2017

Regional Needs Assessment

REGION 3: ANNUAL UPDATE OF NORTH TEXAS SUBSTANCE ABUSE TRENDS AND GAPS IN SERVICE

PREVENTION RESOURCE CENTER

About the Prevention Resource Center Region 3

The Prevention Resource Center Region 3 (PRC 3) is a program of The Council on Alcohol & Drug Abuse and funded by the Texas Health and Humans Services Commission. The Council on Alcohol & Drug Abuse is a nonprofit North Texas agency whose mission is to improve the health, safety, and well-being of our North Texas community by reducing the impact of alcohol and drugs. The PRC 3 serves as the central data repository and substance abuse prevention training liaison for Region 3, which includes the following 19 north Texas counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 3 along with Evaluators from PRCs across the State of Texas and supported by The Council on Alcohol & Drug Abuse and the Health and Human Services Commission (HHSC). The PRC 3 serves 19 counties in Texas Public Health and Human Service Region 3.

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

A team of Regional Evaluators has procured national, state, regional, and local data through collaborative partnerships with diverse agencies in sectors such as law enforcement, public health, and education, among others. It is important to note that as of September 1, 2016, the Department of State Health Services (DSHS) was consolidated into the HHSC. Consequently, some citations prior to the consolidation may still refer to the DSHS. Secondary qualitative data collection also has been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 3 recognizes those collaborators who contributed to the creation of this RNA.

Main key findings from this assessment include:

1. Results from the 2016 Region 3 Texas School Survey:
    - Students reported parents "Strongly Disapprove" of tobacco and alcohol use more often than Texas students in all grade levels.[1]
    - Students reported "Do Not Know" about parental attitudes toward alcohol, marijuana, and tobacco less often than Texas students in all grade levels.[1]
    - Current (past 30 days) use and lifetime use of alcohol, tobacco, marijuana, prescription drugs, and illicit drugs reported increased percentages among students in all grades (7-12) since the 2014 Texas School Survey.[1]
    - Students with "A" grades reported never using the specified drug MORE OFTEN than students with grades lower than "A" in all drug categories.[1]
2. Region 3 Poison Control Calls from 2010-2015:
    - Poison Control calls indicated a rise in electronic cigarette use or "vaping," increasing from one call in 2010 to 203 calls in 2015.[2]
    - Region 3 had the most opioid-related poison control calls among all Texas regions, with 1,287 calls in 2015 alone.[2]
3. Region 3 counties with youth HHSC-funded substance abuse facilities:
    - 13 counties in Region 3 have youth HHSC-funded substance abuse admission counts for reporting, and all of those counties have marijuana/hashish as the primary substance of dependence except for Wise County, which indicated methamphetamine as the primary drug of dependence.[3]
    - Region 3 has the second largest number of HHSC-funded youth substance abuse admissions in the state, next to Region 6 (Houston area).[3]

Prevention Resource Centers

There are 11 regional Prevention Resource Centers (PRCs) servicing the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRCs are focused on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drug use, as well as other illicit drugs.

Our Purpose

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to alcohol, tobacco, and other drugs (ATOD) use among adolescents and adults and share findings with community partners via the Regional Needs Assessment, presentations, and data reports, (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) provide tobacco education to retailers to encourage compliance with state laws and reduce sales to minors.

What Evaluators Do

Regional PRC Evaluators are primarily tasked with developing data collection strategies and tools, performing data analysis, and disseminating findings to the community. Data collection strategies are developed around drug use risk and protective factors, consumption data, and related consequences. Along with the Community Liaisons and Tobacco Specialists, PRC Evaluators engage in building collaborative partnerships with key community members who aid in securing access to information.

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups and other stakeholders related to data collection activities for the data repository. PRCs also contribute to the increase in stakeholders' knowledge and understanding of the populations they serve, improve programs, and make data-driven decisions. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas for improvement.

Our Regions

Current areas serviced by a Prevention Resource Center are:

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

Conceptual Framework of This Report

Two guiding concepts will appear throughout the report: a focus on the youth population, and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of drug use.

Adolescence

According to the National Institute on Drug Abuse, there is a higher likelihood for people to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. The teenage years are a critical period of vulnerability to substance use disorders given that the brain is still developing and some brain areas are less mature than others.

The Texas Health and Human Services Commission posits a traditional definition of adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization (WHO) and American Psychological Association both define adolescence as the period of age from 10-19. WHO identifies adolescence as the period in human growth and development that represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being.

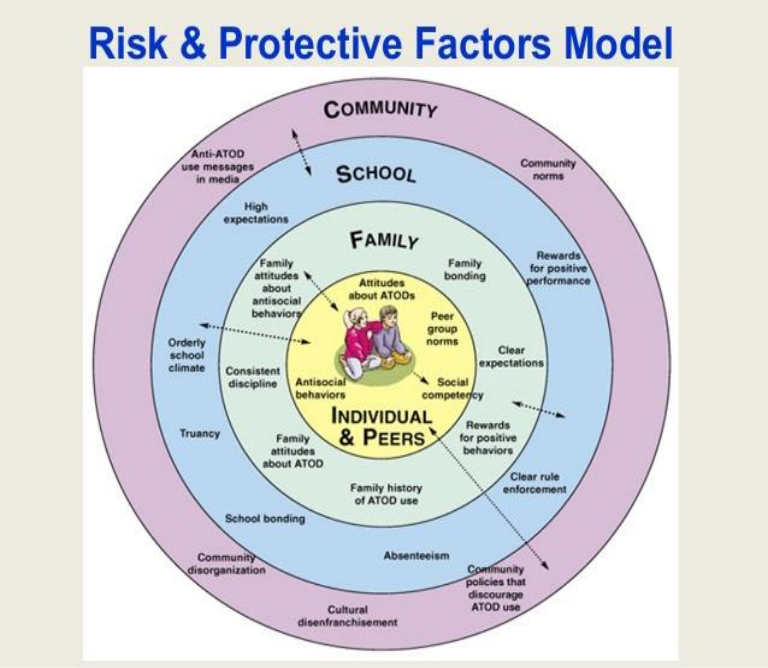
The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude with ages 17, 18 or 19, while others combine "adolescent" and "young adult" to conclude with age 21.

Epidemiology

As established by the Substance Abuse and Mental Health Services Administration (SAMHSA), epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning 'to study what is of the people,' epidemiology frames drug and alcohol use as a public health concern that is both preventable and treatable. According to the WHO, "Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems."

SAMHSA has also adopted the epi-framework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation's disease burden, while identifying demographics at risk and evaluating appropriate policy implementation for prevention and treatment.

Risk and Protective Factors



For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction; however, the individual's environmental and biological attributions play a distinguished role in the potential for the development of addiction. More than 20 years of research has examined the characteristics of effective prevention programs. One component shared by effective programs is a focus on risk and protective factors that influence drug use among adolescents.

Protective factors are characteristics that decrease an individual's risk for a substance abuse disorder, such as: strong and positive family bonds, parental monitoring of children's activities and peers, and clear rules of conduct that are consistently enforced within the family. Risk factors increase the likelihood of substance abuse problems, such as: chaotic home environments, history of parental abuse of substances or mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: community, school, family, and individual/peers.

Consumption Patterns and Consequences

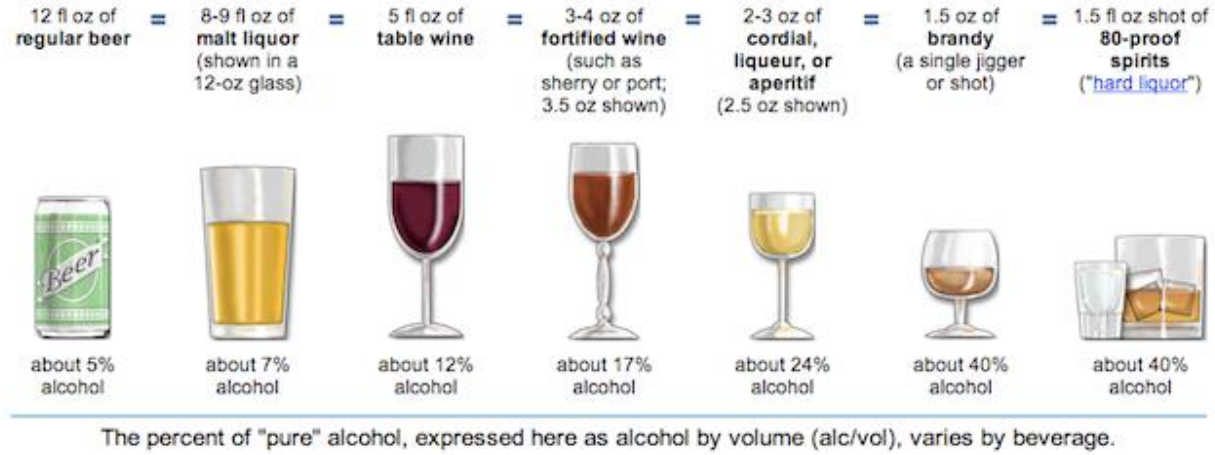
Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or if a seemingly apparent consequence has resulted due to consumption of a substance. This report examines rates of consumption among adolescents and related consequences in the context of their cyclical relationship; it is not the intention of this report to infer causality between consumption patterns and consequences.

Consumption Patterns Defined

SAMHSA defines consumption as "the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, drinking and driving, alcohol consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing.

The concept also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 1.5 ounce shot of distilled spirits. With regard to



intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men, and four or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while "benders" are considered two or more days of sustained heavy drinking.

Consequences

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol and other drugs use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired events for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measureable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence.

The WHO estimates alcohol use as the world's third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs. In addition, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related consequences. State and regional level data related to consequences of alcohol and other drug use are summarized in later sections of this report.

Stakeholders

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, a description of definitions can be found in the section titled "Key Concepts." The core of the report focuses on substance use risk and protective factors, consumption patterns, and consequences.

Introduction

The Health and Human Services Commission (HHSC), Substance Abuse & Mental Health Services Administration (SAMHSA), funds approximately 188 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

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

The Health and Human Services Commission Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

Our Audience

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to alcohol and drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

Purpose of This Report

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

Methodology

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

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

Process

The State Evaluator and the Regional Evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2015 and May 30, 2016. The State Evaluator met with the Regional Evaluators at a statewide conference in September 2016 to discuss the expectations of the regional needs assessment for the third year.

Between September 2016 and July 2017, the State Evaluator met with Regional Evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information was primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data was collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

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

Quantitative Data Selection

Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of Regional Evaluators and with support from resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). The following were criteria for selection:

- For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Evaluator chose secondary data sources as the main resource for this document based on the following criteria:
- Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- Timeliness: Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
- Representative: We chose data that most accurately reflects the target population in Texas and across the 11 human services regions.
- Accuracy: Data is an accurate measure of the associated indicator.

Qualitative Data Selection

Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of Regional Evaluators and with support from resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Evaluator chose secondary data sources as the main resource for this document based on the following criteria:

- Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- Timeliness: Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
- Representative: We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
- Accuracy: Data is an accurate measure of the associated indicator.

Focus Groups

The Evaluators created a focus group outline designed for high school students. The outline includes objectives to determine substance use trends, perceptions and attitudes surrounding substances, and risk and protective factors available to the students. By allowing a non-fixed format for the students to self-report campus and community substance use, we can learn about health behaviors that we may miss through standardized surveys.

The 2015-2016 academic school year was the second year the PRC 3 gathered qualitative data from local high schools. This year we visited two high schools, one in Johnson County and one in Ellis County. The Ellis County school chose a group of teenagers to participate based on student availability. The Johnson County group of teenagers were part of a homeroom class, of which students on campus were assigned each day. In the future, the PRC 3 staff will attempt to reach out to more high school all-campus classes to gain generalizability and increase participation. The students were asked to follow a set of guidelines (below) and to speak on the subject matter for approximately 30 minutes. Each focus group was facilitated by one moderator, the Regional Resources Evaluator, and one note-taker or tape-recorder, the Community Outreach Specialist.

Ground rules for students (visibly posted)

- Listen actively -- respect others when they are talking.
- Speak from your own experience instead of generalizing ("I" instead of "they," "we," and "you").
- Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks -- focus on ideas.
- Participate to the fullest of your ability; community growth depends on every individual voice.
- Instead of invalidating somebody else's story with your own spin on her or his experience, share your own story and experience.
- The goal is not to agree -- it is to gain a deeper understanding.
- Be conscious of body language and nonverbal responses; they can be as disrespectful as words.

Focus group objectives

1. Describe the perceived risk and consequences of initiating use of alcohol, tobacco, marijuana, prescription drugs, and other drugs (risk factors).
2. Identify potential protective factors (support systems and resources) to prevent minors from engaging in substance consumption.
3. Identify perceptions and norms about alcohol, tobacco, marijuana, prescription drugs, and other drugs.
4. Identify current and emerging drug trends.

Throughout the course of the 30 minutes, a few questions were asked to help focus the group conversation. The following questions are shown in order. The first question was asked approximately in the first five minutes and the last question was asked approximately in the last five minutes.

Example Questions/Comments:

- I'd like to start off by talking about the nature and extent of the drug problem in (LOCATION).
- In general, how much of a problem do you feel exists in SCHOOL and in LOCATION in general?
- What is the nature of this problem? For example, is it serious only in high schools and only in a few of those schools or is it very widespread?
- What are the consequences of these behaviors?
- Who do you turn to if you have an issue or problem?
- Do you talk to your parents about drugs?
- Do you know any resources in your community that provide you information about drugs?

Regional Demographics

The starting point for any thorough analysis of regional descriptors is providing comparisons on a larger level, in our case the State of Texas. The following section will describe basic demographics first for the State of Texas, then how those demographics vary in Region 3, if so. Notice that Region 3 data will be bolded in each of the tables below.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2016 population estimate of 27,725,192 people ranks it as the second-most populous state, behind California's 39,144,818.[4] Below in Table 1 are the regional components of Texas' significant population increases during the 2010-2016 period. Note that Region 6 (Houston and surrounding counties) leads the growth component at 13.4%, followed by both the Midland-Odessa area of Region 9 and that of Austin and the surrounding counties in Region 7.

TABLE 1 - REGIONAL POPULATION AND PERCENT CHANGE, 2010-2016

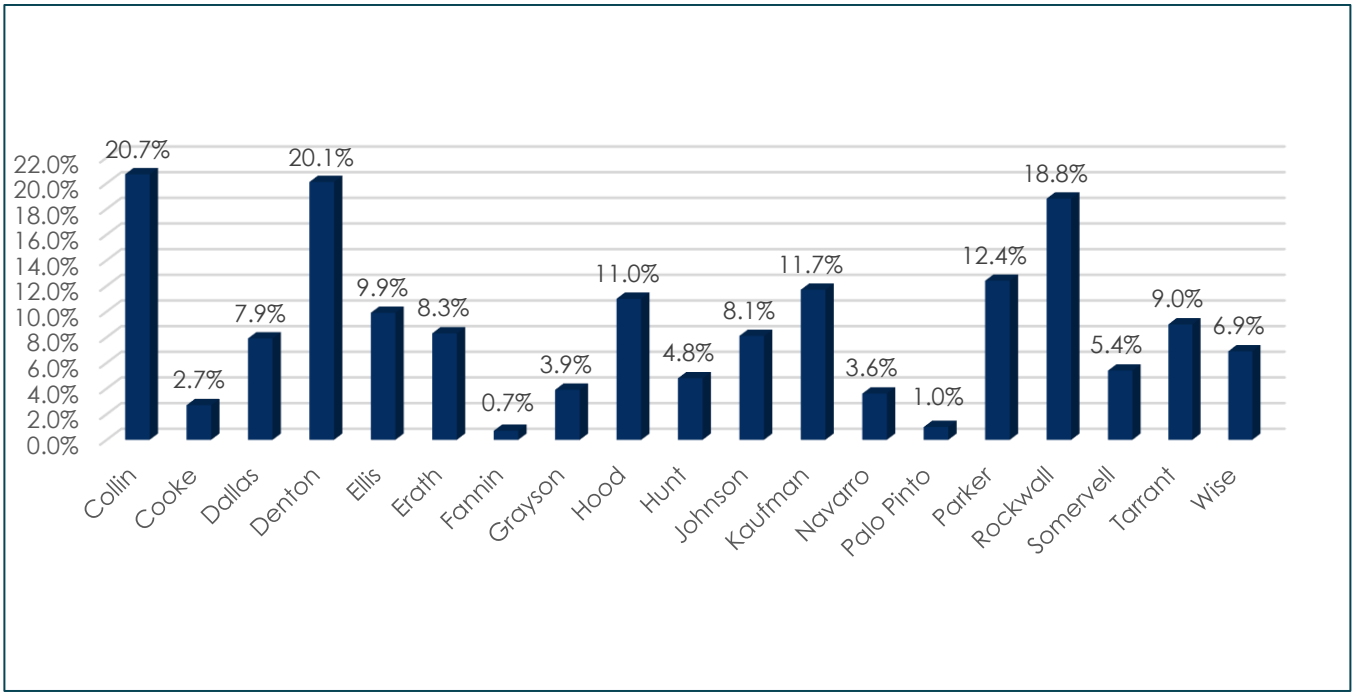
Region	2010 Population	2016 Population Estimate	Growth (+/-)	Percent
1	839,586	874,939	35,353	4.2%
2	550,250	554,584	4334	0.8%
3	**6,733,179**	**7,471,409**	**738,230**	**11.0%**
4	1,111,696	1,154,138	42,442	3.8%
5	767,222	776,744	9,522	1.2%
6	6,087,133	6,900,523	813,390	13.4%
7	2,948,364	3,336,686	388,322	13.2%
8	2,604,647	2,896,087	291,440	11.2%
9	571,871	646,391	74,520	13.0%
10	825,913	865,166	39,253	4.8%
11	2,105,704	2,248,525	142,821	6.8%
Texas	25,145,565	27,725,192	2,579,627	10.3%
United States	308,758,105	323,127,513	14,369,408	4.7%

Source: Texas State Data Center, Population Estimates and Projections Program, 2016 [4]

Texas has been in sync with national trends in regards to urbanization. According to the Texas Comptroller of Public Accounts, in urban areas like the Dallas-Fort Worth Metroplex, population growth is strongly linked with positive economic growth. With this growth comes the need for new and expensive roads, as well as improved water and sewer systems.

The U.S. Census Bureau creates an annual Population Trends report for the 25 most highly populated cities in the U.S. The City of Dallas was named the ninth largest city in 2013, and demonstrated a 3.7% population change increase since the 2010 Census poll.[4] Region 3 had another city named in the top 25 most highly populated cities in the U.S.; Fort Worth is the 17th largest city in the U.S. and had a 7.0% population change increase from the 2010 U.S. Census poll (Census, 2015). From the U.S. Census Bureau's Population Estimates data, we can look at a range of demographic data from 2010-2016. **Figure 1 below shows that over the course of six years, all Region 3 counties have had population increases. The counties with the most growth include Collin (20.7%), Denton (20.1%) and Rockwall (18.8%).**[4]

FIGURE 1 – REGION 3 PERCENTAGE POPULATION CHANGE, 2010-2016



Source: Texas State Data Center, Texas Population Growth Projection, 2016

Age

Texas' population is younger overall than the United States as whole. In the youth-aged category, (0-17 years of age) Texas stands at 26.6% while the U.S. is 23.3%.[4] The younger population is also revealed among persons over 65 years, where Texas has fewer in that category (11.2%) than the U.S. (14.1%).[4]

TABLE 2 - REGIONAL POPULATION BY AGE CATEGORY

Region	Population 0-17	Percent	Population 65+	Percent
1	223,461	26.0%	108,545	12.6%
2	127,069	23.1%	89,499	16.3%
3	**1,918,206**	**26.8%**	**727,192**	**10.2%**
4	269,662	24.0%	186,510	16.6%
5	183,204	23.8%	119,502	15.5%
6	1,762,288	27.0%	627,499	9.6%
7	768,553	24.5%	341,555	10.8%
8	717,991	26.0%	350,228	12.7%
9	162,881	26.7%	73,598	12.1%
10	244,336	28.6%	95,605	11.2%
11	681,359	31.1%	248,499	11.3%
Texas	7,059,010	26.6%	2,968,232	11.2%
United States	73,683,825.00	23.3%	46,243,211	14.1%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 5-year Population Estimates[4]

TABLE 3 – REGION 3 COUNTY LEVEL POPULATIONS BY AGE CATEGORY, 2016

The breakdown of the population per county is displayed in the following table. Note that the highlighted blocks represent the highest percentages of the listed population.

Report Area	Age Group Percentages of Total Population				
County	< 18	18-24	25-44	45-64	65+
Collin	26.1%	9.0%	27.2%	27.3%	10.3%
Cooke	24.0%	9.4%	22.0%	26.3%	18.3%
Dallas	**27.2%**	9.0%	30.1%	23.5%	10.2%
Denton	25.8%	11.1%	28.3%	25.5%	9.4%
Ellis	26.0%	10.3%	24.8%	26.4%	12.5%
Erath	23.2%	17.3%	23.7%	21.3%	14.5%
Fannin	21.0%	9.3%	23.0%	27.2%	**19.5%**
Grayson	23.0%	8.7%	23.8%	26.6%	17.9%
Hood	20.1%	7.5%	19.6%	27.8%	**25.0%**
Hunt	16.1%	25.8%	23.0%	11.2%	**24.0%**
Johnson	25.5%	9.4%	24.4%	26.5%	14.2%
Kaufman	**26.4%**	9.6%	25.3%	26.3%	12.5%
Navarro	25.9%	9.5%	23.1%	25.1%	16.4%
Palo Pinto	23.8%	8.6%	21.5%	26.8%	19.3%
Parker	23.2%	9.6%	23.1%	28.9%	15.2%
Rockwall	26.1%	10.2%	23.0%	28.7%	12.0%
Somerwell	22.6%	10.9%	20.2%	28.6%	17.8%
Tarrant	**26.6%**	9.7%	28.0%	25.0%	10.6%
Wise	24.2%	9.2%	23.4%	28.2%	15.0%
Region 3	**26.2%**	**9.7%**	**27.9%**	**24.9%**	**11.2%**

Source: Texas State Data Center, Texas Population Projections, 2016 [4]

Race and Ethnicity

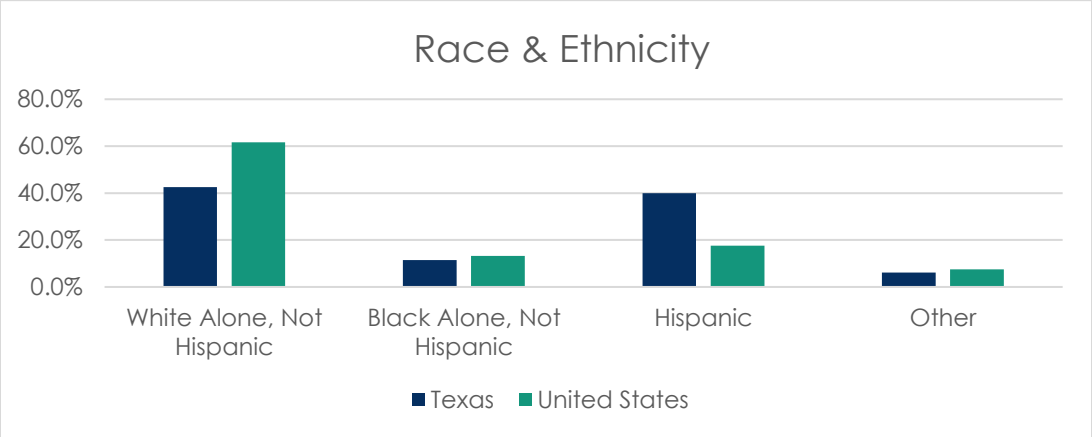
Texas is an increasingly diverse state with a strong Hispanic representation. Table 4 and Figure 2 on the next page show the racial and ethnic make-up of Texas' population, which is represented by slightly fewer Black Alone and Other Races, and a significantly higher Hispanic population than the United States makeup.

TABLE 4 - REGIONAL POPULATION BY RACE AND ETHNICITY

Region	White Alone, Not Hispanic	Black Alone	Hispanic	Other
1	53.9%	5.3%	37.1%	3.7%
2	69.0%	5.9%	21.8%	3.3%
3	**48.4%**	**14.4%**	**29.2%**	**8.0%**
4	66.4%	15.4%	15.4%	2.9%
5	61.8%	20.0%	14.7%	3.5%
6	37.0%	16.6%	37.7%	8.7%
7	54.8%	9.7%	29.1%	6.5%
8	34.8%	5.6%	55.8%	3.8%
9	46.7%	4.1%	46.8%	2.4%
10	12.4%	2.4%	83.0%	2.2%
11	13.2%	1.0%	84.3%	1.5%
Texas	42.5%	11.4%	39.9%	6.1%
United States	61.6%	13.3%	17.6%	7.5%

Source: Texas State Data Center, 2016 Population Projections, and U.S. Census Bureau, 2016 Annual Estimates of Population[4,5]

FIGURE 2 – STATE AND NATIONAL POPULATION BY RACE AND ETHNICITY

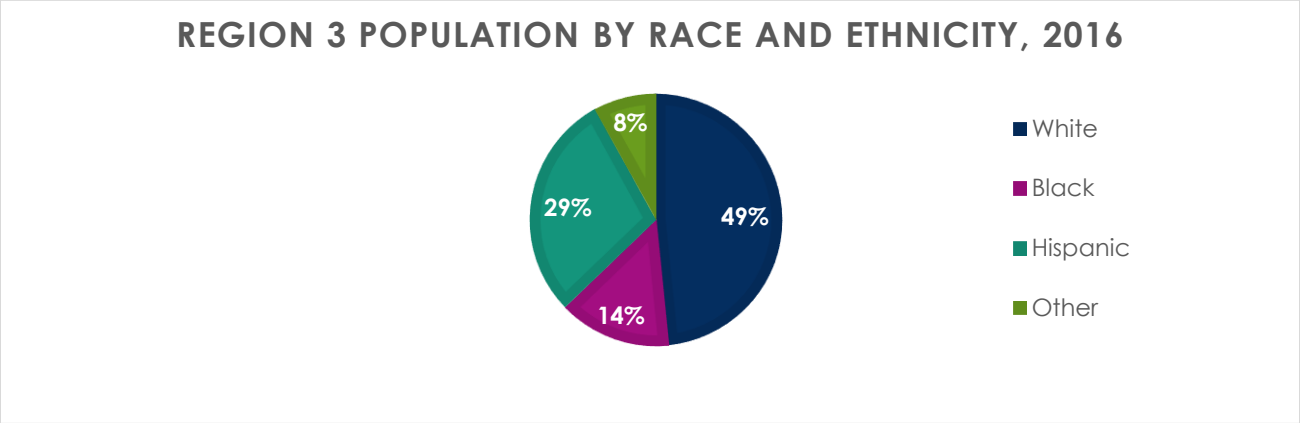


Source: Texas State Data Center, 2016 Population Projections[4], and U.S. Census Bureau, 2016 Annual Estimates of Population[5]

Using The Texas State Data Center's 2016 Population Projection Estimates, all Region 3 counties, except Dallas and Tarrant, identify over 50% of their total population as Anglo.[4] Dallas County has a population makeup of approximately 29% Anglo, while Hood County has a population makeup of approximately 85% Anglo.[4]

In Dallas County, approximately 29% are Anglo, 22% are African American, and 41% are Hispanic.[4] The population makeup of Navarro County is approximately 57% Anglo, 13% African American, and 27% Hispanic. In Tarrant County, this population is made up of approximately 48% Anglo, 15% African American, and 29% Hispanic.[4] An aggregate representation of Region 3 covering all age groups is displayed in the following figure and table:

FIGURE 3 - REGION 3 POPLUATION BY RACE AND ETHNICITY, 2016



Source: Texas State Data Center, Texas Population Projections Program, 2016[4]

TABLE 5 – REGION 3 POPULATION BY RACE AND ETHNICITY BY COUNTY, 2015

County	White	Black	Hispanic	Other
Collin	59.5%	8.9%	16.5%	15.2%
Cooke	76.4%	2.7%	17.7%	3.2%
Dallas	29.2%	22.0%	41.5%	7.3%
Denton	60.7%	8.6%	20.4%	10.3%
Ellis	62.6%	9.0%	26.0%	2.4%
Erath	75.1%	1.3%	21.4%	2.2%
Fannin	79.7%	6.6%	10.7%	3.0%
Grayson	76.3%	5.7%	13.3%	4.7%
Hood	85.7%	0.4%	11.6%	2.3%
Hunt	71.9%	8.4%	15.8%	3.9%
Johnson	73.5%	2.7%	20.6%	3.2%
Kaufman	67.2%	10.3%	19.5%	3.0%
Navarro	56.9%	13.1%	27.0%	3.0%
Palo Pinto	76.3%	2.1%	19.5%	2.1%
Parker	83.1%	1.6%	12.6%	2.7%
Rockwall	71.9%	6.0%	17.2%	4.8%
Somervell	75.9%	0.6%	20.9%	2.6%
Tarrant	48.2%	14.9%	29.3%	7.6%
Wise	76.8%	0.9%	20.0%	2.3%
Region 3	48.4%	14.4%	29.2%	8.0%
Texas	42.5%	11.4%	39.9%	6.1%

Source: U.S. Census Bureau, American Community Survey, 2011-2015[6]

Concentrations of Populations

Higher Education

Region 3 has a large proportion of college students who are concentrated mainly in three of our 19 counties: Dallas, Denton, and Tarrant. The University of North Texas and Texas Woman's University are both centered in the City of Denton (within Denton County). Tarrant County has another large college student concentration with the University of Texas at Arlington based in the City of Arlington and both Texas Christian University and a satellite campus of Texas A&M in the City of Fort Worth. Dallas County has a number of large campuses including Southern Methodist University, University of Texas Southwestern Medical Center, University of Dallas, Dallas Baptist University, and The University of Texas at Dallas to name a few.

With so many college students concentrated within the Cities of Dallas, Denton and all of Tarrant County, particular needs arise in regards to substance abuse. According to the results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, investigated by the SAMHSA, college students are at higher risk for binge alcohol use than same-aged peers not enrolled in college full-time.[7] Figure 4 illustrates this trend, which is averaged over a ten-year period.

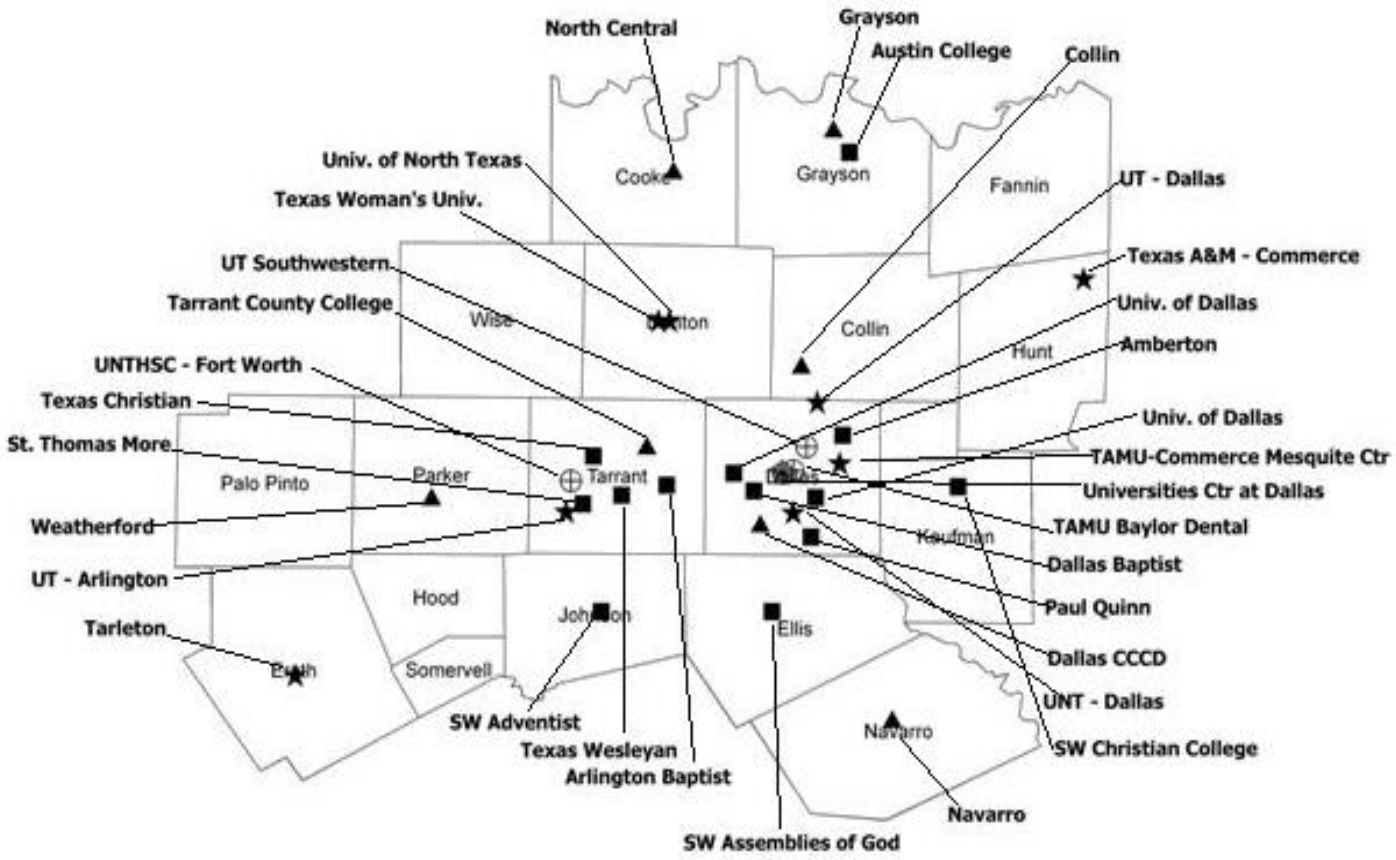
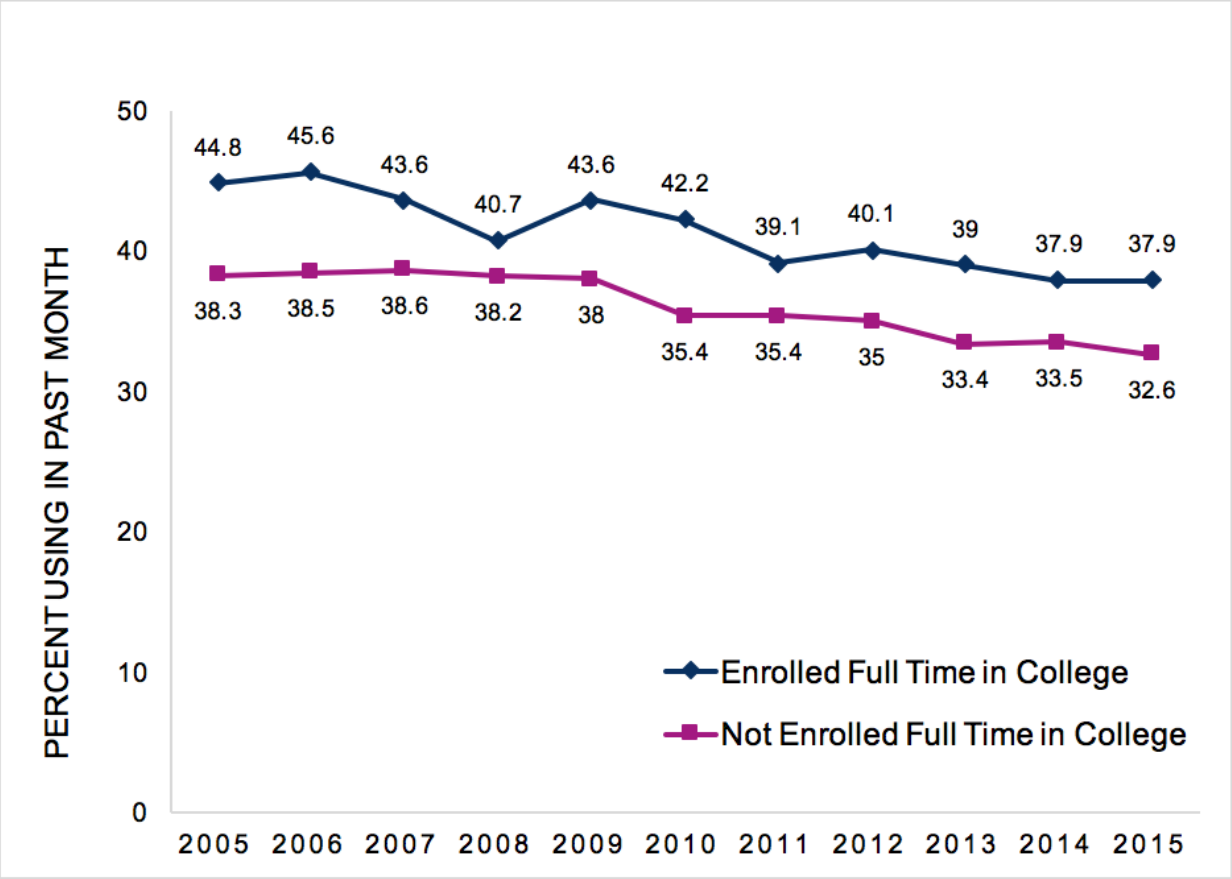


FIGURE 4 – BINGE ALCOHOL USE AMONG 18-22 YEAR OLDS BY COLLEGE ENROLLMENT, 2005-2015



Source: National Survey on Drug Use and Health: Summary of National Findings, U.S. Department of Health and Human Services, Center for Behavioral Health Statistics and Quality, 2015[7]

Metropolitan

Region 3 has many cities with a population larger than 100,000:

1,000,000+	Dallas
500,000-999,999	Fort Worth
200,000-499,999	Arlington, Plano, Garland, and Irving
100,000-199,999	Grand Prairie, McKinney, Mesquite, Frisco, Carrollton, Denton, and Richardson

Source: U.S. Census Bureau, Census Designated Places (CDP), 2015[5]

Languages

Texas has a significantly higher number of residents who are foreign born (16.5%) than the U.S. as a whole (13.1%). As a result, there are also significantly higher numbers of the population (ages 5+, 2010-2014) that report a "language other than English is spoken at home," with Texas at 34.9% compared to 20.9% nationally (U.S. Census Bureau: State and County QuickFacts, 2014). Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.22% of the population versus 8.60% for the U.S.[6] Persons are considered to have limited English proficiency if they indicated that they spoke a language other than English, and if they spoke English less than "very well," measured as a percentage of the population aged 5 or older. Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas.[6]

TABLE 6 - REGIONAL LIMITED ENGLISH PROFICIENCY

Region	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	789,750	69,948	8.86%
2	514,095	26,457	5.15%
3	6,495,307	843,803	12.99%
4	1,048,689	56,541	5.39%
5	719,756	39320	5.46%
6	5,885,315	987,163	16.77%
7	2,873,636	264,024	9.19%
8	2,516,577	299,357	11.90%
9	550,027	65,133	11.84%
10	780,139	240,145	30.78%
11	1,977,989	543,369	27.47%
Texas	24,151,279	3,435,260	14.22%
United States	294,133,388	25,305,204	8.60%

Source: U.S. Census Bureau, American Community Survey, 2011-2015[6]

General Socioeconomics

With the basic characteristics of the Texas population described, a closer look at the general socioeconomic conditions of the population is helpful. Economic and social instability are often linked with poor health outcomes. With the knowledge gained by exploring areas of need socioeconomically, we may reexamine regional strategies to increase economic prosperity. Child poverty, unemployment rates, industrial changes, and financial assistance predict a family's access to care and a community's ability to pursue healthy and nourishing behaviors. The indicators in the following section refer to socioeconomic factors discussed above, chosen for their applicability to substance abuse outcomes and availability of current, reliable data. Indicators are also separated by county to paint a clearer picture of Region 3.

Per Capita Income

One of the most important factors related to increasing the risk for substance abuse stems from the inability to provide the necessities of life, and can be measured by per capita income. According to the U.S. Census Bureau, per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area. In Texas, the per capita income (2015 dollars, 2011-2015 data) is $26,999.[6] This is lower than the U.S. per capita income measure of $28,929. Table 7 below features the higher per capita income in Regions 3, 6 and 7 associated with the metro areas of Dallas/Fort Worth, Houston and Austin, respectively.

TABLE 7 - REGIONAL PER CAPITA INCOME, 2011-2015

Region	Total Population	Total Income ($)	Per Capita Income ($)
1	858,722	$20,288,497,100	$23,626
2	549,722	$12,582,369,200	$22,888
3	**7,144,787**	**$213,841,386,700**	**$29,929**
4	1,124,283	$25,770,793,800	$22,921
5	771,554	$17,612,752,500	$22,827
6	6,514,602	$195,266,197,600	**$29,973**
7	3,156,362	$91,406,068,300	**$28,959**
8	2,760,470	$69,147,960,100	$25,049
9	610,146	$16,687,701,600	$27,350
10	855,492	$16,215,856,600	$18,955
11	2,192,474	$37,699,755,700	$17,195
Texas	26,538,614	$716,519,339,400	$26,999
United States	316,515,021	$9,156,731,836,300	$28,929

Source: U.S. Census Bureau, American Community Survey, 2011-2015[6]

Personal income is the income received by persons from all sources, including wages, salaries, supplements to wages and salaries, proprietors' income with inventory valuation and capital consumption adjustments, rental income, personal dividend income, personal interest income, and personal current transfer receipts. The three green cells represent the counties with the highest per capita personal income in Region 3 averaged from the American Community Survey's 2011-2015 results.[6]

In Table 8 below, Per Capita Personal Income in Region 3 has a very wide range, from the highest income in Collin County ($38,575) to the lowest income in Navarro County ($20,491).[6]

TABLE 8 – PER CAPITA PERSONAL INCOME, 2011-2015

County	Total Population	Total Income ($)	Per Capita Income ($)
Collin	862,215	$33,525,934,300	**$38,883**
Cooke	38,761	$1,036,551,800	$26,762
Dallas	2,485,003	$68,597,866,900	$27,604
Denton	731,851	$25,551,754,900	**$34,913**
Ellis	157,058	$4,139,509,900	$26,356
Erath	40,039	$876,992,100	$21,903
Fannin	33,748	$693,342,600	$20,544
Grayson	122,780	$3,073,565,200	$25,033
Hood	53,171	$1,620,544,900	$30,477
Hunt	88,052	$1,927,306,100	$21,888
Johnson	155,450	$3,934,379,100	$25,309
Kaufman	109,289	$2,726,080,000	$24,943
Navarro	48,118	$995,897,000	$20,696
Palo Pinto	27,921	$642,555,500	$23,013
Parker	121,418	$3,876,078,800	$31,923
Rockwall	85,536	$3,093,261,200	**$36,163**
Somervell	8,608	$231,952,900	$26,946
Tarrant	1,914,526	$55,631,514,900	$29,057
Wise	61,243	$1,666,298,600	$27,707
Region 3	7,144,787	$213,841,386,700	$29,929
Texas	26,538,614	$716,519,339,400	$26,999
United States	316,515,021	$9,156,731,836,300	$28,929

Source: U.S. Census Bureau, American Community Survey, 2011-2015[6]

Household Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. One basic indicator is the number of persons per household. Texas had a greater number of persons per household (2.83) than the U.S. as a whole (2.53) in 2016.[6]

Also, though increasingly the norm, children in single-parent households are statistically at greater risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality then their peers in two-parent households. As indicated in Table 9 below, several regions bear the societal pressure of more single-parent households than others.

TABLE 9 - REGIONAL HOUSEHOLD COMPOSITION, 2011-2015

Region	Single Parent Households	Total Households	Percent Single Parent Households
1	74,473	220,497	33.8%
2	43,439	125,493	34.6%
3	**604,088**	**1,905,503**	**31.7%**
4	92,743	266,893	34.7%
5	70,265	180,832	**38.9%**
6	568,503	1,749,095	32.5%
7	231,879	760,601	30.5%
8	255,299	711,647	**35.9%**
9	51,750	161,737	32.0%
10	86,840	243,154	35.7%
11	252,242	677,697	**37.2%**
Texas	2,331,521	7,003,149	33.3%
United States	24,540,494	73,432,658	33.4%

Source: U.S. Census Bureau, County Health Rankings, American Community Survey 2011-2015[6]

Table 10 shows the number of households with children who live with a single-parent (male or female head of household with no spouse present). Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors (such as smoking and alcohol misuse) according to the Adverse Childhood Experiences study, which is an ongoing collaborative study conducted by the Centers for Disease Control and Prevention. Additionally, the National Center for Biotechnology Information released a study showing increased drug use of adolescent females raised in single-father homes. This data comes from the 2004 Monitoring the Future study, an annual national student survey that has been in circulation for several decades. The results come from measuring 37,507 students nationwide in 8th, 10th, and 12th grades.[8] Studies such as this one show that single parent households may benefit from substance use preventions based on demographic information.

TABLE 10 – REGION 3 FIGURES OF SINGLE-PARENT HOUSEHOLDS BY COUNTY, 2011-2015

County	Single Parent Households	Total Households	Percent Single Parent Households
Collin	47,518	236,647	20.1%
Cooke	2,517	9,251	27.2%
Dallas	259,712	667,766	**38.9%**
Denton	44,645	191,608	23.3%
Ellis	11,300	42,914	26.3%
Erath	2,484	8,418	29.5%
Fannin	2,368	7,163	33.1%
Grayson	10,670	28,804	37.0%
Hood	2,397	10,999	21.8%
Hunt	6,187	21,209	29.2%
Johnson	10,888	40,835	26.7%
Kaufman	8,024	30,258	26.5%
Navarro	4,747	12,466	**38.1%**
Palo Pinto	2,683	6,637	**40.4%**
Parker	7,272	29,769	24.4%
Rockwall	4,698	24,020	19.6%
Somervell	615	2,051	30.0%
Tarrant	171,506	519,445	33.0%
Wise	3,848	15,243	25.2%
Region 3	604,088	1,905,503	31.7%
Texas	2,331,521	7,003,149	33.3%
United States	24,540,494	73,432,658	33.4%

Source: U.S. Census Bureau, County Health Rankings, American Community Survey 2011-2015[6]

Employment

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS, 2016) indicates that Texas currently holds an unemployment rate of 4.6%, while the nation as a whole sits at 4.9%.[9] The current rate of 4.6% represents a 0.4% increase from 2015.[9] The rates by region are indicated in Table 11, with Regions 3 and 7 in the Dallas/Fort Worth Metroplex and Panhandle areas having the least current unemployment.[9]

Region 3 had 148,042 documented unemployed persons of the civilian non-institutionalized population 16 years of age and older in 2016.[9] Unemployment may predict obstacles to healthcare insurance and health services and thus is a valuable gauge of wellness. **The overall unemployment rate of Region 3 is 3.9%, which is below the state and U.S. unemployment rates.**[9] The red cells in Table 12 represent the counties and regions with the highest unemployment rates.

TABLE 11 - REGIONAL EMPLOYMENT RATES, 2016

Region	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
1	417,005	401,745	15,260	3.7%
2	235,985	225,528	10,457	4.4%
3	**3,836,196**	**3,688,154**	**148,042**	**3.9%**
4	502,944	476,521	26,423	5.3%
5	321,930	300,914	21,016	**6.5%**
6	3,358,991	3,182,436	176,555	**5.3%**
7	1,685,311	1,624,989	60,322	3.6%
8	1,350,656	1,295,400	55,256	4.1%
9	297,110	281,708	15,402	5.2%
10	359,935	342,045	17,890	5.0%
11	918,588	852,374	66,214	**7.2%**
Texas	13,284,651	12,671,814	612,837	4.6%
United States	159,863,112	152,001,782	7,861,330	4.9%

Source: U.S. Census Bureau of Labor Statistics, Local Area Unemployment, 2016.[9] Rates seasonally adjusted.

TABLE 12 – EMPLOYMENT FIGURES, 2016

County	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Collin	506,100	488,282	17,818	3.5%
Cooke	18,825	18,063	762	4.0%
Dallas	1,305,202	1,253,334	51,868	4.0%
Denton	443,801	428,611	15,190	3.4%
Ellis	83,699	80,557	3,142	3.8%
Erath	20,168	19,337	831	4.1%
Fannin	15,770	15,174	596	3.8%
Grayson	60,832	58,492	2,340	3.8%
Hood	24,984	23,801	1,183	**4.7%**
Hunt	40,082	38,369	1,713	4.3%
Johnson	75,584	72,299	3,285	4.3%
Kaufman	56,920	54,765	2,155	3.8%
Navarro	22,692	21,734	958	4.2%
Palo Pinto	13,233	12,498	735	**5.6%**
Parker	60,534	58,055	2,479	4.1%
Rockwall	46,423	44,794	1,629	3.5%
Somervell	4,172	3,974	198	**4.7%**
Tarrant	1,008,020	968,246	39,774	3.9%
Wise	29,155	27,769	1,386	**4.8%**
Region 3	3,836,196	3,688,154	148,042	3.9%
Texas	13,284,651	12,671,814	612,837	4.6%
United States	159,863,112	152,001,782	7,861,330	4.9%

Source: U.S. Census Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, 2016.[9] Rates are seasonally adjusted.

Employment by Industry

When compared to the U.S., Texas firms employ roughly the same proportions of workers by industry type. The data in Table 13 below indicates that Texas has a slightly more "blue collar" workforce, with marginally fewer management and business employees and slightly more mining, construction and similar labor force types. Region 7 (Austin area) and Region 3 (Dallas/Ft. Worth area) pace the state for white collar, high-tech industries.

TABLE 13 - REGIONAL EMPLOYMENT BY OCCUPATION TYPE, 2015

Region	Civilian Employed Population 16+	Management, Business, Science, Arts	Service	Sales and Office	Natural Resources, Construction, Maintenance	Production, Transportation, and Material Moving
1	411,878	30.5%	13.1%	13.5%	23.9%	19.1%
2	228,599	30.3%	12.9%	13.5%	23.4%	19.9%
3	**3,718,029**	**37.0%**	**9.4%**	**11.8%**	**25.3%**	**16.5%**
4	456,005	28.5%	13.5%	16.1%	23.4%	18.5%
5	305,200	27.8%	14.4%	15.8%	23.2%	18.9%
6	3,159,297	36.6%	10.9%	12.4%	23.4%	16.7%
7	1,386,140	40.7%	9.6%	8.8%	23.9%	17.1%
8	1,209,128	33.7%	10.8%	10.7%	25.6%	19.2%
9	298,583	27.4%	16.7%	14.7%	24.0%	17.2%
10	84,933	32.1%	11.5%	14.8%	26.1%	15.6%
11	836,470	26.7%	13.1%	11.8%	24.9%	23.4%
Texas	12,094,262	35.1%	10.9%	11.9%	24.4%	17.7%
United States	145,747,779	36.7%	18.1%	24.1%	8.9%	12.2%

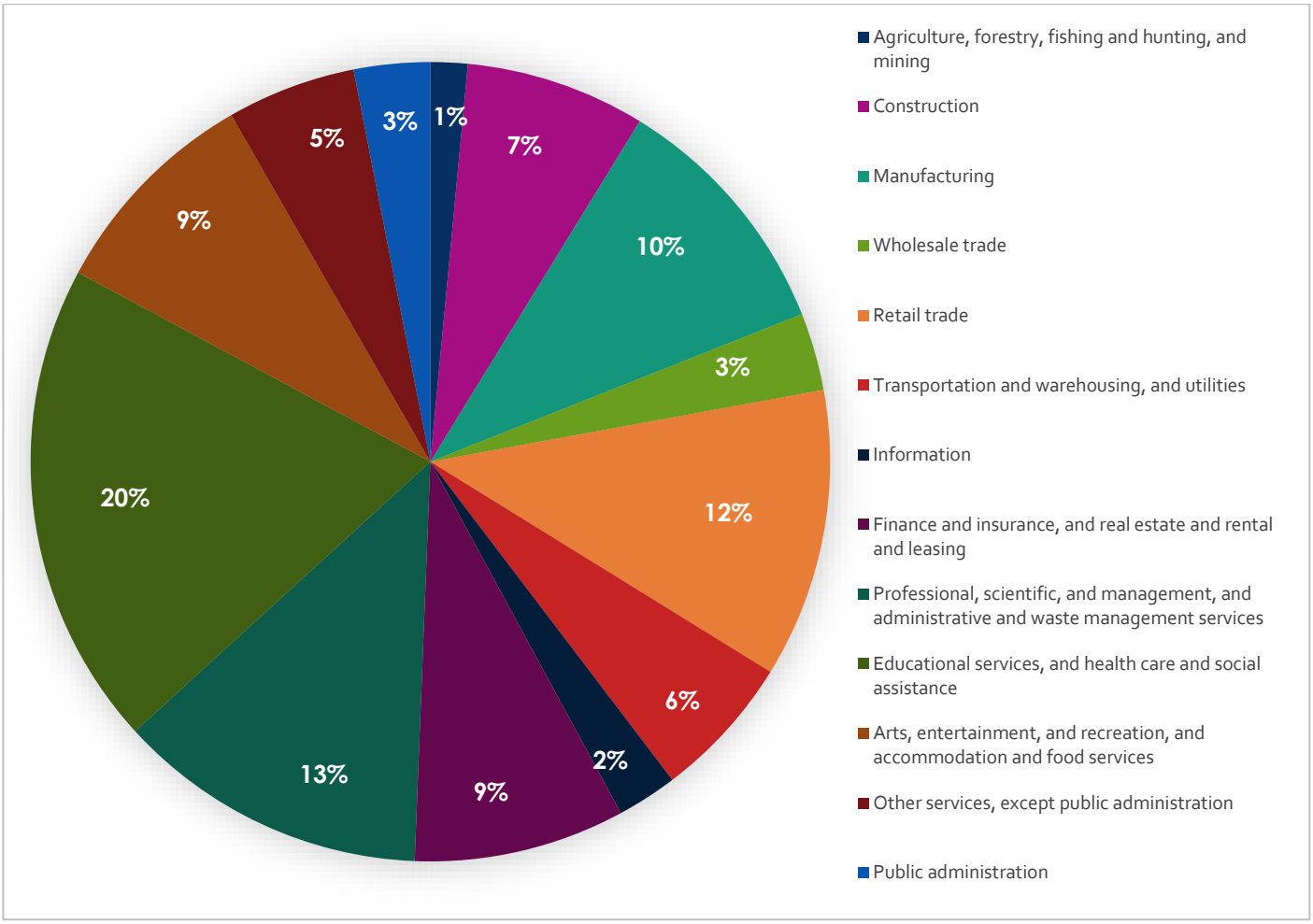
Source: Series S2406: Occupation by Class of Worker for the Civilian Employed Population 16 Years and over. U.S. Census Bureau of Labor Statistics[9], American Community Survey, 2015[6]

According to the Bureau of Labor Statistics, June 4, 2014, *News Release on Dallas-Fort Worth Area Employment*, this area is growing and expanding its non-farming industry.[9] Between April 2013 and April 2014, non-farm employment rose by 3.8 % as compared to the national increase of 1.7%.[9] Trade, transportation, and utilities reported the largest annual job growth.

The pie chart below shows industrial occupation data in Region 3 as reported in the American Community Survey three – year estimates. The occupations are shown for Region 3 civilians who are 16 years of age and older. **The smallest percentage of civilian occupations fall within the agriculture, forestry, fishing and hunting, and mining fields at 1.46% while the largest percentage of civilian occupations fall under the educational services, and healthcare and social assistance fields at 19.55%.**[6]

The largest percentage of civilian occupations in Region 3 fall under the educational services, healthcare, and social assistance fields at 19.55% in 2015.

FIGURE 5 – INDUSTRY BY OCCUPATION FOR THE CIVILIAN IN REGION 3, 2015



Source: U.S Census Bureau, American Community Survey, 2015 Estimates[6]

TANF Recipients

This indicator reports the percentage of recipients per 100,000 population receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF).[10] Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas that receive public assistance income of this type varies significantly from county to county, but the rates in Regions 2, 10 and 11 are higher than the state rate of 232.2 per 100K population.[10] There is no U.S. calculation available for this measure.

TABLE 14 - REGIONAL TANF RECIPEINTS PER 100K POPLUATION, 2016

Region	TANF Recipients	Recipients per 100k
1	1,663	187.2
2	1,281	226.5
3	9,232	126.0
4	2,045	176.2
5	1,385	173.7
6	9,430	141.3
7	4,203	129.3
8	4,084	144.6
9	871	143.4
10	3,495	388.9
11	25,728	1108.8
Texas	63,417	232.2

Source: Texas Health and Human Services Commission, TANF Recipients, December 2016.[10]

Temporary Assistance for Needy Families (TANF) is a public assistance program that has been in existence since 1997. TANF is meant to be used as supplemental and temporary income for families with children or pregnant women in their last three months of pregnancy. TANF recipients are those who are currently enduring low income or unemployment. To be eligible, families must meet both financial and non-financial requirements established in state law. Each state administers TANF dollars and simultaneously helps TANF recipients find employment. In Texas, an adult or child can earn a maximum of 60 months TANF assistance.

TABLE 15 – COUNTY LEVEL RATES FOR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF), 2016

County	2016 TANF Recipients	Recipients per 100k
Collin	350	39.1
Cooke	68	170.4
Dallas	4,602	182.5
Denton	330	43.6
Ellis	113	67.6
Erath	53	133.6
Fannin	57	161.7
Grayson	148	118.0
Hood	97	180.9
Hunt	158	172.6
Johnson	173	105.9
Kaufman	151	128.4
Navarro	188	369.5
Palo Pinto	44	147.4
Parker	87	67.4
Rockwall	64	71.3
Somervell	11	123.2
Tarrant	2,506	128.8
Wise	32	50.4
Region 3	9,232	126.0
Texas	63,417	232.2

Source: Texas Health and Human Services Commission, TANF Recipients by County, December 2016.[10]

Food Assistance Recipients

The Supplemental Nutritional Assistance Program (SNAP) offers food benefits that are put onto the Lone Star Card and can be used as a credit card at all participating stores. Additional information about qualifying for food stamps and details about the program can be found in the State Demographic section under "Food Stamp Recipients."

SNAP participation rates during 2016 ranged from 3.78% in Collin County to 19.35% in Navarro County.

The following tables show that 11.26% of households received SNAP payments (food stamps) in Region 3 during the 2011-2015 timeframe.[11] **The SNAP participation rate ranged from 3.87% in Collin County to 20.35% in Navarro County.**[11] The red cells in Table 16 represent the counties with the most recipients per 100k in households receiving SNAP benefits in Region 3 from the latest Health and Human Services Commission food benefit enrollment reports.[11] The outlined rows in Table 17 show a continued trend of highest and lowest SNAP household SNAP beneficiaries.

TABLE 16 – HOUSEHOLDS RECEIVING SNAP, 2012-2016

Report Area	2016 Population	Number of SNAP Recipients	Recipients Per 100K
Collin	939585	39,200	4,172
Cooke	39266	4,914	12,515
Dallas	2574984	288,436	11,201
Denton	806180	44,628	5,536
Ellis	837918	181,830	21,700
Erath	41659	3,926	9,424
Fannin	34031	4,101	12,051
Grayson	128235	15,918	12,413
Hood	56857	5,658	9,951
Hunt	92073	12,623	13,710
Johnson	163274	19,843	12,153
Kaufman	118350	13,132	11,096
Navarro	48523	9,124	18,803
Palo Pinto	28053	3,951	14,084
Parker	129441	10,077	7,785
Rockwall	93978	4,298	4,573
Somervell	8775	851	9,698
Tarrant	2016872	243,426	12,069
Wise	64455	6,189	9,602
Region 3	8222509	912,125	11,093
Texas	27862596	3912257	14,041

Source: Texas Health and Human Services Commission. Center for Analytics and Decision Support. SNAP Food Benefits. 2012-2016.[11]

TABLE 17 – PERCENTAGES OF HOUSEHOLDS RECEIVING SNAP TRENDS, 2006-2016

Report Area	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Collin	2.4%	2.9%	3.4%	3.9%	3.8%	3.9%	4.2%
Cooke	10.0%	10.9%	11.0%	12.8%	13.5%	13.7%	12.5%
Dallas	8.8%	9.7%	11.2%	12.9%	14.1%	14.7%	15.1%
Denton	3.5%	4.0%	4.9%	5.4%	5.8%	5.9%	5.5%
Ellis	8.6%	10.2%	11.2%	11.8%	11.8%	10.7%	21.7%
Erath	7.8%	8.3%	8.8%	9.3%	10.8%	10.9%	9.4%
Fannin	10.8%	12.2%	14.5%	12.9%	14.4%	13.6%	12.1%
Grayson	11.1%	12.2%	13.7%	15.2%	15.1%	14.6%	12.4%
Hood	8.2%	8.4%	7.3%	8.2%	8.8%	9.0%	10.0%
Hunt	11.2%	11.7%	13.0%	15.0%	16.0%	15.7%	13.7%
Johnson	9.4%	10.5%	11.5%	11.4%	11.7%	11.7%	12.2%
Kaufman	9.6%	10.7%	11.4%	11.3%	11.3%	11.7%	11.1%
Navarro	13.0%	14.4%	15.3%	17.6%	19.4%	20.4%	18.8%
Palo Pinto	9.8%	11.7%	11.5%	12.8%	13.2%	14.6%	14.1%
Parker	6.7%	7.3%	7.6%	8.3%	7.9%	7.9%	7.8%
Rockwall	4.4%	4.5%	5.1%	5.7%	6.1%	5.8%	4.6%
Somervell	4.5%	4.9%	6.3%	8.7%	9.0%	10.3%	9.7%
Tarrant	7.9%	8.6%	9.9%	10.8%	11.4%	11.8%	12.1%
Wise	6.7%	7.5%	9.7%	10.4%	11.4%	12.1%	9.6%
Region 3	7.3%	8.1%	9.3%	10.3%	11.0%	11.3%	10.3%
Texas	10.4%	11.2%	12.3%	13.2%	13.5%	13.5%	14.0%
United States	9.3%	10.2%	11.4%	12.4%	13.0%	13.2%	

Source: Texas Health and Human Services Commission. Center for Analytics and Decision Support. SNAP Food Benefits. 2006-2016.[11]

Free and Reduced-Price School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2014-2015 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes. Texas reports that of the total student population, 58.37% are eligible to receive the school meal benefit, which is greater than the U.S. rate of 52.35%. The regional percentages vary greatly from a high in Region 11 to a low in Region 9.

TABLE 18 - REGIONAL SCHOOL LUNCH ASSISTANCE, 2014-2015

Region	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
1	165,156	93,494	56.61%
2	94,742	53,322	56.28%
3	**1,402,020**	**749,646**	**53.47%**
4	196,494	118,929	60.53%
5	133,971	82,062	**61.25%**
6	1,313,280	744,179	56.67%
7	559,206	289,586	51.79%
8	532,813	316,462	59.39%
9	119,209	47,169	39.57%
10	182,716	135,882	**74.37%**
11	534,129	424,000	**79.38%**
Texas	5,233,736	3,054,731	58.37%
United States	50,195,195	26,012,902	52.35%

Source: National Center for Education Statistics, Common Core of Data, 2014 – 2015.[12]

TABLE 19 – REGION 3 SCHOOL LUNCH ASSISTANCE BY COUNTY, 2014-2015

County	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Collin	177,025	43,079	24.33%
Cooke	6,626	3,810	57.50%
Dallas	483,413	348,760	**72.15%**
Denton	150,296	49,544	32.96%
Ellis	35,601	16,968	47.66%
Erath	5,727	3,024	52.80%
Fannin	5,417	3,105	57.32%
Grayson	21,861	11,889	54.38%
Hood	8,184	3,848	47.02%
Hunt	18,006	10,228	56.80%
Johnson	30,816	15,716	51.00%
Kaufman	25,386	12,128	47.77%
Navarro	9,970	6,826	**68.47%**
Palo Pinto	4,655	3,040	**65.31%**
Parker	21,136	7,530	35.63%
Rockwall	17,111	4,477	26.16%
Somervell	1,913	841	43.96%
Tarrant	368,053	200,067	54.36%
Wise	10,824	4,766	44.03%
Region 3	1,402,020	749,646	53.47%
Texas	5,233,736	3,054,731	58.37%
United States	50,195,195	26,012,902	52.35%

Source: National Center for Education Statistics, Common Core of Data, 2014 – 2015.[12]

Uninsured Children

The lack of health insurance is considered a key factor in determining a county's health status. This indicator is relevant because lack of health insurance is an obstacle to most types of health care and may lead to poor health. An article published in the *Archives of Pediatrics & Adolescent Medicine* further describes the profile of an uninsured child in the U.S. to be more likely to have limited access to preventive services (Holl et al, 1995).[13] An understanding of Region 3 access to care for the younger generation may help improve levels of access to care and preventative services. Table 20 shows the percentages of children under the age of 19 who do and do not have health insurance. The red cells represent the counties with the highest rates of uninsured children in Region 3.

Youth Prevention Indicated Alternative Activity from PRC 3 staff

TABLE 20 – PERCENT OF CHILD POPULATION WITHOUT MEDICAL INSURANCE (AGES 0-18), 2011-2014

County	Percent Child Population without Medical Insurance			
	2011	2012	2013	2014
Collin	9.70%	10.10%	11.40%	7.9%
Cooke	17.00%	15.10%	15.90%	15.3%
Dallas	16.40%	13.50%	15.20%	13.1%
Denton	10.50%	10.80%	10.60%	9.1%
Ellis	12.80%	12.50%	13.80%	12.0%
Erath	19.70%	18.50%	19.00%	18.0%
Fannin	15.30%	15.10%	15.10%	12.8%
Grayson	13.40%	13.10%	13.80%	12.0%
Hood	13.40%	15.00%	14.20%	15.7%
Hunt	14.80%	14.80%	16.40%	12.0%
Johnson	15.40%	15.50%	15.50%	12.1%
Kaufman	15.60%	14.00%	13.80%	12.7%
Navarro	16.00%	15.10%	14.70%	14.0%
Palo Pinto	15.00%	15.60%	17.70%	18.3%
Parker	14.00%	13.60%	12.20%	11.4%
Rockwall	13.00%	11.30%	11.60%	9.8%
Somervell	18.30%	17.40%	17.10%	13.2%
Tarrant	12.90%	13.50%	12.20%	10.4%
Wise	15.20%	14.20%	15.50%	14.8%
Texas	13.9%	13.1%	13.4%	11.6%
United States				6.3%

Source: U.S. Census Buearu, Kids Count Data Center: 2014.[14] Source geography: County.

Environmental Risk Factors

Health factors such as high school dropout rates, criminal activity, mental health problems related to innapropriate self-medicating, social norms and cultural expectations, accessibility, and perceived risk of harm are all risk-indicative of substance abuse outcomes and consequences. By exploring areas with the most prevalent environmental risk factors, data-driven awareness may help guide prevention and intervention programming.

Education

According to the Educational Testing Center for Research on Human Capital and Education, in its July 2013 report, more than one in five U.S. children live in poverty, which decreases their chances of completing their education.[15] This in turn drives a cycle of children growing up in poverty who become adults and have children growing up in poverty. The report further notes the disparity of higher poverty rates among both African Americans and Hispanics.[15] With an increasing Hispanic population in the Dallas-Fort Worth Metroplex there is a clear need to address care of Region 3's Hispanic students and increase their chances of completing their education.

Table 21 shows the percent of people attaining various education levels by county within Region 3. Educational attainment is calculated for persons over 25, and is an average for the period from 2011-2015.[6] The red blocks represent the three counties with the highest percentages of individuals who did not earn their high school diploma. The green blocks represent the three counties with the highest percentages of individuals who obtained an associate's degree or higher. **Texas has more individuals without a high school diploma than the United States overall, at 18.1% versus 13.3%.[6] Texas also has fewer residents with an associate's degree or higher than the United States overall, at 27.6% versus 29.8%.** [6]

By analyzing education attainment levels, we can better understand the community prevention needs in Region 3. The statewide 2015 Survey of Substance Use Among College Students shows patterns of use since entering college.[16] For example, 25% of Texas college students report increased drug use since entering college, up from 20% in 2013.[16] The number of students who report a decrease in drug use since entering college, or stopping drug use altogether, has decreased from 61% in 2013 to 50% in 2015.[16] **The vast majority of Texas college students who report that they continue to use drugs say they typically use marijuana (73%), which is down from 2013 (86%).[16] Grade Point Average (GPA) is also affected by drug use patterns: there is a statistically significant increase in GPA from monthly drug users (3.14) to casual drug users (3.24).[16] A greater increase in GPA is shown with those students who have never used illicit drugs (3.33).[16]** Comparing student surveys with education attainment levels in individual counties can help give us a better understanding of what substances require prevention efforts.

TABLE 21 – PERCENT ATTAINING EDUCATIONAL LEVELS PER COUNTY, 2011-2015

County	Percent Population over 25 with no High School Diploma	Percent Population over 25 with Bachelor's Degree or Higher
Collin	6.5%	49.8%
Cooke	12.9%	21.0%
Dallas	22.3%	29.1%
Denton	8.0%	41.3%
Ellis	15.4%	21.2%
Erath	15.7%	26.6%
Fannin	17.6%	16.0%
Grayson	12.9%	20.3%
Hood	11.6%	25.5%
Hunt	16.5%	17.5%
Johnson	16.8%	17.3%
Kaufman	16.4%	19.0%
Navarro	22.6%	15.7%
Palo Pinto	18.5%	15.8%
Parker	11.0%	26.5%
Rockwall	8.5%	27.0%
Somervell	18.1%	22.7%
Tarrant	14.8%	30.3%
Wise	15.9%	16.5%
Texas	18.1%	27.6%
United States	13.3%	29.8%

Source: U.S. Census Bureau, American Community Survey, 2011 – 2015.[6] The American Community Survey 5-year data is a 5-year average of data collected from 2011-2015.[6]

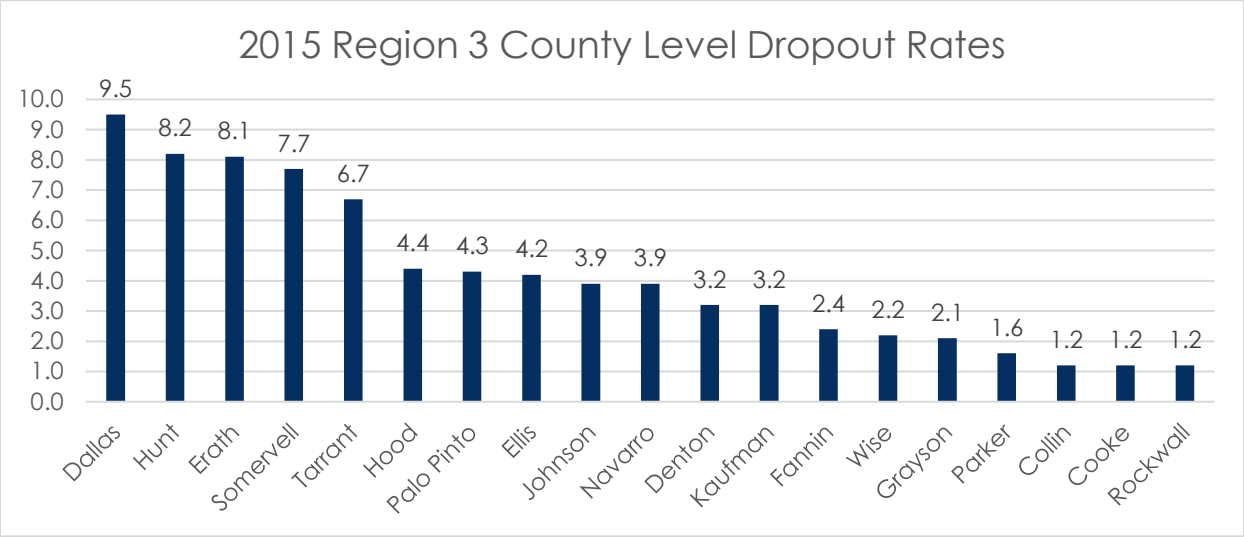
Dropout Rates

The Texas Education Agency (TEA) is the state agency that oversees primary and secondary public school education. The TEA calculates completion and dropout rates to help fuel prevention efforts across the state.[17] Figure 6 displays the dropout rates for the listed grade levels for the 2014-2015 academic school year. The annual dropout rate is determined using the following formula, and note that the numerator does not include students who moved to another school or continued their schooling, passed away, etc.

$$\frac{\text{(number of students who dropped out during the year)}}{\text{(number of students enrolled during the year)}} \times 100$$

In Table 22, the red cells represent the counties with the highest dropout rates in Region 3 during the respective academic school years (grades 7-12). **Dallas County has the highest dropout rate from the 2014-2015 academic school year at 9.5%.[17] Erath County has made large improvements in their dropout rate between the 2012-2013 Academic Year (18.2%) and the 2014-2015 Academic Year (8.1%).[17]**

FIGURE 6 – ANNUAL DROPOUT RATE OF ALL STUDENTS, 2014-2015 ACADEMIC SCHOOL YEAR



Source: Texas Education Agency, 2014-2015 Academic School Year[17]

TABLE 22 – ALL STUDENT ANNUAL DROPOUT RATE TREND, 2013-2015 ACADEMIC SCHOOL YEARS

County	2013 Dropout Rate	2014 Dropout Rate	2015 Dropout Rate
Collin	1.2	1.3	1.2
Cooke	1.1	1.6	1.2
Dallas	9.1	9.5	9.5
Denton	3.5	3.4	3.2
Ellis	3.2	4.1	4.2
Erath	18.2	14.7	8.1
Fannin	2.7	0.8	2.4
Grayson	2.3	2.7	2.1
Hood	3.2	3.3	4.4
Hunt	6.8	6.7	8.2
Johnson	5.3	5.4	3.9
Kaufman	3.9	4.8	3.2
Navarro	2.7	1.9	3.9
Palo Pinto	6.6	7.1	4.3
Parker	2.1	2.0	1.6
Rockwall	1.3	1.8	1.2
Somervell	6.8	8.5	7.7
Tarrant	7.5	7.3	6.7
Wise	2.3	2.7	2.2
Region 3			6.4
Texas	6.6	6.6	6.3

Source: Texas Education Agency, 2013-2015 Adademic School Year[17]

School Discipline

Youth Suspensions/Expulsions

The following definitions describe the disciplinary actions assigned at public schools within the state:

JJAEP (Juvenile Justice Alternative Education Program)

This disciplinary action results in student transfer to a JJAEP facility for the current academic year or for a continuation from the prior academic year.

- JJAEP Students is a distinct count of students who received at least one JJAEP action.

ISS (In School Suspension)

This disciplinary action results in student in school suspension for a partial day, full day, or multiple days.

- ISS Students is a distinct count of students who received at least one ISS action.

OSS (Out of School Suspension)

This disciplinary action results in student out of school suspension for a partial day, full day, or multiple days.

- OSS Students is a distinct count of students who received at least one OSS action.

DAEP (Disciplinary Alternative Education Program)

This disciplinary action results in student placement to an on-campus or off-campus DAEP for the current academic year or for a continuation from the prior academic year.

- DAEP Students is a distinct count of students who received at least one DAEP action.

EXPUL (Expulsions)

This disciplinary action results in a student expulsion without educational placement at another location. This disciplinary action does not include any type of expulsion to a DAEP or JJAEP.

- EXPUL Students is a distinct count of students who received at least one expulsion action.

Tables 23 and 24 include data from the Texas Education Agency's Education Service Centers (ESC), Regions 10 and 11, both of which include counties Region 3.

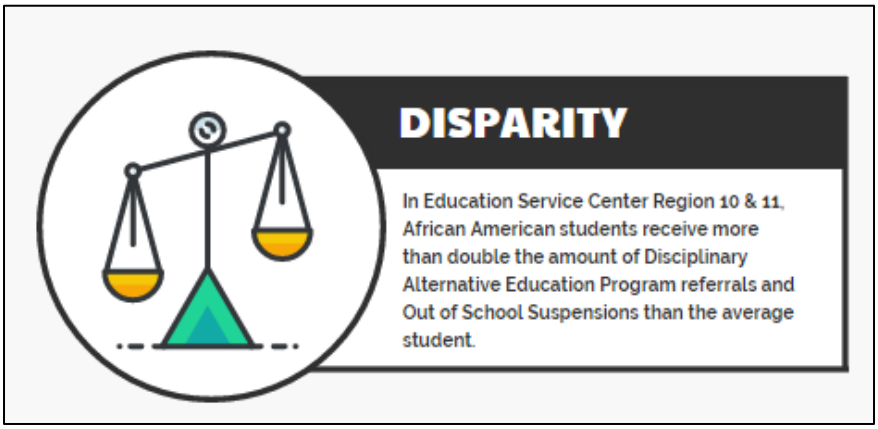
- ESC Region 10 includes schools within Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Rockwall, and a portion of Van Zandt Counties. The only county on this list not covered within PRC Region 3 is Van Zandt. The following table displays the count of actions and students according to the disciplinary action that was implemented. Note that a student may receive more than one action. The red blocks represent the highest percentages of groups with that column's disciplinary action. **In ESC Region 10, African American students receive a much higher percentage of In School Suspensions than the average student (13.30% vs. 7.31%), Disciplinary Alternative Education Program referrals than the average student (2.23% vs.1.20 %), and more than double the percentage of Out of School Suspensions than the average student (10.37% vs. 4.36%). Special education students receive the most Juvenile Justice Alternative Education Program referrals (0.07% vs. 0.04% of average students).**

- ESC Region 11 includes schools within Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise Counties. All of these counties are part of Health and Human Services/PRC Region 3. **In ESC Region 11, African American students received higher percentages of In School Suspensions than the average student (15.85% vs. 8.64%), Disciplinary Alternative Educational Program referrals (2.85% vs. 1.35%) and more than double the percentage of Out of School Suspensions than the average student (10.89 vs. 4.18%).**

TABLE 23 – STUDENT DISCIPLINARY DATA FOR ESC REGIONS 10, 2014-2015 ACADEMIC SCHOOL YEAR

Student Group	Total Number of Students	Percent of Students Receiving:				
		ISS	OSS	DAEP	JJAEP	EXPUL
All Students	848,492	7.31%	4.36%	1.20%	0.04%	0.02%
American Indian or Alaska Native	5,280	5.61%	3.01%	0.95%	N/A	N/A
Asiana	54,450	1.47%	0.61%	0.15%	N/A	0.00%
African American	159,793	13.30%	10.37%	2.23%	0.07%	N/A
Hispanic/Latino	362,661	6.47%	3.99%	1.15%	0.04%	0.02%
Native Hawaiian/ Other Pacific	966	6.94%	3.00%	0.72%	0.00%	0.00%
Two or More Races	18,065	7.45%	3.25%	1.02%	0.03%	N/A
White	247,277	5.97%	1.98%	0.85%	0.02%	0.02%
Female	413,683	4.76%	2.74%	0.64%	0.01%	0.01%
Male	434,809	9.73%	5.91%	1.72%	0.06%	0.02%
Special Ed.	82,243	11.31%	7.60%	2.10%	0.07%	0.02%
Economically Disadvantaged	503,687	8.79%	5.93%	1.52%	0.04%	0.02%
At Risk	401,000	9.99%	6.59%	1.90%	0.06%	0.02%

Source: Texas Education Agency, 2014-2015 Discipline Actions by ESC Region[17]



VENNGAGE

TABLE 24 – STUDENT DISCIPLINARY DATA FOR ESC REGIONS 11, 2014-2015 ACADEMIC SCHOOL YEAR

Student Group	Total Number of Students	Percent of Students Receiving:				
		ISS	OSS	DAEP	JJAEP	EXPUL
All Students	599,664	8.64%	4.18%	1.35%	0.03%	0.00%
American Indian or Alaska Native	3,069	9.91%	4.20%	1.82%	N/A	0.00%
Asian	27,208	2.95%	0.93%	0.32%	N/A	0.00%
African American	87,955	15.85%	10.89%	2.85%	0.04%	N/A
Hispanic/Latino	213,448	8.20%	3.94%	1.28%	0.03%	N/A
Native Hawaiian/ Other Pacific	1,590	10.06%	3.21%	1.26%	0.00%	0.00%
Two or More Races	16,304	9.13%	4.01%	1.31%	N/A	N/A
White	250,090	7.05%	2.40%	1.00%	0.03%	0.01%
Female	291,416	5.39%	2.44%	0.76%	0.01%	0.00%
Male	308,248	11.72%	5.82%	1.91%	0.05%	0.01%
Special Ed.	56,642	13.21%	7.60%	2.35%	0.05%	N/A
Economically Disadvantaged	306,746	10.79%	5.76%	1.76%	0.04%	0.01%
At Risk	257,066	12.34%	6.64%	2.24%	0.05%	0.00%

Source: Texas Education Agency, 2014-2015 Discipline Actions by ESC Region[17]

Homeless Student Figures

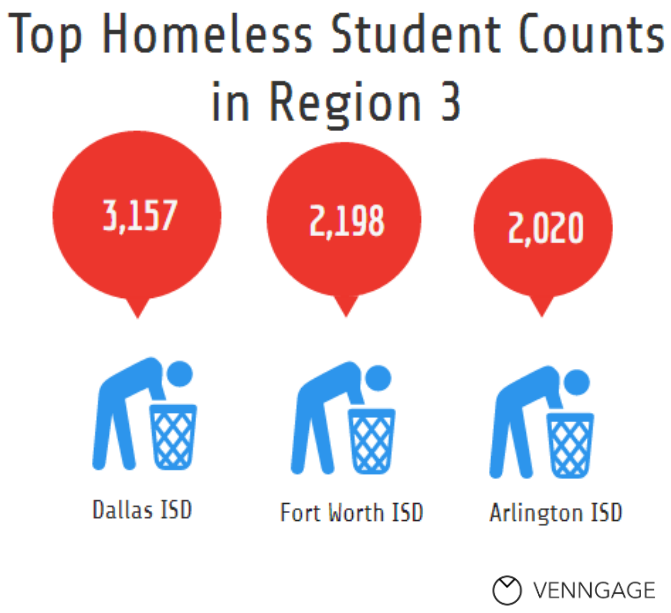
"Homeless" is defined by the Texas Education Agency (TEA) as a child not having a permanent address. This would include couch surfing or moving from one temporary housing situation to another. It does not necessarily mean shelterless. In Region 3, the number of homeless students rose between the 2014-2015 and 2015-2016 school years.[17] The numbers in Table 25 on the following page are reported annually to the TEA. National comparisons can be made here http://new.homelesschildrenamerica.org/mediadocs/280.pdf.

TABLE 25 – IN SCHOOL HOMELESS STUDENT POPULATION, 2014-2016

County	Homeless Students 2013-2014	Homeless Students 2014-2015	Homeless Students 2015-2016
Collin	1,761	1,708	1,764
Cooke	58	70	72
Dallas	4,419	4,433	5,125
Denton	802	719	803
Ellis	719	794	649
Erath	76	61	67
Fannin	61	70	92
Grayson	395	635	585
Hood	185	178	180
Hunt	232	201	265
Johnson	575	445	426
Kaufman	196	218	261
Navarro	50	44	91
Palo Pinto	154	147	177
Parker	186	173	145
Rockwall	25	46	33
Somervell	42	29	18
Tarrant	4,110	4,749	5,200
Wise	142	87	156
Region 3	14,188	14,807	16,109

Source: Texas Education Agency, 2014-2016.[17]

Note: Homeless Children counts may be slightly lower due to campus censorship when totals equal less than 5.



Criminal Activity

According to the National Center on Addiction and Substance Abuse (CASA) 2010 report, *Behind Bars II: Substance Abuse and America's Prison Population*, nearly 85% of the 2.3 million inmates in our country's jail and prison systems were involved with substances at the time of their arrest.[18] From this population, approximately 1.5 million inmates met the DSM-IV medical criteria for substance abuse or addiction, and one-third of inmates had a clinically diagnosed mental health disorder.[18] From this, we can hypothesize that many Region 3 crimes are committed by persons suffering from a mental health or substance use disorder. The crimes below are gathered from the Texas Department of Public Safety. Red cells represent counties with the highest arrest rates for a specified crime. Alternatively, substance use becomes an issue for victims of violent and sexual crimes. Longitudinal studies reveal that victims of physical or sexual crimes are more likely to experience psychological distress, abuse substances, and become revictimized in the future. Examples of longitudinal studies include the 1995 National Survey of Adolescents and the 2005 National Survey of Adolescents Replication.[19] These showed declines in non-experimental-cigarette use and alcohol use as significantly greater for individuals who do not have a previous victimization than those with a history of victimization, indicating victimization is a great risk factor for later substance use.[19]

Index Violent Crime

TABLE 26 – COUNTY LEVEL CASES OF VIOLENT CRIME ARRESTS, 2015

	Murder		Rape		Robbery		Assault	
County	Number of Arrests	Rate per 100k	Number of Arrests	Rate per 100k	Number of Arrests	Rate per 100k	Number of Arrests	Rate per 100k
Collin	9	1.0	63	7.1	92	10.4	283	31.9
Cooke	1	2.6	2	5.2	7	18.3	12	31.4
Dallas	44	1.6	258	9.1	855	30.2	2,044	72.2
Denton	8	1.3	33	5.5	49	8.2	273	45.6
Ellis	1	0.6	13	8.4	12	7.7	141	91.0
Erath	0	0.0	0	0.0	0	0.0	11	26.9
Fannin	0	0.0	3	9.6	2	6.4	15	48.1
Grayson	3	2.4	5	4.1	11	8.9	85	68.9
Hood	2	3.7	0	0.0	0	0.0	43	79.8
Hunt	2	2.3	5	5.8	16	18.6	103	119.7
Johnson	2	1.2	7	4.2	8	4.8	87	52.1
Kaufman	5	4.4	13	11.5	20	17.7	97	85.7
Navarro	0	0.0	13	27.8	10	21.4	63	134.5
Palo Pinto	1	3.5	2	6.9	5	17.3	12	41.6
Parker	1	0.8	2	1.7	2	1.7	41	34.1
Rockwall	0	0.0	4	4.8	4	4.8	20	23.9
Somervell	0	0.0	0	0.0	0	0.0	12	137.0
Tarrant	54	2.8	237	12.3	634	32.9	1,882	97.5
Wise	2	3.2	5	8.0	4	6.4	52	83.3
Region 3	135	1.6	665	8.1	1731	21.1	5,276	64.2
Texas	769	2.8	2,195	8.0	7002	25.5	22,117	80.6

Source: Texas Department of Family & Protective Services, 2015.[20]

Index Property Crime

Burglary figures refer to breaking and entering and stolen property refers to buying, receiving, and possessing stolen goods. These descriptions are determined by the Texas Department of Family & Protective Services.

TABLE 27 – COUNTY LEVEL CASES OF PROPERTY CRIME ARRESTS, 2015

	Burglary		Larceny		Auto Theft	
County	Number of Arrests	Arrest Rate	Number of Arrests	Arrest Rate	Number of Arrests	Arrest Rate
Collin	224	25.3	2038	229.9	72	8.1
Cooke	13	34.1	154	403.5	2	5.2
Dallas	1096	38.7	8592	303.6	793	28.0
Denton	122	20.4	1302	217.3	61	10.2
Ellis	47	30.3	359	231.7	27	17.4
Erath	10	24.5	16	39.2	4	9.8
Fannin	30	96.2	90	288.7	5	16.0
Grayson	149	120.8	504	**408.5**	23	18.6
Hood	15	27.8	177	328.3	4	7.4
Hunt	44	51.1	171	198.8	35	**40.7**
Johnson	27	16.2	310	185.7	17	10.2
Kaufman	79	69.8	272	240.3	32	28.3
Navarro	40	85.4	181	386.5	16	34.2
Palo Pinto	10	34.7	49	170.0	9	31.2
Parker	24	19.9	205	170.4	7	5.8
Rockwall	8	9.6	55	65.8	8	9.6
Somervell	13	**148.4**	10	114.2	5	**57.1**
Tarrant	919	47.6	10683	**553.6**	426	22.1
Wise	57	91.3	308	**493.4**	25	**40.0**
Region 3	2927	35.6	25476	309.8	1571	19.1
Texas	13292	48.4	99752	363.6	5641	20.6

Source: Texas Department of Family & Protective Services, 2015.[20]

Family Violence and Child Abuse

The National Survey of Child and Adolescent Well-Being (NSCAW) is a longitudinal study, sponsored by the Office of Planning, Research and Evaluation (OPRE), the Administration for Children and Families (ACF) and the U.S. Department of Health and Human Services (DHHS), that surveys children and families who have been subjects of Child Protective Services (CPS) investigations.[21] The 2012 NSCAW II survey estimates that approximately 61% of infants and 41% of older children in out-of-home care came from families with an active alcohol or drug abuse problem.[21] Child abuse and neglect cases are mandated investigations under the Texas Family Code §261.004, Subsection (b) (4) (A). A Child Protective Services (CPS) caseworker investigation includes necessary family member and non-family member interviews to collect enough knowledge to determine safety decisions. Table 28 shows CPS child abuse figures per county in Region 3. The red cells represent the counties with the three highest

rates of confirmed child abuse/neglect cases. In regards to the NSCAW survey, we could assume a large percentage of these cases occurred in households with active alcohol or substance abuse issues.

TABLE 28 – CHILD PROTECTIVE SERVICES VICTIM FIGURES, 2015

County	2015 Child Population	Confirmed Victims of Child Abuse/Neglect	Confirmed Victims of Child Abuse/Neglect per 1,000 Children	CPS Completed Investigations	Confirmed CPS Investigations	Percent Investigations Confirmed
Collin	254,505	1,297	5.1	3,102	807	26.0%
Cooke	9,766	225	23.0	432	125	28.9%
Dallas	680,491	5,847	8.6	14,077	3,638	25.8%
Denton	208,025	902	4.3	3,432	591	17.2%
Ellis	46,263	444	9.6	992	258	26.0%
Erath	9,147	133	14.5	236	83	35.2%
Fannin	7,637	108	14.1	231	60	26.0%
Grayson	29,465	675	22.9	1,217	388	31.9%
Hood	11,195	277	24.7	544	165	30.3%
Hunt	22,788	357	15.7	767	211	27.5%
Johnson	43,808	693	15.8	1,405	406	28.9%
Kaufman	33,503	289	8.6	691	179	25.9%
Navarro	13,513	95	7.0	410	63	15.4%
Palo Pinto	7,188	239	33.2	367	141	38.4%
Parker	32,833	442	13.5	927	268	28.9%
Rockwall	26,263	129	4.9	348	79	22.7%
Somervell	2,190	19	8.7	62	13	21.0%
Tarrant	529,252	6,213	11.7	14,122	3,840	27.2%
Wise	16,466	187	11.4	472	108	22.9%
Region 3	1,984,298	18,571	9.4			
Texas	7,311,923	66,721	9.1			

Source: Texas Department of Family and Protective Services, 2015.[20] Population Data Source: Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer and the Institute for Demographic and Socioeconomic Research, The University of Texas at San Antonio. Current Population Estimates and Projections Data as of December 2015.[20]

Drug Seizures/Trafficking Arrests

Table 29 reflects drug seizure data for incident-based reporting agencies, as reported by the Texas Department of Public Safety's Uniform Crime Reporting (UCR) system.[20] Drugs seized are listed in solid pounds seized, and do not include solid ounces, solid grams, liquid ounces, or dose units. Additionally, opiates are categorized as a combination of all morphine, heroin, and codeine seizures.

TABLE 29 – REGION 3 DRUGS SEIZURES BY COUNTY AND TYPE, IN SOLID POUNDS, 2016

	Type and Quantity of Drugs Seized (in solid pounds)			
County	Marijuana	Cocaine	Methamphetamine	Opiates
Collin	996	8	30	13
Cooke	10	16	22	0
Dallas	1,816	58	421	62
Denton	399	1	78	7
Ellis	32	2	44	0
Erath	11	0	1	0
Fannin	6	0	2	0
Grayson	31	4	7	1
Hood	4	0	1	0
Hunt	35	0	1	0
Johnson	11	0	4	0
Kaufman	31	1	5	2
Navarro	191	0	0	0
Palo Pinto	0	0	0	0
Parker	25	0	2	0
Rockwall	388	0	7	3
Somervell	0	0	0	0
Tarrant	1,252	107	32	2
Wise	117	1	1	3
Region 3	**5,355**	**198**	**658**	**93**

Source: Texas Department of Public Safety, Uniform Crime Report, 2016.[20]

Note: This table reflects all available data contained within the TXDPS UCR System at time of inquiry for 2016, which may yield incomplete Drug Seizure data. Numbers may change by the Crime in Texas publication.

TABLE 30 – REGION 3 DRUG TRAFFICKING ARRESTS, 2014

	Arrests	% of Total Arrests
Marijuana/Hashish	13433	**83.4%**
Opiates	1623	**10.1%**
Cocaine	237	1.5%
Hallucinogens	169	1.1%
Precursor Chemicals	0	0%
Barbiturates	0	0%
Amphetamines	28	0.2%
Methamphetamines	620	**3.9%**
Tranquilizers	0	0%
Synthetic Narcotics	0	0%

Source: Texas Department of Family & Protective Services, 2014.[20]
Population Data Source: Texas State Data Center, Population Projections, 0.00 Migration, 2014

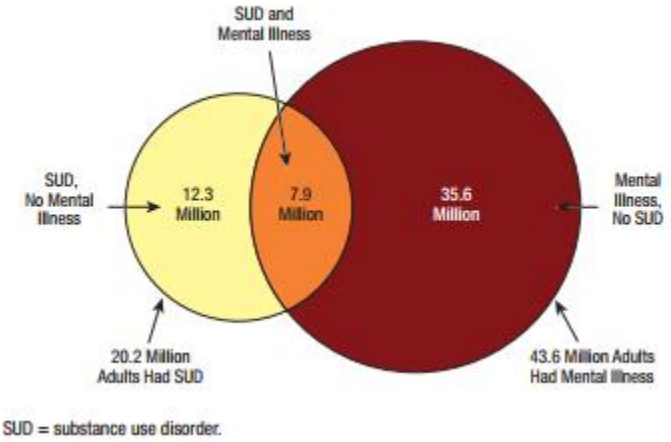
Marijuana represented the majority of Region 3 drug trafficking arrests at 83.4% in 2014.

Mental Health

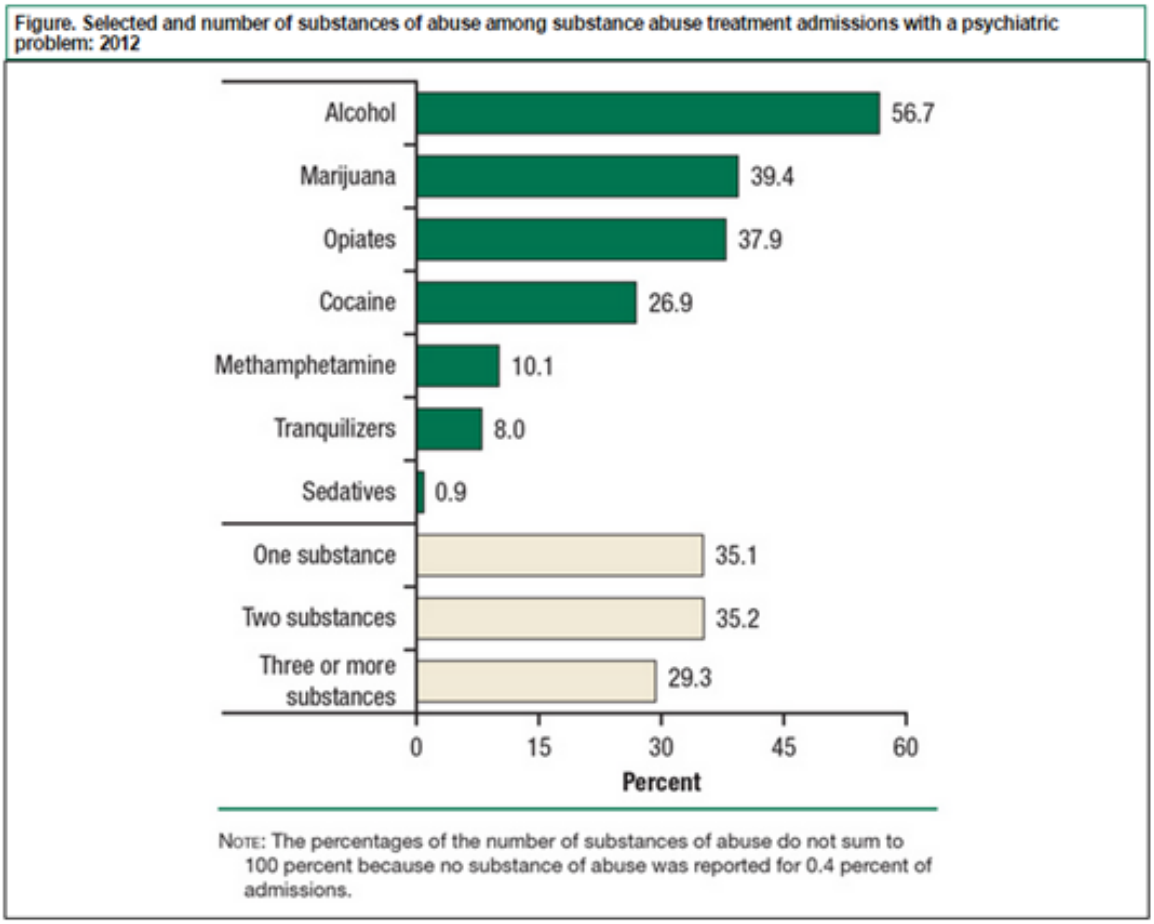
Co-occuring disorders are defined as those suffering from mental health diagnoses and simultaneous substance use disorder(s). SAMHSA estimates that 55.8% of the adults suffering from co-occuring substance use and mental disorders are receiving no treatment.[22] SAMHSA performs a study called Treatment Episode Data Set (TEDS) in order to review national data findings of annual admissions to substance abuse treatment facilities, and also administers the National Survey on Drug Use and Health (NSDUH) to identify behavioral health trends in the United States. In 2012, TEDS psychiatric status was reported for approximately 1.3 million admissions.[22] Of these available substance abuse-related admissions, about one-third (32.5 %) of clients had a co-occuring psychiatric problem.[22] According to the 2014 NSDUH results, 23.3% of adults who had a serious mental illness also met the criteria for a substance use disorder.[7] Similarly, among the 43.6 million adults with acute mental illnesses, 18.2% had a co-occuring substance use disorder.[7] The graphs below come directly from the 2014 NSDUH and 2012 TEDS reports, respectively.

Based on the graphs b, **it appears that more than half of clients in substance abuse treatment primarily for alcohol have a co-occurring psychiatric problem (TEDS, 2012).[22]** The indicator of mental health is therefore extremely relevant in our illustration of substance use prevelance in Region 3. Co-occuring mental health disorders require our population analysis takes an integrated epidemiological look at data indicators; that's why we include this section in the RNA. We can further analyze the bottom grey columns in the first graph to see that co-occuring disorders are found more often with those who report one or two substances of abuse.

Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



Source: National Survey on Drug Use and Health, 2014.[7]



Source: SAMHSA, TEDs, 2012.[22]

Note: The percentages do not sum up to 100% due to .4% of admissions lacking primary substance data and opportunity for clients to report one primary substance of abuse and up to two more.

Suicide

Most Region 3 counties experienced higher suicide rates per 100,000 popuations than the overall Texas rate (11.7). In fact, the only counties that had lower rates when compared to the state were Collin, Dallas, Denton, Ellis, and Tarrant. The red cells below show the counties with the highest suicide rates from 2012-2014. **All Region 3 counties have higher suicide rates than the state with the exception of Collin, Dallas, Denton, Ellis, and Tarrant counties.**

TABLE 31 – SUICIDE RATE BY COUNTY, 2012-2014

Report Area	Suicides	Suicide Rate per 100,000
Collin	278	10.8
Cooke	30	25.4
Dallas	748	10.1
Denton	199	9.2
Ellis	52	11.1
Erath	20	16.7
Fannin	27	26.1
Grayson	58	15.7
Hood	26	16.4
Hunt	44	16.6
Johnson	76	16.1
Kaufman	46	14.1
Navarro	21	14.3
Palo Pinto	13	15.2
Parker	48	13.1
Rockwall	36	14.1
Somervell	8	30.5
Tarrant	640	11.2
Wise	24	13.0
Texas	9,304	11.7

Source: Texas Health and Human Services Commission, Death of Texas Residents, 2012-2014.[3]

Psychiatric Hospital Admissions

The most recent available psychiatric hospital data comes from the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) Inpatient Sample Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS) from 2012.[23] Each state individually collected the data to provide to the AHRQ. Rates are based on the number of hospital discharges, unadjusted for any population differences. Every county in Region 3 had an average hospital discharge cost that was more than twice that of the national average.

TABLE 32 – HOSPITAL DISCHARGE FIGURES FOR MENTAL DISORDERS, 2012

County	Total Discharges	Rate per 1,000	Average Cost
Collin	2,945	3.40	$ 17,304
Cooke	100	2.50	**$ 19,172**
Dallas	11,575	4.90	$ 17,267
Denton	2,745	3.80	$ 17,464
Ellis	507	3.20	$ 13,741
Erath	98	2.50	$ 12,922
Fannin	105	3.00	$ 16,727
Grayson	1,403	**11.40**	$ 15,147
Hood	211	3.90	$ 17,065
Hunt	829	**9.40**	$ 12,980
Johnson	740	4.70	$ 14,899
Kaufman	490	4.40	$ 16,338
Navarro	254	**5.20**	**$ 18,003**
Palo Pinto	127	4.50	$ 13,221
Parker	348	2.80	$ 15,626
Rockwall	199	2.30	$ 17,470
Somervell	26	2.90	$ 13,959
Tarrant	7,523	4.00	$ 15,734
Wise	248	4.00	**$ 17,652**
Region 3	30,473	4.10	$ 15,931
Texas	118,420	4.50	$ 15,646
United States	1501170	4.8	$ 6,388

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2012.[23]

Adolescents and Adults Receiving Substance Abuse Treatment

The following tables display the counties where ten or more clients per category were admitted to treatment at HHSC-funded Mental Health and Substance Abuse centers. Due to identification avoidance, the counties where ten or fewer individuals were reported per substance are not included, as signified by the blank blocks or asterisks in the charts below. **Note that of the 13 counties in Region 3 with HHSC-funded substance abuse admission counts for reporting (in 2014), all counties have marijuana/hashish as the primary substance of dependence except for Wise County with methamphetamine (Table 35).[24] Alcohol, amphetamines, and opioids were responsible for the most substance abuse screenings based on diagnosis in Region 3 (Table 36).[24] Additionally, Region 3 has the second largest number of HHSC-funded youth substance abuse admissions in the state, next to Region 6 (Houston area).[24]**

TABLE 33 – REGION 3 SUBSTANCE USE DISORDER HHSC-FUNDED TREATMENT ADMISSIONS BY AGE, 2015

County	Ages 12-17 Served	Age 18+ Served	Total Served
Collin	*	49	58
Cooke	*	32	34
Dallas	46	657	703
Denton	11	192	203
Ellis	*	15	17
Erath	0	54	54
Fannin	*	75	76
Grayson	*	185	190
Hood	*	110	112
Hunt	*	17	18
Johnson	43	288	331
Kaufman	*	22	28
Navarro	*	10	12
Palo Pinto	*	99	102
Parker	*	141	147
Somervell	0	15	15
Tarrant	396	2,894	3,288
Wise	0	75	75
Region 3	815**	4,654**	5,469**
Texas	4,667	32,075	35,742

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, FY2015.[24]

Note:

* Indicates censored value less than 10

** Indicates value adjusted slightly for censored data

TABLE 34 – REGIONAL SUBSTANCE USE DISORDER TREATED IN HHSC-FUNDED TREATMENT AGENCIES, 2015

Region	Ages 12-17 Served	Age 18+ Served	Total Served
1	162	1,393	1,555
2	97	1,138	1,235
3	**815**	**4,654**	**5,469**
4	119	1,463	1,582
5	115	1,553	1,668
6	1,268	7,839	9,107
7	518	3,687	4,205
8	383	4,263	4,646
9	65	936	1,001
10	365	1,147	1,512
11	760	4,002	4,762
Texas	4,667	32,075	36,742

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, FY2015.[24]

TABLE 35 – REGIONAL SUBSTANCE ABUSE TREATMENT ADOLESCENT ADMISSIONS, FY2014

Region 3 had the second largest number of HHSC-funded youth substance abuse admissions in the state in 2014, next to Region 6 (Houston area).

Region	Total Adolescents Admitted	Percent
1	160	3.3%
2	93	1.9%
3	**999**	**20.4%**
4	164	3.3%
5	114	2.3%
6	1,277	26.0%
7	472	9.6%
8	351	7.2%
9	181	3.7%
10	348	7.1%
11	749	15.3%

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, FY2014.[24]

TABLE 36 – MOST FREQUENTLY REPORTED PRIMARY DRUG OF DEPENDENCE, HHSC-FUNDED YOUTH ADMISSIONS, FISCAL YEAR 2014

The age group represents 12-18 year olds. The admissions are broken into primary drug of dependence categories.

County	Most Abused Substance Per County	Total Count of Most Abused Substance	Percent of All Youth Substance Admissions
Cooke	Marijuana/Hashish	*	*
Dallas	Marijuana/Hashish	53	65.4%
Denton	Marijuana/Hashish	14	73.7%
Ellis	Marijuana/Hashish	*	*
Erath	Marijuana/Hashish	*	*
Fannin	Marijuana/Hashish	*	*
Johnson	Marijuana/Hashish	52	89.60%
Navarro	Marijuana/Hashish	*	*
Parker	Marijuana/Hashish	12	100%
Rockwall	Marijuana/Hashish	*	*
Somervell	Marijuana/Hashish	*	*
Tarrant	Marijuana/Hashish	714	92.9%
Wise	Methamphetamine	*	*

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, Fiscal Year

Of the 13 counties in Region 3 with DSHS-funded substance abuse treatment centers in 2014, all had marijuana/hashish as the primary substance of dependence, except Wise County (methamphetamine).

TABLE 37 – REGION 3 SUBSTANCE ABUSE SCREENINGS BY DIAGNOSIS, 2015-2016

Preliminary Diagnosis	2015 Number Screened	2016 Number Screened
Alcohol	4,400	4,200
Amphetamines	4,063	4,221
Cannabis	1,949	1,840
Cocaine	1,432	1,417
Diagnosis Deferred	609	886
Hallucinogens	18	39
Inhalents	0	8
No Diagnosis	531	560
Opioids	5,311	5,453
Other	0	6
PCPs	77	51
Polysubstance Abuse	384	16
Sedatives, Hypnotics, or Anxiolytics	305	280
Region 3	19,079	18,977
Texas	177,230	71,988

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, 2016.[24]

TABLE 38 – REGION 3 SUBSTANCE ABUSE AND NARCOTIC TREATMENT PROVIDERS BY COUNTY, 2017

Report Area	# Licensed Substance Abuse Treatment Facilities	# Narcotic Treatment Clinics
Collin	19	1
Cooke	1	-
Dallas	46	11
Denton	12	1
Ellis	0	-
Erath	2	-
Fannin	3	-
Grayson	5	1
Hood	1	-
Hunt	6	-
Johnson	4	-
Kaufman	3	-
Navarro	1	-
Palo Pinto	2	-
Parker	3	-
Rockwall	0	-
Somervell	0	-
Tarrant	45	7
Wise	2	-
Region 3	155	21

Source: Texas Health and Human Services Commission, Admissions to Treatment Data, Fiscal Year

Depression

The table below shows data gathered from the Center for Medicare & Medicaid Service's publicly available dataset. Patients with a diagnosis of depression who receive Medicare or Medicaid are shown below. Depression is often linked with non-medically prescribed self-medicating behaviors, which is why we focus on depression in this section. Between 8-25% of people treated for major depression also have a co-occuring substance use disorder.[25] This percentage increases to 30-42% for lifetime prevelance of having a substance use disorder after major depressive treatment.[25] The red cells represent the counties with the highest percentages of reported depression. **All Region 3 counties have a higher rate of Medicare beneficiaries with depression than the state average except for Collin and Rockwall counties.[26] Last year's Regional Needs Assessment showed Collin County to similarly be below the state average in terms of Medicare beneficiaries with depression.**

All Region 3 counties had a higher rate of Medicare beneficiaries with depression than the state average in 2014, except for Collin and Rockwall counties.

At first glance at the table below, it may seem that there are a larger number of people with a diagnosis of depression in Region 3 versus the state. However, this could stem from increased access to care, among other factors. Regardless, it's clear that Medicare beneficiaries in Region 3 may need more services to help adjust for the influx of reported depression diagnoses.

TABLE 39 – MEDICARE & MEDICAID DEPRESSION FIGURES, 2014

Report Area	All Beneficiaries (%)	Less than 65 Years (%)	65 Years and Over (%)
Collin	16.4	27.9	15.2
Cooke	17.4	30.6	15.5
Dallas	18.2	30.3	15.6
Denton	18.5	27.8	16.9
Ellis	17.9	30.1	15.5
Erath	18.4	33.9	16.1
Fannin	19.3	34.7	16.4
Grayson	19.3	36.2	15.8
Hood	17.6	33.6	16.0
Hunt	20.7	34.9	17.2
Johnson	21.0	33.3	18.1
Kaufman	18.5	32.8	15.5
Navarro	19.4	29.8	16.3
Palo Pinto	20.0	37.6	17.0
Parker	18.6	34.3	16.6
Rockwall	16.8	30.1	15.2
Somervell	20.7	37.9	18.4
Tarrant	20.4	32.5	17.8
Wise	17.5	28.4	15.9
Texas	17.0	28.2	14.7
U.S.	16.2	28.6	13.6

Source: Centers for Medicare & Medicaid Services, Geographic Variation Public Use File, State and County Level Demographic, Cost, Utilization, and Quality Data (All Ages), 2014.[26]

Social Norms of Substance Consumption

This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to protective factors such as educational achievement and economic stability. The indicators in this section are similar to the socially predictive factors listed below and are reflective of the available local data sources at our disposal.

SAMHSA's Center for the Application of Prevention Technologies has identified many of the ways youth are affected socially to either protect against or increase risk for substance use[27]:

• Youth perception that parents disapprove of alcohol or drug use. One of the most consistent protective factors against substance abuse is perceived parental disapproval.

• Parental (or significant adult) monitoring or perception of monitoring. Adolescents who report high parental (or other adult) monitoring are significantly less likely to use a variety of substances.

• Perception of harm. Youth with attitudes or values unfavorable to alcohol or drugs are less likely to initiate substance use.

• Parent and adolescent relationship and family cohesion. Adolescents who have a close relationship with their parents and positive adult role models are less likely to become involved with substance use.

• Youth access and availability. The majority of alcohol consumed by youth is obtained through social sources, such as parents and friends, at underage parties and at home.

• Academic achievement and low bonding at school or in other activities. Adolescents who have a high commitment to school and/or organized activities are less likely to be involved with substance use.

Source: Modified from SAMHSA Center for Applied Prevention Technology's "Common Risk and Protective Factors for Alcohol and Drug Use" training materials.[27]

Youth Perception of Parental Approval of Consumption

The main source of data for all Texas Health and Human Services regions comes from the Texas School Survey created and distributed by the Texas A&M Public Policy Research Institute. The Texas School Survey has been conducted in Texas school districts since 1988. The survey is coordinated on behalf of the Texas Health and Human Services Commission.

The statewide survey is conducted every two years for middle and high schools. These statewide assessments generate current data to inform state-level policy making. In addition, they can provide a standard for comparison at the school district level. The Prevention Resource Centers across the state work with the Public Policy Research Institute to help promote the survey to sampled schools within their designated region. Further, the Prevention Resource Centers aim to communicate to their regions how to participate and if any incentives are available. In 2014, Health and Human Services Regions 3, 4, and 11 had enough sampled schools to show a representative picture of student consumption within their region. Health and Human Services Regions 1, 2, 5, 6, 7, 8, 9, and 10 were paired with a nearby region to show a broader picture of student use due to the fact that those regions did not have enough school participation to show generalizable data at the regional level alone.

Region 3 students report "Do not know" less often than Texas student averages in response to the question "How do your parents feel about kids your age using ____?" for tobacco, alcohol, and marijuana. Similarly encouraging, Region 3 students report "Strongly disapprove" more often than Texas student averages in all three substance categories.

TABLE 40 – TEXAS SCHOOL SURVEY ANSWERS, 2016

How do your parents feel about kids your age using tobacco?

	Texas						Region 3					
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	78.4%	7.4%	5.9%	1.0%	0.8%	6.5%	81.4%	7.1%	5.3%	0.8%	0.7%	4.7%
Grade 7	85.5%	3.0%	2.2%	0.4%	0.7%	8.2%	89.5%	2.9%	1.5%	0.4%	0.7%	4.8%
Grade 8	83.5%	5.0%	3.1%	0.6%	0.9%	6.9%	86.9%	3.8%	2.8%	0.7%	0.8%	5.0%
Grade 9	79.6%	7.3%	4.7%	0.7%	0.5%	7.2%	82.3%	7.0%	4.3%	0.7%	0.6%	5.1%
Grade 10	78.0%	7.8%	6.3%	1.1%	0.9%	5.9%	83.4%	6.3%	4.6%	0.5%	0.4%	4.8%
Grade 11	74.1%	10.3%	8.4%	1.5%	0.8%	4.9%	75.6%	10.4%	7.8%	1.0%	0.9%	4.3%
Grade 12	65.3%	13.4%	12.9%	2.1%	1.3%	5.0%	68.8%	13.1%	11.5%	1.4%	1.1%	4.1%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

How do your parents feel about kids your age drinking alcohol?

	Texas						Region 3					
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	64.9%	13.7%	10.7%	3.3%	1.1%	6.3%	67.3%	14.4%	10.4%	2.6%	0.9%	4.5%
Grade 7	78.4%	7.1%	4.2%	1.3%	0.7%	8.2%	84.1%	5.4%	3.9%	1.1%	0.7%	4.9%
Grade 8	72.7%	10.7%	6.6%	1.9%	1.0%	7.2%	76.7%	11.0%	5.3%	1.0%	0.8%	5.2%
Grade 9	64.5%	14.6%	10.2%	3.1%	0.8%	6.8%	67.3%	15.1%	9.8%	2.1%	0.7%	4.9%
Grade 10	60.2%	16.5%	12.3%	4.4%	1.2%	5.4%	64.3%	16.2%	11.4%	2.9%	0.9%	4.3%
Grade 11	57.4%	17.1%	15.1%	4.9%	1.1%	4.4%	58.4%	18.2%	15.0%	3.5%	1.2%	3.8%
Grade 12	50.7%	18.7%	19.0%	5.4%	1.6%	4.7%	50.5%	21.3%	18.1%	5.1%	1.2%	3.8%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

How do your parents feel about kids your age using marijuana?

	Texas						Region 3					
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	79.0%	6.1%	5.9%	1.4%	1.5%	6.2%	78.9%	7.0%	6.6%	1.6%	1.4%	4.6%
Grade 7	85.9%	2.3%	2.2%	0.6%	0.9%	8.1%	89.8%	2.3%	1.5%	0.7%	0.8%	4.8%
Grade 8	82.8%	4.1%	4.0%	0.9%	1.3%	6.9%	85.9%	3.7%	3.6%	0.7%	1.1%	5.0%
Grade 9	79.8%	6.3%	4.8%	1.2%	1.2%	6.7%	79.8%	6.5%	6.0%	1.5%	1.2%	5.1%
Grade 10	76.6%	7.6%	6.8%	1.8%	1.9%	5.3%	76.4%	8.6%	7.4%	1.9%	1.3%	4.4%
Grade 11	74.6%	8.2%	8.9%	2.0%	1.7%	4.7%	72.1%	9.5%	10.1%	2.0%	2.5%	3.8%
Grade 12	70.8%	9.5%	10.2%	2.7%	2.1%	4.7%	67.7%	11.8%	11.6%	3.0%	1.8%	4.1%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

Table 41 on the following page display answers to the questions from the 2009, 2012, and 2015 Community-wide Children's Health Assessment and Planning Survey. The survey data was collected by the ETC Institute, a community-based market research firm, as directed by the Cook Children's Health Care System.[28] The survey data was distributed by Cook Children's Health Care system through random, mailed surveys to households with children 0-14 years of age.[28] It included households in Tarrant, Denton, Johnson, Parker, Hood, and Wise counties. Each year the survey has examined more completed mail-ins with a total of 7,439 completed surveys received in 2009, a total of 8,394 completed in 2012, and 8,661 in 2015.[28]

TABLE 41 – CCHAPS SURVEY ANSWERS, 2009, 2012, & 2015

How often do you talk to this child about drugs and alcohol?

	Denton			Hood			Johnson			Parker			Tarrant			Wise		
	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015
Daily	4.22%	4.02%	4.67%	4.23%	4.11%	8.05%	5.15%	6.97%	8.58%	6.06%	6.86%	5.03%	5.24%	6.56%	8.05%	6.58%	3.75%	10.68%
Weekly	12.10%	12.91%	16.57%	16.90%	16.44%	16.09%	14.43%	16.80%	18.45%	13.33%	14.86%	16.58%	13.29%	16.11%	16.95%	13.16%	17.50%	12.62%
Monthly	22.03%	20.36%	28.46%	26.76%	24.66%	26.44%	20.10%	21.72%	28.76%	26.67%	19.43%	23.12%	23.30%	22.48%	24.89%	31.58%	30.00%	26.21%
Few times/ year	20.55%	23.61%	24.39%	18.31%	19.18%	18.39%	22.68%	18.85%	18.03%	21.21%	21.71%	31.66%	22.97%	20.34%	23.10%	17.11%	16.25%	23.30%
Seldom or Never	29.68%	35.37%	21.54%	22.54%	31.51%	22.99%	26.29%	29.92%	20.60%	27.27%	25.14%	19.60%	25.61%	28.92%	22.95%	22.37%	22.50%	21.36%
Don't know	11.42%	3.73%	4.37%	11.27%	4.11%	8.05%	11.34%	5.74%	5.58%	5.45%	12.00%	4.02%	9.60%	5.59%	4.06%	9.21%	10.00%	5.83%

People in Home who Smoke Cigarettes

	Denton			Hood			Johnson			Parker			Tarrant			Wise		
	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015
Daily	4.91%	3.54%	3.15%	9.86%	5.48%	4.60%	11.34%	9.84%	5.58%	10.91%	6.29%	6.03%	6.24%	4.89%	4.80%	10.53%	3.75%	2.91%
Weekly	1.14%	0.38%	0.71%	4.23%	1.37%	3.45%	1.03%	1.23%	1.72%		1.14%	2.01%	1.13%	1.51%	1.02%	1.32%	2.50%	
Monthly	1.03%	0.38%	1.12%		2.74%		1.03%	0.82%	1.72%	0.61%			1.26%	0.78%	0.92%	3.95%		0.97%
Few times/ year	2.28%	0.96%	1.52%	1.41%	1.37%	2.30%	3.09%	1.23%	1.29%	1.21%	0.57%	1.01%	1.51%	1.32%	1.24%			2.91%
Seldom or Never	85.05%	92.16%	90.45%	81.69%	87.67%	81.61%	79.38%	84.02%	85.84%	83.64%	87.43%	88.44%	85.33%	88.82%	89.60%	80.26%	92.50%	88.35%
Don't know	5.59%	2.58%	3.05%	2.82%	1.37%	8.05%	4.12%	2.87%	3.86%	3.64%	4.57%	2.51%	4.53%	2.68%	2.42%	3.95%	1.25%	4.85%

How Often are Alcoholic Beverages Consumed in Your Home

	Denton			Hood			Johnson			Parker			Tarrant			Wise		
	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015
Daily	3.54%	3.06%	3.86%	7.04%	2.74%	2.30%	4.64%	2.05%	3.00%	2.42%	2.29%	6.03%	4.02%	4.74%	5.01%	1.32%	1.25%	2.91%
Weekly	16.44%	22.28%	24.49%	16.90%	13.70%	12.64%	14.43%	14.34%	16.31%	12.12%	17.71%	22.11%	17.44%	18.52%	20.64%	10.53%	17.50%	11.65%
Monthly	16.21%	15.11%	16.77%	15.49%	10.96%	11.49%	12.37%	14.34%	10.73%	15.76%	12.57%	14.57%	11.90%	10.87%	14.86%	9.21%	23.75%	14.56%
Few times/ year	18.49%	17.11%	18.90%	12.68%	20.55%	20.69%	17.01%	17.62%	18.03%	16.97%	20.57%	21.11%	16.18%	18.44%	19.33%	21.05%	22.50%	24.27%
Seldom or Never	40.30%	41.30%	33.64%	45.07%	49.32%	48.28%	47.94%	49.18%	48.93%	51.52%	45.14%	32.16%	46.14%	44.80%	37.99%	53.95%	33.75%	43.69%
Don't know	5.02%	1.15%	2.34%	2.82%	2.74%	4.60%	3.61%	2.46%	3.00%	1.21%	1.71%	4.02%	4.32%	2.64%	2.16%	3.95%	1.25%	2.91%

Source: Community-wide Children's Health Assessment and Planning Survey, 2009, 2012, & 2015.[28]

*Blank cells represent unavailable data

Parent Approval/Consumption Key Findings:

- In 2016, students in Region 3 reported "Strongly Disapprove" parental attitudes regarding tobacco and alcohol more than Texas students in all grade levels.[1]
- In 2016, students in Region 3 reported "Do Not Know" parental attitudes toward alcohol less often than Texas students in all grade levels.[1]
- In 2015, Parker County parents reported using cigarettes and alcohol on a daily basis more than the other five counties that participated in the CCHAPS survey.[28]

Youth Perception of Peer Approval of Consumption

Students in Region 3 reported "None of their close friends use tobacco OR alcohol" more frequently than Texas students in all grade levels.[1]

TABLE 42 – TEXAS SCHOOL SURVEY ANSWERS, 2016

About how many of your close friends use **tobacco**?

	Texas					Region 3				
	None	A Few	Some	Most	All	None	A Few	Some	Most	All
All	68.4%	19.1%	7.8%	3.7%	1.0%	71.9%	17.4%	7.1%	2.9%	0.6%
Grade 7	88.1%	8.6%	2.2%	0.7%	0.4%	91.4%	6.3%	1.7%	0.5%	0.1%
Grade 8	79.3%	14.3%	4.2%	1.6%	0.6%	83.6%	13.0%	1.9%	1.1%	0.4%
Grade 9	69.5%	19.4%	7.4%	3.2%	0.5%	72.8%	17.3%	7.7%	2.1%	0.2%
Grade 10	62.7%	22.5%	9.6%	4.2%	1.0%	68.6%	19.6%	8.3%	2.7%	0.7%
Grade 11	55.2%	25.7%	11.9%	6.0%	1.2%	59.4%	23.9%	10.7%	4.8%	1.2%
Grade 12	46.9%	28.1%	14.2%	8.5%	2.3%	52.4%	26.0%	13.4%	6.8%	1.4%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

About how many of your close friends use **alcohol**?

	Texas					Region 3				
	None	A Few	Some	Most	All	None	A Few	Some	Most	All
All	49.5%	23.3%	13.8%	10.3%	3.1%	52.0%	22.7%	13.6%	9.4%	2.4%
Grade 7	78.6%	14.3%	4.7%	1.9%	0.4%	85.7%	10.5%	2.7%	1.0%	0.1%
Grade 8	66.1%	19.9%	8.9%	3.8%	1.3%	71.7%	18.1%	7.0%	2.8%	0.4%
Grade 9	47.6%	26.1%	15.1%	9.3%	1.8%	49.5%	27.3%	14.6%	7.8%	0.8%
Grade 10	38.2%	27.2%	18.1%	13.0%	3.5%	42.7%	26.1%	17.1%	11.2%	2.8%
Grade 11	30.6%	27.5%	19.6%	17.3%	5.0%	31.6%	27.6%	20.2%	16.0%	4.5%
Grade 12	24.3%	27.1%	19.6%	20.9%	8.1%	26.0%	27.2%	21.2%	19.3%	6.2%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

About how many of your close friends use **marijuana**?

	Texas					Region 3				
	None	A Few	Some	Most	All	None	A Few	Some	Most	All
All	58.6%	19.0%	10.9%	8.5%	3.0%	56.4%	18.2%	11.9%	10.1%	3.4%
Grade 7	84.2%	10.0%	3.6%	1.5%	0.7%	87.3%	8.0%	3.1%	1.2%	0.4%
Grade 8	72.1%	15.0%	7.0%	4.3%	1.7%	75.6%	13.7%	6.3%	3.6%	0.9%
Grade 9	58.3%	20.7%	11.5%	7.3%	2.3%	54.5%	21.7%	12.8%	8.5%	2.5%
Grade 10	49.5%	21.9%	13.8%	11.0%	3.7%	47.3%	21.6%	14.3%	13.4%	3.5%
Grade 11	40.6%	23.9%	16.5%	14.7%	4.3%	36.4%	21.6%	18.2%	17.6%	6.2%
Grade 12	36.7%	25.2%	15.9%	15.3%	7.0%	33.1%	23.0%	17.6%	18.2%	8.1%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

Cultural Norms and Substance Abuse

Adolescent Sexual Behavior

According to the National Institute on Alcohol and Alcoholism, a study published in The Annual Review of Public Health shows that "97,000 students between the ages of 18 and 24 report experiencing alcohol-related sexual assault or date rape."[29] These findings are similar to other national surveys indicating the link between youth substance use and sex-related consequences.

The Youth Risk Behavior Surveillance Survey (YRBSS) asks questions related to behavioral choices, including adolescent sexual experiences.[30] Table 43 compares aggregated Texas answers to national responses for high school students grades 9-12.[30] The green numbers show Texas percentages that are lower than US percentages while the red numbers show Region 3 percentages that are higher.[30]

TABLE 43 – YRBS ANSWERS FOR TEXAS & REGION 3, 2013

	Texas: All Races			US: All Races		
Question	Total %	Female %	Male %	Total %	Female %	Male %
Sexual Behaviors						
Ever had sexual intercourse	45.9%	43.4%	39.2%	46.8%	46.0%	47.5%
Had sexual intercourse before age 13 years (for the first time)	5.2%	3.6%	2.7%	5.6%	3.1%	8.3%
Had sexual intercourse with four or more persons (during their life)	14.9%	11.8%	9.9%	15.0%	13.2%	16.8%
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	32.8%	32.4%	28.2%	34.0%	35.2%	32.7%
Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)	19.0%	20.9%	16.4%	13.7%	15.7%	11.5%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	23.8%	19.3%	14.7%	22.4%	19.3%	25.9%
Unintentional Injuries and Violence						
Were ever physically forced to have sexual intercourse (when they did not want to)	9.9%	12.9%	10.8%	7.3%	10.5%	4.2%
Experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	9.9%	12.5%	10.8%	10.3%	13.0%	7.4%
Experienced sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	11.1%	14.5%	12.0%	10.4%	14.4%	6.2%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013.[30]

The Teen Birth figures shown below are averaged from the 2011-2014 timespan. These births represent live births only. The percentages are based on Texas State Data Center counts for the female population aged 13-17, and indicate a decreasing trend of teen birth rates since the 2013 data.[3] The red cells show the counties with the highest percentages of teen births.

TABLE 44 – TEEN BIRTH FIGURES, AGES 13-17, 2014

County	Total Pregnancies	Total Percent
Collin	110	1.0
Cooke	9	1.6
Dallas	1,184	3.0
Denton	96	1.0
Ellis	38	1.8
Erath	15	2.8
Fannin	8	2.4
Grayson	61	3.9
Hood	7	1.2
Hunt	35	3.1
Johnson	61	3.0
Kaufman	36	2.4
Navarro	25	3.3
Palo Pinto	7	1.9
Parker	19	1.3
Rockwall	11	1.1
Somervell	1	1.2
Tarrant	669	2.4
Wise	19	2.5
Region 3	2,411	2.3
Texas	11,113	2.8

Source: Texas Health and Human Services Commission, Center for Health Statistics, 2014.[3]

TABLE 45 – REGIONAL TEEN BIRTH FIGURES, AGES 13-17, 2014

Region	Total Pregnancies	Pregnancy Rate
1	468	3.7
2	240	3.4
3	**2,411**	**2.3**
4	429	2.9
5	277	2.8
6	2,361	2.3
7	944	2.1
8	1,206	3.0
9	389	3.7
10	506	3.6
11	1,882	4.7
Texas	11,113	2.8

Source: Texas Health and Human Services Commission, Center for Health Statistics, 2014.[3]

TABLE 46 – TEEN BIRTH TRENDS, 2011-2014

County	2011 Percent Teen Births	2012 Percent Teen Births	2013 Percent Teen Births	2014 Percent Teen Births
Collin	1.3	1.2	1.1	1.0
Cooke	4.3	3.2	4.7	1.6
Dallas	4.1	3.8	3.5	3.0
Denton	3.2	1.5	1.7	1.0
Ellis	4.4	3.0	2.3	1.8
Erath	2.6	3.1	3.9	2.8
Fannin	3.3	3.4	1.5	2.4
Grayson	1.8	4.5	3.3	3.9
Hood	3.8	1.9	3.5	1.2
Hunt	3.3	3.9	4.2	3.1
Johnson	4.1	3.5	2.9	3.0
Kaufman	5.7	2.8	2.5	2.4
Navarro	5.7	5.1	5.2	3.3
Palo Pinto	4.3	5.0	2.7	1.9
Parker	1.9	3.3	2.0	1.3
Rockwall	2.8	2.0	2.1	1.1
Somervell	3.3	3.2	4.2	1.2
Tarrant	3.3	3.0	2.7	2.4
Wise	3.2	2.9	2.0	2.5
Region 3	3.3	3.0	2.8	2.3
Texas	3.9	3.5	3.2	2.8

Source: Texas Health and Human Services Commission, Center for Health Statistics, 2011-2014.[3]
Population Source: Texas State Data Center, 2011-2014

Accessibility

This section encompasses indicators related to youth and adult accessibility to substances. The focus below is on alcohol and tobacco because these substances are legal and, therefore, have data that is readily available for analysis. The data below encompasses student perceptions of ease of access, student perceptions of accessibility at parties, student perceptions of illegal drugs on school campus, liquor and tobacco store access and sales violations, and DEA-monitoring of prescription drugs.

The the following findings represent responses from the 2016 TSS (refer to Parent Approval section for a detailed description of the survey).

Perceived Access of Alcohol, Marijuana and Other Drugs

TABLE 47 – TEXAS SCHOOL SURVEY ANSWERS, PERCEIVED ALCOHOL ACCESS, 2016

If you wanted some, how difficult would it be to get alcohol?

	Texas						Region 3					
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	21.4%	14.5%	6.1%	11.1%	18.3%	28.6%	17.5%	14.8%	6.0%	11.3%	19.9%	30.6%
Grade 7	30.7%	26.8%	9.0%	9.8%	10.4%	13.3%	27.1%	30.5%	8.7%	10.4%	10.7%	12.6%
Grade 8	26.7%	19.0%	7.6%	11.6%	14.9%	20.2%	21.3%	21.1%	8.4%	12.0%	15.7%	21.5%
Grade 9	22.5%	12.9%	5.9%	12.0%	19.2%	27.4%	16.5%	13.2%	5.7%	11.3%	21.2%	32.0%
Grade 10	17.7%	10.9%	5.0%	10.7%	21.6%	34.1%	14.7%	9.5%	4.5%	10.6%	23.1%	37.5%
Grade 11	14.3%	7.8%	4.3%	10.8%	23.3%	39.6%	13.7%	7.5%	5.1%	10.2%	23.8%	39.7%
Grade 12	12.4%	5.6%	3.6%	11.8%	22.7%	43.8%	11.0%	5.6%	3.0%	13.2%	25.5%	41.7%

Source: Texas A&M's Public Policy Institute, Texas School Survey, 2016.[1]

TABLE 48 – SOURCES AND FREQUENCY OF ACCESSIBILITY TO ALCOHOL, TEXAS SCHOOL SURVEY RESULTS, 2016

How often, if ever, do you get alcohol beverages from…

All Grades	Texas					Region 3				
	Do Not Drink	Never	Seldom	Most of the Time	Always	Do Not Drink	Never	Seldom	Most of the Time	Always
Home	58.9%	18.7%	15.3%	4.9%	2.2%	61.0%	17.0%	14.8%	4.6%	2.5%
Friends	57.7%	18.0%	11.7%	9.2%	3.3%	60.8%	16.6%	11.3%	8.4%	2.9%
Stores	60.0%	32.2%	3.8%	2.6%	1.4%	63.1%	29.8%	3.5%	2.4%	1.2%
Parties	55.7%	16.6%	9.9%	9.4%	8.5%	59.6%	15.7%	9.0%	8.9%	6.8%
Other Sources	61.0%	23.3%	7.9%	4.3%	3.6%	64.1%	22.3%	7.3%	3.7%	2.6%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]

TABLE 49 – TEXAS SCHOOL SURVEY ANSWERS, PERCEIVED DRUG ACCESS, 2016

If you wanted to, how difficult would it be to get…

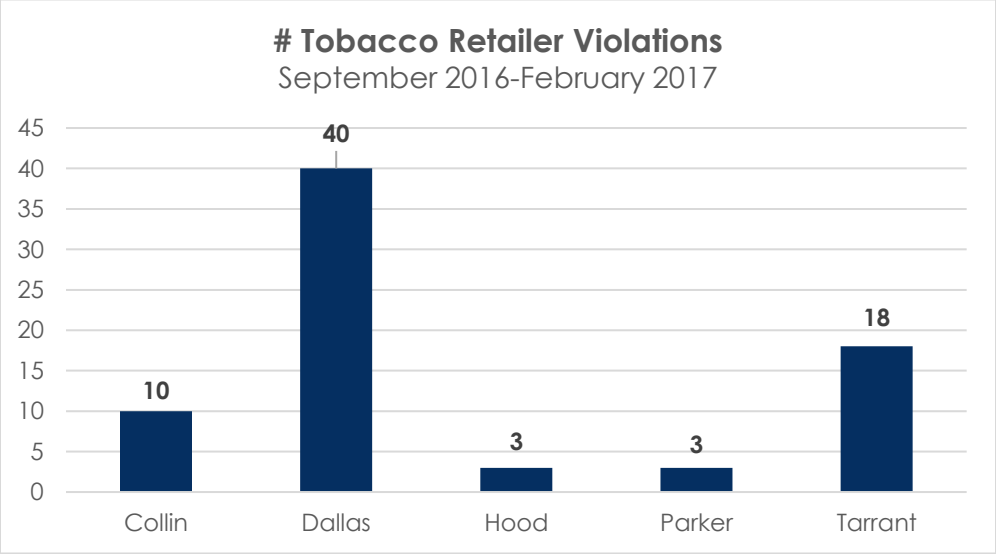
	Texas						Region 3					
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana												
All	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%	20.0%	24.6%	7.6%	9.7%	13.9%	24.3%
Grade 7	36.2%	41.4%	8.4%	5.5%	4.5%	4.4%	31.5%	47.2%	8.5%	5.1%	4.0%	3.7%
Grade 8	31.0%	32.3%	8.9%	8.4%	8.5%	10.8%	24.7%	38.2%	10.5%	8.0%	9.0%	9.7%
Grade 9	26.1%	22.4%	9.2%	10.6%	13.3%	18.4%	18.8%	22.5%	8.2%	12.5%	14.8%	23.1%
Grade 10	21.1%	19.0%	6.8%	11.1%	15.4%	26.5%	16.8%	16.5%	6.7%	11.2%	17.5%	31.2%
Grade 11	17.6%	13.6%	6.3%	10.7%	17.4%	34.3%	14.7%	12.0%	6.0%	10.8%	17.8%	38.8%
Grade 12	16.2%	9.9%	6.0%	11.0%	19.1%	37.8%	12.4%	8.6%	5.3%	10.4%	21.1%	42.3%
Cocaine												
All	33.7%	35.0%	12.8%	8.9%	4.5%	5.0%	28.2%	37.6%	15.2%	10.1%	4.7%	4.2%
Grade 7	39.4%	44.9%	8.9%	3.9%	1.3%	1.5%	34.3%	50.1%	9.1%	4.1%	0.9%	1.5%
Grade 8	37.3%	40.6%	10.9%	5.9%	2.7%	2.6%	28.3%	49.1%	12.5%	5.9%	2.4%	1.9%
Grade 9	34.7%	34.9%	13.2%	8.6%	4.2%	4.3%	26.9%	38.3%	16.3%	9.8%	5.5%	3.2%
Grade 10	31.9%	31.9%	13.5%	10.9%	6.0%	5.8%	27.7%	31.6%	16.6%	13.1%	6.0%	5.0%
Grade 11	28.8%	29.3%	15.1%	12.5%	6.8%	7.5%	26.6%	30.3%	18.1%	13.4%	6.4%	5.3%
Grade 12	27.5%	24.2%	16.6%	13.8%	7.5%	10.4%	25.1%	24.2%	19.0%	15.4%	7.1%	9.1%
Crack												
All	35.7%	36.1%	13.4%	7.7%	3.3%	3.8%	29.9%	38.8%	15.7%	8.8%	3.5%	3.3%
Grade 7	41.2%	43.9%	8.5%	3.7%	1.3%	1.5%	36.7%	48.1%	9.0%	3.8%	1.1%	1.3%
Grade 8	38.5%	40.8%	10.9%	5.1%	2.2%	2.5%	30.0%	48.9%	12.1%	5.1%	1.8%	2.2%
Grade 9	36.3%	36.0%	13.5%	7.8%	2.8%	3.6%	28.1%	39.5%	16.0%	9.4%	3.9%	3.0%
Grade 10	33.7%	33.8%	14.5%	9.3%	4.4%	4.2%	28.8%	33.7%	17.5%	11.0%	5.2%	3.9%
Grade 11	31.7%	31.8%	16.2%	11.2%	4.6%	4.5%	28.6%	32.6%	19.1%	12.1%	4.3%	3.4%
Grade 12	30.5%	26.5%	19.3%	11.0%	5.2%	7.5%	27.2%	28.2%	21.2%	12.2%	5.1%	6.1%
Steroids												
All	37.3%	34.6%	12.5%	7.9%	3.8%	3.8%	31.1%	36.9%	14.9%	9.1%	4.2%	3.8%
Grade 7	42.6%	41.1%	8.5%	4.6%	1.7%	1.6%	37.3%	45.4%	8.7%	4.7%	2.0%	1.9%
Grade 8	40.8%	38.7%	10.3%	5.2%	2.6%	2.4%	32.3%	44.7%	11.7%	6.1%	2.7%	2.5%
Grade 9	37.4%	34.9%	12.8%	7.4%	3.7%	3.8%	29.1%	38.3%	15.3%	9.0%	4.7%	3.6%
Grade 10	35.6%	32.9%	12.8%	9.5%	4.7%	4.5%	29.7%	32.7%	16.0%	12.2%	5.4%	4.0%
Grade 11	33.2%	30.1%	15.5%	10.7%	5.6%	4.9%	29.5%	30.6%	18.8%	10.6%	5.4%	5.1%
Grade 12	32.1%	27.1%	16.5%	12.1%	5.2%	7.0%	28.5%	28.5%	19.3%	12.6%	5.1%	6.0%
Ecstasy												
All	45.0%	29.1%	10.4%	6.7%	4.3%	4.4%	40.0%	30.8%	12.4%	8.0%	4.8%	3.9%
Grade 7	57.9%	32.0%	6.3%	2.2%	0.7%	1.0%	57.1%	32.8%	6.7%	2.0%	0.6%	0.7%
Grade 8	53.2%	31.6%	7.8%	3.8%	1.7%	1.9%	48.0%	37.2%	7.9%	3.9%	1.5%	1.5%
Grade 9	46.2%	29.9%	10.4%	5.9%	3.7%	3.9%	38.5%	32.2%	12.9%	8.0%	4.7%	3.7%
Grade 10	40.5%	28.7%	11.8%	8.3%	5.1%	5.6%	35.1%	29.6%	14.9%	10.3%	5.5%	4.6%
Grade 11	34.4%	27.0%	13.3%	10.6%	8.1%	6.5%	31.9%	27.4%	16.1%	11.4%	7.6%	5.7%
Grade 12	32.0%	23.7%	14.5%	11.4%	8.7%	9.7%	27.5%	34.8%	16.6%	13.5%	9.6%	7.9%

Heroin												
All	42.1%	36.2%	11.7%	4.9%	2.2%	2.8%	35.4%	40.4%	13.6%	5.7%	2.4%	2.5%
Grade 7	50.9%	37.6%	6.8%	2.6%	0.9%	1.2%	45.4%	42.6%	6.9%	3.0%	1.1%	1.1%
Grade 8	46.7%	37.7%	9.1%	3.1%	1.5%	2.0%	38.2%	45.9%	9.5%	3.4%	1.3%	1.7%
Grade 9	42.4%	36.9%	11.2%	4.8%	2.1%	2.6%	33.6%	42.2%	13.6%	5.7%	2.4%	2.4%
Grade 10	38.3%	36.7%	13.1%	6.0%	2.6%	3.3%	31.9%	38.8%	15.7%	7.1%	3.2%	3.3%
Grade 11	36.2%	35.5%	14.6%	6.7%	3.5%	3.5%	32.6%	37.4%	17.2%	7.1%	3.1%	2.6%
Grade 12	34.8%	31.4%	17.8%	7.5%	3.4%	5.2%	30.2%	34.4%	19.3%	8.2%	3.8%	4.2%
Meth												
All	43.7%	34.6%	10.9%	5.0%	2.6%	3.2%	37.5%	38.7%	13.0%	5.4%	2.6%	2.9%
Grade 7	53.1%	36.0%	6.5%	2.3%	0.9%	1.2%	49.1%	39.8%	6.6%	2.3%	1.0%	1.2%
Grade 8	49.0%	35.8%	8.6%	3.0%	1.6%	2.0%	41.1%	43.0%	9.6%	2.8%	1.9%	1.6%
Grade 9	43.8%	35.9%	10.1%	4.8%	2.6%	2.8%	34.9%	41.4%	13.0%	5.5%	2.7%	2.6%
Grade 10	40.6%	34.8%	11.7%	6.0%	3.3%	3.7%	34.5%	37.4%	13.7%	6.8%	3.7%	3.9%
Grade 11	36.8%	33.8%	14.1%	7.5%	3.5%	4.3%	33.6%	35.9%	17.3%	7.2%	2.5%	3.5%
Grade 12	35.0%	30.2%	16.7%	7.5%	4.6%	6.1%	31.2%	33.5%	18.6%	8.1%	4.0%	4.8%
Synthetic Marijuana												
All	42.7%	27.7%	9.1%	6.8%	5.9%	7.8%	38.9%	30.0%	10.6%	7.9%	6.0%	6.6%
Grade 7	53.9%	33.2%	6.2%	2.8%	1.6%	2.2%	51.6%	36.2%	6.9%	2.4%	1.2%	1.8%
Grade 8	48.9%	31.3%	7.9%	4.4%	3.3%	4.3%	44.0%	37.0%	8.8%	3.7%	3.2%	3.2%
Grade 9	42.8%	28.1%	9.4%	7.1%	5.4%	7.2%	36.2%	30.0%	11.0%	8.6%	7.2%	7.1%
Grade 10	38.2%	25.9%	9.3%	8.1%	7.8%	10.6%	34.9%	27.2%	11.1%	9.8%	7.6%	9.3%
Grade 11	34.4%	24.0%	11.7%	9.5%	9.2%	11.2%	31.4%	25.1%	13.6%	11.0%	8.3%	7.9%
Grade 12	33.1%	21.1%	11.4%	10.6%	10.3%	13.5%	31.5%	23.4%	12.6%	12.4%	9.1%	11.1%

Source: Texas A&M's Public Policy Institute, Texas School Survey, 2016.[1]

Tobacco Sales Violations

FIGURE 7 – TOBACCO RETAILER VIOLATIONS BY COUNTY, SEPTEMBER 2016-FEBRUARY 2017



Source: Tobacco Enforcement Program, Law Enforcement Agency, September 2016-February 2017.[31]

Alcohol Retail Permit Density and Violations

This indicator displayed in the table below reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. The red cells below represent the counties with the three highest liquor store establishment rates in Region 3. **From 2011 to 2013, the three counties most saturated with liquor stores counties remained the same: Hood, Palo Pinto, and Wise.[32] In 2014, Cooke and Kaufman counties experienced higher establishment rates than in previous years.[32]**

TABLE 50 –LIQUOR STORE ACCESS, 2011-2014

County	2011 Establishment Rate per 100000	2012 Establishment Rate per 100,000	2013 Establishment Rate per 100,000	2014 Establishment Rate per 100,000
Collin	3.71	3.83	3.58	4.73
Cooke	5.2	10.41	10.41	15.61
Dallas	9.04	9.67	9.08	8.53
Denton	5.43	7.7	6.79	7.4
Ellis	1.34	2.67	2.67	3.34
Erath	2.64	2.64	2.64	2.64
Fannin	0	0	2.95	2.95
Grayson	7.45	8.27	6.62	6.62
Hood	13.68	13.68	11.72	11.72
Hunt	5.81	4.64	2.32	2.32
Johnson	1.33	3.31	2.65	1.99
Kaufman	6.77	9.68	11.61	12.58
Navarro	6.28	6.28	8.38	6.28
Palo Pinto	14.23	21.34	28.46	28.46
Parker	6.84	9.41	5.99	6.84
Rockwall	1.28	1.28	2.55	3.83
Somervell	0	0	0	0
Tarrant	5.69	6.25	5.36	5.75
Wise	13.53	11.84	11.84	11.84
Region 3			6.8	
Texas	7.05	7.6	7.4	7.5
U.S.	10.32	10.35	10.5	10.6

Source: US Census Bureau, County Business Patterns, NAICS Code 445310 . Additional data analysis by CARES, 2013.[32] Source geography: County.

The Texas Alcoholic Beverage Commission (TABC) gathers data on establishments with permits to sell alcohol. The permit classes used for this analysis represent only those where the final purchase is made by the consumer (on and off-premises consumption).[33] The red cells in Table 51 represent the counties with the highest alcohol permit stores per 100,000 population and the counties with the most alcohol permit stores per square mile. **Notice that our two most populated counties, Dallas and Tarrant counties, have more than triple the number of alcohol permits per square mile than the remaining 16 Region 3 counties (Table 50).[33]**

TABLE 51 – ALCOHOL PERMITS FOR CONSUMER CONSUMPTION ACCESS, JULY 2016

County	TABC Permits	Permits per 100,000 Population	Permits per sq. mi.
Collin	1,904	212.43	2.263
Cooke	113	283.35	0.184
Dallas	4,453	176.62	8.748
Denton	948	125.50	1.865
Ellis	205	122.99	0.321
Erath	71	179.92	0.099
Fannin	37	105.19	0.051
Grayson	255	202.98	0.415
Hood	128	237.65	0.518
Hunt	144	157.08	0.309
Johnson	154	93.99	0.337
Kaufman	180	152.94	0.384
Navarro	107	210.57	0.156
Palo Pinto	123	415.54	0.226
Parker	136	105.04	0.258
Rockwall	125	139.58	1.543
Somervell	22	243.04	0.188
Tarrant	3,624	186.23	7.024
Wise	86	133.63	0.146
Region 3	12,815	174.94	0.849
Texas	88,161	333.46	0.34

Source: Texas Alcoholic Beverage Commission, July 2016.[33]
Population Source: Texas State Data Center, Population Projection Estimates, 2016

Sales Violations

The following tables exhibit the number of stores with a license to sell alcohol that violated their permit. Table 52 includes all types of citations and violations discovered by the TABC between the years 2011-2015.[33] The red cells represent the counties with the highest total violation rates in Region 3. Table 53 shows violations specific to selling, serving, dispensing, or delivering an alcoholic beverage to a minor. The minor violations data is shown over a five year period spanning 2010-2014.[33] For more information on store locations and violation details, please contact our Regional Resources Evaluator at HGleeson@dallascouncil.org.

TABLE 52 – SALES VIOLATIONS, 2011-2015

Report Area	Total Criminal Violations	Total Administrative Violations	Total All Violations Rate 2011-2015
Collin	222	818	24.80
Cooke	37	61	50.09
Dallas	607	4,308	40.22
Denton	131	541	18.97
Ellis	29	130	20.13
Erath	47	64	57.47
Fannin	5	21	15.06
Grayson	83	192	44.64
Hood	1	145	55.60
Hunt	20	147	37.61
Johnson	16	248	33.57
Kaufman	39	235	49.65
Navarro	22	62	34.10
Palo Pinto	5	64	47.83
Parker	4	56	9.75
Rockwall	2	165	39.81
Somervell	0	37	84.42
Tarrant	639	2,426	32.65
Wise	10	30	12.96

Source: Texas Alcoholic Beverage Commission, 2011-2015.[33]

TABLE 53 – SELL/SERVE/DISPENSE/DELIVER ALCOHOLIC BEVERAGES TO A MINOR, 2010-2014

	2010	2011	2012	2013	2014
Collin	8	14	13	14	28
Cooke	1	3	0	8	2
Dallas	95	67	57	47	109
Denton	15	11	3	25	16
Ellis	6	10	7	5	6
Erath	0	0	0	5	7
Fannin	0	0	0	1	2
Grayson	5	5	0	1	12
Hood	4	6	5	0	0
Hunt	1	1	0	8	2
Johnson	5	4	0	2	3
Kaufman	2	1	4	4	4
Navarro	4	8	6	0	0
Palo Pinto	3	0	5	0	0
Parker	0	3	0	1	0
Rockwall	0	0	0	2	0
Somervell	0	0	0	0	0
Tarrant	47	39	29	35	127
Wise	5	1	0	1	2
Region 3	201	173	129	159	320

Source: Texas Alcoholic Beverage Commission, 2010-2014.[33]

Social Hosting of Parties

TABLE 54 – TEXAS SCHOOL SURVEY ANSWERS, 2016

Thinking of parties you attended this school year, how often was **alcohol** used?

	Texas							Region 3						
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	51.0%	7.5%	5.4%	8.1%	10.3%	2.0%	15.7%	52.9%	6.9%	4.9%	8.1%	10.0%	1.5%	15.7%
Grade 7	74.1%	6.1%	3.1%	2.8%	1.5%	2.3%	10.0%	77.2%	4.9%	1.8%	2.1%	1.7%	1.6%	10.6%
Grade 8	67.3%	7.8%	4.7%	4.4%	3.0%	2.0%	10.7%	70.5%	6.8%	4.1%	4.1%	2.9%	1.8%	10.0%
Grade 9	47.9%	9.2%	6.9%	8.5%	7.3%	2.4%	17.7%	51.4%	9.8%	5.6%	7.7%	6.7%	1.6%	17.2%
Grade 10	42.2%	8.5%	6.7%	10.6%	11.5%	2.1%	18.4%	44.9%	7.7%	6.8%	10.8%	10.0%	1.3%	18.6%
Grade 11	35.2%	7.0%	6.3%	11.4%	18.6%	1.1%	20.6%	38.5%	5.6%	6.5%	11.1%	16.9%	1.6%	19.8%
Grade 12	29.9%	6.1%	5.1%	13.0%	25.9%	1.6%	18.5%	31.5%	6.0%	5.0%	13.6%	24.5%	1.1%	18.3%

Source: Texas A&M's Public Policy Institute, Texas School Survey, 2016.[1]

Thinking of parties you attended this school year, how often were **marijuana and/or other drugs** used?

	Texas							Region 3						
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	60.9%	5.8%	4.2%	5.4%	5.9%	2.1%	15.7%	60.0%	5.5%	4.0%	6.0%	7.1%	1.6%	15.8%
Grade 7	83.1%	2.7%	1.1%	0.8%	1.0%	1.4%	9.9%	83.8%	2.2%	0.8%	0.5%	1.0%	1.1%	10.5%
Grade 8	77.4%	3.6%	2.3%	2.3%	1.6%	2.1%	10.6%	79.1%	3.7%	1.6%	2.7%	1.3%	1.8%	9.8%
Grade 9	60.3%	7.2%	4.2%	4.3%	3.6%	2.5%	18.0%	61.0%	6.3%	3.8%	5.0%	4.7%	1.8%	17.4%
Grade 10	52.7%	7.2%	4.7%	7.3%	6.8%	2.6%	18.7%	52.7%	6.9%	5.3%	8.1%	6.8%	1.5%	18.7%
Grade 11	43.0%	7.3%	6.5%	9.3%	11.4%	1.8%	20.7%	42.3%	6.5%	6.1%	10.0%	13.3%	1.7%	20.1%
Grade 12	38.7%	7.8%	7.5%	10.6%	14.8%	2.3%	18.5%	37.5%	7.3%	6.9%	10.8%	17.1%	1.7%	18.7%

Source: Texas A&M's Public Policy Institute, Texas School Survey, 2016.[1]

Illegal Drugs on School Property

The Youth Risk Behavior Surveillance Survey (YRBSS) asks questions related to behavioral choices, including how students obtain drugs. Table 55 on the next page compares aggregated Texas answers to national responses. The cells with red numbers show Texas percentages that are higher.[30] **Clearly, drugs on school campuses is a prevelant problem in Texas compared to U.S. averages.**

TABLE 55 – YRBSS ANSWERS FOR TEXAS & U.S., 2011 & 2013

Question % - Alcohol and Other Drug Use	Texas: All Races Total %	Texas: All Races Female %	Texas: All Races Male %	US: All Races Total %	US: All Races Female %	US: All Races Male %
Texas, High School Youth Risk Behavior Survey, 2013 Among 12th-Grade Students						
Illegal Drugs on School Property						
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	26.4%	23.8%	28.8%	22.1%	19.7%	24.5%
Texas, High School Youth Risk Behavior Survey, 2011 Among 12th-Grade Students						
Illegal Drugs on School Property						
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	29.4%	27.3%	31.4%	25.6%	21.7%	29.2%

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013.[30]

Perceived Risk of Harm

The following findings represent responses from the TSS (refer to Parent Approval section for a detailed description of the survey).

Perceived Risk of Harm from Alcohol, Marijuana, Tobacco, Prescription and Other Drugs

TABLE 56 – TEXAS SCHOOL SURVEY ANSWERS, 2016

How dangerous do you think it is for kids your age to use tobacco?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	63.3%	22.5%	8.0%	1.9%	4.3%	63.4%	23.1%	7.8%	1.7%	4.0%
Grade 7	78.6%	13.7%	3.3%	0.7%	3.7%	80.3%	13.3%	2.9%	0.4%	3.1%
Grade 8	70.1%	19.0%	5.7%	1.2%	4.0%	71.2%	18.0%	5.1%	1.2%	4.5%
Grade 9	61.4%	24.2%	8.1%	1.5%	4.8%	59.8%	27.0%	8.1%	1.0%	4.1%
Grade 10	58.9%	25.5%	8.6%	2.2%	4.8%	60.1%	25.7%	8.4%	2.0%	3.8%
Grade 11	54.8%	27.0%	11.0%	2.6%	4.6%	54.9%	27.3%	11.0%	2.6%	4.3%
Grade 12	50.1%	28.8%	13.4%	4.0%	3.8%	52.6%	28.3%	11.9%	3.0%	4.1%

How dangerous do you think it is for kids your age to use alcohol?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	53.3%	29.1%	11.8%	2.4%	3.3%	52.4%	30.7%	12.1%	1.9%	2.9%
Grade 7	66.9%	20.6%	7.4%	1.9%	3.2%	67.7%	21.2%	7.2%	1.0%	2.8%
Grade 8	57.9%	25.4%	11.1%	2.4%	3.2%	57.4%	26.9%	10.3%	2.0%	3.5%
Grade 9	50.2%	30.5%	12.9%	2.2%	4.2%	49.4%	31.5%	14.3%	1.8%	3.0%
Grade 10	49.2%	31.8%	12.6%	2.8%	3.5%	50.2%	32.5%	11.8%	2.7%	2.8%
Grade 11	47.0%	34.8%	12.6%	2.4%	3.2%	45.2%	36.2%	13.3%	2.1%	3.1%
Grade 12	44.9%	34.4%	15.6%	2.5%	2.5%	42.9%	37.3%	15.9%	1.6%	2.3%

How dangerous do you think it is for kids your age to use marijuana?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	58.3%	13.3%	12.2%	12.2%	3.9%	54.4%	14.0%	13.6%	14.4%	3.6%
Grade 7	81.6%	7.6%	4.2%	3.1%	3.4%	83.2%	7.1%	3.7%	2.8%	3.1%
Grade 8	69.7%	11.9%	7.6%	6.8%	4.0%	69.4%	12.3%	7.7%	5.9%	4.8%
Grade 9	58.2%	14.9%	11.7%	10.5%	4.7%	51.8%	16.4%	15.1%	12.6%	4.1%
Grade 10	48.5%	16.6%	15.8%	15.3%	3.8%	46.9%	16.2%	16.8%	17.3%	2.8%
Grade 11	43.6%	15.5%	16.9%	19.4%	4.6%	37.6%	17.2%	17.7%	24.2%	3.4%
Grade 12	39.3%	14.5%	20.2%	23.0%	3.1%	33.7%	15.4%	21.8%	26.1%	3.1%

How dangerous do you think it is for kids your age to use prescription drugs not prescribed to them?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	74.0%	14.2%	4.2%	1.2%	6.3%	72.6%	16.4%	4.1%	1.0%	5.9%
Grade 7	80.4%	9.2%	2.9%	1.0%	6.4%	80.6%	10.6%	2.7%	0.7%	5.5%
Grade 8	75.9%	12.5%	4.0%	1.3%	6.3%	74.6%	14.1%	3.3%	1.4%	6.6%
Grade 9	72.5%	14.9%	4.5%	1.1%	7.0%	70.4%	17.5%	5.0%	0.8%	6.3%
Grade 10	72.0%	15.6%	4.5%	1.6%	6.3%	71.1%	18.0%	4.6%	1.3%	5.0%
Grade 11	70.3%	16.7%	5.3%	1.4%	6.4%	68.0%	19.6%	5.2%	1.0%	6.3%
Grade 12	71.3%	17.7%	4.5%	1.1%	5.4%	70.5%	19.0%	3.8%	0.9%	5.8%

How dangerous do you think it is for kids your age to use cocaine?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	88.2%	6.0%	0.9%	0.5%	4.3%	88.4%	6.1%	1.0%	0.3%	4.1%
Grade 7	91.1%	4.1%	0.7%	0.4%	3.6%	91.5%	3.7%	1.0%	0.2%	3.7%
Grade 8	88.7%	5.8%	1.0%	0.3%	4.2%	87.6%	6.2%	1.3%	0.1%	4.8%
Grade 9	87.0%	6.7%	0.8%	0.6%	4.9%	86.8%	7.3%	0.9%	0.3%	4.7%
Grade 10	87.0%	6.6%	1.0%	0.5%	4.8%	88.4%	6.3%	1.1%	0.5%	3.7%
Grade 11	87.7%	6.1%	0.9%	0.6%	4.7%	88.0%	6.5%	0.9%	0.4%	4.3%
Grade 12	87.2%	7.1%	1.2%	0.7%	3.7%	88.4%	6.6%	1.0%	0.4%	3.6%

How dangerous do you think it is for kids your age to use crack?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	89.4%	5.0%	0.6%	0.4%	4.6%	89.8%	4.7%	0.7%	0.3%	4.4%
Grade 7	90.9%	4.1%	0.6%	0.3%	4.0%	91.2%	3.5%	0.9%	0.2%	4.2%
Grade 8	88.9%	5.5%	0.8%	0.3%	4.4%	87.8%	5.8%	1.2%	0.2%	5.1%
Grade 9	88.2%	5.8%	0.5%	0.4%	5.2%	88.4%	6.0%	0.4%	0.2%	5.1%
Grade 10	88.4%	5.4%	0.7%	0.5%	5.1%	89.8%	4.9%	0.5%	0.6%	4.2%
Grade 11	90.0%	4.2%	0.5%	0.4%	4.9%	90.3%	4.5%	0.6%	0.3%	4.4%
Grade 12	90.5%	4.7%	0.4%	0.5%	3.9%	92.7%	3.2%	0.3%	0.3%	3.5%

How dangerous do you think it is for kids your age to use ecstasy?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	82.4%	7.3%	2.0%	0.7%	7.5%	81.9%	7.9%	2.2%	0.6%	7.5%
Grade 7	86.4%	3.7%	0.8%	0.4%	8.7%	85.7%	3.6%	1.0%	0.2%	9.5%
Grade 8	84.0%	5.6%	1.4%	0.5%	8.5%	82.5%	5.5%	1.7%	0.3%	10.0%
Grade 9	81.8%	7.6%	1.8%	0.8%	8.0%	80.2%	9.1%	2.0%	0.6%	8.2%
Grade 10	81.4%	8.7%	2.0%	0.8%	7.1%	82.5%	8.5%	2.4%	0.6%	6.0%
Grade 11	80.2%	9.2%	2.9%	0.9%	6.8%	80.4%	10.2%	2.7%	0.7%	6.1%
Grade 12	79.6%	10.4%	3.6%	1.1%	5.3%	80.0%	10.7%	3.6%	1.0%	4.7%

How dangerous do you think it is for kids your age to use steroids?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	76.9%	12.2%	3.7%	1.0%	6.2%	74.8%	13.8%	4.5%	1.0%	5.9%
Grade 7	81.9%	8.7%	2.7%	0.7%	6.0%	80.5%	9.2%	3.5%	0.7%	6.1%
Grade 8	78.3%	11.4%	3.3%	0.9%	6.1%	75.5%	12.8%	4.1%	1.1%	6.6%
Grade 9	76.3%	12.8%	3.5%	1.0%	6.4%	72.4%	16.0%	4.2%	0.9%	6.5%
Grade 10	74.2%	14.0%	4.0%	1.3%	6.5%	74.4%	14.1%	4.5%	1.7%	5.3%
Grade 11	75.3%	12.7%	4.6%	1.0%	6.4%	73.2%	15.6%	5.2%	0.8%	5.3%
Grade 12	74.3%	14.7%	4.2%	1.3%	5.5%	73.0%	15.4%	5.5%	0.9%	5.2%

How dangerous do you think it is for kids your age to use heroin?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	89.6%	3.8%	0.5%	0.4%	5.7%	90.2%	3.7%	0.5%	0.4%	5.1%
Grade 7	88.9%	3.5%	0.7%	0.3%	6.5%	89.1%	3.2%	1.0%	0.4%	6.4%
Grade 8	88.2%	4.7%	0.7%	0.4%	6.0%	86.9%	4.8%	1.0%	0.3%	6.9%
Grade 9	88.6%	4.4%	0.3%	0.4%	6.3%	89.3%	4.5%	0.3%	0.3%	5.5%
Grade 10	89.6%	3.6%	0.6%	0.6%	5.6%	91.3%	3.6%	0.5%	0.6%	4.0%
Grade 11	91.3%	3.1%	0.4%	0.5%	4.7%	91.6%	3.5%	0.3%	0.5%	4.1%
Grade 12	91.7%	3.5%	0.4%	0.3%	4.2%	93.7%	2.2%	0.1%	0.3%	3.6%

How dangerous do you think it is for kids your age to use meth?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	89.6%	3.6%	0.5%	0.4%	5.9%	90.1%	3.4%	0.6%	0.3%	5.5%
Grade 7	89.1%	3.3%	0.5%	0.4%	6.8%	88.7%	3.3%	0.7%	0.3%	7.0%
Grade 8	88.4%	4.2%	0.7%	0.4%	6.3%	87.0%	4.5%	0.9%	0.3%	7.2%
Grade 9	88.9%	4.0%	0.4%	0.4%	6.3%	89.4%	4.2%	0.5%	0.2%	5.7%
Grade 10	89.5%	3.6%	0.6%	0.5%	5.9%	91.1%	3.4%	0.5%	0.6%	4.3%
Grade 11	91.3%	2.8%	0.5%	0.4%	4.9%	91.8%	2.6%	0.5%	0.3%	4.8%
Grade 12	91.3%	3.6%	0.4%	0.3%	4.4%	93.4%	2.3%	0.4%	0.2%	3.7%

How dangerous do you think it is for kids your age to use synthetic marijuana?

	Texas					Region 3				
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	82.1%	7.3%	2.4%	1.2%	7.0%	80.3%	8.4%	2.8%	1.1%	7.4%
Grade 7	87.1%	4.2%	1.2%	0.7%	6.8%	86.9%	4.2%	1.2%	0.4%	7.3%
Grade 8	83.5%	6.3%	1.9%	1.0%	7.3%	81.3%	6.5%	2.3%	1.2%	8.7%
Grade 9	79.9%	8.4%	2.5%	1.5%	7.6%	76.7%	11.0%	3.4%	1.2%	7.7%
Grade 10	79.2%	8.9%	2.9%	1.6%	7.5%	78.9%	9.5%	3.5%	1.7%	6.4%
Grade 11	80.8%	8.1%	3.1%	1.3%	6.7%	78.3%	9.8%	3.4%	1.2%	7.3%
Grade 12	81.1%	8.6%	3.4%	0.8%	6.1%	80.1%	9.2%	3.1%	1.1%	6.5%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]

Regional Consumption

While the majority of this document reflects environmental risk and consequential outcomes related to substance use behaviors, this section focuses solely on the consumption patterns themselves. Self-reported consumption is represented through local survey results, including the TSS and the Behavioral Risk Factor Surveilllance Survey (BRFSS). Additional consumption patterns can be observed through Poison Control calls and the breakdown of those calls by outcome and substance. The last segment of this section refers to consumption on a qualitative level, through the analysis of high school focus groups.

TABLE 57 – OVERVIEW CONSUMPTION PATTERNS, TEXAS SCHOOL SURVEY RESULTS, 2016

Alcohol, Tobacco, Illicit Drugs, Rx Drugs, and Marijuana Consumption, Grades 7-12

	Texas					Region 3				
	Alcohol	Tobacco	Illicit Drugs	Rx Drugs	Marijuana	Alcohol	Tobacco	Illicit Drugs	Rx Drugs	Marijuana
Current Use, All Grades	28.6%	14.5%	12.8%	10.3%	12.2%	25.5%	13.2%	13.6%	10.0%	13.1%
School Year Use, All Grades	34.0%	18.6%	16.9%	13.7%	15.0%	31.2%	17.3%	17.9%	14.1%	16.3%
Lifetime Use, All Grades	53.0%	30.5%	22.6%	18.5%	21.0%	49.5%	27.9%	22.8%	18.9%	21.5%
High-Risk Use*, All Grades	11.5%	-	-	-	-	9.4%	-	-	-	-
Current Use, Grade 7	13.3%	5.3%	11.5%	7.5%	3.6%	9.7%	3.7%	3.3%	5.9%	2.7%
Lifetime Use, Grade 7	34.6%	13.5%	7.6%	13.8%	5.9%	28.6%	9.4%	5.7%	12.8%	4.1%
High-Risk Use*, Grade 7	4.0%	-	-	-	-	2.2%	-	-	-	-
Current Use, Grade 12	47.1%	27.3%	23.7%	13.6%	23.0%	43.9%	25.2%	26.8%	15.3%	26.1%
Lifetime Use, Grade 12	71.8%	48.5%	41.8%	24.4%	40.2%	67.5%	43.9%	42.7%	26.9%	41.7%
High-Risk Use*, Grade 12	22.9%	-	-	-	-	20.8%	-	-	-	-

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]

Note: * High-risk use is current (last 30 days) binge drinking (5 or more drinks). The State and Regional rates for "all grades" is Grades 7-12. Unmarked cells represent unapplicable or unavailable data

Alcohol

The findings below represent responses from the TSS (refer to Parent Approval section for a detailed description of the survey). Age of first use is a weighted average based on survey answers. Unfortunately, the 2016 TSS results did not yield any age of initiation questions for alcohol or other drugs.[1] The Current Use column refers to student-reported use over the last 30 days prior to the survey. Among all grades, Region 3 students reported lower consumption patterns across all categories when compared to Texas overall.

Current and Lifetime Use

TABLE 58 – ALCOHOL CONSUMPTION PATTERNS, TEXAS SCHOOL SURVEY RESULTS, 2016

	Texas				Region 3			
Alcohol	Current Use	School Year Use	Lifetime Use	High Risk Use	Current Use	School Year Use	Lifetime Use	High Risk Use
All Grades	28.6%	34.0%	53.0%	11.5%	25.5%	31.2%	49.5%	9.4%
Grade 7	13.3%	15.9%	34.6%	4.0%	9.7%	11.4%	28.6%	2.2%
Grade 8	20.3%	23.9%	43.3%	6.3%	16.2%	19.3%	36.1%	3.3%
Grade 9	28.3%	33.4%	52.9%	10.0%	23.9%	29.8%	50.8%	7.7%
Grade 10	31.8%	38.0%	58.6%	13.0%	28.3%	34.4%	55.7%	9.8%
Grade 11	38.0%	46.0%	64.8%	16.8%	34.5%	43.6%	61.6%	14.3%
Grade 12	47.1%	55.5%	71.8%	22.9%	43.9%	52.4%	67.5%	20.8%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]
Note: * High-risk use is current (last 30 days) binge drinking (5 or more drinks). The State and Regional rates for "all grades" is Grades 7-12. Unmarked cells represent unapplicable or unavailable data

Drinking patterns in each of our regional counties are shown below. The data comes from the Institute for Health Metrics and Evaluation (IHME). The IHME shares datasets with the Centers for Disease Control and Prevention (CDC) to present drinking behavioral patterns on a county level. The descriptions below come from BRFSS, which is conducted by the CDC and distributed through randomized telephone calls.[34] According to the CDC, it is the largest telephone health survey in the world. The red cells represent the county with the highest category percent change increase from the available time period. The green cells represent the highest category percent change decrease from the available time period.

Any: Age-standardized Prevalence of Any Drinking by year, 2002-2012. "Any" drinking is defined as at least one drink of any alcoholic beverage in the past 30 days.[34]

Heavy: Age-standardized Prevalence of Heavy Drinking by year, 2005-2012. "Heavy" drinking is defined as the consumption, on average, of more than one drink per day for women or two drinks per day for men in the past 30 days.[34]

Binge: Age-standardized Prevalence of Binge Drinking by year, 2002-2012. "Binge" drinking is defined as the consumption of more than four drinks for women or five drinks for men on a single occasion at least once in the past 30 days.[34]

TABLE 59 – TEXAS DRINKING PATTERN ANSWERS BY AGE, BRFSS, 2015

	"Any"	"Binge"	"Heavy"
18-24	50.6%	23.4%	5.9%
25-34	58.7%	23.2%	6.2%
35-44	52.9%	18.5%	7.1%
45-53	50.6%	15.9%	5.6%
55-64	48.1%	10.4%	5.7%
65+	36.2%	4.1%	4.1%
All	49.7%	15.9%	5.8%

Source: CDC, BRFSS, retrieved from IHME, 2015.[34]

Qualitative Data

Focus Group findings relevant to alcohol consumption were reported in both the Ellis County High School and Johnson County High School student focus groups. The Ellis County High School focus group consisted of six students during the 2015-2016 academic school year while the Johnson County High School focus group had 34 student participants. The following key findings on alcohol were reported:

Ellis County High School:

- Drug Trends: Student reported she overheard an older student say she drinks alcohol.
- Protective Factors: Older student openly stood up against the drinking use of another student. The majority of students report their parents talk to them about the dangers of alcohol use and started doing so at an early age.
- Facilitator's Key Takeaways: Students believe that older students are more likely to abuse substances than students in their grades (freshmen and sophomores).

Johnson County High School:

- Perceptions: Students believe nothing can be done to stop the general alcohol problem at their school, but believe their school is not as bad as other nearby schools.
- Risk factors: Students believe alcohol has become normalized at their school.
- Protective factors: Students are aware of and understand the school rules that are in place for alcohol use.
- Facilitator's Key Takeaways: Students see substances used, carried, and sold on campus.

Marijuana

Current and Lifetime Use

TABLE 60 – MARIJUANA CONSUMPTION PATTERNS, TEXAS SCHOOL SURVEY RESULTS, 2016

	Texas				Region 3			
Marijuana	Current Use	School Year Use	Lifetime Use	Never Used	Current Use	School Year Use	Lifetime Use	Never Used
All Grades	12.2%	15.0%	21.0%	79.0%	13.1%	16.3%	21.5%	78.5%
Grade 7	3.6%	4.3%	5.9%	94.1%	2.7%	3.3%	4.1%	95.9%
Grade 8	6.7%	8.3%	11.4%	88.6%	4.6%	5.7%	7.8%	92.2%
Grade 9	10.9%	13.1%	17.8%	82.2%	11.0%	13.3%	18.3%	81.5%
Grade 10	14.4%	17.8%	25.2%	74.8%	15.2%	19.8%	25.8%	74.2%
Grade 11	19.4%	23.8%	33.7%	66.3%	21.5%	27.2%	35.2%	64.8%
Grade 12	23.0%	28.1%	40.2%	59.8%	26.1%	31.6%	41.7%	58.3%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]
Note: *The State and Regional rates for "all grades" is Grades 7-12.

Qualitative Data

Focus Group findings relevant to marijuana consumption were reported in both the Ellis County High School and Johnson County High School student focus groups. The Ellis County High School focus group consisted of six students during the 2015-2016 academic school year while the Johnson County High School focus group had 34 student participants. The following key findings on marijuana were reported:

Ellis County High School

- Drug Trends: Student reported seeing marijuana smoked on a school bus in a previous school district, but not on their school's campus/buses.
- Student Perceptions: Misunderstanding of intoxicating substances when a student reported getting high from sniffing candy.

Johnson County High School

Drug trends:

1. Marijuana is seen on campus and sold on and off campus.
2. Marijuana is the most commonly abused drug by students and is common off-campus.
3. Students see trend of other students using e-cigarettes instead of cigarettes.
4. Two students reported seeing students smoking e-cigarettes in bathroom.

Perceptions:

1. Students think athletes don't get a strict punishment for drug abuse.
2. Marijuana is not as bad as tobacco in terms of getting cancer from it.
3. Multiple students report thinking marijuana should be legalized.
4. Most students report they believe e-cigs are not that bad for you.

Risk factors:

1. Drugs have become more prevalent at our school.
2. Marijuana has become normalized at our school.

Protective factors:

1. The school has rules that students know and understand in place for substance abuse.
2. Students are aware that the school does random drug testing.

Facilitator's Key Takeaways

1. Students in focus groups believe the general population of students at their high school do not perceive marijauana and e-cigarettes to be that dangerous.
2. Students see substances used, carried, and sold on campus.
3. Students perceive drug abuse as a persistent problem that is on school campuses nationwide, not theirs alone.

Prescription Drugs

The rates below reflect students who report using any of the following prescription drugs: Codeine cough syrup, Oxycontin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Hydrocodone, Valium, Diazepam, Xanex, Alprazolam, Adderall, Ritalin, Dexedrine, Concerta, and Focalin.[1]

Current and Lifetime Use

TABLE 61 – PRESCRIPTION DRUG CONSUMPTION PATTERNS, TEXAS SCHOOL SURVEY RESULTS, 2016

	Texas				Region 3			
	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12
Any Prescription Drug	10.3%	18.5%	13.6%	24.4%	10.0%	18.9%	15.3%	26.9%
Codeine Cough Syrup	6.0%	12.8%	7.6%	16.6%	5.3%	12.6%	6.6%	15.3%
OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet, or Hydrocodone?	2.4%	5.0%	5.4%	11.0%	2.6%	5.9%	6.4%	13.6%
Valium, Diazepam, Xanax, or Other Benzodiazepines?	1.9%	4.0%	3.3%	7.3%	2.1%	5.1%	4.2%	9.4%
Adderall, Ritalin, Dexedrine, Concerta, or Focalin?	1.8%	4.0%	3.5%	8.0%	2.1%	5.0%	4.8%	11.3%
Any Other Prescription Not Listed Above?	4.0%	8.5%	4.1%	8.4%	3.7%	8.3%	4.6%	9.8%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.[1]

Note: *The State and Regional rates for "all grades" is Grades 7-12.

Qualitative Data

Focus Group findings relevant to prescription drug misuse were reported in both the Ellis County High School and Johnson County High School student focus groups. The Ellis County High School focus group consisted of six students during the 2015-2016 academic school year while the Johnson County High School focus group had 34 student participants. The following key findings on prescription drugs were reported:

Ellis County High School

Risk Factors:

1. Student, initially from an outside school district, viewed more substance use prior to moving to his current school district.
2. A student reported he would feel uncomfortable talking to parents if he had a substance abuse issue.

Johnson County High School

Perceptions:

1. Student reports that students who struggle with addiction choose to keep it as a secret.
2. **Students believe prescription drug and electronic cigarette addiction is hard to overcome.**
3. Multiple students report their school is not as bad as other nearby schools.

Risk factors:

1. Drugs have become more prevalent for our school.
2. Certain kinds of drugs have become normalized at our school.
3. Student believes there is abuse of substances in family settings, not enough positive parent influence at home.
4. Multiple students report substance use at home.

Facilitator's Key Takeaways: Students see substances used, carried, and sold on campus.

Special Topic: Opioids

The table below shows geographic comparisons, at the state, county, and ZIP code levels, of de-identified Medicare Part D opioid prescription claims – prescriptions written and then submitted to be filled – within the United States.[35] This data allows the user to see both the number and percentage of opioid claims at the local level and better understand how this critical issue impacts communities nationwide. The data used in this table is from 2014 Medicare Part D prescription drug claims prescribed by health care providers and does not contain beneficiary information.[35] The red cells represent the counties with the highest opioid prescription rate in Region 3.

TABLE 62 – MEDICARE & MEDICAID OPIOID PRESCRIPTION FIGURES, 2014

County	Provider Count	Opioid Claim Count	Total Claim Count	Percent Opioid Claims
Collin	2,131	117,462	1,993,214	5.90
Cooke	63	7,632	129,406	5.90
Dallas	7,726	506,923	7,740,874	6.55
Denton	1,276	84,839	1,479,281	5.74
Ellis	200	28,853	385,288	7.49
Erath	69	7,491	126,272	5.93
Fannin	35	3,038	86,572	3.51
Grayson	350	53,967	822,393	6.56
Hood	95	14,411	233,067	6.18
Hunt	142	21,340	353,733	6.03
Johnson	248	33,382	562,424	5.94
Kaufman	143	15,294	264,598	5.78
Navarro	68	8,240	179,080	4.60
Palo Pinto	46	5,774	77,391	7.46
Parker	155	20,115	285,292	7.05
Rockwall	211	19,564	239,419	8.17
Somervell	22	5,848	100,552	5.82
Tarrant	4,918	422,070	6,397,696	6.60
Wise	107	15,413	216,377	7.12
Texas	78,714	6,146,256	106,160,751	5.97

Source: Medicare Part D Opioid Prescription Claims, Centers for Medicare & Medicaid Services, 2014.[35]

The Texas Prescription Program (TPP) collects prescription data on all Schedule II, III, IV, and V controlled substances dispensed by a pharmany in Texas or to a Texas patient from a pharmancy in another state.[36] The TPP was created by the 67th Texas Legislature (1987) to monitor Schedule II controlled substance prescriptions. On September 1st, 2008, the Texas Legislature expanded the TPP to include the monitoring of Schedule II through Schedule V controlled substance prescriptions. While Schedule II through V controlled substances have valid medical use, the potential for addiction and abuse has led to state monitoring of these drugs. The TPP can be used by both practitioners and pharmacists to verify patient records of use. A by-product of the TPP is its ability to collect data on legal prescription trends.

Using the TPP data, the table below shows the 2014 total prescriptions per capita by Drug Enforcement Agency Drug Scheduling separated by Region 3 Counties.[36] The red cells represent counties that have higher legal prescription rates than the overall Region 3 rate.

TABLE 63 – TOTAL PRESCRIPTIONS PER CAPITA BY DEA DRUG SCHEDULE TYPE BY COUNTY, 2014

County	2014 Population	Not Scheduled	Schedule 2	Schedule 3	Schedule 4	Schedule 5	Total Prescriptions per 100,000 Pop.
Collin	857,830	24,062	522,500	66,654	425,871	40,030	125,796
Cooke	39,385	2,691	26,797	3,733	24,810	2,964	154,869
Dallas	2,469,699	37,638	1,162,584	152,116	936,726	118,313	97,477
Denton	723,878	18,858	434,449	64,539	344,867	37,341	124,338
Ellis	160,796	3,463	110,887	15,325	80,822	9,436	136,778
Erath	38,866	1,102	19,491	2,970	16,798	2,658	110,685
Fannin	34,736	684	24,168	3,693	24,996	2,461	161,222
Grayson	124,021	4,104	106,450	13,734	104,440	10,577	192,955
Hood	52,964	1,552	46,874	6,524	42,453	4,319	192,059
Hunt	89,744	1,312	67,235	8,272	51,225	6,411	149,821
Johnson	159,407	3,617	130,421	18,114	96,294	12,308	163,578
Kaufman	112,731	1,680	76,876	10,081	68,609	7,373	146,028
Navarro	49,769	887	32,155	4,312	26,397	3,307	134,738
Palo Pinto	29,111	743	26,872	3,056	22,498	2,916	**192,659**
Parker	125,153	4,026	101,016	15,607	76,893	9,733	**165,617**
Rockwall	85,749	1,739	60,470	8,794	50,926	5,441	148,538
Somervell	8,854	219	7,503	872	6,539	739	**179,264**
Tarrant	1,900,152	43,325	1,138,379	161,020	868,026	118,168	122,565
Wise	62,588	1,904	44,595	6,654	37,915	5,273	153,929
Region 3	7,125,433	153,606	4,139,722	566,070	3,307,105	399,768	150,153
Texas	26,581,256	479,316	13,869,632	2,010,018	11,807,277	1,471,887	111,500

Source: Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program. 2014.[36] https://www.txdps.state.tx.us/RSD/PrescriptionProgram/index.htm

Note: Insignificant numbers of prescriptions for Schedule types "1" and "R" were omitted.

National Crisis

The United States is currently facing an opioid public health epidemic greater than any other time in our nation's history. According to the Texas Overdose Naloxone Initiative (TONI), drug overdoses are responsible for more accidental deaths than motor vehicle accidents and firearm homicides combined, and are now the leading cause of accidental deaths in the United States.[37] Homeless and incarcerated populations are at especially high risk, as opioid overdose is the leading cause of death for both populations.[37] In 2015, a record 52,000 people died from drug overdoses in our country. There is no denying the scale of this public health epidemic and the increasing rate of opiate pain reliever prescriptions.[37] Over 2 million Americans are currently suffering from substance use disorders related to prescription opioids.[37] These figures cost the United States approximately $78.5 billion per year in lost productivity, healthcare, treatment, and criminal justice costs.[37] Some states currently report opioid prescription counts that exceed population size, and the United States consumes more opioids than any other country.[37] Despite reported pain levels remaining constant, the rate of prescribing quadrupled from 1999-2014. Similarly, the Houston Section of the Texas DEA reported a 250% increase in Fentanyl

seizures in Texas in 2015.[37] These rising rates in opioid prescriptions and subsequent overdoses has led SAMHSA, the CDC, NIDA, and the DEA to call this public health problem the epidemic of our generation.[37]

Emerging Trends

Following trends on a scale that follows multiple ages and years can be well-tracked through Poison Control Center phone calls. While 911 call data would be more relevant considering its popularity in moments of crisis, the PRC team has not been permitted access to those calls. The PRC team will continue to attempt data collection for 911 call data in the future. The tables below display available Poison Center call data in Region 3. The second figure under each table shows regional comparisons. Since Region 3 has the largest population, it often receives the most Poison Control calls. The outlined cells represent a jump in calls between years.

The table below shows the major categories for Poison Control calls in Region 3 in 2015.[2] The last row shows sums of all major category calls per county in that year.

TABLE 64 – POISON CONTROL CALLS, MAJOR CATEGORIES, 2015

County	Alcohol	Chemicals	Mushrooms	Antidepressants	Cardiovascular drugs	Cold and Cough Preparations
Collin	89	74	10	141	143	137
Cooke	11	8	2	13	15	6
Dallas	480	290	14	564	497	390
Denton	117	75	4	191	137	129
Ellis	19	19	1	41	38	43
Erath	18	6	1	41	38	43
Fannin	5	3		5	5	9
Grayson	26	15	3	5	9	7
Hood	6	3		17	15	10
Hunt	16	9		39	24	17
Johnson	30	21	1	34	33	38
Kaufman	19	11	1	29	22	18
Navarro	7	9		22	17	5
Palo Pinto	5	6	1	12	10	8
Parker	29	17	2	33	27	27
Rockwall	19	16	2	44	21	16
Somervell	3	1		3	5	3
Tarrant	327	232	20	654	409	369
Wise	10	6	1	21	17	18
Region 3	1,236	821	63	1,909	1,482	1,293

TABLE 64 - CONTINUED

County	Stimulants and Street Drugs	Sedative / Hypnotics / Antipsychotics	Radio pharma-ceuticals	Narcotic Antagonists	Miscellaneous Drugs	Muscle Relaxants	Total 2015 Calls
Collin	91	159			47		891
Cooke	11	13				3	82
Dallas	668	853			107	149	4012
Denton	141	257			40	39	1130
Ellis	18	42			5	11	237
Erath	5	18			3	4	177
Fannin	5	18			2	3	55
Grayson	17	93			11	8	194
Hood	5	16			2	3	77
Hunt	12	29			5	9	160
Johnson	26	46	2		15	7	253
Kaufman	16	34			4	11	165
Navarro	8	20			3	8	99
Palo Pinto	6	14			1	3	66
Parker	21	34			7	6	203
Rockwall	18	34			3	9	182
Somervell		2				2	19
Tarrant	263	599		4	108	123	3108
Wise	7	24			1	4	109
Region 3	1,331	2,305	2	4	364	402	11,219

Source: Texas Poison Control Center Network, 2015.[2]
Note: Blank cells represent zero calls in that county that year

Synthetic Cannabinoids

A synthetic cannabinoid is a lab-produced chemical compound that was originally created for research purposes. Underground chemists illegally started creating the product for street drug use. Synthetic cannabinoids are also referred to as "K2" or "spice," among many other nicknames. The Region 3 calls outlined in the table below highlight the spike in calls in Tarrant County between 2014 and 2015, yet the number is still too small to be considered a significant change.[2]

TABLE 65 – SYNTHETIC CANNABINOID POISON CONTROL CALLS, 2010-2015

County	2010	2011	2012	2013	2014	2015
Collin	4	4	6	5	2	3
Cooke	1	4	4			1
Dallas	21	29	20	58	206	88
Denton	9	10	13	2	2	4
Ellis	3	1	3		2	
Erath	1		1	1	1	
Fannin	1	3			1	2
Grayson	8	2	1	1	2	1
Hood	5				1	
Hunt		1		1		
Johnson	8	6	1	1	2	1
Kaufman	1	3	4	2	1	2
Navarro			1			
Palo Pinto		2				
Parker	1	1	1	4	1	2
Rockwall	4	2	1	3	1	
Somervell		3			1	
Tarrant	23	24	30	18	16	24
Wise	2	1		1	1	1
Region 3	92	96	86	97	240	129
Texas	478	570	455	438	732	644

Region	2010-2015 Calls
1	130
2	104
3	741
4	150
5	153
6	696
7	245
8	387
9	94
10	172
11	445
Texas	2872

Source: Texas Poison Control Center Network, retrieved 2015.[2] Note: Blank cells represent zero calls.

Synthetic Cathinoids

A Synthetic Cathinoid is a lab-produced chemical compound that, like synthetic cannabinoids, is now considered a street drug. This category includes substances nicknamed "bath salts," "flakka," and "gravel" to name a few. **The Region 3 calls outlined in the table below suggest decreased use of synthetic cathinoid in Region 3, with 44 Poison Control calls in 2011 down to three calls in 2015.**[2] The outlined cells in the state column show similar downward trends.

TABLE 66 – SYNTHETIC CATHINOID POISON CONTROL CALLS, 2010-2015

County	2010	2011	2012	2013	2014	2015
Collin		5	1	1		
Cooke				1		
Dallas		10	3	5	1	1
Denton		2	2		1	
Ellis				1		
Erath		1				
Fannin						1
Grayson		1		1	1	
Hood		1				
Hunt		1				
Kaufman	1	1	1			
Palo Pinto		1				
Parker		5				
Somervell		1				
Tarrant	1	14	5	2	3	1
Wise		1	1		1	
Region 3	2	44	13	11	7	3
Texas	22	328	155	52	26	16

Region	2010-2015 Calls
1	24
2	19
3	80
4	31
5	67
6	210
7	61
8	37
9	31
10	18
11	21
Texas	599

Source: Texas Poison Control Center Network, retrieved 2015.[2]

Note: Blank cells represent zero calls in that county that year. Johnson, Navarro, and Rockwall Counties did not receive any Poison Control calls related to bath salts between 2010-2015.[2]

In Region 3, Poison Control calls regarding synthetic cathinoids decreased from 44 calls in 2011 to 3 calls in 2015.

E-Cigarettes/Vaping

The 2010-2015 Region 3 call numbers are outlined below to demonstrate an increase in use within that timeframe. **Region 3 received one Poison Control call related to "vaping" in 2010 compared to 203 in 2015; this clearly suggests an upward trend in electronic cigarette use.**[2]

TABLE 67 – ELECTRIC CIGARETTE FIGURES, 2010-2015

County	2010	2011	2012	2013	2014	2015	5-yr total
Collin			3	5	4	5	17
Cooke			2	3		1	6
Dallas		1	6	17	21	19	64
Denton			7	13	15	13	48
Ellis			1	2	2	2	7
Erath					1		1
Fannin				1		1	2
Grayson				4	2	2	8
Hood					3	4	7
Hunt				1	3	5	8
Johnson			3	4	4	7	18
Kaufman	1			1	2	1	5
Navarro				1	3	1	5
Palo pinto						3	3
Parker			1	1	5	5	12
Rockwall				2	3		5
Tarrant		1	1	14	36	39	92
Wise				1	1	4	6
Region 3	1	2	24	70	105	203	314
Texas	12	3	29	95	165	272	

Region	2010-2015 Calls
1	50
2	28
3	**335**
4	58
5	17
6	139
7	121
8	85
9	39
10	21
11	20
Texas	913

Source: Texas Poison Control Center Network, 2015.[2]
Note: Blank cells represent zero calls in that county that year

In Region 3, Poison Control calls regarding electronic cigarettes increased from 1 call in 2010 to 203 calls in 2015.

Tobacco/Nicotine Products

From 2010-2015, Region 3 call numbers regarding tobacco and nicotine products reflect a large portion of total Texas Poison Control calls. **Region 3 had the most Poison Control calls during this time period, when compared to all other regions in Texas.**[2]

TABLE 68 – TOBACCO/NICOTINE PRODUCT FIGURES, 2010-2015

County	2010	2011	2012	2013	2014	2015
Collin	17	15	29	21	18	26
Cooke		1	4	4	4	
Dallas	35	48	48	68	62	69
Denton	10	11	26	29	35	25
Ellis	6	3	6	6	3	7
Erath				3	3	3
Fannin		1	3	1		5
Grayson	6	5	4	9	4	7
Hood	3	2	2		3	7
Hunt		6	1	2	12	8
Johnson	6	11	11	14	9	13
Kaufman	4	2	4	4	4	7
Navarro		1	1	2	6	5
Palo Pinto		2	2		3	2
Parker	8	3	7	9	9	11
Rockwall	3	4	2	5	4	2
Somervell	1					2
Tarrant	64	70	47	74	73	84
Wise	2	1	4	4	6	7
Region 3	165	186	201	255	258	283
Texas	215	253	286	280	369	384

Region	2010-2015 Calls
1	281
2	163
3	**1355**
4	310
5	126
6	910
7	697
8	470
9	236
10	127
11	201
Texas	4876

Source: Texas Poison Control Center Network, 2015.[2]
Note: Blank cells represent zero calls in that county that year

Fentanyl and Opioid Dangers

TABLE 69 – OPIOID-RELATED POISON CONTROL CALLS, 2010-2015

County	2010	2011	2012	2013	2014	2015
Collin	113	101	92	109	98	102
Cooke	19	17	22	10	15	13
Dallas	477	490	481	497	454	413
Denton	127	129	116	110	127	129
Ellis	18	26	38	30	31	28
Erath	11	4	8	13	11	7
Fannin	9	11	12	20	12	5
Grayson	49	50	51	34	35	33
Hood	11	5	12	7	8	33
Hunt	26	15	23	11	14	15
Johnson	31	30	31	34	35	33
Kaufman	24	39	22	26	20	23
Navarro	12	17	12	8	5	16
Palo Pinto	12	11	9	10	12	11
Parker	23	26	21	18	26	15
Rockwall	18	12	25	26	27	21
Somervell	2	4		2	4	3
Tarrant	313	327	343	363	348	370
Wise	16	18	17	16	11	17
Region 3	1,311	1,332	1,335	1,344	1,293	1,287
Texas	6,250	5,996	5,875	5,450	5,253	4,995

Region	2010-2015 Calls
1	1,316
2	1,142
3	**7,881**
4	1,860
5	1,372
6	7,157
7	3,873
8	4,162
9	950
10	1,215
11	2,891
Texas	33,819

Source: Texas Poison Control Center Network, retrieved 2015.[2]
Note: Blank cells represent zero calls in that county that year

Consequences

Overview of Consequences

- In 2015, Somervell County had several of the highest rates of alcohol-related violation arrests for juveniles and adults in Region 3.
- In 2014, Navarro County and Somervell County had several of the highest rates of drug-related violation arrests for juveniles and adults in Region 3.
- From 1999-2015, Cooke County had the highest drug-induced crude death rate, and the highest age-adjusted rate of drug and alcohol related fatalities in Region 3.[38]

Mortality

Overdose Deaths

TABLE 70 – REGION 3 DEATHS DUE TO DRUG AND ALCOHOL POISONING, 2010-2015

County	2010-2012 Deaths	2013-2015 Deaths	Total Deaths
Collin	201	220	421
Cooke	20	20	40
Dallas	829	993	1,822
Denton	154	141	295
Ellis	27	24	51
Erath	*	*	17
Fannin	15	*	**
Grayson	61	50	111
Hood	12	28	40
Hunt	32	29	61
Johnson	31	29	60
Kaufman	15	39	54
Navarro	10	*	**
Palo Pinto	12	19	31
Parker	37	37	74
Rockwall	16	29	45
Somervell	0	*	*
Tarrant	568	576	1,144
Wise	14	14	28
Region 3	2,054	2,248	4,294
Texas	7,847	8,107	15,954

Source: Texas Health and Human Services Commission, Center for Health Statistics, Underlying Cause of Death[3]
Note: *Counts of 1-9 are suppressed for individual confidentiality, **Counts suppressed to prevent back calculation of suppressed information. ICD Codes do not separate deaths from drug/alcohol abuse from all other accidental poisonings from drugs/alcohol.

Drug and Alcohol Related Fatalities

The Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiological Research (WONDER) is an online easily accessible query system available to the general public and health professionals. Using the WONDER Database, the Tables 71 and 72 show drug and alcohol-induced deaths and related fatalities in each county between the years 1999 through 2015.[38]

TABLE 71 – REGION 3 DRUG AND ALCOHOL-INDUCED DEATH RATE, 1999-2015

County	Drug-Induced Deaths	Crude Rate/100K	Alcohol-Induced Deaths	Crude Rate/100K
Collin	792	6.7	404	3.4
Cooke	92	14.3	32	5.0
Dallas	3,928	9.9	2,182	5.5
Denton	719	7.1	356	3.5
Ellis	137	5.9	94	4.0
Erath	44	7.1	21	3.4
Fannin	49	8.7	28	5.0
Grayson	253	12.6	156	7.8
Hood	98	12.0	63	7.7
Hunt	150	10.6	97	6.8
Johnson	200	8.2	129	5.3
Kaufman	152	9.6	86	5.4
Navarro	63	7.9	63	7.9
Palo Pinto	54	11.5	42	8.9
Parker	195	10.7	96	5.3
Rockwall	75	6.5	60	5.2
Somervell	10	*	*	*
Tarrant	2,449	8.5	1,499	5.2
Wise	87	9.1	56	5.8
Region 3	9,547	8.8	5,464	5.0

Source: CDC WONDER Online Database, Underlying Cause of Death, 1999-2015.[38]

Note: Death rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less. More information: http://wonder.cdc.gov/wonder/help/ucd.html#Unreliable.

The red cells in Table 72 below represent the counties with the three highest age-adjusted drug and alcohol-induced death rates. The method used to calculate age-adjusted rates is found here: http://wonder.cdc.gov/wonder/help/ucd.html#Age-Adjusted Rates.

TABLE 72 – REGION 3 DRUG AND ALCOHOL RELATED FATALITIES, 1999-2015

County	Deaths	Population	Age-Adjusted Rate
Collin	1,196	11,901,560	10.1
Cooke	124	645,143	20.4
Dallas	6,110	39,675,654	15.9
Denton	1,075	10,186,581	10.7
Ellis	231	2,334,172	10.1
Erath	65	620,987	11.7
Fannin	77	561,081	12.9
Grayson	409	2,000,415	20.3
Hood	161	818,087	18.7
Hunt	247	1,419,172	17.2
Johnson	329	2,446,147	13.4
Kaufman	238	1,584,225	14.9
Navarro	126	798,481	15.8
Palo Pinto	96	469,586	20.4
Parker	291	1,827,733	15.3
Rockwall	135	1,145,056	11.7
Somervell	19	134,444	*
Tarrant	3,948	28,906,016	13.8
Wise	143	958,920	14.4
Region 3	15,020	108,433,460	13.9
Texas	61,799	405,679,137	15.6

Source: CDC WONDER Online Database, Underlying Cause of Death, 1999-2015.[38]
Note: Death rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less. More information: http://wonder.cdc.gov/wonder/help/ucd.html#Unreliable.

DUI Fatalities

The table below presents DUI fatalities according to the Texas Department of Transportation. The 2016 data is broken down by those below 21 years of age and those 21 and above. Many of the Region 3 counties have experienced a steady increase in DUI-related crash fatalities in recent years (2012-2015), but Collin and Dallas Counties experienced large increases in 2016.[39]

TABLE 73 – DUI FATALITIES PER COUNTY, 2012-2016

	DUI Fatalties					
County	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total	2016 ≥ 21 years
Collin	13	13	16	11	20	17
Cooke	0	2	5	5	1	1
Dallas	48	80	74	83	104	89
Denton	6	15	10	6	10	8
Ellis	3	5	7	9	7	5
Erath	3	1	3	3	4	4
Fannin	2	1	1	1	1	1
Grayson	4	10	4	7	9	9
Hood	1	1	1	0	5	4
Hunt	4	2	5	5	4	4
Johnson	5	4	6	10	3	3
Kaufman	6	4	10	3	11	11
Navarro	1	1	6	2	1	1
Palo Pinto	2	3	1	2	1	1
Parker	4	0	3	5	3	3
Rockwall	4	3	0	2	2	1
Somervell	1	1	3	0	0	0
Tarrant	17	50	47	37	35	34
Wise	4	1	3	1	10	9
Region 3	128	197	205	192	231	205

Source: Texas Department of Transportation, 2012-2016.[39]

Legal Consequences

The crimes below are gathered from the Texas Department of Public Safety. The following tables show offenses for juveniles and adults. In Texas, a juvenile is considered to be anyone 17 years of age and under. The indicators below were chosen according to their uniform reporting and relatability to substance use issues. The red cells represent the counties with the highest arrests per 100,000 people for a specified crime and population. Categories without a red cell have percentages too low to be relevant.

Driving Under the Influence

TABLE 74 – DRIVING UNDER THE INFLUENCE ARRESTS, 2015

	Juvenile		Adult	
County	**Total # Arrests**	**Arrests per 100 K**	**Total # Arrests**	**Arrests per 100 K**
Collin	5	0.6	446	51.73
Cooke	2	**5.2**	70	180.59
Dallas	36	1.4	5,714	229.94
Denton	4	0.5	561	76.65
Ellis	1	0.6	279	177.64
Erath	1	**2.5**	122	304.70
Fannin	0	0.0	47	139.27
Grayson	3	**2.4**	532	**433.30**
Hood	0	0.0	107	201.24
Hunt	0	0.0	122	138.55
Johnson	1	0.6	222	142.81
Kaufman	0	0.0	44	40.26
Navarro	1	2.1	106	220.29
PaloPinto	0	0.0	31	111.03
Parker	2	1.6	236	194.37
Rockwall	0	0.0	1	1.17
Somervell	0	0.0	35	**406.60**
Tarrant	27	1.4	3,265	170.54
Wise	0	0.0	191	**311.87**
Region 3	83	1.2	12131	169.79

Source: Texas Department of Family & Protective Services, 2015.[20]
Population Data Source: Texas State Data Center, Population Projections, 0.00 Migration, 2015

Substance Use Criminal Charges and Court Cases

Alcohol Violation Arrests

The red cells in Table 75 represent the counties with the highest rates of alcohol-related arrests per 100,000 people in Region 3. **Dallas County is outlined below to highlight it has some of the highest rates of total alcohol violation charges for both juveniles and adults in Region 3.**[20] Note that these high rates among counties in the following table may not directly reflect increased alcohol abuse, but may indicate stricter law enforcement within these counties.

TABLE 75 – ALCOHOL-RELATED ARRESTS BY VIOLATION, 2015

	Total Alcohol Violations				Liquor Law Violations				Drunkeness			
	Juvenile		Adult		Juvenile		Adult		Juvenile		Adult	
County	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K
Collin	31	3.6	869	100.8	24	2.8	69	8.0	2	0.2	354	41.1
Cooke	19	49.0	203	523.7	17	43.9	39	100.6	0	0.0	94	242.5
Dallas	292	11.8	16,241	653.6	132	5.3	642	25.8	124	5.0	9,885	397.8
Denton	65	8.9	1,373	187.6	51	7.0	280	38.3	10	1.4	532	72.7
Ellis	14	8.9	526	334.9	4	2.5	13	8.3	9	5.7	234	149.0
Erath	4	10.0	222	554.5	3	7.5	25	62.4	1	2.5	75	187.3
Fannin	0	0.0	106	314.1	0	0.0	2	5.9	0	0.0	57	168.9
Grayson	11	9.0	923	751.8	3	2.4	49	39.9	5	4.1	342	278.5
Hood	0	0.0	275	517.2	0	0.0	166	312.2	0	0.0	2	3.8
Hunt	2	2.3	383	435.0	1	1.1	29	32.9	1	1.1	232	263.5
Johnson	6	3.9	374	240.6	4	2.6	19	12.2	1	0.6	133	85.6
Kaufman	4	3.7	64	58.6	2	1.8	6	5.5	2	1.8	14	12.8
Navarro	1	2.1	293	608.9	0	0.0	23	47.8	0	0.0	164	340.8
PaloPinto	1	3.6	114	408.3	0	0.0	5	17.9	1	3.6	78	279.4
Parker	10	8.2	474	390.4	5	4.1	9	7.4	3	2.5	229	188.6
Rockwall	1	1.2	19	22.2	1	1.2	11	12.9	0	0.0	7	8.2
Somervell	0	0.0	58	673.8	0	0.0	1	11.6	0	0.0	22	255.6
Tarrant	178	9.3	7,325	382.6	80	4.2	401	20.9	71	3.7	3,659	191.1
Wise	3	4.9	340	555.2	3	4.9	25	40.8	0	0.0	124	202.5
Region 3	642	9.0	30,182	422.4	330	4.6	1814	25.4	230	3.2	16,237	227.3

Source: Texas Department of Family & Protective Services, 2015.[20]

Population Data Source: Texas State Data Center, Population Projections, 0.00 Migration, 2014

Drug Violation Arrests

The red cells in Table 76 represent the counties with the highest rates of drug-related arrests per 100,000 people in Region 3. **Navarro County and Wise County had the highest overall adult arrests rates in Region 3 with drug-violation charges.**[20] Note that this may not directly reflect increased drug abuse, but may indicate stricter law enforcement within Wise County and Navarro County.

TABLE 76 – DRUG-RELATED ARRESTS BY VIOLATION, 2015

	Total Drug Violations				Drugs-Sale Manufacture Sub-total				Total Drug Possession Sub-total			
	Juvenile		Adult		Juvenile		Adult		Juvenile		Adult	
County	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K
Collin	243	28.18	2,280	264.44	12	1.39	167	19.37	231	26.79	2,113	245.07
Cooke	5	12.90	162	417.95	0	0.00	4	10.32	5	12.90	158	407.63
Dallas	782	31.47	9,960	400.80	62	**2.49**	987	39.72	720	**28.97**	8,973	361.09
Denton	192	26.23	1,846	252.24	7	0.96	227	31.02	185	25.28	1,619	221.22
Ellis	36	22.92	614	390.94	1	0.64	28	17.83	35	22.28	586	373.11
Erath	8	19.98	143	357.15	0	0.00	14	34.97	8	19.98	129	322.19
Fannin	2	5.93	68	201.49	0	0.00	13	38.52	2	5.93	55	162.97
Grayson	31	25.25	874	711.84	0	0.00	56	45.61	31	25.25	818	666.23
Hood	7	13.17	302	567.98	1	1.88	36	**67.71**	6	11.28	266	500.27
Hunt	7	7.95	293	332.76	1	1.14	57	**64.73**	6	6.81	236	268.02
Johnson	40	25.73	366	235.45	1	0.64	21	13.51	39	25.09	345	221.94
Kaufman	33	30.20	650	594.75	2	1.83	41	37.52	31	28.37	609	557.24
Navarro	13	27.02	468	**972.61**	1	2.08	86	**178.73**	12	24.94	382	**793.88**
PaloPinto	0	0.00	80	286.52	0	0.00	6	21.49	0	0.00	74	265.03
Parker	35	28.83	424	349.21	3	2.47	46	37.89	32	26.36	378	311.32
Rockwall	28	**32.73**	227	265.39	6	**7.01**	9	10.52	22	25.72	218	254.86
Somervell	4	**46.47**	66	**766.73**	0	0.00	4	46.47	4	**46.47**	62	**720.26**
Tarrant	684	**35.73**	7,327	382.71	56	**2.93**	943	49.26	628	**32.80**	6,418	335.23
Wise	10	16.33	521	**850.71**	0	0.00	27	44.09	10	16.33	494	**806.62**
Region 3	**2160**	**30.23**	**26,671**	**373.29**	**153**	**2.14**	**2772**	**38.80**	**2007**	**28.09**	**23,933**	**334.97**

Source: Texas Department of Family & Protective Services, 2015.[20]
Population Data Source: Texas State Data Center, Population Projections, 0.00 Migration, 2014

Hospitalization and Treatment

Hospital Use Due to Alcohol and Other Drugs

Table 77 shows data from the Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample for 2011.[23] The Agency for Healthcare Research and Quality (AHRQ) bases the data on each state's reports to the AHRQ. The total number of weighted discharges in the U.S. based on HCUP NIS collection is 38,590,733 patients.[23] The red cells indicate Johnson County spent the highest mean cost dollars in substance related hospital discharges in 2011.[23] Table 78 outlines Region 3 compared to the other regions in Texas. While Region 3 has the most discharges related to a substance use disorder, the large population of Region 3 seems to account for this as the discharge rate is an average 0.05 per 1,000.[23]

TABLE 77 – REGION 3 HOSPITAL USE DUE TO SUBSTANCE-RELATED DISORDER DISHCHARGE, 2011

County	Number of Discharges (Principle)	Rate of Discharges per 1,000 persons	Mean Cost in Dollars
Collin	50	0.1	$ 32,321
Cooke	c	c	c
Dallas	127	0.1	$ 35,481
Denton	37	0.1	$ 55,176
Ellis	6	0	$ 28,641
Erath	c	c	c
Fannin	c	c	c
Grayson	20	0.2	$ 32,460
Hood	c	c	c
Hunt	11	0.1	$ 34,164
Johnson	16	0.1	$ 50,884
Kaufman	12	0.1	$ 29,064
Navarro	c	c	c
Palo Pinto	c	c	c
Parker	10	0.1	$ 28,884
Rockwall	c	c	
Somervell	c		
Tarrant	99	0.1	$ 32,735
Wise	c	c	
Texas	1,389	0.1	$ 37,293
Out of State	42		$ 47,257

Source: HCUP Nationwide Inpatient Sample (NIS), 2011, AHRQ.[23]

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

TABLE 78 – REGIONAL HOSPITAL USE DUE TO SUBSTANCE-RELATED DISORDER DISHCHARGE, 2011

Region	Number of Discharges (Principle)	Rate of Discharges per 1,000 persons	Mean Costs in Dollars
1	44	0.06	$22,842
2	44	0.09	$26,647
3	408	0.05	$36,412
4	68	0.07	$32,532
5	37	0.05	$26,742
6	243	0.04	$59,376
7	177	0.06	$33,082
8	131	0.05	$34,705
9	24	0.05	$27,518
10	6	0.04	$28,641
11	53	0.02	$43,917

Source: HCUP Nationwide Inpatient Sample (NIS), 2011, AHRQ[23]

Environmental Protective Factors

This section includes indicators on local social services, community-based agencies, youth prevention programming, youth employment, academic achievement, school rankings, and smoking cessation programs. This list of indicators marks resiliency factors in Region 3. The indicators presented are chosen due to their relatability to substance abuse outcomes and availability to the PRC 3 Team.

Overview of Protective Factors

According to the Substance Abuse and Mental Health Administration's Center for the Application of Prevention Technologies, protective factors are defined as "Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities."[27]

Below is a list of main findings from the data:

- **Cooke, Denton, Fannin, Hunt, Kaufman, Rockwall, and Somervell counties do not have any HHSC-funded youth prevention programs.**
- **Somervell County has the highest male and female 20-24 year old employment percentage during the 2011-2015 American Community Survey time period.** [6]
- **The students reporting A grades reported never using the specified drug MORE OFTEN than students reporting grades lower than A in all drug categories.**[1]
- **There has been a steady decrease of youth enrolled in prevention programs across Region 3 during the past 3 years.**[3]

Community Domain

Community Coalitions

Region 3 has numerous volunteer-driven community groups. The coalitions below are funded by the Texas Health and Human Services Commission, specifically within the Mental Health and Substance Abuse Division. For more information on community coalitions in Region 3, please contact our Regional Resources Evaluator at HGleeson@DallasCouncil.org or go to www.prc3.org.

Alliance on Underage Drinking (ALOUD)
The Council on Alcohol & Drug Abuse
1349 Empire Central Dr., Suite 800
Dallas, TX 75247
June Deibel, Coalition Coordinator
(214) 522-8600, jdeibel@dallascouncil.org
www.allianceonunderagedrinking.org

Challenge of Tarrant County – Arlington, University of Texas at Arlington, Texas Christian University
Tarrant County Challenge, 226 Bailey Ave, Fort Worth, TX 76107
John Haenes, Chief Operating Officer
817-336-6617, john@tcchallenge.org
http://www.challengetc.org/

SMART Arlington
Contact: Abbie Byrd, abbie@challengetc.org 817-336-6617
Address: Mayfield Road Baptist Church, 1701 E. Mayfield Rd, Arlington TX 76018

Stay on Track
Contact: Cynthia Velazquez, cynthia@challengetc.org 817-336-6617
Address: Keller Education Annex, 10310 Old Denton Rd., Keller, TX 76244

TCU - Power 2 Choose
Contact: Tiara Nugent, tiara@challengetc.org 817-336-6617
Address: Fort Worth, location varies

UTA - Sensible Mavericks Acting Responsibly Together (SMART)
Contact: Claudia Perkins, claudia@challengetc.org 817-336-6617
Address: Arlington, location varies

Ellis County Drug Free Coalition
REACH Council, 107 S. 4th St. Suite A, Midlothian, TX 76065
Tom Kowatch, Coalition Coordinator
972-723-1053, tom.kowatch@reachcouncil.org
www.reachcouncil.org

Erath County Community Coalition
STAR Council on Substance Abuse
239 S. Virginia, Stephenville, TX 76401
Denise Harroff, Coalition Coordinator
254-965-5515, dharroff@starcouncil.org
http://www.starcouncil.org/community-coalition

IMPACT Communities - Cedar Hill, Ennis, Garland, Navarro, Waxahachie
Drug Prevention Resources INC.
1200 W. Walnut Hill Lane #2100, Irving, TX 75038
Josie Prachyl, Director of Coalitions
972-518-1821, jprachyl@dpri.com
http://www.drugprevresources.org/coalitions

IMPACT Cedar Hill
Contact: Agapito Chavez, achavez@dpri.com 214-770-2444
Address: 610 Uptown Blvd, Cedar Hill, TX 75104

IMPACT Ennis
Contact: Shelley Miller, smiller@dpri.com 214-929-1204
Address: 1810 W. Balderidge Road, Ennis, TX 75119

IMPACT Garland
Contact: Summar Thomas-Mosby, smosby@dpri.com 214-766-8969
Address: Garland Fire Department, 1500 Hwy 66, Garland, TX 75040

IMPACT Navarro
Contact: Alvis Reeves, areeves@dpri.com 903-875-7730
Address: 200 N 13th St, Suite 109, Corsicana, TX 75110

IMPACT Navarro College
Contact: Emily Lynch, elynch@dpri.com 903-875-7730
Address: Navarro College Student Life Office, 3200 W 7th Ave, Corsicana, TX 75110

IMPACT Waxahachie
Contact: Jennifer Heggland, jheggland@dpri.com 469-315-6507
Address: Comfort Suites, 131 RVG Plaza, Waxahachie, TX 75165

Treatment/Intervention Providers

The Council on Alcohol & Drug Abuse serves the community in varying ways, including an Information Helpline which will match the caller to prevention, intervention, treatment, support, or recovery needs based on needs (insurance availability, transportation, etc). For more information on the treatment and intervention providers in our database, please call our helpline:

214.522.8600 or Toll Free at (800) 246-HOPE (4673)

Helpline services are available Monday – Friday from 8 a.m. to 5 p.m.

For other alcohol and drug information at all other times, call SAMHSA's National Treatment Referral Routing Service: 1-800-662-HELP (4357).

Information services are confidential, free, available 24/7, and are in English and Spanish.

TABLE 79 – HHSC MENTAL HEALTH AUTHORITY WITHIN NEAREST DISTANCE

The following table shows all HHSC-funded mental health and substance abuse centers in Region 3. The nearest center is presented below per county.

County	Mental Health Authority	Contact
Collin	LifePath Systems	972-562-0190
Cooke	Texoma Community Center	903-957-4700
Dallas	North Texas Behavioral Health Authority	214-366-9407
Denton	Denton County MHMR	940-381-5000
Ellis	North Texas Behavioral Health Authority	214-366-9407
Erath	Pecan Valley Centers for Behavioral & Developmental Care	254-522-2001
Fannin	Texoma Community Center	903-583-8583
Grayson	Texoma Community Center	903-957-4700
Hood	Pecan Valley Centers for Behavioral & Developmental Care	817-573-2662
Hunt	North Texas Behavioral Health Authority	214-366-9407
Johnson	Pecan Valley Centers for Behavioral & Developmental Care	817-558-1121
Kaufman	North Texas Behavioral health Authority	214-366-9407
Navarro	North Texas Behavioral Healthcare Authority	214-366-9407
Palo Pinto	Pecan Valley Centers for Behavioral & Developmental Care	940-325-9541
Parker	Pecan Valley Centers for Behavioral & Developmental Care	817-599-7634
Rockwall	North Texas Behavioral Healthcare Authority	214-366-9407
Somervell	Pecan Valley Centers for Behavioral & Developmental Care	254-552-2090
Tarrant	MHMR of Tarrant County	817-569-4300
Wise	Helen Farabee Centers	940-627-1251

Source: Texas Health and Human Services Commission, Mental Health Services, retrieved 2016.[3]

Smoking Cessation Programs

All Counties

American Cancer Society
Quit For Life Program
1-866-784-8454
https://www.quitnow.net/Program/

American Heart Association
7272 Greenville Ave, Dallas, TX 75231
800-AHA-USA1 (800-242-8721)
www.americanheart.org

American Lung Association
Freedom from Smoking Program
1-800-586-4872
http://www.lung.org/stop-smoking/join-freedom-from-smoking/

Centers for Disease Control and Prevention (CDC)
1-800-QUIT-NOW (1-800-784-8669)

National Cancer Institute (NCI)
1-877-44U-QUIT (1-877-448-7848)
www.smokefree.gov

Tri Care: Quit Tobacco
877–414–9949
www.tricare.mil/ucanquit2

U.S. Department of Health & Human Services
www.BeTobaccoFree.gov

Yes Quit
1-877-YES-QUIT (1-877-937-7848)
http://www.yesquit.org/about-the-program/
EX Plan
http://www.becomeanex.org/

Dallas County

Parkland Hospital Smoking Cessation Clinic
To make an appointment please call 214-590-5691 M-F 8am-5:30pm
http://www.parklandhospital.com/phhs/smoking-cessation.aspx

Erath County

STAR Council Tobacco Cessation Program
239 S. Virginia St. P.O. Box 976 Stephenville, TX 76401
Phone: 254-965-5515
Hours: M-F 8am-5pm

Grayson County

Grayson County Health Dept.
Marsha Wilson, LVN
Phone: 903-893-0131 ext. 1234
E-mail: wilsonm@co.grayson.tx.us

Hood County

STAR Council Tobacco Cessation Program
2111 W Hwy 377, Granbury, TX 76048
Phone: 817-573-6002
Hours: M-Th 9am-8pm

Johnson County

STAR Council Tobacco Cessation Program
118 W Heard St. Cleburne, TX 76033
817-645-5517
Hours: M-Th 9am-8pm

Palo Pinto County

STAR Council Tobacco Cessation Program
4113 A Hwy 180 East, Suite C. Mineral Wells, TX 76067
940-325-3402
Hours: M-Th 9am-8pm

Tarrant County

Adult Outpatient
Community Addiction Treatment Services
1518 E. Lancaster Ave. Fort Worth, TX 76102
817-569-5360
http://www.mhmrtarrant.org/Services/Addiction-Services/Tobacco-Cessation-Program

MHMR Recovery Center
1518 E. El Paso St. Fort Worth, TX 76102
817-569-4600

Addiction Recovery Center (ARC)
129 Harmon Rd. Hurst, TX 76053
817-569-5750

Tarrant Youth Recovery Campus (TYRC)
1527 Hemphill St. Fort Worth, TX 76104
817-569-4270

Prevention & Intervention
4200 South Freeway (I-35W) LeGran Plaza de Fort Worth Ste. 550, Fort Worth, TX 76115
817-569-5760

Tarrant County Public Health Department "Live Tobacco Free Tarrant County"
100 E. Weatherford, Fort Worth, TX 76196
817-321-4976
E-mail: smokefree@tarrantcounty.com
http://www.tarrantcounty.com/en/public-health/chronic-disease-prevention/tobacco/freedom-from-smoking.html

Wise County

STAR Council Tobacco Cessation Program
1106 E Business 380, Decatur, TX 76234
940-626-2099
Hours: M-W 9am-8pm; Thurs 9am-5pm

Local Social Services

In order to identify gaps of services, we must first look at what services are currently available. This data may point to instances where the need is to consider revamping services rather than introducing new ones. Social service data is difficult to gather in a systemized fashion, as many agencies turn over each year or do not report to an authority system.

TABLE 80 – SNAP-AUTHORIZED FOOD STORE ACCESS, 2016

County	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000
Collin	408	5.22
Cooke	23	5.98
Dallas	1,750	7.39
Denton	316	4.77
Ellis	86	5.75
Erath	29	7.65
Fannin	25	7.37
Grayson	100	8.27
Hood	52	10.16
Hunt	80	9.29
Johnson	111	7.35
Kaufman	80	7.74
Navarro	48	10.06
Palo Pinto	34	12.09
Parker	56	4.79
Rockwall	43	5.49
Somervell	5	5.89
Tarrant	1,341	7.41
Wise	44	7.44
Region 3	4,631	6.88
Texas	19,460	7.74
United States	258,959	8.29

Source: U.S. Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator, May 2016.[41]
Population Source: 2010 U.S. Census Bureau

Law Enforcement Capacity and Support

Healthy Youth Activities

Cook Childrens and Childrens Hospitals, located in Fort Worth and Dallas, have many community coalitions focused on healthy youth:

- **Children's Oral Health Coalition**
  The Children's Oral Health Coalition works to improve the oral health of children in Tarrant County, especially underserved children.
- **Healthy Children Coalition for Parker County**
  The Healthy Children Coalition for Parker County focuses on identifying positive nutrition and fitness solutions to address the local concern for children's physical health and childhood obesity in Parker County.
- **Homeless Initiative**
  Cook Children's works with local elected officials and shelter staff in Fort Worth and Arlington to help homeless children receive consistent medical care at Cook Children's Neighborhood Clinics.
- **Immunization Collaboration of Tarrant County**
  Cook Children's Medical Center co-founded the Immunization Collaboration of Tarrant County in 1991 so that more children could get immunizations and help improve the immunization rate locally.
- **Hood County for Healthy Children**
  The Hood County for Healthy Children coalition focuses on child abuse prevention in Hood County.
- **Johnson County Alliance for Healthy Kids**
  The Johnson County Alliance for Healthy Kids is focusing on good nutrition and physical activity as a means to prevent childhood obesity in Johnson County.
- **Mental Health Connection of Tarrant County**
  Cook Children's helped create the Mental Health Connection (MHC) to find gaps in health services in our community and to help fill those gaps with better mental health services in Tarrant County.
- **Safe Kids Tarrant County**
  Safe Kids Tarrant County is dedicated to preventing unintentional childhood injury which is the number one killer of children ages 14 and under.
- **Save a Smile**
  Save a Smile is an innovative, nationally recognized, collaborative program dedicated to providing restorative and preventive dental care to low-income children in the community through volunteer dentists.
- **Wellness Alliance for Total Children's Health (WATCH)**
  Members of WATCH are focusing on improving access to children's mental health services and promoting excellence among providers of children's mental health services in Denton County.
- **Wise Coalition for Healthy Children**
  Wise Coalition for Healthy Children focuses on the prevention of child abuse in Wise County.
- **Health and Wellness Alliance for Children**
  The Health and Wellness Alliance for Children was established by Children's Hospital and represents a coalition of community-based organizations with a single purpose: improving the health and well-being of children in Dallas and Collin counties.

School Domain

YP Programs

Region 3 has an abundance of Youth Prevention programs and facilitators. For a full list of programs, please visit the Prevention Resource Center Region 3's website at PRC3.org and click on the "Prevention Providers" link. Youth Prevention programs use various evidence based curricula designed to help students learn and grow in the classroom through increasing internal motivators and classroom collaboration. These programs feature scripted lessons that are taught by Youth Prevention facilitators.

TABLE 81 – REGION 3 YOUTH ENROLLED IN PREVENTION PROGRAMS, 2014-2016

County	2014 Total Youth Enrolled	2015 Total Youth Enrolled	2016 Total Youth Enrolled
Collin	1,210	784	489
Cooke			
Dallas	9,390	8,951	7,179
Denton	140		
Ellis	1,529	1,300	1,161
Erath	891	647	537
Fannin			
Grayson	1,629	1,179	1,240
Hood	383	297	351
Hunt			
Johnson	2,262	991	1,478
Kaufman			105
Navarro	6,166	6,324	5,972
Palo Pinto	238	139	62
Parker	152	135	167
Rockwall			
Somervell			378
Tarrant	11,639	11,973	10,153
Wise	390	929	843
Region 3	36,019	33,649	30,115

Source: Texas Health and Human Services Commission, 2014-2016.[3]

Note: Values missing from Region 3 in the table above indicate the county did not have HHSC-funded youth prevention programs that year.

Students Receiving Alcohol & Other Drug Education in School

The Texas Education Agency takes responsibility for the following guidelines to be carried out in all Texas school districts:

Alcohol: Code 28.002 (2009) requires the State Board of Education to adopt Texas Essential Knowledge and Skills for addressing the dangers, causes, consequences, signs, symptoms, and treatment of binge drinking and alcohol poisoning. The code requires the Texas Education Agency to compile a list of evidence-based alcohol awareness programs from which a school district must choose for use in the district's middle school, junior high, and high school health curriculum. Texas Essential Knowledge and Skills for Health Education (1997) recommends alcohol use prevention education is taught in grades K-12.

Tobacco: Texas Essential Knowledge and Skills for Health Education recommends tobacco use prevention education is taught in grades K-12.

Drugs: Texas Essential Knowledge and Skills for Health Education recommends drug use prevention education is taught in grades K-12.

Recovery School Resources

The Association for Recovery Schools (ARS) is a nonprofit organization that accredits each high school within the association through its evidence-based standards and certification. While the movement is new, a few studies have found recovery high schools to be very successful in lowering frequency of substance re-use. For more information and links to the studies visit http://www.drugfree.org/join-together/recovery-high-schools-show-promise-face-challenges/. Below are the schools in Region 3 that have been ARS accredited.

Serenity High School is based in Collin County, in the City of McKinney. It is a school for students who are in recovery. The school offers students the opportunity to learn in a sober environment. The ratio of students to teachers is 10:1 and individualized counseling services are available. For more information visit http://serenity.mckinneyisd.net/.

Winfree Academy Charter Schools utilize a comprehensive high school curriculum that is offered via a flexible individualized delivery system utilizing online curriculum and constant availability. Three of the DFW Winfree Academy Charter Schools simultaneously offer the Courage Program, which was founded in 2003 as a means to reach those high school students who struggle with the challenges of returning to the same school environment they attended prior to substance use disorder treatment. It is a unique classroom within Winfree Academy Charter Schools that offers a safe supportive environment for students in recovery. The program offers students the opportunity to attend in house AA and NA meetings, substance

use disorder education classes, and supportive groups. Families are also involved through multifamily education groups in the evenings. Below are the Winfrey Academy campuses with the Courage Program and ARS accreditation.

2985 S State Highway 360 #160
Grand Prairie, TX 75052
Tel: 214-204-2030
Fax: 214-204-2034

6311 Boulevard 26, Suite 300
North Richland Hills, TX 76180
Tel: 817-590-2240
Fax: 817-590-8724

1661 Gateway Blvd
Richardson, TX 75080
Tel: 972-234-9855
Fax: 972-234-9975

The Association of Recovery in Higher Education is another accrediting body for colleges and universities. A collegiate recovery program can be implemented in many ways, including providing direct services, models, and tools. The collegiate recovery program focuses on supporting students in their recovery process during their time in higher education. There are three universities in Region 3 that are ARHE-accredited: University of Texas at Dallas, Texas Christian University (TCU), and University of North Texas (UNT). These are relatively new programs, and were created to address the need for more collegiate recovery programs within the higher education institutions in Region 3.

The University of Texas at Dallas established a Collegiate Recovery Program (CRP) in 2014 under its Division of Student Affairs. While the campus does not have separate housing designated for students in recovery, the campus does have a clubhouse for their use, called the Center for Students in Recovery (CSR). The staff help any student with treatment and recovery contacts, and there are currently 15-45 student CSR members. TCU's CRP began in 2012, and is housed inside the Counseling in Mental Health Center within the Department of Student Affairs. The CRP at UNT started in 2014, and has the capacity to house 48 students in an on-campus recovery nest. Excitingly, Region 3's newest CRP is coming soon, and will be located on Southern Methodist University's Dallas campus.

Academic Achievement

The findings in Table 82 represent responses from the TSS (refer to Parent Approval section for a detailed description of the survey). The red and green cells show the All Grades percentages of students who have never used the specified drug. The red color is given to the lower percentage of students who have never used the specified drug. **The students reporting A Grades reported never using the specified drug MORE OFTEN than students reporting grades lower than A in all drug categories.**[1]

TABLE 82 – PREVALENCE AND RECENCY OF USE OF SELECTED SUBSTANCES, TEXAS SCHOOL SURVEY, 2016

Use of Selected Substances in Region 3, Grades 7-12

	Students Reporting A Grades				Students Reporting Grades Lower Than an A			
	Past Month	School Year	Ever Used	Never Used	Past Month	School Year	Ever Used	Never Used
Any Tobacco Product	7.7%	11.2%	18.6%	81.4%	16.3%	20.9%	33.1%	66.9%
Any Alcohol Product	19.4%	24.6%	43.1%	56.9%	28.9%	34.5%	52.9%	47.1%
Any Illicit Drug	7.9%	11.0%	14.7%	85.3%	17.0%	21.7%	27.2%	72.8%
Any Rx Drug	7.7%	11.2%	14.2%	85.8%	11.4%	16.0%	21.8%	78.2%
Any Inhalant	2.2%	3.2%	6.5%	93.5%	4.4%	5.9%	11.1%	88.9%
Electronic Vapor Products	5.4%	9.3%	16.1%	83.9%	12.0%	17.2%	29.1%	70.9%
Marijuana	7.3%	9.6%	13.5%	86.5%	16.6%	20.1%	26.0%	74.0%
Marijuana Only	4.7%	6.5%	9.8%	90.2%	9.9%	12.4%	17.4%	82.6%
Cocaine or Crack	0.5%	0.7%	1.3%	98.7%	1.2%	1.5%	2.9%	97.1%
Cocaine	0.4%	0.6%	1.2%	98.8%	1.2%	1.5%	2.8%	97.2%
Crack	0.2%	0.2%	0.4%	99.6%	0.2%	0.3%	0.6%	99.4%
Hallucinogens	0.6%	1.2%	2.1%	97.9%	1.2%	2.3%	4.3%	95.7%
Synthetic Cathinones	0.1%	0.1%	0.2%	99.8%	0.1%	0.1%	0.3%	99.7%
Steroids	0.2%	0.4%	1.1%	98.9%	0.4%	0.6%	1.5%	98.5%
Ecstasy	0.3%	0.6%	1.2%	98.8%	0.7%	1.3%	2.8%	97.2%
Heroin	0.2%	0.3%	0.4%	99.6%	0.2%	0.4%	0.7%	99.3%
Synthetic Marijuana	0.4%	0.7%	1.8%	98.2%	1.0%	1.5%	4.5%	95.5%
Methamphetamine	0.3%	0.4%	0.6%	99.4%	0.4%	0.5%	1.3%	98.7%

Source: Texas A&M's Public Policy Research Institute, Texas School Survey, 2016.[1]

Students reporting "A" grades indicated never using the specified drug MORE OFTEN than students reporting grades "lower than A" in all drug categories in 2016.

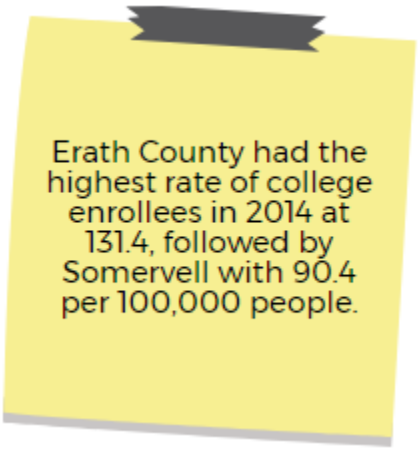
Employability and College Admissions

Erath County has the highest rate of college enrollees at 131.38 followed by Somervell with 90.39 per 100,000 people.[40]

TABLE 83 – TEXAS HIGH SCHOOL GRADUATES AND COLLEGE ENROLLEE FIGURES, FALL 2014

	Student Population 2013-2014	Graduates Enrolling in College 2013-2014	Rate per 1,000
Collin	178,362	11,442	64.2
Cooke	6,198	351	56.6
Dallas	473,236	28,024	59.2
Denton	118,439	7,617	64.3
Ellis	32,603	2,217	68.0
Erath	9,560	1,256	131.4
Fannin	5,327	303	56.9
Grayson	21,214	1,335	62.9
Hood	7,473	441	59.0
Hunt	14,433	844	58.5
Johnson	31,898	2,100	65.8
Kaufman	25,385	1,585	62.4
Navarro	9,743	681	69.9
Palo Pinto	4,863	232	47.7
Parker	19,413	1,300	67.0
Rockwall	19,259	1,278	66.4
Somervell	1,914	173	90.4
Tarrant	352,905	20,315	57.6
Wise	9,009	575	63.8
Texas	5,058,211	299,322	59.2

Source: Texas Higher Education Coordinating Board, School District, Fall 2014.[40]



Family Domain

Parental/Social Support

Parental and social support is determined using the County Health Rankings and Roadmaps website created by the Robert Wood Johnson Foundation program. The site's objective is to provide data on healthy community rankings. Table 84 shows the number of social associations per 10,000 people. Associations include all types of social organizations including civic agencies, bowling centers, golf clubs, sports teams, fitness and gym centers, religious affiliations, political organizations, labor groups, businesses and professional organizations. These associations are identified by North American Industry Classification System codes 813410, 713950, 713910, 713940, 711211, 813110, 813940, 813930, 813910 and 813920. The red cells below represent the three counties with the lowest Social Association Rates based on the North American Industry Classification System.

TABLE 84 –SOCIAL ASSOCIATION RATE BY COUNTY, 2015-2017

County	2015 Association Rate	2016 Association Rate	2017 Association Rate
Collin	6.2	6.3	6.2
Cooke	12.1	11.7	11.4
Dallas	7.3	7.3	7.2
Denton	6	5.9	5.9
Ellis	9.7	10.1	10
Erath	12.5	12.1	12.7
Fannin	13.9	14.9	14.5
Grayson	12.6	12.3	12.4
Hood	10.8	10.4	10.8
Hunt	13.2	12.9	12.8
Johnson	8.1	8.3	8.3
Kaufman	8.6	8	8
Navarro	10.8	10.4	10
Palo Pinto	13.6	13.6	13.2
Parker	9.8	9.8	10.1
Rockwall	7.3	7.6	7.6
Somervell	14	13.9	11.5
Tarrant	7.3	7.2	7.1
Wise	11.7	12.3	12.5
Region 3	10.3	10.3	10.1
Texas	7.8	7.8	7.7

Source: County Business Patterns, National American Industry Classification System, 2015-2017.[32]

Parental Attitudes toward Alcohol and Drug Consumption

Parental beliefs about alcohol and drugs have the ability to shape how likely their child is to engage in substance use. Adolescents tend to model the behaviors of parents and guardians around them. Therefore, these adult attitudes about drug and alcohol consumption can have either a positive or negative influence on our youth and their substance use activity. The 2016 Texas School Survey results for Region 3 reported that the majority of students in all grades (7-12) said their parents "Strongly Disapprove" of them using alcohol, tobacco, or marijuana.[1] Region 3 parents were found to have a stronger disapproval of substance consumption than when compared to the state.[1] This was indicated by Texas having a lower percentage of "Strongly Disapprove" parental attitudes for both alcohol and tobacco use than parents in Region 3.

Students Talking to Parents about ATOD

Facilitating conversations about substance use between adolescents and their parents promotes guidance, support, and more open relationships between adults and their children. Students are more likely to come to an adult with a substance use problem if they feel comfortable talking about alcohol or other drugs with their parents. According to the 2016 Texas School Survey, less than 5% of students in all grades (7-12) in Region 3 said they "Do Not Know" their parents' attitudes towards alcohol, tobacco, or marijuana use.[1] This is less than the overall Texas response in each drug category, and is a good indicator that many of our students know their parents' stance on drugs and alcohol.

Individual Domain

Youth Prevention and Intervention Services

The Texas HHSC, within its Behavioral Health Services, provides funding for about 200 youth and family prevention-focused school, community, and center-based programs across the state. These programs offer evidence-based curriculum and prevention strategies in order to reduce the use of alcohol and other drugs. These youth prevention programs are comprised of universal prevention strategies (YPU) designed to reach all youth, selective prevention strategies (YPS) that target at risk youth, and indicated prevention interventions (YPI) designed to work with youth who have already demonstrated behavioral problems. To see a list of all the HHSC-funded youth prevention programs in Region 3, please visit our website page: http://prc3.org/wp-content/uploads/2014/08/YP-Info-156.pdf. **Cooke, Denton, Fannin, Hunt, Kaufman, Rockwall, and Somervell counties do not have any HHSC-funded youth prevention programs.**[3]

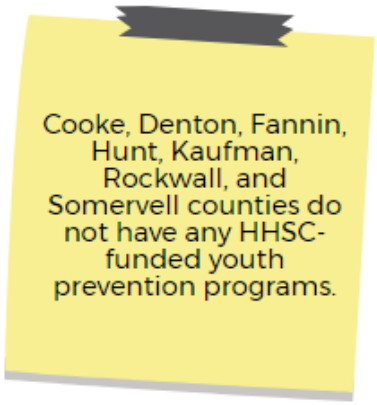


TABLE 85 –YOUTH PREVENTION PROGRAM COMPLETION AND SUCCESS RATES, 2015-2016 ACADEMIC SCHOOL YEAR

County	Total Youth Enrolled	Total Youth Completed	Total Pretest	Total Posttest	Total Completed Successfully	Completion Rate	Success Rate
Collin	784	656	732	650	638	83.7	97.3
Dallas	8,951	7,937	8,774	7,702	7,552	88.7	95.1
Ellis	1,300	1,230	1,294	1,181	1,153	94.6	93.7
Erath	647	615	647	615	554	95.1	90.1
Grayson	1,179	1,160	1,179	1,043	1,056	98.4	91
Hood	297	257	284	257	209	86.5	81.3
Johnson	991	917	969	909	882	92.5	96.2
Navarro	6,327	5,946	6,223	6,091	5,943	94	99.9
Palo Pinto	139	128	139	128	124	92.1	96.9
Parker	135	132	135	132	128	97.8	97
Tarrant	11,973	10,432	11,833	9,999	9,556	87.1	91.6
Wise	929	859	929	859	835	92.5	97.2

Source: Texas Health and Human Services Commission, 2015-2016 Academic School Year.[3]

Note: The missing Region 3 counties in the table above do not have HHSC-funded youth prevention programs.

Life Skills Learned in YP Programs

Youth Prevention programs in Region 3 utilize evidence based curricula. From these education programs, students learn how to manage their time and resources responsibly, identify their skills and areas of improvement, set goals, and improve social interactions. These programs are designed to improve school performance and attendance, and promote family cohesion and bonding. The effects of these YP programs have shown dramatic reductions in problem behaviors, including substance use.

Mental Health and Family Recovery Services

Youth Employment

Table 86 shows age group employment status for two populations: 16-19 and 20-24. The American Community Survey uses 5-year percentages based on total U.S. Census population figures.[6] The highlighted cells represent the county with the highest employed percentage in the designated population. **Somervell County has the lowest unemployment percentages for youth ages 16-19 and 20-24 during the 2011-2015 American Community Survey time period.[6]**

Somervell County had the lowest unemployment percentages for youth ages 16-19 and 20-24 during the 2011-2015 American Community Survey time period.

TABLE 86 –YOUTH EMPLOYMENT FIGURES, 2011-2015

	Unemployment Rate 2011-2015	
County	**16-19 Years Old**	**20-24 Years Old**
Collin	16.4%	10.0%
Cooke	20.9%	9.2%
Dallas	26.3%	12.9%
Denton	19.9%	11.4%
Ellis	22.5%	12.7%
Erath	27.4%	4.6%
Fannin	26.4%	15.6%
Grayson	27.2%	15.3%
Hood	12.6%	10.8%
Hunt	27.6%	22.9%
Johnson	23.0%	11.2%
Kaufman	23.4%	22.2%
Navarro	31.7%	25.1%
Palo Pinto	19.7%	8.4%
Parker	20.1%	15.0%
Rockwall	16.0%	19.9%
Somervell	**6.1%**	**1.3%**
Tarrant	21.6%	11.6%
Wise	17.8%	17.6%

Source: 5-Year American Community Survey, 5-Year Estimates, 2011-2015.[6]
Population Source: 2010 U.S. Census Bureau

Youth Perception of Access, Risk and Harm

Increased availability and ease of access to alcohol or drugs can promote consumption among students and young adults. If a student knows a substance, such as alcohol, is easily obtainable, he or she may be more likely to engage in use. The perception of whether or not a substance can be dangerous to an individual is another measure, like accessability, used to determine if the individual will engage in consumption. These perceptions were measured in the 2016 Texas School Survey, and showed that over 30% of Region 3 students in all grades (7-12) believed that it would be "Very Easy" to get alcohol if they wanted some.[1] Similarily, nearly 25% of Region 3 students in all grades (7-12) thought it would be "Very Easy" to get marijuana if they wanted some.[1]

Trends of Declining Substance Use

Since the iniation of the Public Policy Research Institute's Texas School Survey, students in grades 7-12 throughout the region and state have been participating in surveys regarding substance use. Results from these surveys yield trends in student perceptions and consumption of alcohol and drugs. In Region 3, there was increase across all grades (7-12) among current (past 30 days) and lifetime use of alcohol, marijuana, prescription drugs, tobacco, and any illicit drug, between the 2014 and 2016 surveys.[1] This significant increase in consumption across all substances denotes the need for increased youth prevention programs in our Region.

Region in Focus

Gaps in Services

To focus on youth prevention, we must take a closer look at our students. Over the last ten years, Texas public school enrollment has increased by 831,421 students, or 18.9 percent. A growing school population yields changes in diversity: between the 2013-14 and 2014-15 school years, there was an increase in enrollment of African American, Asian, Hispanic, and multiracial students, and a decrease of White students.[17] Despite the growing nonwhite school population, Region 3 disciplinary data continues to paint a picture of disproportionate outcomes for nonwhite students. In ESC Region 10, African American students received a higher percentage of In School Suspensions than the average student (13.30% vs. 7.31%), more Disciplinary Alternative Education Program referrals (2.23% vs.1.20 %), and over twice the percentage of Out of School Suspensions than the average student (10.37% vs. 4.36%).[17] In ESC Region 11, African American students received a higher percentages of In School Suspensions (15.85% vs. 8.64%), Disciplinary Alternative Educational Program referrals (2.85% vs. 1.35%) and over double the percentage of Out of School Suspensions than the average student (10.89 vs. 4.18%).[17]

Some of our outermost rural counties show a lack of services in their area. This affects them in unpredictable ways. Somervell County, for example, has several of the highest rates of alcohol-violation arrests for citations of drunkenness and total alcohol violations.[20] Other rural counties such as Cooke, Grayson, and Palo Pinto, consistently had some of the highest rates of drug or alcohol induced deaths, and drug or alcohol related fatalities.[17] Some of these rural Region 3 counties also lacked HHSC-youth prevention programs, and reported the lowest rates of college enrollees.[3, 40] The fact that outcomes in our outer counties are unpredictable speak to the fact that services which measure risk and protective factors can be sparse or not easily accessible.

While Region 3 lacks services in some rural counties, there is a handful of issues concerning the urban counties. Region 3 has one of the highest percentages of people living in an urban area at 90.61%, which is well above the state (84.70%) and national (80.89%) level.[4] Urban areas tend to have separate risk factors, as evidenced by Region 3's most urban county, Dallas, which has a high percentage of residents over the age of 5 years with limited English proficiency.[6] This highlights the need to reach out to underserved populations within areas of high service social programs. We can identify these underserved populations by digging deeper into the data: around 44% of Dallas's residents with limited English proficiency are of Latino or Hispanic ethnicity.[6]

Region 3 residents have several services that fall below the Texas standard. The SNAP-authorized retailer rate per 100,000 residents was 6.88 in 2016.[11] Yet the Texas rate is well above that at 7.74 and the U.S. rate is even higher at 8.29.[11] The SNAP's goals are to reduce hunger, food scarcity, and obesity for families; objectives that would be helpful in Texas's most populated Health and Human Services Region. This is especially important for some outer rural counties already subject to low food access. Erath County for example, has 8.06% of its residents living in the lowest range of food outlet access.[5] For comparison, the state has 0.62% of residents living in this range and the U.S. has 0.99%.[5] Region 3 also falls below the standards for prenatal care. Region 3 residents have a higher percentage of mothers with late or no prenatal care than the state (43.1% Region 3 vs. 39.5% Texas).[6]

These are a few areas where added services may improve local outcomes. More research into these indicators is necessary for evidence-based programming to be implemented.

Gaps in Data

There are many information gaps at both the state, regional, and local levels. The gaps in this report result from a combination of government resistance towards open data sharing as well as a lack of data collection and analysis at the local level.

The Statewide Evaluator team began this project in September 2013 and most of the evaluators were brought on board in October 2013. This past year's data collection efforts have grown since the initial collection process. Since the 2014 report, more than 20 new indicators have been added and are reflected in this year's Regional Needs Assessment. While collection efforts have begun in force, the expectation is that more data sources will be found as time elapses. Furthermore, the evaluator team will have the opportunity to critique both the successful and unsuccessful collection strategies from the past years and build upon them accordingly.

Another cause of information gaps comes from a lack of data availability. Specific data sets that are unavailable include lesbian/gay/bisexual/transgender identifiers, military populations, and racial breakdowns of indicators. Since significant differences in substance trends exist for different populations, it is important to improve the information collection about these subsets. The evaluator team also lacked data availability with regards to treatment and discharge data, as these data collection strategies are often more complex and difficult to obtain. Within the next few years, the PRC 3 team will offer increased services to local agencies to help them enhance or begin their data collection process. The PRC 3 Regional Resource Evaluator will continue to provide technical assistance for data collection efforts.

An additional factor affecting information gaps is the limited use of assessments in local communities. There is a lot of resistance to using assessments, even if they were used in the past. Independent School Districts, for example, sometimes decline assessments like the Texas School Survey and Youth Risk Behavioral Survey in an attempt to avoid identification, costs, and any competition with state testing. The hesitation of allowing agencies to conduct assessments creates a lack of data for the field, and hurts ISDs as they attempt to solve substance abuse issues with assumptions rather than facts.

Assessments themselves need regular updating, as new drug trends become popular and new risk and protective factors are deemed important in prevention. Additional questions need to be added within the prescription drug realm, as national data suggests this area of substance abuse is increasing and leading to more serious drug use such as heroin. While creating formal assessments may be outside the scope of the Statewide Evaluator team, advocacy at the state and federal level for change is suggested. Furthermore, the research of risk and protective factors affecting subset populations such as adolescent, senior, or lesbian/gay/bisexual/transgender individuals needs to be broadened and increased.

Region 3 Partners

REACH Council
Service Area: Johnson, Ellis, Navarro, and Kaufman
Executive Director/Primary Contact: Tasha Taylor, tasha.taylor@reachcouncil.org
http://reachcouncil.org/index.html
Office: 972.723.1053
107 S. 4th St., Suite A. Midlothian, TX 76065

Substance Abuse Council (SAC)
Service Area: Cooke, Grayson, and Fannin
Executive Director: Lisa Tyler
www.sachelp.org
Office: 903.892.9911
214 W. Brockett St. Sherman, TX 75090

STAR Council
Service Area: Erath, Hood, Somervell, and Palo Pinto
Executive Director: Marilyn Pipes, mpipes@starcouncil.org
Primary Contact: Rhyland Ramirez, rramirez@starcouncil.org
www.starcouncil.org
Office: 254.965.5515
239 S. Virginia St. Stephenville, TX 76401

Recovery Resource Council
Service Area: Tarrant and Johnson
CEO: Eric Niedermayer
Primary Contact: Lisa Reiling, l.reiling@recoverycouncil.org
Office: 817.332.6329
2700 Airport Fwy. Fort Worth, TX 76111

Drug Prevention Resources
Service Area: Dallas, Ellis, and Navarro
CEO: Becky Vance, bvance@dpri.com
Primary Contact: Josie Prachyl, jprachyl@dpri.com
www.drugprevresources.org
Office: 972-518-1821
1200 Walnut Hill Lane, Suite 2100, Irving, TX 75038

VOICE Corsicana
Service Area: Kaufman and Navarro
CEO: Lynda Sloan, lsloan@voiceinc.org
Primary Contact: John Goodnight, jgoodnight@voiceinc.org
www.voiceinc.org
Office: 903-872-0180
107 West 5th Ave. Corsicana, TX 75110

Regional Successes

One of the PRC 3's biggest successes this year was helping to promote and increase participation of our regional middle and high schools taking the Texas School Survey. This year we had 29 schools participate, more than any other region in Texas. This means we will be able to get consecutive regional results from the survey and were able to track consumption, perception, and attitude trends among our students.

Another area of improvement was our relationship with Dallas ISD. Dallas ISD shared police-collected data with us for the first time. While the data was extremely limited in its presentation, we are hopeful that this is the beginning of a new data source in one of our most influential school districts. The PRC 3 team has continued to build on a relationship with the Focus on Teens agency, whose mission is to help serve homeless youth in Dallas ISD and has formed a survey relationship with school district. We will continue to work with Focus on Teens and the University of Texas at Dallas to collect survey data.

This past fiscal year the PRC 3 has become better equipped and sought-after for trainings and presentations. We always consider our trianings an opportunity to disseminate local data to our regional citizens. A list of our presentations are below:

1) Emerging Drug Trends

   This presentation seeks to educate the community on data showing current drug and alcohol trends in our community. Audience members leave with a better understanding of both community trends, as evidenced by student survey data, and of the substances themselves. Comparing data from regional to state and national subject pools helps the audience member better understand our area's needs and gaps of service.

   This presentation has been expanded to specifically focus on:

   - Alcohol Trends
   - Tobacco/Smoking Trends
   - Prescription Drug Trends

2) Substance Abuse & Academic Consequences

   This presentation aims to discuss current alcohol and drug trends among youth in the DFW area. Specifically, it highlights the "whats, whens, and wheres" of emerging substance use patterns in Health and Human Services Region 3, a 19 county area surrounding DFW. All Education Service Center Region 10 school districts fall within the Health and Human Services Region 3 area. Objectives include understanding the relationship between substance use and grades, college dropout patterns related to high school substance use, and demographic breakdowns of use. The presentation ends with signs and symptoms of student substance use and how we can affect our neighborhoods to create a safer alcohol and drug-free community.

3) Mental Health & Substance Abuse

   This presentation educates the community on how certain childhood experiences increase the risk of substance abuse and mental health issues in adulthood. Citing

statistics from the landmark Adverse Childhood Experiences (ACE) study, correlations are made between traumatic childhood experiences and their effects later in life. In addition, this presentation focuses on understanding how epidemiology observes pre-existing risk factors and the applications of change for controlling problem factors. The relationship between ACEs and outcomes are represented by data indicators, highlighting the need for both data collection and a deeper understanding of how epidemiology provides support for trauma-informed care.

4) Primary and Secondary School Parent Presentations

All of our adult presentations may be tailored to meet the audience's needs.

5) Data Exploration & Prevention Science

This presentation focuses on better understanding how epidemiology observes pre-existing risk factors and the applications of change for controlling risk factors. The presentation discusses the co-occurrence of Adverse Childhood Events (ACE) and negative outcomes, which include substance misuse and substance use disorders. Our presentation shows this relationship through the representation of data indicators, highlighting the need for both data collection and a deeper look at how epidemiological efforts direct our work with different populations. We round off with time to discuss preventive methods for combating the risk factors that lead to substance misuse and substance use disorders.

Additionally, the PRC 3 had its first annual conference focusing on tobacco and smoking trends. Last year we collaborated with the Denton County Health Department, the University Behavioral Health, the Tobacco Free North Texas coalition, and the American Cancer Society to create a training day of information on local and regional consumption patterns and ways to combat negative trends. We plan to collaborate again with these partners and increase the numbers in our audience.

Additional successful collaborative efforts over the past fiscal year are too numerous to fully recount in this document. As an example, the PRC 3 conducted high school student focus groups with Ellis County and Johnson County, a couple of our outer counties, for the first time as a result of forming a stronger relationship with REACH council. We plan to continue building on these connections in order to make our gaps in data smaller and identity as experts of substance use-related epidemiology stronger.

Conclusion

The SAMHSA has been working closely with the Texas Health and Human Services Commission to identify the gaps of services in regards to substance abuse and mental illness while simultaneously improving their prevention and chances for recovery. In an effort to identify needs and gaps of service, the PRCs have been employed across the state to put their data procurement and analytical skills to the test.

While 2017 is the fourth year of data collection efforts and suggestions for change, future information gathering will lead to a central data repository that exceeds all previous collection efforts. Such a repository will provide facts that can be used to objectively focus the resources available for prevention, treatment, and recovery.

This year the RNA improved its scope in several areas, mainly by adding more local indicators, displaying more trend data over five and ten year periods, and adding comparisons between regional, state, and national data where applicable. This document stands as an annual summary of the aforementioned efforts, and may assist related field workers in implementing change, planning, and decision-making.

Key Findings

- In ESC Region 10, African American students receive a much higher percentage of In School Suspensions than the average student (13.30% vs. 7.31%), Disciplinary Alternative Education Program referrals than the average student (2.23% vs.1.20 %), and more than double the percentage of Out of School Suspensions than the average student (10.37% vs. 4.36%). Special education students receive the most Juvenile Justice Alternative Education Program referrals (0.07% vs. 0.04% of average students).[17]
- In ESC Region 11, African American students receive a much higher percentage of In School Suspensions than the average student (15.85% vs. 8.64%), Disciplinary Alternative Educational Program referrals (2.85% vs. 1.35%) and more than double the percentage of Out of School Suspensions than the average student (10.89 vs. 4.18%).[17]
- All Region 3 counties have higher suicide rates than the state with the exception of Collin, Dallas, Denton, Ellis, and Tarrant counties.[3]
- Note that of the 13 counties in Region 3 with youth HHSC-funded substance abuse admission counts for reporting, all counties have marijuana/hashish as the primary substance of dependence except for Wise County with methamphetamine. Additionally, Region 3 has the second largest number of HHSC-funded youth substance abuse admissions in the state, next to Region 6 (Houston area).[24]
- From 2011 to 2014, the most saturated liquor store county was Palo Pinto, followed by Cooke and Kaufman in 2014.[33]
- According to the Youth Risk Behavior Surveillance Survey, in both 2011 and 2013 Texas students were offered, sold, or given an illegal drug on school property during the 12 months before the survey more than the average U.S. student (26.4% vs. 22.1% in 2013).[30]
- The Region 3 Poison Control calls suggest decreased use of synthetic cathinoids due to a drop in calls, from 44 in 2011 to 3 in 2015. Nicknames for synthetic cathinoids include "flakka" and "bath salts."[2]
- Region 3 received one Poison Control call related to electronic cigarettes or "vaping" in 2010 compared to 203 calls in 2015; clearly suggesting an upward trend in electronic cigarette use.[2]
- Parent Approval/Consumption Key Findings:

  - In 2016, students in Region 3 reported "Strongly Disapprove" parental attitudes regarding tobacco and alcohol more than Texas students in all grade levels.[1]
  - In 2016, students in Region 3 reported "Do Not Know" parental attitudes toward alcohol less often than Texas students in all grade levels.[1]
- Cooke, Denton, Fannin, Hunt, Kaufman, Rockwall, and Somervell counties do not have any HHSC-funded youth prevention programs.[3]
- Collin, Denton, Tarrant, and Dallas were the only Region 3 counties to have more residents with a bachelor's degree or higher than Texas overall percentage of 27.6%. Similarly, Dallas, Navarro and Palo Pinto were the only Region 3 counties to have higher percentages of people without a high school diploma compared to the Texas overall percentage of 18.1%.[40]
- Dallas County has the highest dropout rate from the 2014-2015 academic school year at 9.5%, which is more than the Texas droput rate of 6.4%. Erath County has made large improvements in their dropout rate between the 2012-2013 and 2014-2015 academic school years (18.2 to 8.1%).[17]
- The students reporting "A" grades reported never using the specified drug MORE OFTEN than students reporting grades lower than "A" in all drug categories.[1]
- Marijuana represented the majority of Region 3 drug trafficking arrests at 83.38% in 2014.[20]
- In 2014, all Region 3 counties reported higher rates of Medicare beneficiaries with depression than the state average, with the exception of Collin and Rockwall counties.[26]
- Region 3 students report "Do not know" less often than Texas student averages in response to the question "How do your parents feel about kids your age using ____?" for tobacco, alcohol, and marijuana." Similarly encouraging, Region 3 students report "Strongly disapprove" more often than Texas student averages in all three substance categories.[1]
- The vast majority of Texas college students who report that they continue to use drugs say they typically use marijuana (73%), which is down from 2013 (86%).[16]
- Texas college student Grade Point Average (GPA) is significantly affected by drug use patterns: there is a statistically noteworthy increase in GPA from monthly drug users (3.14) to casual drug users (3.24). A greater increase in GPA is shown with those students who have never used illicit drugs (3.33).[16]

Moving Forward

In the future, the PRCs will continue to work together to create more unified methods of data collection and reporting. Furthermore, the PRCs will work to add more data on an annual trending and regional, state, and national comparison scale. The Statewide Evaluator team will monitor the most recent research in our field to ensure the indicators chosen for the 2018 RNA best predict or protect against substance abuse at the local level.

This year the indicators presented in this report will gradually be copied into an online database coordinated by the Health and Human Services Commission Center for Health Statistics. The Statewide Evaluators will work to provide input and data upkeep for the public use of this online database. The PRCs around the state will add to the collection, analysis, and publication phases of distribution and evaluation and meet quarterly HHSC measures for presentations, data distribution, media contacts, and other categories. Thus, the entire data initiative becomes an ever-evolving, more broadly-reaching, more inclusive, and more refined process.

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Appendix A

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

Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services. Note: As of September 1, 2016, the Texas Department of State Health Services was consolidated with the Texas Health and Human Services Commission.
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
HHSC	Health and Human Services Commission
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe certain binge drinking behaviors.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas School Survey
YRBS	Youth Risk Behavior Surveillance Survey