2019

Regional Needs Assessment

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

PREVENTION RESOURCE CENTER

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About the Prevention Resource Center Region 3

The Prevention Resource Center Region 3 (PRC 3) is a program of Recovery Resource Council and funded by the Texas Health and Humans Services Commission. Recovery Resource Council (RRC) is North Texas' largest non-profit organization dedicated to prevention, intervention and treatment of alcohol, substance use disorder and behavioral health issues. With campuses in Fort Worth, Dallas and Denton, RRC programs impact 110,000 children, adolescents and adults in 19 counties annually. 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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Table of Contents

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 Recovery Resource Council and the Texas Health and Human Services Commission (HHSC). The PRC 3 serves 19 counties in Texas Health and Human Services Region 3.

This assessment was designed to aid PRC's, 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 partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also 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:

Education

- In 2017, Collin, Denton, and Rockwall have the highest percentage of residents with a bachelor's degree or higher. On the contrary, Navarro, Palo Pinto, and Somervell had the highest percentage of residents without a High School Diploma. (**Table 22**)
- Somervell County has the highest dropout rate from the 2016-2017 academic school year at 10.3%. (**Table 23**)
- Palo Pinto County has the highest rate of homeless students for all three school years (2017-2019) (**Table 26**).

Mental Health and SUD Treatment

- In 2017, Marijuana (24%) accounted for the majority of treatment admissions to HHSC Funded Facilities followed by amphetamines (20%), heroin (16%), and alcohol (14%). (**Figure 6**)
- All Region 3 counties have higher suicide rates than the state except for Collin, Dallas, Denton, Tarrant and Wise Counties. (**Table 31**)
- Except for Region 8, all the regions reported more than half of the youth admissions with marijuana as the primary drug of dependence in 2018. The overall highest rate was in Region 2 (85.39%) and Region 8 had the lowest rate (49.51%) reported. (**Table 34**)

Law Enforcement

- In 2018, Marijuana represented the majority of Region 3 drug seizures at 10,674 lbs. vs 265 lbs. for Methamphetamine, 172 lbs. for Amphetamines, 144 lbs. for Cocaine and 115 lbs. for Opiates. (**Table 30**)
- In 2017, Rockwall and Hunt Counties had the highest rate ofarrests for liquor law violations. Kaufman, Rockwall, and Tarrant Counties had the highest rate for drunkenness arrests. (**Table 69**)
- In 2017, Rockwall, Kaufman, and Navarro Counties had the highest rate for drug/narcotic arrests. Rockwall, Collin, and Kaufman Counties had the highest rate for drug/equipment violations. (**Table 70**)

2018 TSS Findings and 2018 CCHAPS findings

- Parent Approval/Consumption Key Findings: (**Tables 37 & 38**)
  - In 2018, students in Region 3 reported "Strongly Disapprove" parental attitudes regarding tobacco, alcohol and marijuana more than Texas students in all grade levels.
  - In 2018, students in Region 3 reported "Do Not Know" parental attitudes toward tobacco, alcohol and marijuana less often than Texas students in all grade levels.
  - In 2018, Johnson County parents reported using cigarettes daily more than the other 5 counties that participated in the CCHAPS survey.
  - In 2018, Denton and Wise County parents reported using alcohol daily more than the other 4 counties that participated in the CCHAPS survey.
- 69.8% of Region 3 students reported getting information on drugs or alcohol from "Any school source" vs. 64.7% of Texas students. (**Figure 11**)
- Of those answering "yes" when asked if they would "seek help if they had an issue with alcohol or drugs", 71.9% of students reported that they would talk to their parents.[4]
- According to 2018 TSS, 27% of Region 3 students in all grades (7-12) believed that it would be "Very Easy" to get alcohol if they wanted some. Additionally, 19.2% of Region 3 students in all grades (7-12) thought it would be "Very Easy" to get marijuana if they wanted some. 17.8 % of students thought the same for tobacco. These rates are lower than TSS 2016 reports for alcohol (over 30%) and marijuana (nearly 25%).
- In Region 3, there was a decrease across all grades (7-12) among current (past 30 days) and lifetime use of alcohol, marijuana, prescription drugs, and any illicit drug, between the 2016 and 2018 surveys. This significant decrease in consumption across all substances could indicate the effectiveness of youth prevention programs in our Region. (**Table 75**)
- There was an increase in current use for tobacco from 2016 to 2018 surveys. This denotes a need for tobacco prevention education to youth, especially about electronic nicotine delivery systems (ENDS) more commonly known as e-cigarettes (**Figure 10 and Table 75**).

Consequence Data

- Overall for Region 3, poison control calls about nicotine/tobacco products for those under 18 accounted for 87% of the calls in 2016 and 91.5% of the calls in 2017. (**Table 63**)
- In 2016, ten of the nineteen Region 3 counties reported 100% of their DUI fatalities were those ages 21-35. (**Table 67**)

Prevention Resource Centers

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

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 drug use among adolescents and adults and share findings with community partners (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) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Efforts carried out by PRCs are focused on the state's three prevention priorities of underage drinking, use of marijuana and other cannabinoids, and prescription drug misuse.

Figure 1. Texas Health Service 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

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

As one reads through this needs assessment, 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 substance misuse and substance use disorders (SUDs).

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18.[1]

The information presented in this document is compiled from multiple data sources and will therefore consist of varying demographic subsets of age which generally define adolescence as ages 10 through 17-19. 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

The WHO describes epidemiology as 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.” This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior. SAMHSA adopted an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

Socio-Ecological Model

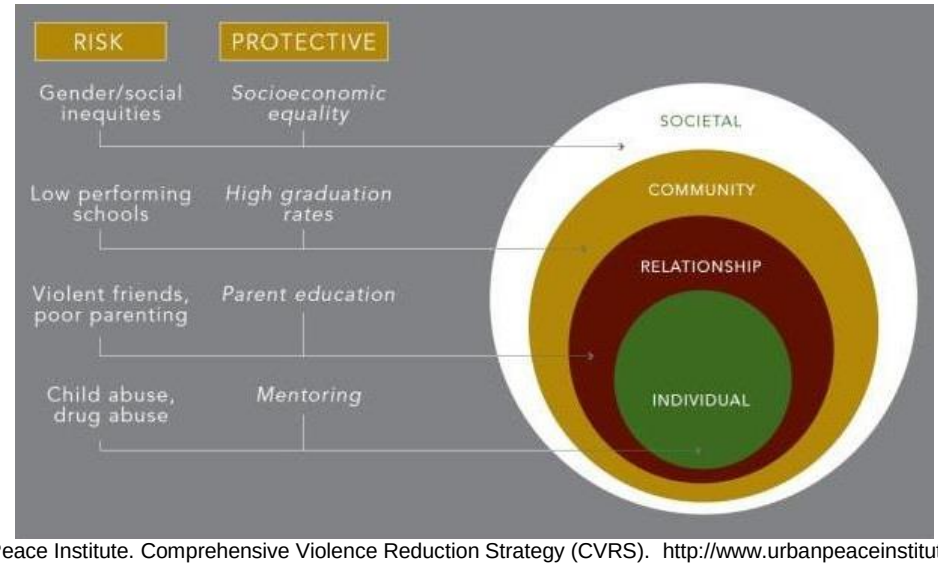
The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.[2] Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a substance use disorder. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).[3]

Figure 2. Examples of Risk and Protective Factors Within the Domains of the Socio-Ecological Model



Source: Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). http://www.urbanpeaceinstitute.org/cvrs/ Accessed May 29, 2018.

Consumption Patterns

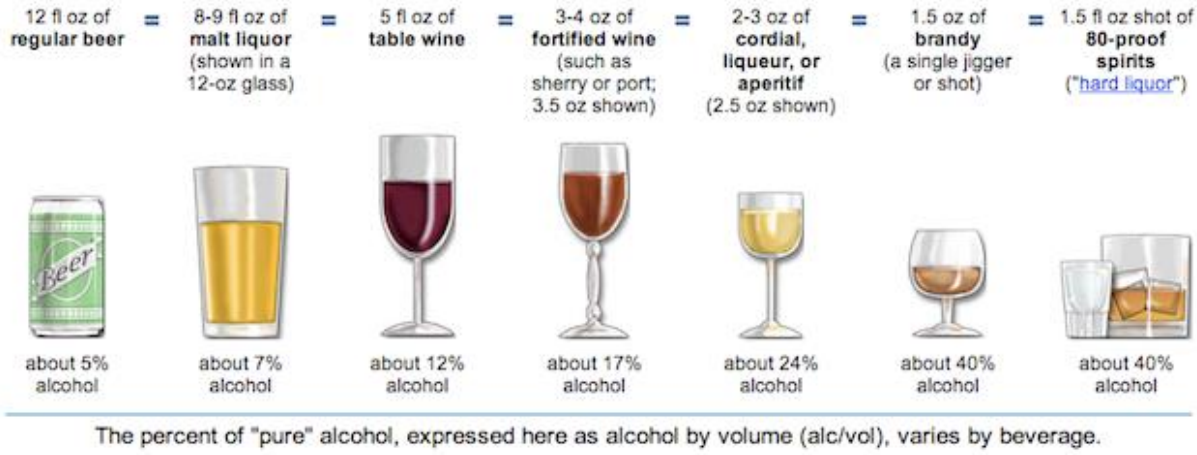
For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS)[4], the Youth Risk Behavior Surveillance System (YRBSS)[5], the Behavioral Risk Factor Surveillance System (BRFSS)[6], and the Texas Survey of Substance Use among College Students (TCS)[7], consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports

from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States, for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates)[8]. When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process.

For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption.[9] These standards define binge drinking 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 drinks for women, within a two-hour time span. At-risk or heavy drinking is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking. See Figure 3 for the NIAAA's operational definitions of the standard drink.

Figure 3. NIAAA (2004) rubric for operationalizing the standard drink by ounces and percent alcohol across beverage type



Source: National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*.[10]

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse.[11] Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

Audience

Potential readers of this document include stakeholders from a variety of disciplines: 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, each yielding specialized genres of professional terms and concepts related to substance misuse and substance use disorders prevention, a glossary of key concepts can be found in **Appendix A** of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in **Appendix B**.

Introduction

The Texas Health and Human Services Commission (HHSC) administers approximately 225 school and community-based prevention programs across 72 different providers with federal funding from the Substance Abuse Prevention and Treatment Block Grant 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 (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the 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.[12]

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

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.

Purpose of This Report

This needs assessment reviews substance abuse data and related variables across the state that aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Department of State Health Services. 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).

Figure 4. Strategic Prevention Framework (SPF)

Source: SAMHSA. Strategic Prevention Framework. https://www.samhsa.gov/capt/applying-strategic-prevention-framework. Last updated June 5, 2017.Accessed July 30, 2017.

Methodology

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following: primary focus on the state-delineated prevention priorities of alcohol (underage drinking), marijuana, prescription drugs, and other drug use among adolescents; exploration of drug consumption trends and consequences, particularly where adolescents are concerned; and an exploration of related risk and protective factors as operationalized by CSAP.

Specifically, this regional needs assessment can serve in the following capacities:

- To determine patterns of substance use among adolescents and monitor changes in substance use trends over time;
- To identify gaps in data where critical substance misuse information is missing;
- To determine county-level differences and disparities;
- To identify substance use issues that are unique to specific communities;
- 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 misuse prevention, intervention, and treatment at the region and state level.

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2018 and May 30, 2019.

Between September and July, the State Evaluator meets with Regional Evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. 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 is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

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

Qualitative Data Selection

During the year, focus groups, surveys and interviews are conducted by the Regional Evaluator to better understand what members of the communities believe their greatest need to be. The information collected by this research serves to identify avenues for further research and provide access to any quantitative data that each participant may have access to.

Focus Groups

This year PRC 3 conducted one focus group in Dallas County with high school students. The objective of focus groups is 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.

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

- 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?

Interviews

Interviews are conducted primarily with school officials and law enforcement officers. Participants are randomly selected by city and then approached to participate in an interview with the Regional Evaluator. Other questions inevitably arise during the interviews, but these four are asked of each participant. Each participant is asked the following questions:

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

Longitudinally Presented Data

In an attempt to capture a richer depiction of possible trends in the data presented in this needs assessment, data collection and reporting efforts consist of multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to) the most recently-available data collected over three years in one-year intervals of data-collection, or the most recently-available data collected over three data-collection intervals of more than one year (e.g. data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state-and national-level data with county-

level data for comparison purposes. However, where it is the case that neither state-level nor national-level date are included in tables and figures, the assumption can be made by the reader that this data is not made available at the time of the data request. Such requests are made to numerous county, state, and national-level agencies in the development of this needs assessment.

Regional Demographics

The starting point for any thorough analysis of regional descriptors is providing comparisons on a larger level, in this 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' 2019 population estimate of 29,948,091 people ranks it as the second-most populous state, behind California. Below in **Table 1** are the regional components of Texas' significant population increases during the 2014-2019 period. Note that Region 7 (Austin and the surrounding counties) leads the growth component at 12.9%, followed by Region 6 (Houston and surrounding counties) at 11.7% and Region 3 (Dallas/Fort Worth and surrounding counties) at 10.9%.

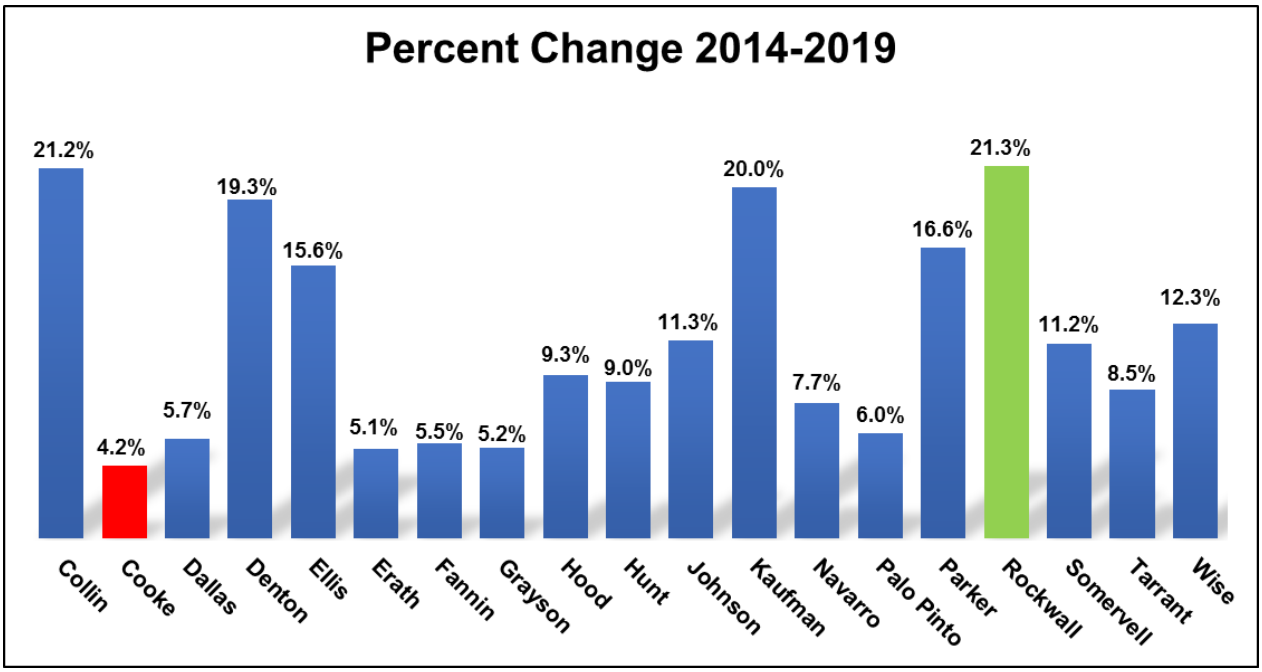
Table 1 - Regional Population and Percent Change, 2014-2019

Report Area	2014 Population	2019 Population Estimate	Growth (+/-)	Percent
1	873,238	931,316	58,078	6.7%
2	562,476	577,063	14,587	2.6%
3	**7,292,026**	**8,087,897**	**795,871**	**10.9%**
4	1,160,888	1,224,724	63,836	5.5%
5	794,451	829,292	34,841	4.4%
6	6,644,817	7,425,374	780,557	11.7%
7	3,249,137	3,669,102	419,965	12.9%
8	2,813,785	3,091,606	277,821	9.9%
9	600,167	635,337	35,170	5.9%
10	885,187	963,923	78,736	8.9%
11	2,279,695	2,512,457	232,762	10.2%
Texas	27,161,942	29,948,091	2,786,149	10.3%
United States	**319,685,453**	**328,961,385**	**9,275,932**	**2.9%**

Texas Department of State Health Services.[13]

Over the course of 6 years, all Region 3 counties have had population increases. **Figure 1** below indicates the county with the highest growth in green and lowest growth in red. The counties with the most growth include Rockwall (21.3%), Collin (21.2%) and Kaufman (20.0%).

Figure 1 – Region 3 Percentage Population Change, 2014-2019



Texas Department of State Health Services.[13]

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 25.6%. The younger population is also revealed among persons over 65 years, where Texas has 12.8%. **Table 2** below shows the regional breakdown of younger populations (age 0 -17) and older populations (65 and older).

Table 2 - Regional Population by Age Category, 2019

Report Area	Population 0-17	Percent	Population 65+	Percent
1	243,149	26.1%	132,199	14.2%
2	133,707	23.2%	105,923	18.4%
3	**2,075,273**	**25.7%**	**944,715**	**11.7%**
4	285,254	23.3%	228,715	18.7%
5	193,812	23.4%	145,421	17.5%
6	1,893,921	25.5%	842,875	11.4%
7	904,193	24.7%	458,600	12.5%
8	771,747	25.0%	447,323	14.5%
9	165,518	26.1%	92,443	14.6%
10	264,254	27.4%	118,957	12.3%
11	733,722	29.2%	318,189	12.7%
Texas	7,664,555	25.6%	3,835,360	12.8%

Texas Department of State Health Services.[13]

The breakdown of the population by age category for Region 3 counties is displayed in **Table 3**. Note that the highlighted blocks represent the highest percentages of the listed population.

Table 3 – Region 3 County Level Populations by Age Category, 2019

Report Area	Age Group Percentages of Total Population				
County	0-19	20-29	30-49	50-65	65+
Collin	21.9%	12.4%	**29.7%**	18.8%	11.3%
Cooke	20.1%	13.1%	20.1%	20.4%	19.9%
Dallas	22.2%	14.2%	29.3%	16.4%	10.4%
Denton	22.2%	15.8%	28.0%	17.5%	10.3%
Ellis	22.4%	13.8%	25.6%	18.9%	13.4%
Erath	21.9%	**20.1%**	19.8%	15.5%	15.6%
Fannin	17.9%	13.4%	20.7%	21.3%	21.3%
Grayson	19.0%	14.1%	21.7%	20.1%	19.2%
Hood	16.3%	9.7%	19.3%	**22.0%**	**27.8%**
Hunt	21.4%	15.2%	21.4%	19.2%	16.9%
Johnson	21.6%	13.1%	24.2%	19.1%	15.6%
Kaufman	22.6%	12.4%	27.3%	18.8%	13.1%
Navarro	21.8%	13.4%	21.2%	19.1%	17.6%
Palo pinto	19.7%	11.8%	20.2%	21.2%	21.0%
Parker	20.6%	12.8%	24.3%	21.0%	16.1%
Rockwall	**22.8%**	13.0%	24.5%	21.2%	13.1%
Somerwell	19.7%	14.0%	20.5%	21.1%	19.6%
Tarrant	22.4%	14.7%	27.6%	17.6%	11.0%
Wise	20.9%	12.5%	24.0%	21.1%	15.7%
Region 3	22.0%	14.1%	27.8%	17.7%	11.7%

Texas Department of State Health Services.[13]

Race/Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. **Table 4** below show the racial and ethnic make-up of Texas' population by region.

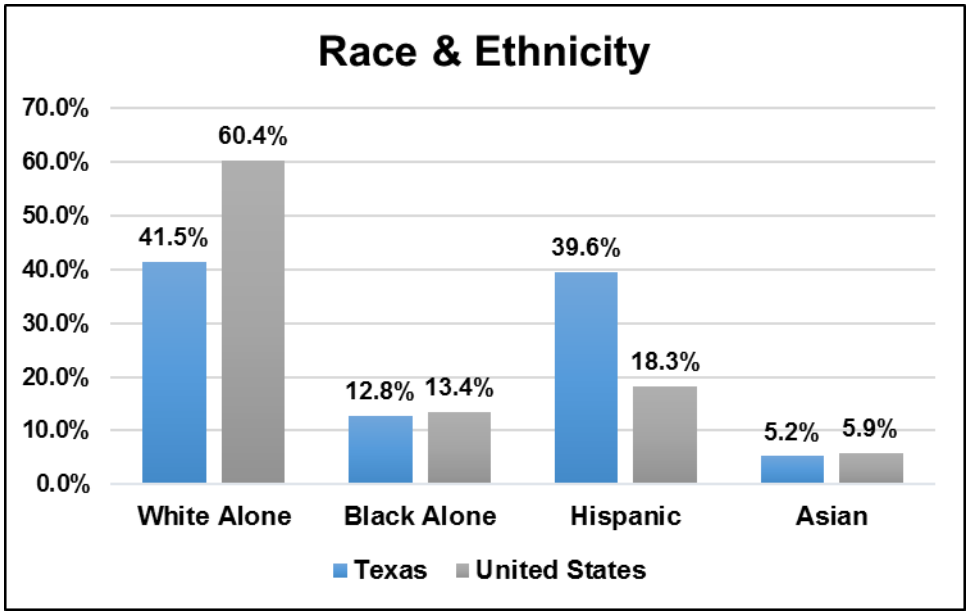
Table 4 - Regional Population by Race and Ethnicity, 2019

Report Area	White Alone	Black Alone	Hispanic	Other
1	50.9%	5.3%	39.5%	4.3%
2	66.5%	5.9%	23.9%	3.7%
3	**44.5%**	**14.6%**	**31.7%**	**9.2%**
4	63.7%	15.1%	17.8%	3.4%
5	59.6%	19.6%	16.9%	3.9%
6	33.7%	16.2%	40.1%	9.9%
7	52.4%	9.3%	31.1%	7.2%
8	33.2%	5.6%	56.8%	4.4%
9	43.8%	4.1%	49.4%	2.7%
10	10.9%	2.3%	84.3%	2.5%
11	12.2%	1.0%	85.1%	1.7%
Texas	39.6%	11.4%	42.0%	7.0%

Texas Department of State Health Services.[13]

Figure 2 shows a comparison between Texas and the U.S. population make up in 2018. U.S. population is primarily White , by a large majority (60.4%). Although White (41.5%) is the majority in Texas, it is closely followed by Hispanic (39.6%).

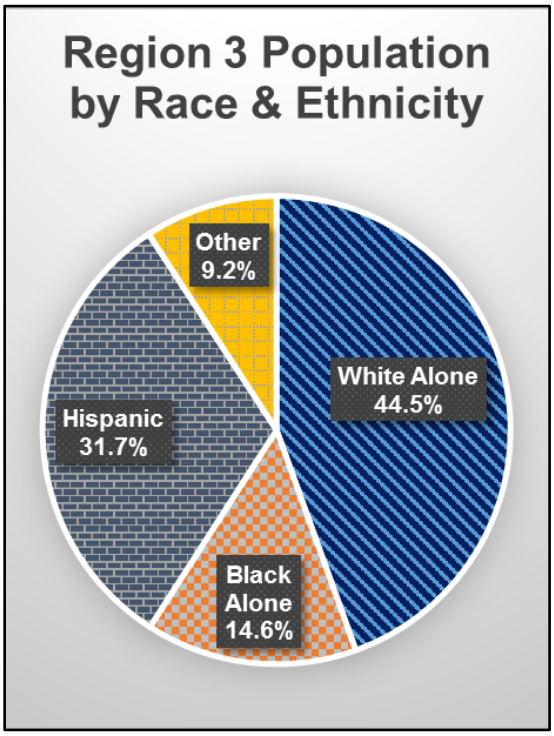
Figure 2 – State and National Population by Race and Ethnicity, 2018



United States Census Bureau. American Community Survey. 2018[14]

Figure 3 below shows the race and ethnicity make up of Region 3. Region 3 population make up is majority White at 44.5%, followed closely by Hispanic (31.7%). This trend is similar to the State of Texas.

Figure 3 - Region 3 Popluation by Race and Ethnicity, 2019



Texas Department of State Health Services.[13]

Table 5 below shows the ethnicity and race make up for each county in Region 3. All Region 3 counties, except Dallas and Tarrant, identify over 50% of their total population as White. Dallas County has a population makeup of approximately 24.7% White, while Hood County has a population makeup of approximately 84.3% White. Dallas County has both the highest Black (22.3%) and Hispanic (44.8%) population make up.

Table 5 – Region 3 Population by Race and Ethnicity by County, 2019

Report Area	White	Black	Hispanic	Other	Total
Collin	54.1%	10.0%	19.1%	**16.9%**	1,107,017
Cooke	73.6%	2.7%	20.2%	3.6%	41,413
Dallas	24.7%	**22.3%**	**44.8%**	8.3%	2,610,267
Denton	54.9%	9.3%	23.7%	12.1%	909,501
Ellis	58.9%	9.4%	29.0%	2.8%	194,584
Erath	72.9%	1.4%	23.1%	2.6%	41,215
Fannin	78.2%	6.4%	12.2%	3.3%	37,342
Grayson	73.0%	5.6%	16.0%	5.5%	132,322
Hood	**84.3%**	0.4%	12.9%	2.4%	60,230
Hunt	67.8%	8.5%	18.8%	4.9%	100,070
Johnson	68.8%	3.0%	24.4%	3.8%	182,784
Kaufman	63.3%	10.7%	22.6%	3.4%	143,742
Navarro	54.3%	12.0%	30.2%	3.5%	54,628
Palo Pinto	74.3%	2.1%	21.5%	2.1%	31,338
Parker	79.5%	1.6%	15.8%	3.1%	154,297
Rockwall	68.9%	6.7%	18.9%	5.5%	111,704
Somervell	73.8%	0.6%	23.0%	2.6%	10,275
Tarrant	43.3%	15.6%	32.4%	8.6%	2,092,419
Wise	72.3%	0.9%	24.1%	2.7%	72,749
Region 3	44.5%	14.6%	31.7%	9.2%	8,087,897
Texas	**39.6%**	**11.4%**	**42.0%**	**7.0%**	**29,948,091**

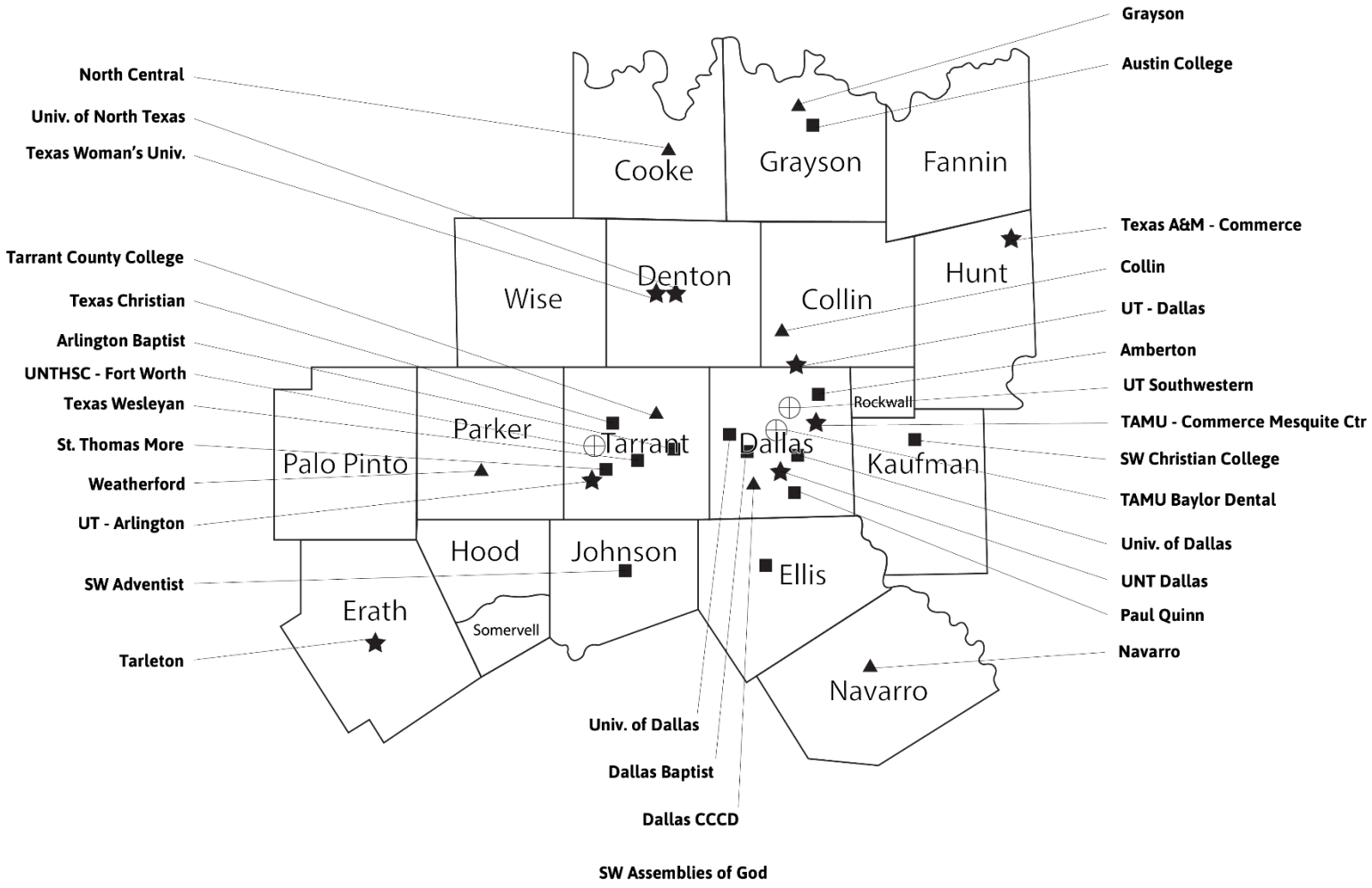
Texas Department of State Health Services.[13]

Concentrations of Populations

Higher Education

Region 3 has at least one higher education institution in 13 of its 19 counties. A large portion of college students are concentrated mainly in three of the 19 counties: Dallas, Denton, and Tarrant. Dallas County has several 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. The University of North Texas and Texas Woman's University are both centered in the city of Denton (within Denton County). Tarrant County has 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. With so many college students concentrated within the cities of Dallas, Denton and all of Tarrant County, particular concerns arise in regards to substance misuse.

Figure 4 – Map of Higher Education Institutions in Region 3



Metropolitan

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 US Census Bureau creates an annual population trends report for 15 most populated cities in the U.S. The city of Dallas and Fort Worth are among eight of the Top 15 cities that experienced an increase in population since the 2017 census. Dallas showed a 1.4% increase while Fort Worth had a 2.1% higher population. According to Census (2017) Fort Worth (874,168) surpassed Indianapolis, Indiana (863,002) in overall population making Fort Worth the 15th largest city in the U.S. Dallas ranked the ninth largest city in the U.S.[15]

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

Population	City/Cities
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

Languages

Texas has a significantly higher percentage of foreign-born residents (16.8%) than the U.S. (13.4%). In addition, reports indicate an increased number of individuals (ages 5+, 2015-2017) who speak a language other than English at home with Texas at 35.3% compared to the U.S, average of 21.3% (US. Census Bureau: State and County QuickFacts, 2017).

Another similar indicator is the population with limited English proficiency (LEP). In Texas, this represents 14.1% of the population. 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 in **Table 6** below.

Table 6 - Regional Limited English Proficiency, 2017

Report Area	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	803,847	70,039	8.7%
2	514,095	26,505	5.2%
3	**6,896,019**	**926,025**	**13.4%**
4	1,059,391	56,966	5.4%
5	725,008	39,596	5.5%
6	6,301,155	1,050,867	16.7%
7	3,073,827	269,906	8.8%
8	2,657,455	302,546	11.4%
9	579,230	64,688	11.2%
10	792,220	251,769	31.8%
11	2,035,515	517,573	25.4%
Texas	25,437,762	3,576,480	14.1%

U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates.[16]

Table 7 shows percentages for limited English proficiency (LEP) in Region 3 counties. The top 3 counties with the highest rates are highlighted in red. Dallas County has the highest rate at 21.2% while Parker County has the lowesty at 3.1%. Additionally, Dallas is the only county with a rate that is higher than both the State and Region 3.

Table 7 - Region 3 Limited English Proficiency, 2017

Report Area	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
Collin	855,266	79,298	9.3%
Cooke	36,434	1,948	5.3%
Dallas	2,357,598	500,877	**21.2%**
Denton	729,780	58,573	8.0%
Ellis	153,129	12,053	7.9%
Erath	38,613	2,250	5.8%
Fannin	32,067	1,135	3.5%
Grayson	118,170	4,918	4.2%
Hood	52,255	2,031	3.9%
Hunt	84,689	3,094	3.7%
Johnson	149,623	8,121	5.4%
Kaufman	106,682	6,844	6.4%
Navarro	44,782	5,006	11.2%
Palo Pinto	26,294	1,861	7.1%
Parker	118,301	3,666	**3.1%**
Rockwall	84,757	4,454	5.3%
Somervell	8,198	306	3.7%
Tarrant	1,840,364	225,854	12.3%
Wise	59,017	3,736	6.3%
Region 3	6,896,019	926,025	13.4%
Texas	**25,437,762**	**3,576,480**	**14.1%**

U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates.[16]

General Socioeconomics

With the basic population 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 socioeconomic need, 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 healty 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 the inability to provide for 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 (2018 dollars, 2017-2018 data) is $26,985. This is lower than the U.S. per capita income of $31,177. **Table 8** below features the higher per capita income in Regions 3, 6 and 9 associated with the metro areas of Dallas/Fort Worth, Houston and Odessa/San Angelo, respectively.

Table 8 - Regional Per Capita Income, 2017

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
1	864,105	$20,806,784,295	$24,079
2	548,634	$12,816,505,090	$23,592
3	**7,755,244**	**$250,422,206,975**	**$32,291**
4	1,131,838	$26,660,783,641	$23,555
5	774,935	$17,417,958,266	$22,477
6	6,806,113	$195,832,289,349	**$28,773**
7	3,295,650	$85,967,030,250	$26,085
8	2,857,818	$73,737,420,036	$25,802
9	466,043	$12,522,575,410	**$26,870**
10	859,431	$16,590,456,024	$19,304
11	2,229,255	$44,156,592,604	$19,808
Texas	28,747,845	$833,256,287,325	$28,985
United States	327,167,434	$10,200,099,089,818	$31,177

United states Census Bureau. American fact finder: Income per capita, 2017.[17]

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 in **Table 9** represent the counties with the highest per capita personal income in Region 3 averaged from the American Community Survey's 2017-2018 results. Note that the Per Capita Personal Income in Region 3 has a very wide range, from the highest income in Collin County ($41,609) to the lowest income in Navarro County ($22,152).

Table 9 – Region 3 Per Capita Personal Income, 2017

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Collin	1,025,618	$42,674,939,362	**$41,609**
Cooke	40,726	$1,183,782,642	$29,067
Dallas	2,552,920	$76,102,545,200	$29,810
Denton	846,738	$32,115,078,864	**$37,928**
Ellis	183,618	$5,253,678,216	$28,612
Erath	40,353	$948,739,383	$23,511
Fannin	36,571	$848,886,052	$23,212
Grayson	129,680	$3,441,058,800	$26,535
Hood	58,168	$1,894,997,104	$32,578
Hunt	96,586	$2,312,462,012	$23,942
Johnson	175,030	$4,651,247,220	$26,574
Kaufman	133,652	$3,559,286,412	$26,631
Navarro	53,020	$1,174,499,040	$22,152
Palo Pinto	30,638	$761,047,920	$24,840
Parker	145,104	$4,841,685,168	$33,367
Rockwall	103,544	$4,031,278,552	**$38,933**
Somervell	9,844	$266,723,180	$27,095
Tarrant	2,023,985	$62,454,105,145	$30,857
Wise	69,449	$1,906,166,703	$27,447
Region 3	7,755,244	$250,422,206,975	$32,291
Texas	28,747,845	$833,256,287,325	$28,985
United States	**327,167,434**	**$10,200,099,089,818**	**$31,177**

United states Census Bureau. American fact finder: Income per capita, 2017.[17]

Household Composition

Though increasingly the norm, adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance use disorders, 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. 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 10** below, several regions bear the societal pressure of a high number of single-parent households.

Table 10 - Regional Household Composition, 2019

Report Area	Single Parent Households	Total Households	Percent Single Parent Households
1	72,882	221,101	33%
2	42,098	124,450	34%
3	**614,299**	**1,951,582**	**32%**
4	89,140	268,208	33%
5	67,002	180,323	37%
6	587,359	1,811,817	32%
7	232,099	781,468	30%
8	257,935	727,979	35%
9	52,009	168,914	31%
10	87,500	239,051	37%
11	256,538	682,444	38%
Texas	2,358,861	7,157,337	33%

County Health Rankings & Roadmaps. Children in single-parent households.[18]

Table 11 below shows the number of households with children who live with a single-parent (male or female head of household with no spouse present) in each Region 3 county. The counties with the highest rate are indicated in red. Palo Pinto has the highest at 39.7% while Rockwall has the lowest at 19.4%. Overall about one in three households are single-parent households.

Table 11 – Region 3 Single-Parent Households by County, 2019

Report Area	Single Parent Households	Total Households	Percent Single Parent Households
Collin	48,122	244,959	19.6%
Cooke	2,857	9,089	31.4%
Dallas	265,910	678,859	39.2%
Denton	45,206	198,900	22.7%
Ellis	10,055	44,217	22.7%
Erath	2,368	8,494	27.9%
Fannin	1,982	7,087	28.0%
Grayson	10,085	29,752	33.9%
Hood	2,758	11,680	23.6%
Hunt	6,343	21,505	29.5%
Johnson	11,016	41,774	26.4%
Kaufman	8,210	31,721	25.9%
Navarro	4,860	12,480	38.9%
Palo Pinto	2,572	6,484	39.7%
Parker	7,056	30,963	22.8%
Rockwall	4,838	24,987	19.4%
Somervell	652	1,968	33.1%
Tarrant	175,656	531,006	33.1%
Wise	3,753	15,657	24.0%
Region 3	614,299	1,951,582	31.5%
Texas	2,358,861	7,157,337	33.0%

County Health Rankings & Roadmaps. Children in single-parent households.[18]

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, 2018) indicates that Texas currently holds an unemployment rate of 3.9%, while the nation as a whole sits at 4.9%. The current rate of 3.9% represents a 0.5% decrease from 2016. The rates by region are indicated below, Region 11 had the highest unemployment rate at 5.8% and Region 9 had the lowest at 2.7%. The overall unemployment rate of Region 3 is 3.5%, which is below the state and U.S. unemployment rates.

Table 12 - Regional Unemployment Rates, 2018

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
1	420,678	407,662	13,016	3.1%
2	241,111	232,948	8,163	3.4%
3	**4,057,521**	**3,915,912**	**141,609**	**3.5%**
4	508,507	487,979	20,528	4.0%
5	324,184	306,390	17,794	5.5%
6	3,462,613	3,313,512	149,101	4.3%
7	1,785,358	1,728,890	56,468	3.2%
8	1,409,821	1,361,487	48,334	3.4%
9	332,183	323,356	8,827	2.7%
10	369,975	354,262	15,713	4.2%
11	936,146	881,817	54,329	5.8%
Texas	13,848,097	13,314,215	533,882	3.9%
United States	159,863,112	152,001,782	7,861,330	4.9%

U.S. Bureau of Labor Statistics.[19]

The red cells in **Table 13** below represent the counties in Region 3 with unemployment rates higher than the Region. Somervell has the highest unemployment rate in the region at 4.2%.

Table 13 – Region 3 Unemployment Rates, 2018

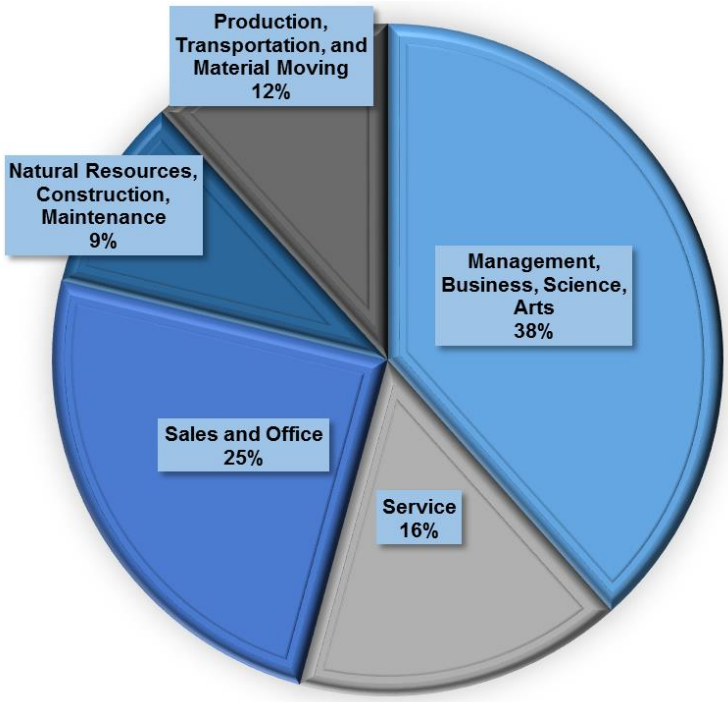
Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Collin	545,243	527,191	18,052	3.3%
Cooke	19,182	18,591	591	3.1%
Dallas	1,359,225	1,308,543	50,682	3.7%
Denton	482,610	467,289	15,321	3.2%
Ellis	89,935	86,971	2,964	3.3%
Erath	20,784	20,145	639	3.1%
Fannin	16,471	15,967	504	3.1%
Grayson	63,488	61,427	2,061	3.2%
Hood	26,510	25,526	984	3.7%
Hunt	42,373	40,768	1,605	3.8%
Johnson	79,949	77,200	2,749	3.4%
Kaufman	61,846	59,700	2,146	3.5%
Navarro	23,633	22,760	873	3.7%
Palo Pinto	13,504	13,050	454	3.4%
Parker	64,740	62,727	2,013	3.1%
Rockwall	50,192	48,576	1,616	3.2%
Somervell	4,287	4,109	178	4.2%
Tarrant	1,062,733	1,025,619	37,114	3.5%
Wise	30,816	29,753	1,063	3.4%
Region 3	4,057,521	3,915,912	141,609	3.5%
Texas	13,848,097	13,314,215	533,882	3.9%
United States	**159,863,112**	**152,001,782**	**7,861,330**	**4.9%**

U.S. Bureau of Labor Statistics.[19]

Employment by Industry

Figure 5 shows employment by industry for Region 3 counties. *Management, Business, Science and Arts industry* includes top executives, accountants, engineers, and scientist. This also includes social workers, lawyers, teachers, doctors and nurses. *Service industry* includes law enforment, firefighters, healthcare support (i.e. nurse aides), childcare workers, wait staff, maintenance and groundskeeping. *Sales and Office industry* includes cashiers, retail workers, customer service representatives and administrative assistants. *Natural resources, Construction and Maintenance industry* inculdes agriculture workers, construction workers, electricians, and mechanics. *Production, Transportation, and Material moving industry* includes metal and plastic workers, plant and system operators, air transportation workers, bus drivers, laborers and material movers. The majority of those employed in Region 3 work in the management, business, science and/or arts industry.

Figure 5 – Industry by Occupation for the Civilian in Region 3, 2017



Census Reporter. Industry by Occupation.[20]

Table 14 below shows the breakdown of Industry by occupation in Region 3 counties.

Table 14 – Employment by Occupation for Region 3 Counties, 2017

Report Area	Civilian Employed Population 16+	Management, Business, Science, Arts	Service	Sales and Office	Natural Resources, Construction, Maintenance	Production, Transportation, and Material Moving
Collin	474,671	53%	12%	24%	5%	6%
Cooke	18,719	29%	20%	22%	11%	18%
Dallas	1,252,101	34%	18%	24%	11%	13%
Denton	419,189	46%	14%	26%	6%	8%
Ellis	78,597	33%	14%	26%	12%	16%
Erath	19,076	32%	22%	20%	12%	15%
Fannin	13,407	32%	16%	23%	13%	16%
Grayson	57,373	31%	19%	25%	11%	15%
Hood	22,905	33%	15%	23%	13%	16%
Hunt	38,753	32%	17%	24%	13%	14%
Johnson	72,273	31%	14%	22%	12%	22%
Kaufman	53,146	33%	15%	26%	12%	14%
Navarro	20,325	28%	20%	20%	13%	19%
Palo Pinto	11,724	24%	20%	22%	14%	20%
Parker	58,621	38%	14%	24%	12%	11%
Rockwall	44,335	47%	13%	24%	7%	8%
Somervell	3,671	35%	14%	22%	16%	12%
Tarrant	974,947	37%	16%	25%	9%	13%
Wise	27,736	30%	15%	24%	14%	17%
Region 3	3,661,569	38%	16%	25%	9%	12%
Texas	13,201,891	34%	17%	23%	10%	11%

Census Reporter. Industry by Occupation.[20]

TANF Recipients

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 by 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.[21]

This indicator reports the percentage of recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). 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. **Table 15** below shows the rate of TANF recipients per 100K population in Texas by region. Region 11 has the highest rate in 2018 at 806.1 per 100,000 people and Region 10 has the lowest rate at 19.2 per 100,000. There is no U.S. calculation available for this measure.

Table 15 - Regional TANF Recipients per 100K Population, 2014-2018

Report Area	2014	2015	2016	2017	2018
1	148.3	166.2	185.4	136.6	133.8
2	171.6	170.7	208.1	201.8	186.9
3	**169.1**	**114.1**	**113.6**	**137.8**	**130.1**
4	176.7	160.0	199.5	148.1	124.0
5	197.2	163.9	158.5	156.7	128.7
6	153.2	124.0	116.3	119.5	103.5
7	147.4	121.0	148.2	118.9	108.9
8	163.5	132.1	117.4	130.6	124.6
9	113.0	107.9	192.3	110.9	96.8
10	521.6	437.0	341.0	305.4	19.2
11	**1312.1**	**1159.1**	**973.2**	**958.9**	**806.1**
Texas	**268.8**	**229.8**	**209.1**	**199.8**	**173.7**

Texas Health and Human Services Commission. Temporary Assistance for Needy Families.[21]

Table 16 below shows the rate of TANF recipients per 100,000 over five years in Region 3 counties. The red cells indicate the counties with the highest rate for each year.

Table 16 - County Level Rates for Temporary Assistance to Needy Families (TANF), 2014-2018

Report Area	2014 Recipients per 100k	2015 Recipients per 100k	2016 Recipients per 100k	2017 Recipients per 100k	2018 Recipients per 100k
Collin	45.47	41.90	31.9	31.59	301.2
Cooke	186.15	159.70	116.4	152.23	148.5
Dallas	265.02	213.18	167.6	171.17	157.15
Denton	46.57	44.10	35.6	34.57	33.05
Ellis	74.86	69.25	48.8	72.97	**1242.64**
Erath	94.39	113.82	**828.7**	81.77	68.64
Fannin	223.10	178.82	141.0	133.98	14.44
Grayson	159.76	132.18	99.7	104.87	111.45
Hood	168.83	135.33	133.0	122.06	96.29
Hunt	194.88	136.05	129.6	145.98	123.08
Johnson	130.90	102.52	94.0	84.55	68.21
Kaufman	131.10	128.78	103.2	118.96	108.22
Navarro	**414.18**	**380.84**	342.0	**335.72**	239.72
Palo Pinto	284.21	180.51	168.4	159.93	93.58
Parker	89.91	84.24	59.0	62.02	40.77
Rockwall	66.21	78.26	47.2	47.32	34.39
Somervell	140.63	95.37	279.9	81.26	39.78
Tarrant	171.20	137.43	112.2	123.51	108.84
Wise	95.68	63.32	50.1	69.11	67.52
Region 3	**169.1**	**114.1**	**113.6**	**137.8**	**130.1**
Texas	**268.8**	**229.8**	**209.1**	**199.8**	**173.7**

Texas Health and Human Services Commission. Temporary Assistance for Needy Families.[21]

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."

Table 17 and 18 shows SNAP participation rates among Region 3 counties. The SNAP 2018 participation rate ranged from 3.8% in Collin County to 15.6% in Navarro County.

Table 17 - Households Receiving SNAP, 2018

Report Area	2018 Population	Number of SNAP Recipients	Recipients Per 100K Population
Collin	1,065,557	39,997	3,754
Cooke	41,073	4,628	11,268
Dallas	2,581,608	360,265	13,955
Denton	877,332	42,046	4,792
Ellis	189,032	16,055	8,493
Erath	40,787	3,376	8,277
Fannin	36,962	3,815	10,321
Grayson	130,993	15,422	11,773
Hood	59,191	5,196	8,778
Hunt	98,305	12,245	12,456
Johnson	178,835	17,736	9,918
Kaufman	138,601	13,393	9,663
Navarro	53,811	8,397	15,605
Palo Pinto	30,988	3,711	11,976
Parker	149,616	9,603	6,418
Rockwall	107,563	4,182	3,888
Somervell	10,054	786	7,818
Tarrant	2,057,926	228,784	11,117
Wise	71,081	5,579	7,849
Region 3	7,919,315	795,216	10,041

Texas Health and Human Services Commission. Supplemental Nutritional Assistance Program (SNAP) Statistics.[22]

The red cells in **Table 18** represent the counties with the highest percentage of households receiving SNAP benefits from 2014-2018 in Region 3 from the latest Health and Human Services Commission food benefit enrollment reports.

Table 18 - Percentages of Households Receiving SNAP Trends, 2014-2018

Report Area	2014	2015	2016	2017	2018
Collin	4.0%	4.1%	4.0%	3.8%	3.8%
Cooke	9.9%	10.7%	11.5%	12.1%	11.3%
Dallas	15.3%	16.2%	15.5%	14.8%	13.9%
Denton	5.1%	5.5%	5.4%	5.1%	4.7%
Ellis	9.4%	9.7%	9.5%	9.2%	8.4%
Erath	9.2%	9.6%	9.6%	9.4%	8.2%
Fannin	11.0%	11.4%	11.2%	11.1%	10.3%
Grayson	11.5%	12.4%	12.2%	12.3%	11.7%
Hood	9.3%	10.0%	10.0%	9.5%	8.7%
Hunt	12.8%	13.5%	13.2%	12.9%	12.4%
Johnson	10.6%	11.5%	11.4%	10.9%	9.9%
Kaufman	10.2%	10.4%	9.9%	10.0%	9.6%
Navarro	16.6%	17.9%	17.8%	16.8%	15.6%
Palo Pinto	11.7%	12.2%	12.5%	12.9%	11.9%
Parker	6.5%	6.6%	6.8%	7.0%	6.4%
Rockwall	4.2%	4.5%	4.3%	4.1%	3.9%
Somervell	8.8%	8.0%	8.4%	8.2%	7.8%
Tarrant	11.2%	12.3%	12.1%	11.8%	11.1%
Wise	7.5%	8.3%	8.8%	8.5%	7.8%
Region 3	10.8%	11.5%	11.2%	10.7%	10.0%

Texas Health and Human Services Commission. Supplemental Nutritional Assistance Program (SNAP) Statistics.[22]

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 2016-2017 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, 58.43% are eligible to receive the school meal benefit. **Table 19** below shows the percent of students who were eligible to receive either free or reduced-price lunch in 2016-2017 school year. The regional percentages vary greatly from a high in Region 11 (81.71%) to a low in Region 9 (44.56%).

Table 19 - Regional School Lunch Assistance, 2016-2017

Report Area	Total Students	Number Free/Reduced Price Lunch	Percent Free/Reduced Price Lunch
1	165,769	93,808	56.59%
2	94,997	53,531	56.35%
3	1,450,447	775,568	**53.47%**
4	198,027	120,679	60.94%
5	134,754	84,375	62.61%
6	1,357,919	777,833	57.28%
7	578,040	288,321	49.88%
8	542,472	316,456	58.34%
9	119,568	53,285	**44.56%**
10	182,146	135,096	74.17%
11	536,617	433,121	**80.71%**
Texas	5,360,756	3,132,073	58.43%

U.S. Department of Education, National Center for Education Statistics: Common Core Data.[23]

Table 20 shows the percent of students who were eligible to receive either free or reduced-price lunch in Region 3 counties during the 2016-2017 school year. Dallas county has the highest rate (72.77%) and Collin County has the lowest (23.4%).

Table 20 - Region 3 School Lunch Assistance by County, 2016-2017

Report Area	Total Students	Number Free/Reduced Price Lunch	Percent Free/Reduced Price Lunch
Collin	185,502	43,412	**23.40%**
Cooke	6,773	3,845	56.77%
Dallas	493,098	358,832	**72.77%**
Denton	158,133	51,035	32.27%
Ellis	37,223	17,668	47.47%
Erath	5,861	3,114	53.13%
Fannin	5,438	3,142	57.78%
Grayson	22,577	12,198	54.03%
Hood	8,423	3,958	46.99%
Hunt	18,585	10,280	55.31%
Johnson	33,227	17,672	53.19%
Kaufman	26,899	12,943	48.12%
Navarro	9,995	6,918	69.21%
Palo Pinto	4,620	3,060	66.23%
Parker	22,300	7,844	35.17%
Rockwall	18,044	4,619	25.60%
Somervell	1,987	870	43.78%
Tarrant	380,532	209,003	54.92%
Wise	11,230	5,155	45.90%
Region 3	**1,450,447**	**775,568**	**53.47%**
Texas	**5,360,756**	**3,132,073**	**58.43%**

U.S. Department of Education, National Center for Education Statistics: Common Core Data.[23]

Uninsured

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 acess to preventative services (Holl et al, 1995).[24] An understanding of access to care in Region 3 for the younger generation may help improve levels of access to care and preventative services. **Table 21** below shows the percentages of children under the age of 19 who do not have medical insurance. The red cells represent the three counties with the highest rates of uninsured children in Region 3 over a 3-year period.

Table 21 – Percent of Child Population without Medical Insurance (Ages 0-18), 2012-2016

	Percent Child Population without Medical Insurance		
Report Area	2014	2015	2016
Collin	9.62%	8.11%	8.00%
Cooke	18.03%	14.86%	**15.92%**
Dallas	16.63%	14.45%	13.59%
Denton	10.87%	9.22%	7.27%
Ellis	13.75%	14.28%	12.20%
Erath	**18.38%**	14.57%	14.19%
Fannin	15.04%	14.89%	14.39%
Grayson	15.15%	14.46%	**15.21%**
Hood	**19.51%**	**16.01%**	**15.45%**
Hunt	13.60%	11.15%	12.18%
Johnson	14.56%	**15.42%**	12.73%
Kaufman	14.74%	11.48%	10.26%
Navarro	16.38%	14.69%	12.07%
Palo Pinto	**21.84%**	**15.14%**	13.59%
Parker	13.25%	11.72%	11.32%
Rockwall	11.58%	11.89%	10.30%
Somervell	14.37%	13.98%	14.00%
Tarrant	13.10%	12.08%	11.07%
Wise	17.44%	13.73%	14.13%
Texas	**14.23%**	**12.19%**	**11.78%**

U.S. Census Bureau, County Health Rankings. Small Area Health Insurance Estimates (SAHIE).[25]

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.[26] 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.[26] 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.

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.[27] For example, 25% of Texas college students report increased drug use since entering college, up from 20% in 2013.[27] 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.[27] The vast majority of Texas college students who reported that they continue to use drugs say they typically use marijuana (73%), which was down from 2013 (86%).[27] 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).[27] A greater increase in GPA was shown with those students who have never used illicit drugs (3.33).[27] Comparing student surveys with education attainment levels in individual counties can help give us a better understanding what substances require prevention efforts.

Table 22 below 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 2015-2017. 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 bachelor's degree or higher. Texas has more individuals without a high school diploma than the United States overall, at 15.7% (from 18.1% in 2010) versus 13.4%. Texas also has fewer residents with an associate degree or higher than the United States overall, at 44.1% versus 45.7%.

Table 22 – Percent Attaining Educational Levels per County, 2015-2017

County	2015		2016		2017	
	Percent Population over 25 with no High School Diploma	Percent Population over 25 with Bachelor's Degree or Higher	Percent Population over 25 with no High School Diploma	Percent Population over 25 with Bachelor's Degree or Higher	Percent Population over 25 with no High School Diploma	Percent Population over 25 with Bachelor's Degree or Higher
Collin	3.2%	**32.2%**	3.0%	**32.3%**	3.1%	**32.6%**
Cooke	8.2%	14.7%	8.4%	14.5%	8.4%	15.6%
Dallas	10.8%	18.6%	10.4%	18.9%	10.2%	19.1%
Denton	4.3%	**28.4%**	4.2%	**28.9%**	4.1%	**29.2%**
Ellis	8.5%	14.8%	8.4%	15.6%	8.2%	15.7%
Erath	7.9%	18.4%	8.9%	19.3%	8.4%	18.4%
Fannin	**11.8%**	10.0%	**11.8%**	9.6%	10.2%	10.9%
Grayson	8.3%	13.0%	8.1%	13.2%	7.4%	13.4%
Hood	7.0%	17.1%	6.9%	17.9%	6.8%	18.2%
Hunt	10.7%	11.0%	11.3%	11.0%	10.2%	12.2%
Johnson	10.2%	12.4%	9.8%	12.8%	9.8%	13.4%
Kaufman	9.8%	12.9%	9.5%	13.2%	8.5%	13.8%
Navarro	**12.3%**	10.8%	**12.7%**	10.4%	**12.2%**	10.1%
Palo Pinto	11.5%	10.5%	10.5%	10.6%	**10.4%**	11.7%
Parker	7.1%	18.5%	6.5%	18.7%	6.2%	18.9%
Rockwall	4.8%	**25.1%**	4.6%	**25.2%**	4.5%	**26.3%**
Somervell	**12.4%**	1.6%	**12.0%**	14.0%	**11.7%**	13.7%
Tarrant	7.9%	2.3%	7.8%	20.6%	7.7%	20.9%
Wise	9.2%	12.5%	8.5%	13.0%	9.1%	12.7%

U.S. Census Bureau, County Health Rankings. Small Area Health Insurance Estimates (SAHIE).[28]

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. **Table 23** displays the dropout rates for the listed grade levels for the 2014-2017 academic school years.

This does not include students who moved to another school or continued their schooling, passed away, etc. The red cells represent the counties with the highest dropout rates in Region 3 during the respective academic school years (grades 7-12). Somervell County has the highest dropout rate from the 2016-2017 academic school year at 10.3%.

Table 23 – All Student Annual Dropout Rate per 100, 2014-2017 Academic School Years

Report Area	2014 Dropout Rate	2015 Dropout Rate	2016 Dropout Rate	2017 Dropout Rate
Collin	1.3	1.2	1.2	1.1
Cooke	1.6	1.2	1.9	2.9
Dallas	9.5	9.5	9.1	8.7
Denton	3.4	3.2	2.7	2.8
Ellis	8	7.9	4.3	4
Erath	14.7	8.1	6.2	6.6
Fannin	0.8	2.4	1.4	0.3
Grayson	2.7	2.1	2.2	3.4
Hood	3.3	4.4	1.9	2.8
Hunt	6.7	8.2	6.1	4.4
Johnson	5.4	3.9	4	2.8
Kaufman	4.8	3.2	2.8	1.7
Navarro	1.9	3.9	3.3	2.7
Palo Pinto	7.1	4.3	4.7	1
Parker	2	1.6	1.7	1.8
Rockwall	1.8	1.2	1.1	0.9
Somervell	8.5	7.7	10.3	10.3
Tarrant	7.3	6.7	6.5	5.8
Wise	2.7	2.2	1.4	1.6
Texas	6.6	6.3	6.2	5.9

Texas Education Agency. Completion, Graduation, and Dropouts.[29]

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.

Table 24 shows regional student disciplinary action rates for ISS, OSS, DAEP, JJAEP and EXPUL. Red cells denote region with the highest rates in each category.

Table 24 – Student Disciplinary Data for 2017-2018 School Year, By Region

Region	ISS Percent	OSS Percent	DAEP Percent	JJAEP Percent	EXPUL Percent
1	6.98%	2.86%	1.66%	2.31%	**9.26%**
2	8.36%	2.61%	1.27%	3.32%	*
3	**6.89%**	**3.63%**	**1.20%**	**3.48%**	**1.00%**
4	11.69%	3.49%	1.74%	0.00%	*
5	**12.67%**	5.51%	1.74%	2.70%	0.70%
6	8.75%	4.27%	1.11%	**5.80%**	0.60%
7	8.62%	3.30%	1.38%	4.26%	1.40%
8	8.34%	4.11%	**2.00%**	4.78%	1.62%
9	8.10%	4.38%	1.59%	0.00%	3.20%
10	5.98%	2.88%	1.79%	1.52%	0.60%
11	7.00%	**7.28%**	1.49%	0.50%	4.06%

Texas Education Agency. Disciplinary Data.[30]

Table 25 shows the student disciplinary data for Region 3 counties in 2017-2018 school year. Top 3 rates for ISS, OSS and DAEP in red. Top rates for JJAEP and EXPUL in red.

Table 25 – Student Disciplinary Data for 2017-2018 School Year for Region 3 Counties

Percentage of Students Receiving					
County	ISS	OSS	DAEP	JJAEP	EXPUL
Collin	4.58%	1.78%	0.64%	**0.06%**	*
Cooke	8.73%	2.00%	**1.99%**	0%	*
Dallas	5.90%	**4.60%**	1.10%	0.03%	0.02%
Denton	7.21%	2.09%	1.04%	0.05%	*
Ellis	**12.16%**	2.26%	1.65%	0%	*
Erath	2.22%	2.04%	0.45%	0%	*
Fannin	6.39%	1.27%	1.05%	0%	*
Grayson	9.94%	2.07%	**1.88%**	0%	*
Hood	10.03%	2.98%	1.59%	0%	*
Hunt	11.02%	3.20%	1.48%	0%	*
Johnson	11.16%	2.90%	1.57%	0.04%	0
Kaufman	**11.44%**	**3.66%**	**1.94%**	0%	0.04%
Navarro	9.97%	2.13%	1.51%	0%	**0.09%**
Palo Pinto	**11.61%**	2.79%	1.70%	0%	0
Parker	6.97%	1.61%	1.51%	0%	*
Rockwall	5.93%	2.54%	1.27%	0%	*
Somervell	5.71%	0.54%	0.71%	0%	0
Tarrant	8.20%	**4.69%**	1.29%	0.04%	0.00%
Wise	8.15%	1.31%	1.21%	0%	*

Texas Education Agency. Disciplinary Data.[30]

Homeless Students

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. The numbers in the table below are reported annually to the TEA.

Table 26 below shows the rate of homeless students per 1000 in Region 3 counties over a span of three school years. The top three counties with the highest rates are highligted in red. Palo Pinto County has the highest rate of homeless students for all three school years.

Table 26 – In School Homeless Student Population, 2017-2019, (rate per 1000)

Report Area	Homeless Students 2016-2017	Homeless Students 2017-2018	Homeless Students 2018-2019
Collin	6.3	5.9	4.9
Cooke	2.9	6.5	2.0
Dallas	10.9	11.5	11.9
Denton	10.3	13.9	11.7
Ellis	14.9	13.2	9.1
Erath	1.2	8.7	6.8
Fannin	16.6	**20.9**	**18.1**
Grayson	**23.8**	18.6	16.0
Hood	1.9	**23.6**	16.2
Hunt	19.7	18.0	**18.0**
Johnson	14.0	12.9	10.4
Kaufman	9.5	8.7	8.4
Navarro	12.4	8.4	11.2
Palo Pinto	**34.4**	**34.8**	**29.7**
Parker	5.8	5.3	3.2
Rockwall	2.0	2.6	1.7
Somervell	14.1	15.2	5.3
Tarrant	12.0	13.3	12.0
Wise	**22.3**	15.3	16.1
Region 3	10.8	11.5	10.5

Texas Education Agency. Homeless Student Population.[31]

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.[32] 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.[32] 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.[33] 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.[33]

Index Violent Crime

Table 27 below shows the rates of arrests per 100,000 for violent crimes in Region 3 counties. The counties with the highest rates of arrest for each crime are indicated in red.

Table 27 – County Level Cases of Violent Crime Arrests, 2018

	Murder		Rape		Robbery		Assault	
Report Area	Number of Arrests	Arrest Rate per 100K	Number of Arrests	Arrest Rate per 100K	Number of Arrests	Arrest Rate per 100K	Number of Arrests	Arrest Rate per 100K
Collin	28	3.0	273	28.9	265	28.0	655	69.3
Cooke	0	0.0	21	54.4	13	33.7	99	**256.6**
Dallas	206	**7.1**	1,499	51.9	5,975	**206.9**	7,019	**243.1**
Denton	10	1.6	306	47.9	204	32.0	585	91.6
Ellis	8	4.9	52	31.7	45	27.4	259	158.0
Erath	1	2.4	39	**92.2**	5	11.8	50	118.3
Fannin	0	0.0	22	**70.1**	5	15.9	52	165.7
Grayson	6	4.8	64	51.0	52	41.4	239	190.3
Hood	1	1.8	24	42.2	4	7.0	90	158.0
Hunt	7	**8.0**	59	**67.3**	40	**45.6**	209	238.3
Johnson	7	4.0	83	47.9	25	14.4	309	178.3
Kaufman	3	2.5	54	44.8	48	39.8	185	153.4
Navarro	0	0.0	28	59.5	21	44.7	108	229.6
Palo Pinto	0	0.0	1	3.6	0	0.0	9	32.0
Parker	4	3.1	45	34.8	12	9.2	102	78.9
Rockwall	2	2.2	30	33.5	7	7.8	66	73.8
Somervell	0	0.0	0	0.0	0	0.0	7	79.4
Tarrant	104	**5.2**	1,107	55.5	2,241	**112.4**	4,867	**244.2**
Wise	2	3.1	37	56.6	4	6.1	92	140.8
Region 3	389	5.1	3,744	48.8	8,966	116.9	15,002	1955.2
Texas	1,415	4.9	14,480	50.3	32,122	111.5	75,315	261.5

Texas Department of Public Safety. Crime by Jurisdiction.[34]

Index Property Crime

Table 28 shows property crime arrests for Region 3 counties. Burglary figures refer to breaking and entering and stolen property refers to buying, receiving, and possessing stolen goods. Larceny-Theft includes pocket-picking, shoplifting, theft from motor vehicle, all other larceny, theft from building, theft from coin-operated machine or device, pocket-picking, purse-snatching, theft from motor vehicle parts/accessories (not motor vehicle theft). These descriptions are determined by the Texas Department of Public Safety. The counties with the highest rates of arrest for each crime are indicated in red.

Table 28 – County Level Cases of Property Crime Arrests, 2018

	Burglary		Larceny		Auto Theft	
Report Area	Number of Arrests	Arrest Rate per 100K	Number of Arrests	Arrest Rate per 100K	Number of Arrests	Arrest Rate per 100K
Collin	1,840	194.5	10,537	1,114.1	683	72.2
Cooke	176	456.2	465	1,205.3	38	98.5
Dallas	16,162	559.7	54,620	18,916.0	12,521	4336.3
Denton	1,310	205.2	6,612	1,035.9	744	116.6
Ellis	440	268.4	1,927	1,175.3	197	120.3
Erath	103	243.6	444	1,050.2	27	63.9
Fannin	149	474.8	205	653.2	8	25.5
Grayson	606	482.0	1,663	1,324.4	238	189.5
Hood	151	172.1	681	1,197.7	51	89.7
Hunt	420	478.8	962	1,096.7	154	175.6
Johnson	581	335.3	1,863	1,075.1	251	144.8
Kaufman	445	369.0	1,306	1,083.0	202	167.5
Navarro	158	335.9	554	1,178.0	37	78.7
Palo Pinto	72	255.7	70	248.6	9	32.0
Parker	408	315.5	1,209	935.0	96	74.2
Rockwall	129	144.2	912	1,019.6	81	90.6
Somervell	23	261.0	50	567.3	1	11.3
Tarrant	9,272	465.2	41,687	2,091.7	5,096	255.7
Wise	142	217.4	441	675.1	48	73.5
Region 3	32,587	424.7	126,208	1644.9	20,482	266.9
Texas	13,222	460.7	518,988	1802.2	67,339	233.8

Texas Department of Public Safety. Crime by Jurisdiction.[34]

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.[35] 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.[35] 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 29 below 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 29 – Child Protective Services Victim Figures, 2015

Report Area	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	43,834	11,423	26.1%
Texas	7,311,923	66,721	9.1	176,868	40,506	22.9%

Texas Department of Family and Protective Services. Uniform Crime Reports. 2014-2017.[36]

Drug Seizures/Trafficking Arrests

Table 30 below reflects drug seizure data for incident-based reporting agencies, as reported by the Texas Department of Public Safety's Uniform Crime Reporting (UCR) system in 2018. 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 30** indicates that marijuana accounts for the most drug seizures in terms of type and amount when compared with cocaine, methamphetamine, amphetamines and opiates.

Note: This table reflects all available data contained within the TXDPS UCR System at time of inquiry for 2018, which may yield incomplete drug seizure data. Numbers may change by the Crime in Texas publication.

Table 30 – Region 3 Drug Seizures by Drug Type in Solid Pounds, 2018

Type and Quantity of Drugs Seized (in solid pounds)					
Report Area	**Marijuana**	**Opiates**	**Cocaine**	**Amphetamines**	**Methamphetamines**
Collin	518	-	7	3	-
Cooke	7	-	-	-	-
Dallas	**1,859**	**42**	**80**	**65**	**219**
Denton	1,186	4	-	1	2
Ellis	66	1	-	-	-
Erath	2	1	-	-	-
Fannin	1	-	-	-	1
Grayson	23	-	-	-	**13**
Hood	6	-	-	-	
Hunt	14	-	-	-	1
Johnson	4	-	-	-	1
Kaufman	16	-	-	2	-
Navarro	**3,962**	-	-	-	-
Palo Pinto	1	-	-	-	-
Parker	18	-	-	-	-
Rockwall	562	-	**48**	**36**	-
Somervell	-	-	-	-	-
Tarrant	**1,490**	**67**	9	**61**	**28**
Wise	939	-	-	4	-
Region 3	10,674	115	144	172	265

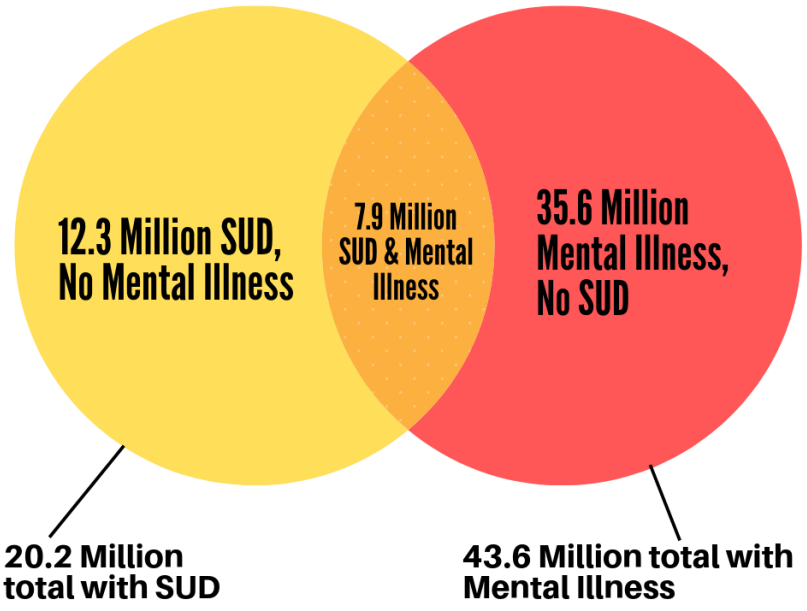
Texas Department of Public Safety. Uniform Crime Reports, 2018[60]

Mental Health

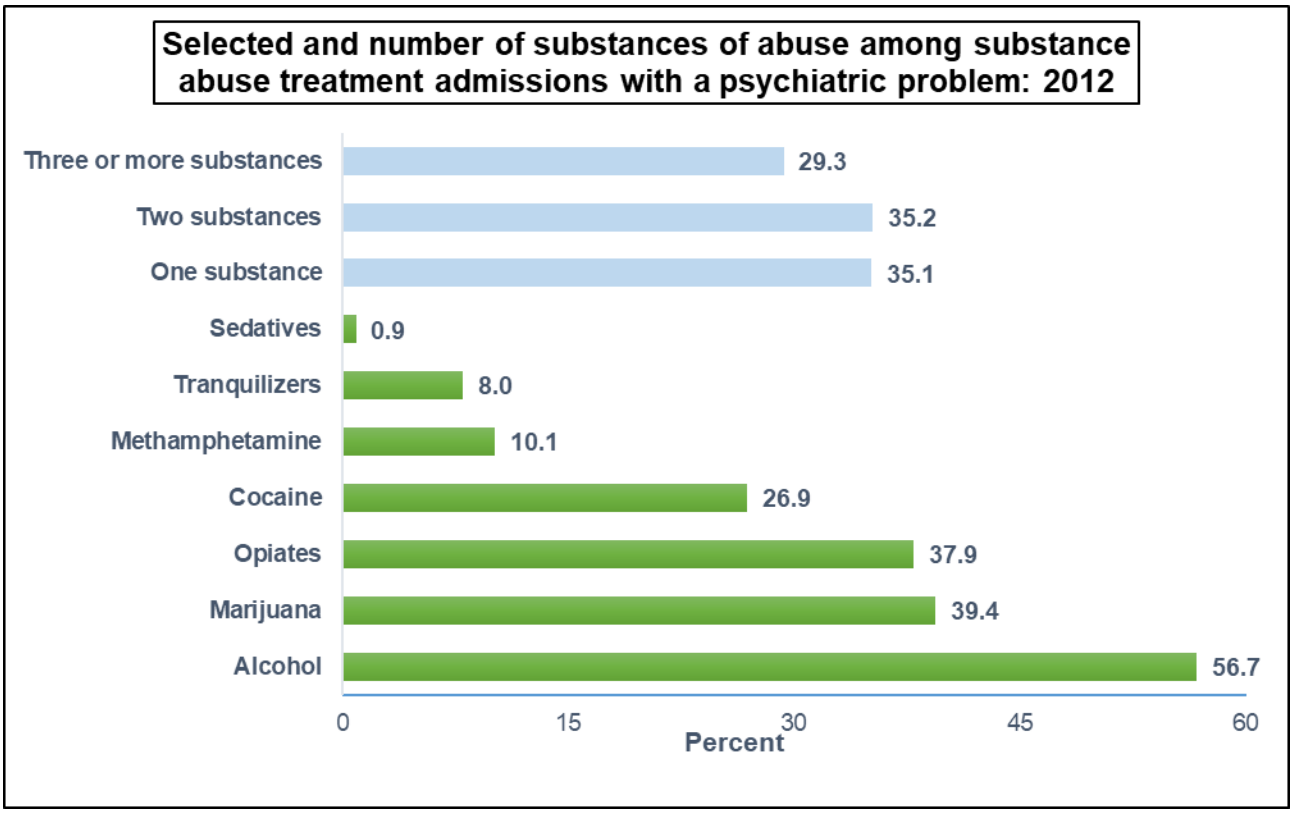
Co-occuring disorders are defined as those suffering from mental health diagnoses and simultaneous substance use disorder(s). SAMHSA estimates that 55.8% of the adults suffering from co-occuring substance use and mental disorders are receiving no treatment.[37] SAMHSA performs a study called Treatment 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.[37] Of these available substance abuse-related admissions, about one-third (32.5 %) of clients had a co-occuring psychiatric problem.[37] 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.[38] Similarly, among the 43.6 million adults with acute mental illnesses, 18.2% had a co-occuring substance use disorder.[38] The graphs below come from the 2014 NSDUH and 2012 TEDS reports, respectively.

Based on the graphs below, it appears that more than half of clients in substance abuse treatment primarily for alcohol have a co-occurring psychiatric problem (TEDS, 2012).[37] 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 second 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 (SUD) and Mental Illness among Adults Aged 18 or Older: 2014



National Survey on Drug Use and Health, 2014.[38]



Note: the percentages of the number of substances of abuse do not sum to 100 percent because no substance of abuse was reported for 0.4 percent of admissions.

SAMHSA, TEDs, 2012.[37]

Suicide

Several Region 3 counties experienced an increase in suicide rates from 2014 to 2017. In fact, the only counties that had a decrease were Ellis, Hunt, Johnson, Kaufman and Parker Counties. In **Table 31** below, the red cells show the counties with the highest suicide rates per 100K for 2014-2017; the dark orange cells show the county with the highest rate per 10K for 2014-2017. Grayson County had the highest rate per 100K and was double the state's rate in 2017; Fannin County had the highest rate per 10K and is more than double the state rate from 2014-2017.

Table 31 – Suicide Rate per 100K in Region 3, 2014-2017

Report Area	2014	2015	2016	2017
Collin	10.1	9.9	10.6	12.3
Cooke	*	*	*	3.0 (+)
Dallas	9.4	10.3	10.1	11.7
Denton	9.0	10.1	11.2	13.5
Ellis	13.8	11.6	7.7	13.2
Erath	*	*	*	*
Fannin	2.9 (+)	2.9 (+)	2.9 (+)	3.1 (+)
Grayson	14.5	24.7	18.7	26.6
Hood	*	1.8 (+)	1.9 (+)	*
Hunt	1.9 (+)	2.0 (+)	2.1 (+)	1.7 (+)
Johnson	14.6	11.2	13.4	13.1
Kaufman	18.8	15.6	12.6	13.8
Navarro	*	3.3	*	2.1 (+)
Palo Pinto	*	*	*	*
Parker	17.1	21.4	22.4	16.4
Rockwall	1.1 (+)	1.4 (+)	1.2 (+)	1.8 (+)
Somervell	*	*	*	*
Tarrant	11.2	11.4	12.9	12.5
Wise	1.7	*	2.2	2.1
Texas	12.0	12.4	12.5	13.3
Texas (+)	1.2	1.2	1.2	1.3

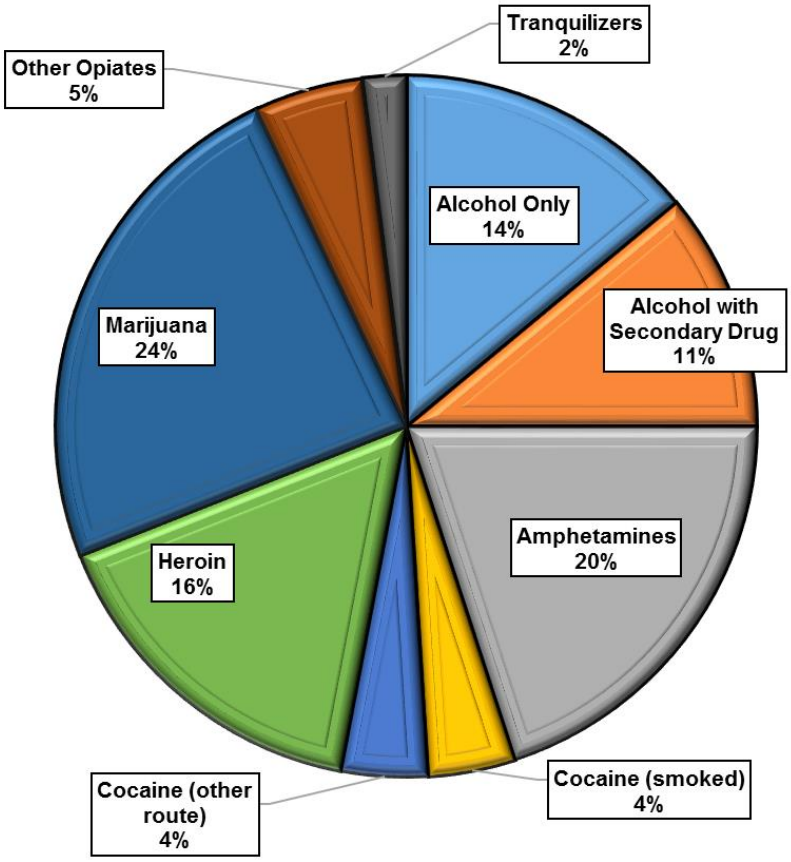
CDC WONDER Underlying Cause of Death, 2017[39]

Symbol (+) Indicates that data was calculated by 10K due to population being less than 100K; Asterisk (*) indicates data is suppressed because it is less than 10

Adolescents and Adults Receiving Substance Abuse Treatment

Figure 6 below displays the distribution of treatment admissions to HHSC-funded facilities by substance used. Marijuana accounted for the majority of these admissions (24%) followed by amphetamines (20%), heroin (16%), and alcohol (14%).

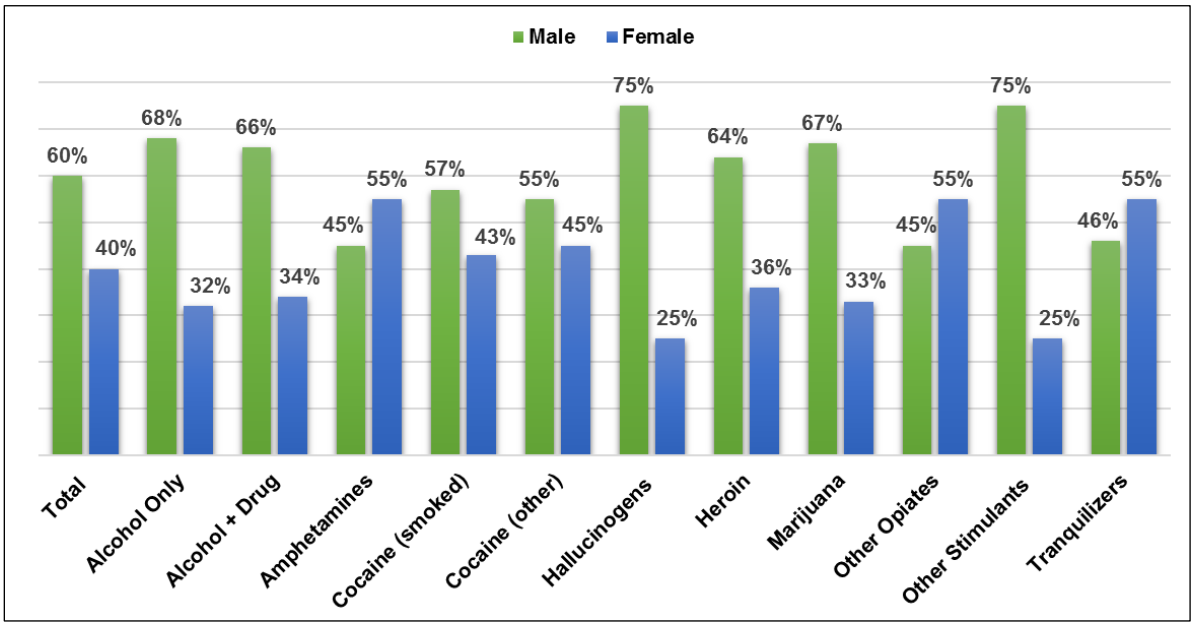
Figure 6 – Texas Substance Use Treatment Admissions in HHSC-Funded Facilities, 2017



Texas Health and Human Services Commission, the *Decision Support* Unit, FY2017.[40]

Figure 7 shows that males enter treatment more than females; and highest proportions of the males are admitted for hallucinogens and other stimulants. Males have a higher rate than females for all drug types below except for amphetamines, tranquilizers and other opiates.

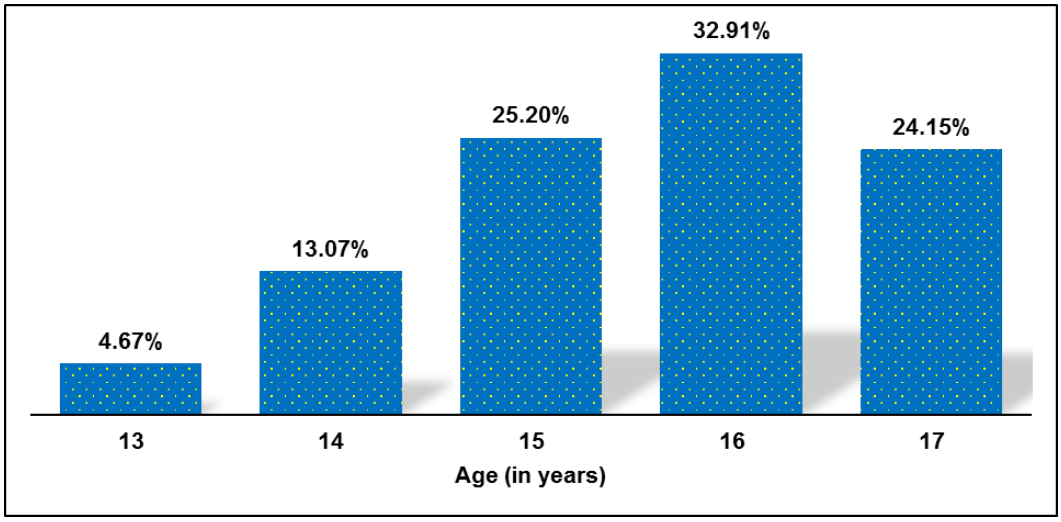
Figure 7 – Texas Substance Use Treatment Admissions in HHSC-Funded Facilities by Gender, 2017



Texas Health and Human Services Commission, *Decision Support* Unit, FY2017.[40]

Figure 8 indicates that youth admissions peak at age 16 and then drop off quickly. Note there is a significant spike from age 14 (13.07%) to age 15 (25.20%).

Figure 8 - Region 3 Distribution of Substance Use Youth Treatment in HHSC-Funded Facilities by Age, 2018



Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services. (2019).[41]

Table 32 shows that Region 3 (Dallas/Ft. Worth) has the second largest number of HHSC-funded youth treatment admissions in the state, after Region 6 (Houston area). "Youth" is defined as ages 12-18 years.

Table 32 - Regional Substance Abuse Youth Treatment in HHSC-Funded Treatment Agencies, 2018

Report Area	Youth Served	Percent of State total
1	82	2.1%
2	89	2.3%
3	**820**	**21.1%**
4	210	5.4%
5	98	2.5%
6	1016	26.1%
7	477	12.3%
8	279	7.2%
9	96	2.5%
10	158	4.1%
11	653	16.8%
Texas	3888	

Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services. (2019).[41]

Table 33 below shows the number of youth receiving treatment/intervention services for outpatient and residential facilities. A much small number (13.96) receiving specific services for co-occuring psychiatric and substance use disorders. "Youth" is defined as ages 12-18 years.

COPSD - Co-occurring psychiatric and substance use disorder
Outpatient - Everything that is not residential is outpatient
Residential - Intensive, supportive residential, residential detox

Table 33 – Region 3 Youth Treatment/Intervention Services, 2018

Service Type	Number Served	Percent
COPSD	99	13.96%
Residential	292	41.18%
Outpatient	318	44.85%

Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services. (2019).[41]

Table 34 below shows the percentage of youth admissions by region that reporteded marijuana as the primary drug of dependence. The regions highlighted in red had the highest rates reported. Except for region 8, all the regions reported more than half of the admissions with marijuana as the primary drug of dependence. The overall highest rate was in region 2 (85.39%) and region 8 had the lowest rate (49.51%) reported. Youth is defined as ages 12-18.

Table 34 – Most Frequently Reported Primary Drug of Dependence, HHSC-Funded Youth Admissions, Fiscal Year 2018

Report Area	Marijuana*	Percent
1	80	61.07%
2	76	85.39%
3	764	50.20%
4	199	53.49%
5	84	55.26%
6	955	65.50%
7	438	54.21%
8	255	49.51%
9	93	56.36%
10	151	72.25%
11	587	53.90%
Texas	3603	56.37%

Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services. (2019).[41]

Table 35 indicates that marijuana, alcohol and benzodiazepines were the most frequently used substance among youth diagnosed with a substance use disorder from 2016-2018 as a result of alcohol/drug screening for both Texas and Region 3. Clients can report use of up to three substances. If clients listed duplicate substances of use, it was only counted once.

Table 35 – Most Frequently Reported Drug of Dependence, 2016-2018

	Texas			Region 3		
	2016	2017	2018	2016	2017	2018
Marijuana*	3763	3718	3603	666	799	764
Alcohol	1078	1145	1017	189	282	285
Benzodiazepines**	911	1004	896	175	254	210
Stimulants***	689	658	643	167	180	188
Opioids****	279	272	233	68	77	75

* Marijuana = marijuana/hasish ** Benzodiazepines = xanax benzo = (Alprazolam)",'Benzodiazepines'
*** Simulants = 'Cocaine','Methamphetamine','Crack','Amphetamine'
**** Opioids = 'Heroin','Opiates and Synthetics',"Vicodin (Hydrocodone)",'Codeine'

Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services. (2019).[41]

Table 36 lists the number of treatment providers by Region 3 county. Not surprisingly, the two most populated counties, Dallas and Tarrant, have the greatest number of licensed facilities. Ellis, Rockwall, and Somervell have none at all.

Table 36 – Region 3 Substance Abuse and Narcotic Treatment Providers, 2017

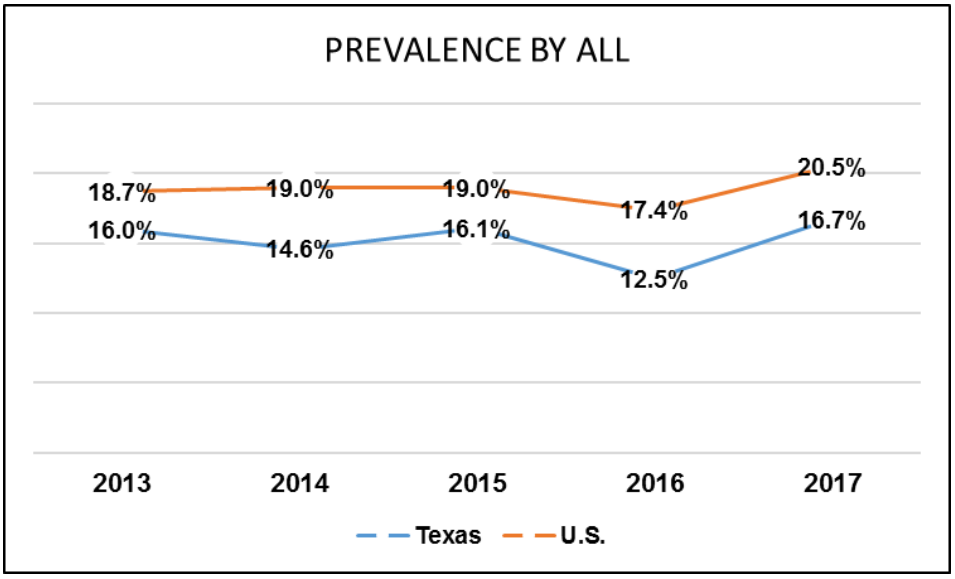
Report Area	# Licensed Substance Abuse Treatment Facilities	# Narcotic Treatment Clinics
Collin	19	1
Cooke	1	-
Dallas	46	11
Denton	12	1
Ellis	-	-
Erath	2	-
Fannin	3	-
Grayson	5	1
Hood	1	-
Hunt	6	-
Johnson	4	-
Kaufman	3	-
Navarro	1	-
Palo Pinto	2	-
Parker	3	-
Rockwall	-	-
Somervell	-	-
Tarrant	45	7
Wise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

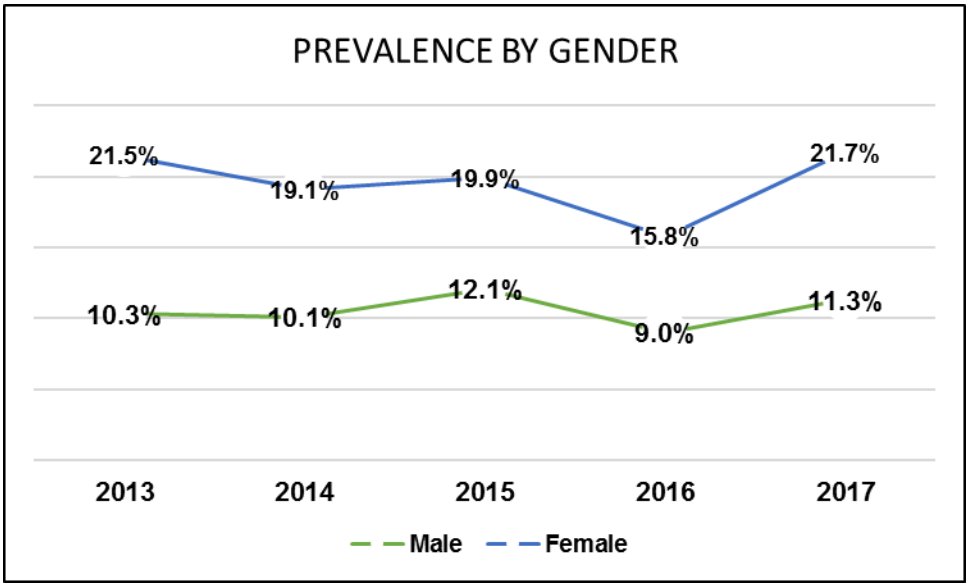
Texas Health and Human Services Commission, *Decision Support* Unit, FY2017.[40]

Depression

Figure 9 demonstrates a lower prevalence of depression in Texas than in the U.S. Depression is more prevalent in Texas females than males.

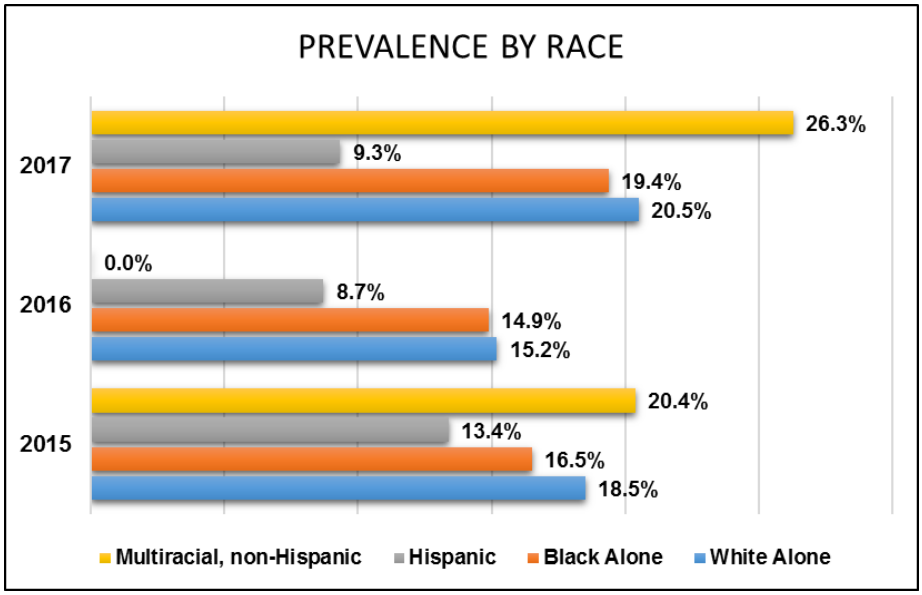
Figure 9 - Texas Prevalence of Depression by All, Gender, Race and Age Group, 2013-2017

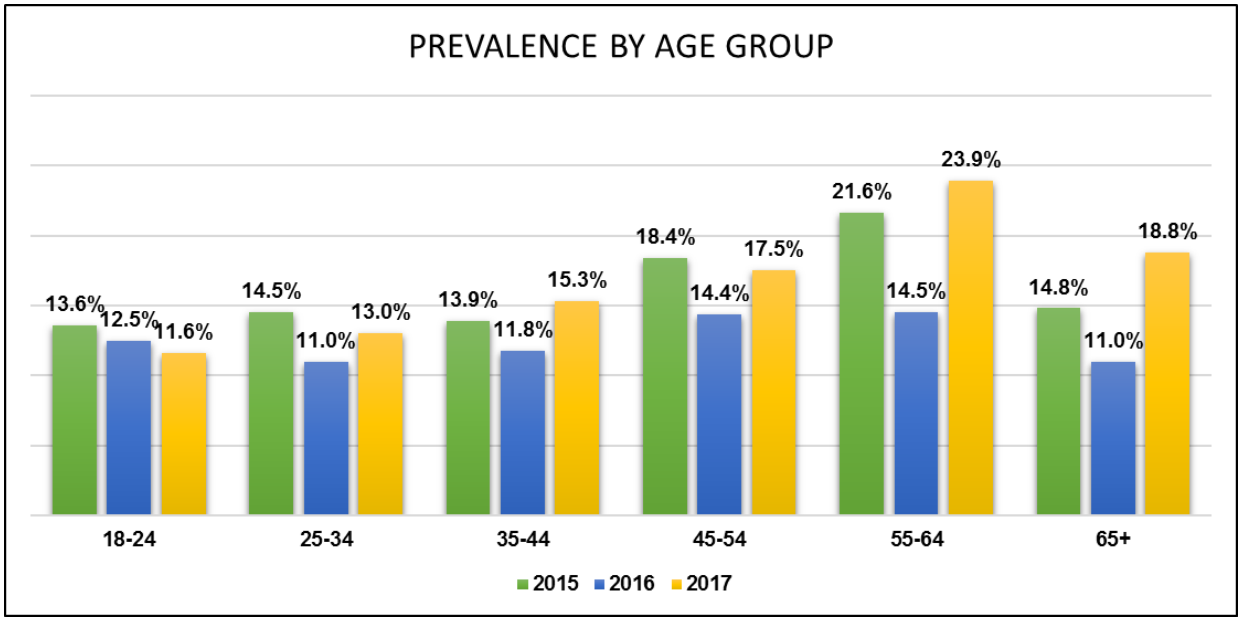




Multiracial had the highest prevalence in 2015 and 2017. Black and White share almost same prevalence of depression for the year 2016. The 55-64 age group have the highest rate for all three years.

Figure 9 cont. - Texas Prevalence of Depression by All, Gender, Race and Age Group, 2013-2017





Centers for Disease Control and Prevention, BRFSSystem, 2013-2017[6]

Social Factors

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.[42]

Protective Factors

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

2.) 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.

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

4.) 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.

Risk Factors

1.) 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.

2.) Academic achievement and 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: U.S. Department of Health and Human Services. National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration, 2016. [42]

Youth Perception of Parental Approval of Consumption

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

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 PRCs across the state work with the Public Policy Research Institute to help promote the survey to sampled schools within

their designated region. Furthermore, the PRCs aim to communicate to their regions how to participate and if any incentives are available.

Region 3 students reported “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 (Table 37).

Table 37 – Texas School Survey Answers, 2018

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

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	78.3%	7.5%	5.9%	0.9%	0.6%	6.8%
Grade 7	85.0%	2.9%	2.1%	0.4%	0.6%	8.9%
Grade 8	83.5%	4.7%	3.4%	0.9%	0.6%	6.9%
Grade 9	78.7%	7.6%	5.5%	0.6%	0.6%	6.9%
Grade 10	77.0%	8.0%	6.7%	0.9%	0.5%	6.8%
Grade 11	75.1%	9.6%	7.7%	1.1%	0.7%	5.9%
Grade 12	68.4%	13.1%	11.1%	1.7%	0.5%	5.2%

Region 3						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	80.3%	7.6%	4.9%	0.8%	0.5%	6.0%
Grade 7	88.3%	2.4%	1.7%	0.1%	0.3%	6.9%
Grade 8	85.3%	3.4%	2.7%	1.3%	0.9%	6.3%
Grade 9	78.9%	8.6%	4.1%	0.7%	0.5%	7.3%
Grade 10	78.7%	9.0%	6.6%	0.9%	0.4%	4.5%
Grade 11	77.2%	9.2%	6.7%	0.5%	0.6%	5.7%
Grade 12	70.6%	14.3%	8.8%	1.2%	0.1%	4.8%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Table 37 cont. – Texas School Survey Answers, 2018

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

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	62.0%	14.4%	12.3%	3.9%	1.0%	6.5%
Grade 7	76.0%	8.2%	4.7%	1.6%	0.8%	8.7%
Grade 8	71.3%	10.3%	8.0%	2.4%	1.0%	7.0%
Grade 9	62.5%	14.4%	12.4%	3.2%	1.0%	6.5%
Grade 10	58.1%	16.9%	13.4%	4.3%	0.9%	6.4%
Grade 11	54.4%	18.3%	15.9%	5.0%	1.1%	5.2%
Grade 12	47.0%	19.2%	20.6%	7.5%	1.3%	4.5%

Region 3						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	66.1%	13.6%	10.4%	3.0%	0.9%	5.9%
Grade 7	79.7%	8.4%	3.6%	1.1%	0.3%	6.9%
Grade 8	74.2%	10.2%	6.5%	1.9%	1.1%	6.2%
Grade 9	64.6%	12.0%	12.0%	3.2%	1.1%	7.1%
Grade 10	64.4%	15.8%	12.1%	3.0%	0.4%	4.3%
Grade 11	58.0%	18.4%	12.7%	3.6%	1.2%	6.1%
Grade 12	52.4%	18.7%	17.5%	5.7%	1.3%	4.4%

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

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	76.5%	6.8%	7.0%	1.9%	1.3%	6.5%
Grade 7	84.8%	2.3%	2.3%	0.8%	0.9%	8.9%
Grade 8	83.0%	4.0%	4.4%	1.2%	1.0%	6.4%
Grade 9	76.1%	7.0%	7.3%	1.8%	1.2%	6.6%
Grade 10	74.1%	7.1%	8.0%	2.7%	1.5%	6.5%
Grade 11	71.3%	9.9%	9.4%	2.5%	1.6%	5.2%
Grade 12	68.0%	11.2%	11.7%	2.4%	1.8%	4.9%

Region 3						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	77.7%	6.2%	7.0%	1.9%	1.4%	5.8%
Grade 7	88.0%	1.9%	1.7%	0.7%	0.4%	7.3%
Grade 8	83.6%	4.1%	3.6%	1.5%	1.4%	5.8%
Grade 9	75.0%	7.5%	7.5%	2.0%	0.9%	7.1%
Grade 10	76.5%	6.2%	8.4%	3.2%	1.7%	3.9%
Grade 11	72.6%	8.6%	8.5%	2.4%	2.3%	5.5%
Grade 12	68.0%	10.0%	13.5%	2.0%	2.0%	4.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Table 38 displays answers to the questions from the 2012, 2015, and 2018 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. 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. It included households in Denton, Hood, Johnson, Parker, Tarrant, and Wise counties. In 2018, 32% of Denton parents reported seldom/never when asked how often they talked to their child(ren) about drugs and alcohol.

Table 38 – CCHAPS Survey Answers, 2012, 2015, & 2018

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

County	Year	Daily	Weekly	Monthly	Few times a year	Seldom/ Never	Don't know
Denton	2012	4.0%	12.9%	20.4%	23.6%	35.4%	3.7%
	2015	4.7%	16.6%	28.5%	24.4%	21.5%	4.4%
	2018	3.0%	10.0%	19.0%	17.0%	32.0%	19.0%
Hood	2012	4.1%	16.4%	24.7%	19.2%	31.5%	4.1%
	2015	8.1%	16.1%	26.4%	18.4%	23.0%	8.1%
	2018	2.0%	17.0%	11.0%	20.0%	21.0%	30.0%
Johnson	2012	7.0%	16.8%	21.7%	18.9%	29.9%	5.7%
	2015	8.6%	18.5%	28.8%	18.0%	20.6%	5.6%
	2018	5.0%	11.0%	20.0%	21.0%	24.0%	19.0%
Parker	2012	6.9%	14.9%	19.4%	21.7%	25.1%	12.0%
	2015	5.0%	16.6%	23.1%	31.7%	19.6%	4.0%
	2018	4.0%	9.0%	21.0%	18.0%	30.0%	18.0%
Tarrant	2012	6.6%	16.1%	22.5%	20.3%	28.9%	5.6%
	2015	8.1%	17.0%	24.9%	23.1%	23.0%	4.1%
	2018	7.0%	12.0%	17.0%	18.0%	30.0%	17.0%
Wise	2012	3.8%	17.5%	30.0%	16.3%	22.5%	10.0%
	2015	10.7%	12.6%	26.2%	23.3%	21.4%	5.8%
	2018	5.0%	16.0%	8.0%	22.0%	25.0%	24.0%

CCHAPS 2012, 2015, 2018[43]

Table 38 cont. – CCHAPS Survey Answers, 2012, 2015, & 2018

"People in home who smoke cigarettes"

County	Year	Daily	Weekly	Monthly	Few times a year	Seldom/ Never	Don't know
Denton	2012	3.54%	0.38%	0.38%	0.96%	92.16%	2.58%
	2015	3.15%	0.71%	1.12%	1.52%	90.45%	3.05%
	2018	2.00%	1.00%		1.00%	86.00%	10%
Hood	2012	5.48%	1.37%	2.74%	1.37%	87.67%	1.37%
	2015	4.60%	3.45%		2.30%	81.61%	8.05%
	2018	2.00%				73.00%	0.26
Johnson	2012	9.84%	1.23%	0.82%	1.23%	84.02%	2.87%
	2015	5.58%	1.72%	1.72%	1.29%	85.84%	3.86%
	2018	5.00%	1.00%		2.00%	77.00%	15.00%
Parker	2012	6.29%	1.14%		0.57%	87.43%	4.57%
	2015	6.03%	2.01%		1.01%	88.44%	2.51%
	2018	1.00%	1.00%		2.00%	83.00%	14.00%
Tarrant	2012	4.89%	1.51%	0.78%	1.32%	88.82%	2.68%
	2015	4.80%	1.02%	0.92%	1.24%	89.60%	2.42%
	2018	3.00%	1.00%	1.00%	1.00%	83.00%	11.00%
Wise	2012	3.75%	2.50%			92.50%	1.25%
	2015	2.91%		0.97%	2.91%	88.35%	4.85%
	2018	3.00%	1.00%			81.00%	15.00%

"How often are alcoholic beverages consumed in your home?"

County	Year	Daily	Weekly	Monthly	Few times a year	Seldom/ Never	Don't know
Denton	2012	3.06%	22.28%	15.11%	17.11%	41.30%	1.15%
	2015	3.86%	24.49%	16.77%	18.90%	33.64%	2.34%
	2018	4.00%	18.00%	12.00%	17.00%	40.00%	10.00%
Hood	2012	2.74%	13.70%	10.96%	20.55%	49.32%	2.74%
	2015	2.30%	12.64%	11.49%	20.69%	48.28%	4.60%
	2018	3.00%	14.00%	8.00%	17.00%	38.00%	21.00%
Johnson	2012	2.05%	14.34%	14.34%	17.62%	49.18%	2.46%
	2015	3.00%	16.31%	10.73%	18.03%	48.93%	3.00%
	2018	1.00%	12.00%	17.00%	20.00%	37.00%	13.00%
Parker	2012	2.29%	17.71%	12.57%	20.57%	45.14%	1.71%
	2015	6.03%	22.11%	14.57%	21.11%	32.16%	4.02%
	2018	3.00%	15.00%	7.00%	24.00%	39.00%	12.00%
Tarrant	2012	4.74%	18.52%	10.87%	18.44%	44.80%	2.64%
	2015	5.01%	20.64%	14.86%	19.33%	37.99%	2.16%
	2018	3.00%	15.00%	12.00%	18.00%	41.00%	10.00%
Wise	2012	1.25%	17.50%	23.75%	22.50%	33.75%	1.25%
	2015	2.91%	11.65%	14.56%	24.27%	43.69%	2.91%
	2018	4.00%	13.00%	19.00%	22.00%	26.00%	17.00%

CCHAPS 2012, 2015, 2018[43]

Parent Approval/Consumption Key Findings:

- In 2018, students in Region 3 reported "Strongly Disapprove" parental attitudes regarding tobacco, alcohol and marijuana more than Texas students in all grade levels.[4]
- In 2018, students in Region 3 reported "Do Not Know" parental attitudes toward tobacco, alcohol and marijuana less often than Texas students in all grade levels.[4]
- In 2018, Johnson County parents reported using cigarettes on a daily basis more than the other 5 counties that participated in the CCHAPS survey.[43]
- In 2018, Denton and Wise County parents reported using alcohol on a daily basis more than the other 4 counties that participated in the CCHAPS survey.[43]

Youth Perception of Peer Approval of Consumption

Students were asked how many, if any, of their close friends used tobacco, alcohol or marijuana. The results for Texas and Region 3 are reported in **Table** 39 below. Students in Region 3 reported "None of their close friends use tobacco, alcohol or marijuana" more frequently than Texas students in all grade levels.[4]

Table 39 – Texas School Survey Answers, 2018

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

Texas					
	None	A Few	Some	Most	All
All	70.1%	18.1%	7.3%	3.6%	0.9%
Grade 7	86.6%	9.6%	2.8%	0.8%	0.2%
Grade 8	81.4%	12.9%	3.7%	1.7%	0.3%
Grade 9	71.2%	17.5%	7.2%	3.4%	0.7%
Grade 10	64.5%	20.9%	9.2%	4.3%	1.0%
Grade 11	59.2%	24.0%	9.9%	5.3%	1.6%
Grade 12	53.8%	25.7%	12.2%	6.6%	1.7%

Region 3					
	None	A Few	Some	Most	All
All	72.0%	17.3%	6.7%	3.5%	0.6%
Grade 7	87.8%	9.1%	2.6%	0.4%	0.1%
Grade 8	83.7%	11.2%	3.2%	1.7%	0.2%
Grade 9	69.9%	17.5%	7.9%	4.0%	0.7%
Grade 10	65.1%	20.5%	9.1%	4.4%	0.9%
Grade 11	62.7%	23.0%	8.3%	5.5%	0.5%
Grade 12	59.7%	24.1%	9.8%	5.3%	1.1%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Table 39 cont. – Texas School Survey Answers, 2018

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

Texas					
	None	A Few	Some	Most	All
All	48.4%	23.8%	14.0%	10.5%	3.2%
Grade 7	75.8%	16.2%	5.4%	2.2%	0.5%
Grade 8	64.1%	21.3%	9.2%	4.4%	1.0%
Grade 9	48.0%	25.3%	15.0%	9.4%	2.3%
Grade 10	39.5%	26.8%	17.7%	13.0%	3.1%
Grade 11	31.6%	28.2%	19.2%	15.8%	5.2%
Grade 12	27.2%	25.6%	18.6%	20.5%	8.0%

Region 3					
	None	A Few	Some	Most	All
All	52.5%	22.8%	14.0%	8.7%	2.0%
Grade 7	81.5%	12.3%	4.4%	1.6%	0.3%
Grade 8	66.9%	19.3%	9.1%	4.0%	0.7%
Grade 9	50.0%	22.8%	16.7%	7.7%	2.8%
Grade 10	43.8%	27.3%	17.3%	8.9%	2.7%
Grade 11	34.3%	28.2%	20.8%	14.6%	2.1%
Grade 12	33.3%	28.7%	17.2%	17.3%	3.5%

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

Texas					
	None	A Few	Some	Most	All
All	56.9%	19.4%	11.2%	9.5%	3.0%
Grade 7	82.4%	10.3%	3.9%	2.6%	0.7%
Grade 8	72.7%	15.4%	6.3%	4.3%	1.3%
Grade 9	54.9%	20.9%	11.1%	10.1%	3.0%
Grade 10	48.6%	22.6%	13.9%	11.2%	3.7%
Grade 11	41.3%	24.6%	16.2%	13.8%	4.0%
Grade 12	37.5%	23.8%	17.1%	15.9%	5.7%

Region 3					
	None	A Few	Some	Most	All
All	58.4%	19.5%	10.6%	9.2%	2.3%
Grade 7	84.5%	10.1%	2.6%	2.2%	0.7%
Grade 8	74.8%	14.3%	5.5%	4.3%	1.1%
Grade 9	50.8%	23.5%	10.9%	11.6%	3.3%
Grade 10	51.4%	22.3%	13.3%	9.9%	3.1%
Grade 11	42.5%	25.2%	17.4%	12.5%	2.4%
Grade 12	42.2%	22.6%	15.6%	16.1%	3.6%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Adolescent Sexual Behavior

According to the National Institute on Alcohol and Alcoholism, a study published in The Annual Review of Public Health (2005) shows that "97,000 students between the ages of 18 and 24 report experiencing alcohol-related sexual assault or date rape".[44] 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.[5] **Table 40** below shows Texas answers for high school students grades 9-12.

Table 40 – YRBSS Answers for Texas & US, 2017

Question - Sexual Behaviors	Texas: All Races		
	Total %	Female %	Male %
Ever had sexual intercourse	39.2%	38.3%	40.3%
Had sexual intercourse before age 13 years (for the first time)	3.3%	1.5%	5.1%
Had sexual intercourse with four or more persons (during their life)	11.2%	7.6%	15.0%
Did use any method to prevent pregnancy (Used birth control pills, IUD, implant, shot, patch)	21.0%	25.7%	16.4%
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	27.5%	26.9%	28.2%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	19.1%	18.2%	20.0%

Texas Department of State Health Services. YRBSS 2017[5]

The teen birth rate is defined as the number of births per 1,000 female population ages 13-17. Ranking refers to standing among Texas Counties. These births represent live births only. The red cells show the regions (**Table 41**) and counties (**Table 42**) with the highest rates of teen births. In Region 3, Cooke and Palo Pinto Counties have the highest rate at 7.0 per 1000.

Table 41 – Regional Teen Birth Figures per 1000, Ages 13-17, 2015

Report Area	Total Births	Birth Rate per 1000
1	452	3.4
2	208	2.8
3	2,170	1.9
4	437	2.7
5	248	2.3
6	2,120	2.1
7	861	1.8
8	1,138	2.6
9	329	3.8
10	438	3.0
11	1,711	4.2
Texas	10,156	5.1

Department of Texas Health and Human Services. Vital statistics [45]

Table 42 –Teen Birth Figures per 1000, Ages 13-17, 2015

Report Area	Total Births	Birth Rate per 1000
Collin	87	2.3
Cooke	19	7.0
Dallas	1,081	6.3
Denton	103	2.3
Ellis	46	3.2
Erath	10	3.4
Fannin	*	*
Grayson	41	4.9
Hood	12	3.8
Hunt	27	3.9
Johnson	61	4.8
Kaufman	33	3.2
Navarro	24	6.6
Palo Pinto	14	7.0
Parker	26	2.5
Rockwall	11	1.2
Somervell	*	*
Tarrant	544	3.7
Wise	12	2.4
Region 3	2,170	1.9
Texas	10,156	5.1

Department of Texas Health and Human Services. Vital statistics [45]

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.

Tables 43 and 45 below represent responses from the 2018 TSS as it relates to perception of access to alcohol and drugs (refer to Parent Approval section for a detailed description of the survey).

Perceived Access of Alcohol

Students were asked how difficult it would be to obtain alcohol. Results by grade level for Texas and Region 3 are shown in **Table 43.**

Table 43 – Texas School Survey Answers, Perceived Alcohol Access, 2018

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

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	23.5%	13.1%	5.6%	11.0%	19.2%	27.7%
Grade 7	35.2%	23.5%	7.3%	9.6%	12.1%	12.3%
Grade 8	28.2%	18.1%	6.8%	11.4%	16.8%	18.8%
Grade 9	22.8%	13.0%	5.6%	10.6%	19.1%	28.9%
Grade 10	20.8%	9.7%	5.4%	11.7%	21.2%	31.3%
Grade 11	18.0%	7.5%	3.6%	10.9%	23.4%	36.5%
Grade 12	14.3%	5.0%	4.4%	11.9%	23.5%	41.0%

Region 3						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	21.9%	14.2%	6.2%	10.7%	19.9%	27.0%
Grade 7	31.2%	25.4%	9.4%	9.5%	12.9%	11.6%
Grade 8	24.8%	16.6%	7.7%	10.7%	17.3%	22.9%
Grade 9	21.4%	14.8%	6.5%	10.1%	18.4%	28.8%
Grade 10	19.4%	11.5%	5.7%	10.6%	22.4%	30.4%
Grade 11	18.3%	9.2%	3.5%	12.1%	23.9%	33.0%
Grade 12	14.6%	5.3%	3.8%	11.7%	26.5%	38.1%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Students were asked how frequently, if ever, they obtain alcohol from specific sources. The results are shown in **Table 44** below.

Table 44 – Sources and Frequency of Accessibility to Alcohol, Texas School Survey Results, 2018

"How often, if ever, do you get alcohol beverages from_____?"

Texas					
All Grades	**Do Not Drink**	**Never**	**Seldom**	**Most of the Time**	**Always**
Home	59.8%	16.2%	15.9%	5.4%	2.7%
Friends	59.8%	16.0%	11.3%	9.8%	3.2%
Store	62.6%	29.5%	3.8%	2.8%	1.4%
Parties	58.0%	14.5%	9.6%	10.1%	7.7%
Other Sources	63.5%	21.5%	7.2%	4.3%	3.6%

Region 3					
All Grades	**Do Not Drink**	**Never**	**Seldom**	**Most of the Time**	**Always**
Home	64.9%	14.5%	13.6%	4.9%	2.2%
Friends	66.0%	14.2%	9.2%	8.2%	2.4%
Store	68.4%	25.9%	2.8%	2.1%	0.8%
Parties	64.1%	13.4%	8.2%	9.3%	5.1%
Other Sources	68.7%	18.9%	6.7%	3.4%	2.3%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Perceived Drug Access

Students were asked how difficult it would be to obtain marijuana, tobacco and various illicit drugs. Results by grade level for Texas and Region 3 are shown in **Table 45.**

Table 45 – Texas School Survey Answers, Perceived *Drug* Access, 2018

"If you wanted to, how difficult would it be to get marijuana?"

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana						
All	28.8%	21.2%	7.4%	9.1%	12.7%	20.8%
Grade 7	41.5%	36.3%	7.8%	4.9%	4.7%	4.7%
Grade 8	34.1%	31.2%	8.9%	8.0%	8.3%	9.6%
Grade 9	27.4%	20.3%	8.2%	10.2%	13.4%	20.5%
Grade 10	25.3%	15.5%	6.8%	11.3%	15.9%	25.3%
Grade 11	22.8%	11.7%	6.7%	10.3%	17.7%	30.8%
Grade 12	19.6%	9.5%	5.7%	10.4%	17.5%	37.3%

Region 3						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana						
All	25.9%	22.9%	8.9%	9.9%	13.2%	19.2%
Grade 7	35.9%	40.2%	10.4%	4.4%	4.7%	4.4%
Grade 8	29.6%	31.6%	9.6%	9.4%	9.4%	10.4%
Grade 9	23.8%	20.9%	9.4%	11.1%	14.5%	20.3%
Grade 10	22.3%	16.7%	9.5%	12.1%	16.3%	23.1%
Grade 11	22.3%	13.3%	8.2%	11.5%	18.7%	26.0%
Grade 12	19.6%	11.0%	6.0%	11.6%	17.1%	34.8%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Table 45 cont. – Texas School Survey Answers, Perceived *Drug* Access, 2018

"If you wanted to, how difficult would it be to get tobacco?"

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Tobacco						
All	30.3%	19.3%	7.0%	9.4%	14.1%	19.8%
Grade 7	40.3%	31.9%	7.6%	7.3%	7.3%	5.6%
Grade 8	34.2%	26.3%	8.7%	9.5%	11.6%	9.8%
Grade 9	30.6%	19.7%	7.8%	10.5%	14.7%	16.7%
Grade 10	28.1%	16.1%	6.9%	11.6%	16.7%	20.5%
Grade 11	25.6%	11.8%	6.1%	10.1%	19.8%	26.6%
Grade 12	21.3%	7.7%	4.4%	7.3%	15.3%	44.0%

Region 3						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Tobacco						
All	27.0%	21.1%	8.7%	10.5%	14.8%	17.8%
Grade 7	34.5%	35.3%	10.3%	7.6%	7.0%	5.2%
Grade 8	30.2%	26.3%	11.2%	9.9%	12.5%	10.0%
Grade 9	27.4%	22.0%	9.0%	12.3%	13.2%	16.0%
Grade 10	23.0%	18.8%	7.4%	12.5%	18.4%	19.8%
Grade 11	24.2%	13.1%	8.5%	10.8%	22.5%	20.9%
Grade 12	21.2%	7.9%	5.1%	10.4%	16.7%	38.8%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Table 45 cont. – Texas School Survey Answers, Perceived *Drug* Access, 2018

"If you wanted to, how difficult would it be to get _____?"

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades						
Cocaine	39.7%	31.9%	11.9%	7.7%	4.3%	4.5%
Crack	42.0%	32.9%	12.2%	6.5%	3.2%	3.3%
Steroids	43.4%	31.1%	11.6%	6.9%	3.5%	3.5%
Ecstasy	49.7%	27.5%	9.6%	5.7%	3.7%	3.8%
Heroin	46.6%	33.6%	11.0%	4.2%	2.0%	2.6%
Methamphetamine	48.9%	31.5%	10.4%	4.1%	2.2%	2.9%
Synthetic Marijuana	48.9%	26.4%	8.5%	6.0%	4.7%	5.6%
Inhalants	43.0%	15.9%	3.9%	5.3%	8.6%	23.3%

Region 3						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades						
Cocaine	35.3%	35.8%	13.7%	6.9%	4.2%	4.0%
Crack	37.5%	36.2%	14.1%	6.2%	3.2%	2.7%
Steroids	38.4%	34.1%	13.3%	7.3%	3.9%	3.0%
Ecstasy	46.2%	30.4%	11.2%	5.8%	3.1%	3.3%
Heroin	41.3%	37.4%	12.8%	4.1%	2.1%	2.2%
Methamphetamine	44.7%	34.1%	12.1%	4.1%	2.4%	2.6%
Synthetic Marijuana	46.3%	28.9%	10.0%	5.8%	3.9%	5.0%
Inhalants	39.1%	17.2%	4.7%	6.5%	10.1%	22.4%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Alcohol Retail Permit Density and Violations

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). **Table 46** below shows the number of permits in each Region 3 county. The rate per 100K population and per square mile (sq. mi.) are also shown. The red cells 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 the 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 47).

Table 46 – Alcohol Permits for Consumer Consumption Access, 2014-2018

Report Area	TABC Permits	Permits per 100,000 Population	Permits per sq. mi.
Collin	1,516	142.27	1.802
Cooke	114	277.55	0.131
Dallas	4,926	190.81	5.653
Denton	1,181	134.61	1.344
Ellis	243	128.54	0.259
Erath	75	183.88	0.069
Fannin	43	116.33	0.048
Grayson	299	228.25	0.321
Hood	124	209.49	0.295
Hunt	170	172.93	0.202
Johnson	117	65.42	0.161
Kaufman	206	148.62	0.264
Navarro	109	202.56	0.108
Palo Pinto	127	409.83	0.133
Parker	170	113.62	0.188
Rockwall	152	141.31	1.196
Somervell	22	218.81	0.118
Tarrant	3,963	192.57	4.589
Wise	107	150.53	0.118
Region 3	13,664	172.54	1.037

Texas Alcoholic Beverage Commission [46]

Sales Violations

Table 47 shows the number of stores with a license to sell alcohol that violated their permit. The table below 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 (2014-2018).

Table 47 - Sell/Serve/Dispense/Deliver Alcoholic Beverages to a MINOR, 2014-2018

Report Area	2014	2015	2016	2017	2018
Collin	28	15	17	37	26
Cooke	2	2	4	8	2
Dallas	56	61	111	95	99
Denton	9	29	20	26	17
Ellis	0	4	6	12	16
Erath	3	2	4	3	1
Fannin	2	1	0	3	3
Grayson	1	4	16	11	20
Hood	4	7	1	5	6
Hunt	2	1	2	6	4
Johnson	2	13	9	8	6
Kaufman	1	4	2	5	5
Navarro	0	4	2	0	5
Palo Pinto	0	4	4	1	1
Parker	0	0	5	6	7
Rockwall	0	0	0	0	2
Somervell	0	1	2	1	0
Tarrant	50	105	108	70	106
Wise	2	2	0	3	1
Region 3	162	259	313	300	327

Texas Alcoholic Beverage Commission.Public Information Request [47]

Illegal Drugs on School Property

The Youth Risk Behavior Surveillance Survey (YRBSS) asks questions related to behavioral choices, including how students obtain drugs. **Table 48** below shows Texas answers regarding drug access on school property in 2013 and 2017. The rate of female students who answered "yes" increased from 2013 to 2017 while the rate for male students decreased.

Table 48 – YRBSS Answers for Texas & U.S., 2013 & 2017

Question % - Alcohol and other Drug Use	Texas: All Races		
	Total %	Female %	Male %
Texas, High School Youth Risk Behavior Survey, 2013 Among 12th grade students			
Illegal Drugs Sold 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%**
Texas, High School Youth Risk Behavior Survey, 2017 Among 12th grade students			
Illegal Drugs Sold on School Property Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	**26.7%**	**26%**	**27.5%**

Texas Department of State Health Services. YRBSS 2017[5]

Perceived Risk of Harm

The findings in **Tables 49 - 53** below represent responses from the 2018 TSS regarding perception of harm from alcohol and drugs (refer to Parent Approval section for a detailed description of the survey).

Perceived Risk of Harm from Alcohol

Students were asked how harmful they think alcohol is for their age group. **Table 49** shows the results for Texas and Region 3 below.

Table 49 – Texas School Survey Answers, 2018

"How dangerous do you think it is for kids your age to use **Alcohol**?"

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	49.2%	29.7%	14.3%	2.6%	4.1%
Grade 7	61.6%	22.9%	9.5%	1.6%	4.4%
Grade 8	52.7%	26.9%	13.7%	2.6%	4.2%
Grade 9	47.9%	29.2%	15.3%	3.1%	4.4%
Grade 10	44.7%	32.0%	15.6%	3.0%	4.7%
Grade 11	44.9%	33.0%	15.3%	3.1%	3.6%
Grade 12	42.1%	35.5%	16.9%	2.3%	3.3%

Region 3					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	51.6%	28.2%	14.4%	1.8%	4.0%
Grade 7	65.3%	22.1%	8.0%	1.0%	3.6%
Grade 8	53.4%	25.7%	14.1%	2.1%	4.7%
Grade 9	48.4%	28.0%	16.3%	2.7%	4.6%
Grade 10	52.8%	26.0%	15.9%	2.2%	3.1%
Grade 11	43.8%	35.3%	15.5%	1.7%	3.7%
Grade 12	44.0%	33.4%	17.4%	1.3%	3.9%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Perceived Risk of Harm from Tobacco and Other Nicotine Products

Students were asked how harmful they think tobacco and nicotine products are for their age group. **Table 50** shows the results for Texas and Region 3 below.

Table 50 – Texas School Survey Answers, 2018

"How dangerous do you think it is for kids your age to use **Tobacco and Other Nicotine Products**?"

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	61.2%	23.7%	8.1%	1.8%	5.1%
Grade 7	76.4%	14.9%	3.4%	0.7%	4.7%
Grade 8	68.6%	19.9%	5.2%	1.2%	5.1%
Grade 9	59.1%	24.2%	9.0%	2.1%	5.6%
Grade 10	55.6%	27.0%	9.8%	2.1%	5.6%
Grade 11	54.1%	28.7%	9.8%	2.3%	5.1%
Grade 12	51.3%	28.8%	12.6%	2.9%	4.4%

Region 3					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	62.2%	23.8%	8.0%	1.4%	4.6%
Grade 7	79.6%	13.1%	3.2%	0.3%	3.8%
Grade 8	68.0%	19.6%	5.0%	0.8%	6.5%
Grade 9	58.4%	24.9%	9.6%	1.9%	5.2%
Grade 10	59.7%	26.4%	9.5%	1.2%	3.2%
Grade 11	53.8%	30.4%	10.0%	1.5%	4.3%
Grade 12	51.1%	30.3%	11.3%	2.7%	4.6%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Perceived Risk of Harm from Marijuana

Students were asked how harmful they think marijuana is for their age group. **Table 51** shows the results for Texas and Region 3 below.

Table 51 – Texas School Survey Answers, 2018

"How dangerous do you think it is for kids your age to use **Marijuana**?"

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	56%	13.70%	12.60%	13%	4.70%
Grade 7	79.1%	8.7%	4.6%	3.2%	4.5%
Grade 8	67.6%	13.2%	8.0%	6.8%	4.5%
Grade 9	53.2%	16.3%	12.3%	13.1%	5.2%
Grade 10	47.4%	16.1%	15.6%	15.8%	5.1%
Grade 11	45.0%	13.9%	18.0%	18.7%	4.5%
Grade 12	40.1%	14.1%	18.5%	22.8%	4.4%

Region 3					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	56.0%	14.1%	12.9%	12.6%	4.5%
Grade 7	81.5%	7.5%	4.7%	2.5%	3.7%
Grade 8	66.7%	12.8%	8.5%	6.9%	5.0%
Grade 9	49.3%	16.1%	14.7%	14.5%	5.4%
Grade 10	51.9%	17.2%	13.4%	14.5%	3.0%
Grade 11	45.3%	15.8%	19.9%	14.4%	4.6%
Grade 12	37.0%	15.7%	17.4%	24.8%	5.1%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Perceived Risk of Harm from Prescription Drugs

Students were asked how harmful they think prescription drugs are for their age group. **Table 52** shows the results for Texas and Region 3 below.

Table 52 – Texas School Survey Answers, 2018

"How dangerous do you think it is for kids your age to use **Prescription Drugs**?"

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	75.4%	12.8%	3.5%	1.4%	6.8%
Grade 7	81.4%	8.5%	2.5%	1.0%	6.6%
Grade 8	77.8%	11.0%	3.3%	1.2%	6.7%
Grade 9	73.2%	13.3%	4.2%	2.0%	7.3%
Grade 10	72.2%	15.1%	3.9%	1.1%	7.7%
Grade 11	74.4%	14.1%	3.7%	1.8%	6.0%
Grade 12	73.1%	15.6%	3.6%	1.0%	6.6%

Region 3					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	76.5%	11.9%	3.5%	1.4%	6.7%
Grade 7	82.6%	8.1%	1.9%	0.9%	6.6%
Grade 8	78.7%	9.5%	2.9%	1.1%	7.8%
Grade 9	70.6%	12.9%	5.5%	3.3%	7.7%
Grade 10	76.1%	14.0%	4.1%	0.9%	4.8%
Grade 11	76.8%	12.5%	3.1%	1.3%	6.2%
Grade 12	73.6%	15.4%	3.4%	0.8%	6.9%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Perceived Risk of Harm from Other Drugs

Students were asked how harmful they think illicit drugs are for their age group. **Table 53** shows the results for Texas and Region 3 below.

Table 53 – Texas School Survey Answers, 2018

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

Texas					
All Grades	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
Cocaine	86.9%	6.1%	0.9%	0.6%	5.5%
Crack	88.0%	4.9%	0.7%	0.5%	5.9%
Ecstasy	81.6%	7.2%	1.8%	0.7%	8.6%
Steroids	76.8%	11.6%	3.4%	1.0%	7.2%
Heroin	88.3%	4.0%	0.6%	0.5%	6.6%
Methamphetamine	87.9%	3.9%	0.7%	0.5%	7.0%
Synthetic Marijuana	80.9%	7.4%	2.3%	1.2%	8.2%
Inhalants	72.1%	14.0%	4.8%	1.6%	7.7%

Region 3					
All Grades	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
Cocaine	87.7%	5.6%	0.8%	0.5%	5.3%
Crack	88.8%	4.4%	0.7%	0.5%	5.7%
Ecstasy	82.6%	6.9%	1.5%	0.6%	8.4%
Steroids	76.5%	12.2%	3.5%	0.9%	6.8%
Heroin	89.1%	3.5%	0.6%	0.5%	6.2%
Methamphetamine	88.2%	3.6%	0.7%	0.5%	6.9%
Synthetic Marijuana	81.1%	7.0%	2.2%	1.3%	8.3%
Inhalants	72.5%	14.0%	4.8%	1.3%	7.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

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 BRFSS. Additional consumption patterns can be observed through Poison Control calls and the breakdown of those calls by outcome and substance. **Table 54** below shows an overview of consumption patterns for Region 3 and Texas for all grades, grade 7 and 12.

The *Current Use* column refers to student-reported use over the last 30 days prior to the survey. *School/Past year* use refers to use within the recent school year. *Lifetime Use* refers to use at least once. *High Risk Use* refers to binge drinking within the last 30 days prior to the survey. *Age of Initiation* is reported as age (in years) of first use of the substance. *NA* means not asked.

Table 54 – Overview Consumption Patterns, Texas School Survey Results, 2018
Alcohol, Tobacco, Illicit Drugs, Rx Drugs, and Marijuana Consumption, Grades 7-12

Texas					
	Alcohol	Tobacco	Illicit Drugs	Rx Drugs	Marijuana
Current Use, All Grades	29.0%	16.3%	13.9%	7.1%	13.6%
School Year Use, All Grades	34.4%	19.9%	17.9%	10.5%	16.3%
Lifetime Use, All Grades	51.5%	30.3%	23.5%	18.5%	22.1%
High-Risk Use, All Grades	11.7%	NA	NA	NA	NA
Age of Initiation, All Grades	13.1	13.5	NA	NA	14
Current Use, Grade 7	14.7%	5.6%	NA	6.1%	4.0%
Lifetime Use, Grade 7	34.3%	13.8%	NA	14.9%	6.7%
High-Risk Use, Grade 7	3.8%	NA	NA	NA	NA
Current Use, Grade 12	46.6%	29.7%	NA	7.4%	24.6%
Lifetime Use, Grade 12	68.5%	46.9%	NA	21.6%	39.7%
High-Risk Use, Grade 12	23.5%	NA	NA	NA	NA

Region 3					
	Alcohol	Tobacco	Illicit Drugs	Rx Drugs	Marijuana
Current Use, All Grades	23.6%	14.3%	11.8%	6.6%	11.6%
School Year Use, All Grades	28.5%	17.3%	15.7%	9.6%	14.3%
Lifetime Use, All Grades	46.9%	26.7%	20.8%	17.1%	19.8%
High-Risk Use, All Grades	8.1%	NA	NA	NA	NA
Age of Initiation, All Grades	13.2	13.6	NA	NA	14.1
Current Use, Grade 7	11.0%	4.6%	NA	5.8%	2.4%
Lifetime Use, Grade 7	29.5%	11.0%	NA	15.1%	4.6%
High-Risk Use, Grade 7	1.5%	NA	NA	NA	NA
Current Use, Grade 12	38.6%	24.9%	NA	6.4%	22.2%
Lifetime Use, Grade 12	62.9%	41.7%	NA	19.0%	35.8%
High-Risk Use, Grade 12	16.5%	NA	NA	NA	NA

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Alcohol

The findings below in **Table 55** represent responses from the 2018 TSS regarding alcohol comsumption patterns and age of initiation. (Refer to Parent Approval section for a detailed description of the survey).

Table 55 – Alcohol Consumption Patterns, Texas School Survey Results, 2018

Texas					
Alcohol	Current Use	School Year Use	Lifetime Use	High Risk Use	Age of Initiation
All Grades	29.0%	34.4%	51.5%	11.7%	13.1
Grade 7	14.7%	17.1%	34.3%	3.8%	10.6
Grade 8	20.4%	24.1%	42.5%	5.8%	11.3
Grade 9	27.7%	32.4%	50.1%	10.0%	12.4
Grade 10	33.1%	39.7%	55.9%	13.4%	13.3
Grade 11	34.9%	43.2%	61.6%	15.5%	14.0
Grade 12	46.6%	54.1%	68.5%	23.5%	14.8

Region 3					
Alcohol	Current Use	School Year Use	Lifetime Use	High Risk Use	Age of Initiation
All Grades	23.6%	28.5%	46.9%	8.1%	13.2
Grade 7	11.0%	12.7%	29.5%	1.5%	10.7
Grade 8	17.7%	20.9%	40.8%	3.9%	11.4
Grade 9	24.7%	29.2%	47.5%	7.7%	12.3
Grade 10	24.1%	30.3%	47.5%	9.1%	13.2
Grade 11	28.4%	36.0%	56.5%	11.7%	14.2
Grade 12	38.6%	45.6%	62.9%	16.5%	14.8

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Drinking patterns by age group is shown in **Table 56** below. This data comes from a survey conducted by the CDC, the Behavioral Risk Factor Surveillance Survey (BRFSS). The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. The red cells represent the age group with the highest rate in each category for the corresponding year.

"Any" drinking is defined as at least one drink of any alcoholic beverage in the past 30 days. "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. "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.[6]

Table 56 – Texas Drinking Pattern Answers by Age, BRFSS, 2015-2017

"ANY"	2015	2016	2017
18-24	50.6%	50.3%	44.6%
25-34	**58.7%**	**60.9%**	**64.8%**
35-44	52.9%	53.2%	56.9%
45-53	50.6%	51.8%	51.8%
55-64	48.1%	44.7%	46.0%
65+	36.2%	39.4%	39.8%

"BINGE"	2015	2016	2107
18-24	**23.4%**	24.6%	21.6%
25-35	23.2%	**29.6%**	**30.1%**
35-44	18.5%	19.5%	22.1%
45-53	15.9%	16.8%	17.3%
55-64	10.4%	10.6%	9.8%
65+	4.1%	5.2%	4.8%

"HEAVY"	2015	2016	2017
18-24	5.9%	5.1%	5.3%
25-35	6.2%	**9.1%**	9.1%
35-44	**7.1%**	7.7%	**10.8%**
45-53	5.6%	7.7%	6.1%
55-64	5.7%	5.9%	5.4%
65+	4.1%	4.9%	4.1%

Centers for Disease Control and Prevention, BRFSSystem, 2013-2017[6]

Qualitative Data

Findings relevant to alcohol consumption were reported in the Dallas County's student focus group. The Dallas County High School focus group consisted of 7 students during the 2018-2019 academic school year. The following key findings on alcohol were reported:

Dallas County High School:

Drug trends:

- Students drink alcohol at kickbacks (small house party) and/or at parties on the weekend.
- Some students approach strangers at gas stations to purchase alcohol for them.
- Some retailers do not card and knowingly sell to minors.

Student perceptions:

- Students are more likely to drink alcohol off campus than on campus.
- Students drink on weekdays as well as weekends
- Some students' parents or family members provide them with alcohol.
- Beer and liquor are the most common types of misused alcohol. High school students do not drink wine.

Risk factors:

- Student identified ways to conceal alcohol on campus.
- Students drink alcohol at parties and kickbacks. (Social access)
- Some students' parents or family members provide them with alcohol. (Social access)
- Some stores will sell alcohol to you even if you're a minor.

Protective factors:

- Parental disapproval of kids misusing drugs and/or alcohol.
- Parent and student discussed dangers of drug and alcohol misuse as a form of prevention.

Facilitator's Key Takeaways:

- Alcohol misuse is still a major concern with high school students.

Tobacco

The findings below in **Table 57** represent responses from the 2018 TSS regarding Tobacco comsumption patterns and age of initiation. (Refer to Parent Approval section for a detailed description of the survey).

Table 57 – Tobacco Consumption Patterns, Texas School Survey Results, 2018

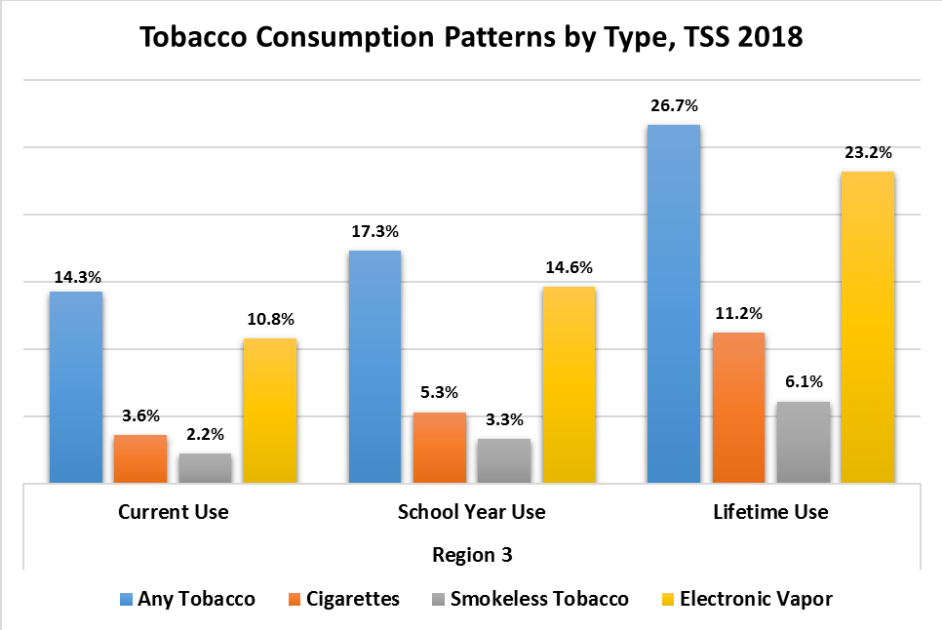
Texas					
Tobacco	Current Use	School Year Use	Lifetime Use	Never Used	Age of Initiation
All Grades	16.3%	19.9%	30.3%	69.7%	13.5
Grade 7	5.6%	6.9%	13.8%	86.2%	10.9
Grade 8	8.9%	11.2%	20.5%	79.5%	11.5
Grade 9	14.8%	18.7%	29.2%	70.8%	12.6
Grade 10	19.4%	24.0%	35.1%	64.9%	13.3
Grade 11	22.4%	26.8%	39.9%	60.1%	14.1
Grade 12	29.7%	34.9%	46.9%	53.1%	14.9

Region 3					
Tobacco	Current Use	School Year Use	Lifetime Use	Never Used	Age of Initiation
All Grades	14.3%	17.3%	26.7%	73.3%	13.6
Grade 7	4.6%	5.8%	11.0%	89.0%	10.6
Grade 8	8.1%	10.2%	18.8%	81.2%	11.7
Grade 9	13.6%	16.6%	26.2%	73.8%	12.6
Grade 10	17.2%	21.5%	30.9%	69.1%	13.5
Grade 11	19.6%	23.1%	35.1%	64.9%	14.3
Grade 12	24.9%	29.8%	41.7%	58.3%	14.9

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Figure 10 shows tobacco consumption by type for all grades. The type most used was electronic vapor products, also known is electronic cigarettes.

Figure 10: Tobacco Consumption Patterns by Type, Texas School Survey Results, 2018



Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Qualitative Data

Findings relevant to tobacco consumption were reported in the Dallas County's student focus group. The Dallas County High School focus group consisted of 7 students during the 2018-2019 academic school year. The following key findings on tobacco were reported:

Dallas County High School:

Drug trends:

- Tobacco use among students is rare.
- Vaping may be on the rise among students.
- Pens are the vaping device of choice.

Perceptions:

- Students do not use tobacco.
- Students purchase vaping devices online or through their connections

Risk factors:

- Social access to vaping devices.
- Online retail access to vaping devices.

Protective factors:

- None indicated

Facilitator's Key Takeaways:

- More prevention education is needed around electronic nicotine delivery systems (ENDS); students are not aware that these are tobacco products.

Marijuana

The findings below in **Table 58** represent responses from the 2018 TSS regarding marijuana comsumption patterns and age of initiation. (Refer to Parent Approval section for a detailed description of the survey).

Table 58 – Marijuana Consumption Patterns, Texas School Survey Results, 2018

Texas					
Marijuana	Current Use	School Year Use	Lifetime Use	Never Used	Age of Initiation
All Grades	13.6%	16.3%	22.1%	77.9%	14.0
Grade 7	4.0%	4.9%	6.7%	93.3%	11.5
Grade 8	7.7%	9.0%	12.1%	87.9%	12.4
Grade 9	13.5%	15.9%	20.7%	79.3%	13.1
Grade 10	15.1%	18.2%	25.0%	75.0%	13.9
Grade 11	18.8%	22.7%	32.0%	68.0%	14.6
Grade 12	24.6%	29.6%	39.7%	60.3%	15.2

Region 3					
Marijuana	Current Use	School Year Use	Lifetime Use	Never Used	Age of Initiation
All Grades	11.6%	14.3%	19.8%	80.2%	14.1
Grade 7	2.4%	2.9%	4.6%	95.4%	11.5
Grade 8	7.5%	9.4%	12.5%	87.5%	12.7
Grade 9	12.8%	15.4%	21.5%	78.5%	12.8
Grade 10	11.0%	14.2%	20.5%	79.5%	14.0
Grade 11	15.5%	19.2%	27.2%	72.8%	14.8
Grade 12	22.2%	26.8%	35.8%	64.2%	15.2

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Qualitative Data

Findings relevant to marijuana consumption were reported in the Dallas County's student focus group. The Dallas County High School focus group consisted of 7 students during the 2018-2019 academic school year. The following key findings on marijuana were reported:

Dallas County High School:

Drug trends:

- Students are using edibles and other forms of Marijuana (aka weed).
- Increase in use/offering of edibles (marijuana).
- Students purchase cigarillos to use the wrapping to smoke marijuana.
- Students are vaping THC, tetrahydrocannabinol, which is the psychoactive agent in marijuana.
- Students rarely (if ever) use synthetic marijuana/ K2.

Perceptions:

- Students believe weed and edibles are the most offered substances.
- Students use edibles because it is easier to conceal.
- Vaping, THC or otherwise, is starting to become more popular with students.
- Weed (Marijuana) is usually the first drug offered to students.
- Students who vape are vaping THC not tobacco/nicotine.
- About half of the students who use marijuana do so frequently (twice a week); other half use occasionally or only at parties.

Risk factors:

- Student is are not aware of the effects of excessive marijuana misuse.

Protective factors:

- Student is aware of the effects of K2/ synthetic marijuana.
- Student is aware of effects of excessive marijuana misuse (lack of motivation, decreased appetite and altered appearance).

Facilitator's Key Takeaways:

- Edibles (marijuana) are becoming more popular with students.
- Students who vape are vaping THC not nicotine.

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, Xanax, Alprazolam, Adderall, Ritalin, Dexedrine, Concerta, and Focalin.[4] The findings below in **Table 59** represent responses from the 2018 TSS regarding comsumption patterns for prescription drugs. (Refer to Parent Approval section for a detailed description of the survey).

Table 59 – Prescriptipon Drug Consumption Patterns, Texas School Survey Results, 2018

Texas				
Prescription Drugs	Current Use	School Year Use	Lifetime Use	Never Used
All Grades	7.1%	10.5%	18.5%	81.5%
Grade 7	6.1%	8.3%	14.9%	85.1%
Grade 8	7.1%	9.6%	16.1%	83.9%
Grade 9	7.9%	11.5%	18.9%	81.1%
Grade 10	7.0%	11.1%	19.5%	80.5%
Grade 11	6.9%	10.7%	20.4%	79.6%
Grade 12	7.4%	12.0%	21.6%	78.4%

Region 3				
Prescription Drugs	Current Use	School Year Use	Lifetime Use	Never Used
All Grades	6.6%	9.6%	17.1%	82.9%
Grade 7	5.8%	7.8%	15.1%	84.9%
Grade 8	7.1%	9.3%	15.2%	84.8%
Grade 9	8.8%	11.7%	20.0%	80.0%
Grade 10	6.3%	9.8%	16.7%	83.3%
Grade 11	5.1%	8.1%	16.5%	83.5%
Grade 12	6.4%	10.9%	19.0%	81.0%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Qualitative Data

Findings relevant to prescription drug consumption were reported in the Dallas County's student focus group. The Dallas County High School focus group consisted of 7 students during the 2018-2019 academic school year. The following key findings on prescription drugs were reported:

Dallas County High School:

Drug trends:

- Students identify bars (Xanax) as a prescription drug that is misused.

College Student Consumption

The Texas College Survey of Substance Use is a biennial collection of self reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. The survey is conducted by the Public Policy Research Institute, a branch of Texas A&M University, in cooperation with the Texas Health and Human Services Commission. The 2017 survey included 18,327 undergraduate students aged 18-26 from 52 colleges and community college districts from across Texas. Students were invited to participate via email and completed the survey online.

Table 60 below shows an overview of consumption patterns for Texas students for all classifications, freshmen and seniors.

Table 60 – Overview of Consumption Patterns, Texas College Survey, 2017

	2017				
	Alcohol	Tobacco	Marijuana	Sedatives	Hallucinogens
Current Use, All Class	57.6%	18.2%	15.9%	2.5%	1.5%
Past Year Use, All Class	72.6%	31.2%	27.5%	5.5%	4.6%
Lifetime Use, All Class	78.7%	46.5%	39.4%	10.2%	9.4%
Current Use, Freshmen	43.1%	17.1%	15.0%	2.5%	1.7%
Past Year Use, Freshmen	60.4%	29.0%	25.2%	5.0%	4.1%
Lifetime Use, Freshmen	67.5%	39.0%	33.3%	8.2%	7.0%
Current Use, Seniors	73.9%	18.2%	15.1%	2.1%	1.0%
Past Year Use, Seniors	85.7%	33.6%	28.8%	5.0%	4.5%
Lifetime Use, Seniors	90.7%	54.9%	44.3%	11.4%	11.0%

Texas A&M University. Texas Survey of Substance Use among College Students: 2017[7]

Table 61 shows the consumption patterns for Texas students by drug and by classification. Current use for alcohol is highest among college seniors while current use for tobacco and marijuana is highest among sophmores.

Table 61 – Consumption Patterns by Class, Texas College Survey, 2017

Alcohol			
	Current Use	Past Year Use	Lifetime Use
All Class	57.6%	72.6%	78.7%
Freshman	43.1%	60.4%	67.5%
Sophomore	53.3%	69.5%	76.3%
Junior	66.2%	79.7%	84.8%
Senior	73.9%	85.7%	90.7%

Tobacco			
	Current Use	Past Year Use	Lifetime Use
All Class	18.2%	31.2%	46.5%
Freshman	17.1%	29.0%	39.0%
Sophomore	19.1%	31.1%	45.9%
Junior	18.4%	32.0%	49.4%
Senior	18.2%	33.6%	54.9%

Marijuana			
	Current Use	Past Year Use	Lifetime Use
All Class	15.9%	27.5%	39.4%
Freshman	15.0%	25.2%	33.3%
Sophomore	17.0%	27.6%	39.9%
Junior	16.8%	29.3%	42.1%
Senior	15.1%	28.8%	44.3%

Texas A&M University. Texas Survey of Substance Use among College Students: 2017[7]

Special Topic: Opioids

The Texas Prescription Program (TPP) collects prescription data on all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas patient from a pharmacy in another state. 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, **Table 62** below shows the 2018 total prescriptions per capita by Drug Enforcement Agency Drug Scheduling separated by Region 3 Counties. The red cells represent counties that have highest legal prescriptions rates. Fannin County has the highest rate at 28,314 per 10K population; this is more than twice the Region 3 rate.

Table 62 – Total Prescriptions per Capita by DEA Drug Schedule Type by County, 2018

Report Area	2018 Population	Not Scheduled	Schedule 2	Schedule 3	Schedule 4	Schedule 5	Total Prescriptions per 10,000 Pop.
Collin	1,065,557	133	537,915	177,304	615,094	74,690	13,187
Cooke	41,073	3	21,752	8,293	34,566	4,563	16,842
Dallas	2,581,608	4,824	1,079,144	466,690	1,437,223	190,874	12,313
Denton	877,332	288	447,116	182,822	535,383	92,961	14,345
Ellis	189,032	6	105,758	37,504	118,714	14,455	14,624
Erath	40,787	2	20,229	8,786	28,120	4,210	15,041
Fannin	36,962		34,872	11,821	53,824	4,136	28,314
Grayson	130,993	217	90,128	42,905	136,935	14,921	21,765
Hood	59,191		43,721	17,290	60,601	5,428	21,463
Hunt	98,305	2	47,191	21,761	67,819	7,191	14,645
Johnson	178,835	99	111,976	47,613	135,180	16,777	17,426
Kaufman	138,601	24	61,374	26,099	93,656	9,281	13,740
Navarro	53,811		22,703	8,712	32,081	3,711	12,489
Palo Pinto	30,988		16,463	8,124	26,478	3,534	17,619
Parker	149,616	66	66,798	30,789	79,199	11,563	12,593
Rockwall	107,563	6	66,898	24,236	80,879	8,263	16,761
Somervell	10,054		6,244	1,751	7,532	627	16,067
Tarrant	2,057,926	224	1,148,260	473,114	1,365,316	172,825	15,354
Wise	71,081	9	32,100	14,386	47,143	5,779	13,986
Region 3	7,919,315	5,903	3,960,642	1,610,000	4,955,743	645,789	14,115

Texas Department of Public Safety. Regulatory Services Division. Texas Prescriptions Program. 2018[48]

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.

Tobacco and Nicotine

Table 63 shows tobacco/nicotine calls for Region 3 counties for 2016 and 2017. The top three rates for *18 or less* and *total ages* are highlighted in red. Overall for Region 3, calls for those under 18 accounted for 87% of the calls in 2016 and 91.5% of the calls in 2017.

Table 63 – Tobacco/Nicotine Product Figures, 2016-2017

Age Group	18 or less		Greater than 18		Total Ages	
Report Area	2016	2017	2016	2017	2016	2017
Collin	21	19	1	2	22	21
Cooke	4	1	0	0	4	1
Dallas	66	53	7	6	73	59
Denton	25	23	6	2	31	25
Ellis	3	3	1	0	4	3
Erath	3	0	0	0	3	0
Fannin	3	2	0	0	3	2
Grayson	8	4	1	2	9	6
Hood	3	5	2	0	5	5
Hunt	8	5	1	1	9	6
Johnson	8	10	2	0	10	10
Kaufman	8	6	1	0	9	6
Navarro	1	3	0	0	1	3
Palo Pinto	2	3	1	0	3	3
Parker	7	3	2	0	9	3
Rockwall	2	5	1	0	3	5
Somervell	4	0	0	0	4	0
Tarrant	59	67	9	6	68	74
Wise	6	3	1	0	7	3
Region 3	241	215	36	19	277	235
Texas	916	914	117	104	1033	1,018

Texas Poison Control Network (TPCN). [49]

Fentanyl and Opiate Dangers

Table 64 shows Poison Control calls for opioids by region and for Region 3 counties. The rate of calls in Region 3 decreased from 2016 to 2017. The red cells represent counties that have highest number of calls.

Table 64 – Opioid-related Poison Control Calls, 2013-2017

Report Area	2013	2014	2015	2016	2017
Collin	111	103	105	114	91
Cooke	9	15	13	12	13
Dallas	634	588	537	589	519
Denton	119	145	155	192	110
Ellis	30	31	29	34	42
Erath	13	11	7	14	13
Fannin	20	12	5	4	4
Grayson	34	35	33	38	34
Hood	7	8	12	17	11
Hunt	12	14	15	17	16
Johnson	34	35	33	28	28
Kaufman	26	20	25	24	19
Navarro	8	5	16	7	13
Palo Pinto	10	16	12	13	10
Parker	18	26	15	22	42
Rockwall	26	27	22	30	30
Somervell	2	4	3	0	6
Tarrant	369	362	387	375	340
Wise	16	11	17	4	18
Region 3	1,498	1,468	1,441	1,534	1,359

Report Area	2013-2017 Calls
1	1,992
2	1,726
3	7,300
4	2,716
5	1,854
6	10,634
7	6,159
8	6,515
9	1,408
10	2,080
11	4,617
Texas	54,573

Texas Department of State Health Services, Texas Health Data, Texas Poison Center Network (TPCN). [50]

Consequences

Overview of Consequences

- In 2016, ten of the nineteen Region 3 counties reported 100% of their DUI fatalities were those under the age of 21. (**Table 65**)
- In 2017, Rockwall and Hunt Counties had the highest rate of arrests for liquor law violations. Kaufman, Rockwall, and Tarrant Counties had the highest rate for drunkenness arrests. (**Table 69**)
- In 2017, Rockwall, Kaufman, and Navarro Counties had the highest rate for drug/narcotic arrests. Rockwall, Collin, and Kaufman Counties had the highest rate for drug/equipment violations. (**Table 70**)

Mortality

Overdose Deaths

As seen on **Table 65** below, Collin, Dallas and Tarrant Counties had the highest number of drug/alcohol overdose death in Region 3 between 2011-2016 as indicated by the red cells.

Table 65 – Region 3 Deaths Due to Drug and Alcohol Poisoning, 2011-2016

Report Area	2011-2013 Deaths	2014-2016 Deaths	Total Deaths
Collin	3,590	4,275	7,865
Cooke	277	383	660
Dallas	13,678	18,228	31,906
Denton	2,936	3,189	6,125
Ellis	359	468	827
Erath	94	*	94
Fannin	*	65	65
Grayson	959	620	1,579
Hood	122	290	412
Hunt	519	367	886
Johnson	333	772	1,105
Kaufman	525	975	1,500
Navarro	129	235	364
Palo Pinto	154	137	291
Parker	579	764	1,343
Rockwall	491	427	918
Somervell	*	*	*
Tarrant	8,491	10,402	18,893
Wise	323	433	756
Region 3	33,559	2,248	35,807
Texas	115,631	132,047	247,678

Texas Department of State Health Services. Vital Statistics Unit. [51]

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, **Table 66** shows drug and alcohol-induced deaths in each county between the years 1999 through 2017. The red cells represent counties that have the highest number of deaths or the highest rates per 100K.

An asterisk (*) means the calculation is unreliable.

Table 66 – Region 3 Drug and Alcohol-Induced Death Rate, 1999-2017

Report Area	Drug-Induced Deaths	Crude Rate /100K	Alcohol-Induced Deaths	Crude Rate /100K
Collin	952	6.9	512	3.7
Cooke	105	14.5	37	5.1
Dallas	4,612	10.3	2,576	5.7
Denton	863	7.3	458	3.9
Ellis	174	6.5	115	4.3
Erath	51	7.2	28	4.0
Fannin	55	8.7	33	5.2
Grayson	294	13.0	169	7.5
Hood	117	12.5	82	8.8
Hunt	174	10.8	120	7.5
Johnson	236	8.5	151	5.4
Kaufman	179	9.8	100	5.5
Navarro	76	8.5	73	8.2
Palo Pinto	66	12.5	51	9.7
Parker	230	11.0	118	5.6
Rockwall	92	6.9	66	4.9
Somervell	10	*	11	*
Tarrant	2,882	8.7	1,832	5.6
Wise	108	9.9	62	5.7
Region 3	11,276	145.4	6,594	85.0

CDC WONDER, Underlying Cause of Death 1999-2017. [52]

Driving Under Influence (DUI) Fatalities

Table 67 presents Region 3 DUI fatalities by county according to the Texas Department of Transportation, 2012-2016. The 2016 data is broken down by those below 21 years of age and those 21 and above. Dallas County has experienced the greatest increase, from 48 to 104 over the five-year period. Tarrant and Collin Counties have the 2nd and 3rd highest number; Collin almost doubled from 2015 to 2016 and Tarrant remained almost flat. The orange cells indicate counties reporting 100% of their 2016 DUI fatalities involved those ages 21-35.

Table 67 – DUI Fatalities per County, 2012-2016

Report Area	2012	2013	2014	2015	2016	2016 ≥ 21
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

Texas Department of Transportation. Texas Motor Vehicle Crash Statistics, 2016 [53]

Legal Consequences

The crimes below are gathered from various law enforcement databases. The indicators below were chosen according to their uniform reporting and relatability to substance use issues. The red cells represent the county with the highest percentage for a specified crime and population.

Driving Under the Influence

Table 68 shows the highest number of driving under the influence (DUI) arrests were in Rockwall County, followed by Collin and Tarrant Counties.

Note that these high rates among counties in the following table may not directly reflect increased alcohol misuse but may indicate stricter law enforcement within these counties.

Table 68 – Driving Under the Influence Arrests, 2017

Report Area	Total	Arrest/100K
Collin	1,268	124
Cooke	0	0
Dallas	171	7
Denton	842	99
Ellis	0	0
Erath	0	0
Fannin	0	0
Grayson	0	0
Hood	30	52
Hunt	5	5
Johnson	60	34
Kaufman	94	70
Navarro	0	0
Palo Pinto	0	0
Parker	53	37
Rockwall	265	256
Somervell	0	0
Tarrant	2,301	114
Wise	63	91
Region 3	5,152	66

Federal Bureau of Investigation, Uniform Crime Report, 2017[54]

Alcohol Violation Arrests

The red cells in **Table 69** represent the counties with the highest rates of alcohol-related arrests per 100,000 people in Region 3. It indicates the highest rates of liquor law violations were in Rockwall County followed by Hunt County, while highest rates of drunkenness were seen in Rockwall followed by Tarrant and Kaufman Counties respectively.

Note that these high rates among counties in the following table may not directly reflect increased alcohol misuse but may indicate stricter law enforcement within these counties.

Table 69 – Alcohol-Related Arrests by Violation, 2017

	Liquor Law Violation		Drunkeness	
Report Area	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K
Collin	199	19	886	86
Cooke	0	0	0	0
Dallas	15	1	262	10
Denton	122	14	828	98
Ellis	0	0	0	0
Erath	0	0	0	0
Fannin	0	0	0	0
Grayson	0	0	0	0
Hood	7	12	11	19
Hunt	49	51	3	3
Johnson	16	9	100	57
Kaufman	19	14	157	117
Navarro	1	2	5	9
Palo Pinto	0	0	0	0
Parker	0	0	83	57
Rockwall	55	53	205	198
Somervell	0	0	0	0
Tarrant	263	13	2,896	143
Wise	2	3	61	88
Region 3	748	10	5,497	71

Federal Bureau of Investigation, Uniform Crime Report, 2017[54]

Drug Violation Arrests

The red cells in **Table 70** represent the counties with the highest rates of drug-related arrests per 100,000 people in Region 3. Rockwall County has the highest rate of drug/narcotic violation arrests, followed by Kaufman and Navarro Counties. Rockwall County also has the highest rate of drug/equipment violations, followed by Collin and Kaufman Counties.

Note that this may not directly reflect increased drug-related possession/use but may indicate stricter law enforcement within these counties.

Table 70 – Drug-Related Arrests by Violation, 2017

	Drug/Narcotic Violation		Drug/Equipment Violation	
Report Area	Total # Arrests	Arrests/ 100 K	Total # Arrests	Arrests/ 100 K
Collin	2,439	238	1,379	134
Cooke	0	0	0	0
Dallas	1,769	69	105	4
Denton	1,297	153	465	55
Ellis	0	0	0	0
Erath	0	0	0	0
Fannin	0	0	0	0
Grayson	0	0	0	0
Hood	46	79	16	28
Hunt	32	33	50	52
Johnson	167	95	65	37
Kaufman	570	426	136	102
Navarro	214	404	15	28
Palo Pinto	0	0	0	0
Parker	248	171	1	1
Rockwall	764	738	173	167
Somervell	0	0	0	0
Tarrant	5,212	258	1,026	51
Wise	175	252	65	94
Region 3	12,933	167	3,496	45

Federal Bureau of Investigation, Uniform Crime Report, 2017[54]

Qualitative Data on Consequences

Below are findings from the 3 Key informant interviews conducted in Dallas, Denton and Hunt Counties in Region 3. The answers for each question are pulled from transcripts of the interview. Some answers have been explained for clarity.

Dallas County Key Informant Interview Findings

1. What problems do you see in your community?
    a. *Poverty.*
    b. *Substance Use (specifically vaping THC concentrates and other illicit drugs).*
    c. *Mental health issues; sometimes co-occuring with SUDs.*
    d. *Child abuse correlating to poverty, substance use, and mental health issues.*
2. What is the greatest problem you see in your community?
    a. *Drugs; the drugs are causing these other issues.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Qualitative: parents tell us, stakeholders, and other agencies that work in the county. Quantitative: law enforcement data.*
4. What services do you lack in your community?
    a. *Although there are resources, there are not enough, and they are not easily accessible. In some pockets, there are no services.*
    b. *Barriers to resources are money and transportation to get there.*

Denton County Key Informant Interview Findings

1. What problems do you see in your community?
    a. *Lack of access to treatment.*
    b. *Lack of affordable treatment (component of the access).*
    c. *Not many resources for substance use treatment, especially if co-occuring with mental health disorder.*
2. What is the greatest problem you see in your community?
    a. *Lack of affordable treatment: if treatment was more affordable that might make it more accessible.*
    b. *Affordability includes those with no insurance and those who's insurance will not cover treatment.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Qualitative: various committee and workgroup discussions about what members are seeing in the community.*
4. What services do you lack in your community?
    a. *Affordable treatment, facilities equipped to handle co-occuring mental health and SUDs, diversion programs, and of course prevention education.*
    b. *Lack of a County hospital is an added challenge.*

Hunt County Key Informant Interview Findings

1. What problems do you see in your community?
    a. *Drug abuse and consequently child abuse or neglect.*
    b. *Parents might be self-medicating with substances.*
2. What is the greatest problem you see in your community?
    a. *Drug use. About 93% of cases involve parents using substances.*
    b. *Seeing a lot of meth use and more cases of heroin.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Case load increase with parents using substances (statistics from the database).*
    b. *Statistics from Child Protective Services and also Children's Advocacy Center.*
4. What services do you lack in your community?
    a. *No residential treatment facility.*
    b. *No homeless shelters.*
    c. *No emergency shelters: if a child has to be removed from placement in the middle of the night due to issues, they might have to spend the night at the CPS office until placement can be made. For older kids this can take days.*

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, a protective factor is 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."[55]

Below is a list of main findings from the data:

- Cooke, Denton, Erath, Hunt, Kaufman, Rockwall, and Somervell counties do not have any HHSC-funded youth prevention programsin 2016.[57]
- There has been a steady decrease of youth enrolled in prevention programs across Region 3 from 2014 to 2016.[57]
- 69.8% of Region 3 students reported getting information on drugs or alcohol from "Any school source" vs. 64.7% of Texas students.[4]
- Of those answering "yes" when asked if they would "seek help if they had an issue with alcohol or drugs", 71.9% of students reported that they would talk to their parents.[4]

Community Domain

Community Coalitions

Region 3 has numerous volunteer-driven community groups. For more information on community coalitions in Region 3, please contact the Region 3 Prevention Resource Center, 214-522-8600 or visit www.prc3.org.

Alliance on Underage Drinking (ALOUD)

Recovery Resource Council
1349 Empire Central Dr, Suite 800
Dallas, TX 75247
June Deibel
214-522-8600
j.deibel@recoverycouncil.org
www.allianceonunderagedrinking.org
www.dallascouncil.org

Dallas Area Drug Prevention Partnership (DADPP)
Recovery Resource Council
1349 Empire Central Dr, Suite 800
Dallas, TX 75247
Becky Tinney
b.tinney@recoverycouncil.org
www.drugfreedallas.org
www.dallascouncil.org

Challenge of Tarrant County (CTC)
226 Bailey Ave
Fort Worth, TX 76107
John Haenes
817-336-6617
john@tcchallenge.org
http://www.challengetc.org/

SMART Arlington (c/o CTC)
Abbie Byrd
817-336-6617
abbie@challengetc.org

Stay on Track (c/o CTC)
Kierra Woods
817-336-6617
kierra@challengetc.org

Texas Christian University - Power 2 Choose (c/o CTC)
Tiara Nugent
817-336-6617
tiara@challengetc.org

University of Texas Arlington –
Sensible Mavericks Acting Responsibly Together (SMART)
(c/o CTC)
Claudia Perkins
817-336-6617
claudia@challengetc.org

Weatherford College - Follow Our Lead (c/o CTC)
Katherine Neale
817-336-6617
Katherine@challengetc.org

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

Erath County Community Coalition
STAR Council on Substance Abuse
3080 W. Washington, Ste. B
Stephenville, TX 76401
Eric Lockwood
254-965-5515
elockwood@starcouncil.org
http://www.starcouncil.org/community-coalition

IMPACT Communities - Cedar Hill, Ennis, Garland, Navarro, Waxahachie
c/o Drug Prevention Resources
13355 Noel Road, Suite 1100
Dallas, TX 75240
Josie Prachyl
972-921-5156
jprachyl@drugfreegen.org
drugfreegeneration.org/what-we-do/community-impact-coalitions.html

IMPACT Cedar Hill
Agapito Chavez
214-770-2444
achavez@drugfreegen.org

IMPACT Ennis
Shelley Miller
214-937-1531
smiller@drugfreegen.org

IMPACT Garland
Summar Thomas-Mosby
214-766-8969
smosby@drugfreegen.org

IMPACT Navarro
Alvis Reeves
903-875-7730
areeves@drugfreegen.org

IMPACT Navarro College
Alvis Reeves
903-875-7730
areeves@drugfreegen.org

IMPACT Waxahachie
Jennifer Heggland
972-937-1531
jheggland@drugfreegen.org

Smoke Free Ellis County
Rev. Samuel Baker
972-217-6886
sbaker@drugfreegen.org

Treatment/Intervention Providers

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

214.522.8600 **or** 817.332.6329

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

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

For 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 71 shows all mental health authorities in Region 3 by counties they serve.

Table 71 – HHSC Mental Health Facilities Within Nearest Distance

County	Mental Health Authority	Contact
Collin	Life Path Systems	972-562-0190
Cooke	Texoma Community Center	940-665-3962
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 and Developmental Healthcare	254-522-2001
Fannin	Texoma Community Center	903-583-8583
Grayson	Texoma Community Center	903-957-4701
Hood	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-573-2662
Hunt	North Texas Behavioral Health Authority	214-366-9407
Johnson	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-558-1121
Kaufman	North Texas Behavioral Health Authority	214-366-9407
Navarro	North Texas Behavioral Health Authority	214-366-9407
Palo Pinto	Pecan Valley Centers for Behavioral and Developmental Healthcare	940-325-9541
Parker	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-599-7634
Rockwall	North Texas Behavioral Health Authority	214-366-9407
Somervell	Pecan Valley Centers for Behavioral and Developmental Healthcare	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, Find Your Local Mental Health or Behavioral Health Authority, retrieved 2018[56]

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

Healthy Youth Activities

Cook Children's and Children's Medical Center, located in Fort Worth and Dallas, have many community collaborations 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.
- **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.
- **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.
- **Hood County for Healthy Children**
  The Hood County for Healthy Children coalition focuses on child abuse prevention in Hood County.
- **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.
- **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.

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. Prevention programs, practices, and policies are an investment in our future. The Texas prevention network of professionals successfully impact the social, emotional, and overall life skills of school-aged youth. Prevention has been proven to save lives, save dollars and improve the overall health and well-being of individuals, families and communities. Prevention programs that are based on sound evidence-based principles not only reduce substance misuse and related harms but other harmful behaviors as well. These programs feature scripted lessons that are taught by Youth Prevention Specialists.

Table 72 – Region 3 Youth Enrolled in Prevention Programs, 2014-2016

Report Area	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

Texas Department of State Health Services. Vital Statistics Unit. [57]

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 AOD Education in School

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

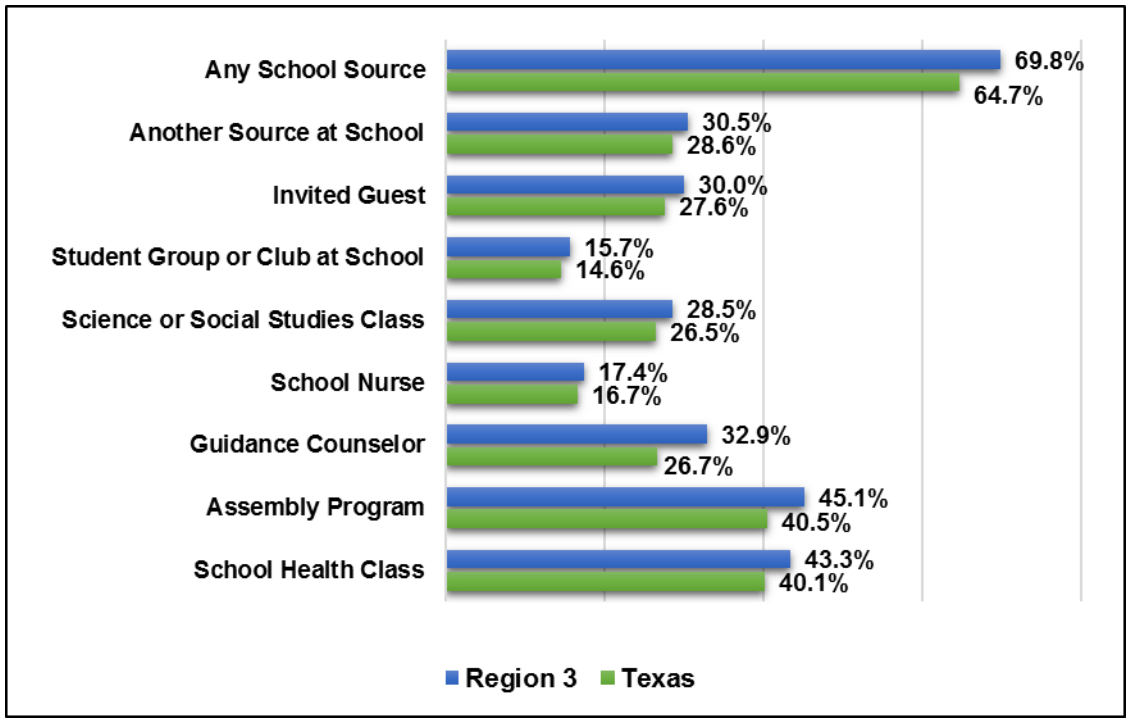
Alcohol: Code 28.002 (2009) requires the State Board of Education to adopt Texas Essential Knowledge and Skills for addressing the dangers, causes, consequences, signs, symptoms, and treatment of binge drinking and alcohol poisoning. The code requires the Texas Education Agency to compile a list of evidence-based 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.

Figure 11 below comes from TSS 2018. Students were asked which school sources, if any, they received information on drugs or alcohol from.

Figure 11 – School Sources for Drug or Alcohol Information



Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

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. www.winfreeacademy.com.

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 five universities in Region 3 that are ARHE-accredited: Southern Mehodist University (SMU), Texas Christian University (TCU), University of North Texas (UNT), University of Texas at Arlington (UTA), and University of Texas at Dallas (UTD). 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.

Southern Methodist University provides support groups around the community for students to participate in continuing their recovery process. Additionally, they provide a resource page to link students to sober living communities and other Dallas area support groups to facilitate a drug-free lifestyle.

Texas Christian University's Collegiate Recovery Program began in 2012 and is housed inside the Counseling in Mental Health Center within the Department of Student Affairs. This program provides weekly meetings for TCU students. In these sessions students share stories, experiences, strengths and tools that provide hope for a brighter future without drugs.

The Collegiate Recovery Program at **University of North Texas** started in 2014 as an effort to change the belief that addictive behavior is required for a true college experience. By using existing resources students can remain connected with their peers and the collegiate life without the use of substances.

University of Texas at Arlington's Center for Students in Recovery serves as a valuable resource for individuals struggling with addiction and who have gone through a recovery process. This program provides a safe and healthy environment to cultivate life skills and celebrate success in recovery. This program allows students to build upon inner strength, develop compassion, and build resilience.

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.

Family Domain

Parental/Social Support

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study that compared BRFSS data on health status to questions from the General Social Survey found that people living in areas with low levels of social trust are more likely to rate their health status as fair or poor than people living in areas with high levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. 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 73 below shows the number of social associations per 10,000 people. Associations include all types of social organizations including bowling centers, sports teams, fitness and gym centers, religious affiliations, businesses and professional organizations. The red cells below represent the three counties with the lowest Social Association Rates based on that Classification System.

Table 73 – Region 3 Social Association Rate per 10,000; 2017-2019

Report Area	2017 Association Rate	2018 Association Rate	2019 Association Rate
Collin	6.2	6.4	6.4
Cooke	11.4	11.7	11.5
Dallas	7.2	7.3	7.3
Denton	5.9	5.9	6.0
Ellis	10.0	9.5	9.7
Erath	12.7	12.4	12.0
Fannin	14.5	13.4	13.8
Grayson	12.4	12.0	11.9
Hood	10.8	11.0	11.6
Hunt	12.8	12.6	11.9
Johnson	8.3	7.9	8.0
Kaufman	8.0	7.7	7.9
Navarro	10.0	9.7	10.1
Palo Pinto	13.2	13.3	13.9
Parker	10.1	9.6	9.8
Rockwall	7.6	7.5	7.7
Somervell	11.5	10.3	10.3
Tarrant	7.1	6.9	7.0
Wise	12.5	11.4	11.2
Region 3	10.1	9.8	9.9
Texas	13.8	13.7	13.7

University of Wisconsin Population Health Institute. 2017-2019 County Health Rankings Texas Data[58]

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 2018 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.[4] Region 3 parents were found to have a stronger disapproval of substance consumption than when compared to the state.[4] This was indicated by Texas having a lower percentage of "Strongly Disapprove" parental attitudes for alcohol, marijuana and tobacco use than parents in Region 3.

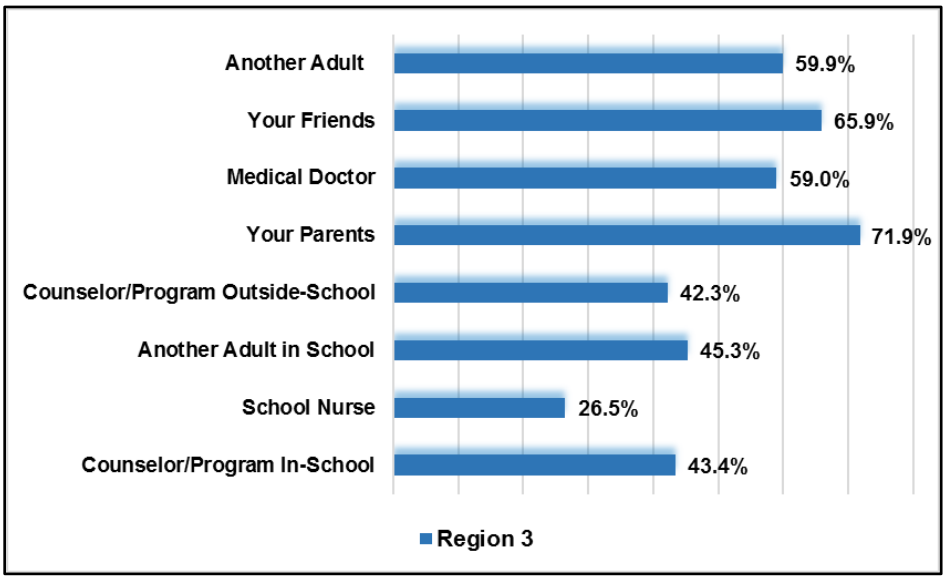
Students Talking to Parents about Alcohol, Tobacco, and Other Drugs

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 2018 Texas School Survey, 6% (or less) of students in all grades (7-12) in Region 3 said they "Do Not Know" their parents' attitudes towards alcohol, tobacco, or marijuana use.[4] (See **Table 37**) This is less than the overall Texas response (6.5 - 7%) in each drug category and is a good indicator that many of our students know their parents' stance on drugs and alcohol.

Figure 12 below shows student responses when asked if they would "seek help if they had an issue with alcohol or drugs". Only 17.7% of students answered that they would seek help. Of those reporting yes to seeking help, 71.9% of students reported that they would talk to their parents.

Figure 12 – Breakdown of "Yes" Responses, TSS 2018

"If you had a drug or alcohol problem, and needed help who would you go to?"



Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Individual Domain

Youth Prevention and Intervention Services

The Texas HHSC, within its Behavioral Health Services Division, provides funding for 225 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 regardless of risk-factors, selective prevention strategies (YPS) designed to for 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 the PRC3 website: http://prc3.org.

Table 74 below shows completion and success rates of HHSC-funded youth prevention programs, 2015-2016. Completion rates were fairly high, ranging from the lowest in Collin County of 83.7% to the highest in Grayson County of 98.4%. Success, measured by pre/post knowledge and, in some cases, drug use, ranged from 81.3% in Hood County to 99.9% in Navarro County.

Table 74 – Completion and Success Rate of Youth Prevention Programs, 2015-2016 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%**	91.0%
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	94.0%	**99.9%**
Palo Pinto	139	128	139	128	124	92.1%	96.9%
Parker	135	132	135	132	128	**97.8%**	97.0%
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%**

Texas Department of State Health Services. Vital Statistics Unit. [57]

Note: The missing Region 3 counties in the table above did not have HHSC-funded youth prevention programs at that time: Cooke, Fannin, Hunt, Rockwall, Somervell, Denton, Kaufman.

Youth Employment

The table below show 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. The outlined cells represent the counties with the lowest unemployment rate in the designated population. Somervell County has the lowest unemployment rates for youth ages 16-19 and Erath County has the lowest rates ages 20-24 during the 2012-2016 American Community Survey time period.

Table 75 –Youth Employment Figures, 2017

2017 Unemployment Rate		
Report Area	16-19 Years Old	20-24 Years Old
Collin	12.1%	8.7%
Cooke	15.3%	10.0%
Dallas	22.2%	10.3%
Denton	18.3%	8.8%
Ellis	20.2%	11.5%
Erath	24.0%	3.3%
Fannin	11.8%	10.6%
Grayson	20.0%	11.3%
Hood	8.8%	7.3%
Hunt	20.4%	11.5%
Johnson	19.2%	8.1%
Kaufman	18.4%	13.3%
Navarro	36.7%	24.4%
Palo Pinto	19.0%	7.6%
Parker	17.8%	10.7%
Rockwall	14.0%	13.7%
Somervell	8.6%	7.6%
Tarrant	18.4%	9.1%
Wise	11.8%	11.0%
Texas	19.8%	10.3%

Employment Status. U.S. Census Bureau. 2012-2016[59]

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 reductions in problem behaviors, including substance use.

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 2018 Texas School Survey and showed that 27% of Region 3 students in all grades (7-12) believed that it would be "Very Easy" to get alcohol if they wanted some. Additionally, 19.2% of Region 3 students in all grades (7-12) thought it would be "Very Easy" to get marijuana if they wanted some. 17.8 % of students thought the same for tobacco. These rates are lower than TSS 2016 reports for alcohol (over 30%) and marijuana (nearly 25%).

Trends of Declining Substance Use

Since the initiation of the Public Policy Research Institute's Texas School Survey, students in grades 7-12 throughout the state have been participating in surveys regarding substance use. Results from these surveys yield trends in student perceptions and consumption of alcohol and drugs. **Table 75** below compares 2016 TSS findings and 2018 TSS findings for current use for all grades. In Region 3, there was a decrease across all grades (7-12) among current (past 30 days) and lifetime use of alcohol, marijuana, prescription drugs, and any illicit drug, between the 2016 and 2018 surveys.[26] This significant decrease in consumption across all substances could indicate the effectiveness of youth prevention programs in our Region.

Tobacco consumption, however, is a different story. There was an increase in current use for tobacco from 2016 to 2018 surveys. This denotes a need for tobacco prevention education to youth, especially about electronic nicotine delivery systems (ENDS) more commonly known as e-cigarettes (see **Figure 10**).

Table 76 – Current Use Trends in 2016 and 2018, TSS

	Texas		Region 3	
	2016	2018	2016	2018
Alcohol	28.6%	**29.0%**	25.5%	**23.6%**
Tobacco	14.5%	**16.3%**	13.2%	**14.3%**
Marijuana	12.2%	**13.6%**	13.1%	**11.6%**
Prescription Drugs	10.3%	**7.1%**	10.0%	**6.6%**
Any Illicit Drug	12.8%	**13.9%**	13.6%	**11.8%**

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018[4]

Region in Focus

Gaps in Services

Some of our outermost rural counties show a lack of services in their areas. This affects them in various ways. Rockwall and Hunt County, for example, had the highest rates of Liquor Law Violations.[54] Rural counties such as Cooke, Grayson, and Palo Pinto, consistently had some of the highest rates of drug or alcohol induced deaths.[52] Outcomes in our outer counties 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, urban counties also have concerning issues. 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. 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.[16] 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 Latino or Hispanic.[16]

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. Yet the Texas rate is well above that at 7.74 and the U.S. rate is even higher at 8.29 per 100,000 residents. 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. For comparison, the state has 0.62% of residents living in this range and the U.S. has 0.99%. 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).

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 PRC3 team will offer increased services to local agencies to help them enhance or begin their data collection process. The PRC3 Regional Resources 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 TSS and YRBSS 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 alcohol and drug 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.

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Regional Successes

The PRC3 team enhanced its relationship with key Dallas ISD district-level personnel. This collaboration is providing us with increased prevention and data collection opportunities within the Region's most influential school districts.

This past fiscal year the PRC3 became better equipped and sought-after for trainings and presentations. These trainings offer an opportunity to disseminate local data to our regional citizens. A list of the presentations follows:

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 and Tobacco/Smoking Trends, Marijuana Trends, and Prescription Drug Trends.

2) Substance Misuse & 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 (ESC) Region 10 school districts some Region 11 ESC and one Region 12 ESC county (Navarro) 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 work within our neighborhoods to create a safer alcohol and drug-free community.

3) Mental Health & Substance Misuse

   This presentation educates the community on how certain childhood experiences increase the risk of substance misuse 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 PRC3 had its third annual conference focusing on tobacco and smoking trends. This was carried out in collaboration with the Denton County Health Department, the Tobacco-Free North Texas coalition, and the American Cancer Society to create a half-day training on local and regional consumption patterns and ways to combat negative trends. PRC3 will collaborate again with these partners and attempt to increase the numbers in our audience.

Other successful collaborative efforts over the past year are too numerous to fully recount in this document. PRC3 will continue building on these connections in order to make 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 regarding 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 2019 is the sixth 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-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 2017, Collin, Denton, and Rockwall have the highest percentage of residents with a bachelor's degree or higher. On the contrary, Navarro, Palo Pinto, and Somervell had the highest percentage of residents without a High School Diploma. (**Table 22**)
- Somervell County has the highest dropout rate from the 2016-2017 academic school year at 10.3%. (**Table 23**)
- Palo Pinto County has the highest rate of homeless students for all three school years (2017-2019) (**Table 26**).
- In 2017, Marijuana (24%) accounted for the majority of treatment admissions to HHSC Funded Facilities followed by amphetamines (20%), heroin (16%), and alcohol (14%). (**Figure 6**)
- In 2018, Marijuana represented the majority of Region 3 drug seizures at 10,674 lbs. vs 265 lbs. for Methamphetamine, 172 lbs. for Amphetamines, 144 lbs. for Cocaine and 115 lbs. for Opiates. (Table 30)
- All Region 3 counties have higher suicide rates than the state except for Collin, Dallas, Denton, Tarrant and Wise Counties. (**Table 31**)
- Except for Region 8, all the regions reported more than half of the youth admissions with marijuana as the primary drug of dependence in 2018. The overall highest rate was in Region 2 (85.39%) and Region 8 had the lowest rate (49.51%) reported. (**Table 34**)

- Parent Approval/Consumption Key Findings: (**Tables 37 & 38**)
  - In 2018, students in Region 3 reported “Strongly Disapprove” parental attitudes regarding tobacco, alcohol and marijuana more than Texas students in all grade levels.
  - In 2018, students in Region 3 reported “Do Not Know” parental attitudes toward tobacco, alcohol and marijuana less often than Texas students in all grade levels.
  - In 2018, Johnson County parents reported using cigarettes daily more than the other 5 counties that participated in the CCHAPS survey.
  - In 2018, Denton and Wise County parents reported using alcohol daily more than the other 4 counties that participated in the CCHAPS survey.
- Overall for Region 3, calls about nicotine/tobacco products for those under 18 accounted for 87% of the calls in 2016 and 91.5% of the calls in 2017. (**Table 63**)
- In 2016, ten of the nineteen Region 3 counties reported 100% of their DUI fatalities were those under the age of 21. (**Table 67**)
- In 2017, Rockwall and Hunt Counties had the highest rate of arrests for liquor law violations. Kaufman, Rockwall, and Tarrant Counties had the highest rate for drunkenness arrests. (**Table 69**)
- In 2017, Rockwall, Kaufman, and Navarro Counties had the highest rate for drug/narcotic arrests. Rockwall, Collin, and Kaufman Counties had the highest rate for drug/equipment violations. (**Table 70**)
- 69.8% of Region 3 students reported getting information on drugs or alcohol from “Any school source” vs. 64.7% of Texas students. (**Figure 11**)
- Of those answering “yes” when asked if they would “seek help if they had an issue with alcohol or drugs”, 71.9% of students reported that they would talk to their parents.[4]
- According to 2018 TSS, 27% of Region 3 students in all grades (7-12) believed that it would be “Very Easy” to get alcohol if they wanted some. Additionally, 19.2% of Region 3 students in all grades (7-12) thought it would be “Very Easy” to get marijuana if they wanted some. 17.8 % of students thought the same for tobacco. These rates are lower than TSS 2016 reports for alcohol (over 30%) and marijuana (nearly 25%).
- In Region 3, there was a decrease across all grades (7-12) among current (past 30 days) and lifetime use of alcohol, marijuana, prescription drugs, and any illicit drug, between the 2016 and 2018 surveys. This significant decrease in consumption across all substances could indicate the effectiveness of youth prevention programs in our Region. (**Table 75**)

- There was an increase in current use for tobacco from 2016 to 2018 surveys. This denotes a need for tobacco prevention education to youth, especially about electronic nicotine delivery systems (ENDS) more commonly known as e-cigarettes (**Figure 10 and Table 75**).

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 2019 RNA best predict or protect against substance misuse 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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- Cook Children's Center for Children's Health: 2018 CCHAPS data
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- North Texas Poison Control: Tobacco/Nicotine poison control call data
    - Cristina Thomas, M.Ed., CHES | Public Health Education Manager Cristina.thomas@phhs.org

Appendix

Appendix A: Glossary of Terms

ATOD	**Alcohol, tobacco, and other drugs.**
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.

Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas School Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to creating positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBSS	Youth Risk Behavior Surveillance Survey

Appendix B: Tables and Figures

Appendix C: PRC Regions and Counties

PRC Region	Counties
1 Amarillo, Lubbock	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 Wichita Falls, Abilene	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 Dallas/Fort Worth	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4 Texarkana, Longview, Tyler	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)
5 Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler (15)
6 Houston, The Woodlands, Sugar Land	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
7 Austin, Round Rock, Killeen, Temple, Bryan/College Station, Waco	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 San Antonio, New Braunfels, Victoria	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 Midland/Odessa, San Angelo	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 El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
11 Corpus Christi, Brownsville, Harlingen, McAllen, Edinburgh, Mission, Laredo	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)