2022 Texas Panhandle Community Strengths and Needs Assessment

Texas Panhandle Centers

October 2022

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Executive Summary

Texas Panhandle Centers (TPC) conducted this Community Strength and Needs Assessment (CSNA) to help us understand the most pressing needs of the children, youth, and families living in our service region and to prioritize our services to meet those needs. Although TPC periodically conducts various assessments of community needs, this assessment was specifically prepared to develop and support our application for the Texas Department of Family and Protective Services (DFPS) Family and Youth Success (FAYS) Program.

Methods Used To Collect Data

We used a mixed-method approach for data collection for this CSNA, including qualitative and quantitative sources. We used secondary quantitative data sources to develop a social, economic, and demographic profile of the region. These data were augmented by key informant interviews held with representatives from organizations that serve children, youth, and families from across the region and with web and mobile surveys of the community, including caregivers and youth.

Both national and state secondary data sources were accessed to provide information on potential risk and protective factors for families.

A snowball sampling technique was used to identify key informants. We began by working with local TPC staff and leaders in child-serving agencies to identify professionals working with children, youth, and families in the area who would have insight into the strengths and needs of the communities they serve. In each interview, we also identified any additional informants that should be contacted for the study. During discussions of emerging findings, we also discussed additional sources, based on new questions or a need to further explore specific themes. Key informant interviews were completed with 25 individuals who work with children, youth, and families across the region.

Data Findings: Identification of Community Strengths, Needs, Assets, and Gaps

This strength and needs assessment combines data from secondary sources on risk and protective factors for children, youth, and families in the Texas Panhandle area with information collected from key informants/professionals who work with families in the area as well as from parents/caregivers, youth, and other community members.

On many risk factors, the TPC service area is higher than the state average, meaning there is a need for services across the entire area. A review of risk factors by county suggests that there are four counties with relative high risk in many areas. Potter County, the second most populated county in the Panhandle region, has elevated risk in nearly every domain and is at the highest risk for child maltreatment. Potter County is followed by Gray and Hutchinson

counties, each with seven areas of high risk. Dallam County also has significant high-risk areas. All these counties have been identified as being at high risk for child maltreatment and domestic violence, and three of the four are at high risk for children in foster care, juvenile justice involvement, violent crime, and female-headed households in poverty.

The highest general risk domains prioritized from risk assessment data are child abuse and neglect, juvenile justice involvement and violent crime, domestic violence, and poverty. Behavioral health has also been prioritized as it was the highest need identified by professionals working in the area and because the region has higher unmet need, compared with the state average. These factors align with the community needs and gaps in services identified by key informants/professionals and by community members.

The table below crosswalks priority risk factors that community members and key informants identified as service gaps with programs designed to address those risk factors and promote protective factors.

Crosswalk of Risk Factors, Programs, and Identified Gaps and Needs

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
Child Abuse and Neglect	Several counties, including the second largest in the region (Potter), have high risk for child maltreatment. The rate of children in foster care in the TPC region is higher than the state average. The rate for the region was double the state rate in 2021 (12.4 compared to 6.2). Some counties may have lower numbers of youth in foster care because of high utilization of juvenile justice placements.	• Universal prevention/community awareness programs • Family education to address parent/child conflict and parenting stress (e.g., Nurturing Parenting, Positive Action) • Parent education and skill building classes (e.g., Nurturing Parenting) • Resources to prevent family financial stress (basic needs support)	83% reported child abuse prevention activities and awareness as a need/significant need. 71% reported emergency respite care as a need/significant need. 58% identified parent/caregiver education and support as a significant need (a top 5 priority).	84% agreed they wished their community had parent support groups. 80% reported a need for child abuse prevention activities and education, and 66% reported wishing their community had emergency/respite childcare.

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
Juvenile justice involvement and violent crime	There were higher youth arrest rates for the TPC region (25 per 1,000) than the state (17). Again, Potter County has a rate more than double the state rate (38 per 1,000). Twelve of 21 counties rank in the lowest 50% of all Texas counties for violent crime rates.	• Youth skill building programs (e.g., ART, C.A.T, Coping CAT, Positive Action, and Seeking Safety) • Trauma programs (e.g., Seeking Safety, Grief Training) • Youth crime and violence prevention (e.g., United Way – Community Youth Development Programs) • Youth behavioral health services (e.g., TPC children and adolescent mental health services)	The highest ranked need by professionals was for behavioral health resources for children, youth, and adults. 84% reported a need/significant need for youth skill building programs.	78% of community members reported wanting free family and youth healthy life skills programs in their community.
Domestic Violence (DV)	The TPC region has a higher rate of DV (9.3 per 1,000) than the Texas average (6.7). Potter County's DV rate is nearly 4 times higher than the state average (23.8)	• Resources to prevent family financial stress • Adult behavioral health and substance use services • Trauma-informed child and youth behavioral health services	Help for behavioral health needs was the top need ranked by professionals. This included substance misuse assistance (ranked 7th in need).	A family resource center was the second highest priority for community members (80%). Parent support groups was the highest priority for community members (84%), and 80% wanted to see more resources for families of very young children (0–5 years).
Poverty	Twelve of 21 counties have higher levels of poverty than the TX	• Resources to prevent family financial stress. • Childcare programs	Resources for families struggling financially was	Community members expressed a desire for a family

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
	average. Six counties rank in the lowest half of counties in the state with severe housing problems. One of the largest counties, Potter, is in the lowest 25%.	• Free family and youth skills training programs • Housing and employment programs	the 2nd highest priority need ranked by professionals.	resource center (highest priority – 84%) and more resources for parents of very young children (ages 0–5) (80%).
Behavioral health need	Prevalence data show higher need in TPC's region than the state average.	• Behavioral health services; individual family counseling	Behavioral health was ranked as the most important priority for mental health priorities.	Parent support groups were the top priority listed by community members (84%).

Recommendations for FAYS Programming

Two thirds (14 out of 21) of the counties served by the TPC FAYS program are considered frontier (fewer than seven people per square mile). The remaining seven counties are rural. Families and youth living in the Panhandle's rural communities struggle with challenges and barriers that are not always present in more urban communities, including stigma, lack of anonymity, shortages of mental health professionals and culturally competent care, and difficulties accessing reliable transportation. These challenges and barriers were highlighted in the key informant interviews.

As part of MMHPI's partnership with TPC in conducting this strengths and needs assessment, we (MMHPI) have developed the following recommendations for TPC. To successfully provide prevention, early intervention, and treatment services in the Panhandle, TPC should consider the following:

- Target FAYS services and supports—including outreach and youth and caregiver education and skills training—to areas with the highest need.
- Recruit and support staff that reside in the communities served by the FAYS program.
- Engage and support continued collaboration between communities, faith-based organizations, and community organizations to maintain and strengthen the region's capacity to provide basic needs supports.
- Recognize that the frontier areas of the Panhandle, despite lower areas of risk, have limited to no access to prevention services and supports.

Community Protective Factors

The data gathered during the community strengths and needs assessment highlighted three community-level protective factors that could be used to mitigate the region's risk for child maltreatment. Recommendations that build on these factors are outlined below.

- Target the region's obstetricians and pediatricians in the prevention and community awareness campaign.
- Expand FAYS services to parents of children 0–5. Six counties in the Panhandle including Potter County have more than half of all 3- and 4-year-olds enrolled in Pre-K.
- Continue to strengthen partnership with schools.

Array of Evidence-Based Practices and Basic Need Support

TPC should review its current service array to ensure it aligns with the needs and identified risks of the youth and families in the Panhandle.

- Increase or sustain interventions that address child abuse and neglect.
- Sustain interventions that address juvenile justice involvement and violent crime.
- Sustain and strengthen access to supports that decrease domestic violence.
- Sustain basic needs support as a part of the TPC FAYS program.
- Continue to seek behavioral health professionals to provide behavioral health services to FAYS families.

Youth and Caregivers' Involvement

MMHPI reached out to caregiver advocates and included youth and caregivers receiving services in our survey activities for this CSNA. Although TPC has conducted other needs assessments in the community, this is the first that is specific to the FAYS program. As we disseminate these results and conduct future CSNAs, we plan to foster more meaningful engagement with youth and caregivers.

Introduction

Texas Panhandle Centers (TPC) has been providing services and support to those living in the upper Texas Panhandle community since 1966, though we (TPC) have undergone several name changes. We serve people with mental illness, people with intellectual and developmental disabilities, and children with developmental delays from birth to 3 years of age. We also provide behavioral health services, education, and support to children and families through our children's services division. Since 1999, we have provided services to our community through the Texas Family and Youth Success (FAYS) program (formerly known as STAR) through the Texas Department of Family and Protective Services (DFPS). The FAYS program aims to prevent child abuse and neglect by increasing protective factors for children, youth, and families through improved access to evidence-based services.

TPC operates under a decentralized service system, where care is provided to local service areas in the most cost-effective manner. In the next section, we describe our seven service centers located across the Texas Panhandle: Amarillo, Borger, Clarendon, Dumas, Hereford, Pampa, and Perryton. For individuals with disabilities, all our locations are accessible and all our services are available through planned accommodations.

TPC conducted this Community Strength and Needs Assessment (CSNA) to help us understand the most pressing needs of the children and youth who are at risk of experiencing child abuse and neglect and of their families living in our service region and to prioritize our services to meet those needs. Although TPC periodically conducts various assessments of community needs, this assessment was specifically prepared to develop and support our application for the DFPS FAYS program.

Data for the assessment were collected between July and September 2022 and include surveys, quantitative (secondary), and qualitative data for 21 of the 26 counties that make up DFPS Service Region 1. To complete this assessment, TPC partnered with the Meadows Mental Health Policy Institute (MMHPI), a long-time research, evaluation, and consulting partner.

The following sections describe TPC's service delivery area, our methods for collecting and analyzing data, findings, and our synthesis of community strengths and needs that have emerged from these findings.

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Service Delivery Area Description

TPC's service region (Region 1) covers the upper 21 counties of the Texas Panhandle, seven of which are rural and 14 of which are frontier (fewer than seven people per square mile). The service region encompasses 21,000 square miles.

The map below shows the location of each county and the seven TPC service centers as well as and the service areas for each center.
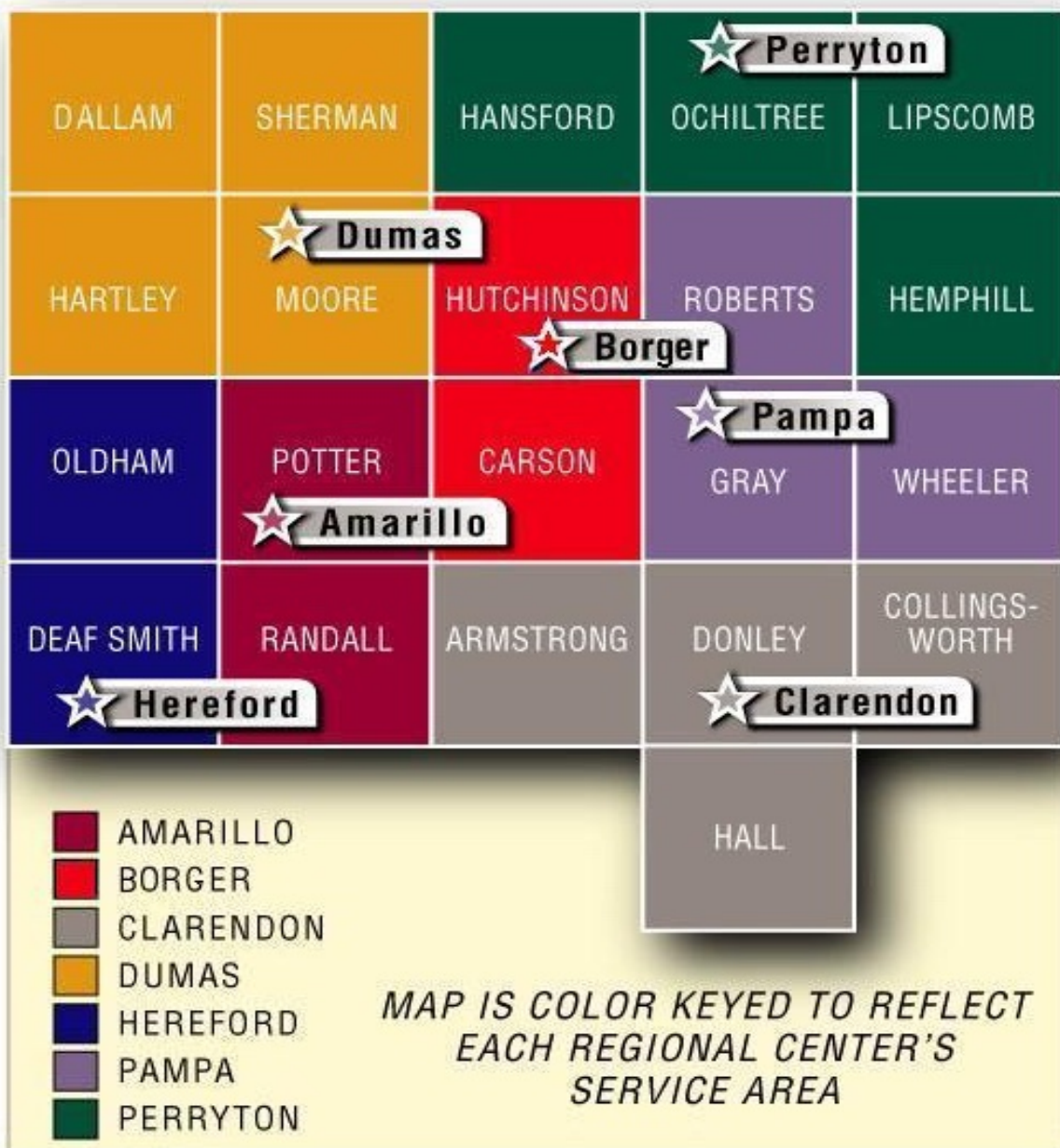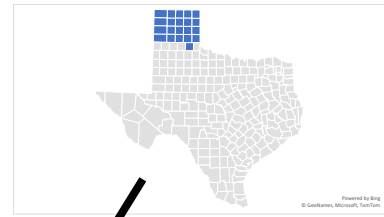
The table below shows population and demographic breakouts of people living in the TPC service region. Overall, the TPC region is home to about 400,000 people, 26% of whom are under the age of 18. The two largest counties are Randall County (35% of the region's population) and Potter County (29% of the region's population). The city of Amarillo spans the two counties, and the populations of each, described below, have very different demographic characteristics.

Demographics[1]

	Total Catchment Area		Randall County		Potter County		All Other Counties[2]	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Total Population (2020)	399,418	100%	139,899	35%	116,004	29%	143,515	36%
By Age								
0 to 5	32,606	8%	10,341	7%	10,065	9%	12,200	9%
6 to 11	35,591	9%	11,524	8%	10,841	9%	13,226	9%
12 to 17	35,020	9%	11,818	8%	9,963	9%	13,239	9%
18 and Older	296,201	74%	106,217	76%	85,135	73%	104,849	73%
By Gender								
Male	202,069	51%	68,684	49%	59,393	51%	73,992	52%
Female	197,349	49%	71,215	51%	56,611	49%	69,523	48%
By Race and Hispanic or Latino Self-Identification								
Not Hispanic or Latino								
White	221,999	56%	96,706	69%	49,802	43%	75,491	53%
Black or African American	20,474	5%	4,556	3%	11,718	10%	4,200	3%
Native American or Alaska Native	2,359	1%	651	<1%	611	1%	1,097	1%
Asian or Asian American	10,172	3%	2,511	2%	5,837	5%	1,824	1%
Native Hawaiian and Other Pacific Islander	207	<1%	69	<1%	67	<1%	71	0%
Two or More Races	5,960	1%	2,231	2%	1,892	2%	1,837	1%
Hispanic or Latino	138,247	35%	33,175	24%	46,077	40%	58,995	41%

[1] U.S. Census Bureau. (2021). *Population Estimates Program, Vintage 2020.* https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates.html
[2] This category is the entire TPC service region without Potter and Randall counties (the two largest counties in the region).

Whereas the chart below shows breakouts of race and ethnicity by county in the TPC region, the table above shows breakouts of race and ethnicity comparing Potter County, Randall County, and all the other counties combined. Residents of Randall County are predominantly Non-Hispanic White (69%), followed by Hispanic or Latino of any race (24%). In Potter, the second largest county in the region, less than half (43%) of people identify as Non-Hispanic White, whereas 40% identify as Hispanic or Latino of any race, and 10% are Black or African American. Among the remaining smaller counties, just over half identify as Non-Hispanic White (53%) and 41% identify as Hispanic or Latino.

Race and Ethnicity by County[3]
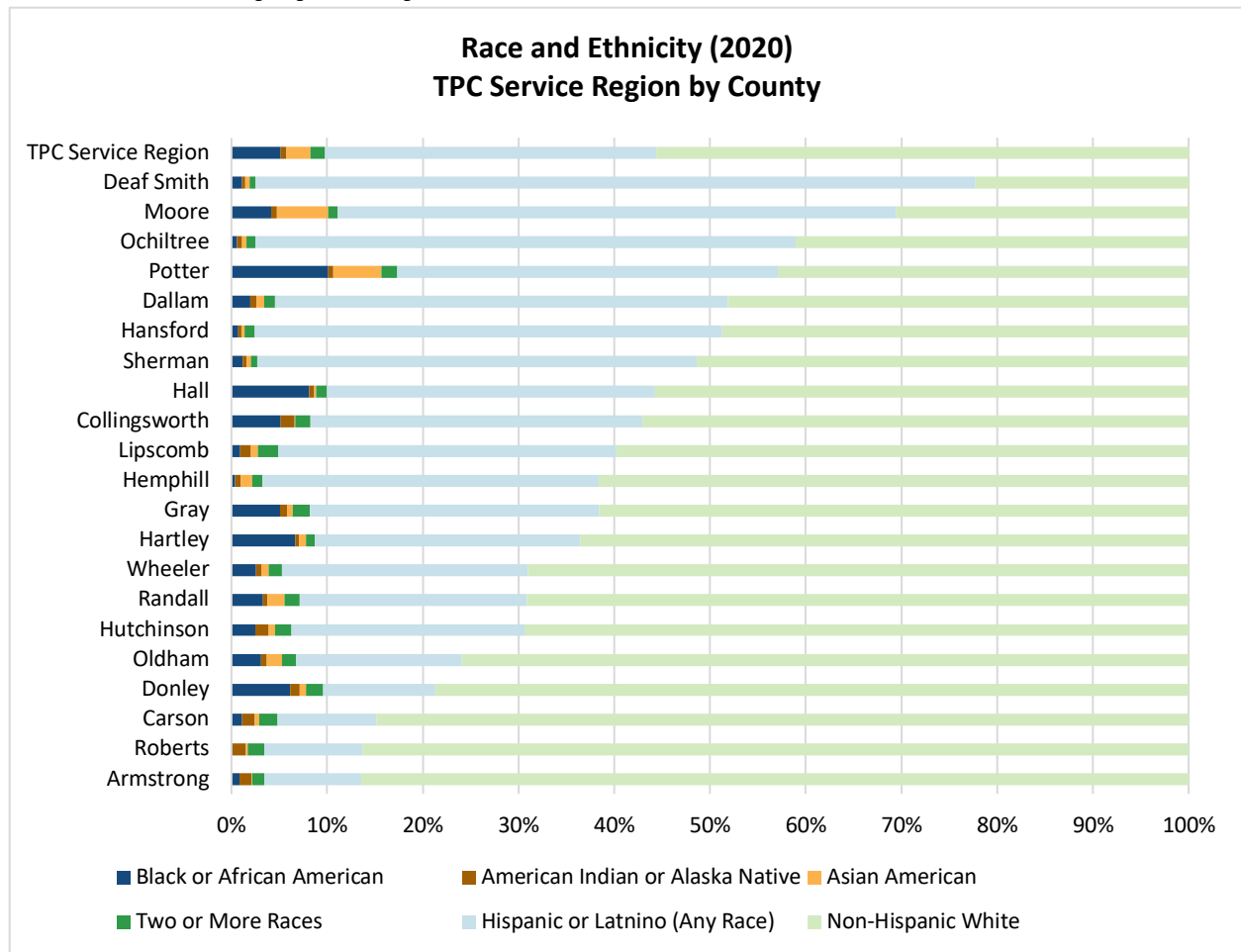
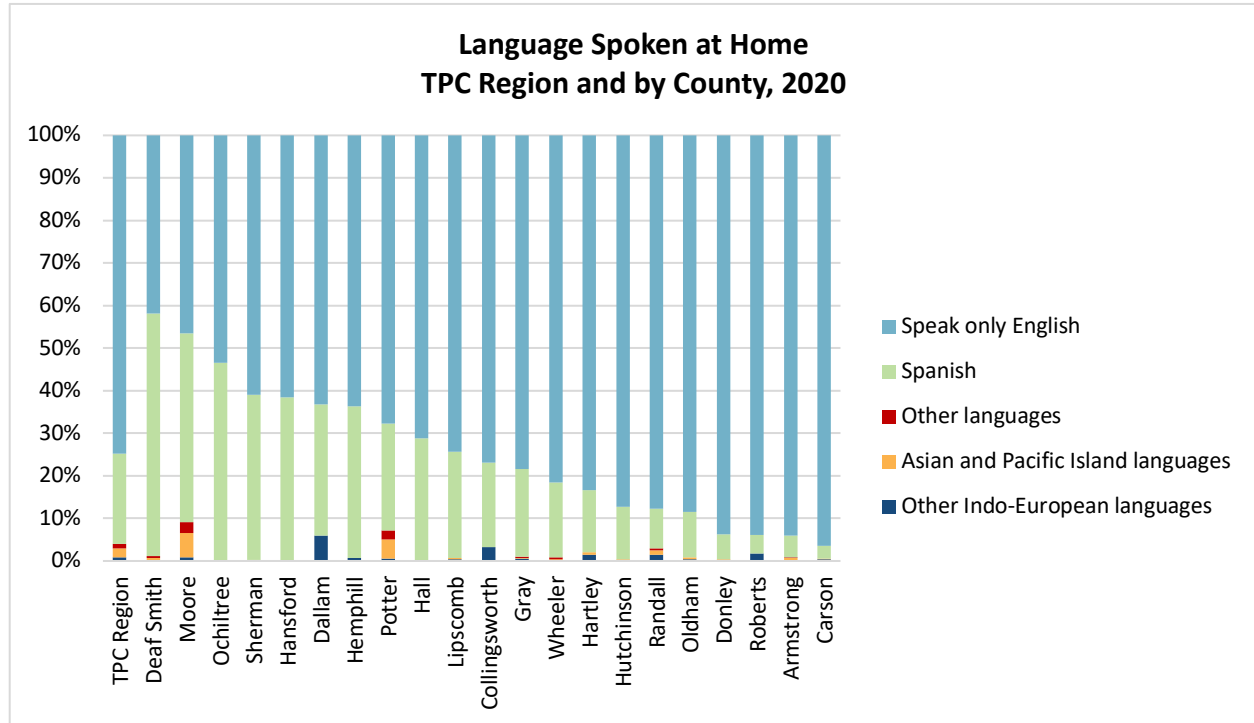
As the chart below shows, approximately 75% of people residing in the TPC region speak only English at home. However, in Deaf Smith and Moore counties, fewer than half of residents

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[3] U.S. Census Bureau. (2021). *Population Estimates Program, Vintage 2020.* https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates.html

speak English at home; most of those who do not speak English at home speak Spanish, and 6% of Moore County residents speak Asian and Pacific Island languages.

Language Spoken at Home[4,5]

Language Spoken at Home
TPC Region and by County, 2020

Legend:
- Speak only English
- Spanish
- Other languages
- Asian and Pacific Island languages
- Other Indo-European languages

Unique Community Characteristics

The Panhandle comprises 21 counties that vary significantly in demographics and other characteristics related to social vulnerability or resiliency. However, within this diversity, key stakeholders who work closely with families in the region discussed common threads that uniquely contribute to family protective factors.

Key informants interviewed for this assessment described their Panhandle communities as cooperative, resilient, and creative in finding resources to help children, youth, and families. Many interviewees discussed strong partnerships among organizations, which have been strengthened as a result of the difficulties encountered during the pandemic. These relationships create better networking and referral

> "We are resilient here because we are creative in finding out ways to make things happen here. Even having limited resources, we find ways to make it happen, [the] community . . . has always been supportive and engaged."

[4] U.S. Census Bureau (2021). *Population Estimates Program, Vintage 2020*. https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates.html
[5] American Community Survey. (2020). *5-Year Estimates. Table S1601, Language Spoken at Home*. https://data.census.gov/cedsci/table?q=s1601&tid=ACSST1Y2021.S1601

opportunities so that families can get the services they need when they need them.

Others discussed strong community supports that exist within the area. These supports serve as important foundations that can be used to develop and deliver comprehensive child, youth, and family services to address the gaps that remain. One respondent commented that recent years have seen decreased stigma around seeking help (e.g., utility assistance, mental health care), particularly because of the harsh necessities of life in the pandemic. Because of decreased stigma, according to this respondent, agencies have been more effective at getting services to those who need them.

Youth Services

The Texas Panhandle has several networks and organizations that can provide services in the community. Many key stakeholders reported that local school districts, faith-based organizations, and local/state programs constitute important community providers of support and services to children, youth, and families. Other services available in the area include:

- Housing and Urban Development programs
- The United Way of Amarillo/Canyon – Community Youth Development program
- Food Banks (local)
- Hospital District (Amarillo area)
- Catholic Charities
- Big Brother Big Sister
- Texas Alliance of Boys and Girls Clubs
- Family Support Services of Amarillo

These services are generally more available in Amarillo, meaning that there are fewer resources for those outside these cities. TPC is the state-designated local mental health authority (LMHA) for the region. In addition to TPC's three clinics and headquarters in Amarillo, located in Potter and Randall counties, TPC operates six rural clinics in the other 19 counties and has recently established a mobile clinic that provides services in communities where no mental health clinics exist.

Data Collection Methods

We used a mixed-method approach to collect data for this CSNA, including qualitative and quantitative sources. We used secondary quantitative data sources to develop a social, economic, and demographic profile of the region. These data were augmented by key informant interviews held with representatives from organizations that serve children, youth, and families from across the region and by web and mobile surveys of the community, including caregivers and youth.

Both national and state secondary data sources were accessed to provide information on potential risk and protective factors for families. A complete list of sources is provided in the References section of this document.

A snowball sampling technique was used to identify key informants. We began by working with local TPC staff and leaders in child-serving agencies to identify professionals working with children, youth, and families in the area who would have insight into the strengths and needs of the communities they serve. In each interview, we also identified any additional informants that should be contacted for the study. During discussions of emerging findings, we also discussed additional sources, based on new questions or a need to further explore specific themes.

Key informant interviews/focus groups were completed with 25 individuals who work with children, youth, and families across the region. We also included two parent representatives who lead advocacy groups and efforts in the region. Interviews were conducted via telephone/Zoom call. Informants were asked about the strengths and needs of the community/communities in which they work. Questions also focused on gaps in services and the unique characteristics of the communities that make up the TPC service region. The table below describes characteristics of the individuals interviewed.

Key Informant Characteristics	Count	Percentage
By Provider		
Texas Panhandle Centers	11	44%
Child and Family Services	11	44%
Schools	2	8%
Juvenile Justice	1	4%
By County		
Potter & Randall Counties	15	60%
All of Region 1	5	20%
Dalhart County	2	8%
Deaf Smith & Oldham Counties	1	4%
Hutchinson County	1	4%
Moore County	1	4%

We developed a web-based and mobile survey to gather information from a larger number of providers. We developed a parallel survey for distribution to caregivers, young people, and other community members. Again, we used a snowball, non-representative sampling

technique. We relied on community partners to distribute surveys to their mailing lists and contacts and encouraged individuals to share the survey link with colleagues and fellow community members. A mobile version of the caregiver, youth, and community member survey was distributed to individuals receiving services from TPC via our text communication system. Survey questions included perceptions of community strengths, highest priority needs and gaps in services, as well as perceptions of parent-child relationships within the community.

Survey Responses	Count	Percentage
By Respondent Role		
Person working with children and families	75	53%
Parents/caregivers/youth/community members	16	11%
Mobile surveys (caregivers and youth receiving services)	50	35%
Total surveys completed	141	100%
By County/Area[6]		
All of Region 1	10	17%
Potter County	13	22%
Randall County	11	19%
Potter & Randall Counties	10	17%
Hutchinson County	4	7%
Deaf Smith County	3	5%
Dallam & Hartley Counties	2	3%
Gray County	2	3%
Dallam County	1	2%
Lipscomb County	1	2%
Wheeler County	1	2%

Data Analysis

We used descriptive statistics to analyze secondary quantitative and survey data. We used a comparative geographic analysis to compare the 21 Panhandle counties to other counties in the state and to Texas as a whole. Frequency distributions and calculations of quartiles for each county (so that counties could be ranked by relative risk or protective factors) are also reported in both tables and in graphs that allow for visual comparisons across each of the counties.

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[6] Thirty-three respondents did not provide a response. Mobile surveys did not include county question.

We summarized survey findings using frequency distributions. Results were compiled and responses ranked based on the number of respondents indicating "strongly agree" or "agree", "neutral," and "disagree" or "strongly disagree" about the need for specific services in the area and about specific community strengths. In surveys with those working with children and families, we compiled rankings of need according to "significant need, "need," "slight need," "helpful, but not a priority," and "not needed."

Notes from key informant interviews were analyzed using narrative content analysis. MMHPI staff reviewed and "coded" notes for common themes. These themes were then reviewed and summarized in the results section of this report.

In the implications section of this report, a qualitative, summary analysis is presented in the form of a risk matrix and crosswalk table that aligns findings from the data sources into common themes around risk areas and community priorities for services.

Results

Social Vulnerability

Counties are shaded according to their ranking as designated by the Center of Disease Control and Prevention (CDC) Social Vulnerability Index (SVI).[7] Social vulnerability encompasses 15 social factors, such as poverty, race and language, crowded housing, and transportation access. Using these factors, counties are ranked according to their overall vulnerability against the state of Texas as a whole. Although the SVI was developed to assist public health professionals plan for emergencies and disasters, it also serves as a snapshot of communities that may struggle to access needed resources for overall health and well-being. Indicators in the SVI—such as socioeconomic status, employment, housing availability, educational outcomes, and access to childcare—are all factors that correlate to risk and protection from child abuse and neglect.[8]

In the map below, the darker blue colors designate areas of higher vulnerability relative to Texas overall. Within the Texas Panhandle service region, four counties (Potter, Deaf Smith, Collingsworth, and Hall) are in the 75th percentile (top 25%) of most vulnerable counties in Texas. Potter County, which represents 29% of the population in the TPC region, is among the 15% most vulnerable counties in the state of Texas. Meanwhile, Randall County, which is the largest county in the region (representing 35% of the region population) is among the least vulnerable counties in the state. In comparison, El Paso County in West Texas is in the 92%

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[7] Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. *CDC/ATSDR SCI data and documentation download* [2018, Texas]. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html

[8] Centers for Disease Control and Prevention. (2022, April 6). *Violence prevention: Risk and protective factors.* https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

percentile, which is in the top 10% of vulnerable counties in the state. The TPC region appears to be a highly varied region, with areas of both high and low vulnerability throughout.
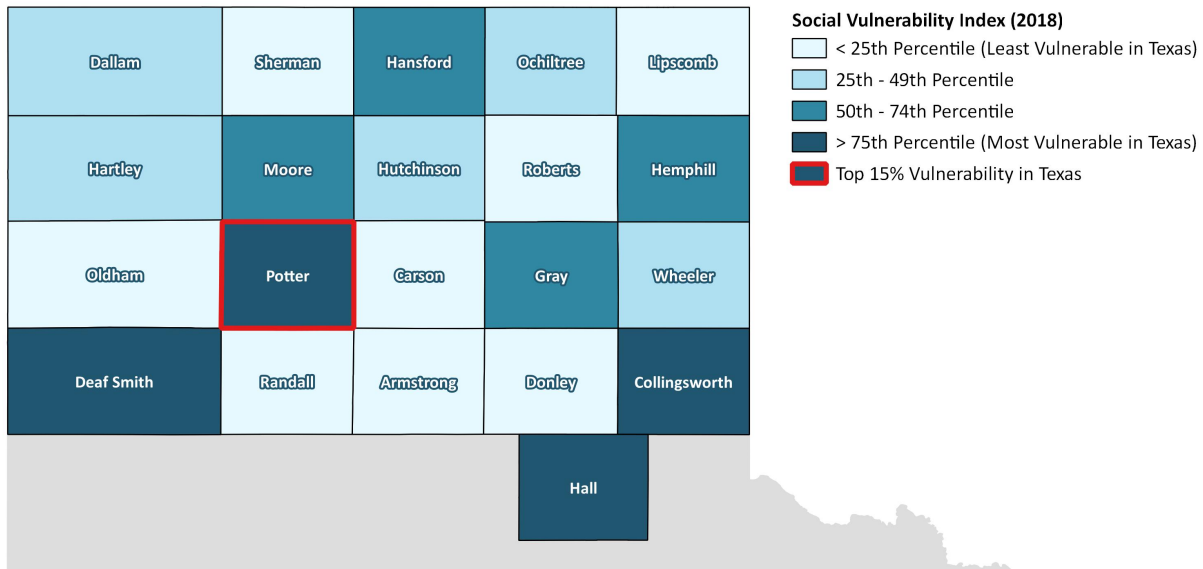
Socioeconomic Status

The bar graph below shows the percentage of single female-headed households with children under 18 living in poverty by county, with comparisons to the TPC region overall, Texas statewide, and national data. More than half (12 out of 21) of the counties in the TPC region have a higher percentage of female-headed households in poverty than Texas statewide (36%), and all but four have percentages higher than the national average (25%). More than 60% of the female-headed households in Collingsworth and Hutchinson counties are living in poverty, and 45% of the female-headed households in Potter County (the 2nd largest county in the region) are living in poverty.

Families Living in Poverty (2020)[9]
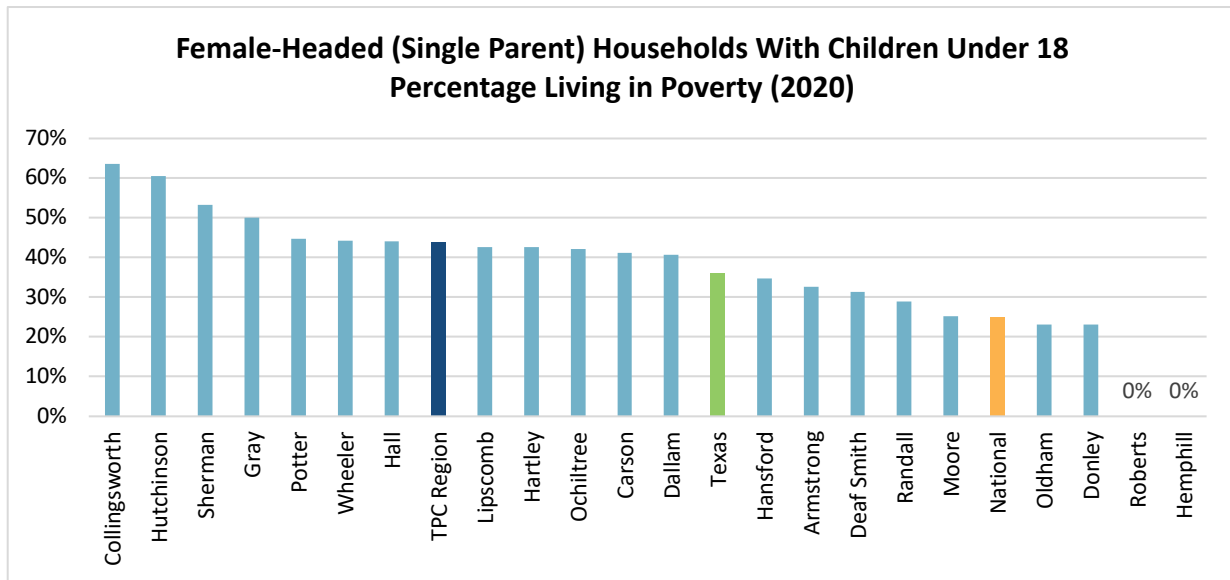
Although the TPC region's unemployment rate is lower (3.9%) than the Texas (5.3%) or national (5.4%) averages, half as many people (3%) work from home compared to the state and national averages (7%). Further, 94% of people living in the TPC region rely on a car to get to work, and less than 1% rely on public transportation. In this region, it appears that having a car is essential.

Twenty-one percent of people work in industries related to educational services, health care and social assistance, which is comparable to the state (22%) and national (23%) averages. More than one in 10 (12%) are employed in manufacturing fields, which includes animal slaughter and processing, compared to 8% of people in Texas overall. The TPC region is also home to many people who work in agriculture (7%), which is more than twice the state (3%) and national (2%) averages.

Employment (2020)[10]

Employment Measure	TPC Region	Texas	United States
Unemployment Rate	3.9%	5.3%	5.4%
Work Commute			
Car, Truck, or Van[11]	94%	89%	84%

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[9] American Community Survey. (2020). 5-Year Estimates. Table S1702, Poverty Status in the Past 12 Months of Families. *https://data.census.gov/cedsci/table?q=s1702&tid=ACSST1Y2021.S1702*

[10] American Community Survey. (2020). 5-Year Estimates. Table DP03, Selected Economic Characteristics. https://data.census.gov/cedsci/table?q=dp03

[11] Includes alone or carpool

Employment Measure	TPC Region	Texas	United States
Public Transportation	<1%	1%	5%
Walked	2%	2%	3%
Other Means	1%	2%	2%
Work from Home	3%	7%	7%
Mean Travel Time to Work (Minutes)	19	27	27
Industry			
Agriculture, forestry, fishing and hunting, and mining	7%	3%	2%
Construction	8%	9%	7%
Manufacturing	12%	8%	10%
Wholesale trade	3%	3%	3%
Retail trade	11%	11%	11%
Transportation and warehousing, and utilities	6%	6%	6%
Information	1%	2%	2%
Finance and insurance, and real estate and rental and leasing	5%	7%	7%
Professional, scientific, management, administrative and waste management services	7%	12%	12%
Educational services, health care and social assistance	21%	22%	23%
Arts, entertainment, recreation, accommodation, and food services	9%	9%	9%
Other services, except public administration	5%	5%	5%
Public administration	5%	4%	5%

The table below shows counties in the TPC region ranked into quartiles according to severe housing problems within each county. Severe housing problems are determined based on the percentage of households that struggle with overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities compared to Texas overall.[12] The CDC identifies that one community protective factor against child abuse and neglect is access to safe, stable housing. [13]

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[12] University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: 2022 Texas data*. https://www.countyhealthrankings.org/app/texas/2022/downloads
[13] Centers for Disease Control and Prevention. (2022, April 6). *Violence prevention: Risk and protective factors.* https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Below, counties ranked in the 1st quartile (best) have the fewest housing difficulties relative to other Texas counties, whereas those in the 4th quartile are among the top 25% of counties struggling with housing.

More than half (14 out of 21) of counties in TPC's service region are in the 1st or 2nd quartile, including Randall County, which is the largest county by population in the region. However, Potter County, which is the second largest in the region, as well as Ochiltree and Wheeler counties are in the 4th quartile for housing problems.

Severe Housing Problems (2022)[14]

County	Quartile Ranking Among All Texas Counties[15]			
	1st (Best)	2nd	3rd	4th (Worst)
Armstrong	●			
Carson	●			
Collingsworth			●	
Dallam	●			
Deaf Smith		●		
Donley		●		
Gray			●	
Hall	●			
Hansford	●			
Hartley	●			
Hemphill		●		
Hutchinson	●			
Lipscomb	●			
Moore			●	
Ochiltree				●
Oldham	●			
Potter				●
Randall	●			
Sherman	●			
Wheeler				●

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[14] University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: Building a culture of health, county by county.* www.countyhealthrankings.org
[15] Because of insufficient data, Roberts County was not ranked.

The U.S. Department of Housing and Urban Development conducts a yearly point-in-time count of people who are homeless across the nation. In the TPC region, a count was conducted in Amarillo (Potter County) in January 2021 and found at least 487 people who were homeless.[16] Among them were 183 people residing in an emergency shelter or transitional housing, including 27 children under the age of 18. There were 11 unaccompanied youth under the age of 18 living in the emergency shelter.

Ten key informants (40%) specifically listed poverty or difficulty in securing basic needs as a barrier or hindrance for families in the area. A lack of employment opportunities, food insecurity, and housing instability were also reported as significant issues facing families in some counties. As costs of living are rising, wages for most of the area's jobs are not keeping pace. The combination of financial insecurity and time spent working long hours to earn enough causes stress for caregivers and further leaves them with less quality time to spend as a family.

Respondents noted the importance of the community coming together to share resources and to coordinate services to meet the needs of families and reduce risk factors.

Nearly half of all web survey respondents (42%) either disagreed or strongly disagreed with the statement, "my town has enough good jobs," but only 14% disagreed that "my town is affordable to live in." This may indicate that community members believe that economic stability in their community is possible, but that sufficient employment is needed to achieve that. Most respondents (61%) said they believed that they could get support in their community if their family was struggling financially. However, nearly one quarter (24%) said they could not get support if struggling.

Selected Survey Results[17]	Agree/Strongly Agree	Neutral	Disagree/ Strongly Disagree
My town has enough good paying jobs	29%	29%	43%
My town is affordable to live in	57%	29%	14%
In my community, my family can get support if we are struggling financially.	60%	15%	24%

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[16] U.S. Department of Housing and Urban Development. (2021, January 29). *HUD 2021 Continuum of Care Homeless Assistance Programs homeless populations and subpopulations.* https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_TX-611-2021_TX_2021.pdf
[17] Totals may not sum to 100% due to rounding.

School and Education

According to the CDC, protective factors for child abuse and neglect include communities that have access to high-quality preschool and caregivers who have a college degree or higher.[18]

The next chart shows the percentage of 3- and 4-year-old children enrolled in public pre-kindergarten during the 2019–2020 school year. With the exception of Ochiltree, Hartley, and Randall counties, all counties in the TPC region have a higher rate of enrollment in pre-kindergarten than the Texas average (30%), and six counties, including Potter County, have more than half of all 3- and 4-year-olds enrolled in Pre-K. Randall County has an exceptionally low rate of young children enrolled in Pre-K (4%).

A needs assessment conducted by Panhandle Community Services suggested that publicly subsidized preschool in Randall County has not yet met the growing need.[19] Additionally, private daycare is not included in the data, which may be more common in Randall County as it is a community of higher socioeconomic status. Since Potter County has a larger percentage of families just above the poverty level, more families may qualify for publicly subsidized preschool.

Public Pre-Kindergarten Enrollment[20]
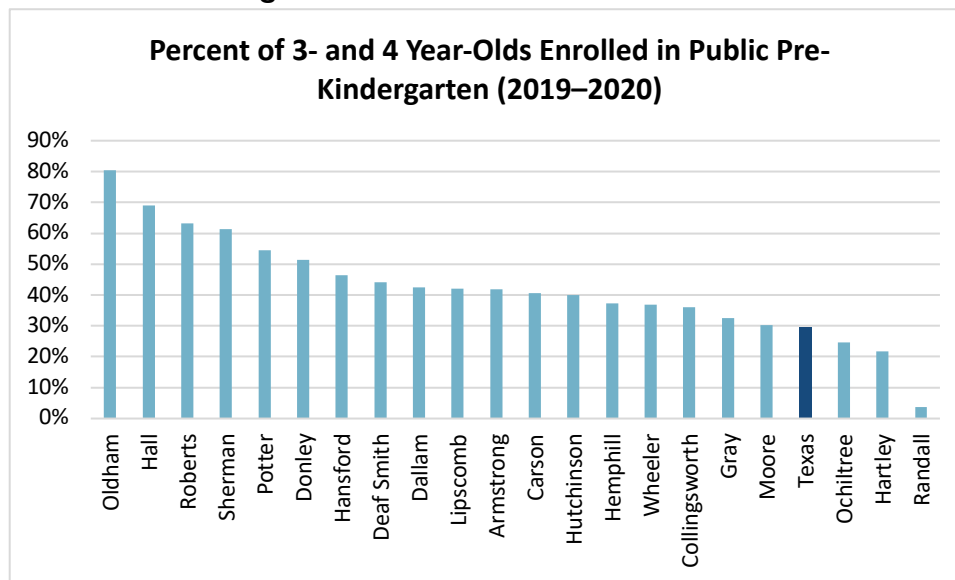
Percent of 3- and 4 Year-Olds Enrolled in Public Pre-Kindergarten (2019–2020)

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[18] Centers for Disease Control and Prevention. (2022, April 6). *Violence prevention: Risk and protective factors.* https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html
[19] Panhandle Community Services. (2018). *Community Needs Assessment Report.* https://www.pcsvcs.org/images/uploads/documents/pcs-cna-report-2018.pdf
[20] Texas Education Agency. (2020). *Student enrollment reports.* Retrieved from https://datacenter.kidscount.org/

Educational Levels

The chart below shows graduation, drop-out, continuation, and GED rates for the class of 2020. All counties except for Potter County match or exceed the average Texas graduation rate.

Graduation and Drop-Out Rates[21]

Class of 2020 Four-Year Graduation and Dropout Rates

County	Graduation Rate
Potter	89%
Gray	90%
Texas	90%
Deaf Smith	91%
TPC Region	93%
Lipscomb	93%
Armstrong	95%
Randall	96%
Hutchinson	96%
Wheeler	96%
Sherman	96%
Donley	97%
Ochiltree	98%
Hall	98%
Moore	98%
Oldham	99%
Dallam	99%
Roberts	100%
Hemphill	100%
Hartley	100%
Hansford	100%
Collingsworth	100%
Carson	100%

Legend: ■ Drop-Out　■ Continuation　■ GED　■ Graduation
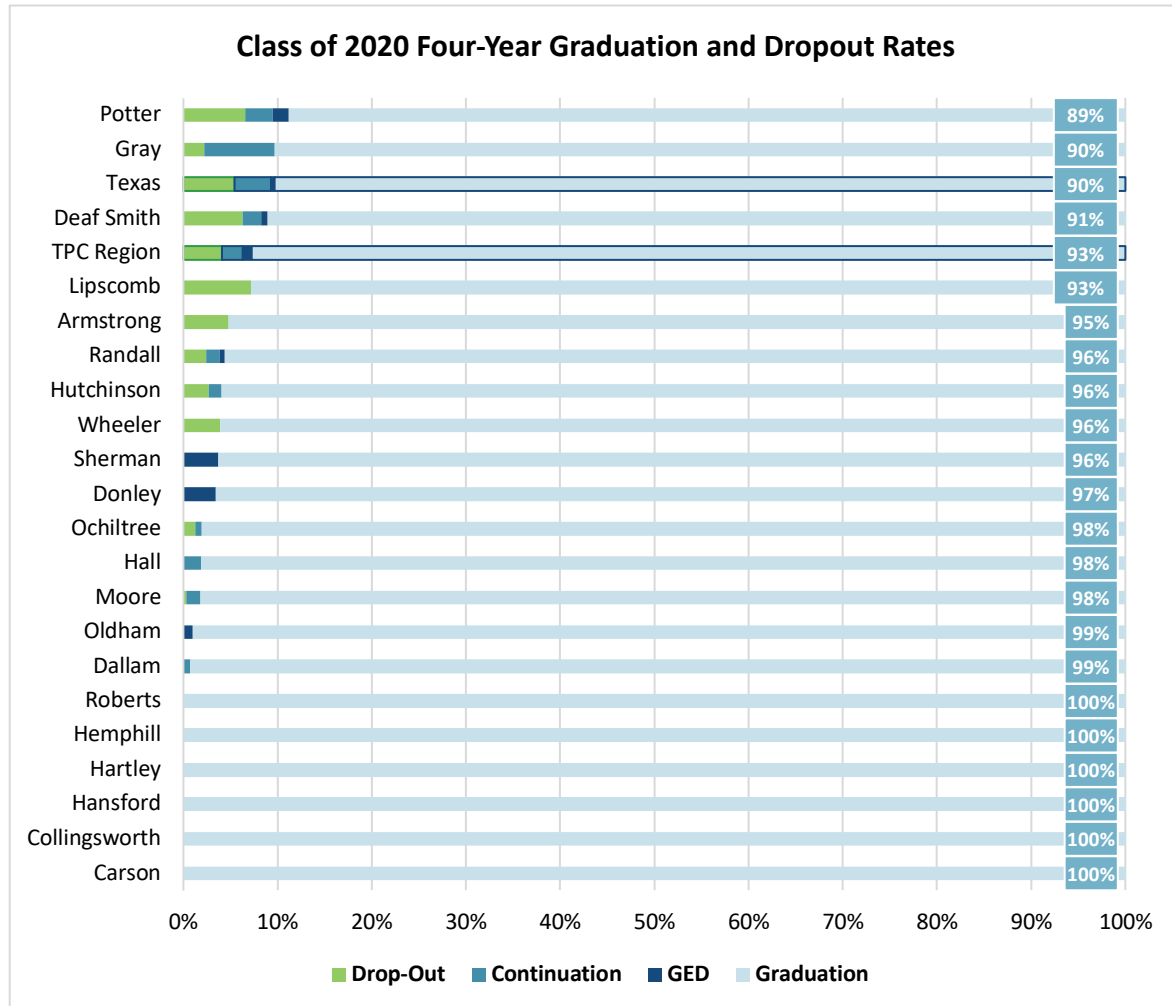
Adults With a Bachelor's Degree or Higher

Overall, fewer than one in five adults (19%) in the TPC region have attained a bachelor's degree or higher. With the exception of Randall County, all counties in the TPC region have a lower rate of bachelor's-degree attainment among adults than the Texas average (28%).

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[21] Texas Education Agency. (2021). Grade 9 Four-Year Longitudinal Graduation and Dropout Rates, by County, Texas Public Schools, Class of 2020. https://tea.texas.gov/reports-and-data/school-performance/accountability-research/completion-graduation-and-dropout/four-year-graduation-and-dropout-data-class-of-2020

Adults With a Bachelor's Degree or Higher (2020)
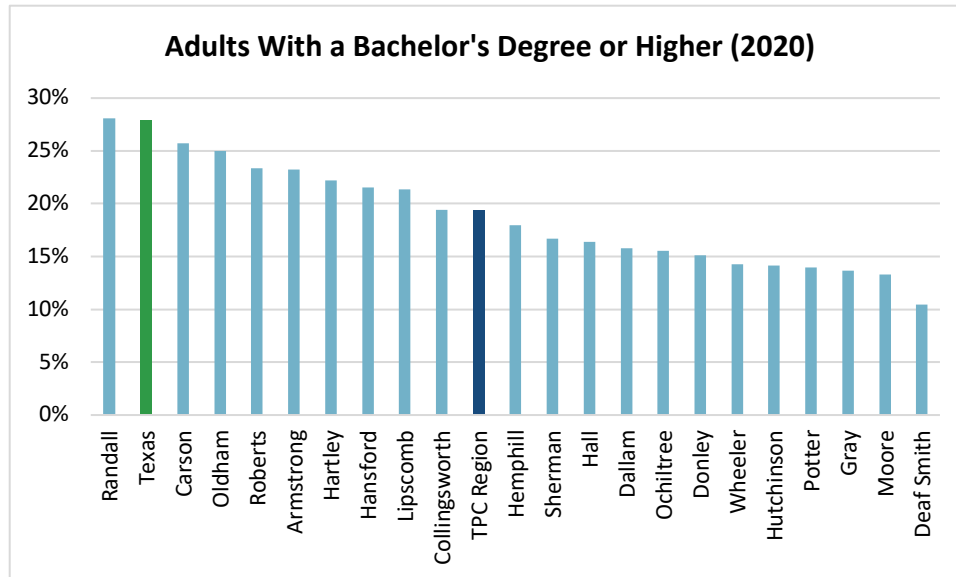
Although the TPC region has a lower rate of adults who have obtained a bachelor's degree or higher, other indicators of educational resources and attainment (Pre-K enrollment and high school graduation) may be considered strengths in communities in the TPC region. The high rate of students engaged in the school system is a protective factor for child abuse and neglect. It is also an opportunity for service agencies to ensure that children and youth are receiving meals and other resources needed for a healthy life.

Key informants specifically named schools as important anchors for families, particularly in smaller communities with fewer accesses to resources. Many seemed to agree that schools in the area are a particular strength that can be an important avenue to help families overcome stigma, learn about resources available, and get connected to needed services.

"The schools in those communities are the pipeline for those families, the teachers figure out who needs food, who needs clothing, the school is the pipeline to get services/goods to kids. They are also who families trust."

Community members also reported schools as a strength, with 64% either agreeing or strongly agreeing with the statement "my neighborhood has good schools." They also reported opportunities for further support for children and youth, with 75% reporting wishing that their community had educational support or tutoring services for their children.

Selected Survey Results[22]	Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
My neighborhood has good schools	64%	29%	7%

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[22] Totals may not sum to 100% due to rounding.

Selected Survey Results[22]	Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
I wish my community had education support opportunities/tutoring	75%	25%	0%

Child Welfare

Community maltreatment risk estimates were generated by county through a collaboration between DFPS, University of Texas Tyler Health Science Center, and University of Texas System Population Health. Estimates are based upon a range of variables, including health data such as emergency department visits, childhood injury, parental drug exposure, and teen births, as well as socioeconomic indicators like poverty, health insurance, SNAP use, and education. Counties with small populations of children are not presented because of unreliability. Because much of the TPC service area is rural, only nine of the 21 counties were included in the data.

Counties were ranked on a 7-point scale from lowest risk to highest risk.

Lowest	Low	Below Average	Average	Above Average	High	Highest

Potter, Gray, and Dallam counties all ranked high for maltreatment risk. Both Potter and Gray ranked above average or high across all child and youth age groups; these may be areas where targeted prevention services are needed. Randall County had below average to average rankings across child and youth age groups, and several other smaller counties (Moore, Deaf Smith, and Ochiltree) are all estimated to have low or below average maltreatment risk for children under the age of 15.

Maltreatment Risk[23]

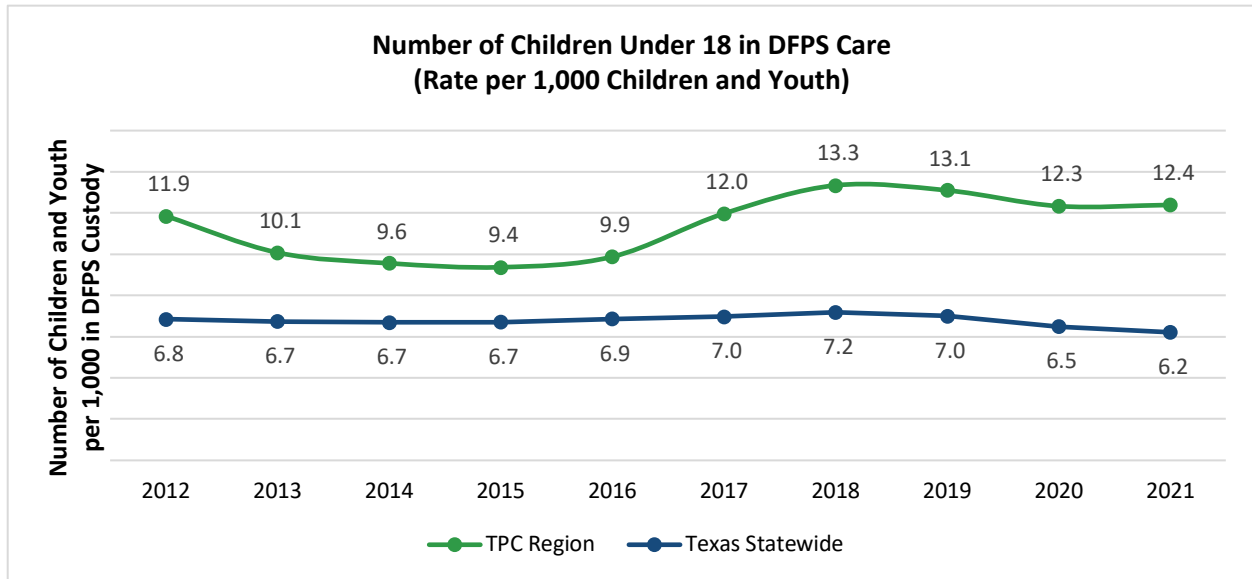| County	Total Population	Infants	1–4 Years	5–9 Years	10–14 Years	15–17 Years
Randall	139,899	Below Average	Below Average	Below Average	Below Average	Average
Potter	116,004	High	Above Average	Above Average	Above Average	High
Gray	21,658	High	Above Average	Above Average	High	Above Average
Hutchinson	20,677	Average	Average	Average	Above Average	Above Average

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[23] Mandell, D. J., O'Neil, M., & Karimifar, M. (2021). *Maltreatment risk in Texas, 2019*. University of Texas at Tyler Health Science Center & University of Texas System Administration. https://www.maltreatment-risk.txsafebabies.org/

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County	Total Population	Infants	1–4 Years	5–9 Years	10–14 Years	15–17 Years
Moore	20,654	Low	Low	Low	Low	Average
Deaf Smith	18,277	Low	Low	Below Average	Low	Average
Ochiltree	9,598	Lowest	Low	Low	Low	Low
Dallam	7,273	Average	Average	Above Average	High	N/A
Hansford	5,279	N/A	N/A	N/A	N/A	Average

Children in Foster Care[24]

County	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Potter	372	361	435	434	423	496	591	621	587	551
Randall	466	369	280	250	265	348	396	338	284	256
Gray	138	104	64	55	61	92	96	89	88	129
Hutchinson	65	54	55	64	60	76	76	70	73	97
Deaf Smith	55	56	55	52	73	65	61	57	41	40
Moore	44	33	25	29	43	55	47	47	49	67
Dallam	11	12	9	21	29	31	31	34	47	50
Ochiltree	15	11	9	12	16	21	27	35	31	25
Carson	11	6	12	11	13	17	23	26	19	14
Hall	15	18	12	8	9	13	22	15	16	20
Donley	14	11	12	10	9	23	18	16	15	13
Collingsworth	11	1 to 5	11	10	7	1 to 5	7	10	19	14
Hansford	1 to 5	6	13	24	17	13	1 to 5	1 to 5	1 to 5	1 to 5
Wheeler	14	9	11	6	10	1 to 5	9	10	1 to 5	8
Hemphill	6	10	11	18	15	11	3	4	2	1
Sherman	1 to 5	1 to 5	1 to 5	1 to 5	7	8	7	8	6	6
Lipscomb	8	7	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5	N/A	7	7
Hartley	N/A	N/A	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5	7	9
Oldham	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5	9	9	6	N/A
Armstrong	1 to 5	7	1 to 5	1 to 5	1 to 5	N/A	1 to 5	1 to 5	N/A	N/A
Roberts	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TPC Region Total	**419**	**351**	**312**	**327**	**378**	**444**	**447**	**436**	**434**	**504**

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[24] Texas Department of Family and Protective Services. (2022). *CPS 2.3 children in DFPS legal responsibility by county FY2012-2021*. https://data.texas.gov/dataset/CPS-2-3-Children-In-DFPS-Legal-Responsibility-by-C/929f-jvud

Number of Children Under 18 in DFPS Care
(Rate per 1,000 Children and Youth)

Abuse and Neglect Child Fatalities

From 2012 to 2021, there were 33 abuse- and neglect-related child and youth fatalities confirmed in the TPC region. On average, there were three to four deaths each year, except for 2019 when seven deaths were confirmed, 2014, and 2020 when there were 0 and 1 deaths confirmed. In Texas statewide, 2020 had the most child abuse- and neglect-related deaths (251 deaths), followed by 2019 (235 deaths).

Confirmed Abuse- and Neglect-Related Fatalities per
100,000 Children and Youth (2012 to 2021)
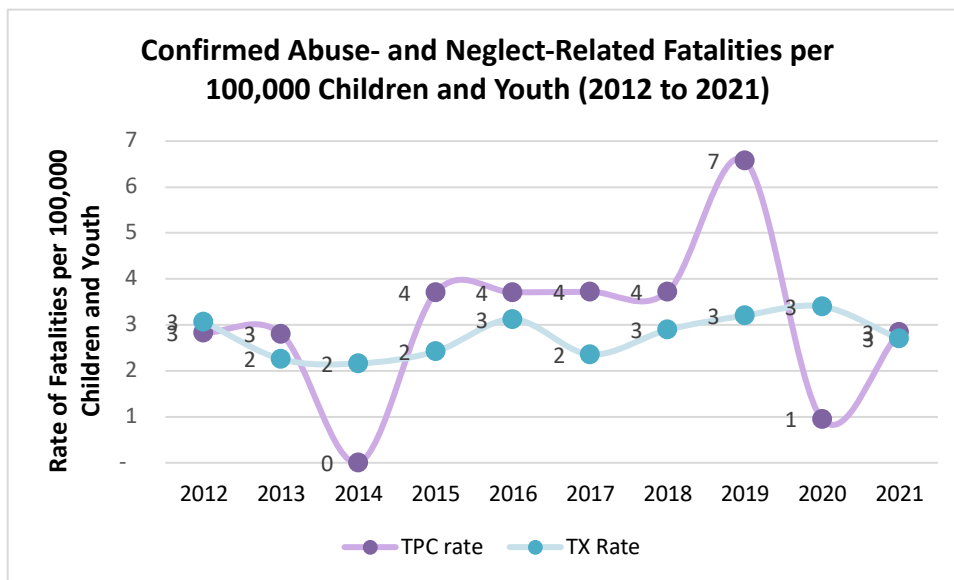
Among the 33 confirmed child abuse and neglect fatalities, the majority were among male children (64%), with just over one third among female children (36%). Nearly half were White (45%) and one third were Hispanic or Latino (33%). According to current demographics, about 56% of the TPC population is White, whereas 35% is Hispanic or Latino and 5% is Black or African American. The prevalence of abuse- and neglect-related deaths may be overrepresented among Black or African American families.

Child Abuse and Neglect Fatalities by Race and Ethnicity (2012 to 2021)

Child Abuse and Neglect Fatalities by Gender (2012 to 2021)
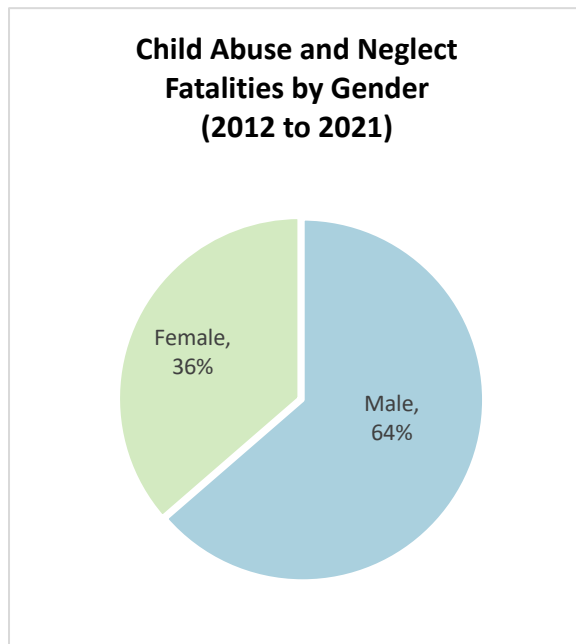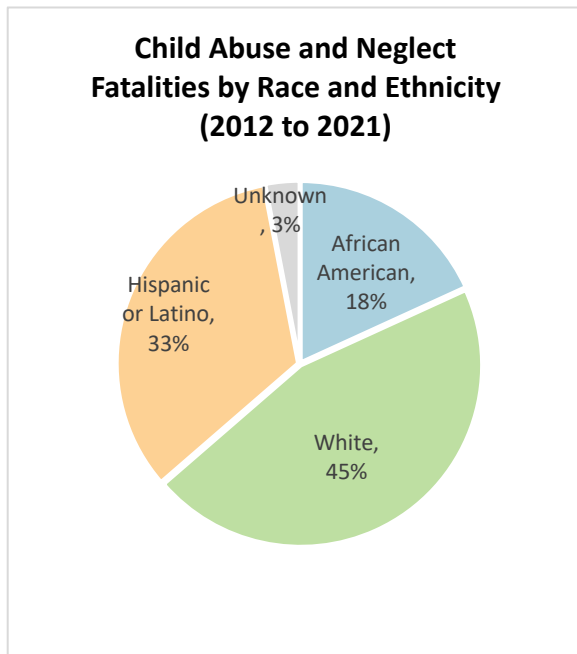
The bar graph below presents the 33 deaths by age. Nearly half (45%) of all child abuse- and neglect-related deaths were among infants under the age of 1, whereas three fourths (76%) were among children under 6. Just 12% of deaths were among youth ages 12 and older.

Confirmed Child Abuse and Neglect Fatalities by Age Group (2012 to 2021)
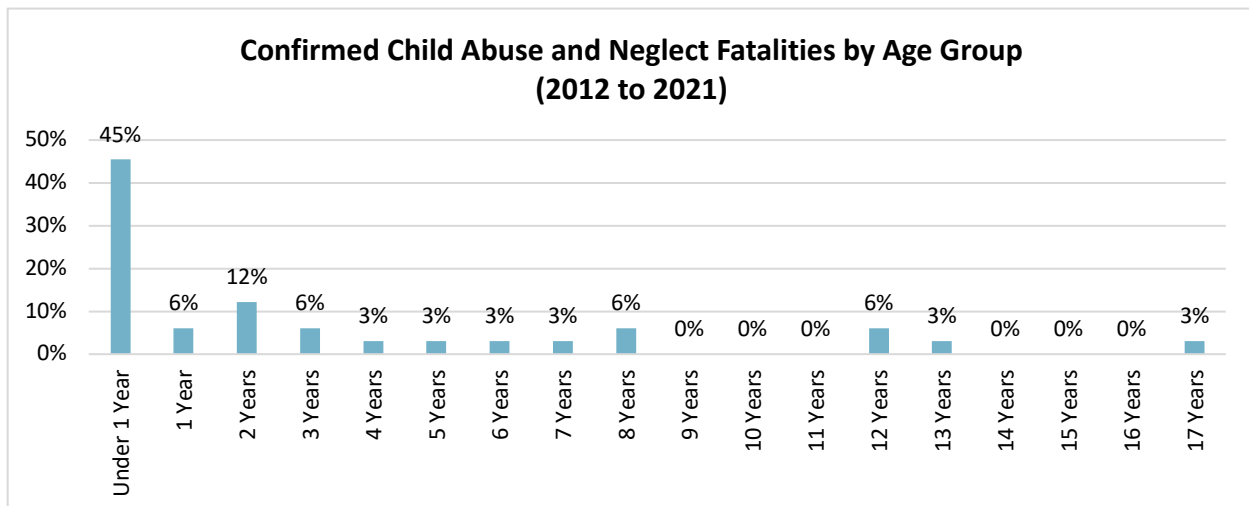
Two thirds (64%) of fatalities happened in the two largest counties in the TPC region (Potter and Randall). Cumulatively, these counties also represent 64% of the total TPC region population. However, Potter is overrepresented, with three times the number of deaths (16) as Randall County (5), despite having a slightly smaller population than Randall County.

Domestic Violence[25]

Families who experience violence, including relationship and intimate partner violence, are considered a high risk factor for abuse and neglect of children.[26] Additionally, witnessing domestic violence contributes to adverse childhood experiences, which are known to affect the health and well-being of children throughout their life.

The bar chart below shows the number of domestic violence incidents per 1,000 people in counties of TPC service region compared to Texas statewide in 2018. Overall, there are about 9.3 incidents of domestic violence in the TPC region per 1,000 people, compared to 6.7 in Texas overall. However, Potter County shows a much higher rate of domestic violence: 23.8 incidents per 1,000 people. Potter County accounts for 74% (2,800 out of 3,700) of all incidents of domestic violence in the TPC region. Seventeen of the 21 counties in the region fall below the Texas average number of domestic violence incidents (six or fewer per 1,000 people).

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[25] Domestic Violence Defense. (2019). *Texas domestic violence statistics by county in 2019*. https://www.houstondomesticviolencedefense.com/texas-domestic-violence-statistics-by-county/
[26] Centers for Disease Control and Prevention. (2022, April 6). *Violence prevention: Risk and protective factors.* https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

Number of Domestic Violence Incidents per 1,000 Population (2018)

County	Value
Potter	23.8
Gray	12.0
Hutchinson	9.8
TPC Region	9.3
Dallam	9.1
Texas	6.7
Ochiltree	6.0
Moore	4.7
Hall	4.1
Roberts	3.7
Donley	3.6
Deaf Smith	2.8
Collingsworth	2.4
Wheeler	1.6
Armstrong	1.6
Oldham	1.4
Carson	1.4
Hansford	1.1
Randall	1.0
Lipscomb	1.0
Hartley	0.6
Hemphill	0.5
Sherman	0.3
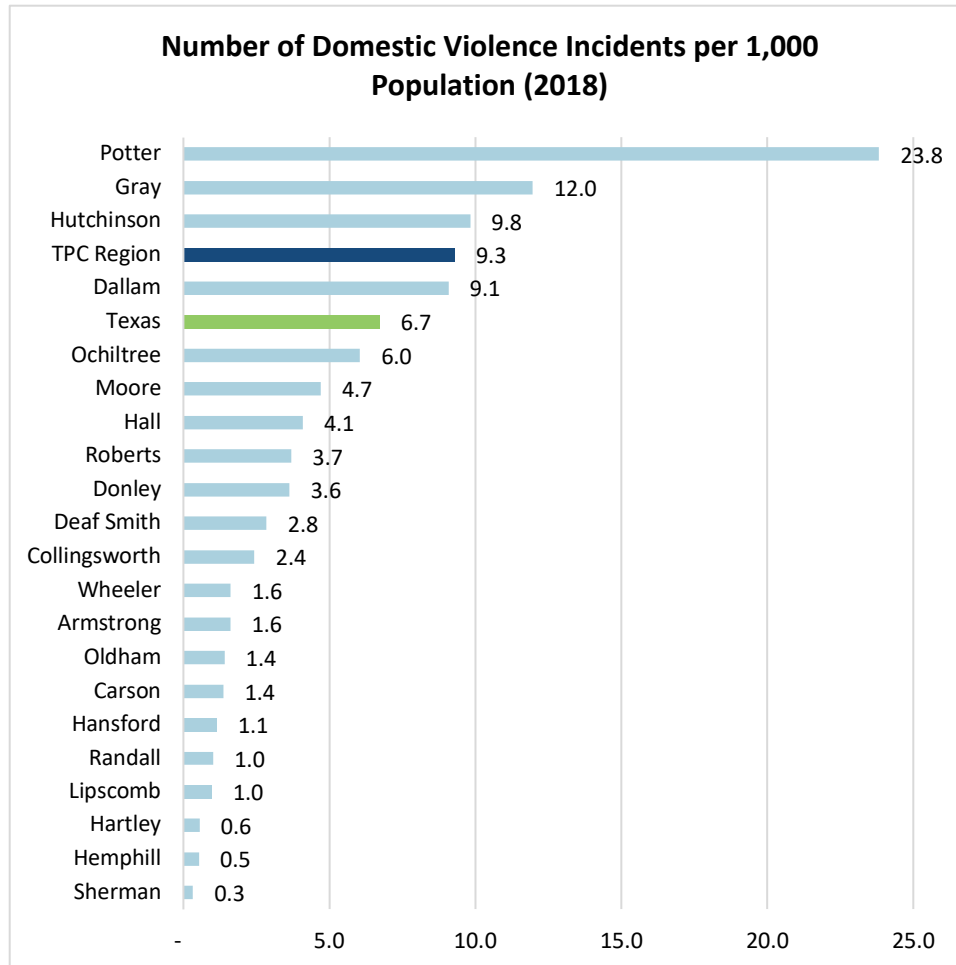
Four key informants specifically mentioned high rates of child abuse/neglect and intergenerational family violence as risks in their communities. One respondent specifically pointed out that employment issues may mean that caretakers must leave their children with family members or friends who may not be prepared to care for children.

Selected Survey Results[27]	Significant Need	Need	Slight to No Need
Professionals level of need for child abuse prevention and awareness activities	49%	34%	18%
	Agree/Strongly Agree	Neutral	Disagree/ Strongly Disagree
Community members: "I wish my community had child abuse prevention and awareness activities"	80%	20%	0%

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[27] Totals may not sum to 100% due to rounding.

Community Health Data

Community and individual health factors, such as prevalence of substance use disorders and mental health conditions as well as access to medical and mental health care, are important factors that relate to risk of child abuse and neglect. The most important health-related issues cited by key informants as risk factors for families was substance use and abuse. Some informants also discussed impacts of COVID, particularly in its impacts on the schools, which are heavily relied upon by families.

The table below shows the rate of mental illness (including serious mental illness and major depression), substance use disorder, and unmet need for substance use treatment in the TPC region compared to the state and national averages. In aggregate, counties in the TPC region have a higher rate of mental illness (19.7%) than the Texas average (17.4%). The same holds true for serious mental illness and major depression. More than 21,000 adults (7%) in the TPC region have a substance use disorder, and nearly 20,000, or one in 15 adults, are needing but not receiving substance use treatment.

Behavioral Health Need – Adults[28]

Adult Prevalence Estimates	TPC Service Region		Texas	National
	n	**%**	**%**	**%**
Any Mental Illness	**58,324**	**19.7%**	**17.4%**	**20.2%**
Serious Mental Illness	15,934	5.4%	4.4%	5.2%
Major Depressive Episode	21,900	7.4%	8.2%	7.8%
Suicide Attempt	**1,603**	**0.54%**	**0.49%**	**0.54%**
Substance Use Disorder	**21,010**	**7.1%**	**6.5%**	**7.7%**
Needing but Not Receiving Substance Use Treatment	19,763	6.7%	6.2%	7.2%
Needing but Not Receiving Alcohol Treatment	15,547	5.2%	4.8%	5.4%
Needing but Not Receiving Illicit Drug Use Treatment	6,769	2.3%	2.0%	2.7%

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[28] Except where indicated, all estimates were calculated using prevalence rates from the Center for Behavioral Health Statistics and Quality. (2021). *2018–2020 National Survey on Drug Use and Health Substate*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports

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Behavioral Health Need – Children and Youth[29]

Child and Youth Prevalence Estimates	TPC Service Region		Texas	National
	n	%	%	%
Major Depressive Episode (12 to 17)	**6,068**	**17.3%**	**16.3%**	**15.7%**
Attempted Suicide (14 to 17)	878	N/A	10.1%	8.9%
2+ Adverse Childhood Experiences (ACEs)[30]	13,487	19.1%[31]	19.1%	18.0%
Substance Use Disorder	**1,371**	**3.9%**	**3.5%**	**4.1%**
Needing but Not Receiving Substance Use Treatment	1,161	3.3%	3.2%	3.9%
Needing but Not Receiving Alcohol Treatment	489	N/A	1.39%	1.60%
Needing but Not Receiving Illicit Drug Use Treatment	924	2.6%	2.4%	3.0%

Prenatal care is important for pregnant women and their children. In addition to promoting a health pregnancy, prenatal care also promotes health and well-being after pregnancy. Among pregnant women in the TPC region, 92% began receiving prenatal care by the 3rd trimester, and 97% began receiving prenatal care before birth; just 3% did not receive any prenatal care. In comparison, 89% of pregnant women in Texas received prenatal care by their 3rd trimester and 4% did not receive any prenatal care at all. This is an important strength for the TPC community. Participation in prenatal care visits increase the likelihood that a pregnant woman at high risk for adverse pregnancy outcomes because of negative health patterns or low socioeconomic status will be identified and linked to needed services and supports, including behavioral health and substance use services as well as social and basic needs supports that promote the well-being of the family and children.

Prenatal Care (2019)[32]

When Prenatal Care Began	TPC Service Region		Texas	
	n	%	n	%
All Births	**5,209**	**100%**	**349,273**	**100%**
First Trimester	3,361	65%	230,938	66%
Second Trimester	1,415	27%	81,665	23%

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[29] Except where indicated, all estimates were calculated using prevalence rates from the Center for Behavioral Health Statistics and Quality. (2021). *2018–2020 National Survey on Drug Use and Health Substate*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports

[30] SHADAC. (n.d.). SHADAC analysis of [Children with adverse childhood experiences (ACEs)], State Health Compare. University of Minnesota. statehealthcompare.shadac.org

[31] A local rate of childhood adverse experiences wasn't available – the Texas rate was used for calculations instead.

[32] Texas Department of State Health Services. (2022). *Births and deaths – live births in 2019*. https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/live-births

When Prenatal Care Began	TPC Service Region		Texas	
	n	%	n	%
Third Trimester	297	6%	23,696	7%
No Prenatal Care	136	3%	12,974	4%

Teenage pregnancy is associated with negative outcomes for the mother, child, family, and community. Much of these outcomes relate to difficulties attaining post-high-school education, the physical and mental health stressors associated with caregiving, and employment impacts. According to the 2022 county health rankings (using data from 2014 through 2022), four of the five most populous counties in the TPC region rank among the worst in the state for teen pregnancy. Counties were ranked based on the rate of births among females ages 15–19 in the county.

Teen Births – County Health Rankings (2022)[33]

County	Population of Female Youth Ages 15–19	Quartile Ranking Among All Texas Counties			
		1st (Best)	2nd	3rd	4th (Worst)
Randall	4,903	●			
Potter	3,863				●
Moore	777				●
Deaf Smith	712				●
Gray	691				●
Hutchinson	686			●	
Ochiltree	431			●	
Dallam	240				●
Hansford	240	●			
Carson	193	●			
Hemphill	189	●			
Wheeler	153	●			
Donley	152	●			
Hartley	144	●			
Lipscomb	119		●		
Sherman	106	●			
Collingsworth	96		●		

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[33] University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: Building a culture of health, county by county*. www.countyhealthrankings.org

County	Population of Female Youth Ages 15–19	Quartile Ranking Among All Texas Counties			
		1st (Best)	2nd	3rd	4th (Worst)
Hall	93		●		
Oldham	70	●			
Armstrong	56		●		

The chart below shows teenage birth rates with breakouts by race and ethnicity (where they were available). [34] The counties of Moore, Deaf Smith, Dallam, and Potter have the highest rates of pregnancy among teenage youth in the TPC region. Across these and most other counties, the rate of teen pregnancy was higher among the Hispanic or Latina population than the overall rate. In Moore County, the estimated rate of teen pregnancy was much higher among Asian American youth (103 births per 1,000 youth) compared to the overall county rate (69 births per 1,000 youth).[35]

Rate of Teen Births per 1,000 Female Youth Ages 15 to 19

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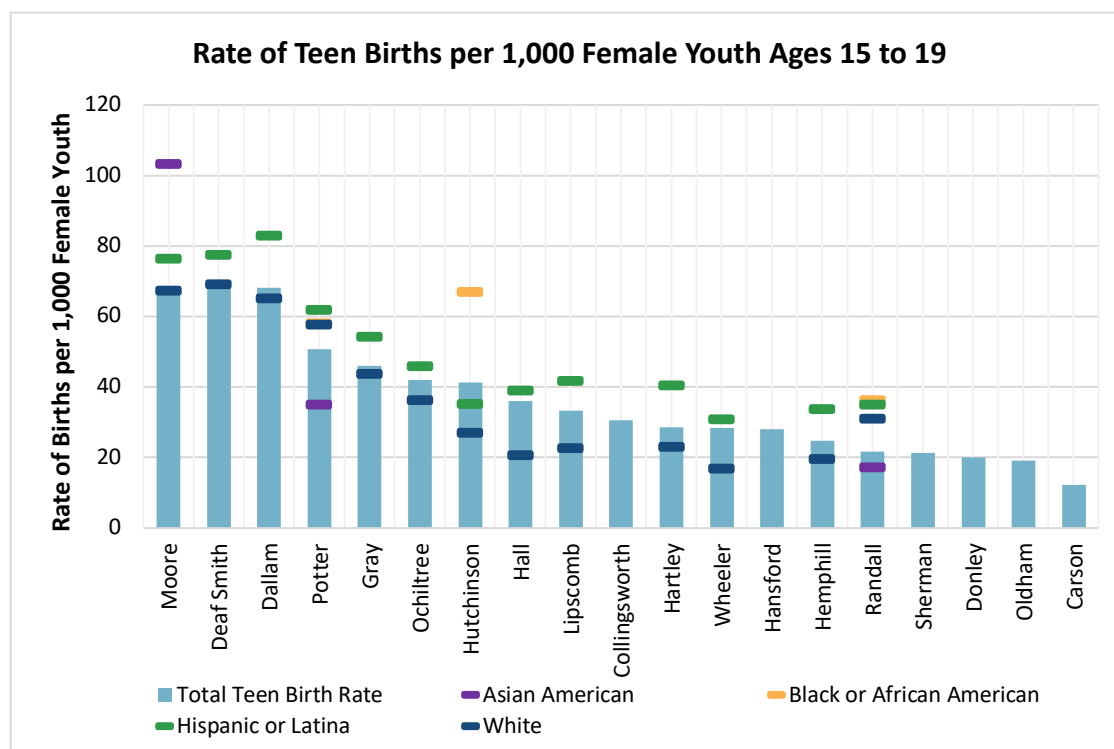
[34] Armstrong and Roberts counties did not have available data. Not every county had data available for all race and ethnicity variables. Data provided by the University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: Building a culture of health, county by county*. www.countyhealthrankings.org
[35] The confidence interval for Asian American births in Moore County was 72 to 143 births per 1,000 youth.

Juvenile Justice and Violent Crime

The graph in this section shows the number and rate of arrests among youth in TPC region counties as well as violent crime risk factors in the region. High rates of violence and crime are considered community risk factors for child abuse and neglect.[36] In Texas, about 17 per 1,000 youth are arrested, compared to 24–25 per 1,000 in the TPC region.

Juvenile Justice Court Case Counts (2019)[37]
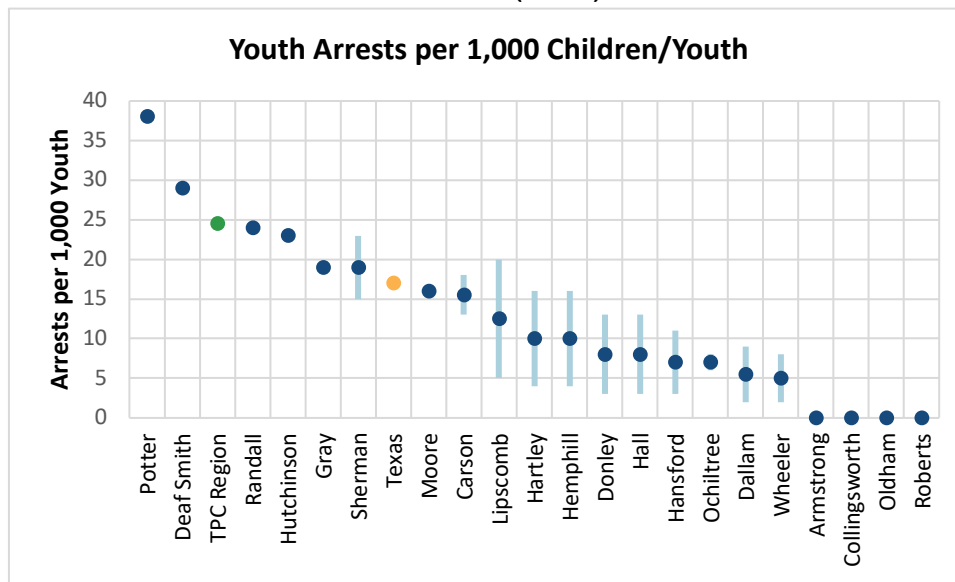
The University of Wisconsin Population Health Institute's 2022 county health rankings rank Texas counties into quartiles according to violent crime (where the 1st quartile is the best and the 4th quartile is the worse). Rankings were determined based on the number of reported violent crime offenses per 100,000 people. More than half of the counties in the TPC region were in the 3rd or 4th quartiles for violent crime, indicating that crime may be a concern affecting the health and well-being of communities in the region. Witnessing violent crime in the home or community may contribute to the number of adverse childhood experiences among children and youth in the community. Additionally, violent crime may result in the loss of caregivers, through death or incarceration.

Both Potter and Randall counties (which account for two thirds of the population in the region) were ranked among the worst in Texas for violent crime.

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[36] Centers for Disease Control and Prevention. (2022, April 6). *Violence prevention: Risk and protective factors.* https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html
[37] University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: Building a culture of health, county by county.* www.countyhealthrankings.org

Violent Crime (2022)[38]

County	Quartile Ranking Among All Texas Counties			
	1st (Best)	2nd	3rd	4th (Worst)
Armstrong		●		
Carson				●
Collingsworth		●		
Dallam				●
Deaf Smith			●	
Donley			●	
Gray				●
Hall			●	
Hansford		●		
Hartley				●
Hemphill			●	
Hutchinson				●
Lipscomb	●			
Moore		●		
Ochiltree			●	
Oldham		●		
Potter				●
Randall				●
Sherman		●		
Wheeler	●			

The two community violence issues raised by stakeholders were gang violence and the prevalence of human trafficking around main highways running through the region. However, general issues of community crime and violence were listed as risk factors by only two respondents and were not discussed extensively. Survey respondents reported generally feeling that their communities are safe, with nearly all respondents strongly agreeing, agreeing, or neutral on the statement "my neighborhood is safe." Only two survey participants disagreed, neither of them strongly.

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[38] University of Wisconsin Population Health Institute. (2022). *County health rankings & roadmaps: Building a culture of health, county by county.* www.countyhealthrankings.org

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Community Inventory

Key informants identified a strong sense of community, willingness of people to help one another, and agency cooperation as significant strengths of the region. Respondents noted that especially in smaller communities, individuals are willing to pitch in and help out when there is a need. People genuinely care about one another and are willing to step up.

Agency cooperation was discussed as a strength by nearly half of all key informants (12 of 25), with only one interviewee mentioning agency territoriality. Key informants described a level of cooperative spirit among agencies that reflects the feelings of solidarity in the community. Although resources are limited, the aid agencies work together to help get the right services to families in the right place and at the right time.

Six respondents (24%) specifically cited the TPC FAYS program as a strength in their community (including some FAYS staff). Specifically, the program being free for families with limited resources as well as their holistic approach, reach into the community thereby eliminating transportation barriers, and person-centered care were important strengths of the services being provided.

> "Anytime we serve a family with FAYS, they are thankful because we are free. We can go to them, that eliminates transportation issues. We can do home visits, meet their needs where they are. Families are super thankful that we are there because there is not a whole lot in Hereford [County] or the smaller regions."

Gaps in Services

Children and family mental health services was identified as a service gap by 10 key informants (40%). A lack of mental health service providers across the Panhandle leads to long wait times for services. Multiple deficits were identified, including individual and group counseling services as well as psychiatric services for those who need medication management or more intensive services. Informants also cited needs for more adult substance misuse treatment and peer support services. A lack of residential treatment providers for both children/youth and adults was also cited.

A lack of programs to address child, youth, and family mental health needs drastically impacts family resiliency, caregiver nurturing and attachment, and children's social and emotional competence.

The lack of capacity in this area, as described by key informants, is not only about scarce financial resources. A lack of providers, in the form of significant staffing shortfalls, drives much of this gap. Some respondents suggested that although FAYS services currently available through TPC are both appreciated and important to the community, workforce shortages prevent TPC from providing services that can meet the true level of community need.

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Additionally, a lack of quality, affordable childcare options was commonly cited as a significant gap in the service array. It is also a multifaceted issue: the effects of a lack of a childcare have implications for risk and protective factors for children in the community. For example, informants mentioned that parents may not work or only work part-time because of a lack of childcare, which could add to family financial stress. Childcare programs can also promote the development of social and emotional competence and provide respite for parents needing time off.

Four informants also identified a need for more parenting education and skills classes. Although some respondents commented that classes are sporadically availability, the community needs more consistent and predictable education opportunities. Informants also discussed the reality of stigma (e.g., around mental health or asking for help).

Other gaps identified by informants included adolescent skills training, grief and loss counseling, early childhood intervention and prevention services for parents with young children (ages 0–5), and more accessible housing programs.

Professionals in child and family services that were surveyed had similar perspectives to key informants. The following table shows which needs professionals reported as most pressing in the community. The top five most frequently listed "significant" needs were mental health needs, resources for families struggling financially, affordable housing, help resolving family conflicts, and parent/caregiver education and support.

Selected Survey Results[39] Professional Views of Level of Need	Significant Need	Need	Slight to No Need
Help for mental health needs	71%	21%	8%
Resources for families struggling financially	63%	31%	6%
Affordable housing	61%	31%	8%
Help in resolving family conflicts	60%	28%	12%
Parenting/caregiver education and support	58%	29%	13%
Help with transportation	56%	35%	10%
Substance use assistance	55%	31%	14%
Quality and accessible health care	52%	34%	14%
Free family and youth healthy life skills programs	52%	32%	16%
Free and fun family activities	52%	29%	19%

[39] Totals may not sum to 100% due to rounding.

Selected Survey Results[39] Professional Views of Level of Need	Significant Need	Need	Slight to No Need
Child abuse prevention and awareness activities	49%	34%	18%
Resources for families with young children (ages 0–5)	44%	33%	23%
Emergency respite care	44%	27%	29%
Family resource center(s)	42%	38%	20%
Well-paying jobs	42%	42%	16%
Parent support groups	40%	39%	20%
Child grief support services	39%	37%	24%
Child educational support/tutoring	38%	38%	25%
Support from other members of the community (like community centers, places of worship, etc.)	37%	28%	35%

Parents, caregivers, youth, and other community members who completed surveys were asked about community services gaps in the form of a statement: "I wish my community had…" As shown in the table below, the top five priorities were child educational support/tutoring, a family resource center, more resources for parents/caregivers of very young children (0–5 years), parent support groups, and free health life skills programs for families and youth.

Selected Survey Results[40] "I wish my community had …"	Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
Parent support groups	84%	8%	8%
Family resource center	80%	14%	6%
Child abuse prevention and awareness	80%	20%	0%
More resources for parents with very young children (0-5 years)	80%	14%	6%
Child educational support/tutoring	78%	22%	0%
Free family and youth healthy life skills programs	77%	13%	10%
Substance misuse treatment	75%	25%	0%

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[40] Totals may not sum to 100% due to rounding.

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Selected Survey Results[40] "I wish my community had …"	Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
Emergency childcare if I need some time to myself	66%	16%	18%

Implications of Findings

This strengths and needs assessment combines data from secondary sources on risk and protective factors for children, youth, and families in the Texas Panhandle area with information collected from key informants/professionals who work with families in the area as well as from parents/caregivers, youth, and other community members.

The matrix on the following page summarizes the risk data compiled by county. Some factors are prevalent across several counties in the region, and some counties have high risk across many or even most factors. Based on this matrix, we have identified five high-priority risk factors common across our service region: risk of child abuse and neglect, juvenile justice involvement and violent crime, domestic violence, poverty (including unemployment and housing), and behavioral health need.

Green dots indicate areas where a specific county was low risk on that measure, relative to other counties. Red dots indicate areas where a specific county was high risk on that measure. Yellow dots indicate those counties falling into the average for that category. The matrix compares the relative risk among counties—rather than to Texas averages or a fixed risk threshold—to examine where needs are most prevalent in the region. On many of these risk factors, the TPC service area is higher than the state average, meaning there is a need for services across the entire area. However, to strategically deploy the right kinds of resources where they are needed most, we have chosen to examine relative risk for each county.

Additionally, the data indicate that behavioral health need for the region is higher than for the rest of the state and higher than national averages. Those data are not available by county, so we have assumed it is a need to be met in the service region as a whole, with particular attention paid to counties with other significant risk factors.

County Rankings – Select Risk Factors

TPC County	SVI	Child Maltreatment Risk (Any Age)	Children in Foster Care (2021)	DV Incidents / 1,000 People	Juvenile Justice Cases per 1,000 Children/ Youth	Violent Crime (Quartile)	Teen Births (Quartile)	Female-Headed Household in Poverty	% Un-employed	Severe Housing Problems
Potter	🔴	🔴	🟡	🔴	🔴	🔴	🔴	🔴	🟡	🔴
Gray	🟡	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🟡	🟡
Hutchinson	🟡	🔴	🔴	🔴	🔴	🔴	🟡	🔴	🔴	🟢
Dallam	🟡	🔴	🔴	🔴	🟡	🔴	🟡	🟡	🟡	🟢
Collingsworth	🔴	N/A	🔴	🟡	🟢	🟡	🟡	🔴	🟡	🟢
Hall	🔴	N/A	🔴	🟡	🟡	🟡	🟡	🟡	🔴	🟢
Deaf Smith	🔴	🟢	🟡	🟡	🔴	🟡	🔴	🟡	🟡	🟡
Moore	🔴	🟢	🟡	🟡	🟡	🟡	🔴	🟢	🟡	🟡
Ochiltree	🟡	🟢	🟡	🔴	🟡	🟡	🟡	🟡	🟡	🔴
Randall	🟢	🟢	🟡	🟢	🔴	🔴	🟢	🟡	🟡	🟢
Carson	🟢	N/A	🟡	🟡	🟡	🔴	🟢	🟡	🟡	🟢
Hartley	🟡	N/A	🟢	🟡	🟡	🔴	🟢	🟡	🟢	🟢
Hansford	🟡	N/A	🟢	🟡	🟡	🟡	🟢	🟡	🔴	🟡
Hemphill	🟡	N/A	🟢	🟢	🟡	🟡	🟢	🟢	🔴	🟡
Lipscomb	🟡	N/A	🟡	🟢	🟡	🟢	🟡	🟡	🔴	🟢
Sherman	🟡	N/A	🟡	🟢	🟡	🟡	🟢	🔴	🟡	🟡
Wheeler	🟡	N/A	🟡	🟡	🟢	🟢	🟢	🟡	🟡	🔴
Donley	🟡	N/A	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟡
Armstrong	🟢	N/A[41]	🟢	🟡	🟢	🟡	🟡	🟡	🟢	🟢
Oldham	🟢	N/A	🟢	🟡	🟢	🟡	🟢	🟢	🟢	🟢
Roberts	🟢	N/A	🟢	🟡	🟢	N/A	N/A	🟢	🟢	N/A

[41] Counties with small populations of children are not presented because of unreliability.

A review of risk factors by county suggests that there are four counties with relative high risk in many areas. Potter County, the second most populated county in the Panhandle region, has elevated risk in nearly every domain and is at the highest risk for child maltreatment. Potter County is followed by Gray and Hutchinson counties, each with seven areas of high risk. Dallam County also has significant high-risk areas. All these counties have been identified as being at high risk for child maltreatment and domestic violence, and three of the four are at high risk for children in foster care, juvenile justice involvement, violent crime, and female-headed households in poverty.

Based on these risk concentrations, the highest general risk domains prioritized from risk assessment data are child abuse and neglect, juvenile justice involvement and violent crime, domestic violence, and poverty. Behavioral health has also been prioritized as it was the highest need identified by professionals working in the area and because the region has higher unmet need, compared with the state average. These factors align with the community needs and gaps in services identified by key informants/professionals and by community members.

The table below crosswalks priority risk factors that community members and key informants identified as service gaps with programs designed to address those risk factors and promote protective factors.

Crosswalk of Risk Factors, Programs, and Identified Gaps and Needs

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
Child Abuse and Neglect	Several counties, including the second largest in the region (Potter), have high risk for child maltreatment. The rate of children in foster care in the TPC region is higher than the state average. The rate	• Universal prevention/community awareness programs • Family education to address parent/child conflict and parenting stress (e.g., Nurturing Parenting, Positive Action) • Parent education and skill building classes (e.g., Nurturing Parenting)	83% reported child abuse prevention activities and awareness as a need/significant need. 71% reported emergency respite care as a need/	84% agreed they wished their community had parent support groups. 80% reported a need for child abuse prevention activities and education, and 66% reported wishing their community had emergency/ respite childcare.

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
	for the region was double the state rate in 2021 (12.4 compared to 6.2). Some counties may have lower numbers of youth in foster care because of high utilization of juvenile justice placements.	• Resources to prevent family financial stress (basic needs support)	significant need. 58% identified parent/caregiver education and support as a significant need (a top 5 priority).	
Juvenile justice involvement and violent crime	There were higher youth arrest rates for the TPC region (25 per 1,000) than the state (17). Again, Potter County has a rate more than double the state rate (38 per 1,000). Twelve of 21 counties rank in the lowest 50% of all Texas counties for violent crime rates.	• Youth skill building programs (e.g., ART, C.A.T, Coping CAT, Positive Action, and Seeking Safety) • Trauma programs (e.g., Seeking Safety, Grief Training) • Youth crime and violence prevention (e.g., United Way – Community Youth Development Programs) • Youth behavioral health services (e.g., TPC children and adolescent mental health services)	The highest ranked need by professionals was for behavioral health resources for children, youth, and adults. 84% reported a need/significant need for youth skill building programs.	78% of community members reported wanting free family and youth healthy life skills programs in their community.
Domestic Violence (DV)	The TPC region has a higher rate of DV (9.3 per 1,000) than the Texas average (6.7). Potter County's DV rate is nearly 4 times higher	• Resources to prevent family financial stress • Adult behavioral health and substance use services • Trauma-informed child and youth behavioral health services	Help for behavioral health needs was the top need ranked by professionals. This included substance misuse	A family resource center was the second highest priority for community members (80%). Parent support groups was the highest priority for community members (84%),

Identified Risk Factor	Summary of Risk	Program(s) To Address	Needs Identified by Professionals	Needs Identified by Community
	than the state average (23.8)		assistance (ranked 7th in need).	and 80% wanted to see more resources for families of very young children (0–5 years).
Poverty	Twelve of 21 counties have higher levels of poverty than the TX average. Six counties rank in the lowest half of counties in the state with severe housing problems. One of the largest counties, Potter, is in the lowest 25%.	• Resources to prevent family financial stress. • Childcare programs • Free family and youth skills training programs • Housing and employment programs	Resources for families struggling financially was the 2nd highest priority need ranked by professionals.	Community members expressed a desire for a family resource center (highest priority – 84%) and more resources for parents of very young children (ages 0–5) (80%).
Behavioral health need	Prevalence data show higher need in TPC's region than the state average.	• Behavioral health services; individual family counseling	Behavioral health was ranked as the most important priority for mental health priorities.	Parent support groups were the top priority listed by community members (84%).

Recommendations and CSNA Action Plan

Rural and Frontier – Service Areas

Two thirds (14 out of 21) of the counties served by the TPC FAYS program are considered frontier (fewer than seven people per square mile). The remaining seven counties are rural. Families and youth living in the Panhandle's rural communities struggle with challenges and barriers that are not always present in more urban communities, including stigma, lack of anonymity, shortages of mental health professionals and culturally competent care, and difficulties accessing reliable transportation. These challenges and barriers were highlighted in the key informant interviews.

As part of MMHPI's partnership with TPC in conducting this strengths and needs assessment, we (MMHPI) have developed the following recommendations for TPC. To successfully provide prevention, early intervention, and treatment services in the Panhandle, TPC should consider the following:

- **Target FAYS services and supports—including outreach and youth and caregiver education and skills training—to areas with the highest need.** A review of select risk factors indicates that Potter, Gray, Hutchinson, and Dallam counties are at the greatest risk for child abuse and neglect. All these counties have been identified as being at high risk for child maltreatment and domestic violence, and three of the four are at high risk for children in foster care, juvenile justice involvement, violent crime, and female-headed households in poverty. TPC has offices in Potter (Amarillo), Hutchinson (Borger), and Gray (Pampa) and has FAYS service providers at each of these locations. TPC should also continue to provide services and supports to Deaf Smith County. Despite presenting with fewer risk factors, Deaf Smith has a high social vulnerability index and a high number of teen births and youth involved in the juvenile justice system. This county was also identified as a county at high risk for child maltreatment during the key informant interviews.
- **Recruit and support staff that reside in the communities served by the FAYS program.** Staff that live and work in the communities they serve often have a better understanding of the unique culture, strengths, and challenges of their communities. They can cultivate and sustain partnerships with formal and informal community resources and providers. Though this is a challenge given the difficulty of finding qualified applicants in the region, TPC has selected and should continue to select FAYS providers who live in and understand the community that they serve.
- **Engage and support continued collaboration between communities, faith-based organizations, and community organizations to maintain and strengthen the region's capacity to provide basic needs supports.** The Panhandle has several networks and organizations that provide services across the service region. Key stakeholders described the local school districts, faith-based organizations, and local and state programs, as

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well as individual community members, as actively working together to meet the needs of youth at risk for child maltreatment and their families. TPC FAYS program participates in the region's CRCGs and actively works in partnership with agencies in the Panhandle. These relationships should be maintained and when necessary strengthened.

- **Recognize that the frontier areas of the Panhandle, despite lower areas of risk, have limited to no access to prevention services and supports.** Maintain telehealth access to FAYS services and support. TPC's FAYS program has historically been able to provide approximately 75% of its services to youth and families face to face. However, by maintaining a virtual option, they allow for greater accessibility.

Community Protective Factors

The data gathered during the community strengths and needs assessment highlighted three community-level protective factors that could be used to mitigate the region's risk for child maltreatment. Recommendations that build on these factors are outlined below.

- **Target the region's obstetricians and pediatricians in the prevention and community awareness campaign.** More than nine out of every ten women in the region receive prenatal care prior to the third trimester. Universal prevention and community outreach services help providers identify and support pregnant woman who are at risk for child maltreatment. TPC's FAYS providers should ensure they target the region's obstetricians and pediatricians and build or strengthen relationships with service providers that support expectant and new mothers (e.g., Texas Home Visiting [Coalition of Health Services- Potter and Randell County], Family Nurse Partnership, Healthy Families, Parents as Teachers, substance abuse and mental health services) and basic needs support providers.

- **Expand FAYS services to parents of children 0–5.** Six counties in the Panhandle including Potter County have more than half of all 3- and 4-year-olds enrolled in Pre-K. TPC should engage childcare providers to identify young children at risk for abuse and neglect and provide parent education (increase nurturing and attachment, increase understanding of child development) and skills training (parenting skills) services as well as service coordination.

- **Continue to strengthen partnership with schools.** The vast majority of students in the Panhandle graduate from high school. Youth in the Panhandle are in school, and key informants described schools as the trusted hub of many of Panhandle communities. Region 16 noted that TPC has continued to provide school-based services even as schools in the region have restricted access to ensure student safety. TPC FAYS program should continue to build on its strong relationship with the Region 16 Education Service Center and the local education entities throughout the Panhandle. As noted above, key informants specifically named schools as important anchors for families, particularly in smaller communities with fewer accesses to resources.

Array of Evidence-Based Practices and Basic Need Support

TPC should review its current service array to ensure it aligns with the needs and identified risks of the youth and families in the Panhandle.

- **Increase or sustain interventions that address child abuse and neglect.** Community members and professionals identified universal prevention and awareness activities, parent education and support groups, and emergency respite as needs. Evidence-based interventions to meet these needs include Nurturing Parenting, emergency shelter services, and basic needs supports. TPC's FAYS program has varying levels of capacity to provide these interventions. Unfortunately, TPC was very recently notified that their emergency respite provider is closing, which will leave a gap in the community. As TPC implements the FAYS program and reaches out to partners with these risk assessment findings, they will work to explore alternatives.

- **Sustain interventions that address juvenile justice involvement and violent crime.** Interventions to address this need include Aggression Replacement Therapy (ART), Coping CAT, C.A.T Project, Positive Action, and Seeking Safety as well as other mental health services. These interventions target the needs identified by Panhandle professionals and community members including the need for behavioral health services, youth skills building services, and life skills programming. TPC's FAYS program has the capacity to provide these services in Potter, Gray, and Hutchinson counties as well as in Deaf Smith County.

- **Sustain and strengthen access to supports that decrease domestic violence.** As part of their service coordination, TPC FAYS providers should continue to seek out and partner with community-based agencies that can provide resources such as utility and rent assistance, car repairs, and other basic needs supports. Helping families access mental health and substance use services are also essential to addressing this need. We are the designated local mental health provider for this region.

- **Sustain basic needs support as a part of the TPC FAYS program.** Professionals and community members expressed a need for family financial support, a family resource center, and more resources for young children. Also included were access to childcare, free family skills training, housing and employment programs, and programs to decrease family financial stress. TPC's FAYS program should continue to strengthen its capacity to provide basic needs support and service coordination.

- **Continue to seek behavioral health professionals to provide behavioral health services to FAYS families.** Workforce shortages have affected TPC and other behavioral health providers' ability to hire and maintain licensed behavioral health providers. Behavioral health was ranked as the most important priority by professionals in the region, and the Panhandle's mental health need is notably higher than the state average.

Conclusions and Dissemination Plan

The data presented in this needs assessment show that children, youth, and families across our (TPC's) service region live in caring communities where neighbors look out for one another but also face significant risk for poor outcomes. This report has identified both specific counties and specific factors that the TPC FAYS program should target to meet the highest priority need and to leverage our existing strengths and resources.

The TPC FAYS program has been operating in these communities for the past 23 years and has strong connections with community partners and other service organizations. Some staff in the program have been working with families in these communities for 16 years. TPC is positioned to use this experience and these partnerships to respond to the needs identified in this assessment and to leverage existing community resources to reduce risk and increase protective factors for children, youth, and families in the Texas Panhandle.

TPC will distribute this CSNA to all of our community partners, including those organizations that participated in key informant interviews, Community Resource Coordinating Groups, and other community resources and providers.

We will also use internal communication pipelines with our staff and external communications to individuals receiving services to create awareness of the CSNA. Both a full report and a brief summary will be available on our website.

We also will send out notice of the report, with a one-page summary and a link to the full report, to local government agencies and nonprofits whose funding priorities may align with the findings of this report. It is our hope that this report, and our efforts to update it every 2 years, can serve as a foundation and lever to create conversations within our community about how various agencies can come together to reduce duplication and increase the availability of needed services to Panhandle families.

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Appendix A: Key Informants

Between August and September 2022, we interviewed 25 individuals from the following organizations:

Informant Organization
2-1-1 Texas Panhandle/United Way Helpline
Catholic Charities of the Texas Panhandle
Coalition of Health Services, Inc.
Dailey Recovery Service
Dalhart Independent School District
Dallam Hartley Counties Hospital District
Family Support Services of Amarillo
Hutchinson County United Way/Hutchinson County Mental Health Task Force Committee
Opportunity School
Panhandle Community Services
Potter County Juvenile Justice and Probation
Region 16 Education Service Center
TPC Early Childhood Intervention Program
TPC Family and Youth Success
TPC Family Partner Services
TPC IDD Program
TPC Outreach, Screening, Assessment, and Referral
TPC Veterans Services
TPC YES Waiver Program
Uniting Parents – Coalition of Health Services, Inc.

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Appendix B: Texas Panhandle Community Inventory

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2-1-1 Texas Panhandle/United Way Helpline
Amarillo College
Amarillo Deaf
Amarillo Mental Health Consumers
Amarillo Independent School District
Amarillo Police Department
Avail Solutions
Buff Allies – West Texas A&M University
Canyon Independent School District
Cal Farley Boys Ranch
Care Today Urgent Health
Catholic Charities of the Texas Panhandle
Central Plains Center
Clarendon Family Medical Center
Coalition of Health Services, Inc.
Dailey Recovery Service
Dalhart Independent School District
Dallam Hartley Counties Hospital District
East Texas Behavioral Healthcare Network
Family Support Services of Amarillo
Hereford Regional Medical Center
Highland Park ISD
Hutchinson County United Way
Moore County Hospital (Dumas)
Oceans Behavioral Hospital Amarillo
Opportunity School
Panhandle Community Services
Pampa Regional Medical Center
Pavilion at Northwest Texas Hospital
ProStep Rehabilitation

Texas Panhandle Community Inventory
Region 16 Education Service Center
Smile Big
StarCare
Texas A&M AgriLife
Texas Tech University Health Science Center School of Psychiatry
Top of Texas Psychiatry
Turn Center
United Way (Amarillo, Hutchinson County, and others)
West Texas A&M University