

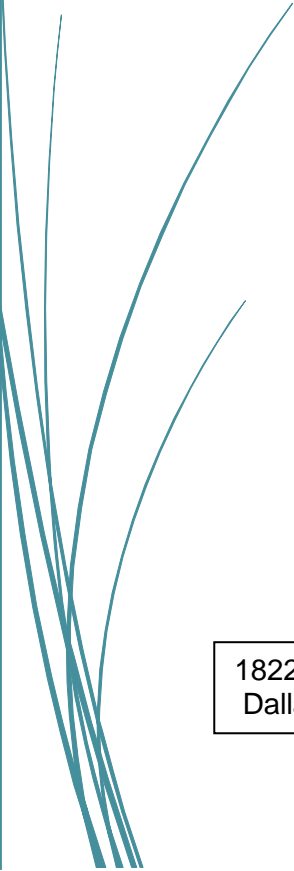


2023

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 disorders and behavioral health issues. With campuses in Fort Worth, Dallas, and Denton, RRC programs impact 45,000 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 Regional Needs Assessment (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.

A needs assessment is the process of determining and addressing the "gaps" between the current conditions and desired conditions in a set environment or demographic.¹ This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information about the unique needs of Texas' diverse communities. This document will present summary statistics of risk and protective factors associated with substance use, consumption patterns, and public health consequences. In addition, this report will offer insight on gaps in behavioral health promotion and substance use prevention services and data in Texas.

Who creates the RNA?

A team of Data Coordinators, from all eleven PRCs, has gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change:

- youth and young adults
- parents
- business communities
- media
- schools
- organizations serving youth and young adults
- law enforcement agencies
- religious or fraternal organizations
- civic or volunteer groups
- healthcare professionals and organizations
- state, local, and tribal government agencies
- and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, Education Services Centers, and Local Mental Health Authorities²

PRC 3 recognizes those collaborators who contributed to the creation of this RNA.

How is the RNA informed?

Qualitative data has been collected in the form of focus groups and interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy.

¹ Watkins, R. et al. (2012).

² Centers for Disease Control and Prevention. (2021b).

The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

Main key findings from this assessment include:

Demographics

- From 2017-2021, 9.8% of the Region 3 noninstitutionalized population has a disability, but 43% of Texas' institutionalized population has a disability.
- From 2017-2021, the Region 3 population by race/ethnicity consisted of 45.9% White, 28.7% Hispanic or Latino, 15.1% Black or African American, 7% Asian and 3.3% Other.
- From 2017-2021, 30.3% of households in Region 3 spoke non-English languages at home.

Substance Use Behaviors

- In 2022, 35.1% of high school students in Region 3 reported that it would be "somewhat easy" or "very easy" to get alcohol.
- In 2022, of those who responded that "most" or "all" of their close friends use substances, the highest rates were found among Grade 11 students for tobacco and Grade 12 students for alcohol and marijuana.
- Grade 12 students have the highest rates for alcohol and marijuana presence at parties they attended.
- In 2021, 51.9% of adults in Region 3 report currently using alcohol.

Underlying Risk Factors

- In Region 3, for every 1,000 children, there were 8.2 children who were confirmed victims of maltreatment in 2022.
- In 2022, 12.9% of Region 3 students were experiencing homelessness.
- During the 2021-2022 school year, students in Region 3 had an approximate average of 11.5 absences per student.
- In 2020, 18 out of 19 counties in Region 3 had a higher rate of adult depression than the overall rate for the state of Texas (13.3%).
- In 2021, the Region 3 adolescent depression rate was 57.2% for female students and 32.1% for male students.
- In 2020, the Region 3 suicide death rate was 11.8 per 100,000 population.

Behavioral Health Disparities

- In 2021, 54.3% of Region 3 students were eligible for free or reduced lunch.
- In 2020, 11.2% of Region 3 children (age 0-18) do not have health insurance. Of Region 3's 19 counties, 13 counties had a higher rate of children without health insurance than the overall rate for the state of Texas (11.6%).

- In 2020, 18.5% of Region 3 adults (age 19-64) do not have health insurance.
- In Region 3, the number of counties with a rate of mental health providers higher than the overall rate for the state of Texas decreased from 14 counties in 2019 to 6 counties in 2023.

Protective Factors and Community Strength

- In 2021, 15 counties in Region 3 had a higher high school graduation rate than Texas (90%).
- In 2020, 54% of the Region 3 population were spiritual adherents (individuals with an affiliation to a spiritual congregation including children, members, and attendees who are not members).
 - For more terms and definitions, see page 122.

Mortality

- From 2018 – 2021, Region 3 experienced a 30.5% increase in adolescent deaths by suicide, a dramatic difference compared to Texas' 2.9% increase for the same four-year period.
- From 2018 – 2021, the percentage of opioid-related poisoning deaths resulting from synthetic fentanyl increased from 11.4% to 70.5% in Region 3. The largest jump in percentage occurred between 2019 and 2020, where the percentages increased 170% from 18% to 48.6%.

Introduction

The information presented in this RNA aims to support program planning, evidence-based decision making, and community education. The RNA strives to increase knowledge of factors related to substance use and behavioral health. There are several guiding key concepts throughout the RNA, including a focus on the youth and young adult population and the use of an empirical, public health framework. All key concepts are outlined within their own respective sections later in this report.

The information in this needs assessment is based on three main data categories:

1. exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
2. exploration of drug consumption trends of adolescents with a primary focus on the state-delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and non-medical use of prescription drugs; and
3. broader public health and public safety consequences that result from substance use and behavioral health challenges

The report concludes with a collection of prevention resources in the region, an overview of the region's capacity to address substance use and other behavioral health challenges, and overall takeaways from the RNA.

Prevention Resource Centers (PRCs)

PRCs are funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Public Health Service Regions (see Figure 1) to provide support to prevention providers located in their region with 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 use
- marijuana and other cannabinoid use
- non-medical prescription drug use

PRCs have four fundamental objectives:

- collect data relevant to the state's prevention priorities, share findings with community partners, and ensure sustainability of a Regional Epidemiological Workgroup (REW) focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional behavioral health promotion and substance use prevention trainings
- conduct media awareness activities related to substance use prevention and behavioral health promotion
- conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers

Regions

Figure 1. Map of Public 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



Image courtesy of HHSC.

How PRCs Help the Community

PRCs provide information and education to other HHSC-funded providers, community groups, and other stakeholders through four core areas based around the four fundamental objectives: Data, Training, Media, and Tobacco. All the core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use, and behavioral health in general. PRCs work to educate the community on substance use and associated consequences through various data products, such as the RNA, media awareness activities, training, and retailer education. Through these actions, 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.

Data

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead an 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.

- Develop and maintain the REW.
- Conduct Key Informant Interviews (KII).
- Develop and facilitate at least one regionwide event based on RNA data findings.
- Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts of substance use and behavioral health data.
- Compile and synthesize data to develop an RNA to provide community organizations and stakeholders with region-specific substance use, behavioral health, and Social Determinants of Health (SDOH) information.
- Direct stakeholders to resources regarding data collection strategies and evaluation activities.
- Disseminate findings to the community.

Training

The Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings.

- Work directly with HHSC-funded training entity to identify training and learning needs
- Host and coordinate trainings for virtual and in-person trainings
- Provide monthly updates to HHSC-funded prevention providers within the region about the availability of substance use prevention trainings and related trainings offered by HHSC-funded training entity and other community-based organizations

Media

The Public Relations Coordinators use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion.

- Promote consistent statewide messaging by participating in HHSC's statewide media campaign
- Maintain organizational social media platforms required by HHSC to post original content, share other organizations' posts, and HHSC media
- Promote prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media

Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco and other nicotine products. Tobacco Coordinators conduct retailer checks to verify retailers are complying with state and federal regulations regarding proper signage and placement of tobacco products. In addition, Tobacco Coordinators provide education on state and federal guidelines for tobacco sales.

- Conduct on-site, voluntary checks with tobacco retailers in the region
- Provide education to tobacco retailers in the region that require additional information on most current tobacco laws as they pertain to minor access
- Conduct follow-up voluntary compliance visits with all tobacco retailers who have been cited for tobacco-related violations

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors and different geographic locations within that region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

A needs assessment is a systematic process for determining and addressing "gaps" between current conditions and desired conditions.³ The RNA is a specific needs assessment that provides community organizations and stakeholders with region-specific substance use and related behavioral health information. At the broadest level, the RNA can show patterns of substance use among adolescents and adults, monitor changes in substance use trends over time, and identify substance use and behavioral health issues that are unique to specific communities. It provides data to local providers to support grant-writing activities and provide justification for funding requests and to assist policymakers in program planning and policy decisions regarding substance use prevention, intervention, and treatment. The RNA can highlight gaps in data where critical substance use and behavioral health information is missing. It is a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs tailored to specific needs through the monitoring of county-level differences and disparities. Figure 2 below shows a visual representation of the overall steps and process of creating the RNA.

Figure 2. Steps, Processes, and Stakeholders Involved for RNA Creation

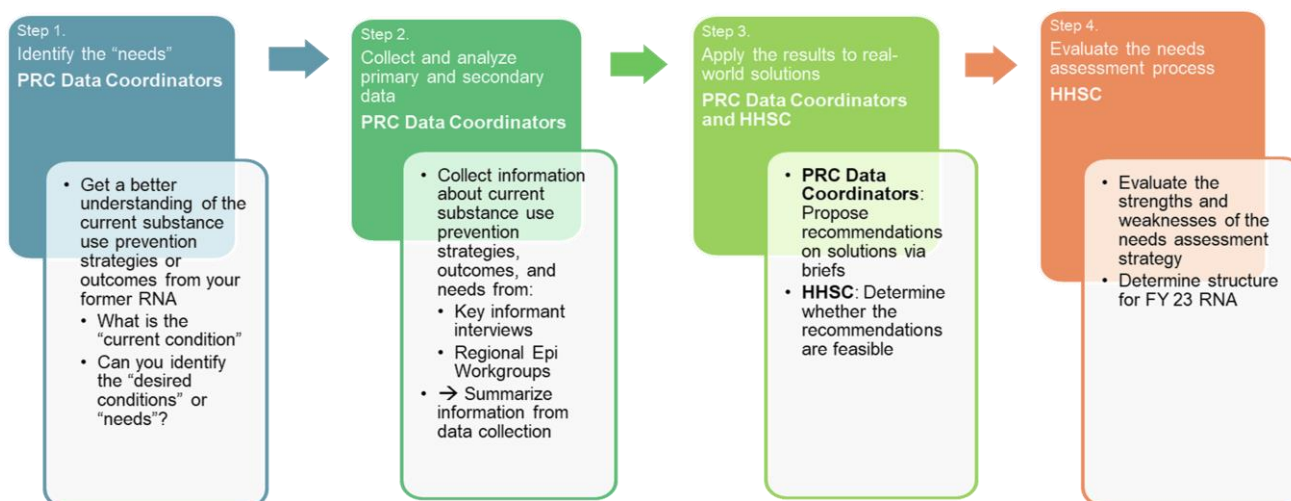


Image courtesy of HHSC.

Stakeholders/Audience

Stakeholders can use the information presented in this report 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

³ Watkins, R. et al. (2012).

factors and protective factors, consumption patterns, and public health and safety consequences. A list of tables and figures can be found in *Appendix A*.

Stakeholders within the twelve sectors contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.⁴ The information gathered in these interviews was compiled to create the 2022 RNA and will be utilized in the 2023 RNA. These twelve sectors are:

- | | |
|---|---|
| <ul style="list-style-type: none"> • youth and young adults • parents • business communities • media • schools • organizations serving youth and young adults • law enforcement agencies • religious or fraternal organizations | <ul style="list-style-type: none"> • civic or volunteer groups • healthcare professionals and organizations • state, local, and tribal government agencies • and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities |
|---|---|

Each sector has a unique knowledge of substance use along with risk and protective factors in their communities.

Regionwide Event

The Region 3 PRC is tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use and mental health related issues. By staying up to date with relevant data findings, communities and stakeholders are better able to make informed decisions regarding resource allocation, program development, and strategies to improve their county.

Accordingly, the PRC3 hosts an annual training designed to communicate key findings from that year's Regional Needs Assessment. Prior to 2020, this event was held in-person and included prevention professionals, educators, healthcare workers, law enforcement, civic/government leaders, community members, and other stakeholders. During the pandemic, the event was switched to a virtual event which had the benefit of allowing attendance by individuals from more distant counties in our region. While an in-person event allowed for increased engagement and networking, it became apparent that distance may have been a barrier to attendance for some. In the future, the PRC3 will combine in-person and virtual elements, thus creating a more comprehensive event that maximizes engagement, promotes collaboration, and is easily accessible to participants in all 19 counties.

⁴ Centers for Disease Control and Prevention. (2021b).

Methodology

This needs assessment reviews behavioral health data on substance use, substance use disorders, related risk and protective factors, and other negative public health and safety consequences that will aid in substance use prevention decision making at the county, regional, and state level.

Conceptual Framework

The overall conceptual framework for this report is the use of epidemiological data to show the overall distribution of certain indicators that are associated with substance use and behavioral health challenges. Broadly, these indicators consist of documented risk and protective factors, such as the Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences (PCEs); consumption patterns; and public health and safety consequences related to substance use and behavioral health challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region. For more information on these various frameworks and concepts, please see the “Key Concepts” section later in this report.

Process

PRCs collaborate with HHSC’s Data Specialist in the Prevention and Behavioral Health Promotion Unit, other PRC Data Coordinators, other HHSC staff, and regional stakeholders to develop a comprehensive data infrastructure for each PRC region.

HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Primary data was collected from a variety of community stakeholders, and secondary data sources were identified as a part of the methodology behind this document. Readers can expect to find information from secondary data sources such as: the U.S. Census, American Community Survey, Texas Department of State Health Services, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, among others.

Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted or measured, and given a numerical value. Quantitative data tells how many, how much, or how often and is gathered by measuring, counting, and analyzing via statistical analysis. Quantitative indicators were selected after doing a literature review on causal factors and consequences that are most related to substance use and non-medical use of prescription drugs. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. Data used in this report was primarily gathered through established secondary sources including federal and state government agencies to ensure reliability and accuracy. Region-specific quantitative data collected through local law enforcement, community coalitions, school districts, and local-level governments is included to address the unique regional needs of the community.

While the data selection process was heavily informed by research and evidence on substance use, we caution readers against drawing any firm conclusions about the consequences of substance use from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between substance use and consequences for the community.

Longitudinal Data

To capture a richer depiction of possible trends in the data, multi-year data, referred to as longitudinal data, is reported where it is available from respective sources. Longitudinal data in this needs assessment consist of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was a direct negative effect on the data collection efforts of many organizations and agencies. This in turn has left a lasting mark on the validity and reliability of any data that was collected during this time period. While this report will include data from the time of COVID-19, primarily the years of 2020 and 2021, it is important to keep in mind that these data points may not be truly accurate of what was going on during that time. As such, no firm conclusions should be drawn from data collected during those years and we caution against making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

Texas School Survey (TSS) and Texas College Survey (TCS)

The primary sources of quantitative data for substance use behaviors for this report are the Texas School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use (TCS). TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA) at Texas A&M University. For TSS, PSAA 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. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year.

It is important to note that 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. Figures 3 and 4 provide more detail on context, recruitment, and usable survey numbers from 2018 through 2022, showcasing how 2020 caused a sizable drop in both campuses that participated and in usable surveys.

Figure 3. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Participating Campuses	Total Non-Blank Surveys	Usable Surveys	Number Rejected	Percent Rejected
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

Figure 4. Texas School Survey Distribution Across Grades in 2020 and 2022

	Survey Distribution TSS 2022		Survey Distribution TSS 2020		Difference Between 2020* and 2022 TSS
Grade	# of Usable Surveys	%	# of Usable Surveys	%	# of Usable Surveys
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.5%	1,608
Total	42,199	100.0%	27,965	100.0%	14,234

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: <https://www.texaschoolsurvey.org/Report>.

Qualitative Data Selection

Qualitative data is descriptive in nature and expressed in terms of language, interpretation, and meaning rather than numerical values and categorized based on traits and characteristics. Qualitative data tells the why or how behind certain behaviors by describing certain attributes and is gathered through observation and interviews then analyzed by grouping data into meaningful themes or categories.

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection methods

provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources.

Key Informant Interviews

Data Coordinators conducted Key Informant Interviews (KII) with stakeholders that represent the twelve community sectors (please see the prior section on the Regionwide Event in the Introduction for a table of these sectors) across each region. Most of these interviews occurred between September of 2021 and August of 2022 and the remainder occurred through August of 2023.

Key Informants are individuals with specific local knowledge about certain aspects of the community because of their professional background, leadership responsibilities, or personal experience. Compared to quantitative data, the format of interviewing allows the interviewer to ask more open-ended questions and allows the Key Informant to speak rather than filling in pre-selected options. This results in data with richer insights and more in-depth understanding and clarification. The interviews focused on the informant's perceptions of their communities' greatest resources and needs and to determine how their communities are affected by substance use and behavioral health challenges.

Each participant was asked the following questions:

1. What substance use concerns do you see in your community?
 - a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
 - b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
 - a. What do you see as the best resources in your community?
 - b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?

Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then used coding techniques to analyze the data.⁵ This involved categorizing the information by topics, themes, and patterns.

⁵ University of Illinois Urbana-Champaign Library. (2023).

Key Concepts

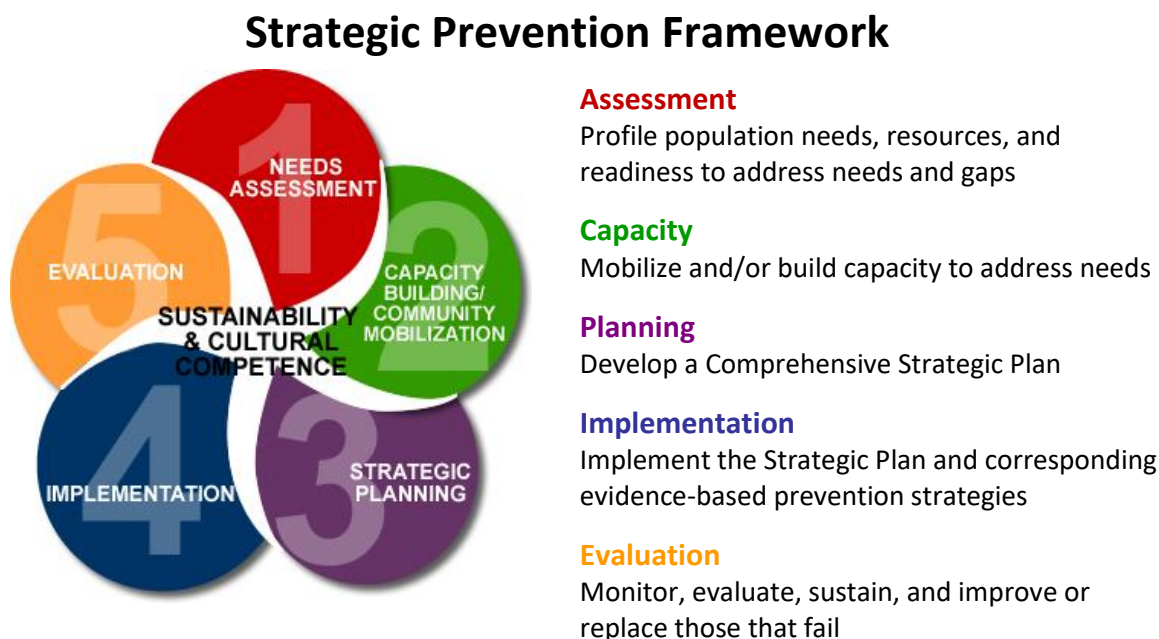
Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.⁶ This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use 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 use 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.

Figure 4. Strategic Prevention Framework (SPF)



Sustainability & Cultural Competence. 2020. AVPRIDE. <https://avpride.com/>

⁶ Centers for Disease Control and Prevention. (2012).

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.⁷

Social-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.⁸ This RNA is organized using the four domains of the SEM (See Figure 5)⁹ 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 like the physical built environment, experiences of poverty, the health care/service system, and retail access to substances
- **Interpersonal Domain** – social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access
- **Individual Domain** – intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

⁷ Substance Abuse and Mental Health Services Administration. (2019).

⁸ Centers for Disease Control and Prevention. (2022d).

⁹ Adapted from: D'Amico, EJ et al. (2016).

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

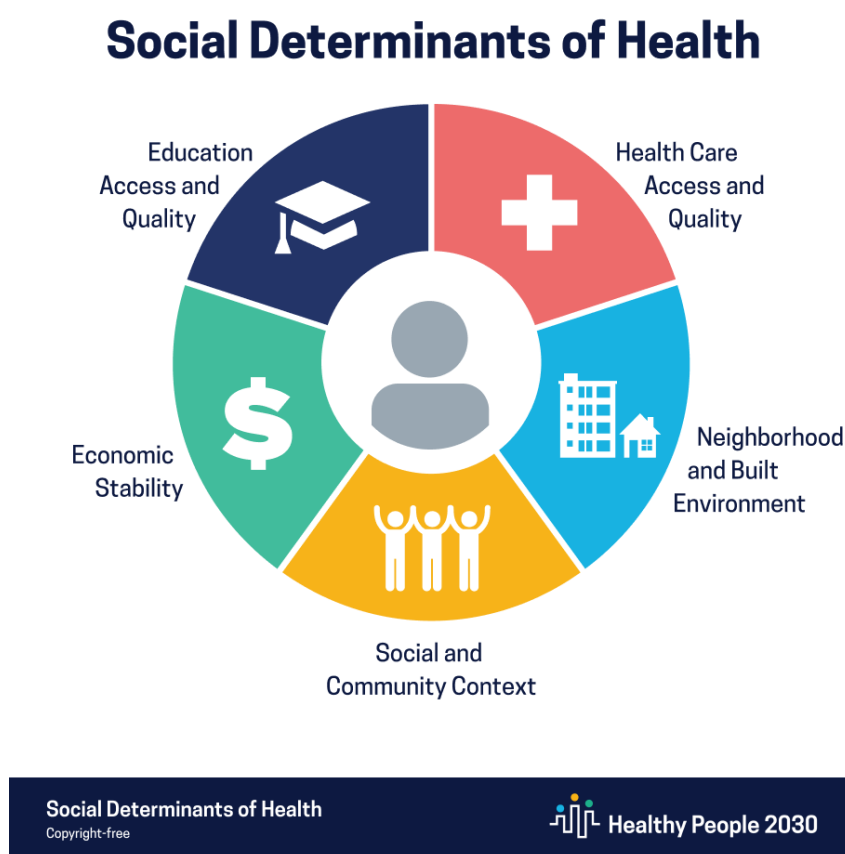
		Risk Factors	Protective Factors
	Society	<ul style="list-style-type: none"> • Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media 	<ul style="list-style-type: none"> • Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
	Community	<ul style="list-style-type: none"> • Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • 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 • 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
	Interpersonal	<ul style="list-style-type: none"> • Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • 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 	<ul style="list-style-type: none"> • Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • 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	<ul style="list-style-type: none"> • Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • 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

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

Social Determinants of Health (SDOH)

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.¹⁰ The SDOH are grouped into 5 domains (see Figure 6): economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, and they also contribute to health disparities and inequities.

Figure 6. Social Determinants of Health



U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.¹¹

¹⁰ U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023).

¹¹ Ibid.

Adolescence

The American Psychological Association defines “adolescence” as a part of human development which begins at puberty (10-12 years of age) and ends with physiological and neurobiological maturity, reaching to at least 20 years of age. Brain development continues into an individual’s mid-twenties. Adolescence is a period of major changes in physical characteristics along with significant effects on body image, self-concept, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.¹² The World Health Organization (WHO) adds this period of growth poses a critical point in vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well-being.¹³

A similar but slightly different term that is used in the justice system is “juvenile.” The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of “delinquent conduct” or “conduct in need of supervision”.¹⁴ Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to define the population of interest more precisely.

Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.¹⁵ ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones
- Multiple types of cancer

The study also showed that there is a dose-response relationship where experiencing ACEs in more categories is directly linked with an increasing risk for the above physical and behavioral health concerns. ACEs can also negatively impact job opportunities, education, and earning potential.

¹² American Psychological Association. (2023).

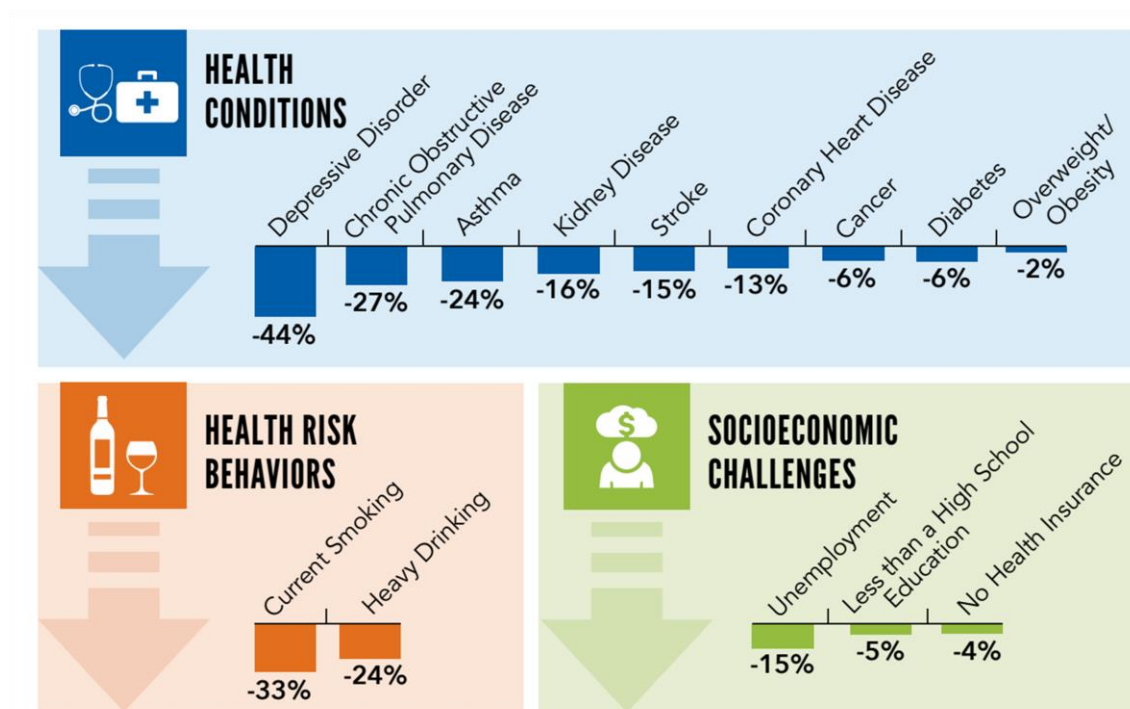
¹³ World Health Organization. (2023).

¹⁴ Texas Juvenile Justice Department. (2023).

¹⁵ Felitti, VJ et al. (1998).

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make these experiences more likely to occur.¹⁶ Figure 7 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 7. Potential reduction of negative outcomes in adulthood.



Accessed from: <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Positive Childhood Experiences (PCEs)

Unlike ACEs which have been researched for decades, the study of Positive Childhood Experiences (PCEs) is still a relatively new and explored aspect of prevention. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on PCEs, defines a positive childhood experience as “feeling safe in our families to talk about emotions and things that are hard and feeling support during hard times.”¹⁷ Dr. Bethell and her colleagues conducted a similar study to the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.

¹⁶ Centers for Disease Control and Prevention. (2022b).

¹⁷ Kreitz, M. (2023).

4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.
7. Feeling safe and protected by an adult in the home.¹⁸

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower odd of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE's remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.¹⁹

Consumption Patterns

This needs assessment follows the example of the [Texas School Survey](#) (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)
- 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 other illicit drugs, and their non-medical use of prescription drugs. The TSS therefore serves as the primary outcome measure of Texas youth substance use in this needs assessment.

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 2.1 (out of five goals) on the 2022-2026 NIDA Strategic Plan titled “Develop and test novel strategies for preventing drug use, SUDs, and their consequences.”²⁰

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.

¹⁸ Pinetree Institute. (2023).

¹⁹ Bethell, C. et al. (2019).

²⁰ National Institute on Drug Abuse. (2022).

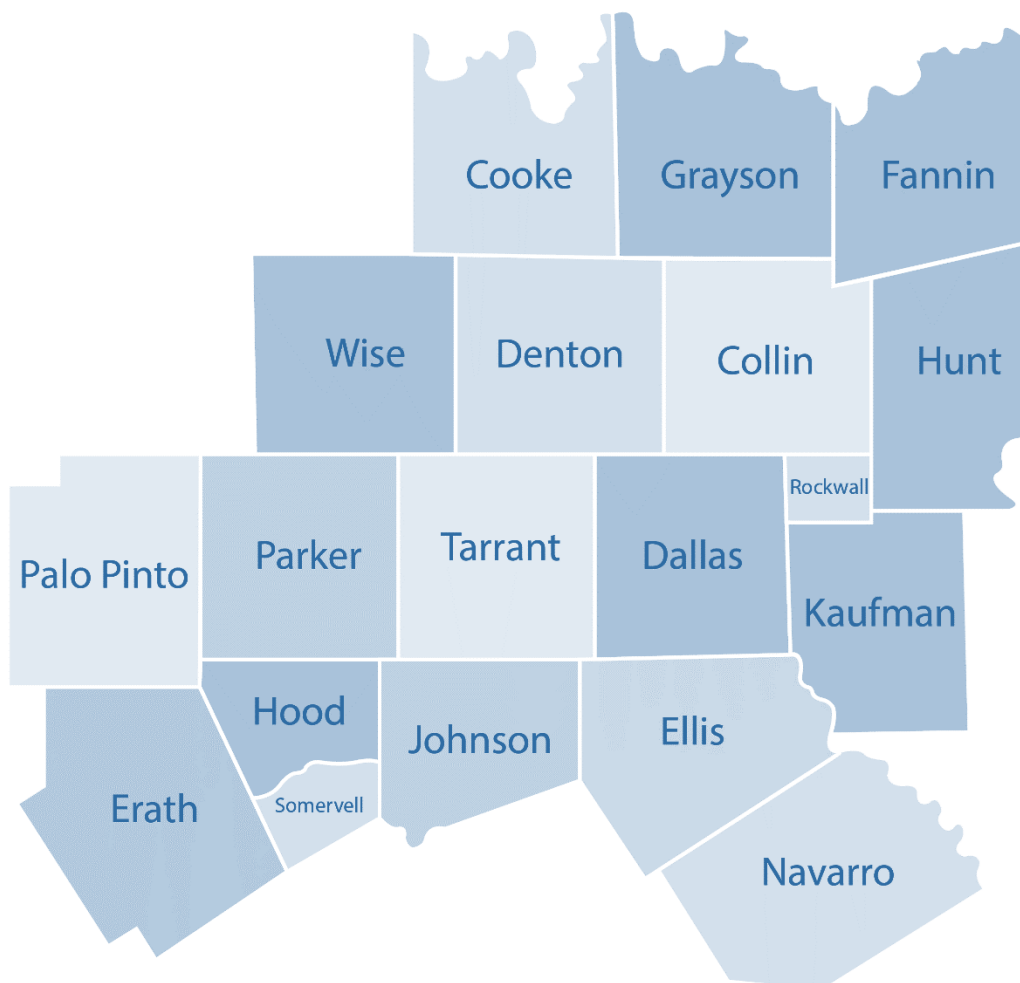
Regional Demographics

Overview of Region

Geographic Boundaries

Region 3 has 19 counties and covers 15,026.19 square miles. This region is home to the 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, which are located within the Texoma Council of Government (Texas Counties, 2022).

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 less than 200 Square miles. Although Erath County has the largest square miles in Region 3, Dallas County has the most zip codes at 174. Harris County (Houston Area) has 241 zip codes, El Paso County has 145, Bexar County (San Antonio Area) has 119 zip codes, and Travis County (Austin Area) has 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	Number of Zip Codes Within County
Collin	841.26	McKinney	Plano, McKinney, *Frisco, Allen	31
Cooke	874.83	Gainesville	Gainesville	8
Dallas	873.06	Dallas	*Dallas, Garland, *Grand Prairie, Irving, Mesquite, Richardson, Rowlett, *Carrollton	174
Denton	878.51	Denton	Denton, Lewisville	34
Ellis	935.75	Waxahachie	Midlothian, Waxahachie	15
Erath	1,083.18	Stephenville	Stephenville	6
Fannin	890.84	Bonham	Bonham	15
Grayson	932.84	Sherman	Sherman, Denison	18
Hood	420.69	Granbury	Granbury	5
Hunt	840.42	Greenville	Greenville, Commerce	13
Johnson	724.78	Cleburne	Burleson, Cleburne	12
Kaufman	780.79	Kaufman	Forney, Kaufman, Terrell	9
Navarro	1,009.70	Corsicana	Corsicana	13
Palo Pinto	952.55	Palo Pinto	Palo Pinto, Mineral Wells	7
Parker	903.72	Weatherford	Weatherford	13
Rockwall	127.21	Rockwall	Rockwall, *Royce City	4
Somervell	186.38	Glen Rose	Glen Rose	3
Tarrant	865.29	Fort Worth	Arlington, Fort Worth, *Grand Prairie, Mansfield, North Richland Hills, Grapevine	100
Wise	904.39	Decatur	Decatur	10
Region 3	15,026.19	N/A	Dallas, Fort Worth	490
Texas	261,267.85	*Austin*	Austin, Dallas, El Paso, Fort Worth, Houston, San Antonio	2658

U.S. Census Bureau QuickFacts ²¹

²¹ U.S. Census Bureau QuickFacts: United States (2020).

Major Metropolitan Areas

Texas has been in sync with national trends regarding 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 2020 Census, Fort Worth (918,915) and Dallas (1,304,379) surpassed San Francisco, California (873,965) in overall population.²²

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

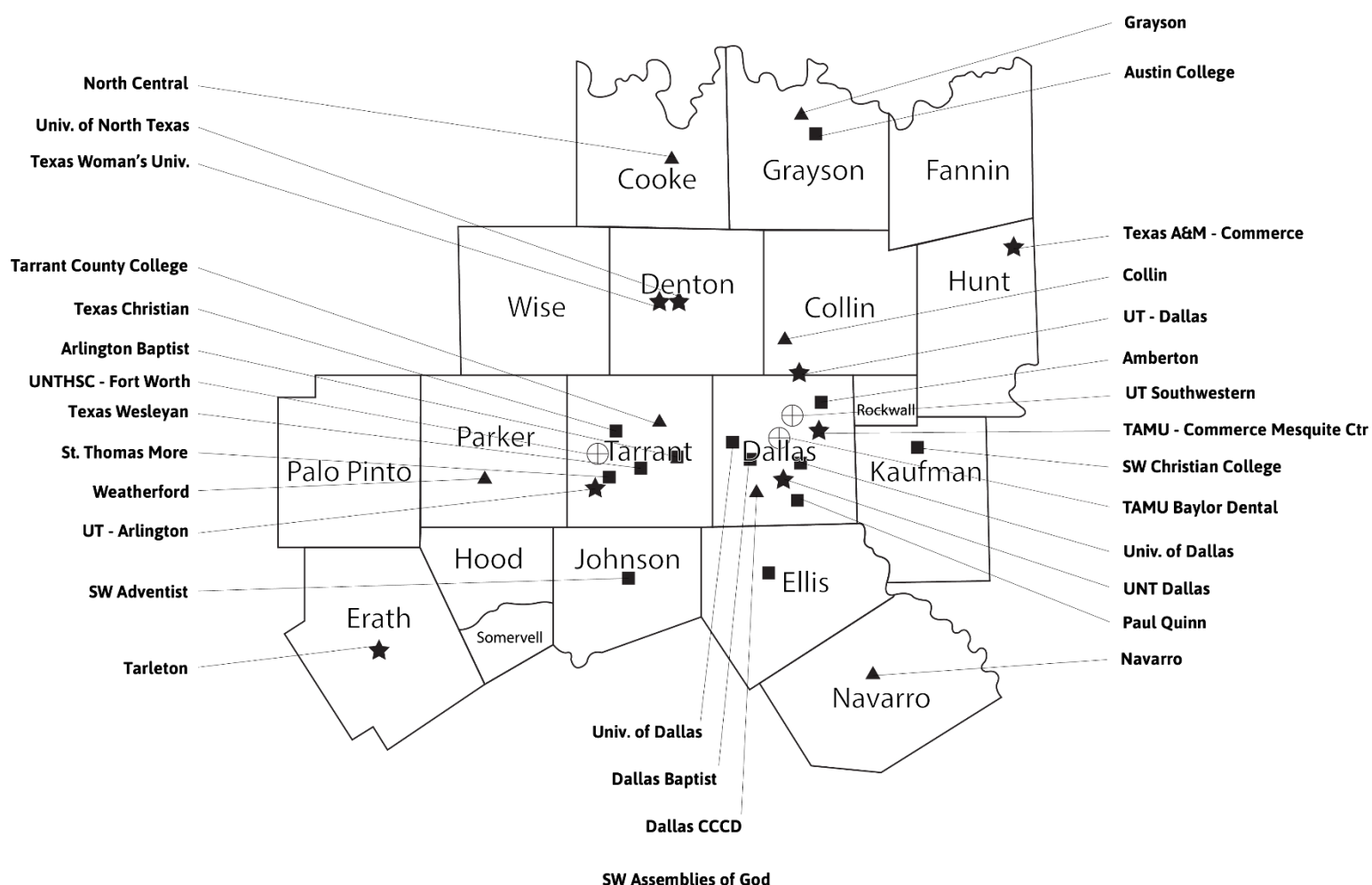
Population	City/Cities
1,000,000+	Dallas
500,000-999,999	Fort Worth
200,000-499,999	Arlington, Plano, Garland, and Irving
100,000-199,999	Grand Prairie, McKinney, Mesquite, Frisco, Carrollton, Denton, and Richardson

²² United States Census Bureau. (2022a).

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 regarding substance misuse.

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



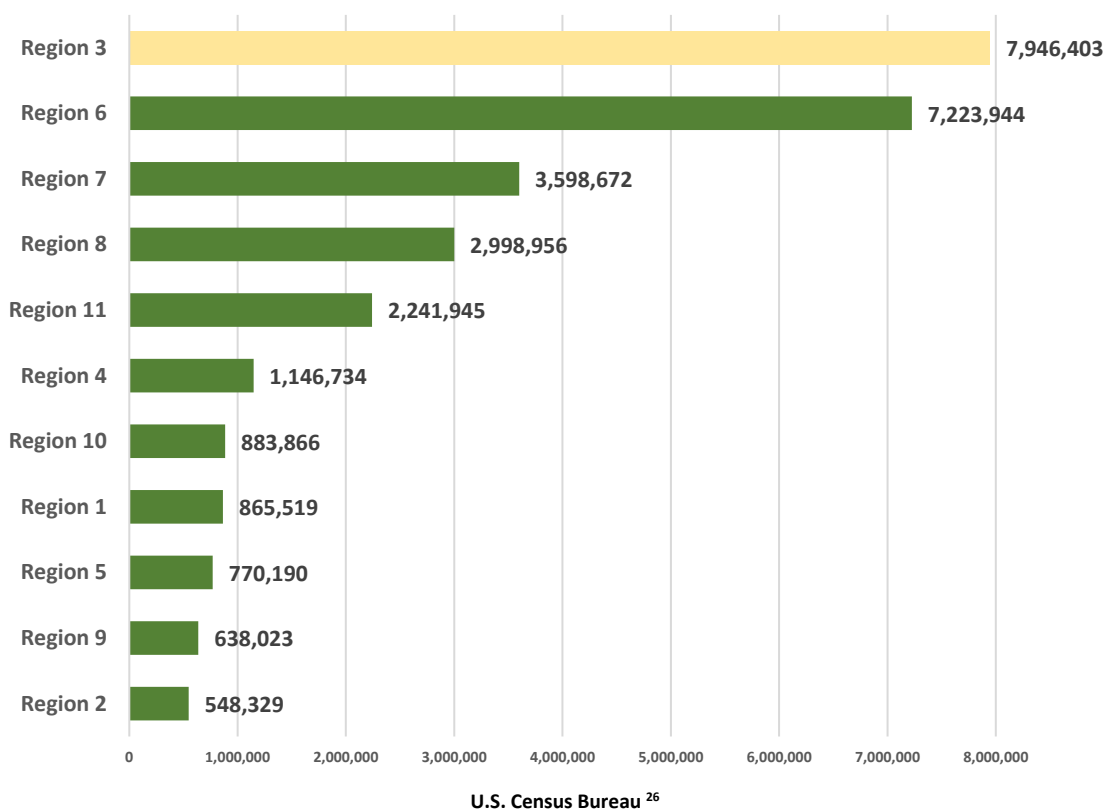
Demographic Information

The starting point for any thorough analysis of public health data is understanding the base population and demographic makeup of communities that will be examined. Each community has a unique blend of identities and cultures which makes it crucial to consider the distinct needs and challenges that differing populations may experience. The following section will describe the various demographics for Texas, Region 3, and its counties.

Population

Texas, in addition to its vast land area, has a rapidly growing population. In 2022, Texas gained a whopping 470,708 people, making it the largest-gaining state that year²³. The U.S. Census Bureau releases 5-year estimates from the American Community Survey to provide updated and accurate data in between releases from the Decennial Census, which provide true counts (as opposed to estimates) every 10 years. Compared to the rest of the nation, Texas' 5-year population estimate of 28,862,581 ranks it as the second-most populous state, behind California²⁴. At the regional level, as displayed in **Figure 3**, Region 3 had a 5-year population estimate of 7,946,403, marking it as the most populated region in Texas, followed by Region 6 (Houston area) and Region 7 (Austin area)²⁵ at 7,223,944 and 3,598,698 respectively.

Figure 3 - Region 3 Total Population, by Region, 2017-2021



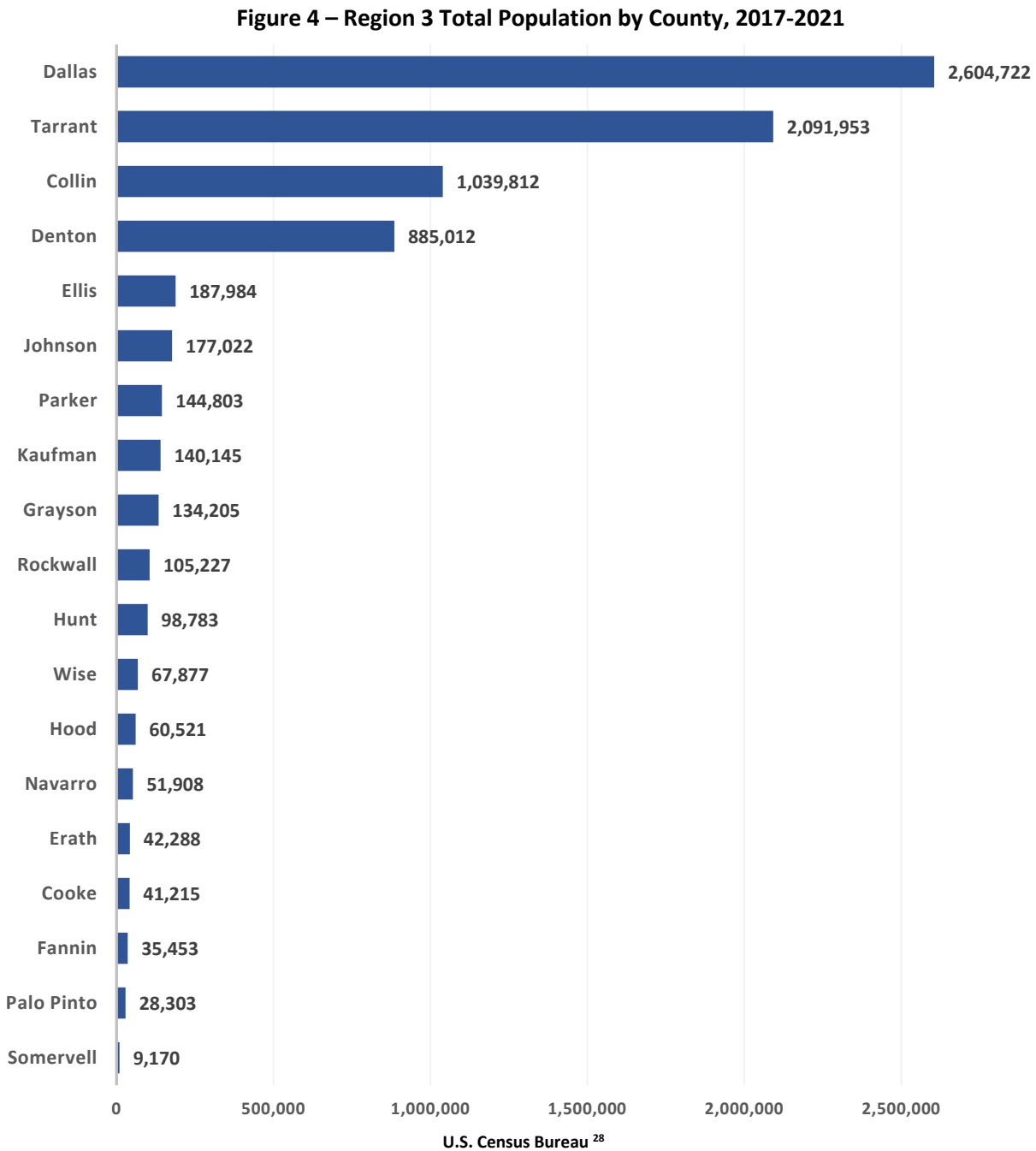
²³ U.S. Census Bureau. (2022b).

²⁴ U.S. Census Bureau. (2021c).

²⁵ Appendix C

²⁶ U.S. Census Bureau (2021c).

Below in **Figure 4** are the county-level population estimates for Region 3. The three most populated counties are Dallas (2,604,722), Tarrant (2,091,953), and Collin (1,039,812). Conversely, the three least populated counties are Somervell (9,170), Palo Pinto (28,303), and Fannin (35,453). Though despite being the second-least populated county, Palo Pinto has the third-largest land area at 952.55 square miles.²⁷



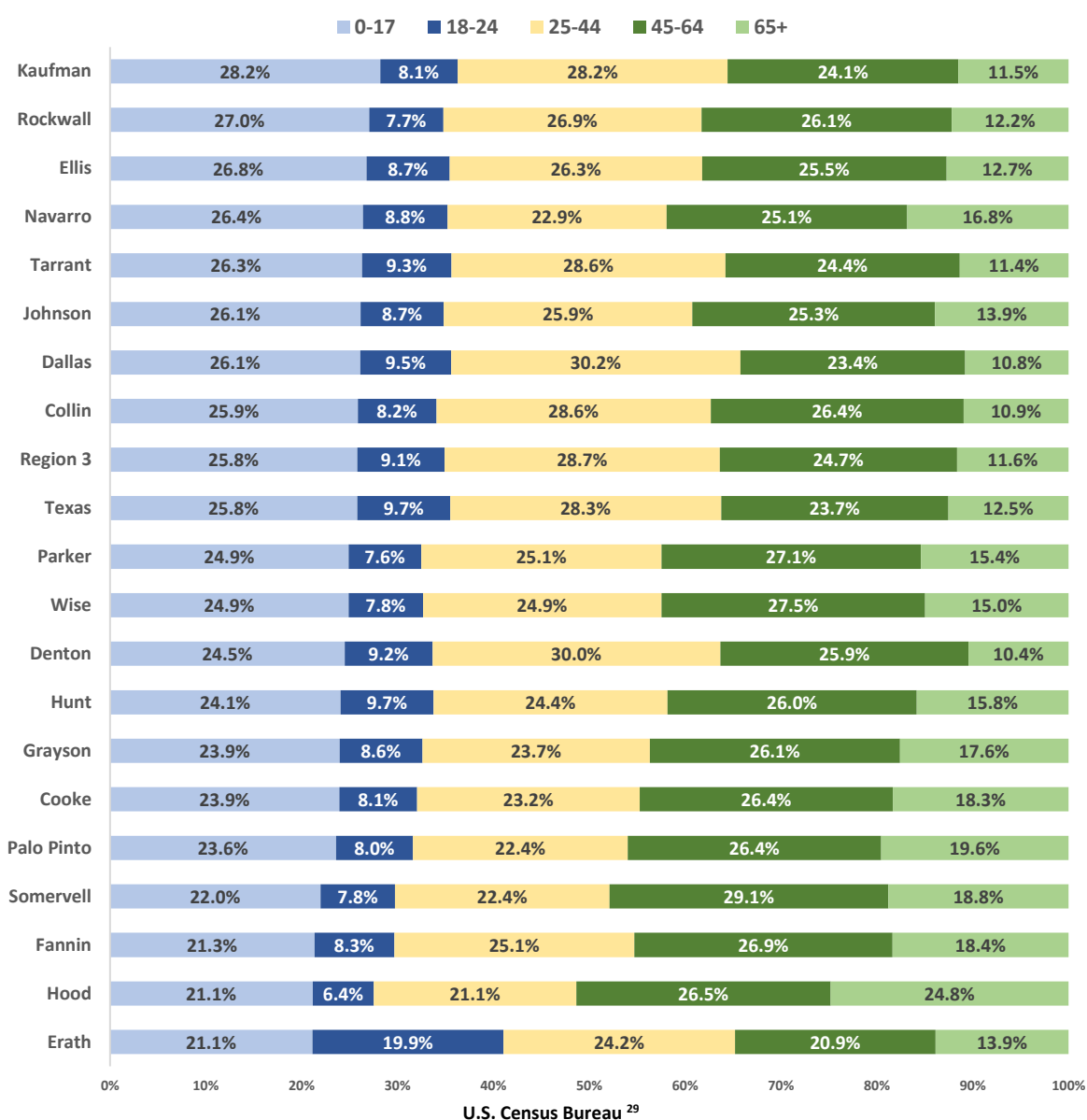
²⁷ U.S. Census Bureau QuickFacts: United States (2020).

²⁸ U.S. Census Bureau (2021c).

Population by Age Group

Region 3's population as a whole is distributed somewhat evenly between the age groups with the exception of the population of adults ages 65 years and older. **Figure 5** shows the breakdown of the population by age between Region 3 counties. In the youth-aged category of 0-17 years of age, Kaufman County has the highest percentage at 28.2% as well as the fifth-lowest percentage of persons 65 and older at 11.5%. Rockwall and Ellis Counties are also among the highest percentages of persons 0-17 years old. In contrast, Hood County has the highest percent of person 65 and older and is tied with Erath for the lowest percentage of 0-17 year olds. In addition, Erath County's 18-24 age group is an interesting outlier: at 19.9%, its population of persons 18-24 stands as more than double of any other county.

Figure 5 – Region 3 Total Population by Age, by County, 2017-2021



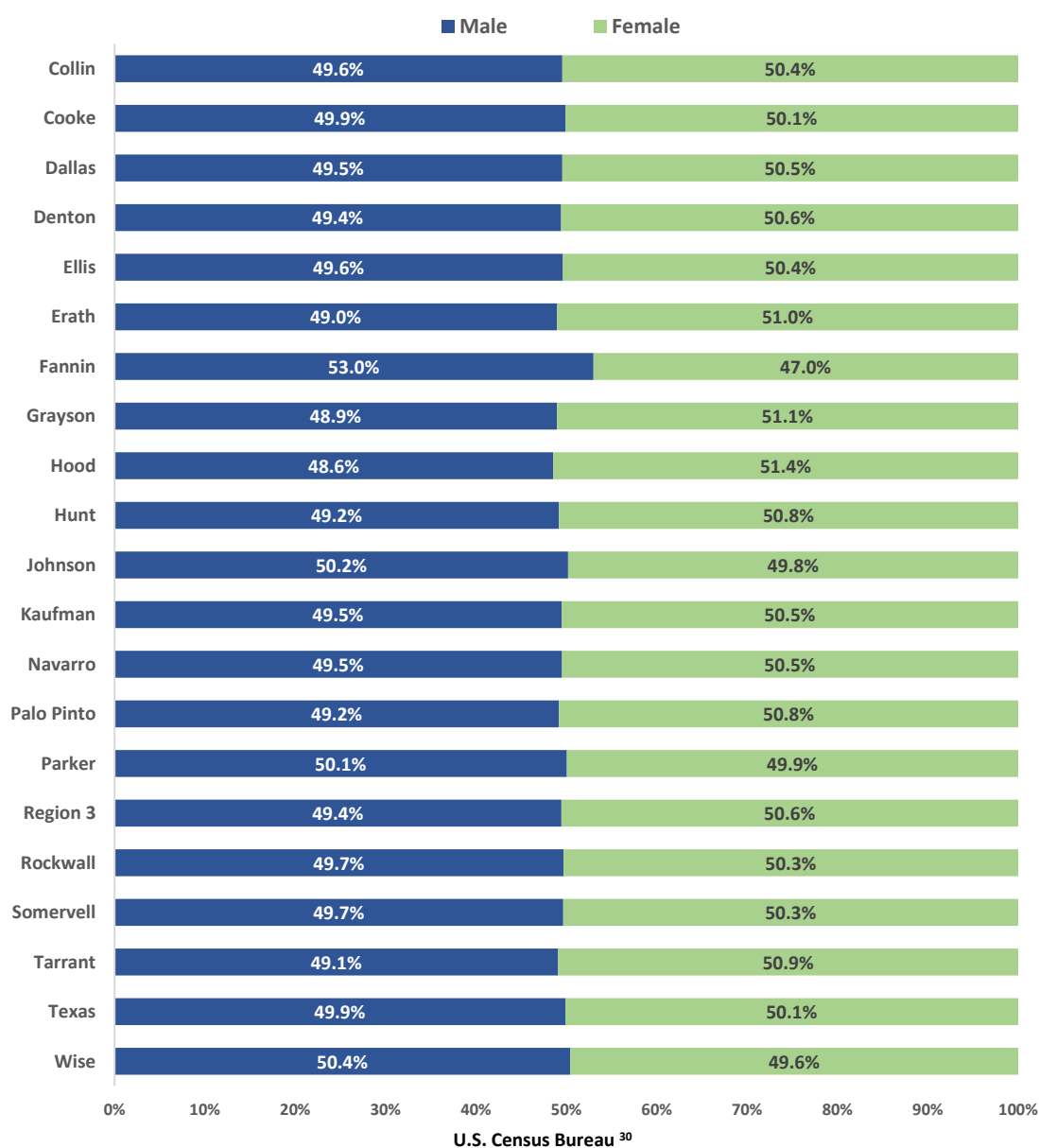
²⁹ U.S. Census Bureau (2021c).

Population by Sex

According to the American Community Survey (ACS), Texas and Region 3 overall have a mostly even ratio of males to females. However, it may be prudent to note that the American Community Survey (ACS) only allows for a binary gender choice, effectively excluding other gender identities outside of those that identify as strictly male or female.

Figure 6 below shows the population breakdown by sex for Region 3 counties. With the exception of Fannin, Johnson, and Parker, and Wise County, all Region 3 counties have more females than males. Fannin County in particular stands out with 53% males and 47% females.

Figure 6 – Region 3 Total Population by Sex, by County, 2017-2021

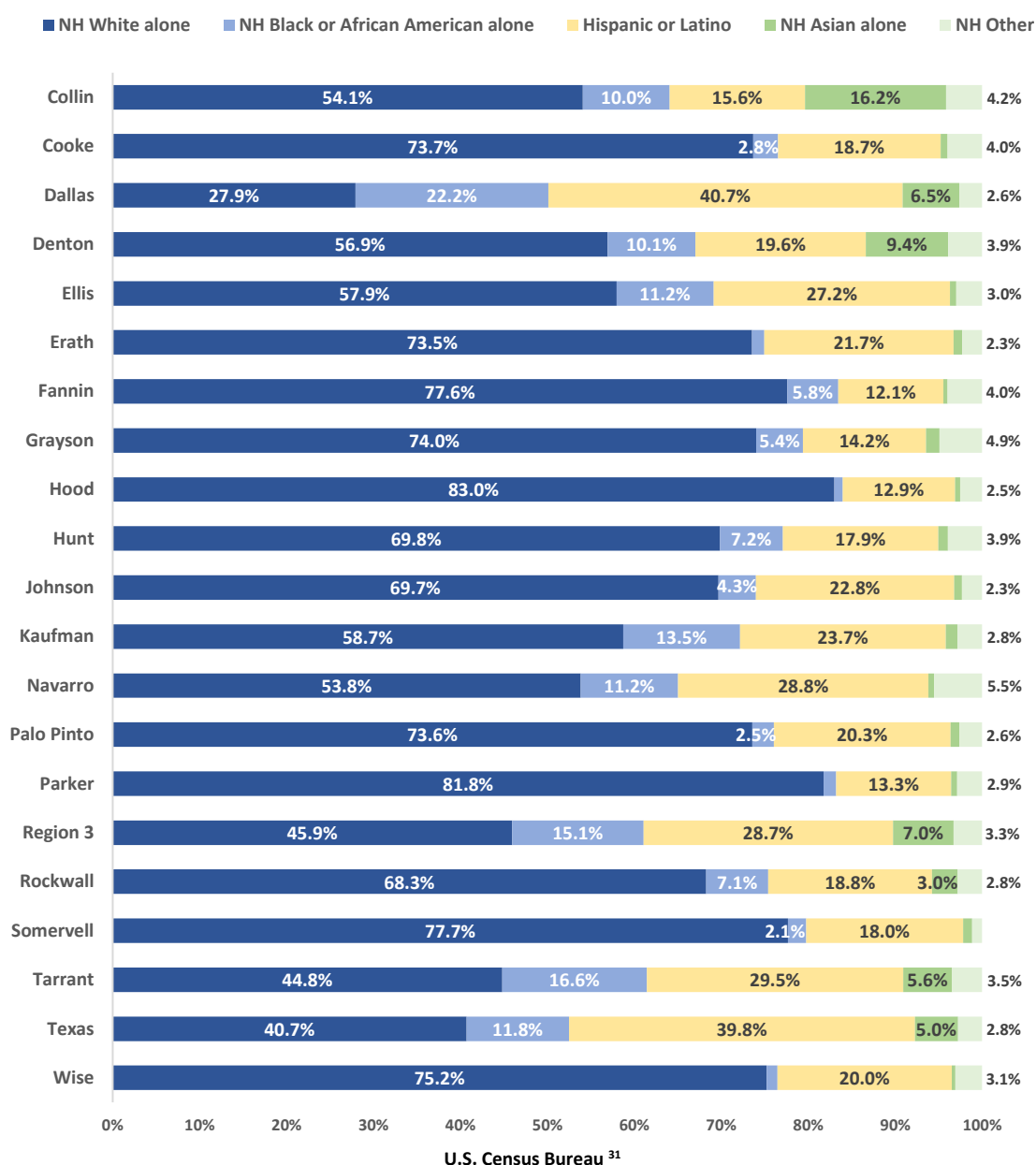


³⁰ U.S. Census Bureau (2021c).

Population by Race & Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. **Figure 7** and **Table 2** below show the ethnicity and race make up for each county in Region 3. Texas' population make up is White (40.7%), followed closely by Hispanic or Latino (39.8%), Black (11.8%), Asian (5%), and Other races and ethnicities (2.8%). Region 3 has higher rates than Texas for each Race and Ethnicity category except Hispanic or Latino.

Figure 7 – Region 3 Total Population by Race and Ethnicity, by County, 2017-2021



*Values not displayed are less than 2% and can be found on the table below

**NH indicates non-Hispanic

³¹ U.S. Census Bureau (2021c).

All Region 3 counties, except Dallas and Tarrant, identify over 50% of their total population as White. Dallas County has a population makeup of 27.9% White (lowest), while Hood County has a population makeup of approximately 83% White (highest). Dallas County has both the highest Black (22.2%) and Hispanic (40.7%) population percentages in Region 3. Collin County has the highest Asian population rate at 16.2% and Navarro County has the highest percentage of races other than the four listed (5.5%).

Table 2 – Region 3 Total Population by Race and Ethnicity, by County, 2017-2021

Report Area	NH White alone	NH Black or African American alone	Hispanic or Latino	NH Asian alone	NH Other
Collin	54.1%	10.0%	15.6%	16.2%	4.2%
Cooke	73.7%	2.8%	18.7%	0.8%	4.0%
Dallas	27.9%	22.2%	40.7%	6.5%	2.6%
Denton	56.9%	10.1%	19.6%	9.4%	3.9%
Ellis	57.9%	11.2%	27.2%	0.7%	3.0%
Erath	73.5%	1.4%	21.7%	1.0%	2.3%
Fannin	77.6%	5.8%	12.1%	0.5%	4.0%
Grayson	74.0%	5.4%	14.2%	1.5%	4.9%
Hood	83.0%	0.9%	12.9%	0.6%	2.5%
Hunt	69.8%	7.2%	17.9%	1.1%	3.9%
Johnson	69.7%	4.3%	22.8%	0.9%	2.3%
Kaufman	58.7%	13.5%	23.7%	1.3%	2.8%
Navarro	53.8%	11.2%	28.8%	0.7%	5.5%
Palo Pinto	73.6%	2.5%	20.3%	1.0%	2.6%
Parker	81.8%	1.4%	13.3%	0.7%	2.9%
Rockwall	68.3%	7.1%	18.8%	3.0%	2.8%
Somervell	77.7%	2.1%	18.0%	1.1%	1.1%
Tarrant	44.8%	16.6%	29.5%	5.6%	3.5%
Wise	75.2%	1.2%	20.0%	0.4%	3.1%
Region 3	45.9%	15.1%	28.7%	7.0%	3.3%
Texas	40.7%	11.8%	39.8%	5.0%	2.8%

*NH indicates non-Hispanic

U.S. Census Bureau ³²

³² U.S. Census Bureau (2021c).

Table 3 – Region 3 Total Population by Race (Alone and in Combination), by County, 2017-2021

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Other
Collin	69.6%	11.6%	17.9%	1.2%	0.3%	7.1%
Cooke	93.8%	4.1%	1.4%	1.9%	0.3%	6.6%
Dallas	60.8%	24.1%	7.4%	1.5%	0.2%	16.3%
Denton	75.9%	12.0%	11.0%	1.7%	0.2%	8.1%
Ellis	81.8%	12.9%	1.2%	2.5%	0.1%	10.3%
Erath	89.1%	2.3%	1.2%	2.4%	0.6%	8.4%
Fannin	90.8%	7.0%	1.4%	2.2%	0.5%	3.5%
Grayson	89.7%	7.6%	2.0%	2.8%	0.0%	5.8%
Hood	96.6%	1.5%	1.1%	1.4%	0.2%	4.0%
Hunt	83.8%	9.1%	1.8%	1.9%	0.1%	9.7%
Johnson	91.6%	5.5%	1.6%	1.3%	0.2%	6.2%
Kaufman	81.0%	15.3%	1.8%	1.4%	0.2%	10.1%
Navarro	75.7%	13.7%	1.1%	1.2%	1.8%	13.9%
Palo Pinto	92.4%	3.3%	1.1%	2.2%	0.0%	5.9%
Parker	94.9%	2.4%	1.1%	2.1%	0.1%	5.6%
Rockwall	84.6%	8.1%	4.2%	2.0%	0.1%	9.0%
Somervell	92.1%	2.8%	1.1%	3.2%	0.0%	13.2%
Tarrant	67.7%	18.8%	6.6%	1.5%	0.3%	14.2%
Wise	91.8%	2.1%	0.8%	1.8%	0.2%	7.2%
Region 3	69.9%	17.0%	8.0%	1.5%	0.2%	12.2%
Texas	74.8%	13.5%	5.9%	1.5%	0.2%	15.5%

U.S. Census Bureau ³³³³ U.S. Census Bureau (2021c).

Disability Status

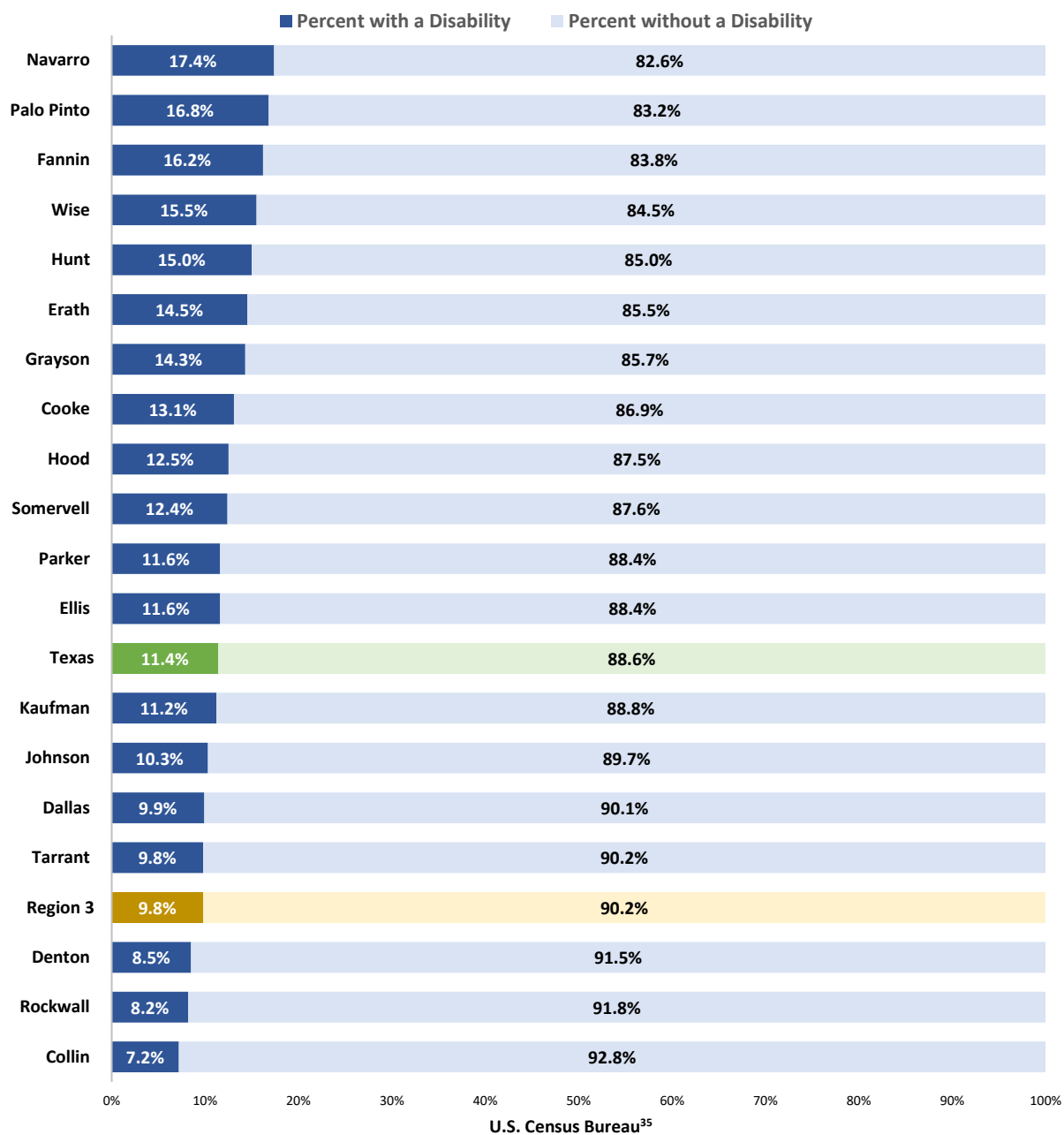
The U.S. Census Bureau first began collecting disability data in 1999. Over the years, the manner in which disability data was defined and collected has varied widely. However, following the 2000 Census, many had concerns that their questions focused too heavily on the presence of conditions rather than the impact have on an individual's daily life and basic functioning. This realization placed it at odds with more recent models of disability. Therefore, following modifications in 2008, the U.S. Census Bureau now collects data on six disability types:

- **Hearing difficulty:** Deaf or having serious difficulty hearing
- **Vision difficulty:** Blind or having serious difficulty seeing, even when wearing glasses
- **Cognitive difficulty:** Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- **Ambulatory difficulty:** Having serious difficulty walking or climbing stairs
- **Self-care difficulty:** Having difficulty bathing or dressing
- **Independent living difficulty:** Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping³⁴

Respondents who report any of the six disability types are considered to have a disability. **Figure 8** below shows the noninstitutionalized population by disability status. However, it is crucial to note that the values below do not include the institutionalized population – those that reside in institutional group quarters such as the incarcerated population, nursing home residents, residents of psychiatric hospitals, etc. This population, though smaller in size, has an overwhelming percentage of individuals with disabilities amongst them. According to the U.S. Census Bureau, 43% of Texas' institutionalized population has a disability.

From 2017-2021 in Region 3, the top three counties with the highest percentage of population with a disability are Navarro (17.4%), Palo Pinto (16.8%), and Fannin (16.2%) Counties, respectively. Sixteen counties had a higher percentage than Region 3, and 12 counties had a higher percentage than Texas.

³⁴ U.S. Census Bureau. (2020).

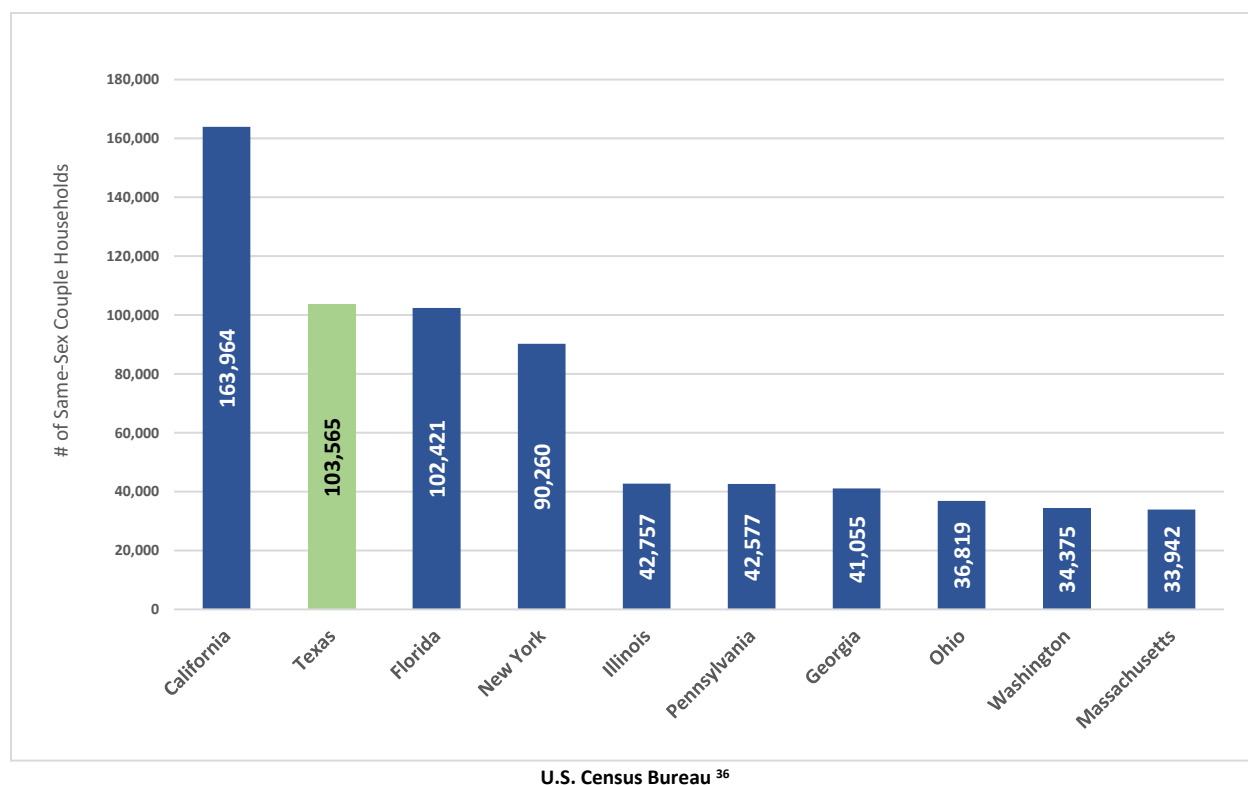
Figure 8 – Region 3 Noninstitutionalized Population* by Disability Status, by County, 2017-2021

*Does not include institutionalized population (i.e. incarcerated population, nursing home residents, etc.)

³⁵ U.S. Census Bureau. (2021c).

Same-Sex Households

Figure 9 – Top 10 States with the Largest Number of Same-Sex Households, 2021



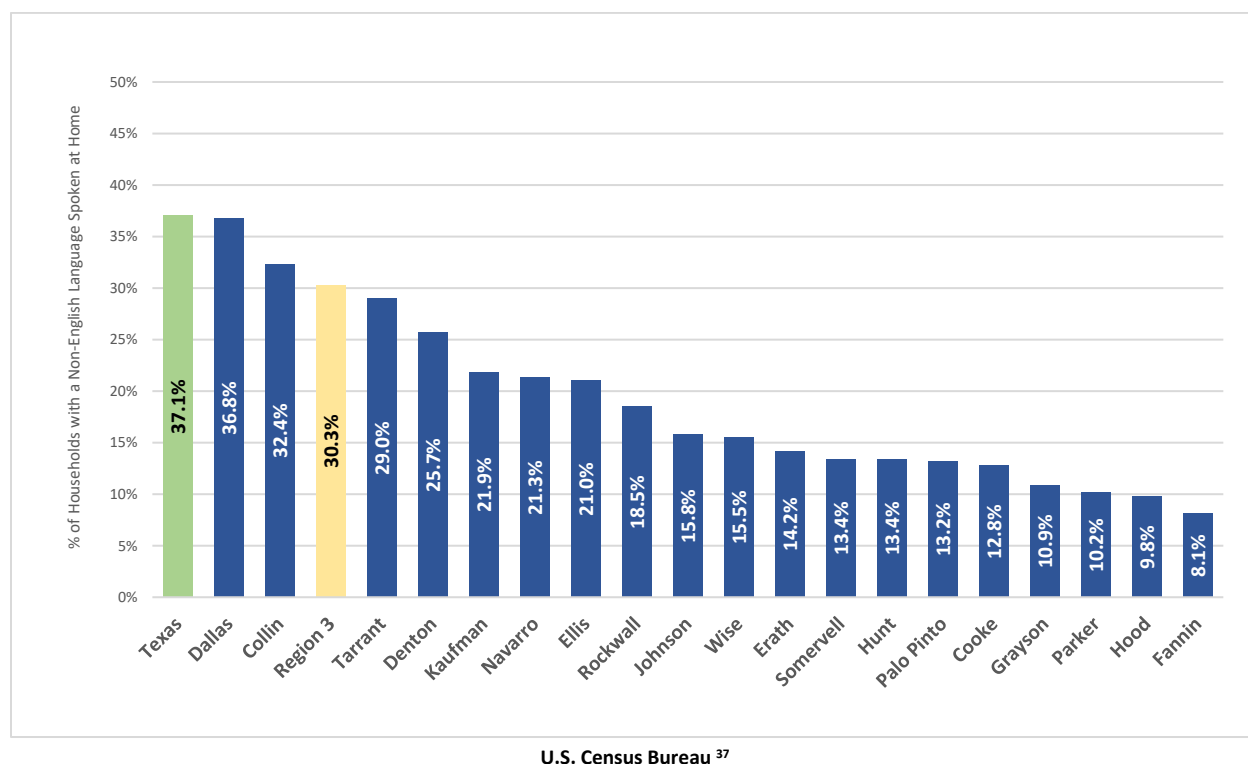
Within Region 3, another essential demographic to discuss would be the measure of LGBTQ+ population. Unfortunately, national surveys have yet to collect and report that data on the regional or county level. The U.S. Census Bureau in 2021 began collecting sexual orientation and gender identity (SOGI) data in their experimental Household Pulse Survey, but due to its experimental structure, that data is thus far unavailable on the local level.

However, the Census Bureau publishes state-level same-sex household data, as displayed in **Figure 9**. This measure only represents a fraction of the LGBTQ+ population due to its exclusion of members of the community that are either not in a relationship, not in a relationship with an individual of the same sex, or not living with their partner. It also does not take into account the gender identity aspect of the community. With those caveats in mind, in 2021, Texas had the second-highest count of same-sex households throughout the nation at 103,565 households.

³⁶ U.S. Census Bureau. (2021c).

Languages Spoken at Home

Figure 10 – Region 3 Households with Non-English Languages Spoken at Home, by County, 2017-2021

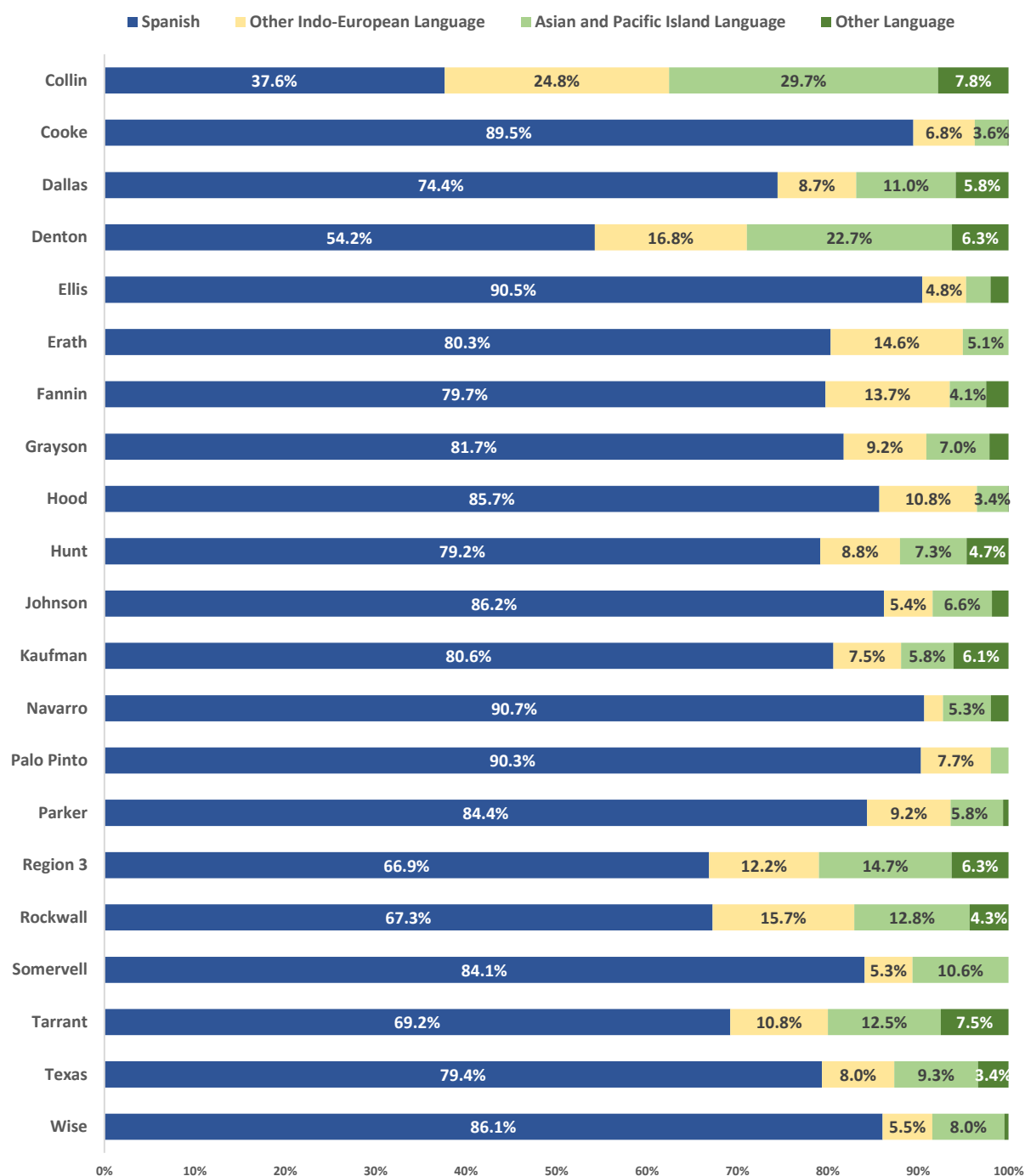


Texas has a significantly higher percentage of individuals (ages 5 or older) who speak a language other than English at home with Texas at 37.1% compared to the U.S., with an average of 21.7%.

Figure 10 above shows the percentages of households that speak a language other than English at home as an average over 5 years for Region 3 counties. 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. Given its demographic makeup, it is no surprise Dallas leads the region with the highest percentage at 36.8%. Collin and Tarrant County follow closely behind with 32.4% and 29% respectively.

Subsequently, **Figure 11** and **Table 4** shows the breakdown of those respondents by language. Spanish by far is the most common for Region 3 at 66.9%, followed by 14.7% speaking an Asian or Pacific Island language, 12.2% for Other Indo-European languages, and 6.3% Other languages. Collin County is the only county without a majority of Spanish-speaking households and leads the region with the highest percentage of households that speak Asian or Pacific Island languages (29.7%), Other Indo-European languages (24.8%), and Other languages (7.8%).

³⁷ U.S. Census Bureau. (2021c).

Figure 11 – Region 3 Household Languages Spoken Other Than English, by County, 2017-2021

* Values not displayed are less than 3% and can be found on the table below

U.S. Census Bureau ³⁸

³⁸ U.S. Census Bureau. (2021c).

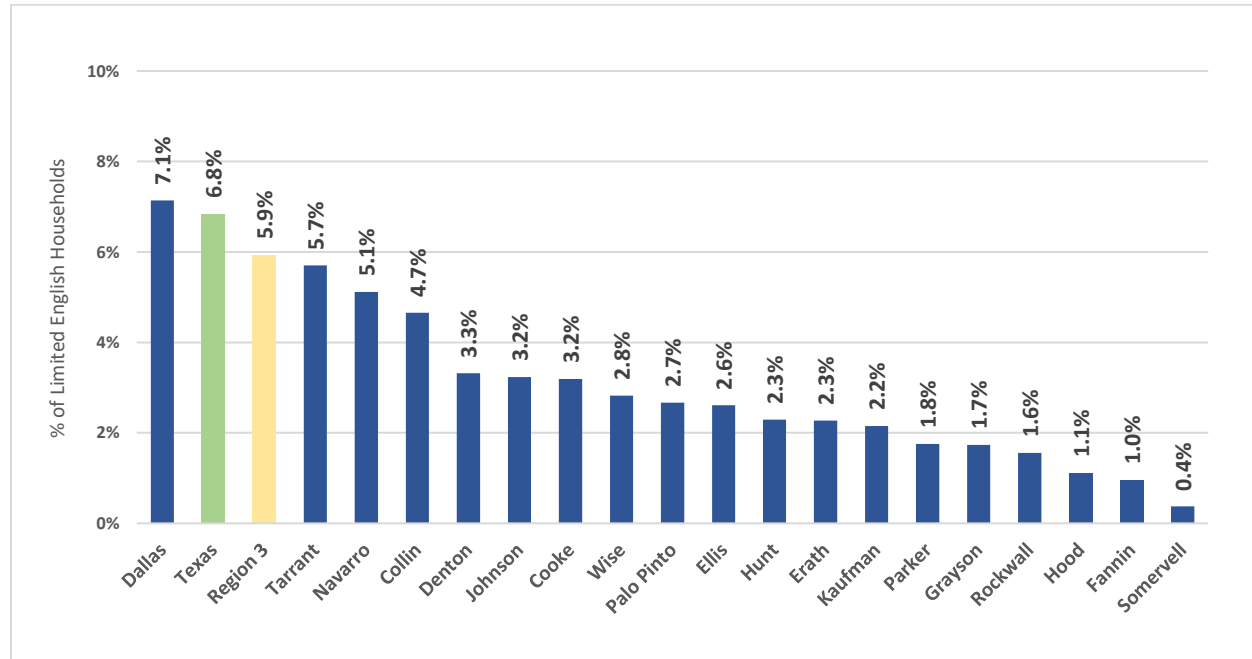
Table 4 – Household Languages Spoken Other Than English, by County, 2017-2021

Report Area	% Spanish	% Other Indo-European Language	% Asian and Pacific Island Language	% Other Language
Collin	37.6%	24.8%	29.7%	7.8%
Cooke	89.5%	6.8%	3.6%	0.1%
Dallas	74.4%	8.7%	11.0%	5.8%
Denton	54.2%	16.8%	22.7%	6.3%
Ellis	90.5%	4.8%	2.7%	2.0%
Erath	80.3%	14.6%	5.1%	0.0%
Fannin	79.7%	13.7%	4.1%	2.5%
Grayson	81.7%	9.2%	7.0%	2.1%
Hood	85.7%	10.8%	3.4%	0.1%
Hunt	79.2%	8.8%	7.3%	4.7%
Johnson	86.2%	5.4%	6.6%	1.8%
Kaufman	80.6%	7.5%	5.8%	6.1%
Navarro	90.7%	2.1%	5.3%	2.0%
Palo Pinto	90.3%	7.7%	2.0%	0.0%
Parker	84.4%	9.2%	5.8%	0.6%
Rockwall	67.3%	15.7%	12.8%	4.3%
Somervell	84.1%	5.3%	10.6%	0.0%
Tarrant	69.2%	10.8%	12.5%	7.5%
Wise	86.1%	5.5%	8.0%	0.5%
Region 3	66.9%	12.2%	14.7%	6.3%
Texas	79.4%	8.0%	9.3%	3.4%

U.S. Census Bureau ³⁹³⁹ U.S. Census Bureau. (2021c).

Limited English Proficiency

Figure 12 – Region 3 Households with Limited English Proficiency, by County, 2017-2021



U.S. Census Bureau ⁴⁰

A similar indicator is the population with limited English proficiency (LEP). In Texas, this represents 7.1% of the population. Individuals 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,” and households are considered to have limited English proficiency if no one in the household over the age of 14 speaks English “very well.” This measure reflects households that struggle with a language barrier to some degree in English-speaking environments.

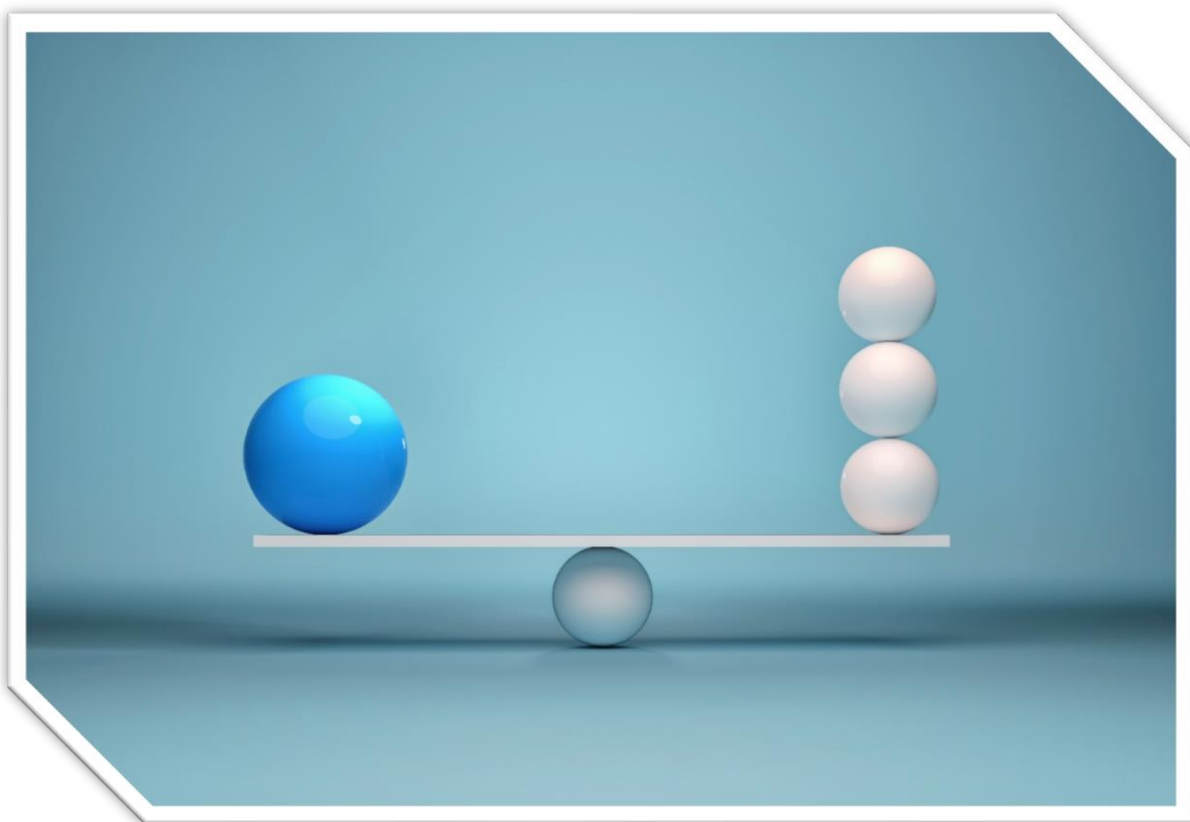
Figure 12 shows percentages for limited English proficiency (LEP) in Region 3 counties. Dallas County has the highest rate at 7.1 % while Somervell County has the lowest rate at 0.4%. Additionally, Dallas is the only Region 3 county with a rate that is higher than both Region 3 and Texas.

⁴⁰ U.S. Census Bureau. (2021c).

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 are major influences on a family's access to care and a community's ability to pursue healthy and nourishing behaviors.⁴¹



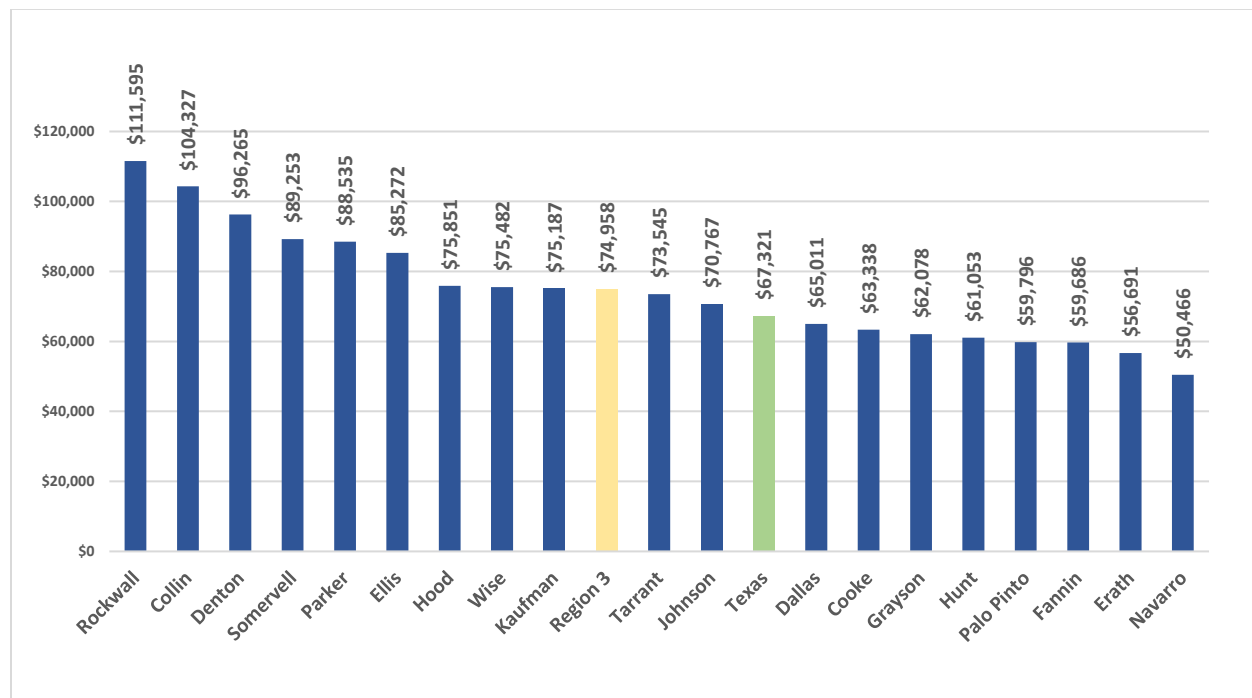
⁴¹ The Annie E. Casey Foundation. (2022).

Median Household Income

One of the most important factors related to increasing the risk for substance use 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.

For Texas, the household median income for the 2017-2021 period is \$67,321. The three counties with the highest median household income are Rockwall, Collin, and Denton. Conversely, Navarro, Erath, and Fannin County have the lowest, more than 20% less than the Region 3 median household income at \$74,958.

Figure 13 – Region 3 Median Household Income, by County, 2017-2021



U.S. Census Bureau ⁴²

⁴² U.S. Census Bureau. (2021c).

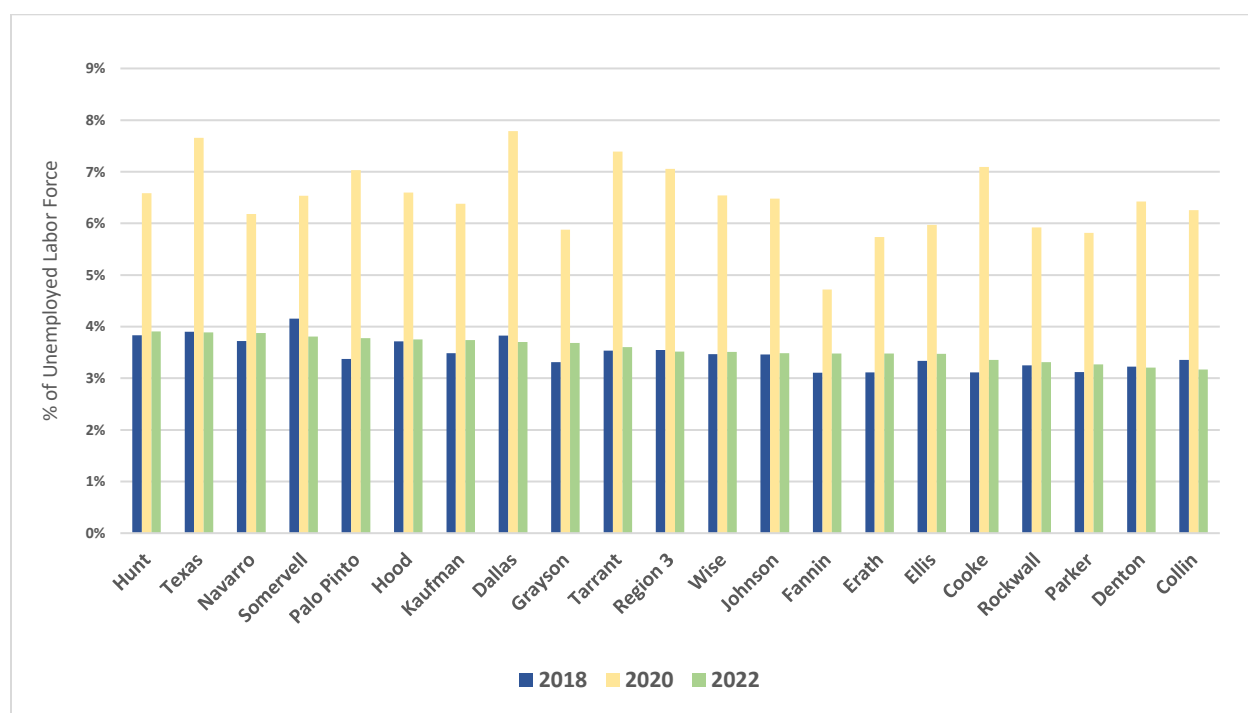
Unemployment

Texas generally enjoys a substantially more favorable employment climate than most states. 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.

Prior to 2020, 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. That rate has since returned to relatively similar levels as before the pandemic. The latest data from the Bureau of Labor Statistics (2022) indicates that Texas has an unemployment rate of 3.9%.

In 2022, though rates across Region 3 are relatively similar, the three counties with the highest rates of unemployment are Hunt (3.9%), Navarro (3.9%), and Somervell (3.8%) Counties.

Figure 14 – Region 3 Unemployment Rates, by County, 2018-2022



U.S. Bureau of Labor Statistics ⁴³

⁴³ U.S. Bureau of Labor Statistics. (2022).

Table 5 – Region 3 Unemployment Rates, by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	3.4%	3.1%	6.3%	4.3%	3.2%
Cooke	3.1%	2.8%	7.1%	5.0%	3.4%
Dallas	3.8%	3.5%	7.8%	5.6%	3.7%
Denton	3.2%	3.0%	6.4%	4.4%	3.2%
Ellis	3.3%	3.1%	6.0%	4.5%	3.5%
Erath	3.1%	3.2%	5.7%	4.5%	3.5%
Fannin	3.1%	2.8%	4.7%	4.0%	3.5%
Grayson	3.3%	3.1%	5.9%	4.6%	3.7%
Hood	3.7%	3.4%	6.6%	5.2%	3.7%
Hunt	3.8%	3.6%	6.6%	5.1%	3.9%
Johnson	3.5%	3.2%	6.5%	4.9%	3.5%
Kaufman	3.5%	3.2%	6.4%	4.9%	3.7%
Navarro	3.7%	3.3%	6.2%	5.1%	3.9%
Palo Pinto	3.4%	3.2%	7.0%	5.7%	3.8%
Parker	3.1%	2.9%	5.8%	4.4%	3.3%
Rockwall	3.3%	3.1%	5.9%	4.3%	3.3%
Somervell	4.2%	3.6%	6.5%	5.2%	3.8%
Tarrant	3.5%	3.3%	7.4%	5.3%	3.6%
Wise	3.5%	3.2%	6.5%	4.9%	3.5%
Region 3	3.5%	3.3%	7.1%	5.0%	3.5%
Texas	3.9%	3.5%	7.7%	5.7%	3.9%

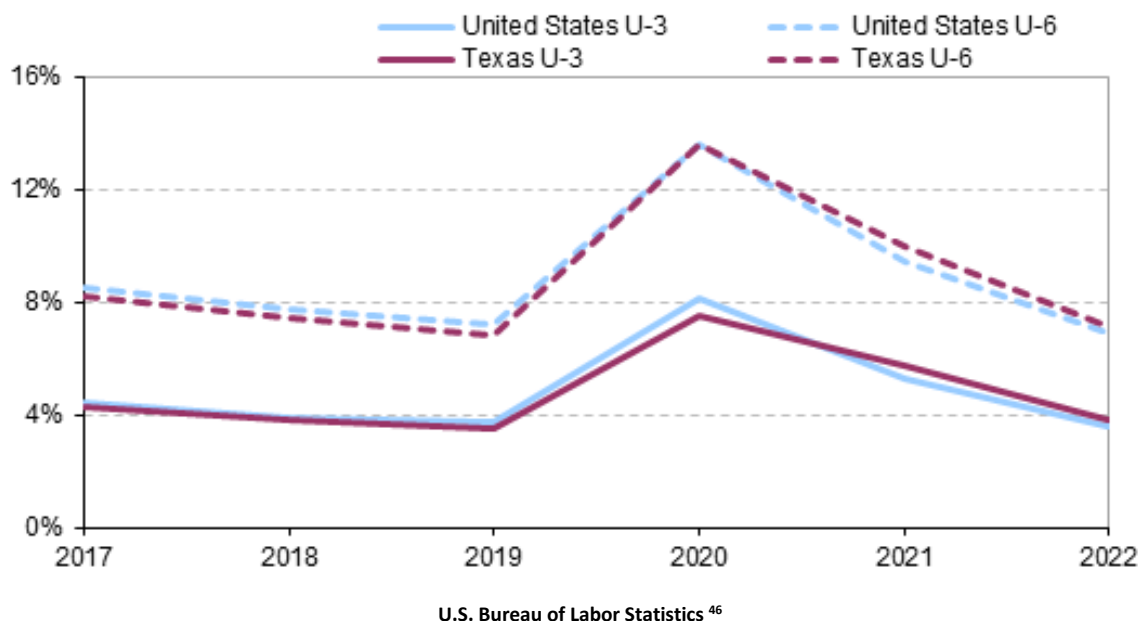
U.S. Bureau of Labor Statistics ⁴⁴⁴⁴ U.S. Bureau of Labor Statistics. (2022).

On another hand, it is prudent to take into consideration that typical unemployment rates (such as those in **Figure 14** and **Table 5**) only account for those who have actively searched for a job in the past four weeks; this rate is also known as the U-3 measure. The U-6 measure of unemployment, though unavailable on the county level, is widely regarded as the “true unemployment rate” due to its inclusion of the following categories:

- **Unemployed:** those that are considered part of the labor force and actively searched for a job in the past four weeks. Typically included in the U-3 measure as well.
- **Underemployed:** also known as involuntary part-time workers. Workers employed part-time for economic reasons who want to work full-time and are available to do so.
- **Marginally Attached:** those who have searched for a job in the past 12 months but are not actively searching.
- **Discouraged workers:** those who want to work but have given up searching for the specific reason that they believed no jobs were available for them.⁴⁵

According to the Current Population Survey from the Bureau of Labor Statistics, in 2021, Texas’ U-6 measure stood at 10%, an additional 4.3% of the population 16 and older on top of the U-3 rate. In 2022, it was 7.1%, or an additional 3.3% on top of its U-3 measure.

Figure 15 – Two Alternative Measures of Labor Underutilization, United States and Texas, Annual Averages



⁴⁵ U.S. Bureau of Labor Statistics. (2023).

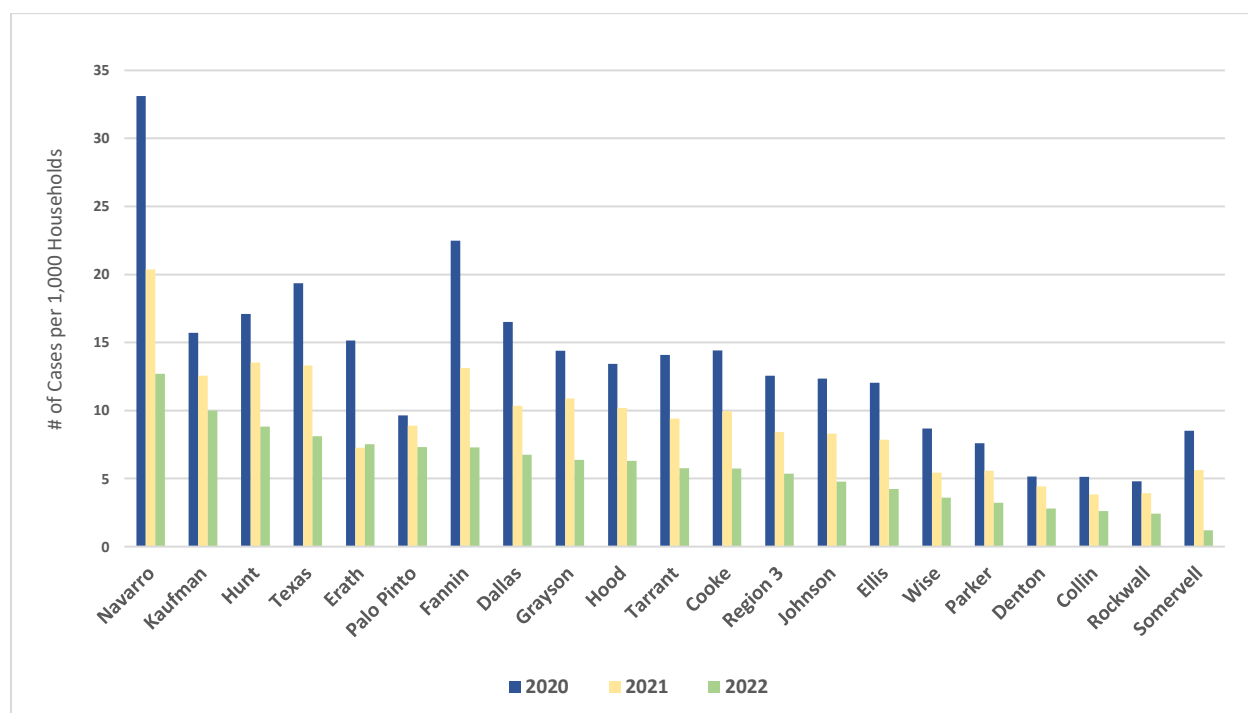
⁴⁶ Ibid.

Temporary Assistance for Needy Families (TANF) Cases

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 cases per 1,000 households 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.

Figure 16 and **Table 6** below shows the rate of TANF cases per 1,000 households from 2020-2022 in Region 3 counties. Navarro County has had the highest rate for all three years; this rate is more than twice the rate of Region 3. Somervell County had the lowest rate in 2022. All Region 3 counties, with the exception of Erath, saw a decrease in the rate of TANF over the three-year period. In 2022, there were 11 counties that had a higher rate than Region 3.

Figure 16 – Region 3 TANF Cases (per 1,000 Households), by County, 2020-2022



Texas Health and Human Services ⁴⁷

⁴⁷ Texas Health and Human Services. (2022b).

Table 6 – Region 3 TANF Cases (per 1,000 Households), by County, 2020-2022

Report Area	2020	2021	2022
Collin	5.1	3.8	2.6
Cooke	14.4	10.0	5.8
Dallas	16.5	10.4	6.8
Denton	5.2	4.4	2.8
Ellis	12.0	7.9	4.2
Erath	15.1	7.3	7.5
Fannin	22.5	13.1	7.3
Grayson	14.4	10.9	6.4
Hood	13.4	10.2	6.3
Hunt	17.1	13.5	8.8
Johnson	12.3	8.3	4.8
Kaufman	15.7	12.6	10.0
Navarro	33.1	20.4	12.7
Palo Pinto	9.6	8.9	7.3
Parker	7.6	5.6	3.2
Rockwall	4.8	3.9	2.4
Somervell	8.5	5.6	1.2
Tarrant	14.1	9.4	5.8
Wise	8.7	5.4	3.6
Region 3	12.6	8.4	5.4
Texas	19.3	13.3	8.1

Texas Health and Human Services ⁴⁸⁴⁸ Texas Health and Human Services. (2022b).

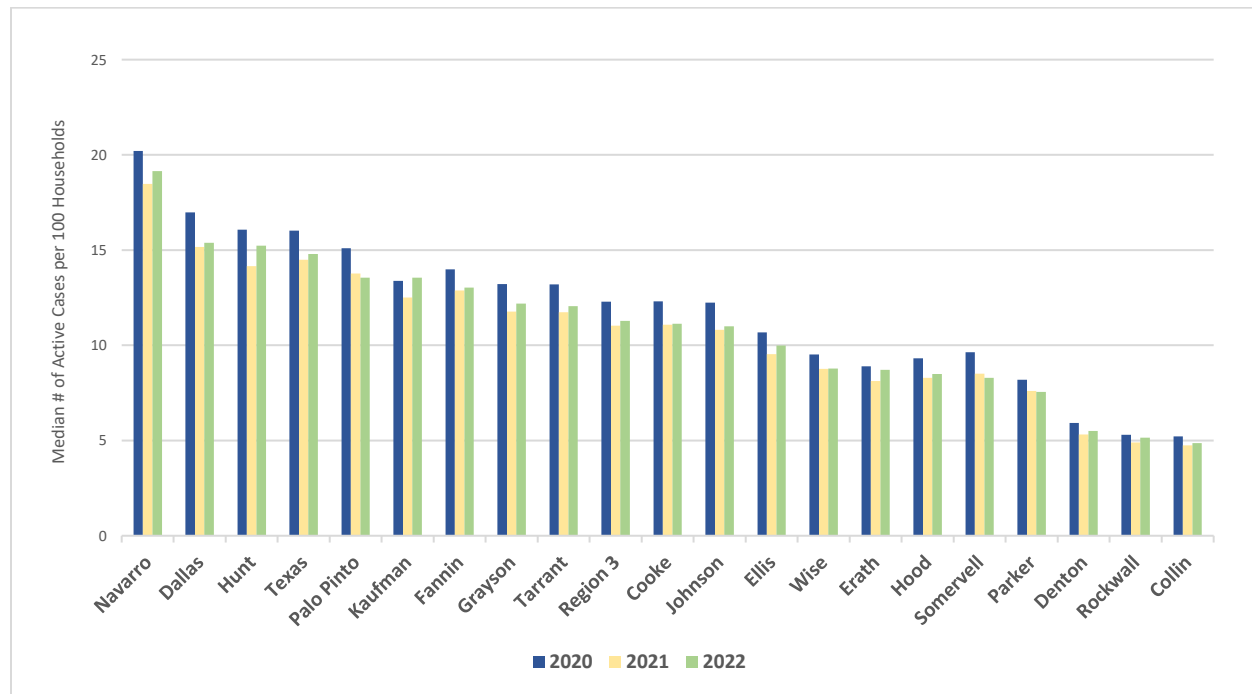
Supplemental Nutritional Assistance Program (SNAP) Cases

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.

Figure 17 and **Table 7** shows the median number of Active SNAP cases per 100 households among Region 3 counties over a three-year period. Navarro County had the highest median number of active SNAP cases across all three years. For 2022, the top three counties were Navarro (19.2), Dallas (15.4), and Hunt (15.2), all of which were higher than the Texas and Region 3 rates.

With the exception of Palo Pinto, Somervell, and Parker County, all counties saw an increase in rates from 2021 to 2022.

Figure 17 – Region 3 SNAP Cases (per 100 Households), by County, 2020-2022



Texas Health and Human Services ⁴⁹

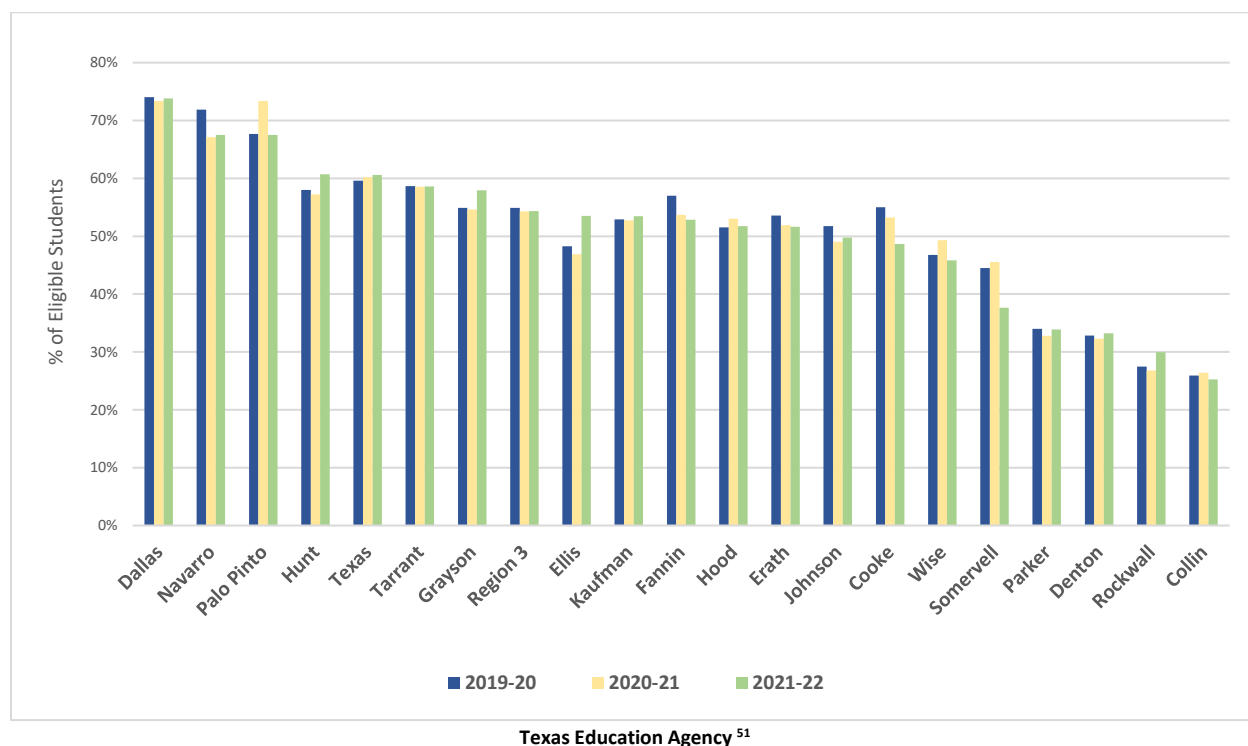
⁴⁹ Texas Health and Human Services. (2022a).

Table 7 – Region 3 SNAP Cases (per 100 Households), by County, 2020-2022

Report Area	2020	2021	2022
Collin	5.2	4.7	4.9
Cooke	12.3	11.1	11.1
Dallas	17.0	15.2	15.4
Denton	5.9	5.3	5.5
Ellis	10.7	9.5	10.0
Erath	8.9	8.1	8.7
Fannin	14.0	12.9	13.0
Grayson	13.2	11.8	12.2
Hood	9.3	8.3	8.5
Hunt	16.1	14.2	15.2
Johnson	12.2	10.8	11.0
Kaufman	13.4	12.5	13.5
Navarro	20.2	18.5	19.2
Palo Pinto	15.1	13.8	13.6
Parker	8.2	7.6	7.5
Rockwall	5.3	4.9	5.2
Somervell	9.6	8.5	8.3
Tarrant	13.2	11.7	12.0
Wise	9.5	8.8	8.8
Region 3	12.3	11.0	11.3
Texas	16.0	14.5	14.8

Texas Health and Human Services ⁵⁰⁵⁰ Texas Health and Human Services. (2022a).

Free or Reduced School Lunch Recipients

Figure 18 – Region 3 Students Eligible for Free or Reduced Lunch, by County, 2019-2022

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 school years 2019-20, 2020-21, and 2021-22 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.

Figure 18 and **Table 8** shows the percentage of students who were eligible to receive either free or reduced-price lunch in Region 3 counties during three school years. For the 2021-22 school year, Texas reports that of the total student population, 60.6% 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 benefit. For the 2021-22 school year, Dallas County has the highest rate (73.8%) and Collin County has the lowest (25.3%). Six counties in Region 3 have rates higher than the Region and four have rates higher than Texas. For each school year over this period, Dallas, Navarro, and Palo Pinto Counties have had the three highest rates. 10 counties saw an increase in the percentage of students qualifying for this lunch benefit from 2020-21 to 2021-22.

⁵¹ Texas Education Agency. (2023b).

Table 8 – Region 3 Students Eligible for Free or Reduced Lunch, by County, 2019-2022

Report Area	2019-20	2020-21	2021-22
Collin	25.9%	26.4%	25.3%
Cooke	55.0%	53.2%	48.6%
Dallas	74.0%	73.4%	73.8%
Denton	32.9%	32.3%	33.2%
Ellis	48.3%	46.9%	53.5%
Erath	53.6%	51.9%	51.6%
Fannin	57.0%	53.7%	52.8%
Grayson	54.9%	54.6%	57.9%
Hood	51.5%	53.0%	51.8%
Hunt	58.0%	57.2%	60.7%
Johnson	51.7%	49.0%	49.8%
Kaufman	52.9%	52.7%	53.4%
Navarro	71.9%	67.1%	67.5%
Palo Pinto	67.7%	73.4%	67.5%
Parker	34.0%	32.8%	33.9%
Rockwall	27.5%	26.8%	29.9%
Somervell	44.5%	45.5%	37.6%
Tarrant	58.7%	58.6%	58.6%
Wise	46.8%	49.3%	45.9%
Region 3	54.9%	54.3%	54.3%
Texas	59.6%	60.2%	60.6%

Texas Education Agency⁵²⁵² Texas Education Agency. (2023b).

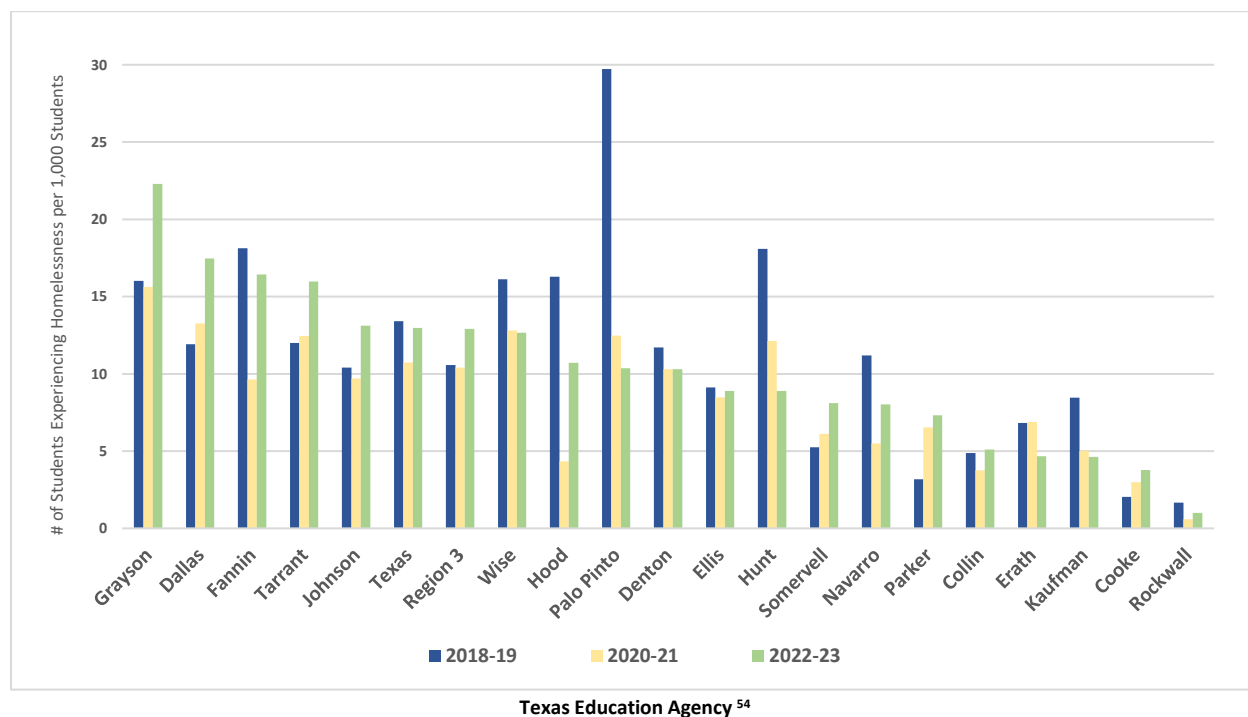
Children Experiencing Homelessness

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.”⁵³

Figure 19 and **Table 9** below shows the rate of students experiencing homelessness in Region 3’s counties from 2018-2023. Grayson, Dallas, and Fannin Counties had the highest rates for the 2022-2023 school year. Palo Pinto had the highest rate in 2018-19, but its rate dropped significantly in the 2020-2021 school year. From 2020-21 to 2022-23, the rates of students experiencing homelessness declined for 13 counties. For the 2022-23 school year, five counties had a higher rate than Region 3.

Figure 19 – Region 3 Students Experiencing Homelessness (per 1,000 Students), by County, 2018-2023



⁵³ U.S. Department of Education. (2005).

⁵⁴ Texas Education Agency. (2023b).

Table 9 – Region 3 Students Experiencing Homelessness (per 1,000 Students), by County, 2018-2023

Report Area	2018-19	2019-20	2020-21	2021-22	2022-23
Collin	4.9	4.8	3.7	4.9	5.1
Cooke	2.0	3.7	3.0	2.3	3.8
Dallas	11.9	14.1	13.3	14.3	17.5
Denton	11.7	11.4	10.3	9.7	10.3
Ellis	9.1	11.2	8.5	8.6	8.9
Erath	6.8	10.3	6.9	4.2	4.7
Fannin	18.1	16.7	9.6	11.2	16.4
Grayson	16.0	20.9	15.6	19.4	22.3
Hood	16.3	13.6	4.3	10.4	10.7
Hunt	18.1	12.9	12.1	9.4	8.9
Johnson	10.4	12.7	9.7	7.3	13.1
Kaufman	8.5	8.9	5.0	5.1	4.6
Navarro	11.2	9.2	5.5	5.8	8.0
Palo Pinto	29.7	36.5	12.5	10.7	10.4
Parker	3.2	2.5	6.5	6.2	7.3
Rockwall	1.7	2.4	0.6	0.6	1.0
Somervell	5.3	8.7	6.1	5.5	8.1
Tarrant	12.0	14.7	12.4	14.8	16.0
Wise	16.1	13.6	12.8	11.0	12.7
Region 3	10.6	12.1	10.4	11.3	12.9
Texas	13.4	14.2	10.7	11.3	13.0

Texas Education Agency⁵⁵⁵⁵ Texas Education Agency. (2023b).

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 like the physical built environment, experiences of poverty, 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, mental health providers, and much more.



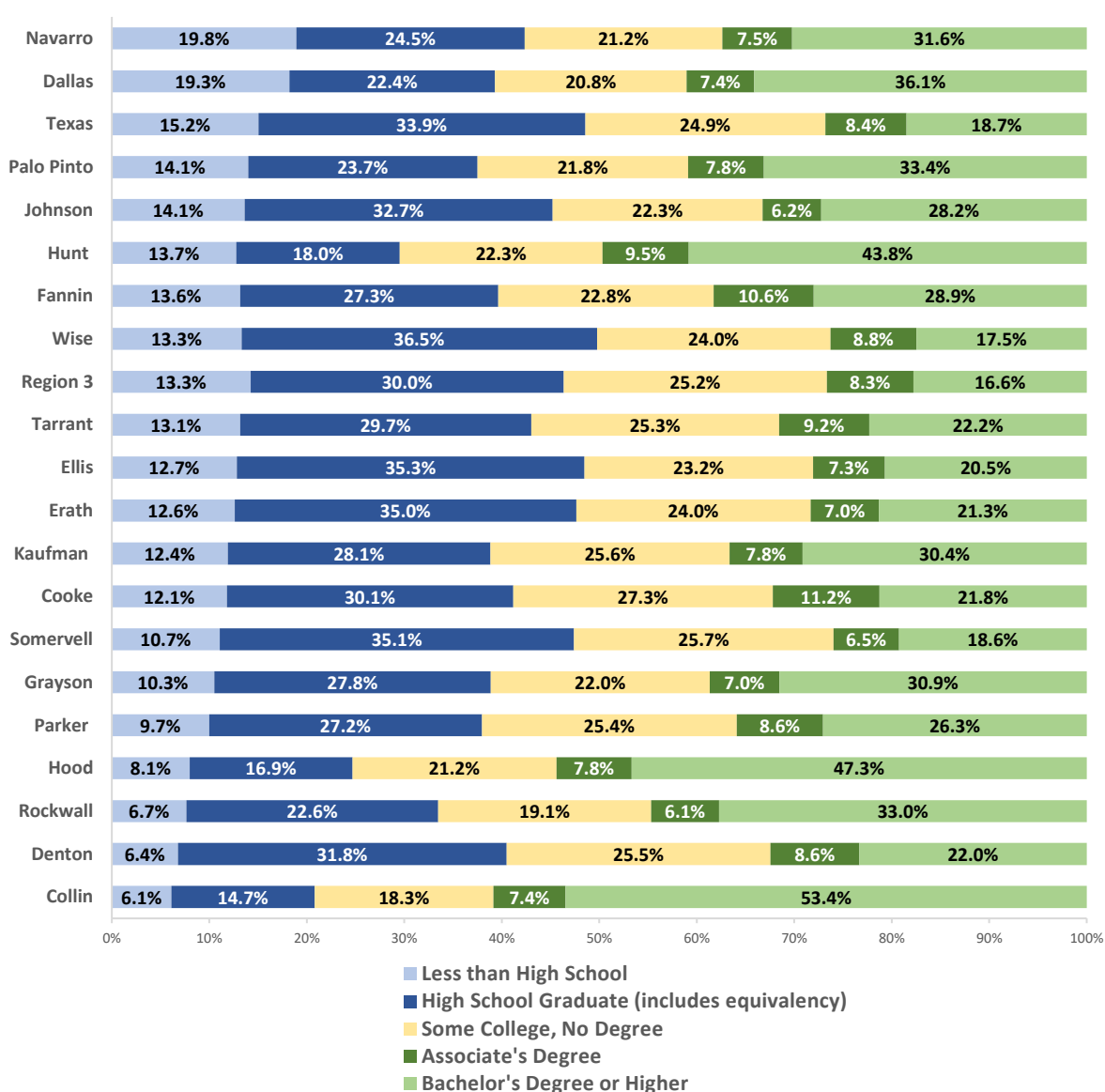
Educational Attainment

Adult Educational Attainment

Figure 20 below shows the percent of adults 25 years and older attaining various education levels over a five-year period by county within Region 3.

The highest rates of those with a bachelor's degree or higher were in Collin, Hood, and Hunt, respectively. The highest rates of those not having a high school diploma were Navarro, Dallas, and Palo Pinto, respectively. For seven counties, the rates for those without a high school diploma were higher than the Region 3 rate.

Figure 20 – Region 3 Educational Attainment, Adults 25 Years and Older, by County, 2017-2021



U.S. Census Bureau ⁵⁶

⁵⁶ U.S. Census Bureau. (2021c).

Community Conditions

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.⁵⁷ 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.⁵⁸ 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, use 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.⁵⁹ 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.⁶⁰



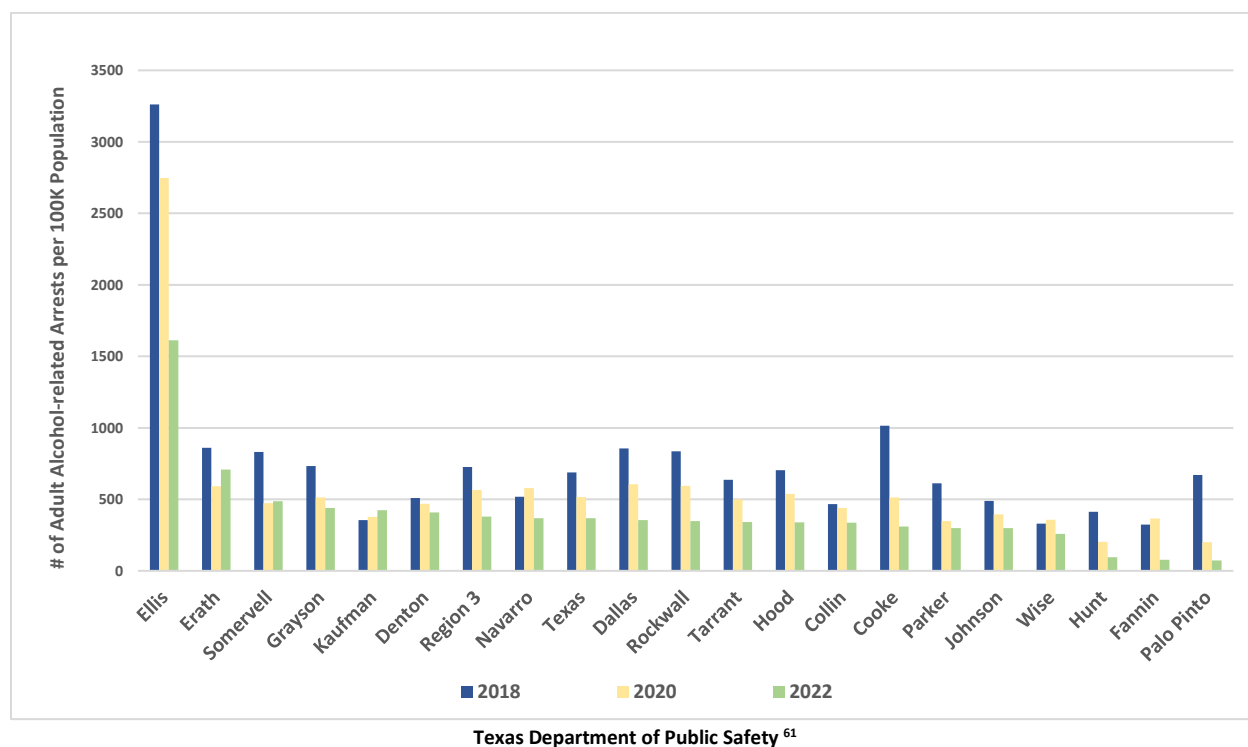
⁵⁷ National Center on Addiction and Substance Abuse. (2010).

⁵⁸ Ibid.

⁵⁹ McCart, M.R. et al. (2011).

⁶⁰ Ibid.

Alcohol-related Arrests

Figure 21 – Region 3 Adult Alcohol-related Arrests* (per 100K Population), by County, 2018-2022

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

Alcohol-related arrests include the following categories:

- **Liquor law violations:** defined as violating laws or ordinances regarding the manufacturing, selling, purchasing, transporting, possessing, or using alcohol products.
- **Drunkenness:** defined as drinking alcohol to the extent that mental faculties and physical coordination are significantly affected.
- **Driving Under the Influence (DUI):** 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.

Figure 21 and **Table 10** shows the alcohol-related arrest rates per 100K population for 2018-2022 for Region 3 counties. In 2022, the highest rates were found in Ellis, Erath, and Somervell Counties, respectively. Ellis County was the top three rates for each year shown by a significant margin. With the exception of Somervell, Erath, and Kaufman Counties, all Region 3 counties saw a decrease in rates from 2020 to 2022; the largest rate decrease is seen in Ellis County. Six counties had a higher rate than the Region in 2022.

⁶¹ Texas Department of Public Safety. (2023).

Table 10 – Region 3 Adult Alcohol-related Arrests* (per 100K Population), by County, 2018-2022

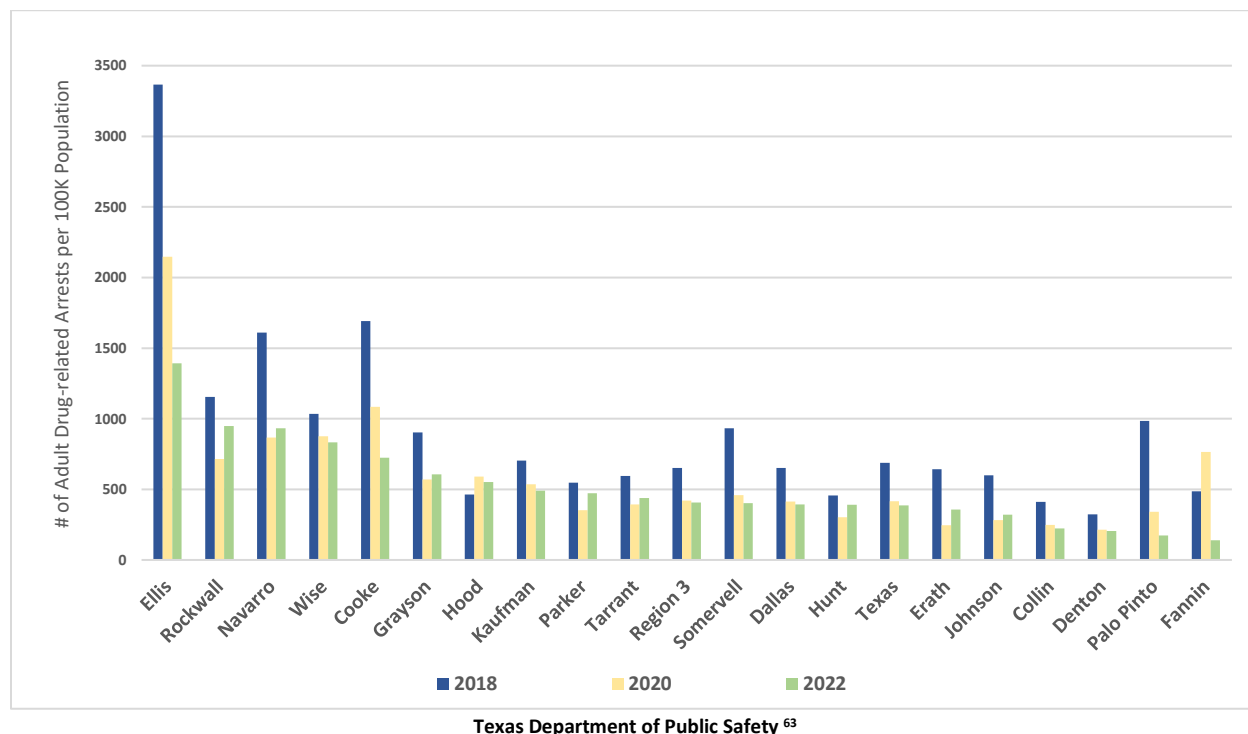
Report Area	2018	2019	2020	2021	2022
Collin	466.0	495.8	440.0	317.2	336.8
Cooke	1,015.1	805.8	513.9	279.2	310.9
Dallas	856.0	764.5	605.3	404.2	354.7
Denton	509.7	576.3	470.1	484.7	408.2
Ellis	3,262.1	3,693.3	2,746.4	2,242.1	1,613.7
Erath	860.0	537.9	591.1	653.1	709.3
Fannin	323.5	291.5	366.2	234.7	78.2
Grayson	734.2	636.1	513.8	441.7	439.8
Hood	703.1	542.6	538.5	499.9	339.4
Hunt	413.7	340.2	202.3	116.9	95.9
Johnson	488.2	391.2	395.6	299.3	298.6
Kaufman	354.1	383.0	377.3	426.5	423.6
Navarro	517.2	575.8	578.4	397.5	369.5
Palo Pinto	671.6	490.1	199.7	99.8	72.6
Parker	612.9	525.9	348.2	324.0	299.7
Rockwall	835.4	728.4	594.7	427.9	348.9
Somervell	832.4	789.3	473.6	358.8	487.9
Tarrant	637.0	581.2	500.2	397.8	341.4
Wise	329.9	443.7	356.9	318.3	258.5
Region 3	725.6	691.5	564.8	435.9	380.1
Texas	687.6	645.4	515.5	434.0	367.3

Texas Department of Public Safety ⁶²

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁶² Texas Department of Public Safety. (2023).

Drug-Related Arrests

Figure 22 – Region 3 Adult Drug-related Arrests* (per 100K Population), by County, 2018-2022

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

Table 11 and **Figure 22** show the rate of arrests for drug/narcotic violation arrests per 100K population in Region 3. In 2022, the highest rates were found in Ellis, Rockwall, and Navarro Counties, respectively. Ellis County was the top three rate for each year shown. Eight Region 3 counties saw an increase in rates over the 2020-2022 period. Additionally, ten counties had a higher rate than the Region and 13 counties had a higher rate than Texas in 2022.

⁶³ Texas Department of Public Safety. (2023).

Table 11 – Region 3 Adult Drug-related Arrests* (per 100K Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	410.4	378.2	248.0	194.7	224.3
Cooke	1,690.8	1,570.3	1,084.9	707.4	723.3
Dallas	651.5	532.3	414.4	449.0	394.0
Denton	323.6	289.1	214.8	247.1	206.1
Ellis	3,367.1	3,291.9	2,146.3	1,425.0	1,392.4
Erath	641.3	274.9	245.3	307.4	357.6
Fannin	487.1	551.1	764.4	238.2	138.7
Grayson	903.6	849.7	569.7	493.6	605.3
Hood	463.3	432.9	589.3	654.4	550.7
Hunt	457.0	260.0	302.1	370.4	390.1
Johnson	600.2	384.4	282.2	368.8	321.7
Kaufman	703.4	691.8	535.5	595.3	490.1
Navarro	1,610.3	1,574.6	866.3	1,197.5	932.5
Palo Pinto	984.7	907.5	340.3	367.6	172.4
Parker	546.5	507.9	351.8	387.7	472.9
Rockwall	1,153.8	951.3	715.7	923.3	948.7
Somervell	932.8	932.8	459.2	545.4	401.8
Tarrant	595.9	547.8	394.1	446.0	437.7
Wise	1,034.0	1,097.7	875.8	744.7	833.4
Region 3	652.5	576.7	420.9	429.1	405.9
Texas	687.9	584.1	416.4	397.6	386.2

Texas Department of Public Safety ⁶⁴

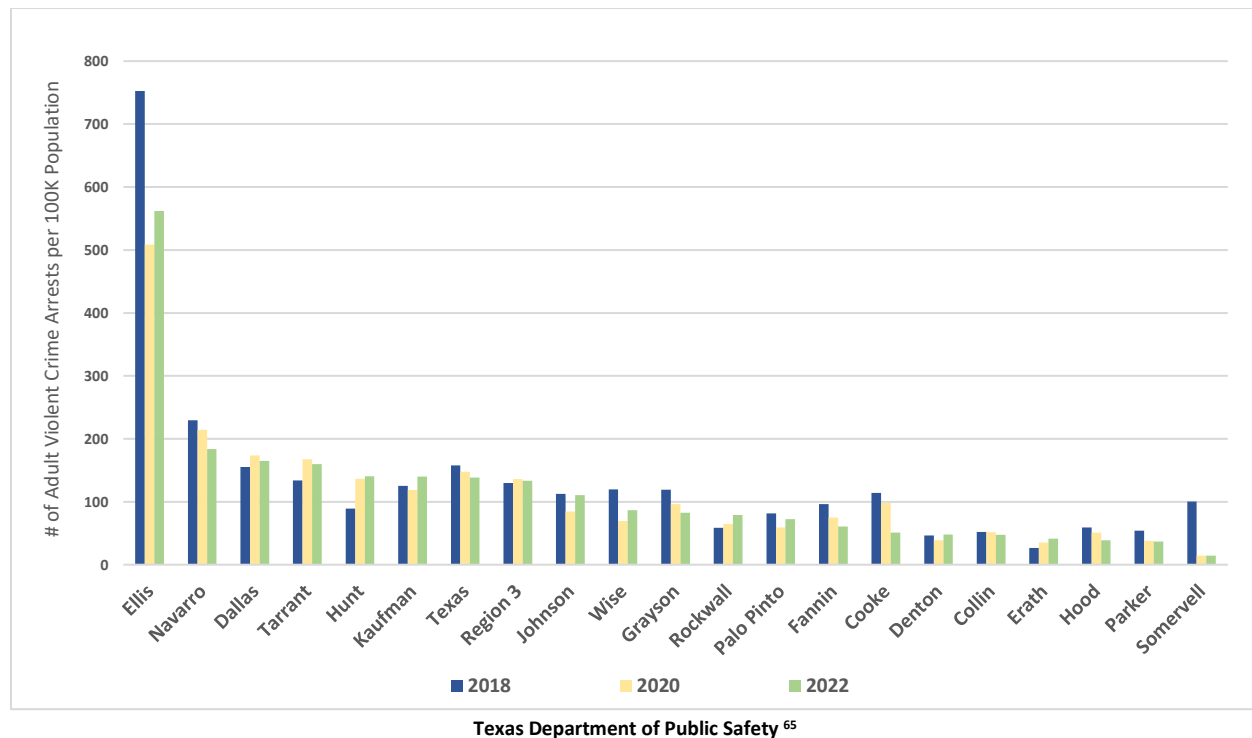
*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁶⁴ Texas Department of Public Safety. (2023).

Violent Crime

Violent crimes include murder and non-negligent homicide, rape, robbery, and aggravated assault. **Figure 23** and **Table 12** shows the rate of violent crimes per 100K population for Region 3 counties. In 2022, the highest rates were found in Ellis, Navarro, and Dallas Counties, respectively. Ellis and Navarro were among the top three rates for the period. Seven Region 3 counties saw an increase in the rate of violent crime from 2018-2022. For 2022, six counties had a higher rate than both Region 3 and Texas.

Figure 23 – Region 3 Adult Violent Crime Arrests* (per 100K Population), by County, 2018-2022



*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁶⁵ Texas Department of Public Safety. (2023).

Table 12 – Region 3 Adult Violent Crime Arrests* (per 100K Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	52.2	44.6	51.5	51.5	47.7
Cooke	114.2	95.2	98.3	133.2	50.8
Dallas	155.0	169.9	173.4	186.2	164.7
Denton	46.4	36.4	38.9	46.6	47.8
Ellis	752.6	597.9	508.6	473.8	561.8
Erath	26.6	68.0	35.5	50.2	41.4
Fannin	96.0	92.4	74.7	117.3	60.4
Grayson	119.3	117.4	96.2	87.6	82.8
Hood	58.9	58.9	50.8	50.8	38.6
Hunt	89.3	155.0	136.6	137.9	140.5
Johnson	112.7	96.3	84.4	102.3	110.5
Kaufman	125.4	105.2	118.7	133.2	139.9
Navarro	229.3	214.0	214.0	178.4	183.5
Palo Pinto	81.7	45.4	59.0	68.1	72.6
Parker	53.8	42.2	37.7	45.8	36.8
Rockwall	58.6	57.3	65.0	77.7	79.0
Somervell	100.5	57.4	14.4	14.4	14.4
Tarrant	134.0	143.9	167.5	166.3	159.8
Wise	119.6	79.1	69.5	73.3	86.8
Region 3	129.7	130.7	136.1	141.2	133.6
Texas	158.0	157.8	147.7	140.7	138.2

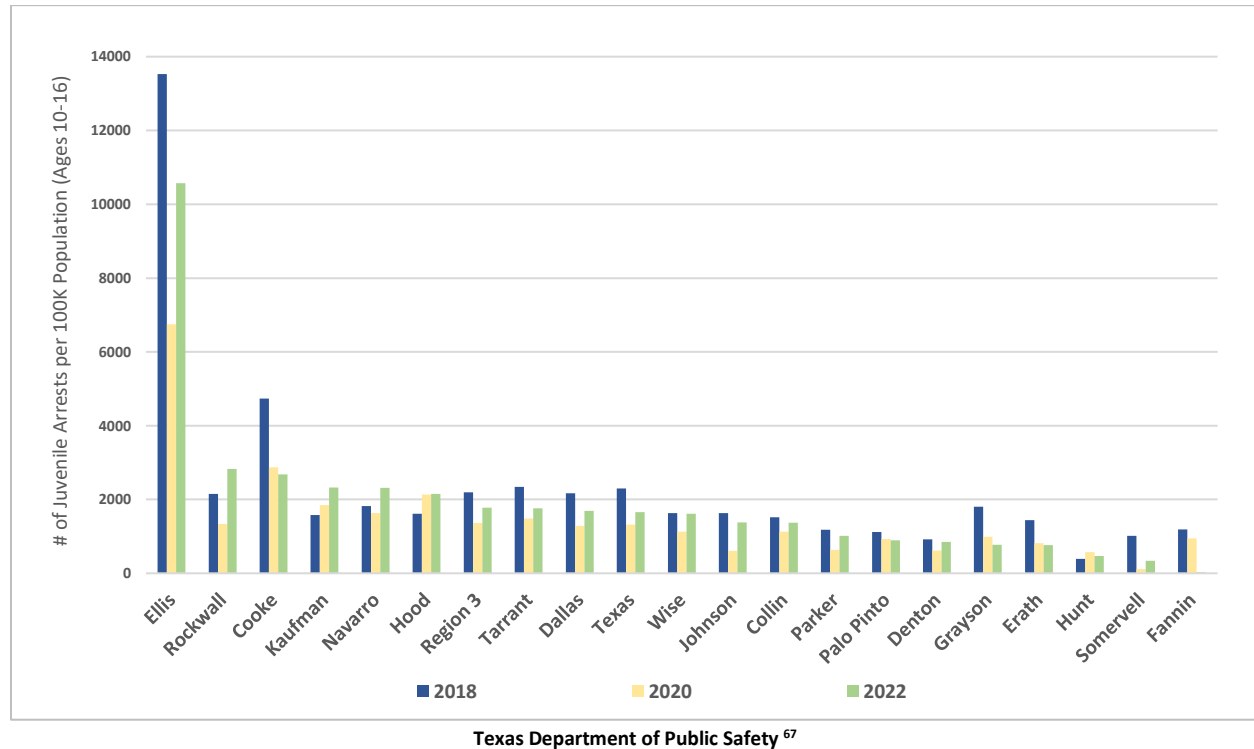
Texas Department of Public Safety ⁶⁶

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁶⁶ Texas Department of Public Safety. (2023).

Juvenile Arrests

Figure 24 – Region 3 Total Juvenile Arrests* (per 100K Population Ages 10-16), by County, 2018-2022



*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report is a reflection of all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

Figure 24 and **Table 13** shows the rate of juvenile arrests per 100K population for Region 3 counties. This rate uses the population ages 10-16 years old to calculate its rate. In 2022, the highest rates were found in Ellis, Rockwall, and Cooke Counties, respectively. Ellis County was the top three rate from 2018-2022. Fourteen Region 3 counties saw a decrease in the rate of juvenile arrests from 2018-2022. For 2022, six counties had a higher rate than both Region 3 and Texas.

⁶⁷ Texas Department of Public Safety. (2023).

Table 13 – Region 3 Total Juvenile Arrests* (per 100K Population Ages 10-16), by County, 2018-2022

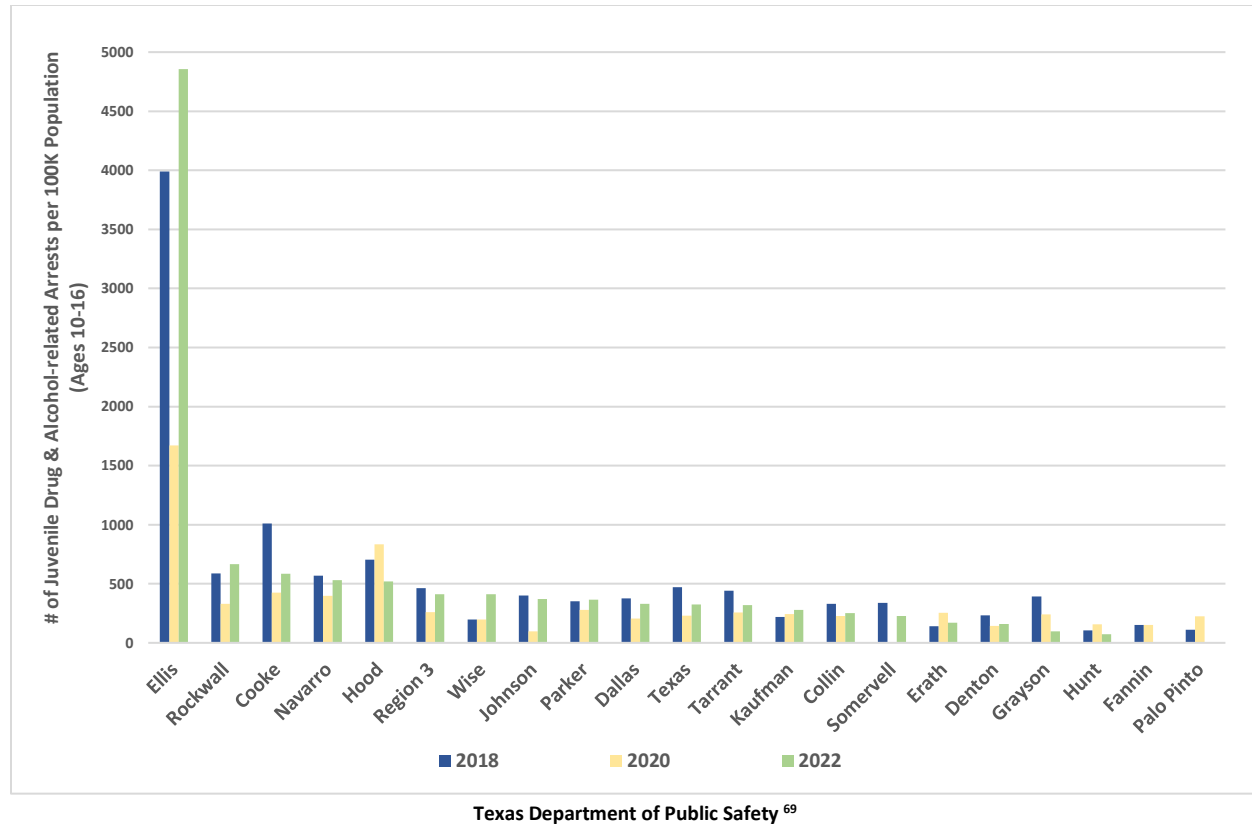
Report Area	2018	2019	2020	2021	2022
Collin	1,514.6	1,719.6	1,127.9	1,012.0	1,369.3
Cooke	4,731.5	3,987.2	2,870.8	2,046.8	2,684.7
Dallas	2,169.0	1,994.8	1,288.3	1,353.7	1,694.8
Denton	916.6	878.1	612.5	723.8	848.3
Ellis	13,530.1	12,958.8	6,746.0	5,584.4	10,568.9
Erath	1,440.7	988.7	819.2	395.5	762.7
Fannin	1,185.4	1,124.6	942.3	425.5	30.4
Grayson	1,804.9	1,646.3	989.3	1,027.0	770.3
Hood	1,613.8	1,650.9	2,133.2	1,279.9	2,151.7
Hunt	387.5	576.0	576.0	555.0	471.3
Johnson	1,628.4	706.0	608.1	1,278.0	1,375.9
Kaufman	1,581.1	1,903.4	1,848.7	1,787.9	2,323.0
Navarro	1,822.3	2,828.4	1,632.5	2,069.1	2,315.9
Palo Pinto	1,116.5	1,079.3	930.4	558.2	893.2
Parker	1,184.4	825.1	632.1	1,024.7	1,018.0
Rockwall	2,153.2	2,301.9	1,338.9	2,270.6	2,826.5
Somervell	1,017.0	791.0	113.0	226.0	339.0
Tarrant	2,345.9	2,027.8	1,481.4	1,465.7	1,757.7
Wise	1,627.7	1,316.4	1,132.3	1,245.6	1,613.6
Region 3	2,196.7	2,044.6	1,360.8	1,369.7	1,775.6
Texas	2,300.8	2,133.2	1,322.4	1,283.1	1,658.5

Texas Department of Public Safety ⁶⁸

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁶⁸ Texas Department of Public Safety. (2023).

Figure 25 – Region 3 Juvenile Drug and Alcohol-related Arrests* (per 100K Population Ages 10-16), by County, 2018-2022



*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

Figure 25 and **Table 14** shows the rate of juvenile drug and alcohol-related arrests per 100K population for Region 3 counties. This rate uses the population ages 10-16 years old to calculate its rate. In 2022, the highest rates were found in Ellis, Rockwall, and Cooke Counties, respectively. Ellis County was the top three rate from 2018-2022. Thirteen Region 3 counties saw a decrease in the rate of juvenile drug and alcohol-related arrests from 2018-2022. For 2022, five counties had a higher rate than Region 3 and nine had a rate higher than Texas.

⁶⁹ Texas Department of Public Safety. (2023).

Table 14 – Region 3 Juvenile Drug and Alcohol-related Arrests* (per 100K Population Ages 10-16), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	329.6	332.2	228.4	159.2	252.6
Cooke	1,010.1	611.4	425.3	398.7	584.8
Dallas	375.7	375.3	205.7	219.0	330.4
Denton	232.5	221.4	144.3	149.8	158.6
Ellis	3,989.5	4,389.4	1,671.0	1,961.4	4,856.0
Erath	141.2	254.2	254.2	84.8	169.5
Fannin	152.0	243.2	152.0	121.6	0.0
Grayson	392.7	385.1	241.7	143.5	98.2
Hood	704.9	241.1	834.7	315.3	519.4
Hunt	104.7	41.9	157.1	83.8	73.3
Johnson	401.9	134.0	97.9	190.7	371.0
Kaufman	218.9	389.2	243.3	231.1	279.7
Navarro	569.5	797.3	398.6	493.6	531.5
Palo Pinto	111.7	186.1	223.3	148.9	0.0
Parker	352.7	246.2	279.5	346.0	366.0
Rockwall	587.2	493.3	328.8	602.9	665.5
Somervell	339.0	452.0	0.0	226.0	226.0
Tarrant	441.9	379.1	257.1	225.7	319.9
Wise	198.2	325.6	198.2	240.6	410.5
Region 3	462.1	446.3	260.5	256.1	412.6
Texas	472.3	425.1	229.8	225.0	325.0

Texas Department of Public Safety ⁷⁰

*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data quality checks. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. For the most up-to-date arrest data, please contact your local Prevention Resource Center Data Coordinator.

⁷⁰ Texas Department of Public Safety. (2023).

Drug Seizures

Table 15 – Region 3 Total Drugs Seized, by Drug Type, 2022

Drug Type	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Stimulants	24,740	302	718	31,345	3,520
Narcotics	350	201	471	4,270	57,120
Marijuana	42,735	136	340	158,293	311
Hallucinogens	385	102	456	20,120	10,632
Hashish	66	50	167	104	1,170

Texas Department of Public Safety ⁷¹

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

The Texas Department of Public Safety publishes reports on the quantity of drugs seized by local police departments. **Table 15** shows the totals by substance. Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc. However, this does not indicate the amount of substance in each dose unit. For example, a single pill with fentanyl may consist of 4 mg of fentanyl, while another may consist of 30 mg of fentanyl. Both pills count as a singular dose unit. Despite this, narcotics still make up the highest percentage of dose units that were seized in Region 3 at 57,120 dose units, distantly followed by hallucinogens at 10,632 dose units. **Tables 16 – 20** break down the drug seizures by county.

⁷¹ Texas Department of Public Safety. (2022b).

Table 16 – Region 3 Total Drugs Seized, Stimulants, by County, 2022

Report Area	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Collin	195	20	54	16	89
Cooke	8	12	50	0	7
Dallas	470	32	54	24,920	592
Denton	39	17	52	0	47
Ellis	24	34	64	230	85
Erath	0	12	15	0	1
Fannin	1,076	4	14	0	0
Grayson	66	26	28	4,096	114
Hood	0	12	15	0	31
Hunt	21	9	43	0	1,688
Johnson	2	16	34	1	24
Kaufman	30	23	71	0	11
Navarro	0	19	16	0	116
Palo Pinto	0	2	19	4	41
Parker	50	6	51	45	43
Rockwall	230	26	47	0	26
Somervell	0	0	14	0	0
Tarrant	22,480	21	43	2,030	579
Wise	49	11	34	2	26
Region 3	24,740	302	718	31,345	3,520

Texas Department of Public Safety ⁷²

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

⁷² Texas Department of Public Safety. (2022b).

Table 17 – Region 3 Total Drugs Seized, Narcotics, by County, 2022

Report Area	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Collin	25	32	14	0	173
Cooke	4	1	5	0	61
Dallas	53	25	41	3,936	418
Denton	18	25	29	8	262
Ellis	3	21	56	0	69
Erath	0	0	0	0	2
Fannin	0	0	0	0	0
Grayson	4	11	18	0	161
Hood	0	1	34	0	15
Hunt	0	6	18	0	861
Johnson	0	14	37	0	163
Kaufman	4	11	15	269	39
Navarro	3	5	26	0	133
Palo Pinto	0	0	4	0	0
Parker	0	11	31	0	51
Rockwall	20	5	45	1	345
Somervell	0	0	0	0	0
Tarrant	209	18	46	56	54,238
Wise	7	15	52	0	129
Region 3	350	201	471	4,270	57,120

Texas Department of Public Safety ⁷³

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

⁷³ Texas Department of Public Safety. (2022b).

Table 18 – Region 3 Total Drugs Seized, Marijuana, by County, 2022

Report Area	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Collin	475	1	12	0	11
Cooke	69	8	5	0	0
Dallas	32,296	14	21	152,704	107
Denton	724	0	25	8	11
Ellis	127	14	19	129	33
Erath	3	3	26	0	0
Fannin	1	9	1	0	0
Grayson	86	7	12	3,585	17
Hood	7	7	23	0	0
Hunt	13	12	17	0	0
Johnson	265	2	13	1	4
Kaufman	107	0	3	0	6
Navarro	28	10	25	0	5
Palo Pinto	10	10	26	0	0
Parker	29	13	27	1	84
Rockwall	97	1	27	2	0
Somervell	0	11	21	0	0
Tarrant	7,881	6	11	1,863	33
Wise	517	8	26	0	0
Region 3	42,735	136	340	158,293	311

Texas Department of Public Safety ⁷⁴

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

⁷⁴ Texas Department of Public Safety. (2022b).

Table 19 – Region 3 Total Drugs Seized, Hashish, by County, 2022

Report Area	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Collin	26	9	10	89	1,150
Cooke	0	6	26	1	0
Dallas	16	7	6	0	0
Denton	7	1	11	0	2
Ellis	0	0	18	3	1
Erath	0	0	0	0	0
Fannin	0	0	0	1	0
Grayson	0	5	19	0	1
Hood	0	0	0	0	1
Hunt	0	6	11	0	0
Johnson	0	5	15	0	0
Kaufman	0	0	7	0	0
Navarro	0	0	0	0	0
Palo Pinto	0	0	0	0	0
Parker	4	3	2	0	7
Rockwall	0	0	0	0	0
Somervell	0	0	1	0	0
Tarrant	13	0	23	8	8
Wise	0	8	18	2	0
Region 3	66	50	167	104	1,170

Texas Department of Public Safety ⁷⁵

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

⁷⁵ Texas Department of Public Safety. (2022b).

Table 20 – Region 3 Total Drugs Seized, Hallucinogens, by County, 2022

Report Area	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units*
Collin	21	8	50	0	281
Cooke	0	0	14	0	0
Dallas	50	31	49	18,816	1,056
Denton	6	5	38	4	8,655
Ellis	1	0	19	1	28
Erath	0	0	0	0	0
Fannin	0	0	0	0	0
Grayson	0	1	43	0	12
Hood	0	0	16	0	21
Hunt	1	12	23	0	165
Johnson	44	12	26	2	33
Kaufman	0	1	7	980	2
Navarro	0	1	39	0	3
Palo Pinto	0	0	1	0	0
Parker	0	10	17	0	7
Rockwall	75	0	35	0	32
Somervell	0	0	0	0	0
Tarrant	187	11	66	317	309
Wise	0	10	13	0	28
Region 3	385	102	456	20,120	10,632

Texas Department of Public Safety ⁷⁶

*Dose Units refers to drugs seized in the form of capsules, pills, tablets, etc.

⁷⁶ Texas Department of Public Safety. (2022b).

Health Care/Service System

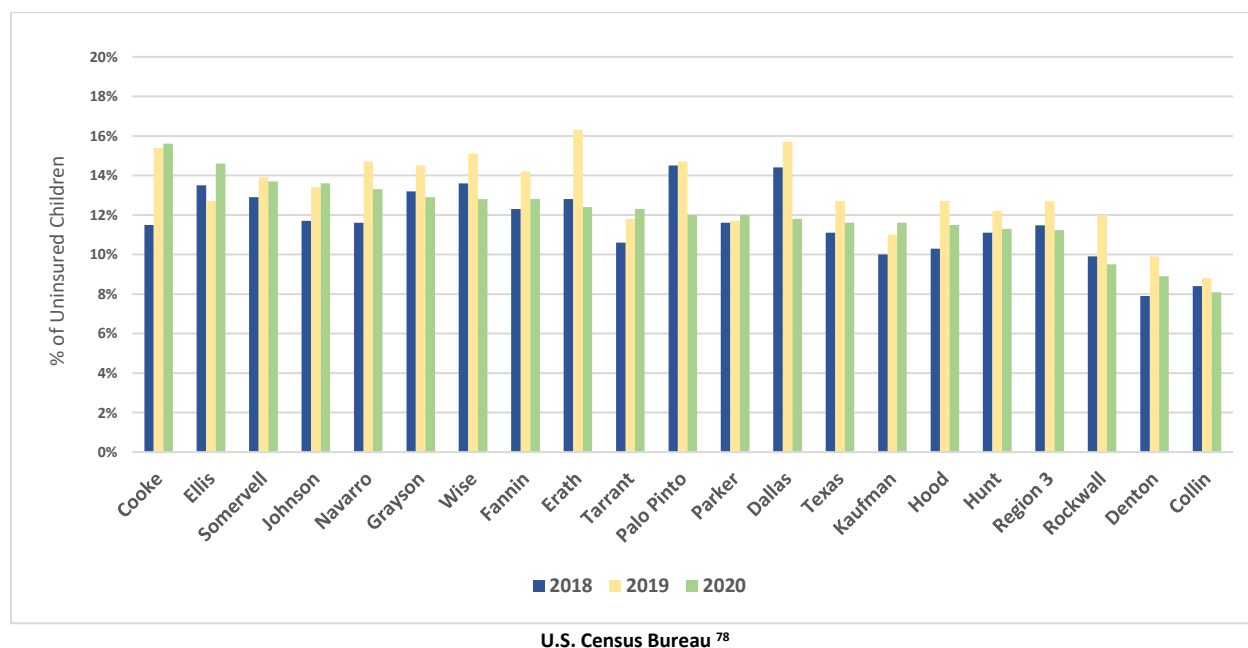
The lack of health insurance is considered a key factor in determining a county's health status. This indicator is relevant because lack of health insurance is an obstacle to most types of health care and may lead to poor health.

Uninsured Children

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.⁷⁷ An understanding of access to care in Region 3 for the younger generation may help improve levels of access to care and preventative services.

Figure 26 and **Table 21** below show the percentages of children under the age of 19 who do not have medical insurance. Cooke, Ellis and Somervell Counties had the highest rates for 2020. Twelve Region 3 counties saw an increase in rates over the three-year period. In 2020, 13 counties had a higher rate than Texas and 16 counties had a rate higher than Region 3.

Figure 26 – Region 3 Child Population (Ages 0-18) Without Health Insurance, by County, 2018-2020



⁷⁷ Holl et al. (1995).

⁷⁸ U.S. Census Bureau. (2021b).

Table 21 – Region 3 Child Population (Ages 0-18) Without Health Insurance, by County, 2018-2020

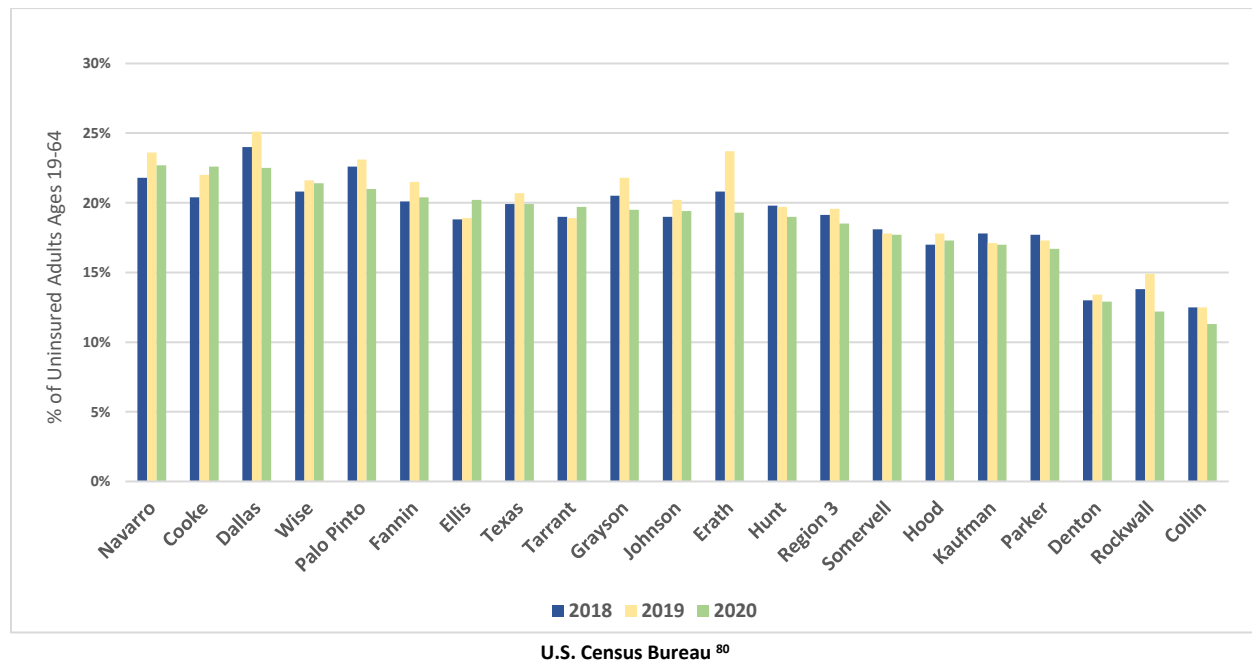
Report Area	2018	2019	2020
Collin	8.4%	8.8%	8.1%
Cooke	11.5%	15.4%	15.6%
Dallas	14.4%	15.7%	11.8%
Denton	7.9%	9.9%	8.9%
Ellis	13.5%	12.7%	14.6%
Erath	12.8%	16.3%	12.4%
Fannin	12.3%	14.2%	12.8%
Grayson	13.2%	14.5%	12.9%
Hood	10.3%	12.7%	11.5%
Hunt	11.1%	12.2%	11.3%
Johnson	11.7%	13.4%	13.6%
Kaufman	10.0%	11.0%	11.6%
Navarro	11.6%	14.7%	13.3%
Palo Pinto	14.5%	14.7%	12.0%
Parker	11.6%	11.7%	12.0%
Rockwall	9.9%	12.0%	9.5%
Somervell	12.9%	13.9%	13.7%
Tarrant	10.6%	11.8%	12.3%
Wise	13.6%	15.1%	12.8%
Region 3	11.5%	12.7%	11.2%
Texas	11.1%	12.7%	11.6%

U.S. Census Bureau ⁷⁹⁷⁹ U.S. Census Bureau. (2021b).

Uninsured Adults

In 2020, the Texas rate for adults without health insurance was 19.9%. The highest rates in 2020 were found in Navarro, Cooke, and Dallas, respectively. With the exception of Cooke, Ellis, and Tarrant Counties, all the counties saw a decrease from 2019-2020. In 2020, 12 counties had a rate higher than Region 3, and seven counties had a higher rate than Texas.

Figure 27 – Region 3 Adults (Ages 19-64) Without Health Insurance, by County, 2018-2020



⁸⁰ U.S. Census Bureau. (2021b).

Table 22 – Region 3 Adults (Ages 19-64) Without Health Insurance, by County, 2018-2020

Report Area	2018	2019	2020
Collin	12.5%	12.5%	11.3%
Cooke	20.4%	22.0%	22.6%
Dallas	24.0%	25.1%	22.5%
Denton	13.0%	13.4%	12.9%
Ellis	18.8%	18.9%	20.2%
Erath	20.8%	23.7%	19.3%
Fannin	20.1%	21.5%	20.4%
Grayson	20.5%	21.8%	19.5%
Hood	17.0%	17.8%	17.3%
Hunt	19.8%	19.7%	19.0%
Johnson	19.0%	20.2%	19.4%
Kaufman	17.8%	17.1%	17.0%
Navarro	21.8%	23.6%	22.7%
Palo Pinto	22.6%	23.1%	21.0%
Parker	17.7%	17.3%	16.7%
Rockwall	13.8%	14.9%	12.2%
Somervell	18.1%	17.8%	17.7%
Tarrant	19.0%	18.9%	19.7%
Wise	20.8%	21.6%	21.4%
Region 3	19.1%	19.6%	18.5%
Texas	19.9%	20.7%	19.9%

U.S. Census Bureau ⁸¹⁸¹ U.S. Census Bureau. (2021b).

Retail Access

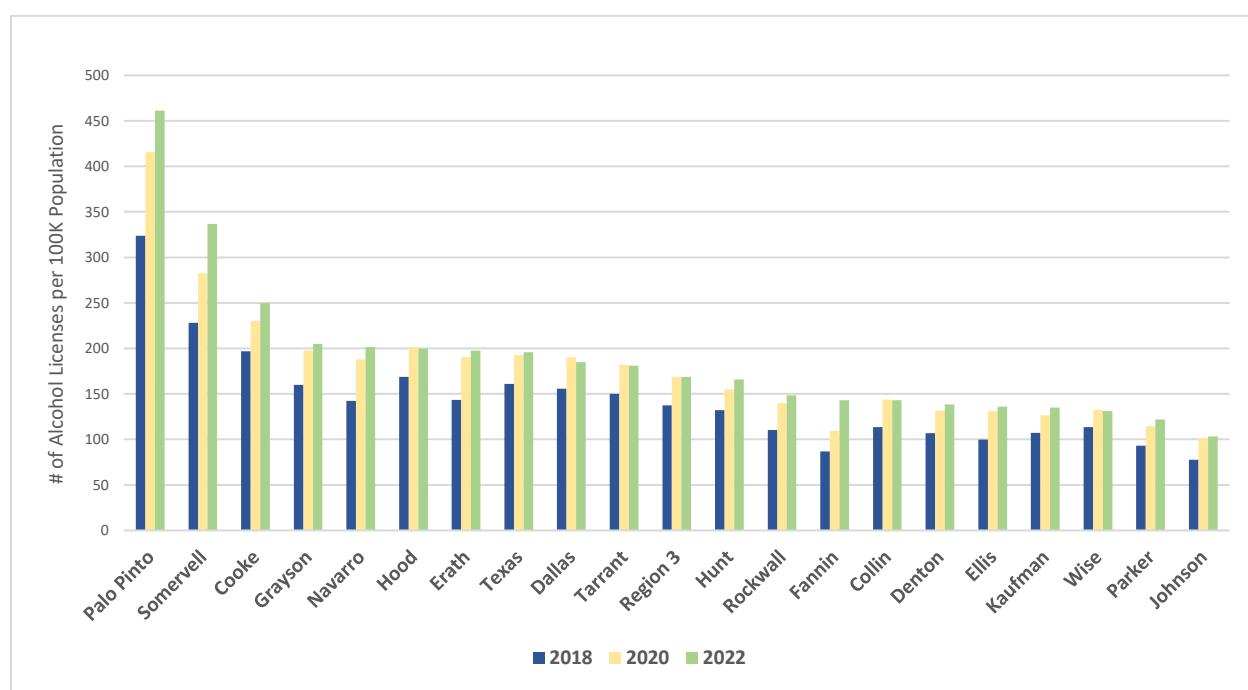
This section shows indicators related to youth and adult accessibility to substances. The focus below is on alcohol and tobacco because these substances are legal and, therefore, have data that is readily available for analysis.

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.

Figure 28 and **Table 23** below shows the rate of alcohol permits per 100K population in each Region 3 county. In 2022, 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. Nine counties have a higher rate than Region 3. Notably, every single Region 3 county saw an increase in the rate of permits from 2018 to 2022.

Figure 28 – Region 3 Alcohol Retail Density (Licenses per 100K Population), by County, 2018-2022



Texas Alcoholic Beverage Commission ⁸²

⁸² Texas Alcoholic Beverage Commission. (2023).

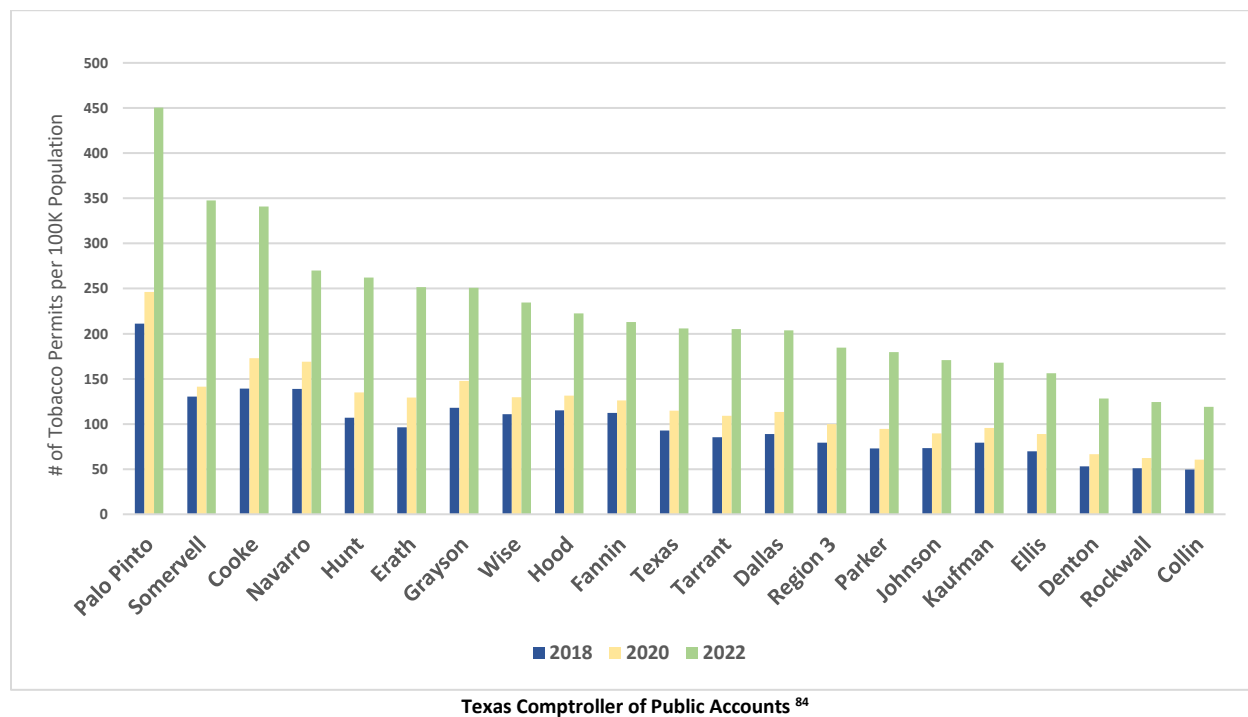
Table 23 – Region 3 Alcohol Retail Density (Licenses per 100K Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	113.5	134.7	143.7	142.0	142.9
Cooke	196.8	223.2	230.4	244.8	249.6
Dallas	155.7	177.4	190.2	189.4	184.9
Denton	106.7	122.9	132.0	135.2	138.5
Ellis	99.8	122.1	130.9	134.1	136.1
Erath	143.4	162.2	190.4	188.0	197.4
Fannin	86.9	103.8	109.4	120.6	143.0
Grayson	160.1	188.1	197.7	201.4	205.1
Hood	168.8	191.6	201.3	202.9	199.7
Hunt	132.1	153.1	155.1	163.1	166.1
Johnson	77.8	95.0	101.2	103.9	103.4
Kaufman	107.4	123.9	126.6	135.6	134.9
Navarro	142.5	169.1	188.1	201.4	201.4
Palo Pinto	323.8	394.2	415.4	457.6	461.1
Parker	93.1	106.6	114.7	126.8	122.1
Rockwall	110.4	125.2	140.1	149.3	148.4
Somervell	228.1	239.0	282.5	304.2	336.8
Tarrant	150.2	171.4	181.7	183.3	180.9
Wise	113.7	126.8	132.6	134.1	131.1
Region 3	137.4	158.1	168.6	170.2	168.8
Texas	161.2	182.9	192.8	196.3	195.8

Texas Alcoholic Beverage Commission ⁸³⁸³ Texas Alcoholic Beverage Commission. (2023).

Tobacco Retail Density

Figure 29 – Region 3 Tobacco Retail Density (Permits per 100K Population), by County, 2018-2022



The Texas Comptroller issues tobacco and e-cigarette 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 a Sales Tax Permit along with an e-cigarette permit.

The rates shown in **Figure 29** and **Table 24** are for tobacco permits per 100K population in each Region 3 county. The Texas rate for 2022 was 205.9 per 100K population, nearly twice the rate it was in 2020. Palo Pinto, Somervell, and Cooke Counties have the highest rate of permits per 100K population, respectively. 12 counties have a higher rate per 100K population than Region 3, though all counties saw a dramatic increase from 2020 to 2022.

⁸⁴ Texas Comptroller of Public Accounts. (2022).

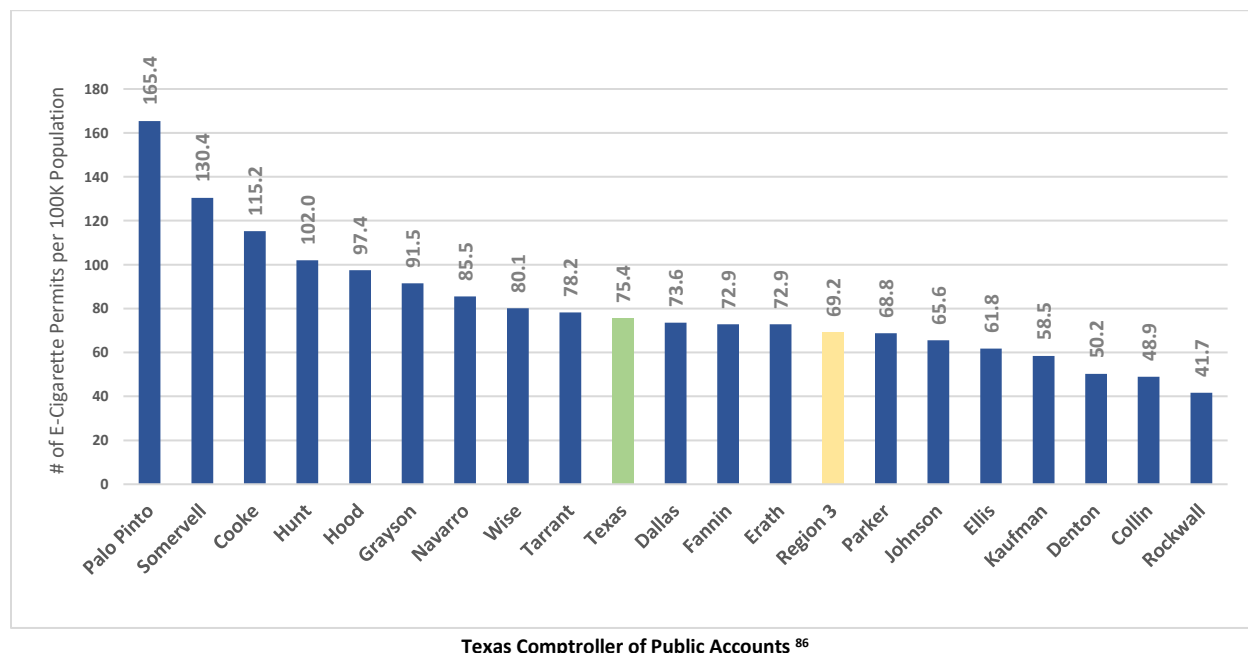
Table 24 – Region 3 Tobacco Retail Density (Permits per 100K Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	49.4	56.4	60.7	71.2	118.8
Cooke	139.2	156.0	172.8	201.6	340.8
Dallas	89.0	99.8	113.3	129.4	203.7
Denton	53.2	60.3	66.6	76.9	128.2
Ellis	69.6	81.1	88.9	99.8	156.4
Erath	96.4	105.8	129.3	157.5	251.5
Fannin	112.2	123.4	126.2	145.8	213.1
Grayson	118.0	132.1	147.6	159.4	250.8
Hood	115.3	125.0	131.5	141.2	222.4
Hunt	107.0	124.1	135.1	154.1	262.1
Johnson	73.4	84.5	89.5	103.4	170.6
Kaufman	79.1	88.1	95.7	106.0	167.9
Navarro	138.7	152.0	169.1	188.1	269.8
Palo Pinto	211.2	228.8	246.4	288.6	450.6
Parker	72.9	82.3	94.5	110.0	179.5
Rockwall	51.0	57.5	62.1	71.4	124.3
Somervell	130.4	130.4	141.2	163.0	347.6
Tarrant	85.4	96.8	109.2	126.8	205.2
Wise	110.7	126.8	129.7	147.2	234.6
Region 3	79.3	89.5	100.0	114.9	184.7
Texas	92.7	103.8	114.8	130.2	205.9

Texas Comptroller of Public Accounts⁸⁵⁸⁵ Texas Comptroller of Public Accounts. (2022).

E-Cigarette Retail Density

Figure 30 – Region 3 E-Cigarette Permit Density (per 100K Population), by County, As of July 2023



In 2021, the Texas Legislature passed Senate Bill 248. The bill creates, and requires e-cigarette retailers to obtain, an e-cigarette retailer permit and went into effect on September 1, 2021.

According to the Texas Comptroller of Public Accounts' website:

An "e-cigarette" is an electronic cigarette or any other device that simulates smoking by using a mechanical heating element, battery or electronic circuit to deliver nicotine or other substances to the individual inhaling from the device as defined by the Health and Safety Code Section 161.081, *Public Health Definitions: Definitions*.

The definition also includes a consumable liquid solution or other material aerosolized or vaporized during the use of an electronic cigarette or similar device, regardless of whether the liquid or other material contains nicotine. ⁸⁷

The rates above are for active e-cigarette permits per 100K population in each Region 3 county as of July 2023. The Texas rate as of 2023 was 75.4 per 100K population. Palo Pinto, Somervell, and Cooke Counties have the highest rate of permits per 100K population, respectively, while Rockwall, Collin, and Denton Counties have the lowest rates. 12 counties have a higher rate per 100K population than Region 3.

⁸⁶ Tobacco Comptroller of Public Accounts. (2022).

⁸⁷ Tobacco Comptroller of Public Accounts. (2021).

School Conditions

Students Offered Drugs at School

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to behavioral choices, including how students obtain drugs. **Figure 31** below shows Texas students' answers regarding drug access on school property over a five-year period from the YRBSS. Students were asked if they were offered, sold, or given illegal drugs at school.

The rate of students who answered "yes" decreased overall from 2017 to 2021 for all races. Hispanic students showed elevated rates higher than Texas from 2017-2021.

Figure 31 – Texas Students Offered Illegal Drugs at School in the Past 12 Months, by Race and Ethnicity, YRBSS, 2017-2021

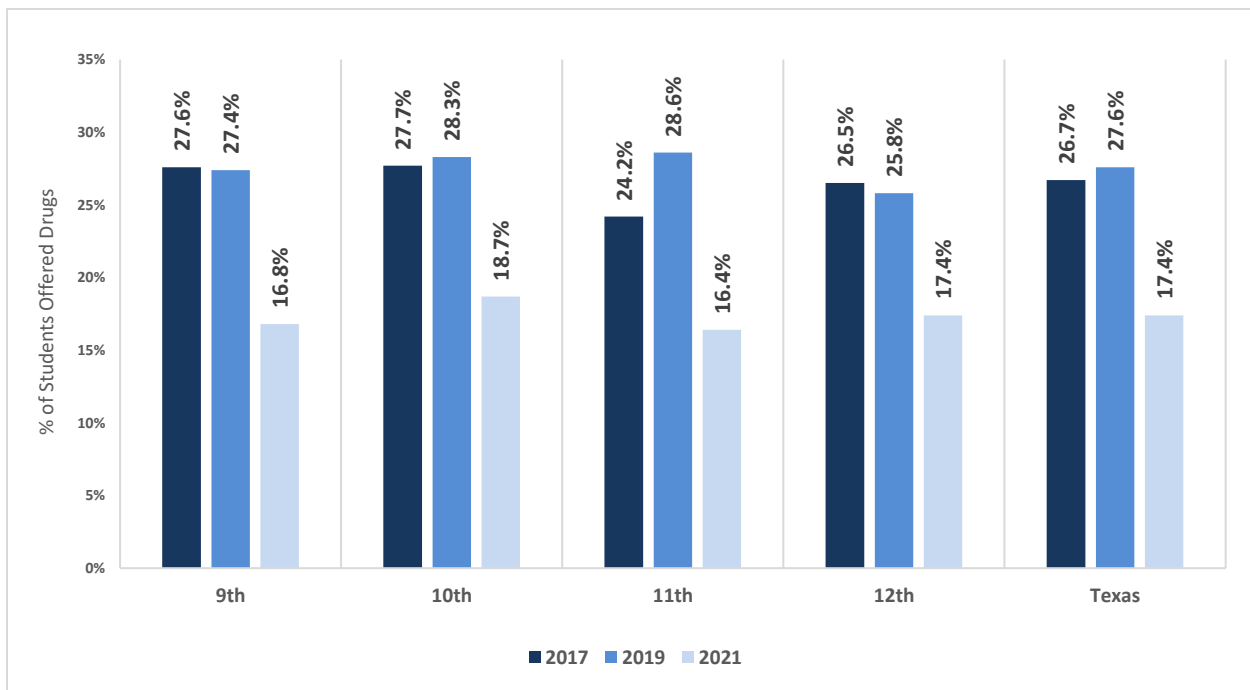


Centers for Disease Control and Prevention ⁸⁸

⁸⁸ Centers for Disease Control and Prevention. (2021c).

Figure 32 below shows Texas answers from the YRBSS regarding drug access on school property over a five-year period broken down by grade level. Grade 10 and Grade 11 reported the highest rates of being offered, sold, or given illegal drugs at school. Rates decreased overall from 2019 to 2021 across all grade levels, though this shift is most likely attributed to the COVID-19 pandemic.

Figure 32 – Texas Students Offered Illegal Drugs at School in the Past 12 Months, by Grade Level, YRBSS, 2017-2021



Centers for Disease Control and Prevention ⁸⁹

⁸⁹ Centers for Disease Control and Prevention. (2021c).

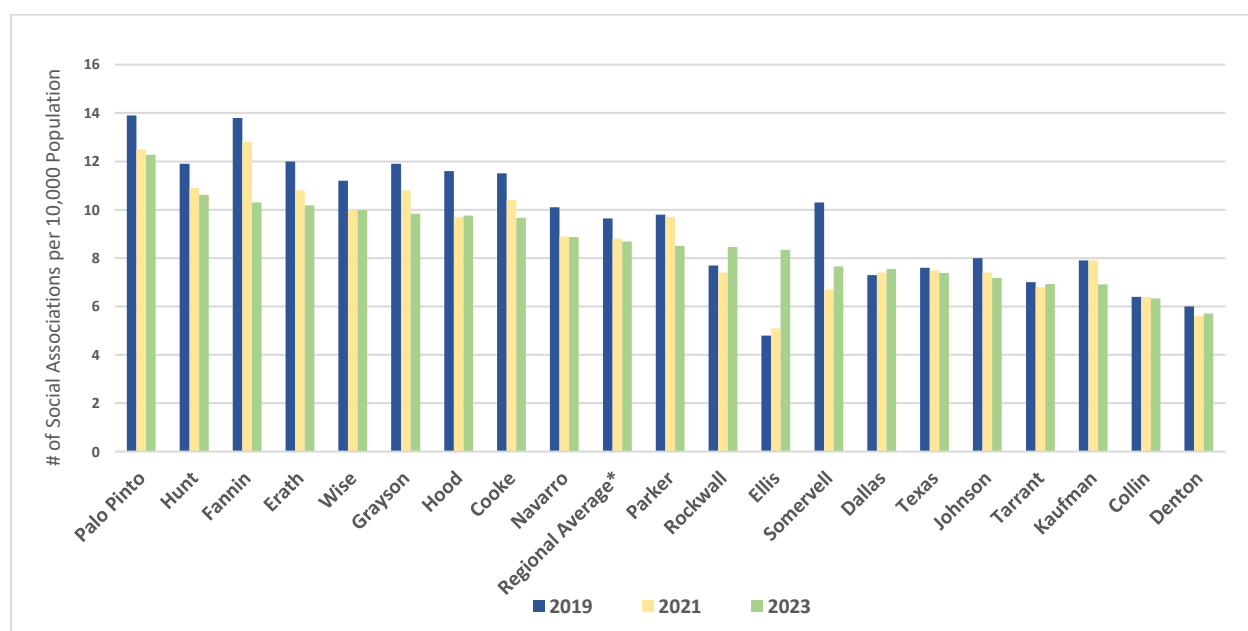
Protective Factors

Social Associations

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 smoking. Further, 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.

Figure 33 and **Table 25** below shows the number of membership associations per 10,000 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 associations were found in Denton, Collin, and Kaufman Counties, respectively. Collin and Denton counties have been among the three lowest rates for the three-year period shown. Sixteen counties saw an overall decrease in social association rates from 2019-2023. Five counties have a lower rate than Texas.

Figure 33 – Region 3 Social Associations (per 10,000 Population), by County, 2019-2023



University of Illinois Urbana-Champaign Library⁹⁰

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

While this data is useful, one must note that this measure does not account for important social connections offered by family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county. It also does not account for perceived support. For instance, an individual can be a member of multiple social associations, but feel they receive no social support from them. There is not currently a reliable, national source of data for measuring social or community support at the local level.

⁹⁰ University of Illinois Urbana-Champaign Library. (2023).

Table 25 – Region 3 Social Associations (per 10,000 Population), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	6.4	6.7	6.4	6.6	6.3
Cooke	11.5	10.0	10.4	9.7	9.7
Dallas	7.3	7.3	7.4	7.5	7.5
Denton	6.0	5.8	5.6	5.8	5.7
Ellis	4.8	4.9	5.1	5.0	8.3
Erath	12.0	11.4	10.8	11.0	10.2
Fannin	13.8	12.2	12.8	11.0	10.3
Grayson	11.9	11.4	10.8	10.7	9.8
Hood	11.6	10.1	9.7	10.2	9.8
Hunt	11.9	11.8	10.9	11.1	10.6
Johnson	8.0	7.7	7.4	7.5	7.2
Kaufman	7.9	8.0	7.9	7.1	6.9
Navarro	10.1	9.0	8.9	8.8	8.9
Palo Pinto	13.9	12.6	12.5	12.0	12.3
Parker	9.8	9.9	9.7	9.2	8.5
Rockwall	7.7	7.4	7.4	7.8	8.5
Somervell	10.3	6.8	6.7	6.6	7.7
Tarrant	7.0	6.9	6.8	6.9	6.9
Wise	11.2	10.7	10.0	9.9	10.0
Regional Average*	9.6	9.0	8.8	8.7	8.7
Texas	7.6	7.6	7.5	7.5	7.4

University of Illinois Urbana-Champaign Library⁹¹

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

⁹¹ University of Illinois Urbana-Champaign Library. (2023).

Prescription Drug Monitoring Program

The Texas Prescription Monitoring Program (PMP) 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 Texas PMP was created by the 67th Texas Legislature (1987) to monitor Schedule II controlled substance prescriptions. On September 1st, 2008, the Texas Legislature expanded the PMP 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.

Beginning March 1, 2020, pharmacists and prescribers are required to check the patient's PMP history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. They are also encouraged to check the PMP to help eliminate the overprescribing of controlled substances by obtaining patient records of controlled substance use history. A by-product of the PMP is its ability to collect data on legal prescription trends. Additionally, the Texas PMP collects information on drugs classified as not scheduled or not specified. Definitions and examples for each schedule are located in Appendix D.

Figure 34 – Region 3 Total Prescriptions Dispensed (per 100 Population), by County, 2020-2022

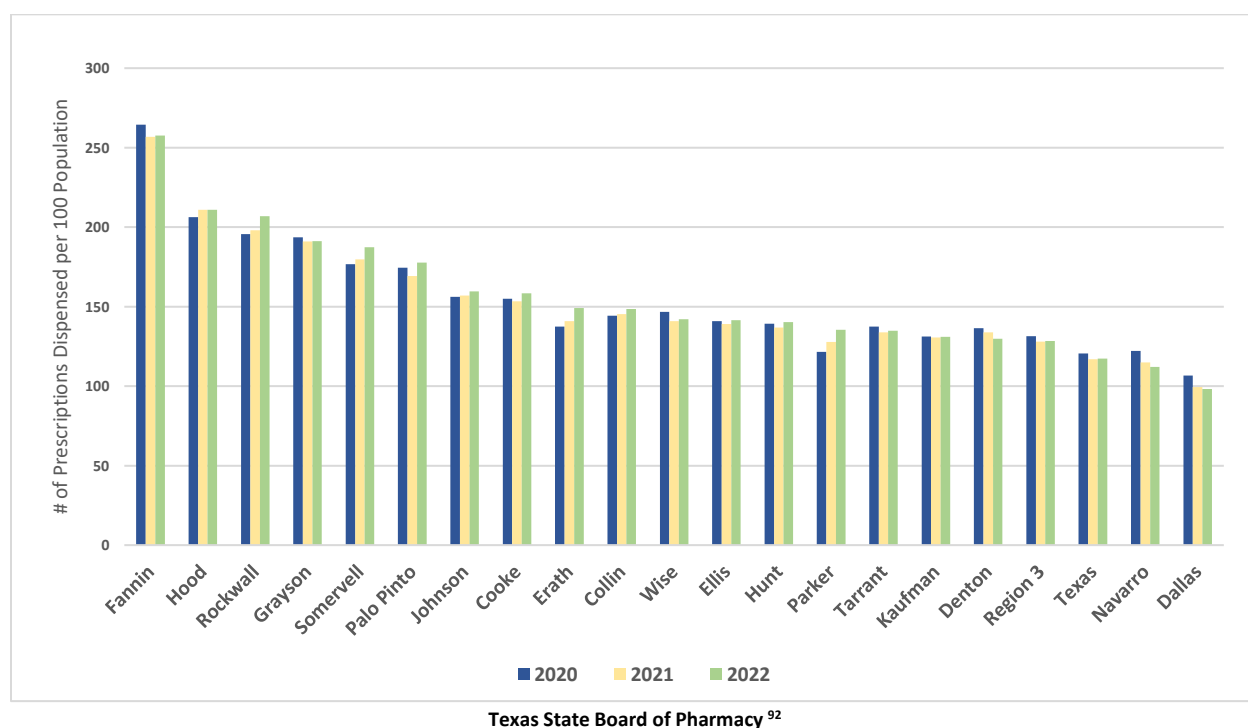


Figure 34 and **Table 26** shows the total prescriptions per 100 population over a three-year period. In 2022, Texas' rate was 117.2 per 100 population; this is a slight decrease from 120.6 per 100 population 2020. Region 3 had a rate of 128.3 per 100 Population in 2022. In 2022, the highest rates were in Fannin, Hood and Rockwall Counties, respectively. Dallas County had the lowest rate at 98.3 per 100 population. In 2022, 17 of the 19 counties in Region 3 had a rate higher than the region; with the exception of Navarro and Dallas, all counties had a rate higher than the State.

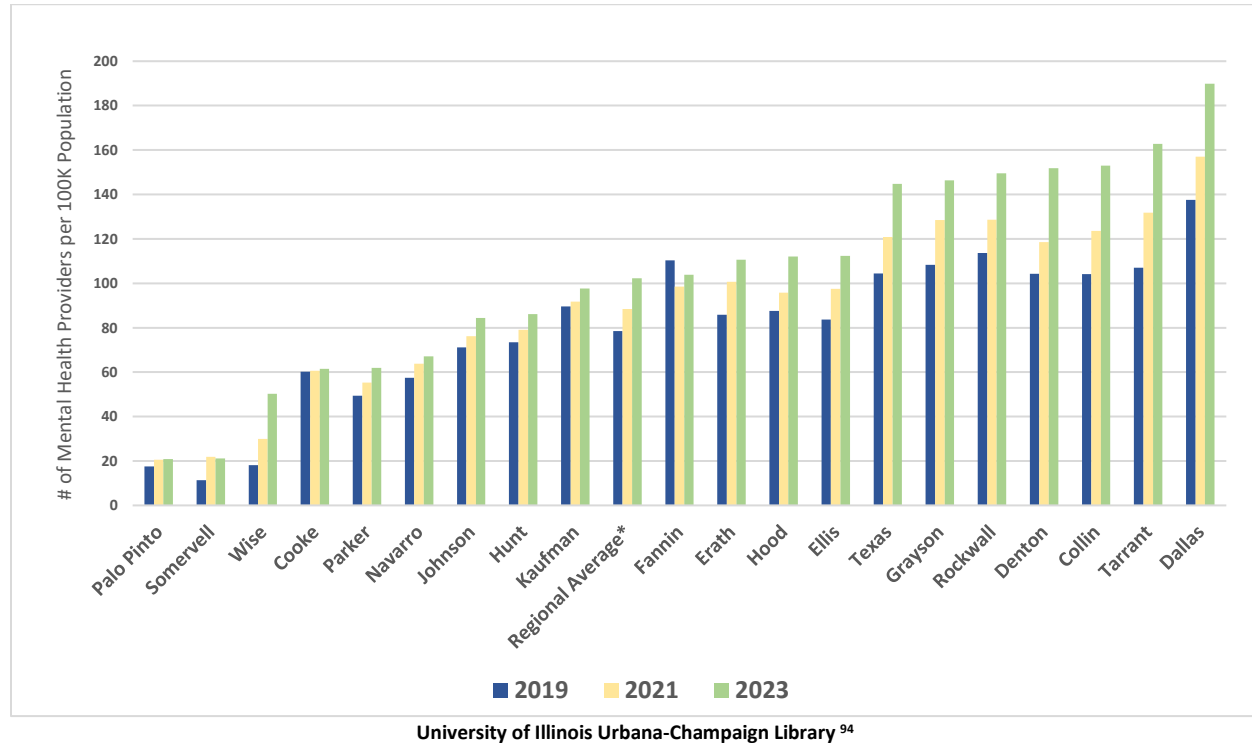
⁹² Texas State Board of Pharmacy. (2023).

Table 26 – Region 3 Total Prescriptions Dispensed (per 100 Population), by County, 2020-2022

Report Area	2020	2021	2022
Collin	144.3	145.4	148.6
Cooke	155.0	153.3	158.3
Dallas	106.8	99.5	98.3
Denton	136.5	133.8	129.9
Ellis	140.8	139.1	141.4
Erath	137.4	140.9	149.2
Fannin	264.4	256.8	257.6
Grayson	193.7	191.0	191.1
Hood	206.4	211.0	210.9
Hunt	139.3	136.8	140.3
Johnson	156.1	157.0	159.5
Kaufman	131.3	130.7	131.1
Navarro	122.1	115.0	112.1
Palo Pinto	174.5	169.2	177.8
Parker	121.6	127.7	135.5
Rockwall	195.7	198.0	206.9
Somervell	176.8	179.6	187.4
Tarrant	137.5	133.9	134.9
Wise	146.8	140.9	142.0
Region 3	131.5	127.9	128.3
Texas	120.6	116.9	117.2

Texas State Board of Pharmacy⁹³⁹³ Texas State Board of Pharmacy. (2023).

Mental Health Providers

Figure 35 – Region 3 Total Mental Health Providers (per 100K Population), by County, 2019-2023

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

This measure is meant to represent the accessibility of mental health providers to the general population. **Figure 35** and **Table 27** display the rate of mental health providers per 100K population for Texas and Region 3 counties over a five-year period. The three lowest rates of mental health providers are found in Palo Pinto, Somervell, and Wise Counties. These three counties have had the lowest three rates for the duration of the five-year period. In 2023, 13 counties in Region 3 had a lower rate than Texas. With the exception of Fannin County, all rates have increased between 2019 and 2023 which indicates an increase in accessibility to mental health providers.

⁹⁴ University of Illinois Urbana-Champaign Library. (2023).

Table 27 – Region 3 Total Mental Health Providers (per 100K Population), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	104	114	124	137	153
Cooke	60	59	61	60	62
Dallas	138	147	157	171	190
Denton	104	112	119	133	152
Ellis	84	92	97	108	112
Erath	86	92	101	106	111
Fannin	110	102	99	100	104
Grayson	108	122	128	142	146
Hood	88	94	96	102	112
Hunt	74	78	79	83	86
Johnson	71	71	76	79	84
Kaufman	90	92	92	98	98
Navarro	57	65	64	65	67
Palo Pinto	18	21	21	20	21
Parker	49	53	55	60	62
Rockwall	114	125	129	133	150
Somervell	11	22	22	22	21
Tarrant	107	122	132	144	163
Wise	18	23	30	38	50
Regional Average*	78	85	88	95	102
Texas	104	114	121	132	145

University of Illinois Urbana-Champaign Library ⁹⁵

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Table 28 – Region 3 Ratio of Population to Mental Health Providers, by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	960:1	881:1	809:1	727:1	654:1
Cooke	1662:1	1691:1	1650:1	1656:1	1625:1
Dallas	727:1	679:1	637:1	585:1	527:1
Denton	959:1	893:1	843:1	754:1	658:1
Ellis	1195:1	1083:1	1026:1	926:1	890:1
Erath	1166:1	1088:1	993:1	940:1	904:1
Fannin	906:1	980:1	1015:1	998:1	962:1
Grayson	924:1	817:1	778:1	706:1	683:1
Hood	1143:1	1062:1	1045:1	977:1	892:1
Hunt	1360:1	1287:1	1264:1	1202:1	1162:1
Johnson	1406:1	1405:1	1312:1	1265:1	1185:1
Kaufman	1117:1	1090:1	1089:1	1023:1	1024:1
Navarro	1739:1	1549:1	1566:1	1536:1	1489:1
Palo Pinto	5714:1	4813:1	4865:1	4887:1	4781:1
Parker	2022:1	1870:1	1809:1	1665:1	1616:1
Rockwall	880:1	799:1	777:1	753:1	669:1
Somervell	8845:1	4508:1	4564:1	4570:1	4735:1
Tarrant	934:1	821:1	759:1	696:1	614:1
Wise	5515:1	4269:1	3333:1	2633:1	1992:1
Texas	957:1	878:1	827:1	759:1	691:1

University of Illinois Urbana-Champaign Library⁹⁶

The table above displays the ratio of the population (X) to mental health providers (Y) for Texas and Region 3 counties over a five-year period. The ratio (X:Y) is lowest in Palo Pinto, Somervell, and Wise Counties. 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 from 2019-2021.

Table should be read: For every (Y) mental health provider there are (X) people. For example, in 2022, for every 1 mental health provider in Palo Pinto County, there are 4,781 people.

⁹⁶ University of Illinois Urbana-Champaign Library. (2023).

Interpersonal Domain

As previously stated, the interpersonal domain focuses on social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access.

In this section, you will find data for family violence, victims of child maltreatment, adult depression, and much more. For data sourced from the Texas School Survey (TSS) report, such as perceived parental disapproval of substances, perceptions of peer use, perceived substance availability, and the presence of substances at parties, note that data from the 2020 TSS report will not be included.

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. Due to the drop in participation, it was necessary to combine Region 3 with Region 4 for the 2020 TSS report, rendering it unable to be compared to the 2022 report. Therefore, for the purposes of comparison, this needs assessment will opt to compare the 2018 and 2022 TSS reports that reflect Region 3 independently of other regions.



Family Environment

Children Under 18 Living in Single Parent Households

According to the Centers for Disease Control and Prevention's ongoing collaborative study titled the Adverse Childhood Experiences study (ACEs), adults and children in single-parent households are at a greater 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) than their peers in two-parent households.

According to the Annie E. Casey Foundation:

Research has linked these challenges with factors often associated with single-parent families, such as parental stress, parental breakups, witnessing conflict, lost social networks, moving homes and socioeconomic hurdles. Single parents may struggle to cover their family's basic needs, including food, utilities, housing, childcare, clothing and transportation. Navigating these struggles alone — and with limited resources — can send stress levels soaring.⁹⁷

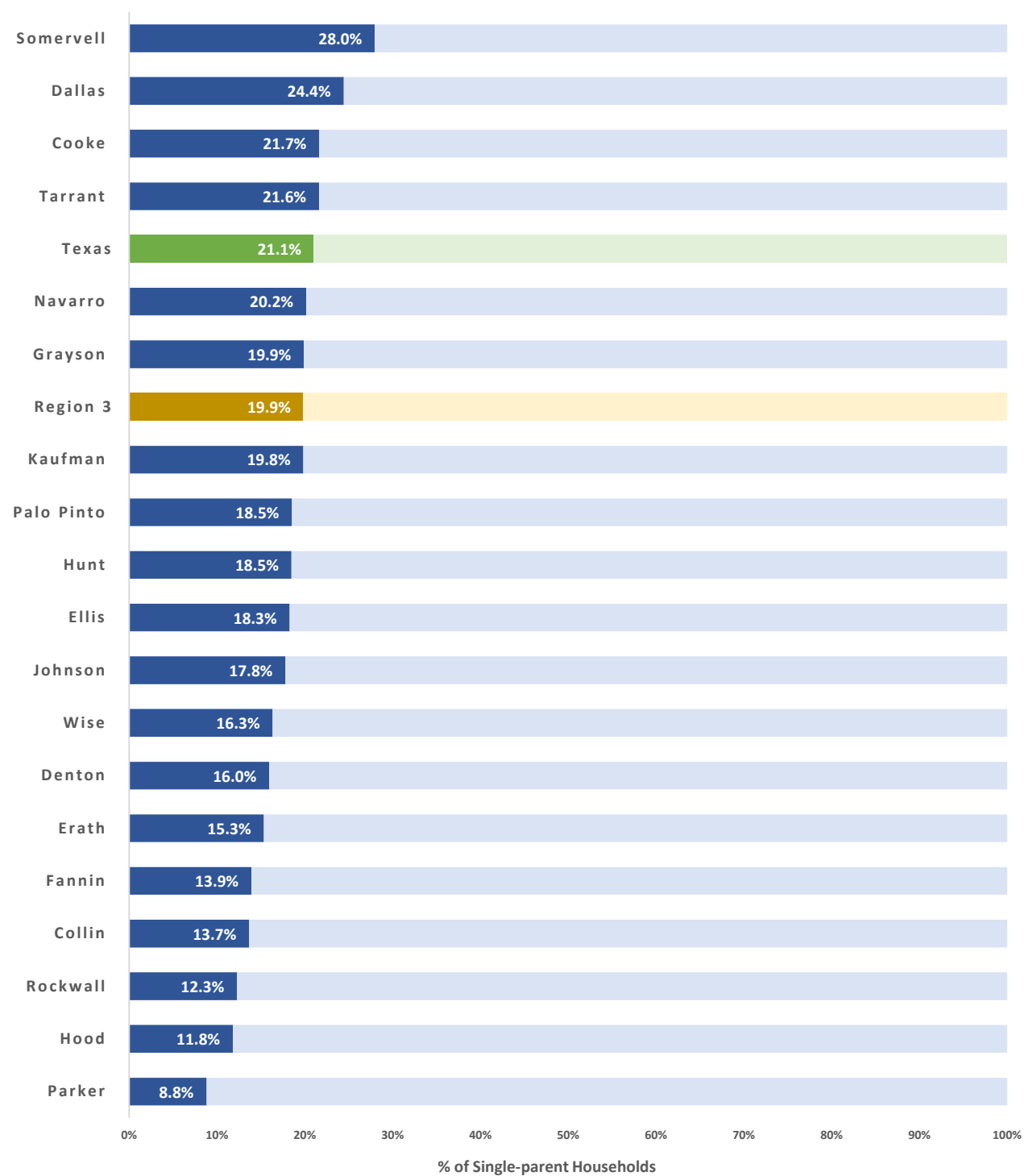
However, it is necessary to keep in mind that family structures are not a direct cause of the aforementioned adverse health outcomes.

While the research is complex, mounting evidence indicates that underlying factors — such as strong and stable relationships, parental mental health, socioeconomic status and access to resources — have a greater impact on child success than family structure alone. Children thrive when they have safe, stable, and nurturing environments and relationships, and these conditions and connections can exist in any type of family.⁹⁸

Figure 36 shows the percentage of single parent households in each Region 3 county. From 2017-2021, the Texas rate was 21.1%. The highest rates are found in Somervell, Dallas, and Cooke Counties, respectively; these three counties also have a higher rate than Region 3 and Texas.

⁹⁷ The Annie E. Casey Foundation. (2022).

⁹⁸ Ibid.

Figure 36 – Region 3 Single-parent Households, by County, 2017-2021U.S. Census Bureau ⁹⁹⁹⁹ U.S. Census Bureau. (2021c).

Family Violence

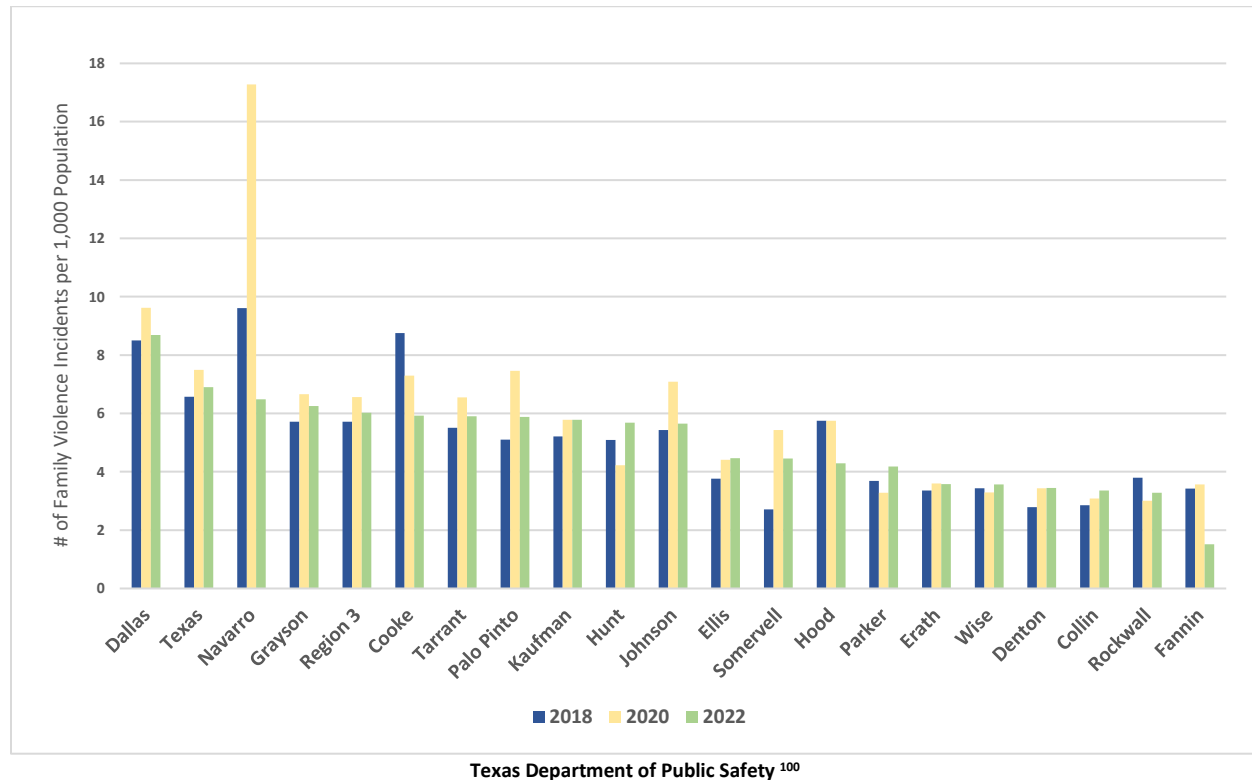
Figure 37 – Region 3 Family Violence Incidents (per 1,000 Population), by County, 2018-2022

Figure 37 and **Table 29** shows the family violence incidents rate per 1,000 population in each Region 3 county. In 2022, the highest rates were in Dallas, Navarro, and Grayson Counties, respectively. Dallas County is the only county with a rate higher than Texas and Region 3. Only two other counties, Navarro and Grayson, have a rate higher than Region 3. Additionally, Navarro experienced a significant spike (17.3 incidents per 1,000 population) in family violence incidents in 2020 with a rate nearly double every county except for Dallas.

¹⁰⁰ Texas Department of Public Safety. (2022a).

Table 29 – Region 3 Family Violence Incidents (per 1,000 Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	2.9	3.0	3.1	2.9	3.4
Cooke	8.8	7.9	7.3	6.7	5.9
Dallas	8.5	8.7	9.6	9.1	8.7
Denton	2.8	3.2	3.4	3.5	3.4
Ellis	3.8	3.7	4.4	4.5	4.5
Erath	3.4	3.5	3.6	3.7	3.6
Fannin	3.4	2.9	3.6	2.1	1.5
Grayson	5.7	6.5	6.7	6.3	6.3
Hood	5.7	4.8	5.7	3.8	4.3
Hunt	5.1	4.9	4.2	5.6	5.7
Johnson	5.4	6.2	7.1	6.5	5.7
Kaufman	5.2	4.8	5.8	5.6	5.8
Navarro	9.6	15.0	17.3	9.6	6.5
Palo Pinto	5.1	5.6	7.5	5.5	5.9
Parker	3.7	2.6	3.3	4.5	4.2
Rockwall	3.8	3.7	3.0	3.4	3.3
Somervell	2.7	2.9	5.4	3.8	4.5
Tarrant	5.5	6.4	6.5	6.2	5.9
Wise	3.4	3.1	3.3	3.3	3.6
Region 3	5.7	6.1	6.6	6.2	6.0
Texas	6.6	6.8	7.5	7.0	6.9

Texas Department of Public Safety¹⁰¹¹⁰¹ Texas Department of Public Safety. (2022a).

Confirmed Victims of Maltreatment

Figure 38 – Region 3 Confirmed Child Victims of Maltreatment (per 1,000 Children), by County, 2018-2022

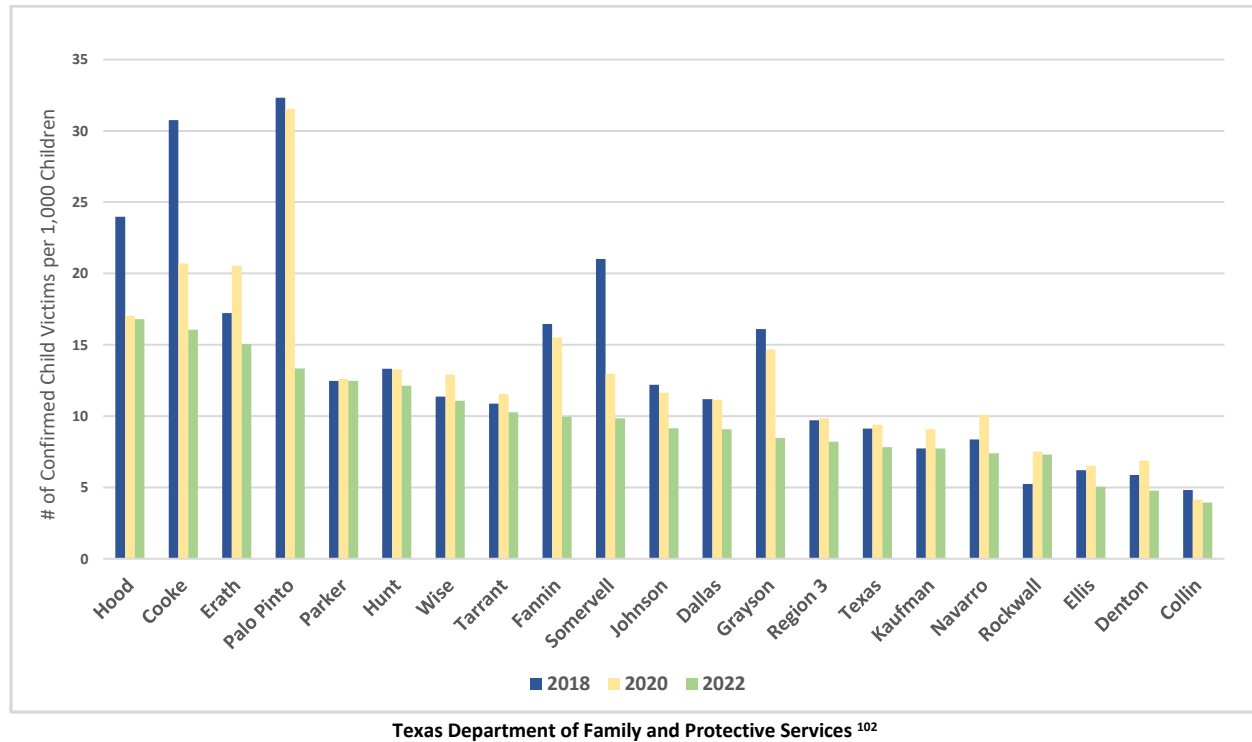


Figure 38 and **Table 30** shows the rates of confirmed child victims of maltreatment per 1,000 children from 2018-2022 for each Region 3 county. For 2022, Texas had a rate of 7.8 per 1,000 children. In 2022, the highest rates were found in Hood, Cooke, and Erath Counties, respectively. Palo Pinto and Cooke Counties have been among the top two rates for the time periods shown. 13 counties have a higher rate than both Region 3 and Texas. Eight counties saw a rate increase from 2018 to 2020. All 19 counties experienced a decrease in rates from 2020-2022.

¹⁰² Texas Department of Family and Protective Services. (2023a).

**Table 30 – Region 3 Confirmed Child Victims of Maltreatment (per 1,000 Children),
by County, 2018-2022**

Report Area	2018	2019	2020	2021	2022
Collin	4.8	4.8	4.1	4.6	3.9
Cooke	30.8	19.2	20.7	14.6	16.1
Dallas	11.2	10.7	11.1	10.4	9.1
Denton	5.9	6.1	6.9	6.5	4.8
Ellis	6.2	6.6	6.5	5.4	5.1
Erath	17.2	18.9	20.6	14.8	15.0
Fannin	16.5	14.7	15.5	11.1	10.0
Grayson	16.1	18.0	14.7	11.3	8.5
Hood	24.0	18.6	17.0	20.0	16.8
Hunt	13.3	14.6	13.3	14.9	12.1
Johnson	12.2	13.0	11.6	11.2	9.2
Kaufman	7.7	9.4	9.1	10.7	7.7
Navarro	8.4	8.9	10.1	11.6	7.4
Palo Pinto	32.3	28.3	31.5	23.7	13.3
Parker	12.5	12.1	12.6	11.7	12.5
Rockwall	5.3	7.2	7.5	8.8	7.3
Somervell	21.0	9.4	13.0	10.7	9.8
Tarrant	10.9	10.3	11.6	12.1	10.3
Wise	11.4	12.1	12.9	11.8	11.1
Region 3	9.7	9.4	9.9	9.7	8.2
Texas	9.1	9.2	9.4	9.4	7.8

Texas Department of Family and Protective Services ¹⁰³

¹⁰³ Texas Department of Family and Protective Services. (2023a).

Children in Foster Care

Figure 39 – Region 3 Children Under 18 in Foster Care System (per 1,000 Children), by County, 2018-2022

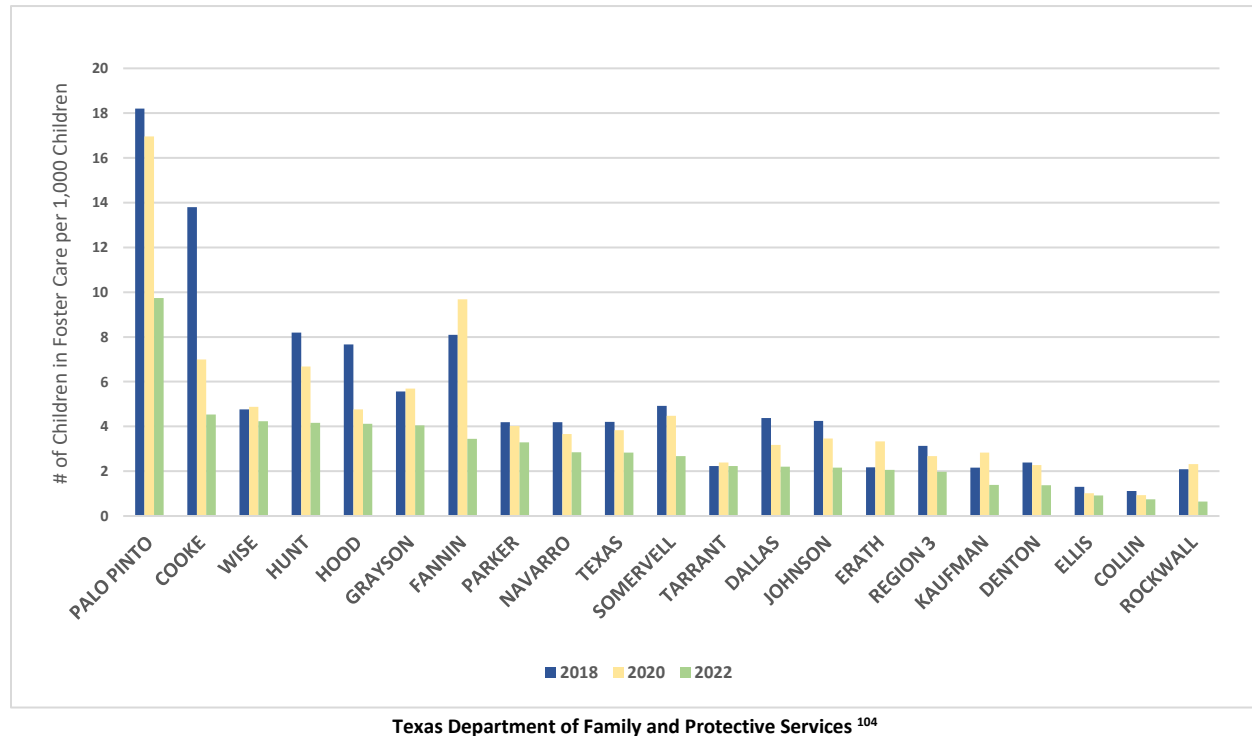


Figure 39 and **Table 31** below shows the rates of children under 18 years old who are in the foster care system per 1,000 children from 2018-2022 for each Region 3 county. These rates are calculated using the number of children in foster care on August 31st of the year shown. In 2022, the highest rates were found in Palo Pinto, Cooke, and Wise Counties, respectively. Palo Pinto and Cooke Counties have been among the top three rates for the three-year period shown. 14 counties have a higher rate than Region 3, nine counties have a higher rate than Texas. Additionally, all counties saw a decrease over the time period.

¹⁰⁴ Texas Department of Family and Protective Services. (2023b).

**Table 31 – Region 3 Children Under 18 in Foster Care System (per 1,000 Children),
by County, 2018-2022**

Report Area	2018	2019	2020	2021	2022
Cook	13.8	9.8	7.0	6.9	4.5
Collin	1.1	1.1	0.9	0.8	0.7
Dallas	4.4	3.9	3.2	3.0	2.2
Denton	2.4	2.7	2.3	2.1	1.4
Ellis	1.3	1.2	1.0	0.9	0.9
Erath	2.2	2.3	3.3	3.1	2.1
Fannin	8.1	8.0	9.7	6.5	3.5
Grayson	5.6	6.0	5.7	5.1	4.0
Hood	7.7	5.6	4.8	5.4	4.1
Hunt	8.2	8.4	6.7	6.9	4.2
Johnson	4.2	4.3	3.5	3.6	2.2
Kaufman	2.2	1.9	2.8	2.2	1.4
Navarro	4.2	3.3	3.7	3.7	2.8
Palo Pinto	18.2	15.7	17	13.2	9.7
Parker	4.2	4.2	4.0	4.2	3.3
Rockwall	2.1	2.6	2.3	1.4	0.6
Somervell	4.9	5.4	4.5	6.7	2.7
Tarrant	2.2	2.2	2.4	2.4	2.2
Wise	4.8	4.7	4.9	5.1	4.2
Region 3	3.1	3.0	2.7	2.6	2.0
Texas	4.2	4.0	3.8	3.7	2.8

Texas Department of Family and Protective Services ¹⁰⁵

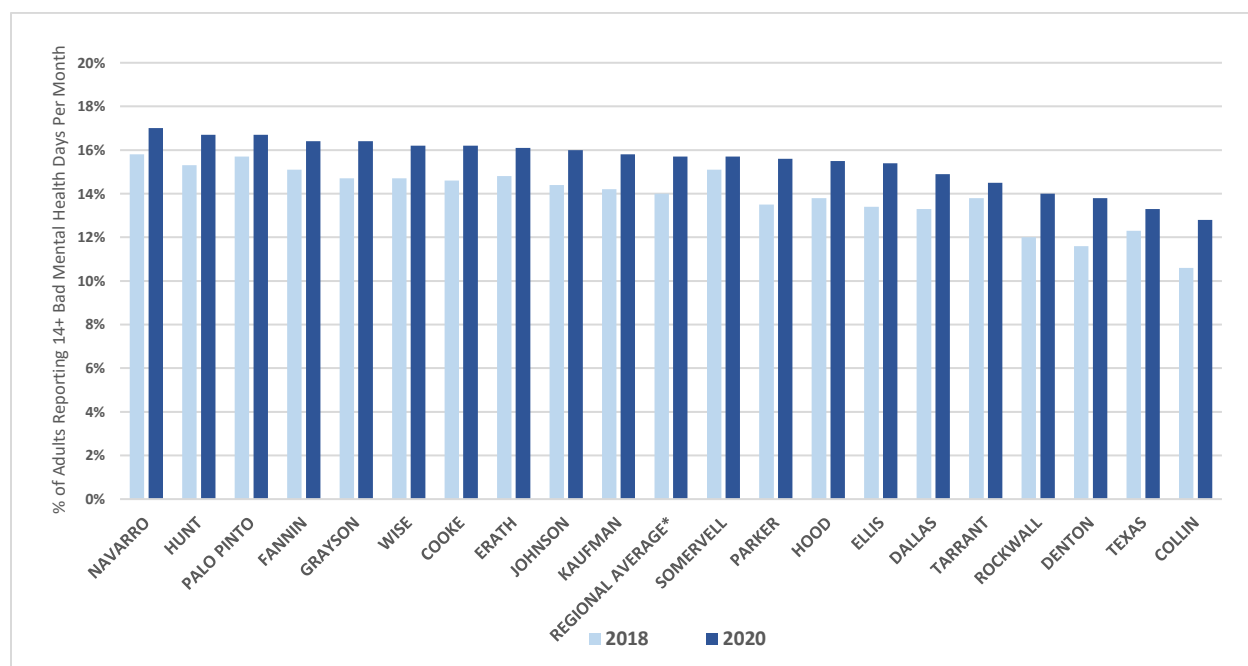
¹⁰⁵ Texas Department of Family and Protective Services. (2023b).

Adult Depression

The data in **Figure 40** and **Table 32** 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. Typically, BRFSS data is only released on the state level. However, in collaboration with the Robert Wood Johnson Foundation, the CDC publishes county-level model-based estimates through the PLACES Project. PLACES provides model-based, population-level analysis and community estimates of health measures to counties across the nation.

Figure 40 and **Table 32** shows the rates of depression in adults for Region 3 counties between 2018-2020. This rate is measured based on the percentage of adults that report having 14 or more bad mental health days every month. The counties with the top three rates of adult depression are Navarro, Hunt, and Palo Pinto Counties, respectively, with Collin County as the only county lower than Texas.

Figure 40 – Region 3 Adult Depression, by County, BRFSS, 2018-2020



Centers for Disease Control and Prevention ¹⁰⁶

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

¹⁰⁶ Centers for Disease Control and Prevention. (2022c).

The PLACES project releases county-level estimates two years following every BRFSS data release. Therefore, although the Texas estimate is available for 2021, county-level estimates for that year are not yet available at the time of this publication.

Table 32 – Region 3 Adult Depression, by County, BRFSS, 2018-2020

Report Area	2018	2020	2021
Cook	14.6%	16.2%	-
Collin	10.6%	12.8%	-
Dallas	13.3%	14.9%	-
Denton	11.6%	13.8%	-
Ellis	13.4%	15.4%	-
Erath	14.8%	16.1%	-
Fannin	15.1%	16.4%	-
Grayson	14.7%	16.4%	-
Hood	13.8%	15.5%	-
Hunt	15.3%	16.7%	-
Johnson	14.4%	16.0%	-
Kaufman	14.2%	15.8%	-
Navarro	15.8%	17.0%	-
Palo Pinto	15.7%	16.7%	-
Parker	13.5%	15.6%	-
Rockwall	12.0%	14.0%	-
Somervell	15.1%	15.7%	-
Tarrant	13.8%	14.5%	-
Wise	14.7%	16.2%	-
Regional Average*	14.0%	15.7%	-
Texas	12.3%	13.3%	14.1%

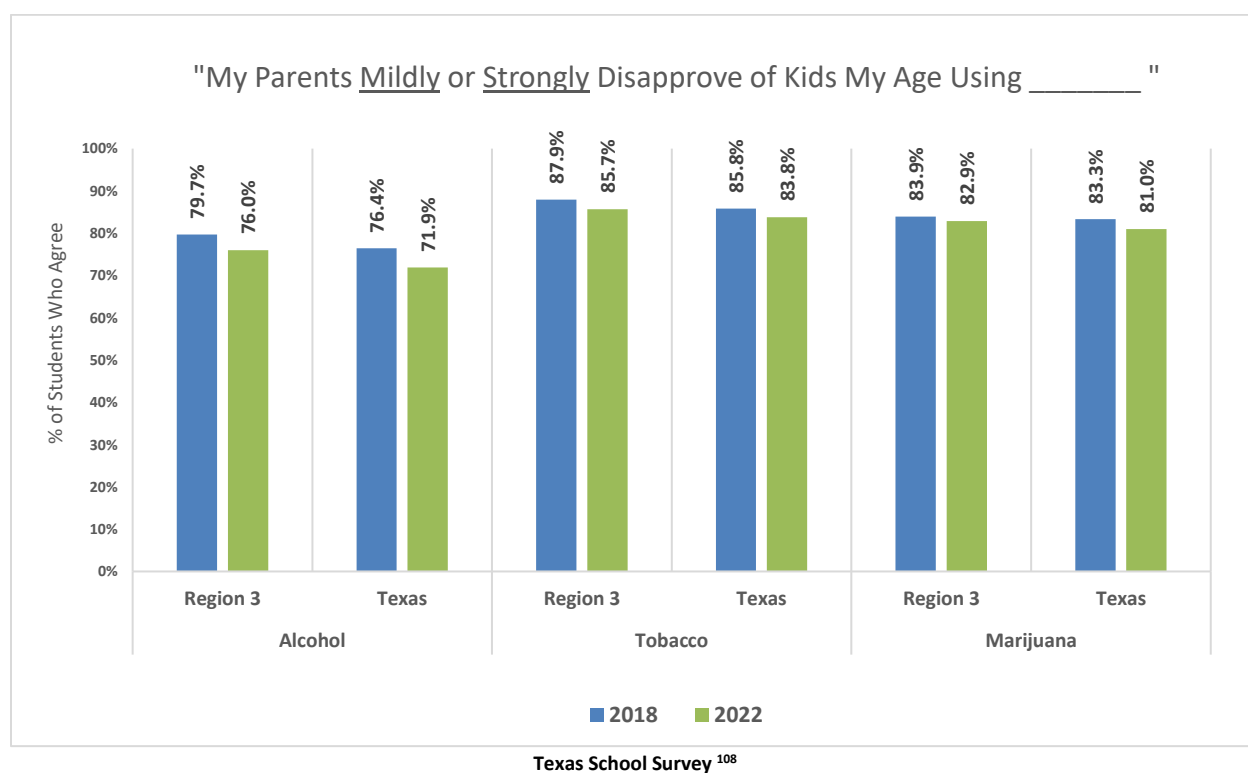
Centers for Disease Control and Prevention ¹⁰⁷

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Perception of Parental Attitudes

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 youth perceptions of adult attitudes about drug and alcohol consumption can have either a positive or negative influence on youth and their substance use activity.

Figure 41 – Region 3 Student Perceptions of Parental Disapproval of Youth Consumption, by Substance, TSS, 2018-2022



¹⁰⁸ Marchbanks III, M.P. et al. (2022b).

Parental Disapproval of Alcohol

Students were asked how they thought their parents feel about **alcohol** use among their age group. For 2022, Region 3's highest rates for "disapprove" (strongly and mildly) were found among grade 7 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 9 students.

Table 33 – TSS “How do your parents feel about kids your age Drinking Alcohol?” (Region 3)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	66.1%	62.8%	13.6%	13.2%	10.4%	10.9%	3.0%	4.4%	0.9%	0.8%	5.9%	7.9%
Grade 7	79.7%	75.1%	8.4%	9.1%	3.6%	4.9%	1.1%	1.9%	0.3%	0.3%	6.9%	8.7%
Grade 8	74.2%	70.2%	10.2%	11.3%	6.5%	7.4%	1.9%	2.8%	1.1%	0.3%	6.2%	8.0%
Grade 9	64.6%	65.1%	12.0%	11.7%	12.0%	9.1%	3.2%	3.6%	1.1%	1.3%	7.1%	9.2%
Grade 10	64.4%	59.6%	15.8%	10.6%	12.1%	16.5%	3.0%	5.0%	0.4%	1.0%	4.3%	7.2%
Grade 11	58.0%	53.2%	18.4%	20.4%	12.7%	12.0%	3.6%	5.9%	1.2%	1.5%	6.1%	7.0%
Grade 12	52.4%	50.3%	18.7%	17.5%	17.5%	16.9%	5.7%	8.2%	1.3%	0.0%	4.4%	7.1%

Table 34 – TSS “How do your parents feel about kids your age Drinking Alcohol?” (Texas)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	62.0%	58.0%	14.4%	13.9%	12.3%	13.5%	3.9%	4.9%	1.0%	0.9%	6.5%	8.8%
Grade 7	76.0%	68.3%	8.2%	10.7%	4.7%	6.8%	1.6%	2.4%	0.8%	0.6%	8.7%	11.1%
Grade 8	71.3%	66.7%	10.3%	11.9%	8.0%	9.7%	2.4%	3.0%	1.0%	0.3%	7.0%	8.4%
Grade 9	62.5%	58.6%	14.4%	13.6%	12.4%	13.2%	3.2%	4.1%	1.0%	1.4%	6.5%	9.1%
Grade 10	58.1%	55.4%	16.9%	13.6%	13.4%	15.5%	4.3%	5.9%	0.9%	1.5%	6.4%	8.1%
Grade 11	54.4%	49.9%	18.3%	17.8%	15.9%	17.3%	5.0%	6.7%	1.1%	0.9%	5.2%	7.4%
Grade 12	47.0%	45.2%	19.2%	16.8%	20.6%	20.6%	7.5%	8.2%	1.3%	1.0%	4.5%	8.3%

Texas School Survey ¹⁰⁹

¹⁰⁹ Marchbanks III, M.P. et al. (2022b).

Parental Disapproval of Tobacco

Students were asked how they thought their parents feel about **tobacco** use among their age group. In Region 3, the highest rates for “disapprove” (strongly and mildly) were found among grade 7 students; the highest rates for “approve” (mildly and strongly) and “neither” were found among grade 10 students. The highest rates for “do not know” were found among grade 9 students.

Table 35 – TSS “How do your parents feel about kids your age using Tobacco?” (Region 3)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	80.3%	79.6%	7.6%	6.1%	4.9%	4.1%	0.8%	0.9%	0.5%	0.4%	6.0%	8.8%
Grade 7	88.7%	85.3%	2.4%	3.4%	1.7%	2.1%	0.1%	0.4%	0.3%	0.2%	6.9%	8.7%
Grade 8	85.3%	84.1%	3.4%	3.7%	2.7%	2.9%	1.3%	0.6%	0.9%	0.3%	6.3%	8.5%
Grade 9	78.9%	77.3%	8.6%	5.4%	4.1%	4.7%	0.7%	1.5%	0.5%	0.5%	7.3%	10.5%
Grade 10	78.7%	77.7%	9.0%	5.5%	6.6%	6.0%	0.9%	1.9%	0.4%	0.4%	4.5%	8.5%
Grade 11	77.2%	76.3%	9.2%	10.8%	6.7%	3.8%	0.5%	0.2%	0.6%	1.1%	5.7%	7.8%
Grade 12	70.8%	75.8%	14.3%	9.0%	8.8%	5.6%	1.2%	0.7%	0.1%	0.0%	4.8%	8.8%

Table 36 – TSS “How do your parents feel about kids your age using Tobacco?” (Texas)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	78.3%	77.0%	7.5%	6.8%	5.9%	5.2%	0.9%	0.9%	0.6%	0.6%	6.8%	9.5%
Grade 7	85.0%	80.8%	2.9%	4.2%	2.1%	2.7%	0.4%	0.5%	0.6%	0.5%	8.9%	11.3%
Grade 8	83.5%	81.7%	4.7%	5.0%	3.4%	3.8%	0.9%	0.5%	0.6%	0.3%	6.9%	8.6%
Grade 9	78.7%	76.1%	7.6%	6.3%	5.5%	5.8%	0.6%	1.1%	0.6%	1.0%	6.9%	9.8%
Grade 10	77.0%	75.8%	8.0%	6.3%	6.7%	6.6%	0.9%	1.3%	0.5%	0.7%	6.8%	9.3%
Grade 11	75.1%	74.5%	9.6%	9.6%	7.7%	6.2%	1.1%	0.8%	0.7%	0.5%	5.9%	8.3%
Grade 12	68.4%	71.8%	13.1%	10.3%	11.1%	6.7%	1.7%	1.1%	0.5%	0.6%	5.2%	9.5%

Texas School Survey ¹¹⁰

¹¹⁰ Marchbanks III, M.P. et al. (2022b).

Parental Disapproval of Marijuana

Students were asked how they thought their parents feel about **marijuana** use among their age group. For 2022, Region 3's highest rates for "disapprove" (strongly and mildly) were found among grade 7 students; the highest rates for "approve" (mildly and strongly) were found among grade 11 students. Highest rates for "neither" were found in Grade 12 students. The highest rates for "do not know" were found among grade 9 students.

Table 37 – TSS "How do your parents feel about kids your age using Marijuana?" (Region 3)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	77.7%	76.1%	6.2%	6.8%	7.0%	6.1%	1.9%	1.9%	1.4%	1.2%	5.8%	8.0%
Grade 7	88.0%	85.1%	1.9%	3.6%	1.7%	1.9%	0.7%	0.7%	0.4%	0.2%	7.3%	8.5%
Grade 8	83.6%	83.1%	4.1%	3.9%	3.6%	3.0%	1.5%	1.2%	1.4%	0.5%	5.8%	8.3%
Grade 9	75.0%	77.7%	7.5%	7.7%	7.5%	3.1%	2.0%	1.2%	0.9%	1.3%	7.1%	9.1%
Grade 10	76.5%	71.2%	6.2%	6.7%	8.4%	11.3%	3.2%	1.2%	1.7%	2.3%	3.9%	7.2%
Grade 11	72.6%	71.6%	8.6%	9.9%	8.5%	5.0%	2.4%	4.5%	2.3%	1.5%	5.5%	7.4%
Grade 12	68.0%	64.8%	10.0%	10.2%	13.5%	13.5%	2.0%	2.8%	2.0%	1.1%	4.5%	7.7%

Table 38 – TSS "How do your parents feel about kids your age using Marijuana?" (Texas)

	Strongly Disapprove		Mildly Disapprove		Neither		Mildly Approve		Strongly Approve		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	76.5%	74.1%	6.8%	6.9%	7.0%	6.9%	1.9%	1.9%	1.3%	1.3%	6.5%	8.9%
Grade 7	84.8%	81.5%	2.3%	3.1%	2.3%	2.5%	0.8%	0.8%	0.9%	0.8%	8.9%	11.3%
Grade 8	83.0%	81.7%	4.0%	4.4%	4.4%	3.9%	1.2%	1.0%	1.0%	0.6%	6.4%	8.4%
Grade 9	76.1%	73.7%	7.0%	7.2%	7.3%	7.1%	1.8%	1.3%	1.2%	1.3%	6.6%	9.3%
Grade 10	74.1%	70.2%	7.1%	7.6%	8.0%	9.2%	2.7%	2.3%	1.5%	2.3%	6.5%	8.4%
Grade 11	71.3%	69.3%	9.9%	9.7%	9.4%	8.7%	2.5%	3.3%	1.6%	1.3%	5.2%	7.7%
Grade 12	68.0%	65.3%	11.2%	10.6%	11.7%	11.7%	2.4%	3.0%	1.8%	1.3%	4.9%	8.2%

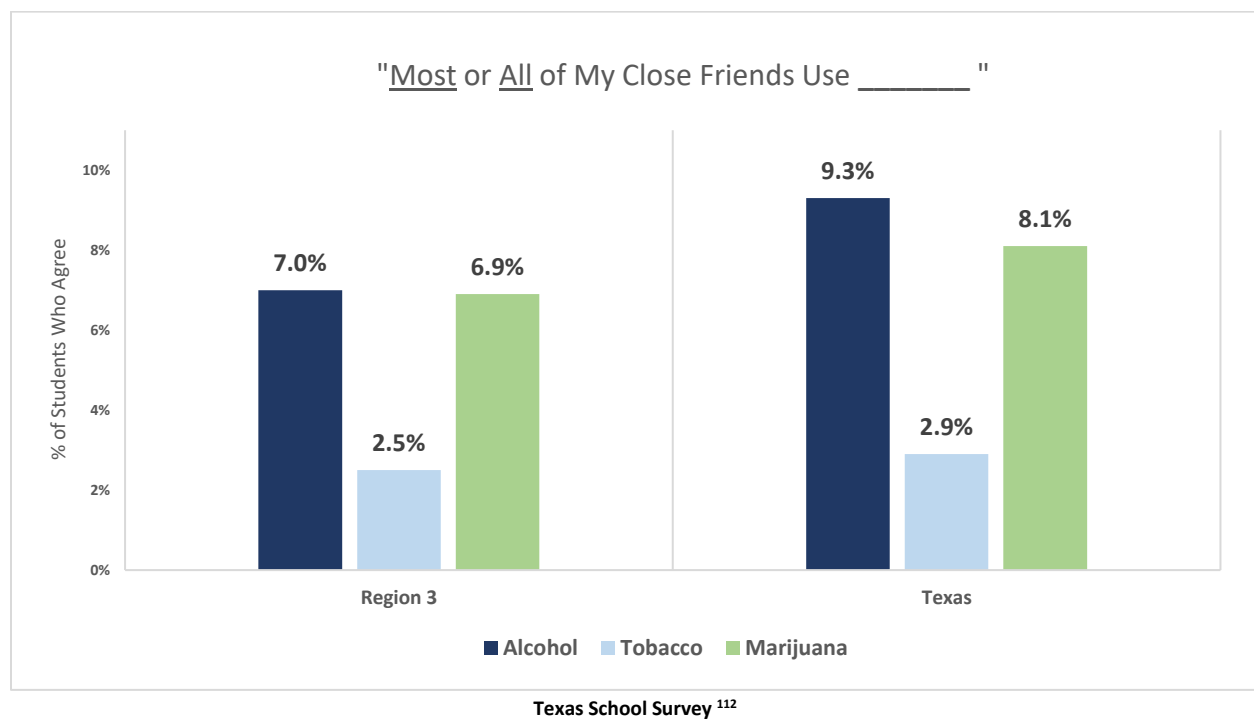
Texas School Survey ¹¹¹

¹¹¹ Marchbanks III, M.P. et al. (2022b).

Perceptions of Peer Use

Students were asked how many, if any, of their close friends used substances. **Figure 42** shows the percentage of students that reported in 2022 a majority of their close friends use alcohol, tobacco, or marijuana. In Region 3, students reported that a majority of their friends (Most or All) use alcohol and marijuana at approximately the same rate (7.0% and 6.9% respectively). Overall, Region 3 students report a lower rate than Texas students overall.

Figure 42 – Region 3 Student Perceptions of Peer Consumption, by Substance, TSS, 2022

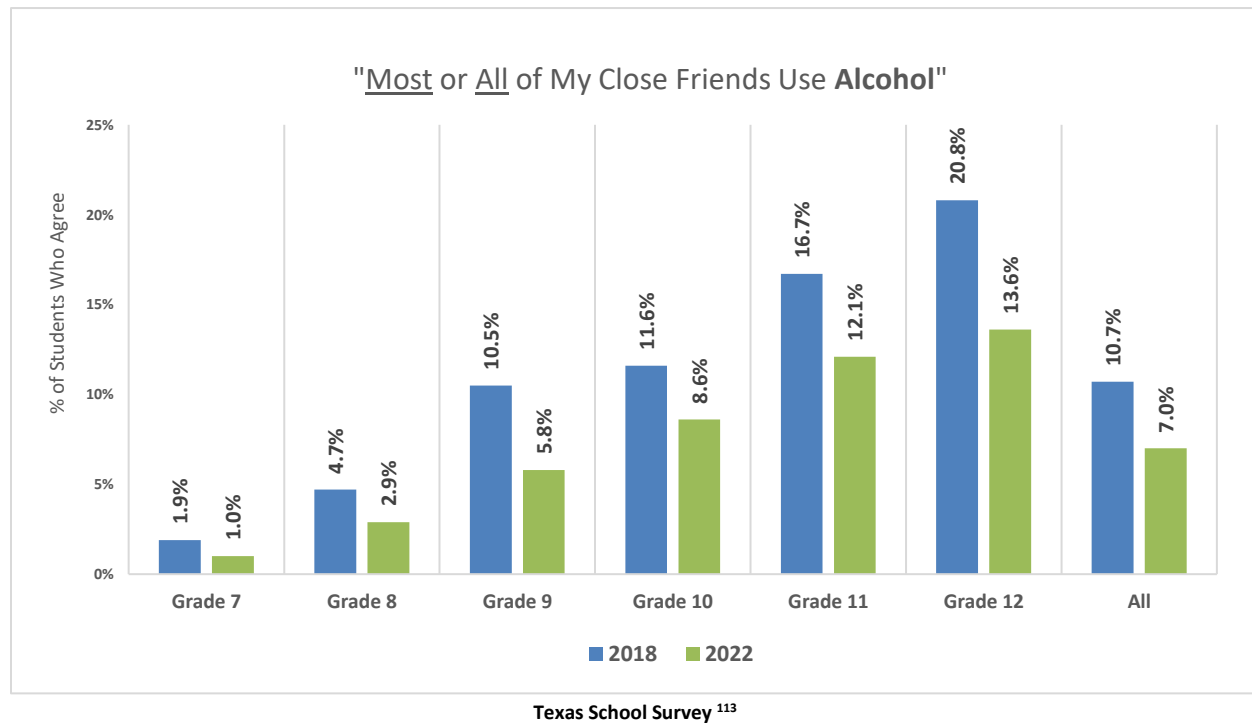


¹¹² Marchbanks III, M.P. et al. (2022b).

Friends Who Use Alcohol

Students were asked how many, if any, of their close friends used **alcohol**. In Region 3, the highest rates for students who reported a majority of friends (Most and All) using alcohol were found among grade 12 students. From 2018 to 2022, Region 3 students reported an overall decrease in percentage of peers who use alcohol.

Figure 43 – Region 3 Student Perceptions of Peer Consumption of Alcohol, by Grade Level, TSS, 2018-2022



¹¹³ Marchbanks III, M.P. et al. (2022b).

Table 39 – TSS “About how many of your close friends use Alcohol?” (Region 3)

	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	52.5%	67.6%	22.8%	17.4%	14.0%	8.0%	8.7%	5.3%	2.0%	1.7%
Grade 7	81.5%	85.7%	12.3%	10.5%	4.4%	2.8%	1.6%	0.8%	0.3%	0.2%
Grade 8	66.9%	77.3%	19.3%	14.4%	9.1%	5.5%	4.0%	2.2%	0.7%	0.7%
Grade 9	50.0%	66.7%	22.8%	19.4%	16.7%	8.1%	7.7%	3.3%	2.8%	2.5%
Grade 10	43.8%	65.9%	27.3%	16.7%	17.3%	8.9%	8.9%	6.4%	2.7%	2.2%
Grade 11	34.3%	55.7%	28.2%	23.3%	20.8%	9.0%	14.6%	11.0%	2.1%	1.1%
Grade 12	33.3%	49.2%	28.7%	22.0%	17.2%	15.2%	17.3%	9.8%	3.5%	3.8%

Table 40 – TSS “About how many of your close friends use Alcohol?” (Texas)

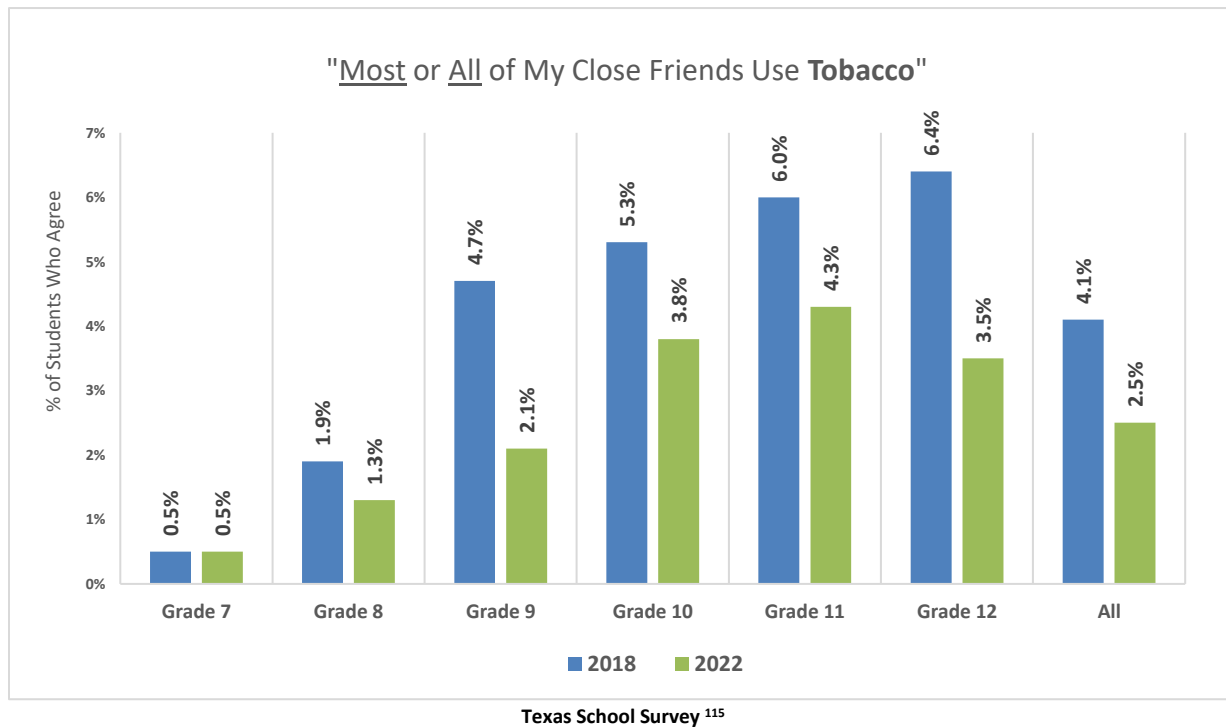
	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	48.4%	61.9%	23.8%	19.3%	14.0%	9.5%	10.5%	7.0%	3.2%	2.3%
Grade 7	75.8%	80.2%	16.2%	13.7%	5.4%	4.1%	2.2%	1.6%	0.5%	0.5%
Grade 8	64.1%	71.2%	21.3%	17.5%	9.2%	7.3%	4.4%	3.4%	1.0%	0.6%
Grade 9	48.0%	61.2%	25.3%	22.0%	15.0%	9.4%	9.4%	5.4%	2.3%	2.0%
Grade 10	39.5%	58.6%	26.8%	19.9%	17.7%	10.5%	13.0%	8.3%	3.1%	2.7%
Grade 11	31.6%	48.7%	28.2%	22.6%	19.2%	13.3%	15.8%	11.7%	5.2%	3.6%
Grade 12	27.2%	46.6%	25.6%	21.2%	18.6%	13.4%	20.5%	13.6%	8.0%	5.2%

Texas School Survey ¹¹⁴¹¹⁴ Marchbanks III, M.P. et al. (2022b).

Friends Who Use Tobacco

Students were asked how many, if any, of their close friends used **tobacco**. In Region 3 in 2022, the highest rates for students who reported a majority of friends (Most and All) using tobacco were found among grade 11 students. From 2018 to 2022, Region 3 students reported an overall decrease in percentage of peers who use alcohol, with the exception of grade 7 students whose rate remained the same at 0.5%.

Figure 44 – Region 3 Student Perceptions of Peer Consumption of Tobacco, by Grade Level, TSS, 2018-2022



¹¹⁵ Marchbanks III, M.P. et al. (2022b).

Table 41 – TSS “About how many of your close friends use Tobacco?” (Region 3)

	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	72.0%	85.2%	17.3%	9.3%	6.7%	3.0%	3.5%	1.8%	0.6%	0.7%
Grade 7	87.8%	93.3%	9.1%	5.0%	2.6%	1.1%	0.4%	0.5%	0.1%	0.0%
Grade 8	83.7%	90.2%	11.2%	6.7%	3.2%	1.8%	1.7%	0.9%	0.2%	0.4%
Grade 9	69.9%	82.5%	17.5%	10.8%	7.9%	4.6%	4.0%	0.9%	0.7%	1.2%
Grade 10	65.1%	83.6%	20.5%	8.4%	9.1%	4.2%	4.4%	2.6%	0.9%	1.2%
Grade 11	62.7%	80.1%	23.0%	12.4%	8.3%	3.2%	5.5%	3.9%	0.5%	0.4%
Grade 12	59.7%	79.4%	24.1%	13.6%	9.8%	3.5%	5.3%	2.2%	1.1%	1.3%

Table 42 – TSS “About how many of your close friends use Tobacco?” (Texas)

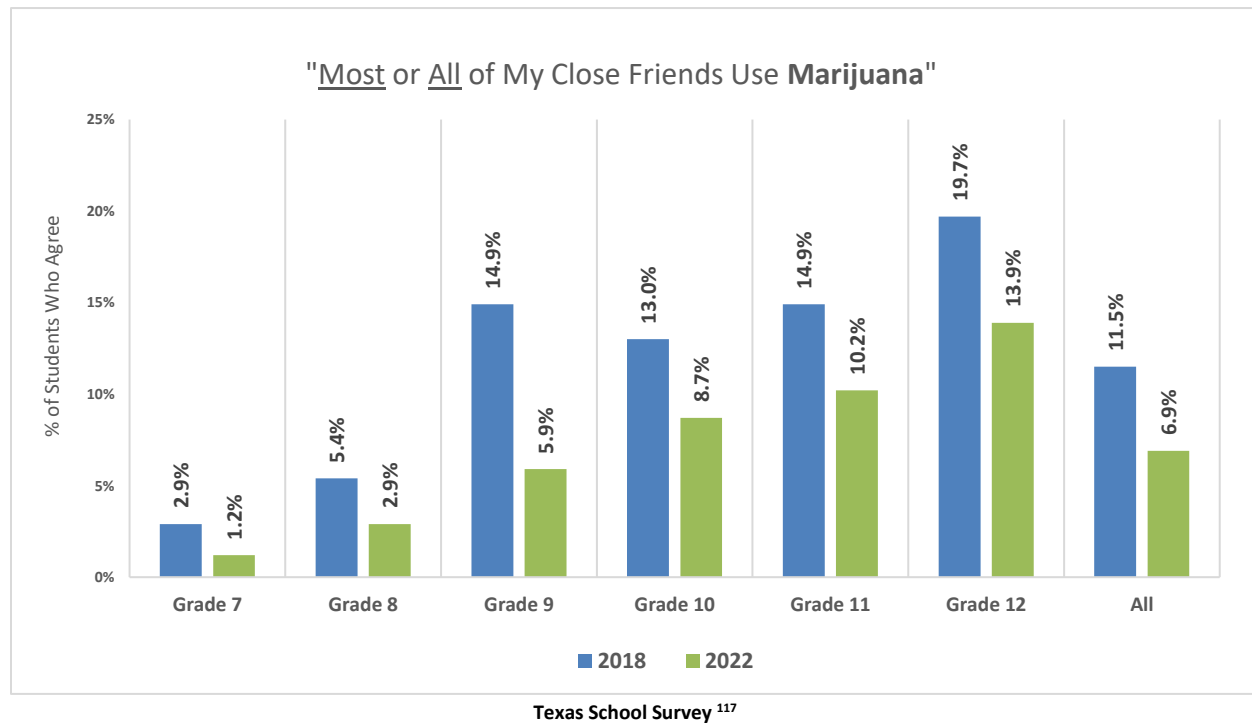
	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	70.1%	82.5%	18.1%	10.9%	7.3%	3.7%	3.6%	2.1%	0.9%	0.8%
Grade 7	86.6%	91.4%	9.6%	6.2%	2.8%	1.7%	0.8%	0.6%	0.2%	0.1%
Grade 8	81.4%	87.1%	12.9%	8.8%	3.7%	2.6%	1.7%	1.1%	0.3%	0.3%
Grade 9	71.2%	82.1%	17.5%	11.4%	7.2%	4.1%	3.4%	1.4%	0.7%	1.0%
Grade 10	64.5%	81.2%	20.9%	11.7%	9.2%	4.0%	4.3%	2.1%	1.0%	1.0%
Grade 11	59.2%	76.6%	24.0%	13.9%	9.9%	4.6%	5.3%	4.0%	1.6%	0.9%
Grade 12	53.8%	74.2%	25.7%	14.7%	12.2%	5.5%	6.6%	4.1%	1.7%	1.5%

Texas School Survey ¹¹⁶¹¹⁶ Marchbanks III, M.P. et al. (2022b).

Friends Who Use Marijuana

Students were asked how many, if any, of their close friends used **marijuana**. In Region 3 in 2022, the highest rates for students who report a majority of friends (Most and All) using marijuana were found among grade 12 students at 13.9%. From 2018 to 2022, Region 3 students reported an overall decrease in percentage of peers who use marijuana.

Figure 45 – Region 3 Student Perceptions of Peer Consumption of Marijuana, by Grade Level, TSS, 2018-2022



¹¹⁷ Marchbanks III, M.P. et al. (2022b).

Table 43 – TSS “About how many of your close friends use Marijuana?” (Region 3)

	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	58.4%	73.8%	19.5%	13.1%	10.6%	6.2%	9.2%	5.5%	2.3%	1.4%
Grade 7	84.5%	92.3%	10.1%	4.4%	2.6%	2.0%	2.2%	1.0%	0.7%	0.2%
Grade 8	74.8%	84.3%	14.3%	9.4%	5.5%	3.4%	4.3%	2.1%	1.1%	0.8%
Grade 9	50.8%	76.1%	23.5%	13.8%	10.9%	4.3%	11.6%	4.2%	3.3%	1.7%
Grade 10	51.4%	70.1%	22.3%	13.9%	13.3%	7.3%	9.9%	7.3%	3.1%	1.4%
Grade 11	42.5%	63.7%	25.2%	17.6%	17.4%	8.6%	12.5%	8.8%	2.4%	1.4%
Grade 12	42.2%	50.9%	22.6%	21.9%	15.6%	13.3%	16.1%	11.0%	3.6%	2.9%

Table 44 – TSS “About how many of your close friends use Marijuana?” (Texas)

	None		A Few		Some		Most		All	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	56.9%	71.2%	19.4%	13.7%	11.2%	7.0%	9.5%	6.1%	3.0%	2.0%
Grade 7	82.4%	89.5%	10.3%	6.1%	3.9%	2.1%	2.6%	1.6%	0.7%	0.7%
Grade 8	72.7%	81.9%	15.4%	10.1%	6.3%	4.4%	4.3%	2.9%	1.3%	0.6%
Grade 9	54.9%	73.0%	20.9%	14.4%	11.1%	5.7%	10.1%	5.3%	3.0%	1.5%
Grade 10	48.6%	65.3%	22.6%	15.7%	13.9%	8.6%	11.2%	7.9%	3.7%	2.5%
Grade 11	41.3%	57.7%	24.6%	18.8%	16.2%	10.7%	13.8%	9.3%	4.0%	3.4%
Grade 12	37.5%	54.3%	23.8%	19.1%	17.1%	12.0%	15.9%	11.1%	5.7%	3.4%

Texas School Survey ¹¹⁸¹¹⁸ Marchbanks III, M.P. et al. (2022b).

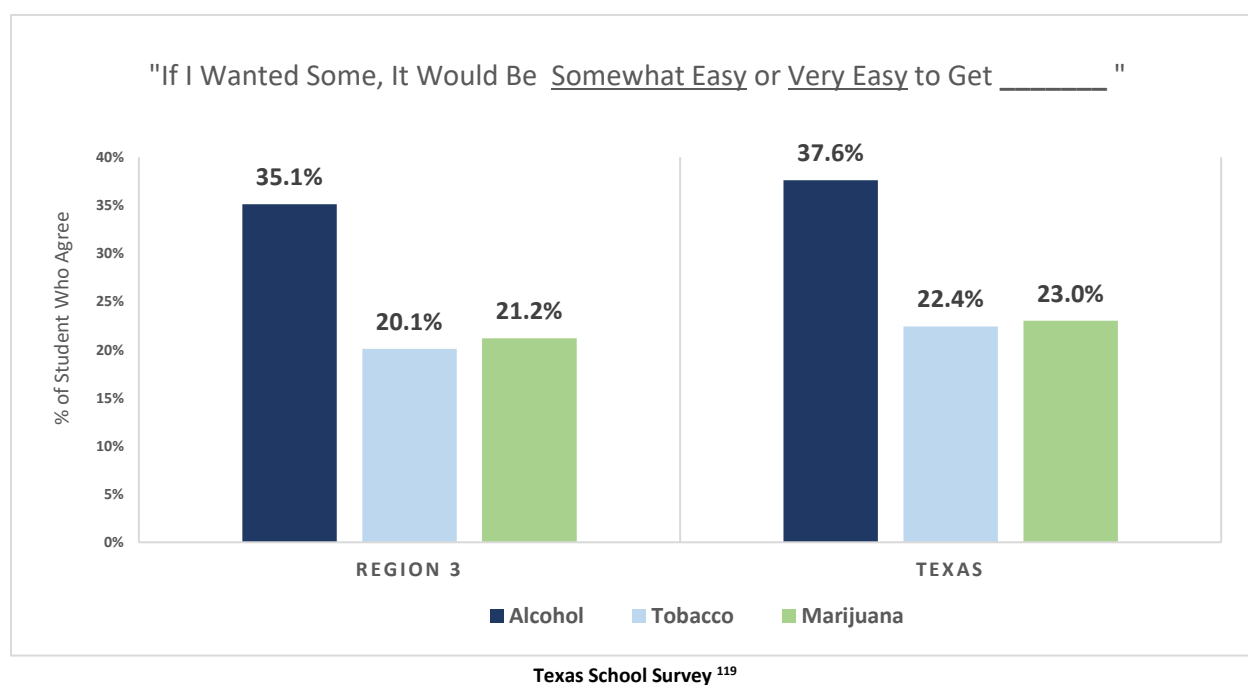
Perceived Substance Availability

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.

Social Access

Students were asked how difficult it would be to obtain alcohol, tobacco, or marijuana. In Region 3, the highest rates for “easy” (somewhat and very) were drastically higher for alcohol for 2022. Region 3 students reported relatively similar levels of difficulty accessing tobacco and marijuana.

Figure 46 – Region 3 Students’ Perceived Social Access, by Substance, TSS, 2022

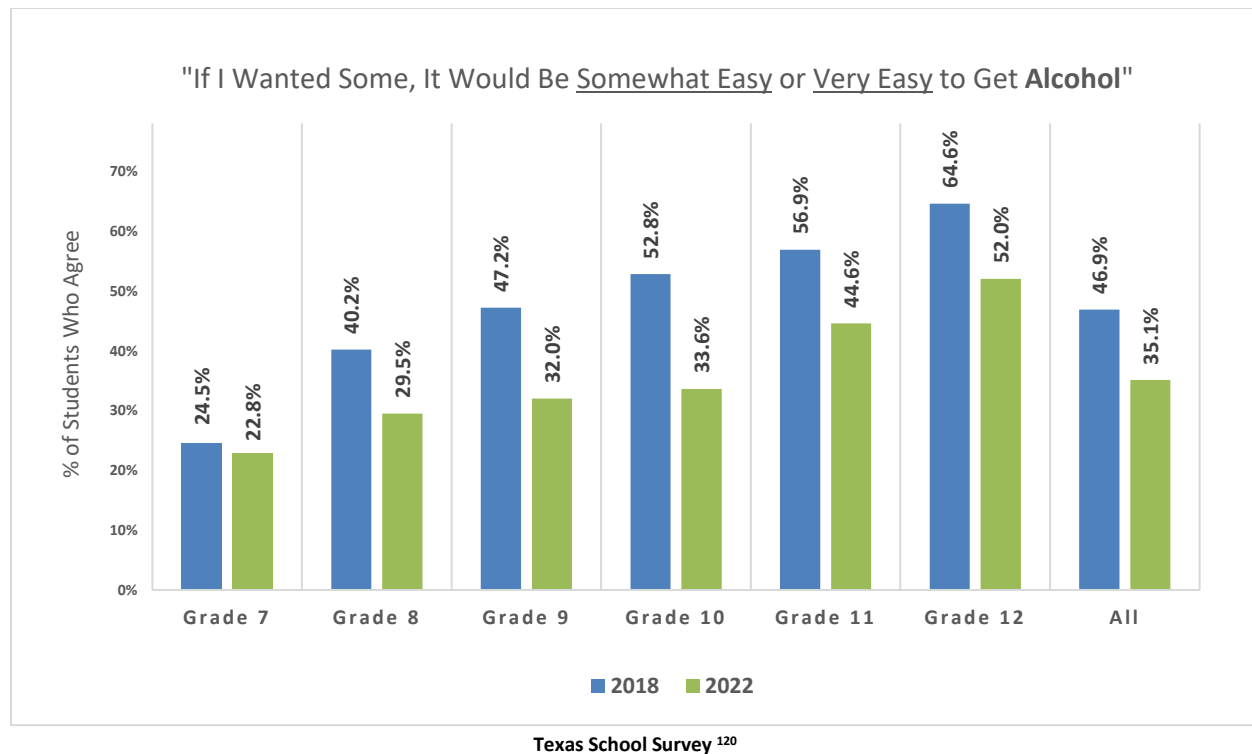


¹¹⁹ Marchbanks III, M.P. et al. (2022b).

Social Access to Alcohol

Students were asked how difficult it would be to obtain **alcohol**. In Region 3 for 2022, the highest rates for “easy” (somewhat and very) were found among grade 12 students at 52%. From 2018 to 2022, Region 3 students reported an overall decrease in ease of access to alcohol.

Figure 47 – Region 3 Students’ Perceived Social Access to Alcohol, by Grade Level, TSS, 2018-2022



¹²⁰ Marchbanks III, M.P. et al. (2022b).

Table 45 – TSS “If you wanted some, how difficult would it be to get Alcohol?” (Region 3)

	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	21.9%	33.7%	14.2%	16.0%	6.2%	6.4%	10.7%	8.9%	19.9%	13.9%	27.0%	21.2%
Grade 7	31.2%	35.4%	25.4%	23.2%	9.4%	8.7%	9.5%	9.9%	12.9%	11.8%	11.6%	11.0%
Grade 8	24.8%	34.0%	16.6%	19.0%	7.7%	7.9%	10.7%	9.6%	17.3%	12.7%	22.9%	16.8%
Grade 9	21.4%	38.1%	14.8%	15.7%	6.5%	6.0%	10.1%	8.2%	18.4%	13.2%	28.8%	18.8%
Grade 10	19.4%	36.5%	11.5%	15.2%	5.7%	4.3%	10.6%	10.6%	22.4%	10.3%	30.4%	23.3%
Grade 11	18.3%	30.7%	9.2%	11.1%	3.5%	5.7%	12.1%	7.9%	23.9%	16.3%	33.0%	28.3%
Grade 12	14.6%	25.9%	5.3%	9.8%	3.8%	5.8%	11.7%	6.4%	26.5%	20.2%	38.1%	31.8%

Table 46 – TSS “If you wanted some, how difficult would it be to get Alcohol?” (Texas)

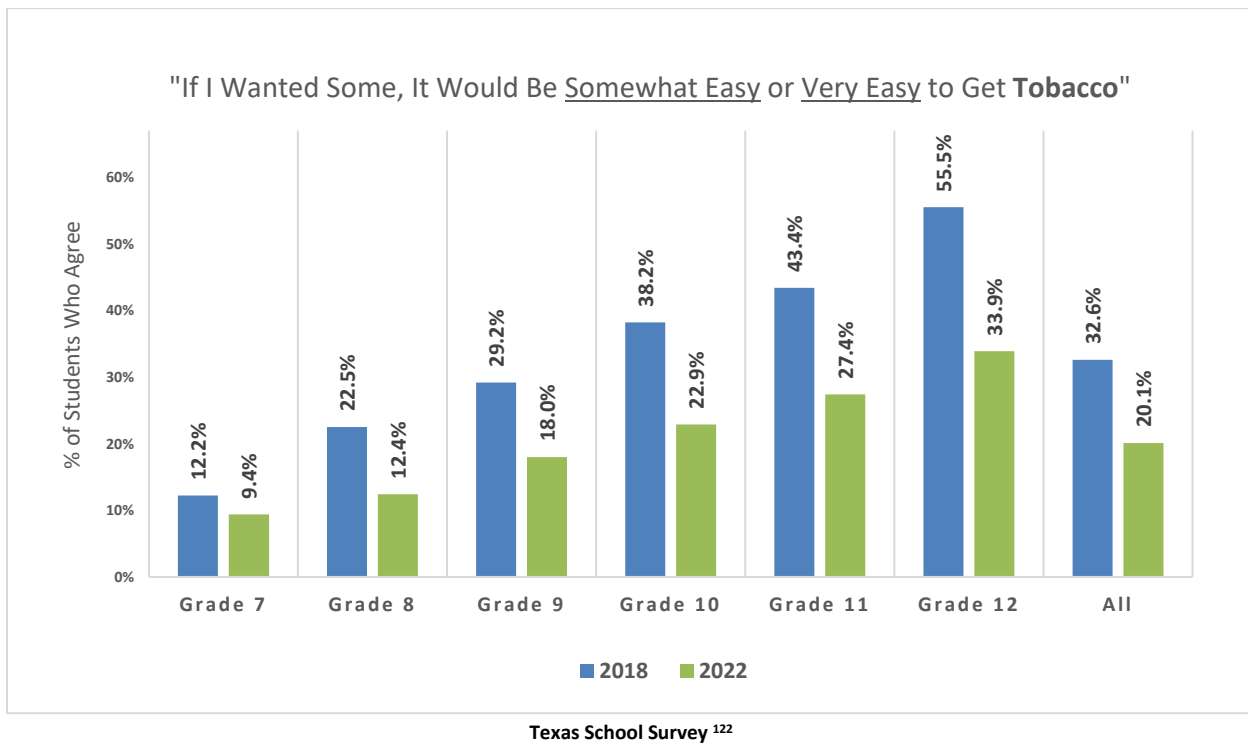
	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	23.5%	32.4%	13.1%	14.1%	5.6%	6.2%	11.0%	9.7%	19.2%	15.5%	27.7%	22.1%
Grade 7	35.2%	37.4%	23.5%	22.0%	7.3%	7.6%	9.6%	10.0%	12.1%	12.7%	12.3%	10.4%
Grade 8	28.2%	33.5%	18.1%	17.7%	6.8%	7.3%	11.4%	11.0%	16.8%	13.6%	18.8%	17.0%
Grade 9	22.8%	33.2%	13.0%	14.1%	5.6%	6.2%	10.6%	10.4%	19.1%	14.8%	28.9%	21.3%
Grade 10	20.8%	33.5%	9.7%	11.7%	5.4%	5.4%	11.7%	9.5%	21.2%	15.0%	31.3%	25.0%
Grade 11	18.0%	29.0%	7.5%	10.0%	3.6%	5.0%	10.9%	8.6%	23.4%	17.9%	36.5%	29.6%
Grade 12	14.3%	26.6%	5.0%	7.3%	4.4%	5.2%	11.9%	8.4%	23.5%	20.2%	41.0%	32.3%

Texas School Survey ¹²¹¹²¹ Marchbanks III, M. P. et al. (2022b).

Social Access to Tobacco

Students were asked how difficult it would be to obtain **tobacco**. In Region 3 for 2022, the highest rates for “easy” (somewhat and very) were found among grade 12 students at 33.9%. From 2018 to 2022, Region 3 students reported an overall decrease in ease of access to tobacco.

Figure 48 – Region 3 Students’ Perceived Social Access to Tobacco, by Grade Level, TSS, 2018-2022



¹²² Marchbanks III, M.P. et al. (2022b).

Table 47 – TSS “If you wanted some, how difficult would it be to get Tobacco?” (Region 3)

	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	27.0%	38.0%	21.1%	24.4%	8.7%	8.6%	10.5%	8.9%	14.8%	9.7%	17.8%	10.4%
Grade 7	34.5%	40.3%	35.3%	35.7%	10.3%	8.0%	7.6%	6.6%	7.0%	5.6%	5.2%	3.8%
Grade 8	30.2%	38.2%	26.3%	29.9%	11.2%	10.0%	9.9%	9.5%	12.5%	7.3%	10%	5.1%
Grade 9	27.4%	41.1%	22.0%	23.1%	9.0%	9.0%	12.3%	8.8%	13.2%	8.0%	16.0%	10.0%
Grade 10	23.0%	40.0%	18.8%	19.5%	7.4%	8.7%	12.5%	8.8%	18.4%	9.5%	19.8%	13.4%
Grade 11	24.2%	35.4%	13.1%	17.7%	8.5%	8.3%	10.8%	11.2%	22.5%	13.5%	20.9%	13.9%
Grade 12	21.2%	31.9%	7.9%	17.9%	5.1%	7.6%	10.4%	8.7%	16.7%	15.6%	38.8%	18.3%

Table 48 – TSS “If you wanted some, how difficult would it be to get Tobacco?” (Texas)

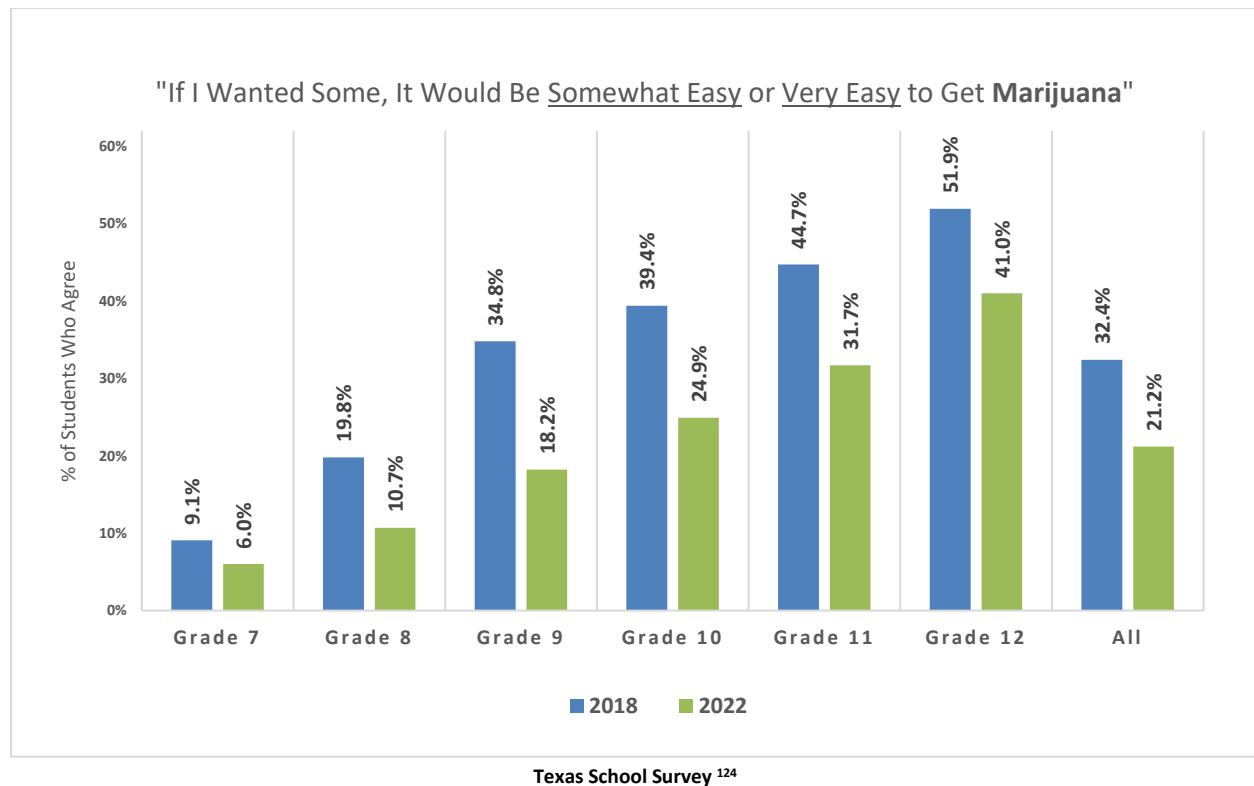
	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	30.3%	38.8%	19.3%	21.7%	7.0%	7.9%	9.4%	9.2%	14.1%	11.0%	19.8%	11.4%
Grade 7	40.3%	43.4%	31.9%	32.2%	7.6%	8.1%	7.3%	6.8%	7.3%	6.1%	5.6%	3.4%
Grade 8	34.2%	39.7%	26.3%	27.2%	8.7%	9.8%	9.5%	9.4%	11.6%	8.0%	9.8%	5.9%
Grade 9	30.6%	39.3%	19.7%	21.7%	7.8%	7.6%	10.5%	10.1%	14.7%	10.4%	16.7%	11.0%
Grade 10	28.1%	39.6%	16.1%	17.8%	6.9%	7.1%	11.6%	9.9%	16.7%	12.7%	20.5%	13.0%
Grade 11	25.6%	35.6%	11.8%	15.9%	6.1%	7.5%	10.1%	10.0%	19.8%	13.7%	26.6%	17.3%
Grade 12	21.3%	33.9%	7.7%	12.8%	4.4%	7.1%	7.3%	9.2%	15.3%	16.7%	44.0%	20.3%

Texas School Survey ¹²³¹²³ Marchbanks III, M.P. et al. (2022b).

Social Access to Marijuana

Students were asked how difficult it would be to obtain **marijuana**. In Region 3 for 2022, the highest rates for “easy” (somewhat and very) were found among grade 12 students at 41%. From 2018 to 2022, Region 3 students reported an overall decrease in ease of access to marijuana.

Figure 49 – Region 3 Students’ Perceived Social Access to Marijuana, by Grade Level, TSS, 2018-2022



¹²⁴ Marchbanks III, M.P. et al. (2022b).

Table 49 – TSS “If you wanted some, how difficult would it be to get Marijuana?” (Region 3)

	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	25.9%	37.8%	22.9%	25.3%	8.9%	8.2%	9.9%	7.5%	13.2%	9.1%	19.2%	12.1%
Grade 7	35.9%	42.7%	40.2%	38.8%	10.4%	7.2%	4.4%	5.3%	4.7%	2.7%	4.4%	3.3%
Grade 8	29.6%	39.9%	31.6%	32.8%	9.6%	9.7%	9.4%	6.9%	9.4%	5.6%	10.4%	5.1%
Grade 9	23.8%	40.7%	20.9%	26.1%	9.4%	8.3%	11.1%	6.7%	14.5%	9.5%	20.3%	8.7%
Grade 10	22.3%	38.8%	16.7%	19.7%	9.5%	7.9%	12.1%	8.8%	16.3%	8.6%	23.1%	16.3%
Grade 11	22.3%	33.6%	13.3%	17.0%	8.2%	7.1%	11.5%	10.6%	18.7%	14.5%	26.0%	17.2%
Grade 12	19.6%	29.2%	11.0%	13.7%	6.0%	9.2%	11.6%	6.9%	17.1%	15.7%	34.8%	25.3%

Table 50 – TSS “If you wanted some, how difficult would it be to get Marijuana?” (Texas)

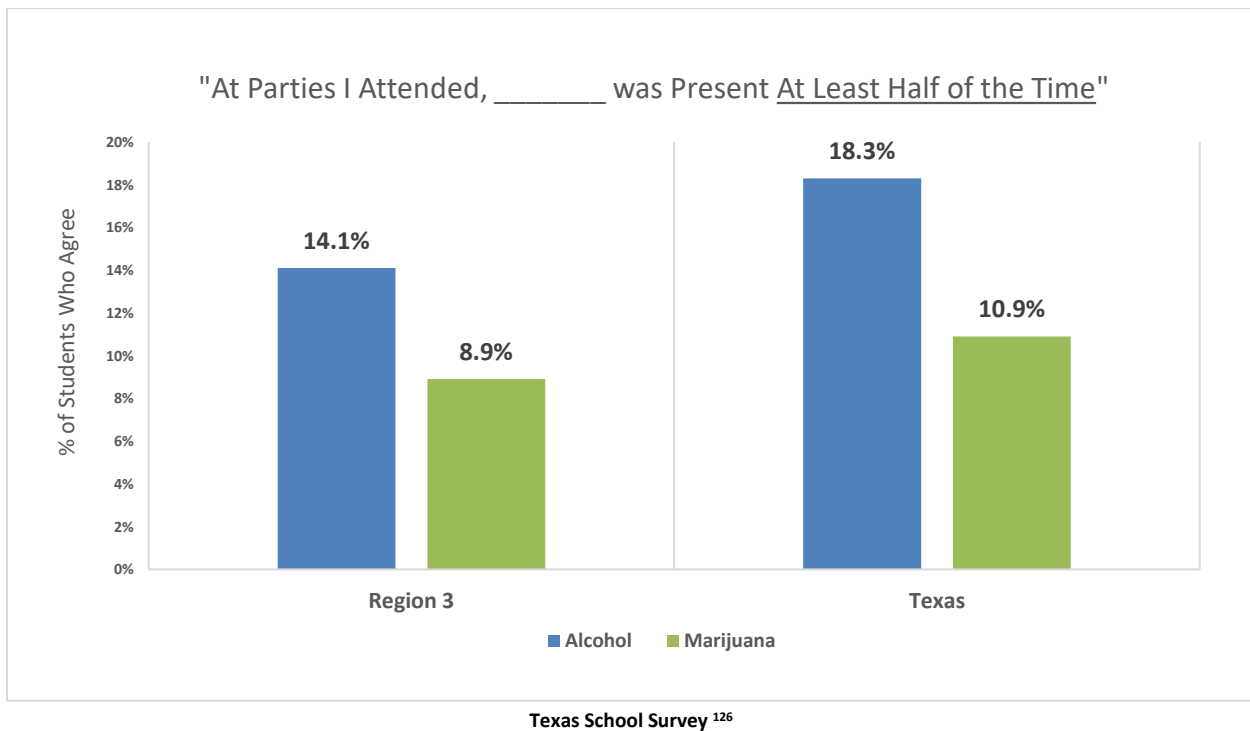
	Never Heard of It		Impossible		Very Difficult		Somewhat Difficult		Somewhat Easy		Very Easy	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	28.8%	37.8%	21.2%	23.4%	7.4%	7.8%	9.1%	7.9%	12.7%	9.9%	20.8%	13.1%
Grade 7	41.5%	45.7%	36.3%	35.0%	7.8%	7.7%	4.9%	4.9%	4.7%	3.4%	4.7%	3.2%
Grade 8	34.1%	40.5%	31.2%	32.0%	8.9%	8.5%	8.0%	6.9%	8.3%	6.0%	9.6%	6.0%
Grade 9	27.4%	37.9%	20.3%	24.8%	8.2%	8.2%	10.2%	8.5%	13.4%	9.2%	20.5%	11.4%
Grade 10	25.3%	37.3%	15.5%	17.7%	6.8%	7.5%	11.3%	8.7%	15.9%	12.1%	25.3%	16.7%
Grade 11	22.8%	32.8%	11.7%	15.6%	6.7%	7.0%	10.3%	10.5%	17.7%	14.5%	30.8%	19.7%
Grade 12	19.6%	30.9%	9.5%	11.7%	5.7%	7.9%	10.4%	8.5%	17.5%	16.2%	37.3%	24.8%

Texas School Survey ¹²⁵¹²⁵ Marchbanks III, M.P. et al. (2022b).

Presence of Substances at Parties

Students were asked about the use of alcohol and marijuana at parties during the school year. In Region 3, the rate for the presence of substances “at least half of the time” at students’ parties was 58% higher for alcohol than marijuana in 2022.

Figure 50 – Region 3 Presence of Substances at Parties, by Substance, TSS, 2022

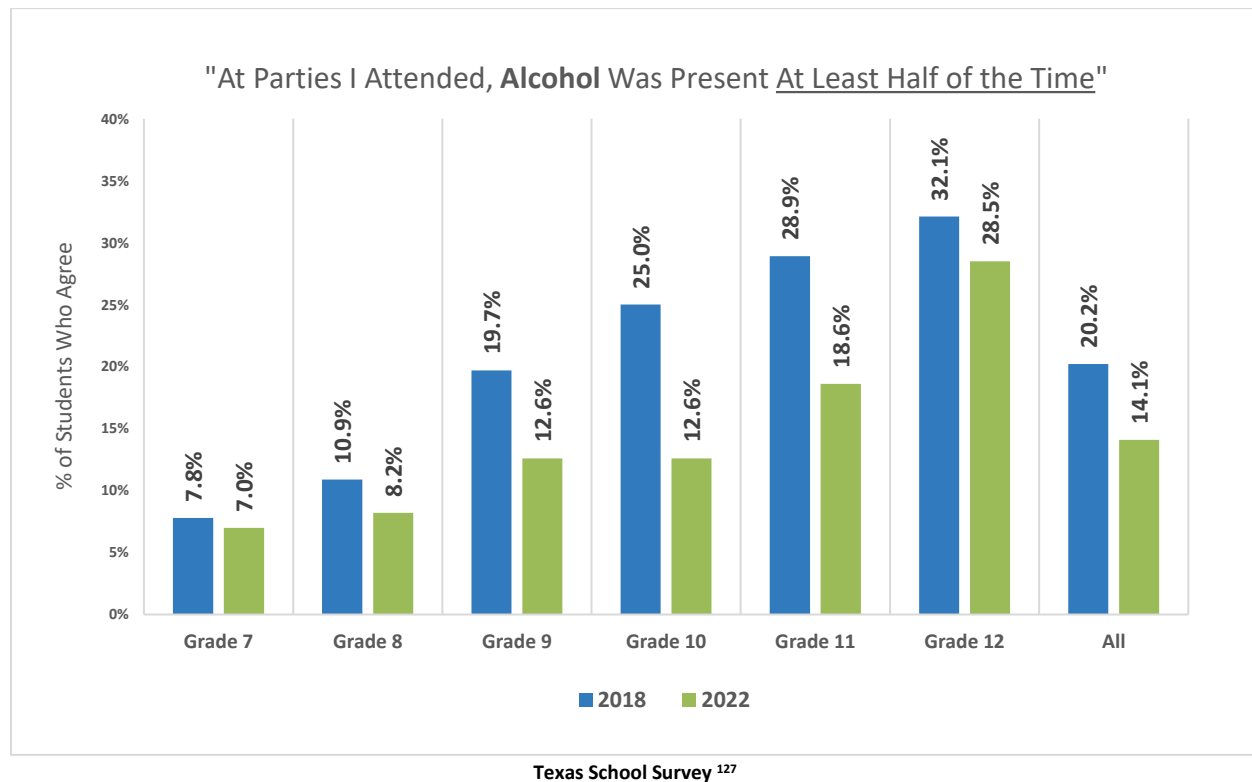


¹²⁶ Marchbanks III, M. P. et al. (2022b).

Presence of Alcohol at Parties

Students were asked about the use of **alcohol** at parties during the school year. In Region 3, the highest rates for the presence of alcohol “at least half of the time” at students’ parties were found among grade 12 students at 19.7% in 2022. From 2018 to 2022, Region 3 students reported an overall decrease in the presence of alcohol at parties they attended.

Figure 51 – Region 3 Presence of Alcohol at Parties, by Grade Level, TSS, 2018-2022



¹²⁷ Marchbanks III, M. P. et al. (2022b).

Table 51 – TSS “Thinking of parties you attended this school year, how often was Alcohol used?” (Region 3)

	Never		Seldom		Half the Time		Most of the Time		Always		Do Not Know		Did Not Attend	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	55.0%	64.1%	6.6%	4.7%	5.3%	3.3%	7.5%	5.1%	7.4%	5.7%	1.6%	1.4%	16.5%	15.8%
Grade 7	74.8%	74.4%	4.5%	4.2%	3.3%	2.0%	2.7%	2.9%	1.8%	2.1%	2.2%	1.5%	10.8%	13.0%
Grade 8	67.5%	72.2%	7.7%	4.5%	5.0%	3.5%	3.5%	2.7%	2.4%	2.0%	2.0%	1.7%	11.9%	13.5%
Grade 9	53.1%	65.6%	7.4%	4.9%	6.5%	3.1%	8.0%	4.3%	5.2%	5.2%	1.7%	1.7%	18.0%	15.3%
Grade 10	51.7%	62.3%	7.9%	4.2%	6.7%	2.8%	9.1%	4.1%	9.2%	5.7%	0.7%	1.5%	14.7%	19.4%
Grade 11	39.5%	55.8%	7.1%	4.8%	5.9%	3.0%	12.1%	7.9%	10.9%	7.7%	1.3%	0.3%	23.2%	20.6%
Grade 12	38.9%	51.3%	5.2%	5.7%	4.4%	5.9%	10.8%	9.6%	16.9%	13.0%	1.7%	1.8%	22.0%	12.7%

Table 52 – TSS “Thinking of parties you attended this school year, how often was Alcohol used?” (Texas)

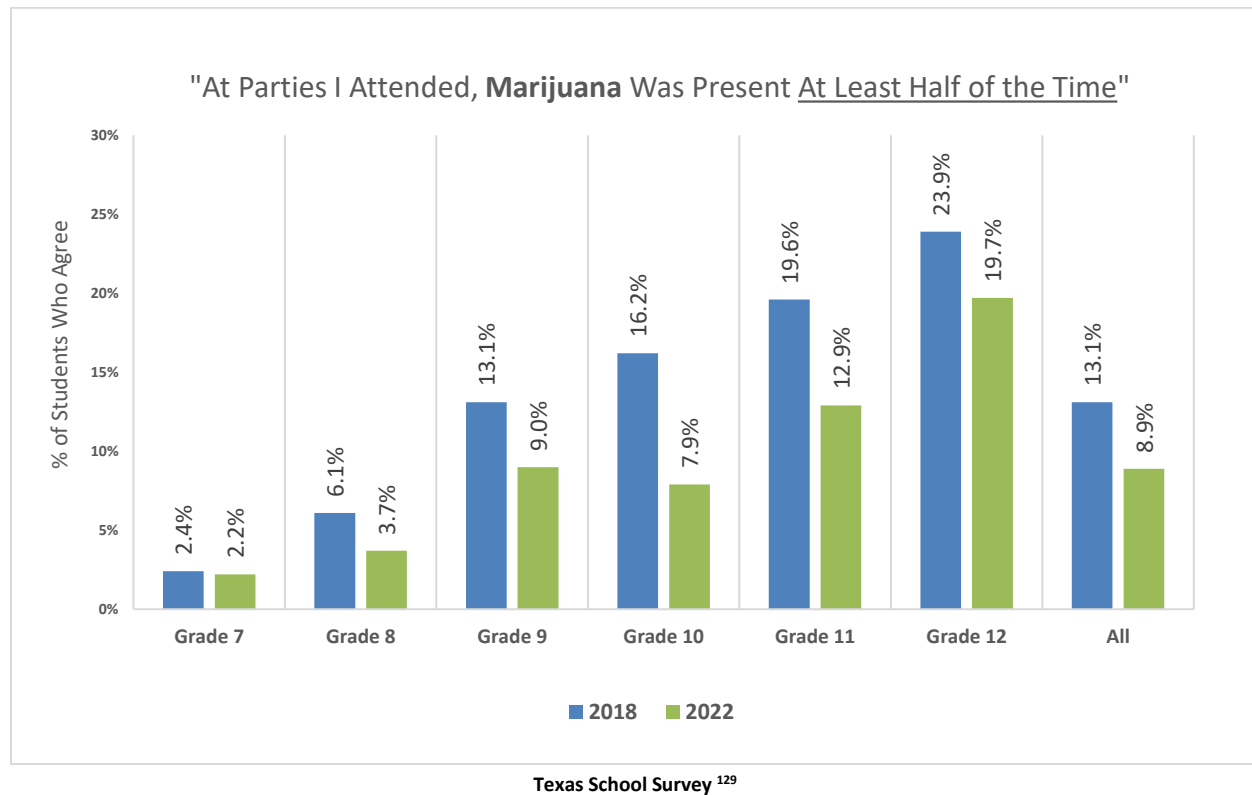
	Never		Seldom		Half the Time		Most of the Time		Always		Do Not Know		Did Not Attend	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	50.3%	58.9%	7.3%	5.2%	5.5%	4.1%	8.4%	6.8%	10.4%	7.4%	1.9%	1.7%	16.2%	15.9%
Grade 7	71.9%	70.8%	5.3%	4.8%	3.6%	3.3%	3.6%	3.7%	2.1%	2.6%	2.3%	1.8%	11.0%	13.0%
Grade 8	64.4%	67.7%	7.9%	5.1%	5.1%	3.8%	4.4%	4.2%	3.5%	3.0%	2.4%	2.1%	12.4%	14.1%
Grade 9	49.4%	59.7%	8.8%	5.3%	6.9%	4.1%	8.6%	6.1%	6.5%	5.7%	2.2%	1.9%	17.7%	17.2%
Grade 10	43.8%	55.7%	7.5%	5.0%	6.7%	4.1%	10.5%	7.6%	12.3%	7.9%	1.4%	1.7%	17.7%	18.1%
Grade 11	35.6%	49.5%	7.0%	5.0%	6.1%	4.6%	11.4%	9.7%	17.5%	11.6%	1.5%	1.1%	20.7%	18.4%
Grade 12	32.9%	45.9%	6.9%	5.9%	4.7%	4.9%	12.9%	10.8%	23.0%	15.9%	1.1%	1.5%	18.4%	15.2%

Texas School Survey ¹²⁸¹²⁸ Marchbanks III, M.P. et al. (2022b).

Presence of Marijuana at Parties

Students were asked about the use of **marijuana** at parties during the school year. In Region 3, the highest rates for the presence of marijuana “at least half of the time” at students’ parties were found among grade 12 students at 19.7% in 2022. From 2018 to 2022, Region 3 students reported an overall decrease in the presence of marijuana at parties they attended.

Figure 52 – Region 3 Presence of Marijuana at Parties, by Grade Level, TSS, 2018-2022



¹²⁹ Marchbanks III, M.P. et al. (2022b).

Table 53 – TSS “Thinking of parties you attended this school year, how often was Marijuana used?” (Region 3)

	Never		Seldom		Half the Time		Most of the Time		Always		Do Not Know		Did Not Attend	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	63.6%	69.8%	5.3%	3.7%	3.6%	3.0%	4.9%	3.0%	4.6%	2.9%	1.6%	2.0%	16.5%	15.8%
Grade 7	82.6%	81.7%	2.8%	1.8%	1.2%	1.0%	0.5%	0.6%	0.7%	0.6%	1.3%	1.4%	10.9%	12.8%
Grade 8	76.2%	78.8%	4.1%	2.4%	2.6%	1.6%	2.5%	1.5%	1.0%	0.6%	2.5%	1.6%	11.1%	13.6%
Grade 9	62.0%	68.6%	5.0%	4.2%	3.7%	3.3%	5.5%	3.7%	3.9%	2.0%	1.7%	2.9%	18.2%	15.4%
Grade 10	61.2%	68.2%	7.2%	2.4%	6.3%	1.6%	4.5%	2.8%	5.4%	3.5%	0.7%	2.1%	14.8%	19.4%
Grade 11	48.3%	59.2%	7.7%	5.7%	4.8%	4.6%	8.7%	4.5%	6.1%	3.8%	1.3%	1.1%	23.2%	21.0%
Grade 12	46.8%	59.1%	5.3%	6.3%	3.5%	6.5%	8.7%	5.3%	11.7%	7.9%	2.0%	2.8%	22.1%	12.1%

Table 54 – TSS “Thinking of parties you attended this school year, how often was Marijuana used?” (Texas)

	Never		Seldom		Half the Time		Most of the Time		Always		Do Not Know		Did Not Attend	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	59.7%	66.8%	5.6%	4.5%	4.3%	3.3%	5.9%	3.8%	6.1%	3.8%	2.1%	1.9%	16.2%	15.9%
Grade 7	81.1%	80.6%	2.9%	2.0%	1.3%	1.5%	1.1%	1.0%	0.9%	0.6%	1.7%	1.5%	11.0%	12.8%
Grade 8	75.2%	76.0%	3.8%	3.4%	2.5%	1.8%	2.4%	2.0%	1.7%	0.9%	2.2%	1.8%	12.2%	14.2%
Grade 9	58.8%	66.7%	5.9%	5.0%	4.6%	3.3%	6.0%	2.7%	4.3%	2.8%	2.6%	2.2%	17.8%	17.2%
Grade 10	52.7%	62.8%	7.1%	4.4%	6.1%	3.8%	6.9%	4.2%	7.3%	4.9%	2.2%	1.8%	17.8%	18.2%
Grade 11	45.1%	56.5%	7.6%	5.6%	5.5%	5.1%	9.1%	6.7%	10.0%	6.0%	2.0%	1.5%	20.6%	18.7%
Grade 12	41.4%	54.0%	6.9%	7.0%	6.3%	5.2%	11.0%	7.0%	14.3%	9.1%	1.7%	2.6%	18.5%	15.0%

Texas School Survey ¹³⁰¹³⁰ Marchbanks III, M.P. et al. (2022b).

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, protective factors such as high school graduation and spirituality, and much more.

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 Texas School Survey (TSS) were unable to complete it. Due to the drop in participation, it was necessary to combine Region 3 with Region 4 for the 2020 TSS report, rendering it unable to be compared to the 2022 report. Therefore, for the purposes of comparison, this needs assessment will opt to compare the 2018 and 2022 TSS reports that reflect Region 3 independently of other regions. Accordingly, for data sourced from the Texas School Survey (TSS) report in this section, such as youth perception of risk/harm and age of first substance use, note that data from the 2020 TSS report will not be included.

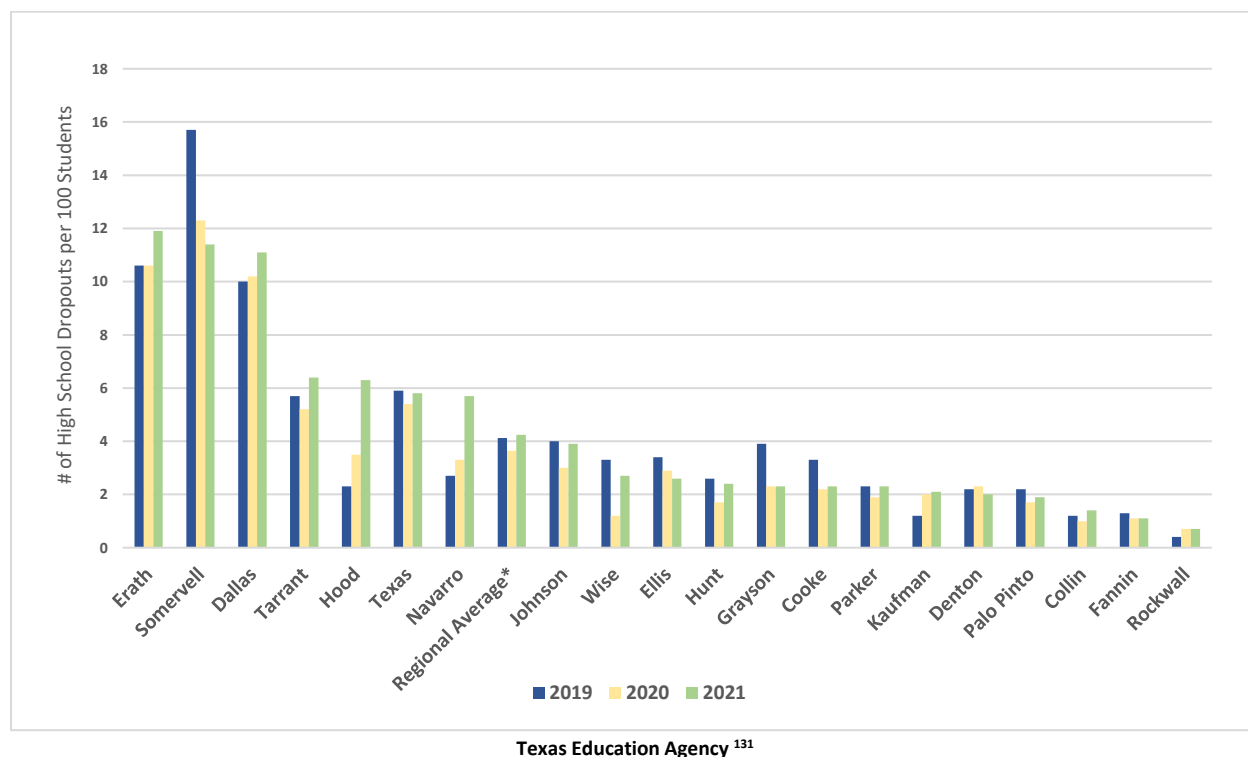


Academic Achievement

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.

High School Dropouts

Figure 53 – Region 3 High School Dropouts (per 100 Students), by County, 2019-2021



*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Figure 53 and **Table 55** display the dropout rates for the 2018-2021 academic school years. This data is based on four-year rates. For the class of 2021, the four-year longitudinal drop-out rate is the percentage of students who began ninth grade in 2017-18 and dropped out by August 31, 2021. This does not include students who moved to another school or continued their schooling, passed away, etc.

For 2021, Texas had a rate of 5.8%. The highest rates are found in Erath, Somervell, and Dallas Counties, respectively, with Rockwall, Fannin, and Collin as the three lowest rates. Five counties had a higher rate of high school dropouts per 100 students than Texas.

¹³¹ Texas Education Agency. (2022).

Table 55 – Region 3 High School Dropouts (per 100 Students), by County, 2019-2021

Report Area	2019	2020	2021
Collin	1.2	1	1.4
Cooke	3.3	2.2	2.3
Dallas	10	10.2	11.1
Denton	2.2	2.3	2
Ellis	3.4	2.9	2.6
Erath	10.6	10.6	11.9
Fannin	1.3	1.1	1.1
Grayson	3.9	2.3	2.3
Hood	2.3	3.5	6.3
Hunt	2.6	1.7	2.4
Johnson	4	3	3.9
Kaufman	1.2	2	2.1
Navarro	2.7	3.3	5.7
Palo Pinto	2.2	1.7	1.9
Parker	2.3	1.9	2.3
Rockwall	0.4	0.7	0.7
Somervell	15.7	12.3	11.4
Tarrant	5.7	5.2	6.4
Wise	3.3	1.2	2.7
Regional Average*	4.1	3.6	4.2
Texas	5.9	5.4	5.8

Texas Education Agency ¹³²

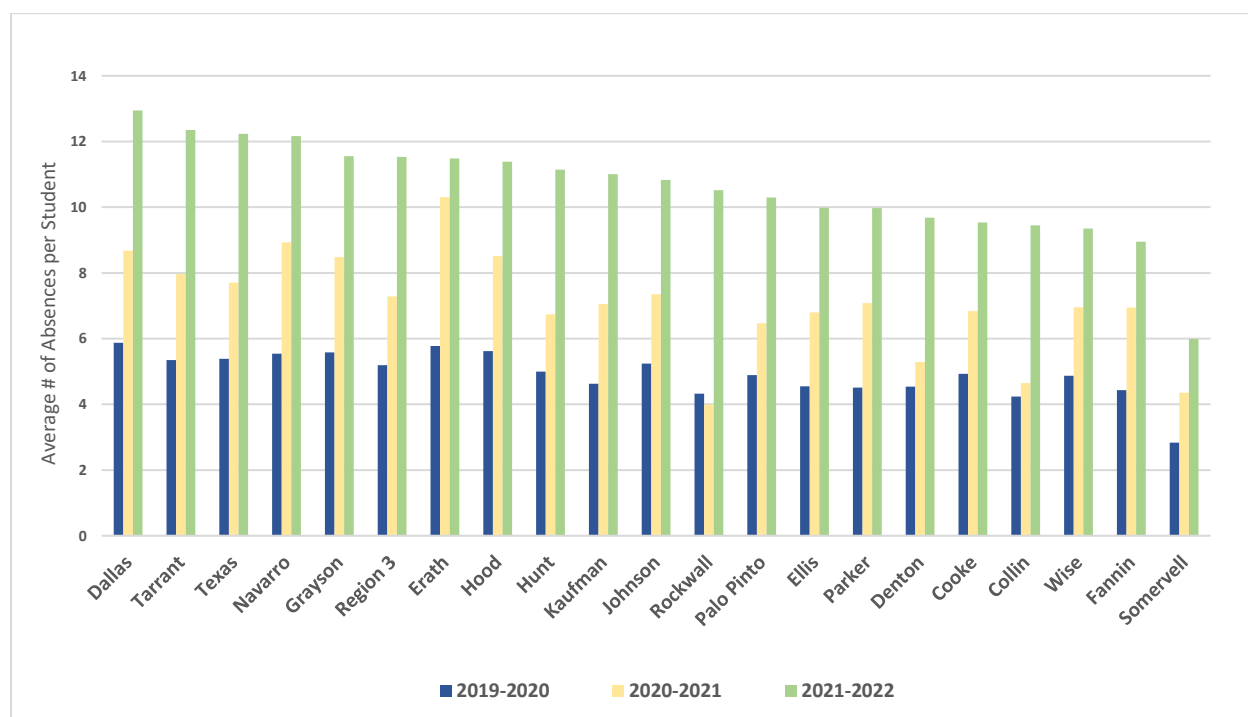
*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

¹³² Texas Education Agency. (2022).

Student Absenteeism

Student Absenteeism describes the average number of absences per student in each Region 3 county. This measure may be an early indicator of negative outcomes such as falling behind in class, lower levels of social connection, and a higher risk of dropping out of school altogether.

Figure 54 – Region 3 Average Absences per Student, by County, 2019-2022



Texas Education Agency ¹³³

From 2019-2022, all Region 3 counties experienced a significant increase in average absences per student, many nearly doubling their rate. The counties with the top three rates for the 2021-22 school year are Dallas (12.9), Tarrant (12.4), and Navarro (12.2) Counties, respectively. Interestingly, though Somervell County also nearly doubled their rate, they also possess the lowest rate for Region 3 at 6 absences per student. For the 2021-22 school year, four counties had a rate higher than Region 3, and two counties had a rate higher than Texas.

¹³³ Texas Education Agency. (2023a).

Table 56 – Region 3 Student Absenteeism (Average Absences per Student), by County, 2019-2022

Report Area	2018-2019	2019-2020	2020-2021	2021-2022
Collin	5.7	4.2	4.6	9.4
Cooke	6.5	4.9	6.8	9.5
Dallas	7.7	5.9	8.7	12.9
Denton	5.8	4.5	5.3	9.7
Ellis	6.1	4.5	6.8	10.0
Erath	7.9	5.8	10.3	11.5
Fannin	6.5	4.4	6.9	9.0
Grayson	7.2	5.6	8.5	11.6
Hood	7.3	5.6	8.5	11.4
Hunt	7.4	5.0	6.7	11.1
Johnson	6.7	5.2	7.4	10.8
Kaufman	5.9	4.6	7.1	11.0
Navarro	7.3	5.5	8.9	12.2
Palo Pinto	6.6	4.9	6.5	10.3
Parker	5.7	4.5	7.1	10.0
Rockwall	5.8	4.3	4.0	10.5
Somervell	3.6	2.8	4.4	6.0
Tarrant	7.4	5.3	8.0	12.4
Wise	6.1	4.9	7.0	9.4
Region 3	6.9	5.2	7.3	11.5
Texas	7.3	5.4	7.7	12.2

Texas Education Agency¹³⁴¹³⁴ Texas Education Agency. (2023a).

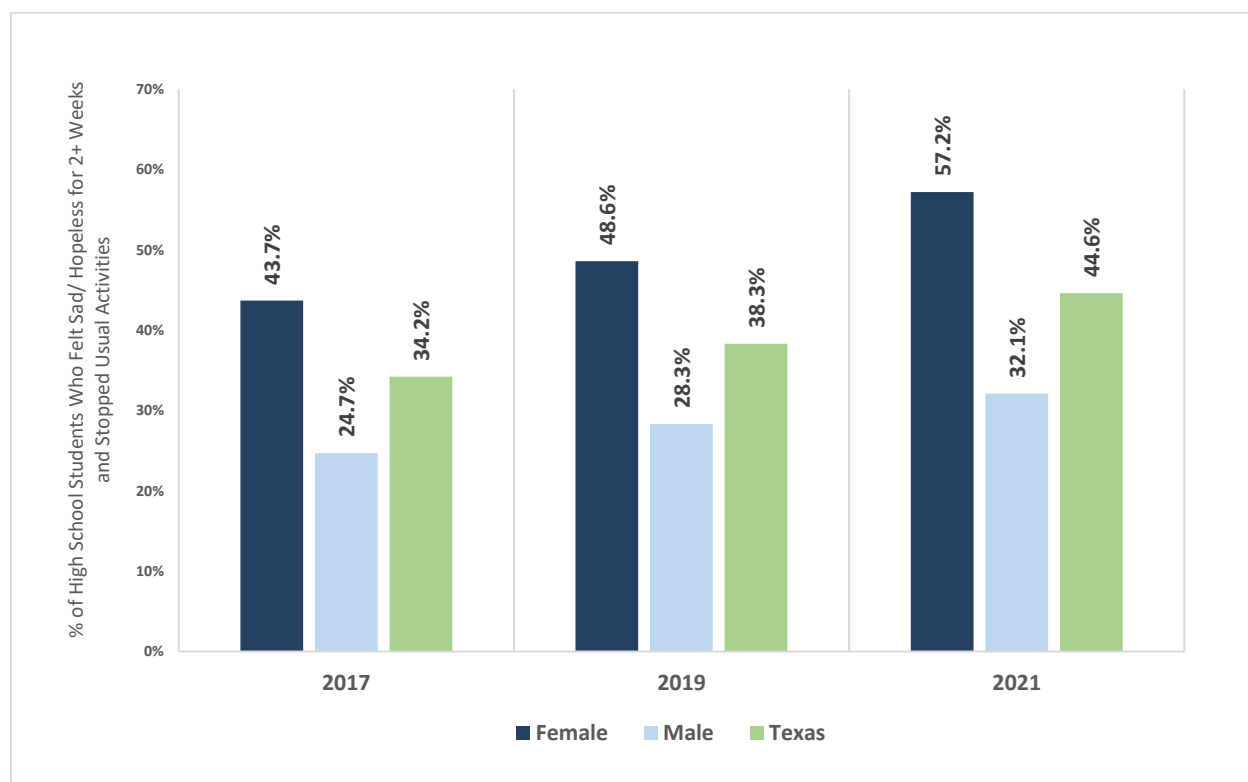
Youth Mental Health

Adolescent Depression

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to behavioral health. **Figures 55 and 56** show Texas students' answers regarding depression for 2017 – 2021 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.

It is important to note the YRBSS only allows for a binary gender choice, excluding the opportunity to collect data on adolescents that identify outside of strictly “male” or “female”. The LGBTQ+ population (adolescents in particular) often experiences mental health disparities that are not often reflected in national surveys. According to the U.S. Census Bureau’s Household Pulse Survey, LGBTQ+ individuals are more than twice as likely to experience depression for more than half of the time than their non-LGBTQ+ counterparts.¹³⁵

Figure 55 – Texas Adolescent Depression, by Sex, YRBSS, 2017-2021



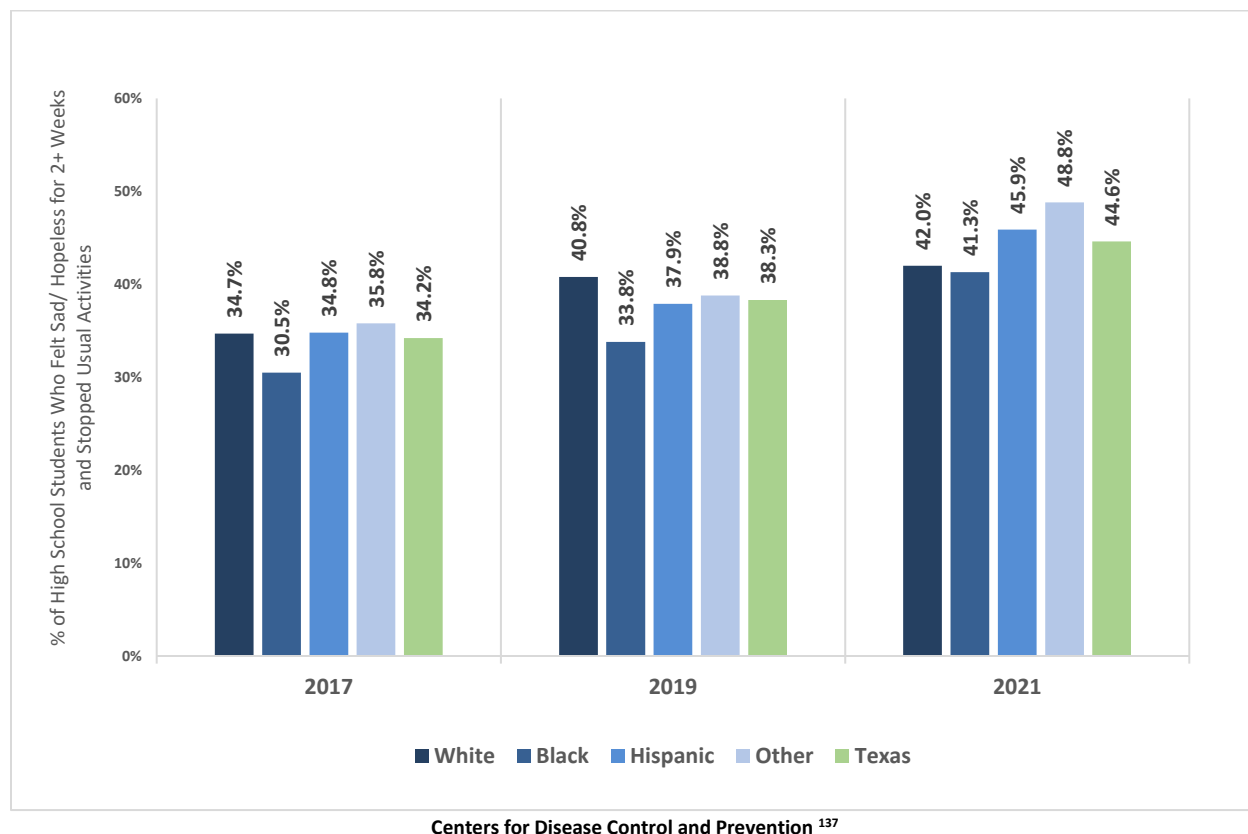
Centers for Disease Control and Prevention¹³⁶

¹³⁵ U.S. Census Bureau. (2021a).

¹³⁶ Centers for Disease Control and Prevention. (2021c).

The answers for “yes” are broken down by race and ethnicity. All groups saw an increase between 2017 and 2021. Adolescents in the Other category (which includes Asians, American Indians, Native Hawaiians, Other Pacific Islanders, those of two or more races, and other races) saw the greatest increase between 2017-2021 from 35.8% to 48.8%, followed by Hispanic adolescents (34.8% to 45.9%), and Black adolescents (30.5% to 41.3%), all of whom had a higher rate of increase than Texas overall.

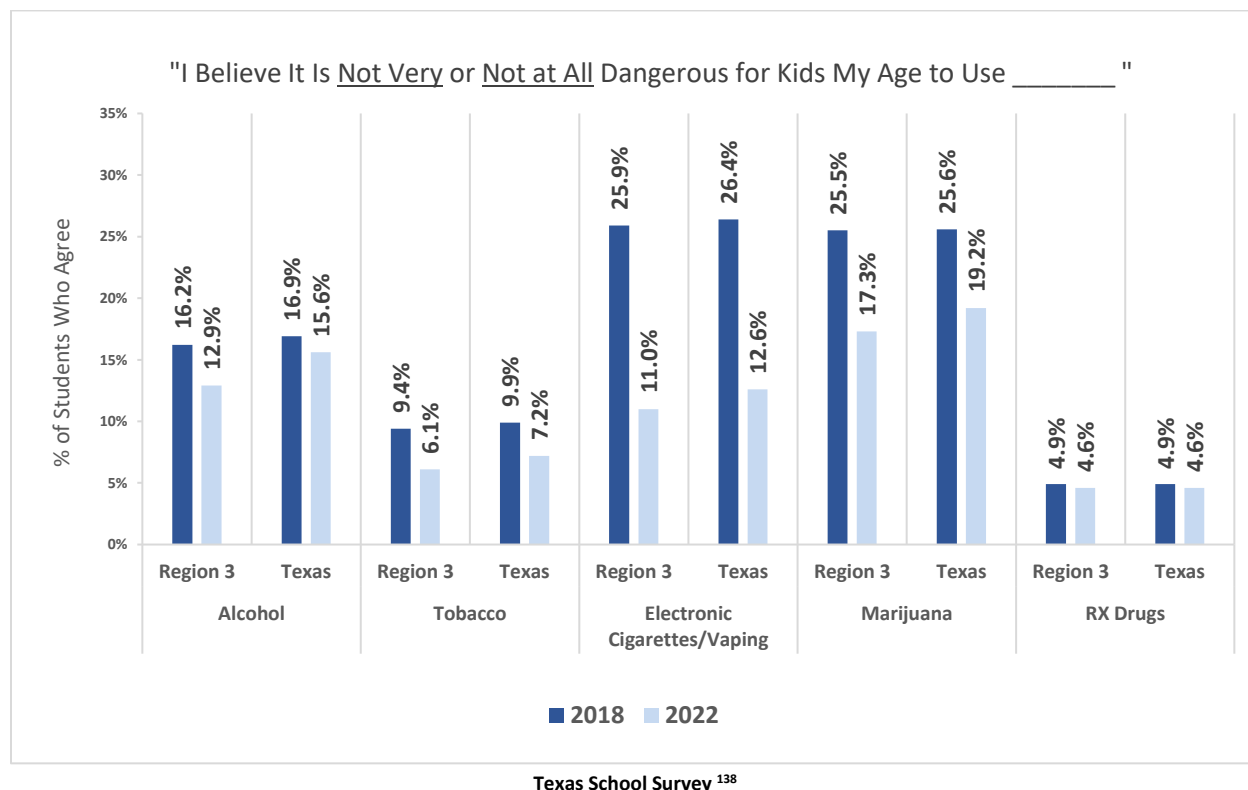
Figure 56 – Texas Adolescent Depression, by Race and Ethnicity, YRBSS, 2017-2021



*Other includes Asians, American Indians, Native Hawaiians and Other Pacific Islanders, those of two of more races, and other races.

Youth Perception of Risk/Harm

Figure 57 – Region 3 Student Perceptions of Harm, by Substance, TSS, 2018-2022

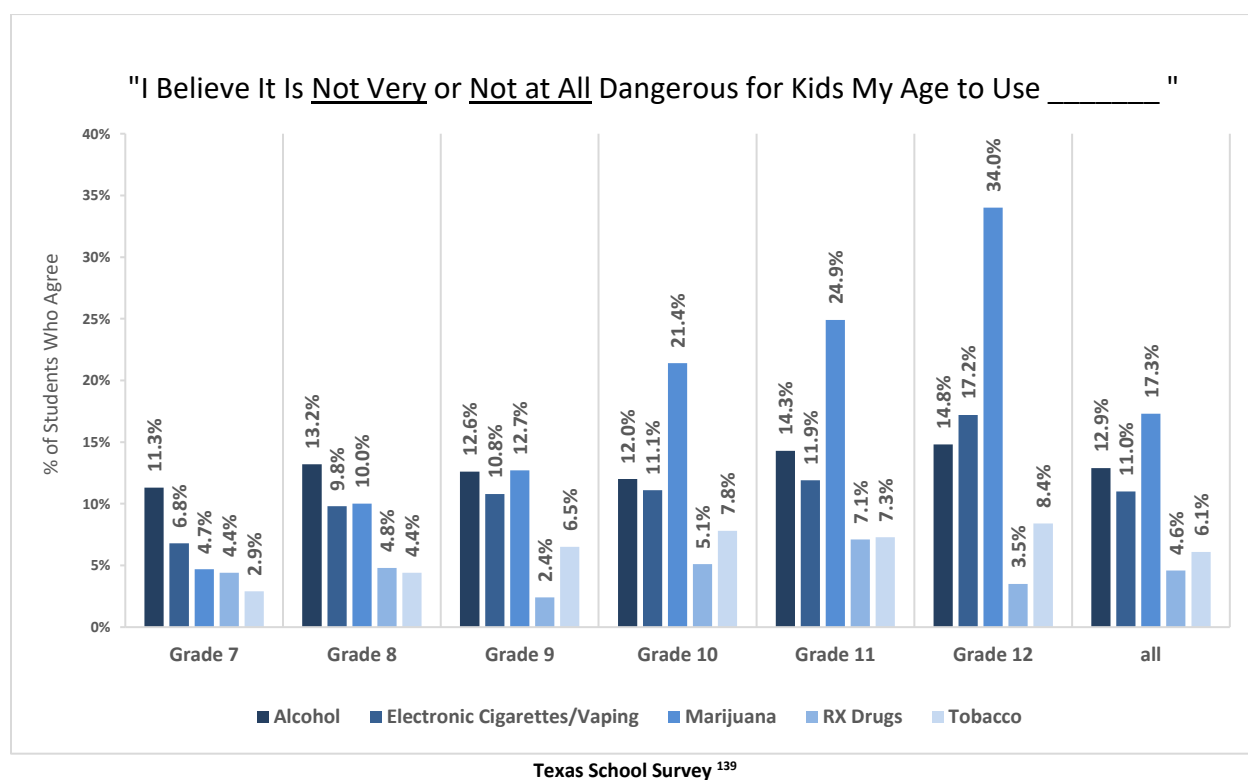


Students were asked how harmful they think substance use is for their age group. Notably, for 2022, Region 3 students viewed marijuana as less dangerous than alcohol. 17.3% of students agreed marijuana was not very or not at all dangerous, as opposed to 12.9% of students for alcohol. Another significant change may be observed from the perception of harm from vaping. From 2018 to 2022, the rate of students who believed vaping was not very or not at all dangerous dropped by more than half of its previous rate – from 25.9% to 11%.

¹³⁸ Marchbanks III, M.P. et al. (2022b).

In Region 3, the highest rates in 2022 for students who responded “not very & not at all dangerous” were found among grade 12 students for alcohol (14.8%), tobacco (8.4%), vaping products (17.2%), and marijuana (34%). However, the highest rate for prescription drugs was found in grade 11 students at 7.1% in 2022. The percentage of high school students who view marijuana as low-risk substance is drastically higher than any other substance or grade level. About 1 in 5 grade 10 students, 1 in 4 grade 11 students, and 1 in 3 grade 12 students view marijuana as “Not Very” or “Not at All” dangerous.

Figure 58 – Region 3 Student Perceptions of Harm, by Substance, by Grade Level, TSS, 2022



¹³⁹ Marchbanks III, M.P. et al. (2022b).

Perception of Risk/Harm – Alcohol

Table 57 – TSS “How dangerous do you think it is for kids your age to use Alcohol?” (Region 3)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	51.6%	55.7%	28.2%	26.9%	14.4%	11.0%	1.8%	1.9%	4.0%	4.4%
Grade 7	65.3%	60.0%	22.1%	24.9%	8.0%	10.30%	1.0%	1.0%	3.6%	3.7%
Grade 8	53.4%	56.8%	25.7%	26.4%	14.1%	10.80%	2.1%	2.4%	4.7%	3.6%
Grade 9	48.4%	60.1%	28.0%	21.7%	16.3%	10.0%	2.7%	2.6%	4.6%	5.5%
Grade 10	52.8%	53.6%	26.0%	29.1%	15.9%	10.10%	2.2%	1.9%	3.1%	5.3%
Grade 11	43.8%	55.4%	35.3%	26.2%	15.5%	13.40%	1.7%	0.9%	3.7%	4.2%
Grade 12	44.0%	46.6%	33.4%	34.5%	17.4%	12.0%	1.3%	2.8%	3.9%	4.0%

Table 58 – TSS “How dangerous do you think it is for kids your age to use Alcohol?” (Texas)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	49.2%	50.7%	29.7%	28.7%	14.3%	13.1%	2.6%	2.5%	4.1%	5.0%
Grade 7	61.6%	56.0%	22.9%	25.4%	9.5%	11.6%	1.6%	2.2%	4.4%	4.8%
Grade 8	52.7%	52.2%	26.9%	27.7%	13.7%	13.0%	2.6%	2.4%	4.2%	4.8%
Grade 9	47.9%	51.9%	29.2%	26.4%	15.3%	13.9%	3.1%	2.8%	4.4%	5.0%
Grade 10	44.7%	49.3%	32.0%	30.4%	15.6%	12.1%	3.0%	2.8%	4.7%	5.4%
Grade 11	44.9%	48.3%	33.0%	29.6%	15.3%	15.1%	3.1%	2.3%	3.6%	4.7%
Grade 12	42.1%	44.8%	35.5%	34.1%	16.9%	12.9%	2.3%	2.7%	3.3%	5.5%

Texas School Survey ¹⁴⁰¹⁴⁰ Marchbanks III, M.P. et al. (2022b).

Perception of Risk/Harm – Tobacco

Table 59 – TSS “How dangerous do you think it is for kids your age to use Tobacco?” (Region 3)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	62.2%	68.2%	23.8%	20.7%	8.0%	5.6%	1.4%	0.5%	4.6%	5.0%
Grade 7	79.6%	77.9%	13.1%	14.8%	3.20%	2.6%	0.3%	0.3%	3.8%	4.4%
Grade 8	68.0%	72.8%	19.6%	18.3%	5.0%	3.9%	0.8%	0.5%	6.5%	4.5%
Grade 9	58.4%	68.7%	24.9%	17.4%	9.60%	6.1%	1.9%	0.4%	5.2%	7.4%
Grade 10	59.7%	64.5%	26.4%	22.1%	9.50%	7.3%	1.2%	0.5%	3.2%	5.6%
Grade 11	53.8%	65.9%	30.4%	22.7%	10.0%	6.9%	1.5%	0.4%	4.3%	4.1%
Grade 12	51.1%	56.6%	30.3%	30.9%	11.30%	7.5%	2.7%	0.9%	4.6%	4.2%

Table 60 – TSS “How dangerous do you think it is for kids your age to use Tobacco?” (Texas)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	61.2%	65.2%	23.7%	21.5%	8.1%	6.0%	1.8%	1.2%	5.1%	6.2%
Grade 7	76.4%	75.0%	14.9%	15.5%	3.4%	3.5%	0.7%	0.6%	4.7%	5.4%
Grade 8	68.6%	69.9%	19.9%	18.6%	5.2%	4.6%	1.2%	1.0%	5.1%	5.9%
Grade 9	59.1%	64.2%	24.2%	22.0%	9.0%	6.5%	2.1%	1.0%	5.6%	6.3%
Grade 10	55.6%	63.0%	27.0%	22.7%	9.8%	6.1%	2.1%	1.5%	5.6%	6.7%
Grade 11	54.1%	60.0%	28.7%	24.9%	9.8%	7.5%	2.3%	1.6%	5.1%	5.9%
Grade 12	51.3%	56.1%	28.8%	27.0%	12.6%	8.5%	2.9%	1.5%	4.4%	7.0%

Texas School Survey ¹⁴¹¹⁴¹ Marchbanks III, M.P. et al. (2022b).

Perception of Risk/Harm – Electronic Vapor Products

Table 61 – TSS “How dangerous do you think it is for kids your age to use Vaping Products?” (Region 3)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	54.4%	66.5%	13.5%	16.8%	13.9%	8.3%	12.0%	2.7%	6.2%	5.6%
Grade 7	71.0%	74.5%	13.7%	13.5%	6.1%	5.3%	3.80%	1.5%	5.4%	5.2%
Grade 8	62.8%	69.8%	11.8%	15.4%	9.7%	7.7%	8.0%	2.1%	7.7%	5.1%
Grade 9	48.6%	69.4%	12.7%	12.9%	15.6%	8.2%	16.50%	2.6%	6.6%	7.0%
Grade 10	51.1%	64.4%	14.8%	18.8%	17.8%	8.0%	11.20%	3.1%	5.1%	5.7%
Grade 11	46.5%	62.7%	14.5%	20.4%	19.3%	9.6%	14.0%	2.3%	5.6%	5.0%
Grade 12	43.9%	55.5%	13.8%	21.2%	15.9%	12.0%	19.90%	5.2%	6.6%	6.0%

Table 62 – TSS “How dangerous do you think it is for kids your age to use Vaping Products?” (Texas)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	54.7%	62.7%	12.4%	18.2%	14.6%	9.1%	11.8%	3.5%	6.5%	6.6%
Grade 7	71.1%	71.6%	11.6%	13.3%	6.6%	5.9%	4.6%	2.5%	6.1%	6.7%
Grade 8	62.5%	66.4%	12.7%	16.0%	10.2%	8.6%	8.0%	3.0%	6.6%	5.9%
Grade 9	51.4%	61.5%	12.3%	18.7%	15.9%	9.5%	14.0%	3.6%	6.6%	6.7%
Grade 10	48.3%	60.8%	13.3%	19.4%	17.8%	9.7%	13.3%	3.8%	7.3%	6.3%
Grade 11	47.3%	57.4%	13.0%	21.8%	19.6%	10.7%	14.6%	3.6%	5.6%	6.5%
Grade 12	45.6%	55.9%	11.8%	21.0%	18.4%	10.6%	17.5%	4.7%	6.7%	7.8%

Texas School Survey ¹⁴²¹⁴² Marchbanks III, M.P. et al. (2022b).

Perception of Risk/Harm – Marijuana

Table 63 – TSS “How dangerous do you think it is for kids your age to use Marijuana?” (Region 3)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	56.0%	62.2%	14.1%	15.2%	12.9%	10.7%	12.6%	6.6%	4.5%	5.3%
Grade 7	81.50%	80.2%	7.5%	9.8%	4.7%	3.3%	2.5%	1.4%	3.7%	5.3%
Grade 8	66.70%	72.5%	12.8%	12.5%	8.5%	6.2%	6.9%	3.8%	5.0%	4.9%
Grade 9	49.30%	64.7%	16.1%	16.0%	14.7%	8.4%	14.5%	4.3%	5.4%	6.6%
Grade 10	51.90%	56.7%	17.2%	16.1%	13.4%	12.3%	14.5%	9.1%	3.0%	5.7%
Grade 11	45.30%	54.0%	15.8%	16.6%	19.9%	16.1%	14.4%	8.8%	4.6%	4.5%
Grade 12	37.0%	39.5%	15.7%	21.7%	17.4%	20.4%	24.8%	13.6%	5.1%	4.8%

Table 64 – TSS “How dangerous do you think it is for kids your age to use Marijuana?” (Texas)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	56.0%	60.1%	13.7%	14.8%	12.6%	11.6%	13%	7.6%	4.7%	5.9%
Grade 7	79.1%	77.8%	8.7%	9.2%	4.6%	4.2%	3.2%	2.4%	4.5%	6.5%
Grade 8	67.6%	69.9%	13.2%	13.7%	8.0%	6.9%	6.8%	3.6%	4.5%	5.9%
Grade 9	53.2%	61.0%	16.3%	15.7%	12.3%	10.7%	13.1%	6.6%	5.2%	6.0%
Grade 10	47.4%	54.4%	16.1%	16.5%	15.6%	14.0%	15.8%	9.6%	5.1%	5.5%
Grade 11	45.0%	49.5%	13.9%	16.4%	18.0%	16.9%	18.7%	12.0%	4.5%	5.2%
Grade 12	40.1%	42.5%	14.1%	18.6%	18.5%	19.4%	22.8%	13.4%	4.4%	6.1%

Texas School Survey ¹⁴³¹⁴³ Marchbanks III, M.P. et al. (2022b).

Perception of Risk/Harm – Prescription Drugs

Table 65 – TSS “How dangerous do you think it is for kids your age to use Prescription Drugs?” (Region 3)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	76.5%	75.8%	11.9%	11.7%	3.5%	3.5%	1.4%	1.1%	6.7%	8.0%
Grade 7	82.6%	76.7%	8.1%	11.4%	1.9%	3.5%	0.9%	0.9%	6.6%	7.40%
Grade 8	78.7%	75.8%	9.5%	12.3%	2.9%	3.8%	1.1%	1.0%	7.8%	7.20%
Grade 9	70.6%	76.5%	12.9%	11.5%	5.5%	1.3%	3.3%	1.1%	7.7%	9.60%
Grade 10	76.1%	76.0%	14.0%	10.2%	4.1%	4.7%	0.9%	0.4%	4.8%	8.60%
Grade 11	76.8%	73.7%	12.5%	12.7%	3.1%	5.2%	1.3%	1.9%	6.2%	6.50%
Grade 12	73.6%	75.8%	15.4%	12.1%	3.4%	2.3%	0.8%	1.2%	6.9%	8.70%

Table 66 – TSS “How dangerous do you think it is for kids your age to use Prescription Drugs?” (Texas)

	Very Dangerous		Somewhat Dangerous		Not Very Dangerous		Not at All Dangerous		Do Not Know	
	2018	2022	2018	2022	2018	2022	2018	2022	2018	2022
All	75.4%	73.8%	12.8%	12.5%	3.5%	3.3%	1.4%	1.3%	6.8%	9.1%
Grade 7	81.4%	75.9%	8.5%	10.6%	2.5%	3.3%	1.0%	1.4%	6.6%	8.9%
Grade 8	77.8%	73.9%	11.0%	12.3%	3.3%	3.7%	1.2%	1.5%	6.7%	8.6%
Grade 9	73.2%	73.0%	13.3%	12.6%	4.2%	3.2%	2.0%	1.1%	7.3%	10.1%
Grade 10	72.2%	73.7%	15.1%	12.7%	3.9%	3.7%	1.1%	1.2%	7.7%	8.7%
Grade 11	74.4%	72.3%	14.1%	14.5%	3.7%	3.6%	1.8%	1.3%	6.0%	8.3%
Grade 12	73.1%	74.1%	15.6%	12.6%	3.6%	2.2%	1.0%	1.2%	6.6%	10.0%

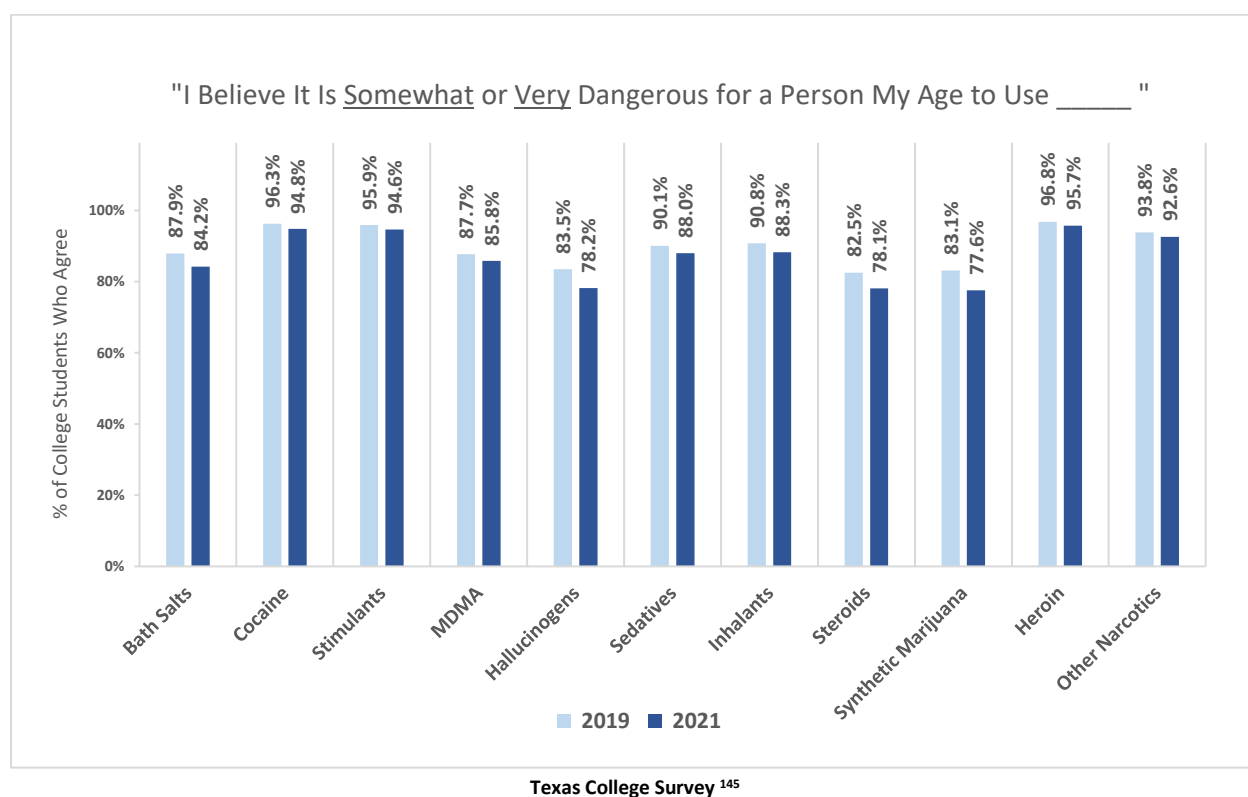
Texas School Survey ¹⁴⁴¹⁴⁴ Marchbanks III, M.P. et al. (2022b).

College Perception of Risk/Harm

The Texas College Survey of Substance Use (TCS) 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. The 2021 survey included 12,404 undergraduate students aged 18-26 from 68 colleges and community college districts from across Texas. Students were invited to participate via email and completed the survey online.

This section covers the perception of risk or harm from using substances for college students according to the Texas College Survey (TCS) report.

Figure 59 – Region 3 College Perceptions of Harm, by Substance, TCS, 2019-2021



Region 3 college students were asked how harmful they think substance use is for their age group. **Figure 59** shows their responses by substance. College students' perception of harm by using substances decreased across all categories from 2019 to 2021. Most notably, perception of harm from using **synthetic marijuana** decreased from 83.1% to 77.6%. Perception of harm from using **hallucinogens** follows close behind, dropping from 83.5% to 78.2%.

¹⁴⁵ Marchbanks III, M.P. et al. (2022a).

Early Initiation of Use

Age of First Use

According to the Texas School Survey (TSS) report, Age of First Use is reported as the age (in years) of first use of the substance.

Figure 60 – Region 3 Students’ Average Age of First Use, by Substance, TSS, 2018-2022

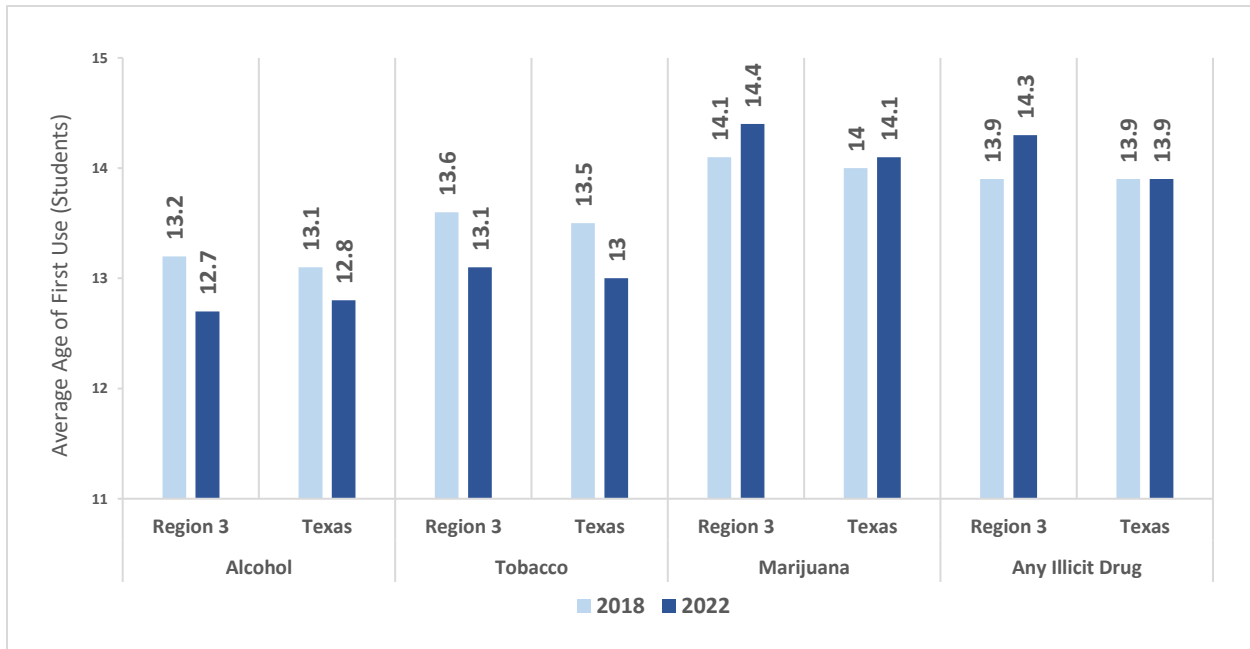
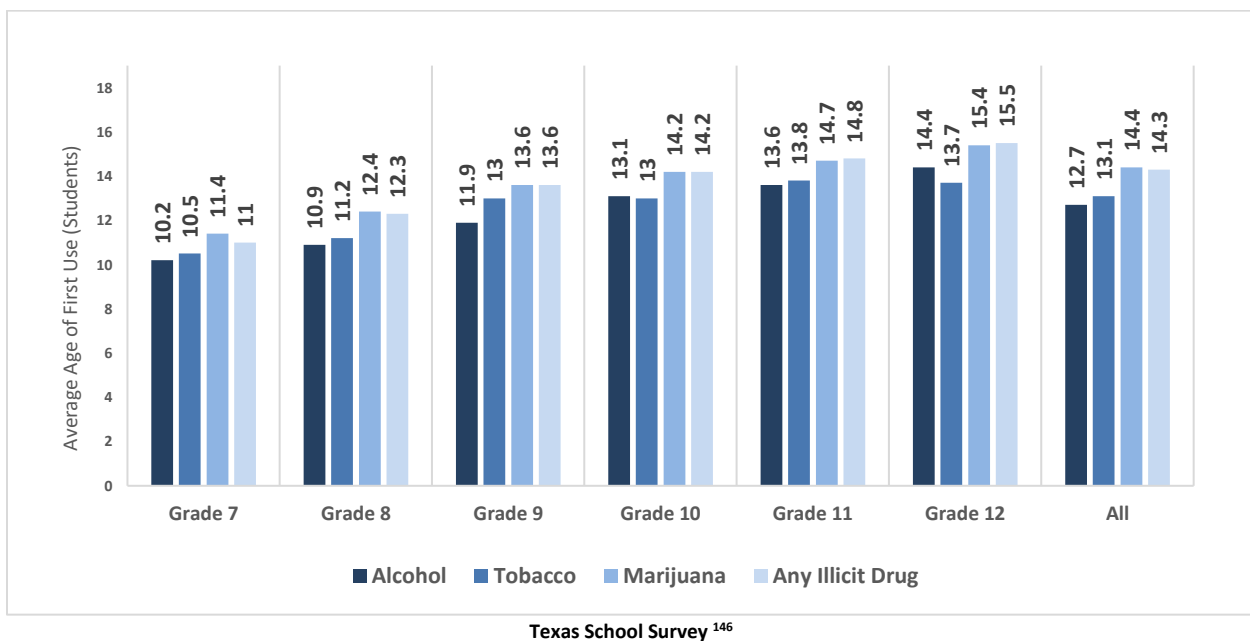


Figure 61 – Region 3 Students’ Average Age of First Use, by Substance, by Grade Level, TSS, 2022

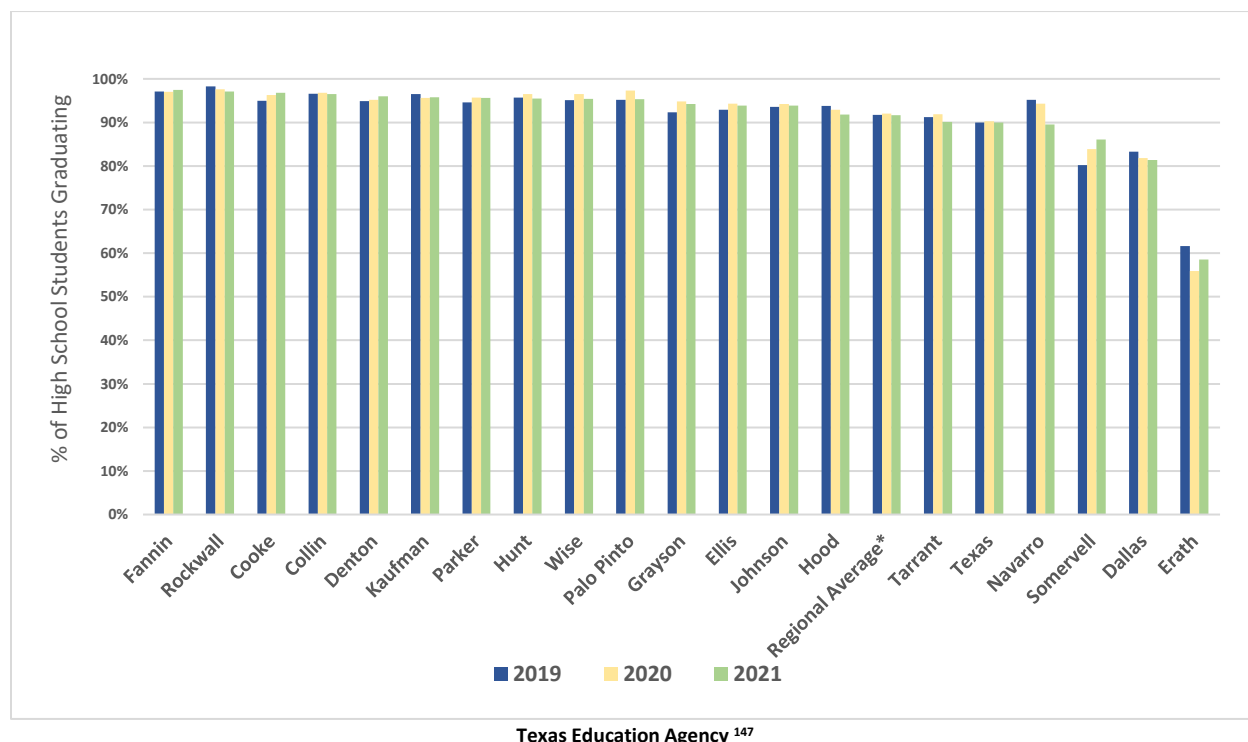


¹⁴⁶ Marchbanks III, M.P. et al. (2022b)

Protective Factors

High School Graduation

Figure 62 – Region 3 High School Graduation Rates, by County, 2019-2021



*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Figure 62 and **Table 67** shows graduation rates over a three-year period for Region 3 counties. 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 2021, the four-year longitudinal graduation rate is the percentage of students who began ninth grade in 2017-18 and graduated by August 31, 2021. This does not include students who moved to another school or continued their schooling, passed away, etc.

For 2021, Texas had a rate of 90%. The highest rates are found in Fannin, Rockwall, and Cooke Counties, respectively. Though graduation rates are relatively similar across the region, the counties with the three lowest rates (Somervell, Dallas, and Erath, respectively) were significantly lower than the rest of the region. Erath with a 58.5% graduation rate was drastically lower, despite slight improvement from 2020. Fifteen counties in the region have a higher rate than Texas.

¹⁴⁷ Texas Education Agency. (2022).

Table 67 – Region 3 High School Graduation Rates, by County, 2019-2021

Report Area	2018	2019	2020	2021
Collin	96.6%	96.6%	96.8%	96.5%
Cooke	95.4%	95.0%	96.3%	96.8%
Dallas	84.2%	83.3%	81.8%	81.4%
Denton	94.6%	94.9%	95.2%	96.0%
Ellis	92.5%	92.9%	94.3%	93.9%
Erath	59.9%	61.6%	55.9%	58.5%
Fannin	95.8%	97.1%	97.0%	97.5%
Grayson	93.3%	92.3%	94.8%	94.2%
Hood	93.6%	93.8%	92.9%	91.8%
Hunt	92.5%	95.7%	96.5%	95.5%
Johnson	94.5%	93.6%	94.2%	93.9%
Kaufman	96.4%	96.5%	95.6%	95.8%
Navarro	95.3%	95.2%	94.3%	89.5%
Palo Pinto	97.3%	95.2%	97.3%	95.3%
Parker	96.0%	94.6%	95.7%	95.6%
Rockwall	97.0%	98.3%	97.6%	97.1%
Somervell	81.6%	80.2%	83.9%	86.1%
Tarrant	91.1%	91.2%	91.9%	90.1%
Wise	95.1%	95.1%	96.5%	95.4%
Regional Average*	91.7%	91.7%	92.0%	91.6%
Texas	90.0%	90.0%	90.3%	90.0%

Texas School Survey ¹⁴⁸

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

¹⁴⁸ Texas Education Agency. (2022).

Spirituality

The Association of Statisticians of American Religious Bodies has conducted the decadal U.S. Religion Census since 1990, serving as a national source for religious data on the county level. Following the broadening of terminology in recent years, coverage from the census now includes many non-Christian groups as well as special counts for religious traditions that do not have central data collection points, such as non-denominational churches or Muslim and Jewish communities.

The U.S. Religion Census collects data on the number of congregations, members, adherents, and attendees. These indicators are aggregated to the county level for each group participating. Participating groups are welcome to use their own definitions to determine what and/or who is counted.

Spirituality through the U.S. Religion Census measures the number of congregations per county, as well as the number of adherents in each county. However, this does not account for those who are spiritual but unaffiliated or practice religions that are not reported to the US Religion Census.¹⁴⁹

The following terminology will be referenced:

- **Congregations:** Congregations may be churches, mosques, temples, or other meeting places. A congregation may generally be defined as a group of people who meet regularly (typically weekly or monthly) at a pre-announced time and location.
- **Adherents:** Adherents may include all those with an affiliation to a congregation (children, members, and attendees who are not members). The adherent figure is meant to be the most complete count of people affiliated with a congregation, and the most comparable count of people across all participating groups.

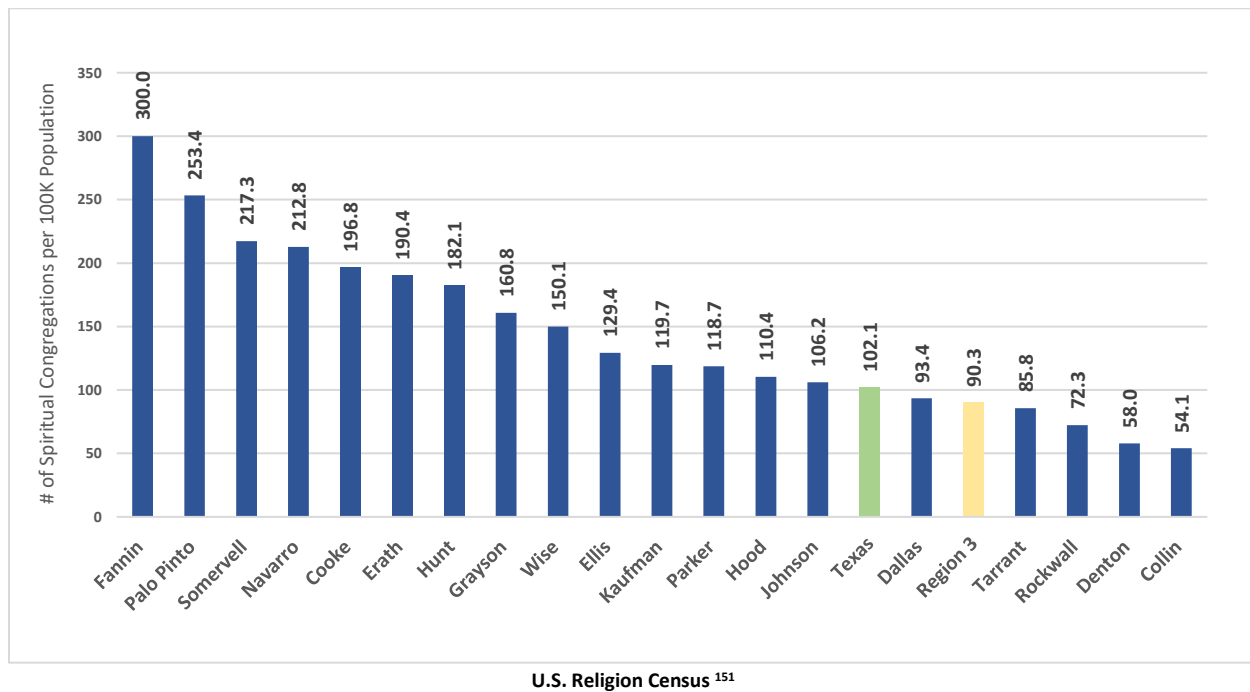
The term “spirituality” has often been considered synonymous with religion, sometimes used interchangeably. However, while both serve as positive protective factors, it is important to note that one does not have to practice religion in order to improve one’s well-being through spirituality. According to the National Alliance on Mental Illness (NAMI):

Religion is an organized, community-based system of beliefs, while spirituality resides within the individual and what they personally believe. Both religion and spirituality can have a positive impact on mental health. In some ways, they provide the same impact. For example: Both religion and spirituality can help a person tolerate stress by generating peace, purpose and forgiveness. Religion gives people something to believe in, provides a sense of structure and typically offers a group of people to connect with over similar beliefs. Spirituality is a sense of connection to something bigger than ourselves—it helps a person look within and understand themselves while also figuring out the greater answer of how they fit in to the rest of the world.¹⁵⁰

In addition to gaining a better understanding of the meaning of life, spirituality also encourages healthy practices for the mind and body which serve as positive influences for one’s mental and emotional well-being. Unfortunately, the broader definition of spirituality remains difficult to quantify in national surveys.

¹⁴⁹ U.S. Religion Census. (2020).

¹⁵⁰ National Alliance on Mental Illness. (2016).

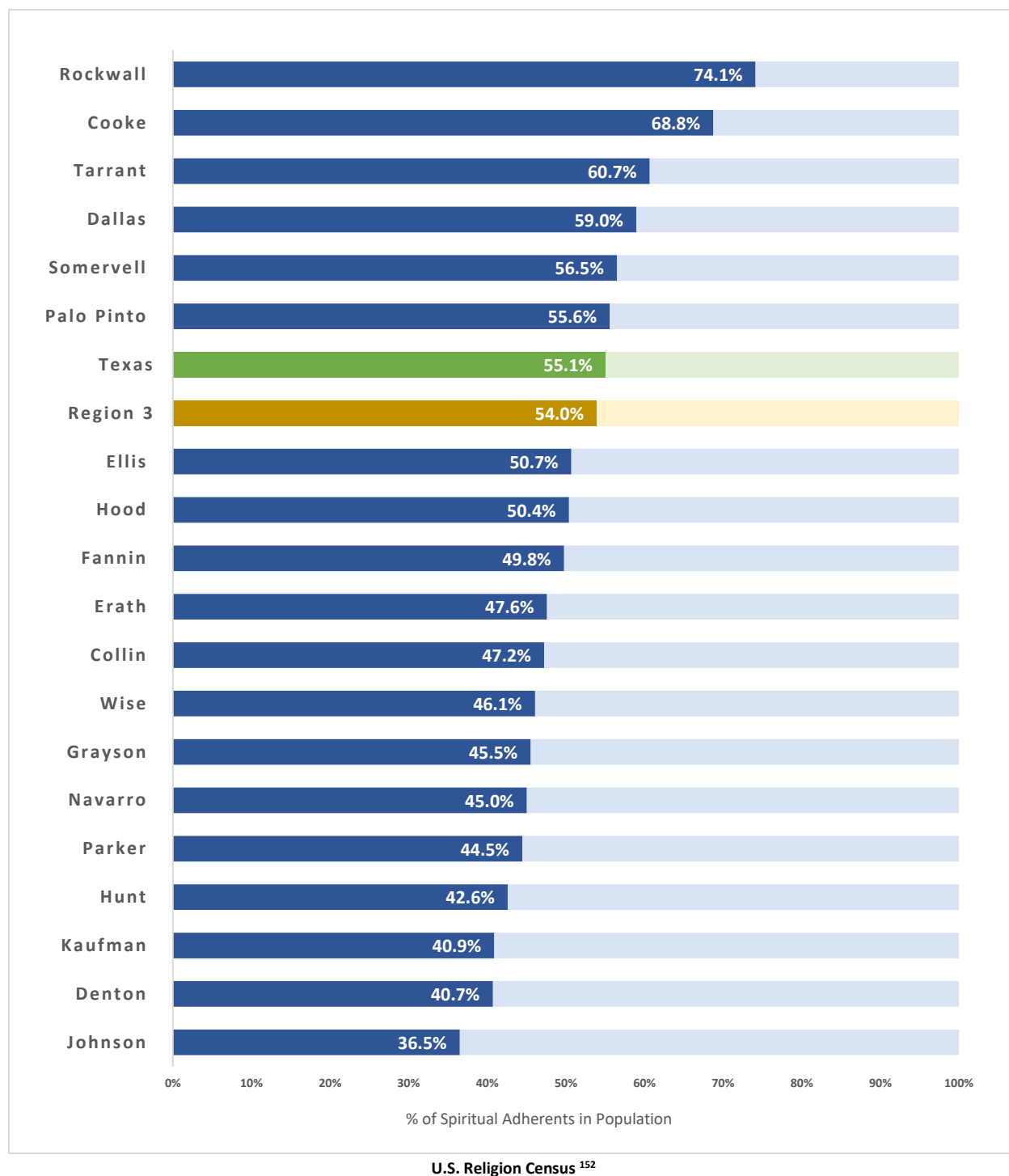
Figure 63 – Region 3 Spiritual Congregations* (per 100K Population), by County, 2020

*Spiritual Congregations may be churches, mosques, temples, or other meeting places. A congregation may generally be defined as a group of people who meet regularly (typically weekly or monthly) at a pre-announced time and location.

Figure 63 shows the rate of spiritual congregations per 100K population for region 3 counties. In 2020, the top three counties with the highest rate of spiritual congregations were found in Fannin (300), Palo Pinto (253.4), and Somervell (217.3) respectively. Of the region's 19 counties, 14 of them had a higher rate of spiritual congregations per 100K population than both Texas and Region 3. The three lowest rates belonged to Collin (54.1), Denton (58), and Rockwall (72.3) respectively.

On the other hand, **Figure 64** shows the percentage of spiritual adherents in each Region 3 county. In 2020, the top three counties with the highest percentage were Rockwall (74.1%), Cooke (68.8%), and Tarrant (60.7%), respectively, while the three lowest rates were found in Johnson (36.5%), Denton (40.7%), and Kaufman (40.9%). There were six counties that had a higher rate than both Region 3 and Texas.

¹⁵¹ U.S. Religion Census. (2020).

Figure 64 – Region 3 Spiritual Adherents* (per 100K Population), by County, 2020

*Spiritual Adherents refer to individuals with an affiliation to a spiritual congregation including children, members, and attendees who are not members. Spiritual Congregations may be churches, mosques, temples, or other meeting places. A spiritual congregation may generally be defined as a group of people who meet regularly (typically weekly or monthly) at a pre-announced time and location.

¹⁵² U.S. Religion Census. (2020).

Consumption Patterns

While much 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 Texas School Survey (TSS) and Behavioral Risk Factor Surveillance System (BRFSS).

As stated previously, for data sourced from the Texas School Survey (TSS) report in this section, such as youth substance use, note that data from the 2020 TSS report will not be included.

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. Due to the drop in participation, it was necessary to combine Region 3 with Region 4 for the 2020 TSS report, rendering it unable to be compared to the 2022 report. Therefore, for the purposes of comparison, this needs assessment will opt to compare the 2018 and 2022 TSS reports that reflect Region 3 independently of other regions.

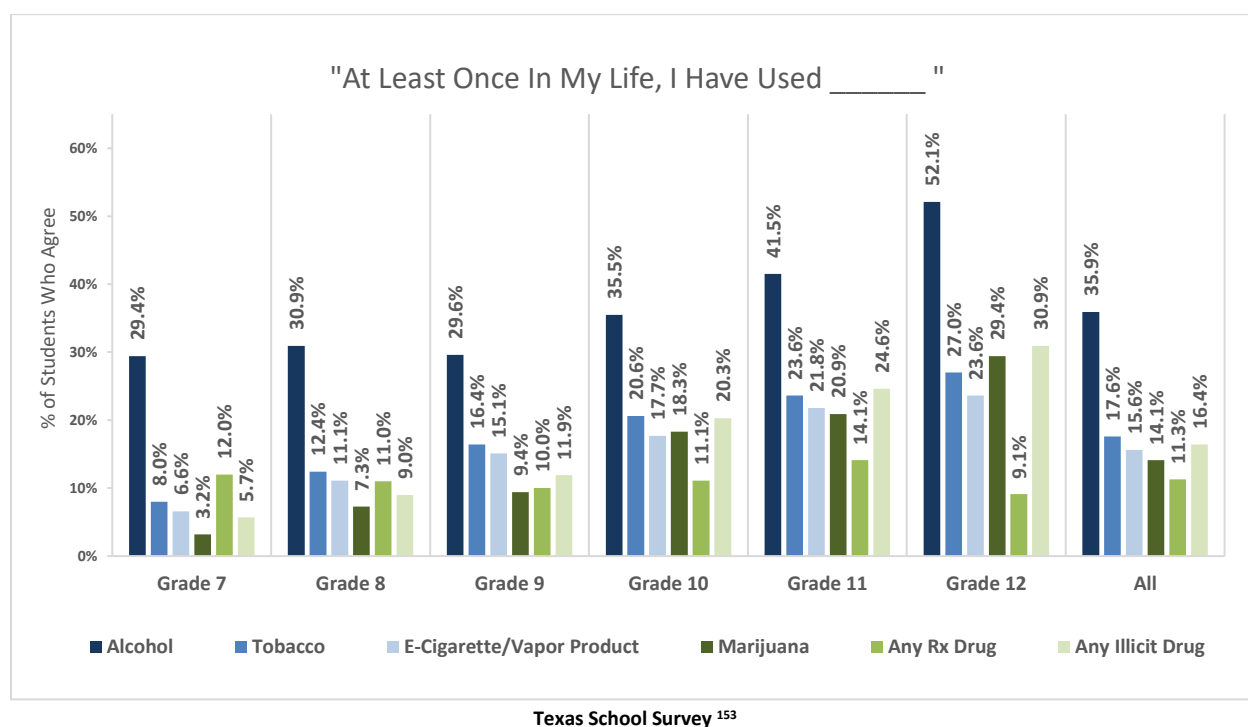


Youth Substance Use

This section covers the patterns of consumption for youth according to the Texas School Survey (TSS) report. The following terminology will be referenced:

- **Current Use:** refers to student-reported use over the last 30 days prior to the survey.
- **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.

Figure 65 – Region 3 Youth Substance Use, Lifetime Use, by Substance, by Grade Level, TSS, 2022



The findings in **Figures 65 – 68** represent responses from the 2018 and 2022 TSS regarding alcohol, tobacco, vapor products, marijuana, prescription drug, and illicit drug consumption patterns. In 2022, alcohol was significantly higher for current, past year, and lifetime use of a substance compared to other substances. Grade 12 students had the highest rates of lifetime usage in 2022 for alcohol, tobacco, vapor products, marijuana, and illicit drugs. However, the highest rate of lifetime usage for prescription drugs was found in Grade 11 students.

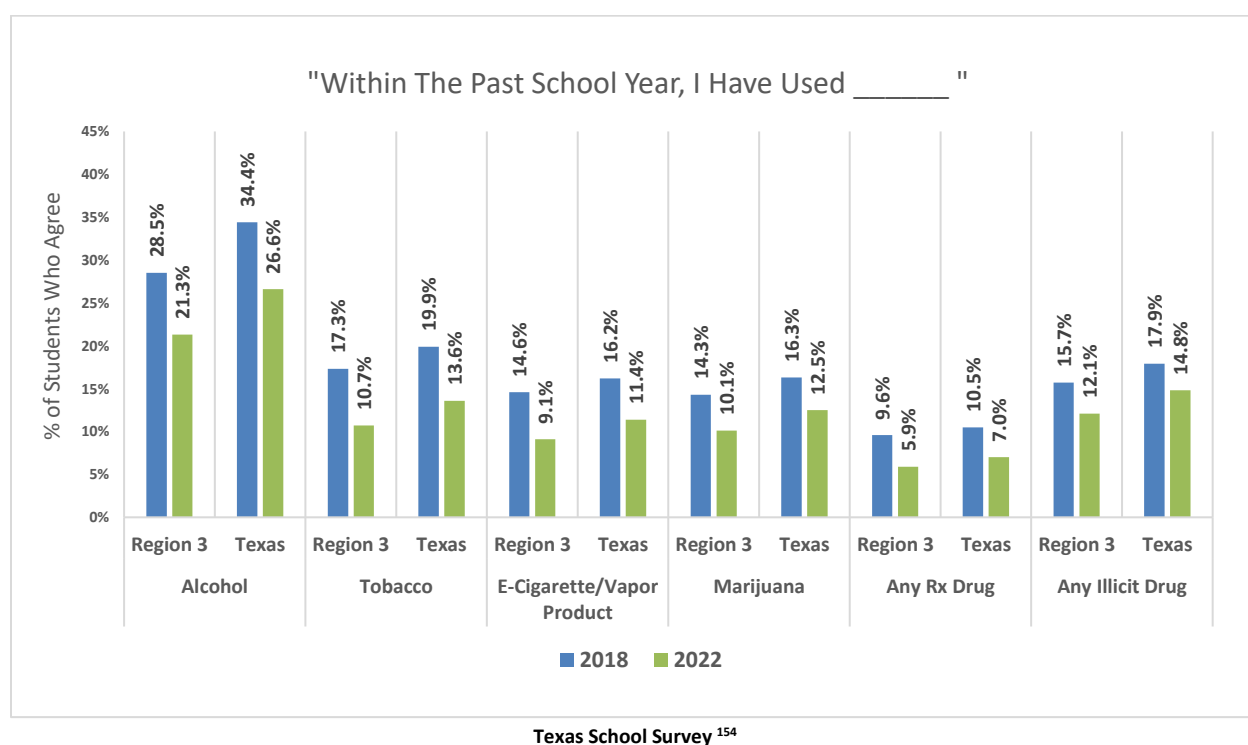
In terms of past year use, Region 3 had a lower rate of substance use across all categories between 2018-2022. In addition, past year usage also decreased for every substance from 2018 to 2022. For 22, the top three substances for past year use are alcohol (21.3%), illicit drugs including marijuana (12.1%), and tobacco (10.7%).

¹⁵³ Marchbanks III, M.P. et al. (2022b).

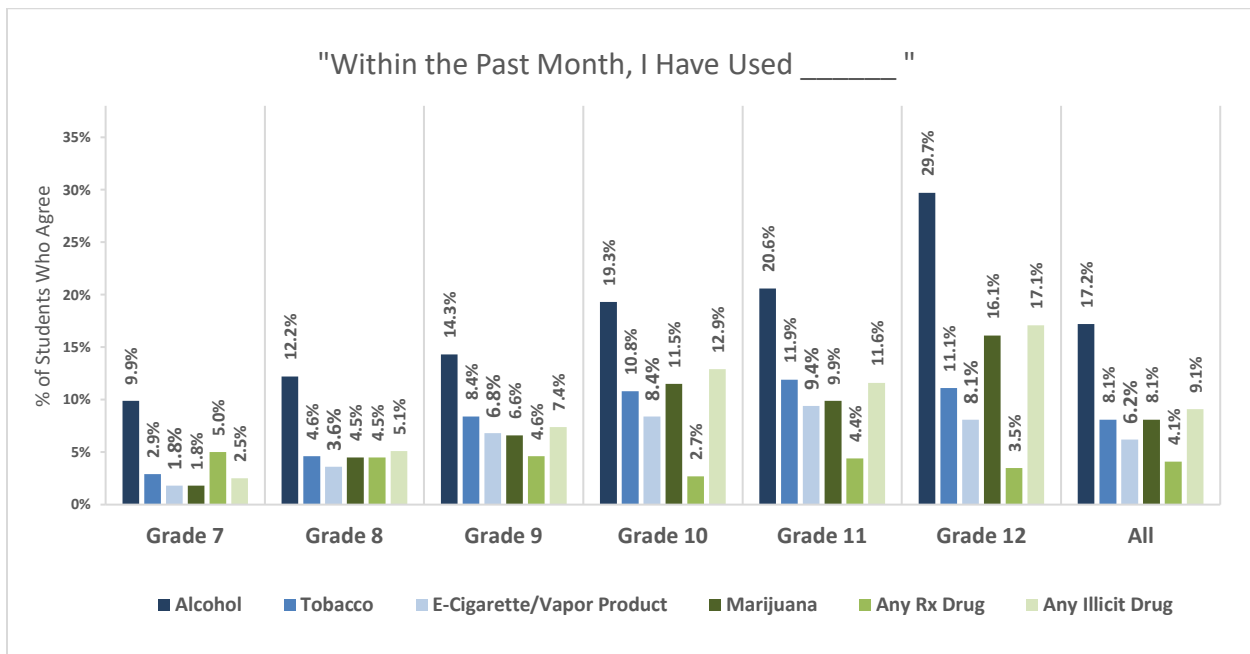
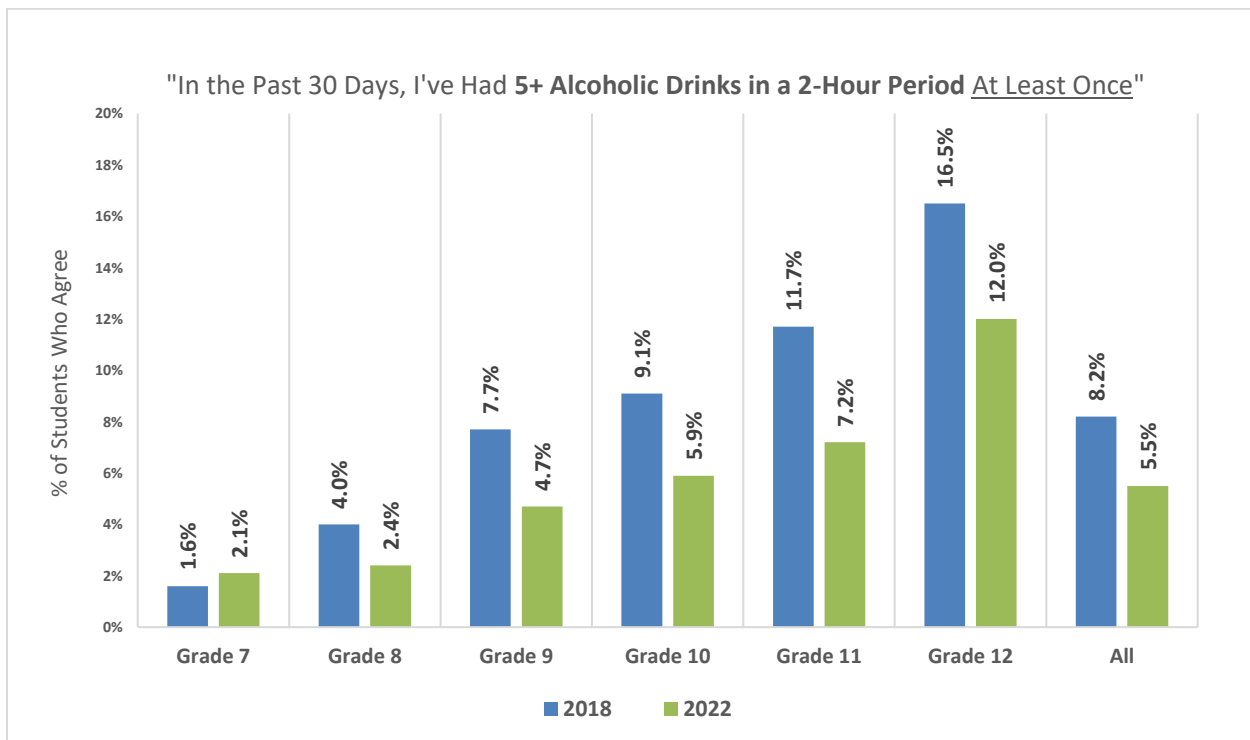
For current usage, although alcohol predictably has the highest rate of current usage, the second-most currently used substances in 2022 are illicit drugs including marijuana at 9.1%. Grade 12 students have the highest rate of usage of illicit drugs at 17.1%. However, for Grade 7 students, the second-most currently used substances are prescription drugs at 5%. Similarly, for Grade 11 and Grade 9 students, the second-most currently used substance is tobacco at 11.9% and 8.4% respectively.

High-risk usage is another measure that has seen significant decreases from 2018 to 2022. High risk usage, as previously stated, refers to binge drinking, or having more than 5 alcoholic drinks within a two-hour time frame. Grade 12 students had the highest rate of high risk use in 2022 at 16.5%. However, Grade 7 students were the only Grade level that exhibited an increase in high risk use: from 1.6% to 2.1%.

Figure 66 – Region 3 Youth Substance Use, Past School Year Use, by Substance, TSS, 2018-2022



¹⁵⁴ Marchbanks III, M.P. et al. (2022b).

Figure 67 – Region 3 Youth Substance Use, Current Use, by Substance, by Grade Level, TSS, 2022**Figure 68 – Region 3 Youth Substance Use, Binge Drinking in the Past 30 Days, by Grade Level, TSS, 2018-2022**Texas School Survey ¹⁵⁵¹⁵⁵ Marchbanks III, M.P. et al. (2022b).

College Student Consumption

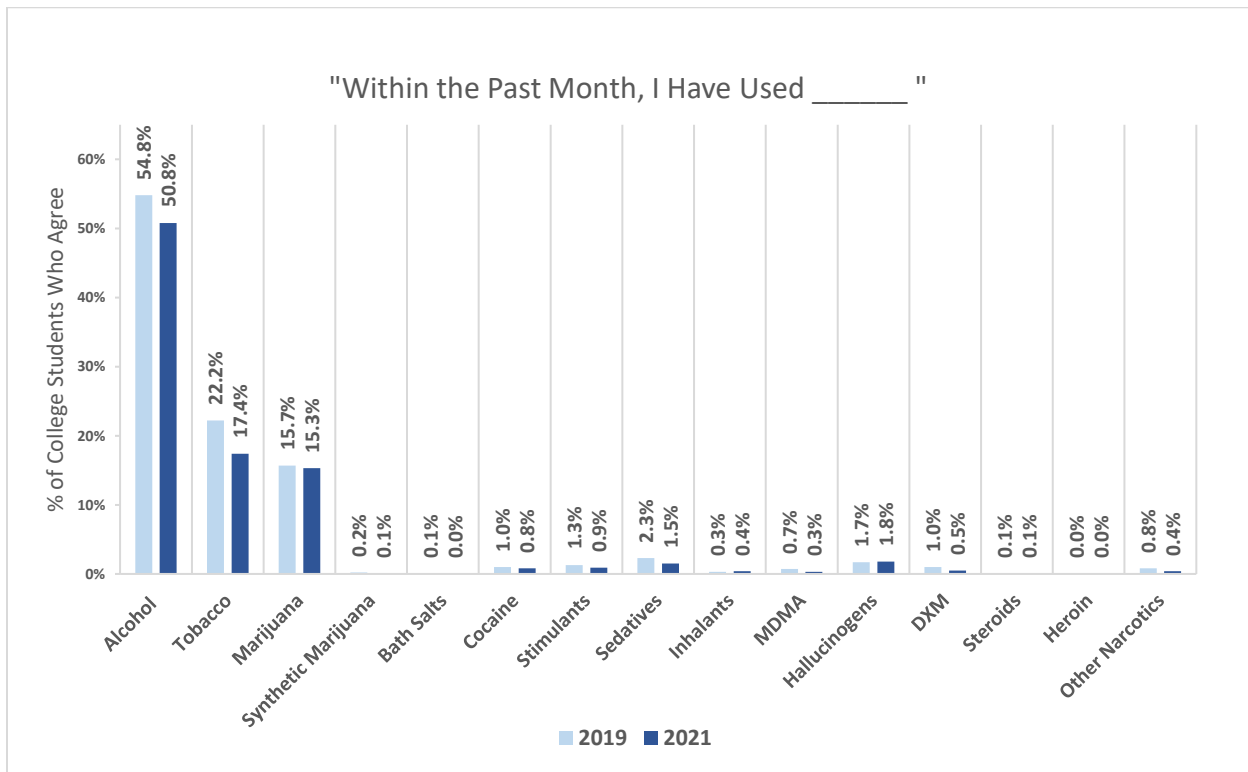
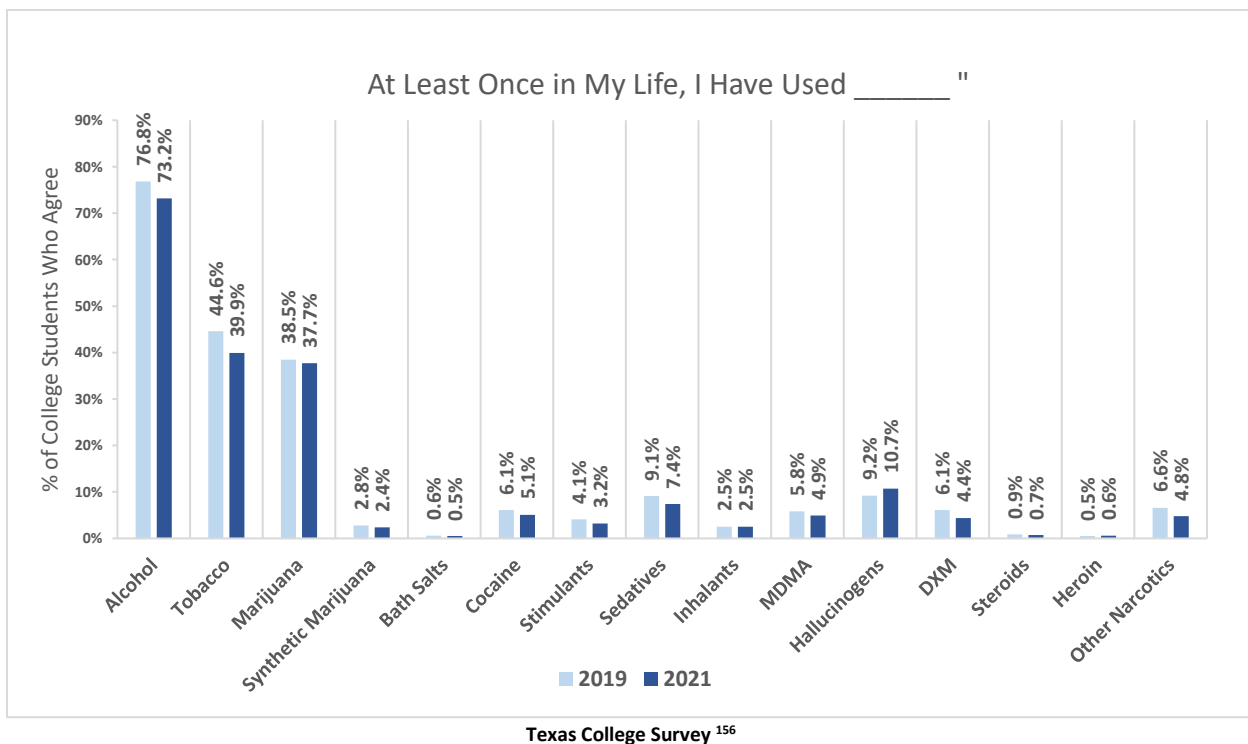
The Texas College Survey of Substance Use (TCS) is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. The survey is conducted by the Public Policy Research Institute, a 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. The 2021 survey included 12,404 undergraduate students aged 18-26 from 68 colleges and community college districts from across Texas. Students were invited to participate via email and completed the survey online.

This section covers the patterns of consumption for college students according to the Texas College Survey (TCS) report. The following terminology will be referenced:

- **Current Use:** refers to student-reported use over the last 30 days prior to the survey.
- **Lifetime Use:** refers to use at least once.

Figures 69 and 70 shows an overview of consumption patterns for Region 3 college students for all classifications broken down by substance. The findings below represent responses from the 2019 and 2021 TCS regarding consumption patterns. In terms of current usage within the past month, the three highest substances reported in 2021 were alcohol (50.8%), tobacco (17.4%), and marijuana (15.3%). Of the remaining substances only sedatives (1.5%) and hallucinogens (1.8%) have a value above 1%.

For lifetime usage in 2022, the top three substances reported are again alcohol (73.2%), tobacco (39.9%), and marijuana (37.7%). Though lifetime usage of hallucinogens and sedatives were much higher than the other remaining substances, hallucinogens were the only substance with a significant increase from 9.2% to 10.7%. Every other substance displayed a decrease overall.

Figure 69 – Region 3 College Consumption Patterns, Current Use, by Substance, TCS, 2019-2021**Figure 70 – Region 3 College Consumption Patterns, Lifetime Use, by Substance, TCS, 2019-2021**¹⁵⁶ Marchbanks III, M.P. et al. (2022a).

Adult Substance Use

The 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.

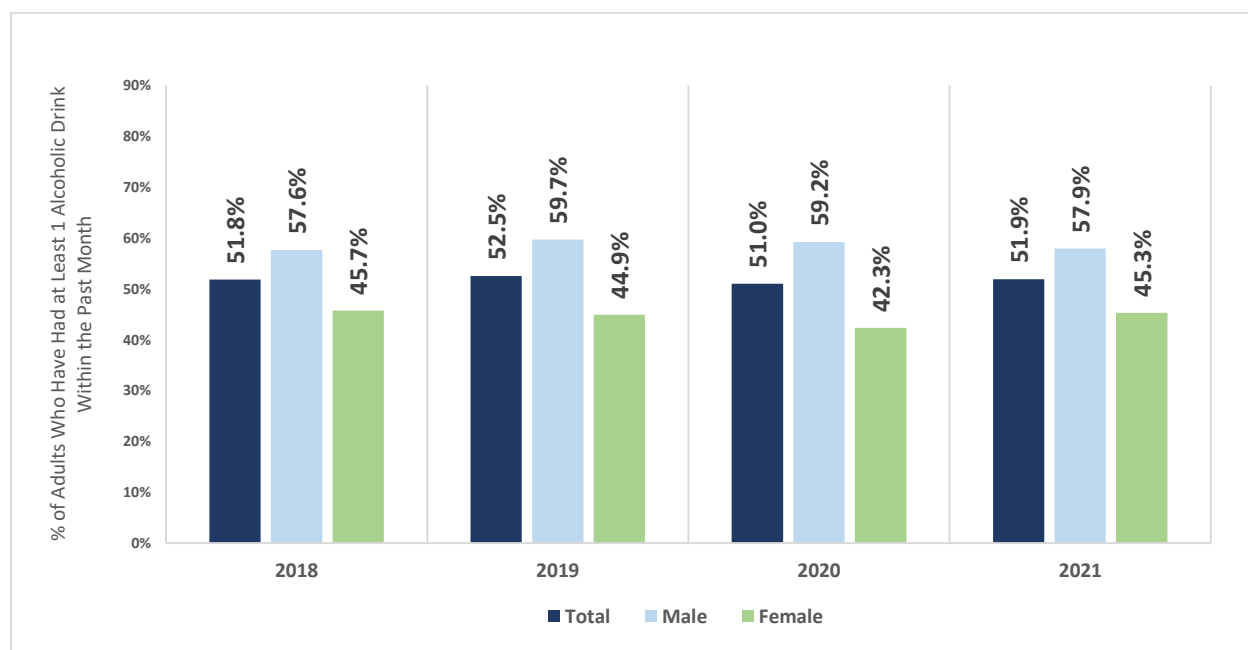
The following terminology will be referenced:

- **Current Alcohol Use:** at least one drink of any alcoholic beverage in the past 30 days.
- **“Heavy” drinking:** the consumption, on average, of more than one drink per day for women or two drinks per day for men in the past 30 days.
- **“Binge” drinking:** 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.

Adult Current Alcohol Use

Figure 71 below shows current alcohol use for adults in Region 3 by sex. This is measured by the percentage of adults who have had at least one drink within the past month. Males consistently had higher rates of current alcohol use across all four years. The Region 3 rate remained relatively steady over the four-year period, decreasing slightly from 59.2% in 2020 to 57.9% in 2021.

Figure 71 – Region 3 Adult Substance Use, Current Alcohol Use, by Sex, BRFSS, 2018-2021



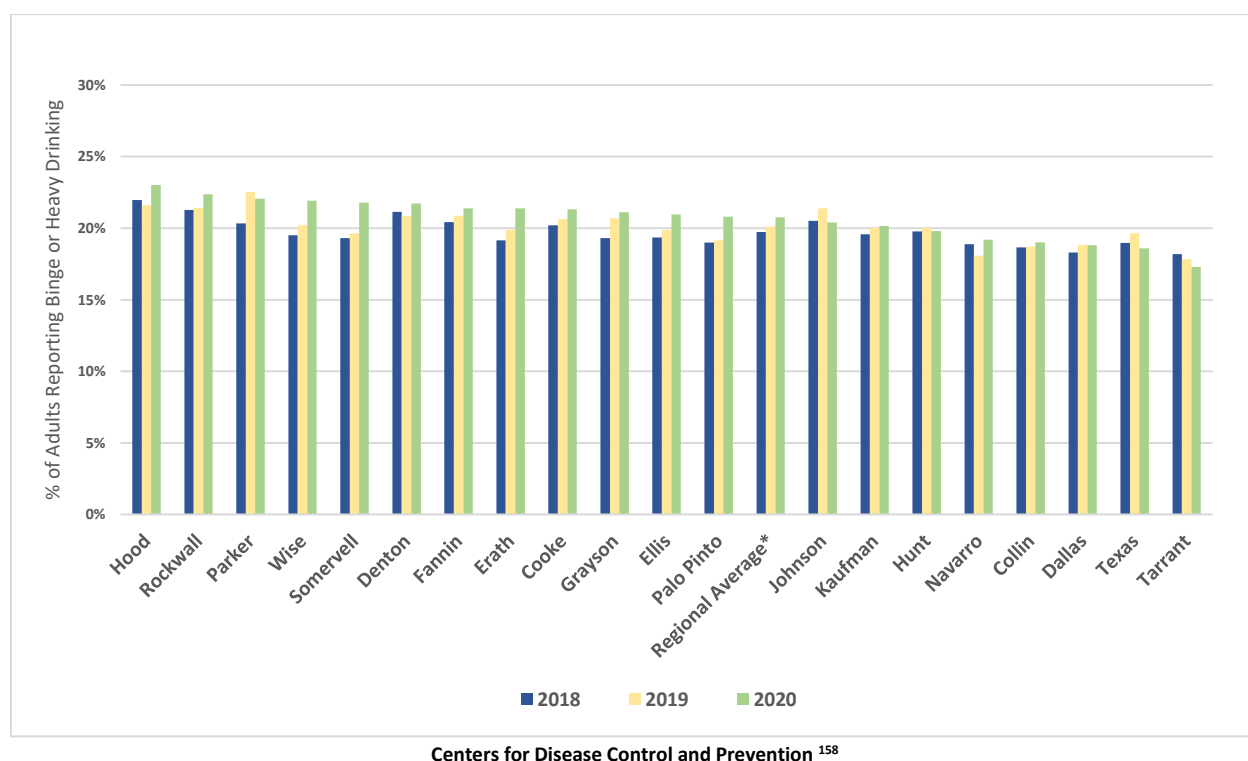
Centers for Disease Control and Prevention ¹⁵⁷

¹⁵⁷ Centers for Disease Control and Prevention. (2021a).

Adult Binge or Heavy Drinking

Figure 72 and **Table 68** below shows the percentage of adults who have partaken in binge or heavy drinking in the past 30 days in each Region 3 county. In 2020, the three counties with the highest rates of adult binge or heavy drinking are Hood, Rockwall, and Parker Counties, respectively. Tarrant, Dallas, and Collin had the three lowest rates. From 2019-2020, 14 counties experienced an increase in their rates. Overall, in 2020, 18 counties had a higher rate of adults currently smoking than Texas.

Figure 72 – Region 3 Adult Substance Use, Binge or Heavy Drinking, by County, BRFSS, 2018-2020



*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

¹⁵⁸ Centers for Disease Control and Prevention. (2021a).

Table 68 – Region 3 Adult Substance Use, Binge or Heavy Drinking, by County, BRFSS, 2018-2020

Report Area	2018	2019	2020
Collin	18.7%	18.7%	19.0%
Cooke	20.2%	20.6%	21.3%
Dallas	18.3%	18.8%	18.8%
Denton	21.1%	20.9%	21.7%
Ellis	19.3%	19.9%	21.0%
Erath	19.2%	19.9%	21.4%
Fannin	20.4%	20.9%	21.4%
Grayson	19.3%	20.7%	21.1%
Hood	22.0%	21.6%	23.0%
Hunt	19.8%	20.0%	19.8%
Johnson	20.5%	21.4%	20.4%
Kaufman	19.6%	20.0%	20.1%
Navarro	18.9%	18.1%	19.2%
Palo Pinto	19.0%	19.2%	20.8%
Parker	20.3%	22.5%	22.1%
Rockwall	21.3%	21.4%	22.4%
Somervell	19.3%	19.6%	21.8%
Tarrant	18.2%	17.8%	17.3%
Wise	19.5%	20.2%	21.9%
Regional Average*	19.7%	20.1%	20.8%
Texas	19.0%	19.6%	18.6%

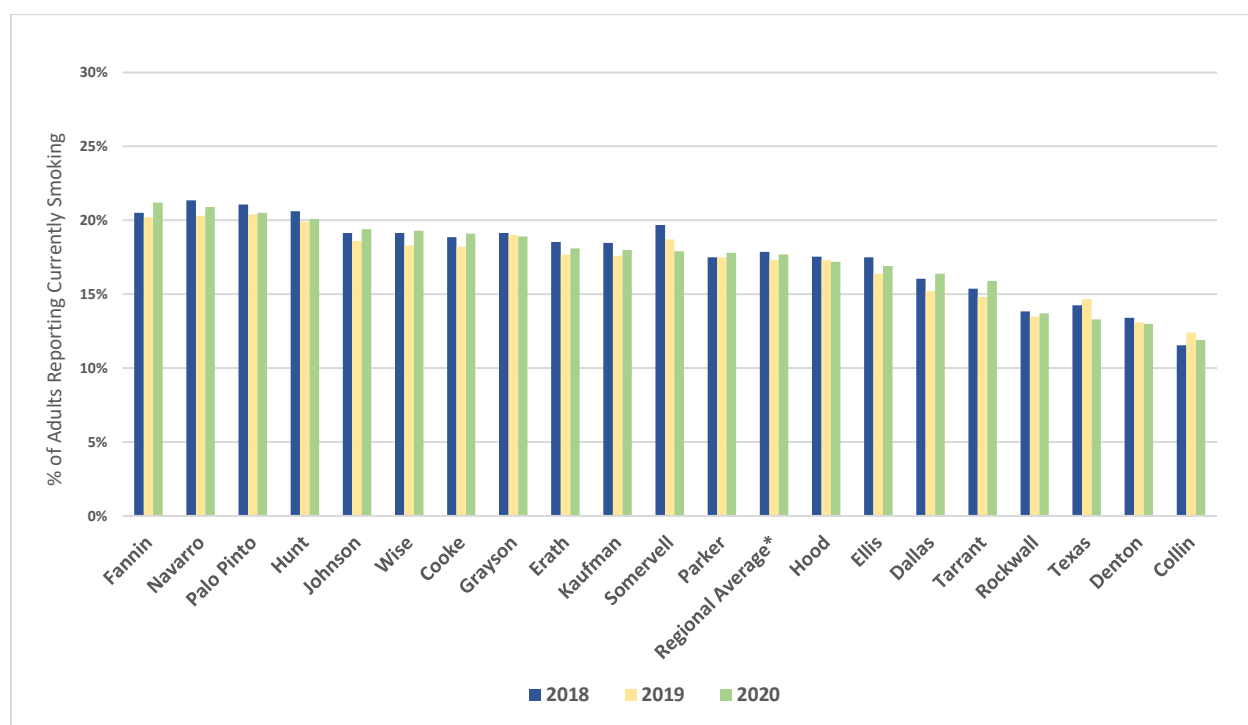
Centers for Disease Control and Prevention ¹⁵⁹

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Adult Smoking

Figure 73 and **Table 69** represent the percentage of adults who reported currently smoking. In 2020, the three counties with the highest rates of adults currently smoking are Fannin, Navarro, and Palo Pinto Counties, respectively. Collin, Denton, and Rockwall had the three lowest rates. From 2019-2020, 14 counties experienced an increase in their rates. Overall, in 2020, 17 counties had a higher rate of adults currently smoking than Texas.

Figure 73 – Region 3 Adult Substance Use, Current Tobacco Use, by County, BRFSS, 2018-2020



Centers for Disease Control and Prevention ¹⁶⁰

*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

¹⁶⁰ Centers for Disease Control and Prevention. (2021a).

Table 69 – Region 3 Adult Substance Use, Current Tobacco Use, by County, BRFSS, 2018-2020

Report Area	2018	2019	2020
Collin	11.5%	12.4%	11.9%
Cooke	18.9%	18.2%	19.1%
Dallas	16.0%	15.2%	16.4%
Denton	13.4%	13.1%	13.0%
Ellis	17.5%	16.4%	16.9%
Erath	18.5%	17.7%	18.1%
Fannin	20.5%	20.2%	21.2%
Grayson	19.1%	19.0%	18.9%
Hood	17.5%	17.3%	17.2%
Hunt	20.6%	19.9%	20.1%
Johnson	19.1%	18.6%	19.4%
Kaufman	18.5%	17.6%	18.0%
Navarro	21.3%	20.3%	20.9%
Palo Pinto	21.1%	20.4%	20.5%
Parker	17.5%	17.5%	17.8%
Rockwall	13.8%	13.5%	13.7%
Somervell	19.7%	18.7%	17.9%
Tarrant	15.4%	14.8%	15.9%
Wise	19.1%	18.3%	19.3%
Regional Average*	17.9%	17.3%	17.7%
Texas	14.2%	14.7%	13.3%

Centers for Disease Control and Prevention ¹⁶¹

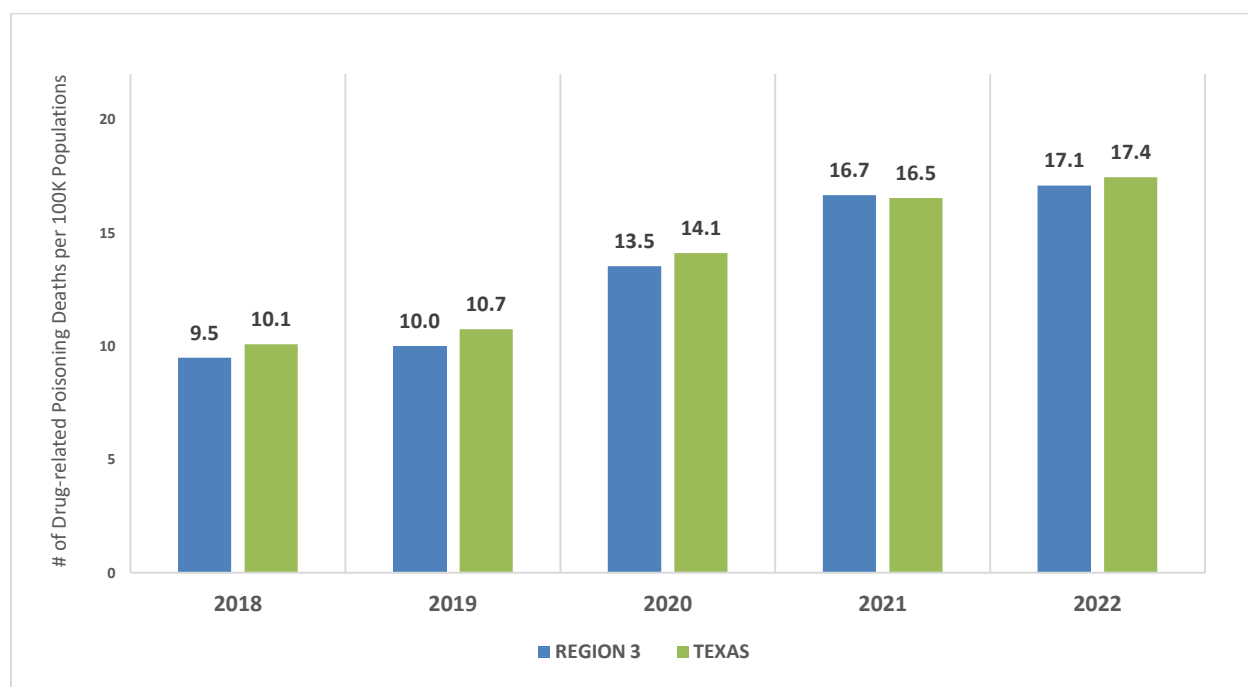
*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

Consequences of Substance Use/Misuse

Mortality

Overdose Deaths

Figure 74 – Region 3 Total Drug-related Poisoning Deaths (per 100K Population), 2018-2022



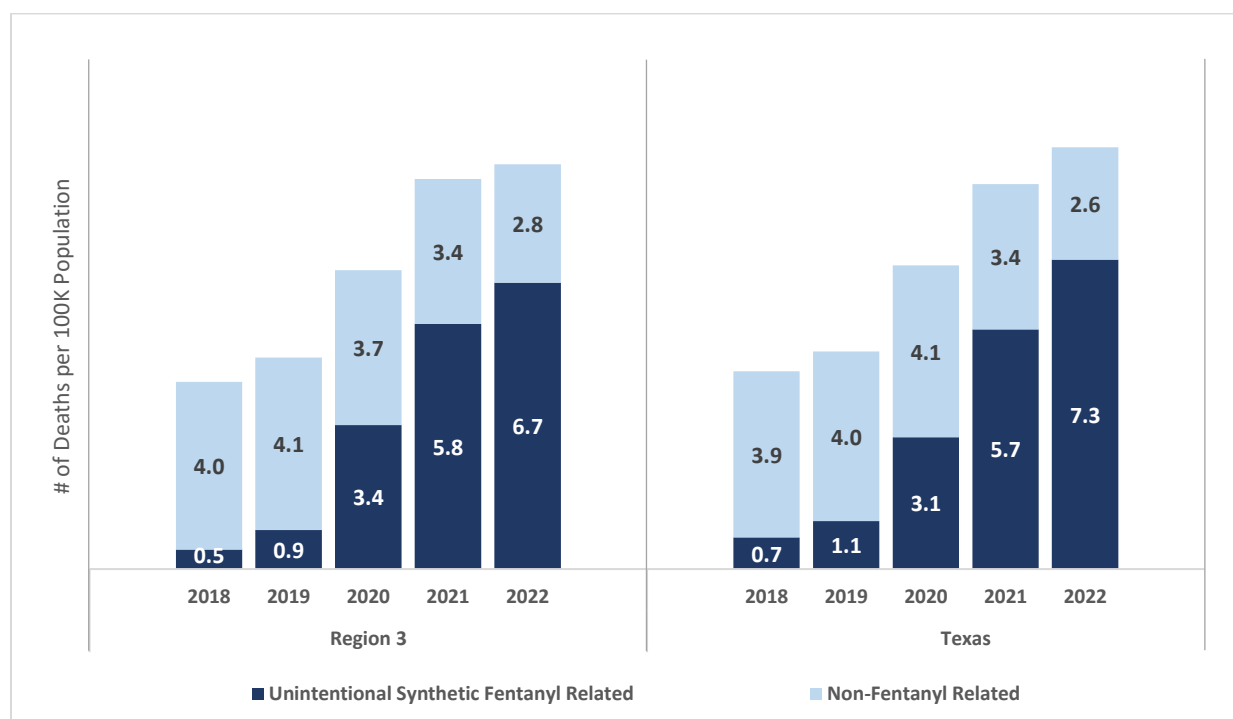
Centers for Disease Control and Prevention ¹⁶²

Figure 74 shows the rates for drug related poisoning deaths per 100K population for Region 3 and Texas. In 2022, Region 3 had a rate of 17.1 drug related poisoning deaths per 100K population, while Texas had a slightly higher rate at 17.4. From 2018-2022, both Region 3 and Texas experienced significant increases. In particular, Region 3's rate jumped 35% from 10 drug-related poisoning deaths per 100K population in 2019 to 13.5 drug-related poisoning deaths per 100K population in 2020. Region 3's rate jumped another 23.7% to 16.7 drug-related poisoning deaths per 100K population in 2021, surpassing Texas (16.5).

¹⁶² Centers for Disease Control and Prevention. (2022a).

Figure 75 below breaks down the rate of total opioid-related poisoning deaths by its relation to fentanyl. Due to the rapid rise of illicitly manufactured fentanyl (IMF), the percentage of deaths resulting from synthetic fentanyl has exponentially increased in recent years as evidenced below. In 2018, synthetic fentanyl was only responsible for 11.4% of all opioid-related poisoning deaths in Region 3. In 2022, unintentional synthetic fentanyl poisoning deaths are now responsible for 70.5% of all opioid poisoning deaths. The largest jump in percentage occurred between 2019 and 2020, where the percentages increased 170% from 18% to 48.6%.

**Figure 75 – Region 3 Total Opioid-related Poisoning Deaths (per 100K Population),
By Synthetic Fentanyl Status, 2018-2022**



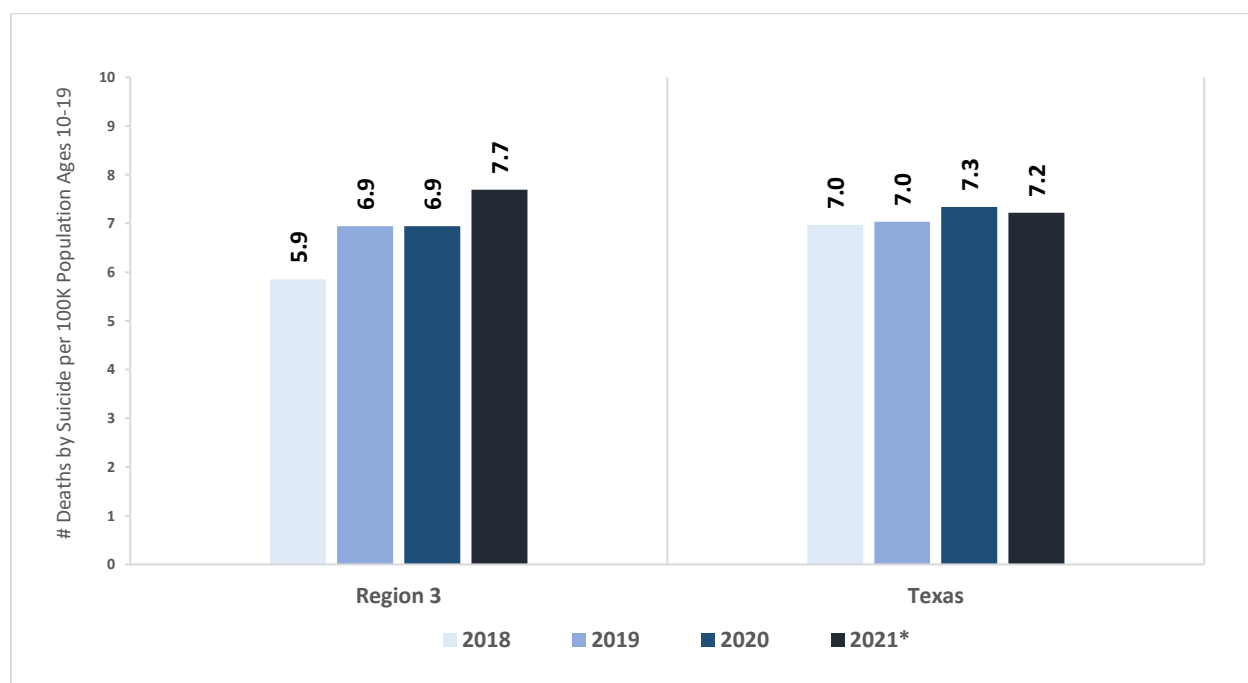
Centers for Disease Control and Prevention¹⁶³

¹⁶³ Centers for Disease Control and Prevention. (2022a).

Adolescent Deaths by Suicide

The following data comes from the Texas Department of State Health Service's Texas Death Certificate Data. **Figure 76** shows the rate of adolescent deaths by suicide. This measure is calculated using the population of adolescents ages 10-19. In Region 3, the rate significantly increases from 6.9 in 2020 to 7.7 in 2021, surpassing the Texas rate (7.2) in 2021. From 2018 – 2021, Region 3 experienced a 30.5% increase in adolescent deaths by suicide, a dramatic difference compared to Texas' 2.9% increase for the same four-year period.

Figure 76 – Region 3 Adolescent Deaths by Suicide (per 100K Population Ages 10-19), 2018-2021*



Texas Department of State Health Services ¹⁶⁴

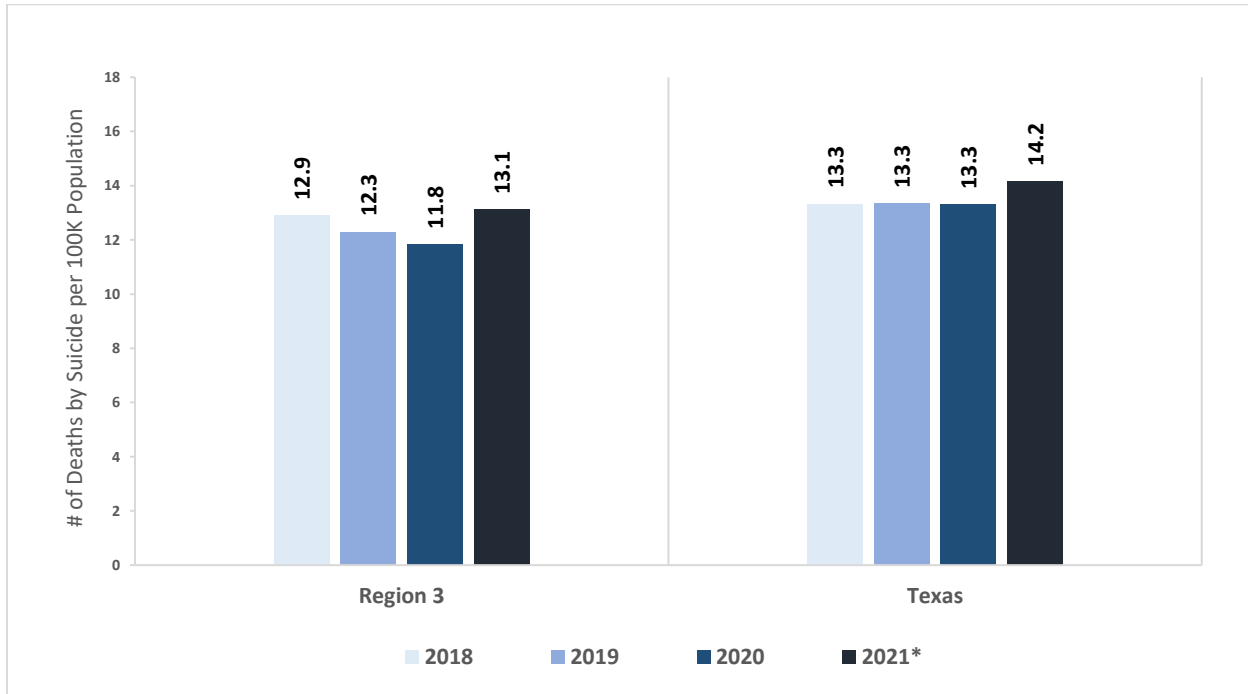
*Death data for 2021 is non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data is subject to change before 2021 data is finalized.

¹⁶⁴ Texas Department of State Health Services. (2022).

Total Deaths by Suicide

The following data comes from the Texas Department of State Health Service's Texas Death Certificate Data. **Figure 77** shows the rate of all deaths by suicide per 100K population. For Region 3, rates reflected a decrease from 12.9 in 2018 to 11.8 in 2020, with Texas staying steady at 13.3. However, in 2021, both Region 3 and Texas saw a significant increase, with Region 3 increasing by 11%.

Figure 77 – Region 3 Total Deaths by Suicide (per 100K Population), 2018-2021*



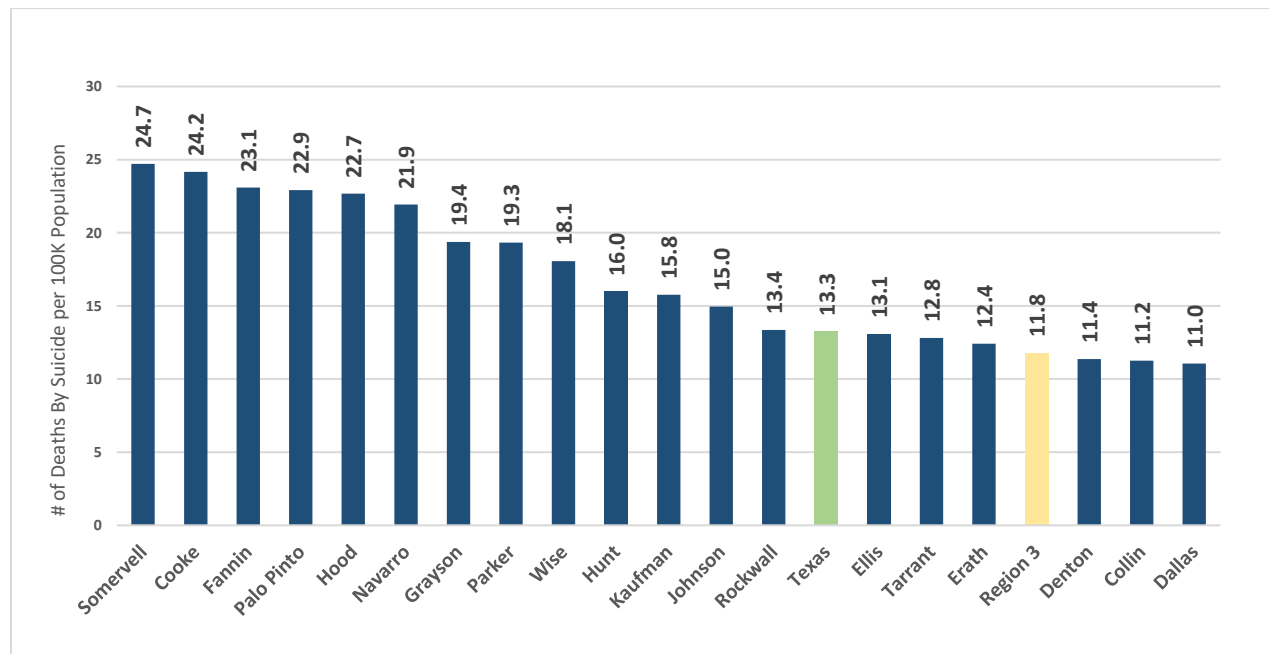
Texas Department of State Health Services ¹⁶⁵

*Death data for 2021 is non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data is subject to change before 2021 data is finalized.

¹⁶⁵ Texas Department of State Health Services. (2022).

The following data comes from Mortality Files from the National Center for Health Statistics (NCHS), a unit within the Centers for Disease Control and Prevention (CDC). However, mortality files are currently only available up until 2020. **Figure 78** shows the rate of all deaths by suicide per 100K population for Region 3 counties. In 2020, Texas had a rate of 13.1 deaths by suicide per 100K population, with Region 3 at 11.8 per 100K population. Somervell, Cooke, and Fannin Counties, respectively, had the highest rates of deaths by suicide, while Dallas, Collin, and Denton had the lowest rates. In 2020, 16 counties had a higher rate than Region 3, and 13 counties had a higher rate than Texas.

Figure 78 – Region 3 Total Deaths By Suicide (per 100K Population), by County, 2020



Centers for Disease Control and Prevention ¹⁶⁶

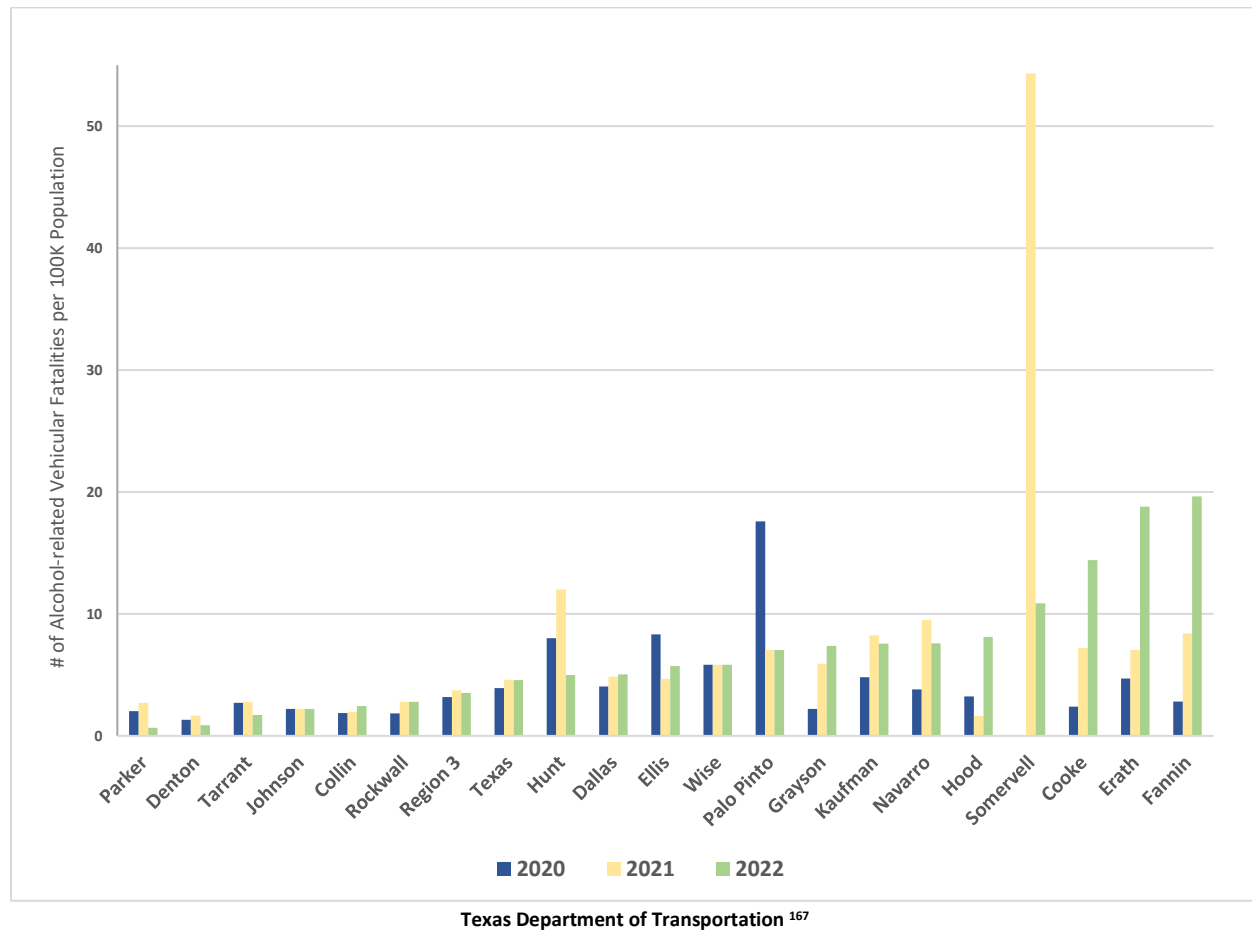
¹⁶⁶ Centers for Disease Control and Prevention. (2020).

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 2020-2022.

Figure 79 and **Table 70** show the rate of DUI related fatalities per 100K population in Region 3 by county. In 2022, the Texas rate was 4.6 per 100K population. In 2022, the highest rates were found in Fannin, Erath, and Cooke Counties, respectively. Eight Region 3 counties saw an increase in the rate of DUI related fatalities from 2021 to 2022. In 2022, there were 13 counties that had a higher rate than both Region 3 and Texas.

Figure 79 – Region 3 Alcohol-related Vehicular Fatalities (per 100K Population), by County, 2020-2022



¹⁶⁷ Texas Department of Transportation. (2022).

Table 70 – Region 3 Alcohol-related Vehicular Fatalities (per 100K Population), by County, 2020-2022

Report Area	2020	2021	2022
Collin	1.9	2.0	2.4
Cooke	2.4	7.2	14.4
Dallas	4.1	4.9	5.1
Denton	1.3	1.7	0.9
Ellis	8.3	4.7	5.7
Erath	4.7	7.1	18.8
Fannin	2.8	8.4	19.6
Grayson	2.2	5.9	7.4
Hood	3.2	1.6	8.1
Hunt	8.0	12.0	5.0
Johnson	2.2	2.2	2.2
Kaufman	4.8	8.3	7.6
Navarro	3.8	9.5	7.6
Palo Pinto	17.6	7.0	7.0
Parker	2.0	2.7	0.7
Rockwall	1.9	2.8	2.8
Somervell	0.0	54.3	10.9
Tarrant	2.7	2.8	1.7
Wise	5.8	5.8	5.8
Region 3	3.2	3.7	3.5
Texas	3.9	4.6	4.6

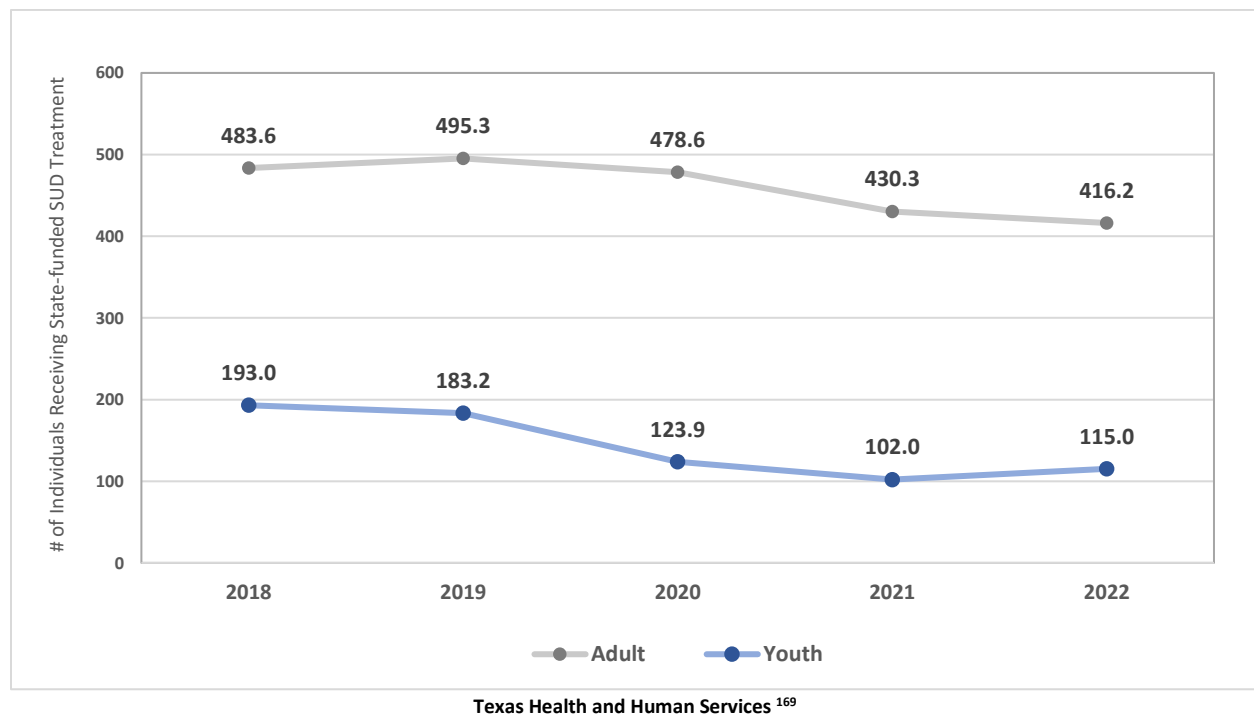
Texas Department of Transportation ¹⁶⁸¹⁶⁸ Texas Department of Transportation. (2022).

Healthcare

Residents Receiving SUD Treatment

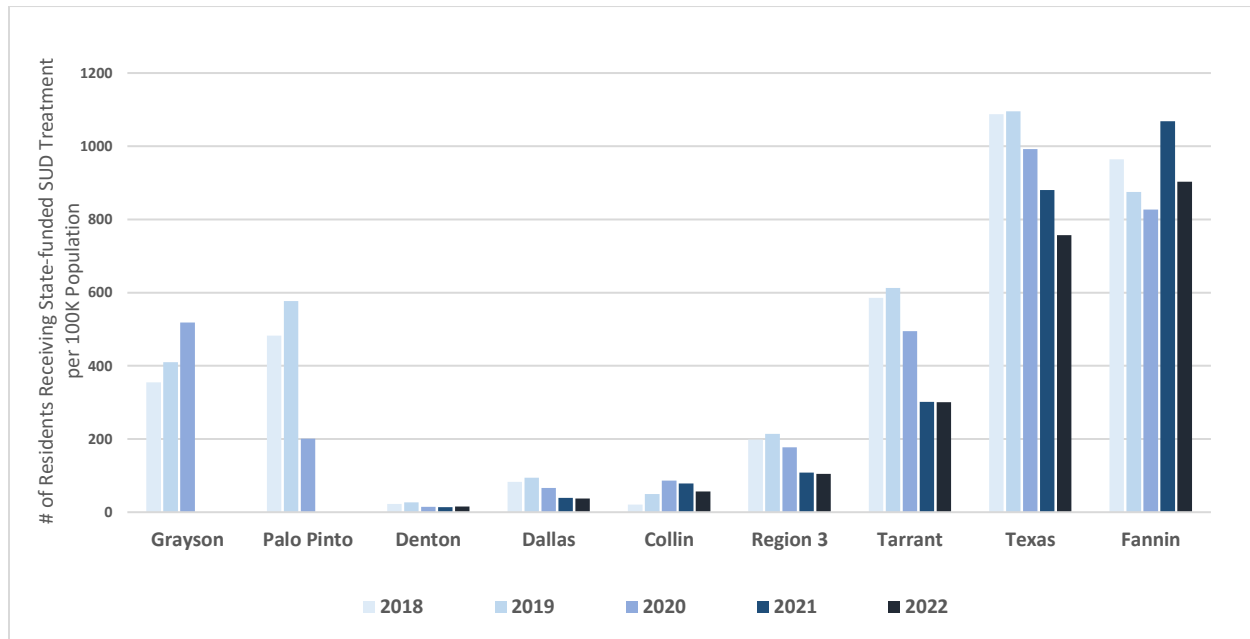
The figure below shows the rate of Texas adults and youth utilizing state-funded SUD treatment services. Youth residents experienced a slight increase between 2021 to 2022 while Adult residents experienced a slight decrease. Over the five-year period, both Adult and Youth residents experienced an overall decrease.

Figure 80 – Texas Residents Receiving State-funded Substance Use Disorder (SUD) Treatment (per 100K Adult/Youth Population), by Age, 2018-2022



¹⁶⁹ Texas Health and Human Services. (2023).

Figure 81 – Texas Residents Receiving State-funded Substance Use Disorder (SUD) Treatment (per 100K Population), by County, 2018-2022



Texas Health and Human Services ¹⁷⁰

*Counties with values of zero are not displayed

Figure 81 and **Table 71** shows the rate of Adults and Youth utilizing state-funded SUD treatment services. In 2022, Region 3 had a rate of 104.4 which is lower than the overall rate of the state of Texas (341).

In 2022, the highest rates were in Fannin, Tarrant, and Collin Counties, respectively. Fannin was the top rate for each of the five years shown. Fannin County experienced a significant increase in its rate from 2020-2021. From 2018-2022, only 2 counties had a higher rate than the Region.

¹⁷⁰ Texas Health and Human Services. (2023).

Table 71 – Texas Residents Receiving State-funded Substance Use Disorder (SUD) Treatment (per 100K Population), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	20.7	49.9	86.3	78.7	56.5
Cooke	0.0	0.0	0.0	0.0	0.0
Dallas	83.3	93.9	66.4	39.2	37.6
Denton	22.8	26.8	14.7	13.9	15.8
Ellis	0.0	0.0	0.0	0.0	0.0
Erath	0.0	0.0	0.0	0.0	0.0
Fannin	964.6	874.9	827.2	1068.4	902.9
Grayson	354.9	410.2	517.9	0.0	0.0
Hood	0.0	0.0	0.0	0.0	0.0
Hunt	0.0	0.0	0.0	0.0	0.0
Johnson	0.0	0.0	0.0	0.0	0.0
Kaufman	0.0	0.0	0.0	0.0	0.0
Navarro	0.0	0.0	0.0	0.0	0.0
Palo Pinto	482.2	577.3	200.6	0.0	0.0
Parker	0.0	0.0	0.0	0.0	0.0
Rockwall	0.0	0.0	0.0	0.0	0.0
Somervell	0.0	0.0	0.0	0.0	0.0
Tarrant	585.5	612.6	494.8	301.1	301.0
Wise	0.0	0.0	0.0	0.0	0.0
Region 3	197.9	213.7	177.6	108.5	104.4
Texas	411.1	417.3	390.0	348.3	341.0

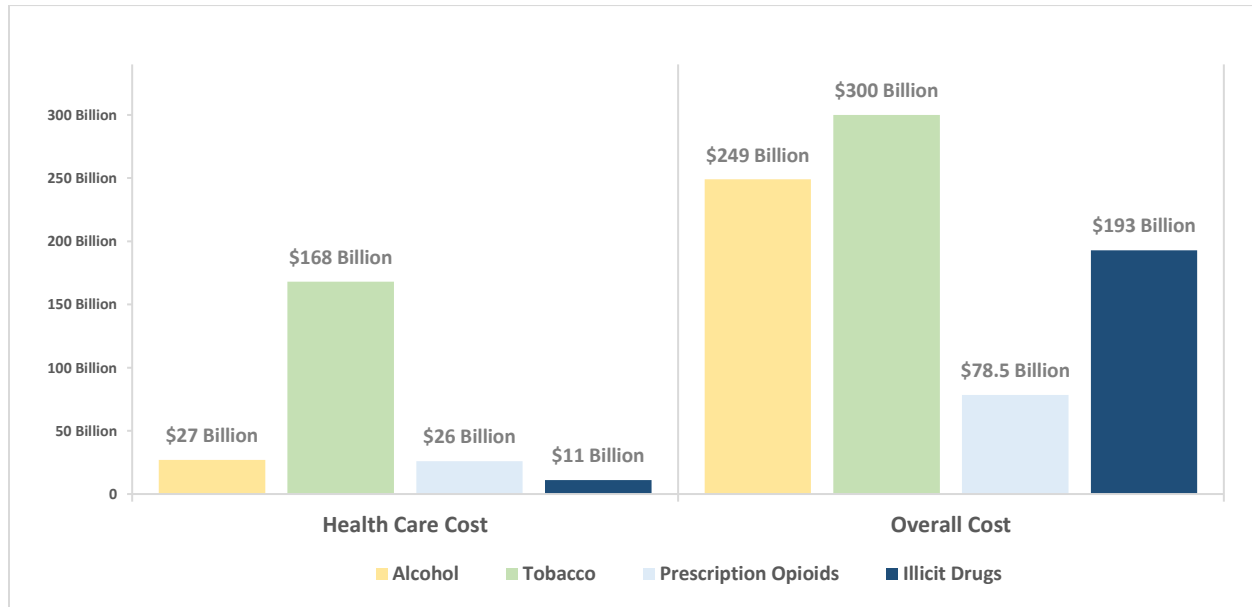
Texas Health and Human Services ¹⁷¹

¹⁷¹ Texas Health and Human Services. (2023).

Economic

Estimated Economic Impact of Underage Drinking and Drug Use/Misuse

Figure 82 – National Estimated Economic Costs of Substance Use, by Substance



National Institute on Drug Abuse ¹⁷²

* Includes costs related to crime, lost work productivity, and health care. Estimates are calculated based on data from varying years (2007-2013) and may not reflect the current cost

Figure 82 above reflects the national estimated economic costs of substance use by the National Institute on Drug Abuse. However, note that these estimates draw their data from 2007-2013 – well before the rise of illicitly manufactured fentanyl (IMF). The true current cost is likely to be higher in the present day.

¹⁷² National Institute on Drug Abuse. (2013).

Emerging Trends

Impact of COVID-19 on Behavioral Health

It is worth noting that societal norms, especially among the younger generations, have shifted significantly. Although the COVID-19 pandemic has directly and indirectly brought about a dramatic increase in mental, emotional, and physical distress, it has also given birth to a reckoning of the importance of mental health. Though it is unclear exactly what the pivotal factor was, there is now less of a willingness to withstand long-term distress. Society has seen that in the unprecedented waves of people leaving careers due to burnout such as teachers, frontline workers, and other essential workers.

As morbid of a cause as it is, the pandemic has also seemed to leave room for authentic conversations to be had about what is truly needed to take care of one's well-being. As observed in PRC3's latest focus group sessions and 2022 RNA, the concepts of physical well-being, mental well-being, and emotional well-being are all inexplicably intertwined. The needs of one are the needs of the other, and there is no separating them nor is there a high tolerance for symptom-solving without acknowledgment of the disease. It is with that in mind, then, that it seems necessary to recall the adage from the Disability Rights movement: "Nothing about us, without us." It is necessary now more than ever to ensure that, as we move forward as a region and as a community, we make space to listen to and prioritize the holistic needs of the individuals we intend to serve.

Community Interview Findings

In 2022, PRC3 conducted 15 key informant interviews across the 12 sectors of the community. In total, participants represented: 11 counties, rural areas (4), and those with professional experience with substance use disorders (7). From the 15 interviews, the following themes emerged:

1. There is a consensus across the region that **despite the existence of resources** (more abundant in some areas than others), **knowledge** of and **access** to those resources is **extremely low**.
2. A strong majority across sectors spoke of **substance use and mental health issues** and their respective resources **synonymously**.
3. There is a strong underlying theme of the **humanizing effect of exposure** (i.e. the more intimately someone works with those with SUDs, the more empathy is shown for the individual).
4. Between individuals with professional experience with SUD treatment, a strong theme was **generational issues** and the **"trickle down/domino effect"** (mental health issues, substance misuse, housing issues, health issues, trauma, family violence, legal issues, etc. are tied together).
5. Between participants representing rural counties, there is a strong theme of **negative environmental influence** associated with rural areas (e.g. abstinence approach to drugs, socioeconomic issues, lack of resources/protective factors).
6. A minor theme was **unintended policy consequences** (e.g. war on drugs, cracking down on opioids without a way to support those already dependent on those substances, unintentionally causing those struggling with SUDs to search for illicit substances on the streets instead).

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) and Dallas Area Drug Prevention Partnership-South

programs of Recovery Resource Council

1349 Empire Central Dr, Suite 800

Dallas, TX 75247

www.drugfreedallas.org

www.recoverycouncil.org

Erath County Community Coalition (EC³)

program of STAR Council on Substance Abuse

3080 W. Washington, Ste. A

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 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 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

Smokefree.gov

<https://smokefree.gov/> includes separate webpages for teens, women, veterans

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/>.

Winfrey 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.

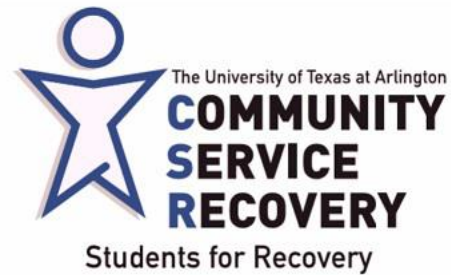


TCU Collegiate
RECOVERY PROGRAM

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 the group to use, called the Center for Students in Recovery (CSR). The staff help any student with treatment and recovery contacts.



Healthcare Providers

Local Mental Health Authorities

Table 72 shows all local mental health authorities (LMHA) in Region 3 by counties they serve.

Table 72 – Region 3 Local Mental Health Authorities (LMHA)

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

Overdose Response Team

The Overdose Response Team is a partnership between Recovery Resource Council and EMS providers in Dallas, Denton, Collin, and Tarrant counties. The team conducts follow up visits with individuals who are struggling with substance use disorder and have recently experienced an overdose. During these visits, clients and their households are given the opportunity to meet with a Peer Support Specialist or a Licensed Master Social Worker, receive and be trained on how to use Narcan, how to perform basic CPR, and ultimately discuss treatment and recovery options, if and when they are ready. The goal of the program is to connect with individuals and meet them where they are in their substance use disorder. The long-term goal of the program is to decrease the number of overdoses and overdose deaths and increase the number of individuals seeking treatment and entering recovery. Utilizing trauma-informed care for each individual, the Team seeks to communicate that their life is worth saving, and there is a network of services and resources available to help and support.

Overview of Community Readiness, Priorities, and Opportunities for Prevention & Behavioral Health Promotion

Community Challenges and Successes

In terms of challenges, there remains a cultural pushback regarding prevention efforts, especially in communities whose norms have positive associations with substance use. For example, a substance use prevention coalition in a rural county discussed possible prevention strategies after experiencing a string of youth alcohol-related deaths, but with a strong “drinking culture” among adults in the county, the ability of prevention providers to enlist parents’ help in reining in youth underage drinking remained limited. Additionally, policy changes have affected prevention efforts in the region. Due to recent amendments to the Texas Education Code, parents must now explicitly ‘opt-in’ to have their children participate in substance use prevention education, effectively creating a barrier to youth prevention (YP) programs. YP programs across the region have noticed significant issues being allowed into schools since the new policy’s implementation, especially in rural counties where there is an aversion to substance use education to begin with.

In terms of successes, PRC3 and the regional epidemiological workgroup (REW) have made progress since identifying the need for a regional resource list to consolidate resources for Region 3 communities in need. The group first established that there were logistic issues in manually creating a list from scratch. Due to the nature of ever-changing grants and social service programs, a resource list would require constant updating to ensure it doesn’t become redundant following its publication. The group then considered partnering with Findhelp, an organization serving the public as a free information and referral service with a dedicated team for maintenance of the resources listed on their website. After scheduling a Findhelp training for REW members to gauge compatibility, it was then decided to host educational presentation sessions where community members can come to learn about resources around the region as well as how to navigate Findhelp should they need other resources. PRC3 and its regional collaborators look forward to continuing to bridge the gap from resource providers to those who need them most.

Findhelp Search Trends

As mentioned previously, a key issue identified in the 2022 Regional Needs Assessment (RNA) was the lack of knowledge of existing resources. Though that knowledge may be somewhat easier to access for those who work in public health, social work, and other related fields, the average community member in need of resources has significant difficulties accessing and navigating what may be available as well as the process of initiating first contact. For many, that is a significant barrier to access that can become debilitating and discouraging. Formerly known as Aunt Bertha, Findhelp is one such organization that provides a “one stop shop” to connect those in need to resource providers across the nation for free. Think of it as a “Google” for only free or reduced cost resources organized by categories, or a modernized version of a free information and referral service such as 2-1-1, but with a user-friendly interface. Findhelp also collects data on what resources individuals are searching for and what area they are located in to assist local community organizations in gaining insight into the needs of their area.

Figures 83 – 85 show the 2022 Search Data Snapshot provided by Findhelp for Region 3 and its 19 counties as a whole. In 2022, there were 1,185,016 searches in Region 3, with the largest number of searches occurring in September, followed by June and August. Of those searches, 38.4% were housing-related, with the most common search terms being “help pay for housing”, “help pay for utilities”, “help find housing”, “temporary shelter”, “housing vouchers”, and “help pay for internet or phone.” Additionally, 13.2% of total searches were health-related, whose top search term was “dental care” but also included medical care, mental healthcare, substance use recovery services, and more. The third highest search category was for food-related resources at 12.9% with “food pantry”, “food delivery”, and “emergency food” as top search terms. Other notable searches in the Top 15 Search Terms involved transportation services (including to health care services), financial assistance, support groups, and classes for ESL (English as a second language). The top 10 counties, cities, and zip codes are also noted in **Figure 85**.

Figure 83 – Findhelp Search Data Snapshot, All Searches, 2022

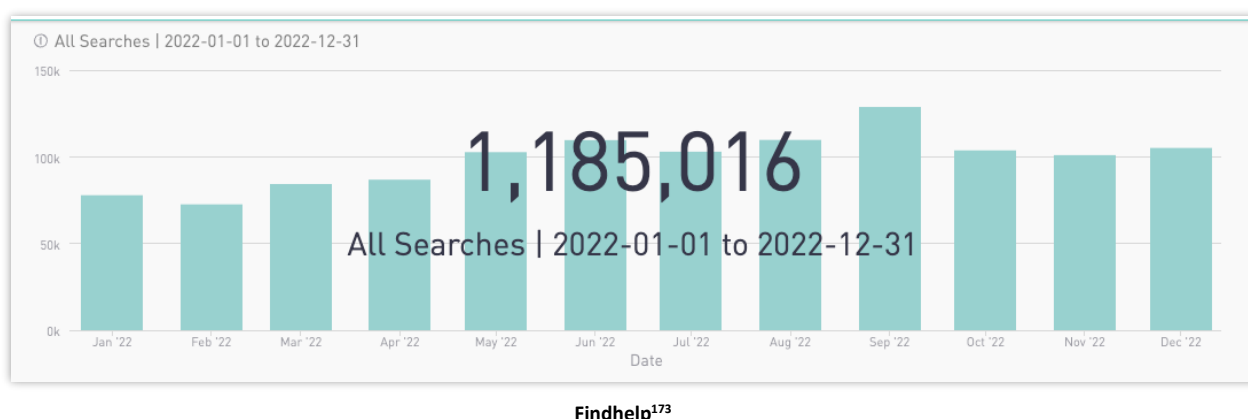
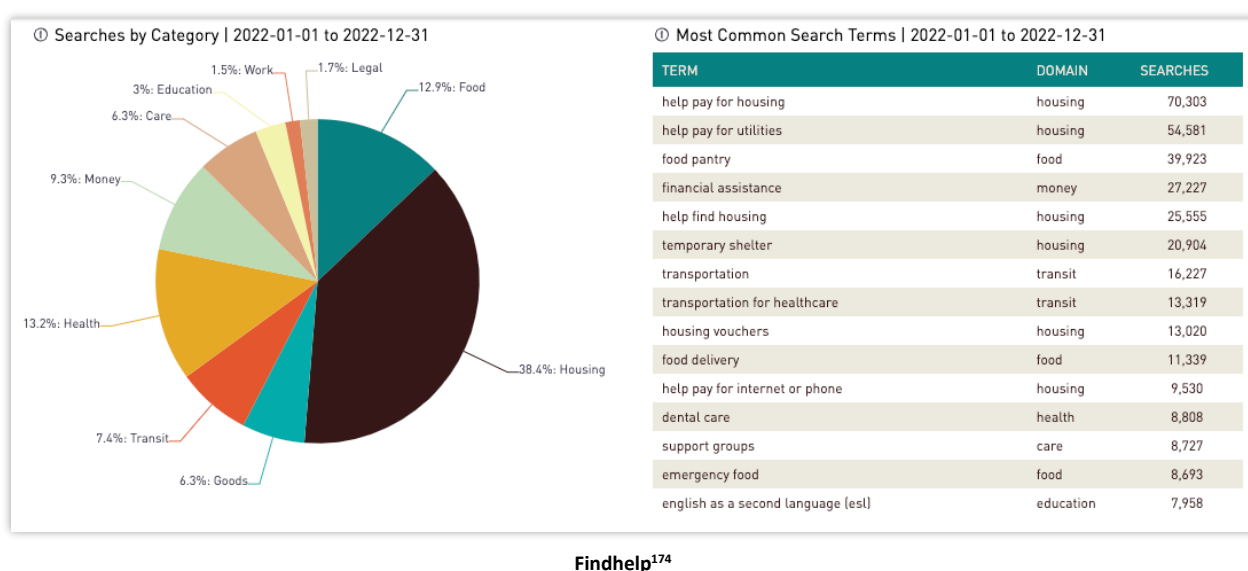


Figure 84– Findhelp Search Data Snapshot, Searches by Category & Most Common Search Terms, 2022



¹⁷³ Findhelp. (2022).

¹⁷⁴ Findhelp. (2022).

Figure 85 – Findhelp Search Data Snapshot, Top 10 Counties, Cities, and Zip Codes, 2022

① Top 10 Counties 2022-01-01 to 2022-12-...		① Top 10 Cities 2022-01-01 to 2022-12-31		① Top 10 Zip Codes 2022-01-01 to 2022-12-31		
COUNTY	SEARCHES	CITY	SEARCHES	ZIP CODE	CITY	SEARCHES
Dallas, TX	506,339	Dallas, TX	301,426	75217	Dallas, TX	52,083
Tarrant, TX	285,371	Fort Worth, TX	155,664	76137	Fort Worth, TX	32,888
Denton, TX	103,919	Arlington, TX	54,195	75228	Dallas, TX	19,487
Collin, TX	102,199	Garland, TX	37,570	76010	Arlington, TX	17,221
Kaufman, TX	28,508	Irving, TX	37,315	75243	Dallas, TX	16,650
Johnson, TX	28,206	Plano, TX	33,602	75216	Dallas, TX	16,456
Ellis, TX	26,505	Denton, TX	31,169	75040	Garland, TX	15,493
Grayson, TX	23,920	Grand Prairie, TX	28,655	75052	Grand Prairie, TX	14,867
Hunt, TX	14,909	Mesquite, TX	27,420	75150	Mesquite, TX	14,844
Parker, TX	14,559	McKinney, TX	22,357	76210	Denton, TX	14,623

Findhelp¹⁷⁵

*County-level snapshots available upon request. Contact your local PRC Data Coordinator for more information.

Gaps in Data

Altogether, these insights may help fill in some gaps and discrepancies that naturally exist when assessing community readiness and priorities with only secondary public health data. For example, a community may have high rates of alcohol use, but if members of that community view financial insecurity as their most pressing concern, implementation of an alcohol education program during work hours may not be the most sustainable or culturally competent approach (the principles of which are discussed in the Strategic Prevention Framework).

There is no perfect, linear road to assessment of community readiness, but it is crucial to be mindful of the limitations that each indicator may bring. National surveys often need large numbers of participants to draw statistically sound conclusions, so when it comes to demographic breakdowns (such as race, sexual orientation, gender identity, disability status, military status, etc.) especially on the county level, that data ends up being unreliable if not suppressed. On the other hand, some surveys simply take so much unanimous internal agreement and logistical effort among agencies such as the U.S. Census Bureau that necessary changes may face significant delays before they are implemented. For example, the U.S. Census Bureau acknowledges the significance in collecting sexual orientation and gender identity (SOGI) data due to the health disparities experienced by the LGBTQ+ community, but currently it has only been implemented in its experimental Household Pulse Survey.

These gaps in data may be supplemented with local-level data, but those efforts still depend on some level of community participation, even though qualitative data collection only requires a fraction of the participants. Competing priorities combined with limited time and/or interest has often yielded a low participant turnout for these local data collection efforts, which subsequently limits the ability to acquire a participant pool representative of the region's diverse communities. However, although obtaining community buy-in for local data collection remains a challenge, PRC3 remains a steadfast partner and

¹⁷⁵ Findhelp. (2022).

data resource to all local community stakeholders to fill in those gaps and is committed to continue bringing under-represented voices to the table.

Gaps in Service

Many of the existing gaps in service in the past continue to plague the region. Our rural counties such as Navarro and Hunt County have spoken in length about the need for accessible transportation and healthy opportunities for social belonging. Some have described their areas as a “social desert”, and without those opportunities, their communities – especially their youth – are at a higher risk in engaging in high-risk behaviors in the pursuit of seeking social belonging.

Gaps in service exist within our urban counties as well. Despite urban areas having a reputation for having more resources than their rural counterparts, there are areas within these counties that continue to experience generational and systemic issues. Community members within the Oak Cliff, Dallas community have identified educational disparities as a key issue as well as a lack of other resources such as access to healthy food.

As previously mentioned, there is an increasing awareness of the interconnected nature of physical, mental, and emotional well-being across the region. Many have mentioned that in order to feel mentally and emotionally healthy, their physical needs must be taken care of. Conversely, if their mental and emotional needs are being neglected, their physical health follows shortly thereafter. It is necessary, then, to make an effort to shift the perspective of health and substance use prevention as a fragmented system to one that re-integrates these pieces into a cohesive structure.

Conclusion

With a state whose land mass would fit Germany twice, it is a given that Texas' communities and their needs are so drastically different from one end to the other. Even within the same region, the most urgent needs shift from year to year, but it is necessary to reevaluate the most pressing concerns every so often to keep afloat from any surprises. After all, humans are quite dynamic, and if the COVID-19 pandemic has taught us anything, it is that one must expect the unexpected.

In terms of Region 3's most pressing issue, it comes to no one's surprise that the rise of illicitly manufactured fentanyl (IMF) has led to understandably deep, region-wide concern. As evidenced in the key informant interviews from the 2022 regional needs assessment, the biggest substance of concern, by far, has been fentanyl. The potency of the drug – whose lethal dose fits on the point of a pencil – has brought concern to community stakeholders across all 19 counties of Region 3 and rightfully so. Thus far, local data on drug-related poisoning deaths have left many in the dark of the impact fentanyl has had on their communities. However, as reflected in this assessment's comparison of unintentional synthetic fentanyl-related poisoning deaths to all opioid-related poisoning deaths, the percentage of opioid-related deaths resulting from synthetic fentanyl has increased 170% just from 2019 to 2020 alone. Now, in 2022, 70.5% of all opioid-related poisoning deaths are due to synthetic fentanyl.

Furthermore, this issue may further be exacerbated by the lack of awareness of the increasing danger of substance use. As discussed previously, according to the Texas School Survey (TSS), from 2018 to 2022, youth consumption of substances has overall decreased, while the perception of harm from substances seems to have overall increased for youth, as evidenced by the drastically lower rates of students who report believing substances are “not very” or “not at all” dangerous. In contrast, though the same measure for college students also decreased, the difference is not as drastic. College consumption of some substances such as hallucinogens has even increased from 2019 to 2021.

In addition, a common theme among those experiencing behavioral health disparities is the simple fact that they do not have the resources they need to nurture their well-being. This can be seen economically in our counties that have a low median household income such as Navarro County. Across a variety of risk factor measures, Navarro consistently rated amongst the highest for adult depression, deaths by suicide, family violence incidents, uninsured children and adults, and more. This issue spans urban-rural lines as well. Dallas County is often rated among the highest for the same indicators. Some of the top zip codes with the most searches for resources on Findhelp were communities in Dallas County with high rates of poverty and a systemic lack of resources. This was supported by PRC3's key informant interviews and focus group data. Conversely, those with the highest median household income such as Collin County consistently sat at the lower end of those same risk factor charts.

Lastly, though it makes sense to consider protective factors to balance out risk factors, protective factors and community assets seem to only be as efficient as community rapport is strong. The phrase “one size does not fit all” rings true when considering the efficacy of protective factors. Spiritual congregations, for example, are great if they provide the positive sense of social belonging they are intended to bring, but they can just as easily create a stressful environment. Though these nuances may be difficult to reconcile with the quantifying nature of this kind of data, in this line of work, they are undeniably crucial.

Appendix

Appendix A: Tables and Figures

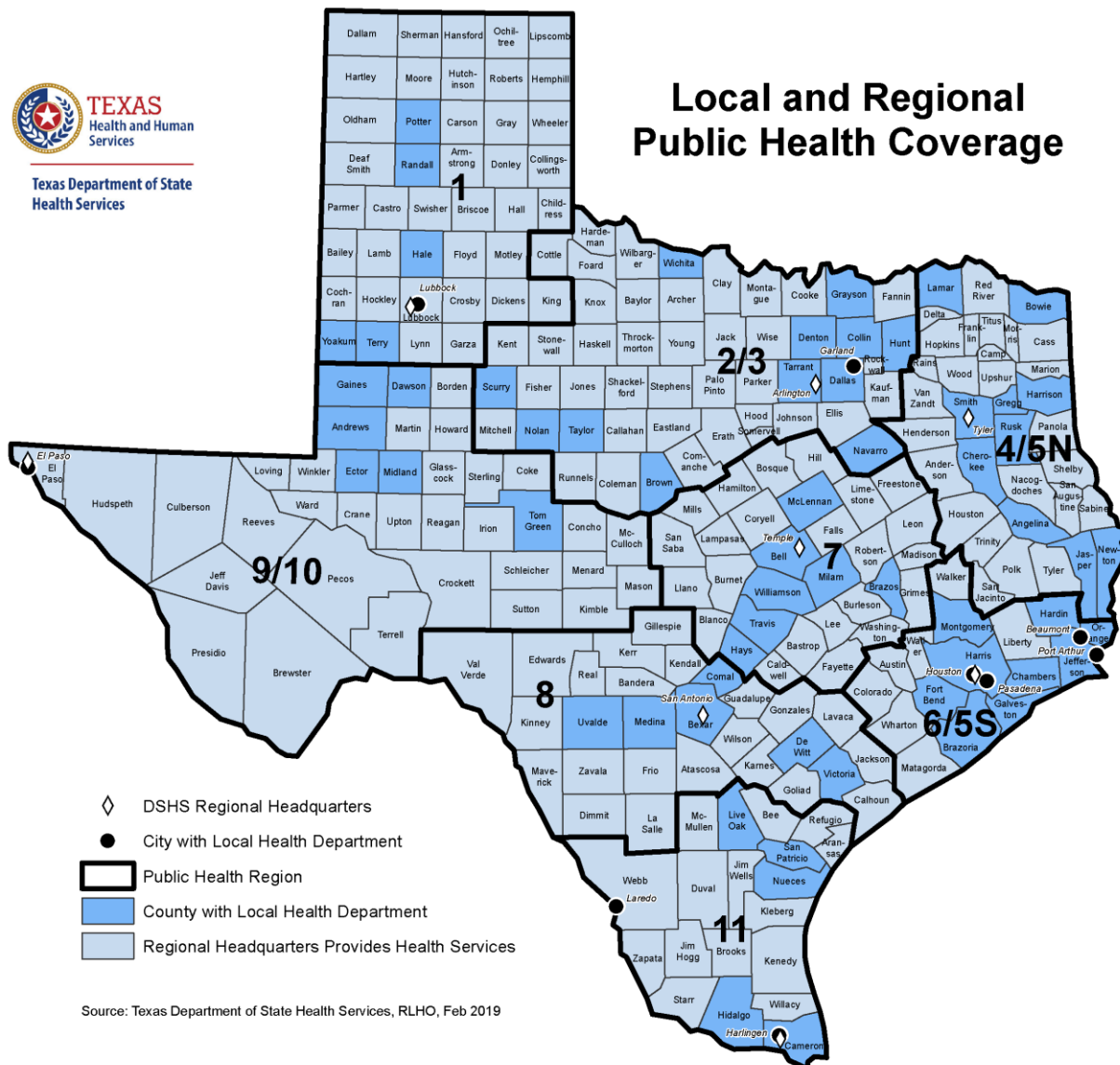
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Appendix B: Texas Public Health Regions (PHR) Map



Appendix C: PRC Regions and Counties

Region 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)
Region 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)
Region 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)
Region 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)
Region 5 Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler (15)
Region 6 Houston, The Woodlands, Sugar Land	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
Region 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)
Region 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)
Region 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)
Region 10 El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
Region 11 Corpus Christi, Brownsville, Harlingen, McAllen, Edinburg, 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: Prescription Drug Descriptions – Schedules II-V

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

Glossary of Helpful Terms & Definitions

<i>ACEs</i>	<p>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 use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.</p> <p>May also refer to adverse <i>community</i> experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).</p> <p>Please see the beginning the report for more information on ACEs.</p>
<i>Adolescent</i>	An individual ranging between the ages of 10 and 20 years depending on what health organization you reference. For a more in-depth description and definition, see the “Adolescence” section in “Key Concepts” in the beginning of the RNA.
<i>ATOD</i>	Acronym for alcohol, tobacco, and other drugs.
<i>BRFSS</i>	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.
<i>Counterfeit Drug</i>	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.

<i>DSHS</i>	The Texas Department of State Health Services. 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.
<i>Drug</i>	A medicine or other substance which has a physiological and/or psychological 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.
<i>Evaluation</i>	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.
<i>HHS</i>	The United States 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.
<i>Incidence</i>	The proportion, rate, or frequency of new occurrences of a disease, crime, or something else undesirable. In the case of substance use, it is a measure of the risk for new substance use behaviors and new substance use disorder cases within a community.
<i>LGBTQIA+</i>	An inclusive term referring to people of marginalized gender identities and sexual orientations and their allies. Examples include lesbian, gay, bisexual, transgender, non-binary, genderqueer, questioning, queer, intersex, asexual, demisexual, and pansexual.

<i>Justice-Impacted</i>	Justice-impacted individuals include those who have been incarcerated or detained in a prison, immigration detention center, local jail, juvenile detention center, or any other carceral setting, those who have been convicted but not incarcerated, those who have been charged but not convicted, and those who have been arrested.
<i>MAT/MOUD</i>	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.
<i>Neurotoxin</i>	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.
<i>Person-Centered Language or Person-First Language</i>	<p>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 more than their substance use disorder, mental illness, or disability.</p> <p>Please note: some people do prefer the use of language that is not person-centered to self-identify, e.g., in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), some people prefer to self-identify as an “addict” rather than a “person with addiction” even though this is not person-centered language. It is best practice to use the language that a person asks you to use when referring to them.</p>
<i>PRC</i>	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 substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.

<i>Prevalence</i>	The current proportion, rate, or frequency of a disease, crime, or other event or health state with a given community. In the case of substance use, it refers to the current rates of substance use, and the current rate of substance use disorders within a given community.
<i>Protective Factor</i>	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.
<i>Recovery</i>	A process of change through which individuals struggling with behavioral health challenges improve their health and wellness, live a self-directed life, and strive to reach their full potential.
<i>Risk Factor</i>	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
<i>Self-Directed Violence</i>	Anything a person does intentionally that can cause injury to self, including death.
<i>SPF</i>	Strategic Prevention Framework. SPF is a model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities with implementing effective plans to prevent substance use. The idea behind the SPF is to use findings from public health research and community assessment, such as this RNA, along with evidence-based prevention programs to build a robust and sustainable prevention system. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. More information can be found here: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

<i>Stigma</i>	The stigma of substance use—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 use and misuse. Stigma has the potential to negatively affect a person’s self-esteem, damage relationships with loved ones, and prevent those suffering from substance use and misuse from accessing treatment.
<i>SDOH</i>	Social Determinants of Health. These refer to 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. See the beginning of the RNA for more details.
<i>Substance Abuse</i>	<p>When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs.</p> <p>Please note: This is an antiquated term that should be avoided as it contributes to the stigma surrounding substance use and substance use disorders. The term “abuse” has been found to have a high association with negative judgments and punishment and can prevent people seeking treatment. More information can be found here: https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction</p>
<i>Substance Dependence</i>	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
<i>Substance Misuse or Non-Medical Substance Use</i>	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.

<i>Substance Use</i>	The consumption of any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
<i>SUD</i>	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.
<i>Telehealth</i>	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.
<i>TCS</i>	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
<i>TSS</i>	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.
<i>YRBS</i>	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.

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