

2014

Regional Needs Assessment

REGION 3
PREVENTION RESOURCE CENTER

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Executive Summary

The Regional Needs Assessment (RNA) is a document compiled by the Prevention Resource Center in Region 3 (PRC 3) along with and supported by The Greater Dallas Council on Alcohol and Drug Abuse and the Texas Department of State Health Services (DSHS). The needs assessment has been conducted to provide the state, the PRC, and the community at large, with a comprehensive view of information about the trends, outcomes and consequences associated with regional and statewide drug and alcohol use. The assessment was designed to enable PRC's, DSHS, and community stakeholders to engage in long-term strategic prevention planning based on current information relative to the needs of the community. This study also serves as the premiere effort in a body of work upon which further Regional Needs Assessments will follow. Moreover, the information compiled in the RNA will be utilized to build a Regional Data Repository, which will function as part of a state data repository.

Determining community needs requires a thoughtful, scientific and qualitative approach. It would be remiss for this document to present numbers and percentages without also offering insight about cultural and contextual values that are inherent within the local communities and across the state. After all, community encompasses innumerable factors. Community is not a set of numbers, but a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is, for many residents, a cultural, geographical, and social experience of diversity, it is also culturally similar across all of its towns and cities. There are ubiquitous hallmarks within Texas that inhabitants may see as familiar sentries through each town, and off of each interstate, whether one is in the Valley or in the rolling plains. While each town is wonderfully unique in its own composition, all of the towns and cities across Texas are united by a cultural pride, a commercialized branding that has been rooted in folklore; that the population is of a rugged and hard-working tapestry, and that Texans are tough people. The five point star, Austin stone, and Dairy Queen are but a handful of iconic imagery that may be experienced in any given town across the extensive landscape of Texas. There are many attributes that provide for similarities and differences between each town and region.

Given the various distinctions between each town and region, it would be easy to see how trends may present differently amongst geographical locations. One may assume that border regions are plagued by more cartel activity, for instance. However, it should be noted that cartel activity plagues many of our more interior regions, as they are integral to supply and trade routes for these powerful cartels (see Texas DPS Threat Overview, 2013). One might also assume that areas with more substance abuse treatment centers have higher drug use rates, based on the number of individuals who remain in any given area after concluding treatment, and based on the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation. Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document to infer causality between any substance and prevalence rate in any given area or cultural context. Broader implications of meaning or etiology with relation to data are not addressed in this report.

The information presented in this document has been acquired by a team of regional evaluators through state and local entities, and compared with state and national data. Secondary data, such as local surveys, focus groups, and interviews with key informants, allows for participation by others in the community, whose expertise lends a specific and qualitative description to identified issues. It is the intent of the authors for the reader to ascertain standardized measures of substance-use, related

trends, with an understanding of the explicit cultural framework of the region and communities within it. The data obtained and presented regionally can be used by local agencies, community providers, citizens of the community, and Texas DSHS to better understand the needs of the communities and to evaluate how to best serve these needs.

Key Concepts in This Report

As one reads through this document, two guiding concepts will appear throughout the text. The reader will become familiar with a focus on the youth population and an approach from a public health framework. Understanding the use of these key concepts within the Regional Needs Assessment enables the audience and stakeholders to better grasp the empirical direction that Texas DSHS has set forth in strategic prevention framework planning for drug and alcohol use within youth populations. Subsequent to the foundation set forth by targeted demographic and theoretical approach, readers will be presented with discussions about other key concepts, such as risk and protective factors, consumption and consequence factors, and contextual indicators. The authors of this Regional Needs Assessment understand that readers will not likely read this document end to end. Therefore, we strongly suggest becoming familiar with the key concepts, to enable a greater comprehension of the data that follows.

PRC's statewide, along with DSHS, are well-aware of the impact that drugs and alcohol unleash upon the state of Texas. No demographic is free of the potential for use, misuse, abuse, and dependence of and on any substance. Nor is it limited by or restricted to any age, gender identification, ethnicity, cultural experience or religious affiliation. While the incidence and prevalence rates of substance use among all age groups are of great concern, evidence indicates that effective prevention work done with adolescents has a positive and sustainable community impact. The benefits of prevention work have an individual impact as well. Adolescence is a malleable developmental stage, when risk and protective factors may still be influenced. Most troubling are the effects that substance use has on youth brain development, the potential for risky behavior, injury, and even death. Also concerning are social consequences such as poor academic standing, negative peer relationships, adverse childhood experiences, and overall community strain are also of great concern(Healthy People 2020).

Adolescence

Having established the youth population as a primary focus for the RNA and for prevention planning, consideration must be given to how this document operationally defines youth and developmental spans that comprise it. Adolescence, for instance, is a construct that must be examined as having some debatable parameters. While the typical thresholds for any given developmental time frame are usually marked by chronology, many scientists and professionals point out the appearance of characteristics such as behaviors, cognitive reason, aptitude, attitude, and competencies, as developmental milestone markers. From the chronological viewpoint, there are a handful of tenets that must be considered, and which hold equal footing of legitimacy in the discussion. Texas Department of State Health Services posits a more traditional definition of Adolescence as ages 13-17 (Texas Administrative Code 441, rule 25.). However, The World Health Organization and American Psychological Association both define adolescence as the period of age from 10-19. Both the APA and

WHO concede that there are characteristics generally corresponding with the chronology of adolescence, such as the hormonal and sexual maturation process, social priorities including peer relations, and attempts to establish autonomy.

Conversely, the chronology of adolescence and youth has been challenged with recent research efforts. Many have been supported by the National Institute on Drugs and Alcohol (NIDA) and National Institute on Mental Health (NIMH), culminating in the consideration of an expanded definition of adolescence that ends around the age of 25. The research, neurologically oriented and empirically based in imaging/scanning methodologies, indicates that the human brain is not completely developed until around the age of 25.

The Massachusetts Institute for Technology (MIT) hosts the Young Adult Development Project. It is one of many research based entities that provides an overview of brain development into the mid-twenties. As neuroscience progresses, the public may become more educated on the development of the brain- which occurs from the back to the front. What this means is that the part of the brain known for judgment and reason, is the last part to develop, and that **does not occur at the age of 18**. According to some scholars, researchers, and authors, the implication is that age 18 is only about half-way through the adolescent period of brain development. Therefore, the chronology of youth must be considered relative to the neurological aspect, as opposed to the previously held idea that maturation was merely psycho-social and sexual in nature. These recent findings are important in developing a greater understanding of prevention work with the college-aged groups who are experimenting with risky behaviors.

The information presented here is comprised of data available in the region and state, and is presented with relevance to how the agencies, organizations, and populations are depicted within the data. Some domains of youth data may yield breakdowns that conclude with age 17, for instance, and some will end at age 19. While it is beneficial for the reader to have an understanding of the current conceptualizations of adolescence, it is equally important to understand that the data presented within this document has been mined from different sources, and will therefore consist of different demographic subsets of age. The authoring team has endeavored to standardize the information presented here. More about standardization and methodology can be found in the second section of this document.

Epidemiology

This key concept is presented with an emphasis on a public health approach. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning '*to study what is of the people*', epidemiology frames drug and alcohol use as public health concern that is both preventable and treatable. According to the World Health Organization (WHO, 2014), "Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Various methods can be used to carry out epidemiological investigations: surveillance and descriptive studies can be used to study distribution; analytical studies are used to study determinants." The WHO also seeks information regarding the use of drugs and alcohol, the harms and treatment associated with use, as well as policy development, from an epidemiological perspective.

The Substance Abuse Mental Health Services Administration (SAMHSA) has also adopted the epidemiological framework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations, are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation's disease burden, while identifying demographics at risk, and evaluating appropriate policy implementation for prevention and treatment. Many states in America have been looking at drug and alcohol use from an epidemiological perspective for the last several years, and have gained ground in prevention work as a result. By turning an investigative eye toward the etiologies, risk and protective factors, and consequences associated with using drugs and alcohol, communities, agencies, providers, private citizens, family members, and individuals who are prone to or are struggling with substance use related issues can address the roots of the problems rather than the symptoms. Ongoing surveillance of data necessitates the standardization of measurement with regard to indicators, which translates to methodological processes at the state and regional levels, and is discussed later in the document.

Risk and Protective Factors

A discussion of the Risk and Protective Factors concept is essential to understanding how prevention work with drugs and alcohol is currently undertaken. There are many personal characteristics that influence, or culminate in the abstinence from drug and alcohol use; the understanding of which is relevant to grasping the big picture of substance use disorders. For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction. While the effect of substance use is initially a reward in and of itself, the individual's physical and biological attributes play a distinguished role in the potential for the development of addiction.

Genetic predisposition and prenatal exposure to alcohol, when combined with poor self-image, poor self-control, or social incompetence, are influential factors in substance use disorders. Other risk factors include family strife, loose knit communities, intolerant society, exposure to violence, emotional distress, poor academics, socio-economic status, and involvement with children's protective services, law enforcement, and parental absence. Protective factors include an intact and distinct set of values, high IQ and GPA, positive social experiences, spiritual affiliation, family and role model connectedness, open communications and interaction with parents, awareness of high expectations from parents, shared morning, afterschool, meal-time or night time routines, peer social activities, and commitment to school.

Kaiser Permanente originated and now collaborates with the Centers for Disease Control on the Adverse Child Experience study which compared eight categories of negative childhood experiences against adult health status. Participants are queried on the following experiences: recurrent and severe physical abuse, recurrent and severe emotional abuse, and contact sexual abuse growing up in a household with: an alcoholic or drug-user, a member being imprisoned, a mentally ill, chronically depressed, or institutionalized member, the mother being treated violently, and both biological parents not being present. The study results have underscored the reality of adverse childhood experiences as more common than typically perceived, although often undetected, and exhibit a prominent relationship between these experiences and poor behavioral health choices and management later in life.

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

Consequences and Consumption Factors

A tangible way to develop an understanding of drug and alcohol trends is best illustrated through sequentially analyzing consequences and consumption patterns. This may occur more frequently at the community level after a notable tragedy has taken place, such as a drunk-driving incident involving a fatality. Support for prevention standards may be more pronounced in the wake of such tragedies. On the other hand, if no news is good news, prevention efforts are often left unnoticed during times of calm. The epidemiological approach calls for an examination of the consequences and consumption factors. This process parallels how the public at large deals with tragedies and adverse public health trends. As such, we will discuss the importance of consequences and consumption factors.

These two concepts, consequences, and consumption, will be described in this document relative to alcohol, prescription drugs, and illicit drugs, which will enable the reader to conceptualize the public health problems in an organized and systematic manner. SAMHSA (2008) has provided an excellent example of how these concepts are tied together with alcohol. "With respect to alcohol, constructs related to consequences include mortality and crime and constructs related to consumption patterns include current binge drinking and age of initial use. For each construct, one or more specific data measures (or "indicators") are used to assess and quantify the prevention-related constructs. Indicator data are collected and maintained by various community and government organizations." Therefore the state of Texas will continue to build an infrastructure for monitoring trends by examining consequence-related data followed by an assessment of consumption.

Overview of Consequences Concept

There is a complex relationship between consequences and consumption patterns. Many substance-related problems are multi-causal in nature, and often include exacerbating and sustaining dynamics such as lifestyle, family culture, peer relations, education level, criminal justice involvement, and so on. Because consumption and consequences are so intertwined, and occur within a constellation of other factors, separating clear relationships is a difficult task. When it comes to consequences and consumption, extrapolating discrete information begs a chicken/egg debate of which factor comes first. Researchers must look at aggregate data in order to ascribe any meaningful relationships to the information obtained. Compiling aggregate data in this manner is part of the scope of completing a Regional Needs Assessment and creating the data repository.

Exploration of consequences and consumption rates allows for a broadened taxonomical view of the diverse array of causal factors associated with each problem. Additionally, consumption data alone may be vulnerable to inaccuracy, as it is often gathered through the self-report process, and may not include substrates or co-occurring but influential aspects of substance use problems. Moreover, stakeholders

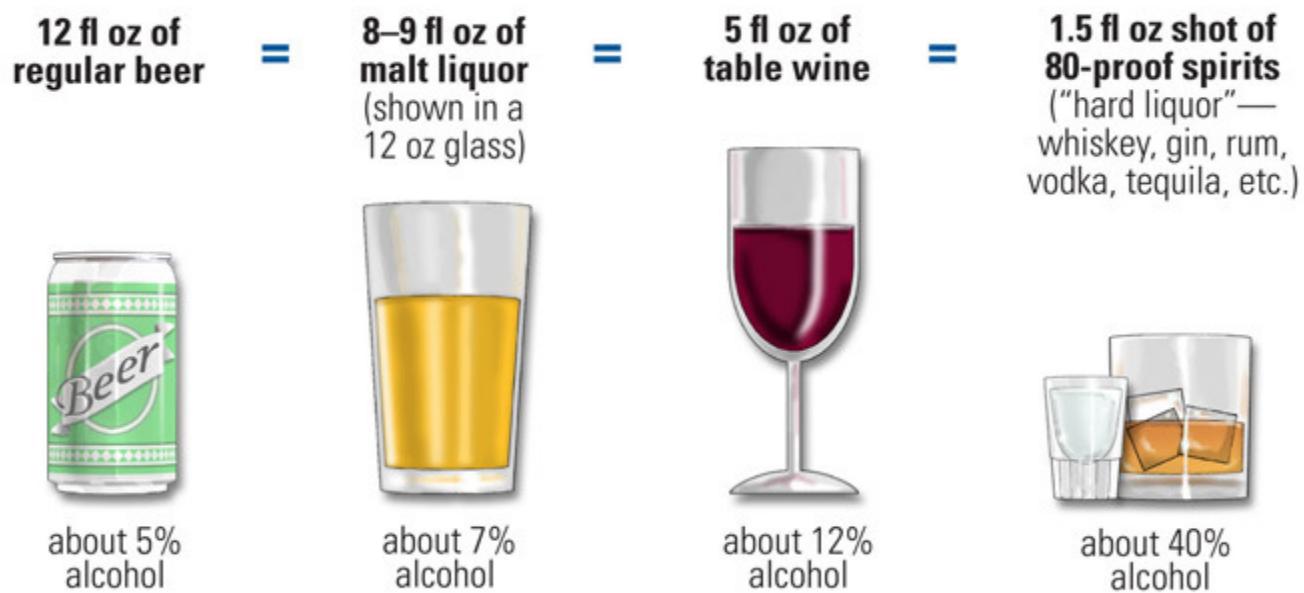
and policymakers have a vested interest in the monetary costs associated with substance-related consequences. As such, the process may appear to be a method of working backwards, however it inherently incorporates a very pragmatic version of inductive reasoning.

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol, prescription or illicit drug use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired outcomes for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measurable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence. The World Health Organization estimates alcohol use as the world's third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs. Evaluation of the world-wide impact of drug and alcohol use related consequences presents a consistent and reliable allegory of local consequence and consumption factors.

Overview of Consumption Concept

SAMHSA defines Consumption "as the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, drinking and driving, alcohol consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing. Needle sharing is one example of how a specific construct yields greater implications than just the consumption of the drug; it may provide contextual information regarding potential health risks like STD/HIV and Hepatitis risks for the individual, and contributes to the incidence rates of these preventable diseases. Just as needle sharing presents multiple consequences, binge drinking also beckons a specific set of multiple consequences, albeit potentially different than needle sharing.

The concept also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or a 1.5 ounce shot of distilled spirits. With regard to intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking historically has been defined as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while "benders" are considered two or more days of sustained heavy drinking. Standardizing units continues to prove difficult, although here are some common measurements:



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Source: National Institute on Alcohol Abuse and Alcoholism

Because alcohol is legal, commercially available, and federally regulated, it is a more accessible example to employ regarding standardization. This is why the BAC is such an important element in determining risk associated with consumption. Unfortunately, the purity of heroin, or the amount of amphetamine found in speed, for instance, are often ascertained in lab or toxicology reports, which are usually accessible when a health or legal consequence has already occurred. The inability to know or regulate the purity of street drugs is one of the riskiest determinants for consumption therein, and potentially a large contributing factor to the recent epidemic of heroin overdoses in the US. Moreover, pharmaceuticals, pose a completely different consumption variation potential. Those readers unfamiliar with prescription drugs should become apprised of differences between classes of pills, and between the types of pills found within each class. There are vast pharmaceutical differences, such as effect, potency, and half-life, found between the various opioids as well as benzodiazepines.

Introduction

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

The Department of State Health Services Substance Abuse Services funds 11 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 which focus on implementing effective environmental strategies. This network of substance abuse prevention services works 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 at addressing our state's three prevention priorities to reduce: (1) under-age 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.

PRC Purpose

Prevention Resource Centers serve the community by providing infrastructure prevention resources and other indirect services supporting the network of agencies targeting substance abuse. Beginning in 2013, PRCs were re-tasked to become a regional resource for substance abuse prevention data. Whereas, PRCs formerly served as a clearinghouses for substance use literature, prevention education, and media resources, their primary purpose now is to gather and disseminate data to support substance abuse prevention programs in Texas. These centers provide an essential service to assist the state and local prevention programs in providing data used for program planning and evaluating the long-term impact of prevention efforts in Texas. Other valuable services provided by PRCs also include prevention media campaigns, alcohol and/or tobacco retailer compliance monitoring, tobacco Synar activities, and providing access to substance abuse prevention training resources.

What Evaluators Do

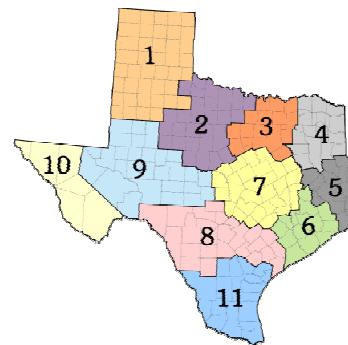
Regional PRC Evaluators are primarily responsible for identifying and gathering alcohol and drug consumption data and related risk and protective factors within their respective service regions. Their work in identifying and tracking substance use consumption patterns is disseminated to stakeholders and the public through a variety of methods, such as fact sheets, social media, traditional news outlets, presentations, and reports such as this Regional Needs Assessment. Their work serves to provide state and local agencies valuable prevention data to assess target communities and high-risk populations in need of prevention services.

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Our Regions

The Texas Department of State Health Services breaks up the state into 11 Health and Human Service Regions in order to ensure the resources best meet the needs of each area. Subsectioning Texas counties leads to improved directing of financial and human services that are vital to maintain and advance the health of the public.

Region 3 is often grouped with Region 2 in the conductance of surveying and data collection. Whenever possible, this document strives to separate Region 2 and 3 in order to give the most accurate description of PRC Region 3 possible.



How to Use This Document

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

Purpose of This Report

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

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

Features of This Report

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the State of Texas. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; schools and school districts; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

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This report includes a wealth of information and readers will consult this report for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. This report is organized so that it meets these various needs.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, we also included a description of our definitions in the section titled "Key Concepts." The core of the report focuses on substance use data. For each of the substances included in this report, we focus on the following factors in detail: age of initiation; early initiation; current use; lifetime use; and consequences.

Methodology

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2013 and May 30, 2014. The state evaluator met with the regional evaluators at a statewide conference in October 2013 to discuss the expectations of the regional needs assessments. Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support through resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). Between October 2013 and June 2013, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The data was primarily gathered through established secondary sources including federal and state government data sources. In addition, region-specific data collected through local organizations, community coalitions, school districts and local-level governments are included to provide unique local-level information. Additionally, data was collected through primary sources such as one-on-one interviews and focus groups conducted with stake holders at the regional levels

Using Tables and Charts

Where possible, both trend data and yearly statistics are presented in table and chart format. The tables and charts are meant to help summarize the data interpretation. The figures are displayed at the most basic level for the easy interpretation for all of our readers from expert epidemiologists to the lay person interested in substance abuse. For further clarification of the more complicated figures and mathematical arrangements, descriptive text is provided above the figures. Where possible, five year displays of data are presented, to highlight any overall trends that are not overly influenced by dramatic yearly changes. Tables always show the data presented in alphabetical order from top to bottom or left to right. Red blocks tend to describe negative-impact community trends while green blocks show positive impact. Missing counties typically mean that data was not provided for those counties, either due to unavailability or censorship to avoid identification with numbers less than 10. The same display of information applies to charts as well. The RNA uses both bar and pie charts. Figures refer to a combination of a table and a chart shown side by side in order for clarity and comparison purposes.

Data Selection Process

The statewide evaluator team identified data indicators as well as specific populations in order to provide the most accurate picture of substance abuse trends within the state and each region. All indicators were discussed by the evaluator team in order to maintain credibility and accuracy. Some regions have unique indicators according to the local community data that was collected since the project began on September 1, 2013.

Criterion for Selection

We chose secondary data sources based on the following criteria:

1. Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
2. Timeliness: Our goal is to provide the most recent data available (within the last five years).
3. Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
4. Representative: We chose data that most accurately reflects the target population in Texas and across the 11 human services regions.
5. Accuracy: Data is an accurate measure of the associated indicator.

Adolescent Population

The adolescent population is the first group that the PRCs focus their collection and reporting efforts on due to the impact the younger generation has on the community. Further, research shows that efforts to postpone the initial age of onset in regards to substance abuse is critical in its prevention and reduction in severity. According to the Archives of Pediatrics and Adolescent Medicine, those who begin drinking before turning 14 years of age are more likely to develop alcoholic dependence. Therefore there is a need to delay the onset of alcohol consumption as long as possible (Archives of Pediatrics and Adolescent Medicine, 2006).

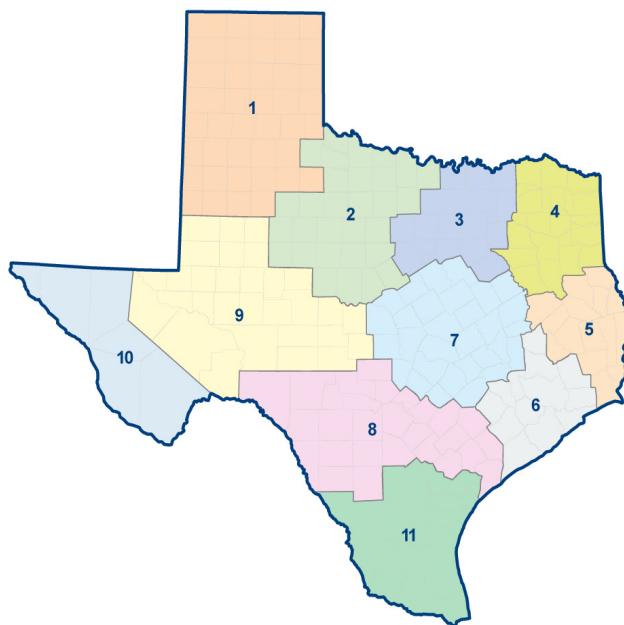
Our Region

The region covered by PRC 3 is in alignment with the Texas DSHS Health Service Region 3. The region includes 19 counties presented in the map below. PRC 3 is located at The Greater Dallas Council on Alcohol and Drug Abuse in the most population dense county of Dallas at 1349 Empire Central Drive, Suite 800, Dallas, TX 75247. We provide services and collect data for all of these 19 counties.

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In Texas, a county is described as "dry" if there is no sale of alcoholic beverages within the whole county. A county is described as "wet" if the entire county is legal to sell alcoholic beverages. Region 3 has no dry nor wet counties, but each county has a combination of wet and dry areas.

The Health Professions Resource Center (HPRC), a subdivision of the DSHS, decides what counties qualify as rural or urban. According to the HPRC, five counties within Region 3 are defined as rural: Cooke, Erath, Fannin, Navarro, Palo Pinto, and Parker.



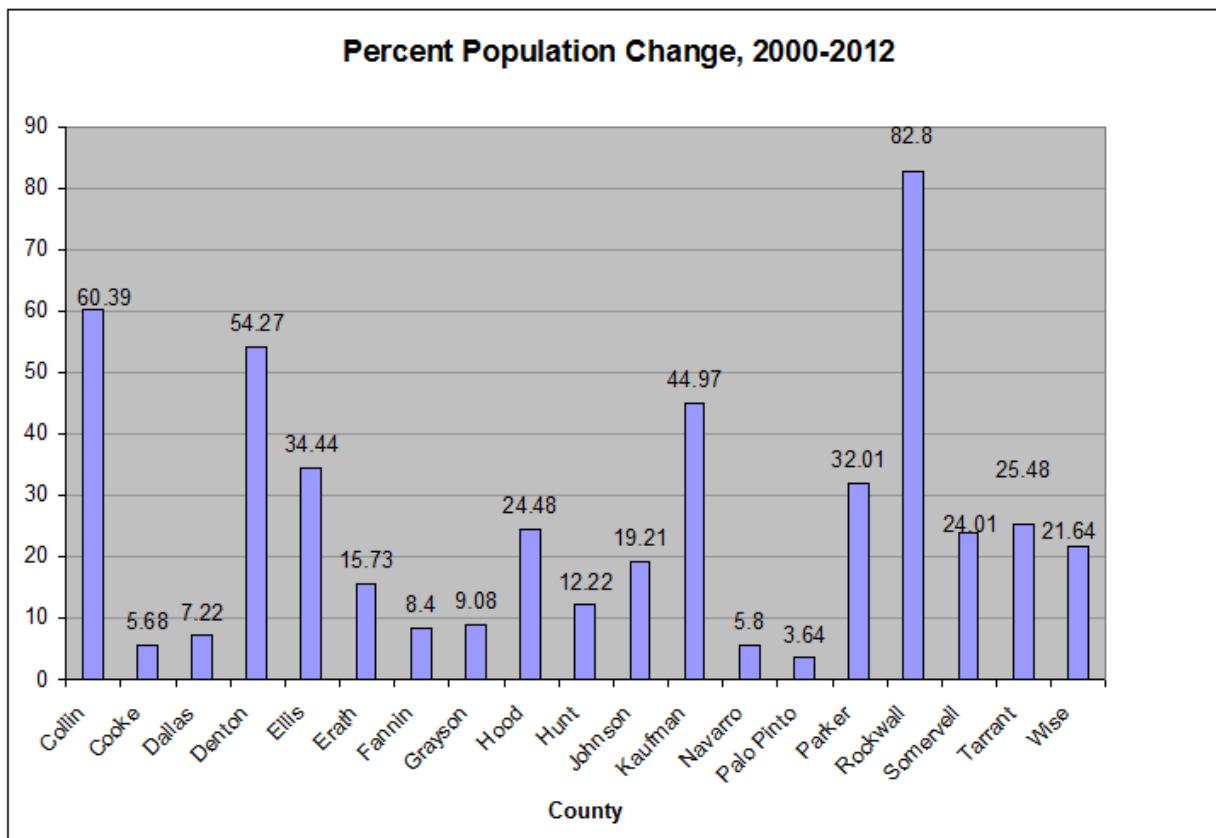
Regional Demographics

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.

From the U.S. Census Bureau's American Community Survey data, we can look at a longer range of demographic data from 2000-2012. Over the course of 12 years, the population in Region 3 grew by 23.23%. The greatest growth occurred in Rockwall County which experienced an 82.80% increase, while the least growth occurred in Palo Pinto County with just a 3.64% increase.

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Table 1: Percentage Population Change, 2000-2012



Source: U.S. Census Bureau, Population Division, Census 2010. Release Date: February 2011 and U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013.

The 2012 American Community Survey five year data is a five year average of data collected from 2008-2012.

According to the latest 2010 Census data, Fort Worth is the fastest growing city in Texas with approximately 38% growth since 2000. Dallas, in comparison, grew 6.7% in the same ten years. The overall increase in population has added to traffic issues and subsequent road and transit expansion.

The Substance Abuse and Mental Health Services Administration reported trends among both urban and rural populations in regards to substance abuse in the 2012 TEDS (Treatment Episodic Data Set) Report. The report compared rural and urban substance abuse treatment program admissions. Its main findings included:

- "Rural admissions were younger and less racially and ethnically diverse than urban admissions."
- "Rural admissions were more likely than urban admissions to report primary abuse of alcohol (49.5 vs. 36.1 percent) or non-heroin opiates (10.6 vs. 4.0 percent); urban admissions were more likely than rural admissions to report primary abuse of heroin (21.8 vs. 3.1 percent) or cocaine (11.9 vs. 5.6 percent)."

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- "Rural admissions were more likely than urban admissions to be referred by the criminal justice system (51.6% vs. 28.4 percent) and less likely to be self or individually referred (22.8 vs. 38.7 percent)."
- "Specifically, about 30.1 percent of rural admissions and 27.2 percent of urban admissions reported a co-occurring psychiatric problem. By living arrangement, urban admissions were nearly 5 times as likely as rural admissions to be homeless (20.9 vs. 4.3 percent). (SAMHSA, The TEDS Report, 2012)."

Understanding these core differences among urban vs. rural populations can help guide resource allocation within Region 3 counties. Based on these findings, homelessness is a need to be addressed with substance abusers in Dallas County, while it may not be a primary concern in some of Region 3's rural counties. As our more densely populated counties like Dallas and Tarrant increase in growth, their urban-related needs will continue to increase as well.

Specific to the urbanization of Texas cities, Hispanics constitute the fastest growing population in Texas. Five of the top ten school districts with the highest increases in Hispanic students are in Houston and Dallas. The Dallas Independent School District is comprised of nearly 70% Hispanic students as of the 2010 Census figures. Nationally, close to 40% of the Hispanic student population dropped out of school before high school graduation compared to 8% of white students. These figures signify a need to focus on helping Hispanic students stay in school. Some avenues of discussion to accomplish this goal include providing more Spanish-speaking teachers and improving lower socio-economic neighborhood environments where schools have little money to invest in staff development, school learning equipment, and extracurricular activities.

Regional Population

According to the Texas State Center demographic estimate data from 2012, Region 3 has the largest population with 6,979,332 people. Region 3 is closely followed by Region 6, which includes the city of Houston and its surrounding counties, and has a population of 6,278,787. The third most populated region is Region 7, which includes the city of Waco and surrounding counties, with 3,051,171 people. When examining the distribution of PRC services, it is important to focus on how the population numbers represent Regional makeups rather than examining population density, as each Region does not have an equal number of counties or square miles. For example, Region 3 is made up of 19 counties while Region 7 is made up of 30 counties. However, despite a much smaller land mass in PRC3 than PRC7, PRC 3 serves the largest population of any Texas PRC.

Age

In the 19 counties of Region 3, adolescents aged 12 -21 years represent 13% to 19% of each county's population. Examining the age demographic is important for increasing prevention efforts with potential first-time users. According the 2009 TEDS Report from the Substance Abuse and Mental Health Services Administration, the following table shows first use of primary substance of abuse of urban and rural treatment program oadmissions (age 12 and older):

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Table 2: Age of First Use Based on Population Density, 2009

Age at First Use	Urban Admissions	Rural Admissions
Aged 18+	45.6%	32.7%
Aged 15-17	26.7%	32.1%
Aged 12-14	21.1%	25.1%
Aged 11 and under	6.6%	10.2%

Note: Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

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

Table 3: Adolescent Population Estimates based on Age, 2012

	Ages 12-21	Ages 0-11
Collin	14.80%	18.13%
Cooke	14.35%	16.48%
Dallas	14.06%	18.77%
Denton	15.41%	17.90%
Ellis	16.34%	17.48%
Erath	19.20%	15.02%
Fannin	13.04%	14.07%
Grayson	13.75%	15.52%
Hood	11.81%	13.48%
Hunt	15.06%	15.92%
Johnson	14.98%	17.12%
Kaufman	15.59%	17.89%
Navarro	15.10%	17.33%
Palo Pinto	13.77%	16.00%
Parker	15.10%	15.43%
Rockwall	16.38%	17.94%
Somervell	16.32%	14.45%
Tarrant	14.76%	18.50%
Wise	14.69%	16.07%

Source: Texas State Center, Texas Population Estimates Program, 2012.

Race

Using The Texas State Center's most recent 2012 demographic release, the Counties of Collin, Cooke, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise all identify over 50% of their total population as Anglo. Dallas County is the single exception in Region 3 with a population makeup of approximately 32% Anglo, 22% African American, and 40% Hispanic.

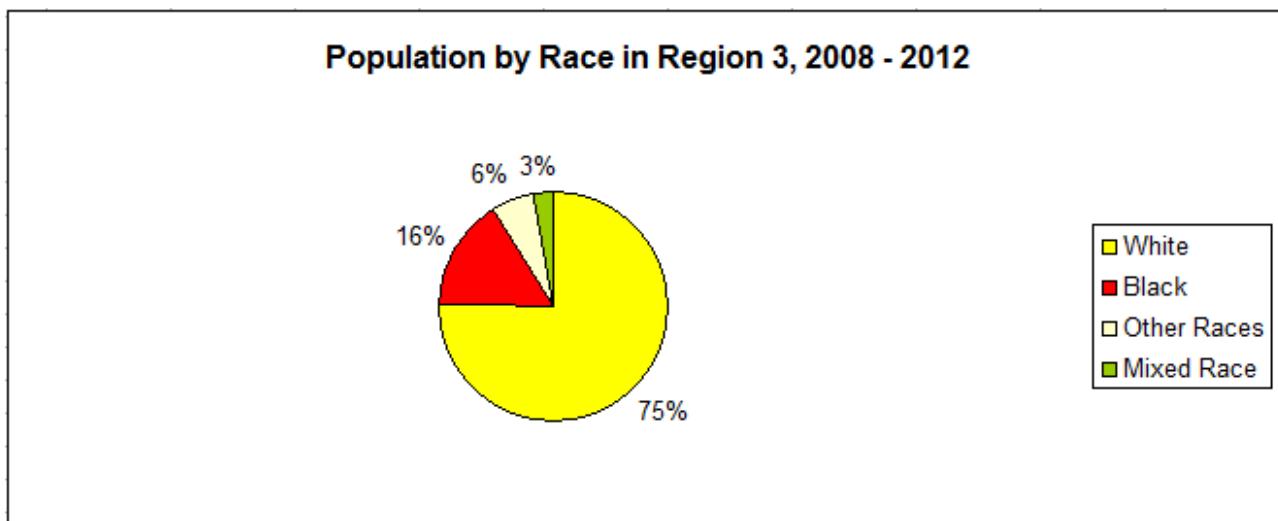
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Within the 0-11 age group, the Counties of Collin, Cooke, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Palo Pinto, Parker, Rockwall, Somervell, and Wise have more than 50% of their total population identified as Anglo. In Dallas County, approximately 18% are Anglo, 21% are African American, and 53% are Hispanic. Navarro County has approximately 43% Anglo, 13% African American, and 39% Hispanic for the 0-11 age group population. In Tarrant County, this population is made up of approximately 38% Anglo, 16% African American, and 38% Hispanic.

Additionally for the 12-21 age group, the Counties of Collin, Cooke, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Palo Pinto, Parker, Rockwall, Somervell and Wise have more than 50% of their total population identified as Anglo. In Dallas County, residents aged 12-21 years old are approximately 20% Anglo, 24% African American, and 49% Hispanic. Navarro County has approximately 48% Anglo, 15% African American, and 34% Hispanic 12-21 year olds. Tarrant County's 12-21 population is made up of approximately 41% Anglo, 17% African American, and 35% Hispanic.

An aggregate representation of Region 3 covering all age groups is displayed in the following table:

Table 4: Population by Race in Region 3, 2008-2012



Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year average of data collected from 2008-2012.

Gender

Consistently, national trends data shows that gender plays a role in patterns of substance abuse in regards to overall rates of substance abuse and specific substance of use. Males are typically more likely to report using alcohol and marijuana while females are more likely to report use of prescription drugs for nonmedical purposes. Additionally, in 2011, substance abuse treatment centers reflect a gender difference in admissions with 66.9% male and 33.1% female (SAMHSA, The TEDS Report, 2014).

The American Community Survey averages data within the 2008-2012 time span and finds the gender breakdown to be 50.84% male and 49.16% female in Region 3. The table below shows the percentage of females in the county in 2012 (U.S. Census Bureau). The highlighted block represents an outlier

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compared to the other counties, as Fannin has a lower percentage of females than the other counties in 2012.

Table 5: Percentage of Females per County, 2012

Collin	50.8%
Cooke	50.4%
Dallas	50.70%
Denton	50.50%
Ellis	50.60%
Erath	50.80%
Fannin	47.00%
Grayson	51.10%
Hood	50.70%
Hunt	50.40%
Johnson	50.00%
Kaufman	50.80%
Navarro	50.30%
Palo Pinto	50.70%
Parker	49.40%
Rockwall	50.70%
Somervell	50.80%
Tarrant	50.90%
Wise	49.60%

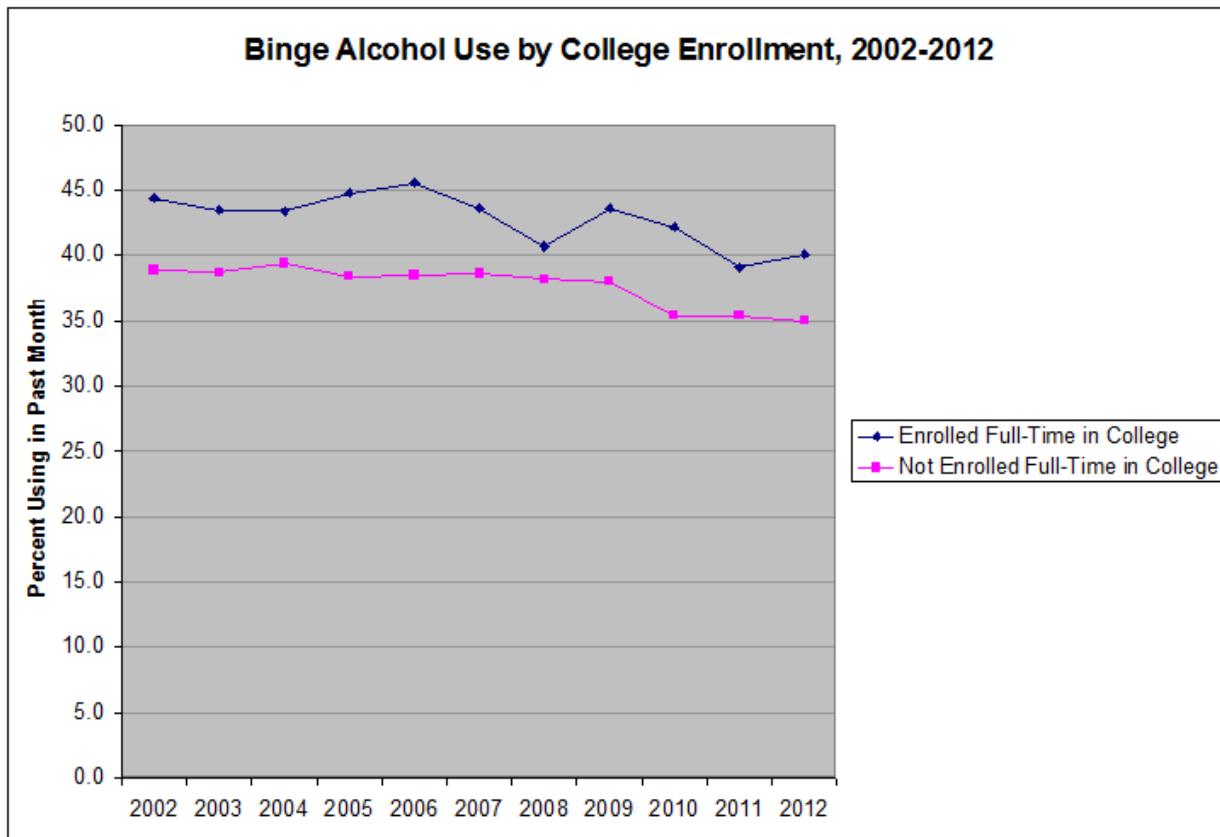
Source: U.S. Census Bureau.

Concentrations of Populations

Higher Education

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

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

Table 6: Binge Alcohol Use among 18-22 Year Olds by College Enrollment, 2002-2012

Source: Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

Metropolitan

Additionally, Region 3 has several cities larger than 100,000:

1,000,000+	Dallas
500,000-999,999	Fort Worth
200,000-499,999	Arlington
200,000-499,999	Plano
200,000-499,999	Garland
200,000-499,999	Irving
100,000-199,999	Grand Prairie
100,000-199,999	McKinney

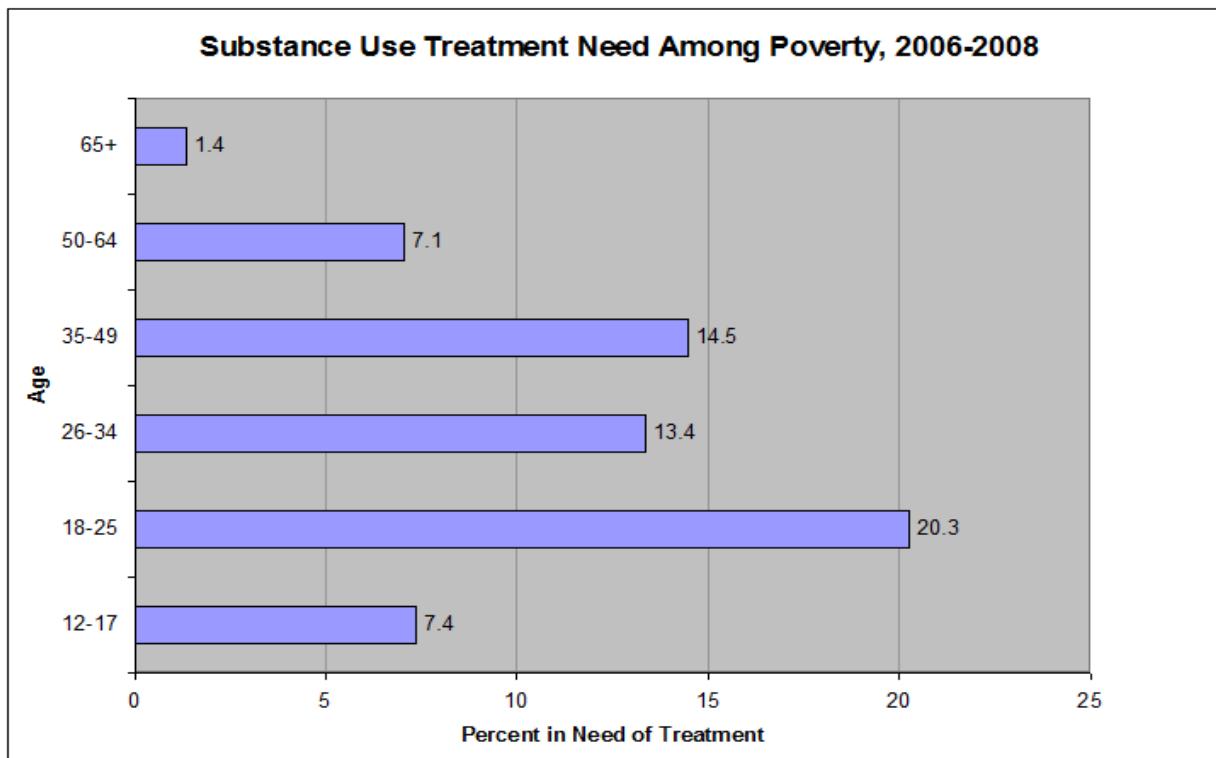
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100,000-199,999	Mesquite
100,000-199,999	Frisco
100,000-199,999	Carrollton
100,000-199,999	Denton
100,000-199,999	Richardson

General Socioeconomic

The Substance Abuse and Mental Health Services Administration released The NSDUH (National Survey on Drug Use and Health) Issue on January 14, 2000 that discussed the need for substance abuse treatment among those living in poverty aged 12 and older. The report mentioned how substance abuse treatment needs are greater due to lack of health insurance among those in poverty. Further, the report concluded, "that there is a substantial unmet need for substance use treatment among individuals living in poverty, particularly among young adults and adolescents (The NSDUH Issue 2010). The report also found males in poverty to be nearly twice as likely (17.1%) as females in poverty (8.9%) to be in need of substance use treatment within the past year. The figure below demonstrates the age-separated findings:

Chart 1: Substance Use Treatment Need Within the Past Year Among Poverty-level Persons Age 12 and Older, 2006-2008



Source: 2006-2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Poverty

Table 7: Households in Poverty by Family Type, 2008-2012

The table below shows the number of households in poverty by guardian-type in Region 3. The percentages represent what percent each type of household makes up of the overall households in poverty.

	Total Households	Households in Poverty			
		Overall	Married Couples	Male Householder	Female Householder
Collin	208,722	11,371	5,680 (49.95%)	891 (7.84%)	4,800 (42.21%)
Cooke	10,309	1,146	510 (44.50%)	121 (10.56%)	515 (44.94%)
Dallas	555,311	84,963	34,054 (40.08%)	7,742 (9.11%)	43,167 (50.81%)
Denton	168,703	8,999	3,846 (42.74%)	764 (8.49%)	4,389 (48.77%)
Ellis	40,204	3,320	1,427 (42.98%)	280 (8.43%)	1,613 (48.58%)
Erath	8,777	1,132	608 (53.71%)	51 (4.51%)	473 (41.78%)
Fannin	8,471	1,094	471 (43.05%)	273 (24.95%)	350 (31.99%)
Grayson	32,566	3,815	1,501 (39.34%)	457 (11.98%)	1,857 (48.68%)
Hood	14,777	1,133	493 (43.51%)	48 (4.24%)	592 (52.25%)
Hunt	20,832	3,137	1,330 (42.40%)	223 (7.11%)	1,584 (50.49%)
Johnson	39,841	3,235	1,267 (39.17%)	282 (8.72%)	1,686 (52.12%)
Kaufman	27,316	2,600	1,090 (41.92%)	310 (11.92%)	1,200 (46.15%)
Navarro	12,354	1,903	911 (47.87%)	137 (7.20%)	855 (44.93%)
Palo Pinto	7,414	832	227 (27.28%)	110 (13.22%)	495 (59.50%)
Parker	31,395	2,497	1,267 (50.74%)	187 (7.49%)	1,043 (41.77%)
Rockwall	21,219	1,042	587 (56.33%)	57 (5.47%)	398 (38.20%)
Somervell	2,191	195	100 (51.28%)	12 (6.15%)	83 (42.56%)
Tarrant	451,651	51,625	20,613 (39.93%)	4,554 (8.82%)	26,458 (51.25%)
Wise	15,819	1,358	718 (52.87%)	90 (6.63%)	550 (40.50%)

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is an average of data collected from 2008-2012.

Note: The poverty rate for Household type is based on the total number of households for that household type.

Table 8: Household Poverty Rate by Family Type, 2008-2012

The table below shows the percentages of households in poverty by household type in Region 3. While Dallas County had the largest percentage of female-headed households in poverty at 5%, Rockwall County had the lowest percentage at 1.9%. **Of the households in poverty, female-headed households represented 49.68 % of all households in poverty, while male-headed households represented 8.95% and married couple-households represented 41.37%.**

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	All Types	Married Couples	Male Householder	Female Householder
Collin	5.4	2.7	0.4	2.3
Cooke	11.1	4.9	1.2	5
Dallas	15.3	6.1	1.4	7.8
Denton	5.3	2.3	0.5	2.6
Ellis	8.3	3.5	0.7	4
Erath	12.9	6.9	0.6	5.4
Fannin	12.9	5.6	3.2	4.1
Grayson	11.7	4.6	1.4	5.7
Hood	7.7	3.3	0.3	4
Hunt	15.1	6.4	1.1	7.6
Johnson	8.1	3.2	0.7	4.2
Kaufman	9.5	4	1.1	4.4
Navarro	15.4	7.4	1.1	6.9
Palo Pinto	11.2	3.1	1.5	6.7
Parker	8	4	0.6	3.3
Rockwall	4.9	2.8	0.3	1.9
Somervell	8.9	4.6	0.5	3.8
Tarrant	11.4	4.6	1.0	5.9
Wise	8.6	4.5	0.6	3.5
Region 3	11	4.6	1	5.5
Texas	13.5	5.6	1.2	6.7
United States	10.9	4	1.1	5.8

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is an average of data collected from 2008-2012.

Note: The poverty rate for Household type is based on the total number of households for that household type. The numbers in red block represent the three highest county poverty rates in Region 3.

Table 9: Change in Childhood Poverty Rate (0-17), 2000-2012

The poverty rate change for all children age 0-17 in Region 3 from 2000-2012 is shown in the table below. The U.S. Census data shows that Region 3 experienced a 7.4% increase in the poverty rate, compared to a 6.4% increase nationally. While Dallas County experienced the greatest growth in poverty rate at 11.2%, Rockwall County experienced the smallest increase at 1.6%. No counties in Region 3 showed a decrease in the childhood poverty rate from 2000-2012. The numbers in red block represent the three largest county increases in childhood poverty rates in Region 3.

	Poverty Rate 2000	Poverty Rate 2012	Change in Poverty Rate
Collin	5.8	9.8	4.0
Cooke	19.5	23.8	4.3
Dallas	17.8	29.0	11.2
Denton	7.3	10.5	3.2
Ellis	13.5	16.0	2.5
Erath	21.5	24.9	3.4
Fannin	20.1	23.7	3.6
Grayson	17.2	24.9	7.7
Hood	16.0	19.9	3.9
Hunt	19.4	26.6	7.2
Johnson	13.9	18.8	4.9
Kaufman	15.7	18.9	3.2
Navarro	24.0	31.0	7.0
Palo Pinto	24.1	27.7	3.6
Parker	13.1	15.9	2.8
Rockwall	7.4	9.0	1.6
Somervell	16.6	18.4	1.8
Tarrant	14.6	22.6	8.0
Wise	14.5	16.5	2.0
Region 3	14.6	22.0	7.4
Texas	20.7	25.8	5.1
United States	16.2	22.6	6.4

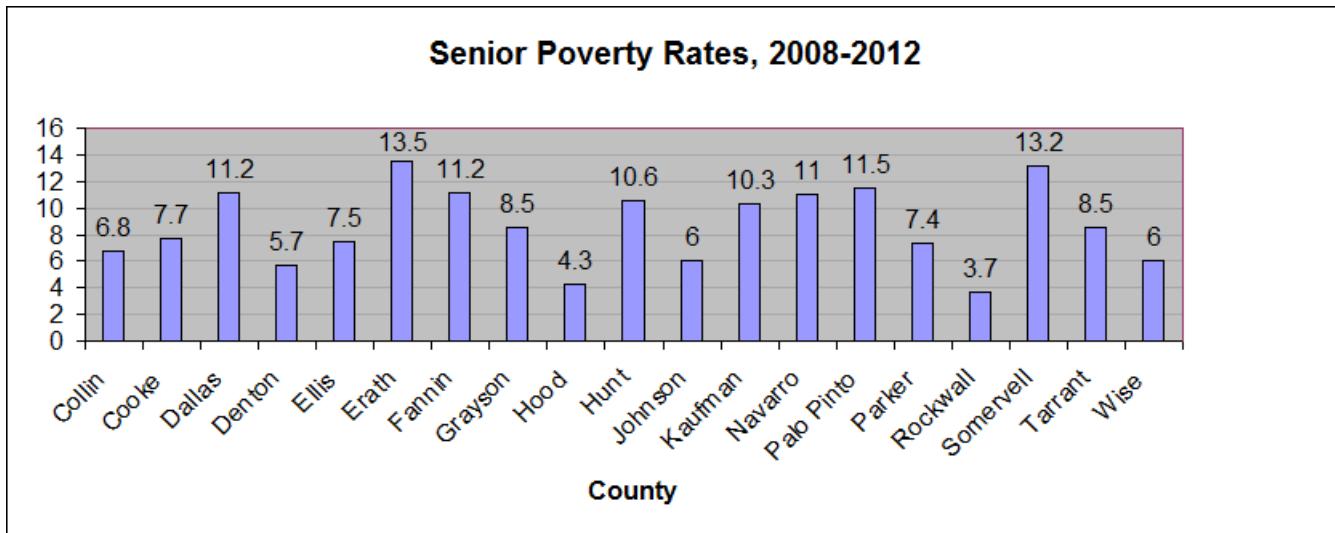
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2012.

Note: The poverty rate for Household type is based on the total number of households for that household type.

Table 10: Seniors in Poverty (Ages 65+), 2008-2012

The table below shows poverty rates for seniors ages 65 and over. While Erath County had the highest percentage of seniors living in poverty at 13.5%, Rockwall had the lowest percentage of seniors living in poverty at 3.7%. The American Community Survey reports that 54,321 seniors, or 8.9%, were living in poverty during this five year average in Region 3 (2008-2012).

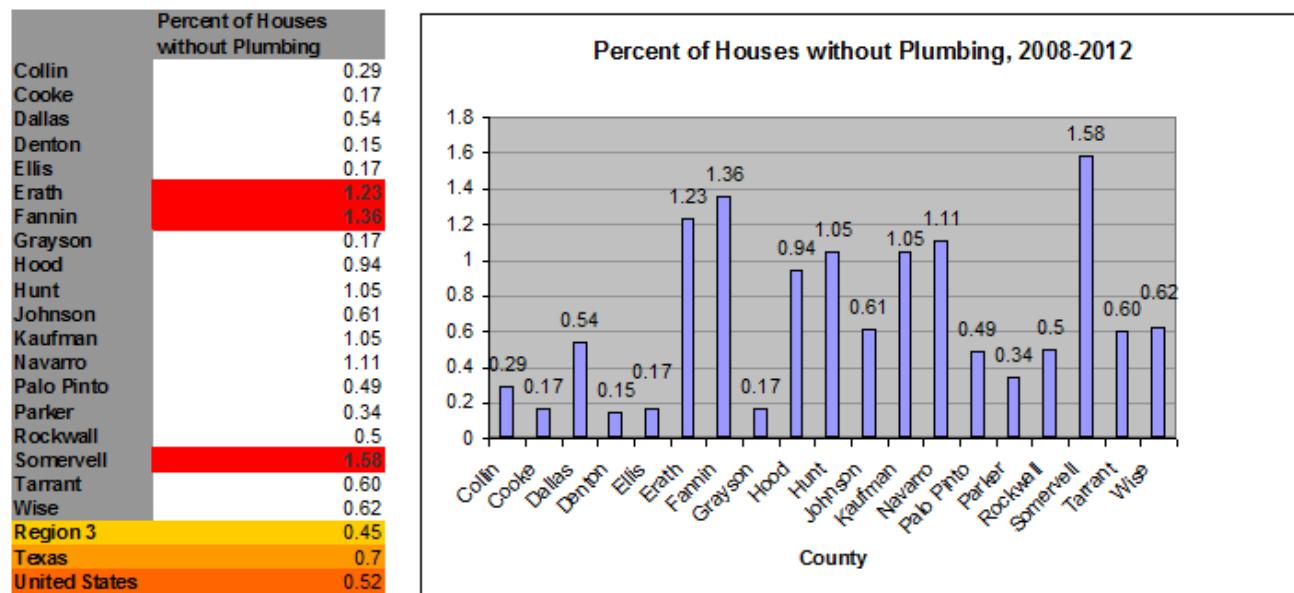
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Source: U.S. Census Bureau & American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008-2012.

Figure 1: Percentage of Houses without Plumbing, 2008-2012

The table below shows houses per county in Region 3 that are deemed unsafe and unsanitary due to occupation without plumbing. According to the U.S. Census data, 9,845 housing units in Region 3 were occupied without plumbing in 2000, and that number increased to 12,075 in 2012.



Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 3, 2000; U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008-2012.

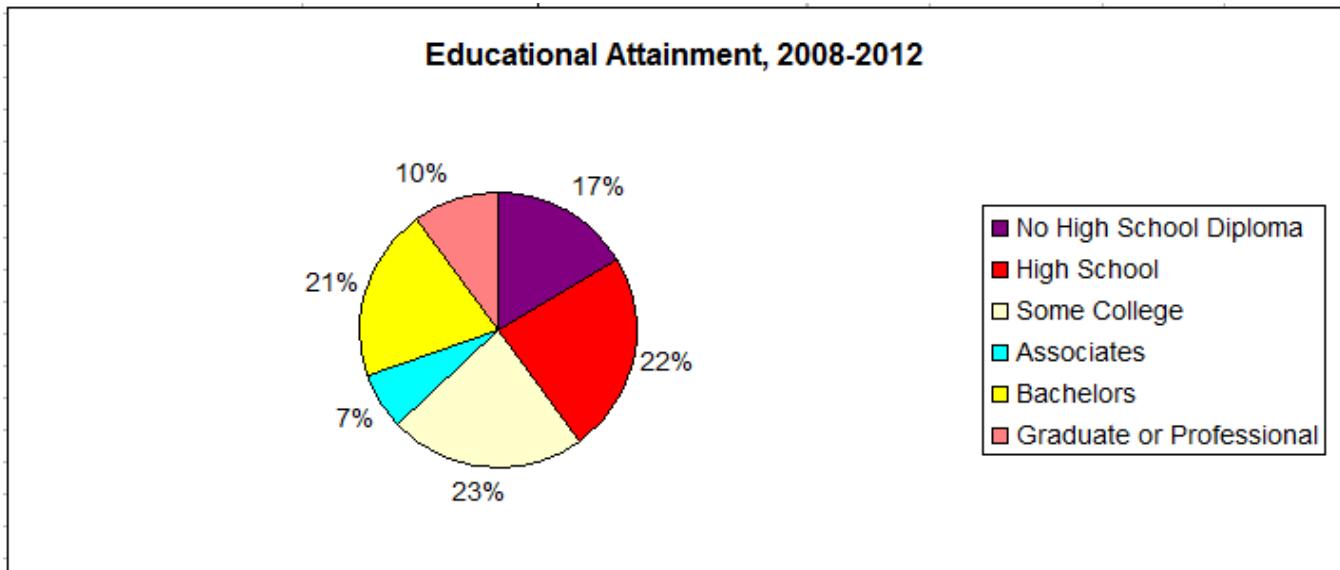
Education

According to the Educational Testing Center for Research on Human Capital and Education, in their July 2013 report, more than one in five U.S. children live in poverty, which decreases their chances of

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completing their education. 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. With an increasing Hispanic population in the Dallas-Fort Worth Metroplex there is a clear need to address care of PRC3's Hispanic students and increase their chances of completing their education.

Chart 3: Percent Attaining Educational Levels in Region 3



Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5 year data is a 5 year average of data collected from 2008-2012.

Table 11: Percent Attaining Educational Levels per County

The table 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 2008-2012. The red blocks represent the three highest percentages of individuals who did not earn their high school diploma. The green blocks represent the three highest percentages of individuals who obtained a graduate or professional degree. Region 3 has fewer individuals without a high school diploma than Texas overall, at 16.61% versus 19.25%. Region 3 also has more citizens with a graduate or professional degree than Texas overall, at 10.6% versus 8.8%.

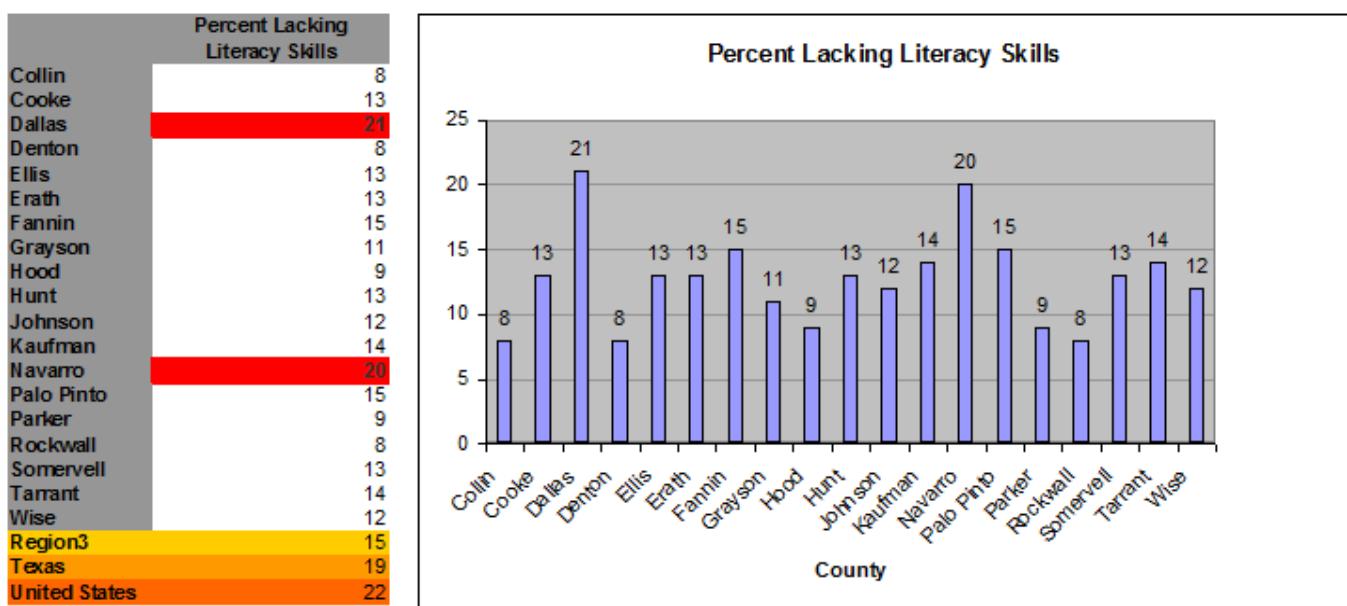
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	No High School Diploma	High School Only	Some College	Associates	Bachelors	Graduate or Professional
Collin	6.92	15.5	21.1	7.5	32.7	16.3
Cooke	17.37	32	24.8	8.4	13	4.4
Dallas	22.92	23.1	20.3	5.5	18.3	9.8
Denton	8.52	18.7	24.8	7.7	28	12.3
Ellis	15.98	29.9	26.1	7.2	14.3	6.6
Erath	18.96	26.8	24.4	5.3	17.1	7.5
Fannin	19.23	37.3	22.3	5.9	10.2	5.1
Grayson	14.16	32.1	26.3	8.1	13.1	6.2
Hood	13.82	28.6	28.6	6	15.4	7.6
Hunt	18.4	34.2	23.7	6.4	11.4	5.9
Johnson	17.38	33.5	26.8	6.5	11.2	4.7
Kaufman	17.18	31.8	28	5.7	12.2	5.2
Navarro	22.01	32.5	21.8	7.2	11.7	4.8
Palo Pinto	21.29	35.6	24.3	4.2	9.5	5.2
Parker	12.74	27.4	28.2	7.9	16.3	7.5
Rockwall	8.89	22.7	25.5	7.6	24.7	10.6
Somervell	16.16	25.8	18.9	8.9	23.6	6.7
Tarrant	16.07	23.8	24.5	6.7	20	9.1
Wise	17.91	35.8	25.2	5.1	11.5	4.4
Region 3	16.61	23.3	22.9	6.5	20.7	10
Texas	19.25	25.3	22.8	6.4	17.5	8.8

Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008-2012.

Figure 2: Percentage of Adults over 16 with Low Literacy Skills, 2003

The National Center for Education Statistics (NCES) creates estimates of adult literacy based on education level attainment, poverty rates, survey-methods, and other factors in each county. The low literacy level ranges from 21% in Dallas County to 8% in Collin County.



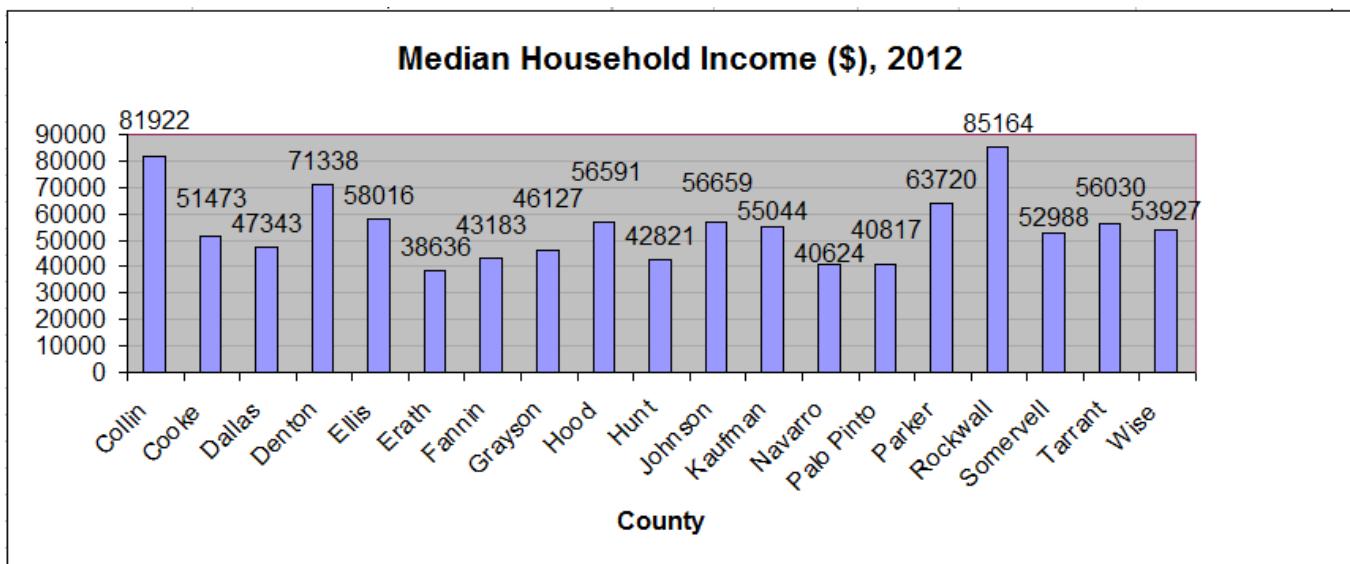
Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, State and County Estimates of Low Literacy, 2003.

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Median Household Income by County

Table 12: Median Household Income in Dollars, 2012

The chart below shows the median household income by county for Region 3. The U.S. Census reported that Erath County had the lowest median household income with \$38,636 in 2012 while Rockwall County had the highest median income with \$85,164.



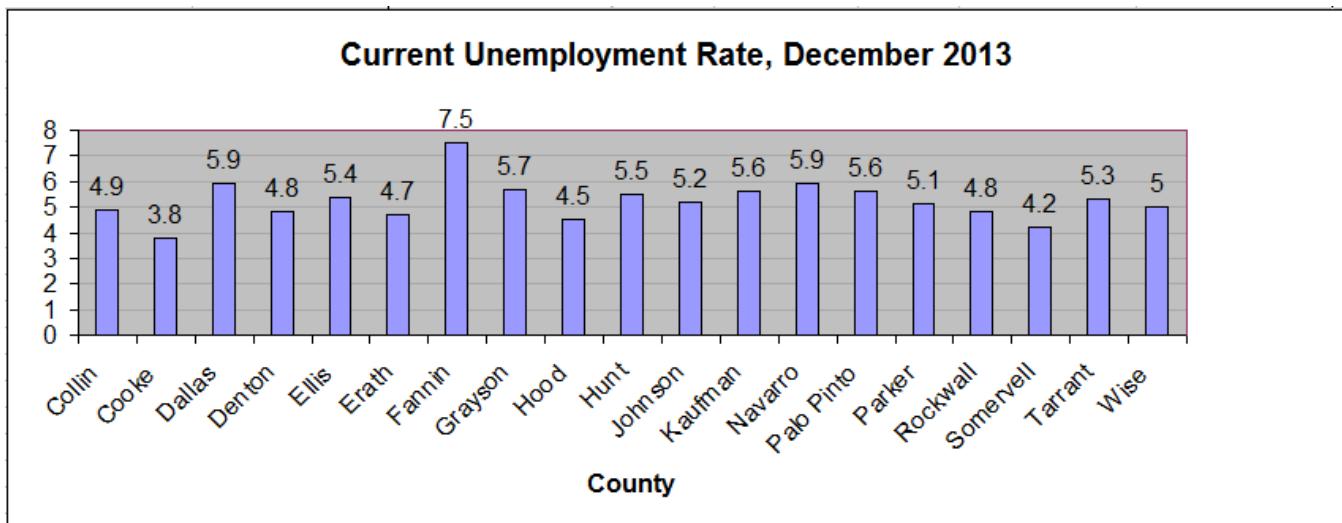
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2012. Estimates for 2012 were released in December 2013.

Employment

The current unemployment rate is shown in the table below, according to the U.S. Department of Labor December 2013 data. The lowest unemployment rate exists in Cooke County at 3.8%, while the highest unemployment rate is in Fannin County at 7.5%. **The overall unemployment rate of Region 3, at 5.4%, is lower than the overall Texas unemployment rate of 5.6%, and significantly below the overall national unemployment rate of 6.5%.**

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Chart 2: Unemployment Rate in December 2013



Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, February 5, 2014.

Table 13: Five Year Unemployment Rate, December 2009 - December 2013

The table below displays the unemployment change within Region 3 from December 2009 to December 2013, as reported by the U.S. Department of Labor. The unemployment rate decreased in the five year timespan in all 19 counties. The greatest rate decrease occurred in Wise County, where unemployment fell by 3.7 percent, while the smallest rate decrease occurred in Fannin County, where it fell by 1.3 percent. The red blocks represent the three highest unemployment rates over this timespan. The green blocks represent the three lowest unemployment rates.

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	December 2009	December 2010	December 2011	December 2012	December 2013
Collin	7.1	6.9	6.1	5.3	4.9
Cooke	6.6	5.8	4.6	3.9	3.8
Dallas	8.4	8.5	7.6	6.3	5.9
Denton	7.2	7.0	6.1	5.2	4.8
Ellis	8.1	8.5	7.0	6.3	5.4
Erath	6.4	6.2	5.3	5.1	4.7
Fannin	8.8	9.6	8.8	8.6	7.5
Grayson	8.1	8.1	7.5	6.7	5.7
Hood	7.9	7.4	6.0	5.1	4.5
Hunt	8.7	8.3	7.6	6.1	5.5
Johnson	8.4	8.0	6.8	5.7	5.2
Kaufman	8.8	8.2	7.4	6.2	5.6
Navarro	8.1	8.2	7.5	6.8	5.9
Palo Pinto	8.4	7.9	6.4	5.8	5.6
Parker	7.7	7.2	6.2	5.3	5.1
Rockwall	7.5	7.3	6.3	5.5	4.8
Somervell	6.7	7.9	6.6	5.6	4.2
Tarrant	7.9	7.9	6.8	5.7	5.3
Wise	8.7	7.1	6.1	5.6	5.0
Region 3	7.9	7.9	6.9	5.8	5.4
Texas	7.9	8.0	7.1	6.0	5.6
United States	9.7	9.2	8.3	7.7	6.5

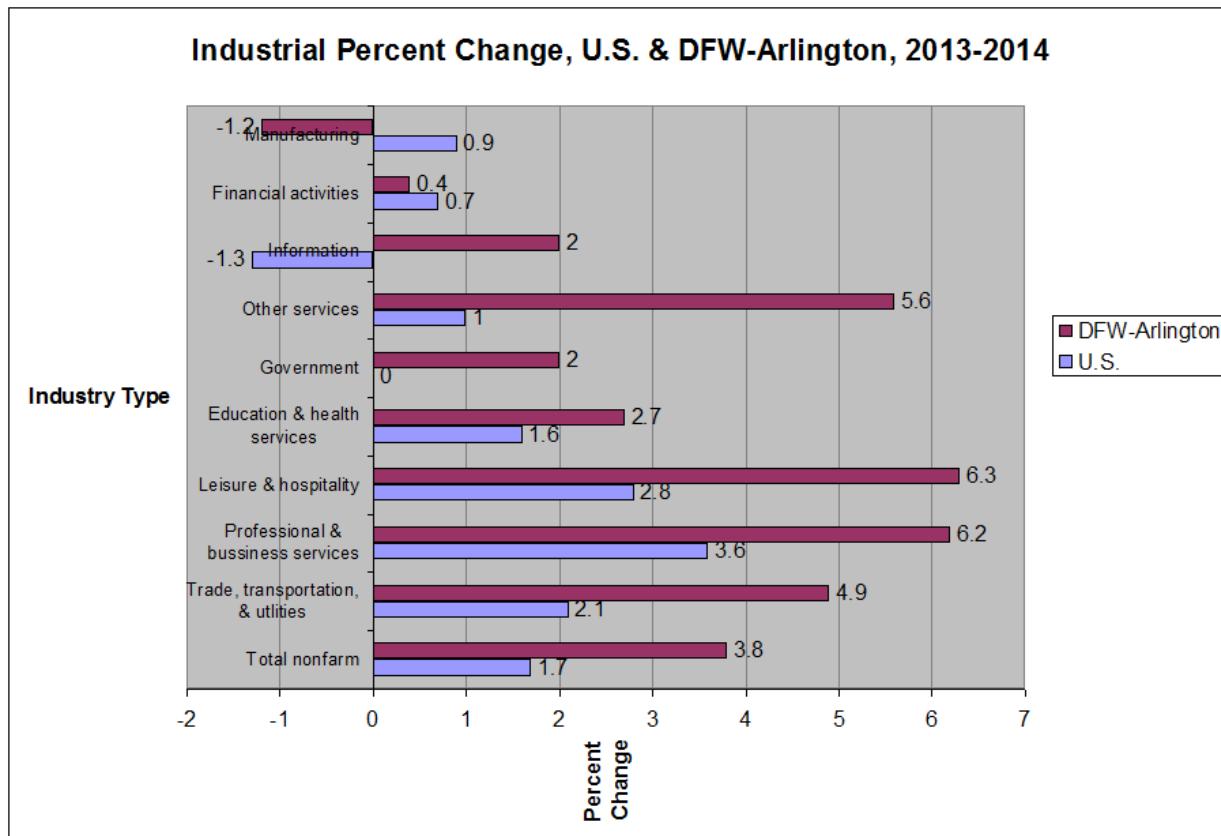
Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, February 5, 2014.

Industry

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

Note that the area reported on is the Dallas-Fort Worth-Arlington, TX Statistical Area (named by the Office of Management and Budget), which covers 11 of our 19 counties, Collin, Dallas, Denton, Ellis, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise, plus one additional county, Delta.

[Chart 4: Industrial Over-the-year Percent Change, United States and the Dallas-Fort Worth-Arlington Metropolitan Area, April 2013-2014](#)



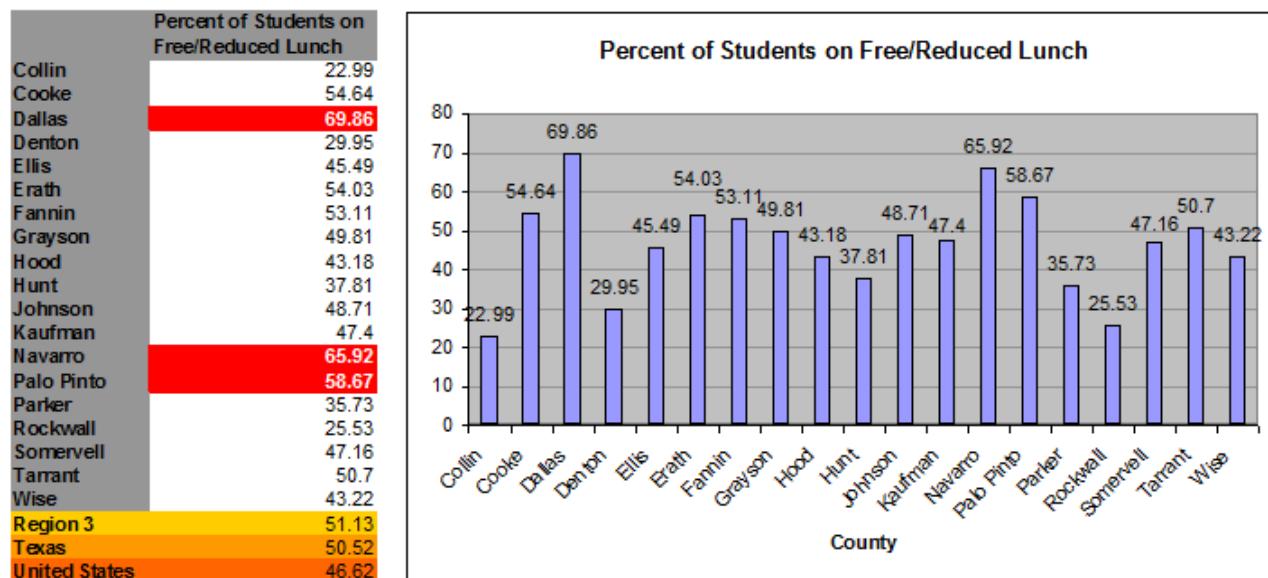
Source: U.S. Bureau of Labor Statistics.

Free School Lunch Recipients

Figure 3: Percent of Students Participating in Free/Reduced Lunch Program, 2009-2010

The table below shows the percentage of students receiving reduced or free lunches during the 2009-2010 academic year. Region 3 had 651,774 students, or 51.13%, participating in the free/reduced lunch program, which is slightly higher than the overall Texas percentage of 50.52%, and much higher than the overall national percentage of 46.62%.

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Source: National Center for Educational Statistics (NCES), Common Core of Data (CCD), 2009-10 School Universe data.

SNAP/Food Stamp 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. One with SNAP benefits can buy food and/or garden seeds. They may not purchase tobacco, alcohol, items that are not edible, or pay for food bills owed. Snap is for people with a low income, especially families. Adults age 18-50 without children can only receive SNAP benefits for 3 months in a 3-year period, unless they meet certain requirements including working more than 20 hours per week, is in a training program, are on disability, or are pregnant. As a general rule, one must be within the following income limits to receive SNAP benefits, although some exceptions do apply:

Family Size	Monthly Amount of Income Allowed
1	\$1,580
2	\$2,133
3	\$2,686
4	\$3,239
5	\$3,791
For each additional person add:	\$553

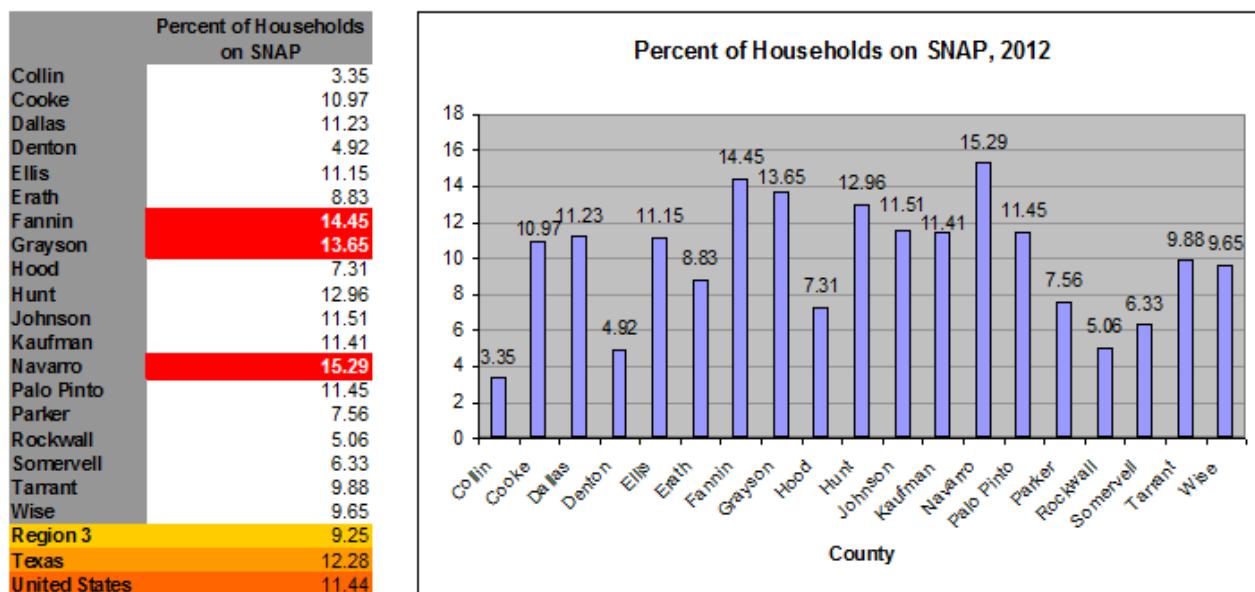
Additionally, those who receive SNAP benefits must follow work rules, meaning they must be looking for a job or be in an approved work program. Those who are currently employed can not quit without worthy reason.

The table below shows that 9.25%, or 223,490, of households received SNAP payments (food stamps) in Region 3 during 2012 based on the household's poverty status. Unfortunately, during this time

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period there were also 8.10% of households, or 195,788, that had income levels below the poverty line and were not receiving SNAP payments. The SNAP participation rate ranged from 3.35% in Collin County to 15.29% in Navarro County.

Figure 4: Households Receiving SNAP, 2012



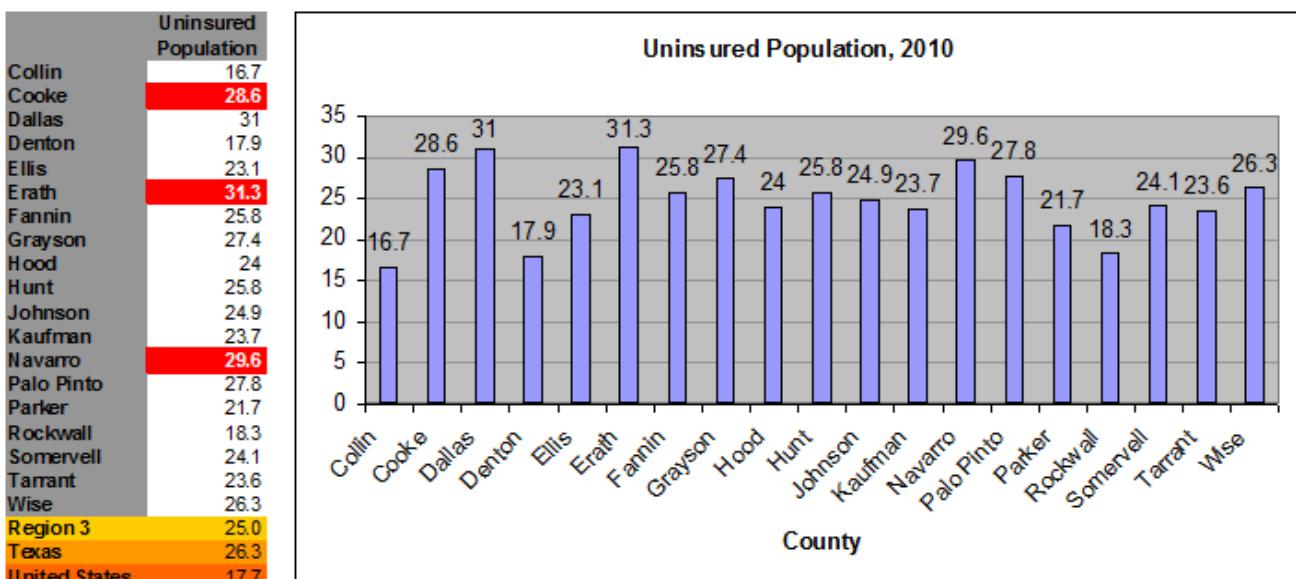
Source: U.S. Census Bureau, American Community Survey, 2012 Data Release, December 2013. The 2012 American Community Survey 5-year data is a 5-year average of data collected from 2008-2012. SNAP numbers are for the last 12 months of the 5-year average (2012).

Uninsured Population

Figure 5: Population Without Medical Insurance

The table below shows the medically uninsured population in Region 3 according to the U.S. Census Bureau's most recent data release for 2010. The uninsured population is calculated by estimating the number of individuals eligible for health insurance (usually those under 65 years of age) minus the estimated number of insured persons. In 2010, the percentage of uninsured individuals ranged from 16.7% in Collin County to 31.3% in Erath County. Note that the effects of The Affordable Care Act on increasing medical insurance rates are currently unknown.

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Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2010 (October 2012 release).

Table 14: Children Without Medical Insurance (Under age 19), 2011

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to poor health status.

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	Percent Population without Medical Insurance	Percent Population without Medical Insurance
Collin	90.3%	9.7%
Cooke	83.0%	17.0%
Dallas	83.6%	16.4%
Denton	85.5%	10.5%
Ellis	87.2%	12.8%
Erath	80.3%	19.7%
Fannin	84.7%	15.3%
Grayson	86.6%	13.4%
Hood	86.6%	13.4%
Hunt	85.2%	14.8%
Johnson	84.6%	15.4%
Kaufman	84.4%	15.6%
Navarro	84.0%	16.0%
Palo Pinto	85.0%	15.0%
Parker	86.0%	14.0%
Rockwall	87.0%	13.0%
Somervell	81.7%	18.3%
Tarrant	87.1%	12.9%
Wise	84.8%	15.2%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates: 2011. Source geography: County.

Table 15: Prevalence of Health Insurance, BRFSS, 2011-2012

The following table exhibits the answer “yes” to the question, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?” on the Behavioral Risk Factor Surveillance Survey created by the CDC.

Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
Race/ethnicity	Total	73.1%	70.2%	72.2%	69.4%
	Male	70.7%	68.5%	69.8%	67.8%
	Female	75.4%	71.9%	74.3%	71.0%
	White	85.4%	83.7%	86.1%	85.3%
	Black	59.7%	65.7%	76.5%	71.1%
	Hispanic	42.8%	49.6%	34.2%	45.3%
Age	Other	91.9%	87.3%	80.1%	78.2%
	18-29	63.1%	58.1%	53.0%	53.8%
	30-44	63.2%	60.6%	62.5%	60.4%
	45-64	77.6%	74.7%	79.2%	74.7%
Education	65+	98.8%	96.9%	97.5%	97.3%
	< High school	40.0%	43.7%	38.7%	38.2%
	High school grad	71.9%	66.5%	68.0%	67.1%
Income	Some college	77.4%	75.4%	77.4%	74.8%
	College grad	90.8%	90.2%	90.8%	90.7%
	<\$25,000	50.7%	49.8%	45.8%	45.0%
	\$25,000-\$49,999	65.6%	67.4%	70.1%	71.1%
	\$50,000+	92.6%	92.6%	94.7%	91.4%

Source: Texas Department of State Health Services, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

Consequences

Within this section we discuss mortality due to suicide and drug/alcohol-related fatalities. These indicators were chosen according to availability of data and relevance to the core substances of alcohol, marijuana, tobacco, and prescription drugs. Besides including county-level data of completed suicides, a closer look into suicide ideation of adolescents is necessary to have a better understanding of the issue. The Youth Behavioral Risk Surveillance Survey (YRBSS) asks questions related to suicide and the answers are broken down into table format shown later within this section. Because only a handful of Independent School Districts (ISD) within Region 3 complete the YRBSS, and many of those keep the results confidential, PRC Region 3 was able to obtain only one ISD's YRBSS results. To maintain anonymity, the results are represented as "an ISD", separated by grade levels, within Region 3. As for the drug/alcohol-related fatalities, those are represented at the county-level.

Overview of Consequences

Main findings of the reported consequences:

- Ellis County has 3 of the top 4 lowest percentages of suicide from the 2007-2011 time span,
- Dallas County has 3 of the top 4 highest percentages of suicide from the 2007-2011 time span,
- The percent of students who attempted suicide was 9.1% for high school students and 13.0% for middle school students, based on the survey results of one ISD within Region 3.

Mortality

Suicide

Table 16: 5 Year Suicide Percentages per County, 2007-2011

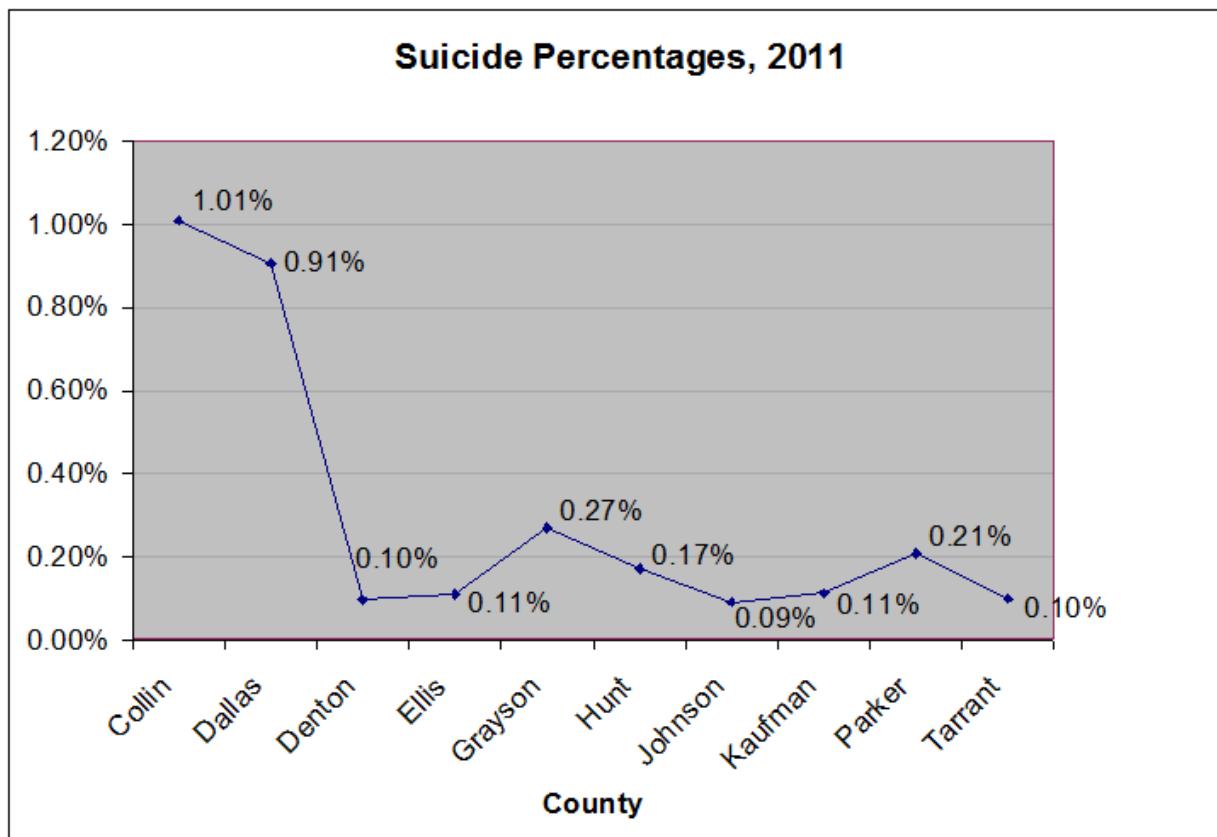
The table below shows the percentages of suicides per Region 3 county over the five years spanning 2007-2011. Cooke, Erath, Fannin, Hood, Hunt, Kaufman, Palo Pinto, Rockwall, Somervell, and Wise Counties are omitted from the table due to suicide percentages that are too small to report during this time span. The red blocks show the highest suicide percentage per indicated year while the green blocks show the lowest suicide percentage per indicated year. The last column shows the average suicide percentages over the five year time span.

	2007	2008	2009	2010	2011	5 Year Average
Collin	0.71%	0.85%	0.76%	0.87%	1.01%	0.84%
Dallas	1.01%	0.90%	1.02%	1.11%	0.91%	0.99%
Denton	0.87%	0.10%	0.10%	0.10%	0.10%	0.25%
Ellis	0.08%	0.08%	0.09%	0.13%	0.11%	0.09%
Grayson	0.11%	0.24%	0.13%	0.12%	0.27%	0.17%
Johnson	0.11%	0.09%	0.13%	0.24%	0.09%	0.13%
Kaufman	0.18%	0.10%	0.16%	0.12%	0.11%	0.13%
Parker	0.15%	0.11%	0.11%	0.17%	0.21%	0.15%
Tarrant	0.10%	0.11%	0.10%	0.10%	0.10%	0.10%

Source: Texas Department of State Health Services, Vital Statistics Unit.

Chart 5: Suicide Percentages per County, 2011

The Table below displays the 2011 suicide percentages per county in 2011. Cooke, Erath, Fannin, Hood, Navarro, Palo Pinto, Rockwall, Somervell, and Wise counties are omitted due to suicide percentages that are too small to report in 2011.



Source: Texas Department of State Health Services, Vital Statistics Unit.

Table 17: Suicide-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, Grades 9-12. 1991-2011

Suicide Behavior	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who seriously considered attempting suicide during the past 12 months	24.9	21.6	19.6	17.9	15.9	16.1	15.3	14.8	15.0	15.6	13.1
% students who made a plan about how they would attempt suicide during the past 12 months	14.2	16.2	14.5	13.2	12.9	13.3	11.7	12.8	11.6	14.4	10.7
% students who actually attempted suicide one or more times during the past 12 months	6.6	10.4	8.9	8.2	7.0	11.0	9.5	9.7	13.3	12.0	9.1
% students who made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2.6	2.8	3.1	3.1	2.6	3.0	1.7	2.6	3.5	4.5	3.3

Source: Centers for Disease Control and Prevention, 2011.

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Table 18: Suicide-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, Grades 6-8, 2011

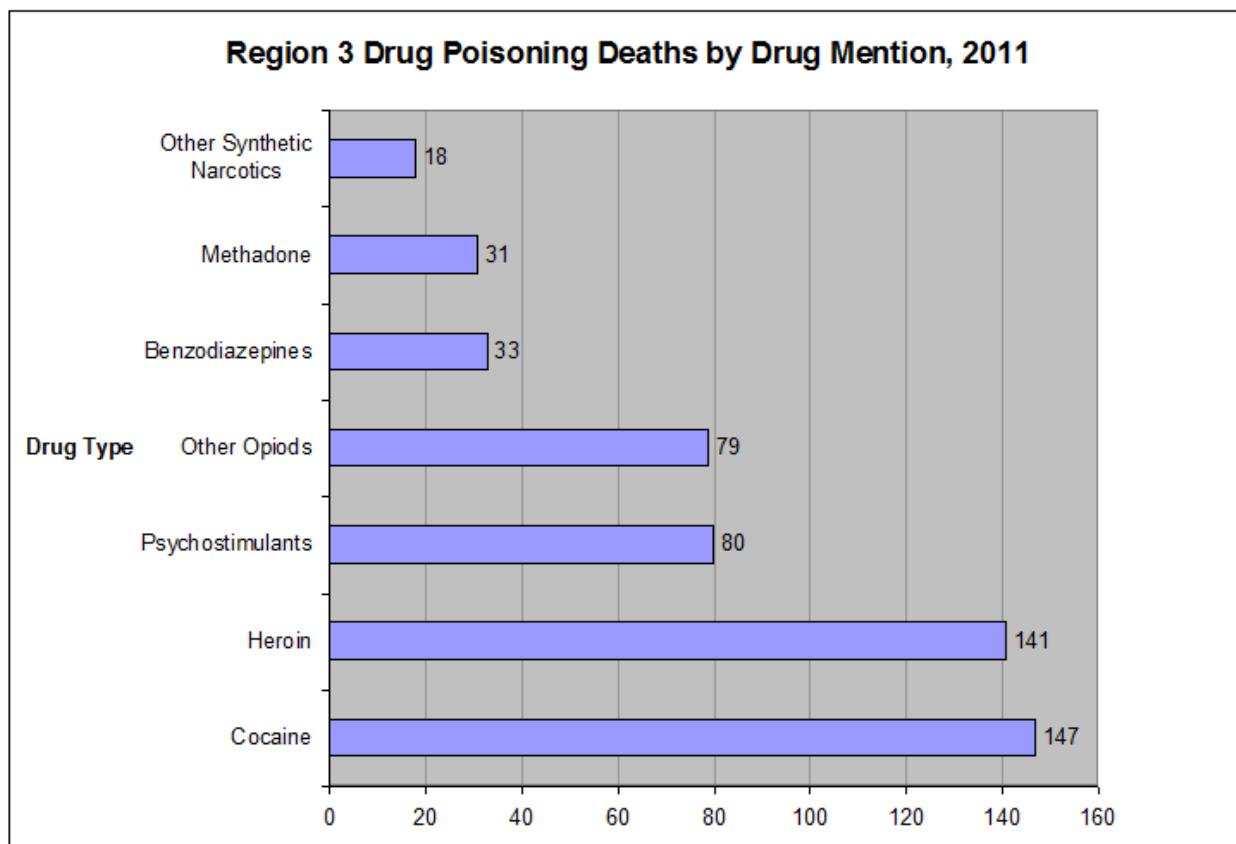
Survey Question	% total students who answered "Yes"
Have you ever seriously thought about killing yourself?	27.2
Have you ever made a plan about how you would kill yourself?	19.1
Have you ever tried to kill yourself?	13.0

Source: Centers for Disease Control and Prevention, 2011.

Drug/Alcohol Related Fatalities

Chart 6: Region 3 Drug Poisoning Deaths by Drug Mention, 2011

The table below shows drug poisoning deaths separated by drug type in Region 3.



Source: Texas Department of State Health Services, Vital Statistics Unit.

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Table 19: Region 3 Drug Poisoning Deaths by Drug Mention, 2010-2011

The following table shows the drug poisoning deaths by drug mention in 2010 and 2011 for all of Region 3. The red blocks represent the three highest number of fatalities within those two years. The most mentioned drug in a drug poisoning fatality is cocaine, with heroin close behind. Note that this table shows drug mentioned; however, more than one drug was present in many cases.

	2010	2011
Cocaine	104	147
Heroin	89	141
Psychostimulants	51	80
Other Opiods	87	79
Benzodiazepines	52	33
Methadone	28	31
Other Synthetic Narcotics	31	18

Source: Texas Department of State Health Services, Vital Statistics Unit.

Table 20: Total Drug Poisoning Deaths by County, 2010-2011

The following table shows total drug poisoning deaths per county for all drug types. The values represent the percent of people in the county who died of drug poisoning, based on the 2010 U.S. Census data and 2011 U.S. Census Population Estimates.

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	2010 Total	Percent of People in County	2011 Total	Percent of People in County
Collin	39	.005	50	.006
Cooke	3	.008	3	.024
Dallas	168	.007	197	.008
Denton	22	.003	30	.004
Ellis	5	.003	4	.003
Erath	1	.002	1	.003
Fannin	7	.020	0	0
Grayson	12	.009	15	.012
Hood	2	.004	1	.002
Hunt	6	.007	5	.006
Johnson	6	.004	6	.004
Kaufman	1	.001	5	.005
Navarro	2	.004	1	.002
Palo Pinto	2	.007	2	.007
Parker	7	.006	4	.003
Rockwall	4	.005	5	.006
Somervell	0	0	1	.012
Tarrant	56	.003	95	.005
Wise	2	.003	3	.005

Source: U.S. Census Bureau & Texas Department of State Health Services, Vital Statistics Unit.

Academic

Dropout Rates

Table 21: The Annual Dropout Rate, 2011-2012 Academic Year

The Table below displays the dropout rates for the listed grade levels for the 2011-2012 academic school year. The annual dropout rate is determined using the following formula:

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

The numerator does not include students who moved to another school or continued their schooling, passed away, etc.

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County	7-8th Grade	9-12th Grade	7-12th Grade
Collin	0.0%	0.4%	0.3%
Cooke	0.0%	0.3%	0.2%
Dallas	0.4%	3.3%	2.3%
Denton	0.1%	1.0%	0.7%
Ellis	0.2%	0.9%	0.6%
Erath	1.6%	10.2%	9.0%
Fannin	0.0%	0.7%	0.5%
Grayson	0.0%	0.7%	0.5%
Hood	0.1%	1.0%	0.7%
Hunt	0.3%	2.3%	1.6%
Johnson	0.2%	1.8%	1.2%
Kaufman	0.0%	1.5%	1.0%
Navarro	0.3%	1.1%	0.8%
Palo Pinto	0.1%	1.9%	1.3%
Parker	0.1%	0.5%	0.3%
Rockwall	0.0%	0.3%	0.2%
Somervell	0.7%	2.0%	1.6%
Tarrant	0.4%	2.5%	1.8%
Wise	0.0%	0.8%	0.6%

Source: Texas Education Agency, 2011-2012 Academic Year.

College Enrollment

According to the Texas Higher Education Coordinating Board, **51% of college enrollees are attending a 2 year degree level community college, while 49% of college enrollees attend a college or university with a four year and/or graduate level degree in the North Texas region.**

University/College	County Location(s)	Degree Level	Enrollment (Fall '13)
Amberton University	Collin	4 Yr./Grad.	1,401
Baylor College of Dentistry	Dallas	Graduate	493
College of St. Thomas More	Tarrant	4 yr.	69
Dallas Baptist University	Dallas	4 Yr./Grad	5,422
Northwood University	Dallas	4 Yr./Grad.	801
Paul Quinn College	Dallas	4 Yr.	242
Southern Methodist University	Dallas	4 Yr./Grad.	10,929
Southwestern Adventist University	Johnson	4 Yr./Grad.	807

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Southwestern Assemblies of God University	Ellis	Graduate	2,012
Southwestern Christian College	Kaufman	4 Yr.	149
Texas A&M University – Commerce	Hunt	4 Yr./Grad.	11,795
Texas Christian University	Tarrant	4 Yr./Grad.	9,925
Texas Wesleyan University	Tarrant	4 Yr./Grad.	2,614
Texas Woman's University	Denton	4 Yr./Grad.	14,892
University of Dallas	Dallas	4 Yr./Grad.	2,599
University of North Texas	Denton	4 Yr./Grad.	36,185
University of North Texas at Dallas	Dallas	4 Yr./Grad.	2,143
UNT Health Science Center	Tarrant	Graduate	2,143
University of Texas at Arlington	Tarrant	4 Yr./Grad.	33,239
University of Texas at Dallas	Collin & Dallas	4 Yr./Grad.	19,727
University of Texas Southwestern Medical Center	Dallas	4 Yr./Grad.	2,380
Total Colleges/Universities			159,967
Collin County Community College District	Collin	2 Yr.	27,636
Dallas County Community College District	Dallas	2 Yr.	74,307

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Tarrant County College	Tarrant	2 Yr.	57,776
Trinity Valley Community College	Anderson, Henderson, Kaufman, Rains, & Van Zandt	2 Yr.	6,945
Weatherford College	Tarrant	2 Yr.	5,715
Total Community College			166,664
Total Enrollment			326,631

Source: Texas Higher Education Coordinating Board, March 2014; North Texas Commission.

Youth Suspension and Expulsions

The Texas Education Agency uses the following definitions for ISD disciplinary actions within the state:

JJAEP (Juvenile Justice Alternative Education Program)

This action group pertains to all actions resulting in students being placed in or expelled to a JJAEP facility for the current academic year or for a continuation from the prior academic year.

- JJAEP Actions are the number of times or occurrences a JJAEP action was taken. A student can receive more than one JJAEP action.
- JJAEP Students is a distinct count of students who received at least one JJAEP action.

ISS (In School Suspension)

This action group pertains to all in school suspensions whether partial day, full day or multiple days.

- ISS Actions are the number of times or occurrences an ISS action was taken. A student can receive more than one ISS action.
- ISS Students is a distinct count of students who received at least one ISS action.

OSS (Out of School Suspension)

This action group pertains to all out of school suspensions whether partial day, full day or multiple days.

- OSS Actions are the number of times or occurrences an OSS action was taken. A student can receive more than one OSS action.
- OSS Students is a distinct count of students who received at least one ISS action.

DEAP (Disciplinary Alternative Education Program)

This action group pertains to all actions for students being placed or expelled to an on-campus or off-campus DAEP for the current academic year or for a continuation from the prior academic year.

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- DAEP Actions are the number of times or occurrences a DAEP action was taken. A student can receive more than one DAEP action.
- DAEP Students is a distinct count of students who received at least one DAEP action.

EXPUL (Expulsions)

This action group pertains to any expulsion without educational placement and any continuation of another district expulsion from a prior academic year. This action group does not include any type of expulsion to a DAEP or JJAEP.

- EXPUL Actions are the number of times or occurrences an expulsion action was taken. A student can receive more than one expulsion action.
- EXPUL Students is a distinct count of students who received at least one expulsion action.

Tables 22 and 23 and charts 7 and 8 include data from the Texas Education Agency's Education Service Centers (ESC), Regions 10 and 11, both of which include counties situated in Health and Human Services/PRC Region 3.

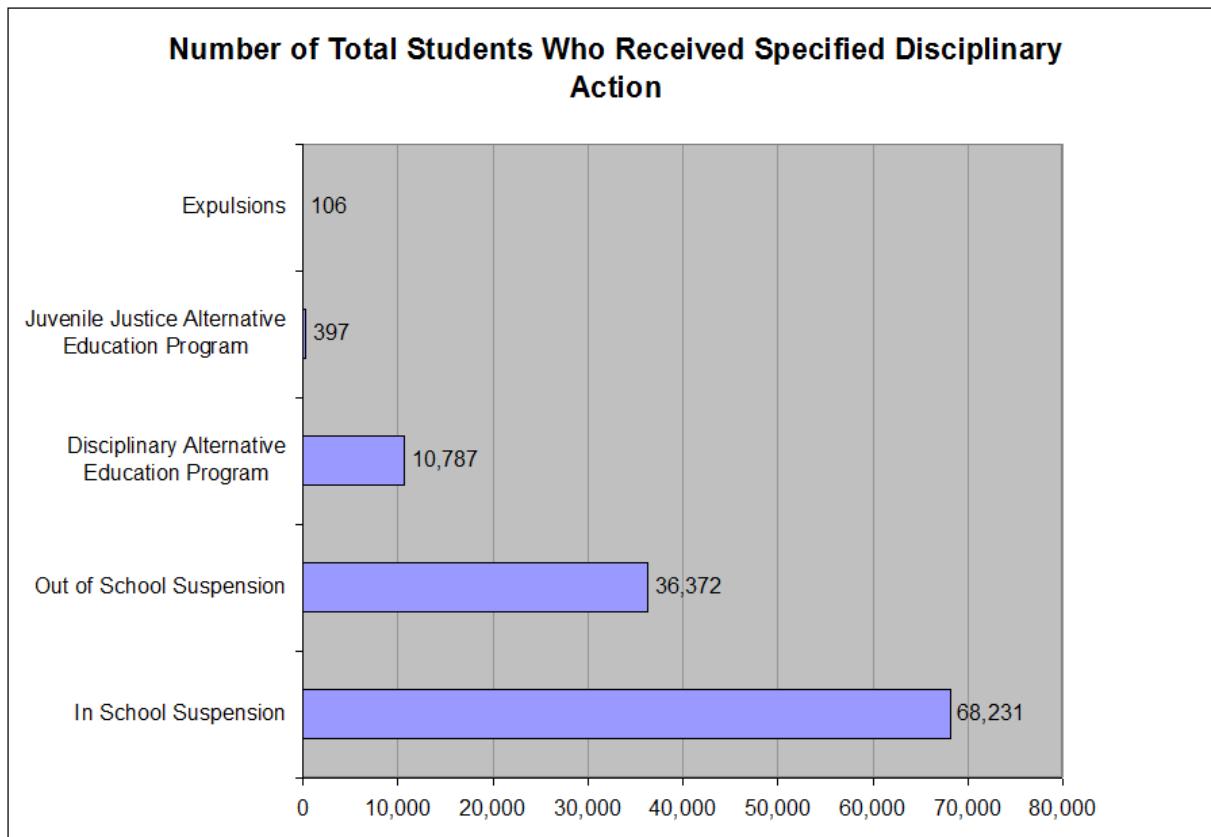
Table 22: Counts of Students and Discipline Actions by Discipline Action Groupings for ESC Region 10, 2012-2013 Academic Year

- ESC Region 10 includes schools within Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Rockwall, and a portion of Van Zandt Counties. The only county on this list not covered within PRC Region 3 is Van Zandt. The following table displays the count of actions and students according to the disciplinary action that was implemented. Note that a student may receive more than one action. The red blocks represent the two highest percentages of groups with that column's disciplinary action. **In ESC Region 10, African American students receive a much higher percentage of In School Suspensions than the average student (14.57% vs. 8.44%) and more than double the percentage of Out of School Suspensions than the average student (10.55% vs. 4.53%).** The source for the table below is the Texas Education Agency.

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Student Group	Number of Students	ISS Actions	ISS Students	ISS Percent	OSS Actions	OSS Students	OSS Percent	DAEP Actions	DAEP Students	DAEP Percent	JJAEP Actions	JJAEP Students	JJAEP Percent	EXPUL Actions	EXPUL Students	EXPUL Percent
All Students	808,679	160,066	68,231	8.44%	69,230	36,672	4.53%	12,956	10,787	1.33%	409	397	0.05%	106	106	0.01%
American Indian or Alaska Native	4,453	1,001	386	8.67%	355	170	3.82%	81	67	1.50%	n/a	n/a	n/a	0	0	0
Asian	47,073	1,567	884	1.88%	544	360	0.76%	114	100	0.21%	n/a	n/a	n/a	n/a	n/a	n/a
Black or African American	152,903	55,852	22,425	14.67%	32,250	16,125	10.55%	4,734	3,850	2.52%	122	116	0.08%	28	28	0.02%
Hispanic/Latino	341,628	63,136	26,504	7.76%	26,461	14,449	4.23%	5,179	4,298	1.26%	188	184	0.05%	47	47	0.01%
Native Hawaiian/ Other Pacific	900	152	69	7.67%	55	28	3.11%	14	11	1.22%	n/a	n/a	n/a	0	0	0
Two or More Races	16,094	3,075	1,378	8.56%	960	516	3.21%	219	191	1.19%	7	7	0.04%	n/a	n/a	n/a
White	245,612	35,283	16,585	6.75%	8,605	5,024	2.05%	2,615	2,270	0.92%	83	81	0.03%	26	26	0.01%
Female	393,854	47,314	22,223	5.64%	19,099	11,252	2.86%	3,161	2,733	0.69%	77	75,00	0	15	15	0
Male	414,825	112,752	46,008	11.09%	50,131	25,420	6.13%	9,795	8,054	1.94%	332	322	0.08%	91	91	0.02%
Special Ed.	83,109	27,355	10,347	12.45%	14,786	6,844	8.23%	2,507	2,014	2.42%	66	65	0.08%	15	15	0.02%
Economically Disadvantaged	480,755	131,962	49,176	10.23%	65,723	29,948	6.23%	11,917	8,390	1.75%	357	283	0.06%	127	91	0.02%
At Risk	335,258	98,986	37,920	11.31%	45,969	22,768	6.79%	9,251	7,523	2.24%	287	279	0.08%	59	59	0.02%

Chart 7: Number of Total Students Who Received Specified Disciplinary Action in ESC Region 10, 2012-2013 Academic Year



Source: Texas Education Agency, retrieved 2014.

Table 23: Counts of Students and Discipline Actions by Discipline Action Groupings for ESC Region 11, 2012-2013 Academic Year

- ESC Region 11 includes schools within Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise Counties. All of these counties are part of Health and Human Services/PRC Region 3. The following table displays the count of actions and students according to the disciplinary action that was implemented. Note that a student may receive more than one action. The red blocks represent the two highest percentages of groups with that column's disciplinary action. **In ESC Region 11, African American students receive a much higher percentage of In School Suspensions (17.16% vs. 9.69%) than the average student, and more than double the percentage of Out of School Suspensions (11.94% vs. 4.70%) and Disciplinary Alternative Education Program referrals (3.77% vs. 1.69%).** The source for the table below is the Texas Education Agency, retrieved 2014.

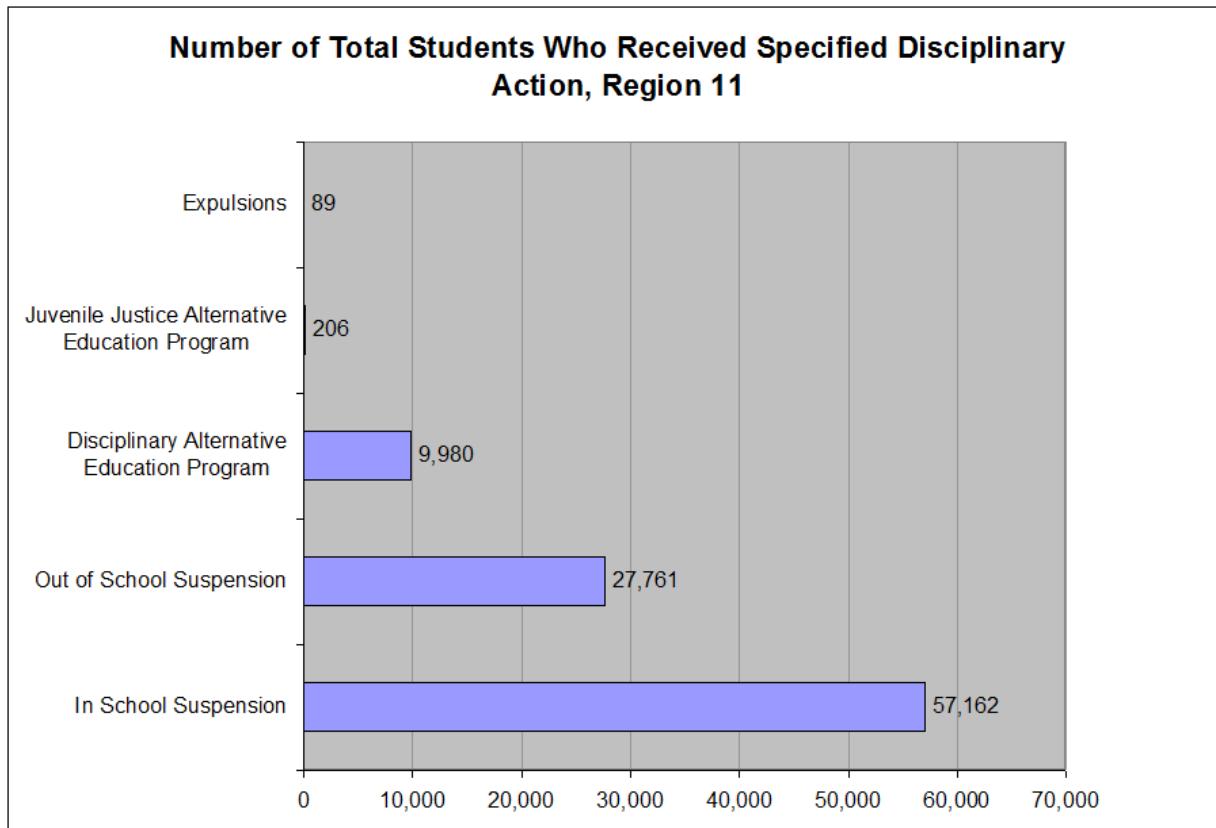
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Student Group	Number of Students	ISS Actions	ISS Students	ISS Percent	OSS Actions	OSS Students	OSS Percent	DAEP Actions	DAEP Students	DAEP Percent	JJAEP Actions	JJAEP Students	JJAEP Percent	EXPUL Actions	EXPUL Students	EXPUL Percent
All Students	590,130	131,682	57,162	9.69%	51,653	27,761	4.70%	14,259	9,980	1.69%	208	206	0.03%	89	89	0.02%
American Indian or Alaska Native	3,309	779	358	10.82%	239	142	4.29%	72	54	1.63%	n/a	n/a	n/a	0	0	0
Asian	25,761	1,873	1,053	4.09%	438	287	1.11%	149	114	0.44%	n/a	n/a	n/a	0	0	0
Black or African American	85,074	36,635	14,597	17.16%	20,831	10,158	11.94%	4,941	3,208	3.77%	51	51	0.06%	n/a	n/a	n/a
Hispanic/Latino	205,670	44,647	19,664	9.56%	17,238	9,771	4.75%	5,018	3,518	1.71%	85	84	0.04%	40	40	0.02%
Native Hawaiian/Other Pacific	1,498	576	197	13.15%	113	61	4.07%	40	18	1.20%	0	0	0	0	0	0
Two or More Races	13,781	3,342	1,450	10.52%	1,277	648	4.70%	376	256	1.86%	n/a	n/a	n/a	n/a	n/a	n/a
White	255,035	43,930	19,843	7.78%	11,517	6,694	2.62%	3,663	2,812	1.10%	64	63	0.02%	35	35	0.01%
Female	286,968	37,173	17,990	6.27%	13,450	8,024	2.80%	3,599	2,648	0.92%	39	39	0.01%	22	22	0.01%
Male	303,162	94,509	39,172	12.92%	38,203	19,737	6.51%	10,660	7,332	2.42%	169	167	0.06%	67	67	0.02%
Special Ed.	55,643	21,104	7,993	14.36%	9,919	4,652	8.36%	2,626	1,676	3.01%	32	32	0.06%	n/a	n/a	n/a
Economically Disadvantaged	304,939	99,888	37,775	12.39%	43,412	20,628	6.76%	12,014	7,170	2.35%	116	100	0.03%	73	57	0.02%
At Risk	225,175	81,059	31,978	14.20%	31,516	16,412	7.29%	10,037	6,665	2.96%	145	145	0.06%	64	64	0.03%

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Note that a higher percentage of African American students were placed into In School Suspension and Out of School Suspension in both Region 10 and Region 11's Education Service Centers. Additionally, in Region 11 ESC, African Americans also received the highest percentage of Disciplinary Alternative Education Program referrals. *This suggests there is a need to determine why this group is receiving higher disciplinary actions than other groups, whether the problem lies within the teaching system or more intervention is needed among adolescent African Americans. Further study is suggested.* Navarro County is the only county in PRC Region 3 that is not covered by ESCs Region 10 and 11. Navarro County is part of ESC Region 12, and information on disciplinary data for Region 12 can be found at http://ritter.tea.state.tx.us/adhocprt/Disciplinary_Data_Products/DAG_Summaries/Download_DAG_Region.html.

Chart 8: Total Students who Received Disciplinary Action, 2012-2013 Academic Year



Source: Texas Education Agency, retrieved 2014.

Adolescent Perceptions of Access—Texas School Survey

The Texas School Survey (TSS) is a statewide assessment given to middle and high school students measuring attitudes and perceptions about substances, when and where students are using, and where a student would go to for help once a problem has developed. The TSS is distributed by the Texas A&M Public Policy Institute. The following table illustrates the 2012 statewide average answers to the statement:

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Table 24: "If you wanted some, how difficult would it be to get..."

Beer?		Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
	All	14.7%	14.4%	6.3%	12.1%	19.7%	32.8%
	Grade 7	23.4%	28.0%	8.4%	10.5%	12.9%	16.8%
	Grade 8	18.6%	19.5%	7.8%	13.5%	16.6%	24.1%
	Grade 9	13.9%	12.6%	6.5%	12.9%	21.1%	33.0%
	Grade 10	11.8%	10.0%	5.2%	12.3%	20.9%	39.7%
	Grade 11	10.2%	7.7%	4.4%	11.2%	22.5%	44.0%
	Grade 12	8.9%	5.9%	4.7%	12.1%	25.8%	42.6%
Wine coolers?							
	All	20.3%	16.5%	7.2%	12.1%	17.6%	26.3%
	Grade 7	33.3%	30.5%	8.1%	8.1%	9.0%	10.9%
	Grade 8	25.3%	23.6%	9.3%	11.7%	13.7%	16.4%
	Grade 9	18.8%	15.9%	8.0%	13.6%	18.3%	25.5%
	Grade 10	16.3%	11.4%	6.3%	13.3%	20.0%	32.7%
	Grade 11	14.1%	8.7%	5.5%	13.1%	21.4%	37.3%
	Grade 12	11.5%	6.1%	5.4%	13.3%	24.7%	39.0%
Wine?							
	All	17.4%	17.1%	8.1%	12.9%	17.8%	26.8%
	Grade 7	26.2%	32.4%	9.9%	9.1%	10.7%	11.6%
	Grade 8	21.6%	23.8%	10.1%	12.7%	14.3%	17.6%
	Grade 9	16.4%	15.5%	8.6%	14.8%	18.0%	26.6%
	Grade 10	14.6%	11.7%	6.9%	14.3%	19.95	32.5%
	Grade 11	12.8%	9.6%	6.2%	12.7%	21.3%	37.4%
	Grade 12	11.1%	6.9%	6.1%	13.5%	23.8%	38.6%
Liquor?							
	All	16.7%	18.8%	8.5%	12.0%	16.8%	27.1%
	Grade 7	27.8%	35.5%	10.1%	8.1%	8.0%	10.6%
	Grade 8	21.3%	26.6%	10.8%	11.8%	12.6%	16.9%
	Grade 9	15.5%	17.6%	9.1%	13.6%	17.6%	26.7%
	Grade 10	13.1%	12.7%	7.7%	13.2%	19.7%	33.5%
	Grade 11	11.2%	10.1%	6.3%	12.6%	20.5%	39.2%
	Grade 12	9.5%	7.1%	6.4%	12.9%	23.9%	40.1%
Any alcohol product?							
	All	13.6%	12.2%	5.4%	10.6%	19.4%	38.8%
	Grade 7	21.8%	24.8%	8.25	10.5%	14.0%	20.8%
	Grade 8	17.1%	16.6%	7.2%	12.0%	17.5%	29.5%
	Grade 9	12.5%	10.5%	5.2%	11.1%	20.9%	39.8%
	Grade 10	10.9%	7.9%	4.1%	10.3%	20.1%	46.7%
	Grade	9.4%	6.5%	3.5%	9.5%	20.6%	50.5%
	Grade 12	8.2%	4.8%	3.9%	10.1%	24.0%	48.9%

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Source: Texas A&M's Public Policy Institute, Texas School Survey, 2012 results.

Perceived Risk of Harm

Table 25: Texas Statewide Perceptions of Harm Texas School Survey Results, Grades 7-12, 2012

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

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do Not Know
All	50.3%	29.7%	13.3%	3.2%	3.5%
Grade 7	64.6%	20.3%	9.0%	2.1%	4.0%
Grade 8	53.5%	25.3%	13.5%	3.6%	4.1%
Grade 9	46.7%	30.3%	15.4%	3.9%	3.6%
Grade 10	45.7%	32.7%	14.9%	3.3%	3.4%
Grade 11	45.9%	34.2%	13.5%	3.2%	3.2%
Grade 12	43.9%	37.3%	13.2%	2.8%	2.8%

Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2012.

The following tables display the answers to the questions from the 2008 and 2012 Community-wide Children's Health Assessment and Planning Survey. The survey data was collected by the ETC Institute as directed by the Cook Children's Health Care System. The survey data was distributed by Cook Children's Health Care System. The survey data was distributed through random, mailed survey to households with children 0-14 years of age. It included households in Tarrant, Denton, Johnson, Parker, Hood, and Wise counties. A total of 7,439 completed surveys were received from the mailing in 2008, while a total of 8,394 were completed in 2012.

Table 26: "How often do you talk to this child about drugs and alcohol?", CCHAPS Survey Answers, 2008 & 2012

	Denton		Hood		Johnson		Parker		Tarrant		Wise	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
Daily	4.22%	4.02%	4.23%	4.11%	5.15%	6.97%	6.06%	6.86%	5.24%	6.56%	6.58%	3.75%
Weekly	12.10%	12.91%	16.90%	16.44%	14.43%	16.80%	13.33%	14.86%	13.29%	16.11%	13.16%	17.50%
Monthly	22.03%	20.36%	26.76%	24.66%	20.10%	21.72%	26.67%	19.43%	23.30%	22.48%	31.58%	30.00%
Few times a year	20.55%	23.61%	18.31%	19.18%	22.68%	18.85%	21.21%	21.71%	22.97%	20.34%	17.11%	16.25%
Seldom or never	29.68%	35.37%	22.54%	31.51%	26.29%	29.92%	27.27%	25.14%	25.61%	28.92%	22.37%	22.50%
Don't know	11.42%	3.73%	11.27%	4.11%	11.34%	5.74%	5.45%	12.00%	9.60%	5.59%	9.21%	10.00%

Source: Community-wide Children's Health Assessment and Planning Survey, 2008 & 2012.

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Table 27: People in Home who Smoke Cigarettes, CCHAPS Survey Answers, 2008 & 2012

	Denton		Hood		Johnson		Parker		Tarrant		Wise	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
Daily	4.91%	3.54%	9.86%	5.48%	11.34%	9.84%	10.91%	6.29%	6.24%	4.89%	10.53%	3.75%
Weekly	1.14%	0.38%	4.23%	1.37%	1.03%	1.23%	0.00%	1.14%	1.13%	1.51%	1.32%	2.50%
Monthly	1.03%	0.38%	0.00%	2.74%	1.03%	0.82%	0.61%	0.00%	1.26%	0.78%	3.95%	0.00%
Few times a year	2.28%	0.96%	1.41%	1.37%	3.09%	1.23%	1.21%	0.57%	1.51%	1.32%	0.00%	0.00%
Seldom or never	85.05%	92.16%	81.69%	87.67%	79.38%	84.02%	83.64%	87.43%	85.33%	88.82%	80.26%	92.50%
Don't know	5.59%	2.58%	2.82%	1.37%	4.12%	2.87%	3.64%	4.57%	4.53%	2.68%	3.95%	1.25%

Source: Community-wide Children's Health Assessment and Planning Survey, 2008 & 2012.

Table 28: "How Often are Alcoholic Beverages Consumed in Your Home?", CCHAPS Survey Answers, 2008 & 2012

	Denton		Hood		Johnson		Parker		Tarrant		Wise	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
Daily	3.54%	3.06%	7.04%	2.74%	4.64%	2.05%	2.42%	2.29%	4.02%	4.74%	1.32%	1.25%
Weekly	16.44%	22.28%	16.90%	13.70%	14.43%	14.34%	12.12%	17.71%	17.44%	18.52%	10.53%	17.50%
Monthly	16.21%	15.11%	15.49%	10.96%	12.37%	14.34%	15.76%	12.57%	11.90%	10.87%	9.21%	23.75%
Few times a year	18.49%	17.11%	12.68%	20.55%	17.01%	17.62%	16.97%	20.57%	16.18%	18.44%	21.05%	22.50%
Seldom or never	40.30%	41.30%	45.07%	49.32%	47.94%	49.18%	51.52%	45.14%	46.14%	44.80%	53.95%	33.75%
Don't know	5.02%	1.15%	2.82%	2.74%	3.61%	2.46%	1.21%	1.71%	4.32%	2.64%	3.95%	1.25%

Source: Community-wide Children's Health Assessment and Planning Survey, 2008 & 2012.

Health

STD

The spread of STDs is affected by many factors, including social, economic, and behavioral trends. Many studies document the link between substance abuse and STDs. According to Healthy People, (2014) illicit substances within a community can change sexual behavior and lead to an epidemic spread of STDs. Additionally, the link between the spread of HIV and substance abuse involving needles is well established. The link between substance use before sexual activity is another established association, and is supported by the Youth Risk Behavioral Survey results shown in the Sexual Behaviors Section.

The red blocks represent the counties with the highest rate of the specified column. Dallas County is the only county with two of the highest STD rates (per 100,000 people) with HIV at 31.8 and AIDS at 20.2. In 2009, the highest number of adults and adolescents living with an AIDS diagnosis was reported in the South, which includes AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV (Centers for Disease Control and Prevention, 2009). The CDC set in motion a program called the 12-Cities Project that spanned three years from 2010-2013. The project endorsed an enhanced comprehensive HIV prevention planning and implementation strategy for metropolitan statistical areas most affected by HIV/AIDS. The 12 metropolitan divisions were determined by the CDC based upon December 2007 estimates of AIDS cases. The Dallas Metropolitan statistical area ranked 11th with 7,993 case estimates (Centers for Disease Control and Prevention, 2013). Note that the rates are based per 100,000 people.

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Table 29: 2012 Cases and Rates of STDs per County

	Chlamydia Case	Chlamydia Rates	Gonorrhea Cases	Gonorrhea Rates	Syphilis Cases	Syphilis Rates	HIV Cases	HIV Rates	AIDS Cases	AIDS Rates
Collin	2,341	280.5	436	52.2	23	2.8	83	9.9	47	6.0
Cooke	104	268.8	24	62.0	0	0.0	2	5.2	2	5.2
Dallas	15,906	648.2	4,401	179.4	188	7.7	781	31.8	479	20.2
Denton	1,962	277.4	357	50.5	9	1.3	56	7.9	37	5.6
Ellis	5,389	651.3	897	108.4	17	2.1	119	14.4	66	8.0
Erlath	138	351.0	9	22.9	0	0.0	0	0.0	1	2.5
Fannin	83	245.3	17	50.2	0	0.0	2	5.9	1	3.0
Grayson	369	302.6	45	36.9	0	0.0	7	5.7	3	4.9
Hood	131	251.7	6	11.5	0	0.0	3	5.8	2	3.8
Hunt	318	365.2	94	107.9	3	3.4	8	9.2	6	6.9
Johnson	444	289.4	72	46.9	2	1.3	5	3.3	5	3.3
Kaufman	290	271.7	56	52.5	1	0.9	8	7.5	5	4.7
Navarro	292	608.6	98	204.3	0	0.0	8	16.7	3	6.3
Palo Pinto	54	193.9	4	14.4	0	0.0	0	0.0	0	0.0
Parker	339	283.2	32	26.7	2	1.7	4	3.3	2	1.7
Rockwall	148	178.3	18	21.7	2	2.4	2	2.4	2	2.4
Somervell	19	221.0	3	34.9	0	0.0	0	0.0	0	0.0
Tarrant	8,395	446.5	2,163	115.0	163	8.7	257	13.7	174	9.3
Wise	137	226.7	16	26.5	0	0.0	0	0.0	1	1.7

Source: Centers for Disease Control and Prevention, 2012.

Table 30: HIV Case Rates (per 100,000) in Texas and Health and Human Services Regions 2/3, 2010-2012

Demographic	2010	2011	2012
0-12 years old in Region 2/3	1.6	2.7	1.6
13-14 years old in Region 2/3	3.1	0.0	1.6
15-19 years old in Region 2/3	126.7	97.3	83.3
20-24 years old in Region 2/3	223.9	233.7	214.2
Region 2/3 total	42.4	41.7	37.9
Texas state total	5.7	5.6	5.5

Source: Texas Department of State Health Services, HIV-STD Program, 2010-2012.

Sexual Behaviors

Table 31: Sexual Behavior-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, Grades 9-12, 2011

Sexual Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11

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% students who ever had sexual intercourse	66.6	65.0	64.8	62.1	58.9	56.8	58.9	60.2	57.1	55.5	52.5
% students who had sexual intercourse for the first time before age 13	21.1	19.9	18.0	16.1	13.6	12.2	10.4	11.8	13.3	9.4	8.7
% students who had sexual intercourse with four or more people during their life	32.1	29.3	28.4	25.8	21.6	20.6	20.2	19.1	19.5	16.9	17.0
% students who had sexual intercourse with one or more people during the past 3 months	47.5	45.2	45.5	43.7	40.7	38.8	41.8	40.6	40.4	39.6	34.4
Among students who had sexual intercourse during the past 3 months, the % who drank alcohol or used drugs before last sexual intercourse	18.0	16.4	20.3	15.5	16.5	20.9	18.4	20.7	17.7	18.2	16.9
Among students who had sexual intercourse during past 3 months, % who used a condom during last sexual intercourse	48.5	60.2	58.3	60.8	56.1	56.6	52.7	59.1	59.6	60.3	55.5

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Among students who had sexual intercourse during the past 3 months, % who used birth control pills to prevent pregnancy before last sexual intercourse	15.3	10.7	11.8	8.2	6.7	6.8	7.6	7.6	10.8	6.1	5.9
Among students who had sexual intercourse during past 3 months, % who used Depo-Provera (injectable birth control) to prevent pregnancy before last sexual intercourse					3.2	4.2	4.1	4.6	2.2	2.9	5.1
Among students who had sexual intercourse during the past 3 months, the percentage who used Depo-Provera or birth control pills to prevent pregnancy before last sexual intercourse					10.0	10.9	11.7	12.2	13.0	9.0	10.9
Among students who had sexual					2.1	4.9	3.1	3.9	5.9	2.7	2.2

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intercourse during the past 3 months, % who used a condom during last sexual intercourse and used birth control pills or Depo-Provera before last sexual intercourse to prevent pregnancy											
% students who had ever been taught in school about AIDS or HI infection	79.9	86.8	88.7	88.6	82.2	83.0	82.9	83.9	76.7	79.5	80.9

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 32: Sexual Behaviors-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, grades 6-8, 2011

Sexual Behaviors		% of Total Students in Sample
Have you ever had sexual intercourse?		"Yes": 31.9
How old were you when you had sexual intercourse for the first time?		
	8 years old or younger	2.2%
	9 years old	0.8
	10 years old	2.4
	11 years old	3.1
	12 years old	5.0
	13 years+	18.6
With how many people have you ever had sexual intercourse?		
	1 person	13.5

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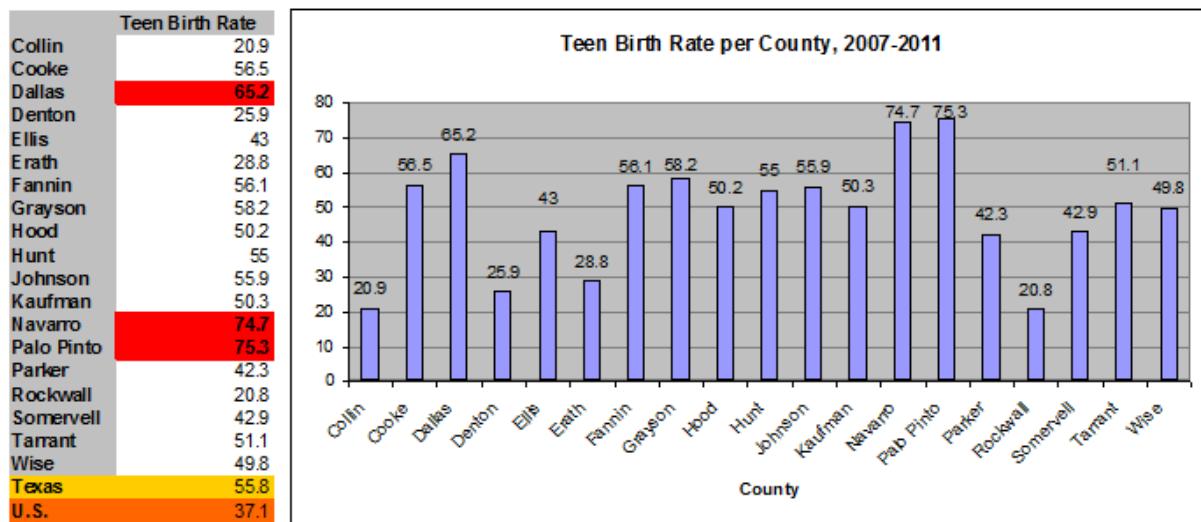
	2 people	6.4
	3 people	5.1
	4 people	2.2
	5 people	1.2
	6 people+	3.7
The last time you had sexual intercourse, did you or your partner use a condom?		"Yes": 19.1

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Teen Pregnancy

Figure 6: Teen Birth Rates to Women Age 15-19 per County, 2007-2011

The teen birth rate is determined by measuring teen births per 1,000 total births per county. The data is averaged over the years spanning from 2007 to 2011.



Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2007-2011.

Other Infectious Diseases

The latest release of communicable disease data per county is from 2009. The red blocks represent the highest rate within each specified disease.

Table 33: Communicable Diseases Rate per County, 2009

	Tuberculosis Rate	Chickenpox Rate	Whooping Cough Rate
Collin	4.7	18.6	14.2
Cooke	*	19.8	9.9
Dallas	8.1	16.2	7
Denton	3.3	19.5	18.8
Ellis	2	8.5	6.5
Erath	2.6	23	5.1
Fannin	6.2	5.8	*
Grayson	2.5	37.6	3.3
Hood	*	127.9	16.9
Hunt	1.1	9	1.1
Johnson	2.4	20.7	13.4
Kaufman	3.9	17.4	8.7
Navarro	2	19.4	*
Palo Pinto	3.4	295.9	3.4
Parker	1.8	15.6	12.2
Rockwall	2.5	35.1	5
Somervell	*	*	23.8
Tarrant	6.1	16.7	11.6
Wise	3.4	16.6	10.3

Source: Texas Department of State Health Services, Health Currents – Communicable Diseases, 2009.

Note: * represent unknown data.

Criminal Activity

Assaults and Robberies

The following tables show assault/rape offenses and robbery offenses per Region 3 County in 2012. In order to show our targeted demographic more clearly, the offenses are further broken down into juvenile and adult cases. In Texas, a juvenile is considered to be aged 16 and under. However, the FBI does not specify juvenile by state standards, and instead considers the juvenile age range to be 17 and under. The arrest data in this document reflect the FBI's juvenile definition. The rates are determined using U.S. Census Bureau population estimates according to the specified age range. The red blocks represent the three largest percentages within that table, indicating a higher need for reducing specified criminal offenses in that county. The orange block represents the highest percentage for juveniles. Note that the percentages could signify more than crime level, but also increased police enforcement, increased neighborhood watch programs, etc, within that county.

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Table 34: Rape Offenses per County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	6	.003	21	.004
Cooke	0	.000	0	.000
Dallas	39	.006	172	.010
Denton	3	.002	23	.004
Ellis	1	.002	5	.004
Erath	1	.012	2	.007
Fannin	1	.013	7	.026
Grayson	0	.000	0	.000
Hood	0	.000	0	.000
Hunt	1	.005	1	.002
Johnson	0	.000	3	.003
Kaufman	4	.013	6	.008
Navarro	2	.016	8	.022
Palo Pinto	0	.000	0	.000
Parker	5	.017	6	.007
Rockwall	2	.008	0	.000
Somervell	0	.000	0	.000
Tarrant	22	.004	200	.015
Wise	0	.000	2	.004

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

Table 35: Aggravated Assault Offenses per County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	53	.023	183	.030
Cooke	2	.021	10	.034
Dallas	212	.032	2294	.130
Denton	20	.011	207	.040
Ellis	3	.007	213	.191
Erath	1	.012	22	.072
Fannin	0	.000	29	.107
Grayson	9	.031	85	.009
Hood	2	.018	27	.065
Hunt	9	.042	107	.162
Johnson	6	.015	159	.139
Kaufman	7	.023	74	.096
Navarro	9	.070	72	.202
Palo Pinto	2	.029	20	.093
Parker	9	.030	56	.061
Rockwall	9	.038	17	.029
Somervell	1	.046	11	.166
Tarrant	172	.033	1454	.107
Wise	0	.000	34	.075

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

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Table 36: Robbery Offenses per County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	6	.003	64	.011
Cooke	0	.000	5	.017
Dallas	190	.029	574	.033
Denton	4	.002	65	.013
Ellis	1	.002	14	.013
Erath	0	.000	2	.007
Fannin	0	.000	0	.000
Grayson	0	.000	18	.002
Hood	0	.000	0	.000
Hunt	18	.084	1	.002
Johnson	1	.002	23	.020
Kaufman	0	.000	16	.021
Navarro	0	.000	8	.022
Palo Pinto	0	.000	0	.000
Parker	0	.000	9	.010
Rockwall	0	.000	1	.002
Somervell	0	.000	0	.000
Tarrant	88	.017	519	.038
Wise	0	.000	12	.026

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

Alcohol/Drug Related Domestic Abuse

The National Crime Victimization Survey (NCVS) is a survey that asks victims of domestic violence to indicate if they know whether the offender was on drugs or alcohol at the time of the violent incident. The survey included 2,846,000 total offenses (many times with multiple surveys per victim) and found that nearly half of the offenders, 47.8%, were reported as under the influence of drugs and/or alcohol (NCVS, 2002). According to the FBI, Offenses Against Family and Children is defined as "Unlawful nonviolent acts by a family member (or legal guardian) that threaten the physical, mental, or economic well-being or morals of another family member and that are not classifiable as other offenses, such as Assault or Sex Offenses. Attempts are included. "The table below shows all Offenses Against Family and Children per county. In regards to the NCVS survey, we could assume a large percentage of these cases occurred when the offender was under the influence.

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Table 37: Offenses Against Family and Children by County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	0	.000	73	.012
Cooke	0	.000	2	.007
Dallas	1	.000	417	.023
Denton	1	.001	57	.011
Ellis	1	.002	12	.011
Erath	0	.000	1	.003
Fannin	0	.000	2	.007
Grayson	0	.000	29	.003
Hood	0	.000	14	.034
Hunt	0	.000	21	.032
Johnson	0	.000	25	.022
Kaufman	0	.000	8	.010
Navarro	0	.000	51	.143
Palo Pinto	0	.000	17	.079
Parker	0	.000	25	.027
Rockwall	0	.000	1	.002
Somervell	0	.000	7	.106
Tarrant	5	.001	140	.010
Wise	1	.007	18	.040

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

Possession Offenses

In addition to the red blocks representing the three highest percentages, the orange block in the table below signifies the highest juvenile percentage of possession offenses in 2012.

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Table 38: All Offenses of Illicit Drug(s) Possession by County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	352	.153	1742	.292
Cooke	4	.041	99	.338
Dallas	731	.110	9516	.540
Denton	177	.093	1207	.235
Ellis	45	.105	548	.491
Erath	10	.116	118	.386
Fannin	5	.067	91	.337
Grayson	47	.162	819	.088
Hood	4	.037	279	.672
Hunt	19	.088	251	.380
Johnson	64	.155	494	.432
Kaufman	30	.101	469	.608
Navarro	21	.163	241	.677
Palo Pinto	15	.215	153	.714
Parker	24	.080	288	.315
Rockwall	19	.079	137	.232
Somervell	2	.093	16	.241
Tarrant	814	.157	7162	.527
Wise	14	.091	230	.506

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

The following quote is found on the FBI's "Offense Definitions" website page:

"Liquor laws: The violation of state or local laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages, not including driving under the influence and drunkenness. Federal violations are excluded."

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Table 39: Liquor Law Offenses per County, 2012

	Juvenile Cases	% of all Juveniles	Adult Cases	% of all Adults
Collin	167	.072	386	.065
Cooke	12	.124	53	.181
Dallas	363	.055	1050	.060
Denton	112	.059	568	.110
Ellis	7	.016	38	.034
Erath	3	.035	86	.281
Fannin	3	.040	11	.041
Grayson	18	.062	85	.009
Hood	0	.000	210	.506
Hunt	3	.014	69	.104
Johnson	38	.092	62	.054
Kaufman	10	.034	47	.061
Navarro	8	.062	45	.126
Palo Pinto	0	.000	17	.079
Parker	18	.060	43	.047
Rockwall	2	.008	25	.042
Somervell	0	.000	0	.000
Tarrant	362	.070	1639	.121
Wise	23	.150	62	.136

Source: Federal Bureau of Investigation, Arrest Statistics, 2012 & U.S. Census Bureau Population Estimates, 2012.

Mental Health

Adolescent SA Treatment

The following table displays the counties where ten or more adolescents were admitted to treatment at DSHS-funded Mental Health and Substance Abuse centers. The admissions are broken into primary substance categories. Due to identification avoidance, the counties where ten or fewer individuals were reported per substance are not included, as signified by the blank blocks in the chart below. **Note that the primary substance most widely reported within Region 3 (and having more than ten individuals) is Marijuana/Hashish.**

Table 40: Mental Health and Substance Abuse DSHS-funded Youth Admissions, 2013.

	Marijuana/			
	Heroin	Hashish	Methamphetamine	Xanax
Collin	16(14.7%)	74(67.9%)		
Denton		17(68%)		
Dallas	125(21.1%)	411(69.4%)		10(1.7%)
Johnson		48(92.3%)		
Parker		15(88.2%)		
Tarrant		747(93.9%)	10(1.7%)	

Source: Department of State Health Services, Admissions to Treatment Data, 2013.

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Depression Among Youth

Table 41: Depression Symptom-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, Grades 9-12, 1999-2011

Behavior	'99	'01	'03	'05	'07	'09	'11
% students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	34.4	32.4	30.4	30.2	32.2	33.0	32.8

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 42: Depression symptom-related Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Depression Symptom		% of Total Students in Sample
Do you agree or disagree that you feel like you belong at this school?		
	Strongly agree	18.5
	Agree	40.7
	Not sure	25.6
	Disagree	6.9
	Strongly disagree	8.3
Do you agree or disagree that in your community you feel like you matter to people?		
	Strongly agree	15.7
	Agree	30.0
	Not sure	36.9
	Disagree	10.1
	Strongly disagree	7.4

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Accessibility

Alcohol

Table 43: Liquor Store Access, 2011

The indicator below reports the total number and rate of beer, wine, and liquor stores per 100,000 people. These retail stores are defined by the North American Industry Classification System (NAICS) Code 445310.

	Number of Establishments	Establishment Rate per 100,000
Collin	29	3.71
Cooke	2	5.20
Dallas	214	9.04
Denton	36	5.43
Ellis	2	1.34
Erath	1	2.64
Fannin	0	0
Grayson	9	7.45
Hood	7	13.68
Hunt	5	5.81
Johnson	2	1.33
Kaufman	7	6.77
Navarro	3	6.28
Palo Pinto	4	14.23
Parker	8	6.84
Rockwall	1	1.28
Somervell	0	0
Tarrant	103	5.69
Wise	8	13.53
Texas	1773	7.05
U.S.	31876	10.32

Source: U.S. Census Bureau, County Business Patterns: 2011.

Licenses and Sales Violations

Table 44: Sell/Serve/Dispense/Deliver Alcoholic Beverage to a Minor, 2009-2013

The following table exhibits the number of stores with a license to sell alcohol that violated their permit by selling, serving, dispensing, or delivering an alcoholic beverage to a minor. The data is shown over a five year period spanning 2009-2013. **There is a positive trend in Dallas County as the numbers of stores with minor alcoholic beverage selling violations steadily decrease.**

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	2009	2010	2011	2012	2013
Collin	7	8	14	13	14
Cooke	0	1	3	0	8
Dallas	105	95	67	57	47
Denton	26	15	11	3	25
Ellis	3	6	10	7	5
Erath	3	0	0	0	5
Fannin	0	0	0	0	1
Grayson	1	5	5	0	1
Hood	4	4	6	5	0
Hunt	4	1	1	0	8
Johnson	3	5	4	0	2
Kaufman	1	2	1	4	4
Navarro	4	4	8	6	0
Palo Pinto	3	3	0	5	0
Parker	5	0	3	0	1
Rockwall	0	0	0	0	2
Somervell	0	0	0	0	0
Tarrant	36	47	39	29	35
Wise	0	5	1	0	1

Source: Texas Alcoholic Beverage Commission, retrieved 2014.

Table 45: Tobacco Sales to Minor Violations, 2011-2013

	2011	2012	2013
Collin	2	4	1
Cooke	0	0	0
Dallas	34	106	41
Denton	1	3	17
Ellis	2	0	5
Erath	0	0	0
Fannin	0	0	0
Grayson	0	0	1
Hood	0	1	0
Hunt	5	16	10
Johnson	0	1	0
Kaufman	1	0	0
Navarro	1	0	0
Palo Pinto	0	0	0
Parker	17	1	1
Rockwall	0	2	1
Somervell	0	0	0
Tarrant	27	5	48
Wise	0	0	0
Region 3 Average	4.7	7.32	6.58

Source: Texas Comptroller of Public Accounts

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Underage Youth Receiving Alcohol from Others

Table 46: Alcohol Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 2007-2011

Alcohol Behavior	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
Among students who reported current alcohol use, the % of students who usually got the alcohol they drank from someone who gave it to them during the past 30 days.								49.8	43.1	42.9

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Substances on School Property

Table 47: School Property Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1993-2011.

School Property Behavior	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months.	21.2	32.9	32.0	33.2	38.7	39.2	40.0	39.2	38.7	36.4
% of students who had at least one drink of alcohol on school property on one or more of the past 30 days	8.2	8.6	7.7	4.8	8.4	7.9	10.1	7.8	5.6	5.6
% of students who used marijuana on school property one or more times during the past 30 days	4.6	8.2	9.8	6.7	6.4	7.7	6.5	7.8	6.6	4.7
% of students who used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days		1.6	1.3	1.0	1.3	1.3	1.4	2.0	1.7	1.1
% students who ever smoked cigarettes on school property on one or more of the past 30 days	6.5	9.8	9.6	8.3	5.3	5.1	5.0	4.9	4.5	3.9

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 48: School Property Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011.

Have you ever attended school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?	"Yes" – 16.9
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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Regional Consumption Data

College Consumption Patterns

The Southern Illinois University Carbondale's Core Institute distributes a national Alcohol and Drug Survey for higher education. While the results are anonymous, PRC 3 received the key findings from one university within Region 3. Since the findings cover many different categories of consumption patterns but do not go into table-length detail, they are summarized below:

Following are some key findings on the use of **alcohol**:

- 82.2% of the students consumed alcohol in the past year ("annual prevalence").
- 69.2% of the students consumed alcohol in the past 30 days ("30-day prevalence").
- 61.2% of underage students (younger than 21) consumed alcohol in the previous 30 days.
- 43.9% of students reported binge drinking in the previous two weeks. Binge drinking is defined as consuming 5 or more drinks in one sitting.

Following are some key findings on the use of **illegal drugs**:

- 31.3% of the students have used marijuana in the past year ("annual prevalence").
- 18.1% of the students are current marijuana users ("30-day prevalence").
- 11.0% of the students have used an illegal drug other than marijuana in the past year ("annual prevalence").
- 5.5% of the students are current users of illegal drugs other than marijuana ("30-day prevalence").

The most frequently reported **illegal drugs** used in the past 30 days were:

- 18.1% Marijuana (pot, hash, hash oil)
- 2.7% Amphetamines (diet pills, speed)
- 1.5% Sedatives (downers, ludes)

Alcohol Consumption

The specified substance abuse consumption patterns from this point forward reveal middle school (grades 6-8) and high school (grades 9-12) data (TSS), and combined adult data (BRFSS).

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Age of Initiation

Table 49: Alcohol Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Survey Question	Answers	
Have you ever had a drink of alcohol, other than a few sips?		"Yes" – 57.5
How old were you when you had your first drink of alcohol other than a few sips?		
	Never drank alcohol	42.5
	8 years old or younger	8.7
	9 years old	3.5
	10 years old	5.3
	11 years old	7.2
	12 years old	8.0
	13 years old or older	24.7

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Early Initiation

Table 50: Alcohol Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 High School Independent School District Survey

Alcohol Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who had their first drink of alcohol other than a few sips before age 13 years	33.2	34.5	36.3	35.8	34.9	34.3	29.6	34.3	29.2	29.2	22.6

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Current Use

Table 51: Alcohol Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1991-2011.

Alcohol Behavior	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who had at least one drink of alcohol on one or more of the past 30 days	44.4	46.4	48.4	42.9	42.6	44.0	42.4	44.3	39.9	39.7	35.4

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% students who had five or more drinks of alcohol in a row, that is, within a couple hours, on one or more of the past 30 days	22.9	24.7	23.9	20.6	21.1	20.7	20.8	21.9	20.6	21.7	19.6
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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 52: Women and Drinking, BRFSS, 2011-2012

The table below displays the breakdown of women ages 18-44 who exhibited heavy drinking and binge drinking behaviors, according to the Behavioral Risk Factor Surveillance Survey created by the CDC. The table shows both 2011 and 2012 survey results and shows a combination of PRC Region 3 and PRC Region 2 versus an averaged statewide sample.

Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
Race/ethnicity	Total	16.6%	18.7%	13.6%	13.4%
	White	23.8%	25.9%	19.4%	16.8%
	Black	*	14.6%	*	14%
	Hispanic	8.4%	13.6%	5%	10.6%
Age	Other	*	12%	*	7.8%
	18-29	21.6%	24.2%	20.5%	16.4%
	30-44	12.8%	14.5%	9.6%	11%
Education	< High school	3.9%	8.8%	*	4.7%
	High school grad	17.2%	18.9%	11.6%	15%
	Some college	26.7%	26.2%	17.8%	16%
Income	College grad	13.7%	17.9%	12.7%	14.5%
	<\$25,000	11.6%	17.5%	13.6%	10.2%
	\$25,000-\$49,999	14.4%	16.9%	9.2%	15.3%
	\$50,000+	26.5%	22.5%	18.1%	16.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

Table 53: Binge Drinking, BRFSS, 2011-2012

The table below exhibits the percentage of positive identifications to having 5 or more drinks for men and four or more drinks for women on one occasion, according to the Behavioral Risk Surveillance Survey (BRFSS) created by the CDC. The BRFSS combines PRC Region 2 and PRC Region 3 versus an averaged statewide sample.

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Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
Race/ethnicity	Total	17.8%	18.9%	15.0%	16.2%
	Male	25.3%	26.3%	22.6%	24.1%
	Female	10.5%	11.7%	8.3%	8.8%
	White	18.0%	19.7%	15.9%	16.6%
Age	Black	13.5%	12.5%	12.4%	12.0%
	Hispanic	20.4%	20.6%	18.3%	18.3%
	Other	15.0%	11.3%	2.7%	8.3%
	18-29	30.8%	31.9%	30.0%	25.8%
Education	30-44	22.0%	22.8%	16.0%	19.8%
	45-64	11.6%	13.1%	12.0%	12.7%
	65+	4.2%	4.8%	3.1%	3.8%
	< High school	18.5%	18.4%	13.0%	13.5%
Income	High school grad	17.4%	17.9%	17.3%	18.6%
	Some college	19.9%	20.7%	15.9%	17.4%
	College grad	14.8%	18.2%	13.1%	14.4%
	<\$25,000	17.3%	18.4%	15.8%	14.4%
	\$25,000-\$49,999	14.2%	19.0%	14.4%	17.7%
	\$50,000+	21.1%	20.4%	15.5%	18.1%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

Table 54: Heavy Drinking, BRFSS, 2011-2012

The following table presents the percentage of positive identifications with “more than one drink a day for women and more than 2 drinks a day for men” from the Behavioral Risk Factor Surveillance Survey created by the CDC. The table is broken down by a combination of PRC Region 2 and PRC Region 3 area with a statewide averaged sample.

Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
Race/ethnicity	Total	7.3%	7.0%	5.6%	6.1%
	Male	9.1%	8.7%	7.7%	8.7%
	Female	5.5%	5.3%	3.8%	3.6%
	White	8.0%	8.5%	7.1%	8.2%
Age	Black	7.3%	6.3%	4.1%	3.3%
	Hispanic	5.8%	5.3%	3.9%	4.6%
	Other	5.8%	4.6% *		0.4%
	18-29	14.6%	11.2%	7.7%	6.9%
Education	30-44	4.3%	6.4%	5.8%	7.1%
	45-64	6.6%	6.1%	5.8%	6.0%
	65+	4.5%	4.0%	2.8%	3.2%
	< High school	7.9%	5.3%	2.4%	3.9%
Income	High school grad	8.0%	7.4%	7.0%	7.3%
	Some college	7.6%	7.5%	6.9%	7.4%
	College grad	5.5%	7.2%	4.8%	4.8%
	<\$25,000	8.7%	6.4%	5.2%	5.4%
	\$25,000-\$49,999	5.6%	7.4%	5.8%	5.7%
	\$50,000+	7.4%	7.6%	6.8%	7.9%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

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Lifetime Use

Table 55: Alcohol Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1991-2011.

Alcohol Behavior	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who had at least one drink of alcohol on one or more days during their life	78.6	79.0	81.1	77.4	80.1	81.1	81.5	82.3	74.8	73.1	71.3

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 56: Alcohol Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-9, 2011.

Survey Question	Answer
Have you ever had a drink of alcohol, other than a few sips?	"Yes" – 57.5

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Alcohol Consequences

Table 57: DUI Fatalities per County, 2011-2012

The table below presents DUI fatalities according to the Texas Department of Transportation. The 2012 data is broken down by those below 21 years of age and those 21 and above. The 2011 data is shown in total. Dallas County totals are shown in red because the number of fatalities has spiked since 2011. Tarrant County totals are presented in green because the number of fatalities has dropped dramatically.

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	2012			2011 Total
	< 21 years	≥ 21 years	Total	
Collin	1	12	13	11
Cooke	0	0	0	5
Dallas	2	46	48	10
Denton	1	6	7	3
Ellis	0	3	3	7
Erath	0	3	3	2
Fannin	1	2	3	0
Grayson	1	4	5	10
Hood	0	1	1	1
Hunt	1	4	5	8
Johnson	0	5	5	2
Kaufman	1	6	7	11
Navarro	0	1	1	0
Palo Pinto	0	2	2	3
Parker	0	4	4	6
Rockwall	0	4	4	0
Somervell	0	1	1	1
Tarrant	2	17	19	54
Wise	0	4	4	4

Source: Texas Department of Transportation, 2011 & 2012.

Marijuana Consumption

Age of Initiation

Table 58: Marijuana Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Survey Question		Answer
How old were you when you tried marijuana for the first time?		
	Never tried marijuana	70.2
	8 years old or younger	2.7
	9 years old	1.8
	10 years old	1.2
	11 years old	3.8
	12 years old	6.7
	13 years old or older	13.6

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

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Early Initiation

Table 59: Marijuana Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1991-2011

Marijuana Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who tried marijuana for the first time before age 13 years	10.0	8.8	8.7	11.7	11.9	13.7	12.5	14.6	14.8	11.0	10.0

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Current Use

Table 60: Marijuana Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1991-2011

Marijuana Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who used marijuana one or more times during their life	29.0	29.0	40.9	45.3	45.0	43.5	47.4	47.1	40.3	34.4	41.0
% students who used marijuana one or more times during the past 30 days	10.6	13.7	21.7	24.5	23.2	20.4	22.4	21.6	21.2	16.1	19.5

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Lifetime Use

Table 61: Marijuana Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Survey Question	Answer
Have you ever used marijuana?	"Yes" – 29.4

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Marijuana Consequences

While the consequences of marijuana are not completely understood, the act of smoking negatively impacts the lungs and body. See the "Tobacco Consequences" data for lung cancer incidence.

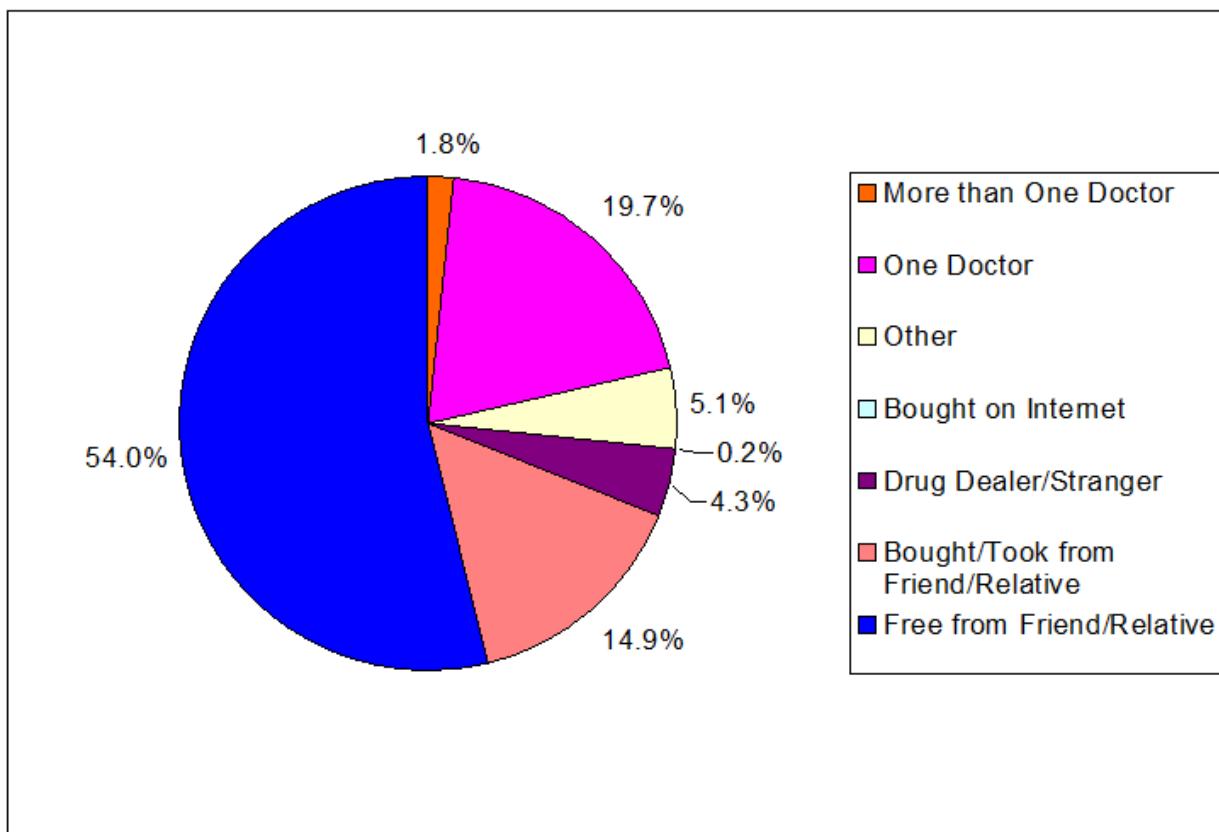
Prescription Drugs

Available data on prescription drugs is extremely limited. PRC3's goal for the future is to increase data collection and availability in this area. For the meantime, we present national trends data to exhibit how serious the abuse of non-doctor prescribed drug use has become.

Prescription Drug Source

Chart 62: Prescription Drug Source Among Past Year Users, 2012

The following chart exhibits where the user who are age 12 and older obtained the non-medical use prescription drug(s) within the past year. These findings are results from the 2012 National Survey on Drug Use and Health, Summary of National Findings.



Lifetime Use

Table 63: Prescription Drug(s) Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011.

Have you ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?		"Yes" – 10.5
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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Other Illicit Drugs

Current Use

Table 64: Illicit Drug(s) Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 1991-2011

Illicit Drug Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	5.8	5.1	7.3	7.8	8.8	10.4	11.9	11.9	12.6	10.0	8.0
% students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	1.8	1.7	3.0	3.8	4.1	5.2	4.9	4.7	6.2	4.3	2.5

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Lifetime Use

Table 65: Illicit Drug(s) Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 9-12, 2011

Illicit Drug Behaviors	'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11
% students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life			18.7	16.7	13.1	11.3	8.7	10.1	12.0	10.2	8.5
% students who used heroin one or more times during their life					1.8	2.4	2.4	2.6	5.2	2.4	2.6
% students who used methamphetamine one or more times during their life					5.4	5.4	5.2	6.0	5.9	4.6	3.1
% students who used ecstasy one or more times during their life									6.8	8.1	7.9
% students who took steroid	3.6	2.0	3.8	2.5	3.2	3.9	4.2	4.6	5.2	3.2	2.4

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pills or shots without a doctor's prescription one or more times during their life											
% students who used a needle to inject any illegal drug into their body one or more times during their life		1.7	1.3	1.1	1.8	2.2	1.9	3.6	1.9	1.0	

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 66: Illicit Drug(s) Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Have you ever used any form of cocaine, including powder, crack, or freebase?		"Yes" – 7.7
Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?		"Yes" – 11.6
Have you ever taken steroid pills or shots without a doctor's prescription?		"Yes" – 4.3

Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Illicit Drug Consequences

Table 67: Poison Control Calls, Street Drugs, 2013

The following table presents street drug Poison Control Calls per county in 2013. Poison Control defines street drugs as amphetamines, cocaine, heroin, LSD, hallucinogenic drugs, and other drugs and related compounds.

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	# of Phone Calls	% of People in County
Collin	86	0.01
Cooke	2	0.01
Dallas	677	0.03
Denton	84	0.01
Ellis	21	0.01
Erath	6	0.02
Fannin	3	0.01
Grayson	32	0.03
Hood	4	0.01
Hunt	10	0.01
Johnson	18	0.01
Kaufman	18	0.02
Navarro	4	0.01
Palo Pinto	1	0
Parker	20	0.02
Rockwall	21	0.02
Somervell	1	0.01
Tarrant	275	0.01
Wise	7	0.01

Source: Texas Poison Control Network, 2013.

Tobacco Consumption

Age of Initiation

Table 68: Tobacco Consumption Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

How old were you when you smoked a whole cigarette for the first time?		
	Never smoked a cigarette	71.2
	8 years old or younger	3.3
	9 years old	1.6
	10 years old	2.8
	11 years old	3.9
	12 years old	6.4
	13 years +	10.7

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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Current Use

Table 69: Tobacco Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District, Grades 6-8, 2011

Survey Question		Answer
During the past 30 days, on how many days did you smoke cigarettes?		
	0 days	89.3
	1 or 2 days	5.1
	3 to 5 days	2.7
	6 to 9 days	0.8
	10 to 19 days	1.3
	20 to 29 days	0.2
	All 30 days	0.7
During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?		
	Did not smoke cigarettes	89.3
	Less than 1 cigarette	4.6
	1 cigarette	4.0
	2 to 5 cigarettes	2.0
	6 to 10 cigarettes	0.0
	11 to 20 cigarettes	0.0
	More than 20 cigarettes	0.1
During the past 30 days, how did you usually get your own cigarettes?		
	Did not smoke cigarettes	89.2
	Store or gas station	1.5

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	Vending machine	0.1
	Someone else bought them	2.2
	Borrowed/bummed them	1.1
	A person 18 or older	0.9
	Took them from store/family	1.8
	Some other way	3.2
Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?		"Yes" - 3.7
During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?		
	0 days	96.4
	1 or 2 days	2.6
	3 to 5 days	0.5
	6 to 9 days	0.1
	10 to 19 days	0.1
	20 to 29 days	0.0
	All 30 days	0.4
During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?		
	0 days	86.2
	1 or 2 days	7.5
	3 to 5 days	2.5
	6 to 9 days	1.7
	10 to 19 days	1.0
	20 to 29 days	0.1
	All 30 days	1.0

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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Table 70: Current Smoker, BRFSS, 2011-2012

The table below presents the percentage of people at risk calculated by combining "Have you smoked at least 100 cigarettes in your entire life" question with "Do you still smoke cigarettes every day, some days, or not at all?" These questions are presented on the Behavioral Risk Factor Surveillance Survey created by the CDC. The table shows a combination of PRC Region 2 and PRC Region 3 next to a statewide averaged sample per year.

Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
		Total	19.2%	19.2%	17.8%
Race/ethnicity	Male	23.2%	23.6%	22.2%	23.4%
	Female	15.2%	15.0%	13.7%	13.1%
	White	19.1%	21.1%	17.6%	19.0%
	Black	30.2%	25.1%	14.4%	19.0%
	Hispanic	14.2%	15.7%	20.1%	16.7%
	Other	11.2%	11.3%	12.4%	16.0%
Age	18-29	22.8%	23.5%	21.4%	20.2%
	30-44	20.5%	20.2%	17.8%	20.8%
	45-64	19.5%	20.1%	19.6%	18.6%
	65+	9.7%	8.8%	9.3%	9.7%
Education	< High school	28.3%	26.2%	24.3%	23.4%
	High school grad	23.7%	22.8%	24.4%	22.8%
	Some college	20.8%	20.2%	18.3%	18.6%
Income	College grad	6.2%	7.9%	6.7%	8.1%
	<\$25,000	32.0%	26.5%	28.6%	24.1%
	\$25,000-\$49,999	21.5%	21.4%	16.0%	19.0%
	\$50,000+	10.7%	12.1%	12.2%	13.4%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

Table 71: Prevalence of Using Cigarettes or Smokeless Tobacco, BRFSS, 2011-2012

The table below portrays the percentage of people at risk calculated by the question, "Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?" with the results of Table # 73 . This data comes from the Behavioral Risk Factor Surveillance Survey created by the CDC. The table is broken down by a combination of PRC Region 2 and PRC Region 3 compared to an averaged statewide sample of Texas.

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Groups	Demographics	2011 Area 2/3	2011 Texas	2012 Area 2/3	2012 Texas
Race/ethnicity	Total	21.0%	21.3%	19.9%	21.9%
	Male	26.5%	27.6%	26.6%	30.5%
	Female	15.6%	15.2%	13.8%	13.7%
	White	21.5%	24.4%	20.2%	24.1%
	Black	31.1%	26.3%	16.2%	21.4%
	Hispanic	15.1%	16.4%	21.3%	19.1%
Age	Other	12.9%	13.2%	13.8%	18.1%
	18-29	24.3%	25.2%	24.5%	25.1%
	30-44	23.1%	22.8%	20.3%	24.9%
	45-64	20.6%	22.3%	21.0%	22.2%
Education	65+	12.0%	10.3%	11.6%	11.8%
	< High school	30.0%	28.4%	24.6%	25.8%
	High school grad	25.6%	25.5%	26.8%	26.8%
	Some college	22.6%	21.9%	21.2%	23.3%
Income	College grad	7.9%	9.8%	8.7%	11.3%
	<\$25,000	34.1%	27.9%	29.8%	26.9%
	\$25,000-\$49,999	22.8%	23.4%	17.8%	21.9%
	\$50,000+	13.2%	15.3%	15.3%	18.8%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, 2011 & 2012.

Lifetime Use

Table 72: Tobacco Youth Behavioral Risk Survey Questionnaire Answers, a Region 3 Independent School District Survey, Grades 6-8, 2011

Have you ever tried cigarette smoking, even one or two puffs?		42.0
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Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey, 2011.

Tobacco Consequences

Table 73: Lung Cancer Incidence

This indicator reports the incidence rate, age adjusted, of lung cancer averaged from 2006-2010. Lung cancer has an identified link with tobacco consumption, and is therefore a relevant possible consequence of smoking.

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	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (per 100,000)
Collin	269	56.1
Cooke	35	71.2
Dallas	1106	62.7
Denton	241	63.2
Ellis	82	66.6
Erath	22	58.5
Fannin	38	86.6
Grayson	119	82.5
Hood	53	68.2
Hunt	79	83.8
Johnson	103	73.5
Kaufman	69	78.6
Navarro	42	76.8
Palo Pinto	29	79.2
Parker	88	77.7
Rockwall	35	62.1
Somervell	6	63.1
Tarrant	918	67.9
Wise	41	70.9
Texas	12992	61.6
U.S.	208652	64.9

Source: Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles 2006-2010.

Regional Strengths/Protective Factors

Access to Healthcare

Table 74: Access to Primary Care Physician, 2011

This indicator details the number of primary care physicians per 100,000 people. The primary care physician rate is an indicator for shortage or surplus of access and health status issues.

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	Total Primary Care Physicians, 2011	Primary Care Physicians, Rate per 100,000 pop.
Collin	784	96.52
Cooke	14	36.46
Dallas	1827	75.62
Denton	388	56.53
Ellis	62	40.59
Erath	22	57.49
Fannin	7	20.61
Grayson	58	47.77
Hood	26	50.32
Hunt	33	38.14
Johnson	69	45.18
Kaufman	34	32.27
Navarro	17	35.38
Palo Pinto	12	42.68
Parker	55	46.46
Rockwall	56	68.89
Somervell	5	59.16
Tarrant	1157	62.55
Wise	28	46.80
Texas	16945	66.00
U.S.	267437	85.83

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.

Table 75: Facilities Designated as Health Professional Shortage Areas

This indicator shows the number and county location of health care facilities deemed, "Health Professional Shortage Areas" (HPSA), as defined by the U.S. Department of Health & Human Services. These type of facilities contribute to access and health status issues.

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	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Collin	0	0	0	0
Cooke	0	1	0	1
Dallas	9	6	9	24
Denton	1	1	1	3
Ellis	1	1	1	3
Erath	0	0	0	0
Fannin	0	0	0	0
Grayson	0	0	0	0
Hood	0	0	0	0
Hunt	1	1	1	3
Johnson	0	0	0	0
Kaufman	0	0	0	0
Navarro	0	0	0	0
Palo Pinto	0	0	0	0
Parker	0	0	0	0
Rockwall	0	0	0	0
Somervell	0	0	0	0
Tarrant	3	3	3	9
Wise	0	0	0	0
Texas	140	112.00	110	362
U.S.	3163	2630	2547	8340

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: 2013-April 2014.

Table 76: Federally Qualified Health Centers, 2012

This indicator reports the total number of Federally Qualified Health Centers (FQHC) within each county. FQHCs are valuable community resources that provide health care to vulnerable populations. FQHCs receive additional funding from the federal government to increase access to ambulatory care in areas that are designated as underserved medically.

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	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers (per 100,000)
Collin	3	0.38
Cooke	0	0
Dallas	5	0.21
Denton	0	0
Ellis	1	0.67
Erath	1	2.64
Fannin	1	2.95
Grayson	0	0
Hood	0	0
Hunt	3	3.48
Johnson	0	0
Kaufman	1	0.97
Navarro	0	0
Palo Pinto	0	0
Parker	0	0
Rockwall	0	0
Somervell	0	0
Tarrant	3	0.17
Wise	1	1.69
Texas	307	1.22
U.S.	5402	1.73

Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: 2012-Q4.

School Prevention, Intervention, & Recovery Resources



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/>.

The Association for Recovery Schools 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 mentioned studies visit <http://www.drugfree.org/join-together/recovery-high-schools-show-promise-face-challenges/>.

Serenity High School is the only school in Region 3 to be certified by the Association for Recovery Schools. More schools like this are needed in Region 3, especially considering the most populated counties of Dallas and Tarrant are not located near Serenity High School.



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. While there are 5 universities in the state of Texas that are ARHE-accredited, none exist in Region 3. As the largest Region in Texas, there is a need for collegiate recovery

programs within the higher education institutions in Region 3.

Local Social Services

Table 77: Rate of WIC Stores per County, 2011

	Number of WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (per 100,000)
Collin	58	7.14
Cooke	5	13.02
Dallas	227	9.4
Denton	47	6.85
Ellis	12	7.86
Erath	3	7.84
Fannin	3	8.83
Grayson	11	9.06
Hood	6	11.61
Hunt	8	9.25
Johnson	14	9.17
Kaufman	10	9.49
Navarro	6	12.49
Palo Pinto	3	10.67
Parker	8	6.76
Rockwall	6	7.38
Somervell	2	23.67
Tarrant	157	8.49
Wise	7	11.70
Texas	2357	9.10
U.S.	2357	15.6

Source: U.S. Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas: 2011.

Table 78: SNAP-Authorized Food Store Access

This indicator reports the number of SNAP-authorized retailers as a rate per 100,000 people. These retailers include supercenters, grocery stores, convenience stores, etc. that are authorized to receive SNAP (Supplemental Nutrition Assistance Program) benefits.

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	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate (per 100,000)
Collin	351	44.87
Cooke	20	52.03
Dallas	1568	66.21
Denton	269	40.60
Ellis	73	48.79
Erath	26	68.62
Fannin	27	79.61
Grayson	90	74.46
Hood	42	82.06
Hunt	63	73.15
Johnson	103	68.24
Kaufman	63	60.96
Navarro	39	81.70
Palo Pinto	32	113.83
Parker	45	38.49
Rockwall	38	48.51
Somervell	6	70.67
Tarrant	1269	70.15
Wise	36	60.89
Texas	18082	71.91
U.S.	245113	78.44

Source: U.S. Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Locator: 2013.

DSHS Mental Health Authority

Table 79: DSHS Mental Health Authority Within Nearest Distance, 2014

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

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County	DSHS-funded Mental Health & Substance Abuse Center
Collin	NorthSTAR/North Texas Behavioral Health Authority
Cooke	Texoma Community Center
Dallas	NorthSTAR/North Texas Behavioral Health Authority
Denton	Denton County MHMR
Ellis	NorthSTAR/North Texas Behavioral Health Authority
Erath	Pecan Valley Centers for Behavioral & Developmental Care
Fannin	Texoma Community Center
Grayson	Texoma Community Center
Hood	Pecan Valley Centers for Behavioral & Developmental Care
Hunt	NorthSTAR/North Texas Behavioral Health Authority
Johnson	Pecan Valley Centers for Behavioral & Developmental Care
Kaufman	Pecan Valley Centers for Behavioral & Developmental Care
Navarro	NorthSTAR/North Texas Behavioral Healthcare Authority
Palo Pinto	Pecan Valley Centers for Behavioral & Developmental Care
Parker	Pecan Valley Centers for Behavioral & Developmental Care
Rockwall	NorthSTAR/North Texas Behavioral Healthcare Authority
Somervell	Pecan Valley Centers for Behavioral & Developmental Care
Tarrant	MHMR of Tarrant County
Wise	Helen Farabee Centers

Source: Texas Department of State Health Services, Mental Health Services, retrieved 2014.

Additional Resources

Please visit the following website to find more adolescent mental health resources in the North Texas area: <http://www.granthalliburton.org/images/here-for-youth-directory.pdf>.

Please visit the following website to find Reentry Roundtables, Community Health Services, Treatment Programs, Housing Services, Education Assistance, Employment Services, Pretrial Services, Indigent Defense Services, Legal Clinics, County Probation Offices, Specialty Courts, Parole Offices, Legal Aid Services, and other services in your county: <http://countyresources.texascj.org/>. This website covers all Texas counties.

Resiliency

Table 8o: Adequate Social or Emotional Support, BRFSS, 2005-2011

The following table is an average of 2005-2011 self-report answers on the Behavioral Risk Factor Surveillance Survey indicating that they receive insufficient social and emotional support for all or most of the time.

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	Estimated Population without Adequate Social/Emotional Support	% Population without Adequate Social/Emotional Support
Collin	81,513	15.50%
Cooke	4,595	16.20%
Dallas	444,438	26.50%
Denton	62,177	13.70%
Ellis	17,568	17.30%
Erath	*	*
Fannin	*	*
Grayson	22,979	52.50%
Hood	*	*
Hunt	*	*
Johnson	22,588	21.10%
Kaufman	*	*
Navarro	*	*
Palo Pinto	*	*
Parker	13,188	15.90%
Rockwall	8,036	15.70%
Somervell	*	*
Tarrant	246,918	19.70%
Wise	*	*
Texas	4,092,400	23.20%
U.S.	48,120,965	20.93%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011.

Note: * indicates data is unavailable.

Gaps in Data

There are many information gaps at both the state and local level. The gaps in this report result from a combination of newly initiating the data collection effort as well as a lack of data 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. While collection efforts have begun in force, the expectation is that more data sources will be found as time elapses. Further, the evaluator team will have the opportunity to critique both the successful and unsuccessful collection strategies from the past year and build upon them accordingly.

The other cause of information gap comes from a lack of data availability. Specific data sets that are unavailable include lesbian/gay/bisexual/transgender, etc. and racial breakdowns of populations. Since significant differences in ATOD trends exist for different populations, it is important to improve the information collection about these subsets. Within the next year, the PRC 3 team will offer increased services to local agencies to help them enhance or begin their data collection process. The PRC3 Regional Evaluator's job function includes providing technical assistance for data collection efforts.

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Another 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, in an attempt to avoid identification, refuse to take assessments, such as the Texas School Survey and Youth Risk Behavioral Survey. The ISD's mistrust of agencies conducting assessments creates a lack of data for the field, and also hurts the school system as they attempt to blindly solve substance abuse issues with assumptions rather than facts.

Many times the assessments themselves need updating, as new drug trends become popular and new risk and protective factors are deemed important in prevention. Especially needed is added surveillance of prescription drug trends, as national data suggests this area of substance abuse is continuous and growing. While changing 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 etc., individuals need to be broadened and increased.

Conclusion

The Substance Abuse and Mental Health Administration (SAMHSA) has been working closely with the Texas Department of State Health Services to identify the gaps of services in regards to substance abuse and mental illness while simultaneously improving the prevention of such problem behaviors. 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 2014 serves as the beginning of a data collection effort 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 and treatment.

This document stands as an annual summary of the aforementioned efforts, and may assist related-field workers in implementing change, planning, and decision-making.

Main Findings:

- All of the Region 3 counties are made of more than 50% Anglo Saxon except for Dallas County, with a population makeup of approximately 32% Anglo, 22% African American, and 40% Hispanic.
- The overall unemployment rate of Region 3, at 5.4%, is lower than the overall Texas unemployment rate of 5.6%, and significantly below the overall national unemployment rate of 6.5% (U.S. Department of Labor, Dec. 2013).
- Collin, Dallas, Denton, Ellis, Grayson, Johnson, Kaufman, Parker, and Tarrant counties have available suicide percentages data (the other counties are omitted due to suicide totals that are too small to report).

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- Of these 9 PRC 3 counties, Ellis County has the **lowest** average of suicide percentages over the five year span between 2007 and 2011 (Texas Department of State Health Services, Vital Statistics Unit, 2007-2011).
 - Of these 9 PRC 3 counties, Dallas County has the **highest** average of suicide percentages from the 2007-2011 time span (Texas Department of State Health Services, Vital Statistics Unit, 2007-2011).
- Data from the Texas Education Agency's Education Service Centers (ESC) shows that African American students receive much higher disciplinary actions than all students combined. In ESC Region 10, African American students receive a much higher percentage of In School Suspensions than all students combined (14.57% vs. 8.44%) and more than double the percentage of Out of School Suspensions than all students combined (10.55% vs. 4.53%). In ESC Region 11, African American students receive a much higher percentage of In School Suspensions (17.16% vs. 9.69%) than all students combined, and more than double the percentage of Out of School Suspensions (11.94% vs. 4.70%) and Disciplinary Alternative Education Program referrals (3.77% vs. 1.69%).
 - ESC Region 10 includes schools within Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Rockwall, and a portion of Van Zandt Counties. The only county on this list not covered within PRC Region 3 is Van Zandt.
 - ESC Region 11 includes schools within Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise Counties. All of these counties are part of Health and Human Services/PRC Region 3.
- 32.8% of high school students at the local level reported being, "so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months".
- Prescription drug abuse is still a largely undefined trend at the state and local level and needs further investigation. If Texas is following the national trend, this is a serious and growing problem in PRC3.
- Cocaine is the most mentioned drug in drug poisoning deaths in Region 3 for both 2010 and 2011, followed closely by heroin.
- An increased Hispanic demographic means that prevention, intervention, and treatment organizations will need to alter their services accordingly.
- There is a positive trend in Dallas County as the numbers of stores with minor alcoholic beverage selling violations steadily decrease from 2009 to 2013 (105 in 2009 to 47 in 2013).

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References

- Behavior Risk Factor Surveillance System. Center for Disease Control. July 15, 2013. Available at: HYPERLINK "http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm" http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm . Accessed March 10, 2014.
- Comey JB. Uniform Crime Reports. Federal Bureau of Investigation. 2012. Available at: HYPERLINK "<http://www.fbi.gov/stats-services/crimestats>" <http://www.fbi.gov/stats-services/crimestats> . Accessed March 10, 2014.
- Community-Wide Children's Health Assessment and Planning Survey 2008 and/or 2012 [CCHAPS 2008 and/or 2012]. Available at: <https://www.cchapps.org> . Accessed February, 2014.
- Completion, Graduation, and Dropouts Data Search. Texas Education Agency. 2012. Available at: HYPERLINK "<http://www.tea.state.tx.us/acctres/dropcomp/years.html>" <http://www.tea.state.tx.us/acctres/dropcomp/years.html> . Accessed March 10, 2014.
- Hingson, R. W., Heeren, T., and Winter, M. (2006). Age at drinking onset and alcohol dependence, age at onset, duration and severity. ARCH Pediatric Adolescent Medicine/Vol 160. Available at: www.archpediatrics.com . Accessed May 3, 2014.
- National Addiction & HIV Data Archive Program. 2012. Available at: HYPERLINK "<http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies>" <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies> . Accessed March 10, 2014.
- National Center for Health Statistics. Health Indicators Warehouse. Center for Disease Control. 2013. Available at: HYPERLINK "<http://www.healthindicators.gov/>" <http://www.healthindicators.gov/> . Accessed March 12, 2014.
- Office of Justice Programs, U.S. Department of Justice. (June 2005). *Family Violence Statistics: Including Statistics on Strangers and Acquaintances*. Washington, D.C.
- Research Publications. Texas Juvenile Justice Department. 2012. Available at: HYPERLINK "<http://www.tjjd.texas.gov/statistics/researchdetail.aspx>" <http://www.tjjd.texas.gov/statistics/researchdetail.aspx> . Accessed March 10, 2014.
- Rockville, MD. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (April 3, 2014). The TEDS Report: Gender Differences in Primary Substance of Abuse across Age Groups. Rockville, MD.
- Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (July 31, 2012). *The TEDS Report: A Comparison of Rural and Urban Substance Abuse Treatment Admissions*. Rockville, MD.
- Texas Motor Vehicle Crash Statistics. Texas Department of Transportation. 2012. Available at: HYPERLINK "<http://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html>" <http://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html> . Accessed March 12, 2014.
- Texas School Survey. Public Policy Research Institute. 2012. Available at: HYPERLINK "<http://www.texasschoolsurvey.org>" <http://www.texasschoolsurvey.org> . Accessed March 12, 2014.

2014 Regional Needs Assessment

United States Census Bureau. 2013. Available at: HYPERLINK "<http://www.census.gov/>"
<http://www.census.gov/> . Accessed March 10, 2014.

United States Department of Agriculture. Economic Research Service. Supplemental Nutrition Assistance Program. June 18, 2013. Available at: HYPERLINK "[http://ers.usda.gov/data-products/supplemental-nutrition-assistance-program-\(snap\)-data-system.aspx](http://ers.usda.gov/data-products/supplemental-nutrition-assistance-program-(snap)-data-system.aspx)" \| ".UyCHGPIdVfo" [http://ers.usda.gov/data-products/supplemental-nutrition-assistance-program-\(snap\)-data-system.aspx#.UyCHGPIdVfo](http://ers.usda.gov/data-products/supplemental-nutrition-assistance-program-(snap)-data-system.aspx#.UyCHGPIdVfo) . Accessed March 10, 2014.

U.S. Census Bureau. American Community Survey. 2012. Available at: HYPERLINK "<https://www.census.gov/acs/www/>" <https://www.census.gov/acs/www/> . Accessed March 10, 2014.

U.S. Department of Health and Human Services. Healthy People. August 22, 2013. Available at: HYPERLINK "<http://www.healthypeople.gov/2020/data/default.aspx>"
<http://www.healthypeople.gov/2020/data/default.aspx> . Accessed March 10, 2014.

U.S. Department of Health and Human Services. National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. December 2013. Available at: HYPERLINK "<http://www.samhsa.gov/data/NSDUH.aspx>" <http://www.samhsa.gov/data/NSDUH.aspx> . Accessed March 10, 2014.

Vital Statistics Unit. Texas Department of State Health Services. October 25, 2013. Available at: HYPERLINK "<http://www.dshs.state.tx.us/vs/default.shtm>"
<http://www.dshs.state.tx.us/vs/default.shtm> . Accessed March 10, 2014.

Window on State Government, Texas Comptroller of Public Accounts. *Texas in Focus: A Statewide View of Opportunities*. Austin, TX.

Youth Risk Behavior Surveillance System. Centers for Disease Control and Prevention. January 27, 2014. Available at: HYPERLINK "<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>"
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm> . Accessed March 10, 2014.

Appendix

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

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Upton, Ward, and Winkler (30)

10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)

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Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in they survey.
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.
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

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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