



Regional Needs Assessment Overview

REGION 8: UPPER SOUTH TEXAS

PREVENTION RESOURCE CENTER

South Texas
Centre AT&T
Building
7500 US Hwy 90
West, Suite 100

p. (210)225-4741
f. (210)225-4768

amoore@sacada.org
www.pcregion8.org



San Antonio Council on Alcohol and Drug Abuse
South Texas Centre AT&T Building
7500 US Hwy 90 West, Suite 100
San Antonio, TX 78227
210.225.4741
www.prcregion8.org

THANK YOU TO ALL OUR PARTNERS

The State Collaborative began formally in 2013 when the state transformed all 11 Regional Drug and Alcohol Clearinghouse Organizations into a Central Data Repository.

The Regions within Texas agreed to put aside their competitive business practices to conduct a comprehensive drug and alcohol needs assessment in the interest in improving the awareness of the community by working together.

SACADA was funded in 2014, making this the initial RNA for Region 8.

Collaboration within Region 8 has developed a powerful network of citizens, community organizations and businesses.

The Regional Needs Assessment has been conducted to provide the state, the PRC, and the community at large with a comprehensive view of information about the trends, outcomes and consequences associated with drug and alcohol use in Region 8.

Message from
Our Executive
Director



It is my great honor and privilege to serve as the Executive Director for the San Antonio Council on Alcohol and Drug Abuse. I passionately believe in the great work this organization has provided our community for over 53 years, and I'm excited about the new opportunities we have in bringing hope and healing through prevention and intervention services.

We know that substance abuse is one of the leading problems that affects San Antonio. It is a significant factor in broken homes, domestic violence, child abuse, health problems, soaring medical costs, crime, DWI fatalities, unplanned pregnancies, school performance problems, truancy, high dropout rates, loss of productivity and many workplace issues. Its effects reach far beyond the user to family, friends, the workplace, and the entire community.

Collaboration with other organizations and agencies is crucial in preventing substance abuse and addiction. Working with our many partners, we are making our community safer and healthier. By utilizing community assessments and implementing evidence-based strategies, we will be able to monitor our success and be strategic in all the work we do.

I'm extremely grateful to our Board of Directors, Staff and Community Partners for their unwavering support of the San Antonio Council on Alcohol and Drug Abuse. Together, we're reducing the impact of substance abuse and addiction.

Sincerely,

Abigail Moore MA, LPC, LCDC, ACPS

Executive Director

San Antonio Council on Alcohol and Drug Abuse

Proudly Serving South Central Texas

The Prevention Resource Center (PRC) Region 8 proudly serves the 28 counties of South Central Texas by providing access to data regarding alcohol, tobacco, and other drug use and misuse, as well as behavioral, mental, and physical health issues related to drug use. PRC 8 also collaborates with community stakeholders and builds strong partnerships with organizations that collect data through questionnaires, needs assessments, surveys, focus groups, and informant interviews.

Our Mission

The mission of the Prevention Resource Center 8 is to serve as a central data repository and substance abuse training liaison for the Region 8 community. As the central data repository, the PRC will develop a Regional Needs Assessment (RNA) that will tell the story of the 28 counties. The data collection will include, but is not limited to, the state's three main priorities of alcohol, marijuana and prescription drugs.

ACKNOWLEDGMENTS

The members of the Needs Assessment Team for Region 8 include:

GYNA JUAREZ, M.P.A., ACPS PRC REGION 8 DIRECTOR
BETSY JONES, TOBACCO PREVENTION SPECIALIST
TERESA STEWART, REGIONAL COMMUNITY LIAISON
HORTENCIA C. CARMONA, M.S., REGIONAL EVALUATOR
ALEXIS LAWRENCE, M.S., REGIONAL COMMUNITY LIAISON



Table of Contents

Introduction 6

Risk & Protective Factors 7

Region at a Glance 8

 Risk Factors Related to Communities 8

 Community Related Protective Factors 13

Regional Resources 24

 Region 8 Substance Abuse/ Mental Health Providers 27

 Moving Forward 31

THANK YOU TO ALL OUR PARTNERS..... 32

Introduction

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

How We Help the Community

The data we collect serves as a useful tool in Data-Driven Decision Making (DDDM). Over the past two years, the PRC teams have taken the cause of the data initiative into the community through presentations, workgroup meetings, and media awareness activities to inform decision-makers and others about the significance of data. Once published, the analysis in these reports will be made available to the public and marketed as a regional tool.

How to Use the 2015 Regional Needs Assessment (RNA)

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

Purpose of the RNA

The RNA was developed to provide relevant substance abuse prevention data on adolescents in Region 8 and throughout Texas. Specifically, this regional assessment serves the following purposes:

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

Regional Needs Assessment Overview Document

It is the task of PRC 8 to compile information relevant to behavioral health and develop a yearly Regional Needs Assessment (RNA) that aims to provide an overview and identify the needs of communities in the region. PRCs also provide access to substance use prevention training resources to partner agencies or community organizations.

This document portrays a summary of some of the findings from the 2015 RNA documented created by the PRC 8 and can be found online at www.prcregion8.org. The Overview covers four domains of risk and protective factors: **community**, **school**, **family**, and **individual/peer**. At the individual level, the population of focus is the adolescent.

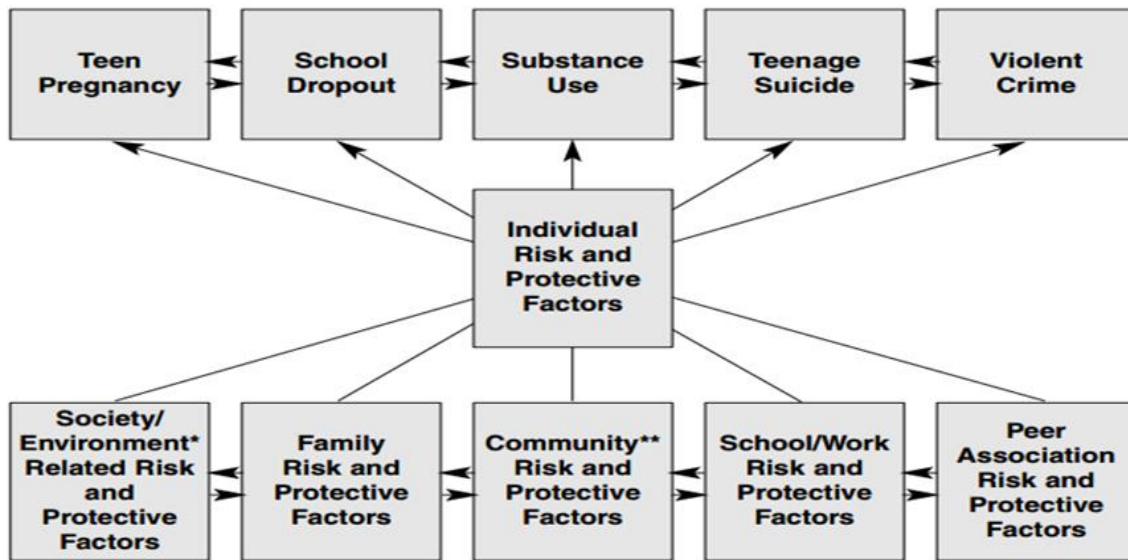
This overview was developed with information taken directly from the 2015 PRC 8 Regional Needs Assessment. Any organization or individual interested in collaborating towards mobilizing communities in the battle against drugs may contact PRC 8 or email gjuarez@sacada.org to find out how.

Risk & Protective Factors

A discussion of Risk and Protective Factors is essential to understanding how prevention work is currently done in at-risk populations. There are many personal characteristics that influence or culminate in abstinence from drug and alcohol use, the comprehension of which is relevant to grasping the big picture of substance use and potential for substance use disorders (SUD). Historically, professionals and others believed that the physical properties of drugs and alcohol were the primary determinant of addiction. Science has more recently determined that while the effect of substance use is initially a reward in and of itself, the individual's physical and biological attributes play a significant role in the potential for the development of addiction.

Genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, self-control, or social competence, are influential factors in substance use disorders. Other risk factors include family strife, loose-knit communities, intolerant society, exposure to violence, emotional distress, poor academics, extreme socio-economic status, involvement with children's protective services, law enforcement, and parental absence. Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model connectedness, open communications and interaction with parents, awareness of high expectations from parents, shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school. Protective factors are instrumental in healthy development; they build resiliency, skills and connections. The more communities understand about how risk and protective factors interact, the better prepared they will be to develop appropriate interventions.

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

Web of Influence

*Society/Environment: Refers to the total complex of external social, cultural, and economic conditions affecting a community or an individual.

**Community: Refers to the specific geographic location where an individual resides and to the conditions within that particular area.

Region at a Glance

❖ Demographics

- The regional population in 2014 was 2,751,696. The population density is 87 persons per square mile, while Texas has a population density of 96.3 persons/sq. mi. and the U.S. has 87.4 persons/sq. mi. The total land area for Region 8 is 31,637.1 square miles.
- About 61% (1,500,099) of Region 8 citizens ages five and older speak English at home as their first language, while more than 36% (891,829) speak Spanish as their first language.

Risk Factors Related to Communities

Social factors causing increased risk for adolescent substance use consist of social influences, familial influences, or both. These relations contribute to a complex system of risk factors that predicts adolescent substance use. While not every individual who is exposed to certain factors develops dependency on drugs and/or alcohol, there is a correlation between certain environmental, genetic, and social factors and substance abuse and addiction.

❖ Socioeconomics

- 17.1% (443,006) of Region 8 are below the poverty level in 2013
- median household income for Region 8 was \$45,658 in 2013
- median family income for Region 8 was \$54,476 in 2013
- as of April 2015 the unemployment rate in Region 8 was 4.1%
- weekly wage in 2014 for Region 8 was \$750

❖ Education

- the annual dropout rates by grade span for Region 8 averaged 2.1%

- *Region 8 accounts for 44.6% of Texas dropouts for grades 7-8 in 2012-2013 school year.*
- *In 2014, enrollments for high school graduates enrolled in a Texas public college or university by that fall was 129,137; that is -0.4 % change from 2013.*
- *19.6% of students in Region 8 were suspended or expelled in 2013-2014, 7.3% were alcohol/drug related.*
- *101,572 students and 203,395 offenses reported in Region 8 that were violations of local code of conduct by students in 2013-2014*
- ❖ **Criminal Activity**
 - *Possession, distribution, and use of alcohol or any illicit drug are illegal for all youth.*
 - *731,727 youth Served in the Juvenile Delinquency Prevention Programs in Region 8 for Fiscal Year 2014*
 - *5,388 youths arrested 17 years of age and under in Region 8 (1/2013- 12/2013)*
 - *In Region 8, the total offenses by males under 18 in 2013 account for almost 70% of the crimes committed.*
 - *Drug abuse violations were the highest category with 20% of the total offenses in Region 8.*
 - *Drug possessions account for 18% of arrests made within 2013*
 - *All illicit drug-related offenses (Drug Abuse Violations, Drugs-Sale/Manufacture, and Drugs-Possession) account for 40% of the arrests made in Region 8.*
 - *Region 8 had a total of 111,394 property crime offenses in 2013; 13,023 arrests and 24% of offenses cleared.*
 - *Youth in Region 8 account for more than 1% of the arrests made due to property crimes.*
 - *Confirmed CPS Victims in 2014 for Region 8 was 8,012 and had 19,873 total CPS investigations completed. From those investigations 4,660 (23.4%) were CPS confirmed.*
 - *Region 8 had 15,570 family violence incidents reported in 2013, which accounts for 8.4% of the family violence incidents reported in the state.*
 - *1,852 aggravated assault arrests in Region 8 were reported in 2013, with 5.5% arrests being youth.*
 - *In Region 8, a total of 2,325 sexual assault incidents were reported, or 13% of the states reported incidents.*
- ❖ **Type and Quality of Drug Seized in Region 8,2013**
 - *Marijuana- 5,547 Pounds, 9 Ounces, 2,472 plants, 15 gardens, 1 wild field, 5 cultivated fields, 1 greenhouses*
 - *Heroin-75 Pounds, 12 Ounces, 7 Grams, 0 Liquid Ounces, 148 Dose Units*
 - *Cocaine Solid- 203 Pounds, 0 Ounces, 5 Grams*
 - *Methamphetamines- 148 Pounds, 1 Ounce, 0 Grams, 3,254 Liquid Ounces, 818 Dose Units*
 - *Tranquilizers- 731 Liquid Ounces, 22,017 Dose Units*
 - *Synthetic Drugs- 65 Liquid Ounces, 5,452 Dose Units*
- ❖ **Mental Health**
 - *The regional annual summative total from 1999 to 2013 was 3,912 suicides, giving Region 8 a higher suicide morality rate than the state.*
 - *2014 Substance Abuse and Mental Health Treatment Youth Admissions in Region 8 reported:*
 - *351 treatment admissions (7% of the state's total) occurred in Region 8.*

- 38% of admissions were 16 year olds, 21% 15 years old, 18%- 17 year olds, 14%- 14 year olds, 7%- 13 year olds and 1% were 12 year olds that were admitted into treatment in Region 8 in 2014.
 - 76% of the services given were outpatient and 24% Residential services.
 - 89% of treatment admissions were for marijuana/hashish, 3% methamphetamine. Alcohol and other cannabinoids each account for 2% of the treatment admissions.
 - County level data is based on youth's residing county (not county where program is located) and the total for Region 8 county level based for 2014 was 395 (8%).
- A total count of Medicare beneficiaries with depression in Region 8 was 38,997.
- ❖ Social Factors
 - Data reports from Texas DSHS provide a summary of the total number of cases and rates of sexually transmitted diseases such as chlamydia, gonorrhea, syphilis, HIV, and AIDS for the year of 2013 in Region 8.
 - Chlamydia- 14,874 cases, 540.7 Rate per 100,000.
 - Gonorrhea- 3,724 cases, 135.4 Rate per 100,000.
 - Syphilis- 104 cases, 17.0 Rate per 100,000.
 - HIV Infection- 419 cases, 15.23 rate per 100,000;
 - People living with HIV (through 12/31/13) 6,182 cases, 224.1 rate per 100,000
 - AIDS- 186 cases; 6.8 rate per 100,000
 - Young people aged 15–24 years acquire half of all new STDs.
 - 1 in 4 sexually active adolescent females have an STD.
 - The majority of chlamydia and gonorrhea cases and new HIV diagnoses occur in the 15-24 age range.
 - Teen Pregnancy in Region 8
 - Childbearing during adolescence negatively affects the parents, their children, and society. According to research, compared with their peers who delay childbearing, teen girls who have babies are:
 - Less likely to finish high school;
 - More likely to rely on public assistance
 - More likely to be poor as adults
 - More likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents
 - The teen birth rate (females aged 15-19) was 3.1 in Region 8, lower than the state of Texas (3.8) but higher than the nation rate of 2.4 in 2013.
 - Birth to mothers age 15-19 resulted in 4,668 births in the region.
 - Texas has the 5th highest birth rate among teenagers.
 - Texas, where schools are not required to teach sex education, has the highest rate of repeat births (teens who give birth to a second, third or even fourth child) among teenagers ages 15 to 19.
 - Compared with the average 2006-2012 Region 8 has a higher teen birth rate average than Texas and US; with 56.2 per 1,000.

- Texas School Survey of Substance Use 2014 for Region 7&8
 - *The 2014 TSS is unique, as this is the first time that the State has been divided into 11 areas with Region 8 being our area covering 28 counties in South Central Texas.*
 - *In Region 8, 7 school districts from counties within the region participated in the 2014 TSS sample. Bexar County, our most populated area had 0 schools to participate.*
 - *District reports with information combined for region 7&8 were provided to the Prevention Resource Center 8 by the Public Policy Research Institute at Texas A&M College Station.*
 - *All substance use increases by grade level except for inhalants.*
 - *6th and 7th grade are more likely to report inhalant use.*
 - *Alcohol use ranks #1 followed by Tobacco then Marijuana. Tobacco leads by a very small margin of .2%.*
 - *When comparing the State and Regional data of substances ever used, Region 8 ranks below the State in all areas except Meth and Steroids.*
 - *In 2014 almost half of the students surveyed in Regions 7&8 reported having used alcohol at some point in their lives.*
 - *In the Past 30 days 11.2% of students in Region 7&8 had at least one instance of Binge drinking of 5 or more alcohol drinks at one sitting.*
 - *44% of students report Alcohol as Some What Easy/Very Easy to get, compared to Tobacco at 32% and Marijuana at 30%.*
 - *86% reported that tobacco is somewhat/ Very dangerous and 31% reported that at least one of their close friends uses tobacco.*
 - *74% reported that Marijuana is Somewhat/ Very Dangerous and 39% reported that at least one of their close friends uses Marijuana*
 - *If the perception is Low... the Use is high!*
 - *Females surpassed boys in alcohol usage for the past 30 days, school year and reporting ever used.*
 - *Students not living with two parents (32%) reported using marijuana more than twice as much as those living in a two parent household (17%).*
 - *Fifteen year old students reported usage the most in both the State and Region.*
 - *The largest gap between the State and Region noted were that 11 year olds were 7 times more likely to report usage and 12 year olds were twice as likely to report usage in our Region.*
 - *The students in our Region were surveyed that "if you had a drug or alcohol problem and needed help, who would you go to". Over half of (52%) those surveyed reported that they would not see help.*
 - *The 48% of those that reported that they would seek help would not seek help from the school but rather from a parent, friend, another adult or medical doctor.*
 - *A huge gap exists in prevention education across the Region. 73% of the students surveyed reported that they received no prevention education at all.*
 - *Prevention education does work- As reported by the TSS from its beginning in 1988 – 2014 there has been a gradual decline in substance usage.*

❖ Accessibility

- Results from the TSS demonstrate that Alcohol is the most widely accessible substance among students statewide and in the sample collected from Region 7&8.
 - *26% said that alcohol (beer, wine coolers, wine, and liquor) was very easy to obtain*
 - *19% of district students indicated that tobacco products are very easy to get*
 - *19% of students said marijuana was very easy to obtain*
 - *An average of 4% indicated that other illicit substances such as cocaine, ecstasy, steroids, and crack were very easily available to them.*
- According to the Texas Alcoholic Beverage Commission Code, a person commits an offense if with criminal negligence they sell an alcoholic beverage to a minor.
 - *In Region 8:*
 - *There were three cases and two warnings issued for making alcoholic beverage available to minor*
 - *23 cases and 2 warnings were issued for Minor in Possession/ consume alcoholic beverage*
 - *1 case and 1 warning were documented in 2014 for Misrepresentation age by Minor in Region 8*
 - *There were 175 cases and 4 warnings issued for Sale/ Serve/ Deliver alcoholic beverage to a Minor*
- In regional area, marijuana usage is now equal to tobacco as the second most commonly used substance in the Region.
 - *Most Marijuana use begins in Adolescence, of those who began smoking in 2014, 78% were between 12 & 20.*
 - *Prescription drug abuse ranks low over the region. Codeine, is the most used followed by Vicodin and finally OxyContin. Over the counter DXM and triple CS surpasses Vicodin and OxyContin.*

❖ Perceived Risk of Harm

- *Reports obtained from the TSS Region 7&8 indicate that:*
 - *53.8% of students believe it is very dangerous to drink alcohol*
 - *63.9% think it is very dangerous to smoke tobacco (and smokeless tobacco)*
 - *62.7% said it is very dangerous to use marijuana.*
 - *83.6% said that using any other illicit drug is very dangerous*

❖ Regional Consumption

- *The average reported by the school districts in Regions 7 & 8 that participated in the 2014 Texas School Survey was 14.*
- *For Region 7&8 TSS reported in 2014, 19.2% secondary students (9th-12th graders) have ever used marijuana and 6.9% students surveyed used in the past month.*
- *Although lifetime use of marijuana has decreased according to the survey for Texas, students for region 7&8 report a 19.2% use of this drug that is less than what is reported for the state of Texas.*
- *Marijuana consumption data is not regionally available and is generally know at the state-level.*

- Initial age of initiation was not reported at the State or Regional level; however, based on the data collected by the NSDUH it can be inferred that youth all over the nation are starting to experiment with prescription and non-prescription medication as early as 12 years old.
- The 2014 Texas School Survey indicated that in Region 7&8, the average age of first use of any tobacco products was 12.5 years old, which included cigarettes and smokeless tobacco.
- In Region 8, the 2014 TSS showed 19.4% of students had ever used tobacco.
- 7.4% of Region 8 students had used tobacco within the last month. These percentages include students in grades 6-12.
- 32.5% of Region 8's high school seniors had ever used tobacco, and 12.8% had used within the past month.
- 8% of high school seniors in Region 8 reported using tobacco products daily.

Community Related Protective Factors

Environmental prevention, rooted in the public health model, is an essential part of a comprehensive approach to preventing alcohol, tobacco, and other drug use. These community-based strategies act to create change and enforce policies. When targeting youth substance use and abuse, environmental prevention strategies address reducing access and availability, changing perceptions and norms of substance use, and strengthening enforcement of substance use prevention laws. Rather than focusing on changing an individual's behaviors, environmental prevention strategies create effective and lasting change for an entire community.

❖ Overview of Protective Factors

Protective Factors

Family Factors	Parental Supervision Child's Attachment to Parent Parent's Attachment to Child Parent's Involvement in Child's Activities
Educational Factors	Reading Percentile Mathematics Percentile Commitment to School Attachment to Teachers Aspirations to Go to College Expectations to Go to College Parent's Expectation for Child to Go to College Parent's Values About College
Peer Factors	Peers Have Conventional Values Parent's Positive Evaluation of Peers
Other Resources	Child's Self Esteem Child's Involvement in Religious Activities Child's Involvement in Prosocial Activities Child Is Close to an Adult Outside the Family

The protective factors that are bold in this table consistently distinguished high-risk youths who remained drug free from high-risk youths who used drugs. The factors that are not bold did not have an impact on drug use among the high-risk youths in the study.

Source: National Institute on Drug Abuse (NIDA), *Protective Factors Can Buffer High-Risk Youths from Drug Use*, 1996

❖ Community Domain

Specific community-based programs, such as prevention programs and community coalitions, offer drug overdose and underage drinking and driving prevention services to persons who use drugs, their families, and service providers (e.g., healthcare providers, homeless shelters, and substance abuse treatment programs). These services include education regarding overdose risk factors, recognition of signs of opioid and other drugs overdose, appropriate responses to an overdose, among other drug use consequences.

- In Region 8 **Prevention Coalitions** funded by DSHS:
 - *Circles of San Antonio Community Coalition (COSA)*
 - *Bethel Prevention*
 - *Maverick County Coalition against Drugs*
 - *Texans Standing Tall*
 - *Karnes County Community Coalition*
 - *Caring Community Coalition (Comal County)*
 - *Texans Standing Tall Coalition*
- The Region 8 **OSAR** is:
 - *Mid Coast Family Services*
- Region 8 **DSHS Substance Abuse Prevention and Intervention Programs** are:
 - *CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC*
 - *Serving Children and Adults in Need (SCAN)*
 - *San Antonio Council on Alcohol and Drug Abuse (SACADA)*
 - *Alpha Home, Inc.,*
 - *Center for Health Care Services, The Bexar Co. MHMR Center*
 - *Family Violence Association of San Antonio, (FVPS)*
 - *Family Service Association of San Antonio, Inc.,*
 - *Joven – Juvenile Outreach and Vocational Educational -*
 - *South Texas Rural Health Services Inc.,*
 - *Karnes/Wilson Juvenile Board*
- Region 8 **Law Enforcement Capacity and Support** are:
 - *San Antonio Police Department*
 - *Southwest Texas Fusion Center (SWTFC)*
 - *The San Antonio Regional Intelligence Center (SARIC)*
 - *Bexar County Sheriff's Office*
 - *Agencies Served:*
 - *16 Law Enforcement Agencies:*
 - *Bexar County Sheriff's Office*
 - *Constable Pct. 1*
 - *Constable Pct. 2*
 - *Constable Pct. 3*
 - *Constable Pct. 4*
 - *Fire Marshal's Office*
 - *China Grove PD*
 - *Elmendorf PD*
 - *Hill Country Village PD*

- *Hollywood Park PD*
- *Somerset PD*
- *Von Ormy City Marshal*
- *East Central ISD PD*
- *Judson ISD PD*
- *Southside ISD PD*
- *Texas A&M University PD*
- **Region 8 Healthy Youth Activities:**
 - **Physical Activity & Sport**
 - *Experiential Wilderness Programs*
 - *Ropes Courses*
 - *Recreation & Sport Programs*
 - *YMCA/YWCA*
 - *The Boys & Girls Club of America*
 - *Plus many more throughout the Region that provide services that actively engage youth populations in physical activity and sports*
- **Work Force Training in Region 8:**
 - *Gary Job Corps*
 - *Workforce Solutions Alamo Board youth programs- WIA Youth*
 - *Bexar County Juvenile Probation Department/Vocational Employment Services Unit*
- **Religion and Prevention**
 - *In Region 8, the Methodist Health Care Ministries offer a range of in-patient and day treatment programs for persons with mental health and chemical dependency concerns.*
 - *In addition to this, some churches host 12-step programs, alcohol-anonymous, and chemical dependence support.*

❖ **School Domain**

The risk factors associated with the school domain include lack of commitment to education, poor grades or school failure, lack of attachment to school, negative school climate, and lenient school policies with regard to the use of some substances, as stated by SAMHSA.

○ **Principles of Effective Substance Abuse Prevention:**

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- *Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.*
- *Correct misconceptions about the prevalence of use in conjunction with other educational approaches.*
- *Involve youth in peer-led interventions or interventions with peer-led components.*
- *Give students opportunities to practice newly acquired skills through interactive approaches.*
- *Help youth retain skills through booster sessions.*
- *Involve parents in school-based approaches.*
- *Communicate a commitment to substance abuse prevention in school policies.*

SAMHSA also argues that school climate is another factor contributing to the lack of attachment to school. Together, teachers' instructional methods, classroom management techniques, class size, student-teacher ratios, classroom organization, and educators' attitudes toward students affect the climate in a particular school.

In Region 8, there are 118 school districts, 970 schools, more than 510,000 students, less than 32,000, which means the average student/ teacher ratio is about 16 students per teacher.

- **Youth Prevention Programs**

- *The Youth Prevention (YP) programs consist of using age-appropriate, evidence-based curriculum to educate youth on the negative health consequences of alcohol tobacco and other drugs. These curriculums are incorporate life skills which, coupled with drug education, can build resiliency in youth.*
- *Region 8 has 7-substance abuse prevention providers as funded by Texas Department of State Health Services (DSHS). The service area each organization covers, age-group targeted and prevention sub-category taught is all directed by the grants.*

- **Students Receiving Alcohol and other drugs (AOD) Education in School**

- *The following organizations are prevention providers who are funded by DSHS to provide prevention education in Region 8:*
 - *The San Antonio Council on Alcohol and Drug Abuse (SACADA)*
 - *Connections Individual and Family Services*
 - *Family Service Association*
 - *Family Violence Prevention Services*
 - *Karnes/Wilson Juvenile Board*
 - *Mid-Coast Family Services*
 - *JOVEN-Juvenile Outreach and Vocational*

- **Sober Schools**

- *Even though the research has shown positive outcomes for Sober Schools, here in Region 8 there are currently none available; this can be seen as a gap within our region.*

- **Alternative Peer Group**

- *Just like Sober Schools, the Alternative Peer Groups, are currently not available here in Region 8; this can be seen as a gap within our region.*

- **Academic Achievement**

- *According to the Texas Education Agency (TEA), the Texas high school on-time graduation rate is at an all-time high, reaching 88% percent for the class of 2013, 0.3% higher than the previous record set by the class of 2012, and marks the sixth consecutive year the rate has increased.*
- *Out of almost 34,742 students in the class of 2013 Grade 9 cohort, 86.7% graduated, 2.9% continued high school, 0.9% received a General Educational Development (GED)which is a Certificate of High School Equivalency, and 6.1% of the cohort dropped out of school.*

❖ Family Domain

Family domain risk factors include parental and sibling drug use or approval of use, inconsistent or poor family management practices—including lack of supervision, lack of parental involvement in children’s lives, family conflict, sexual or physical abuse, economic instability, and lack of attachment to parents, often called low family bonding. For immigrant families, problems adapting to the mainstream culture can also be a serious risk factor.

○ Principles of Effective Substance Abuse Prevention:

- *Target the entire family.*
- *Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.*
- *Help minority families respond to cultural and racial issues.*
- *Develop parenting skills.*
- *Emphasize family bonding.*
- *Offer sessions where parents and youth learn and practice skills.*
- *Train parents to both listen and interact.*
- *Train parents to use positive and consistent discipline techniques.*
- *Promote new skills in family communication through interactive techniques.*
- *Employ strategies to overcome parental resistance to family-based programs.*
- *Improve parenting skills and child behavior with intensive support.*
- *Improve family functioning through family therapy when indicated.*
- *Explore alternative community sponsors and sites for schools.*
- *Videotape training and education.*

Research has shown that parental monitoring is related to adolescent drug abuse, and recent data continue to support this. The Partnership Attitude Tracking Study, Teens & Parents, 2013 states the following research:

- *teens who report that their parents show concern for them and are monitoring their behaviors are less likely to engage in substance abuse*
- *teens are less likely to use substances if they have learned a lot about the risks of drug use from their parents or from schools*

The recent research developments are reinforced by the fact that, according to the U.S. Census Bureau, 35 % of children are raised in households where the mother and father no longer live together. Further to this point, additional data show that children raised by single parents suffer negative impacts to their emotional, mental and physical health.

The Centers for Disease Control, the Department of Justice, the Census Bureau and numerous researchers have reported alarming outcomes for the 35% of children who are raised by single parents versus shared parenting. Yet, until now, this factor has been largely ignored in the conversation about child wellbeing.

Children raised by single parents account for:

- *63% of teen suicides;*
- *70% of juveniles in state-operated institutions;*

- 71% of high school drop-outs;
- 75% of children in chemical abuse centers;
- 85% of those in prison;
- 85% of children who exhibit behavioral disorders;
- 90% of homeless and runaway children.

○ **Parental/Social Support**

As parents, one may have concerns about your adolescent's focus at school, choice of friends, communication style, or impulsive changes. Whichever worries your child may be facing, drug use to include alcohol will make any situation that much more complex or even devastating to the child, family, community and society.

Adolescents react to life events or situations differently than adults. Some may react right away; others may show signs that they are having a difficult time much later. As such, adults do not always know when a child needs help. Parents, caregivers, and teachers should learn some common reactions, respond in a helpful way, and know when to seek support.

In order to find services near you:

- 211 Texas Connecting People to Services

The screenshot shows the 211 Texas website interface. At the top is the 211 Texas logo with the tagline "Connecting People and Services". Below the logo is a navigation bar with links: "Search 2-1-1", "About 2-1-1 Texas", "Add or Edit Your 2-1-1 Listing", and "Services for People with Mental Illness". The main heading is "Finding Help in Texas". Below this is a large banner that says "Need HELP?" and "Search our statewide database of social service resources using the options below!". Under the banner is a section titled "Select a Category:" with ten circular icons representing different services: Housing & Shelter, Food Assistance, Financial & Legal, Employment Help, Health Services, Mental Health Services, Crisis & Emergency, Child Care & Education, Aging & Disability, and Veterans Assistance. Below the categories is a search section titled "Search by Need or Agency Name, and sort by Zip Code:". It includes three input fields: "Enter Need:", "Enter Agency Name:", and "Enter Zip Code:". There are also "OR" and "AND" labels between the fields. A "SEARCH" button with a star icon is to the right. To the right of the search fields is a blue box with the text "Still not finding what you need? DIAL 2-1-1" and a 211 logo. Below the search section is a banner for "Your SNAP Benefits" with the text "SNAP food benefits, health care, and more. Now online." and a "Learn more" button. At the bottom of the page is a small disclaimer: "Services found within search results may involve eligibility criteria. Please contact the resource directly to find out more information about how to obtain these services. This site contains links to other sites. All of the information provided is believed to be accurate and reliable. However, 2-1-1 Texas assumes no responsibility for any errors appearing, nor for the use of the information provided."

○ **Parental Attitudes toward Alcohol and Drug Consumption**

Research has shown, when parents hold attitudes favorable to the use of alcohol and other drugs, or engage in heavy drinking or drug use themselves, their children are more likely to drink alcohol or use drugs, according to the publication, the role of risk and protective factors in substance use across adolescence, National Institute of Health.

According to the Partnership Attitude Tracking Study (PATs), Teens & Parents, 2013:

- *one-third of parents (34%) believe there is little they can do to prevent their kids from trying drugs other than alcohol*
- *one in four parents (23%) feel uncomfortable telling their child not to use drugs because of their own history of drug use*
- *Among parents who suspect their child has used drugs or alcohol, one in five (21%) have not intervene.*
- *PATs data show that if parents communicate their disapproval of marijuana use, and if they effectively communicate the risks associated with heavy marijuana use, then they increase the chances that their child will avoid becoming a heavy marijuana user, even if he or she decides to experiment with marijuana.*
- *More than one in ten teens (12%) continue to indicate their parents would be okay with their marijuana use*
- *perceived parental permissiveness and perceived risk in using marijuana regularly also has a strong influence on the more frequent marijuana user*
- *More than one in five teens (22%) say parents would not care as much if their teen were caught abusing or misusing prescription drugs, when compared to illicit drugs.*
- *More than half of parents (55%) say anyone can access their medicine cabinet*
- *one-third of teens (32 percent) believe their parents would say it's okay for them to drink beer every once in a while, while only 4 percent of parents corroborate this statement*

○ **Students Talking to Parents about ATOD**

According to the National Crime Prevention Council, their research shows the main reason that kids don't use alcohol, tobacco, or drugs is because of their parents. Their parents positive influence and because they know it would disappoint them are the main reasons why kids' abstain from drug use. It is so important that parents build a strong relationship with their kids and talk to them about substance abuse.

PATs states, although the "drug landscape" is changing for parents and teens alike, it's important to note that parents still have considerable influence on their teens' decisions.

- *four in five teens (79 percent) say their parents discussed marijuana use the last time they discussed the risks of drug use in a conversation with them*
- *More than half of parents (58 percent) report having discussed the use of steroids or other performance-enhancing substances with their teens*
- *2013 PATs data highlights a disconnect between parents and teens as only 12 percent of teens indicate that the last conversation they had with their parents about the risks of drug use included talking about synthetic hGH.*

❖ **Individual Domain**

Risk factors for drug abuse in the individual domain consist of the following, lack of knowledge about the negative consequences associated with using illegal substances, attitudes favorable toward use, early onset of use, biological or psychological dispositions, antisocial behavior, sensation seeking, and lack of adult supervision, according to SAMHSA in their Guide to Science- Based Practices, Principles of Substance Abuse Prevention.

SAMHSA states that most interventions aimed at the individual are designed to change knowledge about and attitudes toward substance abuse with the ultimate goal of influencing behavior.

○ **Principles of Effective Substance Abuse Prevention:**

- *Social and personal skills-building can enhance individual capacities, influence attitudes, and promote behavior inconsistent with use. These interventions usually include information about the negative effects of substance use.*
- *To be effective, interventions must be culturally sensitive and consider race, ethnicity, age, and gender in their designs.*
- *Youth tend to be more concerned about social acceptance and the immediate rather than long-term effects of particular behaviors. Citing consequences such as stained teeth and bad breath has more impact than threats of lung cancer, which usually develops later in life.*
- *Used alone, information dissemination and media campaigns do not play a major part in influencing individual knowledge, attitudes, and beliefs, but they can be effective when combined with other interventions.*
- *Alternatives such as organized sports, involvement in the arts, and community service provide a natural and effective way of reaching youth in high-risk environments who are not in school and who lack both adequate adult supervision and access to positive activities. Positive alternatives can help youth develop personal and social skills inconsistent with substance use.*
- *Effective programs recognize that relationships exist between substance use and a variety of other adolescent health problems, such as mental disorders, family problems, pregnancy, sexually transmitted diseases, school failure, and delinquency—and include services designed to address them.*
- *Incorporating problem identification and referral into prevention programs helps to ensure that participants who are already using drugs will receive treatment.*
- *Providing transportation to treatment programs can encourage youth participation.*

○ **Life Skills Learned in YP Programs**

- *LST promotes healthy alternatives to risky behavior through activities designed to:*
 - *Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs*
 - *Help students to develop greater self-esteem and self-confidence*
 - *Enable students to effectively cope with anxiety*
 - *Increase their knowledge of the immediate consequences of substance abuse*
 - *Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors*
- *Summary of Life Skills Training Evaluation Research:*
 - *Cuts tobacco, alcohol and marijuana use by up to 75%*
 - *Booster sessions maintain prevention effects*
 - *Effects last up to 6 years*

- *Cuts poly- drug use by up to 66%*
- *Decreases use of inhalants, narcotics and hallucinogens*
- *Effective with white, African-American and Hispanic youth*
- *Effective when taught by teachers, peer leaders or health professionals*

○ **Mental Health and Family Recovery Services**

- *SAMHSA also reports, in 2012:*
 - *9.6 million adults aged 18 and older in the United States had a serious mental illness*
 - *2.2 million youth aged 12 to 17 had a major depressive episode during the past year*
 - *23.1 million Americans aged 12 and older needed treatment for substance use*

Statistics has demonstrated that prevention and early intervention can have positive outcome on the health of people, their families and communities, and is analytical imperative to handling mental issues to prevent more serious problems like unemployment, homelessness, poverty, and suicide.

○ **Youth Employment**

- *Employment can have both negative and positive effects, and research on substance use, problem behavior, and other negative consequences of employment shows that these are largely attributable to self-selection rather than to work experience itself.*
- *Research states parents, play an important role in guiding their teens toward the kinds of work experiences that will be most beneficial, and should help them to avoid the risks of employment.*
- *In Region 8, 41.7% females and 41.24% males are employed between the ages of 16-19 years old. 70.52% females and 70.24% males between the ages of 20-21 years are employed within their age group.*

○ **Youth Perception of Access**

- *Perceived availability of alcohol, tobacco, marijuana and other drugs: The more available alcohol, tobacco, and other drugs are in a community, the higher the risk that the youth will use them. Increased use is also associated with the perception that substances are readily available, regardless if the perception is accurate.*
- *For many drugs, the level of risk attributed to use varies considerably with the intensity of use being considered. Knowing the health risks that come with using or abusing drugs convinces most adolescents (and adults) to stay away from them. Research has demonstrated that when an adolescent thinks a drug can be harmful, they are less likely to abuse it.*
- *The perception of risk and harm in using alcohol and other drugs is a significant factor in decreasing use and abuse. Throughout the research, it has demonstrated that as perception of harmfulness decreases, the inclination for substance use to increase according to SAMHSA. Therefore, it is very important for adolescents to be informed of the medical and psychological risks and hazards of using alcohol, and other drugs.*

Drug Trends

❖ Drug Trends among Teens in the Region

New drugs and drug use trends often rush on sight quickly. National Institute on Drug Abuse (NIDA)'s National Drug Early Warning System (NDEWS) reports on emerging trends and patterns of drug use in many of the metropolitan areas and states and also reports data from other areas of the nation, as problems arise.

- *Emerging Trends:*
 - *Synthetic Cannabinoids*
 - *Synthetic Cathinoids*
 - *E-Cigarettes/Vaping*
 - *Hookahs*
 - *BHO "Dabbing" and Consumables*
 - *Other Substances*
 - *Cocaine/Crack*
 - *Heroin*
 - *Benzodiazepines*
 - *Amphetamine-Type Substances and Emerging Psychoactive Substances*
 - *DXM (Dextromethorphan)*
 - *GHB (gamma hydroxybutyrate), GBL (gamma butyrate lactone), and 1, 4-BD (1, 4-butanediol)*
 - *Ketamine*
 - *LSD (Lysergic Acid Diethylamide) and Other Hallucinogens*
 - *PCP*
 - *Psilocybin and Psilocin*
 - *Inhalants*
 - *Steroids*
 - *Carisoprodol (Soma)*
 - *Caffeine Powder*
 - *Energy drinks in Elementary Schools*

The Monitoring the Future National 2013 Volume 1 publication, discussed how a widespread epidemic of illicit drug use emerged during the late 90's among American youth, and since then dramatic changes have occurred in the use of nearly all drugs involved, as well as alcohol and tobacco. Of particular importance, many new illicit drugs have emerged, along with new forms of alcoholic beverages and tobacco products. Among the more recently abused substances are new classes of drugs, including over-the-counter medications, synthetic stimulants such as "bath salts", drugs taken for strength enhancement, new tobacco- and nicotine-based products, and a number of so-called club drugs.

❖ Trends of Declining Substance Use

- **Notable findings from the 2014 MTF study:**

Use of cigarettes, alcohol, and abuse of prescription pain relievers among teens has declined since 2013 while marijuana use rates were stable, according to the 2014 Monitoring the Future

(MTF) survey, released by the National Institute on Drug Abuse (NIDA). However, use of e-cigarettes, measured in the report for the first time, is high.

- *Prescription and over-the-counter drug abuse continued positive downward trends in 2014.*
 - *Past year use of narcotics other than heroin, which includes all opioid pain relievers, was reported by 6.1 % of high school seniors, compared with 7.1% a year ago and noticeably lower than the 2004 highest of 9.5%.*
 - *Past year use of the opioid pain reliever Vicodin showed a significant five-year drop, with 4.8% of 12th graders using Vicodin for non-medical reasons, compared to half of what it was five years ago, at 9.7%.*
 - *There was also a decline in the past year use of cough/cold medicines containing dextromethorphan (DXM) among eighth graders, with only 2% using them for non-medical reasons, down from 3.8% five years ago.*
 - *Daily cigarette smoking has decreased significantly over the past five years almost 50% across all grades.*
 - *Past year use of MDMA, also known as ecstasy or Molly, saw a decline among 10th graders to 2.3%, from 3.6% in 2013.*
 - *Rates of some of the newer drug trends have also dropped. There has been a considerable decline in past year use of K2/Spice (sometimes called synthetic marijuana) in the two years the survey has been tracking its use in all three grades.*
 - *Past year use of the amphetamine-like stimulants known as bath salts remained at low rates, and actually dropped considerably among eighth graders, to 0.5% compared to 1% last year.*
 - *Alcohol use continues its gradual decline in all grades. Eighth, 10th and 12th graders reported past month use of 9.0, 23.5 and 37.4%, compared to 10.2, 25.7, and 39.2% last year.*
 - *There was a significant drop in binge drinking (five or more drinks in a row in the last two weeks) in 2014 among high school seniors, which is now under 20% compared to 31.5% in 1998.*
- **Following are the highlights of the 2013 PATS study:**
- *The 2013 PATS data show past-year and past-month alcohol use has declined to the lowest level of prevalence seen in the past five years.*
 - *Past-year alcohol use has declined significantly versus last year, from 57% in 2012 to 51% in 2013*
 - *past-month alcohol use has declined gradually but significantly from 39% in 2009 to 35% in 2013*
 - *Teen misuse and abuse of Vicodin and OxyContin has directionally declined over the past three years*
 - *regarding misuse and abuse of prescription opioids, as only 32% of teens say they have friends who engage in this risky behavior; a 26% decrease from 43% in 2009*
 - *Friends using prescription stimulants went from 34% in 2009 to 29% in 2013*
 - *The perception of risk teens associate with synthetic hGH use has significantly decreased from 86% in 2012 to 81% in 2013*
 - *there has been a decline in the number of teens who report having friends who abuse substances, except for marijuana and alcohol*

Regional Resources

SUBSTANCE ABUSE SERVICES QUICK REFERENCE GUIDE			
<p><i>**For all referrals, please submit a Release of Confidential Information form when submitting a referral or contacting the provider for services.</i></p> <p><i>**This is essential for the counselors to share information.</i></p>			
In Office Services	Contact Information	Description	Referral Process
<i>Family Services Outpatient</i>	Contact: Charlie North 702 San Pedro San Antonio, Texas 78212 (210) 299-2417 cnorth@family-service.org	Individual and Group-Substance Abuse treatment. Assessments conducted at intake.	Send a fax with clients name, contact information, and your contact information to Charlie North
<i>Association for the Advancement of Mexican Americans (AAMA)</i>	Contact: Francisco Velasquez 1410 Guadalupe Street, Suite 102 78207 (210) 270-2417 fvelasquez@aama.org	Intensive to moderate substance abuse treatment, based on need. An assessment is conducted at intake.	Referral form on Internet, send to AAMA and call to schedule an appointment.
<i>Elite</i>	Elizabeth Hixon, Counselor 700 S. Zarzamora, (210) 822-9493 ehixon@elitecounseling.com	Substance abuse treatment, based on need and occasional home visits. An assessment is conducted at intake.	Referral form on Internet, send to Elite and call Elizabeth or May to schedule the initial appointment.
<i>Rise Recovery-Home of the Palmer Drug Abuse Program</i>	Trish Frye or assistant at 10226 Ironside Dr. 78214, (210) 927-4644 and 122 Woodhull tfrye@riserecovery.org	Substance abuse treatment, Life Skills, Insight and Recovery groups, and activities.	Referral form on Internet, sent to tfrye@riserecovery.org
<i>Creekview</i>	Chad Warner 4115 Medical Dr. Suite 105 78229, (210) 280-0262 chad@creekviewcounseling.com	Individual and Group-Substance Abuse treatment. Assessments conducted at intake.	Call Chad Warner or his assistant and provide information via phone.
<i>Center for Health Care Services</i>	Rudy Rodriguez or Vanessa Trevino 301 E. Mitchell 78210, RORodriguez@chcsbc.org or vtrevino@chcsbc.org	Individual and Group-Substance Abuse treatment. Assessments conducted at intake.	Referral form on Internet. Email to Rudy at RORodriguez@chcsbc.org or leave at his office at 301 E. Mitchell
<i>Sage Social Services</i>	Christina Sanchez 101 Peaceful Lane, Converse, TX 78108 (210) 248-9077	In office or in home based on needs. Substance abuse, individual, family, and parenting classes.	Referral form on Internet, contact intake officer Christina Sanchez to schedule an appointment
<i>Step by Step</i>	Tammy Botello 96 Crossroads Suite 250 (210) 736-0106	Individual and family counseling, substance abuse counseling, mental health	Call to schedule an appointment. Specify service needed.
<i>KAPS- Vision Quest</i>	James Smith jds4339095@yahoo.com or Harold Arant harold.arant@vq.vom	Substance Abuse Counseling, Individual and Family, and Case Management.	Staff the case with the department committee, if approved recommend in court. If ordered, send referral to Gloria Ortega
<i>Krista Miller</i>	Krista Miller, 16607 Blanco Rd. Suite 502 (702) 375-6590	Substance Abuse Counseling, Marriage and Family Counseling	PO and/or family to call and schedule an appointment
<i>CAMBIO</i>	Dr. Stacy Ryan or assistant. UTHSC 7526 Louis Pasteur Dr., Suite 218 (210) 567-2750	Early Intervention-Substance Abuse Counseling. An assessment will be completed at intake.	Family to call and provide information, this is recommended to be completed with PO if possible.

2015 Regional Needs Assessment Overview

<i>SACADA Project Toward No Drugs (PTND)</i>	San Antonio Council on Alcohol and Drug Abuse, Mary Perez 7500 US Hwy 90 West Suite 100 (210) 225-4741	Early intervention Education classes provided in the participating field unites and/or school. This class is <u>NOT</u> for those currently using drugs regularly.	Send name of referred client to the Supervisor/OA at the unit. The OA then submits names to SACADA and they gather required documentation at the 1st class.
<i>Family Unity (FAM U)</i>	Call Suzann Martinez (210) 335-7731 to staff for approval prior to submitting a referral.	In home Substance Abuse Counseling treatment; an advanced service to be staffed with Suzanne prior to referral.	Referral form on Internet. Staff with Suzanna Martinez (PASA), if approved send referral form to her.
<i>Liz Trinkle</i>	Liz Trinkle (210) 882-0950 liztrinkle@gmail.com	Substance abuse counseling, Individual and Family, and Mental Health	Referral form on the Internet, email to LIZ and call to verify address and insurance
<i>Freedom Counseling</i>	James Taylor (210) 725-1832 jamestaylorlmft@yahoo.com	Substance abuse counseling, Individual and Family and Mental Health	Referral form on the Internet, email to James Taylor
<i>Mi Casa Behavioral Health</i>	Yvonne Tejeda Munoz, (210) 884-1296 www.micasatherapy.com and email micasatherapy@gmail.com	Early intervention substance abuse and mental health services	Email or text Yvonne the clients full name, DOB, guardian information, and Medicaid information
<i>Avalon</i>	Nancy Zatarain, 1731 N. Comal St. 78212 (210) 735-7275	Early intervention substance abuse and mental health services. Services may be in office or in home.	Referral form on internet. Please let the counselor know if substance abuse intervention is needed.
Assessment	Contact Information	Description	Referral Process
<i>Mid-Coast Family Services</i>	Call Suzann Martinez (210) 335-7731 for detention or office appointments. If child is at home, call (210) 271-9452 for an appointment at 700 S. Zarzamora	Substance abuse assessment to determine need for inpatient services	Referral form is on the internet, submit to Suzanne Martinez for detention or office and to Mid0Coast directly for appointments at their offices.
Supervision Type	Contact Information	Description	Referral Process
<i>Pre-Drug Court</i>	Call Rachele Guerrero at (210) 335-7725	Deferred Prosecution Cases from all 3 courts. Most cases from SAFE, but can accept outside DP cases if appropriate.	Contact Rachele for program consideration for DP cases only.
<i>Post Drug Court</i>	Call Suzanne Martinez (210) 335-7731, Joseph Adams at (210) 335-7777 or Roxan Terrazas at (210) 335-7530 to staff the case	Accepts probation cases from all 3 courts. Must be staffed with Drug Court prior to recommendation and court order. Intensive 18 month program for chronic users.	Staff with PASA, schedule Mid-Coast, staff at next Drug Court staffing. If approved, recommend in court, and once ordered walk child over to meet with new PO.
Drug Testing-LAB	Contact Information	Description	Referral Process
<i>Quest Diagnostics</i>	Pick up bags 866-MYQUEST (866-697-8378) Questions call 877-407-9869	Provide lab testing services and pick up specimens at your office at your convenience	Call the number for pick up at least 3 hours prior to pick up or schedule them for regular pick up days at your location
<i>Decisive</i>	(210) 255-3086 3355 Cherry Ridge St. Ste. 103	The child arrives at the location, verifies their name, and provides a drug test	Complete the referral form and sent to Decisive.

MHMR Crisis Hotline/MCOT Team Data

Bluebonnet Trails Community Services

1009 N. Georgetown St.
Round Rock, TX 78664

Crisis Phone: 800-841-1255

Main Phone: 512-255-1720

Website: <http://www.bbtrails.org>

Counties Served: Bastrop, Burnet, Caldwell, Fayette, **Gonzales, Guadalupe**, Lee, and Williamson

Gulf Bend Center

6502 Nursery Drive, Suite 100
Victoria, TX 77904-1178

Crisis Phone: 877-723-3422

Main Phone: 361-575-0611

Website: <http://www.gulfbend.org/>

Counties Served: **Calhoun, DeWitt, Goliad, Jackson, Lavaca**, Refugio, and **Victoria**

Camino Real Community Services

19965 FM 3175 N.
Lytle, TX 78052

Crisis Phone: 800-543-5750

Main Phone: 210-357-0300

Website: <http://www.caminorealcs.org/>

Counties Served: **Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick**, McMullen, **Wilson and Zavala**

Hill Country Mental Health & Developmental Disabilities Centers

819 Water St., Ste. 300
Kerrville, TX 78028

Crisis Phone: 877-466-0660

Main Phone: 830-792-3300

Website: <http://www.hillcountry.org/>

Counties Served: **Bandera, Blanco, Comal, Edwards, Gillespie**, Hays, **Kendall, Kerr**, Kimble, **Kinney**, Llano, Mason, **Medina**, Menard, **Real**, Schleicher, Sutton, **Uvalde**, and **Val Verde**

The Center for Health Care Services

3031 IH 10 West
San Antonio, TX 78201

Crisis Phone: 800-316-9241 or 210-223-7233

Main Phone: 210-731-1300 Website: <http://www.chcsbc.org/>

Counties Served: **Bexar**

Region 8 Substance Abuse/ Mental Health Providers

Atascosa, Karnes & Wilson

CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC

P.O. BOX 311268
NEW BRAUNFELS, TX 78131
(830) 629-6571

[HTTP://WWW.CONNECTIONSNONPROFIT.ORG/](http://www.connectionsnonprofit.org/)

KARNES/WILSON JUVENILE BOARD

101 N. PANNA MARIA
KARNES CITY, TX 78118
(830) 780-2228

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
VICTORIA, TX 77901
(361) 575-7842

[HTTP://WWW.MIDCOASTFAMILY.ORG/](http://www.midcoastfamily.org/)

SACADA

AT AND T BUILDING, SUITE 100, 7500 HWY 90 WEST
SAN ANTONIO, TX 78227
(210) 233-5861

[HTTP://WWW.SACADA.ORG/](http://www.sacada.org/)

Bandera, Calhoun, Gillespie, Jackson, Kendall, Kerr, Lavaca & Victoria

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
VICTORIA, TX 77901
(361) 575-7842

[HTTP://WWW.MIDCOASTFAMILY.ORG/](http://www.midcoastfamily.org/)

SACADA

AT AND T BUILDING, SUITE 100, 7500 HWY 90 WEST
SAN ANTONIO, TX 78227
(210) 233-5861

[HTTP://WWW.SACADA.ORG/](http://www.sacada.org/)

Bexar

ALPHA HOME, INC

300 EAST MULBERRY
SAN ANTONIO, TX 78212
(210) 735-3822

[HTTP://WWW.ALPHAHOME.ORG/?VIEW=MOBILE](http://www.alphahome.org/?view=mobile)

CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER

3031 IH 10 WEST
SAN ANTONIO, TX 78201
(210) 261-1005

[HTTP://WWW.CHCSBC.ORG/](http://www.chcsbc.org/)

FAMILY VIOLENCE PREVENTION SERVICES, INC

6323 SOVEREIGN ROAD, BUILDING #111, SUITE 160
SAN ANTONIO, TX 78229
(210) 733-8810

[HTTP://WWW.FVPS.ORG/](http://www.fvps.org/)

FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC.

702 SAN PEDRO
SAN ANTONIO, TX 78212
(210) 299-2400

[HTTP://WWW.FAMILY-SERVICE.ORG/INDEX.HTML](http://www.family-service.org/index.html)

JOVEN-JUVENILE OUTREACH AND VOCATIONAL EDUCATIONAL

102 W. White
San Antonio, TX 78214
(210) 924-0330

<http://www.jovensa.org/>

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

<http://www.sacada.org/>

Comal & Guadalupe

ALPHA HOME, INC.

300 East Mulberry
San Antonio, TX 78212
(210) 735-3822

<http://www.alphahome.org/?view=mobile>

CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC

P.O. Box 311268
New Braunfels, TX 78131
(830) 629-6571

<http://www.connectionsnonprofit.org/>

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

<http://www.sacada.org/>

Dewitt

None

Dimmit, Maverick & Real

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

http://www.sacada.org

SERVING CHILDREN AND ADULTS IN NEED INC.

2347 E. Saunders, Suite B
Laredo, TX 78041
(956) 724-5111

<http://www.scan-inc.org/>

SOUTH TEXAS RURAL HEALTH SERVICES INC

PO BOX 599
COTULLA, TX 78014
(830) 879-3047

[HTTP://SOUTHTEXASRURALHEALTH.COM/](http://southtexasruralhealth.com/)

Edwards, Kinney & Val Verde

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
VICTORIA, TX 77901
(361) 575-7842

[HTTP://WWW.MIDCOASTFAMILY.ORG/](http://www.midcoastfamily.org/)

SACADA

AT AND T BUILDING, SUITE 100, 7500 HWY 90 WEST
SAN ANTONIO, TX 78227
(210) 233-5861

[HTTP://WWW.SACADA.ORG/](http://www.sacada.org/)

SERVING CHILDREN AND ADULTS IN NEED INC.

2347 E. SAUNDERS, SUITE B
LAREDO, TX 78041
(956) 724-5111

[HTTP://WWW.SCAN-INC.ORG/](http://www.scan-inc.org/)

Frio

CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC

P.O. BOX 311268
NEW BRAUNFELS, TX 78131
(830) 629-6571

[HTTP://WWW.CONNECTIONSNONPROFIT.ORG/](http://www.connectionsnonprofit.org/)

KARNES/WILSON JUVENILE BOARD

101 N. PANNA MARIA
KARNES CITY, TX 78118
(830) 780-2228

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
VICTORIA, TX 77901
(361) 575-7842

[HTTP://WWW.MIDCOASTFAMILY.ORG/](http://www.midcoastfamily.org/)

SACADA

AT AND T BUILDING, SUITE 100, 7500 HWY 90 WEST
SAN ANTONIO, TX 78227
(210) 233-5861

[HTTP://WWW.SACADA.ORG/](http://www.sacada.org/)

SERVING CHILDREN AND ADULTS IN NEED INC.

2347 E. SAUNDERS, SUITE B
LAREDO, TX 78041
(956) 724-5111

[HTTP://WWW.SCAN-INC.ORG/](http://www.scan-inc.org/)

SOUTH TEXAS RURAL HEALTH SERVICES INC

PO BOX 599
COTULLA, TX 78014
(830) 879-3047

[HTTP://SOUTHTEXASRURALHEALTH.COM/](http://southtexasruralhealth.com/)

Gonzales & Goliad

CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC

P.O. BOX 311268
NEW BRAUNFELS, TX 78131
(830) 629-6571

[HTTP://WWW.CONNECTIONSNONPROFIT.ORG/](http://www.connectionsnonprofit.org/)

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

<http://www.sacada.org/>

La Salle

Karnes/Wilson Juvenile Board

101 N. Panna Maria
Karnes City, TX 78118
(830) 780-2228

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

<http://www.sacada.org/>

SERVING CHILDREN AND ADULTS IN NEED INC.

2347 E. Saunders, Suite B
Laredo, TX 78041
(956) 724-5111

<http://www.scan-inc.org/>

SOUTH TEXAS RURAL HEALTH SERVICES INC

PO Box 599
Cotulla, TX 78014
(830) 879-3047

<http://southtexasruralhealth.com/>

Medina

ALPHA HOME, INC.

300 East Mulberry
San Antonio, TX 78212
(210) 735-3822

<http://www.alphahome.org/?view=mobile>

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
Victoria, TX 77901
(361) 575-7842

<http://www.midcoastfamily.org/>

SACADA

AT and T Building, Suite 100, 7500 Hwy 90 West
San Antonio, TX 78227
(210) 233-5861

<http://www.sacada.org/>

SOUTH TEXAS RURAL HEALTH SERVICES INC

PO Box 599
Cotulla, TX 78014
(830) 879-3047

<http://southtexasruralhealth.com/>

Uvalde & Zavala

FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC.

702 SAN PEDRO
SAN ANTONIO, TX 78212
(210) 299-2400

[HTTP://WWW.FAMILY-SERVICE.ORG/INDEX.HTML](http://www.family-service.org/index.html)

MID-COAST FAMILY SERVICES, INC

120 S MAIN STE 310
VICTORIA, TX 77901
(361) 575-7842

[HTTP://WWW.MIDCOASTFAMILY.ORG/](http://www.midcoastfamily.org/)

SACADA

AT AND T BUILDING, SUITE 100, 7500 HWY 90 WEST
SAN ANTONIO, TX 78227
(210) 233-5861

[HTTP://WWW.SACADA.ORG/](http://www.sacada.org/)

SERVING CHILDREN AND ADULTS IN NEED INC.

2347 E. SAUNDERS, SUITE B
LAREDO, TX 78041
(956) 724-5111

[HTTP://WWW.SCAN-INC.ORG/](http://www.scan-inc.org/)

SOUTH TEXAS RURAL HEALTH SERVICES INC

PO BOX 599
COTULLA, TX 78014
(830) 879-3047

[HTTP://SOUTHTEXASRURALHEALTH.COM/](http://southtexasruralhealth.com/)

The Region 8 OSAR is:

- **Mid Coast Family Services** - Mid-Coast Family Services is a non-profit organization that resulted from a 1999 merger of the Women's Crisis Center and Mid-Coast Council on Alcohol and Drug Abuse. Today, with a budget of over \$2.6 million and numerous community partners, Mid-Coast Family Services is actively working to eliminate family violence, homelessness, and substance abuse. 120 S. Main St., Victoria, 77901, (361)575-7842, 1-888-575-7842. Serves Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala Counties.

Region 8 DSHS Substance Abuse Services Funded Prevention and Intervention Programs are:

- **CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC** - a non-profit organization that provides a safe and secure alternative to the "streets" for homeless, abused, or at-risk youth. The organization provides program services, counseling and prevention education services for youth, adults, and families, as well as short-term residential services for runaway, abused or neglected, homeless, and at-risk youth. Serves Atascosa, Comal, Frio, Goliad, Gonzales, Guadalupe, Karnes, and Wilson Counties. P.O. Box 311268, New Braunfels, TX 78131, (830) 629-6571.
- **Serving Children and Adults in Need (SCAN)** – aims to foster the healthy development of individuals and families through empowerment opportunities that are effective, culturally responsive, trauma-informed and community-centered. This organization provides prevention services to youth and adult populations. Serves Dimmitt, Edwards, Frio, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde and Zavala Counties.
- **San Antonio Council on Alcohol and Drug Abuse (SACADA)** is a nonprofit organization that provides education, youth prevention programs, information resources and services to prevent alcohol and drug abuse. We serve nearly 60,000 people in Bexar County and 28 surrounding counties in South Central Texas. Serves Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala Counties. 9700 US Hwy 90 West, San Antonio, TX 78227, 210-225-4741.
- **Alpha Home, Inc.,** - is a non-profit treatment center providing gender-specific services to chemically dependent women and men. Addiction is three-fold—body, mind, and spirit. At Alpha Home, we treat all three, not just the physical addiction but the complete person. Alpha Home is accredited by CARF and the Better Business Bureau and is proud to be a United Way of San Antonio and Bexar County agency. Serves Bexar, Comal, Guadalupe, and Medina Counties.
- **Center for Health Care Services, The Bexar Co. MHMR Center** - Provides assessment and intervention services 24 hours for individuals experiencing psychiatric emergency. Services include face-to-face screening/assessment;

linkage/referral/ outreach; 23 hour outpatient observation; mental health warrant applications. Serves Bexar County. 601 N. Frio, San Antonio, TX 78207, (210) 225-5481

- **Family Violence Association of San Antonio, (FVPS)** has been helping victims of domestic violence in San Antonio since 1977. FVPS began as an emergency shelter for women and children and we now offer a complete array of shelter, transitional housing, counseling, children's, and legal services to help individuals and families recover from the pain and long-term effects of domestic violence. Contact our Crisis Hotline: (210) 733-8810, 24 Hours a Day, 365 Days a Year. Serves Bexar County.
- **Family Service Association of San Antonio, Inc.,** - has been building strong families since 1903. It is the oldest human service agency in San Antonio dedicated to helping children, seniors, and families in need. From five neighborhood locations and from more than 56 school campuses, Family Service provides high quality service in English and Spanish to the residents of 28 counties of all ethnic and racial backgrounds and all socio-economic levels. Family Service is a private, non-profit, non-sectarian agency funded by the United Way, United States Department of Health and Human Services, fee-for-service contracts with both public and private organizations, foundation and corporate grants, private contributions, client fees, and outpatient mental health insurance. Fees are charged on a sliding scale, and no one is denied help because of their inability to pay the full cost of service. Serves Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmitt, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala Counties.
- **Joven – Juvenile Outreach and Vocational Educational** - is a 501(c)3 nonprofit based in San Antonio, which provides life skills education to youth who may be at risk due to poverty, an incarcerated parent, sibling gang involvement, single parent homes, or poor community environment. Joven provides After-school, Summer Camp, Prevention curriculum, and Dance. Located at 102 W. White San Antonio, TX. Serves Bexar County.
- **South Texas Rural Health Services Inc.,** - This clinic was founded in 1975 and began providing health services in 1976 to the people of LaSalle, Dimmitt, and Frio counties. This service area has been designated as a Medically Underserved Area and as a Health Professional Shortage Area. The clinic maintains five program/service delivery sites and provides services such as laboratory, pharmacy, radiology, dental, family planning, HIV/AIDS testing and counseling, health education, nutrition counseling, substance abuse counseling, and transportation assistance. 1-800-788-6950. Serves Dimmitt, Frio, LaSalle, Maverick, Medina, Real, Uvalde, and Zavala Counties.
- **Karnes/Wilson Juvenile Board** – Provides prevention and intervention programs, 115 N. Market, Karnes City, TX 78118, (830) 780-2228. Serves Atascosa, Frio, Karnes, LaSalle and Wilson Counties.

Moving Forward

The Regional Needs Assessment provides an opportunity for key stakeholders, business professionals, and community members in general to identify regional strengths and weaknesses as well as become able to produce comparisons among the diverse counties of the region. This document highlights the main strengths of the region while also addressing the gaps found in services and data available. As stated in the earlier pages of this document, this regional assessment serves the following purposes:

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

This report also provides a means to facilitate data-driven decisions and mobilization of communities, as it informs key community, local, state, and federal representatives about the needs that communities in Region 8 and the rest of the State have. This RNA helps gain a deeper understanding of the community, as each community within the region has its own needs and assets, as well as its own culture and social structure. Furthermore, this document will help make decisions related to priorities for program or system improvement. In order to address community issues, one has to fully understand what the problems are and how they arose. This in turn will increase the community's capacity for solving its own problems and creating its own change, with support of state and federal authorities.

How Should You Use This Information?

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the state of Texas, as well as concerned community members who desire to mobilize their own communities and stay informed about the major issues that directly impact their homeland. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; school districts and higher education; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

This report includes a wealth of information that readers can refer to for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. The information obtained through this Regional Needs Assessment is also intended to aid in the development of federal and state grants that will assist in the creation of improved programs in the communities and the region as a whole; thereby bridging regional gaps.

THANK YOU TO ALL OUR PARTNERS

Alamo Area Youth MOVE
Atascosa Interagency Council
Atascosa Juvenile Probation Dept.
Bandera County Juvenile Probation
Bethel Prevention Coalition
Bexar County Juvenile Probation Dept.
Calhoun County Sheriff Office
Camino Real Community Services
Children & Adolescent MH
Children's Bereavement Center
Circles of San Antonio Community Coalition
Comal County Juvenile Probation
Connections Individual and Family Services
D' Hanis Independent School District
D&E Driving School
Dimmit County Juvenile Probation Department
East Texas Council on Alcohol and Drug Abuse
Edwards County Sheriff's Office
Family Service Association
Family Service Association of San Antonio
Family Violence Prevention Services
Frio County Juvenile Probation
Frio County Sheriff Office
Gillespie County Juvenile Probation
Gillespie County Sheriff Office
Goliad County Juvenile Probation
Goliad County Sheriff's Office
Gonzales County Juvenile Probation
Guadalupe County Sheriff's Office
Hill Country Council on Alcohol and Drug Abuse

Hill Country Council on Alcohol and Drug Abuse
Karnes City Independent School District
Karnes County Juvenile Board
Kinney County Juvenile Probation
Lavaca County Juvenile Probation
MCH Family Outreach
Medina County Sheriff's Office
Mid-Coast Family Services
Our Lady of the Lake University
Project Heart
Public Allies San Antonio
R&K Specialized Homes
Recovery Support Service
Region 5 Prevention Resource Center
Region 8, Tobacco Prevention & Control
Region 9, Prevention Resource Center
Rite Recovery
San Antonio Club House
San Antonio Metropolitan Health District
San Antonio PD Vice
South Texas Rural Health Service
Texas Federation for Children of Mental Health
The Health Collaborative
Uvalde County Sheriff's Office
Val Verde County Juvenile Probation Department
Volunteers of America
Web Oriented Recovery Care (WORC)
Wesley Health & Wellness Clinic
Wilson County Juvenile

Data Sources

For a complete listing of all the Data Sources the 2015 RNA for Region 8 has been posted on our website, <http://prcregion8.org/>.

PAGE LEFT BLANK ON PURPOSE