2021

Regional Needs Assessment

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

Prevention Resource Center

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About the Prevention Resource Center Region 3

The Prevention Resource Center Region 3 (PRC 3) is a program of Recovery Resource Council and funded by the Texas Health and Human Services Commission. Recovery Resource Council (RRC) is North Texas' largest non-profit organization dedicated to prevention, intervention and treatment of alcohol, substance use disorder and behavioral health issues. With campuses in Fort Worth, Dallas, and Denton, RRC programs impact 110,000 children, adolescents, and adults in 19 counties annually. The PRC 3 serves as the central data repository and substance abuse prevention training liaison for Region 3, which includes the following 19 north Texas counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise.

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Executive Summary

What is the RNA?

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center in Region 3 (PRC3) along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC3 serves 19 counties in North Texas.

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

Who writes the RNA?

A team of Data Coordinators has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health, and education, among others.

How is the RNA informed?

Qualitative data collection has been conducted, in the form of questionnaires, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC 3 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

Demographics:

- Region 3 is estimated to have a 7.4% population increase from 2017 to 2021.
- In Region 3, 26.4% of the population is 0-18 years old and 12.7% are 65 years old and over.
- In 2019, 30.9% of households in Region 3 spoke a language in addition to English.

Substance Use Behaviors:

- When asked how many of their close friends use substances, the highest rates for majority of friends (Most and All) were found among grade 11 students for alcohol, tobacco, and marijuana.
- When asked how difficult it was to get marijuana and tobacco, the highest rates for "easy" (somewhat and very) were found among grade 11 students; the highest for alcohol was grade 10.

Underlying Conditions:

- Although the majority of Region 3 households have an income of $50K or more, approximately one in four households in Erath, Navarro and Palo Pinto Counties have an income below $25K.
- Region 3's rate for students experiencing homelessness was 10.4 per 1000 students. (2020-2021)
- In 2019, Region 3's rate for total referrals to Juvenile Justice was 14.8 per 1000 population
- In 2020, Region 3's rate for drunkenness arrests was of 153.1 per 100K population.
- Region 3's rate of opioid-related emergency department visits was 23.5 per 100K population.

Behavioral Health Disparities:

- Eight Region 3 counties had a higher rate than Texas (23%) of adults without health insurance.
- Sixteen Region 3 counties had a higher rate than Texas (10%) for children aged 0-19 without health insurance.
- In 2019, fourteen counties in Region 3 had a higher ratio than Texas of mental health providers to their population (880:1).

Protective Factors and Community Strengths:

- For persons over 25 years old with a bachelor's degree, Region 3 had a rate of 34.5% which is higher than the state average. (2019)
- Region 3 has seventeen Youth Prevention Programs and eleven Community Coalition Partnerships that are HHSC-Funded.

Methodology

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following:

- primary focus on the state-delineated prevention priorities of alcohol (underage drinking)
- tobacco/nicotine, marijuana, prescription drugs, and other drug use among adolescents
- exploration of drug consumption trends and consequences, particularly where adolescents are concerned
- and an exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP)

Conceptual Framework

The conceptual framework for this report examines empirical indicators related to the Social Determinants of Health (SDoH), documented risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in the domains (or levels) of the Social Ecological Model (SEM), as described below. For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region.

Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities to:

- determine patterns of substance use among adolescents and monitor changes in substance use trends over time
- identify gaps in data where critical substance misuse information is missing
- determine county-level differences and disparities
- identify substance use issues that are unique to specific communities
- provide a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs
- provide data to local providers to support their grant-writing activities and provide justification for funding requests
- assist policymakers in program planning and policy decisions regarding substance misuse prevention, intervention, and treatment at the region and state level

Process

HHSC and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2020 and June 30, 2021. Due to the global pandemic, COVID-19, the Regional Needs Assessment deadline was extended to August 31, 2021.

Between September and July, HHSC staff meets with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. Region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

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

Quantitative Data Selection

Identification of Variables

The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes.

Criteria for Selection

The criteria used for including data sets in this document are their relevance, timeliness, methodological soundness, representativeness, and accuracy. The data arise from well-documented methodology gathered through valid and reliable data collection tools.

Qualitative Data Selection

Data Coordinators conduct focus groups, surveys, and interviews with community members about what they believe their greatest needs to be. These qualitative data collection methods often reveal additional sources of data.

Key Informant Interviews

Interviews are conducted primarily with school officials and law enforcement officers where available. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions:

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

Other questions inevitably arise during the interviews, but these four are asked of each participant.

Focus Groups

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges. Focus groups in Region 3 are also conducted with youth in middle and high school, when possible. The purpose of these focus groups is to learn about youth perceptions related to the risks associated with using substances such as alcohol, tobacco, marijuana, and prescription drugs. Information from this activity will help guide the prevention efforts and development of resources necessary to reduce substance use among adolescents. Focus groups are only conducted with students in grades 7-12.

Longitudinally Presented Data

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to) the most recently available data collected over three years in one-year intervals of data-collection, or the most recently-available data collected over three data-collection intervals of more than one year (e.g. data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national-level data with county-level data for comparison purposes. However, when neither state-level nor national-level data are included in tables and figures, this is generally because the data was not available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.

Additional Notes

Throughout the RNA there will be some data sets that contain suppressed data. Data is suppressed when the raw number of an indicator is greater than zero but below a set threshold, usually 5 but sometimes 10. In other words, the number of individuals from which this data was collected was so low for that particular area that revealing the number could put those individuals' identities at risk, as that data point could be an identifying factor in their community. This leads to suppression to protect the individual/individuals rights and to stay in line with laws like FERPA or HIPAA. Data is also suppressed when the resulting rate calculation would be considered unreliable; this happens when the numerator is too low. Suppressed and unreliable data are indicated with an asterisk (*) or multiple asterisks (***) and will be noted as such throughout the RNA where they are found. Data marked as N/A or (---) would indicate the question was "not asked" or that it is "not applicable".

The 2020 Texas School Survey results for Region 3 differ from previous years. Region 3 and Region 4 (Upper East Texas: Tyler area) were combined due to low participation in both regions and because they are close in proximity. Due to this combination, 2020 TSS data cannot be compared for analysis to previous years' data. The 2019-2020 school year the survey was conducted in had some added complications in administration due to the COVID-19 Pandemic. A more in-depth explanation can be found in the Key Concepts section under Texas School Survey.

Prevention Resource Centers

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

PRCs focus on the state's overall behavioral health and the four prevention priorities:

- underage alcohol use
- underage tobacco and nicotine products use
- marijuana and other cannabinoids use
- prescription drug misuse

PRCs have four fundamental objectives:

- collect data relevant to the state's prevention priorities and share findings with community partners
- ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use
- conduct voluntary compliance checks and education on state tobacco laws to retailers

Our Regions

Figure 1. Map of Health Service Regions serviced by a Prevention Resource Center

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

How PRCs Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health in general. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. In this way, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. The program also helps to identify community strengths, gaps in services and areas for improvement.

Data Coordinators

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead a Regional Epidemiological Workgroup (REW), compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information.

Key Concepts

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. (SAMSHA) Qualifiers for age-specific terms related to different data sources will be referenced in each section.

Texas School Survey

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI). PPRI actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years.

Figure 2. Number of Surveys Included in State Sample for Texas School Survey

Number of Surveys Included in State Sample for TSS							
Report Year	**Original Campuses Selected**	**Campuses Signed Up to Participate**	**Actual Campuses Participated**	**Total Non-Blank Surveys**	**Usable Surveys**	**# Rejected**	**% Rejected**
2020*	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%
2016	600	187	140	50,143	49,070	1,073	2.1%

Texas School Survey, 2020/2018/2016. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

Figure 3. Texas School Survey Distribution Comparison and Impact of Pandemic

	Survey Distribution TSS 2020*		Survey Distribution TSS 2018		Difference Between 2018 and 2020* TSS
Grade	**# of Usable Surveys**	**%**	**# of Usable Surveys**	**%**	**# of Usable Surveys**
Grade 7	6,414	2.9%	12,445	20.5%	-6,031
Grade 8	6,472	23.1%	12,268	20.2%	-5,796
Grade 9	4,189	15.0%	9,409	15.5%	-5,220
Grade 10	4,119	14.7%	9,571	15.8%	-5,452
Grade 11	3,556	12.7%	9,163	15.1%	-5,607
Grade 12	3,215	11.5%	7,920	13.0%	-4,705
Total	27,965	100.0%	60,776	100.0%	-32,811

Texas School Survey, 2020/2018. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

* "During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data." **– Public Policy Research Institute** Texas School Survey, 2020. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

Epidemiology

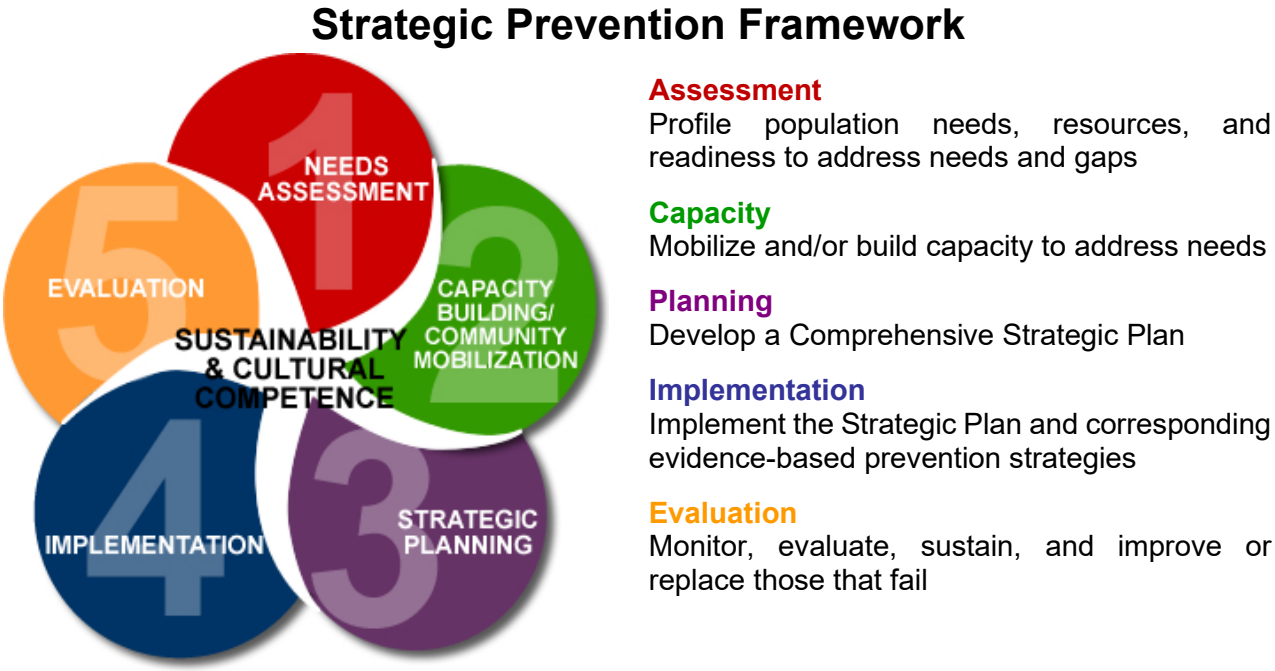
Epidemiology is described as "the study of the occurrence and distribution of health-related events, states, and processes in specified populations, including the study of the determinants influencing such processes, and the application of this knowledge to control relevant health problems."[1] This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance misuse and the contributing factors influencing this behavior.

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the National Academy of Medicine (NAM), which are universal, selective, and indicated.

[1] Porta, Miquel S. A Dictionary of Epidemiology. Oxford: Oxford University Press, 2016, p. 95.

Figure 4. Strategic Prevention Framework (SPF)



Sustainability & Cultural Competence. 2020. AVPRIDE. https://avpride.com/ Accessed April 29, 2020

Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. This RNA is organized using the six domains (or levels) of the SEM as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances
- School Domain - social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain - social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain - interpersonal factors including social norms and youth perceptions of peer consumption and social access
- Individual Domain - intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

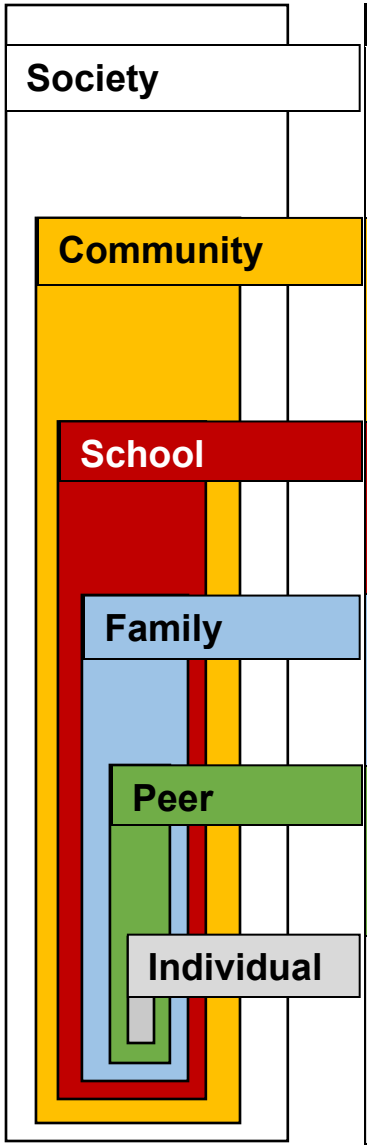
The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the health promotion programs become more effective when they intervene at multiple levels. Changes at the community level will create change in individuals, and the support of individuals in the population is essential for implementing environmental change.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (see Figure 5).[2]

[2] Adapted from: D'Amico, EJ, Osilla, KC. Prevention and intervention in the school setting. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol. 2 of The Oxford Handbook of Substance Use and Substance Use Disorders, p. 678.

Figure 5. Socio-Ecological Model for Substance Use, with Examples

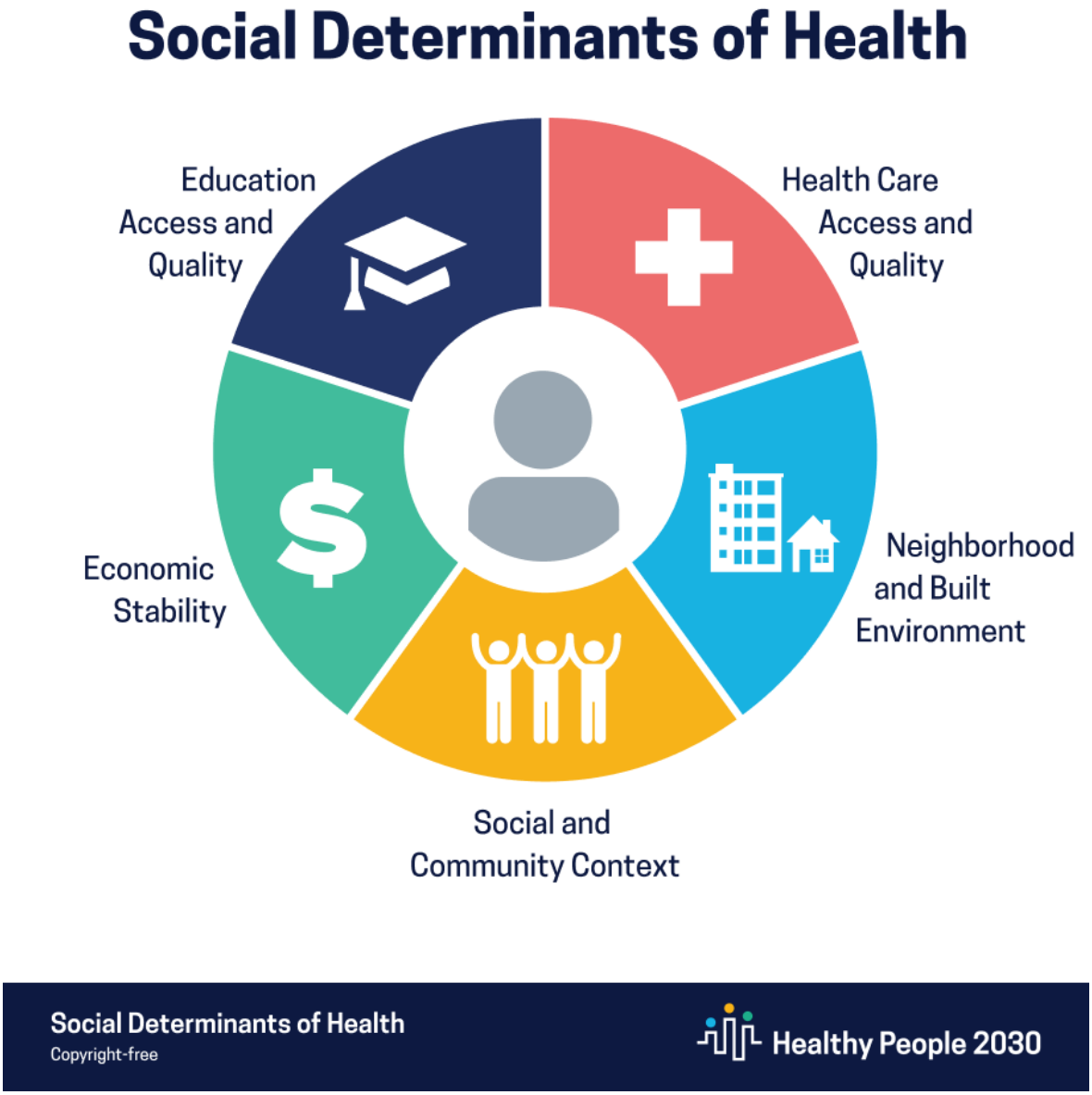


	Risk Factors	Protective Factors
Society	• Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
Community	• Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization	• Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community
School	• Academic failure beginning in elementary school • Low commitment to school	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Family	• Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD	• Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics
Peer	• Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers	• Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
Individual	• Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

Social Determinants of Health

The U.S. Department of Health and Human Services, Health People 2030 defines the SDoH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The SDoH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. These have a major impact on health, well-being, and quality of life; they also contribute to health disparities and inequities.

Figure 6. Social Determinants of Health



https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Consumption Patterns

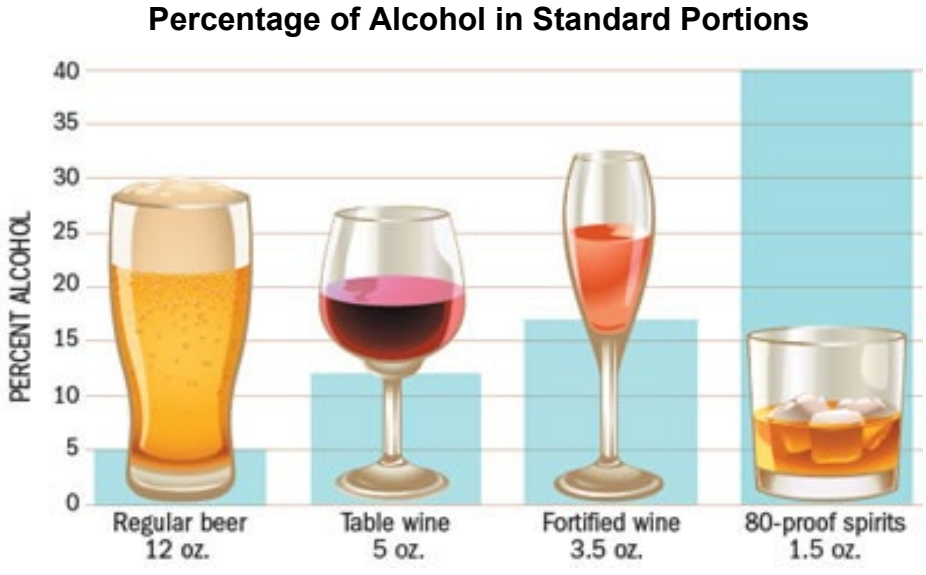
This needs assessment follows the example of the TSS, the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories: lifetime use (has tried a substance, even if only once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and illicit drugs and their misuse of prescription drugs. The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

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

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 7).

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.

Figure 7. National Institute on Alcohol Abuse and Alcoholism (NIAAA)



National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/ Accessed April 16, 2020

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health consequences, physical consequences, social consequences, and specific consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled Develop new and improved strategies to prevent drug use and its consequences.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

Stakeholder/Audience

This document can provide useful information to stakeholders from a variety of disciplines: substance use prevention and treatment providers; community coalitions; medical providers; school districts and higher education institutions; city, county, and state leaders; and community members interested in public health and drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in *Appendix B*.

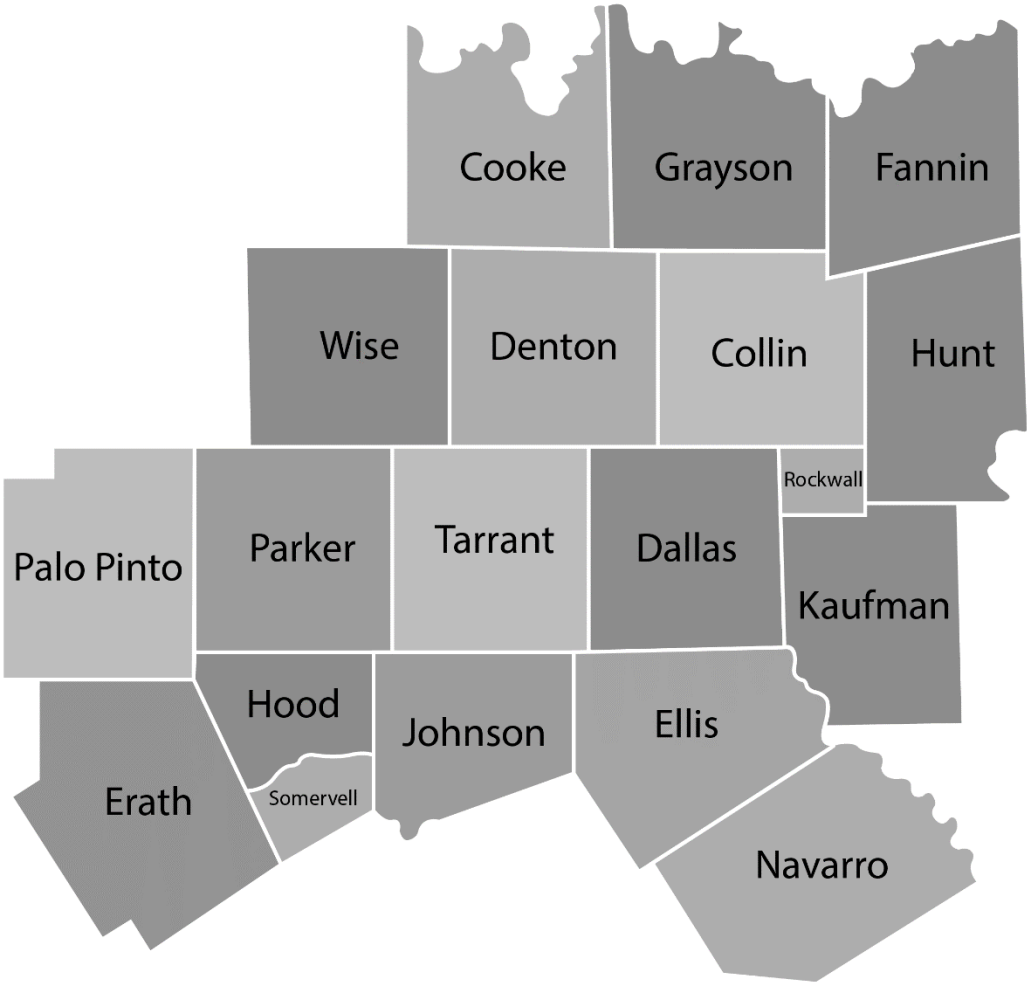
Regional Demographics

Overview of Region

Geographic Boundaries

Region 3 has 19 counties and covers 15,020.68 square miles. This region is home to Dallas/Fort Worth (D/FW) Metropolitan area which serves as the center of the region. Seven out of the 19 counties are considered rural counties: Cooke, Erath, Fannin, Hood, Navarro, Palo Pinto and Somervell. Region 3 is in the North Central Plains of Texas where there is a mix of prairie, savanna, and woodland. The soils have adapted to fruit and vegetable crops in some counties and others focus more on the cattle raising industry. All Region 3 counties are located within the North Central Texas Council of Governments except Cooke, Fannin, and Grayson, they are located within the Texoma Council of Government (Texas Counties, 2020). **Figure 1** shows a map of Region 3 counties.

Figure 1 – Map of Region 3 Counties



Region 3 Counties

Table 1 below shows some descriptive information about each county, Region 3, and Texas. Rockwall and Somervell Counties both have the less than 200 Square miles. Although Erath County has the largest square miles in Region 3, Dallas County has the most zipcodes at 174. Harris County (Houston Area) has 241 zipcodes, El Paso County has 145, Bexar County (San Antonio Area) has 119 zipcodes, and Travis County (Austin Area) had 85.

(*) indicates cities that are located in multiple counties.

(**) Austin is the state capital which is most comparable to a "county seat" for Texas.

Table 1 – Region 3 County Snapshot

Report Area	Sq. Miles	County Seat	Major Cities	Numer of Zipcodes Within County
Collin	841.23	McKinney	Plano, McKinney, *Frisco, Allen	31
Cooke	874.76	Gainesville	Gainesville	8
Dallas	871.28	Dallas	*Dallas, Garland, *Grand Prairie, Irving, Mesquite, Richardson, Rowlett, *Carrollton	174
Denton	878.43	Denton	Denton, Lewisville	34
Ellis	935.49	Waxahachie	Midlothian, Waxahachie	15
Erath	1,083.07	Stephenville	Stephenville	6
Fannin	890.84	Bonham	Bonham	15
Grayson	932.80	Sherman	Sherman, Denison	18
Hood	420.64	Granbury	Granbury	5
Hunt	840.32	Greenville	Greenville, Commerce	13
Johnson	724.69	Cleburne	Burleson, Cleburne	12
Kaufman	780.70	Kaufman	Forney, Kaufman, Terrell	9
Navarro	1,009.63	Corsicana	Corsicana	13
Palo Pinto	951.79	Palo Pinto	Palo Pinto, Mineral Wells	7
Parker	903.48	Weatherford	Weatherford	13
Rockwall	127.04	Rockwall	Rockwall, *Royse City	4
Somervell	186.46	Glen Rose	Glen Rose	3
Tarrant	863.61	Fort Worth	Arlington, Fort Worth, *Grand Prairie, Mansfield, North Richland Hills, Grapevine	100
Wise	904.42	Decatur	Decatur	10
Region 3	**15,020.68**	**N/A**	**Dallas, Fort Worth**	**490**
Texas	**261,231.71**	***Austin***	**Austin, Dallas, El Paso, Fort Worth, Houston, San Antonio**	**2,658**

U.S. Census Bureau QuickFacts[3]

Major Metropolitan Areas

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

The US Census Bureau creates an annual population trends report for the 15 most populated cities in the U.S. Although the city of Fort Worth ranked 13th for most populous city in the U.S. and Dallas ranked 9th, Fort Worth ranked 3rd of the Top 15 cities with the largest numeric increase in population between 2017- 2018. Frisco came in 10th with McKinney following 13th in population increase. Dallas showed a 1.4% increase while Fort Worth had a 2.1% higher population. According to the 2018 Census, Fort Worth (895,008) and Dallas (1,345,047) surpassed San Francisco, California (883,305) in overall population.[4]

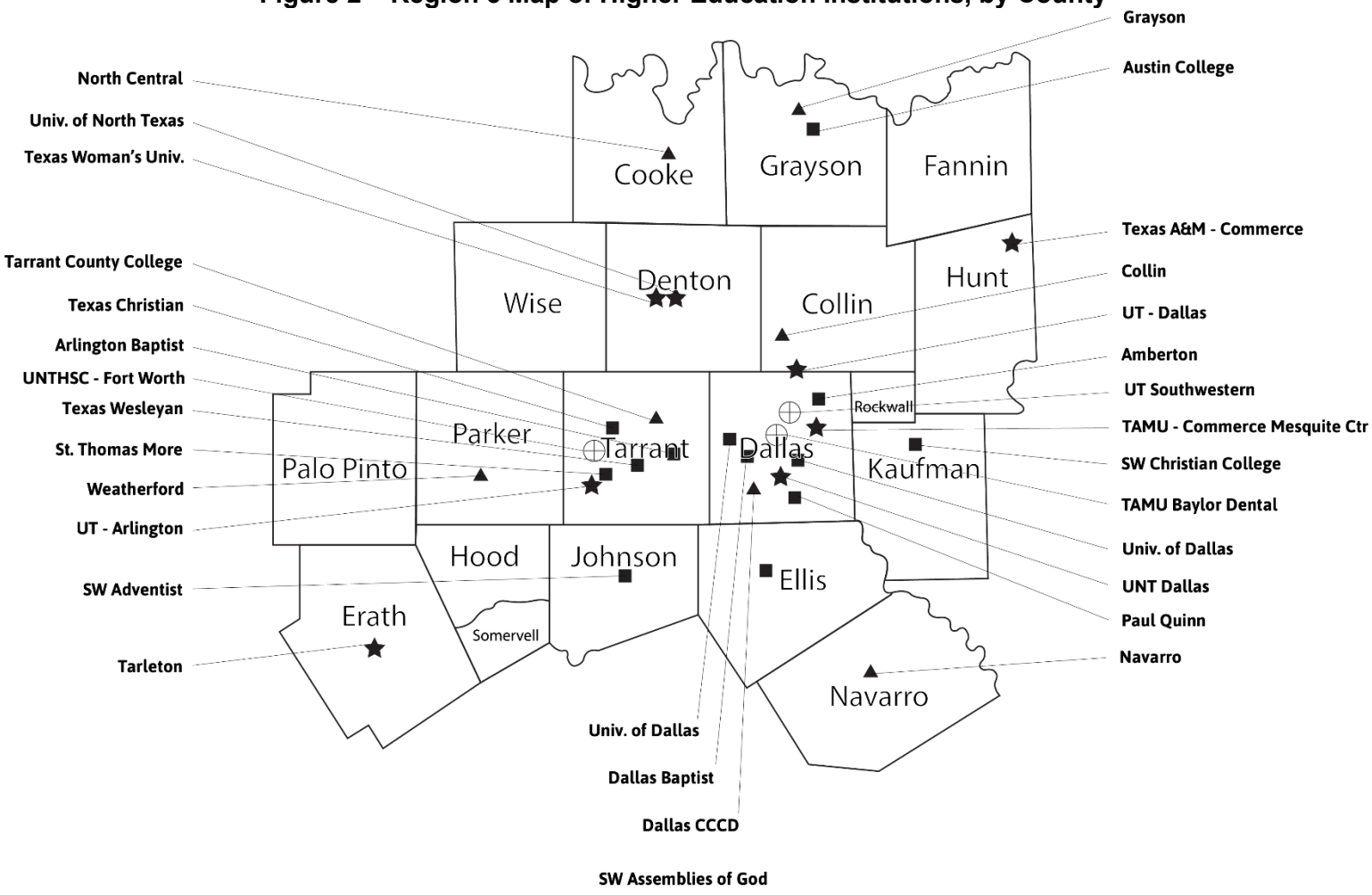
Region 3 has many cities with a population larger than 100,000:

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

Higher Education

Region 3 has at least one higher education institution in 13 of its 19 counties. A large portion of college students are concentrated mainly in three of the 19 counties: Dallas, Denton, and Tarrant. Dallas County has several large campuses including Southern Methodist University, University of Texas Southwestern Medical Center, University of Dallas, Dallas Baptist University, and The University of Texas at Dallas to name a few. The University of North Texas and Texas Woman's University are both centered in the city of Denton (within Denton County). Tarrant County has the University of Texas at Arlington based in the city of Arlington and both Texas Christian University and a satellite campus of Texas A&M in the city of Fort Worth. With so many college students concentrated within the cities of Dallas, Denton and all of Tarrant County, particular concerns arise in regard to substance misuse.

Figure 2 – Region 3 Map of Higher Education Institutions, by County



Demographic Information

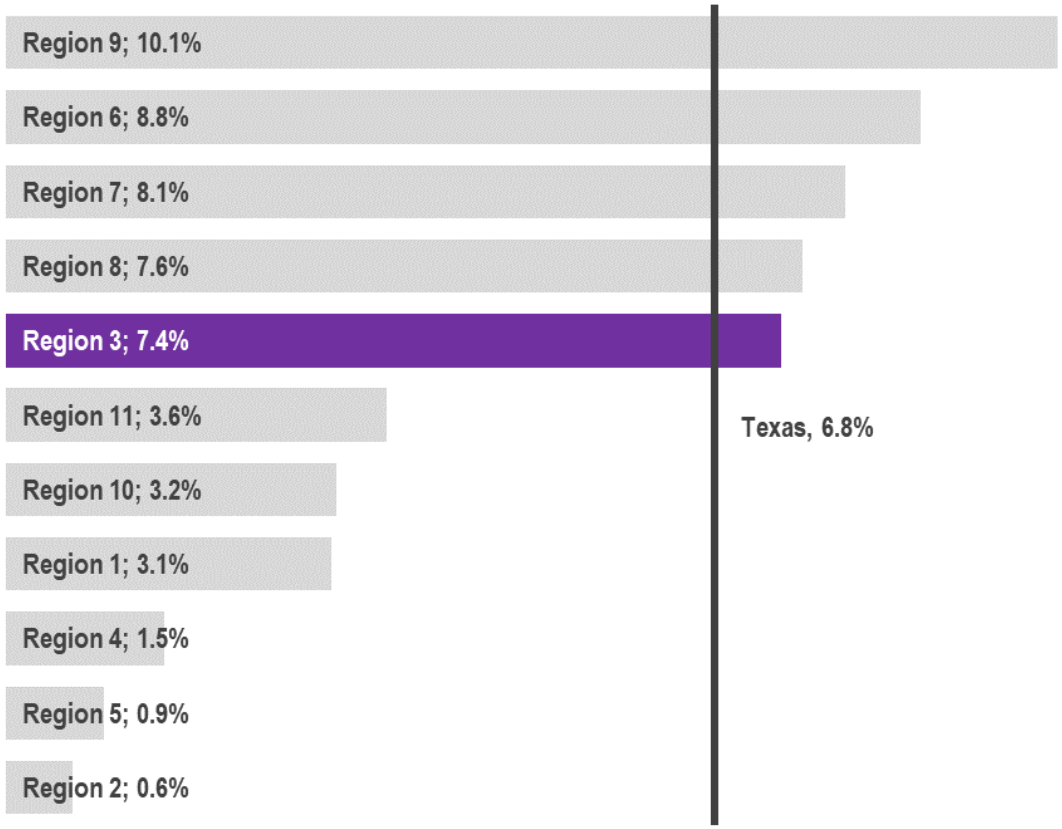
The starting point for any thorough analysis of regional descriptors is providing comparisons on a larger level, in this case the State of Texas and its regions. The following section will describe basic demographics first for the State of Texas and its regions, then how those demographics vary in Region 3 and its counties, if so.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2021 population estimate of 30,168,926 people ranks it as the second-most populous state, behind California. Below in **Figure 3** are the regional components of Texas' significant population changes estimated during the 2017-2021 period. **Texas' Population is estimated to increase by 6.8% during this period.** Region 9 (West Texas: Odessa/ Midland area) leads the growth component at 10.1%, followed by Region 6 (Gulf Coast: Houston area), then Region 7 (Central Texas: Austin area). Region 3 is estimated to have a 7.4% population increase from 2017 to 2021.

Although Texas' population is expected to increase by nearly 7%, six of the eleven regions are estimated to have a population increase at a much lower percentage.

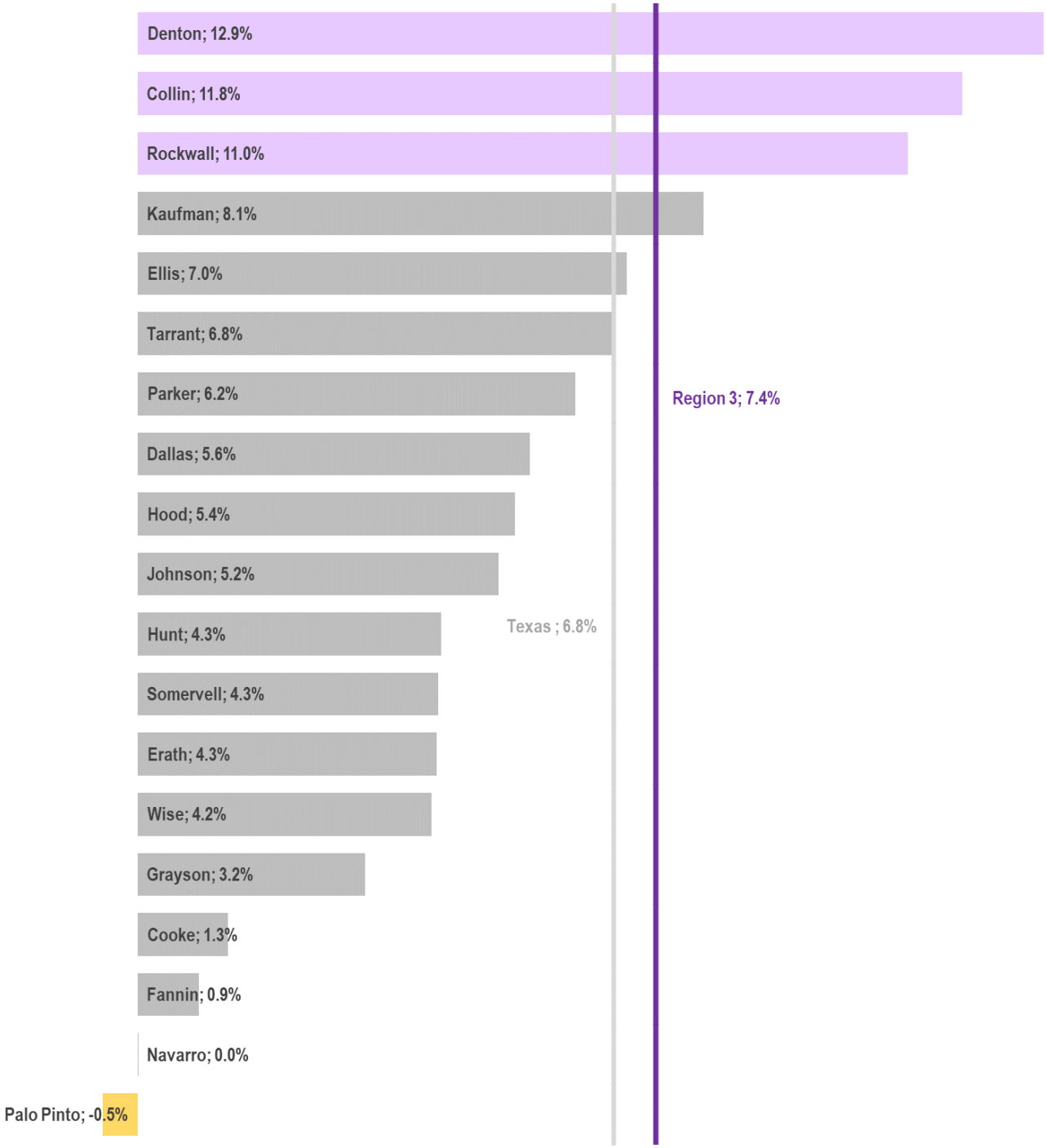
Figure 3 – Texas Population Percent Change, by Region, 2017-2021



Texas Demographic Center [5]

Figure 4 below indicates the percent population change from 2017-2021. All but one of the nineteen Region 3 counties are estimated to experience an increase in population from 2017-2021. The three counties with the most estimated growth are Denton (12.9%), Collin (11.8%) and Rockwall (11.0%). Navarro County saw no real change during this time period and Palo Pinto County is estimated to see a 0.5% decrease in population.

Figure 4 – Region 3 Population Percent Change, by County, 2017-2021



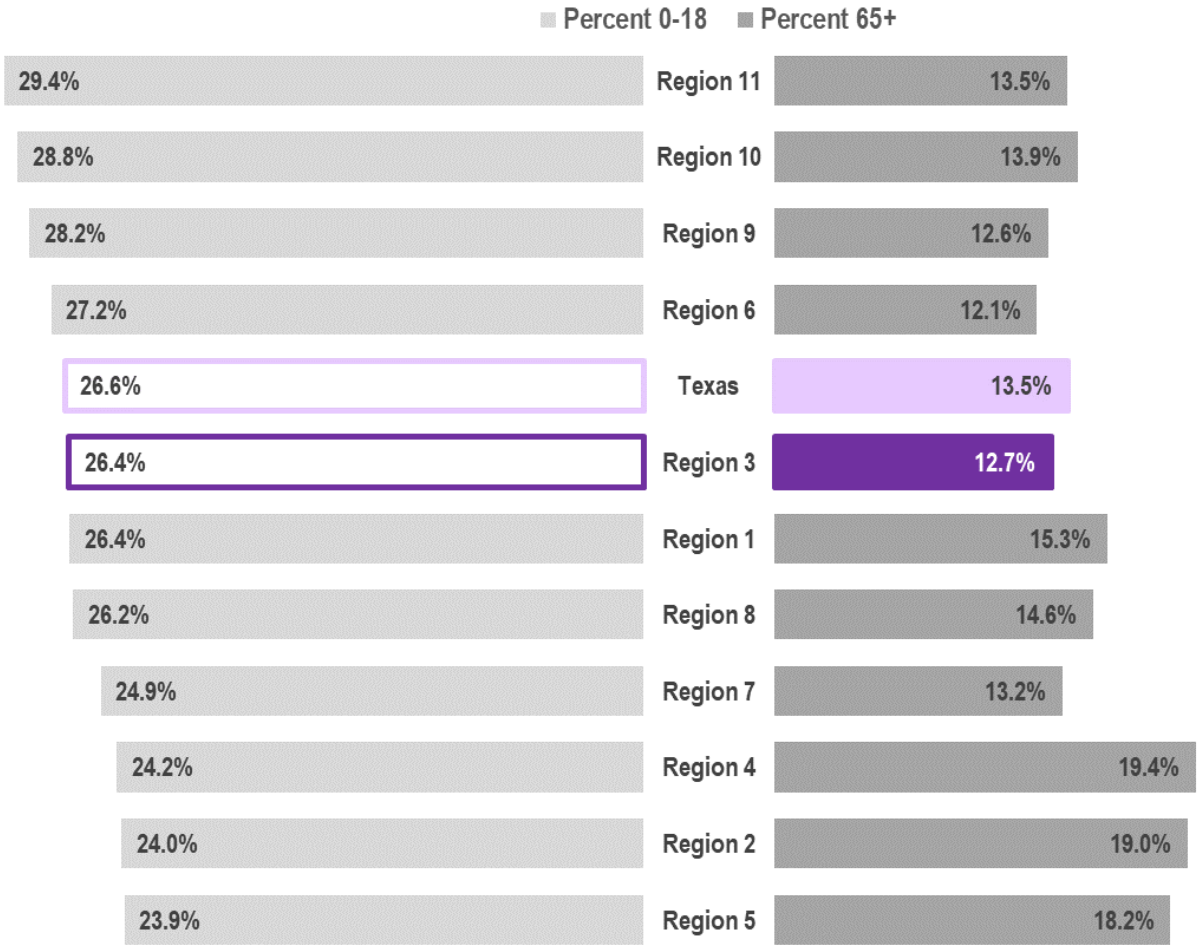
Texas Demographic Center [5]

Population by Age Groups

Texas' population is younger overall than the United States as a whole. In the youth-aged category, **0-18 years of age**, **Texas stands at 26.6%**. The younger population is also revealed among persons **65 years and older, where Texas has 13.5%. Figure 5** below shows the regional breakdown of younger populations (age 0 -17) and older populations (65 and older).

Region 11 (Rio Grande Valley/Lower South Texas), Region 10 (Upper Rio Grande) and Region 9 (West Texas) have the highest rate of persons 0-18 years of age. Region 4 (Upper East Texas), Region 2 (Northwest Texas) and Region 5 (Southeast Texas) have the highest rates of persons over 65. Region 6 (Gulf Coast), Region 9 (West Texas) and Region 3 have the lowest rates of persons aged 65 and older. In Region 3, 26.4% of the population is 0-18 years old and 12.7% are 65 years old and over.

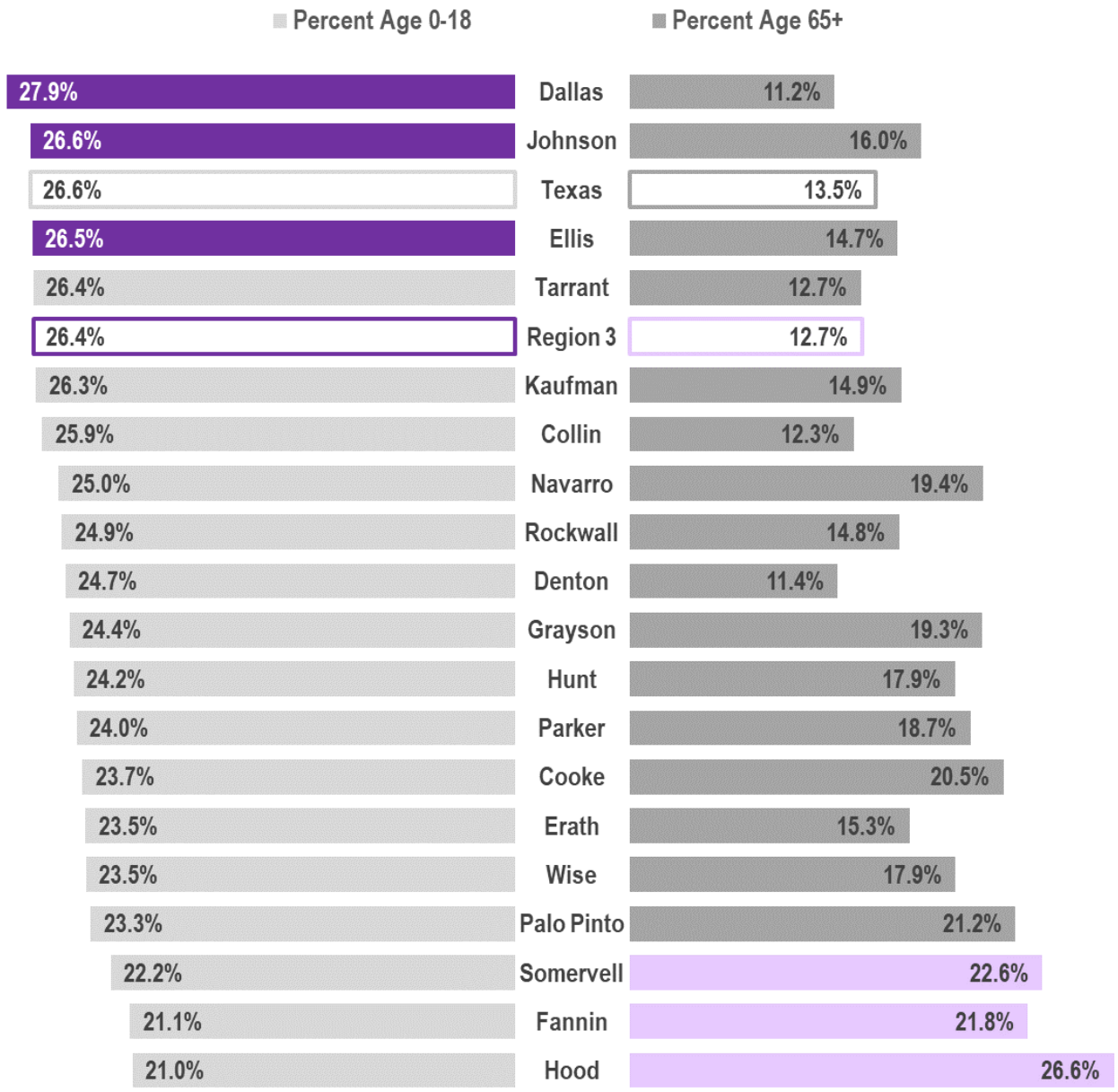
Figure 5 – Texas Population by Age Category, by Region, 2021



Texas Demographic Center [5]

The breakdown of the population by age category for Region 3 counties is displayed below. Dallas County has the highest rate of persons 0-18 years old and the lowest rate of persons 65 and older. Johnson and Ellis Counties are also among the highest rates of persons 0-18 years old. Hood, Somervell, and Fannin Counties have the highest rate of person 65 and older. In addition to Dallas County, Denton and Collin Counties also have the lowest rates of person 65 and older.

Figure 6 – Region 3 Level Populations by Age Category, by County, 2021

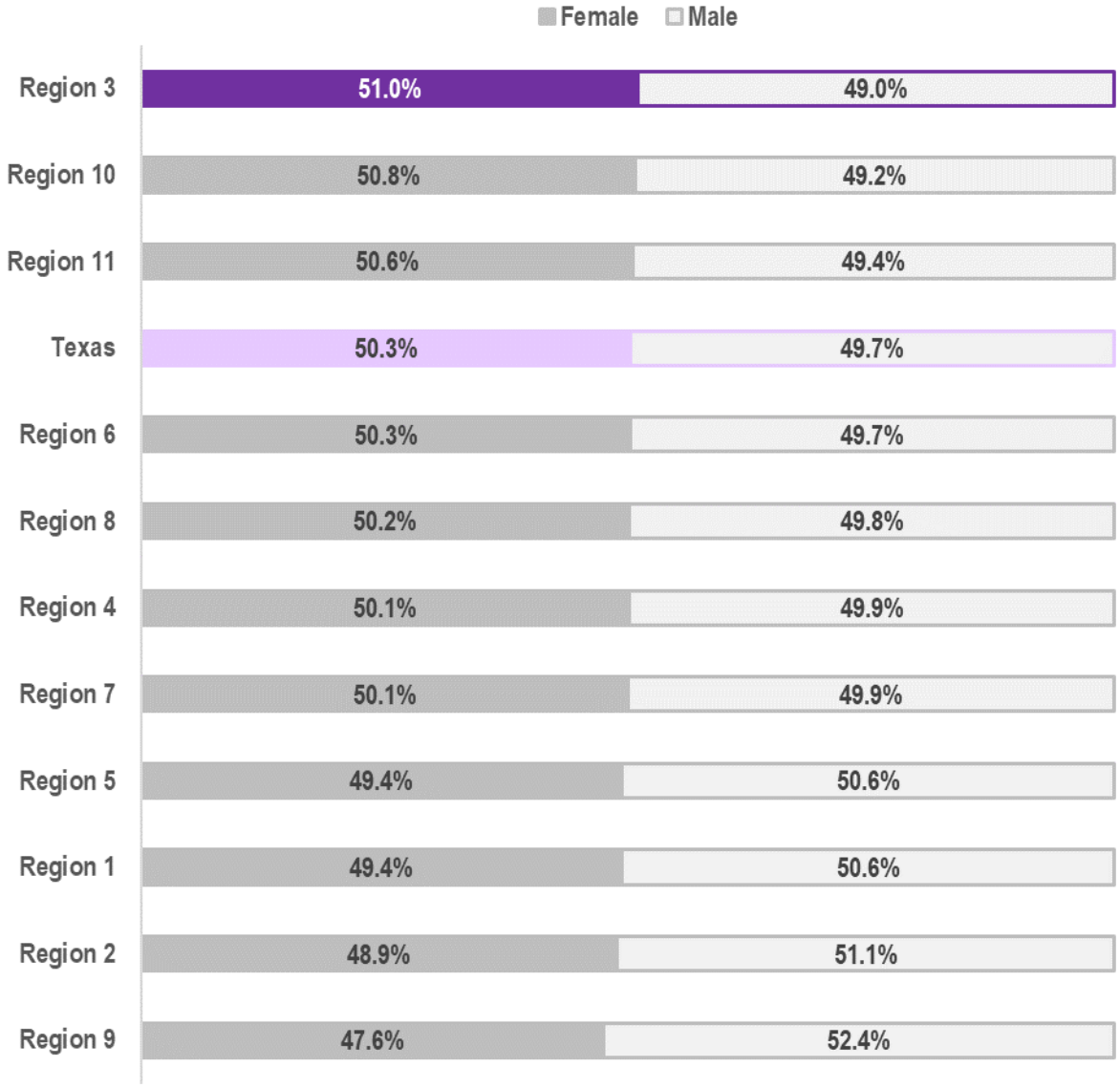


Texas Demographic Center [5]

Population by Sex

Figure 7 below shows the regional breakdown by sex. Overall Texas has more females than males. This is also true for seven of its regions. In Region 3, 51% of the population is female and 49% are male.

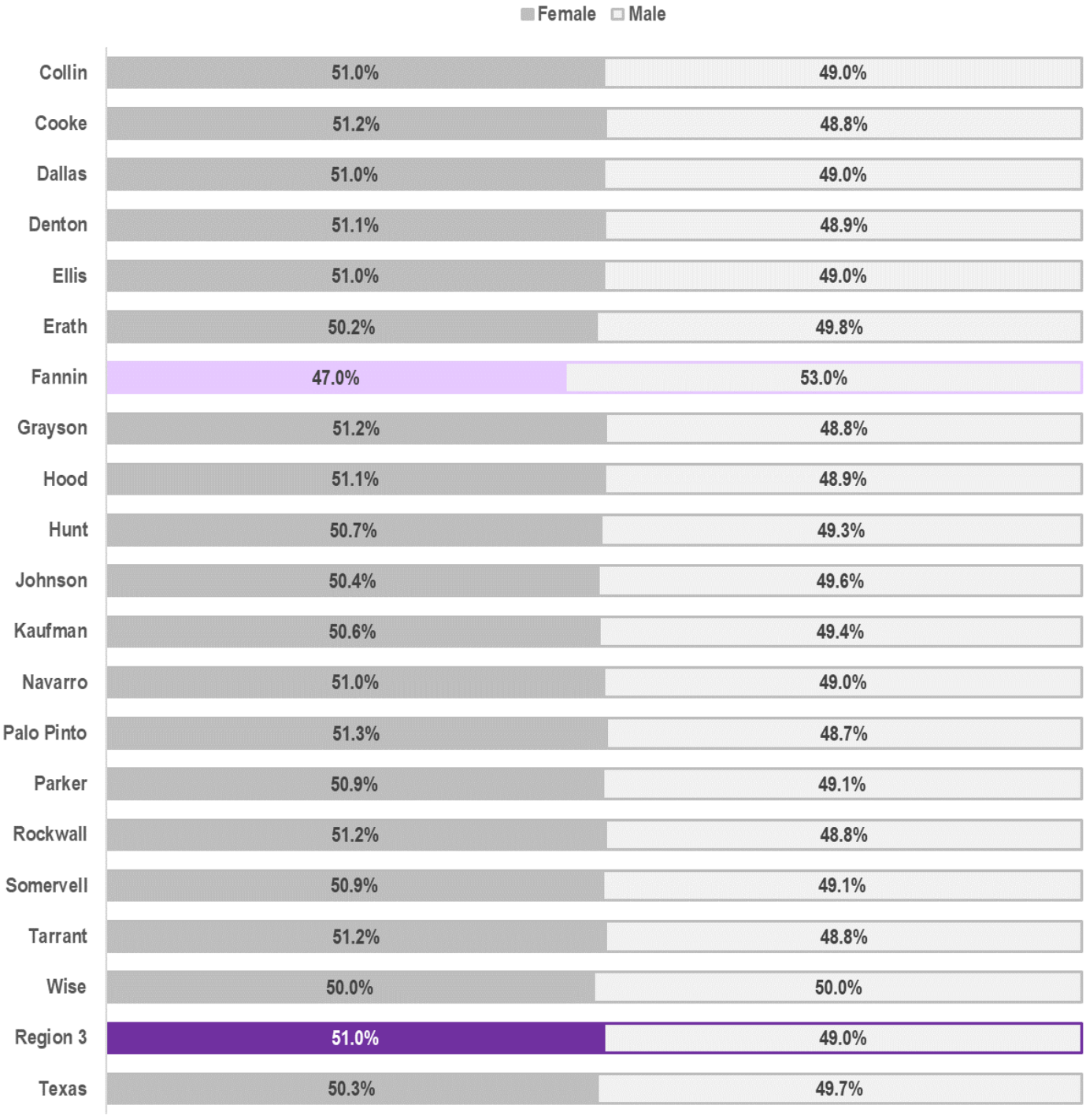
Figure 7 – Texas Population by Sex, by Region, 2021



Texas Demographic Center [5]

Figure 8 below shows the breakdown by sex for Region 3 counties. With the exception of Fannin County, all Region 3 counties have more females than males. Fannin County has more males (53%) than females (47%)

Figure 8 – Region 3 Population by Sex, by County, 2021



Texas Demographic Center [5]

Population by Race & Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. **Table 2** below shows the racial and ethnic make-up estimates for Texas' population by region. **Texas' population make up is White (40.5%), followed closely by Hispanic (40%), Black (12%), Asian (5.3%) and Other races and ethnicities (2.2%).** Region 3 has higher rates than Texas for each Race and Ethnicity category except Hispanic.

Table 2 – Texas Population by Race and Ethnicity, by Region, 2021

Report Area	White Alone	Black Alone	Hispanic	Asian	Other
1	50.3%	5.4%	40.1%	2.2%	2.0%
2	**65.6%**	6.1%	24.6%	1.3%	2.4%
3	**45.8%**	**15.6%**	**28.7%**	**7.2%**	**2.6%**
4	65.1%	15.1%	16.5%	0.9%	2.4%
5	60.2%	**19.4%**	16.4%	2.0%	2.1%
6	35.3%	16.8%	37.1%	**8.5%**	2.3%
7	52.3%	9.7%	30.5%	4.7%	**2.8%**
8	33.0%	6.1%	56.6%	2.4%	2.0%
9	39.1%	4.3%	54.0%	1.1%	1.6%
10	13.5%	3.7%	79.7%	1.4%	1.7%
11	12.5%	1.1%	**84.6%**	1.1%	0.6%
Texas	**40.5%**	**12.0%**	**40.0%**	**5.3%**	**2.2%**

Texas Demographic Center [5]

Table 3 below shows the ethnicity and race make up for each county in Region 3. All Region 3 counties, except Dallas and Tarrant, identify over 50% of their total population as White. Dallas County has a population makeup of 28.1% White (lowest), while Hood County has a population makeup of approximately 82.7% White (highest). Dallas County has both the highest Black (22.7%) and Hispanic (39.3%) population rate in Region 3. Collin County has the highest Asian population rate at 15.4% and Grayson County has the highest rate of races Other than the four indicated (4.2%). The top three rates in each category are indicated below.

Table 3 – Region 3 Population by Race and Ethnicity, by County, 2021

Report Area	White Alone	Black Alone	Hispanic	Asian	Other
Collin	54.8%	10.4%	16.1%	**15.4%**	**3.3%**
Cooke	73.1%	3.0%	20.3%	0.8%	2.8%
Dallas	28.1%	**22.7%**	**39.9%**	**7.2%**	2.1%
Denton	56.0%	11.6%	20.0%	**9.4%**	**3.0%**
Ellis	59.5%	10.2%	27.7%	0.5%	2.0%
Erath	73.6%	1.1%	22.8%	0.7%	1.8%
Fannin	**76.9%**	6.9%	12.8%	0.4%	**3.0%**
Grayson	74.2%	5.9%	14.6%	1.1%	**4.2%**
Hood	**82.7%**	0.5%	14.4%	0.6%	1.8%
Hunt	69.9%	8.9%	17.6%	1.3%	2.4%
Johnson	70.0%	3.4%	23.0%	0.7%	2.9%
Kaufman	62.9%	10.7%	23.4%	0.9%	2.2%
Navarro	55.9%	**12.9%**	**27.8%**	0.6%	2.8%
Palo Pinto	72.5%	2.5%	22.4%	0.5%	2.0%
Parker	**82.2%**	1.5%	13.4%	0.6%	2.3%
Rockwall	69.8%	6.3%	18.7%	3.1%	2.0%
Somervell	74.6%	0.8%	21.8%	0.5%	2.3%
Tarrant	45.2%	**16.5%**	**29.4%**	6.1%	2.8%
Wise	75.6%	1.0%	20.7%	0.4%	2.1%
Region 3	**45.8%**	**15.6%**	**28.7%**	**7.2%**	**2.6%**
Texas	**40.5%**	**12.0%**	**40.0%**	**5.3%**	**2.2%**

Texas Demographic Center [5]

Languages

Texas has a significantly higher percentage of foreign-born residents (17%) than the U.S. (13.6%). In addition, reports indicate an increased number of individuals (ages 5+, 2014-2018) who speak a language other than English at home with **Texas at 35.5% compared to the U.S, with an average of 21.6%**.

The table below shows the percentage of individuals that speak a language in addition to English, over a three-year period. The languages asked about include (by group): Arabic; Chinese (includes Mandarin & Cantonese); French, Haitian, or Cajun; German or other West Germanic languages; Korean; Other Asian and Pacific Island languages; Other Indo-European languages; Russian, Polish, or other Slavic languages; Spanish; Tagalog (including Filipino); Vietnamese; Other and unspecified languages. Since 2017, the percentage has increased for five of the eleven regions. In 2019, 30.9% of people in Region 3 spoke a language in addition to English.

Table 4 – Texas Multilingual Individuals, by Region

Report Area	2017	2018	2019
1	26.5%	26.5%	26.4%
2	14.8%	15.2%	15.4%
3	30.3%	30.7%	30.9%
4	13.0%	13.1%	12.9%
5	14.6%	14.9%	15.1%
6	**38.1%**	**38.6%**	**38.8%**
7	24.4%	24.5%	24.5%
8	37.5%	37.3%	36.8%
9	37.0%	37.3%	37.4%
10	**71.4%**	**70.9%**	**70.2%**
11	**70.5%**	**70.2%**	**69.5%**
Texas	**35.3%**	**35.5%**	**35.5%**
Unites States	**21.8%**	**21.5%**	**21.6%**

U.S. Census Bureau[6]

Table 5 below shows a breakdown for Region 3 counties of multilingual individuals. The top three rates are indicated in each category. Dallas County (43.5%) has the highest rate while Parker County (9.0%) has the lowest rate of multilingual people for the years shown below. Dallas also has a higher rate than Region 3, Texas, and the U.S. Over the three-year period, four Region 3 counties saw a decrease in the percent of multilingual residents.

Table 5 – Region 3 Multilingual Individuals, by County

Report Area	2017	2018	2019
Collin	**26.8%**	**28.1%**	**28.7%**
Cooke	15.8%	14.8%	14.8%
Dallas	**42.6%**	**43.3%**	**43.5%**
Denton	23.1%	23.1%	23.5%
Ellis	18.5%	18.8%	18.0%
Erath	18.4%	16.8%	15.8%
Fannin	9.3%	10.0%	9.7%
Grayson	11.1%	11.2%	10.9%
Hood	10.0%	9.7%	9.4%
Hunt	14.0%	14.2%	14.2%
Johnson	15.8%	15.7%	15.8%
Kaufman	16.7%	17.1%	17.1%
Navarro	23.4%	24.2%	24.7%
Palo Pinto	14.0%	14.5%	14.7%
Parker	8.6%	9.0%	9.0%
Rockwall	16.0%	16.2%	16.4%
Somervell	11.7%	10.1%	10.2%
Tarrant	**28.4%**	**28.7%**	**29.0%**
Wise	15.0%	15.3%	16.0%
Region 3	**30.3%**	**30.7%**	**30.9%**
Texas	**35.3%**	**35.5%**	**35.5%**
Unites States	**21.8%**	**21.5%**	**21.6%**

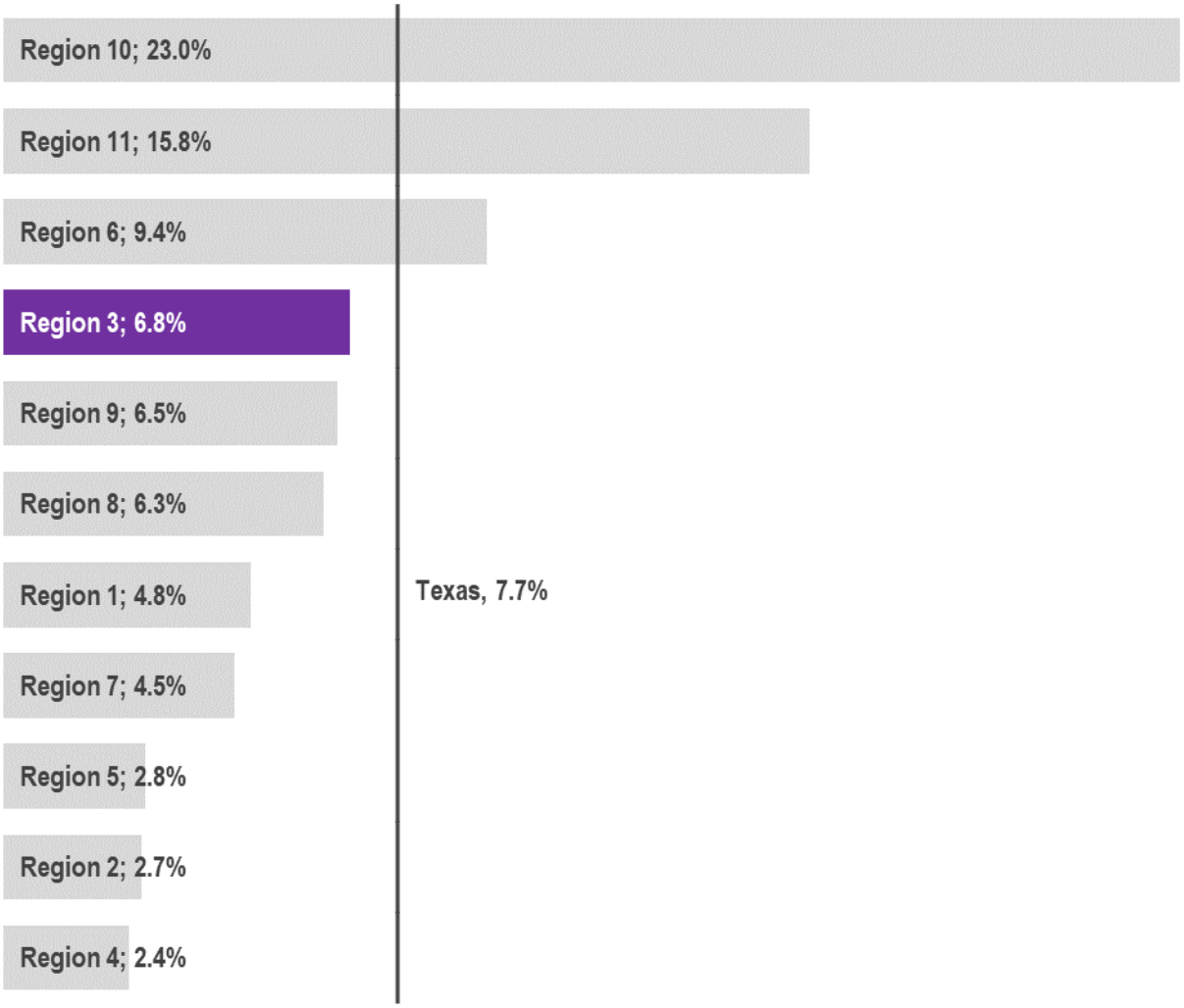
U.S. Census Bureau[6]

Limited English Proficiency

Another similar indicator is the population with limited English proficiency (LEP). **In Texas, this represents 7.7% of the population.** Persons are considered to have limited English proficiency if they indicated that they spoke a language other than English **and** if they spoke English "less than very well". This is measured as a percentage of the population age 5 or older.

Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas in **Figure 9** below. Region 4 (Upper East Texas) has the lowest rate (2.4%). Region 3 has a rate of 6.8%.

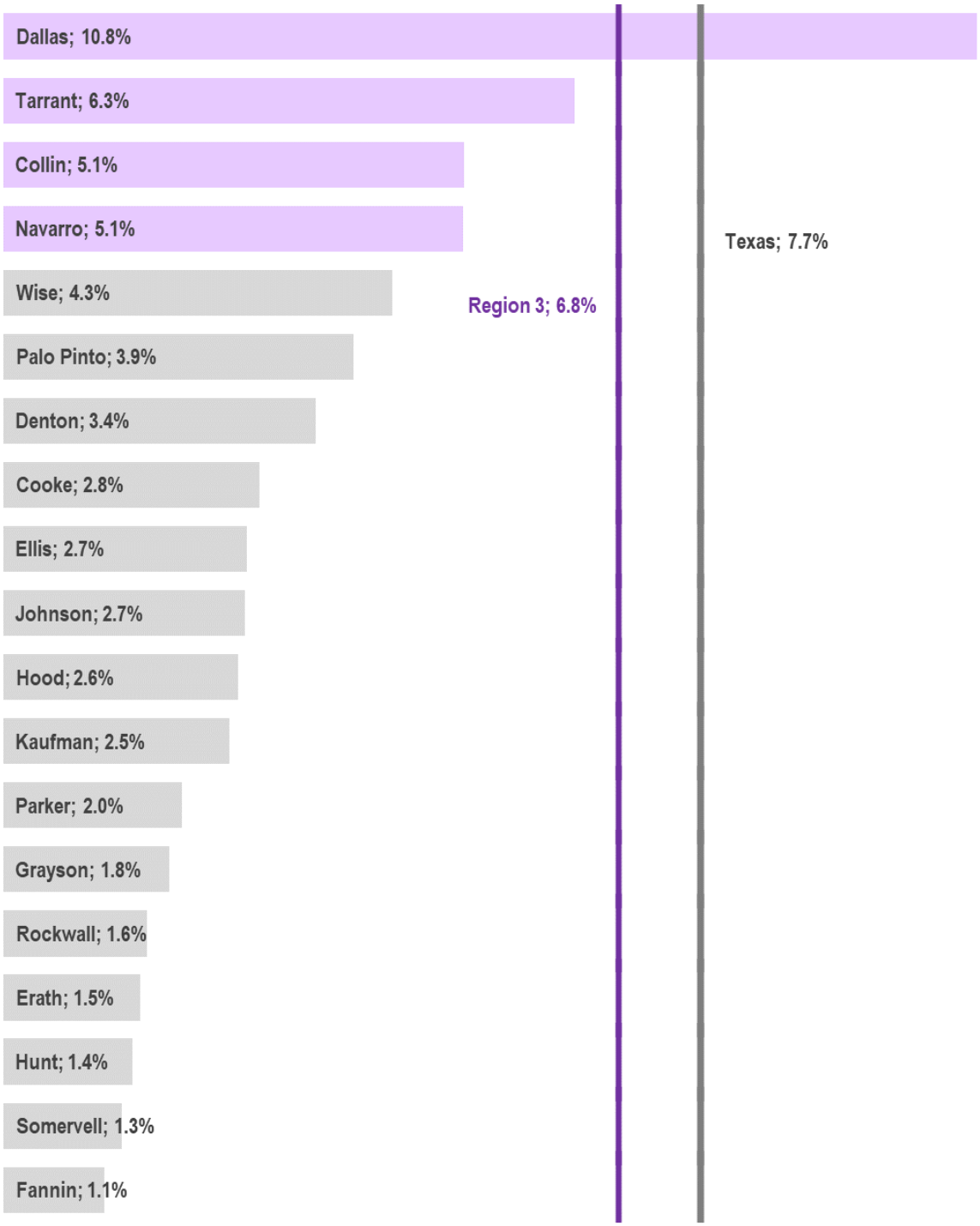
Figure 9 – Texas Limited English Proficiency, by Region, 2019



U.S. Census Bureau[6]

Figure 10 shows percentages for limited English proficiency (LEP) in Region 3 counties. The counties with the highest and lowest rates are indicated. Dallas County has the highest rate at 10.8 % while Fannin County has the lowest rate at 1.1%. Additionally, Dallas is the only Region 3 county with a rate that is higher than both Region 3 and Texas. Dallas County also has a higher rate than nine of the eleven regions in Texas.

Figure 10 – Region 3 Limited English Proficiency, by County, 2019



U.S. Census Bureau[6]

Risk Factors and Protective Factors

Remember that a protective factor is a characteristic associated with "a lower likelihood of problem outcomes, or that reduces the negative impact of a risk factor on problem outcomes". In contrast, a risk factor is a characteristic "that precedes and is associated with a higher likelihood of problem outcomes". (*Risk and Protective Factors*, SAMHSA)

In the following section, risk and protective factors will be outlined for each domain within the Socio-Ecological Model (SEM) starting at the macro-level with the societal domain. The data for Texas, its HHSC regions and Region 3 counties will be shown based on its availability.

Societal Domain

As previously stated, the societal domain focuses on social and cultural norms and socio-demographics such as the economic status of the community. This section includes data for income, employment, government assistance programs, and homelessness.

Economic Status

With the basic population characteristics of the Texas population described, a closer look at the general socioeconomic conditions of the population is helpful. Economic and social instability are often linked with poor health outcomes. With the knowledge gained by exploring areas of socioeconomic need, we may reexamine regional strategies to increase economic prosperity. Child poverty, unemployment rates, industrial changes, and financial assistance predict a family's access to care and a community's ability to pursue healthy and nourishing behaviors.

Annual Household Income

One of the most important factors related to increasing the risk for substance abuse stems from the inability to provide for the necessities of life and can be measured by income. According to the U.S. Census Bureau, median household income is based on the distribution of the total number of households and families including those with no income. Incomes are rounded to the nearest dollar.

The three highest percentages for each category are indicated**. For Texas, the 2019 household median income is $61,874; this is lower than the U.S. ($62,843).** The majority of households in Region 3 have an income between $50K and $100K; this follows the state and national trends. The majority of households in four counties (Rockwall, Collin, Denton, and Somervell) have incomes between $100K and $200K.

Although the majority of Region 3 households have an income of $50K or more, approximately one in four households in Erath, Navarro and Palo Pinto Counties have an income below $25K. These counties also have the lowest median household incomes when compared to other Region 3 counties.

Table 6 – Region 3 Income, by County, 2019

Report Area	Percent of Households					Median Household Income ($)
	below $25,000	$25,000 - $49,999	$50,000 - $99,999	$100,000 - $199,999	$200,000+	
Collin	8.8%	14.6%	27.8%	**33.6%**	**15.1%**	$ 96,913
Cooke	16.3%	**26.6%**	31.8%	20.1%	5.2%	$ 60,202
Dallas	18.4%	23.5%	31.2%	19.4%	7.6%	$ 59,607
Denton	10.1%	16.3%	30.0%	**30.9%**	**12.8%**	$ 86,913
Ellis	12.1%	17.3%	**34.2%**	28.7%	7.6%	$ 76,871
Erath	**24.4%**	23.2%	28.4%	19.7%	4.1%	**$ 52,742**
Fannin	21.6%	24.1%	31.7%	18.2%	4.4%	$ 54,648
Grayson	21.2%	**24.6%**	32.0%	18.5%	3.7%	$ 54,815
Hood	18.2%	21.7%	28.9%	24.8%	6.4%	$ 64,041
Hunt	23.4%	22.0%	32.4%	18.7%	3.3%	$ 54,959
Johnson	15.3%	21.5%	**35.1%**	23.9%	4.2%	$ 64,359
Kaufman	14.8%	20.3%	30.8%	29.4%	4.9%	$ 70,107
Navarro	**24.9%**	**26.4%**	29.3%	15.8%	3.6%	**$ 48,529**
Palo Pinto	**26.4%**	23.4%	32.5%	14.0%	3.6%	**$ 50,154**
Parker	12.9%	18.5%	29.7%	29.5%	9.5%	$ 77,503
Rockwall	7.4%	13.4%	28.7%	**36.2%**	**14.3%**	$ 100,920
Somervell	22.6%	19.1%	25.7%	27.8%	4.9%	$ 60,632
Tarrant	15.1%	21.0%	32.1%	23.8%	8.0%	$ 67,700
Wise	16.0%	21.6%	**33.6%**	23.2%	5.6%	$ 64,536
Texas	**19.0%**	**21.8%**	**30.1%**	**21.7%**	**7.4%**	**$ 61,874**
United States	**19.2%**	**21.2%**	**29.9%**	**21.9%**	**7.7%**	**$ 62,843**

U.S. Census Bureau[7]

Unemployment

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

The latest data from the Bureau of Labor Statistics (2020) indicates that **Texas has an unemployment rate of 7.6%**.The rates by region are indicated below. For 2020, Region 11 (Rio Grande Valley/Lower South Texas) had the highest unemployment rate at 10.5% and Region 1 (Panhandle and South Plains) had the lowest at 5.4%. Five of the eleven regions have a rate higher than Texas and the national rate (8.1%). The overall unemployment rate of Region 3 is 7.0%, which is below the state and U.S. unemployment rates.

Over this five-year period, Texas and all its Regions had a steady decrease in unemployment rates, until 2020 when rates increased substantially. This change is attributed to the global pandemic that began in March of 2020. Looking at 2020 compared to the 2019 unemployment rates, many regions doubled or nearly doubled their rates in just one year.

Table 7 – Texas Unemployment Rates, by Region

Report Area	2016	2017	2018	2019	2020
1	3.6%	3.4%	3.1%	2.9%	5.4%
2	4.4%	3.8%	3.3%	3.1%	6.0%
3	**3.9%**	**3.7%**	**3.5%**	**3.3%**	**7.0%**
4	5.2%	4.6%	4.0%	3.7%	7.0%
5	6.5%	6.4%	5.5%	5.0%	9.7%
6	5.3%	5.0%	4.3%	3.8%	8.6%
7	3.6%	3.4%	3.2%	2.9%	6.2%
8	4.1%	3.7%	3.4%	3.2%	7.3%
9	5.1%	3.6%	2.6%	2.6%	8.4%
10	5.0%	4.6%	4.2%	3.8%	8.3%
11	7.1%	6.7%	5.8%	5.3%	10.5%
Texas	4.6%	4.3%	3.8%	3.5%	7.6%
United States	4.9%	4.4%	3.9%	3.7%	8.1%

U.S. Bureau of Labor Statistics[8]

The red cells in **Table 8** below indicates that there are three counties in Region 3 with unemployment rates higher than the Region. In 2020, Dallas County had the highest unemployment rate in the region at 7.7%. This is higher than the Region 3 and Texas rate.

Over the five-year period, like Texas overall, Region 3 counties had a steady decrease in unemployment rates, until 2020 when rates increased substantially. Similar to the state as a whole, most counties doubled or nearly doubled their rates from 2019 to 2020.

Table 8 – Region 3 Unemployment Rates, by County

Report Area	2016	2017	2018	2019	2020
Collin	3.5%	3.5%	3.3%	3.1%	6.3%
Cooke	4.0%	3.6%	3.1%	2.8%	7.1%
Dallas	4.0%	3.9%	3.8%	3.5%	7.7%
Denton	3.4%	3.3%	3.2%	3.0%	6.5%
Ellis	3.7%	3.5%	3.3%	3.1%	6.0%
Erath	4.0%	3.4%	3.1%	3.2%	5.7%
Fannin	3.8%	3.3%	3.1%	2.7%	4.7%
Grayson	3.8%	3.5%	3.3%	3.1%	5.9%
Hood	4.7%	4.2%	3.7%	3.4%	6.6%
Hunt	4.3%	4.0%	3.8%	3.5%	6.5%
Johnson	4.3%	3.8%	3.4%	3.2%	6.5%
Kaufman	3.8%	3.5%	3.4%	3.3%	6.5%
Navarro	4.2%	3.9%	3.7%	3.2%	6.2%
Palo Pinto	5.5%	4.1%	3.3%	3.1%	7.0%
Parker	4.1%	3.5%	3.1%	2.9%	5.9%
Rockwall	3.5%	3.4%	3.2%	3.1%	6.0%
Somervell	4.8%	4.6%	4.1%	3.6%	6.5%
Tarrant	4.0%	3.7%	3.5%	3.3%	7.3%
Wise	4.7%	4.0%	3.4%	3.2%	6.5%
Region 3	3.9%	3.7%	3.5%	3.3%	7.0%
Texas	4.6%	4.3%	3.8%	3.5%	7.6%
United States	4.9%	4.4%	3.9%	3.7%	8.1%

U.S. Bureau of Labor Statistics[8]

Temporary Assistance for Needy Families (TANF) Recipients

Temporary Assistance for Needy Families (TANF) is a public assistance program that has been in existence since 1997. TANF is meant to be used as supplemental and temporary income for families with children, or pregnant women in their last three months of pregnancy. TANF recipients are those who are currently enduring low income or unemployment. To be eligible, families must meet both financial and non-financial requirements established by state law. Each state administers TANF dollars and simultaneously helps TANF recipients find employment. In Texas, an adult or child can earn a maximum of 60 months TANF assistance. This indicator reports the number of recipients per 100,000 population receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. There is no U.S. calculation available for this measure.

Table 9 below shows the rate of TANF recipients per 100K population in Texas by region. Region 11 (Rio Grande Valley/Lower South Texas) has the highest rate in 2020 at 414.4 per 100K population, and Region 3 has the lowest rate at 61.5 per 100K population. Region 11 has had the highest rate for the last five years and these rates are significantly higher than the Texas rate. In 2020, there were six regions that had a higher rate than Texas versus four in 2016. There were only two in 2019.

Table 9 – Texas TANF Recipients per 100K Population, by Region

Report Area	2016	2017	2018	2019	2020
1	191.8	169.5	139.6	115.4	93.5
2	256.1	207.5	192.7	168.7	130.0
3	114.7	115.6	132.2	117.7	61.5
4	239.2	154.9	130.5	115.3	114.8
5	164.8	163.8	132.8	124.6	106.2
6	116.5	119.8	103.8	91.3	61.9
7	120.4	122.6	112.8	97.9	64.8
8	117.9	131.2	125.2	115.3	102.2
9	181.7	103.6	89.3	72.8	79.2
10	358.7	324.2	270.0	219.6	153.1
11	1,035.0	1,030.2	875.0	709.2	414.4
Texas	230.9	211.5	201.4	174.9	102.1

Texas Health and Human Services Commission[9]

Table 10 below shows the rate of TANF recipients per 100K population over five years in Region 3 counties. The counties with the highest rate for each year is indicated. Navarro County has had the highest rate for the last four years; this rate is significantly higher than Region 3 and Texas rates. Collin County had the lowest rate in 2020. All Region 3 counties saw a decrease in the rate of TANF over the five-year period. In 2020, there were ten counties that had a higher rate than Region 3 versus eight in 2019.

Table 10 – Region 3 TANF Recipients per 100K Population, by County

Report Area	2016	2017	2018	2019	2020
Collin	33.8	33.9	32.6	31.5	29.5
Cooke	120.0	157.3	**154.9**	104.4	70.5
Dallas	163.5	**166.5**	152.5	**133.4**	75.1
Denton	36.6	36.5	34.3	32.4	31.6
Ellis	52.6	79.3	82.1	78.4	49.5
Erath	**830.1**	80.9	68.4	83.7	43.3
Fannin	148.3	143.4	**154.4**	**145.9**	86.7
Grayson	100.3	106.0	112.9	114.0	**88.8**
Hood	136.2	126.3	99.3	77.7	63.1
Hunt	134.2	152.7	129.9	108.5	81.8
Johnson	98.7	89.7	72.9	75.5	55.3
Kaufman	115.1	134.4	124.3	112.8	**103.1**
Navarro	**373.8**	**371.3**	**269.3**	**259.4**	**162.6**
Palo Pinto	181.0	**173.9**	103.8	69.2	64.6
Parker	65.2	69.5	46.4	42.9	45.0
Rockwall	50.7	51.8	37.7	35.4	33.3
Somervell	**305.4**	93.5	42.8	30.4	30.1
Tarrant	111.3	122.5	108.0	106.9	69.2
Wise	54.2	75.3	73.7	65.4	44.1
Region 3	**114.7**	**115.6**	**103.8**	**95.3**	**61.5**
Texas	**230.9**	**211.5**	**201.4**	**174.9**	**102.1**

Texas Health and Human Services Commission[9]

Supplemental Nutritional Assistance Program (SNAP) Recipients

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

Table 11 shows SNAP participation rates among Texas counties. The highest rates for each year are indicated. In 2020, the highest rate (22.7%) is in Region 11 (Rio Grande Valley/Lower South Texas) which is more than double the **Texas rate (11.5%).** Region 7 (Central Texas) has the lowest rate at 8.3%. The Region 3 rate is 8.8% which is lower than the Texas rate.

Region 11 (Rio Grande Valley/Lower South Texas), Region 10 (Upper Rio Grande) and Region 5 (Southeast Texas), respectively, have had the highest rates for five consecutive years. Over the five-year period, Texas and all its regions saw an overall decrease in rates, except Region 9 (West Texas). In 2020, there were six regions that had a higher rate than Texas; these same regions had higher rates than Texas in 2016.

Table 11 – Texas Households Receiving SNAP, by Region

Report Area	2016	2017	2018	2019	2020
1	11.9%	13.6%	12.8%	11.6%	11.1%
2	12.4%	14.1%	13.4%	12.4%	11.7%
3	**9.8%**	**10.9%**	**10.2%**	**9.3%**	**8.8%**
4	13.2%	15.2%	14.2%	13.0%	12.7%
5	**15.3%**	**17.6%**	**16.5%**	**15.1%**	**15.1%**
6	11.4%	13.3%	12.0%	10.7%	11.1%
7	9.4%	10.2%	9.6%	8.9%	8.3%
8	13.6%	15.0%	14.3%	12.9%	12.7%
9	8.9%	10.9%	9.6%	8.3%	9.4%
10	**18.7%**	**20.9%**	**20.0%**	**18.3%**	**16.6%**
11	**23.5%**	**27.2%**	**25.2%**	**22.9%**	**22.7%**
Texas	**12.3%**	**14.0%**	**13.0%**	**11.7%**	**11.5%**

Texas Health and Human Services Commission[10]

Table 12 shows SNAP participation rates among Region 3 counties over a five-year period. The highest rates are indicated. In 2020, Navarro County has the highest rate at 15.7% which is significantly higher than the Region 3 and Texas rates. Ten counties in Region 3 have rates higher than the Region and three have rates higher than Texas for 2020.

Navarro County has had the highest rate for five consecutive years. With the exception of Kaufman County, over the five-year period, all counties either saw an overall decrease or steadying in rates.

Table 12 – Percentages of Households Receiving SNAP in Region 3, by County

Report Area	2016	2017	2018	2019	2020
Collin	4.2%	4.1%	4.1%	3.8%	3.9%
Cooke	12.6%	12.6%	11.7%	10.5%	10.2%
Dallas	**14.6%**	**14.4%**	**13.5%**	**12.3%**	11.5%
Denton	5.5%	5.3%	5.0%	4.5%	4.4%
Ellis	10.2%	10.0%	9.3%	8.6%	8.2%
Erath	9.5%	9.4%	8.3%	7.6%	7.4%
Fannin	11.8%	11.8%	11.1%	10.3%	9.7%
Grayson	12.5%	12.4%	11.9%	10.8%	10.2%
Hood	10.0%	9.9%	9.1%	8.3%	7.9%
Hunt	13.7%	13.5%	13.1%	**12.1%**	11.3%
Johnson	11.7%	11.6%	10.6%	9.7%	9.0%
Kaufman	11.5%	11.3%	11.1%	10.9%	**11.6%**
Navarro	**18.7%**	**18.7%**	**17.5%**	**16.2%**	**15.7%**
Palo Pinto	**14.2%**	**14.2%**	**13.3%**	11.7%	**12.4%**
Parker	8.0%	7.9%	7.3%	6.5%	6.5%
Rockwall	4.6%	4.4%	4.3%	4.1%	4.3%
Somervell	9.1%	9.0%	8.1%	7.5%	7.3%
Tarrant	11.9%	11.7%	11.0%	10.2%	9.6%
Wise	9.4%	9.3%	8.6%	7.7%	7.7%
Region 3	**9.8%**	**10.9%**	**10.2%**	**9.3%**	**8.8%**
Texas	**12.3%**	**14.0%**	**13.0%**	**11.7%**	**11.5%**

Texas Health and Human Services Commission[10]

Free, Reduced School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. Total student counts and counts for students eligible for free and reduced-price lunches are acquired for the school year 2018-2019 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes.

Table 13 below shows the percent of students who were eligible to receive either free or reduced-price lunch for four school years. **For the 2019-2020 school year, Texas reports that of the total student population, 62.6% were eligible to receive the school meal benefit.** Note this is the number of students who are eligible not necessarily how many students utilize this. Every Texas region reported at least 50% of students qualifying for this benefit. The regional percentages vary greatly from the highest in Region 11 (Rio Grande Valley/Lower South Texas) at 81.9% to the lowest in Region 7 (Central Texas) at 50.9%. The rate in Region 3 for the 2019-2020 school year was 58.6%.

For the four school years shown, Region 11 and Region 10 have had the top two rates of students eligible for free or reduced lunch. Over the four-year period most regions saw an increase in the percent of students qualifying for this lunch benefit.

Table 13 – Regional School Lunch Assistance

Report Area	2016-2017	2017-2018	2018-2019	2019-2020
1	60.3%	59.6%	61.6%	61.0%
2	58.5%	59.4%	59.4%	60.6%
3	**53.5%**	**52.8%**	**54.9%**	**58.6%**
4	60.9%	61.1%	63.1%	62.0%
5	**62.6%**	**66.0%**	**65.8%**	64.9%
6	57.3%	56.7%	60.2%	57.6%
7	49.9%	49.5%	50.8%	50.9%
8	59.9%	59.3%	60.5%	**77.8%**
9	53.6%	51.2%	52.7%	54.2%
10	**74.2%**	**73.8%**	**76.7%**	**79.2%**
11	**80.7%**	**82.8%**	**81.7%**	**81.9%**
Texas	**58.9%**	**58.7%**	**60.5%**	**62.6%**

U.S. Department of Education[11]

Table 14 shows the percent of students who were eligible to receive either free or reduced-price lunch in Region 3 counties during four school years. For the 2019-2020 school year, Dallas County has the highest rate (78.9%) and Collin County has the lowest (26.1%). Eight counties in Region 3 have rates higher than the Region and four have rates higher than Texas. For each school year over this four-year period, Dallas and Navarro Counties have had the highest rates. All except two counties saw an increase in the percent of students qualifying for this lunch benefit.

Table 14 – Region 3 School Lunch Assistance, by County

Report Area	2016-2017	2017-2018	2018-2019	2019-2020
Collin	23.4%	23.1%	25.5%	26.1%
Cooke	56.8%	56.8%	57.6%	54.9%
Dallas	72.8%	71.6%	72.9%	78.9%
Denton	32.3%	32.2%	33.4%	39.2%
Ellis	47.5%	47.3%	49.0%	54.0%
Erath	53.1%	52.6%	52.2%	53.6%
Fannin	57.8%	58.0%	57.5%	59.8%
Grayson	54.0%	53.7%	54.7%	54.8%
Hood	47.0%	48.3%	51.2%	51.5%
Hunt	55.3%	54.6%	59.8%	70.6%
Johnson	53.2%	51.4%	52.3%	60.0%
Kaufman	48.1%	48.4%	51.3%	61.9%
Navarro	69.2%	69.7%	72.2%	78.5%
Palo Pinto	66.2%	67.9%	70.3%	67.7%
Parker	35.2%	33.6%	35.5%	34.2%
Rockwall	25.6%	25.5%	27.7%	27.5%
Somervell	43.8%	44.1%	43.9%	44.5%
Tarrant	54.9%	54.7%	58.9%	61.1%
Wise	45.9%	46.3%	50.5%	46.8%
Region 3	53.5%	52.8%	54.9%	58.6%
Texas	58.9%	58.7%	60.5%	62.6%

U.S. Department of Education[11]

Children Experiencing Homelessness

Homeless is defined by the Texas Education Agency (TEA) according to the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, a federal law. This is defined as students without a "fixed, regular, and adequate nighttime residence" and includes children and youths who:

- "are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- are migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in the above."[12]

Table 15 below shows the rate of students experiencing homelessness in Texas over a span of five school years. The top three regions with the highest rates are indicated. **Texas' rate was 10.7 students per 1,000 students.** Region 2 (Northwest Texas) had the highest rate for the 2020-2021 school year and was among the highest rates for the four years prior. Region 3 had a rate of 10.4 per 1,000 students.

Table 15 – Texas Students Experiencing Homelessness per 1000 Students, by Region

Report Area	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
1	**20.7**	19.4	**19.3**	20.8	**19.4**
2	**21.1**	**24.7**	**22.8**	**24.2**	**21.9**
3	**10.8**	**11.5**	**10.6**	**12.1**	**10.4**
4	10.4	11.8	10.2	9.1	8.5
5	16.2	**80.5**	**26.9**	**39.0**	14.2
6	13.6	**33.3**	14.6	15.7	9.5
7	14.0	15.3	13.1	12.1	10.8
8	13.7	14.3	12.3	12.5	9.7
9	**17.7**	20.1	18.7	**22.5**	**16.1**
10	12.6	11.6	10.4	9.1	8.4
11	9.7	17.8	13.3	12.2	10.3
Texas	**12.9**	**20.7**	**13.4**	**14.2**	**10.7**

Texas Education Agency[13]

Table 16 below shows the rate of students experiencing homelessness in Region 3's counties over a span of five school years. The top three counties with the highest rates are indicated. Grayson, Wise and Dallas Counties had the highest rates for the 2020-2021 school year.

Palo Pinto had the highest rate for the four previous years, but its rate dropped significantly in the 2020-2021 school year. Over the five-year period, for the majority of Region 3, the rates of students experiencing homelessness declined. For the 2020-2021 school year, six counties had a higher rate than Region 3 versus 12 in the 2016-2017 school year.

Table 16 – Region 3 Students Experiencing Homelessness per 1,000 Students, by County

Report Area	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Collin	6.3	6.0	4.9	4.8	3.7
Cooke	2.9	6.6	2.0	3.7	3.0
Dallas	11.0	11.5	11.9	14.1	**13.3**
Denton	10.4	13.9	11.7	11.4	10.3
Ellis	14.9	13.2	9.1	11.2	8.5
Erath	1.2	8.7	6.8	10.3	6.9
Fannin	16.6	**20.9**	**18.1**	**16.7**	9.6
Grayson	**23.8**	18.7	16.0	**20.9**	**15.6**
Hood	19.2	**23.7**	16.3	13.6	4.3
Hunt	19.2	18.1	**18.1**	12.9	12.1
Johnson	14.0	12.9	10.4	12.7	9.7
Kaufman	9.5	8.8	8.5	8.9	5.0
Navarro	12.4	8.4	11.2	9.2	5.5
Palo Pinto	**34.4**	**34.8**	**29.7**	**36.5**	12.5
Parker	5.8	5.4	3.2	2.5	6.5
Rockwall	2.0	2.6	1.7	2.4	0.6
Somervell	14.1	15.2	5.3	8.7	6.1
Tarrant	12.0	13.3	12.0	14.7	12.4
Wise	**22.3**	15.4	16.1	13.6	**12.8**
Region 3	**10.8**	**11.5**	**10.6**	**12.1**	**10.4**
Texas	**12.9**	**20.7**	**13.4**	**14.2**	**10.7**

Texas Education Agency[13]

Adults Experiencing Homelessness

The data below of persons experiencing homelessness comes from Point in Time estimates conducted by Texas Balance of State Continuum of Care. These yearly counts are taken as part of a statewide initiative in January of every year for those in shelters or transitional housing, and in January of odd numbered years for those who are unsheltered. There is a difference for 2021 compared to previous years due to COVID-19. As stated in the 2021 Point-in-Time (PIT) Count Report, “In an effort to promote safety during the global pandemic, the Continuum of Care board voted to cancel the 2021 Unsheltered count. Some communities opted to conduct an observation count of those experiencing unsheltered homelessness; however, this data is not as accurate as doing the full unsheltered count. It is also important to consider that while the sheltered count occurred as normal, the surveys were shortened in order to limit the amount of time required for face-to-face interaction."

The table below displays total counts as well as breakdowns for those who were chronically homeless. For each year, one count spanned across 2 regions.

(---) Indicate Not Applicable

Table 17 – Texas Adults Experiencing Homelessness, Point in Time Estimates

	Total Counted			Chronically Homeless		
Report Area	2019	2020	2021	2019	2020	2021
1	293	283	187	**37**	40	13
2	210	139	102	17	23	14
3	437	479	**314**	34	**73**	**32**
4	**795**	**885**	**445**	**69**	**84**	**16**
5	257	435	136	20	35	8
6	243	455	239	16	60	13
7	409	**568**	257	16	56	13
8	242	94	73	15	15	3
9	**618**	374	101	30	36	0
11	**1,141**	**1,863**	**452**	**114**	**229**	**27**
6 & 7	90	---	---	1	---	---
8 & 11	---	140	48	---	16	4
Texas	**4,735**	**5,715**	**2,354**	**369**	**667**	**143**

Texas Balance of State Continuum of Care [TX BoS CoC][14]

Region 3 counties were counted in the following method over the three-year period. As previously stated, measures may differ from year to year based on community participation. Of the counties that participated, Denton County had the highest number of people counted and highest number of people who reported chronically homeless.

Table 18 – Region 3 Adults Experiencing Homelessness, Point in Time Estimates

	Total Counted			Chronically Homeless		
Report Area	2019	2020	2021	2019	2020	2021
Denton	194	258	176	32	56	25
Ellis	47	74	37	1	6	0
Fannin, Grayson, Cooke	179	---	---	1	---	---
Johnson	17	---	11	0	---	0
Grayson	---	84	---	---	6	---
Kaufman	---	63	35	---	5	7
Fannin, Grayson	---	---	55	---	---	0
Region 3	437	479	314	34	73	32
Texas	4,735	5,715	2,354	369	667	143

Texas Balance of State Continuum of Care [TX BoS CoC][14]

Community Domain

As previously stated, the community domain focuses on social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances. In this section you will find data for adult education levels, crime (youth and adult), access to healthcare, teen births, and much more.

Educational Attainment

The table below shows the percentage of people attaining various education levels over a three-year period. Educational attainment is calculated for persons over 25 years old. The highest percentages of individuals over 25 who did not earn their high school diploma and the percentages of individuals over 25 who earned a bachelor's degree or higher are indicated.

In 2019, 29.9% of Texans over age 25 had a bachelor's degree or higher. The highest rates of those with a bachelor's degree or higher were in Region 7 (Central Texas), Region 3, and Region 6 (Gulf Coast), respectively. Region 3 had a rate of 34.5% which is higher than the state average. Rates for those with a bachelor's degree or higher for Texas and all its regions increased over this three-year period.

In 2019, 16.3% of Texans over age 25 did not have a high school diploma. The highest rates of those not having a high school diploma were in Region 11 (Rio Grande Valley/Lower South Texas), Region 10 (Upper Rio Grande), and Region 9 (West Texas), respectively. Region 3 had a rate of 14.3 % which is lower than the state average. Rates for those without a high school diploma for Texas and all its regions decreased over this three-year period.

Table 19 – Texas Educational Attainment, Adults 25 years and older, by Region

Report Area	Age 25 W/O High School Diploma			Age 25 W/ Bachelor's Degree or Higher		
	2017	2018	2019	2017	2018	2019
1	18.4%	18.0%	17.7%	22.1%	22.5%	23.1%
2	15.9%	15.1%	14.6%	19.5%	20.0%	20.5%
3	15.1%	14.8%	14.3%	**33.1%**	**33.7%**	**34.5%**
4	16.3%	16.0%	15.5%	18.7%	19.0%	19.3%
5	16.3%	16.3%	16.0%	16.6%	16.7%	17.0%
6	17.2%	16.8%	16.3%	**31.5%**	**32.1%**	**32.5%**
7	12.0%	11.6%	11.3%	**35.6%**	**36.5%**	**37.3%**
8	16.7%	16.4%	16.1%	25.8%	26.0%	26.5%
9	**21.3%**	**20.7%**	**20.3%**	19.1%	19.5%	19.6%
10	**23.4%**	**22.7%**	**21.9%**	22.2%	22.9%	23.4%
11	**31.1%**	**30.3%**	**29.6%**	17.4%	18.0%	18.2%
Texas	**17.2%**	**16.8%**	**16.3%**	**28.7%**	**29.3%**	**29.9%**

United States Census Bureau [15]

Table 20 below shows the percent of persons over 25 years old attaining various education levels over a three-year period by county within Region 3. The highest percentages of individuals over 25 who did not earn their high school diploma and the percentages of individuals over 25 who earned a bachelor's degree or higher are indicated.

The highest rates of those with a bachelor's degree or higher were in Collin, Denton, and Rockwall, respectively. For eleven counties, rates for those with a bachelor's degree or higher increased over this three-year period. The highest rates of those not having a high school diploma were Navarro, Dallas, and Palo Pinto, respectively. For thirteen counties, rates for those without a high school diploma decreased over this three-year period.

Table 20 – Region 3 Educational Attainment, Adults 25 years and older, by County

	W/O High School Diploma			W/ Bachelor's Degree or Higher		
Report Area	2017	2018	2019	2017	2018	2019
Collin	6.4%	6.3%	6.2%	**50.9%**	**51.7%**	**52.3%**
Cooke	13.6%	13.8%	13.9%	22.7%	20.5%	20.9%
Dallas	**21.7%**	**21.3%**	**20.7%**	30.1%	30.7%	31.5%
Denton	8.0%	7.5%	7.5%	**43.4%**	**44.5%**	**45.1%**
Ellis	15.2%	14.3%	13.8%	22.1%	23.1%	24.3%
Erath	14.9%	13.9%	11.7%	27.8%	29.7%	31.5%
Fannin	14.8%	15.0%	14.5%	16.2%	16.7%	17.4%
Grayson	11.8%	11.4%	11.3%	20.2%	20.5%	20.4%
Hood	11.1%	10.6%	10.6%	26.3%	26.1%	26.4%
Hunt	15.5%	15.0%	15.5%	19.1%	19.3%	19.9%
Johnson	15.9%	15.2%	14.3%	18.5%	18.3%	18.7%
Kaufman	14.0%	13.8%	14.2%	20.7%	20.7%	20.5%
Navarro	**22.8%**	**21.7%**	**21.6%**	15.6%	16.1%	15.9%
Palo Pinto	**16.6%**	**16.1%**	**15.8%**	16.6%	16.5%	16.6%
Parker	10.6%	10.9%	11.4%	26.9%	26.8%	26.4%
Rockwall	8.3%	7.9%	7.3%	**40.0%**	**40.3%**	**40.7%**
Somervell	14.9%	12.2%	10.4%	20.0%	23.9%	26.4%
Tarrant	14.6%	14.4%	13.9%	31.1%	31.5%	32.3%
Wise	15.0%	14.9%	14.7%	17.2%	17.5%	18.0%
Region 3	**15.1%**	**14.8%**	**14.3%**	**33.1%**	**33.7%**	**34.5%**
Texas	**17.2%**	**16.8%**	**16.3%**	**28.7%**	**29.3%**	**29.9%**

United States Census Bureau [15]

Community Conditions

Juvenile Justice Involvement

This section will discuss rates of offenses in the juvenile justice system. The population for those aged 10-17 years is indicated below in **Table 21** for Texas, its HHSC regions, and Region 3 counties from 2017-2019. The population data used in this section comes from the Texas Department of Public Safety. This is the population used to calculate rates for each of the data sets below. Remember that often times, rates are better measures than raw data as they consider other factors, namely population, thereby painting a more accurate picture.

Table 21 – Juvenile Population, Regional and Region 3 Counties

Report Area	2017	2018	2019
Collin	105,136	105,381	104,915
Cooke	3,829	3,841	3,864
Dallas	258,457	260,580	261,606
Denton	84,625	85,174	85,342
Ellis	18,750	18,714	18,454
Erath	3,363	3,379	3,461
Fannin	3,062	3,029	3,057
Grayson	11,707	11,699	11,664
Hood	4,398	4,456	4,473
Hunt	9,251	9,327	9,258
Johnson	17,543	17,475	17,504
Kaufman	13,806	13,808	13,701
Navarro	5,231	5,225	5,239
Palo Pinto	2,791	2,782	2,782
Parker	13,479	13,531	13,543
Rockwall	11,267	11,229	11,158
Somervell	852	834	789
Tarrant	212,544	213,764	214,134
Wise	6,482	6,454	6,459
Region 3	**786,573**	**790,682**	**791,403**
Texas	**2,852,190**	**2,856,077**	**2,864,996**

Report Area	2017	2018	2019
1	90,035	91,092	92,092
2	63,008	51,034	51,136
3	**786,573**	**790,682**	**791,403**
4	109,342	109,290	109,403
5	72,789	73,027	73,563
6	701,280	705,912	711,256
7	312,102	319,881	323,580
8	285,595	285,564	285,082
9	60,944	61,851	62,658
10	97,358	96,686	96,482
11	273,164	271,058	268,341
Texas	**2,852,190**	**2,856,077**	**2,864,996**

Texas Juvenile Justice Department[16]

Total Referrals

Total Referrals are the total number from all the offenses listed in this section below (*Felony, Misdemeanor A& B, Violations of Probation, and Conduct Indicating a Need for Supervision*). The red cells indicate the top 3 rates in each column.

In 2019, the Texas rate was 18.9 per 1,000 population. In 2019, the highest rates were found in Region 9 (West Texas), Region 1 (Panhandle and South Plains), and Region 11 (Rio Grande Valley/ Lower South Texas), respectively. Region 3 had a rate of 14.8 per 1,000 population; this is lower than the Texas rate and the second lowest rate in the State. Two regions saw an increase in the rate of referrals over the three-year period. Regions 9 and 1 had the top two rates for all three years. In 2019, there were seven regions that had a higher rate than Texas.

Table 22 – Texas Total Referrals per 1,000 Population aged 10-17, by Region

Report Area	2017	2018	2019
1	28.2	27.7	28.3
2	19.2	27.6	24.7
3	14.7	14.3	14.8
4	16.0	15.7	14.0
5	17.0	16.4	16.7
6	16.8	17.7	16.8
7	22.2	19.8	19.9
8	22.3	21.3	22.7
9	33.9	34.6	33.5
10	20.0	20.5	19.5
11	22.3	22.7	25.8
Texas	18.8	18.7	18.9

Texas Juvenile Justice Department[16]

The red cells in **Table 23** represent the counties with the highest rates of total referrals per 1,000 population aged 10-17 in Region 3. In 2019, the highest rates were in Hood, Grayson, and Navarro Counties, respectively. Hood and Grayson Counties had the top two rates for all three years. Eleven Region 3 counties saw an increase in the rate of referrals over the three-year period. In 2019, there were six counties that had a higher rate than Region 3.

Table 23 – Region 3 Total Referrals per 1,000 Population aged 10-17, by County

Report Area	2017	2018	2019
Collin	13.2	13.5	13.6
Cooke	12.5	15.9	17.1
Dallas	15.7	14.7	14.7
Denton	11.4	11.4	12.1
Ellis	9.7	8.5	10.5
Erath	9.2	16.9	6.9
Fannin	19.9	16.8	16.7
Grayson	20.5	18.3	21.2
Hood	33.9	24.9	23.7
Hunt	13.1	15.8	12.6
Johnson	11.6	14.1	12.9
Kaufman	11.6	10.7	13.4
Navarro	14.0	10.5	21.2
Palo Pinto	11.8	7.5	11.5
Parker	12.0	12.0	13.5
Rockwall	11.2	9.1	9.3
Somervell	3.5	1.2	7.6
Tarrant	16.4	16.4	17.2
Wise	12.0	9.1	13.3
Region 3	14.7	14.3	14.8
Texas	18.8	18.7	18.9

Texas Juvenile Justice Department[16]

Felony Offenses

Felony offenses are categorized into Violent or Other. Violent Felony offenses include homicide, attempted homicide, sexual assault, robbery, assault, and other violent felonies. Other Felony includes burglary, theft, other property offenses, drug offenses, weapons offenses and other felony offenses that are not previously listed (non-violent). The red cells indicate the top 3 rates in each year.

In 2019, the Texas rate was 5.9 per 1,000 population aged 10-17. The rate over this three-year period increased from **5.0 in 2017**. In 2019, the highest rates were found in Region 9 (West Texas), Region 1 (Panhandle and South Plains), and Region 11 (Rio Grande Valley/Lower South Texas), respectively. Region 3 had a rate of 4.9 per 1,000; this is lower than the Texas rate. Regions 9 and 1 had the highest rates for all three years. Eight regions saw an increase in the rate of felony offenses over the three-year period. In 2019, seven regions had a rate higher than Texas.

Table 24 – Texas Felony Offenses per 1,000 Population aged 10-17, by Region

Report Area	2017	2018	2019
1	8.9	8.3	9.3
2	5.7	8.9	7.8
3	4.4	4.3	4.9
4	5.3	5.3	4.7
5	5.6	5.5	6.0
6	4.2	4.6	4.9
7	5.9	5.7	6.7
8	4.9	4.9	6.6
9	10.0	9.9	11.4
10	3.7	4.7	5.0
11	5.8	6.1	7.9
Texas	5.0	5.2	5.9

Texas Juvenile Justice Department[16]

The red cells in **Table 25** represent the counties with the highest rates of felony offenses per 1,000 population aged 10-17 in Region 3. In 2019, the highest rates were in Grayson, Navarro, and Fannin Counties, respectively. Eleven Region 3 counties saw an increase in the rate of felony offenses over the three-year period. In 2017, there were eleven counties that had a higher rate than Region 3; in 2018, there were 9. Fannin County was among the top three rates for this three-year period.

Table 25 – Region 3 Felony Offenses per 1,000 Population aged 10-17, by County

Report Area	2017	2018	2019
Collin	3.0	3.5	3.9
Cooke	5.5	7.3	6.7
Dallas	4.6	4.2	4.8
Denton	3.0	3.3	3.4
Ellis	4.3	3.8	5.2
Erath	3.3	8.0	3.8
Fannin	6.9	7.6	6.9
Grayson	6.2	5.6	8.7
Hood	8.2	6.5	5.4
Hunt	4.3	4.5	3.2
Johnson	4.6	5.4	5.4
Kaufman	4.9	4.1	6.1
Navarro	3.1	4.2	8.2
Palo Pinto	5.4	3.6	2.5
Parker	4.5	4.8	4.7
Rockwall	3.0	3.7	4.2
Somervell	2.3	0.0	1.3
Tarrant	5.2	5.0	5.9
Wise	4.5	3.1	4.6
Region 3	**4.4**	**4.4**	**4.9**
Texas	**5.0**	**5.2**	**5.9**

Texas Juvenile Justice Department[16]

Misdemeanor A&B Offenses

Misdemeanor A&B offenses include misdemeanor assault, theft, and other misdemeanor property offenses. This also includes misdemeanor drug and weapons offenses, as well as other misdemeanors not previously listed. The red cells indicate the top 3 rates in each year.

In 2019, the Texas rate was 9.2 per 1,000 population aged 10-17. In 2019, the highest rates were found in Region 9 (West Texas), Region 1 (Panhandle and South Plains), and Region 11 (Rio Grande Valley/Lower South Texas), respectively. Region 3 had a rate of 6.3 per 1,000; this is lower than the Texas rate and the lowest rate in the State. Regions 9 and 1 had the top two rates for all three years while Region 3 had the lowest. Three regions saw an increase in the rate of misdemeanor A&B offenses over the three-year period. In 2019, there were seven regions that had a higher rate than Texas.

Table 26 – Texas Misdemeanor A&B per 1,000 Population aged 10-17, by Region

Report Area	2017	2018	2019
1	13.5	18.1	14.1
2	10.1	13.4	11.6
3	**6.7**	**6.5**	**6.3**
4	7.6	7.5	7.0
5	7.4	7.6	6.8
6	8.9	10.0	8.6
7	11.0	10.1	9.5
8	13.1	12.2	12.5
9	16.3	17.5	15.4
10	10.8	11.1	9.7
11	10.8	11.5	13.1
Texas	**9.5**	**9.8**	**9.2**

Texas Juvenile Justice Department[16]

The red cells in **Table 27** represent the counties with the highest rates of Misdemeanor A&B offenses per 1,000 population aged 10-17 in Region 3. In 2019, the highest rates were in Navarro, Hood, Grayson Counties, respectively. Ten Region 3 counties saw an increase in the rate of Misdemeanor A&B offenses over the three-year period. Eight counties had a higher rate than the Region and one had a higher rate than Texas in 2019.

Table 27 – Region 3 Misdemeanor A&B per 1,000 Population aged 10-17, by County

Report Area	2017	2018	2019
Collin	6.2	6.2	5.8
Cooke	5.5	7.3	8.0
Dallas	6.4	5.7	5.5
Denton	5.4	4.9	4.9
Ellis	4.2	3.5	4.6
Erath	5.6	8.6	2.9
Fannin	6.5	5.6	7.5
Grayson	9.7	7.9	8.9
Hood	12.1	7.0	9.2
Hunt	4.9	9.1	7.8
Johnson	5.1	6.2	4.6
Kaufman	4.8	5.9	6.3
Navarro	7.5	4.8	10.9
Palo Pinto	5.7	3.2	6.8
Parker	4.2	4.8	5.7
Rockwall	7.4	3.7	4.5
Somervell	1.2	1.2	6.3
Tarrant	8.5	8.7	8.2
Wise	4.8	5.0	6.2
Region 3	**6.7**	**6.5**	**6.3**
Texas	**9.5**	**9.8**	**9.2**

Texas Juvenile Justice Department[16]

Violations of Probation (VOP)

Violations of Probation (VOP) offenses are indicated below. The red cells indicate the top 3 rates in each year.

In 2019, the Texas rate was 2.6 per 1,000 population aged 10-17. In 2019, the highest rates were found in Region 2 (Northwest Texas), Region 10 (Upper Rio Grande), and Region 9 (West Texas), respectively. Region 3 had a rate of 2.3 per 1,000; this is lower than the Texas rate. Regions 9 and 10 had the top two rates for all three years. Seven regions had a higher rate than Texas in 2019.

Table 28 – Texas VOP per 1,000 Population aged 10-17, by Region

Report Area	2017	2018	2019
1	4.1	4.1	3.3
2	3.1	4.9	5.0
3	**2.2**	**2.3**	**2.3**
4	2.5	2.0	1.8
5	2.9	2.7	2.7
6	2.9	2.4	2.7
7	3.2	2.4	1.8
8	3.6	3.5	2.9
9	5.4	4.9	4.2
10	5.0	4.7	4.7
11	2.4	2.3	2.0
Texas	**2.9**	**2.7**	**2.6**

Texas Juvenile Justice Department[16]

The red cells in **Table 29** represent the counties with the highest rates of violation of probation (VOP) offenses per 1,000 population aged 10-17 in Region 3. In 2019, the highest rates were in Hood, Grayson, and Collin Counties, respectively. Six Region 3 counties saw an increase in the rate of violations of probation over the three-year period. Seven counties had a higher rate than Region and four had a higher rate than Texas in 2019.

Table 29 – Region 3 Violations of Probation per 1,000 Population aged 10-17, by County

Report Area	2017	2018	2019
Collin	3.1	3.1	3.1
Cooke	1.6	1.3	2.3
Dallas	1.7	2.0	1.8
Denton	2.1	2.3	2.8
Ellis	1.2	1.0	0.7
Erath	0.3	0.3	0.0
Fannin	3.9	2.0	2.0
Grayson	4.4	4.8	3.4
Hood	10.7	8.1	6.5
Hunt	3.4	1.9	1.5
Johnson	1.2	1.9	2.5
Kaufman	1.9	0.7	0.9
Navarro	1.0	0.6	0.8
Palo Pinto	0.7	0.4	1.4
Parker	1.7	1.8	1.9
Rockwall	0.3	0.9	0.4
Somervell	0.0	0.0	0.0
Tarrant	2.3	2.5	2.7
Wise	2.8	1.1	2.5
Region 3	**2.2**	**2.3**	**2.3**
Texas	**2.9**	**2.7**	**2.6**

Texas Juvenile Justice Department[16]

Conduct Indicating a Need for Supervision (CINS)

Conduct Indicating a Need for Supervision (CINS) offenses are a fine-only misdemeanor under Texas Law or a violation of ordinances in subdivisions within the state. This is in two categories: Status and other CINS offenses. Status offenses are conduct that would not be a crime under state law if they were committed by an adult; this includes truancy, runaway, and expulsion from alternative education. Other CINS includes offenses that involve property, disorderly conduct, drugs, liquor laws, sex offenses, crisis/unspecified situations and other CINS not previously listed. The red cells indicate the top 3 rates in each year.

In 2019, the Texas rate was 1.2 per 1,000 population aged 10-17. In 2019, the highest rates were found in Region 11 (Rio Grande Valley/ Lower South Texas), Region 9 (West Texas), and Region 7 (Central Texas), respectively. Region 3 had a rate of 1.2 per 1,000. Regions 11, 9 and 7 had the highest rates for all three years. In 2019, there were four regions that had a higher rate than Texas.

Table 30 – Texas CINS per 1,000 Population aged 10-17, by Region

Report Area	2017	2018	2019
1	1.7	1.4	1.5
2	0.3	0.4	0.2
3	**1.4**	**1.3**	**1.2**
4	0.6	0.9	0.5
5	1.1	0.7	1.2
6	0.8	0.7	0.6
7	**2.1**	**1.7**	**1.9**
8	0.7	0.7	0.7
9	**2.2**	**2.3**	**2.5**
10	0.5	0.1	0.0
11	**3.3**	**2.8**	**2.8**
Texas	**1.4**	**1.2**	**1.2**

Texas Juvenile Justice Department[16]

The red cells in **Table 31** represent the counties with the highest rates of Conduct Indicating a Need for Supervision (CINS) offenses per 1,000 population in Region 3. In 2019, the highest rates were in Hood, Dallas, and Navarro Counties, respectively. Hood and Dallas had the top two rates for the three-year period shown. Six Region 3 counties saw an increase in the rate of CINS offenses over the three-year period. In 2019, three counties had a higher rate than the Region and Texas.

Table 31 – Region 3 CINS per 1,000 Population aged 10-17, by County

Report Area	2017	2018	2019
Collin	1.0	0.8	0.7
Cooke	0.0	0.0	0.0
Dallas	3.0	2.8	2.7
Denton	0.9	0.9	1.1
Ellis	0.1	0.1	0.0
Erath	0.0	0.0	0.3
Fannin	2.6	1.7	0.3
Grayson	0.3	0.0	0.1
Hood	3.0	3.4	2.7
Hunt	0.5	0.2	0.1
Johnson	0.7	0.5	0.3
Kaufman	0.0	0.0	0.1
Navarro	2.5	1.0	1.3
Palo Pinto	0.0	0.4	0.7
Parker	1.6	0.6	1.2
Rockwall	0.5	0.7	0.2
Somervell	0.0	0.0	0.0
Tarrant	0.4	0.3	0.3
Wise	0.0	0.0	0.0
Region 3	1.4	1.3	1.2
Texas	1.4	1.2	1.2

Texas Juvenile Justice Department[16]

Liquor Law Violation Arrests

Liquor law violations are defined as violating laws or ordinances regarding the manufacturing, selling, purchasing, transporting, possessing, or using alcohol products. **Table 32** below shows the regional and Texas arrest rates per 100K population for 2018-2020. The red cells indicate the top 3 rates in each year.

In 2020, the Texas rate was 17.7 per 100K population. The rate over this three-year period decreased from 31.9 per 100K in 2018. In 2020, the highest rates were found in Region 11 (Rio Grande Valley/Lower South Texas), Region 10 (Upper Rio Grande), and Region 9 (West Texas), respectively. Region 3 had a rate of 14.0 per 100K population; this is lower than the Texas rate. All regions saw a decrease in rates over the three-year period shown. In 2020, six regions had a higher rate than Texas.

Table 32 – Texas Liquor Law Violation Arrests per 100K Population, by Region

Report Area	2018	2019	2020
1	46.7	42.4	31.9
2	29.8	26.2	15.0
3	**27.7**	**20.3**	**14.0**
4	35.7	31.4	17.3
5	**69.9**	**72.9**	28.4
6	12.5	9.4	5.8
7	46.6	34.3	21.8
8	20.0	20.1	10.1
9	**62.1**	**71.4**	**42.3**
10	**76.3**	**73.0**	**44.9**
11	55.0	62.3	**46.7**
Texas	**31.9**	**28.0**	**17.7**

Texas Department of Public Safety [17]

The red cells in **Table 33** represent the counties with the highest rates of liquor law violation arrests per 100K population in Region 3. The highest rates of liquor law violations in 2020 were in Hood, Cooke, and Somervell Counties, respectively. Cooke County and Hood County were among the top three rates for all three years. Two Region 3 counties saw an increase in the rate of liquor law violations over the three-year period. Eight counties had a higher rate than the Region in 2020.

Table 33 – Region 3 Liquor Law Violation Arrests per 100K Population, by County

Report Area	2018	2019	2020
Collin	21.5	18.4	18.7
Cooke	212.8	171.7	100.7
Dallas	26.5	15.5	8.7
Denton	27.3	22.4	12.3
Ellis	72.8	41.2	3.9
Erath	39.3	14.6	7.2
Fannin	31.9	11.6	0.0
Grayson	29.3	23.0	4.6
Hood	194.3	221.1	165.4
Hunt	40.7	48.8	28.3
Johnson	35.8	10.6	10.5
Kaufman	21.6	11.4	8.0
Navarro	16.7	29.2	41.7
Palo Pinto	21.5	0.0	0.0
Parker	41.0	34.4	14.0
Rockwall	99.9	55.2	14.7
Somervell	11.0	21.8	43.0
Tarrant	16.1	14.1	15.0
Wise	9.3	15.3	7.6
Region 3	27.7	20.3	14.0
Texas	31.9	31.2	17.7

Texas Department of Public Safety [17]

Drunkenness Arrests

Drunkenness is defined as drinking alcohol to the extent that mental faculties and physical coordination are significantly affected. **Table 34** below shows the regional and Texas arrest rates per 100K population for 2018-2020. The red cells indicate the top 3 rates in each year.

In 2020, the Texas rate was 133.1 per 100K population. The rate over this three-year period decreased from 205.0 per 100K in 2018. For all three years below, the highest rates were found in Region 9 (West Texas), Region 11 (Rio Grande Valley/Lower South Texas), and Region 5 (Southeast Texas), respectively. Region 3 had a rate of 153.1 per 100K population; this is higher than the Texas rate. All regions saw a decrease in rates over the three-year period shown. Six regions had a higher rate than Texas in 2020.

Table 34 – Texas Drunkenness Arrests per 100K Population, by Region

Report Area	2018	2019	2020
1	244.6	204.4	175.0
2	265.2	238.0	174.1
3	**225.0**	**194.7**	**153.1**
4	161.6	153.9	115.5
5	**344.2**	**284.8**	**248.6**
6	135.2	116.9	78.3
7	155.0	129.4	96.8
8	143.8	136.9	106.3
9	**503.0**	**401.4**	**328.1**
10	76.4	89.5	51.8
11	**421.0**	**369.7**	**249.8**
Texas	**205.0**	**178.4**	**133.1**

Texas Department of Public Safety [17]

The red cells in **Table 35** represent the counties with the highest rates of drunkenness arrests per 100k population in Region 3. The highest rates of drunkenness arrests in 2020 were in Dallas, Navarro, and Erath Counties, respectively. Dallas County was among the top three rates for three consecutive years. Fannin County saw an increase over the three-year period. In 2020, four counties had a higher rate than the Region and two had a higher rate than Texas.

Table 35 – Region 3 Drunkenness Arrests per 100K Population, by County

Report Area	2018	2019	2020
Collin	126.6	135.9	107.4
Cooke	309.1	186.9	141.0
Dallas	341.1	312.6	219.3
Denton	159.2	135.6	110.8
Ellis	46.6	45.8	40.0
Erath	332.0	163.1	166.2
Fannin	72.5	66.6	121.4
Grayson	197.5	131.6	129.1
Hood	136.6	5.2	69.9
Hunt	177.9	153.8	66.1
Johnson	139.7	103.8	111.8
Kaufman	103.8	116.5	103.1
Navarro	221.0	200.1	200.1
Palo Pinto	132.5	111.1	64.6
Parker	196.1	158.7	128.3
Rockwall	169.0	178.7	164.3
Somervell	252.7	239.3	0.0
Tarrant	192.8	140.1	135.8
Wise	107.0	132.0	91.2
Region 3	**225.0**	**194.7**	**153.1**
Texas	**205.0**	**178.4**	**133.1**

Texas Department of Public Safety [17]

Driving Under the Influence (DUI) Arrests

Driving Under the Influence (DUI) is defined as driving or operating a motor vehicle or common carrier while being mentally and/or physically impaired due to consuming an alcoholic beverage or using narcotics. The data presented below is only for alcohol related DUIs. **Table 36** below shows the regional and Texas arrest rates per 100K population for 2018-2020. The red cells indicate the top 3 rates in each year.

In 2020, the Texas rate was 205.7 per 100K population. The rate over this three-year period stayed the same from 257.8 per 100K in 2017. The highest rates in 2020 were found in Region 10 (Upper Rio Grande), Region 9 (West Texas), and Region 7 (Central Texas), respectively. Region 3 had a rate of 190.3 per 100K population; this is lower than the Texas rate. All regions saw a decrease over the three-year period. In 2020, four regions had a higher rate than Texas.

Table 36 – Texas DUI (Alcohol) Arrests per 100K Population, by Region

Report Area	2018	2019	2020
1	227.5	202.8	178.4
2	229.4	212.9	186.1
3	**227.1**	**215.3**	**190.3**
4	189.1	194.9	153.4
5	189.0	153.1	142.1
6	237.2	247.7	225.8
7	294.4	273.2	**226.7**
8	**354.8**	**298.4**	194.5
9	**322.1**	**287.0**	**256.4**
10	**366.2**	**394.0**	**300.5**
11	259.9	232.6	187.7
Texas	**257.8**	**244.9**	**205.7**

Texas Department of Public Safety [17]

The red cells in **Table 37** represent the counties with the highest rates of DUI alcohol arrests per 100K population in Region 3. The highest rates of DUI arrests in 2020 were in Somervell, Erath, and Rockwall Counties, respectively. Five Region 3 counties saw an increase over the three-year period. Region 3 saw a decrease in arrests rates from 2018 to 2020. In 2020, eight counties have a higher rate than the Region.

Table 37 – Region 3 DUI (Alcohol) Arrests per 100K Population, by County

Report Area	2018	2019	2020
Collin	201.4	197.3	182.5
Cooke	253.4	252.6	158.6
Dallas	230.1	213.4	187.5
Denton	198.3	177.5	204.8
Ellis	200.8	154.5	209.9
Erath	292.7	221.5	272.1
Fannin	145.1	144.8	161.9
Grayson	328.7	333.7	236.9
Hood	304.6	214.2	218.3
Hunt	97.5	38.2	56.6
Johnson	203.0	178.7	164.2
Kaufman	162.0	180.1	160.6
Navarro	166.8	225.1	189.6
Palo Pinto	354.4	268.9	93.3
Parker	265.2	202.1	129.0
Rockwall	363.7	320.2	252.3
Somervell	340.6	326.3	279.8
Tarrant	245.3	249.1	198.1
Wise	136.4	158.1	165.6
Region 3	**227.1**	**215.3**	**190.3**
Texas	**257.8**	**244.9**	**205.7**

Texas Department of Public Safety [17]

Adult Arrests for Drug/Narcotics

Tables 38 & 39 show the rate of arrests for drug/narcotic and drug equipment violations.

The red cells represent the counties with the highest rates of drug/narcotic violation arrests per 100K population in Region 3. In 2020, the highest rates were found in Cooke, Navarro, and Wise Counties, respectively. Wise County was among the top three rates for each year shown. Thirteen Region 3 counties saw an increase in rates over the three-year period; the largest rate increase is seen in Cooke County. Nine counties had a higher rate than the Region in 2020.

Table 38 – Region 3 Drug/Narcotic Violation Arrests per 100K Population, by County

Report Area	2018	2019	2020
Collin	273.8	262.3	164.5
Cooke	0.0	618.8	845.8
Dallas	204.6	265.0	288.8
Denton	160.6	165.4	154.2
Ellis	110.6	96.7	177.2
Erath	0.0	43.8	149.3
Fannin	0.0	0.0	54.9
Grayson	1.5	169.1	239.2
Hood	115.5	198.7	504.7
Hunt	30.0	142.1	231.8
Johnson	117.0	218.2	205.0
Kaufman	515.8	562.2	421.9
Navarro	412.8	637.8	666.9
Palo Pinto	171.9	211.5	262.0
Parker	185.4	163.9	174.8
Rockwall	927.2	740.8	560.4
Somervell	0.0	0.0	333.5
Tarrant	350.9	331.8	259.1
Wise	536.4	658.4	632.2
Region 3	251.6	276.6	255.4

Texas Department of Public Safety [18]

The red cells represent the counties with the highest rates of drug equipment violation arrests per 100K population in Region 3. In 2020, The highest rates were found in Cooke, Kaufman, and Wise Counties, respectively. Twelve Region 3 counties saw an increase in rates over the three-year period; the largest increase is seen in Cooke County. Six counties had a higher rate than the Region 2020.

Table 39 – Region 3 Drug Equipment Violation Arrests per 100K Population, by County

Report Area	2018	2019	2020
Collin	143.5	137.2	120.8
Cooke	0.0	186.9	511.0
Dallas	5.4	75.9	124.0
Denton	43.2	46.9	80.3
Ellis	17.5	29.8	58.0
Erath	0.0	2.4	28.9
Fannin	0.0	0.0	0.0
Grayson	0.0	12.2	31.1
Hood	66.5	84.7	88.7
Hunt	39.7	96.5	101.8
Johnson	45.4	34.2	86.8
Kaufman	124.6	152.4	151.0
Navarro	20.8	4.2	6.3
Palo Pinto	139.6	25.1	14.4
Parker	0.8	8.2	26.5
Rockwall	262.7	179.7	122.3
Somervell	0.0	0.0	0.0
Tarrant	94.2	89.7	92.5
Wise	136.4	187.2	138.3
Region 3	59.0	82.9	104.6

Texas Department of Public Safety [18]

Crime Rate

According to the National Center on Addiction and Substance Abuse (CASA) 2010 report, *Behind Bars II: Substance Abuse and America's Prison Population*, nearly 85% of the 2.3 million inmates in our country's jail and prison systems were involved with substances at the time of their arrest.[19] From this population, approximately 1.5 million inmates met the DSM-IV medical criteria for substance abuse or addiction, and one-third of inmates had a clinically diagnosed mental health disorder.[19] From this, we can hypothesize that many Region 3 crimes are committed by persons suffering from a mental health or substance use disorder.

Alternatively, substance use becomes an issue for victims of violent and sexual crimes. Longitudinal studies reveal that victims of physical or sexual crimes are more likely to experience psychological distress, abuse substances, and become revictimized in the future. Examples of longitudinal studies include the 1995 National Survey of Adolescents and the 2005 National Survey of Adolescents Replication.[20] These showed declines in non-experimental-cigarette use and alcohol use as significantly greater for individuals who do not have a previous victimization than those with a history of victimization, indicating victimization is a great risk factor for later substance use.[20]

The crime data in this section were gathered from the Texas Department of Public Safety. Red cells represent counties with the highest rates for a specified crime. This includes property and violent crimes. Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include murder, rape, robbery, and aggravated assault.

Murder

Table 40 shows murder rates per 100K population for Region 3 counties. The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Cooke, Dallas, and Tarrant Counties, respectively. Dallas was among the top three rates for all three years. Seven Region 3 counties saw an increase in the rate of murder over the three-year period. In 2020, there were four counties that had a higher rate than Region 3.

Table 40 – Region 3 Murder Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	1.1	0.7	0.9
Cooke	0.0	7.5	10.1
Dallas	7.2	8.4	9.9
Denton	1.8	1.5	1.9
Ellis	1.2	1.7	1.7
Erath	2.4	4.7	0.0
Fannin	0.0	6.2	0.0
Grayson	2.3	3.8	6.8
Hood	3.4	1.7	5.0
Hunt	3.4	7.6	2.2
Johnson	2.8	0.6	2.2
Kaufman	4.8	3.1	3.8
Navarro	8.5	4.0	4.0
Palo Pinto	0.0	3.5	3.5
Parker	1.5	2.2	2.2
Rockwall	1.1	2.1	0.0
Somervell	11.3	0.0	0.0
Tarrant	3.5	5.0	7.8
Wise	6.0	4.3	4.3
Region 3	4.3	5.1	6.4
Texas	4.7	4.9	6.7

Texas Department of Public Safety [21]

Rape

Table 41 shows rates of rape per 100K population for Region 3 counties. The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Somervell, Erath, Navarro Counties, respectively. Navarro County was among the top three rates for all three years. Five Region 3 counties saw an increase in the rate of rape over the three-year period. In 2020, there were eleven counties that had a higher rate than Region 3.

Table 41 – Region 3 Rape Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	32.4	28.7	29.3
Cooke	61.2	50.3	45.3
Dallas	48.1	44.1	37.1
Denton	53.5	59.2	53.0
Ellis	28.4	21.3	32.1
Erath	44.7	74.8	72.5
Fannin	59.8	55.4	43.1
Grayson	57.6	52.8	56.5
Hood	39.5	24.8	28.1
Hunt	61.6	43.7	45.9
Johnson	52.4	57.4	46.4
Kaufman	55.1	39.7	41.2
Navarro	82.7	127.4	60.6
Palo Pinto	17.4	41.4	44.9
Parker	43.5	35.5	34.1
Rockwall	34.6	34.5	27.2
Somervell	11.3	0.0	110.8
Tarrant	52.5	51.2	49.4
Wise	35.8	34.7	39.1
Region 3	47.6	45.3	41.5
Texas	52.8	52.5	46.5

Texas Department of Public Safety [21]

Robbery

Table 42 shows robbery rates per 100K population for Region 3 counties. The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Dallas, Tarrant, and Hunt Counties, respectively. Dallas and Tarrant were among the top three rates for all three years. Six Region 3 counties saw an increase in the rate of robbery over the three-year period. For each year shown, Dallas County had a higher rate than Region 3.

Table 42 – Region 3 Robbery Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	26.6	24.0	22.0
Cooke	33.2	20.1	30.2
Dallas	181.5	199.1	151.0
Denton	30.9	27.4	25.6
Ellis	28.4	22.5	29.2
Erath	7.1	21.0	4.7
Fannin	9.4	6.2	12.3
Grayson	37.7	30.1	30.1
Hood	13.7	13.2	1.7
Hunt	16.8	41.5	36.0
Johnson	19.7	21.0	18.2
Kaufman	23.1	24.4	26.7
Navarro	31.8	40.4	34.4
Palo Pinto	34.8	13.8	17.3
Parker	13.5	10.1	12.3
Rockwall	9.7	10.4	23.0
Somervell	11.3	0.0	11.1
Tarrant	89.1	82.8	75.7
Wise	8.9	10.1	8.7
Region 3	100.2	103.7	83.8
Texas	99.1	100.4	92.9

Texas Department of Public Safety [21]

Aggravated Assault

Table 43 shows aggravated assault rates per 100K population for Region 3 counties. The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Hunt, Dallas, and Tarrant Counties, respectively. Hunt and Dallas were among the top three rates for all three years. Twelve Region 3 counties saw an increase in the rate of aggravated assault over the three-year period. Four counties had a higher rate than the Region in 2020.

Table 43 –Region 3 Aggravated Assault Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	69.1	62.5	71.0
Cooke	186.2	223.9	166.1
Dallas	251.3	288.2	334.7
Denton	93.9	72.3	89.3
Ellis	113.6	76.1	95.1
Erath	122.5	137.9	98.2
Fannin	94.4	129.3	147.8
Grayson	137.6	168.1	199.7
Hood	108.2	94.3	112.5
Hunt	336.2	435.9	392.2
Johnson	191.7	177.9	199.4
Kaufman	118.9	109.9	112.9
Navarro	284.2	313.3	287.0
Palo Pinto	135.8	76.0	145.0
Parker	122.3	84.1	103.7
Rockwall	62.8	60.6	68.9
Somervell	22.5	44.3	44.3
Tarrant	234.5	229.5	308.9
Wise	159.5	111.4	118.6
Region 3	195.1	203.6	245.1
Texas	259.2	262.7	306.6

Texas Department of Public Safety [21]

Burglary

Table 44 shows burglary rates for Region 3 counties. Burglary figures refer to breaking and entering, and stolen property refers to buying, receiving, and possessing stolen goods. These descriptions are determined by the Texas Department of Public Safety.

The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Palo Pinto, Navarro, and Dallas Counties, respectively. These three counties also had the top rates for all three years. Seven Region 3 counties saw an increase in the rate of burglary over the three-year period. Five counties had a higher rate than the Region in 2020.

Table 44 – Region 3 Burglary Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	159.8	143.4	136.8
Cooke	316.4	244.0	329.6
Dallas	494.1	484.5	503.4
Denton	180.5	165.0	151.6
Ellis	184.0	218.5	201.1
Erath	327.3	306.2	210.4
Fannin	431.3	258.6	169.3
Grayson	385.0	370.8	336.2
Hood	233.5	220.1	178.7
Hunt	285.8	336.5	202.1
Johnson	212.0	240.8	196.1
Kaufman	257.8	317.5	264.0
Navarro	557.7	402.3	529.6
Palo Pinto	532.8	607.7	680.2
Parker	243.0	197.2	165.3
Rockwall	103.9	130.6	115.9
Somervell	67.6	121.9	376.7
Tarrant	388.4	341.7	305.2
Wise	195.3	215.6	173.6
Region 3	362.1	342.3	332.9
Texas	410.6	391.9	374.8

Texas Department of Public Safety [21]

Larceny

Table 45 shows larceny rates for Region 3 counties. Larceny-theft includes pocket-picking, shoplifting, theft from motor vehicle, all other larceny, theft from building, theft from coin-operated machine or device, purse-snatching, theft from motor vehicle parts/accessories (not motor vehicle theft). These descriptions are determined by the Texas Department of Public Safety.

The counties with the highest rates for each year are indicated in red. In 2019, the highest rates were found in Tarrant, Dallas, and Palo Pinto Counties, respectively. Tarrant and Dallas had the top two rates for all three years. Seven Region 3 counties saw an increase in the rate of larceny over the three-year period. Two region had a higher rate than the Region in 2020.

Table 45 – Region 3 Larceny Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	1,044.2	957.3	914.1
Cooke	839.4	885.6	1,195.1
Dallas	1,843.2	1,829.2	1,780.5
Denton	1,055.8	997.9	950.3
Ellis	927.0	963.8	906.4
Erath	960.8	946.7	752.7
Fannin	601.3	806.5	612.6
Grayson	1,109.0	1,091.4	1,001.7
Hood	1,198.6	983.0	1,128.7
Hunt	928.0	1,066.2	846.6
Johnson	971.5	829.7	807.0
Kaufman	910.8	987.5	1,050.8
Navarro	1,543.8	1,443.3	1,285.7
Palo Pinto	1,037.7	1,098.1	1,305.2
Parker	867.8	735.9	727.2
Rockwall	994.8	927.5	1,053.9
Somervell	315.6	177.3	398.8
Tarrant	1,917.7	1,841.0	1,824.1
Wise	548.7	675.7	774.0
Region 3	1,555.5	1,507.1	1,473.4
Texas	1,721.2	1,729.9	1,605.2

Texas Department of Public Safety [21]

Motor Vehicle Theft

Table 46 shows motor vehicle theft rates per 100K population for Region 3 counties. The counties with the highest rates for each year are indicated in red. In 2020, the highest rates were found in Dallas, Tarrant, and Palo Pinto Counties, respectively. Dallas and Tarrant Counties had the top two rates for all three years. Fifteen Region 3 counties saw an increase in the rate of motor vehicle theft over the three-year period. Dallas County had a higher rate than Region 3 and Texas for the three-year period.

Table 46 – Region 3 Motor Vehicle Theft Cases per 100K Population, by County

Report Area	2018	2019	2020
Collin	86.6	86.6	91.9
Cooke	66.3	57.9	176.1
Dallas	495.9	540.4	550.6
Denton	100.4	108.6	136.0
Ellis	92.9	100.3	119.2
Erath	84.8	53.8	72.5
Fannin	56.7	126.2	70.8
Grayson	148.3	161.3	189.2
Hood	89.3	119.2	81.1
Hunt	126.6	183.5	199.9
Johnson	112.8	131.5	140.3
Kaufman	154.9	172.5	187.7
Navarro	137.8	143.5	153.6
Palo Pinto	160.2	148.5	221.0
Parker	96.0	106.6	102.2
Rockwall	122.3	121.2	102.4
Somervell	11.3	33.2	0.0
Tarrant	273.3	290.0	312.6
Wise	79.0	86.8	99.8
Region 3	293.2	315.1	329.5
Texas	244.4	268.9	290.0

Texas Department of Public Safety [21]

Texas Prison Incarcerations

The rates for incarceration due to drug or driving while intoxicated (DWI) charges are shown below in **Tables 47 and 48.**

Table 47 shows the rate per 100K population of offenders on hand for a drug charge for Region 3 counties over a five-year period. In 2020, the Texas rate was 58.3 per 100K population. Region 3 had a rate of 51.6 per 100K population.

The highest rates in 2020 were found in Palo Pinto, Hood, and Navarro, respectively; these counties had the highest rates for all five years shown. Four counties saw an increase over the five-year period. In 2020, fifteen counties had a higher rate than the Region. Between 2019 and 2020, most Region 3 counties saw a significant drop in rates.

Table 47 – Region 3 Drug Charge Incarcerations per 100K Population, by County

Report Area	2016	2017	2018	2019	2020
Collin	18.0	17.3	19.6	21.5	16.8
Cooke	193.8	259.3	223.0	265.2	163.6
Dallas	81.8	74.0	65.4	53.5	36.1
Denton	27.3	28.9	23.8	20.1	13.3
Ellis	66.8	98.8	117.0	120.7	81.0
Erath	175.7	169.0	157.4	182.5	108.4
Fannin	218.7	244.4	243.8	217.2	185.0
Grayson	203.9	221.7	246.9	248.7	204.2
Hood	356.0	312.3	358.9	345.5	259.2
Hunt	150.0	162.5	172.6	168.6	116.4
Johnson	237.6	238.9	256.2	238.8	184.6
Kaufman	109.6	117.7	130.4	119.8	90.3
Navarro	256.6	264.8	341.9	308.5	206.3
Palo Pinto	253.8	289.8	426.0	512.7	384.1
Parker	155.8	166.7	147.4	161.7	136.4
Rockwall	108.6	118.4	141.1	132.5	101.7
Somervell	100.9	188.8	175.8	163.1	150.6
Tarrant	74.7	72.3	73.0	72.6	49.2
Wise	106.1	83.0	76.0	116.6	65.3
Region 3	79.9	78.3	77.4	73.1	51.6
Texas	84.8	83.7	83.4	80.3	58.3

Texas Department of Criminal Justice[22]

Table 48 below shows the rate of incarcerations for driving while intoxicated (DWI) per 100K population over a five-year period in Region 3 counties. **In 2020, the Texas rate was 13.3 per 100K population.** Region 3 had a rate of 10.7 per 100K population. The highest rates in 2020 were found in Palo Pinto, Hood, and Navarro, respectively. Two counties saw an increase over the five-year period. In 2020, sixteen counties had a higher rate than the Region.

Table 48 – Region 3 DWI Charge Incarcerations per 100K Population, by County

Report Area	2016	2017	2018	2019	2020
Collin	4.9	5.6	4.8	4.6	3.3
Cooke	68.9	61.0	48.1	27.8	30.2
Dallas	9.2	7.8	7.2	5.9	3.5
Denton	19.9	19.0	19.2	14.5	9.6
Ellis	21.7	23.7	26.2	26.9	23.1
Erath	75.3	67.1	56.6	41.4	24.1
Fannin	96.2	72.7	58.0	57.9	37.6
Grayson	58.8	63.0	47.8	45.9	40.2
Hood	113.3	95.8	94.5	86.4	80.1
Hunt	38.3	42.3	39.7	33.9	27.3
Johnson	36.7	49.0	40.0	44.2	34.4
Kaufman	33.7	33.9	28.2	25.3	16.8
Navarro	39.6	35.4	45.9	35.4	25.0
Palo Pinto	67.9	68.0	89.5	78.9	75.4
Parker	54.0	61.0	57.8	52.4	36.1
Rockwall	29.3	24.3	26.8	24.1	20.5
Somervell	56.1	100.0	87.9	76.1	32.3
Tarrant	20.6	18.3	14.5	14.6	11.1
Wise	42.8	45.4	35.7	35.3	28.9
Region 3	18.9	18.0	15.9	14.4	10.7
Texas	25.4	23.5	21.0	18.8	13.3

Texas Department of Criminal Justice[22]

Health Care/Service System

Health Insurance

The lack of health insurance is considered a key factor in determining a county's health status. This indicator is relevant because lack of health insurance is an obstacle to most types of health care and may lead to poor health.

In 2020, the Texas rate for adults without health insurance was 23%. There is no regional calculation for this measure. The highest rates in 2020 were found in Dallas, Erath, and Navarro, respectively. All the counties saw a decrease over the five-year period except for Rockwall. In 2020, eight counties had a higher rate than Texas.

Table 49 – Region 3 Adults Without Health Insurance (Ages 19-64), by County

Report Area	2016	2017	2018	2019	2020
Collin	19%	15%	13%	13%	14%
Cooke	30%	25%	23%	23%	24%
Dallas	36%	30%	27%	26%	27%
Denton	20%	17%	15%	14%	15%
Ellis	27%	24%	21%	20%	22%
Erath	36%	30%	28%	25%	27%
Fannin	30%	25%	22%	25%	25%
Grayson	29%	26%	24%	23%	23%
Hood	26%	23%	22%	20%	20%
Hunt	30%	26%	21%	23%	22%
Johnson	30%	25%	22%	21%	21%
Kaufman	29%	24%	22%	22%	20%
Navarro	33%	28%	27%	27%	27%
Palo Pinto	32%	30%	26%	26%	26%
Parker	25%	19%	18%	18%	17%
Rockwall	21%	16%	15%	15%	25%
Somervell	26%	20%	19%	21%	22%
Tarrant	29%	24%	21%	21%	22%
Wise	29%	23%	22%	20%	25%
Texas	30%	26%	23%	23%	23%

U.S. Census Bureau [23]

An article published in the Archives of Pediatrics & Adolescent Medicine further describes that an uninsured child in the U.S. is more likely to have limited access to preventative services (Holl et al, 1995).[24] An understanding of access to care in Region 3 for the younger generation may help improve levels of access to care and preventative services.

Table 50 below shows the percentages of children under the age of 19 who do not have health insurance. The red cells indicate the counties with the highest rate in Region 3 over a five-year period. Wise, Somervell and Erath Counties had the highest rates for 2020. Erath County was among the highest three rates for each year shown. Wise County saw an increase in rates over the five-year period. In 2020, sixteen counties had a higher rate than Texas.

Table 50 – Region 3 Child Population (ages 0-18) Without Health Insurance, by County

Report Area	2016	2017	2018	2019	2020
Collin	11%	8%	7%	7%	8%
Cooke	16%	15%	12%	13%	13%
Dallas	15%	13%	11%	11%	13%
Denton	11%	9%	8%	6%	9%
Ellis	14%	12%	12%	11%	11%
Erath	19%	18%	14%	14%	15%
Fannin	15%	13%	13%	13%	14%
Grayson	14%	12%	11%	12%	12%
Hood	14%	16%	12%	12%	12%
Hunt	16%	12%	10%	11%	11%
Johnson	15%	12%	13%	11%	10%
Kaufman	14%	13%	10%	9%	11%
Navarro	15%	14%	13%	10%	12%
Palo Pinto	18%	18%	13%	12%	13%
Parker	12%	11%	10%	10%	11%
Rockwall	12%	10%	10%	9%	9%
Somervell	17%	13%	13%	13%	15%
Tarrant	12%	10%	10%	9%	11%
Wise	15%	15%	12%	12%	17%
Texas	10%	12%	10%	10%	10%

U.S. Census Bureau [23]

Teen Birth Rate

Teen birth rates for Texas and its regions over a three-year period can be found below. This rate is calculated using the number of births divided by the number of females in the population aged 15-19 per 1000.

In 2020, the Texas rate was 22.4. The highest rates were found in Region 11 (Rio Grande Valley/Lower South Texas), Region 9 (West Texas), and Region 5 (Southeast Texas). Region 3 had a rate of 18.5, this is lower than the Texas rate. In 2020, eight regions had a higher rate than Texas.

Table 51 – Texas Teen Birth Rates (per 1,000 Females Ages 15-19), by Region

Report Area	2018	2019	2020
1	29.9	30.9	30.1
2	34.6	30.8	30.0
3	20.9	19.8	18.5
4	33.1	31.6	28.6
5	34.6	33.9	31.6
6	21.5	20.2	19.0
7	19.9	19.4	17.8
8	26.0	25.1	24.1
9	40.6	38.5	33.1
10	33.6	32.5	27.3
11	39.4	38.0	34.9
Texas	25.3	24.1	22.4

Texas Department of State Health Services [25]

Table 52 below shows the teen birth rates for Region 3 counties over a three-year period. In 2020, The highest rates were found in Navarro, Palo Pinto, and Fannin Counties, respectively. Navarro and Palo Pinto counties had the top three rates for each year shown. In 2020, thirteen counties had a higher rate than Region 3. Six Counties saw an increase in their rate over the three-year period.

(***) indicates suppressed data

Table 52 – Region 3 Teen Birth Rates (per 1,000 Females Ages 15-19), by County

Report Area	2018	2019	2020
Collin	7.4	7.3	6.5
Cooke	39.2	32.4	32.2
Dallas	28.9	27.0	25.0
Denton	9.1	9.0	8.0
Ellis	18.8	20.0	17.5
Erath	18.9	10.4	12.1
Fannin	26.9	30.1	32.4
Grayson	36.3	31.9	26.0
Hood	24.2	19.0	20.7
Hunt	28.2	36.8	32.0
Johnson	30.9	28.0	22.6
Kaufman	24.4	22.7	28.2
Navarro	38.9	48.9	41.6
Palo Pinto	38.9	46.4	39.0
Parker	20.9	22.7	19.5
Rockwall	8.2	8.4	8.4
Somervell	***	***	***
Tarrant	21.0	19.3	19.3
Wise	29.0	26.9	19.1
Region 3	20.9	19.7	18.5
Texas	25.3	24.1	22.4

Texas Department of State Health Services [25]

Infant Mortality

Infant mortality rates for Texas and its regions over a three-year period can be found below. Infant mortality is defined as the death of an infant before their first birthday. This rate is calculated using the number of infant deaths divided by the number of total births per 1000.

In 2020, the Texas rate was 5.3. The highest rates were found in Region 4 (Upper East Texas), Region 5 (Southeast Texas), and Region 2 (Northwest Texas). Region 3 had a rate of 5.4. In 2020, seven regions had a higher rate than Texas.

Table 53 – Texas Infant Mortality Rates per 1,000 Live Births, by Region

Report Area	2018	2019	2020
1	6.2	7.5	5.4
2	5.1	6.9	5.8
3	5.7	5.4	5.4
4	6.2	5.7	7.3
5	6.7	5.2	6.8
6	5.5	5.7	5.4
7	4.3	4.9	4.9
8	6.6	6.0	5.3
9	6.2	4.5	5.6
10	3.4	5.5	3.9
11	4.7	4.7	4.8
Texas	5.5	5.5	5.3

Texas Department of State Health Services [26]

Table 54 below shows the rates of infant mortality in Region 3 counties over a three-year period. Due to data limitations, the county breakdown rate is calculated per 10K population (not by live births); therefore the regional and county rates are not comparable. In 2020, the highest rates per 10K population were found in Kaufman, Dallas, and Tarrant Counties, respectively.

(*) indicates suppressed data
*** Region 3 and Texas rates are per live births not 10K population***

Table 54 – Region 3 Infant Mortality Rates per 10K Population, by County

Report Area	2018	2019	2020
Collin	4.4	4.6	4.5
Cooke	*	*	*
Dallas	8.5	8.6	8.3
Denton	4.4	4.5	4.9
Ellis	6.4	9.7	*
Erath	*	*	*
Fannin	*	*	*
Grayson	8.5	8.4	*
Hood	*	*	*
Hunt	*	*	*
Johnson	10.2	7.7	*
Kaufman	*	*	9.6
Navarro	*	*	*
Palo Pinto	*	*	0.0
Parker	*	*	0.0
Rockwall	*	*	*
Somervell	*	0.0	*
Tarrant	8.4	7.2	7.3
Wise	*	*	*
Region 3**	5.7	5.4	5.4
Texas**	5.5	5.5	5.3

Texas Department of State Health Services [26]

Ratio of Population to Mental Health Providers

This measure shows the accessibility of mental health providers to the general population. The table below displays the ratio of the population (X) to mental health providers (Y) for Texas and Region 3 counties over a three-year period. There is no regional calculation for this measure. The ratio (X:Y) is lowest in Palo Pinto, Somervell, and Wise Counties. In 2020, fourteen counties in Region 3 had a higher ratio than Texas. Overall, the ratios have decreased over the three-year period, which indicates an increase in accessibility to mental health providers. Fannin County saw an increase in its ratio over the three-year period shown.

Table should be read: For every (Y) mental health provider there are (X) people. For example, for every 1 mental health provider in Palo Pinto county, there are 4,810 people.

Table 55 – Ratio of Population to Mental Health Providers (X:Y) in Region 3

Report Area	2017	2018	2019
Collin	1,030:1	960:1	880:1
Cooke	1,710:1	1,660:1	1,690:1
Dallas	780:1	730:1	680:1
Denton	1,010:1	960:1	890:1
Ellis	1,640:1	1,620:1	1,570:1
Erath	1,190:1	1,170:1	1,090:1
Fannin	900:1	910:1	980:1
Grayson	970:1	920:1	820:1
Hood	1,180:1	1,140:1	1,060:1
Hunt	1,560:1	1,360:1	1,290:1
Johnson	1,470:1	1,410:1	1,400:1
Kaufman	1,100:1	1,120:1	1,090:1
Navarro	1,940:1	1,740:1	1,550:1
Palo Pinto	5,610:1	5,710:1	4,810:1
Parker	2,090:1	2,020:1	1,870:1
Rockwall	890:1	880:1	800:1
Somervell	8,780:1	8,850:1	4,510:1
Tarrant	1,000:1	930:1	820:1
Wise	6,450:1	5,520:1	4,270:1
Texas	1,010:1	960:1	880:1

County Health Rankings and Roadmaps [27]

Adults Utilizing State-Funded SUD Treatment Services

The table below shows the rate of Adults utilizing state-funded SUD treatment services per 100K adult population. **Region 3 had a rate of 96.0 which is lower than Texas overall (126.5).**

In 2019, the highest rates were in Palo Pinto, Grayson, and Somervell Counties, respectively. Palo Pinto was among the top three rates for each of the three years shown. Fannin County experienced an increase in its rate over the three-year period. In 2019, twelve counties had a higher rate than the Region.

Table 56 – Region 3 Adults in Treatment per 100K Adult Population, by County

Report Area	2017	2018	2019
Collin	29.5	35.2	29.0
Cooke	138.8	134.8	124.2
Dallas	120.2	124.1	118.5
Denton	50.0	43.5	32.9
Ellis	61.7	73.7	59.9
Erath	126.8	103.5	80.6
Fannin	87.9	153.0	123.4
Grayson	173.7	157.1	**154.7**
Hood	177.6	126.8	114.3
Hunt	138.2	131.0	137.8
Johnson	**219.0**	170.1	122.6
Kaufman	92.8	98.5	72.2
Navarro	163.2	**173.7**	148.3
Palo Pinto	**351.9**	**189.2**	**207.5**
Parker	**205.0**	127.5	87.5
Rockwall	32.7	34.4	30.5
Somervell	185.3	168.5	**152.3**
Tarrant	198.4	**182.7**	121.6
Wise	153.1	116.7	121.1
Region 3	**126.1**	**119.3**	**96.0**
Texas	**141.8**	**138.0**	**126.5**

Texas Health and Human Services Commission [28]

Youth Utilizing State-Funded SUD Treatment Services

The table below shows the rate of youth (ages 12-17) utilizing state-funded SUD treatment services per 10K population aged 12-17. **Region 3 had a rate of 16.9 which is lower than Texas overall (30.5).**

In 2019, the highest rates were in Hood, Grayson, and Palo Pinto Counties. Eight counties experienced an increase in the rate over the three-year period. In 2019, nine counties had a higher rate than the Region.

Table 57 – Region 3 Youth in Treatment per 10K Population (Ages 12-17), by County

Report Area	2017	2018	2019
Collin	7.3	8.0	7.8
Cooke	9.3	15.2	21.6
Dallas	20.7	18.4	20.1
Denton	8.5	8.5	8.0
Ellis	8.7	5.6	11.7
Erath	10.1	19.8	16.4
Fannin	**29.3**	8.5	4.2
Grayson	25.1	13.3	**23.9**
Hood	**50.5**	10.0	**29.2**
Hunt	12.9	14.3	21.4
Johnson	20.8	**23.4**	15.2
Kaufman	16.9	14.8	18.4
Navarro	19.8	**25.0**	10.0
Palo Pinto	9.1	18.7	**23.5**
Parker	18.0	17.0	21.5
Rockwall	9.2	11.2	7.1
Somervell	**29.0**	0.0	0.0
Tarrant	24.4	**22.2**	21.9
Wise	13.6	11.7	3.9
Region 3	**17.9**	**16.3**	**16.9**
Texas	**30.1**	**29.4**	**30.5**

Texas Health and Human Services Commission [28]

Opioid-related Emergency Department (ED) Visits

The data below shows patients who were seen in a hospital-based emergency department (ED) and were also seen at an inpatient or outpatient facility. This data does not include free-standing emergency centers. These records only represent those discharged to their home or to another facility for further treatment, not those whose opioid related ED visit resulted in a fatality. Additionally, this data was collected only for those who reside in Texas, and not for those who reside outside of Texas but received care in Texas. These visits are based on Revenue Codes used for payment and are generally more accurate than type of admission or source of admission codes.

In 2020, the Texas rate was 20.2 per 100K population. The highest rates were found in Region 2 (Northwest Texas), Region 3, and Region 1 (Panhandle and South Plains), respectively. Region 3 had a rate of 23.5 per 100K pop. Region 2 had the highest rate for each of the five years shown. In 2020, four regions had a higher rate than Texas. Rates of opioid-related emergency department visits decreased over this five-year period.

Table 58 – Texas Opioid-related ED Visits per 100K Population, by Region

Report Area	2016	2017	2018	2019	2020
1	37.7	37.0	26.0	25.6	**22.1**
2	**50.7**	**47.9**	**38.3**	**34.1**	**25.6**
3	**40.8**	37.8	**32.6**	**30.9**	**23.5**
4	**40.5**	**37.9**	31.7	27.4	21.5
5	35.1	33.5	28.0	21.3	16.7
6	25.2	26.1	25.8	24.7	19.9
7	35.7	**38.2**	**32.3**	**29.3**	20.0
8	37.5	32.7	30.0	25.7	17.0
9	36.0	27.5	26.6	26.8	16.4
10	29.1	26.9	27.8	25.3	17.5
11	28.4	24.3	22.2	24.8	15.4
Texas	**34.4**	**32.8**	**29.2**	**27.4**	**20.2**

Texas Department of State Health Services [29]

The table below shows the rate of opioid-related visits per 100K population over a four-year period for Region 3 counties. The 2020 rates are not yet available at the county-level. In 2019, Region 3 had a rate of 30.9 per 100K population. In 2019, the highest rates were in Palo Pinto, Grayson, and Parker, respectively. Grayson County was among the top three rates for each of the years shown. All Region 3 counties experienced a decrease in the rate over the three-year period. Two counties had a higher rate than the Region in 2019.

(***) indicates suppressed data

Table 59 – Region 3 Opioid-related ED Visits per 100K Population, by County

Report Area	2016	2017	2018	2019
Collin	26.2	25.3	23.5	15.5
Cooke	61.2	33.0	***	***
Dallas	38.0	36.7	33.7	23.9
Denton	31.4	32.0	26.2	19.1
Ellis	36.7	30.8	30.8	18.3
Erath	25.1	***	***	***
Fannin	64.2	58.2	40.6	***
Grayson	76.1	72.3	49.4	42.1
Hood	79.1	74.5	35.0	19.0
Hunt	38.3	46.6	43.9	28.6
Johnson	55.1	71.4	32.2	15.3
Kaufman	33.7	31.3	31.6	16.3
Navarro	31.3	43.8	29.2	***
Palo Pinto	107.2	42.9	46.5	68.1
Parker	44.6	38.6	35.0	29.2
Rockwall	38.0	25.4	21.6	13.0
Somervell	***	***	***	***
Tarrant	42.8	40.8	35.5	28.5
Wise	44.3	32.9	24.8	16.9
Region 3	**40.8**	**37.8**	**32.6**	**30.9**
Texas	**34.4**	**32.8**	**29.2**	**27.4**

Texas Department of State Health Services [29]

HIV Infection Rates

New HIV Diagnoses

Table 60 shows the rate of new HIV diagnoses by region over a three-year period. Rates are shown per 100K population. The top 3 regions in each year are indicated.

In 2018, the Texas rate was 15.7 per 100K population. The highest rates were found in Region 6 (Gulf Coast), Region 3, and Region 10 (Upper Rio Grande), respectively. Region 2 (Northwest Texas) had the lowest rate in the State at 7.5 per 100K population. Region 3 had a rate of 17.2 per 100K population; this is higher than the Texas rate. Regions 6 and 3 had the two highest rates for all three years. Five regions saw an increase in the rates of new HIV diagnoses over the three-year period. In 2018, there were three regions that had a higher rate than Texas.

Table 60 – Texas New HIV Diagnoses per 100K Population, by Region

Report Area	2016	2017	2018
1	8.4	9.2	9.5
2	3.6	5.3	7.5
3	**17.6**	**17.0**	**17.2**
4	9.6	8.7	8.5
5	**14.0**	13.4	12.8
6	**20.6**	**19.0**	**20.1**
7	12.4	12.7	12.8
8	**14.0**	14.2	13.1
9	9.4	9.7	9.0
10	10.9	**15.7**	**16.2**
11	8.5	9.4	9.6
Texas	**16.3**	**15.4**	**15.7**

Texas Department of State Health Services [30]

Table 61 shows the rate of new HIV diagnoses over a three-year period in Region 3 by county. Rates are shown per 100K population. The top 3 counties in each year are indicated. In 2018, the highest rates were found in Dallas, Tarrant, and Ellis Counties, respectively. Dallas and Tarrant had the top two rates for all three years. Nine Region 3 counties saw an increase in the rates of new HIV diagnoses over the three-year period. Dallas County had a higher rate than Region 3 and Texas consistently for this three-year period.

Table 61 – Region 3 New HIV Diagnoses per 100K Population, by County

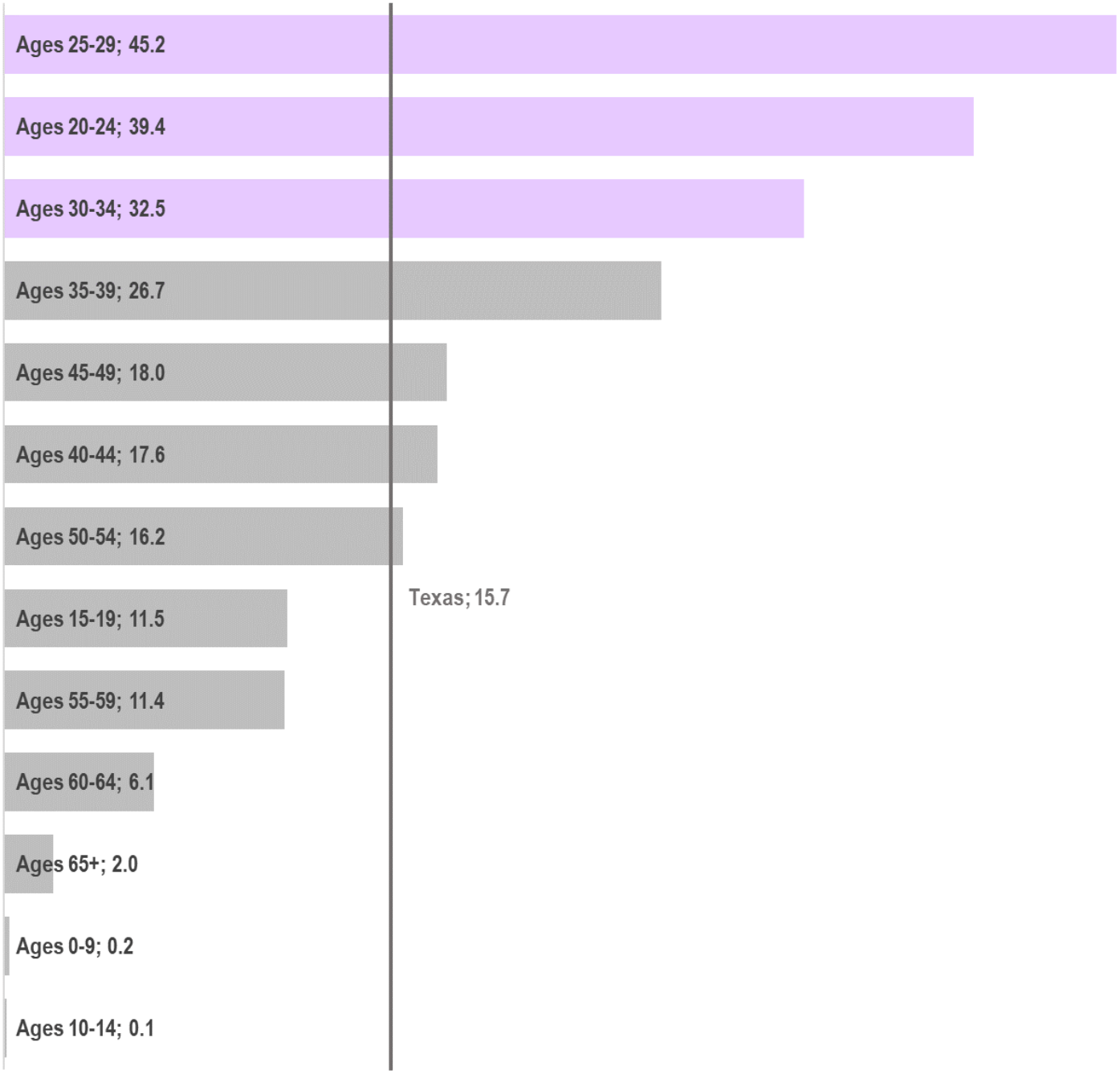
Report Area	2016	2017	2018
Collin	10.3	8.5	9.8
Cooke	5.1	7.5	4.9
Dallas	**32.8**	**31.0**	**30.7**
Denton	7.4	7.5	10.4
Ellis	7.7	8.6	**10.6**
Erath	4.8	0.0	2.4
Fannin	0.0	2.9	2.8
Grayson	4.7	5.3	4.5
Hood	3.5	0.0	5.0
Hunt	**12.0**	10.6	6.2
Johnson	4.9	4.8	9.3
Kaufman	5.9	5.7	9.3
Navarro	4.1	2.1	6.1
Palo Pinto	0.0	3.5	6.9
Parker	5.4	1.5	2.2
Rockwall	4.3	4.1	6.0
Somervell	0.0	**11.3**	0.0
Tarrant	**15.1**	**14.7**	**13.2**
Wise	9.3	6.1	0.0
Region 3	**17.6**	**17.0**	**17.2**
Texas	**16.3**	**15.4**	**15.7**

Texas Department of State Health Services [30]

Figure 12 shows the rates of new HIV diagnoses in Texas by age group. Rates are shown per 100K population. The top 3 age groups are indicated. In 2018, the highest rate was found in the 25-29 age group; nearly three times the State rate. Seven of the age groups have a higher rate than Texas.

(**) Age as of December 31, 2018

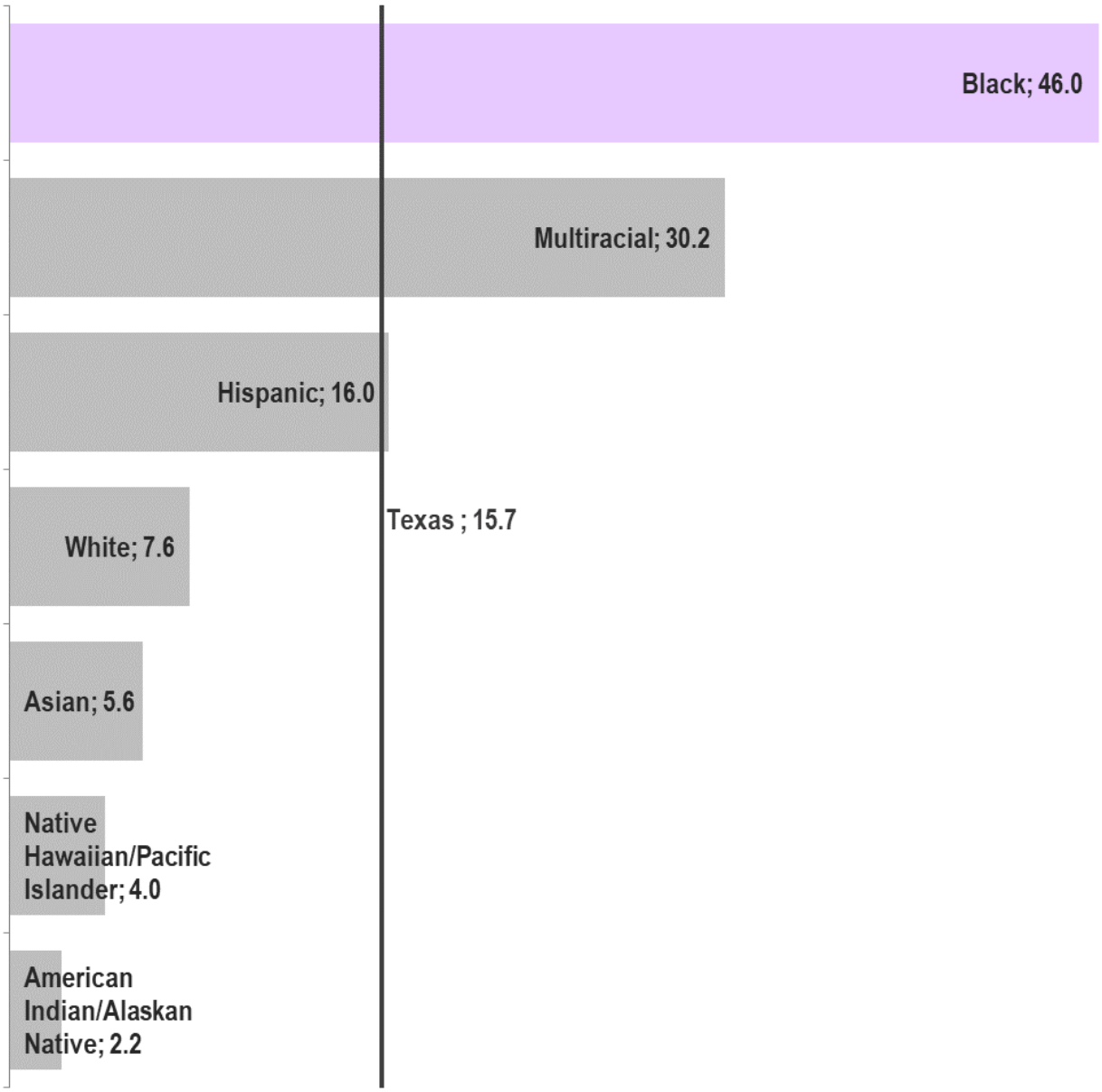
Figure 12 – Texas New HIV Diagnoses per 100K Pop., by Age Group, 2018



Texas Department of State Health Services [30]

Figure 13 shows the rate of new HIV diagnoses in Texas by race and ethnicity. Rates are shown per 100K population. In 2018, the highest rate was found among Black, Multiracial and Hispanic individuals; these groups also had a higher rate than Texas.

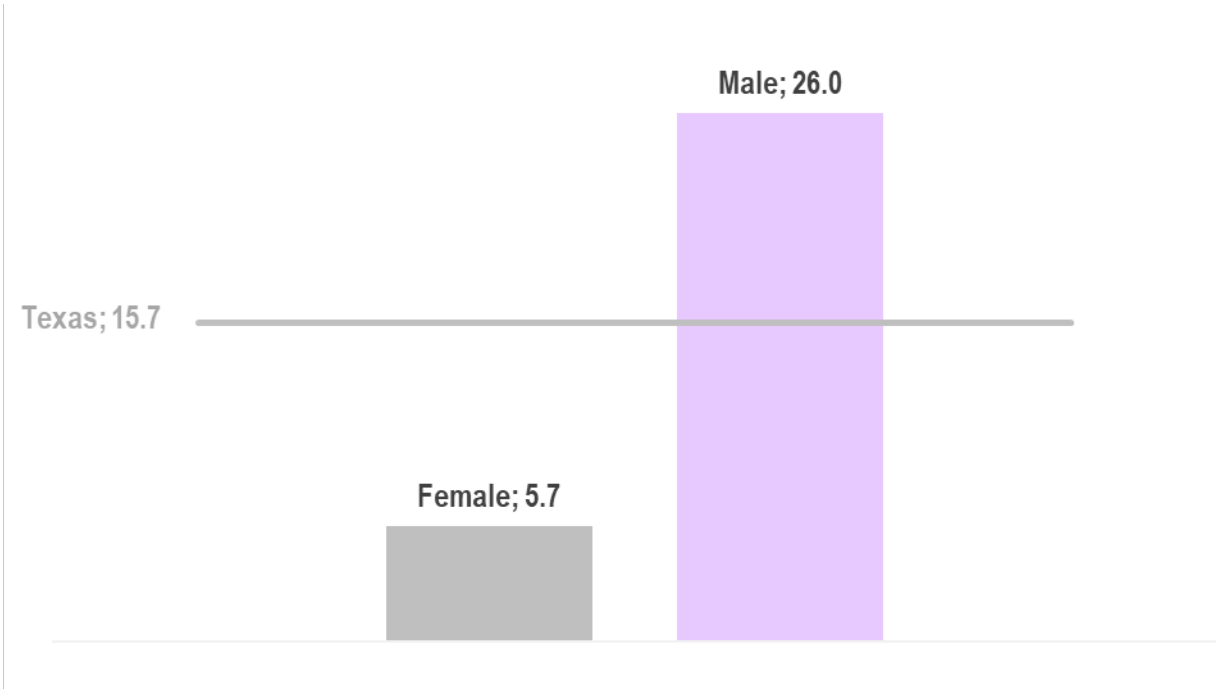
Figure 13 – Texas New HIV Diagnoses per 100K Pop., by Race & Ethnicity, 2018



Texas Department of State Health Services [30]

Figure 14 shows the rate of new HIV diagnoses in Texas by sex at birth. Rates are shown per 100K population. In 2018, the rate in males was more than four times that of females.

Figure 14 – Texas New HIV Diagnoses per 100K Pop., by Sex at Birth, 2018



Texas Department of State Health Services [30]

People Living with HIV

Table 62 shows the rate of people living with HIV by region over a three-year period. Rates are shown per 100K population. The top 3 regions in each year are indicated.

In 2018, the Texas rate was 327.9 per 100K population. The highest rates were found in Region 6 (Gulf Coast), Region 3 (Dallas/Fort Worth Metroplex), and Region 10 (Upper Rio Grande), respectively. Region 2 (Northwest Texas) had the lowest rate in the State at 112.6 per 100K Population. Region 3 had a rate of 377.0 per 100K population; this is higher than the Texas rate. Regions 6 and 3 are the only regions that had a higher rate than Texas for each year shown.

Table 62 – People Living with HIV per 100K Population, by Region

Report Area	2016	2017	2018
1	125.8	134.1	140.6
2	102.6	103.7	112.6
3	**359.1**	**368.8**	**377.0**
4	174.6	184.9	186.7
5	220.7	231.5	239.4
6	**416.3**	**428.6**	**436.8**
7	236.6	244.4	249.4
8	238.6	248.0	252.5
9	105.3	114.0	117.3
10	**241.4**	**254.0**	**262.5**
11	151.6	157.0	164.5
Texas	**311.1**	**320.4**	**327.9**

Texas Department of State Health Services [30]

Table 63 shows the number of people living with HIV in Region 3 by county. Rates are shown per 100K population. The top 3 counties in each category are indicated. In 2018, the highest rates were found in Dallas, Tarrant, and Kaufman Counties, respectively. Dallas County had a higher rate than Region 3 and Texas.

(**) As of December 31, 2018

Table 63 – People Living with HIV in Region 3 per 100K Pop., by County, 2018

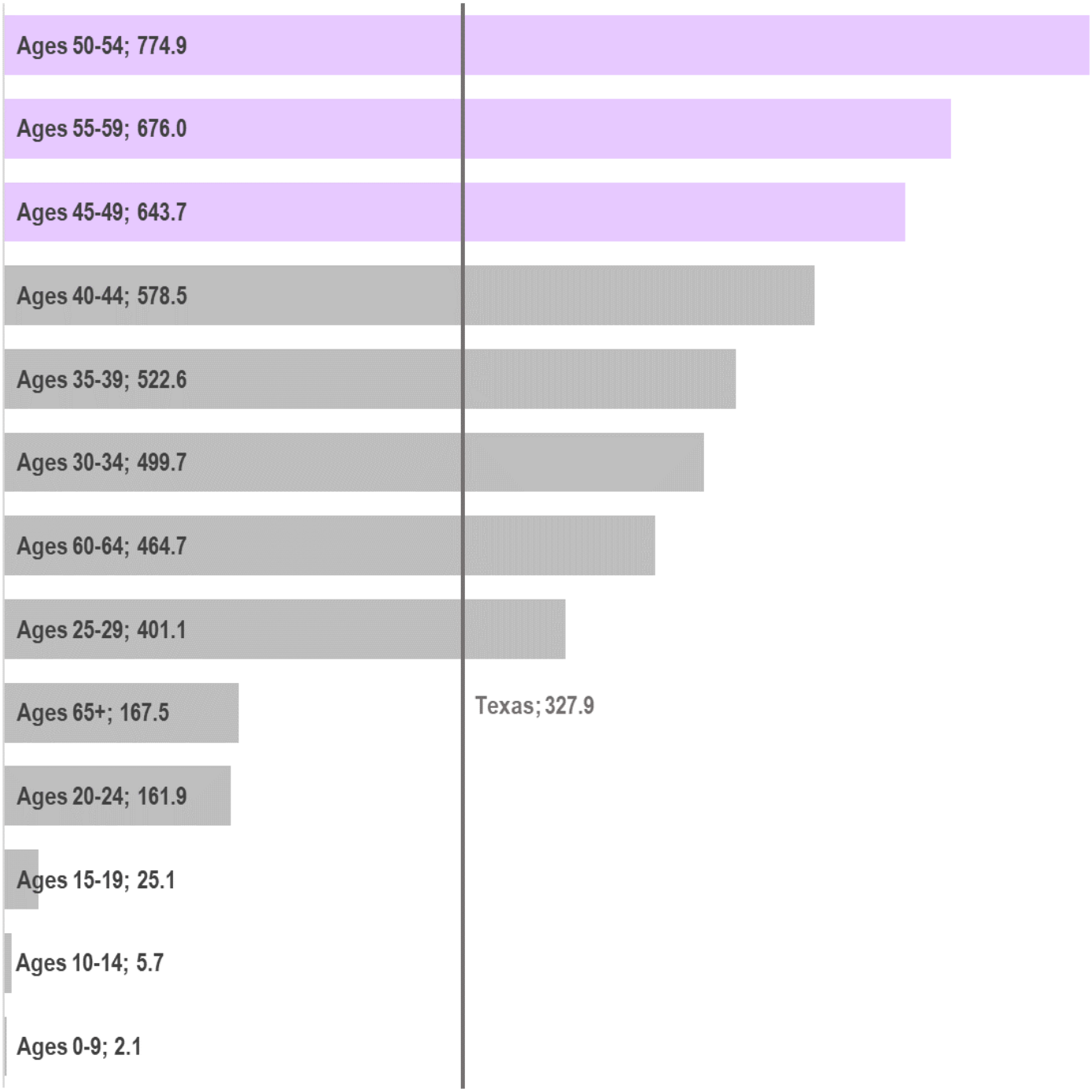
Report Area	Cases	Rate per 100K pop.	Cumulative HIV Diagnoses - Cases**
Collin	1,939	192.9	1,802
Cooke	35	86.3	50
Dallas	18,684	708.3	30,075
Denton	1,477	171.9	1,534
Ellis	315	175.6	321
Erath	18	42.4	33
Fannin	44	124.7	45
Grayson	196	146.3	251
Hood	62	102.4	81
Hunt	139	144.1	211
Johnson	258	150.6	298
Kaufman	256	199.0	273
Navarro	84	169.5	154
Palo Pinto	27	93.5	32
Parker	114	82.4	148
Rockwall	105	104.3	100
Somervell	6	66.5	7
Tarrant	5,856	280.9	8,644
Wise	59	86.4	64
Region 3	29,674	377.0	44,123
Texas	94,106	327.9	147,715

Texas Department of State Health Services [30]

Figure 15 shows the rate of people living with HIV in Texas by age group. Rates are shown per 100K population. The top 3 age groups are indicated. In 2018, the highest rate was found in the 50-54 age group; more than twice the State rate. Eight of the thirteen age groups have a higher rate than Texas.

(**) Age as of December 31, 2018

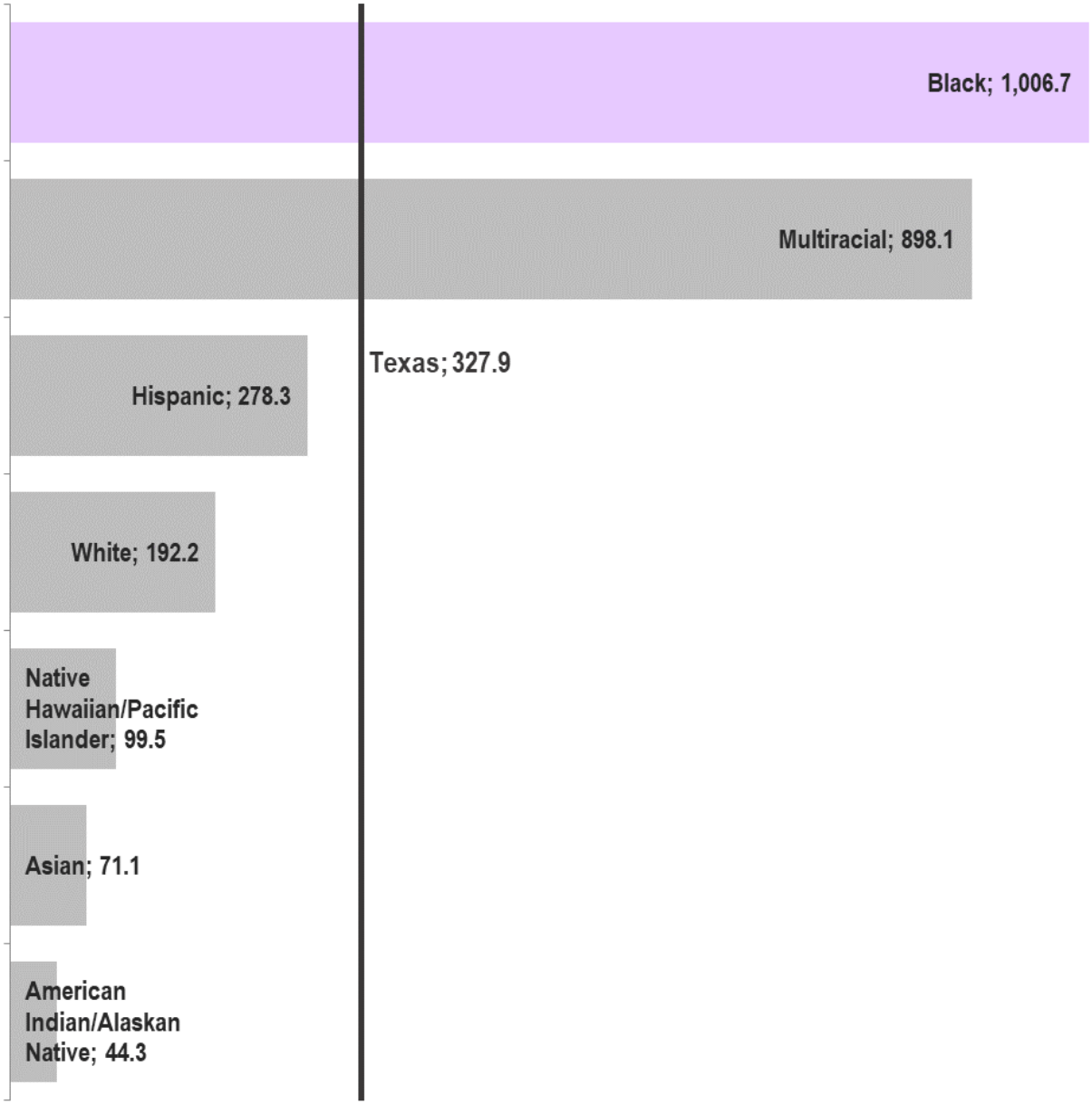
Figure 15 – People Living with HIV in Texas per 100K Pop., by Age Group, 2018



Texas Department of State Health Services [30]

Figure 16 shows the rate of people living with HIV in Texas by race and ethnicity. Rates are shown per 100K population. In 2018, the highest rates were found among Black, Multiracial and Hispanic individuals, respectively.

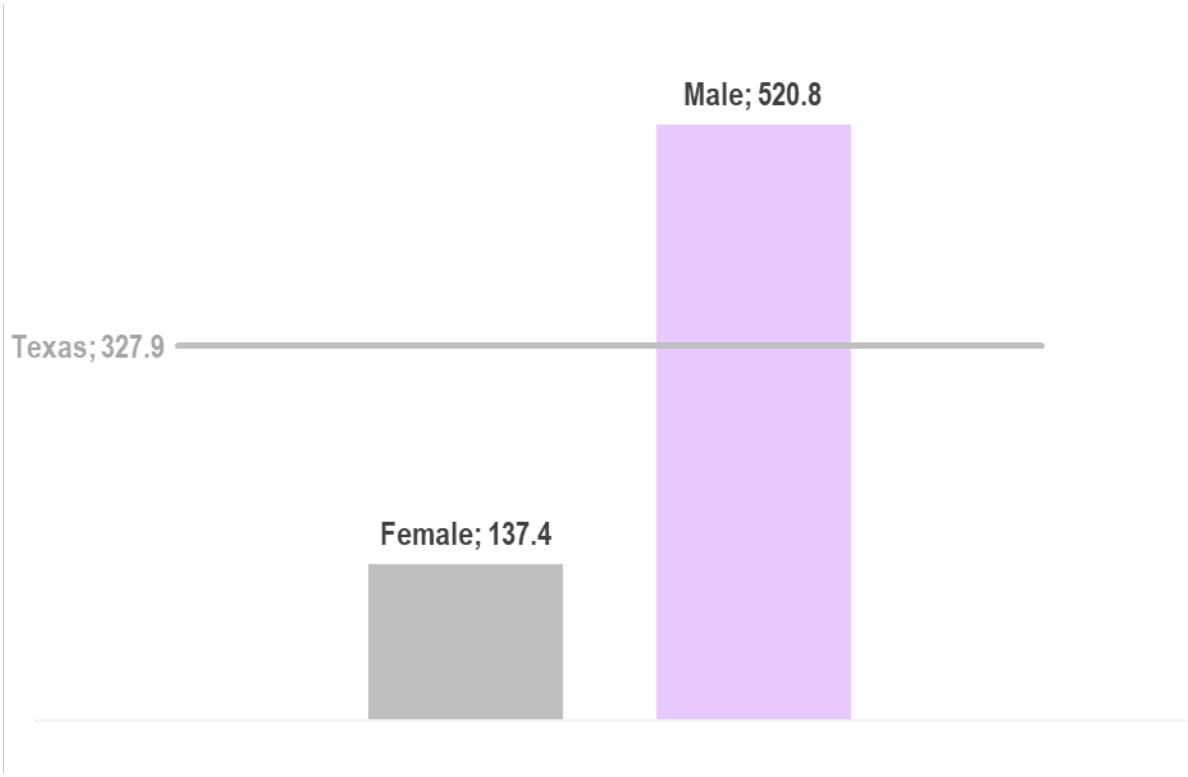
Figure 16 – People Living with HIV in Texas per 100K Pop., by Race & Ethnicity, 2018



Texas Department of State Health Services [30]

Figure 17 shows rate of people living with HIV in Texas by sex at birth. Rates are shown per 100K population. In 2018, the rate in males was over four times that of females.

Figure 17 – People Living with HIV in Texas per 100K Pop., by Sex at Birth, 2018

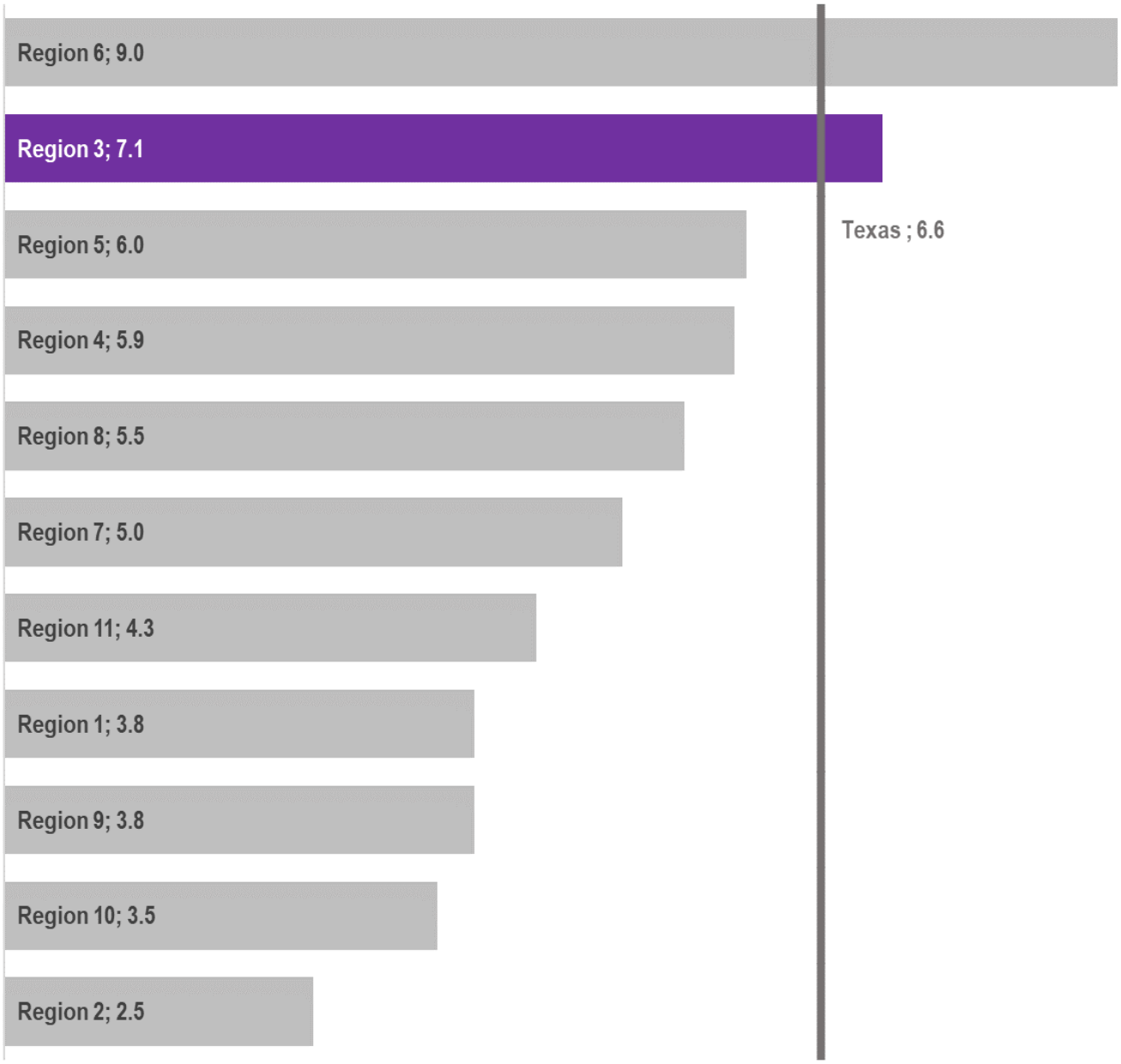


Texas Department of State Health Services [30]

People Living with AIDS

Figure 18 shows the rate of people living with AIDS by region. Rates are shown per 100K population. **In 2018, the Texas rate was 15.7 per 100K population**. The highest rates were found in Region 6 (Gulf Coast), Region 3, and Region 5 (Southeast Texas), respectively. Region 2 (Northwest Texas) had the lowest rate in the State at 2.5 per 100K Population. Region 3 had a rate of 7.1 per 100K population; this is higher than the Texas rate. Regions 6 and 3 are the only regions that had a higher rate than Texas in 2018.

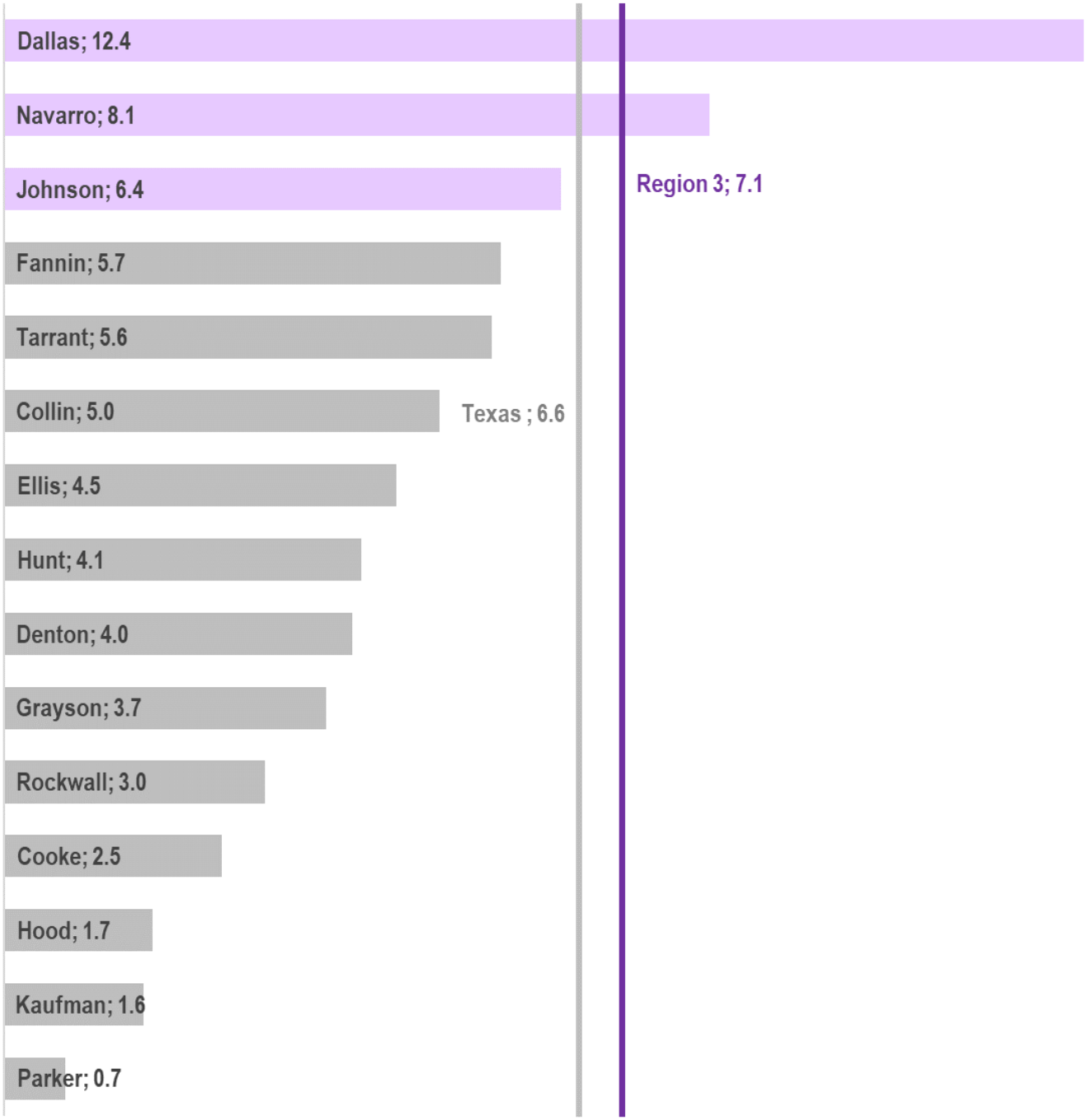
Figure 18 – People Living with AIDS in Texas per 100K Pop., by Region, 2018



Texas Department of State Health Services [30]

Figure 19 shows the rate of people living with AIDS in Region 3 by county. Rates are shown per 100K population. The top 3 rates are indicated. Counties with a rate of 0 per 100K are not shown. In 2018, the highest rates were found in Dallas, Navarro, and Johnson Counties, respectively. Dallas and Navarro Counties had a higher rate than Region 3 and Texas.

Figure 19 – People Living with AIDS in Region 3 per 100K Pop., by County, 2018

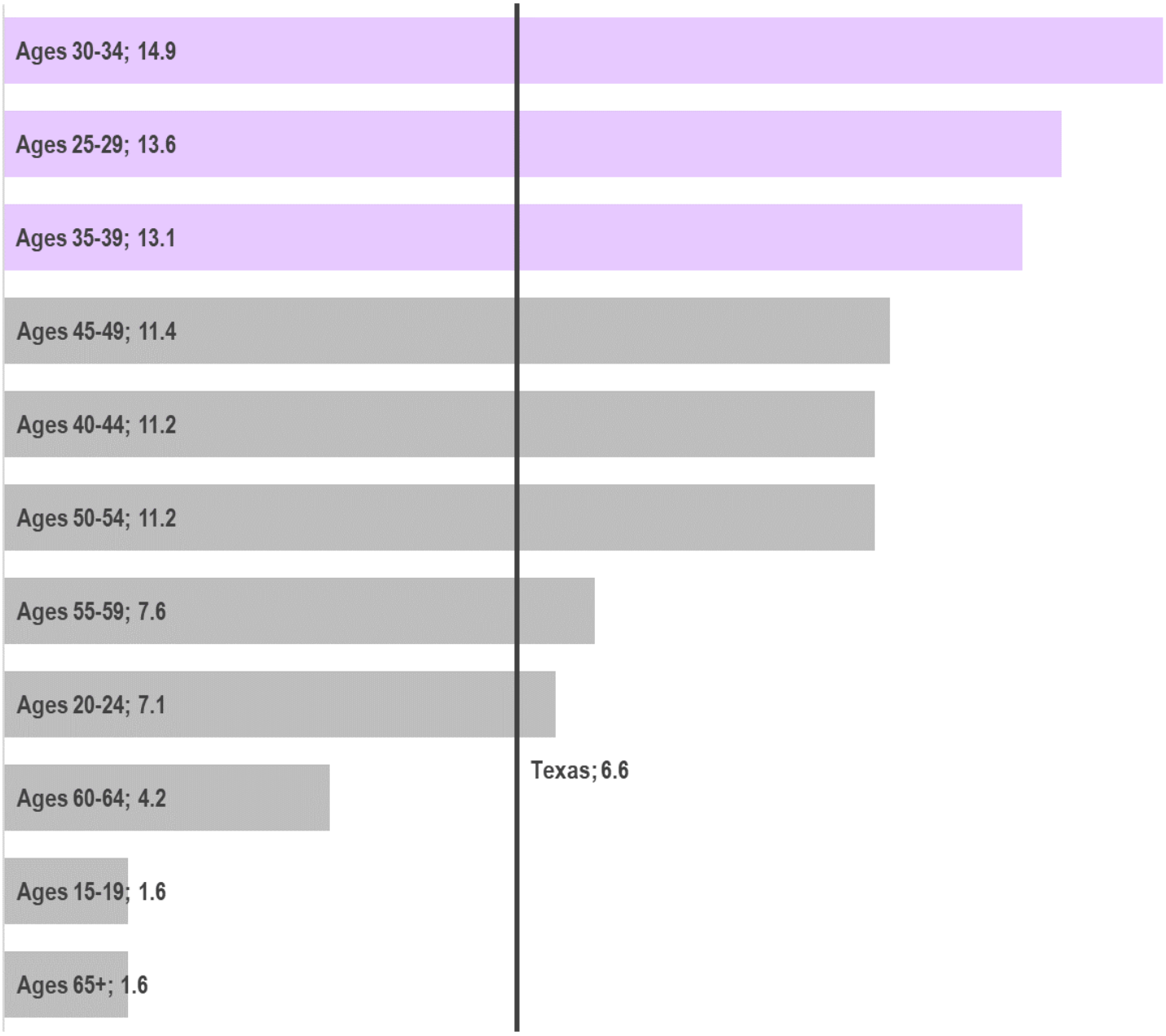


Texas Department of State Health Services [30]

Figure 20 shows the rate of people living with AIDS in Texas by age group. Rates are shown per 100K population. The top 3 age groups are indicated. Age groups with a rate of 0 per 100K are not shown. In 2018, the highest rate was found in the 30-34 age group; more than twice the State rate. Eight of the thirteen age groups have a higher rate than Texas.

(**) Age as of December 31, 2018

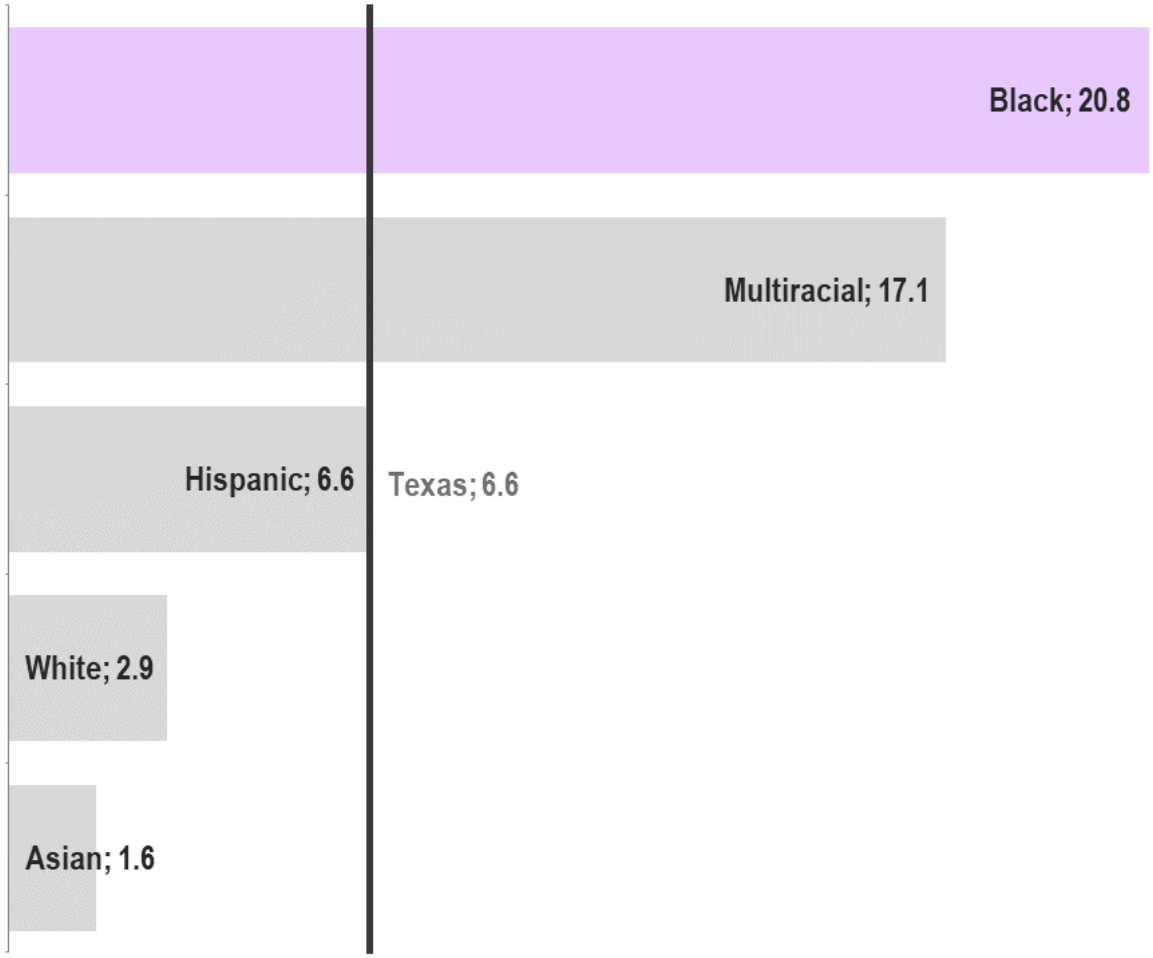
Figure 20 – People Living with AIDS per 100K Pop., by Age Group, 2018



Texas Department of State Health Services [30]

Figure 21 shows the rate of people living with AIDS in Texas by Race & Ethnicity. Rates are shown per 100K population. Groups with rates of 0 per 100K population are not shown. In 2018, the highest rates were found among Black, Multiracial and Hispanic individuals, respectively.

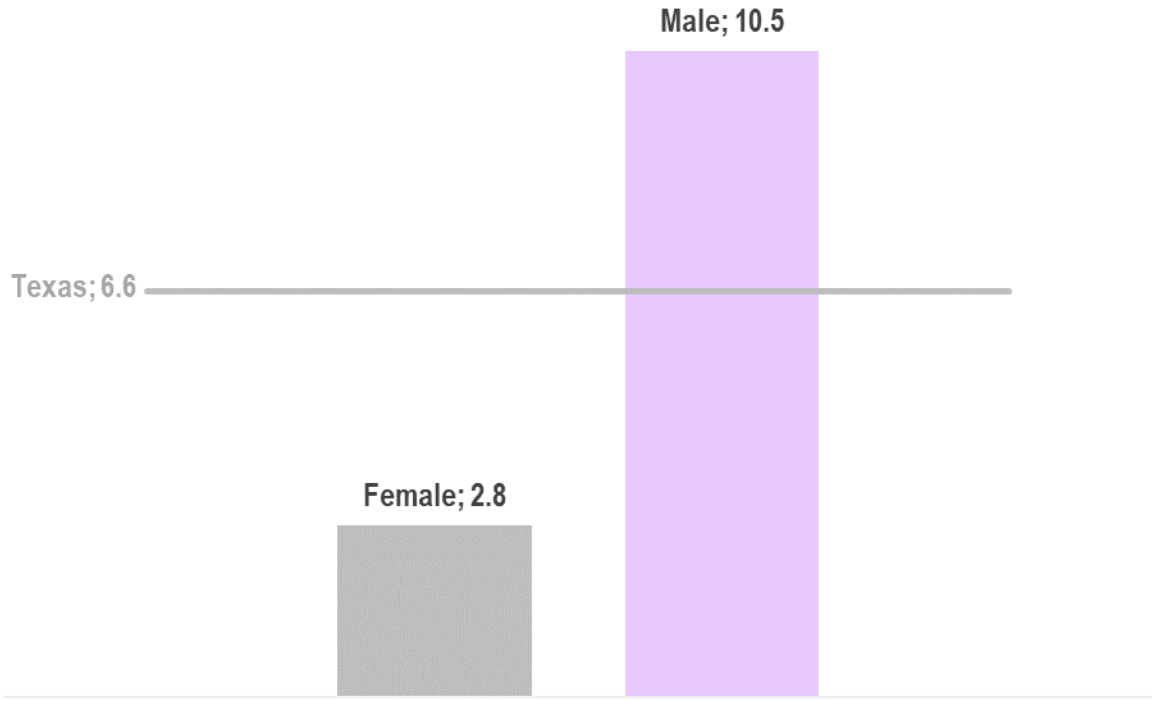
Figure 21 – People Living with AIDS per 100K Pop., by Race & Ethnicity, 2018



Texas Department of State Health Services [30]

Figure 22 shows the rate of people living with AIDS in Texas by sex at birth. Rates are shown per 100K population. The rate in males was nearly four times that of females.

Figure 22 – People Living with AIDS per 100K Pop., by Sex at Birth, 2018



Texas Department of State Health Services [30]

Sexually Transmitted Infections (STIs)

Table 64 below shows the rates of four sexually transmitted infections (STIs) for Region 3 counties in 2018. Chlamydia was the highest rates for STIs for Texas and the Region 3 counties. Dallas rates are the highest in each categories and is higher than Texas rates for all four STI categories.

(*) suppressed data

Table 64 – Region 3 Rates of STIs per 100K Population, by County, 2018

Report Area	Chlamydia	Gonorrhea	Primary & Secondary Syphilis	Early Latent Syphilis
Collin	284.5	89.2	3.0	5.5
Cooke	281.0	73.9	*	0.0
Dallas	**720.9**	**283.8**	**14.3**	**36.2**
Denton	279.0	89.9	2.6	5.9
Ellis	380.6	111.5	**4.5**	3.9
Erath	**610.2**	**131.9**	0.0	0.0
Fannin	255.1	82.2	0.0	*
Grayson	345.5	99.3	*	4.5
Hood	269.3	66.1	*	**13.2**
Hunt	415.6	120.2	0.0	*
Johnson	322.1	101.0	*	5.3
Kaufman	383.3	117.4	3.9	7.0
Navarro	393.4	115.0	*	*
Palo Pinto	398.3	62.3	*	*
Parker	213.2	72.3	*	3.6
Rockwall	169.9	45.7	*	*
Somervell	210.7	66.5	0.0	0.0
Tarrant	**459.1**	**154.0**	**13.6**	**10.9**
Wise	161.0	43.9	*	*
Texas	**508.2**	**163.6**	**8.8**	**14.7**

Texas Department of State Health Services [31]

Table 65 below shows the STI rates for Texas overall broken down by race/ethnicity. The highest rates were found among individuals identifying as Black for all four STI categories.

Table 65 – Texas STI Rates per 100K Population by Race, 2018

Chlamydia	
Texas	508.2
Black	895.4
Hispanic	376.0
White	197.2
Other*	173.1
Gonorrhea	
Texas	163.6
Black	436.9
Hispanic	94.9
White	73.1
Other*	56.1
Primary & Secondary Syphilis	
Texas	8.8
Black	24.4
Hispanic	8.2
White	5.1
Other*	3.6
Early Latent Syphilis	
Texas	14.7
Black	38.9
Hispanic	14.7
White	8.3
Other*	5.7

Texas Department of State Health Services [31]

Table 66 below shows the STI rates for Texas overall broken down by sex. The highest rates for gonorrhea, and all stages of syphilis were found among males; highest rates for chlamydia were among females.

Table 66 – Texas STI Rates per 100K Population by Sex, 2018

Chlamydia	
Texas	508.2
Female	692.8
Male	317.0
Gonorrhea	
Texas	163.6
Male	189.1
Female	137.6
Primary & Secondary Syphilis	
Texas	8.8
Male	14.8
Female	2.9
Early Latent Syphilis	
Texas	14.7
Male	23.8
Female	5.7

Texas Department of State Health Services [31]

Table 67 below shows the STI rates for Texas overall broken down by age groups. The highest rates for chlamydia and gonorrhea were found among the 15–24 age group; highest rates for all stages of syphilis were among the 25-34 age group. These rates are significantly higher than the overall Texas average.

Table 67 – Texas STI Rates per 100K Population by Age Groups, 2018

Chlamydia	
Ages 0-14	16.7
Ages 15-24	2310.6
Ages 25-34	918.9
Ages 35-44	233.8
Ages 45-54	73.2
Ages 55-64	25.8
Ages 65+	4.1
Gonorrhea	
Ages 0-14	4.1
Ages 15-24	580.6
Ages 25-34	370.6
Ages 35-44	128.0
Ages 45-54	50.7
Ages 55-64	20.9
Ages 65+	3.4
Primary & Secondary Syphilis	
Ages 0-14	* *
Ages 15-24	17.7
Ages 25-34	23.7
Ages 35-44	10.6
Ages 45-54	7.1
Ages 55-64	3.5
Ages 65+	0.7
Early Latent Syphilis	
Ages 0-14	* *
Ages 15-24	23.6
Ages 25-34	40.3
Ages 35-44	21.5
Ages 45-54	13.5
Ages 55-64	6.2
Ages 65+	1.3

Texas Department of State Health Services [31]

Table 68 below shows the STI rates for Texas overall over a five-year period. The rates for all four STIs increased from 2014 to 2018.

Table 68 – Texas STI Rates per 100K Population, 2014 - 2018

Chlamydia	
2014	484.1
2015	490.6
2016	507.1
2017	512.8
2018	508.2
Gonorrhea	
2014	131.3
2015	137.3
2016	151.3
2017	160.5
2018	163.6
Primary & Secondary Syphilis	
2014	6.0
2015	6.3
2016	7.0
2017	7.6
2018	8.8
Early Latent Syphilis	
2014	7.2
2015	9.1
2016	10.5
2017	12.2
2018	14.7

Texas Department of State Health Services [31]

Retail Access

This section shows indicators related to youth and adult accessibility to substances. The focus below is on alcohol and tobacco because these substances are legal and, therefore, have data that is readily available for analysis.

Alcohol Retail Density

The Texas Alcoholic Beverage Commission (TABC) gathers data on establishments with permits to sell alcohol. The permit classes used for this analysis represent only those where the final purchase is made by the consumer (on and off-premises consumption): this includes bars, grocery stores, liquor stores, gas stations, corner stores, etc.

The rates below for alcohol permits are per 100K population. **In 2020, the Texas rate was 206.6 per 100K population.** The highest rates are found in Region 5 (Southeast Texas), Region 2 (Northwest Texas), and Region 7 (Central Texas), respectively. Region 3 has a rate of 181 per 100K population; this is the second lowest rate in Texas. Five of the eleven regions have a higher rate than Texas. All regions saw an increase over the three-year period though some were only a slight increase.

Table 69 – Texas Alcohol Permits for Consumer Consumption per 100K Pop., by Region

Report Area	2018	2019	2020
1	194.6	197.9	202.1
2	**220.4**	**227.9**	**234.9**
3	175.3	179.9	181.0
4	164.3	167.4	176.0
5	**244.7**	**248.7**	**257.9**
6	218.8	218.7	220.7
7	**228.5**	**229.7**	**231.5**
8	206.1	205.3	206.6
9	215.5	216.0	219.2
10	190.4	192.3	192.9
11	203.5	202.9	206.3
Texas	**202.5**	**204.3**	**206.6**

Texas Alcoholic Beverage Commission[32]

Table 70 below shows the rate of alcohol permits per 100K population in each Region 3 county. The counties with the highest alcohol permit rate in the respective years are indicated. In 2020, Palo Pinto, Somervell, and Cooke Counties have the highest rate of permits per 100K population, respectively. These counties have been the top three for the three-year period shown. Eleven counties have a higher rate than Region 3. With the exception of Collin County, every county saw an increase in the rate of permits from 2018 to 2020.

Table 70 – Region 3 Alcohol Permits for Consumer Consumption per 100K Pop.

Report Area	2018	2019	2020
Collin	154.2	155.5	153.0
Cooke	**288.8**	**293.0**	**299.5**
Dallas	185.1	190.8	191.3
Denton	139.8	143.1	143.5
Ellis	141.4	148.8	154.2
Erath	184.4	197.1	207.1
Fannin	124.8	121.7	144.5
Grayson	230.7	242.6	250.6
Hood	217.1	222.9	226.8
Hunt	182.2	181.4	185.7
Johnson	69.9	107.9	115.3
Kaufman	171.1	174.4	184.6
Navarro	227.3	237.6	243.8
Palo Pinto	**454.7**	**469.7**	**481.0**
Parker	129.2	135.5	145.3
Rockwall	156.6	158.6	167.2
Somervell	**241.7**	**261.0**	**322.8**
Tarrant	191.0	193.3	193.9
Wise	165.9	171.9	170.2
Region 3	**175.3**	**179.9**	**181.0**
Texas	**202.5**	**204.3**	**206.6**

Texas Alcoholic Beverage Commission[32]

Alcohol Sales to Minors

Table 71 shows the number of stores with a license to sell alcohol that violated their permit by region. These violations are specific to selling, serving, dispensing, or delivering an alcoholic beverage to a minor. *Please note that these are raw numbers and not rates*. The top 3 regions are indicated in red.

In 2020, there were 185 violations in Texas; which is a significant decrease from 2019 rate of 953. This trend of very low numbers is also seen throughout Texas' regions. This is most likely due to establishments being shut down most of the year as a result of the global pandemic. The highest number of violations were found in Region 3, Region 6 (Gulf Coast), and Region 7 (Central Texas), respectively. These regions also had the highest numbers of alcohol permits. Region 1 (Panhandle and South Plains) had the lowest number of violations in the State. Region 3 had 68 violations.

Table 71 – Texas Alcohol Sales to Minors Violations, by Region

Report Area	2018	2019	2020
1	24	34	3
2	16	36	4
3	246	211	68
4	33	51	15
5	48	25	8
6	362	211	33
7	180	153	22
8	115	95	12
9	32	29	4
10	29	10	5
11	119	98	11
Texas	1,204	953	185

Texas Alcoholic Beverage Commission[33]

Table 72 shows the number of stores with a license to sell alcohol that violated their permit in Region 3. Recall that these violations are specific to selling, serving, dispensing, or delivering an alcoholic beverage to a minor. The top 3 counties are indicated in red. The highest number of violations in 2020 were found in Dallas, Tarrant, and Ellis Counties, respectively. Once again there are significant decreases from 2019 to 2020 for the vast majority of Region 3 counties. Ellis and Erath Counties are the only two that saw an increase in the number of violations from 2019 to 2020.

Table 72 – Alcohol Sales to Minors Violations in Region 3, by County

Report Area	2018	2019	2020
Collin	21	13	2
Cooke	2	2	1
Dallas	78	53	25
Denton	14	12	0
Ellis	3	3	9
Erath	0	0	3
Fannin	3	3	0
Grayson	18	10	0
Hood	4	7	0
Hunt	4	4	0
Johnson	5	6	2
Kaufman	4	1	0
Navarro	3	3	3
Palo Pinto	1	0	0
Parker	5	6	0
Rockwall	1	2	0
Somervell	0	0	0
Tarrant	79	85	23
Wise	1	1	0
Region 3	246	211	68
Texas	1,204	953	185

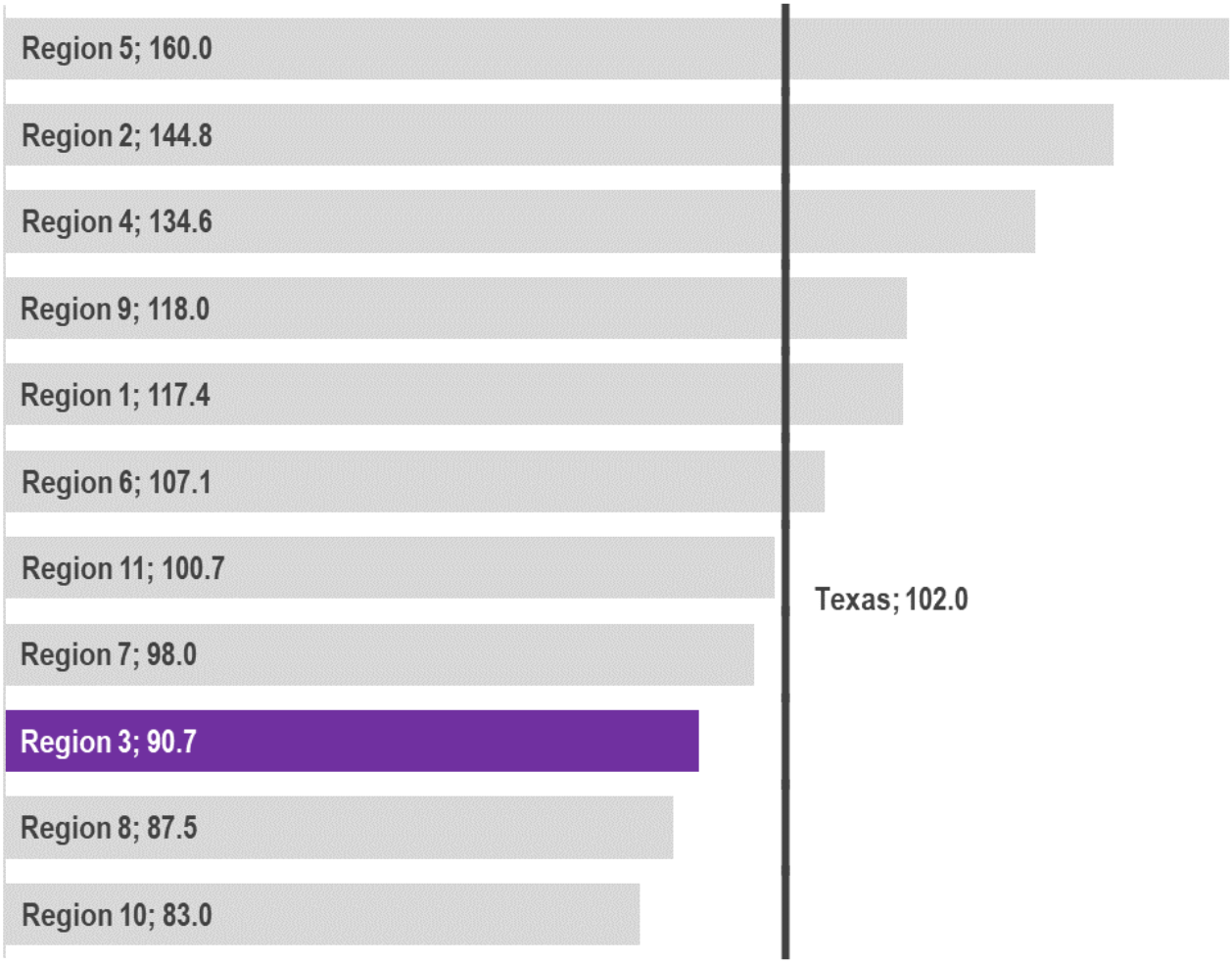
Texas Alcoholic Beverage Commission[33]

Tobacco Retail Density

The Texas Comptroller issues tobacco permits for retailers. These permits must be renewed every two years in May. The permit classes used for this analysis represent only those where the final purchase is made by the consumer: this includes bars, grocery stores, liquor stores, gas stations, corner stores, etc. This does not include vape shops that only have Sales Tax Permits.

The rates below for tobacco permits are per 100K population. **The Texas rate for 2020 was 102.0 per 100K population.** The highest rates are found in Region 5 (Southeast Texas), Region 2 (Northwest Texas) and Region 4 (Upper East Texas) respectively. Region 3 has a rate of 90.7 per 100,000 population; this is lower than the Texas rate. Six of the eleven regions have a higher rate than Texas.

Figure 23 – Texas Tobacco Permits for Consumer Consumption per 100K Pop., 2020



Data.Texas.Gov[34]

Table 73 below shows the number of tobacco permits in each Region 3 county, the rate per 100K population, and the rate per square mile. Palo Pinto, Cooke, and Navarro Counties have the highest rate of permits per 100K population, respectively. Fifteen counties have a higher rate per 100K population than Region 3.

Dallas, Tarrant, and Collin Counties have the highest rate of permits per square mile, respectively. Five counties have a higher rate per square mile than Region 3.

Table 73 – Region 3 Tobacco Permits for Consumer Consumption, by County, 2020

Report Area	Tobacco Permits	Permits per 100,000 Population	Permits per Sq. mi.
Collin	**627**	58.7	**0.745**
Cooke	70	**175.7**	0.080
Dallas	**2,713**	97.9	**3.114**
Denton	568	61.4	0.647
Ellis	160	88.5	0.171
Erath	48	114.4	0.044
Fannin	39	112.5	0.044
Grayson	186	140.1	0.199
Hood	77	129.6	0.183
Hunt	124	128.8	0.148
Johnson	159	91.4	0.219
Kaufman	139	108.9	0.178
Navarro	83	**173.1**	0.082
Palo Pinto	60	**215.7**	0.063
Parker	135	98.0	0.149
Rockwall	67	63.8	0.527
Somervell	12	127.8	0.064
Tarrant	**2,117**	97.2	**2.451**
Wise	81	121.8	0.090
Region 3	**7,465**	**90.7**	**0.497**
Texas	**30,761**	**102.0**	**0.118**

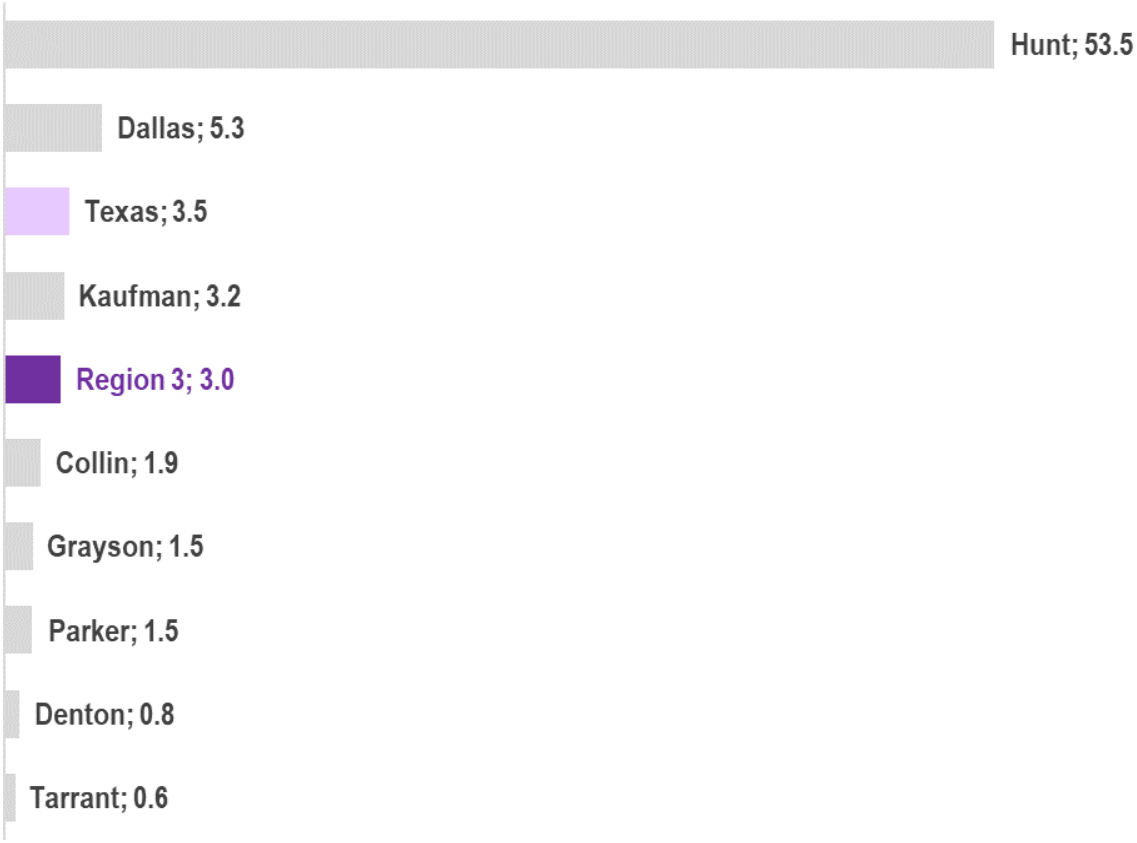
Data.Texas.Gov[34]

Tobacco Sales to Minors

Figure 24 shows the number of stores with a license to sell tobacco that violated their permit in Region 3 sorted from highest to lowest. These violations are specific to selling to a minor.

In 2020, the Texas rate was 3.5 per 100K population. Only eight Region 3 counties had violations. In 2020, the highest rates were in Hunt, Dallas, and Kaufman Counties, respectively. Three counties had a higher rate than Region 3 and two counties had a higher rate than Texas.

Figure 24 – Region 3 Tobacco Sales to Minors Violations per 100K Pop., 2020



Texas Comptroller of Public Accounts [35]

Prescription Drugs Dispensed

The Texas Prescription Program (TPP) collects prescription data on all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas patient from a pharmacy in another state. The TPP was created by the 67th Texas Legislature (1987) to monitor Schedule II controlled substance prescriptions. On September 1st, 2008, the Texas Legislature expanded the TPP to include the monitoring of Schedule II through Schedule V controlled substance prescriptions. While Schedule II through V controlled substances have valid medical use, the potential for addiction and abuse has led to state monitoring of these drugs. The TPP can be used by both practitioners and pharmacists to verify patient records of use. A by-product of the TPP is its ability to collect data on legal prescription trends. Additionally, the TPP collects information on drugs classified as not scheduled or not specified. *Definitions and examples for each schedule is located in Appendix E.*

Table 74 below shows the total prescriptions per capita over a three-year period. **In 2020, Texas' rate was 120,068 per 100K population; this is a decrease from 2018.** Region 3 had a rate of 103,443 per 100K Population in 2020. In 2020, the highest rates were in Fannin, Hood and Grayson Counties, respectively. Dallas County had the lowest rate at 108,710 per 100K population. In 2020, Seventeen of the nineteen counties in Region 3 had a rate higher than the region; all but one (Dallas Co.) had a rate higher than the State. Over the three-year period, ten Region 3 counties saw an increase in their rates.

Table 74 – Region 3 Total Prescriptions per 100K Population, by County

Report Area	2018	2019	2020
Collin	131,898	136,774	129,982
Cooke	168,425	177,064	160,629
Dallas	123,279	116,228	108,710
Denton	143,577	143,631	145,850
Ellis	146,238	156,317	152,116
Erath	150,416	145,074	140,442
Fannin	**283,145**	**288,066**	**275,963**
Grayson	**217,724**	**204,932**	**201,304**
Hood	**214,627**	**214,103**	**215,615**
Hunt	146,446	151,354	146,327
Johnson	174,266	177,553	169,588
Kaufman	137,398	154,263	147,813
Navarro	124,915	139,624	135,040
Palo Pinto	176,194	186,882	178,366
Parker	125,934	133,654	130,739
Rockwall	167,634	181,503	177,976
Somervell	160,672	177,305	172,240
Tarrant	153,549	141,262	131,698
Wise	139,964	152,336	150,033
Region 3	**141,221**	**136,909**	**130,443**
Texas	**129,890**	**125,910**	**120,068**

Texas State Board of Pharmacy [36]

School Domain

As previously stated, the school domain focuses on social and physical factors that indirectly impact youth, including academic achievement and the school environment. In this section you will find data for STAAR testing, graduation and dropout rates, and disciplinary rates for substance use.

Academic Achievement

The Texas Education Agency (TEA) is the state agency that oversees primary and secondary public-school education. The TEA calculates standardized testing, disciplinary, completion and dropout rates to help fuel prevention efforts across the state.

State of Texas Assessments of Academic Readiness (STAAR)

STAAR is administered to Texas students during the spring semester of the school year. STAAR can be administered in English and Spanish. STAAR Spanish is available in grades 3-5 and is administered to eligible students for whom a Spanish version of the test is the most appropriate to measure academic progress. STAAR Spanish tests are grade-level assessments and test the same grades and subjects as the general STAAR.

The following data from STAAR includes students who did not meet their grade level. According to the TEA this means these students are "unlikely to succeed in the next grade or course without significant, ongoing academic intervention. Students in this category do not demonstrate a sufficient understanding of the assessed knowledge and skills."

Table 75 shows the rates for third grade students who "did not meet their grade level" for 2018 and 2019 in math. The highest rates for students taking the English STAAR were in Hunt, Navarro, and Palo Pinto Counties, respectively. The highest rates for those taking the Spanish STAAR were in Grayson, Denton, and Ellis Counties, respectively.

(---) Indicates "not applicable" as no students took the Spanish STAAR

Table 75 – Region 3 Third-Graders Scoring Below Grade Level (Math), by County

Report Area	2018		2019	
	English	Spanish	English	Spanish
Collin	12.5%	37.1%	12.3%	36.7%
Cooke	21.5%	0.0%	20.2%	0.0%
Dallas	26.1%	31.5%	23.8%	38.3%
Denton	20.0%	47.2%	19.3%	46.5%
Ellis	22.2%	44.5%	19.5%	43.6%
Erath	16.0%	0.0%	13.5%	0.0%
Fannin	19.4%	-----	22.2%	-----
Grayson	22.4%	52.9%	20.3%	60.0%
Hood	20.0%	-----	21.5%	-----
Hunt	32.1%	-----	32.0%	0.0%
Johnson	22.3%	20.9%	21.4%	23.4%
Kaufman	22.3%	0.0%	18.8%	0.0%
Navarro	25.3%	0.0%	25.5%	0.0%
Palo Pinto	34.6%	-----	24.2%	-----
Parker	22.3%	0.0%	16.9%	0.0%
Rockwall	12.2%	0.0%	14.3%	0.0%
Somervell	25.2%	-----	17.8%	-----
Tarrant	24.0%	34.8%	23.6%	40.4%
Wise	23.3%	-----	22.9%	0.0%
Region 3	22.4%	34.1%	21.0%	38.9%

Texas Education Agency [37]

Table 76 shows the rates for third grade students who "did not meet their grade level" for 2018 and 2019 in reading. The highest rates for students taking the English STAAR were in Navarro, Hood, and Hunt Counties, respectively. The highest rates for those taking the Spanish STAAR were in Hunt, Kaufman, Rockwall Counties, respectively.

(---) Indicates "not applicable" as no students took the Spanish STAAR

Table 76 – Region 3 Third-Graders Scoring Below Grade Level (Reading), by County

Report Area	2018		2019	
	English	Spanish	English	Spanish
Collin	12.6%	32.0%	13.1%	29.2%
Cooke	23.3%	45.2%	23.4%	11.1%
Dallas	29.1%	25.4%	28.3%	26.7%
Denton	17.7%	29.1%	20.1%	40.3%
Ellis	21.4%	34.7%	22.2%	38.5%
Erath	10.9%	35.1%	13.9%	40.0%
Fannin	16.9%	25.0%	22.4%	20.0%
Grayson	21.8%	10.5%	24.0%	28.0%
Hood	19.2%	-----	31.2%	-----
Hunt	30.4%	74.1%	30.5%	59.3%
Johnson	22.6%	28.7%	23.1%	31.9%
Kaufman	23.7%	13.8%	21.3%	44.4%
Navarro	32.6%	0.0%	31.8%	0.0%
Palo Pinto	36.1%	22.2%	27.4%	6.7%
Parker	19.0%	36.8%	18.3%	0.0%
Rockwall	14.3%	42.9%	17.2%	43.8%
Somervell	19.6%	-----	14.1%	-----
Tarrant	23.1%	30.0%	24.9%	35.0%
Wise	19.9%	25.8%	24.9%	32.5%
Region 3	22.7%	27.0%	23.2%	29.6%

Texas Education Agency [37]

High School Graduation

The table below shows graduation rates over a three-year period for Texas' HHSC Regions. This data is based on four-year rates. "Four-year longitudinal rates show the percentage of students from a class of beginning ninth graders who graduate or drop out of high school by their anticipated graduation date." For the class of 2019, the four-year longitudinal graduation rate is the percentage of students who began ninth grade in 2015-16 and graduated by August 31, 2019. This does not include students who moved to another school or continued their schooling, passed away, etc.

For 2019, Texas had a rate of 90%. The highest rates are found in Region 2 (Northwest Texas), Region 4 (Upper East Texas), and Region 10 (Upper Rio Grande) respectively. Region 3 had a rate of 89.1% in 2019. Seven of the eleven regions have a higher rate than Texas. Four regions saw an increase in graduation rates over this three-year period.

Table 77 – Texas High School Graduation Rates, by Region

Report Area	2017	2018	2019
1	92.9%	92.9%	92.6%
2	**94.2%**	**94.5%**	**95.2%**
3	**89.1%**	**89.2%**	**89.1%**
4	**94.1%**	**93.9%**	**93.1%**
5	91.7%	91.5%	91.2%
6	89.1%	89.2%	89.3%
7	89.0%	89.4%	89.6%
8	89.3%	90.5%	91.0%
9	88.6%	88.4%	87.0%
10	**93.3%**	**92.7%**	**93.0%**
11	90.3%	91.1%	90.8%
Texas	**89.7%**	**90.0%**	**90.0%**

Texas Education Agency [38]

High School Drop-out

Table 78 displays the dropout rates for the 2016-2019 academic school years. This data is based on four-year rates. For the class of 2019, the four-year longitudinal drop-out rate is the percentage of students who began ninth grade in 2015-16 and dropped out by August 31, 2019. This does not include students who moved to another school or continued their schooling, passed away, etc.

For 2019, Texas had a rate of 1.9%. The highest rates are found in Region 9 (West Texas), Region 6 (Gulf Coast), and Region 5 (Southeast Texas), respectively. Region 3 has a rate of 6.0%; this is higher than the Texas rate. Four regions saw an increase in dropout rates over this three-year period.

Table 78 – Texas High School Drop-out Rates, by Region

Report Area	2017	2018	2019
1	4.3%	4.1%	4.3%
2	3.4%	3.2%	2.7%
3	**5.6%**	**5.6%**	**6.0%**
4	3.4%	3.2%	3.5%
5	5.4%	5.9%	**6.2%**
6	**6.3%**	**6.3%**	**6.6%**
7	6.1%	6.1%	6.1%
8	**7.2%**	**6.4%**	5.7%
9	**7.1%**	**6.9%**	**8.3%**
10	3.9%	3.9%	3.6%
11	5.7%	5.2%	5.7%
Texas	**1.9%**	**1.9%**	**1.9%**

Texas Education Agency [38]

School Conditions

School Disciplinary Issues

Youth Suspensions/Expulsions

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

- *JJAEP (Juvenile Justice Alternative Education Program):* This disciplinary action results in student transfer to a JJAEP facility for the current academic year or for a continuation from the prior academic year. JJAEP Students is a distinct count of students who received at least one JJAEP action.
- *ISS (In School Suspension):* This disciplinary action results in student in school suspension for a partial day, full day, or multiple days. ISS Students is a distinct count of students who received at least one ISS action.
- *OSS (Out of School Suspension):* This disciplinary action results in student out of school suspension for a partial day, full day, or multiple days. OSS Students is a distinct count of students who received at least one OSS action.
- *DAEP (Disciplinary Alternative Education Program):* This disciplinary action results in student placement to an on-campus or off-campus DAEP for the current academic year or for a continuation from the prior academic year. DAEP Students is a distinct count of students who received at least one DAEP action.
- *EXPUL (Expulsions):* This disciplinary action results in a student expulsion without educational placement at another location. This disciplinary action does not include any type of expulsion to a DAEP or JJAEP. EXPUL Students is a distinct count of students who received at least one expulsion action.

Table 79 shows the 2019-2020 student disciplinary data for substance use infractions for 7-12th graders per 1,000 students in Region 3 counties. The top 3 rates for each disciplinary category are indicated. Most counties either had suppressed data due to low numbers, or zero. Dallas County had the highest rates for ISS, OSS and DAEP.

An asterisk (*) means the calculation is unreliable. This can be due to suppressed data or low numerator values.

Table 79 – Region 3 Substance Use Infractions (per 1,000 Students), by County

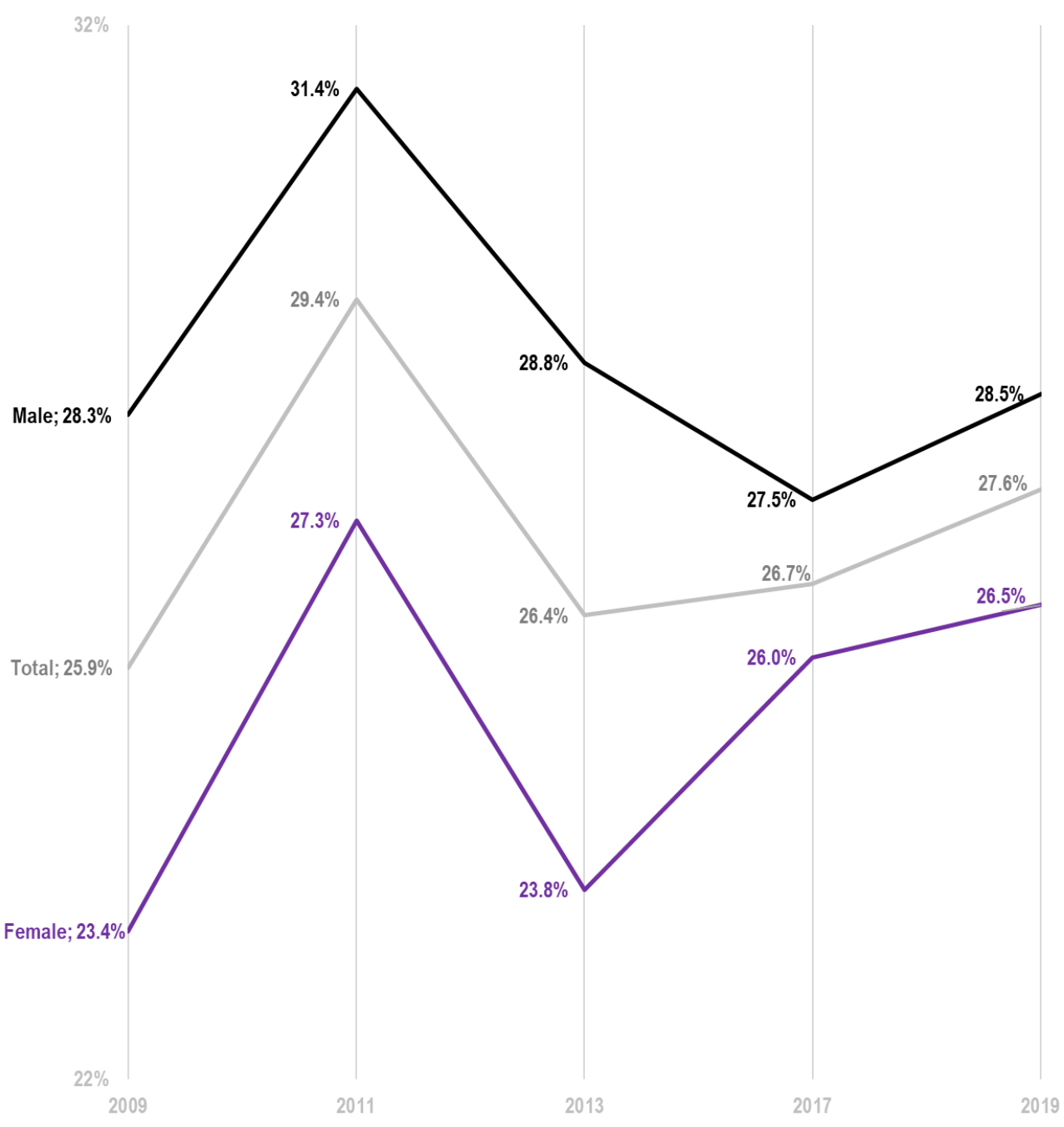
2019-2020	Rate per 1,000 Students				
Report Area	ISS	OSS	DAEP	JJAEP	EXPUL
Collin	0.90	1.86	1.87	*	0
Cooke	*	*	*	0	0
Dallas	**1.40**	**3.14**	**5.49**	*	0
Denton	0.65	2.67	3.24	*	0
Ellis	*	1.78	2.65	0	*
Erath	0.00	*	*	0	*
Fannin	*	*	*	0	0
Grayson	*	1.17	1.76	0	*
Hood	*	*	*	0	0
Hunt	*	*	*	0	*
Johnson	*	2.08	1.91	*	0
Kaufman	*	**2.78**	**3.58**	0	*
Navarro	*	*	*	0	*
Palo Pinto	*	*	*	0	0
Parker	*	1.74	2.41	0	*
Rockwall	*	2.55	2.60	0	0
Somervell	0.00	0.00	*	0	0
Tarrant	0.34	**2.81**	**3.87**	*	*
Wise	*	*	*	0	0

Texas Education Agency [39]

Students Offered Drugs At School

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to behavioral choices, including how students obtain drugs. **Figure 25** below shows Texas answers regarding drug access on school property over a ten-year period (five survey cycles). Students were asked if they were offered, sold, or given illegal drugs at school. The rate of female students who answered "yes" increased from 2009 to 2019 while the rate for male students stayed about the same.

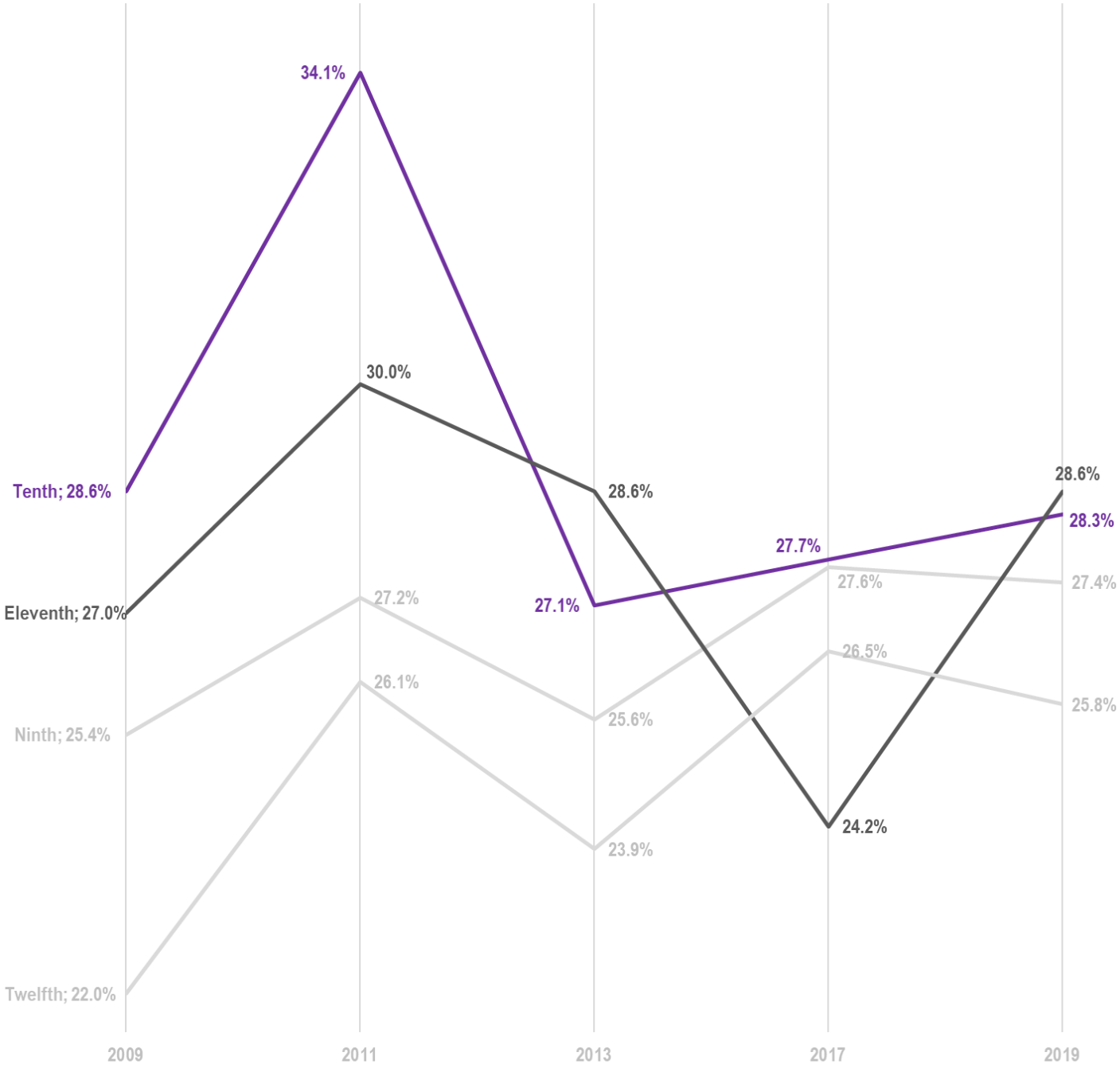
Figure 25 – Texas Students Offered/Sold/Given Illegal Drugs at School by Sex, YRBS



Texas Department of State Health Services [40]

Figure 26 below shows Texas answers regarding drug access on school property in over a ten-year period (five survey cycles) broken down by grade level. With the exception of 2017, tenth and eleventh graders reported the highest rates of being offered, sold, or given illegal drugs at school.

Figure 26 – Texas Students Offered/Sold/Given Illegal Drugs at School by Grade, YRBS



Texas Department of State Health Services [40]

Family Domain

As previously stated, the family domain focuses on social and physical factors that indirectly influence youth, including family conditions and perceptions of parental attitudes. In this section you will find data for family violence, victims of child maltreatment, children in foster care placements, adult depression rates, and much more.

Family Environment

Family Violence

Table 80 below shows the family violence incidents rate per 1,000 population in each Region 3 county. The counties with the highest rates per year are indicated.

In 2020, the highest rates were in Navarro, Cooke, and Palo Pinto Counties, respectively. Navarro and Cooke Counties have been the top two for the three-year period shown. Ten counties have a higher rate than Region 3 and three had a higher rate than Texas. Nine counties saw an increase in the rate of family violence from 2018 to 2020.

Table 80 – Region 3 Family Violence Incidents (per 1,000 Pop.), by County

Report Area	2018	2019	2020
Collin	3.1	3.2	3.2
Cooke	9.2	8.3	7.7
Dallas	3.1	3.3	3.6
Denton	3.0	3.3	3.5
Ellis	4.2	4.0	4.8
Erath	3.5	3.6	3.7
Fannin	3.5	3.0	3.7
Grayson	6.0	6.8	6.9
Hood	6.2	5.1	6.0
Hunt	5.5	5.2	4.4
Johnson	5.8	6.6	7.4
Kaufman	6.3	5.7	6.7
Navarro	10.6	16.5	18.9
Palo Pinto	5.2	5.7	7.6
Parker	4.2	2.9	3.6
Rockwall	4.2	4.0	3.2
Somervell	2.7	2.9	5.4
Tarrant	5.6	6.4	6.4
Wise	3.7	3.2	3.4
Region 3	4.1	4.4	4.7
Texas	6.7	6.8	7.4

Texas Department of Public Safety [41]

Confirmed Child Victims of Maltreatment

The table below shows the rates of confirmed child victims of maltreatment per 1,000 children over a three-year period. **For 2020, Texas had a rate of 9.1 per 1,000 children.** The highest rates are found in Region 2 (Northwest Texas), Region 4 (Upper East Texas), and Region 1 (Panhandle and South plains) respectively. Region 3 has a rate of 9.9 which is higher than the Texas rate. Eight of the eleven regions have a higher rate than Texas. Six regions saw an increase in rates over this three-year period.

Table 81 – Texas Confirmed Child Victims of Maltreatment (per 1,000 Children)

Report Area	2018	2019	2020
1	14.0	13.9	13.3
2	21.7	20.5	21.6
3	9.9	9.5	9.9
4	13.3	14.6	14.2
5	11.5	12.1	12.3
6	5.6	5.4	5.2
7	9.3	10.0	10.7
8	11.0	10.4	10.2
9	7.1	9.4	9.3
10	6.8	7.9	7.4
11	8.3	9.0	9.0
Texas	9.0	9.1	9.1

Texas Department of Family and Protective Services (DFPS)[42]

Table 82 below shows the rates of confirmed child victims of maltreatment per 1,000 children over a three-year period for each Region 3 county. In 2020, the highest rates were found in Palo Pinto, Cooke, and Erath Counties, respectively. Palo Pinto and Cooke Counties have been the top two rates for the three-year period shown. Fourteen counties have a higher rate than Region 3. Eight counties saw a rate increase from 2018 to 2020. Though most counties saw a decrease over the three years, twelve counties saw a rate increase from 2019 to 2020.

Table 82 – Region 3 Confirmed Child Victims of Maltreatment (per 1,000 Children)

Report Area	2018	2019	2020
Collin	5.3	5.2	4.5
Cooke	34.4	21.7	23.4
Dallas	10.0	9.5	9.8
Denton	6.5	6.7	7.4
Ellis	7.2	7.6	7.5
Erath	17.1	18.7	20.1
Fannin	17.7	15.9	16.8
Grayson	16.8	18.7	15.2
Hood	26.1	20.0	18.0
Hunt	14.7	16.0	14.4
Johnson	13.1	13.8	12.3
Kaufman	10.4	12.5	12.0
Navarro	9.6	10.3	11.7
Palo Pinto	32.9	29.0	32.5
Parker	15.1	14.5	14.9
Rockwall	6.3	8.7	9.1
Somervell	23.7	10.7	14.7
Tarrant	10.9	10.3	11.5
Wise	12.9	13.8	14.6
Region 3	**9.9**	**9.5**	**9.9**
Texas	**9.0**	**9.1**	**9.1**

Texas Department of Family and Protective Services (DFPS)[42]

Children Under 18 in Foster Care System

The table below shows the rates of children under 18 years old who are in the foster care system per 1,000 population 0-18 age over a three-year period. These rates are calculated using the number of children in foster care on August 31st of the year shown.

For 2020, Texas had a rate of 35.1 per 1,000 population for ages 0-18. The highest rates are found in Region 2 (Northwest Texas), Region 1 (Panhandle and South plains), and Region 4 (Upper East Texas), respectively. Region 3 has a rate of 25.4 which is lower than the Texas rate. Seven regions have a higher rate than Texas. Four regions saw an increase in rates over this three-year period.

Table 83 – Texas Children Under 18 in Foster Care System (per 1,000 Pop. Age 0-18)

Report Area	2018	2019	2020
1	78.5	80.9	74.5
2	97.2	99.4	102.0
3	30.2	28.4	25.4
4	69.8	74.5	74.0
5	65.8	64.9	62.2
6	26.6	21.8	18.7
7	48.4	48.1	50.7
8	59.5	53.8	51.4
9	45.9	53.4	54.7
10	14.0	12.8	13.7
11	32.5	31.1	27.7
Texas	39.3	37.2	35.1

Texas Department of Family and Protective Services (DFPS)[43]

Table 84 below shows the rates of children under 18 years old who are in the foster care system per 1,000 population 0-18 age over a three-year period for each Region 3 county. In 2020, the highest rates were found in Palo Pinto, Fannin, and Cooke Counties, respectively. Palo Pinto and Cooke Counties have been the top three rates for the three-year period shown. Fifteen counties have a higher rate than Region 3. Seven counties saw a rate increase from 2018 to 2020. Though most counties saw a decrease over the three years, seven counties saw a rate increase from 2019 to 2020.

Table 84 – Region 3 Children Under 18 in Foster Care System (per 1,000 Pop. Age 0-18)

Report Area	2018	2019	2020
Collin	11.6	11.4	9.4
Cooke	**146.6**	**104.0**	**75.0**
Dallas	37.3	32.9	26.6
Denton	24.8	27.9	23.0
Ellis	14.3	13.1	10.9
Erath	19.7	20.6	29.7
Fannin	82.4	81.6	**99.6**
Grayson	55.1	59.5	55.8
Hood	79.1	57.1	48.1
Hunt	**85.8**	**87.0**	68.8
Johnson	47.3	41.4	34.7
Kaufman	27.6	24.6	35.6
Navarro	45.5	36.1	40.6
Palo Pinto	**174.5**	**152.6**	**166.4**
Parker	48.2	48.3	45.4
Rockwall	23.5	29.3	26.2
Somervell	52.7	57.7	48.3
Tarrant	21.2	21.1	22.4
Wise	51.3	50.6	52.6
Region 3	**30.2**	**28.4**	**25.4**
Texas	**39.3**	**37.2**	**35.1**

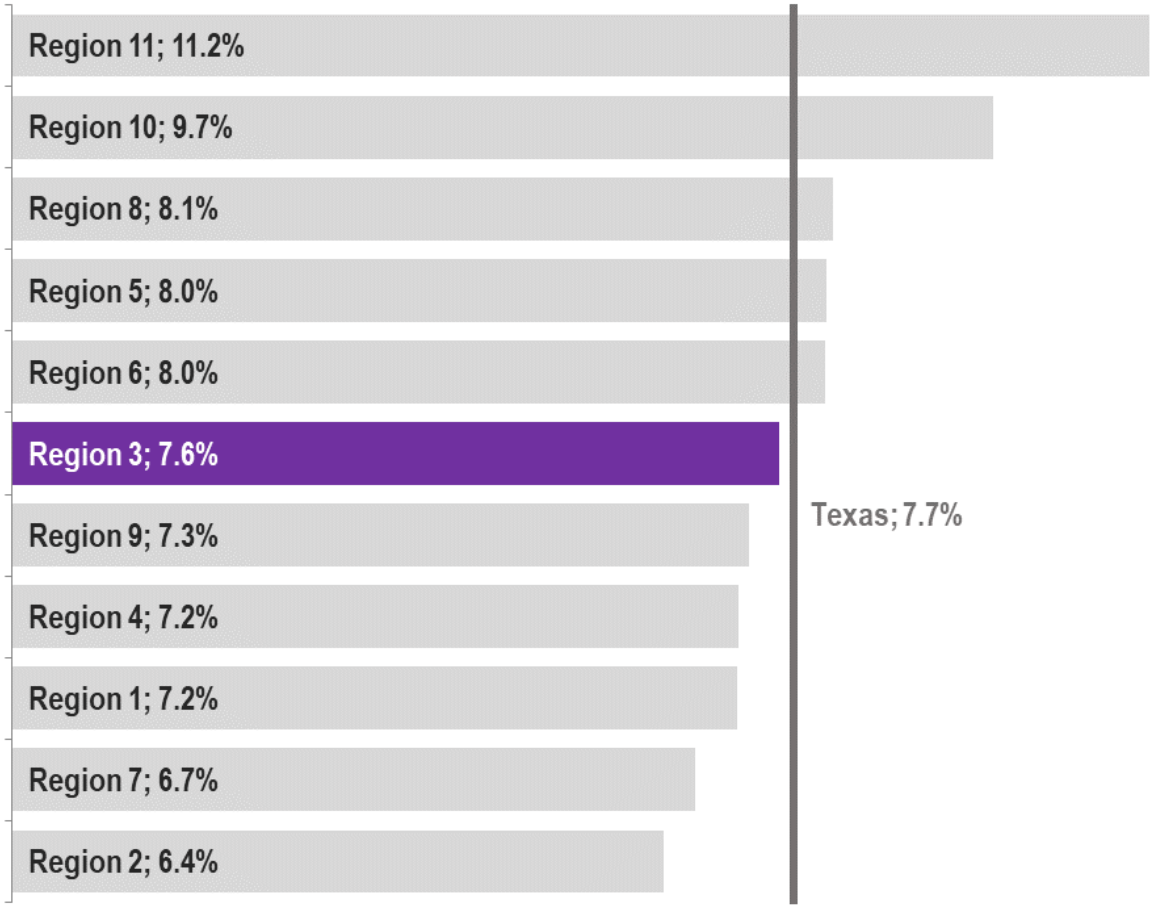
Texas Department of Family and Protective Services (DFPS)[43]

Children Under 18 Living in Single-parent Households

Though increasingly the norm, adults and children in single-parent households are at risk for adverse health outcomes such as behavioral health problems (including substance use disorders, depression, and suicide) and unhealthy behaviors (such as smoking and alcohol misuse) according to the Adverse Childhood Experiences (ACEs) study, which is an ongoing collaborative study conducted by the Centers for Disease Control and Prevention. Additionally, the National Center for Biotechnology Information released a study showing increased drug use of adolescent females raised in single-father homes. Mortality risk is also higher among single parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.

Figure 27 below shows the percent of single parent households in each region. **In 2019, the Texas rate was 7.7%.** The highest rates are found in Region 11 (Rio Grande Valley/Lower South Texas), Region 10 (Upper Rio Grande), and Region 8 (Upper South Texas) respectively. Region 3 has a rate of 7.6%. Five regions have a higher rate than Texas.

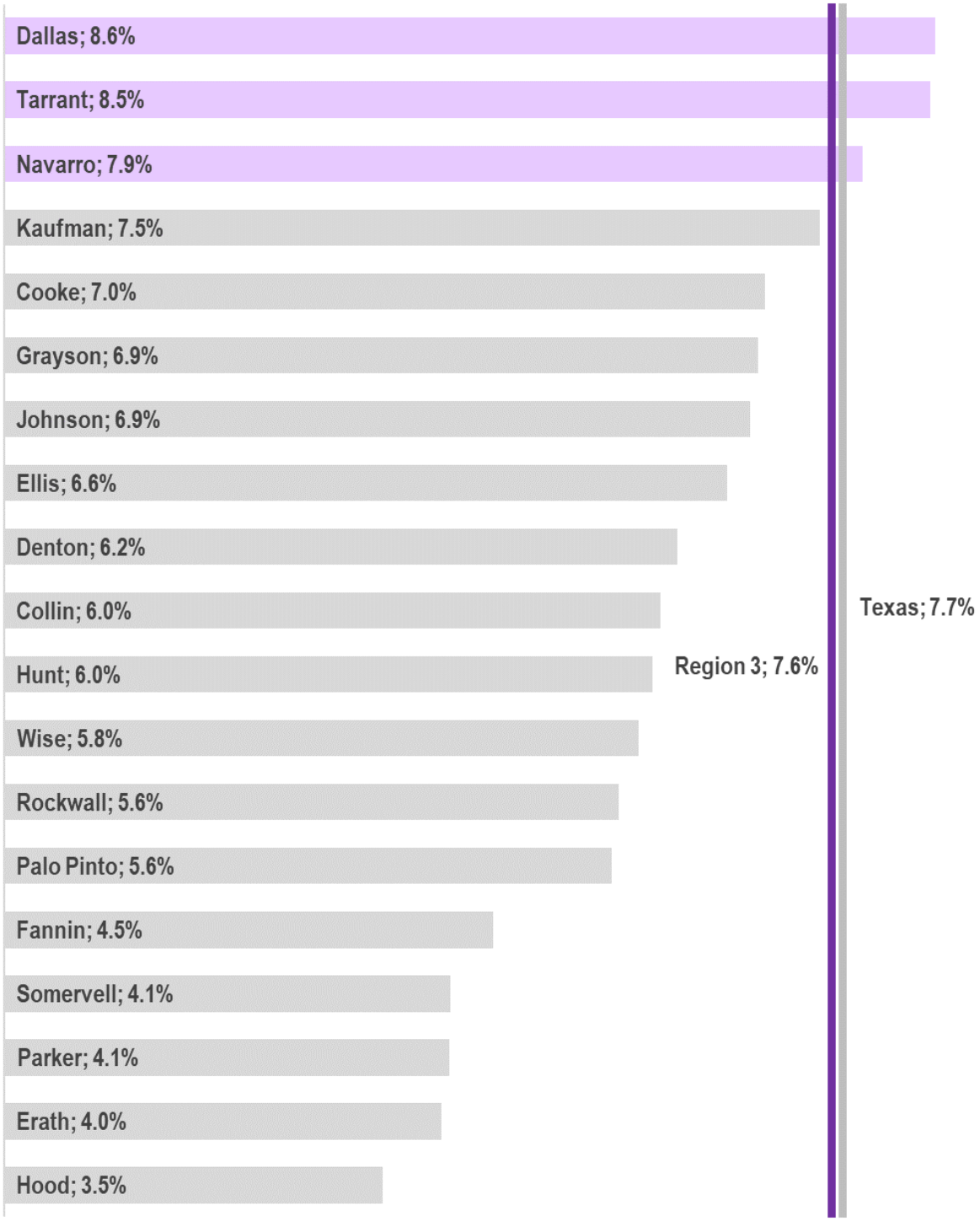
Figure 27 – Texas Single-parent Households, by Region, 2019



U.S. Census Bureau[6]

Figure 28 below shows the percent of single parent households in each Region 3 county. The highest rates are found in Dallas, Tarrant, and Navarro Counties, respectively; these three counties also have a higher rate than Region 3 and Texas.

Figure 28 – Region 3 Single-parent Households, by County, 2019

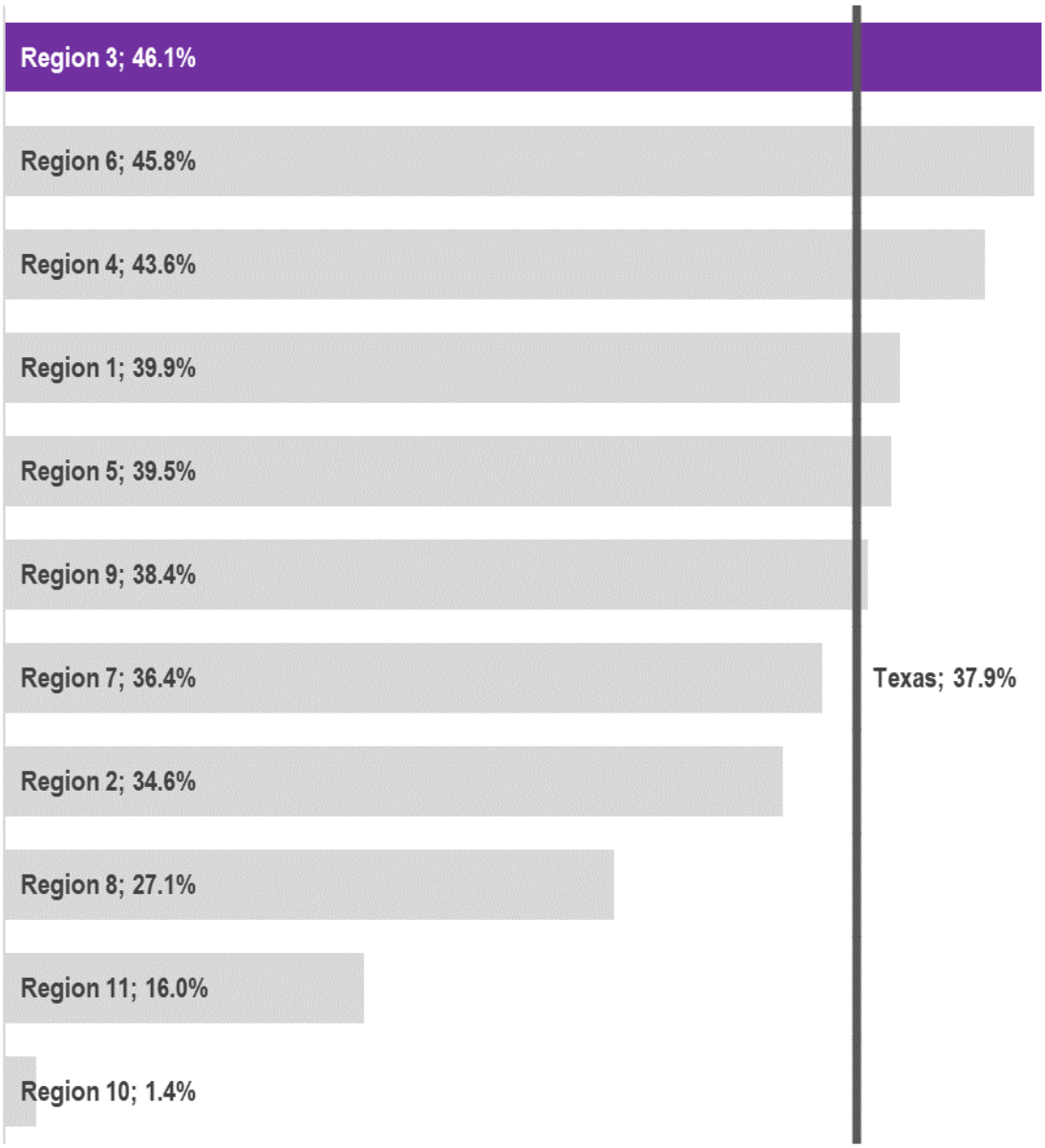


U.S. Census Bureau[6]

Divorce Rates

The figure below shows regional divorce rates for 2015. This rate is calculated by dividing the number of divorces by total number of marriages in a given year. **For 2015, Texas had a rate of 37.9%.** The highest rates are found in Region 3, Region 6 (Gulf Coast), and Region 4 (Upper East Texas), respectively. Region 3 had a rate of 46.1%. Six of the eleven regions have a higher rate than Texas.

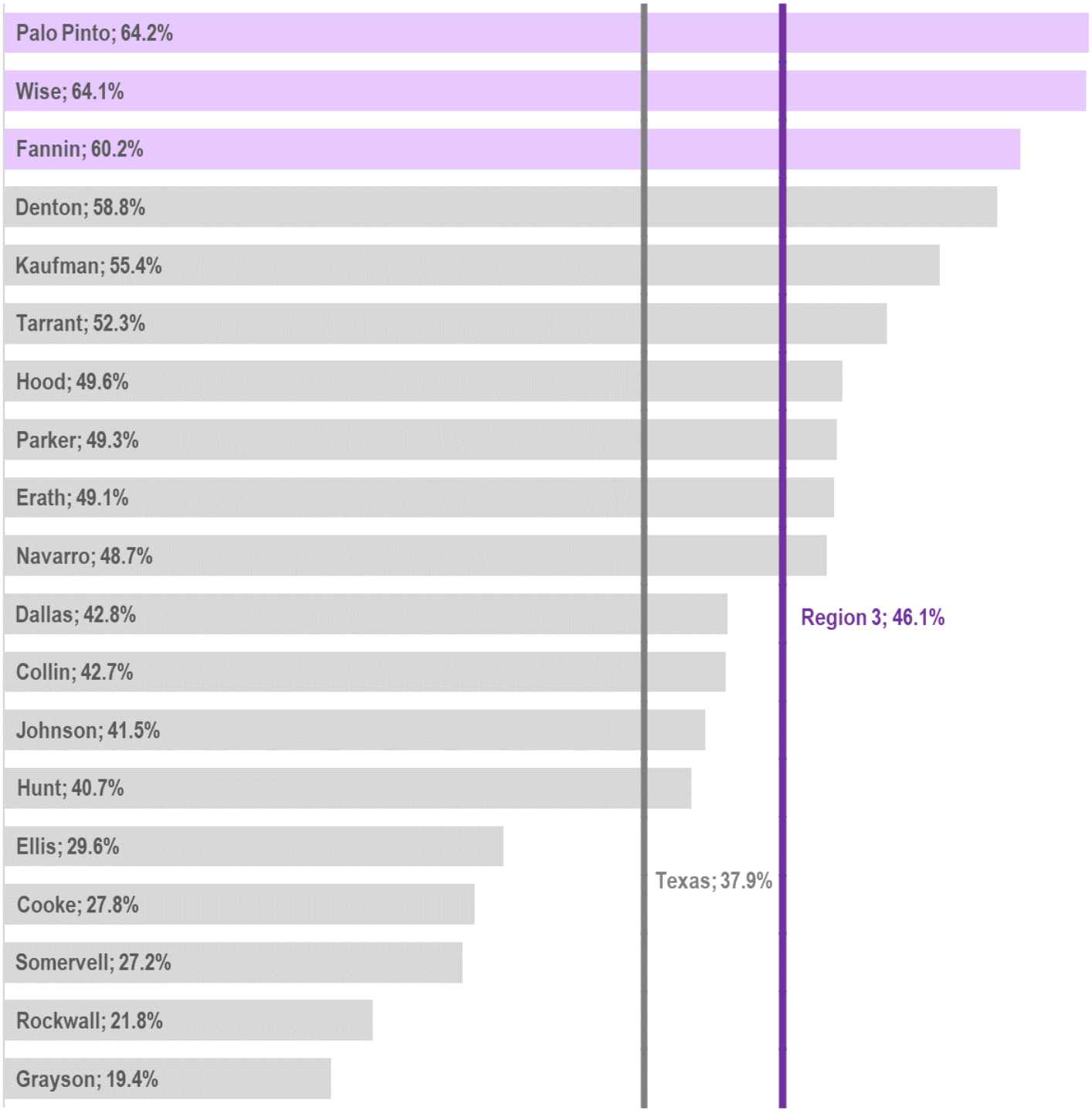
Figure 29 – Texas Divorce Rates, by Region, 2015



Texas Department of State Health Services [44]

Figure 30 below shows divorce rates for 2015 in Region 3 counties. In 2015, the highest rates are found in Palo Pinto, Wise and Fannin Counties, respectively. Ten counties have a higher rate than Region 3. .

Figure 30 – Region 3 Divorce Rates, by County, 2015



Texas Department of State Health Services [44]

Social Association

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. A 2001 study found that the magnitude of health risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group.

Table 85 below shows the number of membership associations per 10K population. These associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. The lowest rates of social association were found in Somervell, Collin, and Denton Counties, respectively. Collin and Denton counties have been among the three lowest rates for the three-year period shown. Eleven counties saw a decrease in social association rates over the three-year period. Six counties have a lower rate than Texas.

Table 85 – Region 3 Social Association per 10K Population, by County

Report Area	2018	2019	2020
Collin	**6.4**	**6.4**	**6.7**
Cooke	11.7	11.5	10.0
Dallas	7.3	7.3	7.3
Denton	**5.9**	**6.0**	**5.8**
Ellis	9.5	9.7	9.0
Erath	12.4	12.0	11.4
Fannin	13.4	13.8	12.2
Grayson	12.0	11.9	11.4
Hood	11.0	11.6	10.1
Hunt	12.6	11.9	11.8
Johnson	7.9	8.0	7.7
Kaufman	7.7	7.9	8.0
Navarro	9.7	10.1	9.0
Palo Pinto	13.3	13.9	12.6
Parker	9.6	9.8	9.9
Rockwall	7.5	7.7	7.4
Somervell	10.3	10.3	**6.8**
Tarrant	**6.9**	**7.0**	6.9
Wise	11.4	11.2	10.7
Texas	**7.6**	**7.6**	**7.6**

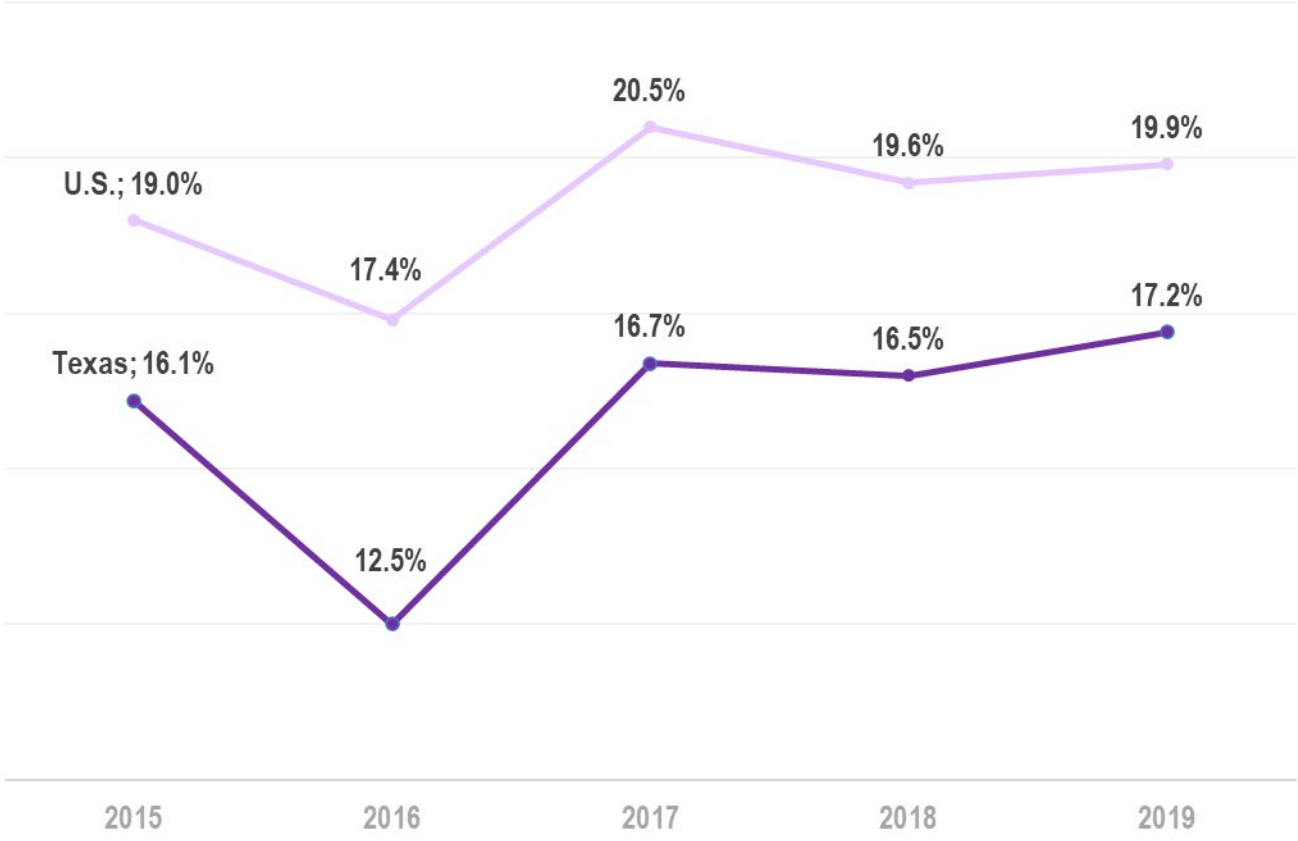
County Health Rankings & Roadmaps [45]

Depression

The data in **Figures 31-34** comes from the Behavioral Risk Factor Surveillance Survey (BRFSS), a survey conducted by the CDC. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Figure 31 shows the rates of depression for the U.S. and Texas over a five-year period. For each of the five years shown, Texas had a lower rate of depression than the U.S. overall.

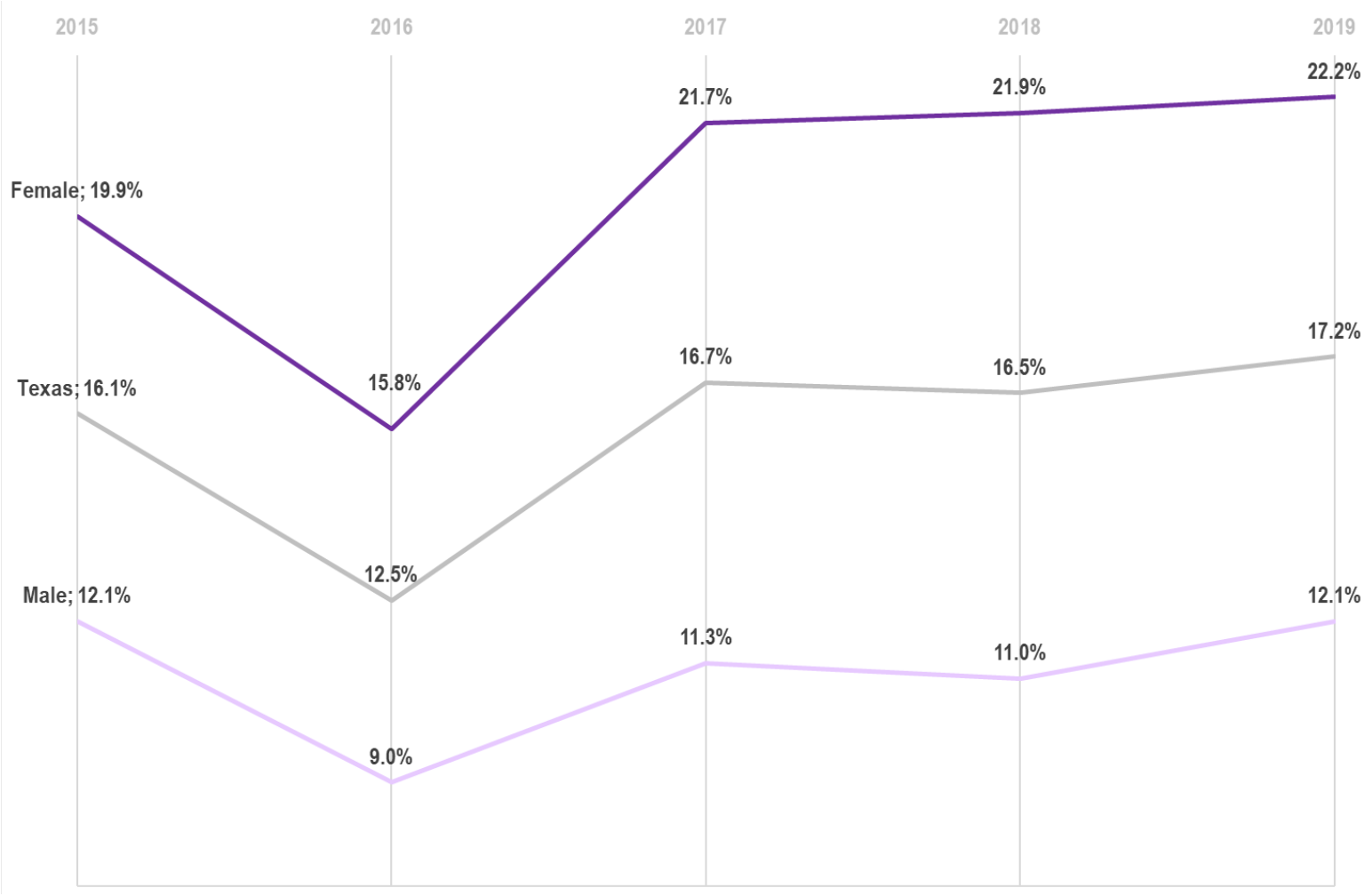
Figure 31 – Adult Depression rates, Texas & U.S., BRFSS



Centers for Disease Control and Prevention (CDC) [46]

Figure 32 shows the rates of depression for Texas females and males over a five-year period. For each of the five years shown, females had a higher rate of depression than males; these rates are also higher than the Texas overall averages.

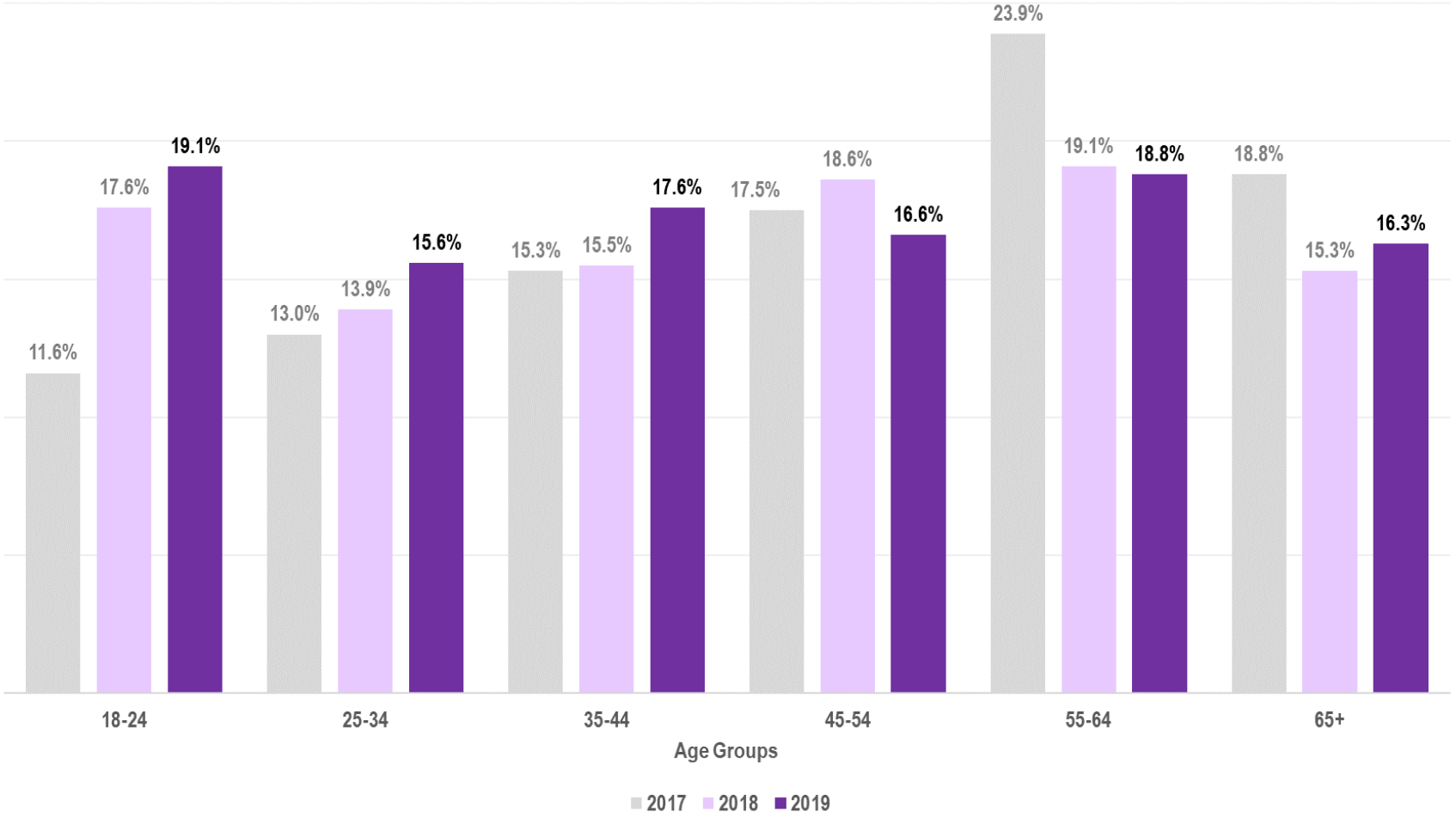
Figure 32 – Texas Adult Depression rates, by Gender, BRFSS



Centers for Disease Control and Prevention (CDC) [46]

Figure 33 shows the rates of depression for Texas over a three-year period broken down by age group. The rates for those under 45 years old increased over this three-year period, while the rates for those 45 years and older decreased.

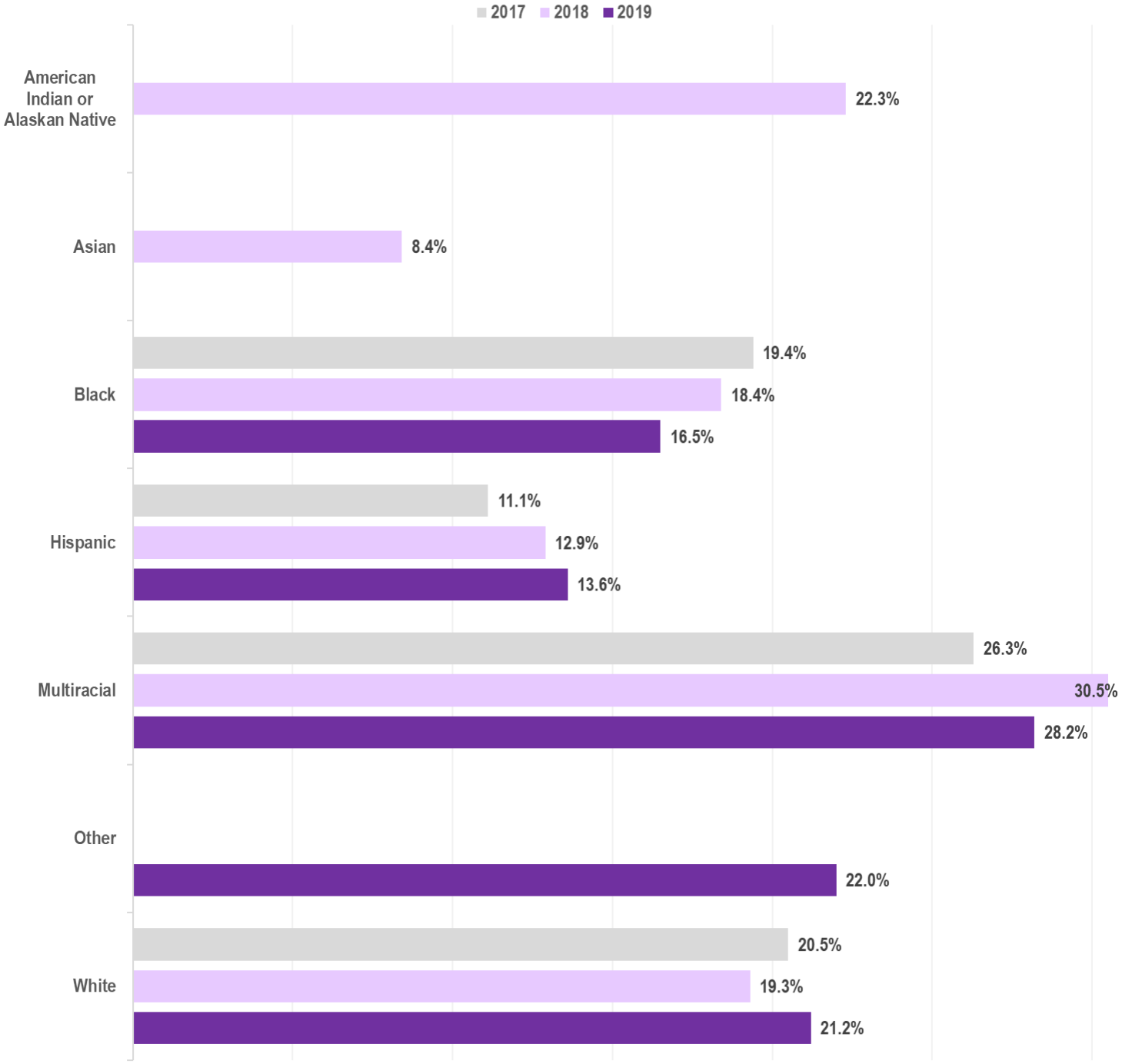
Figure 33 – Texas Adult Depression rates, by Age Group, BRFSS



Centers for Disease Control and Prevention (CDC) [45]

Figure 34 shows the rates of depression for Texas over a three-year period broken down by race/ethnicity. Some years are not shown for a few race/ethnicity groups due to suppressed data. The highest rates were found among Multiracial individuals for each of the three years shown.

Figure 34 – Texas Adult Depression rates, by Race/Ethnicity, BRFSS



Centers for Disease Control and Prevention (CDC) [46]

Perceptions of Parental Attitudes

Student Perceptions of Parental Approval of Youth Consumption

Parental beliefs about alcohol and drugs have the ability to shape how likely their child is to engage in substance use. Adolescents tend to model the behaviors of parents and guardians around them. Therefore, these adult attitudes about drug and alcohol consumption can have either a positive or negative influence on youth and their substance use activity.

Students were asked how they thought their parents feel about **alcohol use** among their age group. Recall that Regions 3 & 4 (Upper East Texas: Tyler area) were combined for the 2020 data set due to low participation rates in both regions.

In Regions 3 & 4, the highest rates for "disapprove" (strongly and mildly) were found among grade 9 students; the highest rates for "approve" (mildly and strongly) and "neither" were found among grade 12 students. The highest rates for "do not know" were found among grade 7 students.

Table 86 – "How do your parents feel about kids your age **drinking alcohol?", TSS 2020**

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	60.9%	14.4%	11.8%	4.4%	0.9%	7.6%
Grade 7	72.6%	9.7%	5.6%	1.5%	0.3%	10.2%
Grade 8	69.8%	11.2%	7.5%	2.9%	0.8%	7.7%
Grade 9	62.4%	16.4%	10.0%	3.4%	0.8%	7.1%
Grade 10	55.5%	17.5%	13.4%	4.3%	1.4%	7.9%
Grade 11	54.5%	16.5%	16.3%	5.4%	1.1%	6.2%
Grade 12	47.7%	15.5%	19.9%	9.9%	1.3%	5.7%

Region 3 & Region 4						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	65.6%	14.1%	10.1%	3.0%	0.7%	6.4%
Grade 7	74.1%	8.9%	5.4%	1.2%	0.3%	10.2%
Grade 8	73.5%	11.0%	7.4%	1.6%	0.8%	5.8%
Grade 9	70.0%	14.7%	7.8%	2.2%	0.4%	4.9%
Grade 10	61.6%	18.5%	10.0%	3.3%	1.7%	4.9%
Grade 11	59.2%	16.8%	14.0%	4.0%	0.7%	5.3%
Grade 12	54.1%	14.5%	16.8%	6.4%	0.6%	7.6%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how they thought their parents feel about **tobacco use** among their age group.

In Regions 3 & 4, the highest rates for “disapprove” (strongly and mildly) were found among grade 10 students; the highest rates for “approve” (mildly and strongly) and “neither” were found among grade 12 students. The highest rates for “do not know” were found among grade 7 students.

Table 87 – “How do your parents feel about kids your age **using tobacco?”, TSS 2020**

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	78.4%	7.2%	4.8%	1.0%	0.6%	7.9%
Grade 7	83.1%	4.1%	1.9%	0.4%	0.3%	10.2%
Grade 8	83.1%	4.5%	2.9%	0.7%	0.9%	7.8%
Grade 9	80.7%	6.9%	4.1%	1.0%	0.5%	6.9%
Grade 10	76.9%	7.7%	5.3%	0.9%	0.8%	8.3%
Grade 11	75.1%	9.9%	5.7%	1.1%	0.6%	7.6%
Grade 12	69.8%	11.2%	9.7%	2.3%	0.6%	6.5%

Region 3 & Region 4						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	81.5%	7.2%	3.3%	0.9%	0.4%	6.6%
Grade 7	84.0%	4.4%	1.9%	0.1%	0.1%	9.5%
Grade 8	85.0%	4.2%	2.5%	0.9%	0.7%	6.7%
Grade 9	85.4%	5.4%	2.6%	0.6%	0.4%	5.6%
Grade 10	83.1%	8.2%	2.7%	0.5%	0.8%	4.8%
Grade 11	78.4%	11.0%	3.6%	1.1%	0.2%	5.7%
Grade 12	71.4%	11.5%	6.8%	2.5%	0.2%	7.5%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how they thought their parents feel about **marijuana use** among their age group.

In Regions 3 & 4, the highest rates for “disapprove” (strongly and mildly) were found among grade 8 students; the highest rates for “approve” (mildly and strongly) and “neither” were found among grade 12 students. The highest rates for “do not know” were found among grade 7 students.

Table 88 – “How do your parents feel about kids your age **using marijuana?”, TSS 2020**

Texas						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	75.3%	7.1%	7.0%	1.9%	1.3%	7.5%
Grade 7	83.9%	2.9%	2.2%	0.7%	0.3%	9.9%
Grade 8	82.2%	4.2%	3.6%	1.5%	1.0%	7.5%
Grade 9	77.2%	7.3%	5.4%	1.8%	1.3%	7.1%
Grade 10	70.9%	9.4%	8.3%	1.7%	1.9%	7.8%
Grade 11	70.2%	8.7%	10.4%	2.3%	2.1%	6.4%
Grade 12	65.2%	10.9%	13.4%	3.4%	1.1%	5.9%

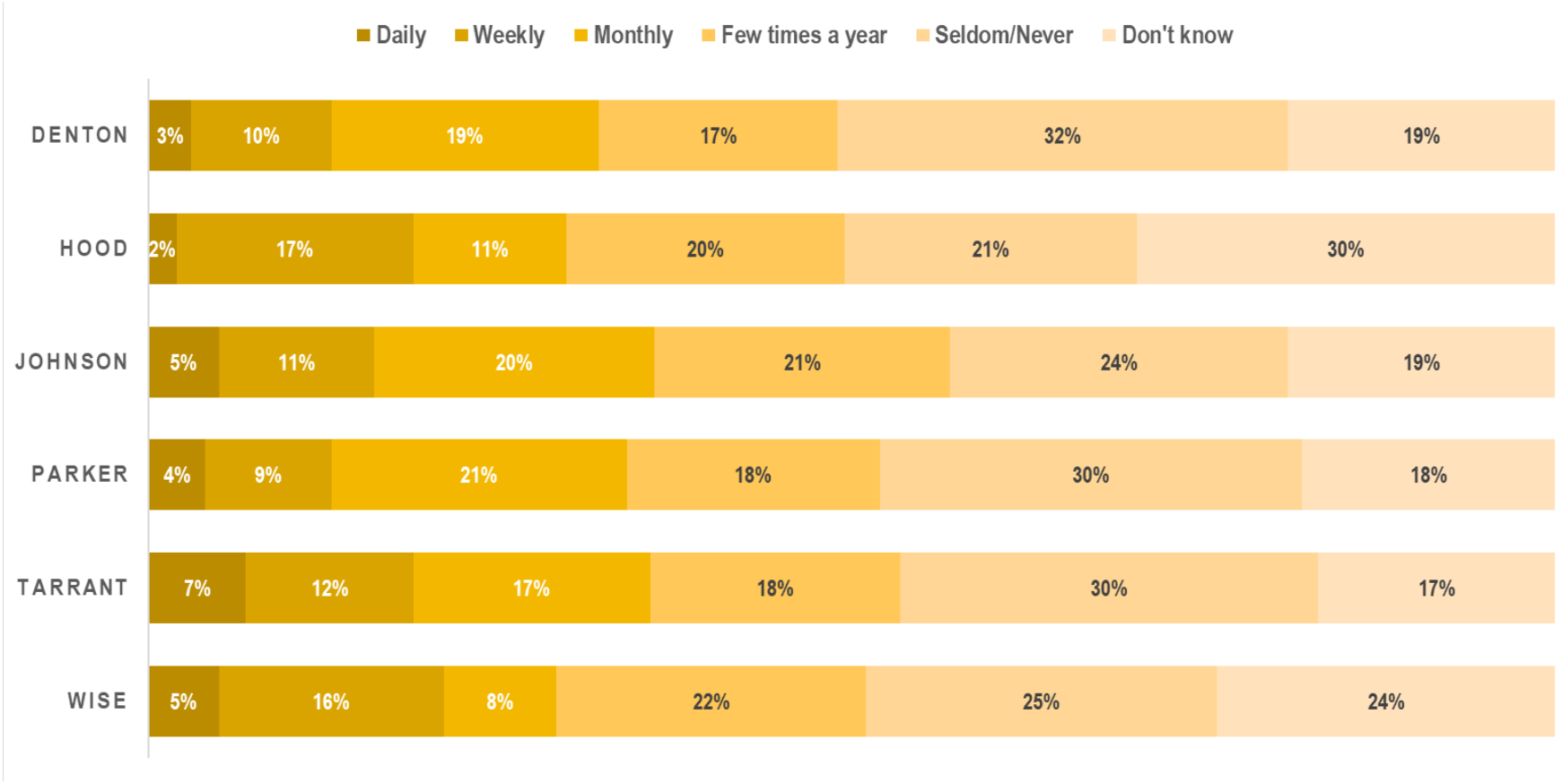
Region 3 & Region 4						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	77.1%	7.8%	6.0%	1.6%	1.0%	6.5%
Grade 7	85.2%	1.8%	2.5%	1.2%	0.1%	9.2%
Grade 8	84.3%	5.0%	2.8%	1.2%	1.2%	0.9%
Grade 9	81.1%	7.7%	3.6%	1.1%	1.0%	5.6%
Grade 10	72.9%	10.1%	8.3%	1.0%	1.8%	5.9%
Grade 11	72.6%	10.4%	8.1%	1.9%	1.5%	5.4%
Grade 12	64.9%	12.3%	11.7%	3.3%	0.7%	7.2%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Community-Wide Children's Health Assessment and Planning Survey (CCHAPS)

The following figures (35-38) display answers to the substance use related questions from the 2018 Community-Wide Children's Health Assessment and Planning Survey (CCHAPS). The survey data was collected by the ETC Institute, a community-based market research firm, as directed by the Cook Children's Health Care System. The survey data was distributed by Cook Children's Health Care system through random, mailed surveys to households with children 0-14 years of age. It included households in Denton, Hood, Johnson, Parker, Tarrant, and Wise Counties. This survey is conducted every three years. *Answers with less than 2% is not labeled in the figure.* In 2018, 32% of **Denton County** parents reported seldom/never when asked how often they talked to their child(ren) about drugs and alcohol.

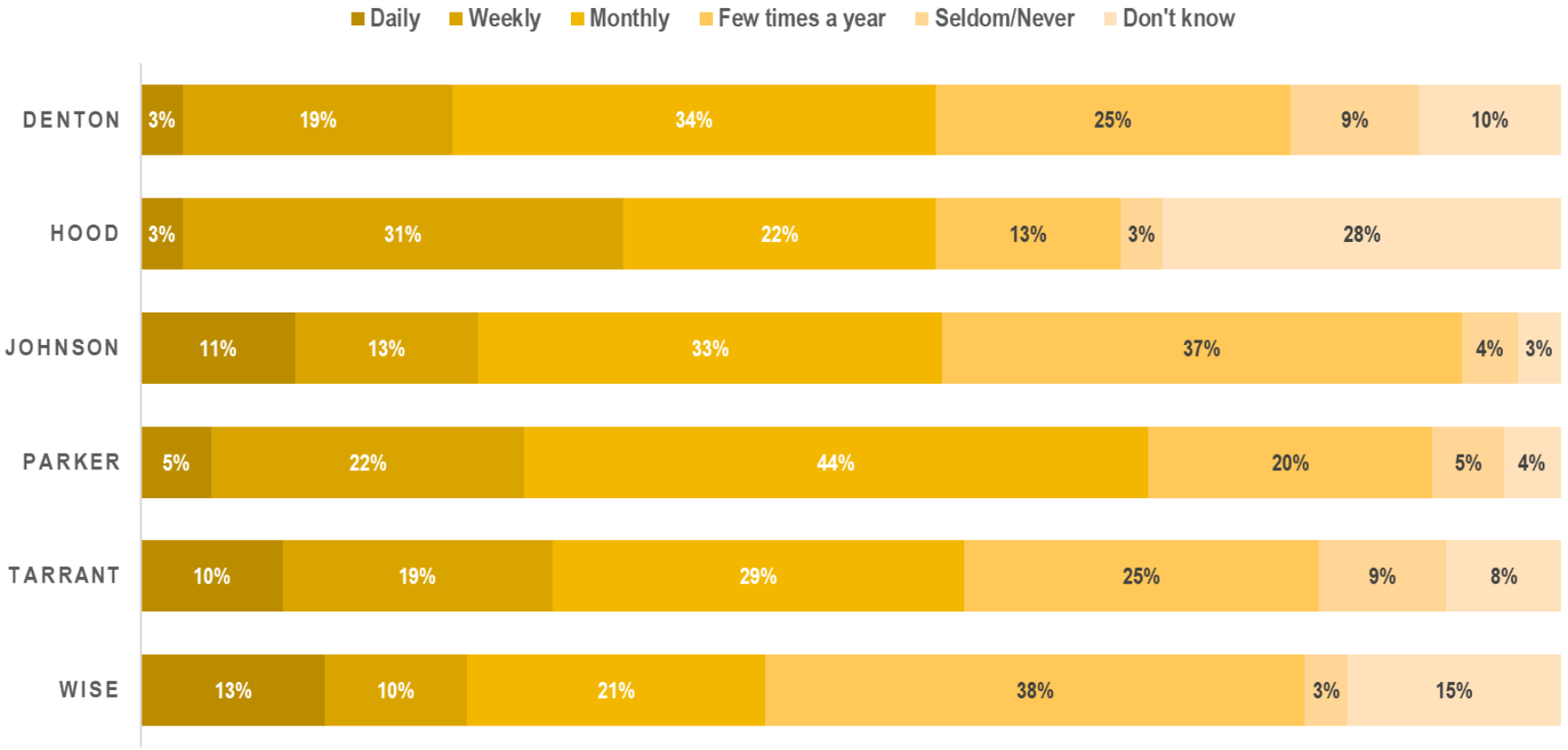
Figure 35 – "How often do you talk to this child about drugs and alcohol?" **(Parents of Children Ages 0-14), CCHAPS, 2018**



Cook Children's Center for Children's Health [49]

Figure 36 is a subset of the group at large in **Figure 35**. Answers to the same question above from parents of children 9-14 are shown below. *Answers with less than 2% is not labeled in the figure.* There is an increase the categories that indicate there is a conversation (Daily, Weekly, Monthly, and Few times a year) about drugs and alcohol and a decrease in the seldom/never and do not know categories. This indicates that parents with children 9-14 years old are more likely to have conversations about drugs and alcohol with their children in this age group.

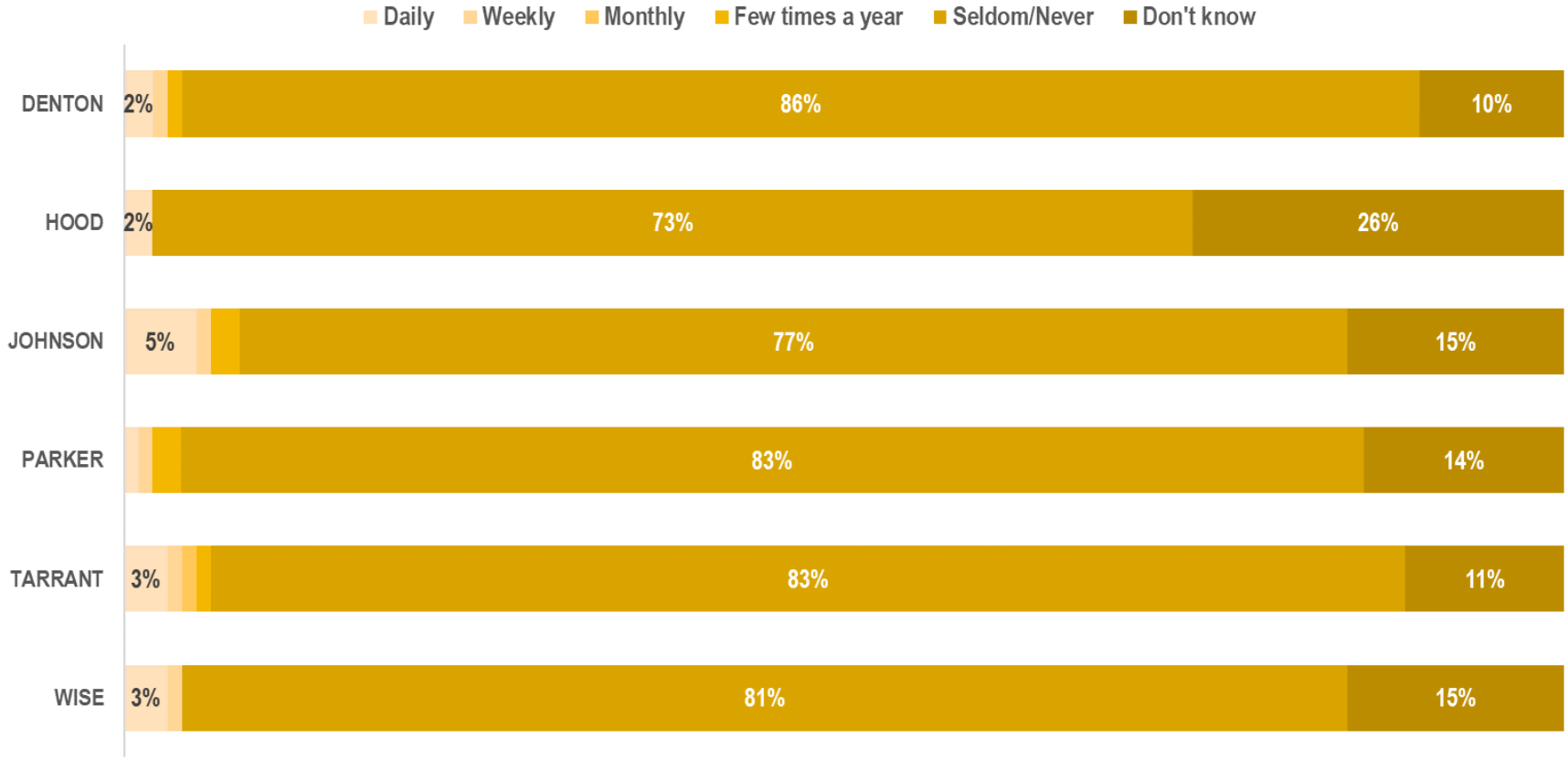
Figure 36 – "How often do you talk to this child about drugs and alcohol?" **(Parents of Children Ages 9-14), CCHAPS, 2018**



Cook Children's Center for Children's Health [49]

Figure 37 shows the answers reported from parents (of children ages 0-14) when asked about tobacco use in their households, specifically cigarettes. *Answers with less than 2% is not labeled in the figure.* In 2018, **Johnson County** parents reported cigarettes use in the household on a "daily" basis more than the other 5 counties that participated in this survey.

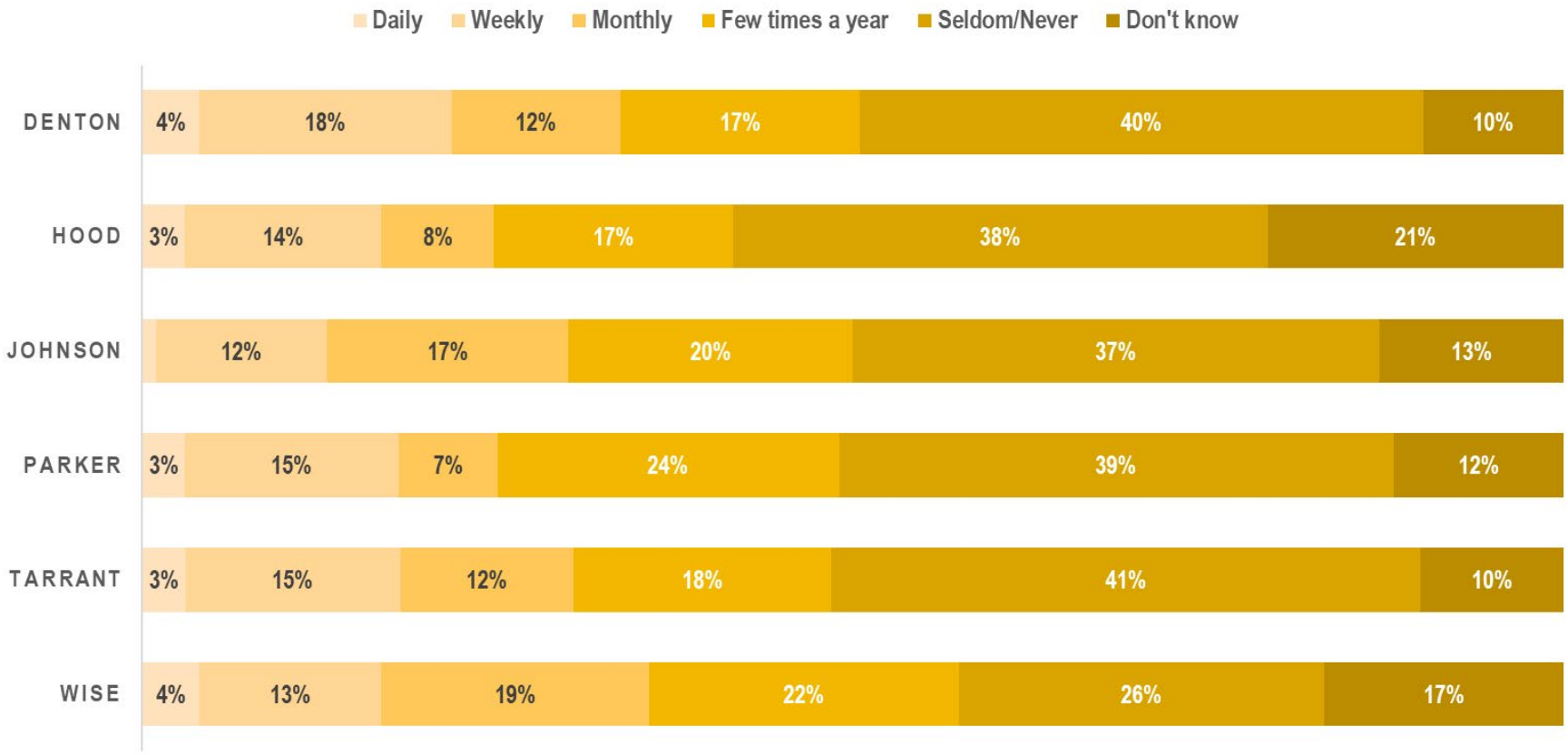
Figure 37 – "How often do people in this home smoke cigarettes?" **CCHAPS, 2018**



Cook Children's Center for Children's Health [49]

Figure 38 shows the answers reported from parents (of children ages 0-14) when asked about alcohol consumption in the household. *Answers with less than 2% is not labeled in the figure.* In 2018, **Denton** and **Wise County** parents reported alcohol use in the household on a "daily" basis more than the other 4 counties that participated in this survey.

Figure 38 – "How often are alcoholic beverages consumed in your home?" **CCHAPS, 2018**



Cook Children's Center for Children's Health [49]

Peer Domain

As previously stated, the peer domain focuses on interpersonal factors including social norms, youth perceptions of peer consumption, and social access. In this section you will find data from The TSS.

Perceptions of Peer Consumption

Students were asked how many, if any, of their close friends used **alcohol**. In Regions 3 & 4, the highest rates for "none" were found among grade 7 students; the highest rates for "a few & some" were found among grade 11 students. The highest rates for majority of friends (Most and All) were found among grade 11 students.

Table 89 – "About how many of your close friends use **alcohol?**", **TSS 2020**

Texas					
	None	A Few	Some	Most	All
All	52.8%	22.2%	12.7%	9.4%	3.0%
Grade 7	77.1%	16.0%	4.6%	1.6%	0.7%
Grade 8	64.2%	22.1%	8.8%	3.9%	1.0%
Grade 9	52.8%	24.6%	13.0%	7.9%	1.7%
Grade 10	42.9%	25.0%	16.7%	11.7%	3.7%
Grade 11	39.3%	23.5%	17.7%	14.7%	4.7%
Grade 12	34.0%	22.6%	17.0%	19.3%	7.2%

Region 3 & Region 4					
	None	A Few	Some	Most	All
All	62.0%	19.3%	9.7%	7.1%	1.8%
Grade 7	80.0%	15.1%	3.2%	1.2%	0.5%
Grade 8	65.0%	22.1%	8.2%	3.6%	1.1%
Grade 9	65.1%	21.8%	6.5%	5.8%	0.7%
Grade 10	56.0%	19.5%	13.0%	9.3%	2.2%
Grade 11	49.2%	17.5%	15.9%	12.4%	5.0%
Grade 12	53.7%	19.5%	13.0%	11.9%	1.8%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how many, if any, of their close friends used **tobacco**. In Regions 3 & 4, the highest rates for "none" were found among grade 7 students; the highest rates for "a few & some" were found among grade 11 students. The highest rates for majority of friends (Most and All) were found among grade 11 students.

Table 90 – "About how many of your close friends use **tobacco**?", **TSS 2020**

Texas					
	None	A Few	Some	Most	All
All	74.2%	15.2%	6.0%	3.6%	1.1%
Grade 7	89.4%	8.0%	1.7%	0.6%	0.3%
Grade 8	83.0%	11.3%	4.0%	1.3%	0.4%
Grade 9	75.4%	16.1%	4.4%	3.2%	1.0%
Grade 10	69.0%	18.2%	7.9%	3.3%	1.6%
Grade 11	64.7%	18.8%	9.4%	5.5%	1.5%
Grade 12	59.0%	20.3%	9.9%	8.9%	2.0%

Region 3 & Region 4					
	None	A Few	Some	Most	All
All	80.0%	11.3%	4.8%	3.0%	0.8%
Grade 7	89.7%	8.4%	1.4%	2.0%	0.3%
Grade 8	80.6%	12.2%	4.9%	2.0%	0.3%
Grade 9	82.6%	11.4%	2.9%	2.8%	0.2%
Grade 10	79.5%	10.3%	5.5%	4.4%	0.2%
Grade 11	71.7%	13.1%	8.0%	4.3%	3.0%
Grade 12	73.9%	13.0%	7.1%	4.9%	1.0%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how many, if any, of their close friends used **marijuana**. In Regions 3 & 4, the highest rates for "none" were found among grade 7 students; the highest rates for "a few & some" were found among grade 12 students. The highest rates for majority of friends (Most and All) were found among grade 11 students.

Table 91 – "About how many of your close friends use **marijuana**?", **TSS 2020**

Texas					
	None	A Few	Some	Most	All
All	61.6%	16.9%	9.9%	8.9%	2.7%
Grade 7	86.7%	9.3%	2.1%	1.3%	0.6%
Grade 8	74.9%	14.2%	5.6%	3.9%	1.3%
Grade 9	62.6%	17.4%	9.1%	7.7%	3.2%
Grade 10	51.1%	20.5%	12.8%	11.6%	4.1%
Grade 11	47.2%	20.3%	15.1%	14.3%	3.2%
Grade 12	40.3%	21.1%	17.0%	17.0%	4.5%

Region 3 & Region 4					
	None	A Few	Some	Most	All
All	68.9%	15.1%	8.1%	6.5%	1.3%
Grade 7	88.3%	9.9%	1.1%	0.5%	0.2%
Grade 8	74.9%	15.6%	3.8%	4.6%	1.1%
Grade 9	72.4%	14.6%	6.1%	5.1%	1.8%
Grade 10	62.9%	18.9%	8.5%	7.9%	1.8%
Grade 11	55.7%	15.9%	14.2%	12.7%	1.5%
Grade 12	55.4%	16.0%	17.1%	9.6%	1.8%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Perceived Social Access

This section discusses social access to all drugs. Students report how difficult they think it would be to access alcohol, tobacco, marijuana, and other drugs.

Students were asked how difficult it would be to obtain **alcohol**. In Regions 3 & 4, the highest rates for "impossible" were found among grade 7 students; the highest rates for "difficult" (very and somewhat) were found among grade 8 students. The highest rates for "easy" (somewhat and very) were found among grade 10 students.

Table 92 – "If you wanted some, how difficult would it be to get **alcohol**?", **TSS 2020**

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	25.1%	13.7%	6.2%	10.8%	18.1%	26.2%
Grade 7	35.1%	23.3%	8.0%	9.8%	12.3%	11.7%
Grade 8	27.3%	19.0%	7.9%	12.5%	15.7%	17.6%
Grade 9	24.1%	13.4%	6.5%	11.6%	17.9%	26.5%
Grade 10	21.0%	7.9%	5.1%	11.8%	21.1%	33.2%
Grade 11	20.3%	9.4%	4.4%	10.4%	20.9%	34.6%
Grade 12	21.0%	6.9%	4.6%	8.5%	21.8%	37.3%

Region 3 & Region 4						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	27.5%	14.9%	6.0%	10.1%	17.3%	24.2%
Grade 7	33.7%	23.8%	8.0%	11.2%	10.9%	12.3%
Grade 8	23.7%	19.9%	8.1%	12.5%	17.5%	18.3%
Grade 9	28.2%	15.3%	4.7%	10.6%	16.1%	25.1%
Grade 10	23.7%	8.0%	5.2%	11.1%	20.4%	31.6%
Grade 11	23.6%	10.9%	4.9%	8.9%	18.6%	33.0%
Grade 12	32.4%	10.3%	5.3%	5.2%	20.9%	25.9%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how difficult it would be to obtain **tobacco**. In Regions 3 & 4, the highest rates for "impossible" were found among grade 7 students; the highest rates for "difficult" (very and somewhat) were found among grade 10 students. The highest rates for "easy" (somewhat and very) were found among grade 11 students.

Table 93 – "If you wanted some, how difficult would it be to get **tobacco**?", **TSS 2020**

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	31.9%	21.4%	8.0%	10.4%	13.3%	15.0%
Grade 7	41.8%	33.3%	8.2%	6.5%	5.8%	4.4%
Grade 8	33.7%	30.1%	8.7%	9.3%	10.5%	7.7%
Grade 9	30.4%	22.4%	9.3%	11.0%	13.6%	13.3%
Grade 10	27.9%	14.7%	8.9%	13.3%	17.0%	18.2%
Grade 11	27.4%	14.4%	6.9%	12.4%	16.9%	22.0%
Grade 12	28.7%	10.0%	5.2%	10.2%	17.5%	28.4%

Region 3 & Region 4						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	33.3%	21.9%	9.1%	9.9%	12.6%	13.2%
Grade 7	42.1%	32.0%	7.4%	7.2%	6.6%	4.6%
Grade 8	29.0%	31.2%	10.4%	9.9%	10.5%	8.8%
Grade 9	32.5%	23.0%	10.5%	11.1%	12.0%	10.9%
Grade 10	28.2%	15.7%	11.7%	11.4%	15.7%	17.3%
Grade 11	29.0%	15.3%	7.5%	12.0%	16.6%	19.6%
Grade 12	39.2%	11.8%	6.8%	7.7%	15.2%	19.5%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how difficult it would be to obtain **marijuana**. In Regions 3 & 4, the highest rates for "impossible" were found among grade 7 students; the highest rates for "difficult" (very and somewhat) were found among grade 9 students. The highest rates for "easy" (somewhat and very) were found among grade 11 students.

Table 94 – "If you wanted some, how difficult would it be to get **marijuana**?", **TSS 2020**

Texas						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	30.7%	23.3%	7.6%	8.9%	12.0%	17.5%
Grade 7	43.7%	38.2%	7.2%	4.6%	3.3%	3.0%
Grade 8	33.9%	33.8%	9.1%	7.3%	7.2%	8.8%
Grade 9	28.9%	23.8%	9.2%	10.9%	13.5%	13.7%
Grade 10	25.3%	16.5%	7.7%	11.4%	15.5%	23.5%
Grade 11	25.0%	13.1%	7.5%	10.1%	16.5%	27.8%
Grade 12	25.3%	9.6%	4.4%	9.3%	17.8%	33.6%

Region 3 & Region 4						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	32.8%	24.9%	8.0%	8.7%	11.2%	14.4%
Grade 7	44.6%	38.8%	6.6%	5.6%	2.3%	2.0%
Grade 8	30.7%	36.2%	11.1%	6.5%	6.9%	8.5%
Grade 9	30.7%	26.5%	9.9%	9.9%	12.0%	11.0%
Grade 10	27.1%	17.6%	8.4%	10.5%	16.6%	19.8%
Grade 11	37.6%	15.6%	5.5%	11.7%	16.2%	23.3%
Grade 12	36.0%	11.8%	5.9%	7.6%	14.2%	24.5%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Presence of Substances at Parties

Students were asked about the use of alcohol at parties during the school year. In Regions 3 & 4, the highest rates for “never” & “seldom” were found among grade 7 students; the highest rates for “half the time” were found among grade 8 students. The highest rates for “most of the time” & “always” were found among grade 11 students.

Table 95 – “Thinking of parties you attended this school year, how often was **alcohol** used?”, **TSS 2020**

Texas							
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	52.0%	7.1%	5.1%	8.2%	8.7%	2.2%	16.8%
Grade 7	72.7%	6.3%	3.2%	3.5%	1.5%	2.1%	10.8%
Grade 8	63.4%	6.6%	5.4%	4.9%	3.9%	2.2%	13.7%
Grade 9	51.4%	7.8%	5.9%	7.2%	5.6%	3.0%	19.2%
Grade 10	42.3%	7.8%	6.2%	11.7%	10.1%	2.2%	19.7%
Grade 11	40.8%	6.4%	5.1%	10.9%	14.4%	2.0%	20.4%
Grade 12	36.6%	7.5%	4.9%	12.4%	19.8%	1.2%	17.7%

Region 3 & Region 4							
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	58.6%	6.9%	3.3%	6.1%	7.3%	1.6%	16.2%
Grade 7	73.5%	7.7%	2.4%	2.3%	1.1%	1.3%	11.8%
Grade 8	62.0%	7.4%	4.8%	3.3%	5.4%	2.3%	14.8%
Grade 9	63.6%	7.2%	2.7%	4.3%	4.7%	2.6%	14.9%
Grade 10	49.2%	6.7%	3.1%	11.6%	8.7%	1.7%	19.0%
Grade 11	46.3%	5.3%	3.7%	8.9%	13.8%	1.0%	21.1%
Grade 12	55.7%	6.9%	3.1%	6.7%	11.3%	0.6%	15.8%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked about the use of marijuana and/or other drugs at parties during the school year. In Regions 3 & 4, the highest rates for “never” & “seldom” were found among grade 7 students; the highest rates for “half the time” were found among grade 10 students. The highest rates for “most of the time” & “always” were found among grade 11 students.

Table 96 – “Thinking of parties you attended this school year, how often was **marijuana and/or other drugs** used?”, **TSS 2020**

Texas							
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	60.9%	5.7%	3.7%	5.1%	5.3%	2.6%	16.7%
Grade 7	83.3%	2.4%	0.8%	0.9%	0.5%	1.6%	10.6%
Grade 8	73.5%	4.4%	2.2%	2.1%	2.2%	2.1%	13.5%
Grade 9	60.3%	5.0%	3.7%	4.4%	3.7%	3.8%	19.1%
Grade 10	51.2%	8.3%	5.0%	6.7%	5.8%	3.2%	19.6%
Grade 11	48.4%	6.2%	5.0%	9.0%	8.8%	2.4%	20.1%
Grade 12	43.4%	8.5%	6.2%	9.0%	12.7%	2.1%	18.1%

Region 3 & Region 4							
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	65.7%	5.1%	3.2%	3.9%	3.8%	2.1%	16.2%
Grade 7	84.4%	1.7%	0.7%	0.3%	0.1%	1.0%	11.7%
Grade 8	73.5%	4.1%	1.3%	1.3%	3.1%	1.9%	14.8%
Grade 9	67.3%	5.4%	1.9%	2.8%	3.6%	3.9%	14.9%
Grade 10	55.9%	7.6%	5.8%	5.0%	4.4%	2.5%	18.9%
Grade 11	51.6%	6.4%	5.1%	9.1%	5.3%	1.3%	21.3%
Grade 12	59.5%	5.4%	4.9%	5.5%	7.0%	1.3%	16.2%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Individual Domain

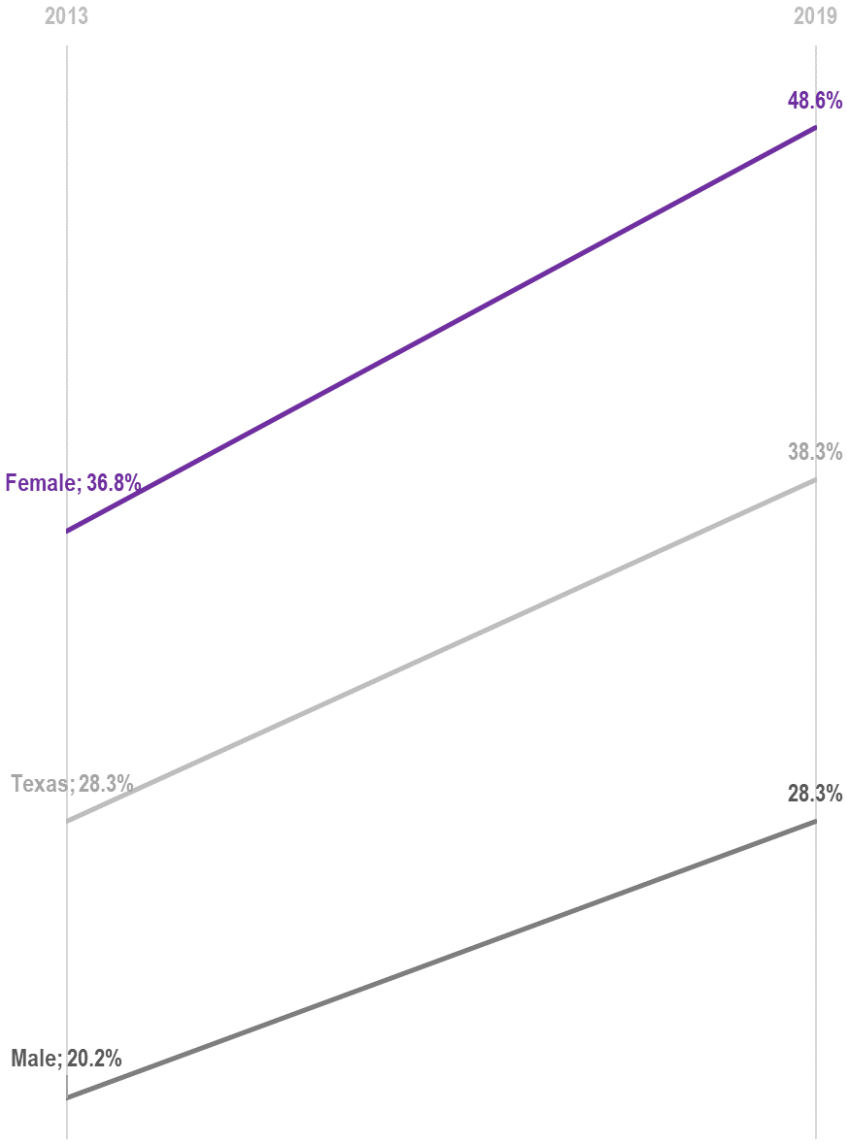
As previously stated, the individual domain focuses on intrapersonal characteristics of youth, such as knowledge, skills, attitudes, beliefs, and behaviors. In this section you will find data related to youth mental health, attitudes about various substances, and adolescent sexual behavior.

Youth Mental Health

Adolescent Depression

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to behavioral health. **Figures 39-41** below show Texas answers regarding depression for 2013 and 2019 broken down by various categories. Students were asked if they "felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey)". Females answered "yes" at a much higher rate than males; this rate was also higher than Texas overall.

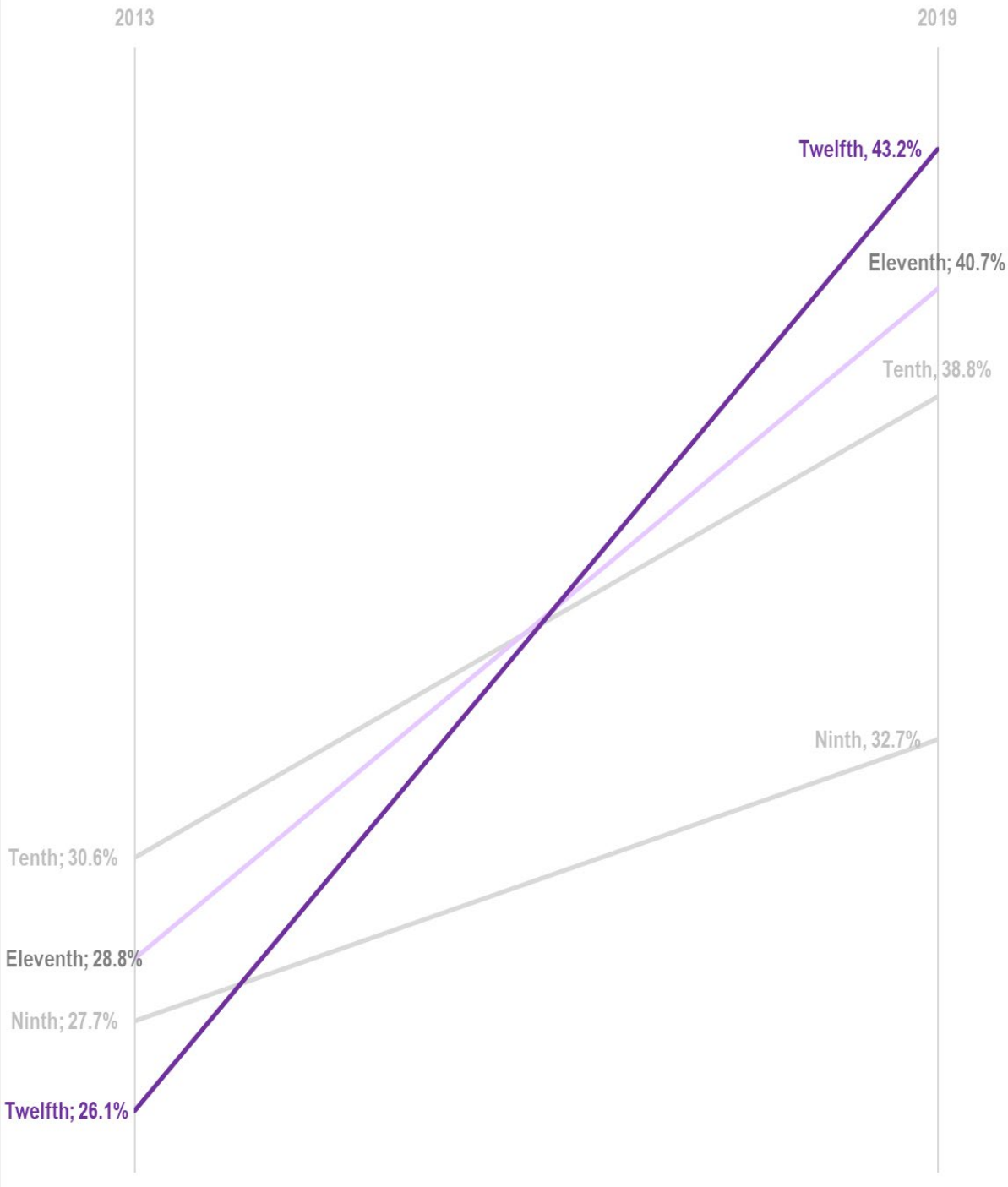
Figure 39 – "Felt sad or hopeless…12 months prior to survey", **by Sex, YRBSS**



Texas Department of State Health Services [40]

The answers for “yes” are broken down by grade level. All grades saw an increase between 2013 and 2019. Twelfth grade students had the lowest rate in 2013 but the highest in 2019.

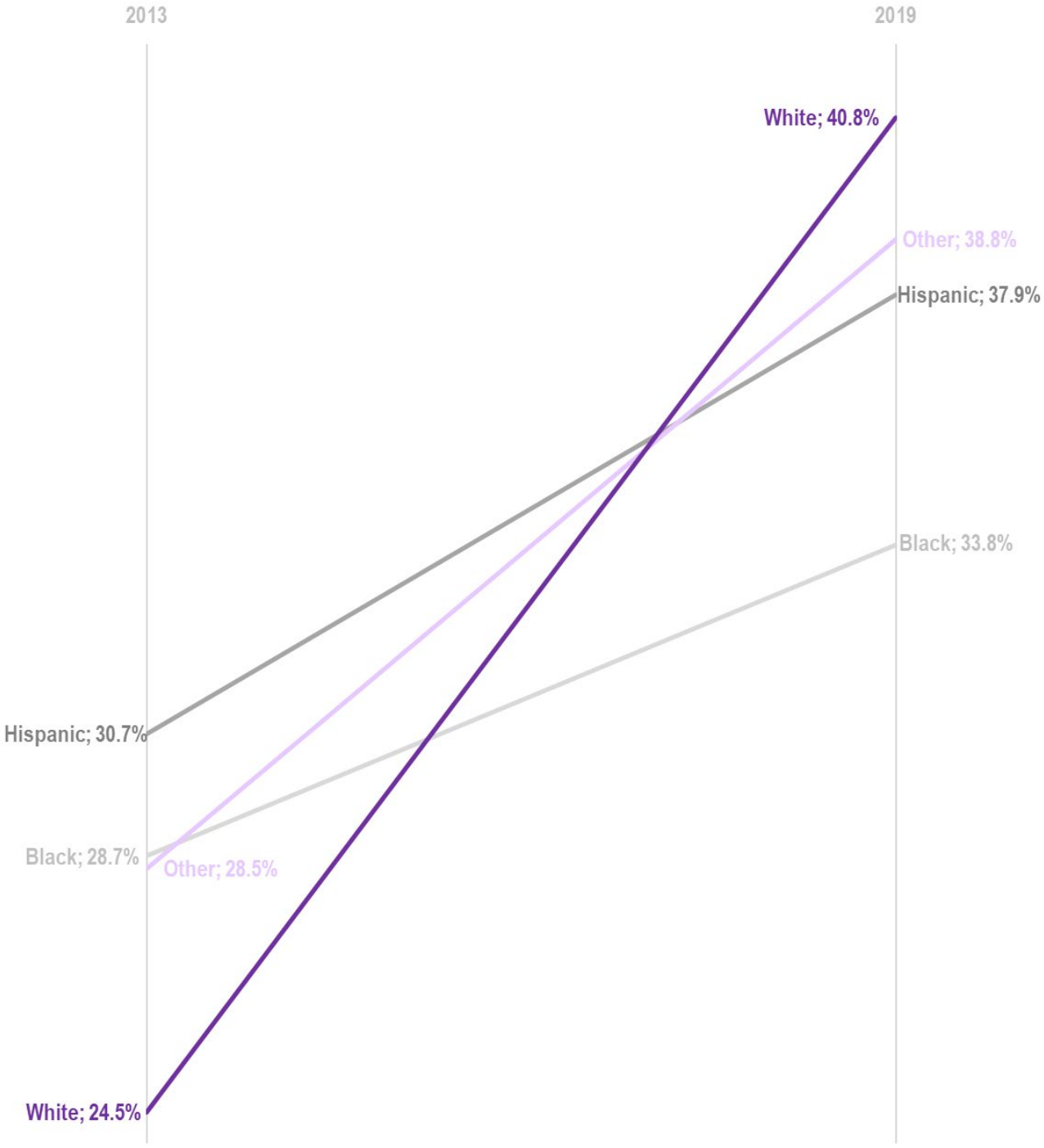
Figure 40 – “Felt sad or hopeless…12 months prior to survey”, **by Grade, YRBSS**



Texas Department of State Health Services [40]

The answers for "yes" are broken down by race/ethnicity. All groups saw an increase between 2013 and 2019. White students had the lowest rate in 2013 but the highest in 2019.

Figure 41 – "Felt sad or hopeless…12 months prior to survey", **by Race/Ethnicity, YRBSS**

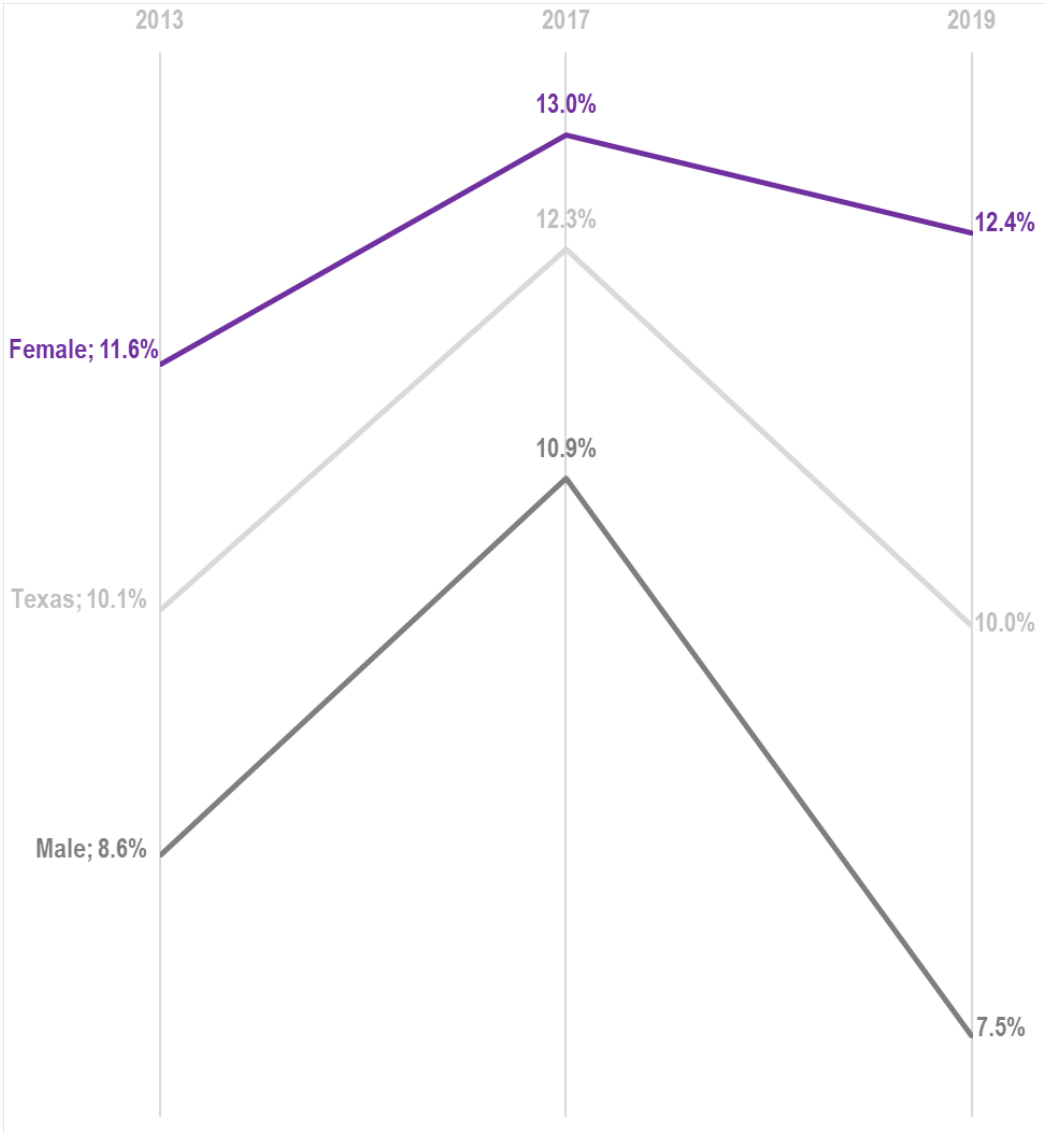


Texas Department of State Health Services [40]

Adolescent Self-Directed Violence

Figures 42 & 43 below show Texas answers from the YRBSS regarding suicide attempts for 2013, 2017, and 2019 broken down by sex and grade level. Students were asked if they had ever attempted suicide (one or more times) during the 12 months before the survey. Females answered "yes" at a much higher rate than males; this rate was also higher than Texas overall.

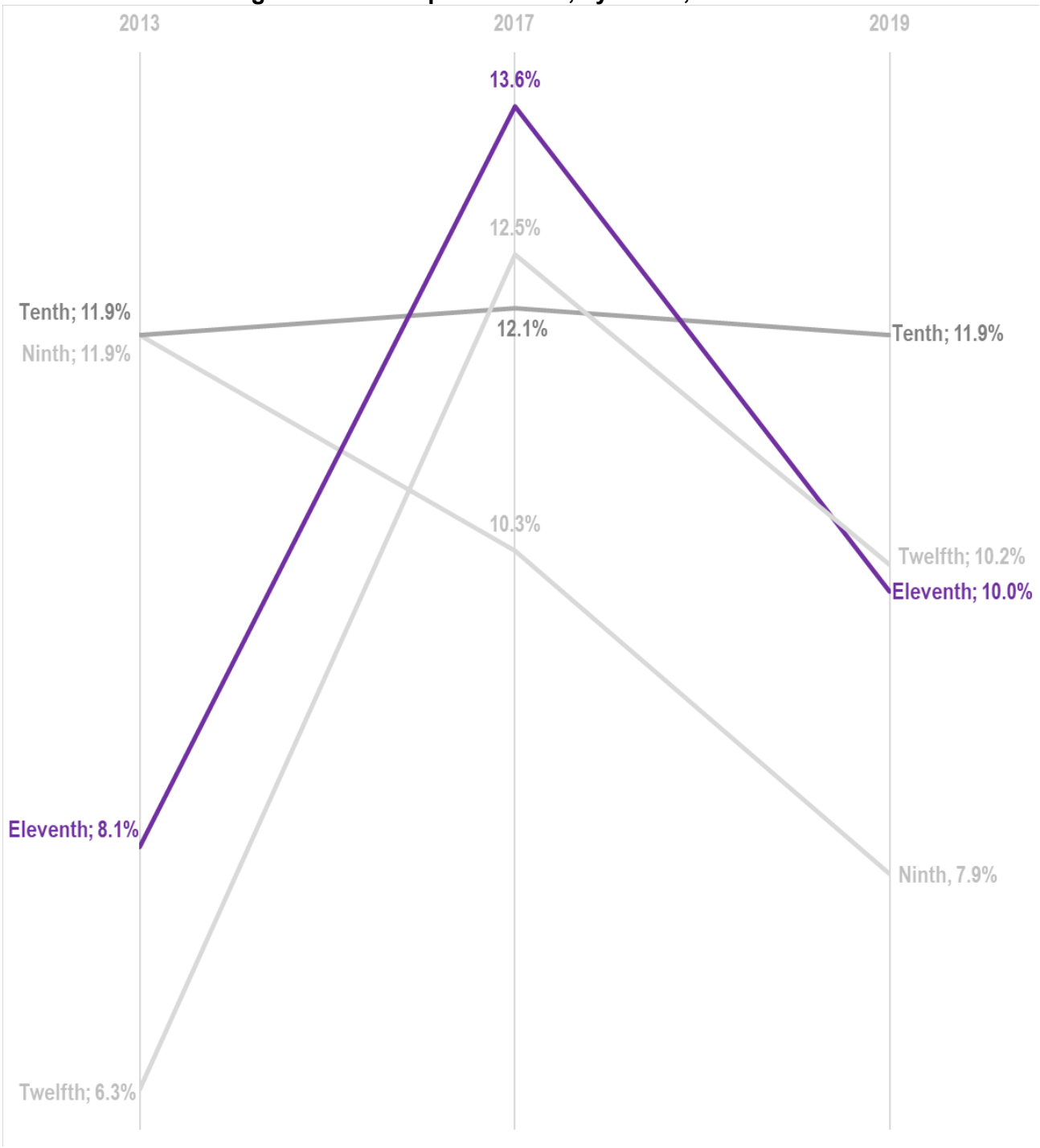
Figure 42 – Attempted Suicide, by Sex, YRBSS



Texas Department of State Health Services [40]

The answers for “yes” are broken down by grade level. Eleventh and Twelfth grade students saw an increase in rates between 2013 and 2019. Tenth grade students had the highest rates in 2013 and 2019.

Figure 43 – Attempted Suicide, by Grade, YRBSS

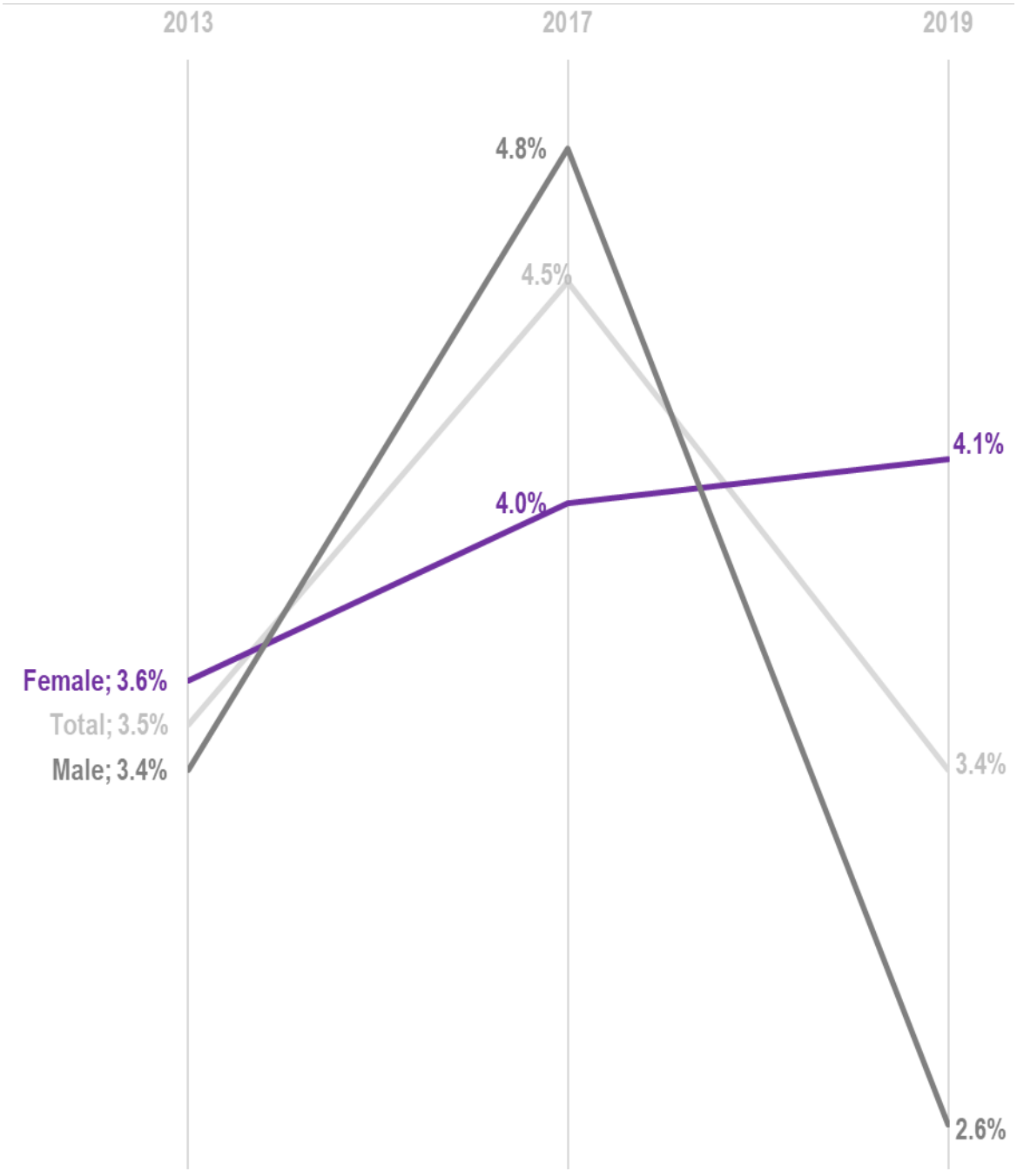


Texas Department of State Health Services [40]

Suicide Attempt Required Medical Attention

Figures 44 & 45 below show Texas answers from the YRBSS regarding suicide attempts for 2013, 2017, and 2019 broken down by sex and grade level. Students were asked if their suicide attempt "resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse" in the 12 months prior to the survey. Females had a higher rate than males in 2013 and 2019, but males had the higher rates in 2017.

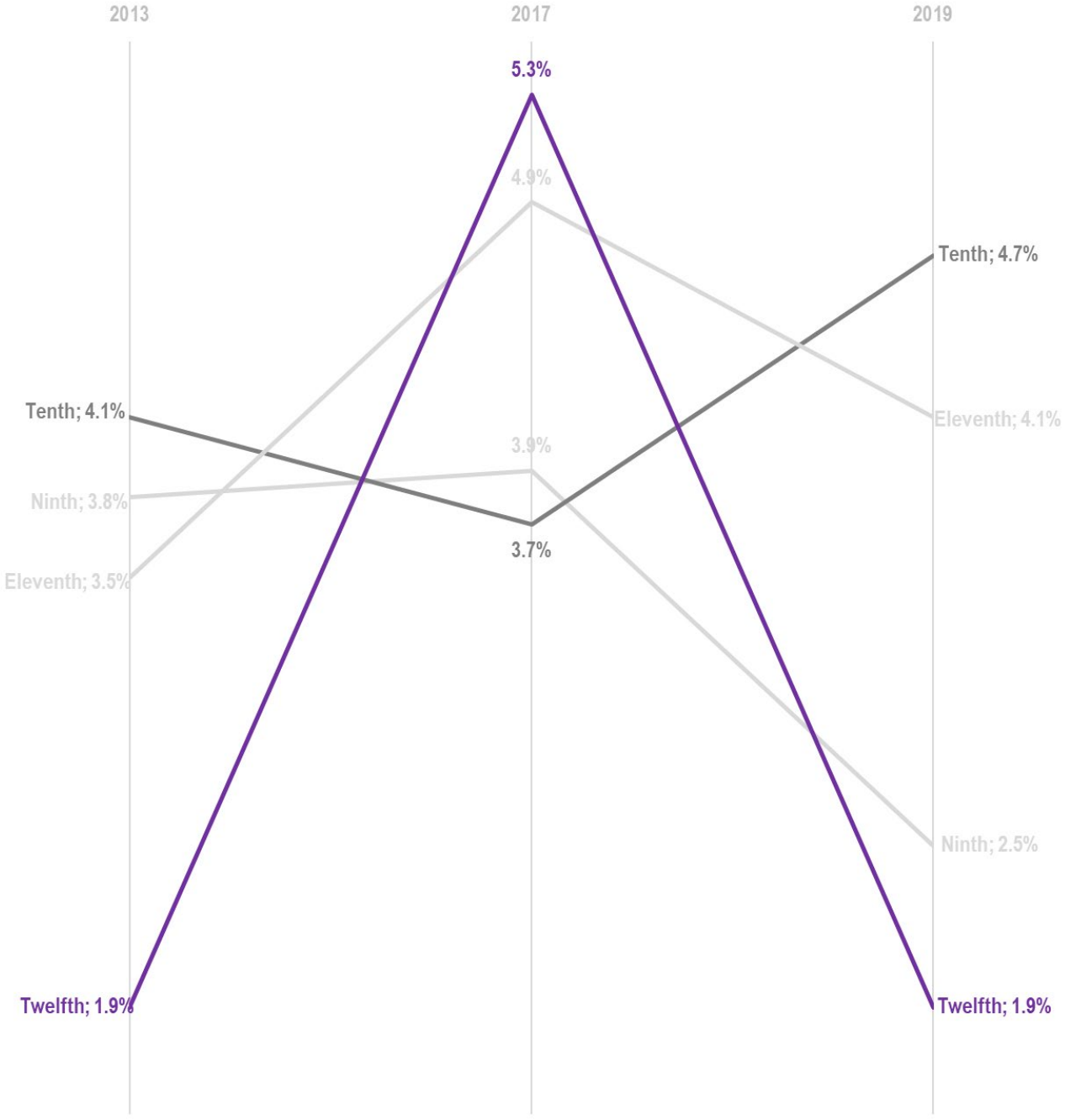
Figure 44 – Suicide Attempt Required Medical Attention, by Sex, YRBSS



Texas Department of State Health Services [40]

The answers for “yes” are broken down by grade level. Tenth and Eleventh grade students saw an increase in rates between 2013 and 2019. Twelfth grade students saw a significant increase from 2013 to 2017.

Figure 45 – Suicide Attempt Required Medical Attention, by Grade, YRBSS

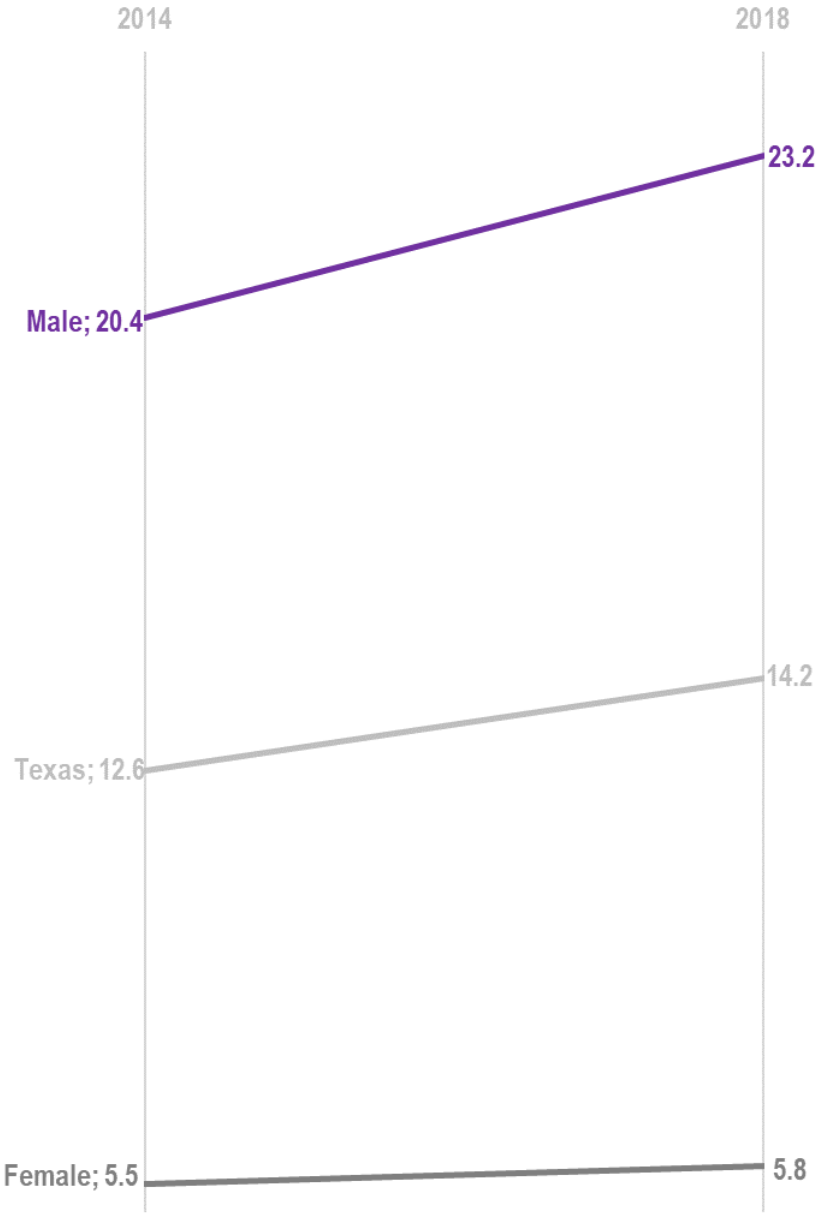


Texas Department of State Health Services [40]

Adolescent Suicides

The following data comes from the Centers for Disease Control and Prevention's Wide-Ranging Online Data for Epidemiological Research (WONDER). CDC WONDER is an online, easily accessible query system available to the general public and health professionals. **Figures 46 & 47** show the rates of suicides per 100K population by sex and age groups. Suicide rates increased overall for Texas and Texas males from 2014 to 2018. Males have a significantly higher rate of suicides than females for all years shown.

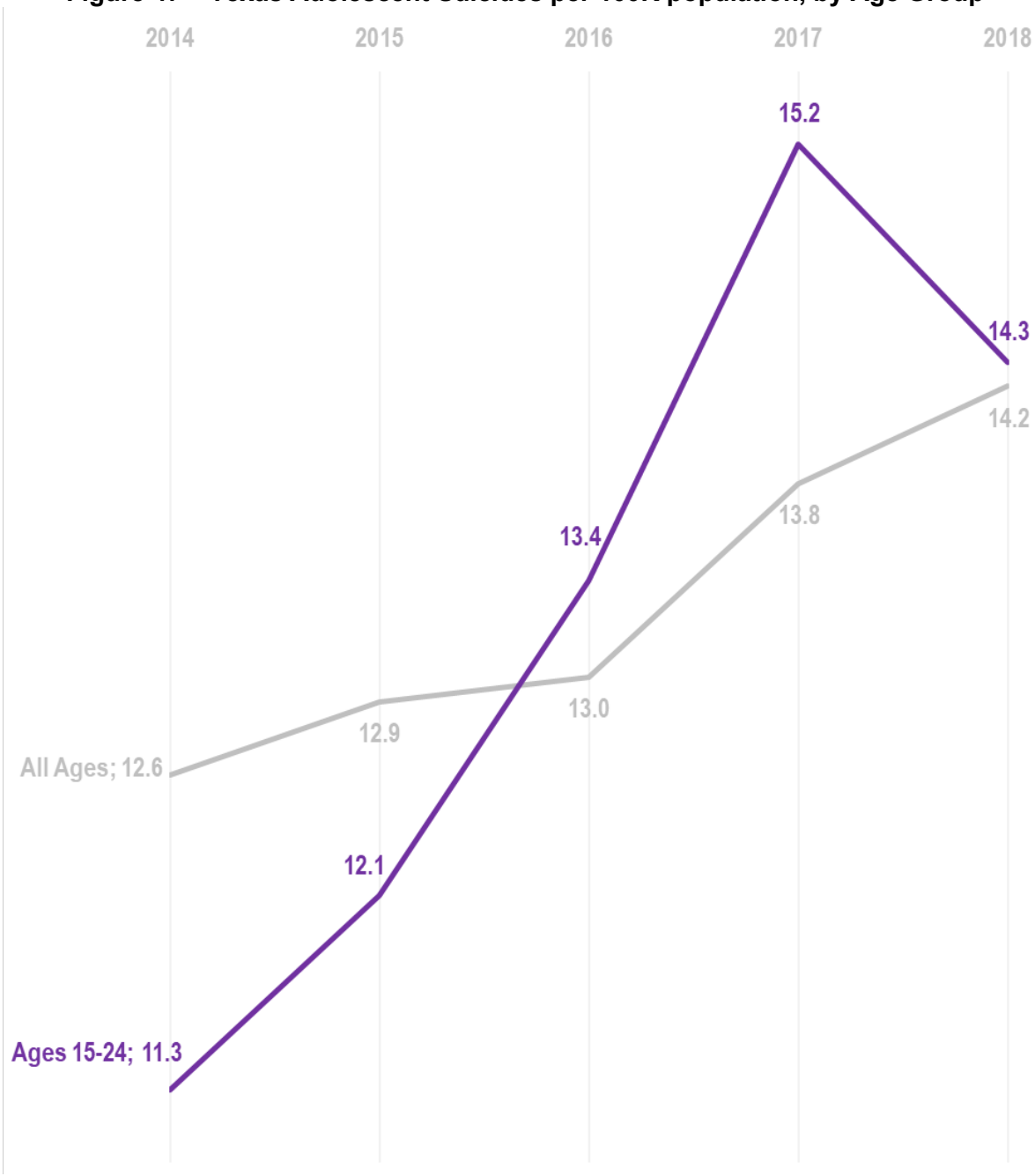
Figure 46 – Texas Adolescent Suicides per 100K Population, by Sex



America's Health Rankings [50]

Figure 47 shows the rates of suicide for those 15-24 years old compared to the population at large in Texas. Suicide rates increased overall for both groups 2014 to 2018. From 2016 onward, this age group (15-24) has had higher rates of suicide than the overall population.

Figure 47 – Texas Adolescent Suicides per 100K population, by Age Group



America's Health Rankings [50]

Adolescent Sexual Behavior

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to sexual behavior. **Table 97** below shows Texas answers regarding for 2019 broken down by grade level. Twelfth grade students had the highest rates in each category.

(***) indicates suppressed data

Table 97 – Texas Adolescent Sexual Behavior, by Grade, 2019 YRBSS

Percentage of students who have ever had sexual intercourse		
Total	42.7%	
Ninth	20.1%	
Tenth	38.3%	
Eleventh	50.2%	
Twelfth	65.7%	
Percentage of students who did not use any method to prevent pregnancy during last sexual intercourse (last 3 months prior to survey)		
Total	22.1%	
Ninth	***	
Tenth	22.0%	
Eleventh	18.5%	
Twelfth	25.8%	
Percentage of students who had sexual intercourse with 4 or more people in their life		
Total	9.7%	
Ninth	2.8%	
Tenth	9.2%	
Eleventh	8.1%	
Twelfth	19.3%	
Percentage of students who drank alcohol or used drugs before last sexual intercourse (last 3 months prior to survey)		
Total	17.6%	
Ninth	***	
Tenth	17.2%	
Eleventh	16.1%	
Twelfth	19.7%	

Texas Department of State Health Services [40]

Youth Perception of Risk/Harm

Students were asked how harmful they think **alcohol use** is for their age group. In Regions 3 & 4, the highest rates for "very & somewhat dangerous" were found among grade 7 students; the highest rates for "not very & not at all dangerous" were found among grade 11 students. The highest rates for "do not know" were found among grade 12 students.

Table 98 – "How dangerous do you think it is for kids your age to use **alcohol**?", **TSS 2020**

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	47.8%	30.5%	14.5%	2.7%	4.5%
Grade 7	58.5%	24.6%	10.1%	2.0%	4.8%
Grade 8	51.6%	28.1%	13.1%	2.4%	4.8%
Grade 9	47.4%	31.0%	15.0%	2.8%	3.8%
Grade 10	42.6%	32.0%	17.3%	3.0%	5.1%
Grade 11	42.4%	34.0%	15.6%	3.3%	4.8%
Grade 12	42.4%	34.5%	16.6%	2.8%	3.7%

Region 3 & Region 4					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	54.5%	27.0%	12.1%	2.3%	4.2%
Grade 7	62.8%	23.4%	7.4%	1.3%	5.0%
Grade 8	56.7%	26.3%	10.5%	2.4%	4.1%
Grade 9	58.1%	24.3%	12.3%	2.6%	2.6%
Grade 10	48.6%	28.1%	16.8%	1.9%	4.6%
Grade 11	46.4%	31.2%	14.7%	4.1%	3.6%
Grade 12	52.9%	29.6%	10.6%	1.5%	5.4%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how harmful they think **using tobacco and other nicotine products** is for their age group. In Regions 3 & 4, the highest rates for “very & somewhat dangerous” were found among grade 7 students; the highest rates for “not very & not at all dangerous” were found among grade 11 students. The highest rates for “do not know” were found among grade 10 students.

Table 99 – “How dangerous do you think it is for kids your age to use **tobacco and other nicotine products**?”, **TSS 2020**

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	61.5%	24.7%	6.7%	1.6%	5.5%
Grade 7	74.4%	16.3%	3.5%	0.6%	5.2%
Grade 8	68.5%	20.7%	4.8%	1.2%	4.8%
Grade 9	62.5%	24.4%	7.0%	1.3%	4.7%
Grade 10	56.3%	26.9%	7.8%	2.0%	7.0%
Grade 11	53.1%	31.3%	7.8%	2.0%	5.8%
Grade 12	50.7%	30.7%	10.2%	2.6%	5.8%

Region 3 & Region 4					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	64.8%	23.2%	6.1%	1.2%	4.7%
Grade 7	76.0%	15.5%	3.9%	0.0%	4.4%
Grade 8	67.5%	22.9%	4.5%	1.0%	4.1%
Grade 9	69.7%	19.7%	5.9%	1.5%	3.2%
Grade 10	62.5%	22.4%	7.2%	1.6%	6.2%
Grade 11	54.0%	30.5%	9.1%	1.9%	4.5%
Grade 12	56.4%	30.2%	6.0%	1.4%	5.9%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how harmful they think **using vaping products** is for their age group. In Regions 3 & 4, the highest rates for "very & somewhat dangerous" were found among grade 9 students; the highest rates for "not very & not at all dangerous" were found among grade 11 students. The highest rates for "do not know" were found among grade 12 students.

Table 100 – "How dangerous do you think it is for kids your age to use **vaping products**?", **TSS 2020**

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	62.0%	18.9%	9.9%	3.4%	5.7%
Grade 7	75.5%	12.9%	4.2%	1.6%	5.8%
Grade 8	66.9%	15.8%	8.1%	3.6%	5.5%
Grade 9	61.7%	19.5%	10.1%	2.9%	5.8%
Grade 10	57.1%	21.2%	11.7%	4.2%	5.9%
Grade 11	55.0%	21.7%	13.2%	4.4%	5.7%
Grade 12	53.1%	23.5%	13.4%	4.2%	5.8%

Region 3 & Region 4					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	66.0%	17.3%	8.9%	2.6%	5.2%
Grade 7	78.9%	10.6%	5.1%	0.7%	4.8%
Grade 8	70.2%	15.3%	6.1%	3.4%	4.9%
Grade 9	68.1%	18.2%	6.6%	1.6%	5.5%
Grade 10	63.0%	18.3%	9.6%	3.3%	5.8%
Grade 11	57.0%	20.5%	14.1%	4.3%	4.1%
Grade 12	57.1%	21.6%	12.7%	2.5%	6.2%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how harmful they think **marijuana use** is for their age group. In Regions 3 & 4, the highest rates for "very & somewhat dangerous" were found among grade 7 students; the highest rates for "not very & not at all dangerous" were found among grade 11 students. The highest rates for "do not know" were found among grade 10 students.

Table 101 – "How dangerous do you think it is for kids your age to use **marijuana**?", **TSS 2020**

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	56.9%	14.3%	12.9%	10.5%	5.3%
Grade 7	78.3%	10.4%	3.5%	2.6%	5.2%
Grade 8	68.2%	12.7%	8.2%	5.6%	5.3%
Grade 9	59.8%	15.4%	11.6%	7.9%	5.3%
Grade 10	47.4%	16.1%	16.5%	14.1%	5.8%
Grade 11	43.5%	15.4%	19.2%	16.4%	5.5%
Grade 12	38.7%	16.2%	21.4%	19.0%	4.7%

Region 3 & Region 4					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	61.0%	12.9%	11.0%	9.9%	4.8%
Grade 7	81.4%	8.3%	2.5%	3.3%	4.6%
Grade 8	71.4%	10.6%	8.3%	4.3%	5.4%
Grade 9	67.9%	11.8%	9.3%	6.8%	4.2%
Grade 10	50.1%	15.0%	15.5%	13.8%	5.6%
Grade 11	46.9%	16.0%	16.0%	17.1%	3.9%
Grade 12	45.5%	16.9%	15.9%	16.3%	5.4%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Students were asked how harmful they think **prescription drug use** is for their age group. In Regions 3 & 4, the highest rates for "very & somewhat dangerous" were found among grade 12 students; the highest rates for "not very & not at all dangerous" were found among grade 9 students. The highest rates for "do not know" were found among grade 12 students.

Table 102 – "How dangerous do you think it is for kids your age to use **prescription drugs**?", **TSS 2020**

Texas					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	73.6%	13.8%	4.0%	1.3%	7.2%
Grade 7	79.5%	8.9%	2.8%	0.8%	7.9%
Grade 8	74.7%	12.6%	4.1%	1.7%	6.8%
Grade 9	72.6%	15.0%	4.4%	1.5%	6.6%
Grade 10	71.8%	15.4%	4.6%	1.6%	6.7%
Grade 11	70.5%	15.7%	5.1%	1.3%	7.4%
Grade 12	71.8%	16.1%	3.4%	0.9%	7.8%

Region 3 & Region 4					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	75.8%	13.4%	3.8%	1.0%	6.0%
Grade 7	81.9%	8.6%	2.3%	0.4%	6.7%
Grade 8	74.7%	13.2%	4.8%	1.0%	6.0%
Grade 9	75.1%	12.7%	5.0%	1.8%	5.3%
Grade 10	75.1%	14.2%	3.7%	1.1%	5.9%
Grade 11	71.7%	17.7%	4.8%	0.7%	5.1%
Grade 12	76.1%	14.5%	1.8%	0.5%	7.1%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

Consumption Patterns & Public Health/Safety Consequences

While the majority of this document discusses risk and protective factors related to substance use behaviors, this section focuses solely on the consumption patterns and substance use related consequences. Self-reported consumption is represented through local survey results, including the TSS and BRFSS. Additional consumption patterns can be observed through Poison Control calls and the breakdown of those calls by substance. Public health/safety consequences data comes from various state agencies.

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

Table 103 below shows an overview of consumption patterns for Region 3&4 ”All grades”.

Table 103 – Region 3&4 Consumption Patterns, All Grades, 2020 TSS

Alcohol	
Current Use	21.7%
School Year Use	25.4%
Lifetime Use	42.7%
High-Risk Use	7.4%
Age of Initiation (yrs)	12.7
Tobacco and Nicotine Products	
Current Use	10.5%
School Year Use	13.3%
Lifetime Use	24.1%
Age of Initiation (yrs)	13.2
Marijuana	
Current Use	8.5%
School Year Use	10.9%
Lifetime Use	15.6%
Age of Initiation (yrs)	14.2
Prescription Drugs	
Current Use	5.9%
School Year Use	8.7%
Lifetime Use	15.7%
Illicit Drugs	
Current Use	8.9%
School Year Use	12.5%
Lifetime Use	17.1%

Marchbanks III, Miner P., et al. 2020 TSS [48]

Patterns of Consumption

Youth Substance Use

The findings below in **Table 104** represent responses from the 2020 TSS regarding **alcohol consumption patterns** and age of initiation. In Regions 3 & 4, the highest rates for "current, school year and lifetime use" were found among grade 12 students; the highest rates for "high risk use" were found among grade 11 students. The average age of initiation for "all grades" was 12.7 years old.

Table 104 – "How recently, if ever, have you used ***alcohol***", **TSS, 2020**

Texas					
Alcohol	Current Use	School Year Use	Lifetime Use	High Risk Use	Age of Initiation
All Grades	27.4%	32.4%	50.5%	10.6%	12.8
Grade 7	16.5%	18.8%	35.9%	4.0%	10.3
Grade 8	21.5%	24.8%	43.5%	5.3%	11.2
Grade 9	26.0%	31.0%	50.8%	9.0%	12.2
Grade 10	30.8%	36.5%	55.8%	12.2%	13
Grade 11	31.9%	39.0%	57.1%	15.1%	13.9
Grade 12	41.6%	48.7%	63.9%	20.7%	14.7

Region 3 & Region 4					
Alcohol	Current Use	School Year Use	Lifetime Use	High Risk Use	Age of Initiation
All Grades	21.7%	25.4%	42.7%	7.4%	12.7
Grade 7	16.6%	19.8%	36.3%	3.5%	10.2
Grade 8	19.4%	22.8%	40.7%	3.5%	11.1
Grade 9	19.1%	21.6%	39.6%	6.9%	12.2
Grade 10	23.1%	26.6%	45.4%	8.0%	12.8
Grade 11	23.7%	29.7%	45.8%	11.9%	14.2
Grade 12	30.0%	34.3%	50.0%	11.4%	14.8

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

The findings below in **Table 105** represent responses from the 2020 TSS regarding **tobacco consumption patterns** and age of initiation. In Regions 3 & 4, the highest rates of use in each category (current, school year and lifetime) were found among grade 12 students. The average age of initiation for "all grades" was 13.2 years old.

Table 105 – "How recently, if ever, have you used ***tobacco***", **TSS, 2020**

Texas				
Tobacco	Current Use	School Year Use	Lifetime Use	Age of Initiation
All Grades	14.2%	17.9%	30.2%	13.2
Grade 7	4.4%	5.8%	13.2%	10.6
Grade 8	9.6%	12.1%	23.1%	11.3
Grade 9	13.7%	16.5%	27.7%	12.3
Grade 10	16.8%	22.0%	37.3%	13.3
Grade 11	19.1%	24.1%	38.9%	13.8
Grade 12	24.7%	30.9%	45.7%	14.7

Region 3 & Region 4				
Tobacco	Current Use	School Year Use	Lifetime Use	Age of Initiation
All Grades	10.5%	13.3%	24.1%	13.2
Grade 7	4.2%	4.8%	14.0%	11
Grade 8	10.5%	12.7%	24.2%	11.6
Grade 9	8.3%	10.0%	17.9%	12.2
Grade 10	9.1%	13.7%	26.2%	13.5
Grade 11	14.6%	18.0%	29.8%	14.2
Grade 12	18.3%	23.3%	35.4%	14.4

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

The findings below in **Table 106** represent responses from the 2020 TSS regarding **use of electronic vapor products**. Electronic vapor products include e-cigarettes, e-cigars, vaping pens, vape pipes, etc.. In Regions 3 & 4, the highest rates of use in each category (current, school year and lifetime) were found among grade 12 students.

Table 106 – Tobacco via Electronic Vapor Product Consumption Patterns, TSS, 2020

Texas			
Electronic Vapor	Current Use	School Year Use	Lifetime Use
All Grades	10.9%	15.1%	27.0%
Grade 7	2.6%	4.1%	10.5%
Grade 8	6.9%	9.7%	20.2%
Grade 9	10.2%	13.8%	25.1%
Grade 10	12.7%	18.7%	33.3%
Grade 11	15.3%	20.7%	35.5%
Grade 12	20.4%	27.2%	41.8%

Region 3 & Region 4			
Electronic Vapor	Current Use	School Year Use	Lifetime Use
All Grades	8.4%	11.6%	22.0%
Grade 7	1.8%	2.8%	11.7%
Grade 8	7.7%	10.3%	22.2%
Grade 9	7.1%	8.9%	16.3%
Grade 10	7.3%	12.4%	23.3%
Grade 11	12.7%	16.3%	28.0%
Grade 12	15.3%	21.4%	33.2%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

The findings below in **Table 107** represent responses from the 2020 TSS regarding **marijuana consumption patterns** and age of initiation. In Regions 3 & 4, the highest rates for "current and school year use" were found among grade 11 students; the highest rates for "lifetime use" were found among grade 12 students. The average age of initiation for "all grades" was 14.2 years old.

Table 107 – "How recently, if ever, have you used ***marijuana***", **TSS, 2020**

Texas				
Marijuana	Current Use	School Year Use	Lifetime Use	Age of Initiation
All Grades	12.4%	15.1%	20.8%	13.9
Grade 7	3.4%	3.9%	5.3%	11.3
Grade 8	7.1%	8.3%	11.7%	12.1
Grade 9	11.6%	13.8%	17.4%	13.1
Grade 10	14.9%	18.5%	25.9%	13.8
Grade 11	18.3%	22.6%	30.6%	14.4
Grade 12	22.0%	27.4%	39.9%	15.2

Region 3 & Region 4				
Marijuana	Current Use	School Year Use	Lifetime Use	Age of Initiation
All Grades	8.5%	10.9%	15.6%	14.2
Grade 7	2.2%	2.5%	3.4%	11.7
Grade 8	6.0%	6.7%	9.7%	12.4
Grade 9	6.8%	8.7%	11.6%	12.7
Grade 10	9.8%	13.2%	17.5%	14.1
Grade 11	14.5%	18.3%	25.1%	14.6
Grade 12	13.1%	17.8%	29.8%	15.4

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

The rates below reflect students who report using any of the following prescription drugs: The findings below in **Table 108** represent responses from the 2020 TSS regarding **prescription drug consumption patterns**. In Regions 3 & 4, the highest rates of use in each category (current, school year and lifetime) were found among grade 8 students.

Table 108 – "How recently, if ever, have you used ***Rx Drugs***", **TSS, 2020**

Texas			
Prescription Drugs	Current Use	School Year Use	Lifetime Use
All Grades	6.1%	8.9%	17.2%
Grade 7	5.3%	7.7%	13.7%
Grade 8	6.9%	10.0%	18.3%
Grade 9	7.0%	9.2%	17.3%
Grade 10	5.5%	8.9%	16.9%
Grade 11	6.0%	8.8%	17.2%
Grade 12	5.7%	8.6%	20.3%

Region 3 & Region 4			
Prescription Drugs	Current Use	School Year Use	Lifetime Use
All Grades	5.9%	8.7%	15.7%
Grade 7	5.8%	9.0%	15.2%
Grade 8	8.2%	11.6%	20.7%
Grade 9	7.0%	8.8%	16.1%
Grade 10	3.9%	7.2%	13.9%
Grade 11	5.8%	8.3%	13.8%
Grade 12	4.6%	7.0%	14.1%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

The findings below in **Table 109** represent responses from the 2020 TSS regarding **illicit drug consumption patterns**. In Regions 3 & 4, the highest rates for "current use" were found among grade 11 students; the highest rates for "school year and lifetime use" were found among grade 12 students.

Table 109 – "How recently, if ever, have you used ***illicit drugs***", **TSS, 2020**

Texas			
Illicit Drugs	**Current Use**	**School Year Use**	**Lifetime Use**
All Grades	13.0%	17.1%	22.7%
Grade 7	4.4%	6.0%	7.7%
Grade 8	7.8%	10.9%	14.7%
Grade 9	12.1%	15.7%	18.9%
Grade 10	15.1%	20.2%	27.7%
Grade 11	18.8%	24.2%	31.5%
Grade 12	22.4%	29.4%	41.0%

Region 3 & Region 4			
Illicit Drugs	**Current Use**	**School Year Use**	**Lifetime Use**
All Grades	8.9%	12.5%	17.1%
Grade 7	3.0%	3.7%	5.6%
Grade 8	6.4%	9.3%	12.9%
Grade 9	7.1%	9.6%	12.4%
Grade 10	10.2%	15.1%	19.2%
Grade 11	14.7%	18.9%	25.5%
Grade 12	13.8%	21.0%	30.4%

Marchbanks III, Miner P., et al. 2020 TSS [47,48]

College Student Consumption

The Texas College Survey of Substance Use is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. The survey is conducted by the Public Policy Research Institute, a branch of Texas A&M University, in cooperation with the Texas Health and Human Services Commission. The 2019 survey included 17,764 undergraduate students aged 18-26 from 46 colleges and community college districts from across Texas. Students were invited to participate via email and completed the survey online.

Table 110 below shows an overview of consumption patterns for Texas students for all classifications broken down by substance.

Table 110 – Texas College Consumption Patterns, All Classifications, TCS, 2019

Alcohol	
Past Month Use	54.8%
Past Year Use	70.6%
Lifetime Use	76.8%
Tobacco and Nicotine Products	
Past Month Use	22.2%
Past Year Use	34.0%
Lifetime Use	44.6%
Marijuana	
Past Month Use	15.7%
Past Year Use	27.8%
Lifetime Use	38.5%
Prescription Drugs	
Past Month Use	1.0%
Past Year Use	3.0%
Lifetime Use	6.1%
Sedatives	
Past Month Use	2.3%
Past Year Use	4.7%
Lifetime Use	9.1%
Hallucinogens	
Past Month Use	1.7%
Past Year Use	5.1%
Lifetime Use	9.2%

Marchbanks III, Krinhop K., et al. 2019 TCS [51]

The findings below in **Table 111** represent responses from the 2019 TCS regarding **alcohol consumption patterns**. The highest rates for each category were found among seniors.

Table 111 – Texas College Alcohol Consumption, TCS, 2019

Alcohol	
Past Month Use	
All Class	54.8%
Freshman	40.4%
Sophomore	52.1%
Junior	63.0%
Senior	72.0%
Past Year Use	
All Class	70.6%
Freshman	59.1%
Sophomore	68.3%
Junior	76.8%
Senior	84.8%
Lifetime Use	
All Class	76.8%
Freshman	66.5%
Sophomore	75.5%
Junior	81.9%
Senior	89.1%

Marchbanks III, Krinhop K., et al. 2019 TCS [51]

The findings below in **Table 112** represent responses from the 2019 TCS regarding **tobacco/nicotine consumption patterns**. The highest rates for "past month and past year use" were found among juniors; the highest rates for "lifetime use" were found among seniors.

Table 112 – Texas College Tobacco/Nicotine Consumption, TCS, 2019

Tobacco	
Past Month Use	
All Class	22.2%
Freshman	21.0%
Sophomore	22.6%
Junior	23.3%
Senior	22.4%
Past Year Use	
All Class	34.0%
Freshman	32.0%
Sophomore	34.7%
Junior	35.3%
Senior	34.5%
Lifetime Use	
All Class	44.6%
Freshman	39.2%
Sophomore	44.9%
Junior	47.0%
Senior	49.8%

Marchbanks III, Krinhop K., et al. 2019 TCS [51]

The findings below in **Table 113** represent responses from the 2019 TCS regarding **marijuana consumption patterns**. The highest rates for "past month use" were found among sophomores and juniors; the highest rates for "past year use and lifetime use" were found among seniors.

Table 113 – Texas College Marijuana Consumption, TCS, 2019

Marijuana	
Past Month Use	
All Class	15.7%
Freshman	13.9%
Sophomore	16.6%
Junior	16.6%
Senior	16.4%
Past Year Use	
All Class	27.8%
Freshman	24.7%
Sophomore	28.1%
Junior	29.4%
Senior	30.5%
Lifetime Use	
All Class	38.5%
Freshman	33.0%
Sophomore	38.4%
Junior	41.8%
Senior	44.0%

Marchbanks III, Krinhop K., et al. 2019 TCS [51]

The findings below in **Table 114** represent responses from the 2019 TCS regarding **prescription drug consumption patterns**. The highest rates for each category were found among seniors.

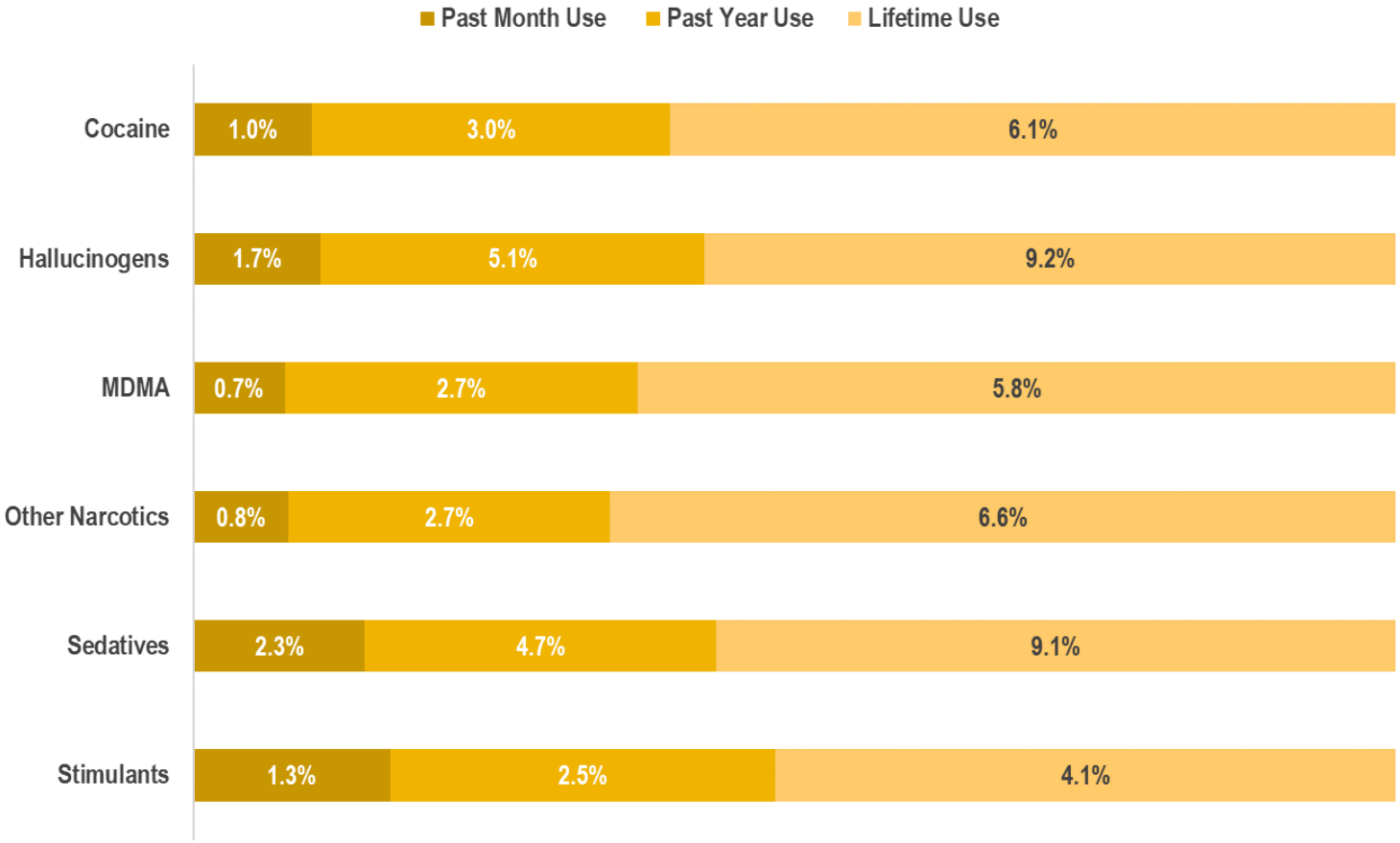
Table 114 – Texas College Prescription Drug Consumption, TCS, 2019

Prescription Drugs	
Past Month Use	
All Class	1.0%
Freshman	0.9%
Sophomore	1.1%
Junior	1.0%
Senior	1.2%
Past Year Use	
All Class	3.0%
Freshman	2.5%
Sophomore	3.1%
Junior	3.0%
Senior	3.5%
Lifetime Use	
All Class	6.1%
Freshman	5.7%
Sophomore	5.8%
Junior	6.3%
Senior	6.7%

Marchbanks III, Krinhop K., et al. 2019 TCS [51]

The findings below in **Table 115** represent responses from the 2019 TCS regarding **illicit drug consumption patterns**. The sedatives had the highest rates for "past month use" and hallucinogens had the highest rates for "past year use and lifetime use".

Table 115 – Texas College Illicit Drug Consumption, TCS, 2019



Marchbanks III, Krinhop K., et al. 2019 TCS [51]

Adult Substance Use

This data in this section comes from the Behavioral Risk Factor Surveillance Survey (BRFSS), a survey conducted by the CDC, which asked adults about their alcohol and tobacco consumption patterns.

"Any" drinking is defined as at least one drink of any alcoholic beverage in the past 30 days. "Binge" drinking is defined as the consumption of more than four drinks for women or five drinks for men on a single occasion at least once in the past 30 days. "Heavy" drinking is defined as the consumption, on average, of more than one drink per day for women or two drinks per day for men in the past 30 days.

Table 116 below shows alcohol consumption patterns for adults in Texas. The data is displayed by Metropolitan Statistical Area (MSA) and Metropolitan Division (MD). Austin-Round Rock MSA had the highest rates for "any" and "heavy" drinking; Corpus Christi MSA had the highest rates for "binge" and "heavy" drinking.

(*) indicates suppressed data

Table 116 – Texas Adult Drinking Patters, BRFSS

2019			
MSA/MD	**"ANY"**	**"BINGE"**	**"HEAVY"**
Texas	52.5%	18.3%	6.1%
Austin-Round Rock (MSA)	61.5%	19.9%	8.2%
Beaumont-Port Arthur (MSA)	45.6%	16.6%	*
Corpus Christi (MSA)	49.8%	20.8%	8.2%
Dallas-Plano-Irving (MD)	54.2%	17.3%	6.1%
Fort Worth-Arlington (MD)	56.7%	18.2%	6.8%
Houston-The Woodlands-Sugar Land (MSA)	54.6%	20.3%	5.1%
San Antonio-New Braunfels (MSA)	52.2%	17.8%	6.4%

Centers for Disease Control and Prevention (CDC) [52]

The data in **Table 117** is displayed by Metropolitan Statistical Area (MSA) and Metropolitan Division (MD). Beaumont-Port Arthur MSA had the highest rates for smoking "everyday" and "some days" drinking; Austin-Round Rock MSA had the highest rates for "former smokers".

(*) indicates suppressed data

Table 117 – Texas Adult Tobacco (Smoking) Patterns, BRFSS

	2019			
MSA/MD	Smoke everyday	Smoke some days	Former smoker	Never smoked
Texas	9.0%	5.7%	19.8%	65.4%
Austin-Round Rock (MSA)	6.9%	4.2%	24.4%	64.5%
Beaumont-Port Arthur (MSA)	10.7%	8.8%	22.4%	58.1%
Corpus Christi (MSA)	9.7%	6.5%	19.5%	64.3%
Dallas-Plano-Irving (MD)	10.5%	*	20.4%	65.6%
Fort Worth-Arlington (MD)	7.5%	6.6%	21.3%	64.6%
Houston-The Woodlands-Sugar Land (MSA)	8.2%	5.8%	16.3%	69.8%
San Antonio-New Braunfels (MSA)	9.3%	7.0%	16.2%	67.6%

Centers for Disease Control and Prevention (CDC) [53]

Public Health/Safety Consequences

Lung Cancer Deaths

The table below shows the rates of deaths due to lung cancer over a three-year period. *The rates for 2020 are provisional.* The top three highest rates each year are indicated.

For 2020, Texas had a rate of 29.5 per 100K pop. The highest rates are found in Region 4 (Upper East Texas), Region 5 (Southeast Texas), and Region 2 (Northwest Texas), respectively. These regions had the highest three rates over the three-year period. Region 3 has a rate of 30.0 per 100K pop. Six regions have a higher rate than Texas. Three regions saw an increase in rates over this three-year period.

Table 118 – Texas Lung Cancer Deaths per 100K Population, by Region

Report Area	2018	2019	2020
1	33.5	34.2	34.7
2	51.6	54.0	47.6
3	30.2	30.6	30.0
4	55.9	61.7	61.2
5	56.7	53.6	55.4
6	25.5	25.6	24.8
7	33.0	28.0	29.3
8	28.0	26.6	27.9
9	31.4	31.7	30.2
10	17.6	17.5	18.5
11	19.9	20.3	18.8
Texas	30.2	29.8	29.5

Texas Department of State Health Services [54]

The table below shows the rates of deaths due to lung cancer over a three-year period in each Region 3 county. *The rates for 2020 are provisional.* The top three highest rates each year are indicated.

In 2020, Fannin, Hunt and Hood Counties have the highest rates of deaths due to lung cancer per 100K population, respectively. Hood County has been in the top three for the three-year period shown. Fourteen counties have a higher rate than Region 3. Seven counties saw an increase in rates over this three-year period.

(*) indicates suppressed data

Table 119 – Region 3 Lung Cancer Deaths per 100K Population, by County

Report Area	2018	2019	2020
Collin	24.0	23.4	20.4
Cooke	70.9	96.0	70.5
Dallas	24.2	25.2	25.7
Denton	22.7	19.9	23.2
Ellis	42.5	43.5	38.8
Erath	44.3	41.4	43.3
Fannin	81.3	52.1	86.7
Grayson	61.7	62.0	66.1
Hood	77.0	82.9	76.7
Hunt	40.7	70.0	78.7
Johnson	52.6	51.3	48.9
Kaufman	50.7	47.3	40.8
Navarro	77.1	37.5	58.4
Palo Pinto	68.0	61.0	86.1
Parker	50.9	52.4	55.3
Rockwall	20.6	35.1	31.3
Somervell	*	*	*
Tarrant	30.4	31.7	28.1
Wise	71.3	58.3	71.4
Region 3	**30.2**	**30.6**	**30.0**
Texas	**30.2**	**29.8**	**29.5**

Texas Department of State Health Services [54]

Deaths From Alcoholic Liver Disease

The table below shows the rates of deaths from alcoholic liver disease over a three-year period. *The rates for 2020 are provisional.* The top three highest rates each year are indicated.

For 2020, Texas had a rate of 7.3 per 100K pop. The highest rates are found in Region 1 (Panhandle and South Plains), Region 2 (Northwest Texas), and Region 9 (West Texas), respectively. Region 3 has a rate of 6.0 per 100K pop. Nine regions have a higher rate than Texas. With the exception of Region 2, all regions saw an increase in rates over this three-year period.

Table 120 – Texas Deaths From Alcoholic Liver Disease per 100K Population, by Region

Report Area	2018	2019	2020
1	7.2	9.7	13.2
2	12.6	13.1	12.4
3	4.9	5.3	6.0
4	6.3	7.6	8.0
5	7.4	7.8	8.3
6	3.9	4.3	5.3
7	5.6	7.1	8.2
8	7.7	8.6	9.6
9	6.0	6.9	10.4
10	7.2	8.4	8.8
11	6.5	7.8	8.1
Texas	5.6	6.4	7.3

Texas Department of State Health Services [55]

The table below shows the rates of deaths from alcoholic liver disease over a three-year period in each Region 3 county. *The rates for 2020 are provisional.* The top three highest rates each year are indicated.

In 2020, Parker, Grayson and Ellis Counties had the highest rates of deaths due to lung cancer per 100K population, respectively. Six counties have a higher rate than Region 3. Five counties saw an increase in rates over this three-year period.

(*) indicates suppressed data

Table 121 – Region 3 Deaths From Alcoholic Liver Disease per 100K Population

Report Area	2018	2019	2020
Collin	3.2	3.4	4.2
Cooke	*	*	0.0
Dallas	4.9	5.6	6.2
Denton	3.0	3.4	6.1
Ellis	*	8.0	6.8
Erath	0.0	0.0	*
Fannin	*	*	0.0
Grayson	*	*	8.4
Hood	*	*	*
Hunt	*	*	*
Johnson	*	6.5	*
Kaufman	*	*	*
Navarro	*	*	*
Palo Pinto	*	*	*
Parker	*	9.7	12.5
Rockwall	*	*	*
Somervell	0.0	*	0.0
Tarrant	6.1	6.0	6.3
Wise	*	0.0	*
Region 3	**4.9**	**5.3**	**6.0**
Texas	**5.6**	**6.4**	**7.3**

Texas Department of State Health Services [55]

Alcohol-related Vehicular Fatalities

The following data from the Texas Department of Transportation as it relates to alcohol vehicular incidents include Driving Under the Influence (DUI) crashes, injuries, and fatalities. The data is over a three-year period from 2018-2020.

Driving Under the Influence (DUI) Crashes

Table 122 shows the rate of DUI crashes per 100K population by region. The top 3 regions in each year are indicated.

In 2020, the Texas rate was 78.0 per 100K population. The highest rates were found in Region 9 (West Texas), Region 1 (Panhandle and South Plains), and Region 2 (Northwest Texas), respectively. Region 9 had the highest rate for all three years. In 2020, Region 3 had a rate of 67.9 per 100K population; this is lower than the Texas rate. Four regions saw an increase in the rate of DUI crashes over the three-year period. In 2020, there were eight regions that had a higher rate than Texas.

Table 122 – Texas DUI Crashes per 100K Population, by Region

Report Area	2018	2019	2020
1	93.1	88.8	101.7
2	92.7	88.8	94.0
3	76.2	74.7	67.9
4	99.5	95.5	93.9
5	80.1	85.0	87.1
6	67.0	71.5	68.3
7	99.2	98.0	92.7
8	101.3	98.0	81.9
9	140.4	151.0	127.4
10	104.9	99.9	82.5
11	85.7	84.5	76.4
Texas	84.3	84.3	78.0

Texas Department of Transportation [56]

Table 123 shows the rate of DUI crashes per 100K population in Region 3 by county. The top 3 counties in each year are indicated. In 2020, the highest rates were found in Navarro, Erath, and Palo Pinto Counties, respectively. Erath and Palo Pinto Counties were among the top three rates each year for this three-year period. Nine Region 3 counties saw an increase in the rate of DUI crashes over the three-year period. In 2020, there were fourteen counties that had a higher rate than Region 3.

Table 123 – Region 3 DUI Crashes per 100K Population, by County

Report Area	2018	2019	2020
Collin	60.8	56.3	55.2
Cooke	126.7	133.9	93.1
Dallas	84.6	81.2	68.0
Denton	62.5	62.6	58.0
Ellis	79.7	68.7	75.4
Erath	132.8	133.9	151.7
Fannin	34.8	72.4	69.4
Grayson	99.5	92.6	111.6
Hood	91.0	88.1	87.0
Hunt	100.7	99.7	108.1
Johnson	78.2	80.8	75.7
Kaufman	79.7	92.9	86.3
Navarro	131.4	125.1	162.6
Palo Pinto	128.9	129.1	118.5
Parker	79.8	77.9	79.6
Rockwall	44.3	63.2	49.9
Somervell	65.9	87.0	96.8
Tarrant	72.4	72.7	64.9
Wise	76.0	79.8	94.2
Region 3	76.2	74.7	67.9
Texas	84.3	84.3	78.0

Texas Department of Transportation [56]

Driving Under the Influence (DUI) Injuries

Table 124 shows the rate of DUI Injuries per 100K population by region. The top 3 regions in each year are indicated.

In 2020, the Texas rate was 50.8 per 100K population. The highest rates were found in Region 9 (West Texas), Region 1 (Panhandle and South Plains), and Region 4 (Upper East Texas), respectively. Region 9 had the top rate for all three years. Region 3 had a rate of 43.5 per 100K population; this is the lowest rate in Texas. With the exception of Region 1, all regions saw a decrease in the rate of DUI injuries over the three-year period. In 2020, there were seven regions that had a higher rate than Texas.

Table 124 – Texas DUI Injuries per 100K Population, by Region

Report Area	2018	2019	2020
1	70.4	61.0	70.5
2	60.9	56.3	51.8
3	55.4	50.0	43.5
4	70.0	66.1	63.2
5	56.7	54.8	55.8
6	46.7	48.7	45.3
7	74.0	69.2	62.8
8	71.7	63.2	50.2
9	104.6	102.0	77.3
10	62.9	59.4	50.4
11	72.2	63.6	52.6
Texas	61.1	57.2	50.8

Texas Department of Transportation [56]

Table 125 shows the rate of DUI injuries per 100K population in Region 3 by county. The top 3 counties in each year are indicated. In 2020, the highest rates were found in Hunt, Navarro, and Grayson Counties, respectively. Navarro has been among the highest three rates for the three-year period shown. Seven Region 3 counties saw an increase in the rate of DUI injuries over the three-year period. In 2020, there were twelve counties that had a higher rate than Region 3.

Table 125 – Region 3 DUI Injuries per 100K Population, by County

Report Area	2018	2019	2020
Collin	42.1	34.7	36.6
Cooke	50.7	88.4	40.3
Dallas	67.9	60.1	48.0
Denton	41.2	31.6	30.5
Ellis	63.4	45.2	52.9
Erath	63.9	82.8	60.2
Fannin	23.2	52.1	52.0
Grayson	76.4	55.9	69.1
Hood	47.3	53.6	51.2
Hunt	70.7	77.4	94.4
Johnson	71.1	77.3	53.6
Kaufman	46.5	70.1	58.3
Navarro	73.0	89.6	77.1
Palo Pinto	82.3	71.7	61.0
Parker	33.4	47.2	36.9
Rockwall	37.1	42.2	23.5
Somervell	54.9	87.0	43.0
Tarrant	50.9	45.9	40.2
Wise	34.1	29.2	45.6
Region 3	55.4	50.0	43.5
Texas	61.1	57.2	50.8

Texas Department of Transportation [56]

Driving Under the Influence (DUI) Related Fatalities

Table 126 shows the rate of DUI related fatalities per 100K population by region. The top 3 regions in each year are indicated.

In 2020, the Texas rate was 3.2 per 100K population. The highest rates were found in Region 9 (West Texas), Region 2 (Northwest Texas), and Region 4 (Upper East Texas), respectively. Regions 9 and 2 were among the highest rates for all three years. Region 3 had a rate of 2.7 per 100K population; this is lower than the Texas rate. Three regions saw an increase in the rate of DUI related fatalities over the three-year period. In 2020, there were six regions that had a higher rate than Texas.

Table 126 – Texas DUI Related Fatalities per 100K Population, by Region

Report Area	2018	2019	2020
1	4.8	5.6	4.1
2	5.2	4.8	6.1
3	2.7	2.5	2.7
4	6.4	3.4	5.9
5	4.9	4.6	5.2
6	2.6	2.6	2.6
7	3.0	3.0	3.7
8	3.3	3.7	3.2
9	10.9	8.6	7.8
10	3.3	3.1	3.0
11	2.3	1.7	2.1
Texas	3.3	3.0	3.2

Texas Department of Transportation [57]

Table 127 shows the rate of DUI related fatalities per 100K population in Region 3 by county. The top 3 counties in each year are indicated. In 2020, the highest rates were found in Palo Pinto, Ellis, and Hunt Counties, respectively. Eight Region 3 counties saw an increase in the rate of DUI related fatalities over the three-year period. In 2020, there were eight counties that had a higher rate than Region 3.

Table 127 – Region 3 DUI Related Fatalities per 100K Population, by County

Report Area	2018	2019	2020
Collin	1.2	1.0	1.9
Cooke	10.1	7.6	2.5
Dallas	3.0	2.8	3.3
Denton	2.4	0.8	0.9
Ellis	3.5	2.3	8.4
Erath	7.4	4.9	4.8
Fannin	14.5	11.6	0.0
Grayson	5.4	3.8	1.5
Hood	0.0	10.4	1.7
Hunt	4.3	12.7	7.3
Johnson	2.4	4.1	2.3
Kaufman	5.0	9.0	4.8
Navarro	2.1	4.2	4.2
Palo Pinto	14.3	3.6	14.4
Parker	6.8	3.7	1.5
Rockwall	4.1	1.0	2.0
Somervell	0.0	0.0	0.0
Tarrant	1.9	1.8	2.1
Wise	1.6	4.6	6.1
Region 3	2.7	2.5	2.7
Texas	3.3	3.0	3.0

Texas Department of Transportation [57]

Driving Under the Influence (DUI) Driver Fatalities

Table 128 shows the rate of DUI driver fatalities per 100K population by region. The top 3 regions in each year are indicated.

In 2020, the Texas rate was 2.0 per 100K population. The highest rates were found in Region 9 (West Texas), Region 4 (Upper East Texas), and Region 2 (Northwest Texas), respectively. Region 9 had the highest rates for all three years. Region 3 had a rate of 1.7 per 100K population; this is lower than the Texas rate. Five regions saw an increase in the rate of DUI driver fatalities over the three-year period. In 2020, there were six regions that had a higher rate than Texas.

Table 128 – Texas DUI Driver Fatalities per 100K Population, by Region

Report Area	2018	2019	2020
1	2.9	4.0	3.1
2	4.1	3.0	3.9
3	1.7	1.6	1.7
4	4.6	2.6	4.7
5	3.3	3.4	3.8
6	1.8	1.8	1.5
7	2.1	2.0	2.3
8	1.9	2.4	1.9
9	7.5	5.3	5.6
10	2.6	2.2	1.6
11	1.1	1.0	1.2
Texas	2.2	2.0	2.0

Texas Department of Transportation [58]

Table 129 shows the rate of DUI driver fatalities per 100K population in Region 3 by county. The top 3 counties in each year are indicated. In 2020, the highest rates were found in Palo Pinto, Wise, and Fannin Counties, respectively. Nine Region 3 counties saw an increase in the rate of DUI driver fatalities over the three-year period; the largest increases were in Palo Pinto and Wise Counties. In 2020, there were ten counties that had a higher rate than Region 3.

Table 129 – Region 3 DUI Driver Fatalities per 100K Population, by County

Report Area	2018	2019	2020
Collin	1.0	0.8	1.2
Cooke	7.6	5.1	2.5
Dallas	1.7	1.9	1.9
Denton	1.3	0.7	0.6
Ellis	2.3	1.7	2.8
Erath	4.9	2.4	4.8
Fannin	11.6	5.8	0.0
Grayson	4.6	2.3	0.8
Hood	0.0	1.7	1.7
Hunt	4.3	8.5	5.2
Johnson	0.6	0.6	0.6
Kaufman	3.3	5.7	4.0
Navarro	2.1	2.1	2.1
Palo Pinto	10.7	3.6	14.4
Parker	3.8	2.2	0.7
Rockwall	3.1	1.0	2.0
Somervell	0.0	0.0	0.0
Tarrant	1.1	1.0	1.5
Wise	1.6	3.1	6.1
Region 3	1.7	1.6	1.7
Texas	2.2	2.0	2.0

Texas Department of Transportation [58]

Overdose Deaths

The data in this section comes from CDC WONDER. *Crude rate* is the total number of deaths divided by the population multiplied by 100K; no adjustments made. *Age-adjusted rate* "adjusts" for population ages. This is useful for instances where age can be a factor of a measure. For example: heart disease rates (crude rates) would be higher in places with an older population compared to places with a younger population; in these instance age-adjusted rates are preferred.[59]

Drug and Alcohol Related Fatalities

Table 130 below shows the rates of drug and alcohol related deaths per 100K population for 1999-2019 in both crude and age-adjusted rate. Palo Pinto, Hood, and Cooke Counties, respectively, had the highest crude rates of drug/alcohol related death. The highest age-adjusted rates were in Palo Pinto, Cooke, and Hood Counties, respectively. Eight counties had higher rates than Texas for crude rates and seven counties had higher age-adjusted rates.

Table 130 – Region 3 Drug and Alcohol Related Deaths per 100K Population, 1999-2019

Report Area	Crude rate	Age-Adjusted rate
Collin	11.0	10.9
Cooke	20.5	21.3
Dallas	16.7	17.1
Denton	11.4	11.4
Ellis	11.3	11.4
Erath	11.0	12.2
Fannin	14.4	13.5
Grayson	20.4	20.0
Hood	22.0	21.1
Hunt	18.4	17.9
Johnson	14.9	14.7
Kaufman	16.0	16.0
Navarro	17.1	17.0
Palo Pinto	23.8	22.9
Parker	16.6	15.8
Rockwall	12.1	12.1
Somervell	14.1	13.2
Tarrant	14.8	14.9
Wise	15.7	15.2
Texas	16.2	16.4

Centers for Disease Control and Prevention [59]

Alcohol Related Fatalities

Table 131 below shows the rates for alcohol related fatalities per 100K population for Region 3 counties and Texas. Palo Pinto, Hood, and Navarro Counties, respectively, had the highest crude rates of drug/alcohol related death. The highest age-adjusted rates were in Palo Pinto, Navarro, and Hood Counties, respectively. Five counties have higher rates than Texas for both adjusted and crude rates.

An asterisk (*) means the calculation is unreliable because the numerator is less than 20.

Table 131 – Region 3 Alcohol Related Deaths per 100K Population, 1999-2019

Report Area	Crude rate	Age-Adjusted rate
Collin	4.0	4.0
Cooke	5.6	5.4
Dallas	6.0	6.4
Denton	4.1	4.3
Ellis	4.7	4.7
Erath	3.7	3.9
Fannin	5.4	4.6
Grayson	7.6	6.8
Hood	9.3	7.1
Hunt	7.6	6.9
Johnson	5.9	5.6
Kaufman	5.4	5.2
Navarro	7.9	7.2
Palo Pinto	11.0	9.5
Parker	5.9	5.1
Rockwall	4.9	4.6
Somervell	*	*
Tarrant	6.0	6.1
Wise	5.6	4.9
Texas	**6.6**	**6.7**

Centers for Disease Control and Prevention [59]

Drug Related Fatalities

Table 132 below shows the rates for drug related fatalities per 100K population for Region 3 counties and Texas. Cooke, Grayson, and Hood Counties, respectively, had the highest crude rates of drug/alcohol related death. The highest age-adjusted rates were in Cooke, Hood, and Grayson Counties, respectively. Nine counties had higher rates than Texas for crude rates and ten counties had higher age-adjusted rates.

An asterisk (*) means the calculation is unreliable because the numerator is less than 20.

Table 132 – Region 3 Drug Related Deaths per 100K Population, by County, 1999-2019

Report Area	Crude rate	Age-Adjusted rate
Collin	7.0	6.9
Cooke	14.9	16.0
Dallas	10.7	10.7
Denton	7.3	7.1
Ellis	6.7	6.8
Erath	7.3	8.3
Fannin	9.0	8.9
Grayson	12.7	13.2
Hood	12.7	14.0
Hunt	10.8	11.0
Johnson	9.0	9.1
Kaufman	10.7	10.8
Navarro	9.1	9.8
Palo Pinto	12.8	13.4
Parker	10.6	10.7
Rockwall	7.2	7.4
Somervell	*	*
Tarrant	8.8	8.8
Wise	10.1	10.3
Texas	**9.6**	**9.7**

Centers for Disease Control and Prevention [59]

Suicide Rates

Table 133 below shows the suicide rates per 100K population over a three-year period for both crude and age-adjusted rate.

In 2019, Grayson, Parker, and Ellis Counties, respectively, had the highest crude rates of suicides. The highest age-adjusted rates were in Grayson, Ellis, and Parker Counties, respectively. Parker County has been among the top three rates in both categories for the three-year period shown. Ellis and Johnson Counties saw an increase in rates over the three-year period shown. In 2019, Four counties had higher rates than Texas for crude and age-adjusted rates.

An asterisk (*) means the calculation is unreliable because the numerator is less than 20.

Table 133 – Region 3 Suicide Rate per 100K Population, by County, 1999-2019

	Crude rate			Age-Adjusted rate		
Report Area	2017	2018	2019	2017	2018	2019
Collin	12.4	11.1	10.7	12.1	11.2	10.9
Cooke	*	*	0.0	*	*	0.0
Dallas	11.8	11.8	10.9	11.9	12.0	11.0
Denton	13.5	10.2	12.6	13.2	10.4	12.2
Ellis	13.2	16.7	16.2	13.1	15.9	16.6
Erath	0.0	0.0	0.0	0.0	0.0	0.0
Fannin	*	0.0	0.0	*	0.0	0.0
Grayson	26.7	16.4	21.3	26.9	17.8	21.8
Hood	0.0	34.7	*	0.0	31.7	*
Hunt	*	*	*	*	*	*
Johnson	13.1	17.5	14.8	13.8	16.8	15.8
Kaufman	*	23.3	*	*	23.8	*
Navarro	*	*	0.0	*	*	0.0
Palo Pinto	0.0	0.0	0.0	0.0	0.0	0.0
Parker	16.5	18.1	16.8	16.9	18.9	15.9
Rockwall	*	*	*	*	*	*
Somervell	0.0	0.0	0.0	0.0	0.0	0.0
Tarrant	12.5	14.2	12.6	12.3	14.0	12.7
Wise	*	*	*	*	*	*
Texas	13.3	13.7	13.4	13.4	13.7	13.4

Centers for Disease Control and Prevention [60]

Poison Control

Following trends on a scale that follows multiple substances and years can be well-tracked through Poison Control Center phone calls. While 911 call data would be more relevant considering its popularity in moments of crisis, the PRC team has not been permitted access to those calls. The PRC team will continue to attempt data collection for 911 call data in the future. The tables below display available Poison Center call data in Region 3.

Opioid-related Poison Control Calls

Table 134 shows opioid-related Poison Control calls per 100K population for Region 3 counties. The top 3 counties in each year are indicated in red. In 2020, the highest rates were found in Wise, Rockwall, and Kaufman Counties, respectively. Two Region 3 counties saw an increase in the rate of calls over the three-year period. In 2020, there were six counties that had a higher rate than Texas.

(*) indicates suppressed data

Table 134 – Region 3 Opioid-related Poison Control Calls per 100K Population, by County

Report Area	2018	2019	2020
Collin	10.5	11.6	9.7
Cooke	27.9	*	*
Dallas	18.0	15.1	13.7
Denton	17.9	13.7	9.9
Ellis	12.8	26.3	18.6
Erath	*	*	*
Fannin	34.8	*	*
Grayson	30.9	29.1	18.2
Hood	21.0	20.7	*
Hunt	18.2	17.0	14.7
Johnson	14.9	13.0	12.2
Kaufman	8.3	16.3	19.2
Navarro	20.8	*	*
Palo Pinto	*	*	*
Parker	15.2	8.2	12.5
Rockwall	22.7	18.1	22.5
Somervell	*	*	*
Tarrant	13.9	11.6	11.8
Wise	26.4	33.8	22.8
Texas	18.1	16.4	14.1

Texas Department of State Health Services [61]

Marijuana-related Poison Control Calls

Table 135 shows marijuana-related Poison Control calls per 100K population by region. The top 3 regions in each year are indicated.

In 2019, the Texas rate was 2.0 per 100K population. The highest rates were found in Region 9 (West Texas), Region 10 (Upper Rio Grande), and Region 11 (Rio Grande Valley/Lower South Texas), respectively. Region 3 had a rate of 1.6 per 100K population. Four regions saw an increase in the rate of calls over the three-year period. In 2019, there were four regions that had a higher rate than Texas.

Table 135 – Texas Marijuana-related Poison Control Calls per 100K population, by Region

Report Area	2017	2018	2019
1	1.8	1.6	1.5
2	2.7	2.5	2.0
3	**2.4**	**1.5**	**1.6**
4	2.5	1.5	1.7
5	1.8	1.1	2.0
6	1.3	1.1	1.2
7	1.6	1.3	1.6
8	1.9	1.7	2.1
9	3.1	3.4	5.7
10	3.1	2.3	3.7
11	3.4	2.8	2.7
Texas	2.2	1.7	2.0

Texas Department of State Health Services [62]

Table 136 shows marijuana-related Poison Control calls for Region 3 counties per 100K population. The top 3 counties in each year are indicated. In 2019, the highest rates were found in Dallas, Erath, and Grayson Counties, respectively. Erath County was among the top three rates each year for the three-year period shown. Collin was the only county that saw an increase in the rate of calls over the three-year period. In 2019, there were four counties that had a higher rate than Region 3.

Table 136 – Region 3 Marijuana-related Poison Control Calls per 100K Population

Report Area	2017	2018	2019
Collin	0.7	0.5	1.2
Cooke	0	0	0
Dallas	4.8	2.7	2.7
Denton	0.8	0.7	0.9
Ellis	1.2	0.6	1.1
Erath	4.7	4.6	2.3
Fannin	0	0	0
Grayson	2.3	0.7	2.2
Hood	1.7	1.7	1.6
Hunt	2.1	3.1	1.0
Johnson	0.6	0.6	0.0
Kaufman	1.7	2.4	0.7
Navarro	0	0	0
Palo Pinto	6.9	3.5	0.0
Parker	0.8	2.9	0.7
Rockwall	4.0	2.0	1.9
Somervell	0	0	0
Tarrant	1.3	0.8	1.1
Wise	0	0	0
Region 3	**2.4**	**1.5**	**1.6**
Texas	**2.2**	**1.7**	**2.0**

Texas Department of State Health Services [62]

Emerging Trends

Local Qualitative Data Findings

2021 Focus Group Key Findings

The 2020-2021 academic school year the Region 3 Prevention Resource Center gathered qualitative data from a Denton County high school through four different focus groups. These focus groups had a total of 25 students from grades 9-12. The groups were separated by grade. The students were asked to follow a set of guidelines and to speak on the subject matter for approximately thirty minutes. Each focus group was facilitated by one moderator, the Data Coordinator, and one note-taker, the Tobacco Prevention Coordinator. The questions asked during the focus group can be found in *Appendix F*. The overall common findings in the four groups are as follows.

1) All four groups mention substance use occurring in their school as well as in the community.
2) All four groups mention the school restrooms as a place where students are using substances.
3) All four groups mention alcohol, marijuana and vaping as substances being used on campus or in the community. Freshmen and sophomores mention “acid” (LSD) as well.
4) All four groups mention that there are students selling substances on campus.
5) All four groups mention that they personally have encountered students using substances on campus – specifically vaping and marijuana.
6) All four groups mention seeing their classmates “high” (under the influence) during school.
7) All four groups mention parents as a source of access for alcohol for their peers.
8) All four groups mention older siblings as a source of access for alcohol for their peers.
9) All four groups mention stress, and parental influence as a reason students may misuse substances.
10) Juniors and Seniors mention Prom and Advance Placement exams as high use periods for peers.
11) Three of the groups say Fake IDs are commonly used to obtain alcohol; Seniors did not mention this.
12) Three of the groups say they would only report substance misuse on campus to administrators if they saw ”hard” drugs (specifically mention cocaine, heroin, and PCP) being misused; Seniors did not mention this.
13) Three of the groups say peer pressure/influence is a major factor in substance misuse/abuse; Juniors did not agree.
14) All of the students that participated (25 total) say they have someone in their life they can talk to if they were struggling with substance use.

2020-2021 Findings from Key Informant Interviews

Below are findings from the six Key informant interviews conducted in Dallas, Collin, Hunt, Erath and One who served multiple counties in Region 3. The *answers* for each question are pulled from transcripts of the interview. Some answers have been further explained for clarity.

Dallas County Key Informant Interview (April 2020) Findings

1. What problems do you see in your community?
    a. *Access to mental health resources (this includes telehealth)*
        i. *Reimbursement for services through insurance when they do get access; there are many loopholes especially for telehealth.*
        ii. *Also physical access of knowing where to go or being able to get there.*
    b. *Mental Health awareness and advocacy*
        i. *Lack of awareness affects prevention/intervention because it delays them getting services or help. This is due to stigma*
    c. *COVID exacerbated these issues.*
2. What is the greatest problem you see in your community?
    a. *Stigma. Because it's linked to awareness.*
    b. *Awareness because when you provide people information they can make better decisions for themselves. It's about empowering people. This includes educating about prevention so self-care and teaching about taking care of your emotional health. This education should be extended to children as well (i.e. emotional regulation). This is how we reduce stigma.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Qualitative: With COVID these issues started showing up in the lives of those not previously affected by mental health issues, specifically symptoms of anxiety or depression.*
    b. *Quantitative: The number of people taking self-assessment screenings have increased significantly since COVID started. People don't know what they feel or why they feel the way they feel.*
4. What services do you lack in your community?
    a. *We need more mental health providers.*
    b. *Support groups with places of worship*

Collin County Key Informant Interview (April 2020) Findings

1. What problems do you see in your community?
    a. *Lack of participation from community members (parents) in substance use/misuse prevention education activities.*
        i. *Most of the indifference is due to the idea that it's not their child so it's not their problem.*
    b. *Parents don't want to talk to their kids about substance use.*
        i. *"I hear over and over again from parents 'Well, our kids are sheltered.' or "Our kids have everything they need [financially], so they won't have a problem with substances.'" Not realizing that these can be risk factors.*
    c. *Students who already have an issue with substance misuse need prevention education. Getting sent to Alternative school for having substances on campus doesn't automatically mean they understand the health effects of substance misuse/abuse. Also kids coming out of treatment: "what are we as a community doing to support them in their recovery?"*
    d. *Lack of local information/data for our county because schools and community don't want to participate.*
2. What is the greatest problem you see in your community?
    a. *Lack of local Data: this information could support why we need school programs, why we need parent education and the benefit of prevention services.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *People have asked us how we even know substance use is an issue in our community. State data or even regional isn't enough.*
4. What services do you lack in your community?
    a. *Support for students/youth in Recovery*
    b. *Better education about substance use/misuse for kids and parents, and community at large.*

Hunt County Key Informant Interview (January 2021) Findings

1. What problems do you see in your community?
    a. *Community is diverse but integration is behind the times.*
    b. *Disparities within the community depending on where you live. Some major disinvestments. Older homes are deteriorating, and some community members complain of health concerns. Infrastructure poor in certain communities.*
        i. *Noted that community members in poor community conditions do not even know to ask for solutions versus those in better community conditions will attend city council meetings and ask for what they need. "When people are not used to being part of the conversation they don't even realize it's something they can ask for"*
    c. *Along major highways can see people struggling with substance misuse/abuse issues*
2. What is the greatest problem you see in your community?
    a. *Poor conditions of living because it affects a large part of the community*
    b. *Depending on the time of year: substance misuse as well*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Completed an analysis with residence and they talked about poor conditions. Others who work in the field have had discussions about the poor housing qualities.*
    b. *Survey data from community members*
4. What services do you lack in your community?
    a. *Rental assistance*
    b. *Grocery stores*
    c. *Street repairs/ infrastructure complaints/ streetlights*
    d. *Youth programs: (summer programs, afterschool programs)*
5. Other Points
    a. *Many residents do not have cellphones or even internet access and this only became more evident because of COVID*
    b. *Most community members do not work in the community, they work in other cities/counties.*
    c. *Not many green spaces or community parks; so many more vacant lots .*

Dallas County Key Informant Interview (February 2021) Findings

1. What problems do you see in your community?
    a. *Poverty – many I've encountered live below poverty line*
    b. *Rampant substance abuse – specifically heroin, meth, K2, PCP*
    c. *Education gap about available resources & services – particularly for indigent, Intellectual or Developmental Disability (IDD) and/or elderly populations. They don't have someone to connect them to services so many go unused. Or on the flip side people constantly calling 911 for things that are not at all an emergency because they don't know how/ or are too lazy to access resources.*
2. What is the greatest problem you see in your community?
    a. *That's a coin flip: So many overdoses in the community but that educational gap affects the services in the community. 911 becomes a catch all for things that people cannot figure out how to do instead of only being used in true emergencies. But again substance abuse is rampant, encounter it every day on the job.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *We see the same people repeatedly for substance related issues; encounter it daily at work on every shift; also it is much worse in the summertime compared to wintertime (rough estimate* – makes up *75% of cases in Summer vs. 25% in Winter)*
4. What services do you lack in your community?
    a. *More education for the general public on how to access resources. There are some people who will always call 911 for everything no matter what, but there are many (especially elderly/indigent) who do not know where else to look or call.*

Multi-county Key Informant Interview (March 2021) Findings

1. What problems do you see in your community?
    a. *Serve about 17 counties; drug overdose death rates are really high – especially fentanyl related*
    b. *The violence: so many shootings in communities and homicides; most of it was violence for the sake of violence – related to money, women, and /or turf wars. Shootings very rarely if ever, related to drugs.*
2. What is the greatest problem you see in your community?
    a. *The drug overdoses; most of that is preventable with education and enforcement. These kids can be saved from these drugs.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *Mostly anecdotal – so the level of access in schools, talking to SROs, talking to parents, community liaison police officers.*
    b. *The Overdose Maps with information.*
4. What services do you lack in your community?
    a. *Enter in the Overdose mapping so we can track in real time: Medical Examiners, First Responders (paramedic, EMTs, police officers),etc.*
    b. *More accurate/timely entering in general for crimes committed*

Erath County Key Informant Interview (May 2021) Findings

1. What problems do you see in your community?
    a. *For Substance Use: Marijuana and Alcohol use with College students (both University and community college) – constantly hearing sirens from sundown to sun-up – drunk driving accidents, possession charges, people getting pulled over; of course some of that is also the local but so many are college students; Vaping for grade schools (Junior High and High School)*
    b. *Deficits on resources: Not a lot of social services*
        i. *There are food shelters that are church run and there are Urgent cares. Some popup privatized services in the county*
2. What is the greatest problem you see in your community?
    a. *That's a tough one – probably the homelessness.*
3. What hard evidence do you have to support this as the greatest problem?
    a. *These issues have become more visible over the years and even during COVID; you can see more people on the street and in parks you see the things left behind. Not as large as other places but for what our county is seeing an increase as the population grows.*
4. What services do you lack in your community?
    a. *No Homeless shelters or resources in the county; closest one is in Johnson County in Cleburne*
    b. *No Mental Health hospitals in county – closest is about 2.5 hours away in Wichita falls or Denton at Mayhill;*
    c. *No acute care for SUD/MH; no walk-in clinics for in between outpatient and inpatient Even for outpatient can take 2-6 months to get in as a new patient*
    d. *No detox in county, have to go to a rehab facility Hamilton county;*
    e. *No methadone/MAT in county or at least not publicly advertised*
    f. *There are domestic violence services, but I don't think there are shelters*

COVID-19 Impact on Behavioral Health

In March 2020, much of the United States abruptly shut down in response to a growing global pandemic. Schools, businesses, and offices closed their locations as shelter in place orders went into effect. The country was in a holding pattern. The growing uncertainties quickly turned to panic and in some communities, chaos. In the last 18 months, communities across the nation have gone through various stages of being open and closed based on the severity of the COVID pandemic.

The pandemic is still ongoing and new variants have emerged, which adds new layers of anxiety, uncertainty and frustrations as people struggle to find a new normal. Students falling behind academically, families losing loved ones, in many cases the primary provider, unemployment rates increasing, and evictions are physical consequences that we have seen since the pandemic began, but the behavioral health implications are not always as obvious. Though during this time there have been increased rates of people seeking mental health resources, the rate of substance use has also increased based on numerous sales reports. Access to alcohol became easier with delivery services and restaurants bringing it to doorsteps. Only time will tell what the lasting impacts of this pandemic will truly be on children, communities, and frankly, the world.

Region in Focus

Prevention Resources and Capacities

Community Coalitions

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

Challenge of Tarrant County (CTC)
226 Bailey Ave
Fort Worth, TX 76107
http://www.challengetc.org/

- SMART Arlington
- Stand. Out. Act. Responsibly. (SOAR)
- Stay on Track
- Texas Christian University - Power 2 Choose
- University of Texas Arlington – Sensible Mavericks Acting Responsibly Together (SMART)
- Weatherford College - Follow Our Lead

Dallas Area Drug Prevention Partnership (DADPP)
program of Recovery Resource Council
1349 Empire Central Dr, Suite 800
Dallas, TX 75247
www.drugfreedallas.org
www.dallascouncil.org

Erath County Community Coalition (EC^3)
program of STAR Council on Substance Abuse
3080 W. Washington, Ste. B
Stephenville, TX 76401
https://www.starcouncil.org/

IMPACT Community Coalitions
programs of Drug Prevention Resources
201 Ferris Ave, Suite G
Waxahachie, TX 75165
https://drugfreegeneration.org

REACH Across Johnson County
program of REACH Prevention Council
208 S. 4th St, (P.O. Box 598)
Midlothian, TX 76065
www.reachcouncil.org

Cook Children's and Children's Medical Center, located in Fort Worth and Dallas, have many community collaborations focused on healthy youth:

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

Smoking Cessation Programs

Remote Resources (online/telephone)

- The Texas Quitline
  - 1-877-YES-QUIT
- Teen.Smokefree.gov
  - https://teen.smokefree.gov/
- MD Anderson's ASPIRE Program
  - https://www.mdanderson.org/about-md-anderson/community-services/aspire.html
- The Truth Initiative's This is Quitting Program
  - https://truthinitiative.org/thisisquitting
- Dallas County Health and Human Services – **adult and youth** – English and Spanish
  - Email: dchhs_mwp@dallascounty.org

In-Person Resources

- Phoenix House – 214-999-1044
- Youth180 – 214-942-5166
- Nexus Recovery Center – 214-321-0156, Ext. 2602
- Excel Center of Lewisville – 972-906-5522
- Mosaic Family Services – 214.821.5393 ext. 353
- 12th Step Ministry ADULT – (214) 265-7192

Recovery School Resources

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

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

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

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

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

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

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

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

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

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

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

The University of Texas at Dallas established a Collegiate Recovery Program (CRP) in 2014 under its Division of Student Affairs. While the campus does not have separate housing designated for students in recovery, the campus does have a clubhouse for their use, called the Center for Students in Recovery (CSR). The staff help any student with treatment and recovery contacts.

Substance Use Disorder (SUD or SA) Treatment and Mental Health Providers

Table 137 below shows the number of substance use disorder (SUD or SA) treatment and mental health providers for Region 3 counties as of July 2021. This data comes from SAMHSA's Behavioral Health Locator. Dallas, Tarrant, and Denton Counties had the most SUD treatment providers, respectively. Dallas, Tarrant, and Collin Counties had the most Mental health providers, respectively.

Table 137 – Region 3 SUD (SA) Treatment and Mental Health Providers, July 2021

Report Area	SA	MH
Collin	9	8
Cooke	0	1
Dallas	46	19
Denton	11	7
Ellis	1	1
Erath	2	2
Fannin	2	2
Grayson	5	2
Hood	1	0
Hunt	2	4
Johnson	3	1
Kaufman	3	4
Navarro	1	1
Palo Pinto	1	1
Parker	2	4
Rockwall	0	0
Somervell	0	0
Tarrant	41	16
Wise	2	1
Region 3	132	74
Texas	469	324

SAMHSA[63]

Healthcare Providers

Table 138 shows all local mental health authorities in Region 3 by counties they serve.

Table 138 – Region 3 Local Mental Health Authorities

County	Mental Health Authority	Contact
Collin	Life Path Systems	972-562-0190
Cooke	Texoma Community Center	940-665-3962
Dallas	North Texas Behavioral Health Authority	214-366-9407
Denton	Denton County MHMR	940-381-5000
Ellis	North Texas Behavioral Health Authority	214-366-9407
Erath	Pecan Valley Centers for Behavioral and Developmental Healthcare	254-522-2001
Fannin	Texoma Community Center	903-583-8583
Grayson	Texoma Community Center	903-957-4701
Hood	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-573-2662
Hunt	North Texas Behavioral Health Authority	214-366-9407
Johnson	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-558-1121
Kaufman	North Texas Behavioral Health Authority	214-366-9407
Navarro	North Texas Behavioral Health Authority	214-366-9407
Palo Pinto	Pecan Valley Centers for Behavioral and Developmental Healthcare	940-325-9541
Parker	Pecan Valley Centers for Behavioral and Developmental Healthcare	817-599-7634
Rockwall	North Texas Behavioral Health Authority	214-366-9407
Somervell	Pecan Valley Centers for Behavioral and Developmental Healthcare	254-552-2090
Tarrant	MHMR of Tarrant County	817-569-4300
Wise	Helen Farabee Centers	940-627-1251

Texas Health and Human Services Commission[64]

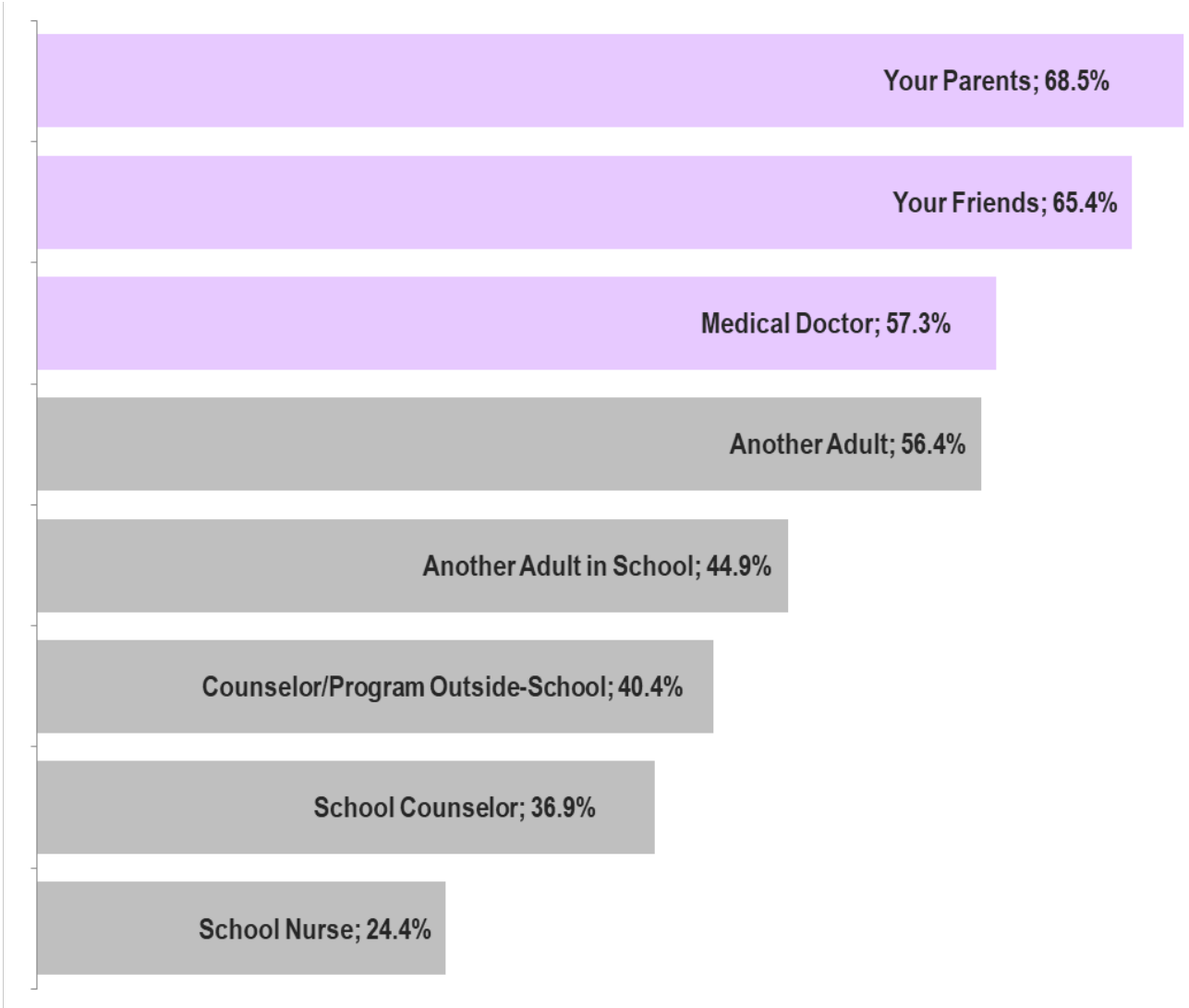
Youth Prevention Programs (YPU, YPS, YPI)

The Texas HHSC, within its Behavioral Health Services Division, provides funding for 178 youth and family prevention-focused school, community, and center-based programs across the state. Region 3 currently has seventeen Youth Prevention Programs. These programs offer evidence-based curriculum and prevention strategies in order to reduce the use of alcohol and other drugs. These youth prevention programs are comprised of universal prevention strategies (YPU) designed to reach all youth regardless of risk-factors, selective prevention strategies (YPS) designed for at-risk youth and indicated prevention interventions (YPI) designed to work with youth who have already demonstrated behavioral problems. To see a list of all the HHSC-funded youth prevention programs in Texas and/or Region 3, please visit http://texaspreventiontraining.org/providerdirectory.html.

Students Talking to Parents About Alcohol, Tobacco, and Other Drugs (ATOD)
Facilitating conversations about substance use between adolescents and their parents promotes guidance, support, and more open relationships between adults and their children. Students are more likely to come to an adult with a substance use problem if they feel comfortable talking about alcohol or other drugs with their parents.

Figure 48 below shows student responses when asked if they would seek help if they had an issue with alcohol or drugs. Only 17.7% of Region 3&4 students answered that they would seek help. Of those reporting yes to seeking help, 68.5% of students reported that they would talk to their parents followed closely by talking to their friends.

Figure 48 – Breakdown of "Yes" Responses, TSS 2020
"If you had a drug or alcohol problem, and needed help who would you go to____?"



Marchbanks III, Miner P., et al. 2020 TSS [48]

Students Receiving Education About Alcohol Tobacco and Other Drugs (ATOD)
The Texas Education Agency takes responsibility for the following guidelines to be carried out in all Texas school districts:

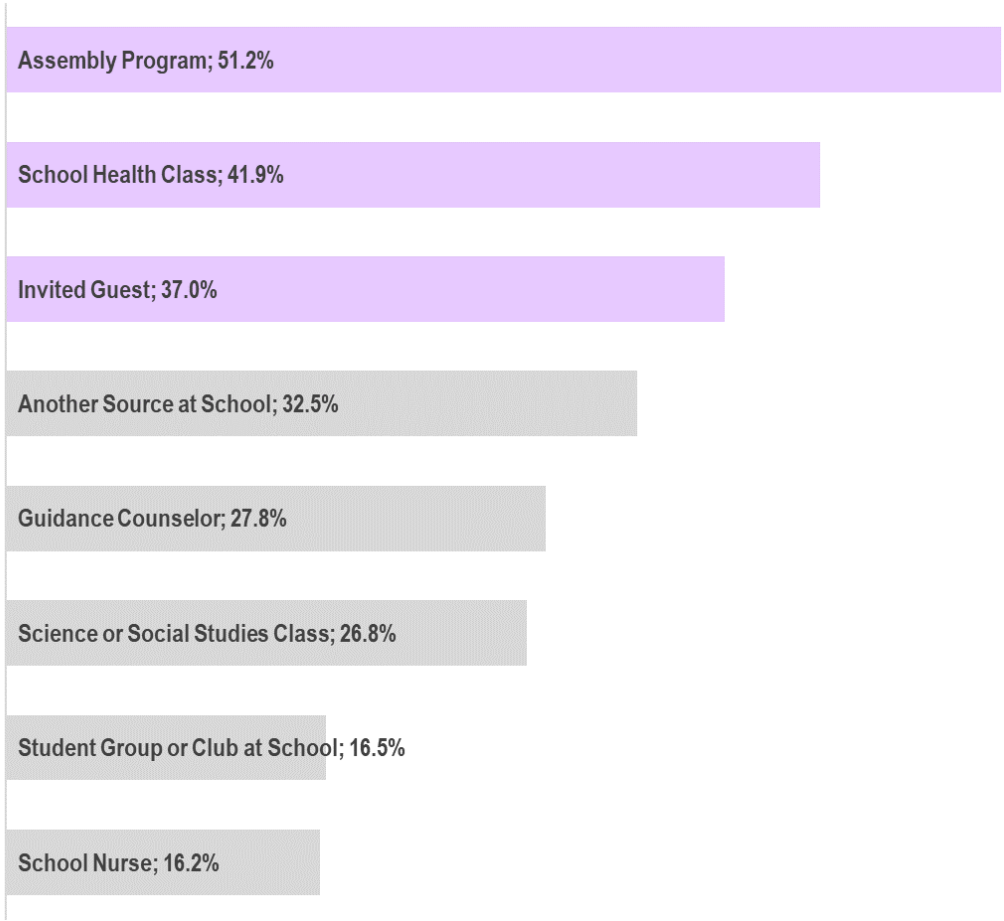
Alcohol: Code 28.002 (2009) requires the State Board of Education to adopt Texas Essential Knowledge and Skills for addressing the dangers, causes, consequences, signs, symptoms, and treatment of binge drinking and alcohol poisoning. The code requires the Texas Education Agency to compile a list of evidence-based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

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

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

Figure 49 below comes from TSS 2020. Students were asked which school sources, if any, they received information on drugs or alcohol from. 51.2% of Region 3&4 students reported receiving drug and alcohol information from an assembly program.

Figure 49 – Region 3&4 School Sources for Drug or Alcohol Information, TSS, 2020



Marchbanks III, Miner P., et al. 2020 TSS [48]

Overview of Community Readiness

SAMHSA defines community readiness as the motivation and willingness to commit resources to addressing an identified substance misuse issue. Readiness is affected by knowledge of the substance use problem, existing efforts to address the problem, availability of local resources, support from local leadership, and community attitudes toward the problem.

The PRC3 team has enhanced its relationship with key school district-level personnel. This collaboration is providing us with increased prevention and data collection opportunities within the Region's most influential school districts. Over the past few years, PRC3 has become better equipped and sought-after for trainings and presentations. These trainings offer an opportunity to disseminate local data to communities. These presentations include:

- General Drug Education
- Emerging Drug Trends
- County Specific Key Findings
- Substance Misuse & Academic Consequences
- Mental Health & Substance Misuse
- Primary and Secondary School Parent Presentations
- Red Ribbon Presentations

PRC3 will continue building on these connections in order to make gaps in data smaller and identity as experts of substance use-related epidemiology stronger.

Gaps in Services

Some of our outermost rural counties show a lack of services in their areas. Rural communities had high rates in many categories which put them at higher risk for substance use or mental health related problems. This can be seen mostly in community domain under community conditions data as they often had the highest rates of referrals for juveniles, crime, alcohol related arrests, and charges for drug or alcohol in the on-hand prison population. Rural counties also were among the highest rate of DUI crashes, injuries, and fatalities (driver and total). Additionally, the highest rates for drug or alcohol induced deaths were in rural counties. These counties were among the highest rates of children and adults without health/medical insurance. The list goes on into the societal and family domains.

One service that is often sought throughout Region 3, but not found, is tobacco cessation for youth. Though there are many treatments and programs for adults, with the rising rates of use due to vaping and other electronic nicotine delivery systems (ENDS), comes the increase in need for cessation programs.

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

Gaps in Data

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

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

Another cause of information gaps comes from a lack of data availability. Specific data sets that are unavailable include lesbian/gay/bisexual/transgender identifiers, military populations, and racial breakdowns of some indicators. Since significant differences in substance use trends exist for different populations, it is important to improve the information collection about these subsets.

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

Assessments themselves need regular updating, as new drug trends become popular and new risk and protective factors are deemed important in prevention. Furthermore, the research of risk and protective factors affecting subset populations such as adolescent, senior, or lesbian/gay/bisexual/transgender individuals needs to be broadened and increased.

Additionally, COVID-19 continues to present challenges in collecting local data via focus groups, surveys and key informant interviews because of restricted access to youth or adults through our usual partners (school districts, PTA groups, recreation centers, community partners, etc.). Despite these challenges, PRC3 was able to complete focus groups in person and key informant interviews virtually.

In the future, the PRCs will continue to work together to create more unified methods of data collection and reporting. Furthermore, the PRCs will work to add more data on an annual trending and regional, state, and national comparison scale. The Statewide Evaluator team will monitor the most recent research in our field to ensure the indicators chosen for the 2022 RNA best predict or protect against substance misuse at the local level.

Conclusion

While 2021 is the eighth year of data collection efforts and suggestions for change, future information gathering will lead to a central data repository that exceeds all previous collection efforts. Such a repository will provide facts that can be used to objectively focus the resources available for prevention, treatment, and recovery. This year the RNA improved its scope in several areas, mainly by adding more local indicators, displaying more trend data over three-year periods, and adding comparisons between county, regional, state, and national data where applicable. This document stands as an annual summary of the aforementioned efforts, and may assist related field workers in implementing change, planning, and decision-making.

The primary substance use behavior issue for both adults and youth is alcohol misuse. A major factor for alcohol misuse is access. Though Region 3 has a lower rate of permits than Texas overall, several Region 3 counties have a higher rate than Region 3 and/or Texas. For adults, alcohol misuse can also be illustrated from high DUI crash, injury, and fatality data. TSS data shows that alcohol misuse is still high amongst middle and high school students. For youth there are additional variables to consider such as perception of harm, peer/parental approval, and alcohol use promotion through various media i.e. television shows, movies, clothing brands etc.

Region 3's secondary substance use behavior issue for adults is prescription drug opioid misuse. The counties with the highest rates of emergency department visits also had the highest rates of prescription drugs dispensed per population. Region 3's secondary substance use behavior issue for youth is tobacco use. In the 2020 TSS, tobacco use rates for all grades across all use categories was second only to alcohol use.

Region 3's tertiary substance use behavior issue is marijuana and opioid use among adolescents. For students in grades 7-9 the highest rate, following alcohol and tobacco, was opioid misuse. For students in grades 10-12 the highest rate of misuse, following alcohol and tobacco, was marijuana. Even though 2020 TSS rates are a combination of Region 3 & Region 4, Region 3's 2018 TSS rates showed this same pattern.

Social Determinants of Health (SDoH) have a major impact on quality of life. They also contribute to health disparities and inequities. The underlying conditions related to SDoH that contribute to substance use and misuse in Region 3 vary for adults and youth/adolescents. For both adults and adolescents, economic factors such as income, unemployment, and government assistance for food security through TANF, SNAP or school lunch assistance show that many Region 3 communities are struggling to have basic necessities met. This is particularly the case in the rural counties where median household income is lowest, and TANF and SNAP rates are highest. These communities also have high rates of access to substances and high crime rates among youth and adults. Rural counties have the highest rates of retail access per population to alcohol and tobacco as well as the highest rates of prescription drugs dispensed.

Rural communities also have high rates of adults and children without health insurance. This decreases the likelihood of early detection of various conditions because it is less likely that these individuals are participating in routine preventative care. Family violence is another factor to consider in relation to SDoH. Family conditions provide the social and community context in which children develop. Counties that had high rates of family violence and a high number of child maltreatment victims also often had high rates of substance use related data – crashes, fatalities,

drug arrests, etc. An important indicator as to whether or not a youth/adolescents is at risk for using alcohol and/or other substances is whether they have a positive adult influence in their life. For children in abusive homes or in substitute care, this is often times not the case, putting these youth at especially high risk. The relation to and effects of SDoH can be found, to some degree, in each indicator presented in this RNA. The disparities that arise through the inequities in Region 3 communities can be seen in crime rates as well as substance use related death rates.

Region 3's main behavioral health disparities are illustrated by the lack of mental health providers. The ratio of mental health providers to their service populations, without factoring in finances or other conditions, highlights an access problem already. There simply are not enough providers, especially in rural communities. This is also the case for substance use treatment services.

References

1. Porta, Miquel S. A Dictionary of Epidemiology. Oxford: Oxford University Press, 2016, p. 95.
2. Adapted from: D'Amico, EJ, Osilla, KC. Prevention and intervention in the school setting. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol. 2 of The Oxford Handbook of Substance Use and Substance Use Disorders, p. 678.
3. U.S. Census Bureau QuickFacts: United States. Census Bureau QuickFacts. https://www.census.gov/quickfacts/fact/table/US/LND110210. Accessed July 16, 2020.
4. United States Census Bureau. Census Bureau Reveals the fastest growing large cities. Available at https://www.census.gov/newsroom/press-releases/2019/subcounty-population-estimates.html. Accessed July 16, 2020.
5. Texas Demographic Center. 2018 Population Projections by Age, Sex, and Ethnicity. https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed June 2021.
6. U.S. Census Bureau, 2014-2019 American Community Survey 5-Year Estimates. https://data.census.gov/cedsci/ Accessed May 12, 2021
7. U.S. Census Bureau. Texas Income by County. https://data.census.gov, Accessed June 9, 2021.
8. U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics Home Page. www.bls.gov, www.bls.gov/lau/#tables. Accessed February 9, 2021.
9. Texas Health and Human Services Commission. Temporary Assistance for Needy Families. 2015-2020. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics. Accessed April 29, 2021.
10. Texas Health and Human Services Commission. Supplemental Nutritional Assistance Program (SNAP) Statistics. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics. Accessed May 12, 2021.
11. U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI - Elementary and Secondary Information System. https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed May 10, 2021.
12. U.S. Department of Education. Part C - Homeless Education. https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html. Published December 19, 2005. Accessed August 28, 2020.

13. Texas Education Agency. Student Program and Special Population Report. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Updated February 20, 2020. Accessed February 9, 2021.
14. Texas Balance of State Continuum of Care [TX BoS CoC]. Point-in-Time Count (PIT) Reports https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/. Accessed May 11, 2021.
15. United States Census Bureau. Educational Attainment. American Community Survey. https://data.census.gov/cedsci/table?q=Educational%20Attainment&t=Age%20and%20Sex&g=0400000US48.050000&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false Accessed 28 May 2021.
16. Texas Juvenile Justice Department, Executive Director Camille Cain. “The State of Juvenile Probation Activity in Texas Report.” Aug. 2020, www.tjjd.texas.gov/index.php/doc-library/category/334-state-of-juvenile-probation-activity. Accessed March 18, 2021.
17. Texas Department of Public Safety. Liquor Law Arrests. 2017-2020. Available at https://txucr.nibrs.com/SRSReport/LiquorLawArresteeSummary. Accessed March 13, 2020; June 25, 2021.
18. Texas Department of Public Safety. Drug/Narcotic Arrests. 2018-2020. Available at https://txucr.nibrs.com/Report/ArrestTrends. Accessed August 2, 2021
19. National Center on Addiction and Substance Abuse. Behind Bars II: Substance Abuse and America’s Prison Population. 2010. Available at: https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america%E2%80%99s-prison-population. Accessed July 18, 2017.
20. McCart, MR, Zajac, K, Danielson, CK, Strachan, M, Ruggiero, KJ, Smith, DW ... Kilpatrick, DG (2011). Interpersonal victimization, posttraumatic stress disorder, and change in adolescent substance use prevalence over a ten-year period. Journal of Clinical Child & Adolescent Psychology, 40(1), 136-143.
21. Texas Department of Public Safety UCR Bureau. Crime in Texas Online. Index Crime Report. (2018, 2019, 2020). https://txucr.nibrs.com/Report/IndexCrimesReport Accessed March 9, 2021
22. Texas Department of Criminal Justice. Request for On Hand Population for Drug and DWI Related Offenses for 2020 by County. 2020.
23. U.S. Census Bureau, County Health Rankings., Small Area Health Insurance Estimates (SAHIE). http://www.countyhealthrankings.org/app/texas/2018/measure/factors/122/data?sort=sc-0. Accessed May 11, 2021.

24. Holl JL, Szilagyi PG, Rodewald LE, Byrd RS, Weitzman ML. Profile of Uninsured Children in the United States. Archives of Pediatrics and Adolescent Medicine. 1995;149:398–406. [PubMed]
25. Texas Department of State Health Services, Center for Health Statistics. Teen Birth Rates 2018-2020. June 1, 2021
26. Texas Department of State Health Services, Center for Health Statistics. Infant Mortality Rates 2018-2020. June 1, 2021
27. County Health Rankings and Roadmaps, NPI Registry, 2019, www.countyhealthrankings.org/app/texas/2020/measure/factors/62/data. Accessed March 22, 2021.
28. Texas Health and Human Services Commission, Center for Analytics and Decision Support. 2021.
29. Texas Department of State Health Services. Opioid-Related Emergency Department Visits, 2020, healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-emergency-department-visits.
30. Texas Department of State Health Services. People Living with HIV, 2018, healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed 2/22/2021.
31. Texas Department of State Health Services. Sexually Transmitted Diseases. 2014-2018. http://healthdata.dshs.texas.gov/dashboard/diseases/sexually-transmitted-diseases.
32. Texas Alcoholic Beverage Commission. License Information. Available at https://apps.tabc.texas.gov/publicinquiry/. Accessed 28 May 2021.
33. Texas Alcoholic Beverage Commission. Administrative Violations: Sales to Minors. Available at https://apps.tabc.texas.gov/publicinquiry/. Accessed 28 May 2021.
34. Data.Texas.Gov. Active Cigarette/Tobacco Retailers. https://data.texas.gov/Government-and-Taxes/Active-Cigarette-Tobacco-Retailers/u5nd-4vpg/data. Accessed 28 May 2021.
35. Texas Comptroller of Public Accounts; Responsive Records - FYI 30874. Open Records Request. Accessed 22 June 2021.
36. Texas State Board of Pharmacy. https://www.pharmacy.texas.gov/resources.asp. Accessed March 30, 2021
37. Texas Education Agency. Third Grade Student STAAR Results 2018 & 2019. www.tea.texas.gov/staar. July 2021.
38. Texas Education Agency. Completion, Graduation, and Dropouts. https://tea.texas.gov/acctres/dropcomp/years.html. Accessed March 15, 2021.
39. Texas Education Agency. School Disciplinary Actions for Substances. Data Request. March 2021.

40. Texas Department of State Health Services. 2001 - 2019 High School Youth Risk Behavior Survey Data. Available at https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey. Accessed April 12, 2020; Feb 24, 2021; July 30, 2021.
41. Texas Department of Public Safety. “Crime in Texas Online: Family Violence Summary Report.” 2018-2020 https://txucr.nibrs.com/Report/FamilyViolence. Accessed 2021.
42. Texas Department of Family and Protective Services (DFPS) Data & Decision Support. Confirmed Child Victims of Maltreatment. https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp. July 2021.
43. Texas Department of Family and Protective Services (DFPS) Data & Decision Support. “CPS 3.2 Children in Substitute Care by Placement Type on August 31 FY2011-2020: Open Data Portal.” Https://Data.texas.gov/data.texas.gov/dataset/CPS-3-2-Children-in-Substitute-Care-by-Placement-T/kgpb-mxxd. July 2021.
44. Texas Department of State Health Services. Table 39 marriages and divorces by county. https://www.dshs.texas.gov/chs/vstat/vs15/t39.aspx. Accessed March 15, 2021
45. County Health Rankings & Roadmaps. Texas Rankings Data. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/rankings/data/TX. Published 2020. Accessed February 25, 2021.
46. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Depression Rates. 2015-2019. https://www.cdc.gov/brfss/brfssprevalence/. Accessed May 12, 2021.
47. Marchbanks III, Miner P., et al "Texas School Survey of Drug and Alcohol Use: 2020 State Report Survey". Texas School Survey. Texas Health and Human Services Commission. http://www.texasschoolsurvey.org/Documents/Reports/State/20State712.pdf. Accessed 12 May 2021.
48. Marchbanks III, Miner P., et al "Texas School Survey of Drug and Alcohol Use: 2020 HHSC Region 3&4" . Texas School Survey. Texas Health and Human Services Commission. http://www.texasschoolsurvey.org/Documents/Reports/State/20Region3-4.pdf. Accessed 12 May 2021.
49. Cook Children’s Center for Children’s Health. Community-Wide Children’s Health Assessment and Planning Survey 2018. [CCHAPS 2018]. Available by request. Accessed May 21, 2019.
50. America's Health Rankings analysis of CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files, United Health Foundation, AmericasHealthRankings.org, Accessed 2021.

51. Marchbanks III, Krinhop K., et al. “Texas Survey of Substance Use Among College Students.” Texas college Survey. Public Policy Research Institute, https://texascollegesurvey.org/reports/, Accessed 28 May 2021.
52. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Texas MSA Alcohol Prevalence. https://www.cdc.gov/brfss/brfssprevalence/. Accessed June 9, 2021.
53. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Texas MSA Smoking Prevalence. https://www.cdc.gov/brfss/brfssprevalence/. Accessed June 9, 2021.
54. Texas Department of State Health Services, Center for Health Statistics. Lung Cancer Deaths 2018-2020. June 1, 2021
55. Texas Department of State Health Services, Center for Health Statistics. Alcohol Liver Disease 2018-2020. June 1, 2021
56. Texas Department of Transportation. Driving Under the Influence (Alcohol) Crashes and Injuries by County. 2016-2020. Available at https://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html. Accessed June 18, 2021
57. Texas Department of Transportation. Driving Under the Influence (Alcohol) Related Fatalities by Age and County. 2016-2020. Available at https://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html. Accessed June 18, 2021
58. Texas Department of Transportation. Driving Under the Influence (Alcohol) Driver Fatalities by County and Age. 2016-2020. Available at https://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html. Accessed June 18, 2021
59. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database. http://wonder.cdc.gov/ucd-icd10.html. Accessed Apr 14, 2021
60. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database. Texas Suicide by County. 2017-2019. https://wonder.cdc.gov/ucd-icd10.html, Accessed June 9, 2021.
61. Texas Department of State Health Services, Texas Health Data, “Opioid-Related Poison Center Calls.” https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-poison-center-calls. Accessed 27 July 2021.
62. Texas Department of State Health Services, Texas Health Data, “Marijuana-Related Poison Center Calls.” healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/marijuana-related-poison-center-calls. Accessed 25 May 2021.

63. SAMHSA, Behavioral Health Treatment Services Locator. Accessed July 2, 2021
64. Texas Health and Human Services Commission. Find Your Local Mental Health or Behavioral Health Authority. Available at https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority. Accessed June 27, 2018

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Appendix

Appendix A: Glossary of Terms

30 Day Use	**The percentage of people who have used a substance in the 30 days before they participated in the survey.**
ACES	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.
Adolescent	An individual between the ages of 12 and 17 years.
ATOD	Alcohol, tobacco, and other drugs.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.
Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.
DSHS	Department of State Health Services. A state agency of Texas that assists Texans who need services or help. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.

Drug	A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
Epidemiology	The study (scientific, systematic, and data driven) and analysis of the distribution (who, when, and where), patterns, and determinants of health and disease conditions in defined 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. The primary purpose is to gain insight to assist in future change.
HHS	Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
Incidence	The occurrence, rate, or frequency of a disease, crime, or something else undesirable. A measure of the risk for new substance abuse cases within a region.
LGBTQIA+	An inclusive term covering people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies.
MAT	Medication-Assisted Treatment. The use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.

Person-Centered Language	Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are so much more than their substance use disorder, mental illness, or disability.
PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to drug and alcohol use.
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.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
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.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

Stigma	The stigma of addiction—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance abuse and addiction. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment.
SDoH	Social Determinants of Health. The economic and social conditions that influence individual and group differences in health status.
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.
Substance Dependence	An adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

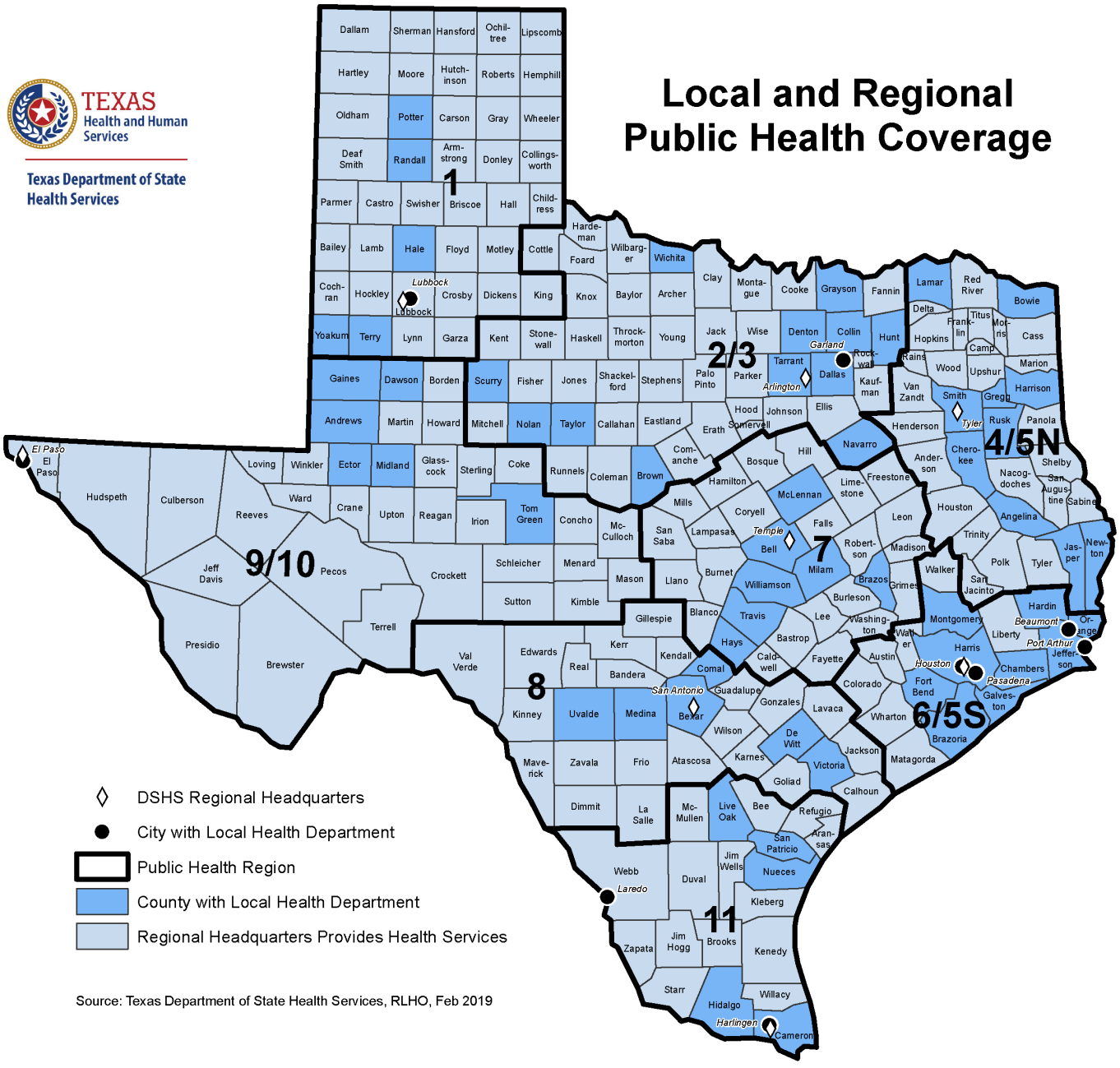
Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas.
TSS	Texas School Survey. Collection of self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission and administered by the Public Policy Research Institute.
YRBS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.

Appendix B: Tables and Figures

Appendix C: PRC Regions and Counties

PRC Region	Counties
1 Amarillo, Lubbock	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum (41)
2 Wichita Falls, Abilene	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30)
3 Dallas/Fort Worth	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4 Texarkana, Longview, Tyler	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23)
5 Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler (15)
6 Houston, The Woodlands, Sugar Land	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
7 Austin, Round Rock, Killeen, Temple, Bryan/College Station, Waco	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30)
8 San Antonio, New Braunfels, Victoria	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala (28)
9 Midland/Odessa, San Angelo	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, and Winkler (30)
10 El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
11 Corpus Christi, Brownsville, Harlingen, McAllen, Edinburgh, Mission, Laredo	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)

Appendix D: Texas Public Health Regions (PHR)



Appendix E: Prescription Drug Schedules II-V

Schedule	Description
Schedule II	Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin
Schedule III	Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone
Schedule IV	Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol
Schedule V	Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.
Unscheduled	Traffickers adapt to. U.S. and other international regulations by introducing new unscheduled substances, such as U-47700 (synthetic opioid not studied for human use)
Unspecified	Not Specified

Appendix F: Focus Group Methodology

Ground rules (Students were given a copy before beginning activity)

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

Questions

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

- Do you think there is a problem with substances at your school?
- What, if any, substances are students using/misusing?
- Did you see substances being used more in the spring term or in the fall term or is it about the same?
- Are these substance use patterns specific to your grade level or is it campus wide?
- Where are students getting these substances?
- How often are students using on campus or using in general? (i.e. seasonal, monthly, weekly, daily etc.)
- How often does your campus do drug education?
- Were you informed of the consequences of substance use?
- Why do you think students misuse substances?
- Do you think seeing people using in school has gone up, gone down or stayed the same (since freshman year)? *Ninth graders were asked to compare to middle school*
- Do you think seeing people using in school has gone up, gone down or stayed the same (since freshman year)? *Ninth graders were asked to compare to middle school*
- If you saw substances being used on campus, how likely are you to report it to school administrators? Is there a time during high school when you would have reported it? *Ninth graders were asked Would you have reported it in middle school?*
- If you had a substance use issue or were struggling with drug use, do you have someone in your life you can talk to?
- Do you think most of your peers have someone to talk to if they had a substance use issue?
- Would you feel comfortable talking to any school administrators if you had any issues (not just substance use, any issue)? Would your peers?