qualitative and quantitative data for each county and the region as a whole, it will be easier to fully understand all of the needs of the population being served. The formation of partnerships and collaboration across the region will also serve to be beneficial and allow for additional needs assessments to be more comprehensive.

## Demographic

Region 1 is less ethnically diverse than the state or the nation. At the same time, some counties have a significant percentage of households with limited English abilities. There is also a wide span of data regarding median income, although the overall median income for Region 1 is lower than Texas or the United States.

## Substance Use Behaviors

The age at which our youth begin to experiment with substances (age of first use) has been shown to decrease as time progresses, leaving the researcher and reader to conclude that prevention efforts in this region are crucial to the outcome of our current and future population.

## Underlying Conditions

The isolation of rural communities may contribute to early use of tobacco and alcohol. Rural counties have a higher rate of tobacco and alcohol licenses. Additionally, access to healthcare can be difficult for non-urban areas of the region.

## Behavioral Health Disparities

The rate of depression among the population in Region 1 from year 2018-2020 has been the only behavioral diagnosis that has increased as time progressed, while all other behavioral diagnoses observed a decline in rates. As more data is collected, it will be crucial to review if this number and rate has continued to increase as time proceeded.

## Protective Factors and Community Strengths

There are several protective factors in Region 1, notably a strong sense of community in rural areas and prevention and treatment programs in urban areas. The PRC in Region 1 looks forward to utilizing community resources to shift social norms (to more communication with parents and an understanding that use among peers is not as high as assumed) and uniting treatment and prevention programs into a stronger coalition.

# Methodology

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

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

## Conceptual Framework

The conceptual framework for this report examines empirical indicators related to the Social Determinants of Health (SDoH), documented risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in the domains (or levels) of the Social Ecological Model (SEM), as described below. For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region.

## Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities to:
- determine patterns of substance use among adolescents and monitor changes in substance use trends over time
- identify gaps in data where critical substance misuse information is missing
- determine county-level differences and disparities
- identify substance use issues that are unique to specific communities
- provide a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs
- provide data to local providers to support their grant-writing activities and provide justification for funding requests
- assist policymakers in program planning and policy decisions regarding substance misuse prevention, intervention, and treatment at the region and state level

## Process

HHSC and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2020 and June 30, 2021. Due to the global pandemic, COVID-19, the Regional Needs Assessment deadline was extended to August 31, 2021.

Between September and July, HHSC staff meets with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. Region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources are identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

## Quantitative Data Selection

### Identification of Variables

The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes.

### Criteria for Selection

The criteria used for including data sets in this document are their relevance, timeliness, methodological soundness, representativeness, and accuracy. The data arise from well-documented methodology gathered through valid and reliable data collection tools.

## Qualitative Data Selection

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

## Key Informant Interviews

Interviews are conducted primarily with school officials and law enforcement officers where available. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions:

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What hard evidence do you have to support this as the greatest problem?
- What services do you lack in your community?

Other questions inevitably arise during the interviews, but these four are asked of each participant.

## Focus Groups

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges. Due to COVID restrictions, focus groups were not conducted this year.

## Longitudinally Presented Data

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to) the most recently available data collected over three years in one-year intervals of data-collection, or the most recently-available data collected over three data-collection intervals of more than one year (e.g. data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national-level data with county-level data for comparison purposes. However, when neither state-level nor national-level data are included in tables and figures, this is generally because the data was not available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.

# Prevention Resource Centers

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

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

- underage alcohol use

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

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

## Regions

**Figure 1**: Map of Health Service Regions serviced by a Prevention Resource Center

**Table 1**: Prevention Resource Center Regions

| Region 1 | Panhandle and South Plains |
|----------|----------------------------|
| Region 2 | Northwest Texas |
| Region 3 | Dallas/Fort Worth Metroplex |
| Region 4 | Upper East Texas |
| Region 5 | Southeast Texas |
| Region 6 | Gulf Coast |
| Region 7 | Central Texas |
| Region 8 | Upper South Texas |
| Region 9 | West Texas |
| Region 10 | Upper Rio Grande |
| Region 11 | Rio Grande Valley/Lower South Texas |



## How PRCs Help the Community

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

**Data Coordinators**

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

# Key Concepts

## Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. (citation SAMSHA) Qualifiers for age-specific terms related to different data sources will be referenced in each section.

## Texas School Survey

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas Public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI). PPRI actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years.

**Table 2:** Number of Surveys Included in State Sample for Texas School Survey

| Number of Surveys Included in State Sample for TSS | | | | | | | |
|---|---|---|---|---|---|---|---|
| Report Year | Original Campuses Selected | Campuses Signed Up to Participate | Actual Campuses Participated | Total Non-Blank Surveys | Usable Surveys | # Rejected | % Rejected |
| **2020\*** | 700 | 224 | 107 | 28,901 | 27,965 | 936 | 3.2% |
| **2018** | 710 | 228 | 191 | 62,620 | 60,776 | 1,884 | 2.9% |
| **2016** | 600 | 187 | 140 | 50,143 | 49,070 | 1,073 | 2.1% |

Texas School Survey, 2020/2018/2016. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

**Table 3**: Texas School Survey Distribution Comparison and Impact of Pandemic

| Grade | Survey Distribution TSS 2020* | | Survey Distribution TSS 2018 | | Difference Between 2018 and 2020* TSS |
|---|---|---|---|---|---|
| | # of Usable Surveys | % | # of Usable Surveys | % | # of Usable Surveys |
| Grade 7 | 6,414 | 2.9% | 12,445 | 20.5% | -6,031 |
| Grade 8 | 6,472 | 23.1% | 12,268 | 20.2% | -5,796 |
| Grade 9 | 4,189 | 15.0% | 9,409 | 15.5% | -5,220 |
| Grade 10 | 4,119 | 14.7% | 9,571 | 15.8% | -5,452 |
| Grade 11 | 3,556 | 12.7% | 9,163 | 15.1% | -5,607 |
| Grade 12 | 3,215 | 11.5% | 7,920 | 13.0% | -4,705 |
| Total | 27,965 | 100.0% | 60,776 | 100.0% | -32,811 |

Texas School Survey, 2020/2018. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

* During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data.

## Epidemiology

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

## Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities to tailor services to meet local needs for substance misuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the National Academy of Medicine (NAM), which are universal, selective, and indicated.

# Strategic Prevention Framework

**Figure 2:** Strategic Prevention Framework (SPF)



**Assessment**
Profile population needs, resources, and readiness to address needs and gaps

**Capacity**
Mobilize and/or build capacity to address needs

**Planning**
Develop a Comprehensive Strategic Plan

**Implementation**
Implement the Strategic Plan and corresponding evidence-based prevention strategies

**Evaluation**
Monitor, evaluate, sustain, and improve or replace those that fail

*Sustainability & Cultural Competence.* 2020. AVPRIDE. https://avpride.com/ Accessed April 29, 2020

## Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. This RNA is organized using the six domains (or levels) of the SEM as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances
- School Domain - social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain - social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain - interpersonal factors including social norms and youth perceptions of peer consumption and social access
- Individual Domain - intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

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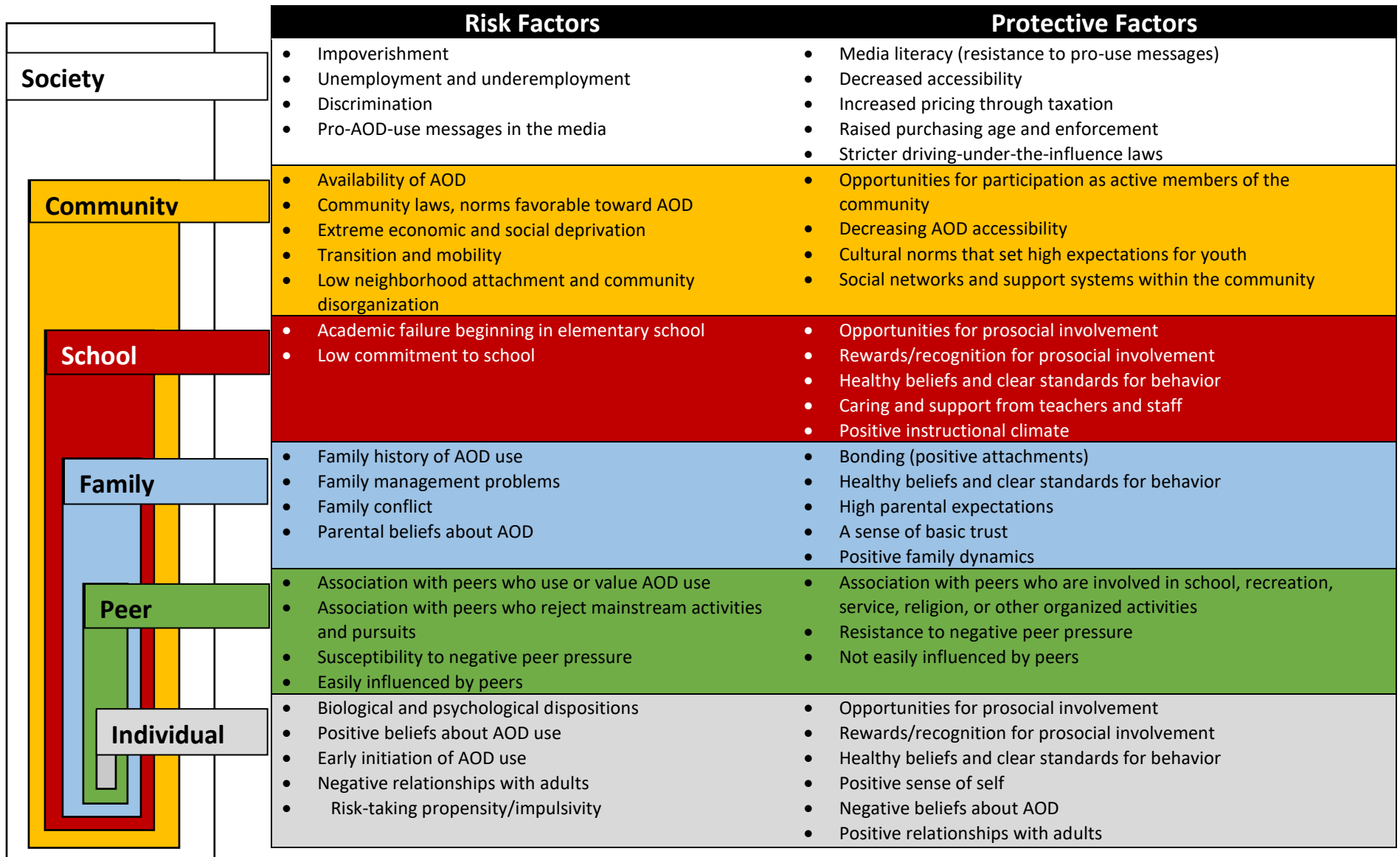
## Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (see Figure 2).[2]

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[2] Adapted from: D'Amico, EJ, Osilla, KC. *Prevention and intervention in the school setting*. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol. 2 of *The Oxford Handbook of Substance Use and Substance Use Disorders,* p. 678.

**Figure 3**: Socio-Ecological Model for Substance Use with Examples

| | Risk Factors | Protective Factors |
|---|---|---|
| **Society** | • Impoverishment<br>• Unemployment and underemployment<br>• Discrimination<br>• Pro-AOD-use messages in the media | • Media literacy (resistance to pro-use messages)<br>• Decreased accessibility<br>• Increased pricing through taxation<br>• Raised purchasing age and enforcement<br>• Stricter driving-under-the-influence laws |
| **Community** | • Availability of AOD<br>• Community laws, norms favorable toward AOD<br>• Extreme economic and social deprivation<br>• Transition and mobility<br>• Low neighborhood attachment and community disorganization | • Opportunities for participation as active members of the community<br>• Decreasing AOD accessibility<br>• Cultural norms that set high expectations for youth<br>• Social networks and support systems within the community |
| **School** | • Academic failure beginning in elementary school<br>• Low commitment to school | • Opportunities for prosocial involvement<br>• Rewards/recognition for prosocial involvement<br>• Healthy beliefs and clear standards for behavior<br>• Caring and support from teachers and staff<br>• Positive instructional climate |
| **Family** | • Family history of AOD use<br>• Family management problems<br>• Family conflict<br>• Parental beliefs about AOD | • Bonding (positive attachments)<br>• Healthy beliefs and clear standards for behavior<br>• High parental expectations<br>• A sense of basic trust<br>• Positive family dynamics |
| **Peer** | • Association with peers who use or value AOD use<br>• Association with peers who reject mainstream activities and pursuits<br>• Susceptibility to negative peer pressure<br>• Easily influenced by peers | • Association with peers who are involved in school, recreation, service, religion, or other organized activities<br>• Resistance to negative peer pressure<br>• Not easily influenced by peers |
| **Individual** | • Biological and psychological dispositions<br>• Positive beliefs about AOD use<br>• Early initiation of AOD use<br>• Negative relationships with adults<br>• Risk-taking propensity/impulsivity | • Opportunities for prosocial involvement<br>• Rewards/recognition for prosocial involvement<br>• Healthy beliefs and clear standards for behavior<br>• Positive sense of self<br>• Negative beliefs about AOD<br>• Positive relationships with adults |

## Social Determinants of Health

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The SDOH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, they also contribute to health disparities and inequities.

**Figure 4**: Social Determinants of Health



Adapted from: Healthy People 2020

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

## Consumption Patterns

This needs assessment follows the example of the TSS, the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories: lifetime use (has tried a substance, even if only once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and illicit drugs and their misuse of prescription drugs. The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

A plethora of information exists on risk factors that contribute to Alcohol Use Disorder (AUD) in the United States. According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the U.S. for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 7).

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.

**Figure 5:** National Institute on Alcohol Abuse and Alcoholism (NIAAA)

### Percentage of Alcohol in Standard Portions



National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/ Accessed April 16, 2020

## Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health consequences, physical consequences, social consequences, and specific consequences for adolescents. The prevention of such consequences has received priority attention as

Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

## Stakeholder/Audience

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

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors.

# Regional Demographics

## Overview of Texas

Texas is one of the most rapidly growing states in the United States, and is also among the highest ranking in regards to geography and population. Texas is the second largest state with a population estimate of 30,168,926 as of 2020. This indicates a 17.7% increase in the state's population since 2010 when the population was 25,145,561.

Texas is very diverse with large population dense cities, as well as a great deal of unincorporated rural areas throughout the state. Texas has three cities with populations over 1 million, including Houston, San Antonio and Dallas. As of 2020 twelve cities including Houston, San Antonio, Dallas, Austin, Fort Worth, and El Paso, had populations that exceed 500,000. Twenty-four cities in Texas currently have populations exceeding 200,000. By 2017 Texas had 68 metropolitan or urban counties and 186 counties classified as rural or non-metropolitan.

## Overview of Region 1:  Panhandle and South Plains

Texas is split into 11 different Prevention Resource Centers. Region one is the largest geographically at 39,348.3 square miles. Region 1 encompasses 41 counties, including Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler and Yoakum. Figure 1 highlights the counties located in Region 1.

**Table 4**: Region 1 Counties

| Region | County | Region | County |
|--------|--------|--------|--------|
| 1 | Armstrong | 1 | Hockley |
| 1 | Bailey | 1 | Hutchinson |
| 1 | Briscoe | 1 | King |
| 1 | Carson | 1 | Lamb |
| 1 | Castro | 1 | Lipscomb |
| 1 | Childress | 1 | Lubbock |
| 1 | Cochran | 1 | Lynn |
| 1 | Collingsworth | 1 | Moore |
| 1 | Crosby | 1 | Motley |
| 1 | Dallam | 1 | Ochiltree |
| 1 | Deaf Smith | 1 | Oldham |
| 1 | Dickens | 1 | Parmer |
| 1 | Donley | 1 | Potter |
| 1 | Floyd | 1 | Randall |
| 1 | Garza | 1 | Roberts |
| 1 | Gray | 1 | Sherman |
| 1 | Hale | 1 | Swisher |
| 1 | Hall | 1 | Terry |
| 1 | Hansford | 1 | Wheeler |
| 1 | Hartley | 1 | Yoakum |
| 1 | Hemphill | 1 | Hockley |

**Figure 6**: Region 1 County Location Map



## Geography

The average population per square mile in Region 1 is 21.7 people. This is substantially less than the average of 96.3 possessed by the state of Texas, as well as the United States' average of 87.4. This number is weighted greatly by the cities of Lubbock and Amarillo, with the vast majority of Region 1 communities having less than 10 people residing in every square mile.

**Figure 7**: Region 1 Population per Square Mile 2010
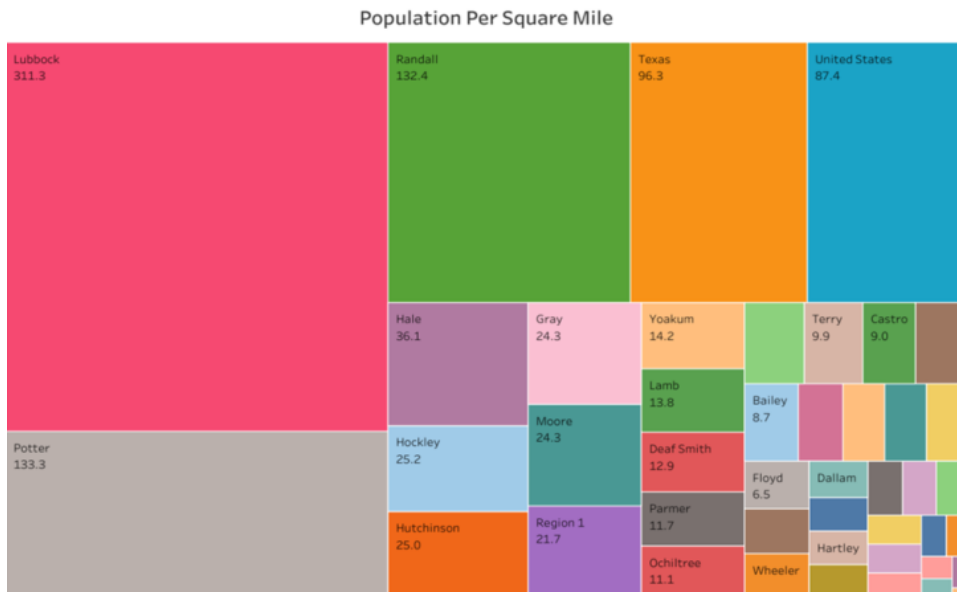
## Zip Codes

There are 196 zip codes in Region 1. Lubbock County has the most zip codes with 32 zip codes. Randall and Potter counties together have 31, which includes the City of Amarillo. Hemphill and King Counties have one zip code for each county.

**Table 5:** Region 1 Zip Codes

| County | Zip Codes |
|---|---|
| Armstrong | 79094, 79019 |
| Bailey | 79324, 79347, 79344 |
| Briscoe | 79257, 79255 |
| Carson | 79068, 79080, 79039, 79097 |
| Castro | 79063, 79027, 79043, 79085 |
| Childress | 79259, 79201 |
| Cochran | 79379, 79314, 79346 |
| Collingsworth | 79077, 79230, 79251, 79095 |
| Crosby | 79322, 79357, 79343 |
| Dallam | 79022, 79051, 79087 |
| Deaf Smith | 79025, 79045 |
| Dickens | 79229, 79243, 79220, 79370 |
| Donley | 79226, 79240, 79237 |
| Floyd | 79258, 79231, 79235, 79221, 79241 |
| Garza | 79356, 79330 |
| Gray | 79002, 79057, 79054, 79065, 79066 |
| Hale | 79041, 79072, 79073, 79250, 79311, 79021, 79032 |
| Hall | 79245, 79261, 79239, 79233 |
| Hansford | 79040, 79062, 79081 |
| Hartley | 79044, 79018 |
| Hemphill | 79014 |
| Hockley | 79353, 79313, 79336, 79367, 79358, 79372, 79380, 79338 |
| Hutchinson | 79008, 79083, 79036, 79078, 79007 |
| King | 79236 |
| Lamb | 79064, 79031, 79339, 79326, 79369, 79082, 79312, 79371 |
| Lipscomb | 79005, 79034, 79056, 79046, 79024 |
| Lubbock | 79490, 79464, 79423, 79243, 79424, 79499, 79430, 79457, 79491, 79452, 79493, 79401, 79382, 79402, 79404, 79403, 79350, 79329, 79363, 79366, 79364, 79406, 79413, 79412, 79414, 79416, 79415, 79408, 79407, 79409, 79411, 79410 |
| Lynn | 79351, 79381, 79373, 79383 |
| Moore | 79058, 79086, 79013, 79029 |
| Motley | 79234, 79256, 79244 |
| Ochiltree | 79033, 79093, 79070 |
| Oldham | 79092, 79001, 79098, 79010 |

| | |
|---|---|
| Parmer | 79009, 79325, 79035, 79053 |
| Potter | 79106, 79012, 79189, 79116, 79101, 79102, 79117, 79174, 79107, 79104, 79185, 79105, 79111, 79108, 79178, 79103, 79166, 79168, 79159, 79120, 79124, 79172 |
| Randall | 79091, 79114, 79118, 79110, 79109, 79015, 79016, 79119, 79121 |
| Roberts | 79059, 77856, 77859, 77837, 77870, 77882, 77867, 76629 |
| Sherman | 79084, 73960 |
| Swisher | 79052, 79042, 79088 |
| Terry | 79378, 79345, 79316 |

# Demographic Information (Census)

## Population

Most of the population within Region 1 resides in either Amarillo or Lubbock, while the majority of the other counties have relatively low populations. Amarillo includes both Potter and Randall counties and has a population of 199,747 people. Lubbock is within Lubbock County and has a population of 263,648. Besides Lubbock and Amarillo there are eight other counties that have populations that exceed 10,000. These counties include Deaf Smith, Gray, Hale, Hockley, Hutchinson, Lamb, Moore and Terry. Of the remaining 30 counties Briscoe (1,568), King (309), Motley (1,172), and Roberts (983) counties have less than 2,000 individuals residing in them. The vast majority of counties within Region 1 have had a decrease in their population since the 2010 census, which is quite different than the growth experienced by the state as whole. However, since according to the *Texas Demographic Center* by 2010 84.7% percent of Texans resided in urban areas, this finding would make sense since the majority of the counties in the Panhandle and South Plains are rural.

## Age

The age of the population in Region 1 is fairly similar to that of the state of Texas. Just under one quarter of the population is under 18 and 15% of the population is over 65. Texas as a whole has a slightly younger population than the United States (25.5 compared to 22.3 percent). Although as a whole, Region 1 has a slightly less elderly population (only 1.5% below that of the United States), many of its counties contain elderly population above the Unites States' 16.5%. Those counties include: Armstrong (29.7%), Briscoe (28.5%), Carson (18.5%), Castro (17.7%), Childress (17.0%), Cochran (17.5%), Collingsworth (20.5%), Crosby (21.8%), Dickens (26.6%), Donley (25.2%), Floyd (22.1%), Hall (24.8%), Hansford (16.7%), Hutchinson (17.1%), King (23.3%), Lamb (19.4%), Lipscomb (19.9%), Lynn (18.5%), Motley (34.4%), Oldham (20.6%), Roberts (25.3%), Sherman (17.6%), Swisher (20.1%), and Wheeler (22.3%).

## Sex

The sex of the population in Region 1 closely reflects that of Texas and the United States. Region 1 is comprised of 50.6% males and 49.4% females, compared to 49.7% and 50.3% in Texas and 49.2% and 50.8% respectively in the United States.

## Race/Ethnicity

When compared to both the United States and Texas, Region 1 is less racially and ethnically diverse. A large percentage of the population is White (90.5%), which includes the 39.6% of the population which identifies as Hispanic or Latino. When separating the two groups; Non-Hispanic White and Hispanic, we see that Region 1's Hispanic population is similar to that of Texas; (39.6% vs. 39.7%), while its Non-Hispanic White population exceeds the Texas percentage by 9.7% (50.9% vs. 41.2%) When comparing Region 1's African American population to the average of Texas, the difference is around 8.4% (5.4% vs. 12.9%), and an 8% (5.4% vs. 13.4%) difference when compared to the United States. The Region 1 Hispanic population in 2019 exceeded the United States' by over 20% (39.6% vs. 18.5%), while it's Non-Hispanic White population fell below the Unites States' by 9.2% (50.9% vs. 60.1%).

The Region 1 counties with the highest percentage of Non-Hispanic White population are Roberts (97.7%), Cochran (98.2%), Oldham (97.9%), Sherman (97.8%), Swisher (97.8%). Counties with the lowest Non-Hispanic White population include Yoakum (82.7%), Hansford (86.6%), Collingsworth (87.2%), Childress (88.7%), and Randall (89.9%). A 9% change occurs when comparing the county with the lowest percentage to that with the highest.

Again, there a significant difference in the distribution of racial population percentages throughout Region 1 for African Americans. The counties with the highest African American population percentages include Childress (10.2%), Potter (9.0%), and Swisher (8.1%), while those with the lowest percentage include Armstrong, Carson, Hansford, Hemphill, King, Lipscomb, Ochiltree, Roberts, Sherman, Yoakum, all of which fall below 1 percent.

The majority of Region 1 counties' populations are made up of at least 20% Hispanic. Those with significantly higher percentages include Deaf Smith, which has a population made up of 74.5% Hispanic, Yoakum (67.6%), and Crosby (66.6%). Meanwhile, those that contain the least Hispanic population negatively correlate to the counties with the highest Non-Hispanic White populations: Armstrong, Carson, Donley, King, Motley, Oldham, and Roberts.

The county with the highest percentage of Asian population is Moore county (9.7%), followed by Potter county (5.8%), Lubbock county (2.3%), and Randall county (1.4%). All other counties in Region 1 have an Asian population of less than 1%. Races included in the "Other" population group include American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and two or more races. The majority of counties contain around 2% of this group, and is the least represented throughout Region 1.

**Table 6**: Region 1 Regional Demographics

| County | Total Pop | Age 0-17 | Age 18-24 | Age 25-44 | Age 45-64 | Age 65-95+ | Total Male | Total Female |
|---|---|---|---|---|---|---|---|---|
| Armstrong | 1,948 | 17.4% | 7.5% | 20.6% | 24.8% | 29.7% | 49.2% | 50.8% |
| Crosby | 7,692 | 30.2% | 10.1% | 24.0% | 21.3% | 14.4% | 51.4% | 48.6% |
| Dallam | 1,568 | 19.8% | 6.6% | 19.6% | 25.4% | 28.5% | 50.4% | 49.6% |
| Carson | 5,799 | 22.7% | 8.1% | 25.6% | 25.2% | 18.5% | 50.4% | 49.6% |
| Castro | 7,103 | 27.2% | 8.9% | 23.2% | 23.0% | 17.7% | 50.4% | 49.6% |
| Childress | 7,062 | 19.9% | 11.8% | 31.1% | 20.1% | 17.0% | 58.3% | 41.7% |
| Cochran | 3,348 | 29.2% | 8.7% | 22.7% | 22.0% | 17.5% | 49.8% | 50.2% |
| Collingsworth | 3,210 | 26.4% | 8.5% | 21.8% | 22.8% | 20.5% | 49.6% | 50.4% |
| Crosby | 6,464 | 25.9% | 8.3% | 22.0% | 22.1% | 21.8% | 48.2% | 51.8% |
| Dallam | 7,237 | 31.1% | 9.6% | 26.7% | 22.8% | 9.7% | 51.7% | 48.3% |
| Deaf Smith | 18,143 | 30.3% | 10.5% | 25.6% | 20.8% | 12.8% | 49.3% | 50.7% |
| Dickens | 2,174 | 14.8% | 8.6% | 25.6% | 24.5% | 26.6% | 58.2% | 41.8% |
| Donley | 3,410 | 19.8% | 10.8% | 20.8% | 23.5% | 25.2% | 48.6% | 51.4% |
| Floyd | 5,786 | 25.0% | 8.1% | 23.0% | 21.8% | 22.1% | 50.2% | 49.8% |
| Garza | 6,784 | 20.6% | 13.4% | 30.2% | 24.1% | 11.8% | 63.0% | 37.0% |
| Gray | 24,252 | 24.9% | 7.9% | 28.3% | 23.3% | 15.6% | 53.2% | 46.8% |
| Hale | 33,202 | 27.2% | 10.3% | 26.9% | 21.3% | 14.2% | 52.0% | 48.0% |
| Hall | 3,305 | 23.4% | 9.0% | 19.8% | 22.9% | 24.8% | 50.5% | 49.5% |
| Hartley | 6,067 | 19.6% | 6.9% | 30.6% | 27.4% | 15.4% | 61.3% | 38.7% |
| Hemphill | 4,644 | 31.8% | 8.1% | 25.4% | 20.7% | 14.0% | 49.3% | 50.7% |
| Hockley | 24,636 | 26.5% | 11.4% | 26.1% | 20.5% | 15.5% | 49.6% | 50.4% |
| Hutchinson | 21,461 | 24.9% | 8.3% | 26.0% | 23.7% | 17.1% | 50.4% | 49.6% |
| King | 309 | 16.8% | 9.7% | 17.2% | 33.0% | 23.3% | 50.2% | 49.8% |
| Lamb | 12,776 | 25.7% | 7.6% | 24.6% | 22.7% | 19.4% | 49.3% | 50.7% |
| Lipscomb | 3,651 | 24.8% | 9.1% | 22.8% | 23.3% | 19.9% | 51.0% | 49.0% |
| Lubbock | 317,210 | 23.7% | 16.5% | 26.7% | 19.5% | 13.6% | 49.5% | 50.5% |
| Lynn | 5,588 | 24.1% | 7.6% | 25.0% | 24.9% | 18.5% | 51.9% | 48.1% |
| Moore | 21,575 | 29.2% | 9.7% | 27.3% | 21.7% | 12.0% | 51.5% | 48.5% |
| Motley | 1,172 | 18.3% | 7.5% | 18.0% | 22.1% | 34.0% | 50.9% | 49.1% |
| Ochiltree | 11,309 | 29.7% | 9.4% | 26.4% | 22.7% | 11.9% | 50.8% | 49.2% |
| Oldham | 2,200 | 25.5% | 12.9% | 18.0% | 23.1% | 20.6% | 51.3% | 48.7% |
| Parmer | 9,200 | 27.7% | 7.9% | 24.1% | 25.3% | 15.0% | 50.7% | 49.3% |
| Potter | 122,706 | 25.1% | 9.1% | 28.8% | 22.7% | 14.3% | 51.8% | 48.2% |
| Randall | 138,104 | 24.1% | 10.7% | 26.2% | 23.1% | 15.9% | 49.8% | 50.2% |
| Roberts | 983 | 22.5% | 7.5% | 20.5% | 24.1% | 25.3% | 50.5% | 49.5% |
| Sherman | 3,276 | 26.1% | 8.3% | 21.2% | 26.8% | 17.6% | 51.6% | 48.4% |
| Swisher | 7,414 | 23.9% | 9.1% | 25.0% | 21.8% | 20.1% | 53.5% | 46.5% |
| Terry | 13,040 | 26.5% | 9.5% | 27.7% | 20.6% | 15.7% | 53.8% | 46.2% |
| Wheeler | 5,783 | 25.4% | 8.2% | 21.1% | 22.9% | 22.3% | 49.7% | 50.3% |
| Yoakum | 9,225 | 31.5% | 9.9% | 24.7% | 20.5% | 13.4% | 49.7% | 50.3% |
| **Region 1 Totals** | **896,636** | **24.9%** | **12.1%** | **26.5%** | **21.5%** | **15.0%** | **50.6%** | **49.4%** |

(Texas Demographics Center)

| County | NH White Total | NH Black Total | Hispanic Total | NH Asian Total | NH Other Total |
|---|---|---|---|---|---|
| **Armstrong** | 88.4% | 0.6% | 8.4% | 0.0% | 2.6% |
| **Crosby** | 31.1% | 1.1% | 66.6% | 0.4% | 0.9% |
| **Dallam** | 66.4% | 2.4% | 29.3% | 0.0% | 1.9% |
| **Carson** | 84.6% | 0.8% | 11.6% | 0.3% | 2.7% |
| **Castro** | 31.7% | 2.4% | 64.4% | 0.5% | 1.0% |
| **Childress** | 56.8% | 10.2% | 30.4% | 0.8% | 1.8% |
| **Cochran** | 34.0% | 3.8% | 60.9% | 0.1% | 1.2% |
| **Collingsworth** | 56.8% | 4.3% | 36.0% | 0.1% | 2.8% |
| **Crosby** | 36.8% | 3.4% | 58.6% | 0.1% | 1.1% |
| **Dallam** | 48.9% | 1.4% | 46.7% | 0.6% | 2.4% |
| **Deaf Smith** | 22.9% | 1.1% | 74.5% | 0.4% | 1.2% |
| **Dickens** | 60.3% | 4.4% | 32.7% | 0.8% | 1.8% |
| **Donley** | 79.8% | 6.0% | 11.7% | 0.3% | 2.2% |
| **Floyd** | 35.3% | 3.9% | 59.7% | 0.2% | 0.8% |
| **Garza** | 41.3% | 6.4% | 51.2% | 0.1% | 1.1% |
| **Gray** | 60.2% | 4.7% | 32.3% | 0.4% | 2.4% |
| **Hale** | 33.3% | 5.7% | 58.9% | 0.5% | 1.6% |
| **Hall** | 55.6% | 7.8% | 35.4% | 0.1% | 1.2% |
| **Hansford** | 48.9% | 0.7% | 48.9% | 0.3% | 1.2% |
| **Hartley** | 63.2% | 7.2% | 27.7% | 0.6% | 1.3% |
| **Hemphill** | 61.6% | 0.2% | 36.5% | 0.4% | 1.3% |
| **Hockley** | 44.5% | 3.6% | 50.1% | 0.3% | 1.5% |
| **Hutchinson** | 66.8% | 2.7% | 26.2% | 0.5% | 3.8% |
| **King** | 82.5% | 0.0% | 15.9% | 0.0% | 1.6% |
| **Lamb** | 38.2% | 4.6% | 55.7% | 0.1% | 1.4% |
| **Lipscomb** | 63.2% | 0.2% | 34.1% | 0.3% | 2.1% |
| **Lubbock** | 51.2% | 7.0% | 37.6% | 2.3% | 1.9% |
| **Lynn** | 44.6% | 2.1% | 51.6% | 0.1% | 1.5% |
| **Moore** | 31.2% | 1.5% | 55.3% | 9.7% | 2.2% |
| **Motley** | 79.9% | 2.0% | 17.2% | 0.0% | 0.9% |
| **Ochiltree** | 43.1% | 0.3% | 54.8% | 0.3% | 1.5% |
| **Oldham** | 80.7% | 3.1% | 13.5% | 0.8% | 2.0% |
| **Parmer** | 33.0% | 1.2% | 64.8% | 0.2% | 0.8% |
| **Potter** | 43.7% | 9.0% | 39.0% | 5.8% | 2.5% |
| **Randall** | 68.7% | 3.1% | 24.5% | 1.4% | 2.2% |
| **Roberts** | 88.0% | 0.0% | 10.6% | 0.2% | 1.2% |
| **Sherman** | 51.8% | 0.4% | 46.5% | 0.2% | 1.1% |
| **Swisher** | 45.9% | 8.1% | 44.1% | 0.1% | 1.9% |
| **Terry** | 37.7% | 4.9% | 56.1% | 0.3% | 1.1% |
| **Wheeler** | 66.8% | 2.4% | 28.5% | 0.4% | 1.9% |
| **Yoakum** | 30.1% | 0.8% | 67.6% | 0.3% | 1.2% |
| **Region 1 Totals** | **50.9%** | **5.4%** | **39.6%** | **2.2%** | **2.0%** |

**Limited English Language Proficiency and Languages Spoken in Home**

This percentage varied greatly throughout the region with Hansford having the highest limited English abilities (16.5%), and Carson, Dickens, Motley, and Roberts reporting 0% limited English abilities.

**Figure 8**: Region 1 Percentage Households with Limited English
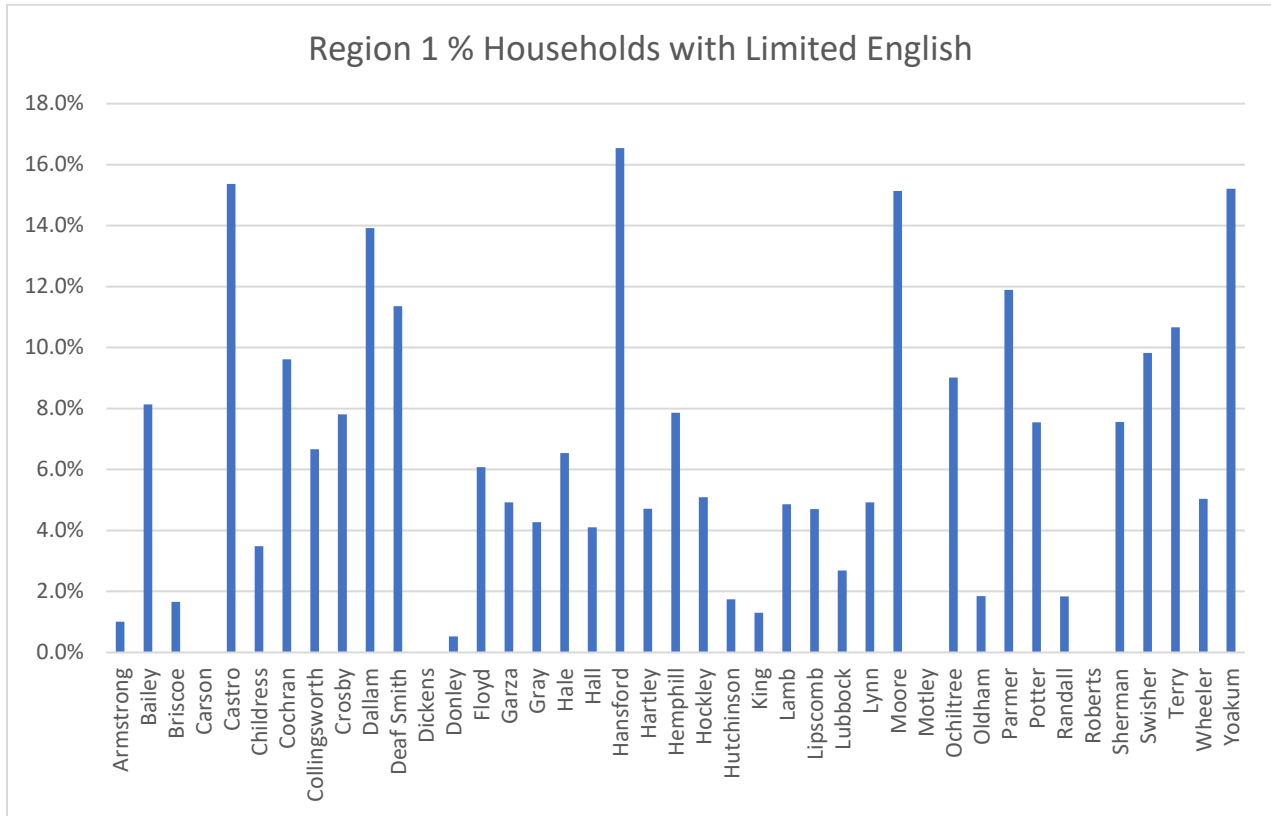


(U.S. Census Bureau)

# Societal Domain

### Household Income

The Median Household Income for the counties housed in Region 1 is $51,537, less than Texas ($61,874) and the United States ($62,843). The median household income across Region 1 varies, with Carson taking the lead with $74,872 and Hall coming in last with $34,673. While Texas and the United States have similar median incomes Region 1 was more than $10,000 below both with a median income of $51,537.

**Figure 9:** Region 1 Median Household Income in Dollars
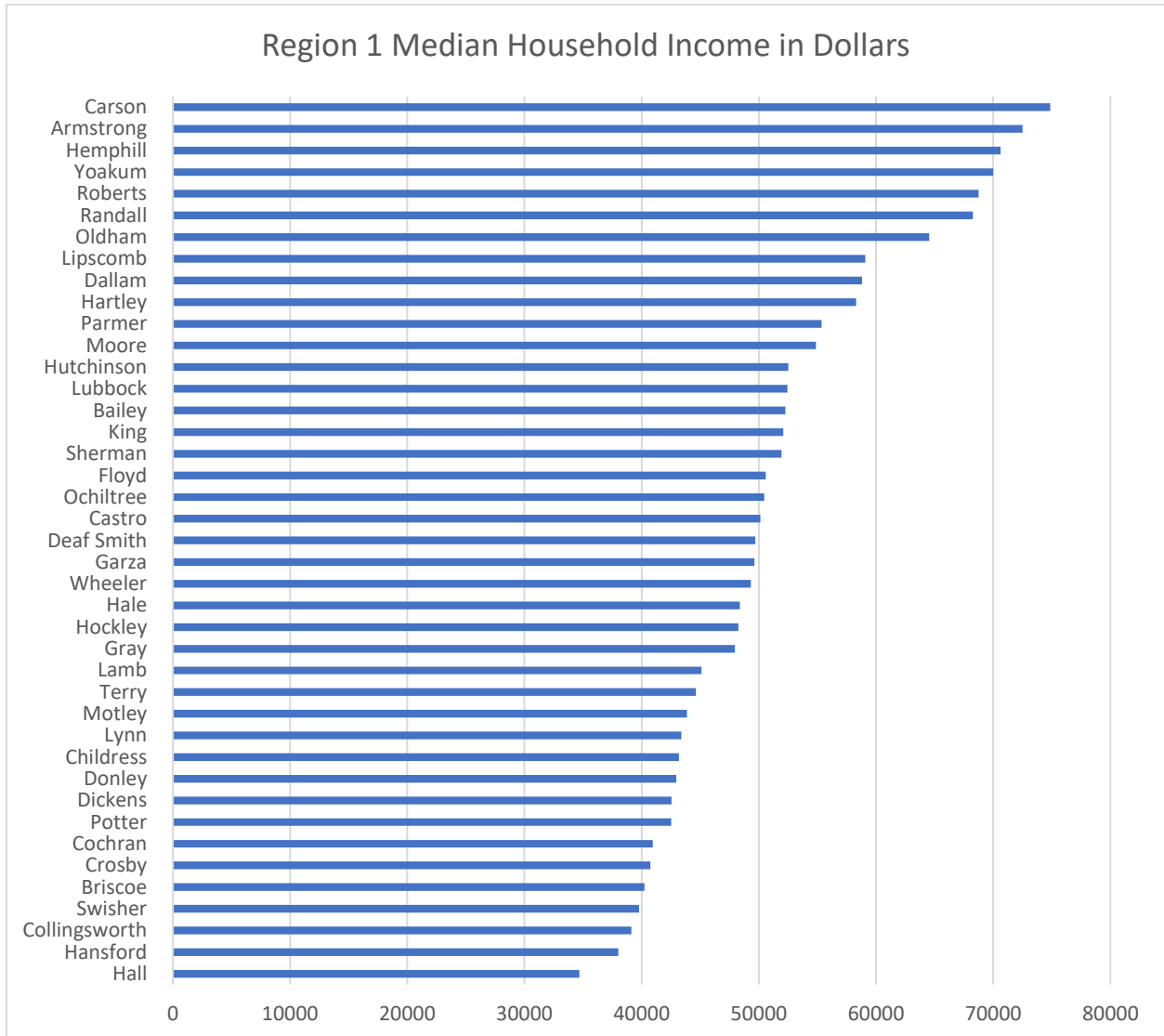


(U.S. Census Bureau)

## Unemployment

Of the Region 1 counties, Lamb and Hale have the highest rates of unemployment with Hale county's unemployment rate at 9.4% in 2014 and Lamb county's rate at 8.9% in 2015. Both were able to recover and reduced their percentages to 6.3% and 3.8% by 2019. Region 1, as a whole in 2019, had an unemployment rate of 2.8%, while the state of Texas recorded 3.5%, and the United States: 3.7%. Two counties were able to keep unemployment below 2%: Dallam and Hartley, and just 5 counties in the region exceed 4% unemployment: Dickens, Floyd, Hale, Hall, and Hutchinson. The remainder of counties' percentages fell in between these two figures.

**Table 7**: Region 1 Unemployment by County

| County | Unemployment Rate (%) | County | Unemployment Rate (%) |
|---|---|---|---|
| Carson | 3.2 | King | 3.5 |
| Castro | 3.4 | Lamb | 8.9 |
| Childress | 3.1 | Lipscomb | 3.9 |
| Cochran | 5.1 | Lubbock | 3.4 |
| Collingsworth | 3.6 | Lynn | 4 |
| Crosby | 4.3 | Moore | 3.1 |
| Dallam | 2.2 | Motley | 3.5 |
| Deaf Smith | 3.1 | Ochiltree | 4.2 |
| Dickens | 4.6 | Oldham | 3 |
| Donley | 4.1 | Parmer | 2.4 |
| Floyd | 5.5 | Potter | 3.3 |
| Garza | 3.7 | Randall | 2.9 |
| Gray | 5.6 | Roberts | 3.9 |
| Hale | 6.3 | Sherman | 2.7 |
| Hall | 5.3 | Swisher | 4.8 |
| Hansford | 3 | Terry | 4.7 |
| Hartley | 2.1 | Wheeler | 3.9 |
| Hemphill | 3.1 | Yoakum | 3.8 |
| Hockley | 4.1 | | |
| Hutchinson | 4.4 | | |

(U.S. Census Bureau)

**Figure 10**: Region 1 Unemployment Rate by County
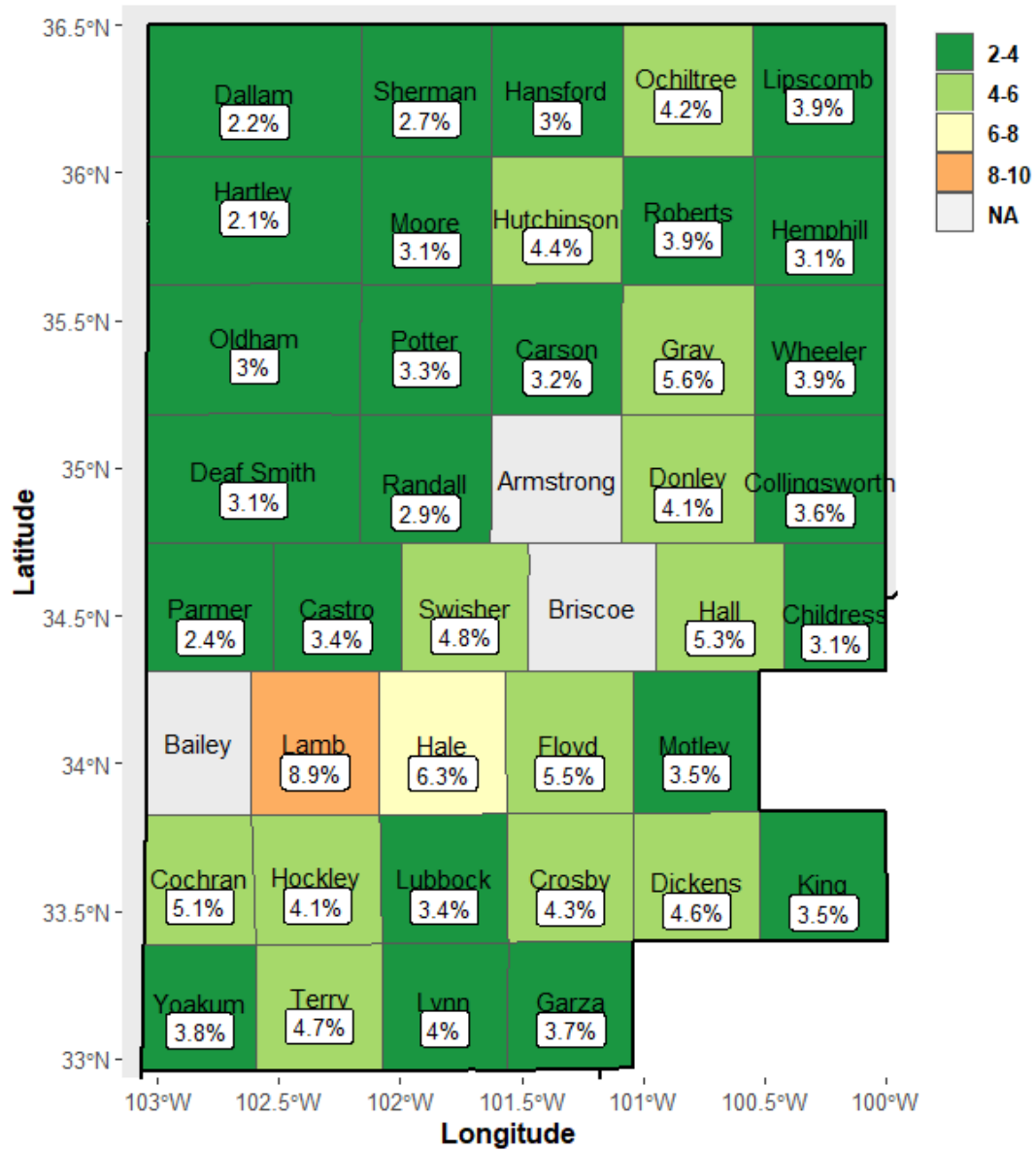


(U.S. Census Bureau)

## Temporary Assistance for Needy Families (TANF) Recipients

The Temporary Assistance for Needy Families (TANF) program assists families in meeting their basic needs when the parents or other responsible relatives are unable to provide for the basic needs of the family. In Region 1, 838 families received basic TANF assistance and 81 received state TANF assistance. After converting the total number of Region 1 county recipients by a population of 1,000, we see that Dickens' population has the highest percentage of population receiving TANF assistance, with 2 persons per 1000 population marked as recipients. Thus, even though Lubbock contains the highest number of individuals on TANF benefits, it actually has a lower percentage of its population in this category than many of the other Region's counties, and the all of Region 1 counties have below 2 per 1,000 population on TANF benefits.

**Figure 11**: Region 1 TANF Basic Recipients
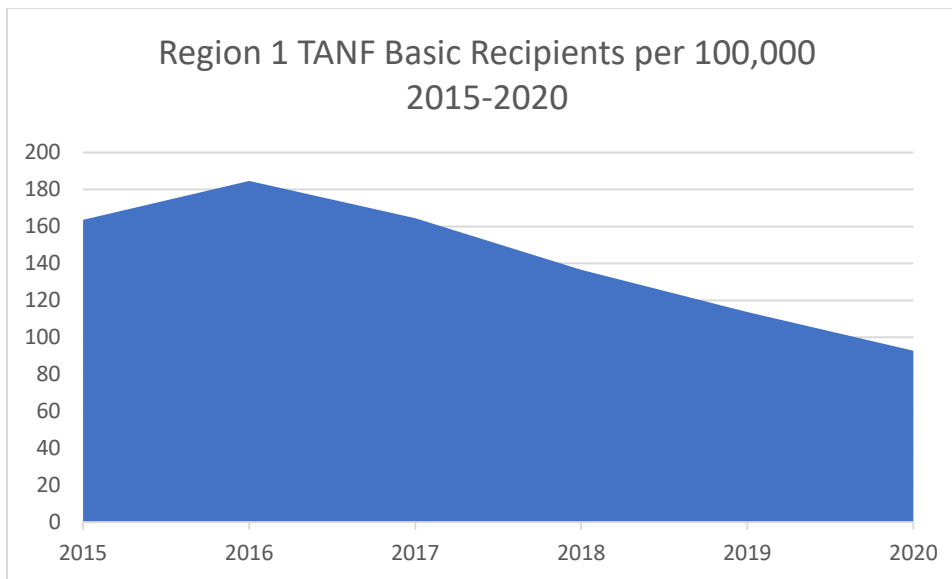


(Temporary Assistance for Needy Families)

## Supplemental Nutritional Assistance Program (SNAP) Recipients

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move toward self-sufficiency.

Every county in Region 1 has individuals who receive SNAP payments, with the majority of recipients being between the ages of 18 and 59. As would be expected, the number of payments per county is heavily influenced by the population density, with Lubbock County having the largest number of payments, but as noted above with TANF benefits, when we look at recipients per 1,000 population, another county (Floyd in this instance) is shown to utilize SNAP at a higher rate. Floyd County contains the highest rate of population in Region 1 receiving some form of SNAP benefit, with over 180 persons per 1,000 population recorded as a recipient, while the majority of Region 1 counties have below 150 per 1,000 population receiving this benefit.

**Figure 12**: Region 1 SNAP Recipients

**Region 1 SNAP Recipients per 100,000 2017-2019**
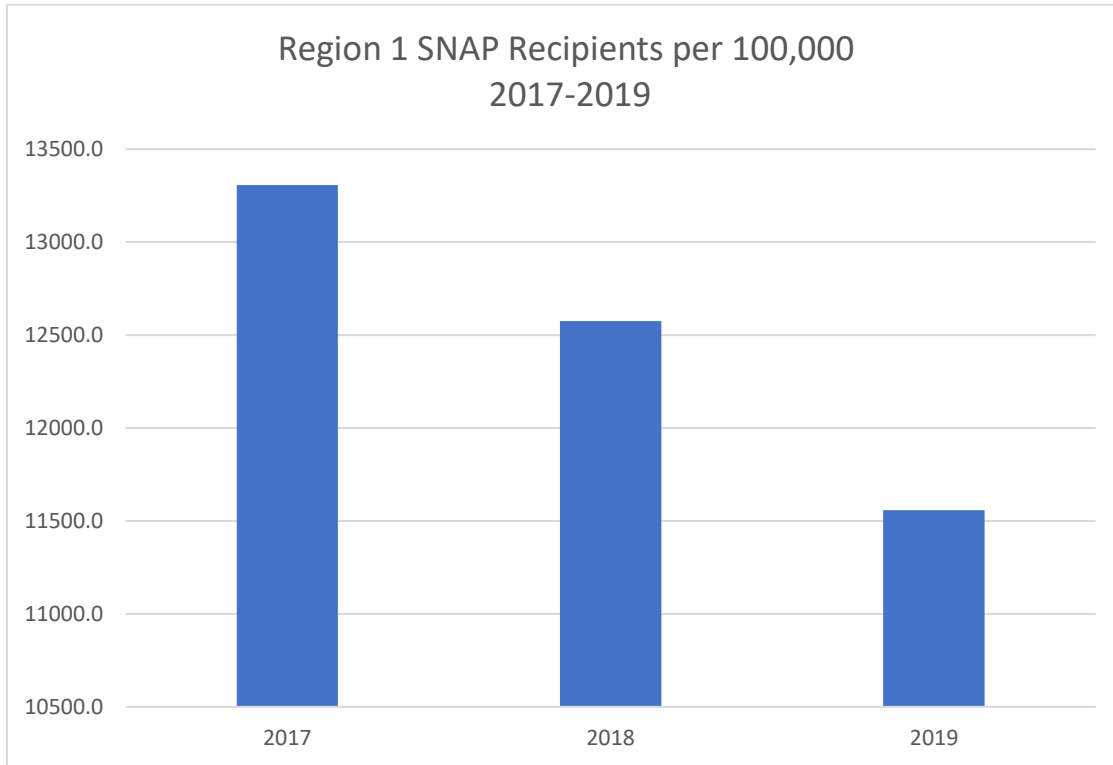


(SNAP)

## Free and Reduced School Lunch Program

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. In most counties in Region 1 the majority of youth qualify for free and reduced lunches. Only 7 counties have less than 50% of students receiving free & reduced lunches.

**Figure 13**: Region 1 Percent Free and Reduced Lunch

**Region 1 Percent Free and Reduced Lunch 2017-2020**
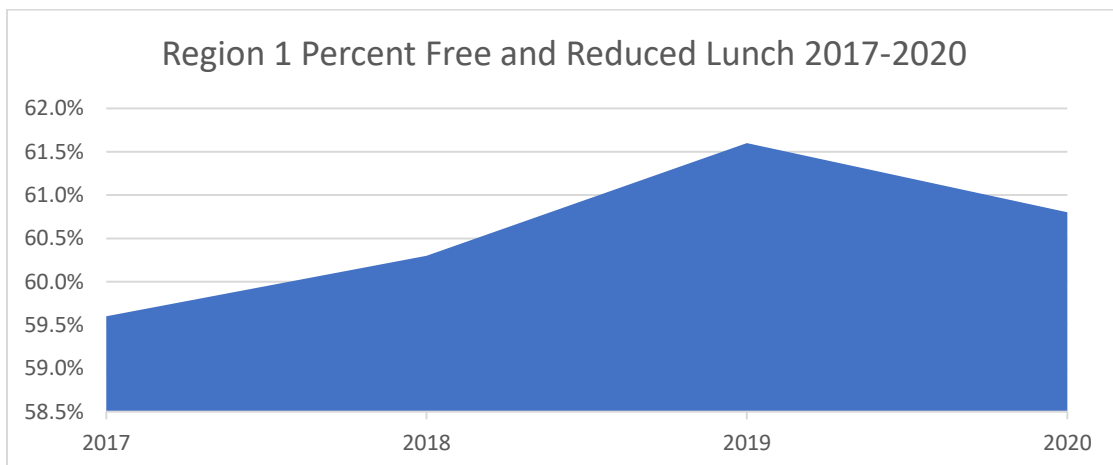
(U.S. Department of Education)

Every Region 1 county had at least 25% of its student population qualifying for a free or reduced lunch, the majority with at least 50% qualifying. Bailey County had the highest percentage of qualifying students at 84%. From 2019-2020, only 7 counties had less than 50% qualifying for this assistance. They are Randall (43%), Oldham (43%), Hemphill (39%), Armstrong (34%), Carson (32%), Roberts (25%), and King (25%)

## Child Homelessness

In Region 1, 20.8 of 1,000 (2.1%) of children are experiencing homelessness and are enrolled in a public school. Due to COVID-19 and barriers to the data collection process, these rates may not accurately reflect actual number of homeless.

**Figure 14**: Region 1 Student Homelessness
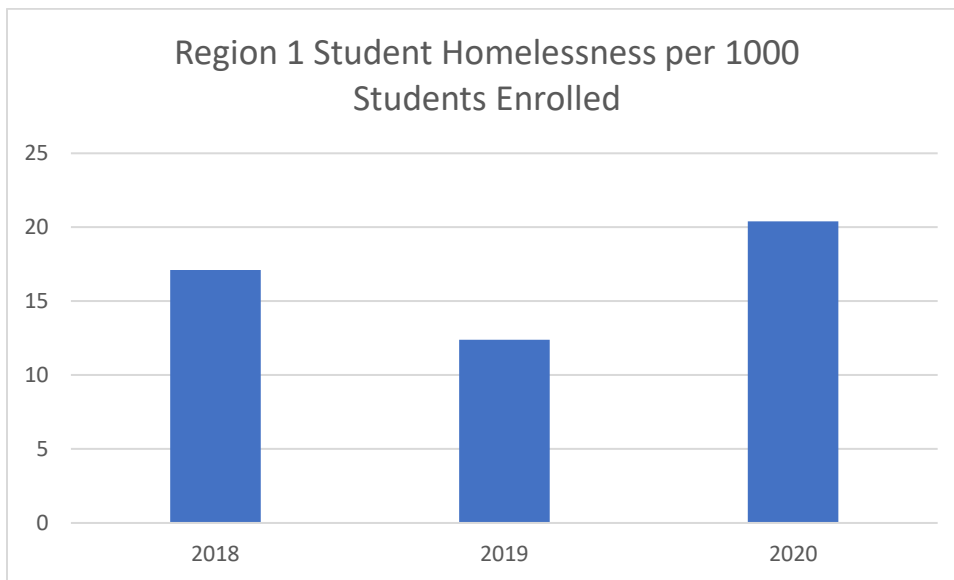


(Texas Education Agency)

## Adult Homelessness

Regarding adult homelessness, one Point In Time (PIT) data collection occurs within the city limits of Lubbock. The 2020 PIT accounts for 187 homeless adults. Due to COVID-19 and barriers to the data collection process, these rates may not accurately reflect actual number of homeless (PIT).

# Community Domain

### Educational Attainment of the Community

While Region 1 falls behind both the nation and Texas in high school completion, it's only slight. Region 1's high school graduation rate in 2019 was 82.3%, just 1.4% less than Texas, and 5.7% below the nation. We see a more significant gap in higher education attainment. Region 1's percent of bachelor degree

holders in 2019 was 23.3%, 6.6% below the state of Texas, and 8.8% below the nation. The region varies greatly when it comes to percentages of educational attainment, with some having extremely high levels of high school graduation rates, and others with much lower rates; Carson's 93.3% vs. Garza's 61.6%. The difference is stark when comparing counties' rate of University degree holders where the county with the highest rate is almost a quarter more than the county with the lowest percent; Randall with 32% vs. Cochran with 8%.

Region 1, as a whole, showed a higher percentage of population that dropped out of high school (17.6%) when compared to the state of Texas (16.3%) and the nation (12%). Of the Region 1 counties, Yoakum and Garza contain the highest dropout populations (36.5% and 38.4%) (Educational Attainment).

## Community Conditions

### Justice System

The Texas juvenile justice system serves youth between the ages of 10 and 16. Youth ages 17 and older fall under the jurisdiction of the juvenile justice system only if their alleged offense was committed when the youth was 16 years old or younger or for a violation of a juvenile court order if the youth is still under supervision. A referral occurs when a juvenile has allegedly committed delinquent conduct, conduct indicating a need for supervision, or a violation of probation; the juvenile court served by the juvenile probation department has jurisdiction; and the office or official designated by the juvenile board has made face-to-face contact with the juvenile and the alleged offense has been presented as the reason for this contact or the office or official has given written or verbal authorization to detain the juvenile.

### Juveniles

In Region 1 in 2019, 2,566 juveniles were referred for probation, a rate of 28.4 per 1,000. The county with the highest rate of referrals was Lubbock County (60.5 per 1,000) followed by Bailey County (26.1 per 1,000), Potter (24.7 per 1,000) and Swisher (24.3 per 1,000). Armstrong, Briscoe, Castro, King, Motley, Oldham, and Roberts counties did not have any referrals (The State of Juvenile Probation Activity in Texas Report).

There were no arrests for juvenile drunkenness in 2020, down from a rate of 6.6 (per 1,000) in 2019. The rate for arrests for DUI was 7.8 (per 1,000) and liquor law violations at a rate of 37.7 (per 1,000). For juvenile liquor law violations, the highest rate was found in Potter County (13.4 per 1,000), followed by Lubbock County (.35 per 1,000). All other counties had one or fewer total arrests for juvenile liquor law violations (Texas Department of Public Safety).

### Adults

In 2020, 1,593 adults were arrested for driving under the influence, a rate of 177.7 per 100,000, while adult arrests for drunkenness had a very similar rate of 175.0 per 100,000. Adult arrests for drugs (not including marijuana) and narcotics was 314.2 per 100,000.

The Texas Department of Public Safety recorded 5,510 violent crimes and 24,005 property crimes in Region 1. Lubbock had the highest rate for both property (11,776) and violent (2,963) crimes with a total of 14,739 crimes recorded in 2020. Of the 41 counties, 13 had less than a total of 20 crimes in 2020. Rates per 100 (Table 3) used population totals from DPS data.

The number of incarcerated adults for drug and alcohol-related offenses has steadily decreased since 2018 (19.2 per 100,000). In 2019 the rate was 18.1 per 100,000 and in 2020 it was 14.5 per 100,000.

**Figure 15**: Region 1 Adult DUI Arrests
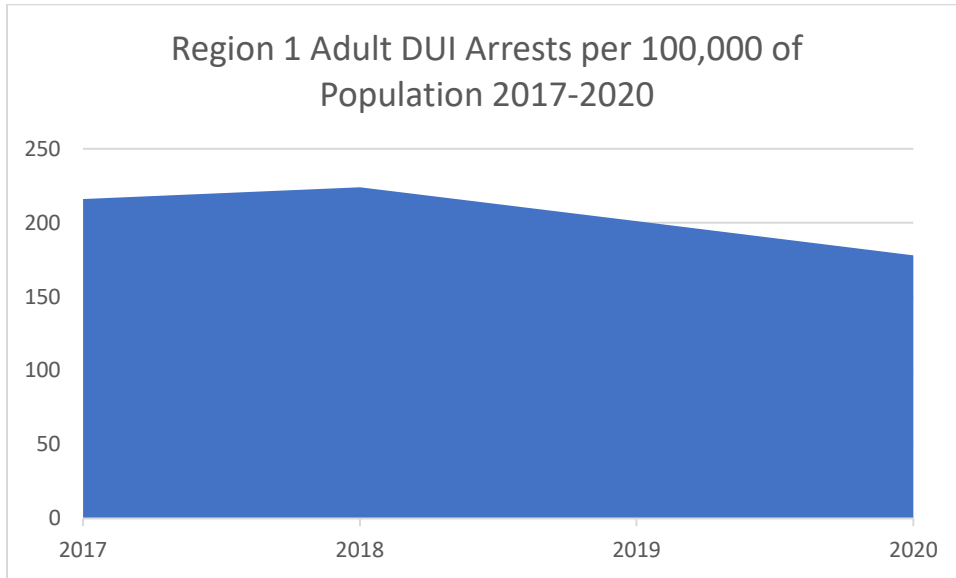


(Texas Department of Public Safety)

**Table 8**: Region 1 2020 Crime Index

| 2020 Index Crimes Region 1 (per 1000 population) | | | | | | | |
|---|---|---|---|---|---|---|---|
| County | Murder | Rape | Robbery | Assault | Burglary | Larceny | Auto Theft |
| **Armstrong County** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.60 | 0.53 |
| **Bailey County** | 0.00 | 0.29 | 0.00 | 0.14 | 1.15 | 3.30 | 1.29 |
| **Briscoe County** | 0.00 | 0.00 | 0.00 | 0.67 | 0.00 | 1.34 | 2.01 |
| **Carson County** | 0.00 | 0.00 | 0.00 | 2.35 | 1.68 | 2.35 | 0.84 |
| **Castro County** | 0.00 | 0.00 | 0.00 | 0.53 | 1.32 | 3.44 | 1.06 |
| **Childress County** | 0.00 | 0.14 | 0.00 | 0.96 | 1.51 | 3.02 | 0.96 |
| **Cochran County** | 0.00 | 0.00 | 0.00 | 1.08 | 5.03 | 7.91 | 3.24 |
| **Collingsworth County** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Crosby County** | 0.00 | 0.00 | 0.00 | 0.88 | 3.29 | 4.17 | 1.10 |
| **Dallam County** | 0.10 | 0.40 | 0.10 | 2.02 | 4.35 | 10.43 | 1.52 |
| **Deaf Smith County** | 0.00 | 0.00 | 0.59 | 5.87 | 4.26 | 11.42 | 2.37 |
| **Dickens County** | 0.00 | 0.00 | 0.00 | 0.00 | 1.81 | 0.00 | 0.45 |
| **Donley County** | 0.00 | 0.31 | 0.00 | 0.92 | 3.08 | 3.08 | 0.92 |
| **Floyd County** | 0.00 | 0.00 | 0.17 | 1.92 | 3.66 | 6.45 | 0.87 |
| **Garza County** | 0.00 | 1.53 | 0.00 | 1.83 | 1.37 | 1.07 | 0.31 |
| **Gray County** | 0.00 | 0.69 | 0.18 | 3.09 | 4.98 | 18.86 | 1.80 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Hale County** | 0.03 | 0.31 | 0.16 | 1.19 | 3.78 | 10.09 | 1.19 |
| **Hall County** | 0.00 | 0.00 | 0.00 | 0.00 | 1.06 | 1.06 | 0.35 |
| **Hansford County** | 0.00 | 0.18 | 0.00 | 1.66 | 0.92 | 1.85 | 0.74 |
| **Hartley County** | 0.00 | 0.00 | 0.00 | 0.00 | 0.35 | 0.35 | 0.35 |
| **Hemphill County** | 0.00 | 1.58 | 0.00 | 0.26 | 0.53 | 2.10 | 0.00 |
| **Hockley County** | 0.09 | 0.83 | 0.31 | 4.81 | 6.96 | 11.99 | 2.58 |
| **Hutchinson County** | 0.00 | 0.53 | 0.05 | 1.67 | 5.97 | 12.80 | 2.01 |
| **Lamb County** | 0.15 | 0.23 | 0.08 | 2.54 | 6.94 | 10.79 | 1.77 |
| **Lipscomb County** | 0.00 | 0.00 | 0.00 | 0.30 | 2.69 | 1.50 | 0.30 |
| **Lubbock County** | 0.10 | 0.82 | 1.44 | 7.31 | 8.28 | 26.04 | 4.13 |
| **Moore County** | 0.00 | 0.52 | 0.05 | 1.46 | 2.44 | 11.70 | 2.68 |
| **Motley County** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.81 | 0.00 |
| **Ochiltree County** | 0.00 | 0.47 | 0.00 | 2.22 | 1.98 | 9.56 | 1.17 |
| **Oldham County** | 0.00 | 0.00 | 0.00 | 0.94 | 2.35 | 2.82 | 1.41 |
| **Parmer County** | 0.00 | 0.10 | 0.00 | 1.23 | 1.44 | 3.59 | 0.72 |
| **Potter County** | 0.07 | 0.66 | 1.12 | 6.03 | 6.67 | 23.33 | 5.20 |
| **Randall County** | 0.07 | 0.60 | 0.20 | 0.89 | 2.63 | 7.32 | 0.94 |
| **Roberts County** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.12 | 0.00 |
| **Sherman County** | 0.00 | 0.33 | 0.00 | 0.00 | 0.33 | 1.30 | 0.33 |
| **Swisher County** | 0.00 | 0.44 | 0.30 | 5.91 | 2.51 | 15.22 | 1.03 |
| **Terry County** | 0.00 | 0.33 | 0.08 | 2.22 | 4.36 | 5.34 | 14.47 |
| **Wheeler County** | 0.00 | 0.30 | 0.30 | 0.30 | 0.90 | 2.71 | 0.00 |
| **Yoakum County** | 0.00 | 0.00 | 0.00 | 0.69 | 1.16 | 5.44 | 0.58 |

(Texas Department of Public Safety UCR Bureau)

## Health Care System

In 2019, the percentage of persons under the age of 65 without health insurance in Region 1 was 15.9%, only 0.15% less than the state of Texas, but almost 10% more than the United States.

## Uninsured Children

The average number of uninsured children in Region 1 is 15.7%, 6% greater than that of the state. The county with the fewest uninsured children is Armstrong at just under 1%, while the county with the highest percentage of uninsured children is Dallam at 33.1%, followed by Yoakum (27.2%) and Hemphill (31%).

**Table 9**: Region 1 Uninsured Population

| County | Population Under 19 | Uninsured population Under 19 | Percent Uninsured population Under 19 | Population Between 19-64 | Uninsured population Between 19-64 | Percent Uninsured Adults Between 19-64 |
|---|---|---|---|---|---|---|
| Armstrong | 508 | 0 | 0.0% | 1040 | 140 | 13.5% |
| Bailey | 2194 | 240 | 10.9% | 3921 | 1218 | 31.1% |
| Briscoe | 270 | 19 | 7.0% | 815 | 318 | 39.0% |
| Carson | 1601 | 84 | 5.2% | 3310 | 507 | 15.3% |
| Castro | 2550 | 345 | 13.5% | 3959 | 1422 | 35.9% |
| Childress | 1441 | 43 | 3.0% | 4808 | 998 | 20.8% |
| Cochran | 857 | 208 | 24.3% | 1575 | 575 | 36.5% |
| Collingsworth | 804 | 132 | 16.4% | 1661 | 538 | 32.4% |
| Crosby | 1780 | 207 | 11.6% | 2996 | 1036 | 34.6% |
| Dallam | 2515 | 832 | 33.1% | 4005 | 1389 | 34.7% |
| Deaf | 6450 | 698 | 10.8% | 9950 | 2861 | 28.8% |
| Dickens | 474 | 44 | 9.3% | 1205 | 344 | 28.5% |
| Donley | 886 | 50 | 5.6% | 1680 | 405 | 24.1% |
| Floyd | 1668 | 243 | 14.6% | 3054 | 995 | 32.6% |
| Garza | 1075 | 45 | 4.2% | 4161 | 580 | 13.9% |
| Gray | 6138 | 566 | 9.2% | 12726 | 3425 | 26.9% |
| Hale | 10397 | 1107 | 10.6% | 18947 | 5371 | 28.3% |
| Hall | 805 | 48 | 6.0% | 1562 | 679 | 43.5% |
| Hansford | 1774 | 408 | 23.0% | 2895 | 850 | 29.4% |
| Hartley | 1228 | 149 | 12.1% | 3589 | 490 | 13.7% |
| Hemphill | 1370 | 348 | 25.4% | 2097 | 592 | 28.2% |
| Hockley | 6974 | 558 | 8.0% | 12802 | 3453 | 27.0% |
| Hutchinson | 6066 | 741 | 12.2% | 11808 | 3310 | 28.0% |
| King | 77 | 3 | 3.9% | 135 | 7 | 5.2% |
| Lamb | 4046 | 569 | 14.1% | 6908 | 2399 | 34.7% |
| Lipscomb | 992 | 194 | 19.6% | 1825 | 475 | 26.0% |
| Lubbock | 87275 | 6802 | 7.8% | 180420 | 31993 | 17.7% |
| Lynn | 1732 | 294 | 17.0% | 3111 | 785 | 25.2% |
| Moore | 7365 | 859 | 11.7% | 11751 | 2767 | 23.5% |
| Motley | 348 | 16 | 4.6% | 511 | 214 | 41.9% |
| Ochiltree | 3479 | 493 | 14.2% | 5588 | 1622 | 29.0% |
| Oldham | 747 | 7 | 0.9% | 1038 | 166 | 16.0% |
| Parmer | 3084 | 382 | 12.4% | 5322 | 1529 | 28.7% |
| Potter | 35847 | 4812 | 13.4% | 69244 | 19892 | 28.7% |
| Randall | 36465 | 1748 | 4.8% | 77902 | 10836 | 13.9% |
| Roberts | 228 | 16 | 7.0% | 371 | 69 | 18.6% |

| County | Population Under 19 | Uninsured population Under 19 years | Percent Uninsured population AGE Under 19 years | Population Between 19-64 | Uninsured population Between 19-64 | Percent Uninsured Adults Between 19-64 |
|---|---|---|---|---|---|---|
| Sherman | 795 | 94 | 11.8% | 1856 | 531 | 28.6% |
| Swisher | 1968 | 290 | 14.7% | 4099 | 1077 | 26.3% |
| Terry | 3885 | 562 | 14.5% | 6754 | 2088 | 30.9% |
| Wheeler | 1452 | 109 | 7.5% | 2862 | 863 | 30.2% |
| Yoakum | 3104 | 845 | 27.2% | 4536 | 1538 | 33.9% |

(U.S. Census Bureau)

**Figure 16**: Region 1 Teenage Births
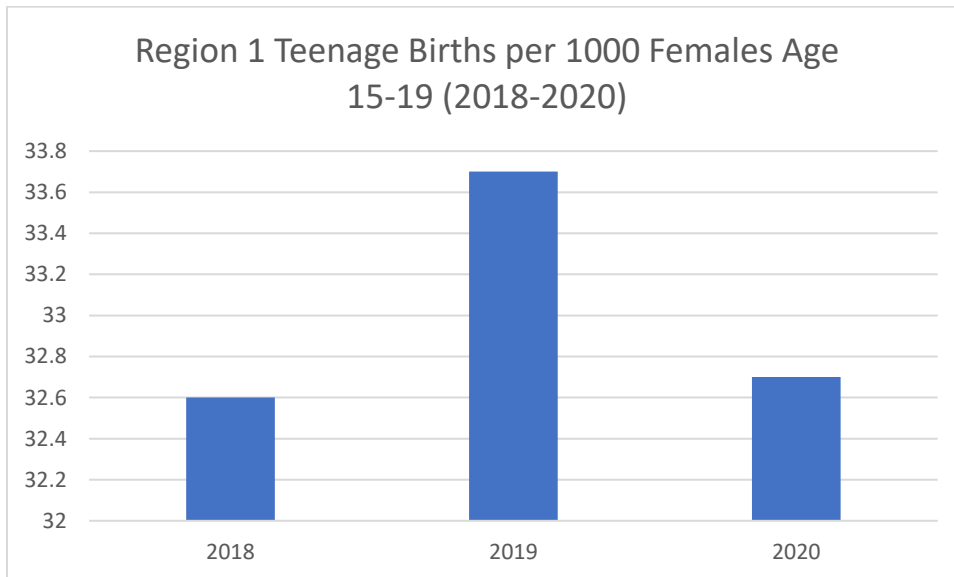


(Texas Department of State Health Services)

**Figure 17**: Region 1 Mental Health Providers by County
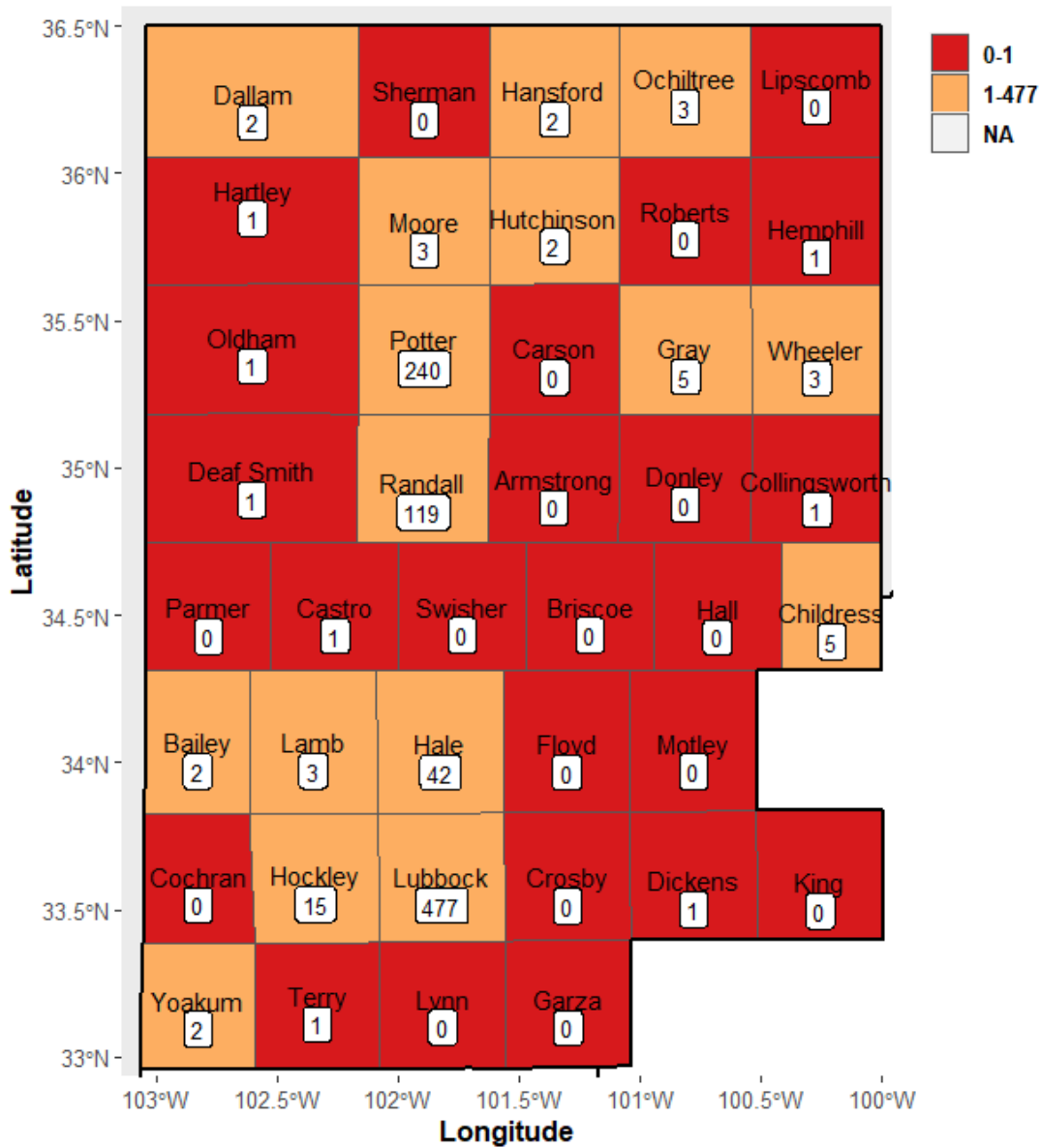


(County Health Rankings and Roadmaps)

**Ratio of population to mental health providers**

The data show a lack of both mental health providers (935:1) and substance use providers in most of the Region 1 counties, leaving those with substance use disorder and mental health disorders with few resources and the barrier of distant access. Th map below of the region with the number of mental health providers in each county. Those counties with 0 would have to drive to the nearest county with a provider, and depending on the number of providers, may have to drive several counties away.

**Substance Use Disorder (SUD) Treatment Services**

In 2019, Lubbock (38%) and Potter (25%) counties comprised of the majority of SUD treatment services for adults. Several counties did not report any SUD treatment services (Armstrong, Briscoe, Hansford, Hemphill, Lipscomb, Motley, Oldham, Roberts, and Sherman).

As with adults, Lubbock (42%) and Potter (18%) counties were the highest for youth SUD treatment services, with Randall (11%) and Hale (7%) having higher rates as well. Again, many counties reported zero SUD treatment services. In all counties except Oldham, adult treatment services were utilized by more people than youth services (Texas Health and Human Services Commission).

**Opioid-related Emergency Visits**

Opioid-related emergency department (ED) visits are defined as, visits which include an ICD-10-CM diagnosis of poisoning from any diagnosis field of T40.0X (by opium), T40.1X (by Heroin), T40.2X (by other opioids), T40.3X (by methadone), T40.4X (by synthetic narcotics), T40.60 (by unspecified narcotics), or T40.69 (by other narcotics).

In 2019, there were a total of 228 Opioid-related ED visits in Region 1. During the first three quarters of 2020, there were 198 visits (Opioid-Related Emergency Department Visits).

**HIV**

In Region 1 in 2018, there were 1227 total cases of HIV, which is an increase of 55 over 2017. When adjusted for a rate per 1,000, the rate in Region 1 is 2.42. People with HIV are predominantly male (79.7%) (People Living with HIV).

# Retail Access

**Alcohol Sales**

The region has a total of 1,812 liquor licenses, with a density of 202.2 licenses per 100,000. Lubbock, Potter, and Randall counties have the greatest numbers of retailers, but Hall, Donley, and Wheeler have the highest density.

Alcohol sales to minor has fluctuated over the last few years, with 33 in 2017, 24 in 2018, and 34 in 2019. Comparatively, only 3 alcohol sales to minors were reported in 2020. All three sales were in Lubbock County (License Information).

**Figure 18**: Region 1 Alcohol Permit Density per 100,000 Population
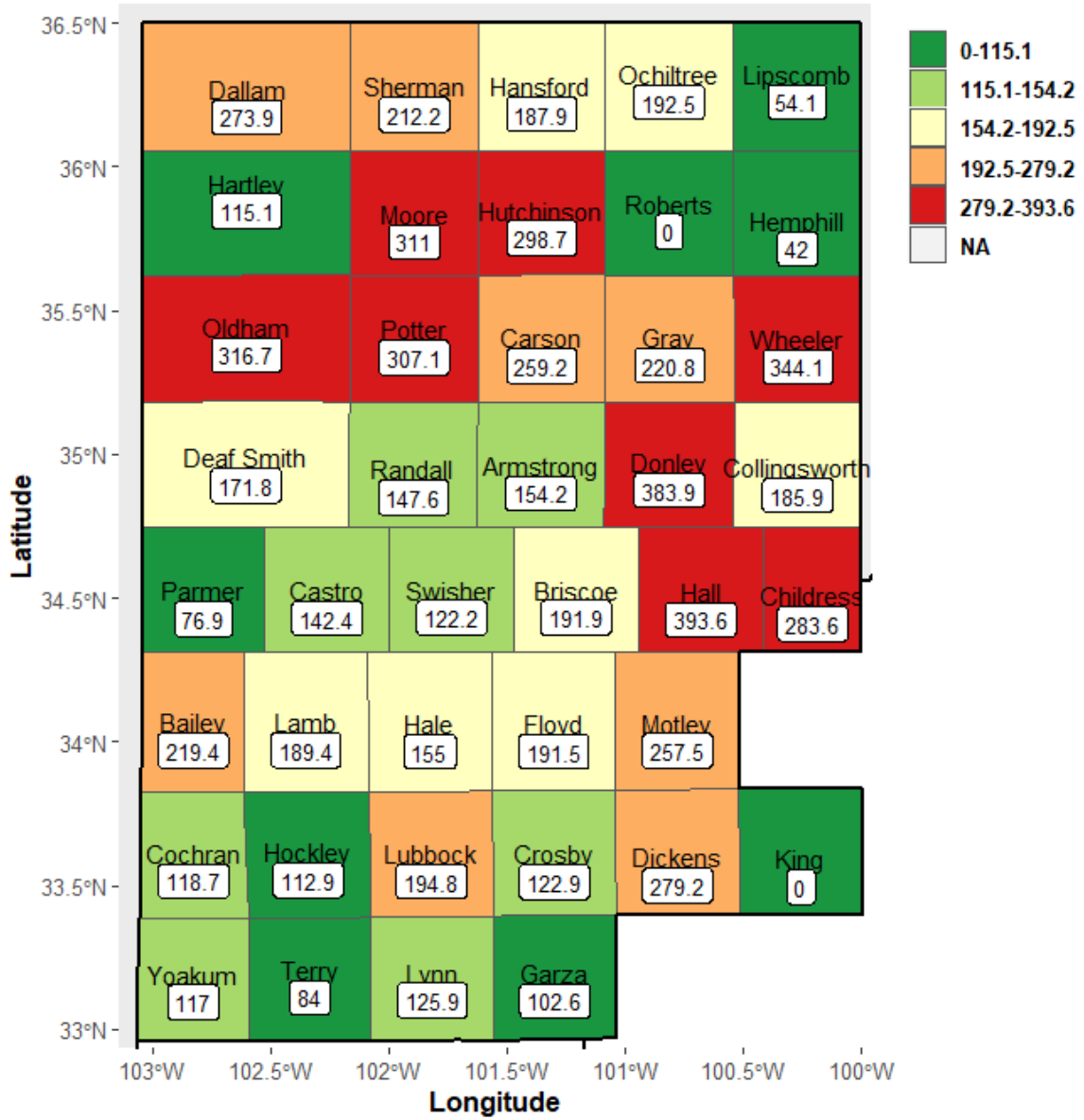


(License Information)

**Tobacco Sales**

Region 1 has 1,061 tobacco licenses, with an average of 117.4 per 100,000. The counties with the greatest number of tobacco retailers are Lubbock, Potter, and Randall. Motley (343), Briscoe (320), King (319) and Oldham (317) have densities over 300.

There were 8 tobacco sales to minors, up from 1 sale in 2018 and 1 in 2019. All eight sales were in Hale County, which includes Plainview, Texas (Active Cigarette/Tobacco Retailers).

**Figure 19:** Region 1 Tobacco Permit Density per 100,000 Population
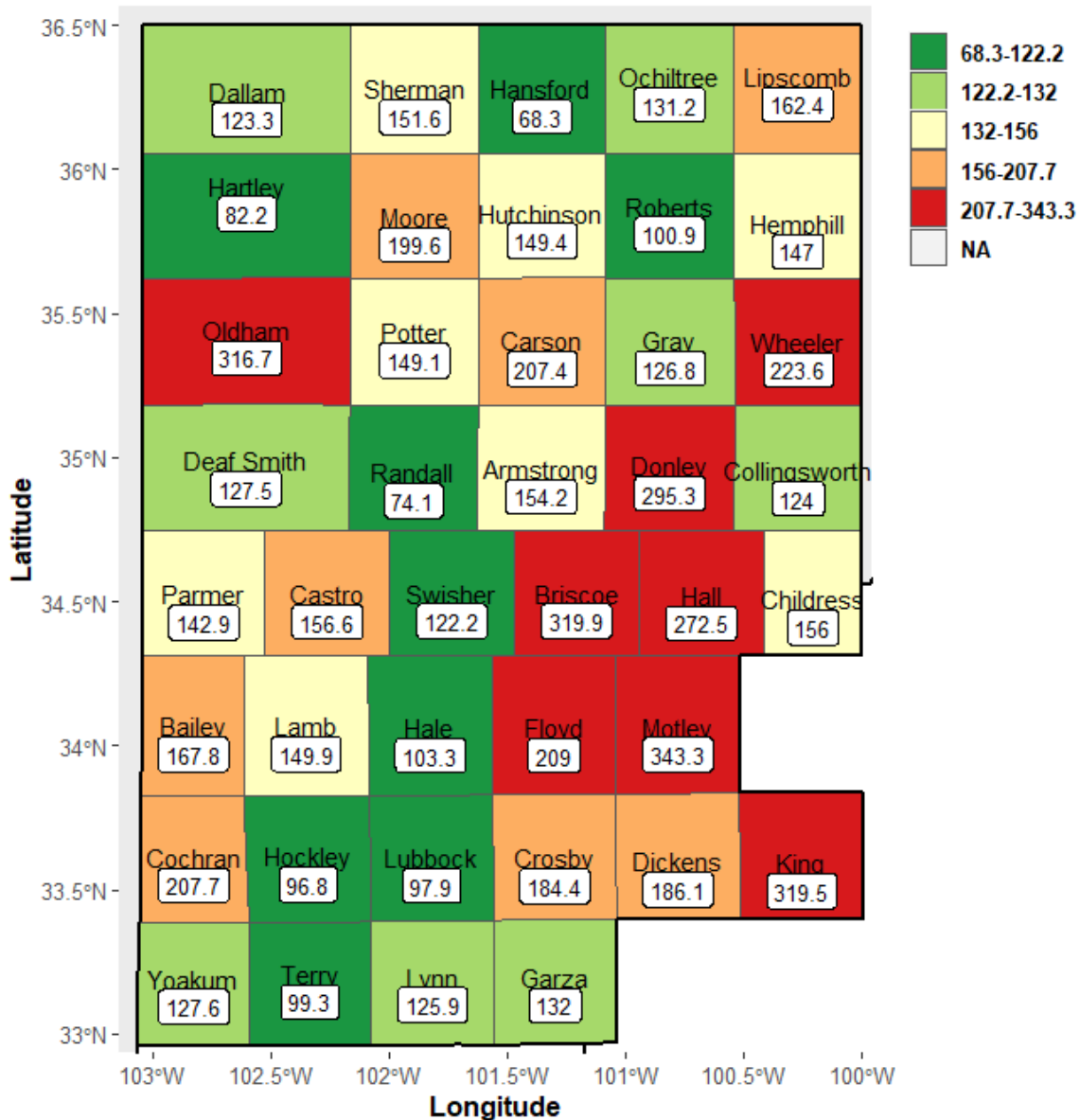


(Active Cigarette/Tobacco Retailers)

**Prescription Drugs**

There are five schedules that drugs are classified into depending on the substances medical use and the potential for dependency or misuse. The United States Drug Enforcement Administration (DEA) provides the following information on each schedule of drug:

**Schedule I** drugs, substances, or chemicals are defined as drugs with no currently acceptable medical use and a high potential for misuse. Examples include: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

**Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for misuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Examples include: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Deluded), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

**Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs misuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Examples include: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

**Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for misuse and low risk of dependence. Examples include: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

**Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for misuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Examples include: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, and Parepectolin.

**Prescription Drugs Dispensed**

In Region 1 1,209,527 total scheduled prescriptions were dispensed, totaling 1,348.96 per 1,000 people. Parmer (2,228.2) had the highest rate of prescriptions dispensed per 1,000, followed by Childress County (2,013.3), while Briscoe County (161.4) had the lowest rate of total scheduled prescriptions dispensed per 1,000. It's important to note that the measure is of prescription dispensation counts, not total number of persons being prescribed these medications, meaning that multiple counts were likely given to the same people in this timeframe (Texas State Board of Pharmacy).

**Figure 20**: Region 1 Controlled Substance Prescriptions per 1,000 Population
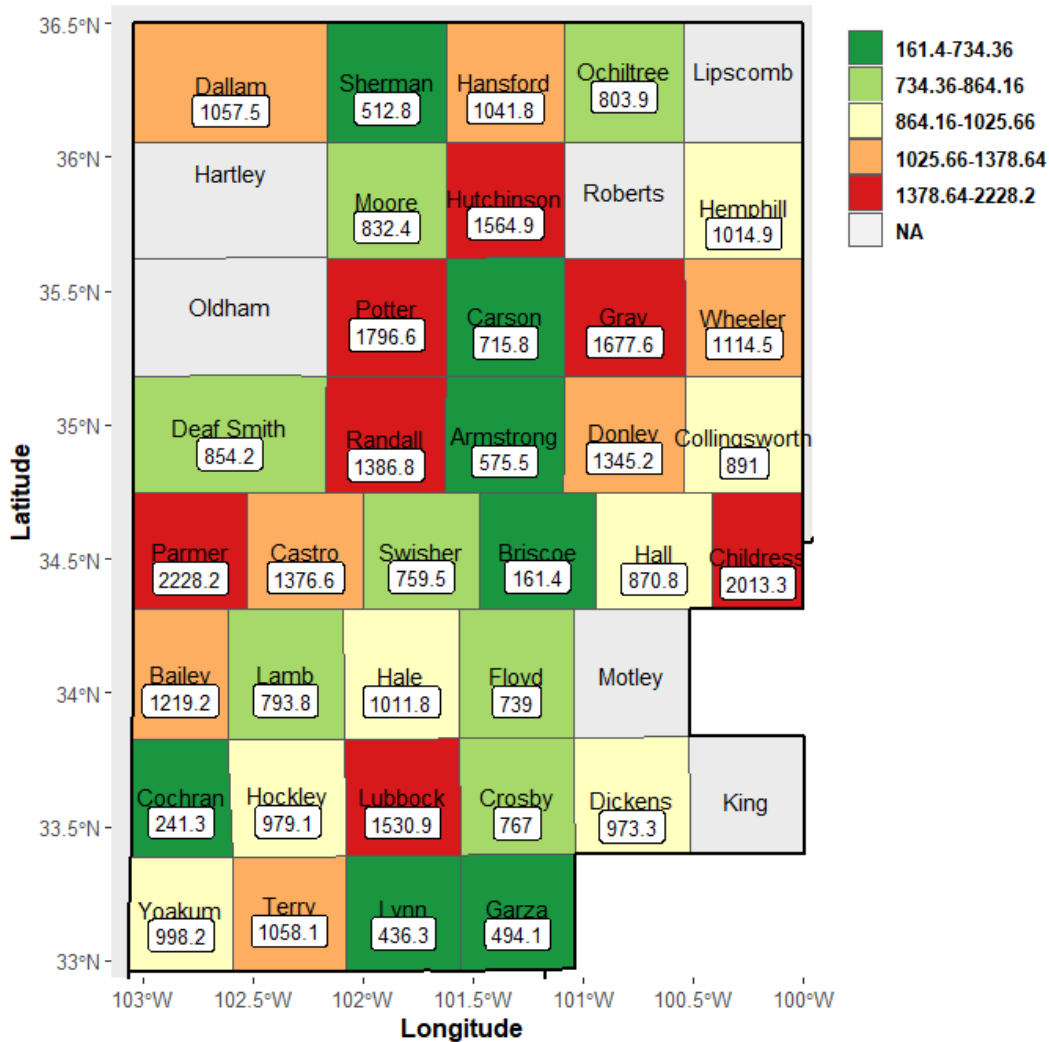


(Texas State Board of Pharmacy)

# School Domain

## Academic Achievement

While Region 1 falls behind both the nation and Texas in high school completion, it's only slight. Region 1's high school graduation rate in 2019 was 82.3%, just 1.4% less than Texas, and 5.7% below the nation. We see a more significant gap in higher education attainment. Region 1's percent of bachelor degree holders in 2019 was 23.3%, 6.6% below the state of Texas, and 8.8% below the nation. The region varies greatly when it comes to percentages of educational attainment, with some having extremely high levels of high school graduation rates, and others with much lower rates (Carson's 93.3% vs. Garza's 61.6%). The difference is stark when comparing counties' rate of University degree holders where the county with the

highest rate is almost a quarter more than the county with the lowest percent; Randall with 32% vs. Cochran with 8%.

Region 1, as a whole showed a higher percentage of population that dropped out of high school (17.6%) when compared to the state of Texas (16.3%) and the nation (12%). Of the Region 1 counties, Yoakum and Garza contain the highest dropout populations (36.5% and 38.4%) (Texas Education Agency).

## School Conditions

There were 262 (3.6 per 1,000) infractions for alcohol, tobacco, or other illicit substances in Region 1 in the 2019-2020 school year for grades 6-12. Alcohol violations accounted for 30% of infractions. When disciplinary action was taken, 46.9% of students received some sort of suspension (15.6% in-school suspension, 32.4% out-of-school suspension), and 50.7% received a form of Disciplinary Alternative Education Program (DAEP).

**Figure 21**: Region 1 Student Substance Use Infractions



(Texas Education Agency)

# Family Domain

## Family Environment

The family violence crime rate for Region 1 was 30.2 per 1,000. It is important to note that the dates for the data taken was January 2019-December 2020, meaning the average annual rate for family violent crime was 10.1 per 1,000.

In 2020 there were 180 confirmed cases of child maltreatment. This number is not significantly higher or lower than those since 2011, with 2013 the lowest at 162 and 2018 the highest with 183 confirmed cases. There are 1104 children in foster care, a rate of 4.95 per 1,000. Again, this number is similar to years since 2015, with 2016 the lowest at 922 and 2019 the highest of 1138.

Of the 311,594 households counted in 2019, 7% are single parent households with children under the age of 18. Eighty-two percent have a female as the head of household, while 18% have a male. The county with the highest percentage of single parent households is King (10.4%) closely followed by Deaf Smith county (10.0%). In call counties the rate of households with females as the head of household was greater than the rate with males as the head of household. The average household size ranged from 3.3 (Yoakum county) to 2.27 (Donley county) (U.S. Census Bureau).

**Table 10**: Region 1 Single Parent Households

| Single Parent Households | | | |
|---|---|---|---|
| **County** | **Percentage of Total Households** | **County** | **Percentage of Total Households** |
| Armstrong | 5.6% | Hemphill | 8.4% |
| Bailey | 9.0% | Hockley | 7.1% |
| Briscoe | 2.5% | Hutchinson | 7.2% |
| Carson | 4.1% | King | 10.4% |
| Castro | 8.0% | Lamb | 7.9% |
| Childress | 7.8% | Lipscomb | 8.4% |
| Cochran | 4.4% | Lubbock | 7.3% |
| Collingsworth | 9.7% | Lynn | 7.2% |
| Crosby | 8.7% | Moore | 6.1% |
| Dallam | 4.8% | Motley | 12.1% |
| Deaf Smith | 10.0% | Ochiltree | 6.7% |
| Dickens | 5.7% | Oldham | 3.7% |
| Donley | 5.5% | Parmer | 5.3% |
| Floyd | 6.9% | Potter | 8.4% |
| Garza | 3.4% | Randall | 6.1% |
| Gray | 4.8% | Roberts | 5.6% |
| Hale | 8.9% | Sherman | 3.5% |
| Hall | 7.6% | Swisher | 8.9% |
| Hansford | 7.5% | Terry | 7.5% |
| Hartley | 2.4% | Wheeler | 6.1% |
| | | Yoakum | 1.8% |

## Perceptions of Parental attitudes

Students in grades 7-12 were asked about their parents' attitudes toward the use of alcohol, tobacco, and marijuana for minors. A majority of parents "strongly or mildly disapprove" of all three. Seventy-five percent of parents disapprove of using alcohol, 84% disapprove of using tobacco, and 82% disapprove of using marijuana. These rates are similar to 2018, the only noticeable difference is that parents have a slightly lower disapproval rate for the use of marijuana (84.5% in 2018) (Baker).

**Figure 22**: Region 1 Percent Parent Disapproval
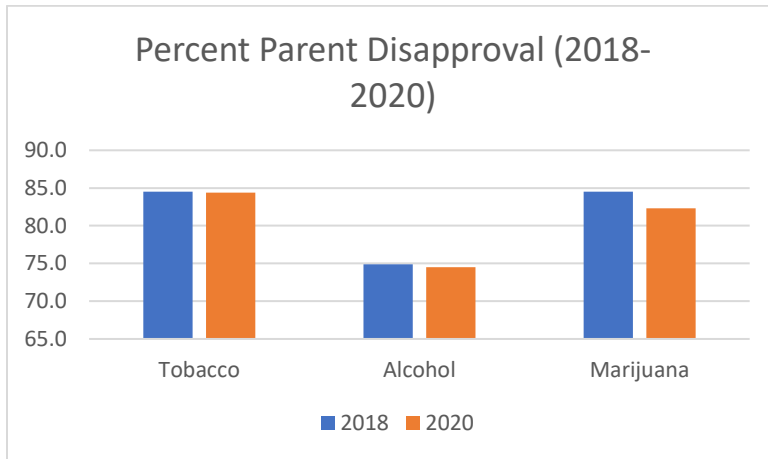


# Peer Domain

## Perceptions of Peer Consumption

In Regions 1 and 2, 12.8% of 7th-12th graders said that most or all of their close friends use alcohol, while 5% said most or all of their friends use tobacco. Marijuana consumption is in the middle, with 11.4% of students stating that most or all of their close friends use marijuana.

## Perceived Social Access

For accessibility, 47.2% of students in grades 7-12 stated that access to alcohol is "somewhat" or "very easy." Thirty-two percent said tobacco is somewhat or very easy to access, and 27.9% reported that marijuana is somewhat or very easy to access. In all categories described above, accessibility is higher than use.

## Presence of a Substance at Parties

Alcohol is present at parties "most of the time" or always" 17.7% of the time. Only 9% of students in grades 7-12 responded that marijuana or other drugs were at parties (Baker).

All the information for peers was gathered from the Texas School Survey and was Region specific. The information was not available by county.

# Individual Domain

## Youth Mental Health

In 2019, in a population of 1,977 high school students (grades 9-12), students reported feeling sad or hopeless. In 9th grade, 32.7% of students; in 10th grade, 38.8%; in 11th grade, 40.7%; and in 12th grade, 43.2% reported feelings of sadness or hopelessness. Additionally, females (48.6%) had a higher reported rate of feeling sad or hopeless than males (28.3%) did.

**Figure 23**: Region 1 Percentage of Youth that Feel Sad or Hopeless
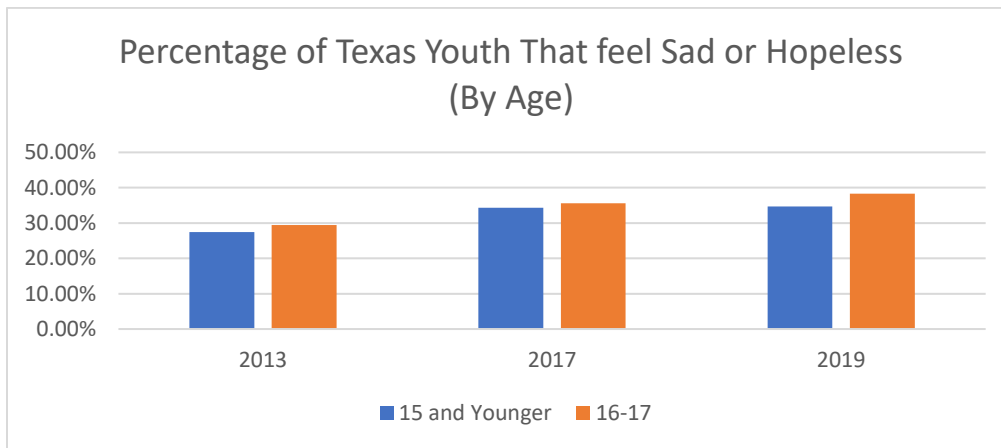


(Kids Count Data Center)

Between 2018 and 2019 Lubbock, Potter and Randall counties had the only recorded suicides, thus we assume a lack of data for the other, less populated counties. Since 2013 there has a steady increase in the number of suicides in the region. Lubbock recorded the highest suicide rate from 2009 to 2018, while rates fluctuated in Potter and Randall counties over the given timeframe.

## Youth Perception of Risk/Harm

Looking at the Texas School Survey (TSS) for 2020, 13.5 years old was the average age of initial use for tobacco, and the average age for alcohol was 13.3 (Baker). The average age for first use of marijuana is 13.9. Alcohol, tobacco, and marijuana also had the lowest rates when students were asked "How dangerous do you think it is for kids your age to use?" Forty-seven percent said alcohol is very dangerous, 60.6% stated tobacco is very dangerous, and 58.1 said marijuana is very dangerous. Cocaine had the oldest age of first use at 14.9 and 89.5% of students stated cocaine is very dangerous.

**Table 11:** Region 1 Age of Onset

| Area | Year | Substance | Age of Onset | Area | Year | Substance | Age of Onset |
|------|------|-----------|--------------|------|------|-----------|--------------|
| Texas | 2018 | Tobacco | 13.5 | Region 1 | 2018 | Tobacco | 13.5 |
| Texas | 2018 | Alcohol | 13.1 | Region 1 | 2018 | Alcohol | 13.3 |
| Texas | 2018 | Marijuana | 14.0 | Region 1 | 2018 | Marijuana | 13.9 |
| Texas | 2018 | Cocaine | 14.8 | Region 1 | 2018 | Cocaine | 14.9 |
| Texas | 2018 | Crack | 13.3 | Region 1 | 2018 | Crack | 13.2 |
| Texas | 2018 | Steroids | 12.5 | Region 1 | 2018 | Steroids | 12.9 |
| Texas | 2018 | Ecstasy | 14.7 | Region 1 | 2018 | Ecstasy | 13.9 |
| Texas | 2018 | Heroin | 12.6 | Region 1 | 2018 | Heroin | 11.3 |
| Texas | 2018 | Methamphetamine | 13.8 | Region 1 | 2018 | Methamphetamine | 13.8 |
| Texas | 2018 | Synthetic Marijuana | 13.6 | Region 1 | 2018 | Synthetic Marijuana | 13.6 |
| Texas | 2018 | Inhalants | 11.7 | Region 1 | 2018 | Inhalants | 11.9 |

# Consumption Patterns and Public Health/Safety Consequences

## Overview of Consumption

There is limited consumption data available for Region 1. The current data sets available include the Youth Risk Behavior Survey, the Texas School Survey, and the Texas College Survey. The substances included in these data sets include alcohol, marijuana, tobacco, prescriptions, and other illicit drugs.

## Alcohol

Drinking too much, on a single occasion or over time, can take a serious toll on health. NIDA lists the following effects alcohol can have:

- **Brain:** Alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior and make it harder to think clearly and move with coordination.
- **Heart**: Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including: Cardiomyopathy (stretching and drooping of the heart muscle), arrhythmias (irregular heart beat), stroke, and high blood pressure.
- **Liver:** Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including: steatosis (fatty liver), alcoholic hepatitis, fibrosis, and cirrhosis.
- **Pancreas:** Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.
- **Cancer:** Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. The National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen. The research evidence indicates that the more alcohol

a person drinks- particularly the more alcohol a person drinks regularly over time- the higher his or her risk of developing an alcohol- associated cancer.

**Current Use**

The Behavioral Risk Factor Surveillance System (BFRSS) is a system of telephone surveys that collect state data about health-related behaviors, chronic health conditions, and the use of preventive services. BFRSS is conducted continuously throughout the year. States collect BFRSS data to help establish and track state and local health objectives, implement health promotion activities, and monitor trends.

The Texas School Survey of Drug and Alcohol Use (TSS) is an annual collection of self-reported tobacco, alcohol, inhalant, and substance (including illicit) use data from students throughout the state of Texas. It is important to note that the TSS combines Regions 1 and 2 and all data presented in this section follow that perimeter.

According to the TSS, 57.8% of students have had an alcoholic beverage in their lifetimes, with 31.6% reporting drinking at least one drink in the last month. Thirteen point five percent of students report having more than 5 drinks in a two-hour period. The rate in Region 1&2 is slightly higher than the rate for Texas, with 9.6% of students reporting state-wide (Baker).

**Figure 24**: Region 1 Percentage of Students Usage
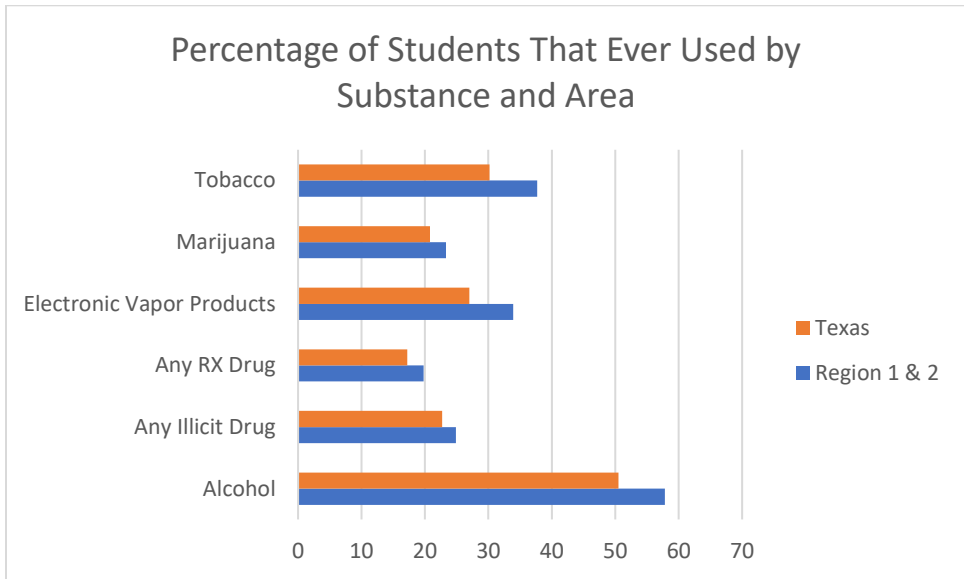


(Baker)

**Figure 25**: Region 1 Percentage of Students' Past Month by Substance



Percentage of Students' Past Month by Substance and Area
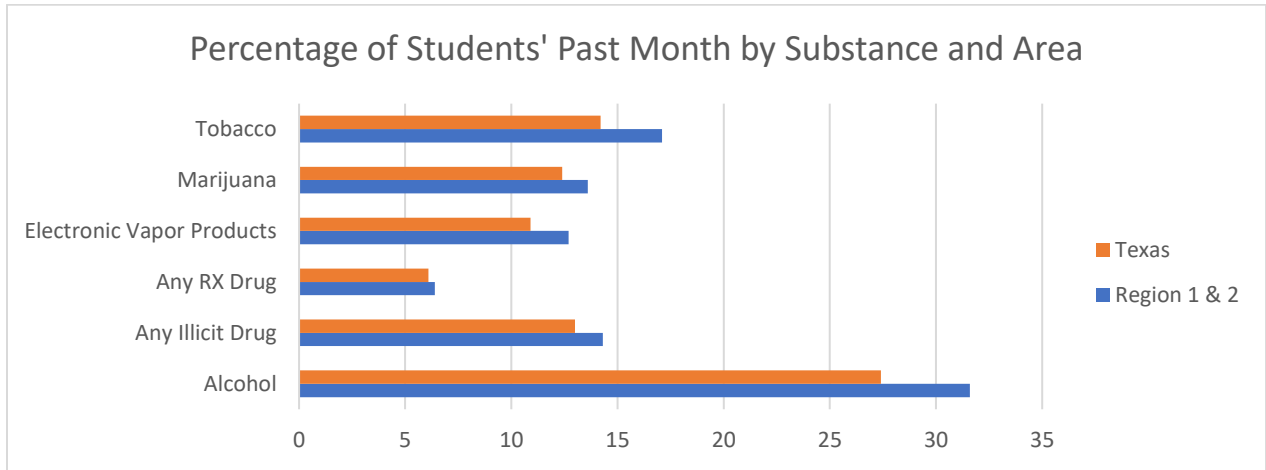
(Baker)

**Binge Drinking**

The NIAAA's standard definition of **binge drinking** is drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking.

According to the data binge drinking rates among youth in the region were relatively low, the vast majority of respondents to the Texas School Survey of Drug and Alcohol Use had not engaged in binge drinking in the last 30 days. The response rates for 10 or more days of heavy drinking in the past 30 days, was greater in most cases than 2-9 days. These results demonstrate that most respondents either engaged in binge drinking one day or over 10 days in the last month, showing that heavy use among those who did in fact use was at a high prevalence (Baker).

**Figure 26**: Region 1 Percentage of Binge Drinking Students



Percentage of Binge Drinking Students By Number of Days per Month (2020)
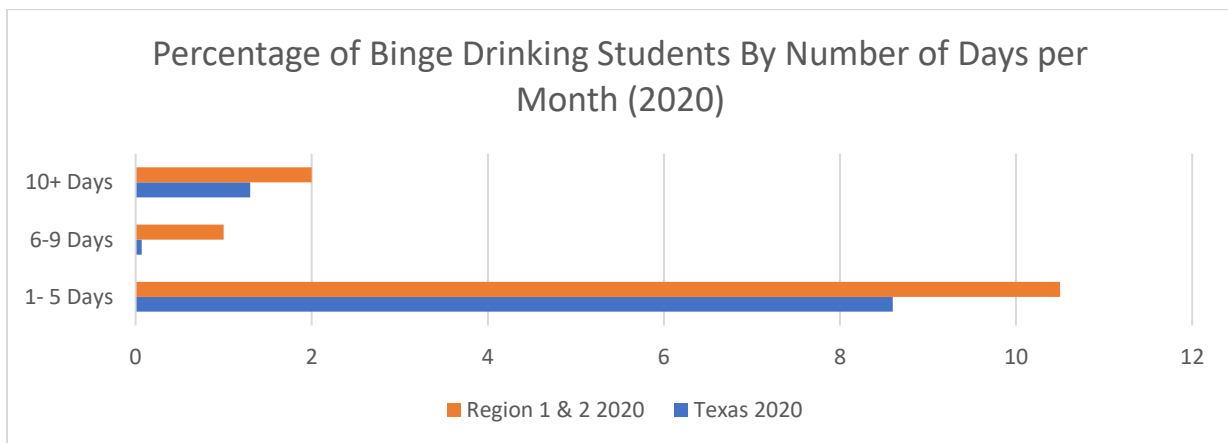
(Baker)

**College Age Binge Drinking**

College aged binge drinking has slightly decreased from 2013-2017. College males tend to average higher rates of binge drinking, with 37% engaging in this consumption pattern in 2017 compared to 34% for female college students. Throughout the time trend analyzed the majority of college students did not engage in binge drinking activities (Reports).

**Figure 27**: Texas College Students Drinking Behaviors
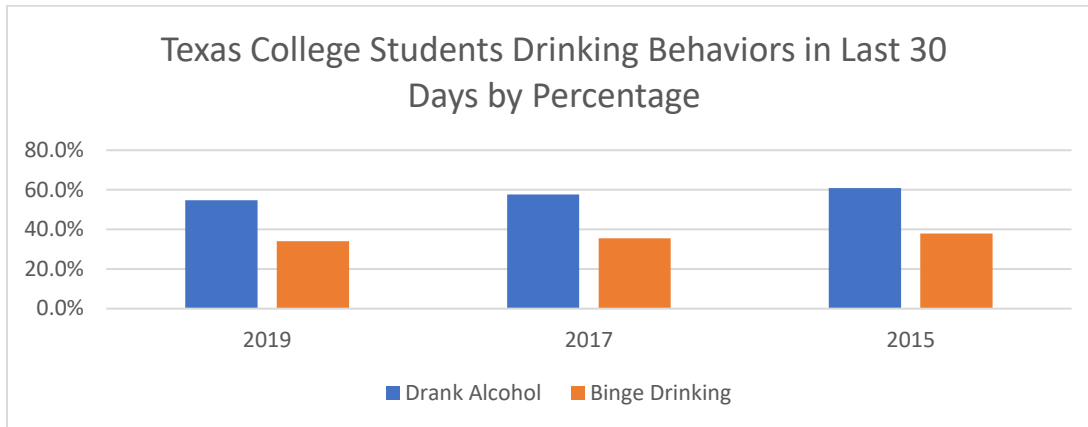


## Marijuana

Marijuana is derived from the hemp plant Cannabis sativa. The main psychoactive chemical in marijuana is delta-9-tetrahydrocannabinol or THC.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term**: Enhanced sensory perception and euphoria followed by drowsiness/ relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.
- **Long-term**: Mental health problems, chronic cough, frequent respiratory infections.
- **Other Health-related Issues**: THC vaping products mixed with the filler Vitamin E acetate (and possibly other chemicals) has led to serious lung illnesses and deaths. Pregnancy: babies born with problems with attention, memory and problem solving.
- **In Combination with Alcohol:** Increased heart rate, blood pressure; further slowing of mental processing and reaction time.
- **Withdrawal Symptoms**: Irritability, trouble sleeping, decreased appetite, anxiety.

**Current Use**

The current marijuana use trends identified by the Texas School Survey show that the majority of youth in Region 1 are not currently using marijuana (76.7%). As with alcohol, the rate in Region 1&2 is slightly higher than the rate for Texas, with 20.8% of students state-wide reporting they have never used marijuana (Baker).

## Tobacco and Vaping Products

Tobacco is a plant grown for its leaves, which are dried and fermented before use. Nicotine is an addictive chemical contained in tobacco. Nicotine can be extracted and utilized in vaping devices.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Increased blood pressure, breathing, and heart rate. Exposes lungs to a variety of chemicals. Vaping also exposes lungs to metallic vapors created by heating the coils in the device.
- **Long-term:** Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.
- **Other Health-related Issues:** Nicotine: in teens it can affect the development of brain circuits that control attention and learning.
- **Tobacco products:** use while pregnant can lead to miscarriage, low birth weight, stillbirth, learning and behavior problems.
- **Vaping products**: some are mixed with the filler Vitamin E acetate ad other chemicals, leading to serious lung illnesses and deaths.
- **Withdrawal Symptoms:** Irritability, attention and sleep problems, depression, and increases appetite.

### Current Use

The Texas School Survey found that 37.7% of the youth surveyed used tobacco one or more times during their lifetime. As with alcohol and marijuana, the rate in Region 1&2 is higher than the rate for Texas, with 302% of students state-wide reporting they have used a tobacco product (Baker).

## Prescription Opioids

Opioid pain relievers have an origin similar to heroin and can cause euphoria. The nonmedical use has the potential to lead to overdose deaths.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.
- **Long-term:** Increased risk of overdose or addiction if misused.
- **Other Health-related Issues**: Risk of HIV, hepatitis, and other infectious diseases from share needles. Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome. Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.
- **In Combination with Alcohol:** Dangerous slowing of heart rate and breathing leading to coma or death.
- **Withdrawal Symptoms:** Restless, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, leg movements.

## Prescription Stimulants

Prescription stimulants increase alertness, attention, energy, blood pressure, heart rate, and breathing rate.

The possible health effects provided by National Institute on Drug Abuse (NIDA) include:

- **Short-term:** Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.
- **Long-term:** heart problems, psychosis, anger, paranoia.
- **Other Health-related Issues:** Risk of HIV, hepatitis, and other infectious disease from shared needles.
- **In Combination with Alcohol**: Masks the depressant action of alcohol, increasing risk or alcohol overdose; may increase blood pressure
- **Withdrawal Symptoms:** Depression, tiredness, sleep problems.

**Current Use**

The Texas School Survey found that 19.8% of the youth surveyed took prescription pain medications without a doctor's prescription one or more times during their lifetime. As with alcohol, and marijuana the rate in Region 1&2 is slightly higher than the rate for Texas, with 17.2% of students state-wide reporting they have used a prescription pain medication without a prescription (Baker).

## Illicit Drug Use

The majority of the youth who responded to the Texas School Survey have never used illicit drugs. Almost 25% reported having used an illicit drug in their life, but 14.3% have used and illicit drug in the past month. This implies that although students are trying illicit drugs, a much smaller percentage uses illicit drugs on a regular basis (Baker).

## Current Use: All Substances

The current substance use trends identified by the Texas School Survey show the main substance of use among all grade levels to be alcohol, followed by tobacco, and illicit drugs (Baker).

## Problem Use Among Adults in Region 1: All Substances

Measuring problematic substance use among adults requires looking at proxy data. While surveys can be a good indicator of problem use, a more apt way of measuring adult problem substance use is looking at consequences and treatment for substance use disorder. As pointed out earlier, DUIs among adults has been trending downward for Region 1, but are still at almost 200 arrests for every 100,000 population (Fig. 16). Additionally, Medicaid substance use treatment for Region 1 is below the state average for 201-2019, but there are multiple counties that are well above the average. One of the difficulties in looking at Region 1 on average is the size, population disparity among counties and diversity among the counties. These factors do not give a comprehensive view of problematic substance use, but they provide information that shows that Region 1 is not dramatically different I problematic substance use than the stste average.

**Table 12:** Medicaid SUD Treatment for Adults per 1,000 Population

| Medicaid **SUD Treatment (Per 1000 Population)** | | | |
|---|---|---|---|
| County | 2017 Adult SUD | 2018 Adult SUD | 2019 Adult SUD |
| Armstrong | 1.06 | 0.53 | 0.00 |
| Bailey | 0.29 | 0.43 | 0.43 |
| Briscoe | 1.29 | 0.00 | 0.00 |
| Carson | 0.34 | 1.01 | 0.67 |
| Castro | 0.66 | 0.93 | 0.27 |
| Childress | 2.05 | 0.41 | 0.68 |
| Cochran | 0.00 | 0.70 | 0.35 |
| Collingsworth | 1.03 | 1.03 | 0.68 |
| Crosby | 0.87 | 0.35 | 0.87 |
| Dallam | 0.27 | 0.00 | 0.41 |
| Deaf Smith | 0.38 | 0.54 | 0.49 |
| Dickens | 0.45 | 0.00 | 0.45 |
| Donley | 0.92 | 0.92 | 0.61 |
| Floyd | 1.05 | 1.23 | 0.18 |
| Garza | 0.48 | 0.48 | 0.80 |
| Gray | 1.01 | 1.14 | 1.01 |
| Hale | 1.05 | 1.05 | 0.90 |
| Hall | 0.67 | 0.67 | 0.67 |
| Hansford | 0.00 | 0.00 | 0.00 |
| Hartley | 0.00 | 0.00 | 0.18 |
| Hemphill | 0.00 | 0.00 | 0.00 |
| Hockley | 0.74 | 1.09 | 0.91 |
| Hutchinson | 0.57 | 0.96 | 1.19 |
| King | 0.00 | 0.00 | 0.00 |
| Lamb | 0.62 | 1.09 | 0.93 |
| Lipscomb | 0.00 | 0.00 | 0.00 |
| Lubbock | 1.17 | 0.96 | 0.90 |
| Lynn | 0.34 | 1.01 | 0.50 |
| Moore | 0.10 | 0.48 | 0.53 |
| Motley | 0.00 | 0.83 | 0.00 |
| Ochiltree | 0.51 | 0.71 | 0.51 |
| Oldham | 0.00 | 0.95 | 0.00 |
| Parmer | 0.10 | 0.10 | 0.10 |
| Potter | 2.00 | 1.88 | 1.55 |
| Randall | 0.70 | 0.57 | 0.49 |
| Roberts | 1.17 | 0.00 | 0.00 |
| Sherman | 0.00 | 0.33 | 0.00 |
| Swisher | 1.62 | 0.54 | 0.68 |

| | | | |
|---|---|---|---|
| Terry | 1.22 | 1.13 | 0.97 |
| Wheeler | 0.79 | 0.59 | 0.59 |
| Yoakum | 0.34 | 0.69 | 0.34 |
| Region 1 | **1.02** | **0.94** | **0.83** |
| State | **1.08** | **1.06** | **0.97** |

# Emerging Trends

## COVID-19 Impact on Behavioral Health

There is no question that COVID-19 has affected Texans. The access to healthcare and mental health care has shifted, as has the ability to provide for basic needs due to food insecurity, loss of employment or housing, and social isolation. There is no data currently for how COVID-19's impact on behavioral health in Region 1.

# Consequences

## Overview of Consequences

Substance abuse and misuse has a variety of negative consequences for both individuals and society. Consequence data currently available in Region 1 includes driving under the influence of drugs and alcohol, vehicular fatalities, suicide rates, overdose deaths, and poison center calls.

## Alcohol Related Vehicular Fatalities

The highest rate of alcohol fatalities was in 2020 with 37 total in the region, while there were 50 in 2019 and 42 total in both 2017 and 2018. The highest rate of fatalities took place in Lubbock with 10 in 2018, 21 in 2019, and 15 in 2020. Of the counties in Region 1, 30 did not have any alcohol related vehicular fatalities recorded (Texas Department of Transportation).

## Suicide Rates

Between 2018 and 2019 Lubbock, Potter and Randall counties had the only recorded suicides, thus we assume a lack of data for the other, less populated counties. Since 2013 there has a steady increase in the amount of suicides in the region. Lubbock recorded the highest suicide rate from 2009 to 2018, while rates fluctuated in Potter and Randall counties over the given timeframe (Texas Suicide by County).

The only counties with recorded overdose deaths between the period of 1999 and 2019 are Lubbock, Potter, Randall, and Moore. With this in mind, the region has experienced a total of 2,130 overdose deaths during this time, with over half of them taking place in Lubbock. Rates have fluctuated greatly with the highest death rate being 68 in one year, and the lowest being 30.

## Poison Center Opioid and Marijuana Calls

Region 1 had 44 total calls to the poison center related to marijuana from 2017 and 2019.The majority of calls over this timeframe came from both Lubbock (16) and Potter (14), followed by Childress (2), Hale (2), Hockley (1), Castro (1) and Hutchinson (1) (Opioid-Related Poison Center Calls).

# Environmental Protective factors

## Overview of Protective Factors

SAMSHA defines protective factors as characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. Protective factors known to exist in Region 1 include a great deal of community coalitions, some substance use treatment services, limited education about alcohol, tobacco and other drugs,

## Community Coalitions

**The HEARD Coalition** is housed in the City of Lubbock Health Department along with the PRC. The coalition is funded by the Texas Department of Health Services, established for the purpose of building the capacity of the community to prevent youth alcohol, marijuana, prescription drugs and other illicit drugs.

The mission of the coalition is to empower communities to create positive changes in attitudes, behaviors and policies to prevent and reduce at-risk behavior in youth with a unified focus on alcohol, marijuana and prescription drug prevention. Members of the coalition include the YWCA, Hub City Outreach, the Texas Tech Collegiate Recovery Program, faith based partners, community activists, medical students, those working in criminal justice, treatment providers, United Way, hospital representatives and nurses. The coalition is hoping to expand in the next year to include even more representatives from the community such as high school students, college aged youth, law enforcement, and members of the business community.

**The VOICES of Hockley County Community Coalition's** purpose is to encourage community mobilization to implement evidence-based environmental strategies with a primary focus on changing policies and social norms in Hockley County to prevent underage drinking, marijuana use, and prescription drug misuse. Their mission is to empower communities to create positive changes in attitudes, behaviors, and policies to prevent and reduce at risk-behaviors in youth with a unified focus on alcohol, marijuana, and prescription drugs.

## Other Coalitions

**University Medical Center's Nurses Educating on Illegal Drugs & Synthetics (NEIDS)** is an outreach group of registered nurses, with the mission to provide education to the public on the health risks and hazards of the use of synthetic marijuana and harmful drugs.

This group utilizes public service announcements, education to school aged children, point of care education, and works with local coalitions against marijuana. They support new or revised legislation to stop the sale, distribution and manufacturing of these synthetic compounds and other illegal drugs.

The **East Lubbock Community Alliance's** vision is to ensure that people in Lubbock have equal opportunities and support to improve their outlook on the future.

The **South Plains Coalition for Child Abuse Prevention** aims to fight the high rates of child abuse in the region through education, advocacy and collaboration. They promote a variety of media campaigns focusing on recognizing and combatting child abuse.

The **South Plains Homeless Consortium** revolves around identifying issues in homelessness and developing homelessness prevention strategies. They advocate for the marginalized and educate the community about the causes of homelessness.

The **South Plains Suicide Prevention Coalition** works with local stakeholders to educate about suicide and how to identify warning signs. They host an annual regional symposium aimed at strengthening mental health protective factors and preventing suicide.

The **Lubbock Area Teen Pregnancy Coalition** strives for collaborative partnerships that work to educate and engage families and their communities about sexuality, health and unintended teen pregnancy.

**Lubbock Compact** was formed in June 2020 with the goal combatting wealth disparity in Lubbock and protecting and preserving north and east Lubbock communities.

**Texans Standing Tall** is a statewide coalition that focuses on delivering and implementing evidence based environmental strategies targeted at eliminating social hosting and underage drinking.

## Community Programs and Services

**Communities in Schools (CIS)** has offices located on campuses and provides direct resources to help at risk youth succeed. They assist youth with meals, clothes, and healthy extracurricular activities.

The **Boys and Girls Club (BGC)** aims to provide a safe recreation space for adolescents outside of school hours. Lubbock county has 6 different BGC locations, but additional information on other locations within the region is needed.

The **Young Women's Christian Association** provides after school programs for Lubbock ISD and Lubbock-Cooper ISD and is focused on involving youth in community youth development programs.

The **Parenting Cottage** works to offer in home parent education across the region.

The **Salvation Army** provides a great deal of community services ranging from emergency shelter to utility assistance.

**Mothers Against Drunk Driving (MADD)** is one of the region's most vocal advocates for the prevention of drunk driving, as well as education, victim assistance and other information about driving under the influence.

## Other State/Federally Funded Prevention Programs

**Center for Collegiate Recovery Communities at Texas Tech University** offers support for Texas Tech students.

**Texas Department of Family and Protective Services** has several programs in the Lubbock area, including Big Brothers Big Sisters, the Parenting Cottage, Texas Alliance Boys & Girls Club, and Catholic Charities of Lubbock

## SUD Treatment Providers

**Dailey Recovery Services** strives to reduce the problems of substance misuse by providing recovery and treatment services.

**StarCare Specialty Health Systems** is currently the regional MHMR. They have a variety of programs focusing on parent education, SUD screening and assessment, veteran services, and suboxone services.

**Texas Panhandle Poison Center** is housed at the Texas Tech Health Sciences Center Amarillo Pharmacy School. They provide education to children and adults to prevent poisonings.

## Healthcare Providers

**University Medical Center** and **Covenant Medical Center** have a large presence in Region 1, including clinics and programs in rural communities

**BSA Health System** and **Northwest Texas Healthcare System** are prevalent in Amarillo.

## YP Programs

Youth prevention programs focus on enhancing youth's life skills in an effort to prevent them from engaging in alcohol and drug use. These programs provide curriculum to students at schools, conduct activities with groups of students/adults, and present on various topics as they relate to drug use.

There are three main types of youth prevention programs: Youth Prevention Universal (YPU) is offered to all youth. Youth Prevention Selective (YPS) is designed for young people who have an above average risk of substance misuse. Youth Prevention Indicated (YPI) is offered to youth who are struggling academically, who show signs of substance use, or who may need additional support.

In Region 1, 68.6% of students had received some form of information regarding alcohol, tobacco, and other drug use. However, most of this information was disbursed by an assembly, instead of an evidence based practice. The youth prevention programs funded by the Texas Department of Health and Human Services include Hub City Outreach and Cennikor. These programs are located in Lubbock and Amarillo.

**Hub City Outreach** is a youth prevention provider focusing on substance use prevention and education. The agency partners with local schools to deliver a holistic and empowering approach to direct prevention services.

**Cenikor's Prevention Services** provide age-appropriate evidenced-based curriculum to students of all ages. Students are taught the skills necessary to develop good self-esteem, resist peer and media pressure, and explore activities free from substance use.

Participation in the Texas School Survey in Region 1 is low, and data received through this collection source remains unreliable.

## Summary of Environmental Protective Factors

There is an abundance of coalitions present in Region 1, however most listed in this assessment are in the Lubbock area. Additional information about the areas and populations these coalitions serve, as well as other coalitions in all 41 counties is needed to fully understand how each community is working together to address the issue of substance use disorders.

Additional information on the mission, goals and scope of known youth serving organizations is needed to fully understand how they contribute to providing protective factors to youth. Over the next year the Region 1 PRC will work to collaborate and support the organizations included in this report, as well as other organizations across the region.

# Region in Focus

## Overview of Community Readiness

A community survey distributed to coalition members identified the following trends:

What problems do you see in your community regarding substance use prevention and treatment?

- Lack of free or affordable, quality addiction treatment
- Vaping-black market product; illicit prescription pill use
- Lack of harm reduction
- If you are insured, there isn't anything readily available
- Stigma against those with drug use and substance use disorders is pervasive in West Texas culture making the topic very difficult to approach
- There is a severe lack of resources in regards to detox facilities and treatments like methadone maintenance and Suboxone, lack of access to vivitrol or naltrexone for alcohol use disorder
- Lack of knowledge regarding what services are available to youth and adults
- People becoming involved in the criminal justice system instead of receiving treatment
- No detox center in the region
- Limited aftercare resources for adolescents
- Denial there is a problem
- Racial and cultural inequities

If you had to choose the single most pervasive problem in your community regarding substance use prevention and treatment, what would it be?

- Lack of access to treatment for the under privileged
- Marijuana
- Lack of free/ affordable inpatient treatment
- Education and treatment
- Lack of access to resources
- Lack of accountability to resources
- Addiction is not seen as a disease
- Open access
- Lack of open access to information about substance misuse, prevention, and treatment information
- Denial and stigma
- Access to drugs
- Illegal drugs

What services is your community lacking?

- Addiction education
- Treatment, aftercare, alternative peer groups, recovery high school, places for youth to hang out and be safe, places for non-traditional youth to find a home, etc.
- Inpatient treatment
- Harm reduction services like needle exchange and education on safe injection

- Counseling Services
- Methadone maintenance and Suboxone prescribers
- Substance Use Disorder programs for adolescents
- Lack of coordination
- Easy access to substances

What substance use prevention resources currently exist in our community?

- Hub City, Cenikor, Teen Summit, school efforts
- Private inpatient and private (faith-based) sober living
- Plenty of AA resources; many residential treatment programs
- Limited information in public schools and universities
- PRC, CCP, ASAS, private pay treatment centers, health department, MADD, MAPDA, Sunrise Canyon, Rise, Dream Center

What facets of the community are slowing down positive change?

- Stigma around addiction and criminalization of the disease
- Lack of ongoing commitment and support from schools, churches, businesses, political entities and agencies
- State having a low budget
- COVID-19
- Funding for housing
- Severe stigma against substance use disorders
- Lack of communication and willingness to revitalize the area
- Lack of education on addiction
- Lack of awareness

What facets of the community are encouraging positive change?

- Texas Tech and the Center for the Study of Addiction and Recovery
- YWCA, City Health department, TTU, CFAS, HEARD
- People in recovery, social workers, medical professionals, faith leaders and some city officials
- AA groups
- Faith based organizations
- Activists
- LARA, Lubbock Compact, LASER, East Lubbock Art House
- YWCA, the Community Foundation
- Nonprofits, college students and religious organizations
- Medical community
- Law Enforcement

Of all survey respondents, the majority of individuals believed that the community is ready for positive change concerning substance use prevention.

## Gaps in Services

There is definitely room for additional services in Region 1 across the spectrum of substance use disorders from prevention to treatment. In regards to treatment there is a need for additional inpatient treatment for both youth and adults, as well as outpatient services across the region. Community stakeholders were especially concerned with the lack of low cost or no cost treatment in the area. Additional prevention resources and training materials should be disbursed throughout all counties across the region. The PRC will work to include all counties across the region in future trainings, and enhance collaboration to build a more sustainable continuum of prevention services. Formal and informal youth serving agencies need to be identified across the region for future collaboration on prevention efforts focusing on substance use disorders.

## Gaps in Data

Over the next year a major focus of the PRC will be the collection of additional data across all counties in the region. A variety of data relating to risk and protective factors, use, and consequences is still needed to fully understand the full scope of substance use disorders in Region 1. Additional data sets needed to fully assess the region include, but are not limited to:

- Social access
- Parental views on use and parental monitoring
- Social norms regarding use
- Peer acceptance and use
- Youth arrests and probation rates
- Youth participation in extracurricular activities and youth development programs
- Overdose and suicide rates across all 41 counties
- Coalitions and youth serving programs across the entire region
- Impact of COVID-19 on behavioral health
- College substance use rates
- The existence of policies in each county, such as social host ordinances or flavored tobacco bans

## Moving Forward

Region 1 will work to build capacity to effectively address substance misuse in the panhandle and south plains. Risk and protective factors will continue to be prioritized in a manner that is both effective and sustainable. The Prevention Resource Center will continue to work with the community and stakeholders to collect data and better understand the needs of the 41 counties in Region 1. As risk and protective factors in the community are better understood appropriate interventions, resources and trainings will be sought out and implemented in the area to effectively increase the overall health and wellness of the region.

# Conclusion

## What has the RNA identified as the region's most pressing substance use behaviors that need to be addressed and why?

Alcohol is the most prevalently used and misused substance in Region 1. Though use decreased for quite some time, over the last several years use among junior high and high school students has increased.

Additional data is needed to fully understand how alcohol is being used and misused throughout the region, as well as its effects on each community. However, there is adequate data available to understand that alcohol has had significant negative impacts on each county in Region 1.

Tobacco and electronic vapor products (vaping) are also used throughout the region and the age of onset is low. Many youth report using either tobacco or vaping recently. The cultural norm in Region 1 does not veto tobacco or vape use and is an area where simply providing information may see results.

## What is your analysis of the underlying conditions (Social Determinants of Health) that are contributing to substance use and misuse in your region?

Healthcare contributes to substance use and misuse in Region 1. Because the region has many rural counties, access to healthcare can be difficult, for both physical and mental support.

Additionally, health education in Region 1 is not always a priority. A general health class is part of the public school curriculum, but many times students learn about health through school nurses.

## What behavioral health disparities has the RNA identified in the region?

One of the biggest behavioral health disparities in the region is access to care. The ratio of healthcare providers to population is unequal, and almost all providers are located in Lubbock or Amarillo. Additionally there is a large percentage of children without health insurance, meaning that even if youth do have access to care they may not be able to afford it.

# Works Cited

Active Cigarette/Tobacco Retailers. Data.Texas.gov https://data.texas.gov/Government-and-

    Taxes/Active-Cigarette-Tobacco-Retailers/u5nd-4vpg/data Accessed 28 May 2021.

Baker, Colin, et al "Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 1 Report" Texas

    School Survey.  Texas Health and Human  an Services Commission. 01 December 2018.

    Accessed online. 08 June 2021.

    http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region1.pdf

County Health Rankings and Roadmaps, NPI Registry, 2019,

    www.countyhealthrankings.org/app/texas/2020/measure/factors/62/data. Accessed March

    22, 2021.

Educational Attainment. American Community Survey. United States Census Bereau

    https://data.census.gov/cedsci/table?q=Educational%20Attainment&t=Age%20and%20Sex&g

    =0400000US48.050000&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false Accessed 28

    May 2021.

Kids Count Data Center. High school students who felt sad or hopeless during the past year in the

    United States. https://datacenter.kidscount.org/data/tables/11203-high-school-students-

    who-felt-sad-or-hopeless-during-the-past-

    year#detailed/1/any/false/1729,871,573,36,867,38/any/21588. Accessed August 6, 2021.

License Information. Texas Alcoholic Beverage Commission. Available at

    https://apps.tabc.texas.gov/publicinquiry/. Accessed 28 May 2021.

Opioid-Related Emergency Department Visits, 2020, healthdata.dshs.texas.gov/dashboard/drugs-and-

    alcohol/opioid-related-emergency-department-visits.

"Opioid-Related Poison Center Calls." Texas Health Data, Texas Department of State Health Services,

    https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-poison-

    center-calls. Accessed 27 July 2021.

People Living with HIV, Texas Department of State Health Services, 2018,

    healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed 2/22/2021.

Point-in-Time Count (PIT) Reports https://www.thn.org/texas-balance-state-continuum-care/data/pit-

    count-and-hic/. Accessed May 11, 2021.

"Reports." Texas Survey of Substance Use Among College Students. Public Policy Research Institute,

    https://texascollegesurvey.org/reports/, Accessed 28 May 2021.

Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services

    Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-

    nutritional-assistance-program-snap-statistics. Accessed May 12, 2021.

Temporary Assistance for Needy Families. Texas Health and Human Services Commission. 201-2020.

    https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-

    needy-families-tanf-statistics. Accessed July 14, 2021.

Texas Demographics Center. Texas Population Projections. 2017-2020. Available at

    https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D2

    07B2F706C607. Accessed June 8, 2021.

Texas Department of Public Safety UCR Bureau. Crime in Texas Online. Index Crime Report. (2018,

    2019, 2020).  https://txucr.nibrs.com/Report/IndexCrimesReport Accessed March 9, 2021.

Texas Department of Public Safety. Liquor Law Arrests. 2017-2020. Available at

    https://txucr.nibrs.com/SRSReport/LiquorLawArresteeSummary. Accessed March 13, 2020;

    June 25, 2021.

Texas Department of State Health Services, Center for Health Statistics. Texas Birth Certificate Data.

Run July 28,2021.

Texas Department of Transportation. Driving Under the Influence (Alcohol) Crashes and Injuries by

County. 2016-2020. Available at https://www.txdot.gov/inside-txdot/forms-

publications/drivers-vehicles/publications/annual-summary.html. Accessed June 18, 2021.

Texas Education Agency, Division of Research and Analysis. Program:

S:\stud\completion\requests\FY21\C421001. 9/8/2020.

Texas Education Agency. Discipline Action Report. https://tea.texas.gov/reports-and-data/student-

data/discipline-data-products/discipline-data-products-overview. Accessed March 26,2021.

Texas Education Agency. Student Program and Special Population Report.

https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Updated February 20, 2020. Accessed

February 9, 2021.

Texas Health and Human Services Commission, Center for Analytics and Decision Support. 2021.

Texas State Board of Pharmacy. https://www.pharmacy.texas.gov/resources.asp. Accessed

3/30/2020.

Texas Suicide by County. https://wonder.cdc.gov/ucd-icd10.html, Accessed June 9, 2021.

"The State of Juvenile Probation Activity in Texas Report." Texas Juvenile Justice Department,

Executive Director Camille Cain, Aug. 2020, www.tjjd.texas.gov/index.php/doc-

library/category/334-state-of-juvenile-probation-activity.  Accessed March 18, 2021.

U.S. Census Bureau. Texas Income by County. https://data.census.gov, Accessed June 9, 2021.

U.S. Census Bureau, 2014-2019 American Community Survey 5-Year Estimates. https://data

census.gov/cedsci/ Accessed May 12, 2021

U.S. Census Bureau, 2014-2019 American Community Survey 5-Year Estimates. https://data

census.gov/cedsci/ Accessed May 12, 2021.

U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI -

Elementary and Secondary Information System.

https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed May 10, 2021.

# Regional Contributors

**Cennikor** is dedicated to finding the right program for each person as they work to rebuild lives and relationships damaged by addiction.

**HEARD Coalition** is housed in the City of Lubbock Health Department along with the PRC. The coalition is funded by the Texas Department of Health Services, established for the purpose of building the capacity of the community to prevent youth alcohol, marijuana, prescription drugs and other illicit drugs.

**Hub City Outreach Center** has the desire to provide programs that will help shape the youth into the world changers that we know they can be. Hub City Outreach Center's holistic approach allows our Teams and volunteers to work towards meeting the physical, emotional and spiritual needs of our youth.

**Dailey Recovery Services** seeks to reduce the problems of substance use, abuse and addiction by providing recovery and treatment services to help persons affected by alcohol, other drugs and other related disorders.

**Family Support Services Amarillo** provides a variety of services including behavioral health and wellness, crisis response and support, and education and prevention.

**Lamb County LEAF Coalition** is a growing group of caring community individuals and organizations that are coming together to create a cultural framework of hope, with the goal of enabling our kids to make healthy choices. Through the education of parents, youth, and the general population about the risks of substance abuse and the benefits of good health, we hope to lower youth substance abuse in our community, thereby changing its legacy

**Stages of Recovery** is a private facility that provides treatment for addiction and dual diagnosis that is both life-long and life changing.

**Texas Tech University Mental Health Initiative** leverages and coordinates the unique strengths of the Texas Tech University System's component institutions and community partnerships to: (a) improve access to integrated services for people experiencing mental illness, substance misuse, and co-occurring conditions; (b) advance the knowledge and skills of individuals working with these populations; (c) enhance public understanding of mental health; and (d) develop and inform public policy.

# Appendix

# 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 |