



## South Plains Association of Governments

1709 - 26th Street • Lubbock, Texas 79411 • 806/762-8721

H. L. "Bill" Young  
PRESIDENT

Jerry D. Casstevens  
EXECUTIVE DIRECTOR

February 3, 1981

TO THE CITIZENS OF THE SOUTH PLAINS REGION

Attached is the 1982-86 South Plains Regional Plan for the Prevention, Treatment and Control of Alcohol Addiction and Abuse. This plan attempts to identify the problem areas caused by alcoholism through data and analysis and also reflects the goals, needs, and ideas expressed by members of the Regional Alcohol Abuse Advisory Committee. This plan will serve as a work program for the Regional Alcoholism Authority for the coming year. I hope that you will find the information contained in the plan useful.

I wish to express my thanks to all those who helped in the preparation of this document.

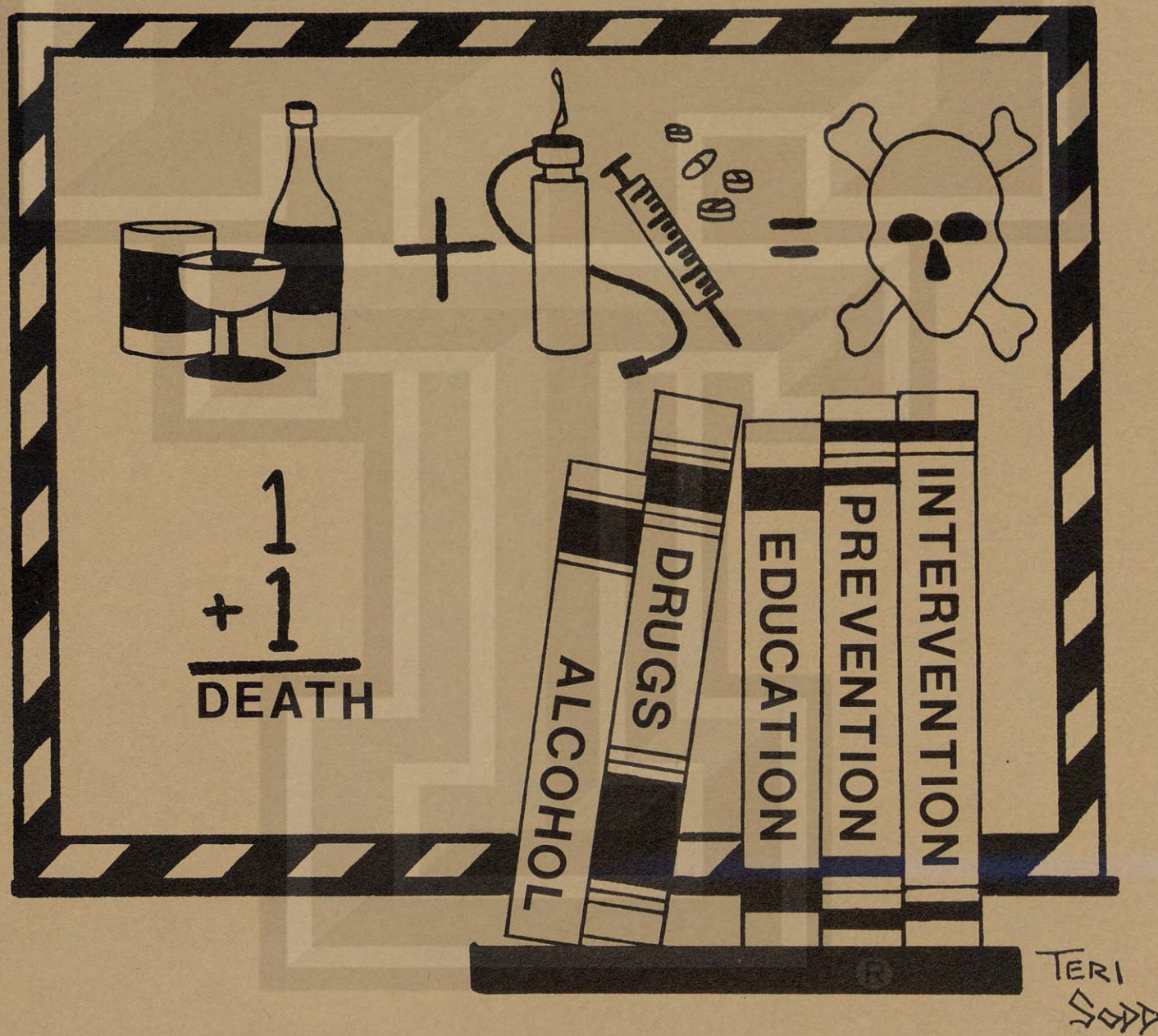
Sincerely,

[Redacted Signature]  
Arlene Miller, Director  
of Regional Services





# South Plains Regional Plan On Alcohol Abuse 1982-86



South Plains Association Of Governments



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JERRY D. CASSTEVEN  
EXECUTIVE DIRECTOR

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Each Regional Plan is developed in compliance with guidelines established by NIAAA and TCA, for the purpose of orderly development of a coordinated, comprehensive network of alcoholism prevention, treatment, and rehabilitation programs which meets the unique needs of each region.

We wish to express our sincere appreciation to the Plan Development Committee, local officials, agencies, organizations, and interested and concerned citizens for their assistance in obtaining the material and in the preparation of this Plan.

Members of the Plan Development Committee were:

Norma Brown, Chairperson Lubbock Regional MIMR Center	Jim Kimmel Attorney
Carl Owens South Plains Community Action Agency	Dan Duncan Lubbock Regional MIMR Center
Gerre Sears Lubbock Council on Alcoholism	Ron Stubblefield Terry County MIMR Center
Capt. Bill Unger Social Actions Office	George Scott, M.Ed. Texas Tech University
Dr. Les Ansley Physician	Jennifer Branch Texas Dept. of Human Resources
Mike Sobo	Margaret Elbow ®

Gene Shooter, Jr. Lubbock/Crosby County Adult Probation	Kathleen Stoden South Plains EMS
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## INTRODUCTION

The South Plains Association of Governments has been designated by TCA as the Regional Alcoholism Authority for State Planning Region 2. This document has been developed within the requirements of TCA and will provide the program of work for the coming year for the Regional Alcoholism Authority.

Each year the Texas Commission on Alcoholism is charged with the responsibility of reviewing, modifying, and updating the Texas State Plan for Prevention, Treatment, and Control of Alcohol Abuse and Alcoholism. In compliance with the national funding agency (National Institute on Alcohol Abuse and Alcoholism) guidelines which require utilization of local input in the planning process, TCA has designated the twenty-four State Planning Regions as the Regional Alcoholism Authorities. Funded by TCA, each Regional Alcoholism Authority has the responsibility of developing an annually updated Regional Plan that is consistent with regional needs, providing a data base that will be incorporated into the State Plan.

Each Regional Plan is developed in compliance with guidelines established by NIAAA and TCA, for the purpose of orderly development of a coordinated, comprehensive network of alcoholism prevention, treatment, and rehabilitation programs which meets the unique needs of each Region.

We wish to express our sincere appreciation to the Plan Development Committee, local officials, agencies, organizations, and interested and concerned citizens for their assistance in obtaining the material and in the preparation of this Plan.

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Norma Brown, Chairperson  
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Lubbock County Juvenile  
Probation Dept.

Joel Trevino  
Lubbock County Juvenile  
Probation Dept.

Laura Olaque  
Lubbock County Juvenile  
Probation Dept.

Ron Jenkins  
Lubbock County Sheriff's Dept.

Jerry Falcon  
Lubbock County Sheriff's Dept.

Pat Garret  
Alcohol Recovery Center

Bill Carr  
Alcohol Recovery Center

Karl Shuman  
Plains Detox Center

Tom McClure  
South Plains Health Systems  
Inc.

Jim Lock  
South Plains Health Systems Inc.



A RESOLUTION

WHEREAS, South Plains Association of Governments is the designated Regional Alcoholism Authority in State Planning Region 2, and;

WHEREAS, South Plains Association of Governments is charged with the responsibility for coordination of programs designed to alleviate the incidence and effects of alcohol abuse within the state planning region, and;

WHEREAS, South Plains Association of Governments has prepared a plan of action for the 1982-1986 year;

NOW, THEREFORE, BE IT RESOLVED:

1. That the administrative staff of South Plains Association of Governments transmit the 1982-1986 Alcohol Addiction and Abuse Plan to the Texas Commission on Alcoholism.
2. That, upon acceptance of the regional plan by the Texas Commission on Alcoholism, the administrative staff of South Plains Association of Governments diligently proceed to discharge the organizational obligations imposed by the approved plan.

Duly adopted by the Board of Directors of South Plains Association of Governments on November 13, 1980.

[Redacted]  
Judge H.L. "Bill" Young  
President  
South Plains Association of Governments  
County Judge  
Bickens County

[Redacted]  
Jerry D. Casstevens  
Executive Director



## SECTION I

### REGIONAL PLANNING AND COORDINATION

The South Plains Region is a geographical area located in the northwestern portion of the State of Texas. It includes counties of: Bailey, Cochran, Crosby, DeSoto, Dumas, Hartley, King, Lamb, Lubbock, and Taylor. (Appendix A). Most of the counties are located in the South Plains region, with Hartley, Dickens, King, and DeSoto counties in Crosby, and most of Santa County located in the northern portion of Texas.

The High Plains region or Llano Estacado is a large area of the State of Texas. It is located at the base of the Rocky Mountains and extends across the State. The Cap Rock Escarpment caused the High Plains to have a distinct physical feature, rising about 1,000 feet above the level of the South Plains.

Stretching over the largest part of the State is the High Plains. It is located at the base of the Rocky Mountains and extends across the State. The Cap Rock Escarpment caused the High Plains to have a distinct physical feature, rising about 1,000 feet above the level of the South Plains. The High Plains is located at the base of the Rocky Mountains and extends across the State. The Cap Rock Escarpment caused the High Plains to have a distinct physical feature, rising about 1,000 feet above the level of the South Plains.

Most of the South Plains region is located in a semi-arid climate, with the average annual precipitation from 1901 to 1970 inches in the area. The average annual precipitation in the South Plains region is 19.5 inches. The average annual precipitation in the South Plains region is 19.5 inches. The average annual precipitation in the South Plains region is 19.5 inches.

Between 1901 and 1970, the South Plains region experienced a total of 19.5 inches of precipitation. The average annual precipitation in the South Plains region is 19.5 inches. The average annual precipitation in the South Plains region is 19.5 inches. The average annual precipitation in the South Plains region is 19.5 inches.

The dry weather conditions of the South Plains region are a source of potential water problems. The dry weather conditions of the South Plains region are a source of potential water problems. The dry weather conditions of the South Plains region are a source of potential water problems.

The economy of the South Plains region is primarily an agriculture and related agri-business industry. Approximately 25% of the labor force, but not governmental functions, manufacturing, education, and transportation services are important to the economy. Lubbock County, which contains in excess of 50% of the total labor force of the region, is Texas' leading agri-business

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## SECTION I

### REGIONAL PLANNING AND COORDINATION

#### REGIONAL OVERVIEW

The South Plains Region is a 13,756-square mile area located in the northwestern portion of the State and includes the fifteen counties of: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, and Yoakum. (Appendix A). Most of the counties are located on the High Plains region, with Motley, Dickens, King, a small portion of Floyd and Crosby and most of Garza County located on the Rolling Plains region of Texas.

The High Plains region or Llano Estacado (staked plains), lies east of the base of the Rocky Mountains and extends into Northwest Texas. The Cap Rock Escarpment, caused by surface erosion, is a striking physical feature, rising abruptly 200-500 feet, and in some places 1,000 feet, above the Rolling Plains.

Stretching over the largest level plain of its kind in the United States, the High Plains rise gradually from approximately 2,700 feet above sea level on the east to more than 4,000 feet above sea level in spots along the New Mexico border. The Rolling Plains rise from east to west from 700 feet above sea level to 2,500 feet at the base of the Cap Rock Escarpment. Elevations extend from 1,754 feet above sea level at Guthrie in King County to 3,889 feet in Bailey County.

Most of the South Plains Region is considered a semi-arid climate, with the mean annual precipitation ranging from 16 to 20 inches on the High Plains and from 20-30 inches on the Rolling Plains. Temperatures vary rather widely between summer's heat and winter's cold (e.g., the City of Lubbock reporting a record high of 109 degrees and a record low of -17 degrees.)

Droughts and tornadoes are also fairly prevalent in the SPAG Region. The High Plains experienced ten years of drought between 1910 and 1970 and the Rolling Plains has experienced eight droughts between 1901 and 1970. In addition, an average of 102 tornadoes touch Texas soil per year, usually during the late spring and early summer.

The dry hot winds are of particular climate significance to the area, and are a source of potential health problems and can cause injury to field crops and thus the economy of the area.

The economy of the South Plains region is based primarily on agriculture and related agri-business concerns (approximately 25% of the labor force), but oil, governmental functions, manufacturing, education, and transportation services also are important to the economy. Lubbock County, which contains in excess of 50% of the total labor force of the Region, is Texas' leading agri-business



center and the world's largest cotton seed producing center. Irrigation, centered around Lubbock and Plainview from underground reservoirs, waters much of the crop acreage. Counties located on the Rolling Plains have a large cattle-raising industry, with many of Texas' largest ranges.

The High Plains counties, particularly those in the northern portion of the region, are primarily farming communities producing wheat and grain sorghum, but they also maintain significant ranching and petroleum development. The remainder of the area's counties on the High Plains are part of Texas' leading grain sorghum region and lead Texas in cotton production. Manufacturing concerns are significant in Bailey (clothing), Crosby, Dickens, Garza (textiles), Floyd (metal products), and Lubbock counties. Oil and gas production are important in Hockley, King, Motley, Terry, and Yoakum counties. (Appendix B)

#### PLANNING PROCESS

The Texas Commission on Alcoholism was created in 1953 with the passage of House Bill 559, now Article 5561c, V.A.C.S. It is mandated to "Coordinate the efforts of all interested and affected state and local agencies; develop educational and preventive programs; and promote the establishment of constructive programs for treatment aimed at the reclamation, rehabilitation and successful re-establishment in society of Alcoholics." Recognizing alcoholism as a treatable disease and a public health problem affecting both the general welfare and the economy of the state, Article 5561c also specifies clearly the obligation of the state to provide treatment rather than punitive action for the alcoholic person.

Corresponding federal legislation was incorporated into Public Law 91-616, "The Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act of 1970." This federal legislation requires that a single state agency be designated to administer a statewide plan for the prevention, treatment, and control of alcohol abuse and alcoholism. In 1971, the Texas Commission on Alcoholism was so designated by the Governor of Texas, who assigned to the Commission the "primary responsibility for planning and implementing projects for the development of effective prevention, treatment and rehabilitation programs to deal with alcohol abuse and alcoholism in Texas."

In order to implement a State Plan the Commission designated one agency in each state planning region as a Regional Alcoholism Authority. Each Regional Alcoholism Authority has the responsibility of developing an annual updated Regional Plan that is consistent with regional needs, providing a data base that will be incorporated into the State Plan. These plans make the State and the regions eligible to receive the federal program development funds.

The South Plains Association of Governments was designated as the Regional Alcoholism Authority for Texas State Planning Region 2 in 1972. The first South Plains Regional Plan on Alcohol Abuse and



Alcoholism was published in 1973 with revisions or updates published each succeeding year. This document is the update for 1980-81.

The South Plains Association of Governments functions as the Regional Alcoholism Authority in Planning Region 2. The Regional Alcoholism Services Director is the main staff member and works under the direction and support of a thirty-two member SPAG Board of Directors, twenty-seven member Regional Alcohol Abuse Advisory Committee and the SPAG administrative, fiscal and other program support staff.

The Regional Alcohol Abuse Advisory Committee serves a major function of the Regional Alcoholism Authority by providing input into the planning process and making recommendations to the South Plains Association of Governments Board of Directors. The committee also conducts A-95 reviews on all Alcohol grant applications and makes recommendations on the grants.

The Regional Alcohol Abuse Advisory Committee was organized in November, 1972 and since that time has been actively participating in alcohol as well as drug abuse planning. In June, 1979 the Texas Department of Community Affairs/Drug Abuse Prevention Division no longer funded councils of governments to do drug abuse planning, therefore, the Committee is presently involved only in Alcoholism services. The Regional Alcohol Abuse Advisory Committee is composed of twenty-seven members representing providers and non-providers in the region. They provide community involvement concerning alcoholism problems of the region and assist in the development of practical solutions to problems of alcohol addiction and abuse. The By-laws of the Regional Alcohol Abuse Advisory Committee are contained in the appendix of this document and are on file at the Regional Alcoholism Authority and available for public inspection.

The development of the Regional Alcohol Plan proceeds in accordance with planning guidelines provided by the Texas Commission on Alcoholism. The process begins with the collection, collation, and analysis of problem-indicator statistical data provided by Criminal Justice, health care, and social service agencies in the region. The Texas Commission on Alcoholism is very helpful in providing the Regional Alcoholism Authority with data that has been reported to state level agencies. The statistical data is supplemented by subjective information obtained through field surveys of agencies and individuals in the region. The data and information is reviewed by the Plan Development Sub-committee of the Regional Alcohol Abuse Advisory Committee which defines the specific alcohol problems and then prioritizes the problems. The list of priority problems is reviewed by appropriate agencies which then provide suggested strategies for achieving the goals and objectives. The alternative strategies are evaluated by the Advisory Committee as to practical feasibility in light of local, state, and federal policies, and prioritizes accordingly. This year's plan is being developed in conjunction with the South Plains Health Systems, Inc. Together the staffs have prepare a document and will present it to the Regional Alcohol Abuse Advisory Committee (RAAAC) and the HSA Plan



Development Committee for review. The plan was then sent to the SPAG Board of Directors and the HSA Governing Body for approval. The adopted plan will then be submitted to the Texas Commission on Alcoholism and published as the South Plains Regional Alcohol Plan, and a chapter in the Health Systems Plan.

The Regional Alcohol Plan will be sent to alcoholism service providers, Advisory Committee Member, Board of Directors, media, and other interested parties. It is hoped that besides being a work plan for the Regional Alcoholism Authority, it can also be a source of information and data to those preparing grant applications, in determining what programs are needed, or preparing presentations.

SPAG and the South Plains Health Systems, Inc. (SPHS, Inc.) have a mutually beneficial working relationship because of a commitment to preserve continuity of planning efforts and because of a contractual agreement between the two agencies.

The Articles of Incorporation of SPHS, Inc., delineates SPAG's authority to appoint all members to the Governing Body of the health systems agency. Furthermore, a Planning Coordination Agreement dated May 6, 1980, outlines provisions for coordinated planning and exchange of data between the two agencies. A copy of this agreement can be found in Appendix E.

Consistent with the spirit of cooperation and coordination, SPAG's alcohol abuse staff and SPHS, Inc.'s planning staff have maintained contact and provided information on their respective planning efforts. The RASD serves as an ex-officio member of the Plan Development and Project Review Committees of the SPHS, Inc. and the SPHS, Inc. planning Director Serves as an ex-officio member on the RAAAC.



## SECTION II

### NEEDS ASSESSMENT AND DATA ANALYSIS

#### DEMOGRAPHIC DATA

The total population of the South Plains region as of July 1975 was estimated by the U.S. Census Bureau to total 245,475. The South Plains region has experienced a general increase in population of 44% over 17,000 persons during the 10-year period between 1965 and ending in 1975. The major growth occurred in Lubbock County which now accounts for 57% of the regional population. The growth of the population in Lubbock County has more than offset the fairly significant decreases or lack of change in population of the other fourteen counties. This pattern of population growth has produced two primary effects in the region. The Lubbock metropolitan area has undergone significant social change and problems that normally accompany rapid growth or lack of growth. The uncertainty associated with rapid change and the economic frustration associated with the lack of change are conditions which contribute to the use and abuse of alcohol.

## Section II

### Needs Assessment and Data Analysis

The age distribution of the population is an important consideration in planning for future health needs. The age distribution of the 1975 population in the region shows a relatively small percentage of the population 65 years of age and over (7.97%), but this age group is showing a steady increase and is projected to almost 9% by 1975. The age distribution also indicates that a large percentage of the population (45.67%) is 15 years of age or under. Both of these age groups (51.64% of the total population for the region) have been showing increases in the alcohol indicators.

Ethnic characteristics of a population are important considerations regarding the health status of that population. The population distribution reveals that 22.6% are Anglo, 2.0% are Black and 29.0% are Mexican American. Approximately 30% of the minority population lives within the Lubbock SMSA.

In 1970, the unemployment rate in the State Planning Region 2 was relatively low (3.73%) compared to national averages. However, unemployment was higher than the State average of 3.6%. By June of 1975, unemployment had increased to 5.2%, but compared to the State Average of 6.55%, unemployment continued to be relatively low in the Region. In 1970, total labor force represented 128,000 of the area's 327,777 residents (approximately 39%). Approximately 25% were involved in agriculture or related agri-business concerns. By 1975, the labor force had shown an increase of 20.33%. Over 1970, low-occupational-status population, who are laborers, farm laborers



## SECTION II

### NEEDS ASSESSMENT AND DATA ANALYSIS

#### DEMOGRAPHIC DATA

The total population of the South Plains region as of July 1975 was estimated by the U.S. Census Bureau to total 345,474. The South Plains region has experienced a general increase in population of just over 17,000 persons during the fifteen year period beginning 1960 and ending in 1975. The major growth occurred in Lubbock County which now accounts for 57% of the regional population. The growth of the population in Lubbock County has more than offset the fairly significant decreases or lack of change in population of the other fourteen counties. This pattern of population growth has produced two primary effects in the region. The Lubbock metropolitan area has undergone significant social changes and problems that normally accompany rapid growth or lack of growth. Both the uncertainty associated with rapid change and the boredom and frustration associated with the lack of change are conditions which contribute to the use and abuse of alcohol.

The population statistics for 1975 show that 49.15% of the total regional population was male and 50.85% was female. All of the counties reflect the regional average with slightly more females than males.

The age distribution of the population also is an important consideration in planning for future health needs. The age distribution of the 1970 population in the region shows a relatively small percentage of the population 65 years of age and over (7.97%), but this age group is showing a steady increase and had increased to almost 9% by 1975. The age distribution also indicates that a large percentage of the population (45.67%) is 21 years of age or under. Both of these age groups (53.64% of the total population for the region) have been showing increases in the alcohol indicators.

Ethnicity characteristics of a population are important considerations regarding the health status of that population. The population distribution reveals that 72.6% are Anglo, 6.8% are Black and 20.0% are Mexican American. Approximately 35% of the minority population lives within the Lubbock SMSA.

In 1970, the unemployment rate for State Planning Region 2 was relatively low (3.73%) compared to national averages. However, unemployment was higher than the State average of 3.6%. By June of 1976; unemployment had increased to 4.2%, but compared to the State average of 6.05%, unemployment continued to be relatively low in the Region. In 1970, total labor force represented 128,090 of the area's 327,777 residents (approximately 39%), approximately 25% were involved in agriculture or related agri-business concerns. By 1976, the labor force had shown an increase of 22.63% over 1970. Low-occupational-status population, who are laborers, farm laborers



and foremen, service workers and private household workers account for 23.86% of the labor force, with high-occupational-status professions (managers, administrators, farmers, farm managers, professional and technical personnel) accounting for 28.91% of the labor force. The remainder (47.23%) hold medium-to-low occupational status jobs such as: sales workers, clerical personnel, craftsmen, foremen, operatives and transport equipment operatives.

The 1970 Census indicates 46% of the South Plains' residents having incomes less than \$7,000 per year, with 14.43% having incomes less than \$3,000 per year. Over 50% of the population maintain incomes between \$7,000 and \$24,999 per year, and only 3.88% receive incomes in excess of \$24,000 per year. Median family income for the region is \$7,660, as compared to the State average of \$8,486, with the range from \$5,351 in Motley County to \$8,752 in Yoakum County. Average per capita income for the region (\$2,371) is also lower than the State average of \$2,792 and ranges from a low of \$1,894 in Cochran County to \$2,894 in King County. Approximately 20% of the area's total population is of Spanish surname and 49.5% of this ethnic group is classified as poor. Of the 6.69% Black community, 51.4% are poor and the 65+ age group also has a number of people classified as poor (31%).

These statistics on age, sex, ethnicity and income are useful in determining target groups for alcoholism services when studied in conjunction with alcohol arrests, people in need of alcoholism services and people already receiving services from MHMR Centers, detoxification centers and various hospitals within the region and state.

#### ALCOHOL ABUSE POPULATION

Probably the most commonly accepted definition of alcoholism, or an alcoholic is simply "someone who drinks too much alcohol". The problem with this definition is that different people have different opinions regarding how much alcohol is "too much". Prohibitionists say that any amount is too much, alcoholics feel that no amount is ever enough. Most authorities today define alcoholism in terms of alcohol's effect on the drinker's life functions. For example, the 1977 edition of the American Medical Association Manual on Alcoholism contains this definition--"Alcoholism is an illness characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, or social dysfunction". Alcoholism may involve physiological, psychological, or social dysfunction." Alcoholism can therefore be defined or diagnosed, as cancer and other illnesses, in terms of observable or measurable symptoms which indicate that an individual is drinking "too much" alcohol. The alcoholism problem indicators which follow are statistical measures of these symptoms which indicate the incidence and prevalence of alcoholism in the region.

Because of the prejudicial attitudes which encourage individuals, family members and friends to cover-up alcohol related problems, there is no reliable way of determining the exact number of



alcohol abusers in a society. It is therefore necessary to project estimates of the regional population that is "at risk" in relation to alcohol abuse problems. Based upon several research studies, the National Institute on Alcohol Abuse and Alcoholism has estimated that 7% of any general population age 13 and older are directly at-risk of becoming alcohol abusers. It is estimated that the 7% estimate for youth is a conservative one. The Third Special Report to the U.S. Congress on Alcohol and Health (June, 1978) reports that a recent national survey of students grades 7 through 12 found that "nearly 19 percent of the students were problem drinkers." Applying this formula to the regional population, there are an estimated 17,700 alcohol abusers residing in the South Plains region. The NIAAA also estimates that each alcohol abuser causes serious problems for at least four other persons; family members, friends, co-workers, etc. Therefore an additional 70,800 persons in the region are affected by alcohol abuse. Adding these two groups together, the total estimated number of 88,500, 24% of the regional population, needs some type of alcoholism service.

TABLE 1  
INCIDENTS OF ALCOHOL ABUSE AND ALCOHOLISM  
BY COUNTY, 1975

COUNTY	TOTAL POPULATION	POPULATION OVER 13	NUMBER OF ALCOHOLICS	NUMBER AFFECTED
BAILEY	8,369	5,986	419	1,676
COCHRAN	5,004	3,586	251	1,004
CROSBY	8,969	6,414	449	1,796
DICKENS	3,476	2,486	174	696
FLOYD	10,787	7,714	540	2,160
GARZA	5,258	3,757	263	1,052
HALE	35,732	25,543	1,788	7,152
HOCKLEY	21,052	15,057	1,054	4,216
KING	420	300	21	84
LAMB	16,992	12,143	850	3,400
LUBBOCK	197,248	141,029	9,872	39,488
LYNN	8,841	6,314	442	1,768
MOTLEY	1,779	1,271	89	356
TERRY	14,158	10,128	709	2,836
YOAKUM	7,389	5,286	370	1,480
REGION	345,474	247,014	17,291	69,164



## CRIMINAL JUSTICE DATA

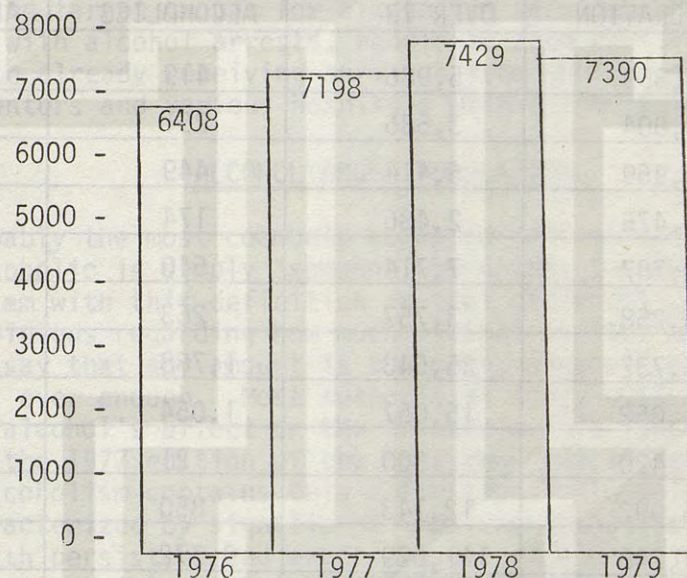
### Alcohol Arrests

One behavioral symptom of alcohol abuse is violation of the laws which attempt to control alcohol related problems. Alcohol offense arrests reported by local law enforcement agencies on the Uniform Crime Report (UCR) provides the most complete and detailed set of alcohol offense data. The UCR does not however, reflect persons arrested for other offenses (homocides, assaults, theft, etc.) committed while under the influence of alcohol. It is estimated that a large percentage of these crimes are committed by persons under the influence of alcohol and/or drugs. There is also some evidence to indicate that a larger number of drinking drivers involved in traffic accidents are neither tested for nor charged with driving while intoxicated so the DWI Offense category is probably under-reported.

Table 2 is a comparison of the reported alcohol arrests for the SPAG Region for calendar years 1976, 1977, 1978, and 1979.

TABLE 2

#### ADULT ARREST TOTAL FOR ALL ALCOHOL OFFENSES

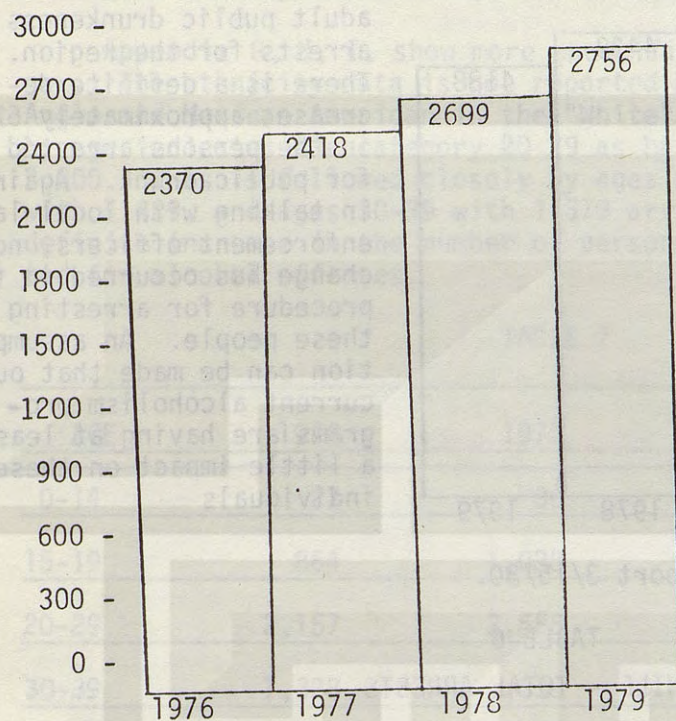


Source: Uniform Crime Report 3/15/80

Adults are shown separately from juvenile offenses since Texas law makes it unlawful for any person under age 17 and younger to purchase, sell, posses or consume alcoholic beverages. Between 1976 and 1978, the number of alcohol arrests increased by 1,021 (15.9%). But in 1979 the figure has decreased by 39. By looking at each offense individually, the data reflects an increase in the DWI arrests and a decrease in the liquor law violation arrest. In trying to figure out why the increase in DWI arrests, some law enforcement officers feel that since the region now has several DWI program, more persons are being charged with DWI and referred to the programs.

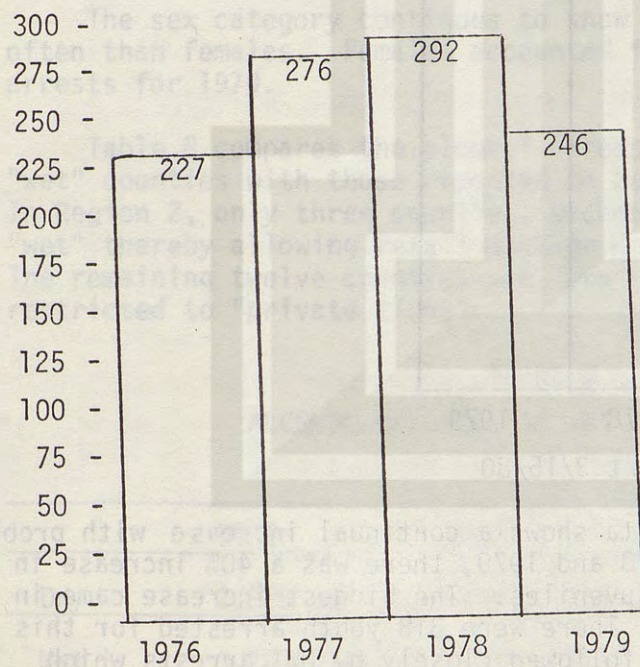


TABLE 3  
ADULT DWI ARRESTS



Source: Uniform Crime Report 3/15/80.

TABLE 4  
ADULT LIQUOR LAWS VIOLATIONS



Source: Uniform Crime Report 3/15/80.



TABLE 5  
ADULT PUBLIC DRUNKENESS ARRESTS

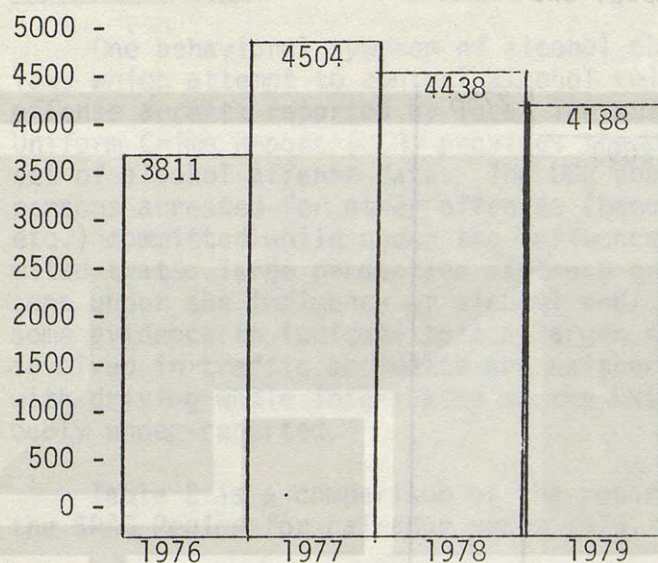
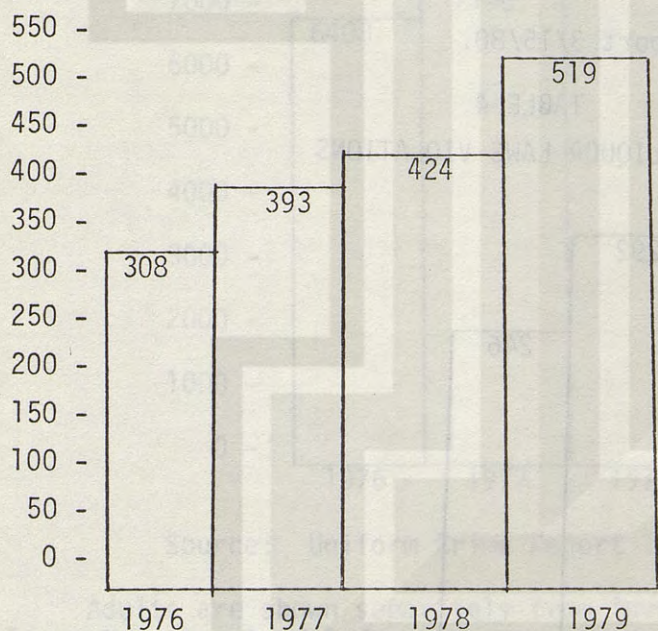


Table 5 reflects the adult public drunkenness arrests for the region. There is a definite decrease, approximately 6%, in the persons arrested for public drunk. Again, in talking with local law enforcement officers, no change has occurred in the procedure for arresting these people. An assumption can be made that our current alcoholism programs are having at least a little impact on these individuals

Source: Uniform Crime Report 3/15/80.

TABLE 6  
JUVENILE - TOTAL ARRESTS



Source: Uniform Crime Report 3/15/80

The juvenile arrest data shows a continual increase with problems of alcoholism. Between 1978 and 1979, there was a 40% increase in alcohol arrests involving juveniles. The biggest increase came in the public drunk category. There were 318 youth arrested for this offense in 1979. This was followed closely by DWI arrests which



more than doubled from 1978 to 1979. (35 in 1978, 88 in 1979) Law enforcement officials in the Region emphasize that there are hundreds more youth every year picked up by police officers, counseled and sent home with their parents without an arrest report made.

Appendix G, H, I, show more specific arrest data by county, age, and sex. The ethnicity data is not reported because the UCR records both Anglo and Mexican American in the "White" category. The arrest data by age indicates the category 20-29 as having the most arrests with 2,800. This is followed closely by ages 40-50 with 1,548, ages 15-19 with 1,429, and ages 30-39 with 1,379 arrests. Table 7 indicates a definite increase in the number of persons under age 30 being arrested for alcohol offenses.

TABLE 7

AGE	1976	1977	1978	1979
0-14	27	36	36	41
15-19	864	1,038	1,221	1,429
20-29	2,157	2,656	1,221	2,800
30-39	1,328	1,338	1,434	1,379
40-50	1,658	1,715	1,661	1,548
55+	682	758	777	711
TOTAL	6,716	7,591	7,853	7,908

The sex category continues to show that males are arrested more often than females. Females accounted for 5.7% of the alcohol offense arrests for 1979.

Table 8 compares the alcohol offenses reported by the legally "wet" counties with those reported to be legally "dry" counties. In Region 2, only three counties; Dickens, Garza, and Lubbock are "wet" thereby allowing retail package and liquor-by-the-drink sales. The remaining twelve counties are "dry" with alcoholic beverage sales restricted to "private clubs".

TABLE 8

ALCOHOL OFFENSES IN WET AND DRY AREAS

	1976	1977	1978	1979
Dry	2,929 (44%)	3,896 (51%)	3,842 (49%)	2,956 (37.4%)
Wet	3,787 (56%)	3,695 (49%)	4,011 (51%)	4,953 (62.6%)



The "wet" counties reported an increase of 11.6% from 1978 to 1979. The dry counties, however, reported a decrease in 1978 and 1979 after an increase in 1977. This decrease is understandable since the "wet" counties contain 60% of the regional population while the "dry" counties contain only 40%.

The Uniform Crime Report data leaves no doubt that alcohol offenders place a heavy demand upon the local criminal justice resources which is becoming more burdensome each year. Adult alcohol offenses accounted for 45% of all adult offenses in 1976, 57% in 1977, 58% in 1978 and 54% in 1979. This, unfortunately is not the whole story. Many authorities, both within and outside the criminal justice system, have reported that significant numbers of homicides, assaults, rapes, and property crimes are committed by persons under the influence of alcohol. This does not mean that alcohol "causes" crime, but that alcohol can overcome the natural inhibitions controlling this type of behavior or provides "courage" for someone to commit an act that he is afraid to commit while sober. Data to document the extent of this relationship between alcohol and serious crime in the region is not yet available.

#### Juvenile Probation

The number of juveniles arrested by police officers is increasing each year. The Office of Court Administration/Texas Judicial Council has developed an indepth data management system and is now providing a report, Official Juvenile Probation Report, to interested parties. In the South Plains region, all counties except Bailey reported to this data management system. Several other counties did not report for the complete year. Although it is not a complete report, the data can still be used to indicate target groups for the type of juvenile involved with alcohol. The table below shows regional totals.

TABLE 9  
REFERRALS MADE TO PROBATION FOR ALCOHOL OFFENSES

	TOTAL REFERRED	MALE	FEMALE	WHITE	BLACK	MEXICAN AMERICAN
1978	71	64	7	36	0	35
1979	118	107	11	34	5	79

The table shows an increase in the number of juveniles arrested for alcohol offenses from 1978 to 1979. The breakdown by race shows the Mexican Americans as the group with the largest increase. Males are consistently arrested more frequently than females, which follows the trend for most arrest categories. Twenty-four percent of those juveniles arrested were detained in a secure detention facility. This is an 11% increase over the 1978 figure of 13%.



## HEALTH DATA

### Alcohol-Related Mortality and Morbidity

The National Institute on Alcohol Abuse and Alcoholism and the Surgeon General cite that alcohol abuse is a factor in greater than 10% of all deaths in the United States or approximately 200,000 per year. The institute further states that alcohol abuse in the U.S. is an indirect cause of 150,000 deaths due to accidents, homicides and suicides and a principal cause of death due to cirrhosis. It is conservatively estimated that greater than one-half of all motor vehicle accidents resulting in fatalities are alcohol related.<sup>1</sup>

"Accidents remain the fourth leading cause of death in the United States. They are the leading cause of death for the population 1-34 years of age. The major component within this category is motor vehicle accidents (48% of the total)."<sup>2</sup> If the estimates of the National Institute on Alcohol Abuse and Alcoholism and the Surgeon General are correct, it follows that alcohol abuse is a significant factor in the mortality rates for young children, teenagers, and young adults (greater than 1/4 of all deaths in the 1-34 year old age group may point to alcohol abuse and alcoholism as a contributing factor).

TABLE 10  
LEADING CAUSES OF DEATH

NUMBERS OF DEATHS, RATES PER 100,000 POPULATION AND PERCENT OF TOTAL DEATHS

TEXAS AND UNITED STATES

1977

Cause of Death	TEXAS			UNITED STATES		
	No. of Deaths	Rate Per 100,000 Pop.	Percent of Total Deaths	No. of Deaths	Rate Per 100,000 Pop.	Percent of Total Deaths
Diseases of the Heart	33,536	264.7	33.5	717,320	331.6	37.8
Cancer	19,538	154.2	19.5	387,430	179.1	20.4
Cerebrovascular Diseases	10,263	81.0	10.3	182,840	84.5	9.6
Motor Vehicle Accidents	3,674	29.0	3.7	50,380	23.3	2.7
All Other Accidents	3,318	26.2	3.3	54,640	25.3	2.6
Influenza & Pneumonia	2,714	21.4	2.7	49,960	23.1	2.6
Suicide	1,797	14.2	1.8	28,390	13.1	1.5
Homicide	1,793	14.2	1.8	21,090	9.7	1.1
Certain Causes of Infant Mortality	1,676	13.2	1.7	23,310	10.0	1.2
Diabetes	1,645	13.0	1.6	33,570	15.5	1.8
Arteriosclerosis	1,611	12.7	1.6	29,040	13.4	1.5
Total	100,077	790.1	100.0	1,898,000	877.4	100.0

Source: "Selected Health Data, 1978"  
Texas Department of Health



It is difficult to overemphasize the profound and pervasive influence of alcohol abuse as a cause of death for Americans. The preceding table indicates that Texas leads the United States in rates per 100,000 population in three of the leading causes of death that have alcohol as a contributing factor.

In the South Plains Region<sup>1</sup>, alcohol abuse is a contributor to four of the ten leading causes of death. The following table indicates the causes of death in this region by age group. Note the rate per 100,000 population column and compare these figures with the corresponding columns on the previous table.

In addition to accidents, homicide and suicide, the abuse of alcohol is also associated with cirrhosis and with cancer, particularly of the liver, esophagus, mouth and stomach. As can be seen from Table 11, cirrhosis accounted for less than 1% of all deaths in this region. The table on the following page reflects the incidence of death due to cirrhosis by age groups in this region.

Table 12 should be studied in relationship to Table 13. A cursory analysis indicates that the rate per 100,000 population for these selected causes of death are lower than the statistics for the United States, Texas and preceding years for this region with the exception of homicide--higher than both the U.S. and Texas rates. The decline in motor vehicle accidents is generally attributed to the lowering of the highway speed limit.

Alcohol abuse contributes to family disruption, child and spouse abuse, unwanted pregnancy, rape, assault and other forms of violence which impact the health care system. Fetal alcohol syndrome is the third most frequently occurring birth anomaly: 1 in 2,000 babies born is at risk should the mother consume alcohol excessively.<sup>3</sup> Sixty-three percent of all injuries from falls are alcohol related as are 69% of drownings and 1/3 of all highway injuries.

Alcohol has pervasive effects: biological, psychological, and social consequences for the abuser; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.<sup>4</sup>

1. Healthy People The Surgeon General's Report On Health Promotion and Disease Prevention 1979, DHEW (PHS) Publication No. 79-55071
2. Health United States 1979 U.S. Department of Health, Education AND Welfare (PHS) Publication No. 80-1232



3. Disease Prevention and Health Promotion: Federal Programs and Prospects Report of The Departmental Task Force on Prevention, September 1978 DHEW (PHS) Publication No. 79-55071B
4. Preventing Disease/Promoting Health 1979, Objectives for the Nation. 15 working papers DHEW Conference.



TABLE 11

LEADING CAUSE OF DEATH AND RATES\*  
by AGE GROUPS FOR HSA TWO  
1978

CAUSE OF DEATH	1-4 Years	5-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	Over 65 Years	Total	Rate per 100,000 Population	Per Cent Of Total Deaths
1. Cardiovascular Disease	0	0	2	4	19	77	77	718	897	251.16	34%
2. Malignant Neoplasms	1	2	3	9	22	51	83	492	663	185.64	25%
3. Cerebrovascular Disease	0	0	0	0	3	9	15	242	269	75.32	10%
4. All accidents	9	18	50	42	19	16	13	21	180	50.4	7%
5. Influenza, Pneumonia and Emphysema	2	2	0	2	0	0	4	94	104	29.12	4%
6. Arteriosclerosis	0	0	0	0	0	0	6	57	63	17.64	2%
7. Homicide	1	0	16	21	8	7	5	5	63	17.64	2%
8. Suicide	0	0	15	10	7	4	9	4	49	13.72	1.6%
9. Diabetes	0	0	0	2	4	2	5	21	34	9.52	1%
10. Cirrhosis	0	0	0	1	2	8	2	13	26	7.28	.9%

\* Per 100,000 population

SOURCE: "69 Causes of Death," Texas Department of Health



TABLE 12  
Cirrhosis Deaths in HSA Two  
1978  
and Rates/100,000

COUNTY	AGE						Total	Rate
	1-24	25-34	35-44	45-54	55-64	65+		
Bailey	0	0	0	0	0	1	1	12.04
Cochran	0	0	0	0	0	0	0	0
Crosby	0	0	0	2	0	0	2	22.46
Dickens	0	0	0	0	0	0	0	0
Floyd	0	0	0	0	0	0	0	0
Garza	0	0	1	0	0	0	1	19.04
Hale	0	0	0	1	0	0	1	2.72
Hockley	0	0	1	0	0	4	5	23.30
King	0	0	0	0	0	0	0	0
Lamb	0	0	0	0	1	2	3	18.15
Lubbock	0	1	0	5	1	4	11	5.29
Lynn	0	0	0	0	0	0	0	0
Motley	0	0	0	0	0	0	0	0
Terry	0	0	0	0	0	1	1	7.05
Yoakum	0	0	0	0	0	1	1	13.46
HSA Two	0	1	2	8	2	13	26	7.28
Metro	0	1	0	5	1	4	11	5.29
Non-Metro	0	0	2	3	1	9	15	10.05

Source: Texas Department of Health  
"69 Causes of Death, 1978"



TABLE 13  
Deaths from Selected Causes  
By County of Residence  
1979

	Cirrhosis	Motor Vehicle Accidents	All Other Accidents	Suicide	Homicide
Bailey	0	4	1	0	0
Cochran	1	2	2	0	2
Crosby	0	1	2	1	1
Dickens	0	0	4	0	0
Floyd	0	1	1	1	0
Garza	1	2	0	1	1
Hale	1	12	19	4	5
Hockley	2	8	4	3	1
King	0	0	0	0	0
Lamb	2	3	6	1	1
Lubbock	11	44	50	20	46
Lynn	2	3	3	1	0
Motley	0	1	1	0	0
Terry	0	2	4	2	1
Yoakum	0	1	1	0	0
Regional Totals	20	84	89	34	58
Rate per 100,000 Population	5.57	23.4	24.8	9.4	16.1

Source: Texas Vital Statistics 1979  
Texas Department of Health



#### PROGRAM DATA

##### Texas Department of Health-Mental Retardation Treatment Data.

During the calander year 1979, over 2,000 persons were served in the various alcoholism treatment facilities in the region. A total of 202 persons from the SPAG Region were admitted to state hospitals for a primary diagnosis of alcoholism. Of the 202 people who were treated for alcoholism, 158 or 78% were males. The ages ranged from less than 20 to greater than 60 with the majority between the ages of 30 and 60. Of the persons treated, 83% were White; 9% were Mexican American, and 6% were Black.

For the Fy 1980 program year there were 1,219 alcohol-related admissions to the Community MHMR Centers. (see Appendix K and L ). Of the 1,219 people who were served, 960 or 78.7% were male. Sixty six percent of the total number treated were between the ages of 22-64, 12% were age 21 or under and 5% were over age 65. A total of 719 (59%) were White, 359 (29%) were Mexican American, and 62 (5%) were Black.

In reviewing these figures, it is apparent that 79% of all persons served by the MHMR Centers and state hospitals for treatment of alcoholism were male, over 50% of those served were White, and a majority were between the ages of 30 and 60 years of age. When compared to demographic data on the South Plains Region, these figures represent a significantly higher alcoholism treatment rate for males when compared to the rest of the population. That is, males constitute less than 50% of the region's population, but make up 79% of those served; males between the ages of 35-64 make up 14.16% of the region's population but made up over 50% of those served for treatment of alcoholism by state hospitals and community MHMR Centers.

These figures take on a greater significance in light of the arrest data indicating that the age-sex group accounts for the largest portion of the total arrests for alcohol related offenses were males aged 18-30. This suggests that the large number of young males abusing alcohol is part of a pattern which later manifests itself in a higher proportion of middle-aged males seeking treatment for alcoholism.

##### Texas Commission on Alcoholism Treatment Data

During the FY 1980 program year, 641 persons were served in projects funded by the Texas Commission on Alcoholism in the SPAG region. (Plains Detox Center, Texas Tech University Health Sciences Center, Medical Teaching Program on Alcoholism Inpatient Services). Of those persons served, the mean age at the Texas Tech program was 45 while the mean age was slightly higher for the Detox Center. Seventy-seven percent of the 641 persons served were male and 92% of the total were White.



## ECONOMIC AND SOCIAL IMPACT

### Alcoholic Beverage Taxes

Only three counties; Dickens, Garza, and Lubbock have "wet" precincts allowing the sale of alcoholic beverages through retail package outlets. The City of Lubbock does not allow package sales within the city limits but does permit sales through restaurants and liquor-by-the-drink outlets subject to zoning regulations. Eight additional counties allow alcoholic beverages to be served by "private clubs." The total retail sales of alcoholic beverages in 1979 for the State of Texas was \$189,312,056.69.

Texas laws regulate the retail sale of alcoholic beverages by private clubs, restaurants bars, and other outlets for on-premises consumption. Instead of applying the general 5% sales tax, Texas imposes a special 10% state tax on the gross sale of those beverages which is remitted to the state treasury. In turn, the State rebates 15% of the tax collected from outlets located within a county to the county government; and, if any of the outlets are located within an incorporated city, rebates an additional 15% to the city government.

Table 14 shows the total tax remitted to the cities and counties in State Planning Region 2; \$562,275.24. This includes both the 15% rebated to the counties and the additional 15% rebated to the indicated cities. The combined rebate to eligible counties and cities is therefore 30% of the taxes collected from the region.

TABLE 14  
STATE PLANNING REGION II

#### Mixed Drink Tax Remittance to Cities and Counties - 1979

COUNTY	\$	\$
Bailey County	\$ 1,662.15	
Muleshoe, City		1,073.17
Cochran County	464.80	
Crosby County	344.10	
Dickens County	.00	
Floyd County	889.08	
Garza County	.00	
Hale County	21,273.95	
Plainview, City		14,687.15
Hockley County	5,242.35	
Levelland, City		2,861.44
King County	.00	
Lamb County	4,844.36	
Littlefield, City		2,862.38
Lubbock County	249,117.49	
Lubbock, City		244,890.01
Slaton, City		696.72
Lynn County	.00	
Motley County	.00	



Terry County	\$ 7,118.89	
Brownfield, City		\$ 4,247.20
Yoakum County	.00	
Mixed Drink Revenues to Counties:	\$290,957.17	
Mixed Drink Revenues to Cities:		\$271,318.07
Total	\$562,275.24	

Source: Texas Commission on Alcoholism

Note: The figures in the chart do not include information pertaining to the wholesale or retail sale of "packaged" alcoholic beverages for off-premises consumption. That information is not available.

At this time, all tax money returned to the cities and counties are used for employee salaries, supplies, building and utility costs, etc. but none of this money is spent on treatment and rehabilitation services. With the cut back of federal and state monies available to keep some of the community alcoholism programs running, providers will be asking these cities and counties to contribute a percentage of this alcoholic beverage tax money back into treatment programs.

#### ECONOMIC AND SOCIAL COSTS

The 1974 issue of Alcohol and Health defines economic costs as "the value of output or production that must be foregone by society because of alcohol misuse and alcoholism." While the monetary losses from alcoholism and its effects can be calculated, the resulting social losses cannot be estimated, since human resources cannot be measured with any reality. SPAG utilizes several formulas for determining the economic and social impact of alcohol abuse and alcoholism on its regional population.

#### Business and Industry Losses

The National Institute on Alcohol Abuse and Alcoholism and the National Council on Alcoholism both utilize a standard formula to calculate business and industrial losses due to alcoholism. Included in the the formula are losses due to "... loss of efficiency, absenteeism, lost time on the job, faulty decision making, accidents, impaired morale of co-workers, and other factors." The formula is: 7% of the labor force x 25% of the region's average weekly wage x average number of weeks worked per employee equals total business and industry losses. When applied to the South Plains Region, the results are: 12,086 X \$41.25 X 47 = \$23,431,732.

#### Health And Medical Costs

Regional alcohol-related health and medical costs are derived from the Social Security Bill as reported in the Second Special Report to the U.S. Congress on Alcohol and Health (1974). This report states that in 1971 \$68.3 billion was spent on health care in the U.S. and that 12%, or \$8.29 billion (\$62.07 per capita, 18+)



was spent by adults for alcohol-related health and medical problems. Assuming this estimate is accurate for Texas and allowing for annual inflationary increases for overall hospital care for the period 1972-1979, the per capita expenditure for alcohol-related health care costs in Texas is \$153.67. The formula for determining the regional cost is:  $\$153.67 \times \text{regional population age 18 and over}$  equals per capita cost distribution for the region for alcohol related health care. Applying this formula to the South Plains Region;  $\$153.67 \times 205,000 = \underline{\$31,502,350}$ .

#### Motor Vehicle Fatal Accident Costs

The National Safety Council estimates that each traffic death in 1979 cost \$680,000. This figure includes economic loss, injuries, and property damage. There were 21 fatal motor vehicle accidents in the South Plains Region involving DWI drivers. Thus the cost for motor vehicle accidents in the SPAG region is \$14,280,000.

#### Alcohol-Related Arrests Costs

These costs are derived from a study conducted in Amarillo, Texas, DWI - \$74.02, liquor law-violations \$59.11 and drunkennes-\$58.06. Using these figures and applying them to the 1979 arrest data, the estimated cost to the criminal justice system is as follows:

DWI	\$225,316.88
Liquor law violations	21,220.49
Public Drunkennes	261,618.36
	<u>\$508,155.73</u>

#### Alcoholism Program Costs

Costs estimated for operating local programs in the region for 1979-80 reflects the following:

TCA Federal (Formula Funds	\$121,761
NIAAA	-0-
Other Federal	-0-
State	414,324
Local	167,407
TOTAL	<u>\$703,492</u>

These figures do not include military installations, VA hospitals, or state agencies.

#### ECONOMIC AND SOCIAL COST TABLE

Business and Industry Losses	\$23,431,732
Health and Medical Costs	\$31,502,350
Motor Vehicle Fatal Accident Costs	\$14,280,000
Alcohol-related Arrests Costs	\$ 508,156
Alcohol Program Costs	\$ 703,492
TOTAL	<u>\$70,425,730</u>



## TRENDS

The State Planning Region 2 has a skeletal network of alcoholism services within the region. Detoxification is provided by Plains Detox Center in Lubbock and the Alcohol Recovery Center in Plainview. Emergency services are provided by area hospital emergency rooms. The residents of the region are provided inpatient 23-28 day residential services through the Texas Tech Department of Psychiatry Alcoholism Unit and Central Plains MHMR. Halfway houses are also provided by the two Community MHMR Centers, Walker Houses, Inc. and the Alcohol Recovery Center in Lubbock. A long term residential treatment program has recently opened at White River. There are various 24 hour emergency hot-lines and outpatient services provided as well as educational/information/referral services. Long term inpatient therapy in a medical setting is not available in the 15 county SPAG region. However, services are available at Big Spring State Hospital, Vernon Center State Hospital, and Veterans Administration Hospital. (Appendix O and P)

Although the demand for alcoholism treatment and rehabilitation services is heavy during the holiday seasons and periods of cold weather, the existing programs do not normally maintain 100% occupancy. The operation of the detox centers has increased the demand for half-way house services and long term residential services affordable to the clients. The current halfway house program capacities appear to be adequately meeting the current demand. The need exists for affordable long term residential program. If the Alcoholism Services Act is passed by the Texas Legislature and public intoxication is decriminalized, all alcoholism services will need to undergo heavy analysis and additional services may be needed at that time.

The data shows that White males, ages 20-29 are those most frequently arrested for alcohol related offences. The treatment data seems to reflect that although some of this population is being reached, many more are not treated until they are older. The number of Mexican American served is approximately 20% (the majority were in DWI classes). This would indicate that there is a need to develop services that would encourage their use. It may be necessary to take a hard look at the current services in regard to staffing, cost, location, and availability and redesign them to encourage the Mexican American population. The Black population shows a low arrest rate and does not utilize the services frequently.

There also needs to be a formalized data system established in Region 2. At this time, only those service providers under TCA grant and Community MHMR Centers are reporting statistics. The conclusions drawn in this plan can only be based on information from those providers and not all services. This need was addressed in the action plan. A data collection system that can reach all faucets of the alcoholism field including emergency rooms at hospitals and counselors in the school systems is needed and hopefully will be designed and implemented by 1983.



The primary problem facing the treatment and rehabilitation programs is funding stability. Over 50% of the combined operating budgets of the treatment and rehabilitation programs is derived from federal and state government sources. The anti-inflationary move to reduce government financial support for social services is expected to significantly affect the local programs. Already the detoxification centers and halfway houses are trying to generate alternative funding resources in order to achieve financial stability and prevent them from going out of business.

Cost to the Region for alcohol-related problems is increasing each year as reflected by the economic and social costs section of this plan. The cost of services to these alcoholics is also increasing each year. The South Plains Region receives approximately \$562,275 in rebate for alcoholic mixed beverage sales, yet none of this money is channelled back into alcohol-related programs. If efficient and effective alcohol programs are to be established in this region, more local support money needs to be budgeted for this purpose.

Initiatives in other areas of program development need to be closely tied to the problem of financial stabilization. Public information/education efforts need to be expanded and intensified in order to elicit a greater understanding and acceptance of alcohol addiction as a legitimate health problem and consequently generate additional contributory funding. The employee assistance programs need to continue to contact businesses, not only to provide entry to the majority population of employed problematic alcohol abusers but also to generate additional numbers of private-pay patients and engender higher levels of corporate financial report. Procedures for identification, intervention, and referral of alcohol related offenders from the criminal justice system into alcoholism services programs need to be refined and expanded in order to demonstrate the cost advantage of treatment and rehabilitation and increase the level of local government funding support for the programs.

The increasing magnitude of alcohol related problems shown by juvenile arrest data demands that preventive education services be intensified. The increase in the juveniles arrested for alcohol-related offenses increased by 40% from 1978 to 1979 and indicates a definite problem with today's youth. Local alcoholism information/education resources need to be expanded and to work more closely with school administrators and other personnel to further supplement the Crime Prevention and Drug Education curriculum developed through the Region 17 Education Service Center. The parent-peer model needs to be expanded to involve all the school districts to increase the parents awareness to alcohol problems and provide guidance to their children. A feasible strategy for effectively intervening with the student population that is already having difficulties needs to be developed and implemented, as well as a residential treatment facility to house these troubled youth.

Because alcohol abuse is a contributing factor in four of the ten leading causes of accidents in this area, approximately 1 in 20 deaths are alcohol related. Of these, the majority are in the



age group 1-34 years old. Greater focus needs to be placed upon alcohol education, especially in the drivers education programs.

Effective confrontation and resolution of any social problem requires a high level of organized cooperation. Local alcoholism services programs need to continue building and refining coordinated working relationships among themselves and with other social services organizations in order to successfully ameliorate the problems of alcohol addiction and problematic alcohol abuse in Region 2.



## SUMMARY

Alcohol abuse affects approximately 88,500 individuals in the South Plains Region. This figure includes 17,291 abusers and 69,164 significant others affected by the alcohol abusers.

Alcohol arrest data reflects White males ages 20-29 as those most frequently arrested. Although treatment data shows that we are reaching some of this population, the majority of the White males are not being treated until age 35+. This would indicate that alcohol abuse problems are already in the acute stage before treatment is sought. To further emphasize this point, juvenile arrest data over the past four years shows a definite increase in the number of alcohol arrest. From 1978 to 1979 there was a 40% increase in the number of juveniles arrested. This indicates a definite problem among the younger population. Further emphasis must be placed on education, prevention, and intervention with the age group 10 to 29.

All alcohol treatment service agencies provide services to the general population. The arrest data reflects the Mexican American population as having a problem with alcohol abuse. In reviewing the treatment data, very few Mexican Americans are seeking treatment for alcoholism, and most service agencies are not reaching the Mexican American population. It will be necessary to take a hard look at the current services in regard to staffing, cost, location, and availability and redesign them to encourage usage by the Mexican American population.

Because alcohol abuse is a contributing factor in four of the ten leading causes of accidents in this area, approximately 1 in 20 deaths are alcohol related. Of these, the majority are in the age group 1-34 years. What this means is accidents involving alcohol is the number one killer of the South Plains residents ages 1 thru 34. DWI arrests for the past four years have been on the increase. In 1979 there were 832 accidents involving DWI in this region, of those 21 were fatal accidents and 24 persons were killed. Greater focus needs to be placed upon alcohol education, especially in the drivers education program.

In the summer of 1980 SPAG conducted a survey on the decriminalization legislation. Local law enforcement agencies, judges, hospital administrators, EMS, and treatment providers were asked to respond to the survey. The overall survey results reflect the law enforcement personnel against decriminalization and the treatment providers split about fifty/fifty. Of major concern is the funding for adequate facilities. Also of concern to law enforcement was the "rath" they would take from the public if they did try to arrest an incapacitated person. Also, most law enforcement personnel felt that alcohol abuse would become more prevalent. The need for revisions to the legislation as well as more education on the bill are needed in this region.



But the primary problem facing treatment and rehabilitation programs is funding stability. Over 50% of the combined operating budgets of these programs are derived from federal and state government sources. The anti-inflationary move to reduce government support for social services is expected to affect local programs significantly.

Effective confrontation and resolution of any social problem requires a high level of organized cooperation. Local alcoholism services programs need to continue building and refining coordinated working relationships among themselves and with other social services organizations in order to successfully ameliorate the problems of alcohol addiction and problematic alcohol abuse in the South Plains Region.

AGE	SEX	ETHNICITY	POPULATION
0-14 98,460	Male 168,798	White 250,975	345,474
15-19 44,913	Female 175,676	Black 23,658	
20-29 48,266		Hispanic 68,113	
30-39 38,003		Other 1,727	
40-49 60,457			
50-59 55,576			
60-69 32,576			
70-79 17,291			
80-89 12,291			
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Regional Alcoholism Authority: South Plains Association of Governments  
 State Planning Region #: 2  
 Health Service Area #: 2

Counties Served: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum.

REGIONAL POPULATION (1975 Projection)

AGE	SEX	ETHNICITY	TOTAL POPULATION
0-14 98,460	Male 169,798	White 250,972	345,474
15-19 44,913	Female 175,676	Black 23,658	
20-29 48,366		Hispanic 69,117	
30-39 38,002			
40-54 60,457		Other 1,727	
55+ 55,276			

ALCOHOL ABUSE POPULATION: 17,291

FAMILIES AND OTHERS AFFECTED: 69,164

SOCIOLOGICAL INDICATORS (1975 projections)

Average education level, over age 25, (in yrs.)	8.3 yrs.	# businesses and industries	not available
Per capita income	\$3,819	# migrants	37,000 (1970)
% urban population	57%	# labor force	107,497 (1980)
% rural population	43%	Unemployment rate	4.9%(1980)

ALCOHOL PROGRAM COSTS

TCA Federal	\$ 121,761
NIAAA	\$ -0-
Other Federal	\$
State	\$ 414,324
Local	\$ 167,407
TOTAL	\$ 703,492



### SECTION III PROGRESS REPORT

The Regional Alcohol Plan for the SPAG Region established seven goals and thirteen objectives to be addressed in the 1980-81 Action Year. These priorities were classified into Primary Prevention, Secondary Prevention, Treatment and Rehabilitation, and Planning, Coordination, and Resource Development.

Goals for the 1980-81 Action Year were:

#### Primary Prevention

Provide information and educational materials to the general public on alcohol abuse.

#### Secondary Prevention

1. To establish an effective intervention program for youth in the South Plains Region.

2. To provide educational services training for all persons providing a role in alcoholism in Planning Region.

3. To have in operation, within a year of the initial justice system in the region, established mechanisms and procedures for evaluation, intervention, and diversion of alcohol-related offenders to available educational and rehabilitation services.

4. To have in operation appropriate models of Employer Assistance Programs in a sufficient number of employing organizations to cover at least fifty percent of the employed labor force in the region.

#### Treatment and Rehabilitation

To have in operation a regional network of effective treatment and rehabilitation services which provide complete continuity of care, are accessible to all segments of the regional population, and are primarily supported by local funding sources, third-party payment mechanisms, and client fees.

#### Planning, Coordination and Resource Development

To insure the regional network of alcoholism services is a coordinated, well-integrated system which provides a high quality of services for the lowest possible cost.

Section III

Progress Report

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### SECTION III

#### PROGRESS REPORT

The Regional Alcohol Plan for the SPAG Region established seven goals and thirteen objectives to be addressed in the 1980-81 Action Year. These priorities were classified into Primary Prevention; Secondary Prevention; Treatment and Rehabilitation; and Planning, Coordination, and Resource Development.

Goals for the 1980-81 Action Year were:

##### Primary Prevention

Provide information and educational materials to the general public on alcohol abuse.

##### Secondary Prevention

1. To establish an effective intervention program for the youth in the South Plains Region.
2. To provide education and inservice training for all persons providing alcoholism services in Planning Region 2.
3. To have in operation, within all levels of the criminal justice system in the region, established mechanisms and procedures for evaluation, intervention, and diversion of alcohol related offenders to available educational and rehabilitation services.
4. To have in operation appropriate models of Employee Assistance Programs in a sufficient number of employing organizations to cover at least fifty percent of the employed labor force in the region.

##### Treatment and Rehabilitation

To have in operation a regional network of effective treatment and rehabilitation services which provide complete continuity of care, are accessible to all segments of the regional population, and are primarily supported by local funding sources, third-party payment mechanisms and client fees.

##### Planning, Coordination and Resource Development

To insure the regional network of alcoholism services is a coordinated, well-integrated system which provided a high quality of service for the lowest possible cost.



The following report relates progress achieved toward addressing these goals during the 1980-81 calendar year. Due to the time frame in the preparation of this document and the completion dates for the objectives, many projects will not have begun work or may only be starting.

#### PRIMARY PREVENTION

Objective: To maintain the existing public information/education activities in the Region.

Progress: The South Plains Association on Governments, as well as the local MHMR Centers and Councils on Alcoholism have each maintained libraries of information and educational materials on alcohol abuse and alcoholism. The information has been used by many Texas Tech University Students for papers and presentations on alcohol abuse. Much of the information has been distributed to school aged children by the Councils on Alcoholism. A packet of 45 pamphlets on alcohol and drug abuse was provided to 60 area teachers at a workshop sponsored by the school system this past summer. The Hale County Council on Alcoholism provided pamphlets to interested and concerned citizens at the Health Fair on October 3, 1980. Some 15,000 to 18,000 persons attended the fair. The South Plains Employee Assistance Program is in the process of setting up a library of information for troubled employees.

A Regional Alcohol Directory has been developed by the RAA and distributed to service providers throughout the Region. Some specific groups to receive the directory this year were all TDHR Counselors, the City of Lubbock Police Academy Rookie School Class, and the Lubbock School Nurses.

The RASD has visited with the Area Agency on Aging regarding the elderly and alcohol abuse. Some pamphlets regarding elderly and alcoholism were provided and some tentative plans to work together on some projects were discussed.

Objective: To increase the amount of coverage and promotion of alcohol related issues by commercial media.

Progress: So far this year, alcoholism programs have appeared on at least two talk shows. The RAA did a program on alcoholism in April in preparation for the Regional Conference. The Plains Detox Center also did a talk show on alcohol abuse and alcoholism and what their program does. Besides talk shows, the television news teams from all three stations have done at least 20 interviews this year with the RASD and other service providers regarding programs and legislation.

Public service announcements have only been aired before the Regional Conference. Plans are to send PSA's on alcohol abuse to radio stations every other month.



The newspaper has been extremely helpful in preparing articles on alcohol abuse and alcoholism programs. Several articles have appeared in the paper during the Regional Conference and for several weeks after, a three part series on alcohol abuse was prepared by a local reporter and printed this past summer, the Detox Center and South Plains Employee Assistance Program have each had 3 articles written on their programs this year. Currently a reporter is preparing a full page spread on alcoholism programs in the region.

Objective: To improve health and physical education instruction for students in the public schools.

Progress: With the school year just underway, little has been done in the schools so far this year. The Lubbock Council on Alcoholism has begun their school presentations in 5 classes so far. Several more are planned. The Hale County Council on Alcoholism has made contact with the school principals but no school presentations have been made at this time.

The family-model program has taken off in the Lubbock area. The City Council of PTS's has given presentations to numerous family groups and the peer parenting groups are working well. A workshop is planned for November to train more parents in the program.

Objective: Establish Council on Alcoholism in two additional rural counties.

Progress: No progress has been made at this time. This does remain a priority for this year.

#### SECONDARY PREVENTION

Objective: Develop a model problem intervention project in one school district in the Region.

Progress: No progress has been made at this time. The RAAAC has decided to approach the schools in a different manner. The SMILE Project will be followed up in all schools instead.

Objective: Increase the number of qualified competent and effective providers of alcoholism services throughout the Region.

Progress: The TAAC chapter has not been approached as a group regarding educational programs needed in the region. This will be completed by the end of the planning year. However, additional educational program have been presented.

Objective: Increase public awareness on alcohol abuse in the Region.



Progress: Plans are now underway for the 3rd Annual Conference on Alcohol Abuse to be held May 11 and 12, 1981. The 1980 conference was held on April 23 and 24, 1980 at the Hilton Inn in Lubbock. The conference was very successful and attracted 126 persons. Several nurses and criminal justice staff members attended this conference.

Objective: Continue the present DWI Offender education programs covering Hale, Lubbock and Crosby Counties.

Progress: The two current programs, operating in Plainview and in Lubbock have served approximately 600 persons in the past year. The Lubbock program staff have attended the training at Sam Houston State University and are using the State program in their classes. The Plainview program is interested in sending their staff to the training and implementing the State program. An alcoholism counselor began contracting with several county probation departments and now holding DWI classes in 4 counties. He also is interested in initiating the statewide program.

Objective: Continue the alcohol offender referral/diversion project in Lubbock County and establish similar projects in at least seven of the remaining fourteen counties.

Progress: The Plains Detox Center has been working hard to continue the relationship with the area law enforcement. In an effort to increase awareness of the program and set up a referral program with the adult probation department, a meeting was scheduled to discuss a new program. The probation department hopes to place DWI offenders on probation, ordered by the Judge to pay a fine, and placed in the Detox Center to work off the fine. At this time only preliminary plans have been made.

The Plains Detox Center, in an attempt to educate and gain the support of local elected officials, has been inviting county judges, councilmen and county commissioners to the detox for lunch and a tour of the facility.

Objective: To establish at least one full-time Employee Assistance Program consultant project in the Region.

Progress: The South Plains Employee Assistance Program was funded by the Texas Commission on Alcoholism February 1, 1980. The project staff was hired and the project began in late March, 1980. At the present time, presentations and meetings with businesses and industry are being presented by the staff. Two contracts are pending.



## TREATMENT AND REHABILITATION

Objective: To ensure the continued operation of the currently existing detoxification, inpatient, outpatient, and residential program.

Progress: The RASD, Plains Detox Center staff and the Texas Department of Human Resources Counselors have been working toward a Title XX contract with TDHR. The funding has been frozen for several months so nothing more can be done at this time. Funding through this source will be pursued.

The RASD has provided to all service providers information on legislation and medicare and medicaid payments for alcoholism services.

The RASD has worked with the Plains Detox Center on the grant application to TCA and the Hale County Council on Alcoholism on a request for emergency funds. Other possible sources of funding have been passed on to agencies as requested.

Objective: Increase the ability of each treatment and rehabilitation services program to effectively serve each of the special population groups.

Progress: Plans are now underway to bring in some consultants to help determine the problem service providers are having in reaching minorities in treatment. We are anticipating some problems with funding for the consultants.

Objective: To continue the Regional Alcoholism Authority planning and development program.

Progress: The South Plains Association of Governments did apply for funding to continue the Regional Alcoholism Authority program through January 31, 1982. The Regional Alcohol Abuse Advisory Committee has been maintained and regular meetings held. Fifteen new members have been added in the past year with more representation from women, minorities and counties outside of Lubbock.

The Regional Alcoholism Authority throughout the year has tried to maintain a complete library of resource materials for use by residents of the region. The Resource Directory on Alcoholism Services as well as the Regional Alcohol Plan has been published and distributed to as many people as possible for reference and assistance for services and grant preparation. There has been continued cooperation and coordination between the South Plains Health Systems, Inc. and the Regional Alcoholism Authority. The RASD serves on the Project Review Committee of the HSA and the Director of Planning of the HSA serves on the RAAAC. This provides for input into each of the plans and a sharing of information.



## SECTION IV

### ACTION PLAN

Regional planning is a continuous process which interfaces with the statewide planning effort and reflects changing needs, priorities, availability of resources and programs toward regional goals and objectives. The regional plan provides for the orderly development of a coordinated, comprehensive network of alcohol addiction and abuse prevention, treatment and rehabilitation programs.

In order to assess community needs for alcoholism services for the Regional Alcohol Plan and the Health Systems Plan, an Alcoholism Planning Committee was formed of the different service providers and interested parties in the region. After a series of meetings, priority goals and objectives were updated for the prevention, treatment and control of alcohol abuse.

The Action Plan is divided into four categories: Primary Prevention, Secondary Prevention, Treatment and Rehabilitation, and Planning, Coordination, and Resource Development. Primary Prevention includes services targeted at those persons who have not yet developed a drinking problem. Secondary Prevention includes services intended to intervene at early stages of alcohol addiction and abuse. Treatment and Rehabilitation pertains to services for the alcoholic and recovering alcoholic. Planning, Coordination, and Resource Development addresses the orderly expansion of the alcohol service delivery system to meet the needs of the region. Within each category are the goals and prioritized objectives to be addressed as well as recommended actions for each objective. It should be noted that not all goals or objectives will be accomplished during the coming one-year year, but that all recommended actions are intended to be fulfilled by the year's end.

#### Section IV

#### Action Plan

#### PRIORITIZED GOALS

##### Primary Prevention

Provide information and education materials to the general public on alcohol abuse.

##### Secondary Prevention

1. To provide education and training for all persons providing alcoholism and other health related human services in Region 2.
2. To have in operation appropriate models of Employee Assistance Programs in a sufficient number of employers organizations to cover at least fifty percent of the employed labor force in the Region by 1988.



## SECTION IV

### ACTION PLAN

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The Action Plan is divided into four categories: Primary Prevention; Secondary Prevention; Treatment and Rehabilitation; and Planning, Coordination, and Resource Development. Primary Prevention includes services targeted at those persons who have not yet developed a drinking problem. Secondary Prevention includes services intended to intervene in the early stages of alcohol addiction and abuse. Treatment and Rehabilitation pertains to services for the alcoholic and the alcoholic's family. Planning, Coordination, and Resource Development addresses the orderly expansion of the alcohol service delivery system to meet the needs of the region. Within each category are the goals and prioritized objectives to be addressed as well as recommended actions for each objective. It should be noted that not all goals or objectives will be accomplished during the coming program year, but that all recommended actions are intended to be fulfilled by the year's end.

#### PRIORITIZED GOALS

##### Primary Prevention

Provide information and education materials to the general public on alcohol abuse.

##### Secondary Prevention

1. To provide education and inservice training for all persons providing alcoholism and other health related human services in Region 2.
2. To have in operation appropriate models of Employee Assistance Programs in a sufficient number of employing organizations to cover at least fifty percent of the employed labor force in the Region by 1986.



3. Promote within the criminal justice system procedures for evaluation, early detection, and referral of alcohol related offenders to education and rehabilitation services.

#### Treatment and Rehabilitation

To have in operation a regional network of licensed treatment and rehabilitation services.

#### Planning, Coordination, and Resource Development

Improve comprehensive alcohol planning which coordinates local, regional and state plans affecting alcohol abuse to avoid duplication of effort and fragmentation of services.



# PRIMARY PREVENTION

GOAL: Provide information and educational materials to the general public on alcohol abuse.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
1. To maintain the existing public information/education activities in the Region.	A. Maintain a library of information/educational materials to assist local programs in designing educational strategies and obtaining appropriate materials.	Implementor: RASD, Councils on Alcoholism, Community MHMR Centers Time Frame: On going Cost: \$1,000
	B. Publish and distribute an updated edition of the Regional Alcohol Directory and encourage the inclusion of alcohol abuse programs in other directories.	Implementor: RASD Time Frame: February 1982 Cost: \$600
	C. Assist the Area Agency on Aging and agencies working with various categories of handicapped person to incorporate alcohol-related material into their information programs.	Implementor: RASD, Community MHMR Centers, Councils on Alcoholism Time Frame: On going Cost: No cost at this time.
2. To increase the amount of coverage and promotion of alcohol related issues by commercial media.	A. Provide information and/or persons to appear on local television talk shows at least 4 times.	Implementor: RASD, All Service Providers Time Frame: January 1982 - December, 1982 Cost: No cost at this time.
	B. Provide local T.V. and/or radio stations with at least 6 PSA's to be aired on Alcohol Abuse.	Implementor: RASD, All Service Providers Time Frame: January 1982 - December, 1982 Cost: No cost at this time
	C. Provide newspaper articles to local papers at least 4 times a year.	Implementor: RASD, All Service Providers Time Frame: January 1982 - December, 1982 Cost: No cost at this time.



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OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
3. To improve health and physical education instruction for students in the public schools.	<p>A. Promote SMILE Project in Lubbock, Hale, Garza, Terry and Hockley Counties.</p> <p>B. Encourage inclusion of alcohol specific components in the Drivers Education Classes in the school districts in the Region.</p>	<p>Implementor: RASD, Councils on Alcoholism Time Frame: January 1982 - December 1982. Cost: \$1,000</p> <p>Implementor: RASD, Councils on Alcoholism Time Frame: January 1982 - December, 1982 Cost: \$1,500</p>
4. Establish council on Alcoholism in Terry and Hockley Counties by 1983.	A. Meet with and assist community leaders in Terry and Hockley Counties in organizational planning and development.	Implementor: RASD Time Frame: May-December, 1982 Cost: Cost already calculated elsewhere.



## SECONDARY PREVENTION

GOAL: 1. To provide education and inservice training for all persons providing alcoholism and other health related human services in Planning Region 2.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
1. Increase the number of qualified competent and effective providers of alcoholism services throughout the Region.	A. Develop quarterly workshops for Alcoholism counselors and other health related personnel.	Implementor: RASD Time Frame: January 1982 - December 1986 Cost: \$300 per workshop
	B. To serve as a catalyst in working with Regional Colleges and Universities to increase the level of alcohol related teaching.	Implementor: All service providers Time Frame: August 1982 - on going Cost: No initial cost
	C. Conduct annual Regional Conference on Alcohol Abuse for at least 100 people	Implementor: RAAAC Time Frame: October-May (through 1986) Cost: Approximately \$2,000 each year
	D. Assist each program in providing appropriate in-service staff training to effectively serve the special population groups.	Implementor: RASD, Community MHMR Centers, Consultants Time Frame: September 1982 - 1986 Cost: Approximately \$100 per training



## SECONDARY PREVENTION

GOAL: 2. To have in operation appropriate models of Employee Assistance Programs in a sufficient number of employing organizations to cover at least fifty percent of the employed labor force in the Region by 1986.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
1. Further develop the Employee Assistance Program consultation project in the region.	<p>A. EAP projects operating in the region will expand the work/force covered by contract in Lubbock, Hale, Hockley and Terry Counties.</p> <p>B. Maintain a resource file of Employee Assistance Program reports and materials to assist the consultant projects in program implementation.</p>	<p>Implementor: SPEAP Time Frame: January 1982 - December 1982 Cost: Approximately \$80,000</p> <p>Implementor: RASD, SPEAP Time Frame: On going Cost: Cost already calculated elsewhere.</p>



## SECONDARY PREVENTION

GOAL: 3. Promote within the criminal justice system procedures for evaluation, early detection and referral of alcohol related offenders to education and rehabilitation services.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
1. Further develop the DWI offender education programs covering Hale, and Lubbock/Crosby, Hockley and Terry Counties.	A. Implement the uniform DWI Education program utilizing the model curriculum developed by Sam Houston State University	Implementor: Lubbock Regional MHMP, Central Plains Community MHMR and Ron Stubblefield (instructor) Time Frame: By April, 1982 Cost: \$10,000 per program
	B. Expand Hockley and Terry County Programs to serve Cochran and Yoakum Counties	Implementor: Ron Stubblefield (Instructor) Time Frame: By September, 1982 Cost: Approximately \$200 per class
2. Establish alcohol offender evaluation, detection, and referral programs in Hale, Lubbock, Hockley and Terry Counties.	A. Assist interested counties in planning and implementing their referral project including obtaining funding and resolving	Implementor: RASD Time Frame: On going Cost: Cost elsewhere already calculated
3. Provide education and information to law enforcement and Juvenile Probation, Adult Probation, and Parole in the region.	A. Contact law enforcement academies in the Region to provide speakers and literatures.	Implementor: RASD Time Frame: February 1982 (each class) Cost: \$50 per class
	B. Hold inservice training workshops for probation officers.	Implementor: RASD Time Frame: Once per year-August Cost: \$50 per year.



## TREATMENT AND REHABILITATION

GOAL: To have in operation a regional network of licensed treatment and rehabilitation services.

OBJECTIVE	RECOMMENDED ACTION	RESOURCE REQUIREMENTS
1. Promote the continued operation of the currently existing detoxification, inpatient, outpatient, and residential programs meeting TCA licensing requirements.	A. Provide technical assistance and consultation regarding licensing standards and requirements and quality assurance.	Implementor: RASD, South Plains Health Systems, Inc. Time Frame: By December 1982 Cost: Cost already calculated elsewhere.
2. To increase the ability of each treatment and rehabilitation services program to effectively serve each of the special population groups.	A. Assist program to identify and resolve existing physical and programatic barriers to effectively serve the special population groups (handicapped, elderly, ethnic minorities, women, children and low income groups)	Implementor: RASD, Councils on Alcoholism, Community MHMR CTR. Time Frame: On going Cost: Cost already calculated elsewhere.
	B. Increase utilization of alcohol services by Mexican Americans and economically disadvantaged.	Implementor: RASD, Councils on Alcoholism, Community MHMR Ctr. Time Frame: On going Cost: Cost already calculated elsewhere.
3. Establish a 4 to 6 week inpatient residential treatment program for the region by 1985	A. Make contacts with current providers regarding expansion of services to include this service.	Implementor: RASD Time Frame: May-December 1982 Cost: No initial cost.
	B. Begin exploring possible sources of funding for the program.	Implementor: RASD Time Frame: On going Cost: Cost already calculated elsewhere.
4. Establish a youth residential and inpatient treatment facility for the South Plains Region by 1984.	A. Contact current service providers regarding a youth program and the interest to establish such a program.	Implementor: RASD Time Frame: February-August 1982 Cost: Cost covered elsewhere.
	B. Begin exploring possible sources of funding for the program.	Implementor: RASD Time Frame: February 1982 On going Cost: Cost covered elsewhere.



B. Begin exploring possible sources of funding for the program.

Implementor: RASD  
Time Frame: February 1982 On going  
Cost: Cost covered elsewhere.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
5. Provide updated legislative and funding information to alcoholism service providers.	<p>A. Keep all service providers abreast of the medicare and medicaid legislation for third party payments for alcoholism services.</p> <p>Assist local programs in the preparation and submission of funding applications to the identified alternate funding sources.</p>	<p>Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere</p> <p>Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere</p>
6. Establish permanent alcohol outpatient services in Hockley and Terry Counties by 1982.	<p>A. Assist local programs in analyzing and modifying program operations to achieve maximum cost-efficiency.</p> <p>A. Investigate Community resources to determine if anyone else is providing services.</p>	<p>Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere</p> <p>Implementor: Lubbock Regional MHMR Time Frame: January December 1982 Cost: Approximately \$20,000</p>
7. Research to determine the need for increased inpatient residential and detoxification services in the region.	<p>A. Do an analysis of the current services and clients served to determine additional need.</p>	<p>Implementor: Unknown Time Frame: Unknown Cost: Unknown</p>



# PLANNING, COORDINATION AND RESOURCE DEVELOPMENT

RAA 2-43

GOAL: Improve comprehensive alcohol planning which coordinates local, regional, and state plans affecting alcohol abuse to avoid duplication of effort and fragmentation of services.

OBJECTIVE	RECOMMENDED ACTIONS	RESOURCE REQUIREMENTS
1. To continue the Regional Alcoholism Authority Planning and development program.	A. Maintain a broadly representative Regional Alcohol Abuse Advisory Committee and conduct regular meetings.	Implementor: RASD Time Frame: On going Cost: \$25,000 each year
	B. Maintain an alcoholism resource library and provide technical assistance as needed to existing and developing programs.	Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere
	C. Formulate and publish an updated regional alcoholism plan.	Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere
	D. Continue to coordinate planning and development efforts with South Plains Health Systems, Inc.	Implementor: RASD Time Frame: On going Cost: Cost covered elsewhere
2. Develop a regional alcoholism data collection system by 1983	A. Identify funding sources.	Implementor: South Plains Health Systems, Inc., RASD Time Frame: Beginning January 1982 Cost: \$30,000
	B. Provide technical assistance and consultation to potential applicants.	Implementor: RASD, SPHS, Inc. Time Frame: On going Cost: Cost calculated above



## CROSBY COUNTY

Crosby County Council on Alcoholism  
Box 246  
Lorenzo, Texas 79049  
(806) 634-5750  
Crosbyton - (806) 675-2525  
Kallie - (806) 253-2634  
Idalou - (806) 832-2213

Lubbock Regional AIDS Outreach Center  
106 N. Durham (Crosbyton Hospital)  
Crosbyton, Texas 79322  
(806) 675-2518  
(806) 675-2388

Services: Regional services provide information, screening, referral and outpatient counseling for alcoholics and their families. Outpatients of state hospital treatment programs are also provided services to insure continuity of care between hospitalization and reintegration into the community living. An educational program for convicted driving while intoxicated offenders is provided in conjunction with the County Office of Lubbock Crosby County. The center works with numerous local law enforcement agencies to provide linkage with needed social services for all clients.

### Section V

### Directory of Services

Eligibility Requirements: Services residents of Crosby, Dickens, and King Counties.

Fees: Sliding scale.

Office Hours: 9:00 a.m. to 4:00 p.m. Fridays

White River Retreat  
White River Lake  
Star Route 2  
Spur, Texas 79370  
(806) 263-4134

Contact Person: Judy A. Rhoads, Director

Services: 24-hour resident treatment facility. Individual and group therapy. Family participation is encouraged.

Eligibility Requirements: Anyone from any County.

Fees: \$500 1st week, \$500 thereafter

Office Hours: 24-hour service, 7/day-week



CROSBY COUNTY

Crosby County Council on Alcoholism  
Box 246  
Lorenzo, Texas 79343  
(806) 634-5750  
Crosbyton - (806) 675-2526  
Ralls - (806) 253-2639  
Idalou - (806) 892-2210

Lubbock Regional MHMR Outreach Center  
106 N. Durham (Crosbyton Hospital)  
Crosbyton, Texas 79322  
(806) 675-2518  
(806) 675-2382

Services: Regional services provides information, screening, referral and outpatient counseling for alcoholics and their families. Expatrients of state hospital treatment programs are also provided, services to insure continuity of care between hospitalization and reintegration into stable community living. An educational program for charged and convicted driving while intoxicated offenders is also offered and works in conjunction with the County Courts-at-Law and Probation Office of Lubbock Crosby Counties. Alcoholism services works with numerous local and state agencies to insure good linkage with needed social services for all clients.

Eligibility Requirement: Serves residents of Crosby, Dickens, and King Counties.

Fees: Sliding scale

Office Hours: 9:00 a.m. to 4:00 p.m. Fridays

White River Retreat  
White River Lake  
Star Route 2  
Spur, Texas 79370  
(806) 263-4334

Contact Person: Judy A. Rhoades, Director

Services: 28 - 48 day resident treatment facility. Individual group and aftercare therapy. Family participation is encouraged.

Eligibility Requirements: Anyone from any County.

Fees: \$600 1st week, \$500 thereafter

Office Hours: 24 hour service, 7/day-week



GARZA COUNTY

West Texas Council on Drugs and Alcohol  
P.O. Box 190  
Post, Texas 79356  
(806) 495-2791

Contact Person:

Services: Provides information and referral, counseling, employee assistance, and school presentations to residents in Garza and Lynn Counties.

Eligibility Requirements: None

Fees: No fees for services - donations accepted

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

HALE COUNTY

Alcohol Recovery Center  
405 Ennis  
Plainview, Texas 79072  
(806) 296-2726 or 293-3641

Contact Person: Jim Duty

Services: ARC is a substance abuse treatment program open 24 hours, 7 days per week. The program offers non-medical detoxification, 28-45 day resident treatment, halfway house and extended living for clients needing these services. Outpatient therapy, Group and Family therapy and consultation and education are all services performed by the ARC Staff.

Eligibility Requirements: Residents of Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer and Swisher Counties.

Fees: Sliding Scale

Office Hours: 24 hours/day, 7 days/week

Central Plains Community MHMR Center  
2700 Yonkers  
Plainview, Texas 79072  
(806) 296-2726

Contact Persons: Rick Van Hersh



Services: Administrative and outpatient services are provided. Services provided are certified diagnostic and evaluation, MH counseling MR services, alcohol and drug abuse counseling. Services are provided for alcoholics by the Center at different locations include the Alcoholic Recovery Center and Inpatient Care.

Eligibility Requirements: Residents of Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer and Swisher Counties.

Fees: Rates are based on a sliding scale from 0 to \$35.00 per hour depending on the services performed.

Office Hours: 8:30 a.m. to 5:00 p.m. Monday thru Friday.

Hale County Council on Alcoholism  
P.O. Box 1598  
Plainview, Texas 79072  
(806) 293-2071

Contact Person: Lucy May Etter

Services: Provides information and referral a speakers bureau and a 24 hour hot line to alcoholics in Hale County.

Eligibility Requirements:

Fees: No fee for services-donations accepted

Office Hours: Hotline 24 hours.

Care Unit  
2601 Dimmitt Road  
Plainview, Texas 79072  
(806) 296-2726

Contact Person: Dr. Mary Bubbis

Services: The Center Inpatient Unit is a 24 hour, 7 day per week service offering medical detoxification for substance abusers, protective hospitalization for persons who are a danger to themselves or others and hospitalization for persons who are psychotic. The average stay is from 6-10 days with referral to the Center Group Home or State Hospital when needed. Chemotherapy, Group and Individual therapy, Music, Occupational, and Recreational therapies are offered to inpatients.

Eligibility Requirements: Residents of Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer and Swisher Counties.



Fees: Sliding Scale

Office Hours: 24 hours, 7 days/week.

HOCKLEY COUNTY

Lubbock Regional MHMR Outreach Center  
1202 Houston  
Levelland, Texas 79336  
(806) 894-7840

Contact Person:

Services: Regional services provides information, screening, referral and outpatient counseling for alcoholics and their families. Expatrients of state hospital treatment program are also provided services to insure continuity of care between hospitalization and reintegration into stable community living. An educational program for charged and convicted driving while intoxicated offenders is also offered and works in conjunction with the County Courts-at-Law and Probation Office of Lubbock-Crosby Counties. Alcoholism services works with numerous local and state agencies to insure good linkage with needed social services for all clients.

Eligibility Requirements: Residents of Hockley County.

Fees: Sliding Scale

Office Hours: 9:00 a.m. to 4:00 p.m. Tuesday thru Friday.

LUBBOCK COUNTY

Air Force Social Action Program  
Social Actions Office  
Reese Air Force Base  
Lubbock, Texas 79489  
(806) 885-3640

Contact Persons: Capt. Bill Unger

Services: Presents alcohol education classes to Military and civilian groups; DWI remedial education classes; client identification, outpatient counseling, and referral to military treatment facilities; training for military supervisors in employee alcoholism.

Eligibility Requirements: Serves active-duty and retired military personnel and dependents.



Fees:

Office Hours:

Alcoholism Services  
Lubbock Regional MHMR Center  
1210 Texas Ave.  
Lubbock, Texas 79401  
(806) 763-4213 Ext. 44

Contact Person: Norma Brown

Services: Alcoholism services of Lubbock MHMR Center provides information, screening, referral, and outpatient counseling for alcoholics and their families. Ex-patients of state hospital treatment programs are also provided services to insure continuity of care between hospitalization and reintegration into stable community living. An educational program for charged and convicted DWI offenders is also offered through alcoholism services and works in conjunction with the County Courts-at-Law and probation office of Lubbock-Crosby Counties.

Eligibility Requirements: Residents of Cochran, Hockley, Lubbock, Crosby, Dickens, King, Yoakum, Terry, Lynn and Garza Counties.

Fees: Sliding Scale

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday

Alcoholism Treatment Program  
Texas Tech University Dept. of Psychiatry  
St. Mary of the Plains Hospital  
Lubbock, Texas 79430  
(806) 743-2804

Contact Person: Dr. Rudy Arredondo

Services: The Alcoholic Treatment Program (ATP) is a comprehensive alcoholism treatment program with in-patient and out-patient components

The ATP uses a multimodality, multidisciplinary treatment team approach, with belief that treatment must be aimed at needs of the total person. Family members participate in treatment, counseling and education provided for them even in cases where the alcoholic is not yet willing to enter treatment.

Eligibility Requirements: Motivated, any county



Fees: Sliding Scale, according to need.

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

Alcoholic Recovery Center  
608 17th Street  
Lubbock, Texas 79401  
(806) 762-5626

Contact Person: Dotty Patterson

Services: Provides residential living environment with limited individuals and group counseling, on site AA meetings, and job placement.

Eligibility Requirements: Clients must be willing to work when physically able. Serves only males.

Fees: \$35.00 a week.

Office Hours: 24 hours, 7 days/week

Alcohol Services Knocks (ASK) for Women  
3802 69th Street (mailing address only)  
Lubbock, Texas 79413  
(806) 763-8763

Contact Person: Gerre Sears

Services: Provides services for women alcoholics and women suffering affects of the disease. ASK Volunteers maintain a 24 hour telephone line for emergency and information calls dealing with alcoholism. In addition ASK Volunteers are ready to assist alcoholic women in obtaining aide, if necessary at an alcohol treatment center--Plains Detox Center, Alcohol Unit at St. Mary's--and also referring and accompanying alcoholics to AA meetings.

Eligibility Requirements:

Fees: No fee for services

Office Hours: 24 hour hot-line

Lubbock Council on Alcoholism  
1210 Texas Ave.  
Lubbock, Texas 79401  
(806) 763-8763

Contact Person: Gerre Sears



Services: The Lubbock Council on Alcoholism is a voluntary citizens group organized to help combat alcoholism. The executive director provides counseling (clinical family therapist), consultation and referral to appropriate community resources.

An alcohol information center is maintained providing literature, films, AA meetings schedules, and contacts for clients. A speakers bureau is actively engaged in providing programs for schools, churches, civic organizations, other agencies and social clubs. The council strives to maintain contact with all public and private alcoholism services.

A 24 hour hot line service is provided, staffed by ASK a volunteer womens group recently organized under the sponsorship of the council. The council assists in sponsoring area workshops and institutes on alcohol use and related health issues, provides public service announcements and news releases to area media, cooperates with rehabilitation facilities to provide after-care counseling. The council seeks to continually upgrade the scope of its activity and is a United Way Agency.

Eligibility Requirements:

Fees: No fee for services

Office Hours: 9:00 a.m. to 5:00 p.m. Monday thru Friday,  
24 hour hot-line.

Plains Detox Center  
2507 Amherst  
Lubbock, Texas 79415  
(806) 747-2234

Contact Person: Francis Baxter

Services: Sub-acute (non-hospital) inpatient detoxification and withdrawal treatment including physical examination, supervised bed rest, diet therapy, prescription medication, counseling, on-site AA meetings, evaluation and referral

Eligibility Requirements: Must be 18 years age or have parents signature, \$20.00 deposit.

Fees: \$200.00 for 6 day treatment

Office Hours: 24 hours.



Region 17 Education Service Center  
4000 22nd Place  
Lubbock, Texas 79410  
(806) 792-4000

Contact Person: Inez Moore

Services: Alcoholism training for faculty of local school districts in State Planning Region 2.

Eligibility Requirements: No requirements

Fees: No fees

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

South Plains Association of Governments  
Alcoholism Programs  
1709 26th Street  
Lubbock, Texas 79411  
(806) 762-8721

Contact Person: Arlene Miller

Services: Provide information, education, and technical assistance to alcoholism service providers in State Planning Region 2. Duties include: Planning; coordination; development of resources; information, education and training; and program evaluation.

Eligibility Requirements: None

Fees: No fees

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

SPARC-South Plains Alcoholism Regional Council  
918 Ave. J.  
Lubbock, Texas 79401  
(806) 763-0462

Contact Person: Opal Rather

Services: Offers alcoholism counseling services for a 15 county area. Deals with public awareness programs throughout Planning Region 2. The Board of Directors is composed of 15 voting members, one from each county in the region. Efforts are in alcoholism prevention, follow-up, and aftercare. The object of this organization is to work with the alcoholic on an outpatient basis.



Eligibility Requirements: Alcoholic and drug abusers

Fees: No fees for services

Office Hours: 9:00 to 5:00 p.m. Monday thru Friday.

South Plains Health Systems, Inc.

1217 Ave. K

Lubbock, Texas 79401

(806) 747-0181

Contact Persons: Ron Warner

Services: Major functions are planning, resources development, project review, data management and analysis, public involvement, coordination, and education.

Eligibility Requirements: Planning Region 2, Health Systems Area 2

Fees: No fees

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

Transitions I

1210 Ave R.

Lubbock, Texas 79401

(806) 763-4956

Residential 1/2 day Services Coordinator: Cathy Pope

House Coordinator: Steve Chamberlin

Services: Room and board, supervised living, personal-social adjustment training, work orientation, job placement, recreational activities, and referrals.

Eligibility Requirements: Individuals with mental health problems who are capable of working.

Fees: Varies according to sponsorship.

Office Hours: 24 hours a day

Transitions II

1811 Broadway

Lubbock, Texas

(806) 763-4555

Residential and Day Services Coordinator: Cathy Pope

House Coordinator: Wilma Forrester



Services: Room and board, supervised living, personal-social adjustment training, work orientation, job placement, recreational activities, and referrals.

Eligibility Requirements: Individuals referred by federal and county correction agencies.

Fees: Varies according to sponsorship

Office Hours: 24 hours a day

Transitions III  
1810 13th Street  
Lubbock, Texas  
(806) 765-9282

Residential and Day Services Coordinator: Cathy Pope

House Coordinator: Johnny Sousley

Services: Room and board, supervised living, personal-social adjustment training, work orientation, job placement, recreational activities, and referrals.

Eligibility Requirements: Individuals with alcohol or drug problems who are capable of working.

Fees: Varies according to sponsorship

Office Hours: 24 hours a day

Veterans Administration Outpatient Clinic  
1205 Texas Ave. (Federal Building)  
Lubbock, Texas 79401  
(806) 747-3711

Contact Persons: Joe Deans

Services: Provides outpatient medical treatment to eligible veterans.

Eligibility Requirements: Only serves military veterans

Fees: No fee

Office Hours: 8:00 a.m. to 4:30 p.m. Monday, Tuesday,  
Wednesday, and Friday  
8:00 a.m. to 9:30 p.m. Thursday  
8:00 a.m. to 12:00 noon Saturday



Walker House, Inc.  
1614 Ave. K  
Lubbock, Texas 79401  
(806) 763-7633

Contact Person: J.C. Ballard

Services: Supervised residential living and rehabilitation services including room and board; inpatient counseling, personal/social adjustment, occupational assistance, transportation to and from outside appointments; AA orientation.

Eligibility Requirements: Must be male and at least 18 years of age.

Fees: \$60/week room and board

Office Hours: 24 hours per day.

South Plains Employee Assistance Program  
2124 D. 50th Street  
Lubbock, Texas 79412  
(806) 762-0238

Contact Person: Charles Phillips

Services: Information and referral to businesses.

Eligibility Requirements: None. Employee has to have a contract with SPEAP.

Fees: \$10.00 per employee per year (under contract)  
\$ 5.00 per visit (no contract)

Office Hours: 8:30 a.m. to 5:00 p.m. Monday thru Friday

#### TERRY COUNTY

Terry County Mental Health Center  
919 East Main Street  
Brownfield, Texas 79316  
(806) 637-4439

Contact Person: Ron Stubblefield

Services: Provides follow-up support services for alcohol drug abuse patients treated at Big Spring Hospital and their families, including outpatient counseling and referral as needed. Also provides diagnostic screening and evaluation of persons suspected of alcohol/drug abuse for possible admission to Big Spring State Hospital or referral to appropriate services.



Eligibility Requirements: Residents of Borden, Dawson,  
Garza, Hockley, Lynn, and Terry Counties.

Fees: Sliding Scale

Office Hours: 8:00 a.m. to 5:00 p.m. Monday thru Friday.

SERVICES AVAILABLE TO THIS REGION

Big Spring State Hospital - Alcoholism and Drug Abuse Treatment  
Unit.

P.O. Box 231

Big Spring, Texas 79720  
(915) 267-8216

Contact Person: Bob von Rosenberg

This hospital serves the West Texas Area bounded by Abilene on the east, El Paso on the west, Lubbock on the north and San Angelo on the South. Forty-seven professional staff offer a full range of medical, social, and rehabilitative services consisting of inpatient care; outreach, intake, evaluation, referral crisis intervention; outpatient care; follow-up, and after-care, and rehabilitation. Residents of the Hospital District are eligible for admission with fees being based on ability to pay.

Veteran's Administration Hospital

2400 Gregg

Big Spring, Texas 79720  
(915) 263-7361

This 250-bed general hospital serves the veterans of military service in 57 West Texas Counties and 2 New Mexico Counties. A full range of services are provided including: detox, physical examination and treatment for all conditions found. All patients diagnosed as abusers are urged to enter an intensive 4-week treatment program. Outpatient services are available to all veterans on request.

Texas Commission on Alcoholism

Area I Office

1422 South Tyler St. Suite 104

P.O. Box 12074

Amarillo, Texas 79101  
(806) 372-7791

Contact Persons: John Velky, Area Coordinator  
Charlotte Foster, Industrial Consultant  
Mary Lynn (DeDe) Vinson, Educational  
Consultant



Lea Regional Hospital  
CareUnit  
P.O. Box 3000  
Hobbs, New Mexico 88240  
(505) 392-6581

Contact Person: Bill Fraser

The CareUnit Program is a three to four week inpatient program based on the individual and progress he/she makes during treatment. The CareUnit is part of an acute general hospital, fully accredited by the Joint Commission on Accreditation of Hospitals.

Other services provided by Lea Regional Hospital are: Crisis and Family Intervention, Community Education, Legal Problems, Short-Term Detoxification, Crisis Counseling, and Employee Assistance Programs.

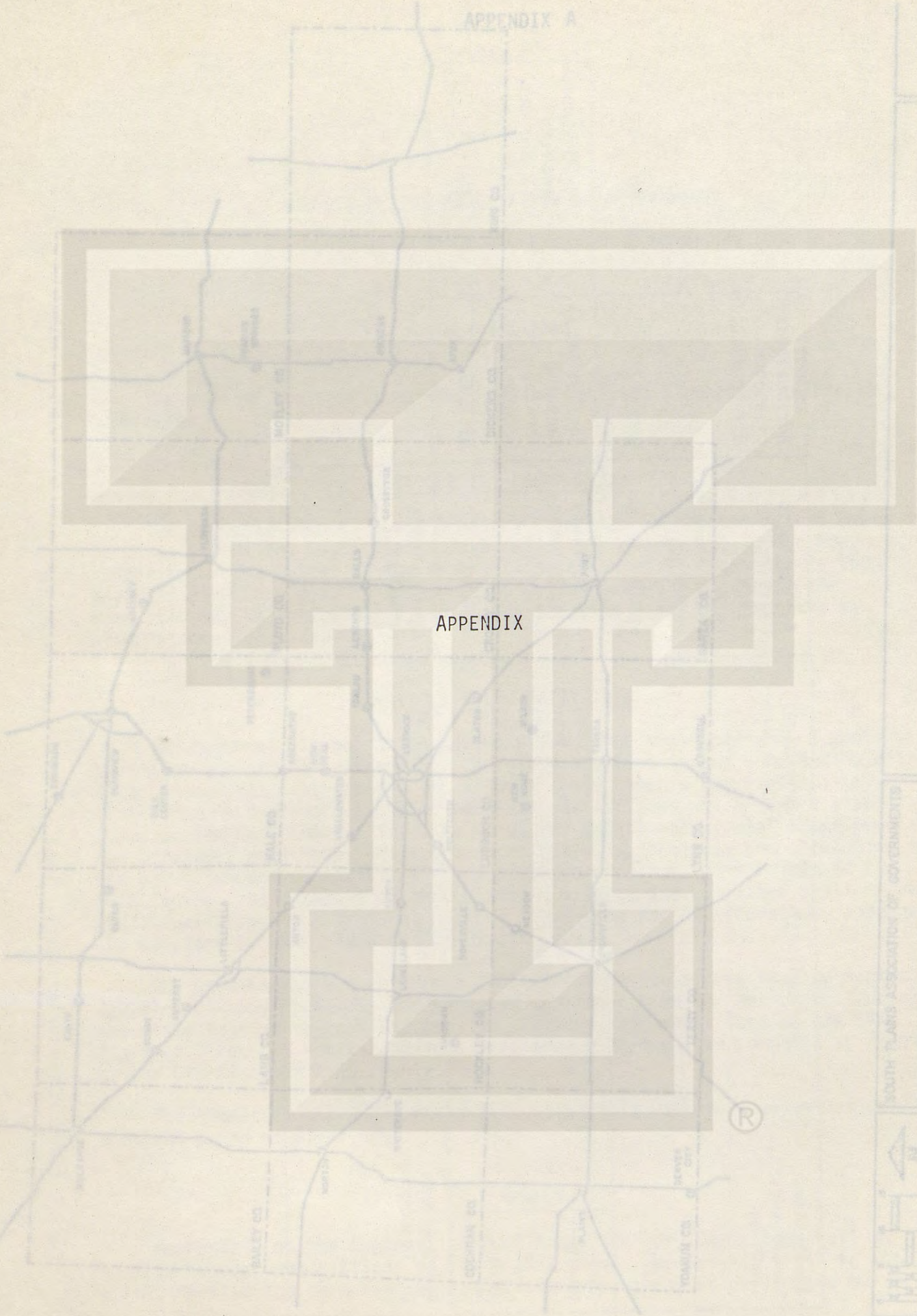
APPENDIX





APPENDIX A

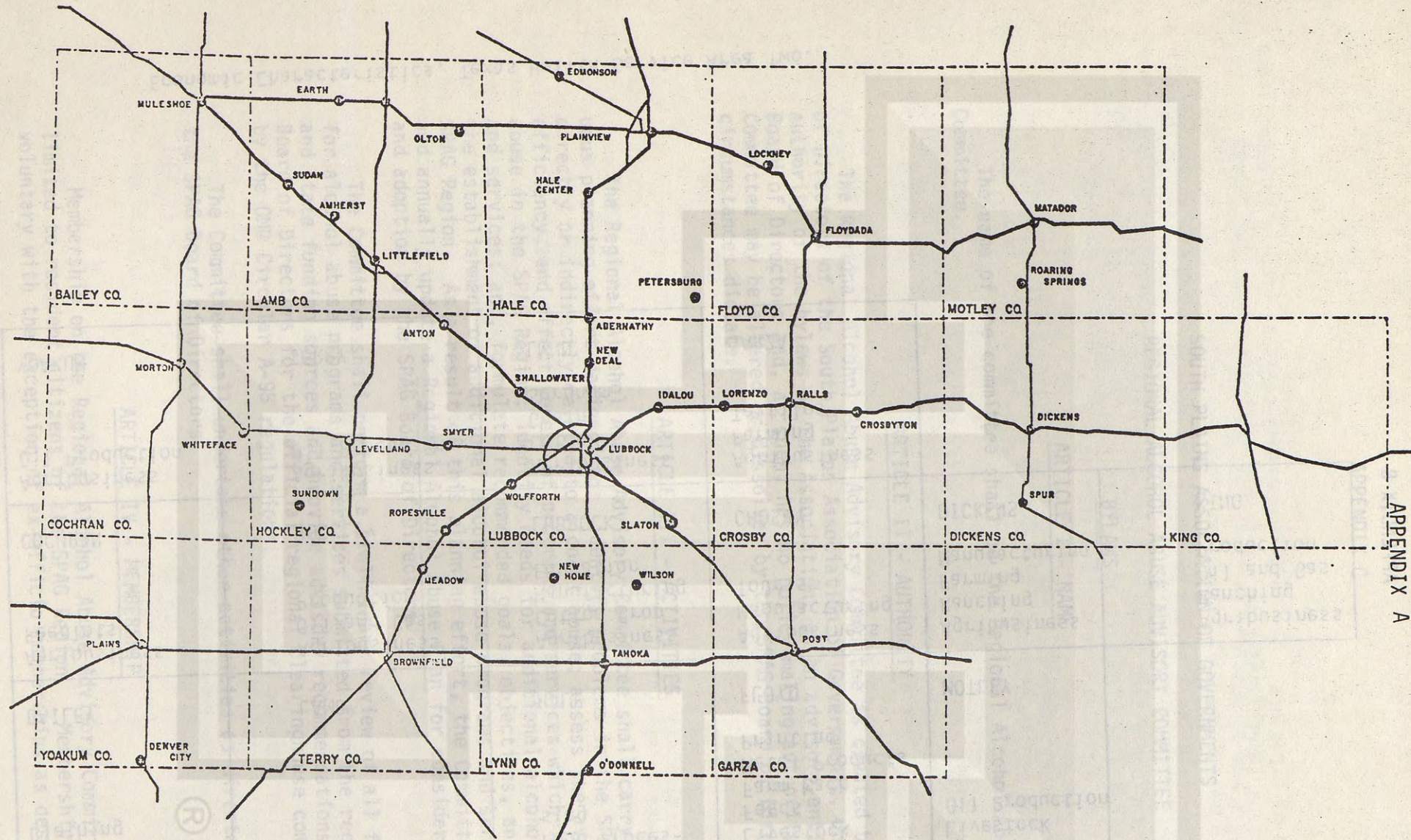
APPENDIX



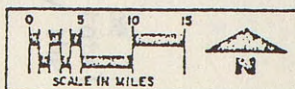
SOUTH PLAINS ASSOCIATION OF GOVERNMENTS  
2410 LINDEN AVENUE, DALLAS, TEXAS 75204







APPENDIX A



SOUTH PLAINS ASSOCIATION OF GOVERNMENTS  
 514 LUBBOCK NATIONAL BANK BUILDING LUBBOCK, TEXAS 79401



Agribusiness Manufacturing Clothing	Agribusiness	Agribusiness Food Proces- sing	Agribusiness Livestock Feeds Farm Mach. Metal Products Printing	Agribusiness Livestock Oil Production	
BAILEY	LAMB	HALE	FLOYD	MOTLEY	
Agribusiness Feedlots	Agribusiness Oil and Gas Production	Agribusiness Cotton Crop Manufacturing Education	Agribusiness Manufacturing Tourism	Agribusiness Ranching Farming Manufacturing	Agribusiness Ranching Oil and Gas Production
COCHRAN	HOCKLEY	LUBBOCK	CROSBY	DICKENS	KING
Agribusiness Oil Production	Agribusiness Oil Production	Agribusiness Cotton Grain Sorghum	Agribusiness Farming Textiles		
YOAKUM	TERRY	LYNN	GARZA		

Economic Characteristics, Texas Health Service Area Two.



## APPENDIX C

### SOUTH PLAINS ASSOCIATION OF GOVERNMENTS

### REGIONAL ALCOHOL ABUSE ADVISORY COMMITTEE

#### BYLAWS

#### ARTICLE I - NAME

The name of the committee shall be the Regional Alcohol Abuse Advisory Committee.

#### ARTICLE II - AUTHORITY

The Regional Alcohol Abuse Advisory Committee is created by the Board of Directors of the South Plains Association of Governments, under the authority of the bylaws of the Association, as an advisory entity to the Board of Directors and, as such, has no policy-making authority. The Committee may be altered or dissolved by the SPAG Board of Directors as circumstances dictate.

#### ARTICLE III - ACTIVITIES

The Regional Alcohol Abuse Advisory Committee shall carry on a continuous planning effort designed to: identify problems in the SPAG Region either directly or indirectly related to alcohol abuse; assess the availability, efficiency, and effectiveness of programs and services which impact alcohol abuse in the SPAG Region; identify needs for additional alcohol abuse programs and services; and, formulate recommended goals, objectives, and strategies for the establishment of additional alcohol abuse programs and services in the SPAG Region. As a result of this planning effort, the Committee shall prepare and annually update a Regional Alcohol Abuse Plan for consideration, approval, and adoption by the SPAG Board of Directors.

The Committee shall perform a preliminary review of all funding applications for alcohol abuse programs and services submitted from the region to federal and state funding sources and provide advisory recommendations to the SPAG Board of Directors for the official regional clearinghouse comments as required by the OMB Circular A-95 regulations.

The Committee shall undertake other activities as directed or assigned by the SPAG Board of Directors.

#### ARTICLE IV - MEMBERSHIP

Membership on the Regional Alcohol Abuse Advisory Committee shall be limited to resident citizens of the SPAG Region. Membership shall be totally voluntary with the exception of ex-officio memberships as designated by the



SPAG Board of Directors. The total membership shall be broadly representative of the various special-interest and special-emphasis population groups in the SPAG Region.

The Committee shall have a maximum of forty membership seats, including designated ex-officio membership seats. Currently designated ex-officio membership seats include a SPAG Board of Directors Liaison seat filled by a member of the SPAG Board of Directors and a South Plains Health Systems, Inc. seat filled by that agency's Director of Planning.

All voluntary members of the Committee shall be officially appointed by the SPAG Board of Directors and notified of the appointment in writing by the SPAG President.

The voluntary members on the RAAAC shall be appointed by the SPAG Board of Directors. There shall be no discrimination in selection of members due to race, age, sex, religion or political creed.

The Regional Alcohol Abuse Coordinator on the SPAG staff shall not be a member of the Committee but shall attend all meetings and perform all necessary staff functions to support the Committee's activities.

#### ARTICLE V - MEMBERSHIP TERMS

The regular term of membership for voluntary members shall be two years. A voluntary member may be reappointed to serve more than one term but may not succeed himself or herself in excess of two regular terms. A voluntary member who has served two regular terms in succession is not eligible for reappointment until he or she has absented himself or herself to no less than one year; however, in the event that a member of the SPAG Board of Directors is unable to select someone to fill a membership seat vacated by an ineligible member, the ineligible member may be reappointed to a third successive regular term by unanimous vote of the SPAG Board of Directors. A voluntary member appointed to fill a membership seat during an unexpired term shall be eligible for reappointment for two successive regular terms, in addition to the unexpired term, but shall be ineligible for subsequent reappointment except as noted above. Voluntary membership terms shall begin and end concurrent with the annual October meeting.

Membership terms for designated ex-officio membership seats shall be continuous, unless otherwise specified by the SPAG Board of Directors, until such time as the SPAG Board of Directors removes the ex-officio designation.

Resignation from the Committee prior to the expiration of an appointed term shall be by written notification to the SPAG President, except that any voluntary member who fails to attend consecutive meetings shall be considered to have resigned from the Committee effective of the date of the third consequently missed meeting and shall be so notified in writing by the SPAG President.



#### ARTICLE VI - OFFICERS

The officers of the Committee shall be Chairman, First Vice-Chairman, and Second Vice-Chairman and shall be elected from and by the appointed Committee members. The term of office is one year concurrent with the annual October meeting of the Committee during which the election will be conducted. Officers may be re-elected to serve more than one term in the same or another office but shall not be eligible to serve more than two successive terms in any officer capacity.

The Chairman shall: schedule and preside at all meetings of the Committee; act as the official representative of the Committee in all matters; submit an annual written report to the SPAG Board of Directors which will include a summary of Committee activities, minutes of all meetings, a budget for the Committee's operations, and attendance records of all Committee members; and, appoint temporary sub-committees as the need arises to perform specific tasks related to the business and activities of the Committee.

The First Vice-Chairman shall perform the duties of the Chairman in the absence of the Chairman.

The Second Vice-Chairman shall perform the duties of the Chairman in the absence of the Chairman and First Vice-Chairman.

The secretarial functions of the Committee shall be the responsibility of the SPAG Regional Alcohol Abuse Coordinator.

#### ARTICLE VII - MEETINGS

The Committee shall meet in regular session as often as necessary to accomplish Committee business, but no less often than once each calendar quarter. Written notification and agenda materials shall be mailed to Committee members at least ten days prior to the date of the meeting. Members are expected to attend all regular meetings, unless there is a valid reason for absence, and to provide advance notice of anticipated absence, if possible, to the SPAG Regional Alcohol Abuse Coordinator. As noted in Article V, three consecutive absences from regular meetings shall constitute an automatic resignation.

Special or emergency meetings may be called by the Chairman, or other Committee officer in the Chairman's absence, provided that members are notified of the meeting a minimum of twenty-four hours prior to the time for convening the meeting.

Resolutions will be passed and officers will be elected by a simple majority vote of the members present at any meeting which has a quorum. A quorum shall consist of one-third of the total appointed membership on the date the meeting is held. The presiding officer shall be counted in the determination of a quorum but shall vote only in case of a tie.

Unless there are very exceptional circumstances, all meetings will be held in Lubbock and all Committee members who incur personal, unreimbursed travel expense to attend Committee meetings shall be reimbursed by SPAG based upon a



standard mileage rate as set by the SPAG Board of Directors and in effect on the date of the meeting. Reimburseable mileage shall be based upon standard map mileage (round-trip) for members traveling from outside the city limits of Lubbock and upon odometer reading (round-trip) for members traveling within the city limits of Lubbock. Documented travel periods will be submitted to SPAG and reimbursements paid by SPAG on a quarterly basis.

All Committee meetings shall be open to the public, however public notification of meetings is not required.

#### ARTICLE VIII - BYLAWS AMENDMENTS

The Committee may recommend amendments to these bylaws by simple majority vote at any meeting which has a quorum present, provided that all Committee members shall have been notified of the proposed amendment no later than ten days prior to the meeting at which the amendment will be voted upon. Any bylaws amendment recommended by the Committee shall be presented to the SPAG Board of Directors for approval and shall become effective on the date of approval by the SPAG Board of Directors.

#### APPROVAL AND ADOPTION

These bylaws were approved by the Committee members with a quorum present on August 2, 1979, and forward to the SPAG Board of Directors for approval.

Signed: \_\_\_\_\_

Bill Cox, Chairman  
Regional Alcohol Abuse Advisory  
Committee

These bylaws were approved by the SPAG Board of Directors for adoption by the Regional Alcohol Abuse Advisory Committee on August 14, 1979.

Signed: \_\_\_\_\_

Medlin Carpenter, President  
South Plains Association of Governments



# APPENDIX D

COUNTY	NAME/ADDRESS/PHONE NO.	DATE TERM EXPIRES	PROVIDER/ NON-PROVIDER ETHNICITY/ SEX	NOMINATED BY	OCCUPATION	RELEVANT ORGANIZATION AND/OR ASSOCIATION AFFILIATION
Lubbock	Jim Lock 1217 Ave. K Lubbock, Texas 79401 (806) 747-0181	Ex-Oficio	Non-Provider Anglo Male	S.P.A.G.	Director of Project Review	South Plains Health Systems, Inc.
Lubbock	Tom McClure 1217 Ave. K Lubbock, Texas 79401 (806) 747-0181	Ex-Oficio	Non-Provider Anglo Male	S.P.A.G.	Director of Planning	South Plains Health Systems, Inc.
Crosby	Ben Vera 301 N. Crosby Crosbyton, Texas 79322 (806) 675-2217	Ex-Oficio	Non-Provider Hispanic Male	S.P.A.G.	Retired	
Lubbock	Dr. Rudy Arredondo Dept. of Psychiatry Texas Tech University Health Science Center Lubbock, Texas 79409 (806) 743-2804	Oct., 1981	Provider Hispanic Male	S.P.A.G.	Assistant Professor	Plains Detox Board
Lubbock	Jim Kimmel 5422 27th Street Lubbock, Texas 79411 (806) 799-3781	Oct., 1981	Non-Provider Anglo Male	S.P.A.G.	Attorney	Plains Detox Board
Lubbock	Joe Phillips 918 Ave. J Lubbock, Texas 79401 (806) 763-0462	Oct., 1981	Non-Provider Anglo Male	S.P.A.G.	Realtor	SPARC Board

REGIONAL ALCOHOL ADVISORY COMMITTEE



# REGIONAL ALCOHOL ADVISORY COMMITTEE

RAA	COUNTY	NAME/ADDRESS/PHONE NO.	DATE TERM EXPIRES	PROVIDER/ NON-PROVIDER ETHNICITY/ SEX	NOMINATED BY	OCCUPATION	RELEVANT ORGANIZATION AND/OR ASSOCIATION AFFILIATION
2-64	Hale	C.L. Abernethy 815 Fresno Street Plainview, Texas 79072 (806) 296-5983	Oct., 1981	Non-Provider Anglo Male	T.C.A.	Retired	SPARC Board
	Lubbock	Billy Meeks 5027 27th Street Lubbock, Texas Home: (806) 792-0106 Office: (806) 797-5445	Oct., 1982	Non-Provider Anglo Male	S.P.A.G.	Realtor	Walker House Board
	Lubbock	Norma Brown 1210 Texas Ave. Lubbock, Texas 79401 (806) 763-4213	Oct., 1982	Provider Anglo Female	C.O.A.	Director of Alcoholism Services	Lubbock Regional MHMR Center
	Lubbock	Bill F. Landers, Ph.D. Box 4100 Texas Tech University Lubbock, Texas 79413 (806) 742-3729	Oct., 1982 *	Non-Provider Anglo Male	S.P.A.G.	Associate Professor	Texas Tech Psychology Department
	Lubbock	Howard Hulett Box 6451 Lubbock, Texas 79423 (806) 745-2574	Oct., 1982 *	Non-Provider Anglo Male	S.P.A.G.	Director of Social Services	Lubbock Council on Alcoholism
	Lubbock	Capt. Bill Under Social Action Office Reese Air Force Base (806) 885-3640	Oct., 1982 *	Provider Anglo Male	S.P.A.G.	Captain	Reese Air Force Base
	Lubbock	Gerre Sears 1210 Texas Ave. Lubbock, Texas 79401 (806) 763-4213	Oct., 1982 *	Provider Anglo Female	S.P.A.G.	Executive Director	Lubbock Council on Alcoholism

REGIONAL ALCOHOL ADVISORY COMMITTEE

REGIONAL ALCOHOL ADVISORY COMMITTEE



1210 Texas Ave.  
Lubbock, Texas 79401  
(806) 763-4213

Female

REGIONAL ALCOHOL ADVISORY COMMITTEE

REGIONAL ALCOHOL ADVISORY COMMITTEE

COUNTY	NAME/ADDRESS/PHONE NO.	DATE TERM EXPIRES	PROVIDER/ NON-PROVIDER ETHNICITY/ SEX	NOMINATED BY	OCCUPATION	RELEVANT ORGANIZATION AND/OR ASSOCIATION AFFILIATION
Lubbock	Grimes Pearson 608 15th Street Lubbock, Texas 79416 (806) 795-3603	Oct., 1982 *	Anglo Male	S.P.A.G.		
Lubbock	Nat Kizer 3106 32th Street Lubbock, Texas 79410 (806) 792-6161 Office (806) 795-6079 Home	Oct., 1982 *	Non-Provider Anglo Male	S.P.A.G.	Commercial Real Estate	Plains Detox Center
Lubbock	Claudette Keesee 4111 32nd Street Lubbock, Texas 79410 (806) 795-4739	Oct., 1982 *	Non-Provider Anglo Female	S.P.A.G.	Housewife	Alcohol for Women (A.S.K.)
Lubbock	Raymond Peppers 2428 E. 30th Street Lubbock, Texas 79413 (806) 762-4546	Oct., 1982 *	Non-Provider Black Male	S.P.A.G.	LISD-Parkway Principal	
Lubbock	Margaret Elbow 3620 28th Street Lubbock, Texas 79417 (806) 792-8207	Oct., 1982 *	Non-Provider Anglo Female	S.P.A.G.	Social Worker Assistant Professor Texas Tech	
Lubbock	Francis Baxter 2305 46th Street Lubbock, Texas 79415 (806) 747-2234	Oct., 1982 *	Provider Anglo Female	S.P.A.G.	Director of Plains Detox Center	Plains Detox Center
Hale	Rick Van Hersh 2700 Yonkers Plainview, Texas 79072 (806) 296-2726	Oct., 1982 *	Provider Anglo Male	S.P.A.G.	Assistant Executive Director	Central Plains MHMR

RAA 2-65



REGIONAL ALCOHOL ADVISORY COMMITTEE

RAA	COUNTY	NAME/ADDRESS/PHONE NO.	DATE TERM EXPIRES	PROVIDER/ NON-PROVIDER ETHNICITY/ SEX	NOMINATED BY	OCCUPATION	RELEVANT ORGANIZATION AND/OR ASSOCIATION AFFILIATION
2-66	Hale	Robbie Crawford Hale County Council P.O. Box 1598 Home: 105 Yucca Plainview, Texas 79072 Home: (806) 293-1787 Work TEC: (806) 293-8566 Work: (806) 293-2071	Oct., 1982 *	Provider Anglo Female	S.P.A.G.		
	Hale	Jim Duty 405 Ennis Plainview, Texas 79072 (806) 296-2726 (806) 293-3641	Oct., 1982 *	Provider Anglo Male	S.P.A.G.	Coordinator	Alcohol Recovery Center
	Crosby	Rev. Malcolm Neyland St. Michaels Church Box 682 Ralls, Texas 79357 (806) 253-2008	Oct., 1982 *	Non-Provider Anglo Male	S.P.A.G.	Pastor	
	Crosby	Rev. A. Marquez Calvario Mision Bautista Parsonage 316 S. Berkshire Crosbyton, Texas 79322 (806) 675-2890	Oct., 1982 *	Non-Provider Hispanic Male	S.P.A.G.	Pastor	
	Terry	Ron Stubblefield Terry County MH Clinic Alcoholism Services 919 East Main Street Brownfield, Texas 79316 (806) 637-4439	Oct., 1982 *	Provider Anglo Male	S.P.A.G.	Alcoholism Counselor	Terry County MH Clinic

REGIONAL ALCOHOL ADVISORY COMMITTEE



COUNTY	NAME/ADDRESS/PHONE NO.	DATE TERM EXPIRES	PROVIDER/ NON-PROVIDER ETHNICITY/ SEX	NOMINATED BY	OCCUPATION	RELEVANT ORGANIZATION AND/OR ASSOCIATION AFFILIATION
Crosby	Judy Rhoades Star Rt. 2 Spur, Texas 79370 (806) 263-4334	Oct., 1982 *	Provider Anglo Female	S.P.A.G.	Director of White River Retreat	White River Retreat
Hockley	Herb Childs Levelland Adult Probation Hockley County Courthouse Levelland, Texas 79336 (806) 894-9621	Oct., 1982 *	Non-Provider Anglo Male	S.P.A.G.	Probation Officer	Levelland Adult Probation'



DATE: May 6, 1980

APPENDIX E

PLANNING COORDINATION AGREEMENT

THIS AGREEMENT is entered into by and between the agencies shown below pursuant to the authority granted and in compliance with the provisions of Public Law 93-641, National Health Planning Resources and Development Act of 1974 as amended by Public Law 96-79 and executed under the regulations of Part 4 of the Office of Management and Budget (OMB) Circular A-95, as amended, and regulations and/or general instructions issued by the Secretary of the United States' Department of Health, Education, and Welfare (DHEW).

I. PARTIES TO THE AGREEMENT:

The Regional A-95 Clearinghouse Agency: South Plains Association of Governments (SPAG)

The Health Systems Agency: South Plains Health Systems, Inc., (SPHS)

II. STATEMENT OF PURPOSE:

The purpose of this agreement is to formalize cooperative procedures for interrelated activities of the parties hereto.

III. COOPERATIVE PROCEDURES:

Section A. Coordination of Plan Development: SPAG shall provide to SPHS health-related SPAG plans and studies following adoption or approval by the SPAG Board of Directors.

SPAG staff may seek consultation and assistance from SPHS staff regarding evaluation of elements of such plans and studies that significantly affect health considerations of Texas Health Service Area Two.

SPHS shall formally seek participation by SPAG in development of the Health Systems Plan and Annual Implementation Plans according to the following procedural arrangements:

1. SPHS shall provide SPAG with Plan Development program(s) of work and work schedule(s) as well as orientation materials, procedures, etc.
2. SPHS shall notify SPAG of all meetings its Board of Directors, Executive Committee, Health Plan Development Advisory Group, Project Review Advisory Group, and Resource Development Advisory Group and include copies of agendas and enclosures.
3. SPHS shall provide SPAG with informational copies of all adopted or approved SPHS plans and studies. SPHS staff



may seek consultation and assistance from SPAG staff regarding evaluation of such plans and studies.

4. SPAG and SPHS agree to joint development of a regional plan for alcoholism services. It is intended that the jointly developed plan will provide the alcoholism component of the SPHS annual implementation plan.

- a. Coordination of alcoholism services plan development will be accomplished by the operation of an ad hoc task force, jointly facilitated by SPAG and SPHS staff, which will function in support of standing advisory bodies of SPAG and SPHS.

#### Section B. Coordination of Project Review

1. South Plains Association of Governments is the designated areawide clearinghouse responsible for the discharge of review responsibilities mandated by OMB Circular A-95. South Plains Health Systems, Inc., is responsible for certain review requirements established by PL 93-641, as amended. Some proposed activities may require review both by SPAG, pursuant to A-95, and by SPHS, pursuant to PL 93-641.

To the maximum practical extent, it is agreed that SPAG and SPHS shall coordinate review activities. Each party agrees to provide formal notification in a timely manner of project review meetings and of final review actions. It is further agreed that the staff of both parties will maintain appropriate informal communications necessary to effective coordination of review activities.

2. It is intended that when schedules and other administrative requirements permit, SPAG A-95 review and comment shall precede the review by SPHS so that SPAG review actions may be considered in the SPHS review process.
3. In the instance of a project review where SPHS exercises approval authority, such as that exercised under the Proposed Use of Federal Funds (PUFF) regulations, SPAG will decline comment if A-95 review by SPAG cannot precede SPHS action.
4. In the event that SPAG review cannot precede SPHS review but where no approval/disapproval or funding decision has been made, SPAG will consider SPHS review action in the A-95 review process.

Section C. Mutual Assistance: Assistance shall be rendered by each party to the other in instances where special expertise of one party can benefit the other in carrying out its mandated functions.

Section D. Resolution of Conflicts: Both SPAG and SPHS agree to:



1. Attempt to negotiate any apparent conflicts between proposed plans of the two agencies prior to adoption or approval.
2. Should items of apparent conflict of policy arise between the Parties in regard to published plan documents of either agency, the Executive Director and President of SPAG and the President and Chairman of the Board of SPHS shall meet to explore such matters and recommend a common solution to both SPAG and SPHS Board of Directors.
3. In the rare and unforeseen instance that SPAG and SPHS Board of Directors cannot reach common agreement on plan differences, such differences shall be noted in published plans.

#### IV. TERMS:

- A. This agreement shall continue in force until cancelled. Either party may withdraw at any time by giving written notice to the other party, and the cancellation of the agreement as to that party shall be effective at that time.
- B. This agreement may be amended by mutual consent of the parties hereto and its terms are subject to modification in accordance with amendments to the Public Health Service Act and Part 4 of OMB Circular A-95, as well as amendments to P.L. 93-641 and related public laws.
- C. No payment shall be required for the furnishing of information unless the parties make a specific agreement for that purpose.
- D. This agreement is not intended to preclude contracts and agreements among the parties hereto for the performance of services not covered by said Memorandum of Planning Coordination Agreement.

It is not the intent of this agreement to specify all area that could or should be effectively coordinated; rather, this agreement shall serve as documentation of minimum compliance with the above mentioned laws and more generally to serve as a joint pledge of cooperation.



Planning Coordination Agreement  
Page 4  
May 6, 1980

IN WITNESS THEREOF, we, the undersigned, duly authorized representatives of South Plains Health Systems, Inc., designated under Section 1515 of Public Law 93-641, and the South Plains Association of Governments do hereby enter into this agreement.

SOUTH PLAINS HEALTH SYSTEMS, INC.

[Redacted]  
John H. Selby M.D., Chairman

[Redacted]  
Ronald D. Warner, President

SOUTH PLAINS ASSOCIATION OF GOVERNMENTS

[Redacted]  
Alan Henry, President

[Redacted]  
Jerry D. Casstevens, Executive Director



# APPENDIX F

## REGIONAL POPULATION CHARACTERISTICS-1975

COUNTY	Bailey	Cochran	Crosby	Dickens	Floyd	Garza	Hale	Hockley
TOTAL POP.	8,369	5,004	8,969	3,476	10,787	5,258	35,732	21,052
AGE								
0-14	2,385	1,425	2,556	991	3,074	1,498	10,184	6,000
15-19	1,088	651	1,166	452	1,402	684	4,645	2,737
20-29	1,172	701	1,256	487	1,510	736	5,002	2,947
30-39	921	550	986	382	1,187	578	3,931	2,316
40-54	1,464	876	1,570	608	1,888	920	6,253	3,684
55+	1,339	801	1,435	556	1,726	842	5,717	3,368
MALE	4,113	2,459	4,408	1,708	5,302	2,584	17,562	10,347
FEMALE	4,256	2,545	4,561	1,768	5,485	2,674	18,170	10,705
ETHNICITY								
WHITE	5,814	3,183	5,586	2,868	7,559	4,074	24,718	15,742
BLACK	285	400	655	191	712	300	2,215	926
MEX. AMER.	2,268	1,421	2,726	417	2,513	883	8,790	4,379
OTHER	2	0	2	0	3	1	9	5
PER CAPITA INCOME	\$3,983	\$3,620	\$3,974	\$3,177	\$3,969	\$3,234	\$4,048	\$3,627
AVG. EDUC. LEVEL	8.0 yrs	8.0 yrs	8.0yrs	8.2yrs	8.2yrs	8.3yrs	8.7yrs	8.4yrs
* EST. # OF ALCOHOLICS	419	251	449	174	540	263	1,788	1,054
+ AFFECTED POPULATION	1,676	1,004	1,796	696	2,160	1,052	7,152	4,216

Base Data Source: U.S. Dept. of Commerce-Bureau of the Census

\* Based on TCOA formula-- Pop. aged 13 and older X 7% = # of alcoholics.

+ TCOA formula-- # of alcoholics X 4 = # of significant others affected.



REGIONAL POPULATION CHARACTERISTICS-1975

COUNTY	King	Lamb	Lubbock	Lynn	Motley	Terry	Yoakum	REGION
TOTAL POP.	420	16,992	197,248	8,841	1,779	14,158	7,389	345,474
AGE								
0-14	120	4,843	56,216	2,520	507	4,035	2,106	98,460
15-19	55	2,209	25,642	1,149	231	1,841	961	44,913
20-29	58	2,379	27,615	1,238	249	1,982	1,034	48,366
30-39	46	1,869	21,697	973	196	1,557	813	38,002
40-54	74	2,973	34,518	1,547	311	2,478	1,293	60,457
55+	67	2,719	31,560	1,414	285	2,265	1,182	55,276
MALE	206	8,352	96,947	4,345	874	6,959	3,632	169,798
FEMALE	214	8,640	100,301	4,496	905	7,199	3,757	175,676
ETHNICITY								
WHITE	347	11,839	146,046	5,745	1,434	10,034	5,983	250,972
BLACK	27	1,241	15,385	415	180	637	89	23,658
MEX. AMER.	46	3,908	34,124	2,679	165	3,483	1,315	69,117
OTHER	0	4	1,693	2	0	4	2	1,727
PER CAPITA INCOME	\$4,382	\$3,655	\$4,215	\$4,080	\$2,987	\$4,235	\$4,095	\$3,819
AVG. EDUC. LEVEL	8.0yrs	8.4yrs	8.9yrs	8.0yrs	8.0yrs	8.6yrs	8.8yrs	8.3yrs
* EST. # OF ALCOHOLICS	21	850	9,872	442	89	709	370	17,291
+ AFFECTED POPULATION	84	3,400	39,488	1,768	356	2,836	1,480	69,164

Source: Uniform Crime Reports, March 15, 1980



# APPENDIX G

## ALCOHOL RELATED OFFENSES BY COUNTY JANUARY 1 - DECEMBER 31, 1979

COUNTY	DWI		LIQUOR LAWS		DRUNKENESS		TOTAL		% OF TOTAL ARRESTS	
	ADULT	JUV.	ADULT	JUV.	ADULT	JUV.	ADULT	JUV.	ADULT	JUVENILE
BAILEY	10	0	3	0	122	3	135	3	36%	6%
COCHRAN	47	1	11	0	35	5	93	6	62%	35%
CROSBY	65	2	1	0	66	2	132	4	62%	15%
DICKENS	45	1	12	13	28	0	35	14	66%	64%
FLOYD	57	6	10	5	67	6	134	17	58.5%	27%
GARZA	53	2	6	3	166	8	225	13	66%	48%
HALE	272	5	33	7	517	44	322	56	51%	15%
HOCKLEY	126	0	13	2	139	12	278	14	30%	11%
KING	0	0	0	0	2	0	2	0	50%	0%
LAMB	189	11	89	17	180	20	458	48	63%	21.5%
LUBBOCK	1319	56	39	42	2457	203	4315	301	57%	10.5%
LYNN	41	2	10	0	29	0	80	2	61%	67%
MOTLEY	12	0	0	0	19	0	31	0	69%	0%
TERRY	76	1	17	1	262	12	355	14	37%	6%
YOAKUM	144	1	2	23	99	3	245	27	63%	12%
REGION	2956	88	246	113	4188	318	7390	519	54%	12%

Source: Uniform Crime Report, March 15, 1980



APPENDIX H  
ALCOHOL ARRESTS BY AGE AND COUNTY  
JANUARY-DECEMBER 1979

	0-14	15-19	20-29	30-39	40-50	55+
BAILEY	0	27	34	22	28	27
COCHRAN	0	18	36	16	26	3
CROSBY	0	27	58	18	21	12
DICKENS	0	31	35	9	12	12
FLOYD	1	37	67	22	14	10
GARZA	0	38	97	48	32	22
HALE	7	138	296	170	158	109
HOCKLEY	0	51	116	51	58	16
KING	0	0	0	0	2	0
LAMB	1	130	146	90	92	44
LUBBOCK	30	804	1644	803	946	389
LYNN	0	10	35	10	15	10
MOTLEY	0	0	10	3	9	9
TERRY	1	62	132	65	76	33
YOAKUM	1	56	91	51	59	15
REGION	41	1429	2800	1379	1548	711

Source: Uniform Crime Report, March 15, 1980



APPENDIX I  
ALCOHOL RELATED OFFENSES BY COUNTY AND SEX

JANUARY-DECEMBER 1979

	DWI				LIQUOR LAWS				DRUNKENNESS			
	MALE ADULT	JUV.	FEMALE ADULT	JUV.	MALE ADULT	JUV.	FEMALE ADULT	JUV.	MALE ADULT	JUV.	FEMALE ADULT	JUV.
BAILEY	9	0	1	0	1	0	2	0	119	3	3	0
COCHRAN	47	1	0	0	11	0	0	0	34	5	1	0
CROSBY	65	2	0	0	1	0	0	0	65	2	1	0
DICKENS	44	1	1	0	11	11	1	2	26	0	2	0
FLOYD	56	6	1	0	10	5	0	0	64	6	3	0
GARZA	52	1	1	1	6	3	0	0	152	8	14	0
HALE	260	5	12	0	28	7	5	0	488	43	29	1
HOCKLEY	120	0	6	0	12	2	1	0	132	8	7	4
KING	0	0	0	0	0	0	0	0	2	0	0	0
LAMB	138	11	1	0	83	17	6	0	175	20	5	0
LUBBOCK	1705	54	114	2	39	40	0	2	2277	180	180	23
LYNN	40	2	1	0	9	0	1	0	29	0	0	0
MOTLEY	12	0	0	0	0	0	0	0	17	0	2	0
TERRY	75	1	1	0	14	1	3	0	252	10	10	2
YOAKUM	142	1	2	0	2	23	0	0	99	3	0	0
REGION	2815	74	141	3	227	109	19	4	3931	283	257	30

Source: Uniform Crime Report 3/15/80.

TOTAL ADULT MALE	6,973
TOTAL ADULT FEMALE	417
TOTAL JUVENILE MALE	471
TOTAL JUVENILE FEMALE	37



APPENDIX J  
JUVENILE PROBATION DATA BY  
COUNTY, SEX AND ETHNICITY

1979

	# REFERRALS FOR ALCOHOL	MALE	FEMALE	WHITE	BLACK	HISPANIC
BAILEY						
COCHRAN	0	0	0	0	0	0
CROSBY	0	0	0	0	0	0
DICKENS	4	2	2	3	0	1
FLOYD	14	13	1	0	0	14
GARZA	18	18	0	15	0	3
HALE	9	7	2	1	0	8
HOCKLEY	2	2	0	1	0	1
KING	0	0	0	0	0	0
LAMB	3	3	0	0	0	3
LUBBOCK	63	58	5	14	5	44
LYNN	0	0	0	0	0	0
MOTLEY	0	0	0	0	0	0
TERRY	5	4	1	0	0	5
YOAKUM	0	0	0	0	0	0
REGION	118	107(91%)	11(9%)	34(29%)	5(4%)	79(67%)

Source: Office of Court Administration/Texas Judicial Council, 1979.



APPENDIX K  
CENTRAL PLAINS MHMR CENTER  
FY-1980

Number served	375 (duplicative count)
Outpatient	44
Detox	71
Halfway House	59
Residential	201
Male	240
Female	48
18-21	32
22-44	127
45-64	118
65+	23
White	230
Mexican American	62
Black	11
Other	4
BAILEY	9
BRISCO	2
CASTRO	14
FLOYD	32
HALE	184
LAMB	30
MOTLEY	3
PALMER	4
SWISHER	21



APPENDIX L  
LUBBOCK MHMR CENTER  
ALCOHOL OUTPATIENT SERVICES

	<u>FY 79</u>	<u>FY 80</u>
Clients Served	<u>329</u>	<u>844</u>
Male	<u>273</u>	<u>720</u>
Female	<u>56</u>	<u>124</u>
0-12	<u>2</u>	<u>10</u>
13-20	<u>10</u>	<u>107</u>
21-64	<u>294</u>	<u>683</u>
65+	<u>23</u>	<u>44</u>
White	<u>271</u>	<u>489</u>
Mexican American	<u>35</u>	<u>297</u>
Black	<u>23</u>	<u>51</u>
Other	<u>0</u>	<u>7</u>
Under \$50/mo.	<u>78</u>	<u>119</u>
\$ 50-\$99	<u>75</u>	<u>59</u>
\$100-\$149	<u>104</u>	<u>59</u>
\$150-\$199	<u>41</u>	<u>29</u>
\$200-\$299	<u>22</u>	<u>32</u>
\$300 +	<u>7</u>	<u>18</u>
Unknown	<u>9</u>	<u>528</u>

DWI part of difference in increase



APPENDIX M  
LUBBOCK MHMR CENTER  
ALCOHOL OFFENDER PROGRAM

9-1-79 - 8-31-80

Number of clients served

516

Number of repeaters

4

Number completing course

508

Male 467

White 232

Female 50

Black 38

Mexican-American 247

Other 0

13-19 37

20-30 204

31-40 99

41-50 90

51-60 63

61 + 22

BAILEY 0

KING 0

COCHRAN 1

LAMB 4

CROSBY 13

LUBBOCK 460

DICKENS 1

LYNN 3

FLOYD 2

MOTLEY 0

GARZA 5

TERRY 4

HALE 5

YOAKUM 1

HOCKLEY 13

OTHER 2



APPENDIX N  
PLAINS DETOX CENTER

OCTOBER 1, 1979 - SEPTEMBER 30, 1980

How many clients admitted to facility?	<u>430</u>
How many were repeaters?	<u>229</u>
Recidivism Rate	<u>53%</u>

<u>AGE</u>		<u>ETHNICITY AND SEX</u>	
		<u>MALE</u>	<u>FEMALE</u>
13-19	<u>2</u>		
20-30	<u>46</u>	White	<u>328</u> <u>72</u>
31-40	<u>107</u>	Black	<u>7</u> <u>0</u>
41-50	<u>131</u>	Mexican American	<u>13</u> <u>1</u>
51-60	<u>96</u>	Other	<u>9</u> <u>0</u>
61+	<u>47</u>		
Unknown	<u>1</u>		

<u>INCOME (Yearly)</u>		<u>REFERRALS TO OTHER AGENCIES</u>	
None	<u>20</u>	State Hospitals	<u>38</u>
\$1,000 or less	<u>14</u>	Community MHMR	<u>103</u>
\$1,001-\$3,000	<u>40</u>	Texas Rehabilitation Commission	<u>59</u>
\$3,001-\$6,000	<u>83</u>	Alcoholics Anonymous	<u>430</u>
\$6,001-\$10,000	<u>104</u>	Halfway House	<u>77</u>
\$10,001-\$15,000	<u>61</u>	General Hospital	<u>14</u>
Over - \$15,000	<u>33</u>	VA Hospital	<u>3</u>
Unwilling to state	<u>1</u>	PARC Treatment Center	<u>6</u>
Unknown	<u>69</u>	Home	<u>80</u>



# ALCOHOL RELATED SERVICES BY COUNTY

RAA 2- 82

	DETOX	EMERGENCY CARE*	INPATIENT CARE	OUTPATIENT CARE	RESIDENTIAL CARE	OUTREACH	AFTERCARE	CONSULTATION & TECHNICAL ASSISTANCE	TRAINING	INFORMATION & REFERRAL	EDUCATION (all levels)	DWI COURT CLASSES	PUBLIC INFORMATION	OCCUPATIONAL PROGRAMS	CRISIS HOT-LINE	PLANNING*	RESEARCH	QUALITY ASSURANCE/EVALUATION
BAILEY		X										X				X		
COCHRAN		X														X		
CROSBY		X			X							X				X		
DICKENS		X		X												X		
FLOYD		X										X				X		
GARZA		X		X						X	X	X				X		
HALE	X	X	X	X	X		X	X	X	X	X	X	X		X	X		
HOCKLEY		X		X								X				X		
KING				X												X		
LAMB		X										X				X		
LUBBOCK	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X		
LYNN		X		X								X				X		
MOTLEY		X										X				X		
TERRY		X					X				X	X				X		
YAOKUM		X		X												X		

\*Provided by Emergency Medical Services and emergency rooms at hospitals

\*Provided by South Plains Association of Governments and South Plains Health Systems, Inc.  
Services provided by TCA and Regional Alcoholism Authority are provided in all 15 Counties and are not reflected on this Chart.



## APPENDIX Q

### ALCOHOL RELATED SERVICES

- |  |  |
|--|--|
| 1. Emergency Care                        | Includes emergency medical care for conditions typically found in problem drinkers.  |
| 2. Detox Care                            | Treatment by use of medication, rest, fluids, and nursing care to restore physiological functioning after it is upset by alcohol.                                |
| 3. Inpatient Care                        | Refers to 24-hour care in a hospital or residential facility to serve alcoholic persons, medical.  |
| 4. Residential Care                      | Includes halfway houses, foster homes, small group homes or boarding homes which bridge the gap between the alcoholism unit and living at home.                  |
| 5. Outpatient Care                       | A facility that offers diagnosis, care, and treatment to outpatient but does not contain beds.   |
| 6. Outreach                              | Includes casefinding activities of a program which extend into the community to identify persons with potential or actual alcohol problems.                      |
| 7. Aftercare                             | A service provided to discharge clients or patients to help the individual adjust to community life after discharge.   |
| 8. Consultation and Technical Assistance | A service provided to other service agencies and alcoholism-service providers in order to share information, knowledge, skills and problem solving.              |
| 9. Training                              | A service provided to other service agencies, alcoholism service providers and individuals in order that skills might be increased..                             |
| 10. Information and Referral             | An agency in which individuals who seek help with an alcohol-related problem may receive information about alcohol, alcoholism, and potential treatment sources. |
| 11. Education (K-12)                     | Includes structured efforts (lectures, workshops, etc.) to increase knowledge among school children about alcohol abuse and alcoholism.                          |
| 12. Education (college)                  | Same as above, except directed toward college, university, academy, and seminar students.  |
| 13. Education (community)                | Same as above, except directed toward various groups within the community.   |
| 14. DWI Classes                          | An intervention program designed to inform, educate, or train individuals referred by way of the court for drinking-related offenses.                            |



15. Public Information Includes programs for mass media (TV, radio, print) which inform, increase awareness, or disseminate facts about alcohol, alcoholism, or available services in the community.
16. Occupational Alcohol abuse and alcoholism programs directed toward the employed population in agencies, business and industry, military installations, labor unions and government.
17. Crisis Hotline Services offered by way of telephone which provide information about availability of services to a person in a crisis situation.
18. Research Activities designed to add to the body of knowledge existing in alcoholism.
19. Planning Activities that examine availability, accessibility, acceptability, quality, cost and continuity of health services to recipients in a target area.
20. Quality Assurance/Evaluation Activities designed to promote the development of the program and is both outcome and process oriented.



# **South Plains Association Of Governments**

South Plains Association of Governments (SPAG) is the voluntary membership organization of local governments within the 15 county area of Texas State Planning Region 2. Any political subdivision of the State of Texas which is located within the planning region is eligible for membership in the Association. Created and governed by local officials of the region, SPAG is authorized by the Article 1011m. V.A.C.S., enacted by the Texas Legislature.

Local governments created SPAG to assure themselves a formal and systematic arrangement to conduct regional planning, to engage in cooperative endeavors to provide technical assistance, and to promote other types of intergovernmental cooperation. SPAG provides information, assistance, and advice and is expressly denied any authority or powers of taxation or enforcement.

Bylaws of the Association declare its primary goal to be the maintenance and improvement of the quality of life on the South Plains by promoting orderly development of its physical, social, and economic environment. During 1980 there were 70 cities, counties, and special purpose districts joined as members of the Association in pursuit of that common goal.

A General Assembly of more than 70 local elected officials, a 33 member Board of Directors, and a 9 member Executive Committee are governing bodies of South Plains Association of Governments. Over 200 private citizens of the region participate directly in SPAG as members of advisory groups. Offices of the Association, housing an interdisciplinary professional staff, are located in Lubbock, Texas.

