2024
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 use/misuse 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 Authorities[2]

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 2018-2022, 10% of the Region 3 noninstitutionalized population has a disability, but 47.9% of Texas' institutionalized population has a disability.
- From 2018-2022, the Region 3 population by race/ethnicity consisted of 45.2% White, 28.8% Hispanic or Latino, 15.3% Black or African American, 7.2% Asian and 3.6% Other.
- Of all households with children in Region 3 from 2018-2022, 15.7% were single female parent households, 3.6% were single male parent households, and 80.7% were two-parent households.
- From 2018-2022, 30.7% 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.
- In 2022, Grade 12 students have the highest rates for alcohol and marijuana presence at parties they attended.
- In 2022, 51.6% of adults in Region 3 report currently using alcohol.

Underlying Risk Factors

- In Region 3, for every 1,000 children, there were 8 children who were confirmed victims of maltreatment in 2023.
- During the 2023-2024 school year, for every 1,000 students in Region 3, there were 13.6 students experiencing homelessness.
- In 2021, 23% of adults in Region 3 were told by a doctor, nurse, or other health professional that they had a depressive disorder.

Behavioral Health Disparities

- During the 2023-2024 school year, 56.2% of all Region 3 students were determined economically disadvantaged.
- In 2021, 11.7% of all Region 3 children 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 (11.7%).
- In 2021, 22% of Region 3 adults (age 19-64) do not have health insurance.
- In 2024, there was an average of 109 mental health providers for every 100,000 people in Region 3

Protective Factors and Community Strength

- In 2022, 15 counties in Region 3 had a higher high school graduation rate than Texas (89.7%).
- 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 98.
- In 2022, 45.9% of students participated in school athletics and 26.3% participated in other school clubs or groups.

Mortality

- From 2020 – 2023, Region 3 experienced a 23.7% increase in total deaths by suicide, compared to Texas' 10.5% increase for the same four-year period.
- From 2018 – 2023, the percentage of opioid-related poisoning deaths resulting from synthetic fentanyl increased from 11.4% to 79.8% in Region 3. The largest jump in percentage occurred between 2019 and 2020, where the percentages increased 170% from 18% to 48.6%.
- In 2023, Region 3 surpassed Texas in rates of total drug-related deaths, opioid-related deaths, and deaths related to fentanyl.

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; and
- 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;
- promote substance use prevention and behavioral health promotion with media awareness activities; and
- 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. To accomplish this, Data Coordinators:

- 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. To accomplish this, Public Relations Coordinators:

- Work directly with HHSC-funded training entity to identify training and learning needs;
- Host and coordinate trainings for virtual and in-person trainings; and
- 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. To accomplish this, Public Relations Coordinators:

- 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; and
- 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, e-cigarette, and other nicotine products. To accomplish this, Tobacco Coordinators:

- Conduct on-site, voluntary checks with tobacco and e-cigarette retailers in the region to verify compliance with state and federal regulations regarding proper signage and placement of tobacco and e-cigarette products;
- Provide education to tobacco retailers in the region that require additional information on the most current tobacco and e-cigarette laws as they pertain to minor access; and
- Conduct follow-up voluntary compliance visits with all tobacco and e-cigarette retailers who have been cited for violations of tobacco and e-cigarette regulations

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 (see Stakeholders/Audience section below for these) 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

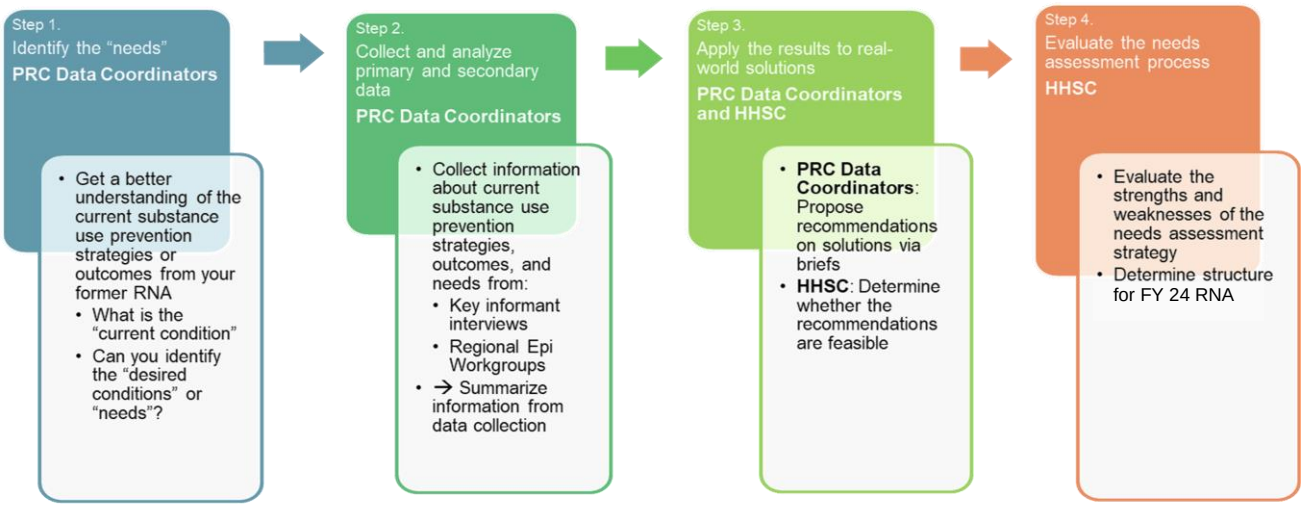


Image courtesy of HHSC.

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 factors and protective factors, consumption patterns, and public health and safety consequences.

[3] Watkins, R. et al. (2012).

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 2024 RNA. These twelve sectors are:

- 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 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 causes and 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.texasschoolsurvey.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.texasschoolsurvey.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

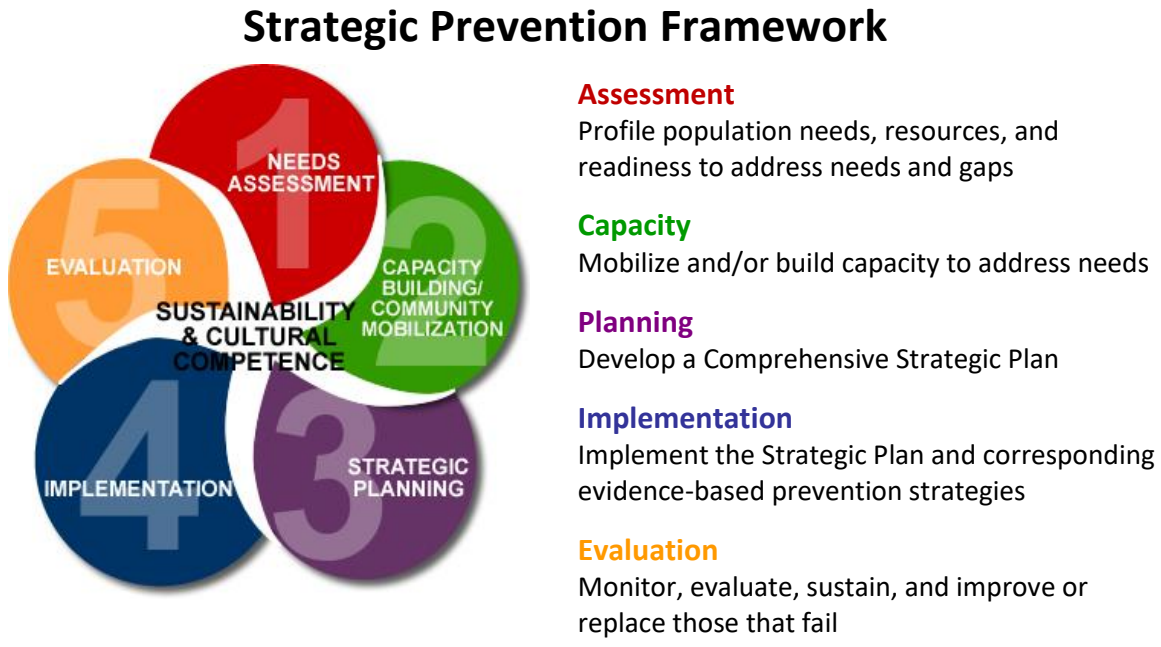
Epidemiology

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]

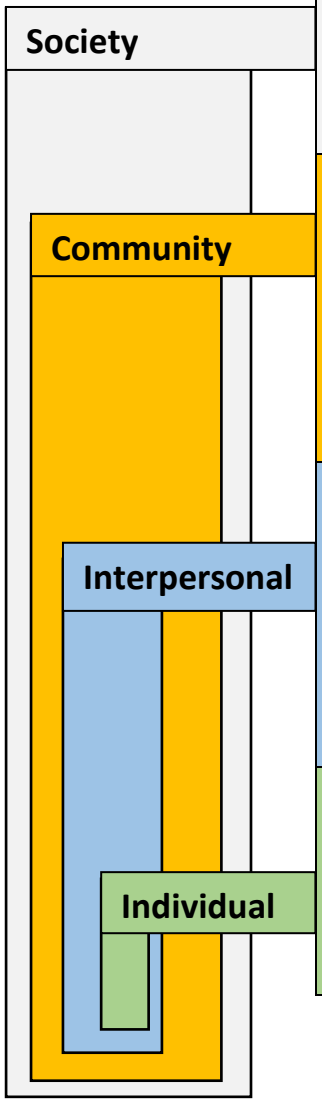
Social-Ecological Model

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, policies, and socio-demographics such as the economic status of the community and legislation about the availability of different substances.
- **Community Domain** - social and physical factors that indirectly influence youth including educational attainment of the community and community levels of poverty, community environments that youth engage with like school or religious institutions, and community conditions like the physical built environment, the health care/service system, and retail access to substances.
- **Interpersonal Domain** – social factors and experiences that impact youth including their peer groups at school, friends, family conditions, perceptions of parental attitudes about substance use, perceptions of peer consumption, and perceptions about ease of access to substances.
- **Individual Domain** – intrapersonal characteristics of youth such as an individual's knowledge, skills, attitudes, beliefs, and perceptions.

[7] Substance Abuse and Mental Health Services Administration. (2019).
[8] Centers for Disease Control and Prevention. (2022b).
[9] Adapted from: D'Amico, EJ et al. (2016).

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



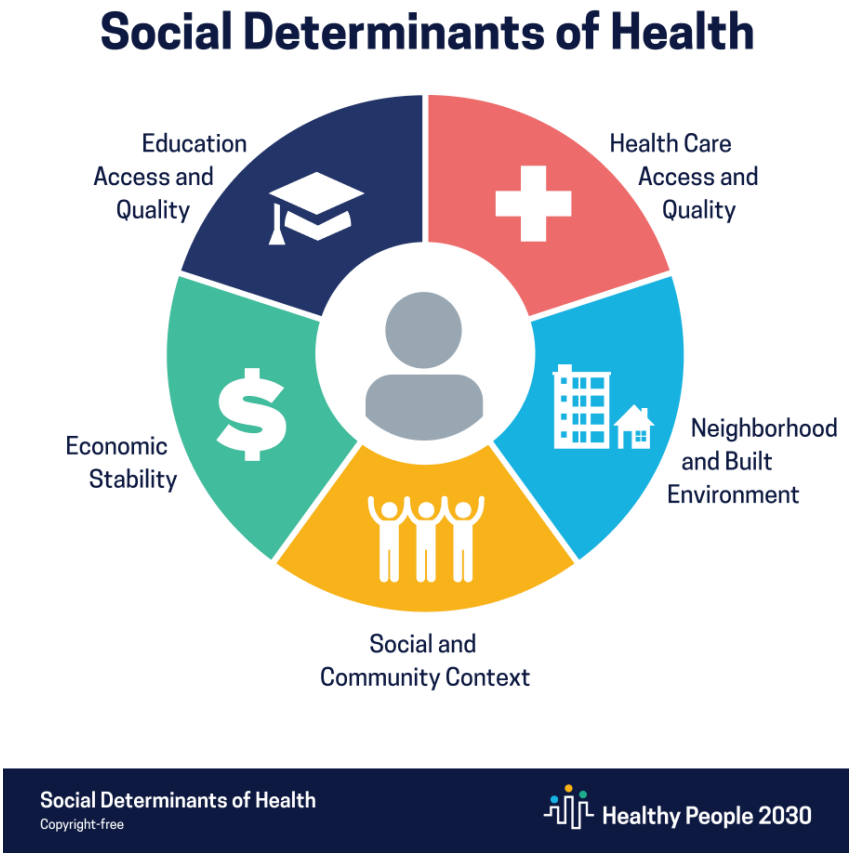
Risk Factors	Protective Factors
• Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
• 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	• 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
• 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	• 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
• Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

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:

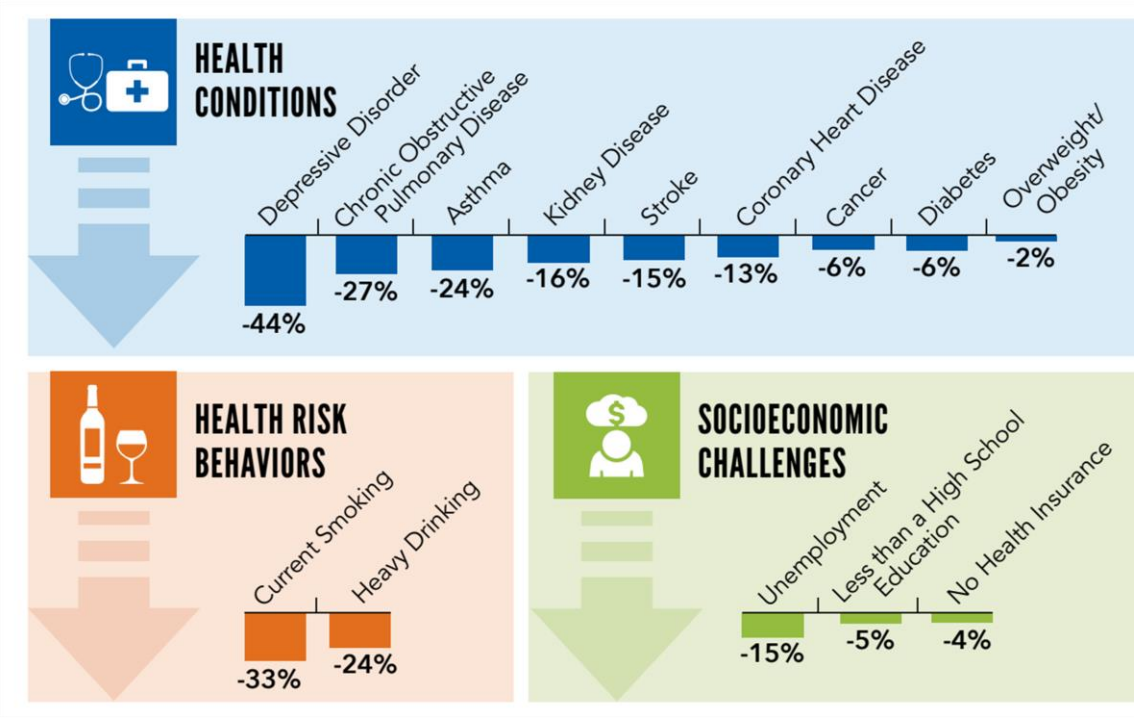
- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones
- Multiple types of cancer

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. (2023a).
[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 unexplored 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. (2022a).
[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).

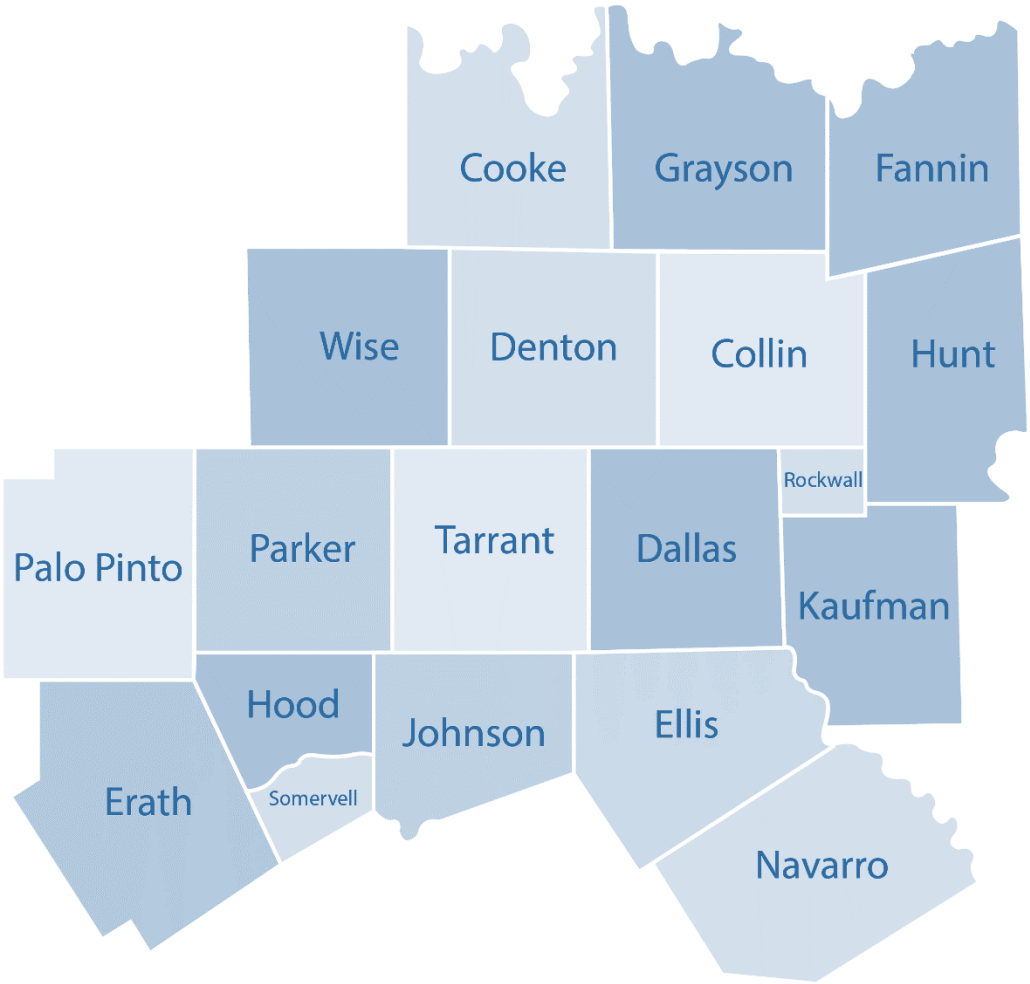
Regional Demographics

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, 2023).

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 if 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 largely been in sync with national trends regarding urbanization over the years. 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, improved water and sewer systems, as well as an urgent need to address a drastically exacerbated deficit in affordable housing across the region.

The US Census Bureau creates an annual population trends report for the 15 most populated cities in the U.S. Although the city of Dallas remained the 9th most populous city, Fort Worth ranked 2nd in the Top 15 cities with the largest numeric increases in population between July 2022 to July 2023. The city of Celina in Collin County came in 9th with the city of Denton following at 13th in numeric population increases. Notably, Celina was listed as the fastest growing city in the nation from July 2022 to July 2023 at 26.6%. In 2023, Fort Worth (978,000) surpassed San Jose, California (970,000) in overall population making it the 12th most populous city.[22]

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

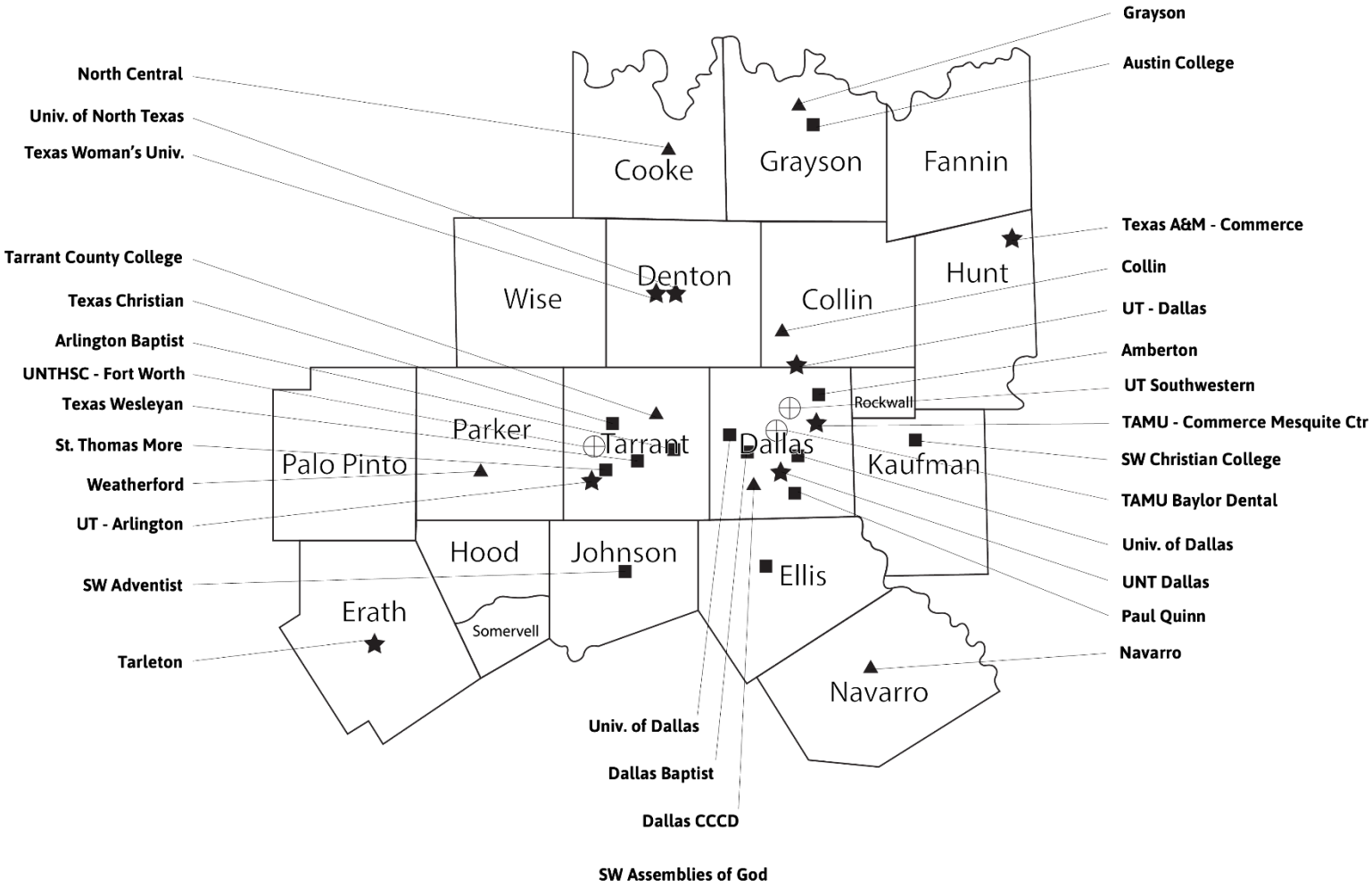
Population	City/Cities
1,000,000+	**Dallas**
500,000-999,999	**Fort Worth**
200,000-499,999	**Arlington, Plano, Garland, and Irving**
100,000-199,999	**Grand Prairie, McKinney, Mesquite, Frisco, Carrollton, Denton, and Richardson**

[22] U.S. Census Bureau. (2024b).

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



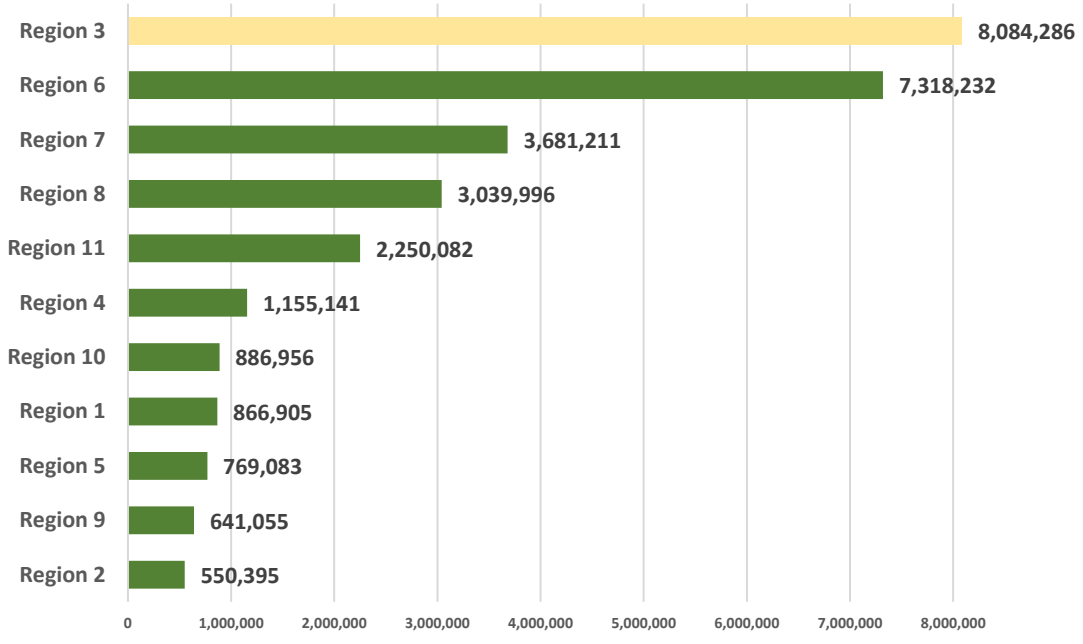
Demographic Information

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. 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 29,243,342 ranks it as the second-most populous state, behind California[23]. At the regional level, as displayed in **Figure 3**, Region 3 had a 5-year population estimate of 8,084,286, marking it as the most populated region in Texas, followed by Region 6 (Houston area) and Region 7 (Austin area)[24] at 7,318,232 and 3,681,211 respectively. The Dallas-Fort Worth Metroplex in particular has seen drastic increases in recent years following the COVID-19 pandemic. According to the U.S. Census Bureau, the DFW metropolitan statistical area saw an increase of 152,598 people between July 2022 and July 2023 alone – the largest gain in the United States for a metroplex[25]. However, with this gain comes the need to address exacerbated deficits in the availability of resources, particularly in affordable housing.

Figure 3 - Region 3 Total Population, by Region, 2018-2022

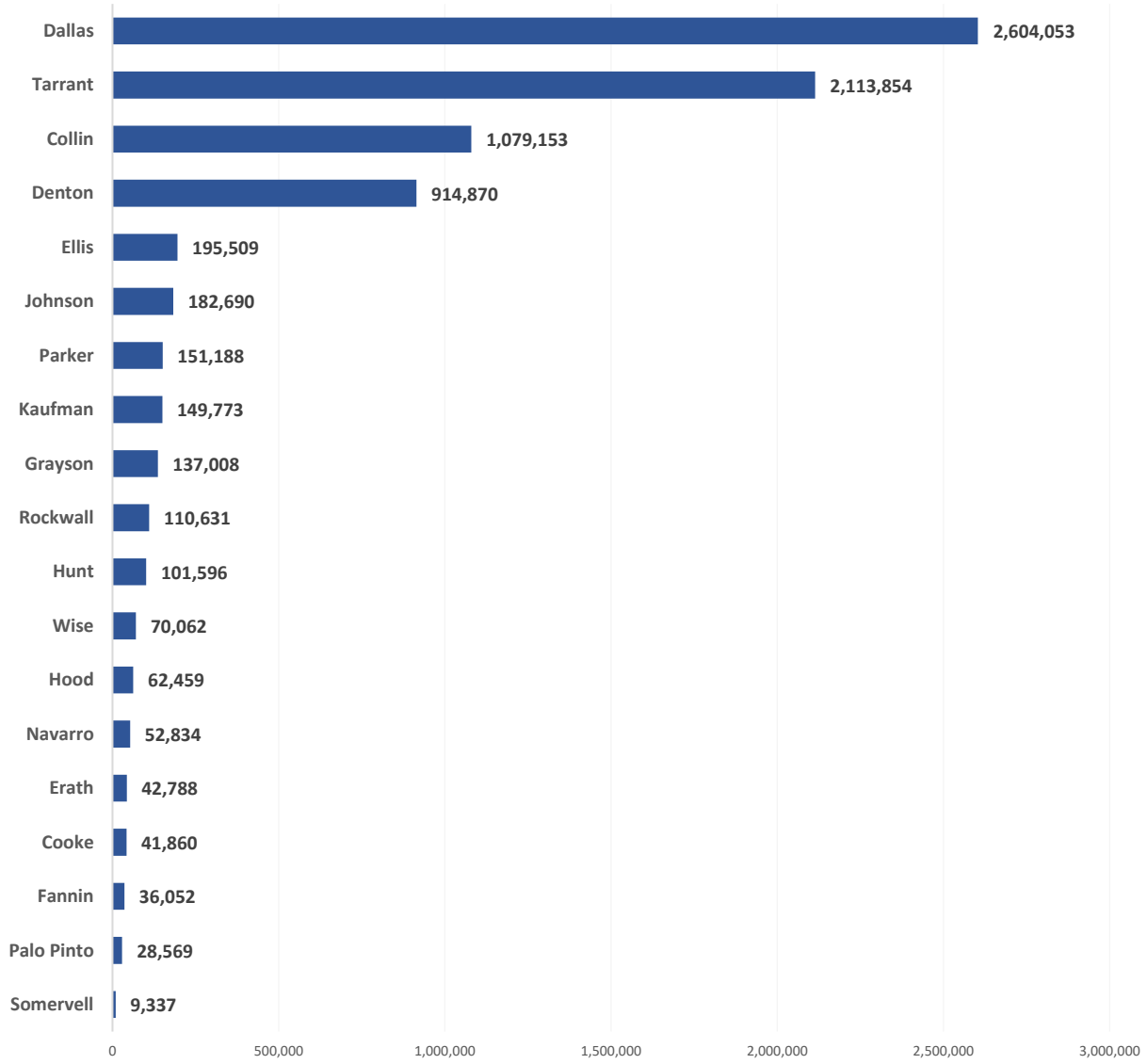


U.S. Census Bureau [26]

[23] U.S. Census Bureau. (2022b).
[24] Appendix C
[25] U.S. Census Bureau. (2024a).
[26] U.S. Census Bureau. (2022b).

Below in **Figure 4** are the county-level population estimates for Region 3. The three most populated counties are Dallas (2,604,053), Tarrant (2,113,854), and Collin (1,079,153). Conversely, the three least populated counties are Somervell (9,337), Palo Pinto (28,569), and Fannin (36,052). Despite being the second-least populated county, Palo Pinto has the third-largest land area at 952.55 square miles.[27] According to a U.S. Census Bureau report, Collin County had the 2nd largest numeric increase in population in the nation between July 2022 to July 2023, with Denton and Tarrant County placing 6th and 9th respectively in the category. In the same period, Kaufman and Rockwall County placed 1st and 2nd respectively as the fastest growing counties in the nation while Ellis County placed 8th in the category. [28]

Figure 4 – Region 3 Total Population by County, 2018-2022



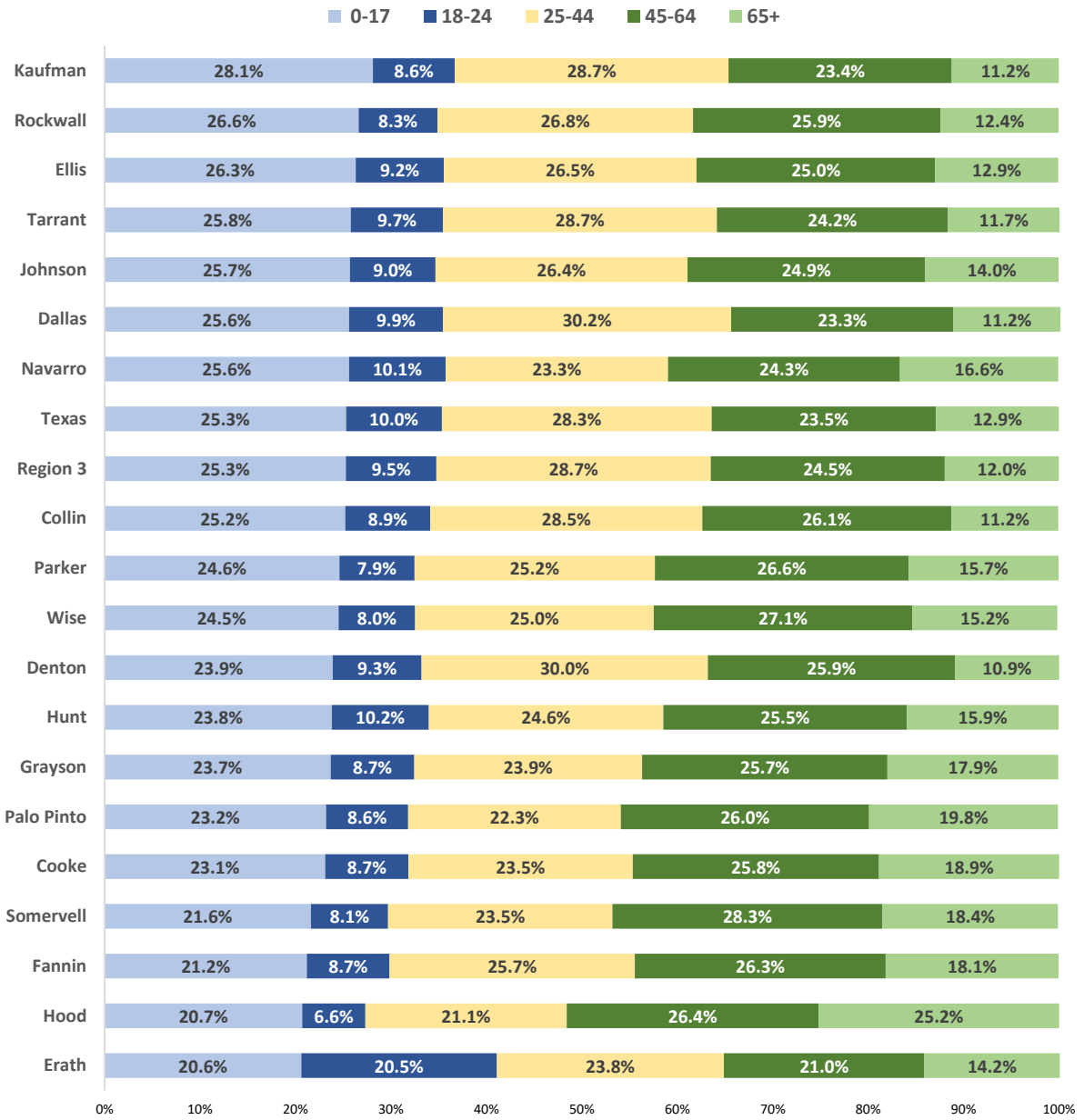
U.S. Census Bureau [29]

[27] U.S. Census Bureau QuickFacts: United States (2020).
[28] U.S. Census Bureau. (2024a).
[29] U.S. Census Bureau (2022b).

Population by Age Group

Region 3's population as a whole is distributed somewhat evenly between age groups with the exception of adults ages 18-24 and 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 28.1% as well as the second-lowest percentage of adults 65 and older at 11.2%. Rockwall and Ellis Counties are also among the highest percentages of youth 0-17 years old. In contrast, Hood County has the highest percent of adults 65 and older and the second-lowest percentage of youth.

Figure 5 – Region 3 Total Population by Age, by County, 2018-2022



U.S. Census Bureau [30]

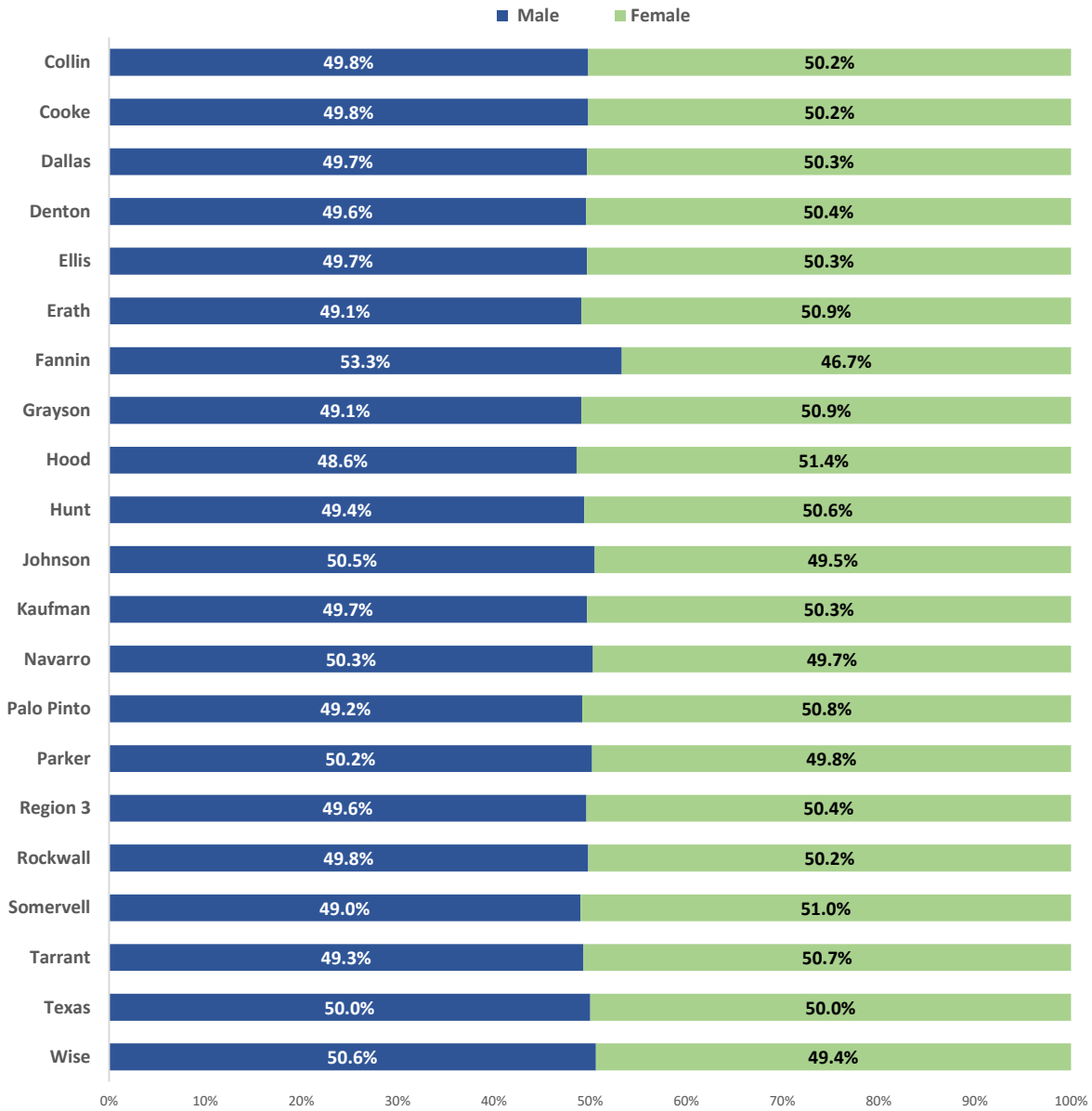
[30] U.S. Census Bureau. (2022b).

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, Navarro, Parker, and Wise Counties, all Region 3 counties have more females than males. Fannin County in particular stands out with 53.3% males and 46.7% females.

Figure 6 – Region 3 Total Population by Sex, by County, 2018-2022



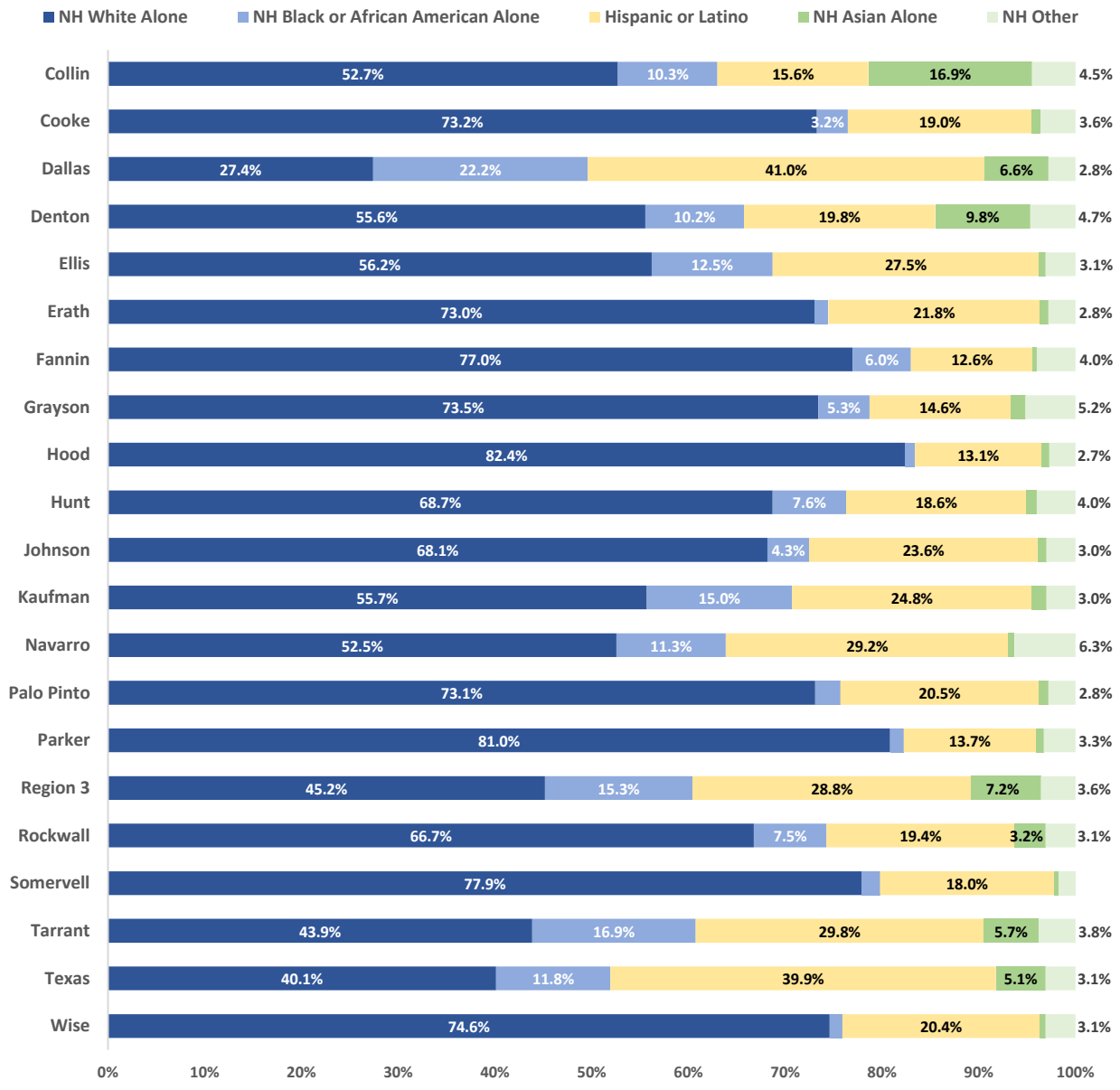
U.S. Census Bureau [31]

[31] U.S. Census Bureau. (2022b).

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 majority White (40.1%), followed closely by Hispanic or Latino (39.9%), Black (11.8%), Asian (5.1%), and Other races and ethnicities (3.1%). 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, 2018-2022



U.S. Census Bureau [32]

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

**NH indicates non-Hispanic

[32] U.S. Census Bureau. (2022b).

All Region 3 counties, except Dallas and Tarrant, identify over 50% of their total population as White. Dallas County has a population makeup of 27.4% White (lowest), while Hood County has a population makeup of approximately 82.4% White (highest). Dallas County has both the highest Black (22.2%) and Hispanic (41%) population percentages in Region 3. Collin County has the highest Asian population percentage at 16.9% and Navarro County has the highest percentage of races other than the four listed (6.3%).

Table 2 – Region 3 Total Population by Race and Ethnicity, by County, 2018-2022

Report Area	NH White Alone	NH Black or African American Alone	Hispanic or Latino	NH Asian alone	NH Other
Collin	52.7%	10.3%	15.6%	16.9%	4.5%
Cooke	73.2%	3.2%	19.0%	0.9%	3.6%
Dallas	27.4%	22.2%	41.0%	6.6%	2.8%
Denton	55.6%	10.2%	19.8%	9.8%	4.7%
Ellis	56.2%	12.5%	27.5%	0.7%	3.1%
Erath	73.0%	1.4%	21.8%	0.9%	2.8%
Fannin	77.0%	6.0%	12.6%	0.4%	4.0%
Grayson	73.5%	5.3%	14.6%	1.5%	5.2%
Hood	82.4%	1.0%	13.1%	0.8%	2.7%
Hunt	68.7%	7.6%	18.6%	1.1%	4.0%
Johnson	68.1%	4.3%	23.6%	0.9%	3.0%
Kaufman	55.7%	15.0%	24.8%	1.5%	3.0%
Navarro	52.5%	11.3%	29.2%	0.6%	6.3%
Palo Pinto	73.1%	2.6%	20.5%	1.0%	2.8%
Parker	81.0%	1.4%	13.7%	0.8%	3.3%
Rockwall	66.7%	7.5%	19.4%	3.2%	3.1%
Somervell	77.9%	1.9%	18.0%	0.5%	1.7%
Tarrant	43.9%	16.9%	29.8%	5.7%	3.8%
Wise	74.6%	1.3%	20.4%	0.6%	3.1%
Region 3	45.2%	15.3%	28.8%	7.2%	3.6%
Texas	40.1%	11.8%	39.9%	5.1%	3.1%

*NH indicates non-Hispanic

U.S. Census Bureau [33]

[33] U.S. Census Bureau (2022b).

While the previous measure is more commonly referenced to convey racial and ethnic breakdowns, the U.S. Census Bureau separately allows individuals to select all race identifiers that define them. In this scenario, individuals who were counted once under the category of "two or more races" will instead be counted once per race identifier. This allows individuals to be entirely culturally represented and offers a unique perspective to the social construct of race. Notably, due to the potential for a singular individual to be counted more than once, the totals for this measure surpass 100%.

Table 3 – Region 3 Total Population by Race (Alone and in Combination), by County, 2018-2022

Report Area	White	Black or African American	Asian	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander	Other
Collin	68.3%	12.0%	18.7%	1.4%	0.3%	8.9%
Cooke	92.6%	4.2%	1.4%	1.8%	0.2%	9.8%
Dallas	58.9%	24.2%	7.6%	1.7%	0.2%	21.4%
Denton	74.7%	12.5%	11.4%	1.9%	0.2%	10.6%
Ellis	79.5%	14.0%	1.2%	3.1%	0.1%	13.2%
Erath	89.3%	2.1%	1.3%	2.1%	0.8%	12.9%
Fannin	91.0%	7.2%	1.3%	2.2%	0.4%	4.1%
Grayson	89.3%	7.6%	1.9%	3.2%	0.1%	6.9%
Hood	96.2%	1.6%	1.2%	1.4%	0.2%	6.7%
Hunt	84.0%	9.3%	1.9%	1.9%	0.1%	10.6%
Johnson	89.8%	5.7%	1.6%	1.6%	0.6%	9.5%
Kaufman	78.3%	17.0%	2.1%	1.6%	0.2%	13.8%
Navarro	75.0%	14.4%	1.1%	1.2%	1.9%	18.2%
Palo Pinto	91.7%	3.5%	1.1%	1.9%	0.0%	9.3%
Parker	95.1%	2.4%	1.2%	2.2%	0.1%	7.4%
Rockwall	84.1%	8.8%	4.4%	2.4%	0.1%	10.1%
Somervell	92.4%	2.7%	0.5%	4.2%	0.0%	14.0%
Tarrant	67.1%	19.2%	6.8%	1.7%	0.3%	17.4%
Wise	92.0%	2.2%	0.9%	2.0%	0.1%	8.9%
Region 3	68.8%	17.2%	8.3%	1.7%	0.3%	15.6%
Texas	73.6%	13.7%	6.1%	1.7%	0.2%	20.3%

U.S. Census Bureau [34]

[34] U.S. Census Bureau. (2022b).

Household Composition

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.[35]

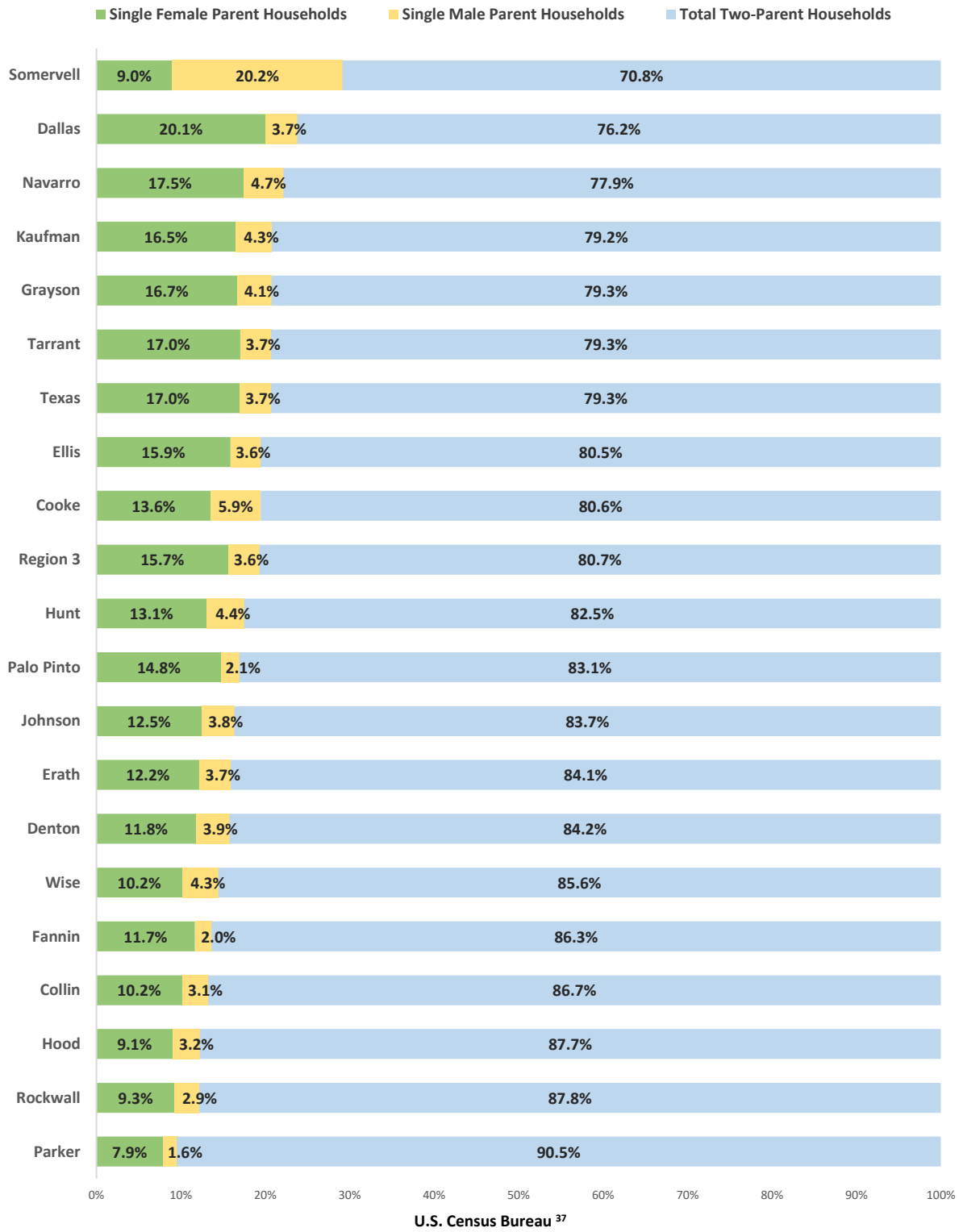
However, it is necessary to keep in mind that family structures are not a direct cause of the aforementioned adverse health outcomes.

> 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. [36]

Figure 8 shows the household composition of all Region 3 households with children under 18 over the five-year period from 2018-2022. The highest percentages of single-parent households were found in Somervell, Dallas, and Navarro Counties, respectively. The counties with the highest percentage of two-parent households were Parker, Rockwall, and Hood Counties, respectively. Dallas County had the highest percentage of single female parent households, while Somervell had the highest percentage of single male parent households.

[35] The Annie E. Casey Foundation. (2022).
[36] Ibid.

Figure 8 – Region 3 Households with Children Under 18, by Household Composition, by County, 2018-2022



U.S. Census Bureau [37]

[37] U.S. Census Bureau. (2022b).

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:

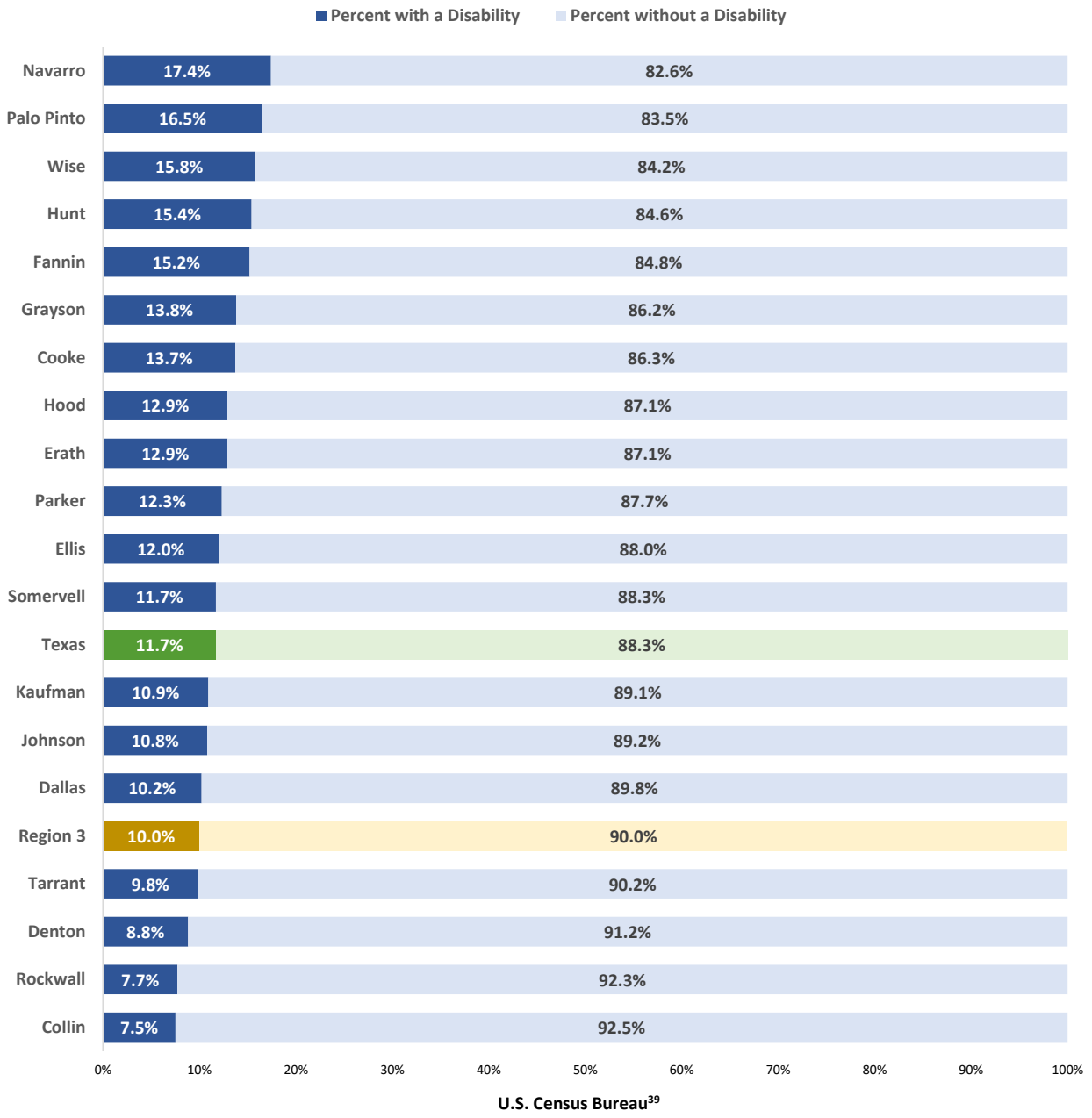
- **Hearing difficulty**: Deaf or having serious difficulty hearing
- **Vision difficulty**: Blind or having serious difficulty seeing, even when wearing glasses
- **Cognitive difficulty**: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- **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 shopping[38]

Respondents who report any of the six disability types are considered to have a disability. **Figure 9** 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, 47.9% of Texas' institutionalized population from 2018-2022 has a disability.

From 2018-2022 in Region 3, the top three counties with the highest percentage of population with a disability are Navarro (17.4%), Palo Pinto (16.5%), and Wise (15.8%) Counties, respectively. Fifteen counties had a higher percentage than Region 3, and 12 counties had a higher percentage than Texas.

[38] U.S. Census Bureau. (2020).

Figure 9 – Region 3 Noninstitutionalized Population* by Disability Status, by County, 2018-2022



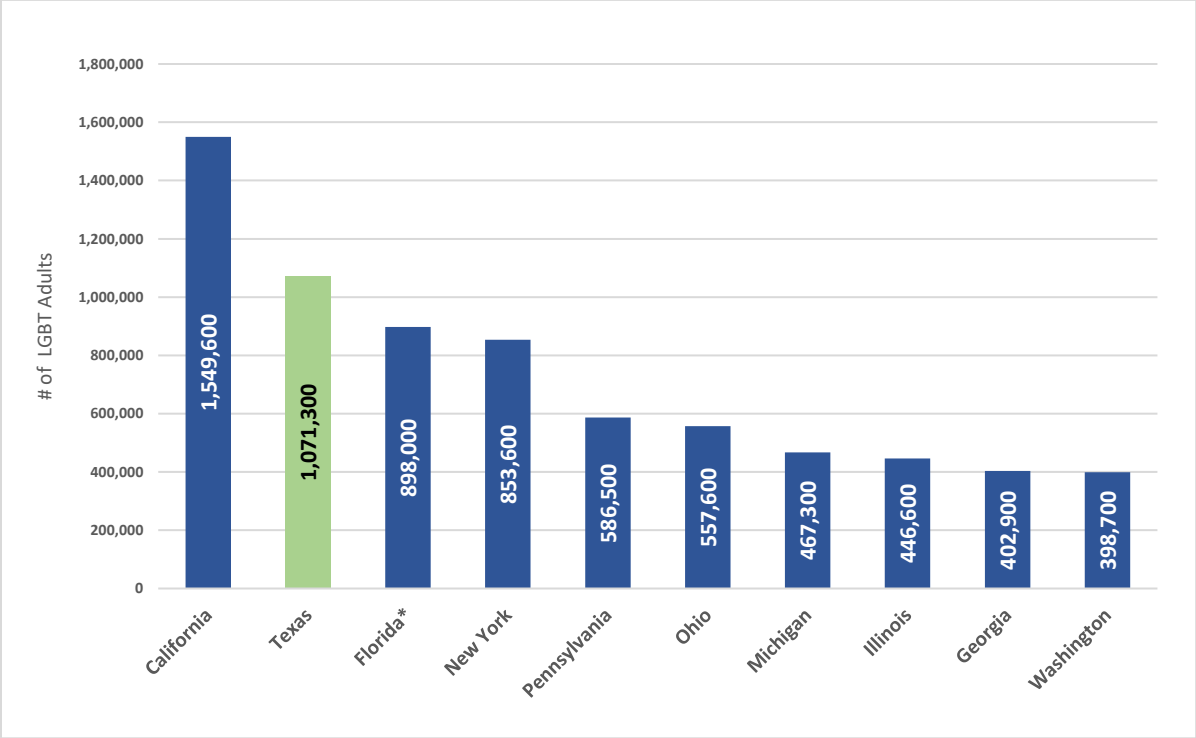
U.S. Census Bureau[39]

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

[39] U.S. Census Bureau. (2022b).

LGBTQ+ Population

Figure 10 – Top 10 States with the Largest Number of LGBT Adults, 2020-2021



The Williams Institute [40]

*Estimates for states with an asterisk rely on model-based estimation.

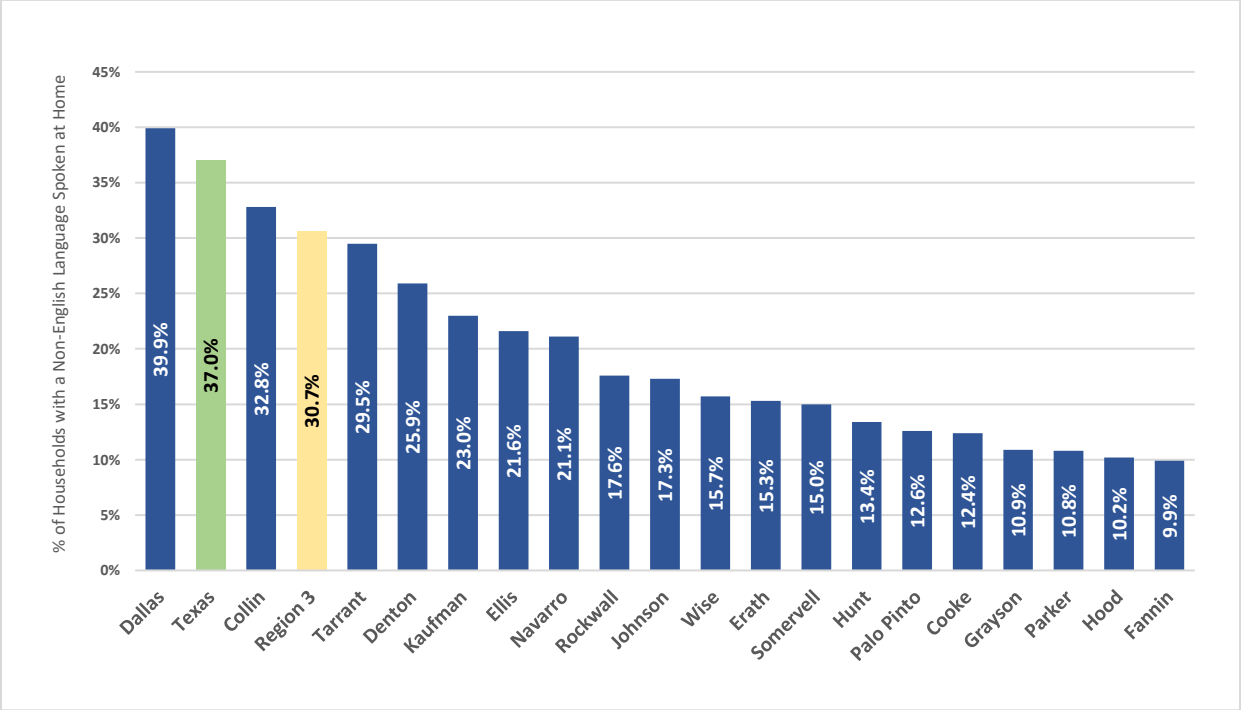
Within Region 3, another essential demographic to discuss would be the measure of LGBTQ+ population. Unfortunately, national surveys have yet to collect and report that data on the regional or county levels within Texas. The U.S. Census Bureau in 2021 began collecting sexual orientation and gender identity (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 Williams Institute – a think tank at UCLA Law – published a report in 2023 with estimates of LGBT adults at the national, state, and subnational regional (Northeast, Midwest, South, and West) levels using data from Behavioral Risk Factor Surveillance System (BRFSS) data from 2020 and 2021 combined. According to the report, the majority of U.S. LGBT adults reside in the South – approximately 5 million (35.9%). In Texas alone, there are 1,071,300 LGBT adults. This estimate, while is much more inclusive than other measures, can still be considered an undercount of the total LGBTQ+ population as it excludes LGBTQ+ youth.

[40] Flores, A.R. & Conron, K.J. (2023).

Languages Spoken at Home

Figure 11 – Region 3 Households with Non-English Languages Spoken at Home, by County, 2018-2022



U.S. Census Bureau [41]

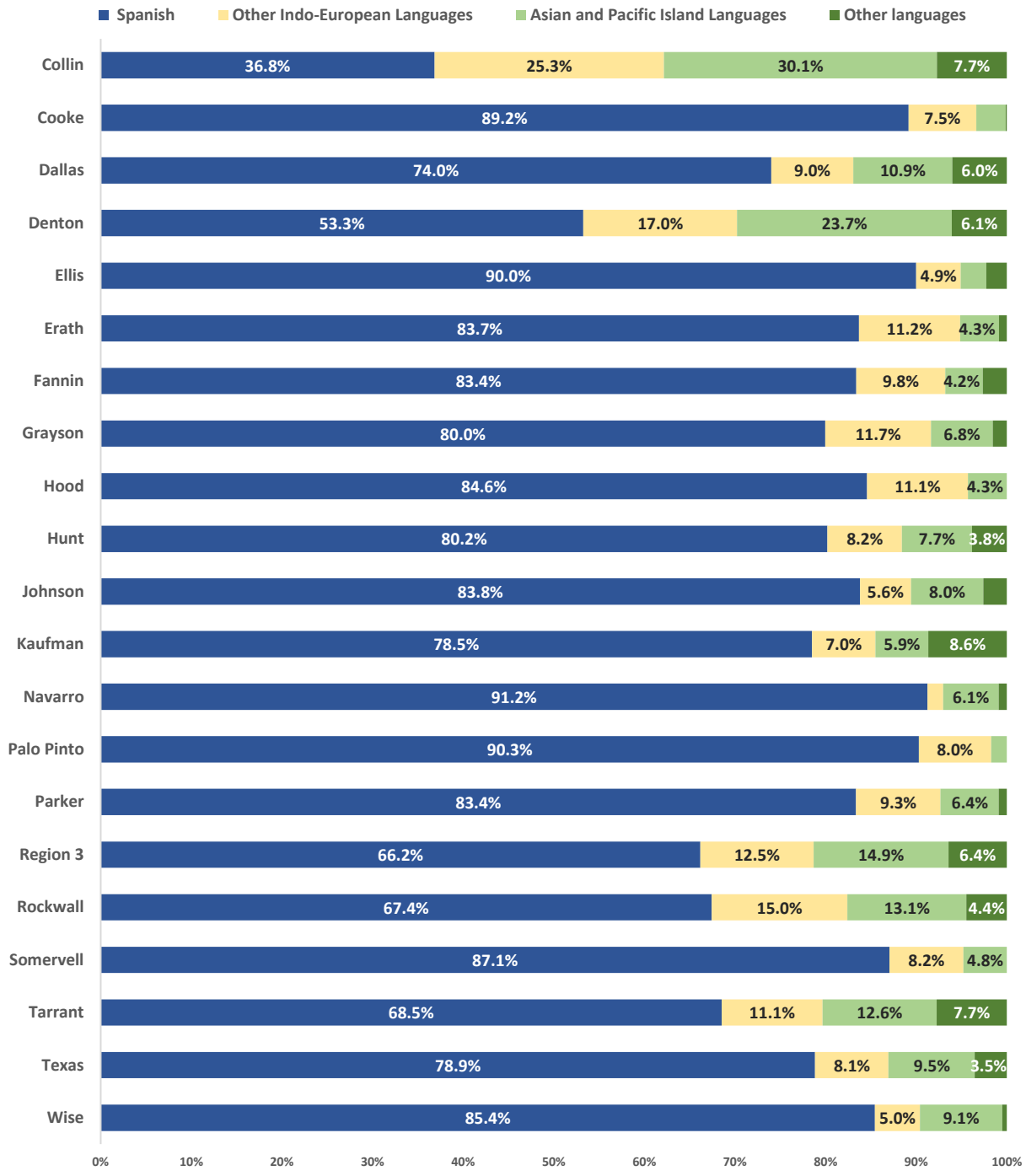
Texas has a significantly higher percentage of individuals (ages 5 or older) who speak a language other than English at home at 37% compared to the U.S average of 22.4%.

Figure 11 above shows the percentage of households that speak a language other than English at home for Region 3 counties. Languages 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 39.9%. Collin and Tarrant County follow closely behind with 32.8% and 29.5% respectively.

Subsequently, **Figure 12** and **Table 4** show the breakdown of those respondents by language. Spanish by far is the most common for Region 3 at 66.2%, followed by 14.9% speaking an Asian or Pacific Island language, 12.5% for Other Indo-European languages, and 6.4% Other languages. Collin County is the only county without a 50% or more majority of Spanish-speaking households and leads the region with the highest percentage of households that speak Asian or Pacific Island languages (30.1%) and Other Indo-European languages (25.3%).

[41] U.S. Census Bureau. (2022b).

Figure 12 – Region 3 Household Languages Spoken Other Than English, by County, 2018-2022



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

U.S. Census Bureau [42]

[42] U.S. Census Bureau. (2022b).

Table 4 – Household Languages Spoken Other Than English, by County, 2018-2022

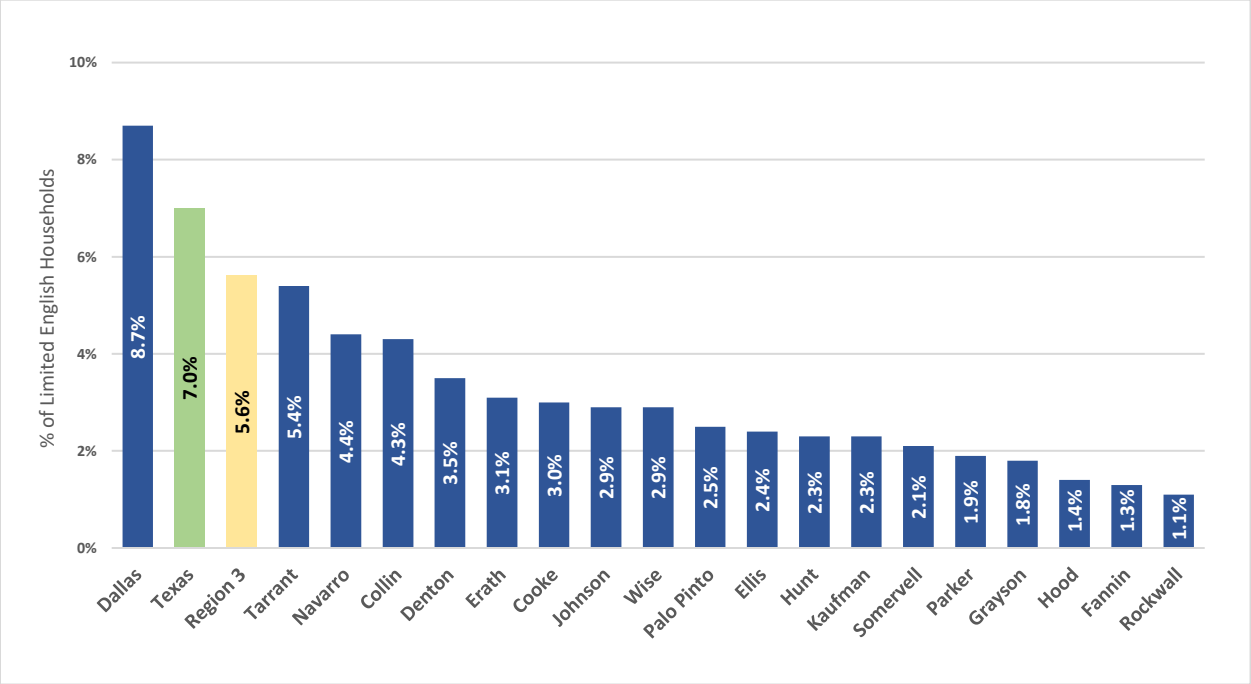
Report Area	% Spanish	% Other Indo-European Languages	% Asian and Pacific Island Languages	% Other languages
Collin	36.8%	25.3%	30.1%	7.7%
Cooke	89.2%	7.5%	3.3%	0.1%
Dallas	74.0%	9.0%	10.9%	6.0%
Denton	53.3%	17.0%	23.7%	6.1%
Ellis	90.0%	4.9%	2.8%	2.3%
Erath	83.7%	11.2%	4.3%	0.9%
Fannin	83.4%	9.8%	4.2%	2.6%
Grayson	80.0%	11.7%	6.8%	1.5%
Hood	84.6%	11.1%	4.3%	0.0%
Hunt	80.2%	8.2%	7.7%	3.8%
Johnson	83.8%	5.6%	8.0%	2.6%
Kaufman	78.5%	7.0%	5.9%	8.6%
Navarro	91.2%	1.7%	6.1%	0.9%
Palo Pinto	90.3%	8.0%	1.7%	0.0%
Parker	83.4%	9.3%	6.4%	0.9%
Rockwall	67.4%	15.0%	13.1%	4.4%
Somervell	87.1%	8.2%	4.8%	0.0%
Tarrant	68.5%	11.1%	12.6%	7.7%
Wise	85.4%	5.0%	9.1%	0.5%
Region 3	66.2%	12.5%	14.9%	6.4%
Texas	78.9%	8.1%	9.5%	3.5%

U.S. Census Bureau [43]

[43] U.S. Census Bureau. (2022b).

Limited English Proficiency

Figure 13 – Region 3 Households with Limited English Proficiency, by County, 2018-2022



U.S. Census Bureau [44]

A similar indicator is the population with limited English proficiency (LEP). In Texas, this represents 7% 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.

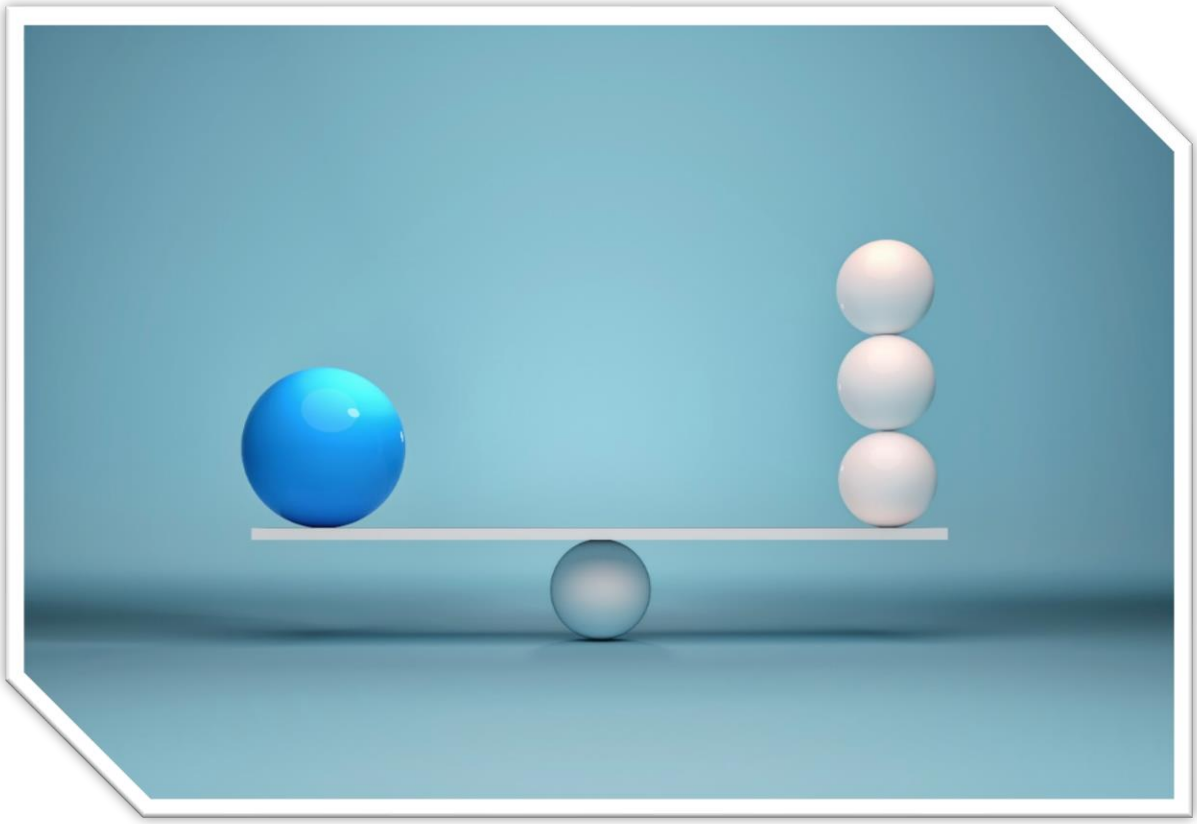
Figure 13 shows percentages for limited English proficiency (LEP) in Region 3 counties. Dallas County has the highest rate at 8.7% while Rockwall County has the lowest rate at 1.1%. Additionally, Dallas County is the only Region 3 county with a rate that is higher than both Region 3 and Texas.

[44] U.S. Census Bureau. (2022b).

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, governmental 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. 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.[45]

[45] The Annie E. Casey Foundation. (2022).

Income

One important factor related to increased risk for substance use stems from economic instability and the inability to afford the things an individual needs to stay healthy such as healthy foods, health care, and housing. One method of measuring a community's economic health is by income distribution. However, income distributions within a community can be measured using multiple methods:

- **Median Household Income**: This measure sorts all households from largest to smallest and provides the middle value. It is considered the most widely used and accepted measure of income. However, it does not consider household composition. (I.e., a single-person household with $50,000 holds equal weight to a four-person household with $50,000.)
- **Median Family Income**: This measure utilizes the same calculation process as Median Household Income, but it excludes all non-family households. Although it does not include all households in an area, it is commonly used as a required measure for governmental programs.
- **Poverty Rate**: This measure calculates the percentage of individuals who fall below federal poverty thresholds. It is considered a reasonable method of summarizing the poverty situation of a given area. This measure considers household composition and includes all individuals for whom poverty status could be determined by the U.S. Census Bureau.

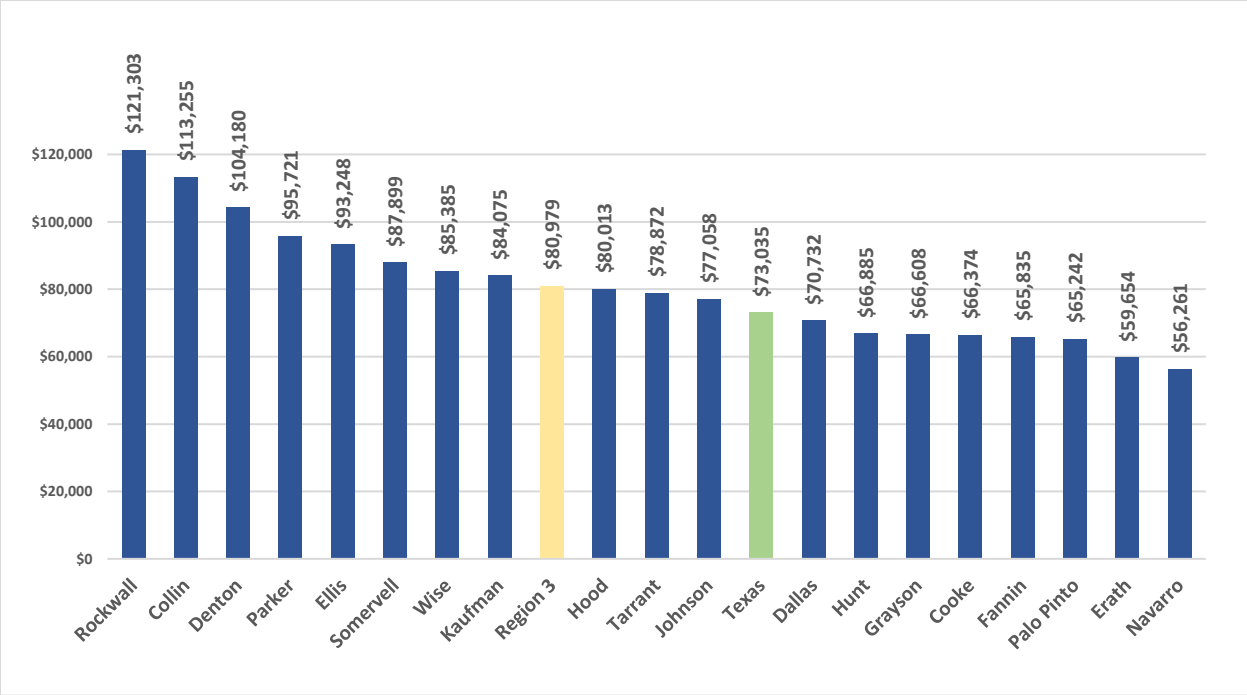
Additional Definitions from the U.S. Census Bureau:

- **Household:** All the people who live in a housing unit, regardless of whether they are related.
- **Family Household:** A household that includes a family householder and any other people living in the same household who are related to the householder by birth, marriage, or adoption. The household may also include any unrelated people, such as secondary individuals or unrelated subfamily members.

Median Household Income

The Region 3 **median household income** for the 2018-2022 period is $80,979. The three counties with the highest median household income are Rockwall, Collin, and Denton. Conversely, Navarro, Erath, and Palo Pinto Counties have the lowest – more than 20% less than Region 3.

Figure 14 – Region 3 Median Household Income, by County, 2018-2022



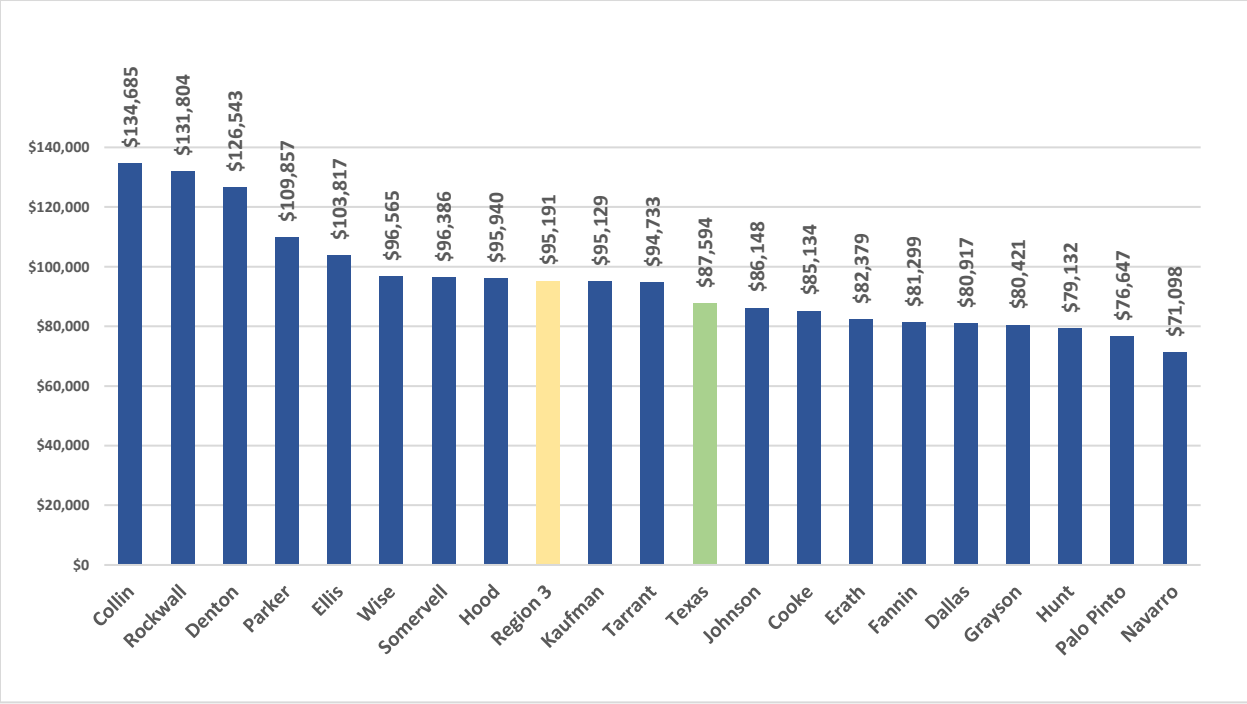
U.S. Census Bureau [46]

[46] U.S. Census Bureau. (2022b).

Median Family Income

The Region 3 **median family income** for the 2018-2022 period is $95,191. The three counties with the highest median household income are Collin, Rockwall, and Denton. Hunt, Palo Pinto, and Navarro Counties rank the lowest with family household incomes under $80,000.

Figure 15 – Region 3 Median Family Income, By County, 2018-2022



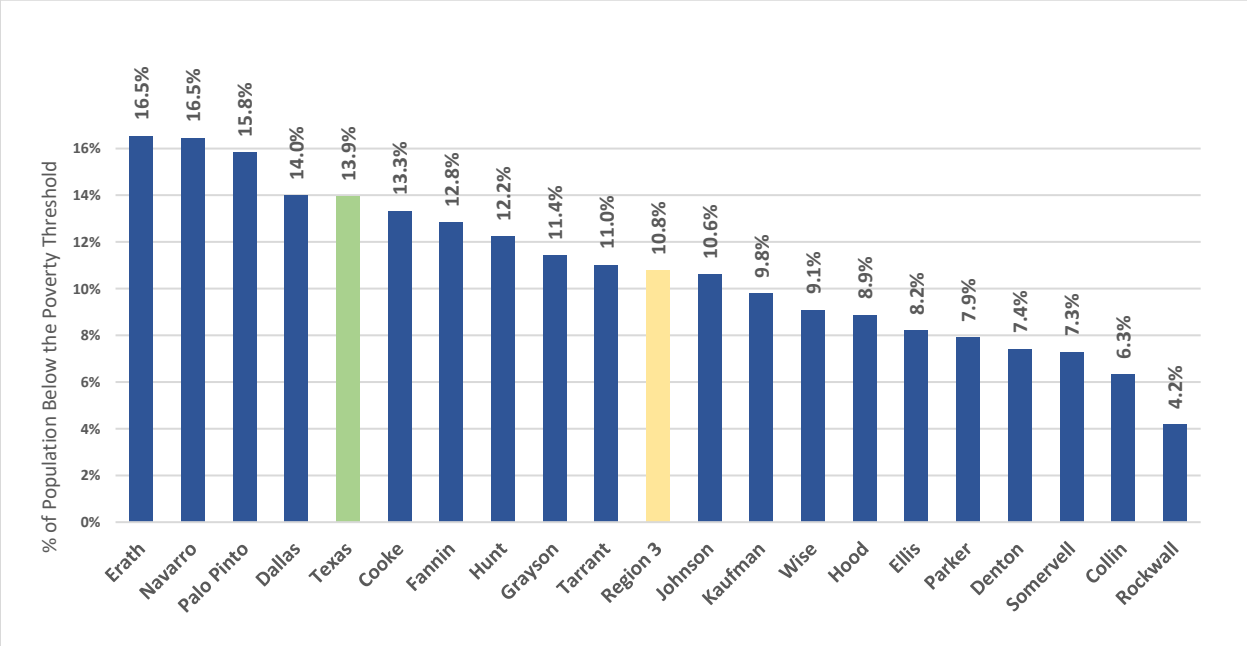
U.S. Census Bureau[47]

[47] U.S. Census Bureau. (2022b).

Poverty Rate

According to the U.S. Census Bureau, the federal poverty threshold is the minimum amount of resources needed to meet basic needs based on three times the cost of a minimum food diet in 1963, as determined by the U.S. Census Bureau, adjusted for today's prices. For Region 3, the poverty rate for the 2018-2022 period is 10.8%. The three counties with the highest percentage of individuals below the poverty line are Erath, Navarro, and Palo Pinto. Collin and Rockwall counties have the lowest percentage, with over 10% less than the highest rate, Erath.

Figure 16 - Region 3 Poverty Rate, By County, 2018-2022



U.S. Census Bureau [48]

Table 5 – Poverty Thresholds for 2022 by Size of Family and Number of Related Children Under 18

Size of Family Unit	Weighted Average Thresholds	# of Related Children Under 18 years								
		None	1	2	3	4	5	6	7	8+
One person (unrelated individual):	$14,880									
Under 65 years.....	$15,230	$15,225								
65 years and over.....	$14,040	$14,036								
Two people:	$18,900									
Householder under 65 years.....	$19,690	$19,597	$20,172							
Householder 65 years and over.....	$17,710	$17,689	$20,095							
Three people	$23,280	$22,892	$23,556	$23,578						
Four people	$29,950	$30,186	$30,679	$29,678	$29,782					
Five people	$35,510	$36,402	$36,932	$35,801	$34,926	$34,391				
Six people	$40,160	$41,869	$42,035	$41,169	$40,339	$39,104	$38,373			
Seven people	$45,690	$48,176	$48,477	$47,440	$46,717	$45,371	$43,800	$42,076		
Eight people	$51,010	$53,881	$54,357	$53,378	$52,521	$51,304	$49,760	$48,153	$47,745	
Nine people or more	$60,300	$64,815	$65,129	$64,263	$63,536	$62,342	$60,699	$59,213	$58,845	$56,578

U.S. Census Bureau [49]

[48] U.S. Census Bureau. (2022b).
[49] Ibid.

Table 6 – Region 3 Income & Poverty Rates, By County, 2018-2022

Report Area	Median Household Income	Median Family Income	Population Below Poverty Line
Collin	$113,255	$134,685	6.3%
Cooke	$66,374	$85,134	13.3%
Dallas	$70,732	$80,917	14.0%
Denton	$104,180	$126,543	7.4%
Ellis	$93,248	$103,817	8.2%
Erath	$59,654	$82,379	16.5%
Fannin	$65,835	$81,299	12.8%
Grayson	$66,608	$80,421	11.4%
Hood	$80,013	$95,940	8.9%
Hunt	$66,885	$79,132	12.2%
Johnson	$77,058	$86,148	10.6%
Kaufman	$84,075	$95,129	9.8%
Navarro	$56,261	$71,098	16.5%
Palo Pinto	$65,242	$76,647	15.8%
Parker	$95,721	$109,857	7.9%
Rockwall	$121,303	$131,804	4.2%
Somervell	$87,899	$96,386	7.3%
Tarrant	$78,872	$94,733	11.0%
Wise	$85,385	$96,565	9.1%
Region 3	$80,979	$95,191	10.8%
Texas	$73,035	$87,594	13.9%

U.S. Census Bureau [50]

[50] U.S. Census Bureau. (2022b).

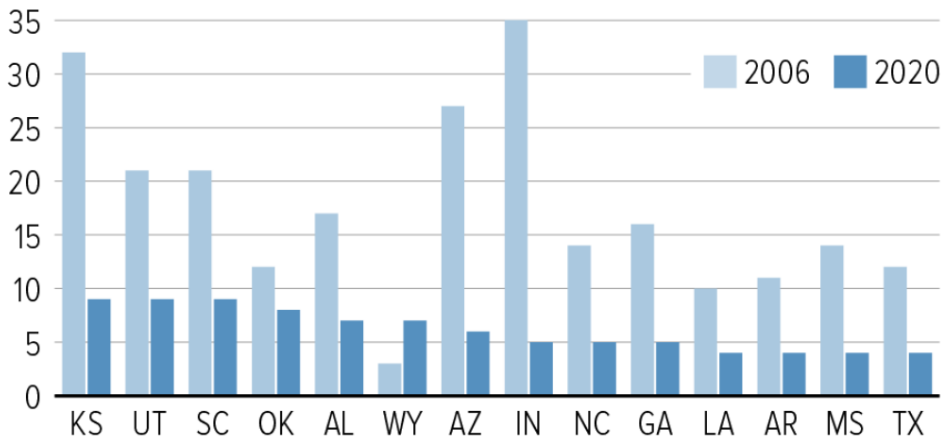
Poverty thresholds, although somewhat outdated, are often used to qualify individuals and families for access to federal safety net programs including (but not limited to):

- **Medicaid:** A program that provides health insurance for adults and children with limited income and resources;
- **Temporary Assistance for Needy Families (TANF):** A program that provides cash assistance, child care, and work-related support to low-income families through block grants from the federal government and state dollars; and
- **Supplemental Nutritional Assistance Program (SNAP):** A program that provides food benefits cards, used like a debit card, to buy food at designated grocery stores and farmers markets for low-income individuals.

However, even those who fall under poverty thresholds are not guaranteed access to these vital programs – an increasingly dire issue for those in need, particularly in Texas. For example, Texas has the lowest percentage of families in poverty receiving TANF assistance in the nation. According to the Center on Budget and Policy Priorities (CBPP):

> With [TANF's] creation in 1996, the federal government eliminated federal minimum eligibility standards, granting states broad flexibility with respect to eligibility requirements and sanctions. States have taken advantage of this considerable freedom to implement policies that restrict access to the program, including upfront work requirements, full-family sanctions, time limits, family caps, drug testing requirements, and felony drug bans, among others. […] Further, TANF created financial incentives for states to reduce caseloads. These changes have led to a decline in the TPR [TANF-to-poverty ratio] nearly every year since TANF's start. [51]

Figure 17 - States with TANF-to-Poverty Ratios (TPR) of 10 or less in 2020



Note: TANF = Temporary Assistance for Needy Families. TANF-to-poverty ratio measures the number of families receiving TANF benefits for every 100 families with children in poverty. Figures reflect two-year averages of families in poverty for 2005-06 and 2019-20.

Source: CBPP analysis of poverty data from the Current Population Survey and TANF caseload data from Department of Health and Human Services and (since September 2006) caseload data collected by CBPP from state agencies

Center on Budget and Policy Priorities [52]

[51] Center on Budget and Policy Priorities. (2022).
[52] Ibid.

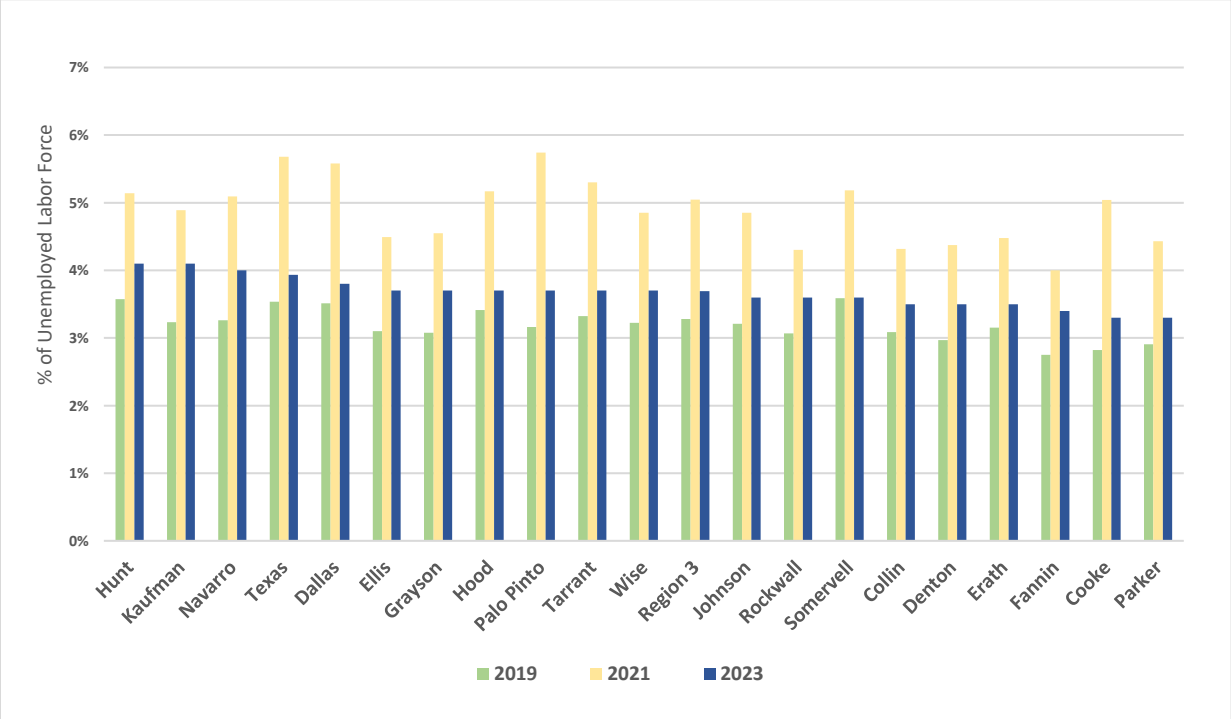
Unemployment

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 (2023) indicates that Texas has an unemployment rate of 4%, a slight increase from 2022 at 3.8%.

In 2023, though rates across Region 3 are relatively similar, the three counties with the highest rates of unemployment are Hunt (4.1%), Kaufman (4.1%), and Navarro (4%) Counties.

Figure 18 – Region 3 Unemployment Rates, by County, 2019-2023



U.S. Bureau of Labor Statistics [53]

[53] U.S. Bureau of Labor Statistics. (2023).

Table 7 – Region 3 Unemployment Rates, by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	3.1%	6.3%	4.3%	3.2%	3.5%
Cooke	2.8%	7.1%	5.0%	3.4%	3.3%
Dallas	3.5%	7.8%	5.6%	3.7%	3.8%
Denton	3.0%	6.4%	4.4%	3.2%	3.5%
Ellis	3.1%	6.0%	4.5%	3.5%	3.7%
Erath	3.2%	5.7%	4.5%	3.5%	3.5%
Fannin	2.8%	4.7%	4.0%	3.5%	3.4%
Grayson	3.1%	5.9%	4.6%	3.7%	3.7%
Hood	3.4%	6.6%	5.2%	3.7%	3.7%
Hunt	3.6%	6.6%	5.1%	3.9%	4.1%
Johnson	3.2%	6.5%	4.9%	3.5%	3.6%
Kaufman	3.2%	6.4%	4.9%	3.7%	4.1%
Navarro	3.3%	6.2%	5.1%	3.9%	4.0%
Palo Pinto	3.2%	7.0%	5.7%	3.8%	3.7%
Parker	2.9%	5.8%	4.4%	3.3%	3.3%
Rockwall	3.1%	5.9%	4.3%	3.3%	3.6%
Somervell	3.6%	6.5%	5.2%	3.8%	3.6%
Tarrant	3.3%	7.4%	5.3%	3.6%	3.7%
Wise	3.2%	6.5%	4.9%	3.5%	3.7%
Region 3	3.3%	7.1%	5.0%	3.5%	3.7%
Texas	3.5%	7.7%	5.7%	3.8%	4.0%

U.S. Bureau of Labor Statistics [54]

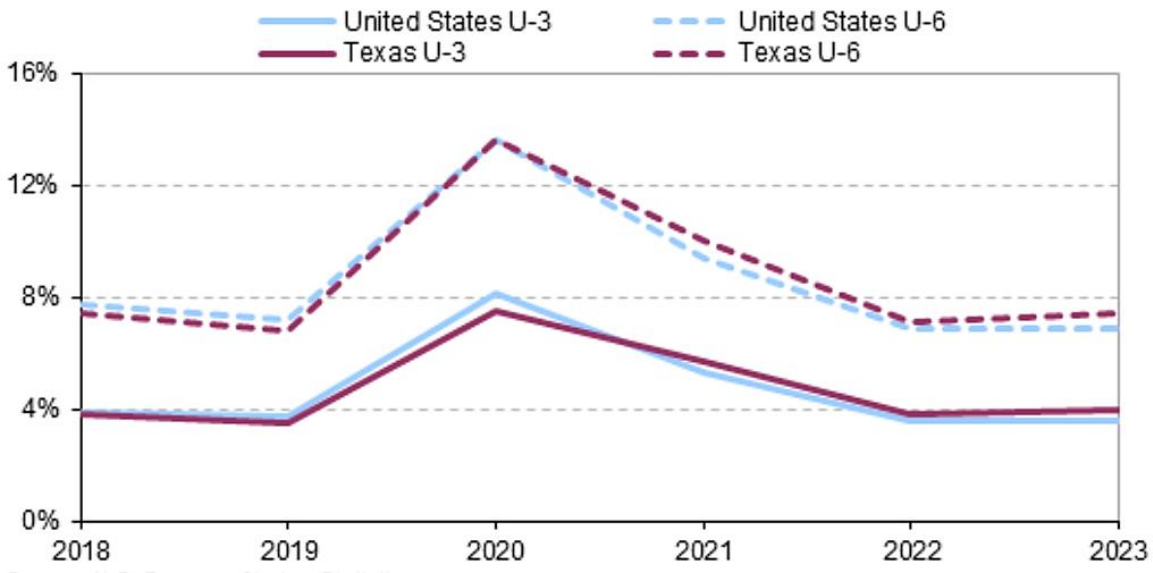
[54] U.S. Bureau of Labor Statistics. (2023).

On another hand, it is prudent to take into consideration that typical unemployment rates (such as those in **Figure 18** and **Table 7**) 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.[55]

According to the Current Population Survey from the Bureau of Labor Statistics, in 2022, Texas' U-6 measure stood at 7.1% – a rate 86.8% higher than the U-3 rate. In 2023, it was 7.4% – a rate 85% higher than its corresponding U-3 measure.

Figure 19 – Two Alternative Measures of Labor Underutilization, United States and Texas, Annual Averages, 2018-2023

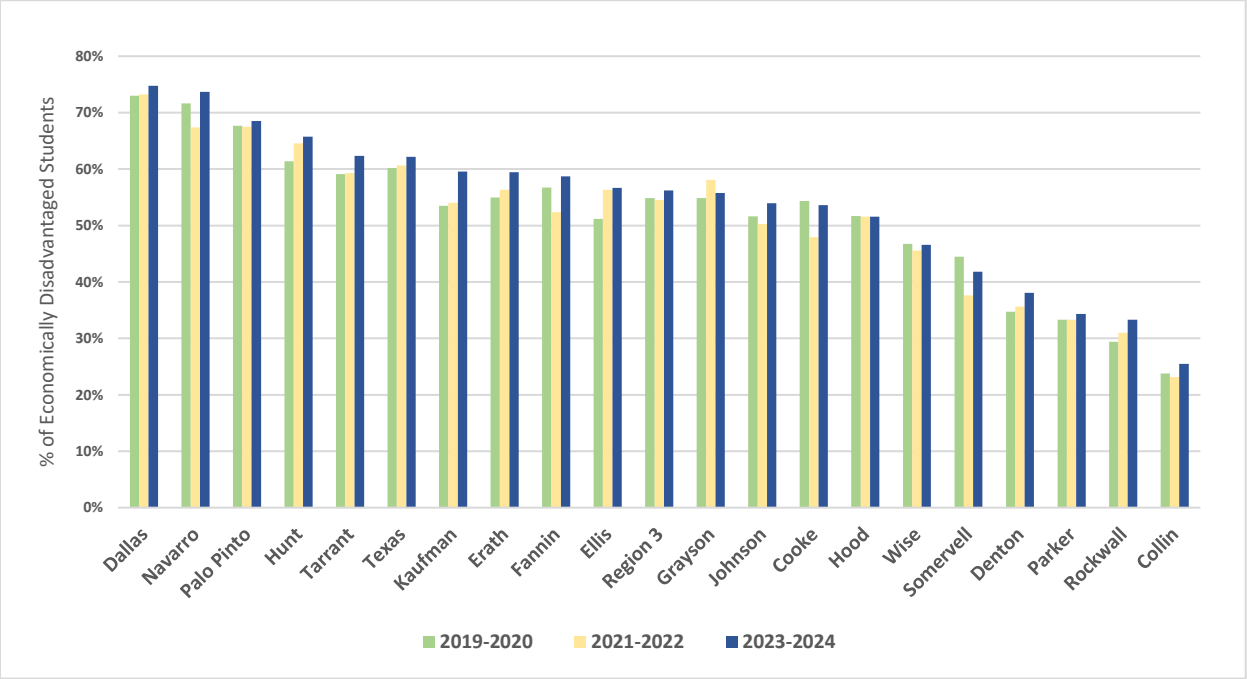


U.S. Bureau of Labor Statistics [56]

[55] U.S. Bureau of Labor Statistics. (2024).
[56] Ibid.

Economically Disadvantaged Students

Figure 20 – Region 3 Economically Disadvantaged Students, by County, 2019-2024



Texas Education Agency [57]

According to the Texas Education Agency (TEA), Local Education Agencies (LEAs) are required to determine each student's economic status. A child is considered economically disadvantaged if they:

- Are eligible for free meals under the National School Lunch and Child Nutrition Program;
- Are eligible for reduced-price meals under the National School Lunch and Child Nutrition Program;
- Are from a family with an annual income at or below the official federal poverty line;
- Are eligible for Temporary Assistance to Needy Families (TANF) or other public assistance;
- Received a Pell Grant or comparable state program of need-based financial assistance;
- Are eligible for programs assisted under Title II of the Job Training Partnership Act (JTPA); or
- Are eligible for benefits under the Food Stamp Act of 1977. [58]

Figure 20 and **Table 8** shows the percentage of economically disadvantaged students in Region 3 counties over the five-year period. For the 2023-24 school year, Dallas County had the highest rate (74.7%) and Collin County had the lowest (25.5%), a stark difference. Nine counties in Region 3 had rates higher than the Region and five had rates higher than Texas. For each school year over this period, Dallas, Navarro, and Palo Pinto Counties have had the three highest rates, a notable similarity given their respective urban and rural classifications.

[57] Texas Education Agency. (2024c).
[58] Texas Education Agency. (2024b).

Table 8 – Region 3 Economically Disadvantaged Students, by County, 2019-2024

Report Area	2019-20	2020-21	2021-22	2022-23	2023-24
Collin	23.8%	24.2%	23.2%	25.0%	25.5%
Cooke	54.3%	52.5%	47.9%	50.2%	53.6%
Dallas	73.0%	73.1%	73.2%	74.5%	74.7%
Denton	34.7%	34.2%	35.6%	37.6%	38.1%
Ellis	51.2%	50.0%	56.3%	53.3%	56.7%
Erath	55.0%	56.5%	56.3%	55.5%	59.4%
Fannin	56.7%	53.2%	52.4%	57.1%	58.7%
Grayson	54.9%	54.6%	58.1%	56.1%	55.8%
Hood	51.7%	53.0%	51.6%	53.2%	51.6%
Hunt	61.4%	61.2%	64.6%	63.5%	65.8%
Johnson	51.6%	49.0%	50.3%	54.7%	53.9%
Kaufman	53.5%	53.3%	54.0%	55.8%	59.6%
Navarro	71.6%	67.0%	67.4%	73.4%	73.7%
Palo Pinto	67.7%	73.4%	67.5%	69.4%	68.5%
Parker	33.3%	32.3%	33.3%	33.4%	34.3%
Rockwall	29.4%	28.5%	31.0%	32.2%	33.3%
Somervell	44.5%	45.5%	37.6%	43.3%	41.8%
Tarrant	59.1%	59.1%	59.3%	61.8%	62.3%
Wise	46.7%	49.8%	45.5%	47.6%	46.6%
Region 3	54.9%	54.5%	54.5%	55.8%	56.2%
Texas	60.2%	60.2%	60.7%	61.8%	62.2%

Texas Education Agency [59]

[59] Texas Education Agency. (2024c).

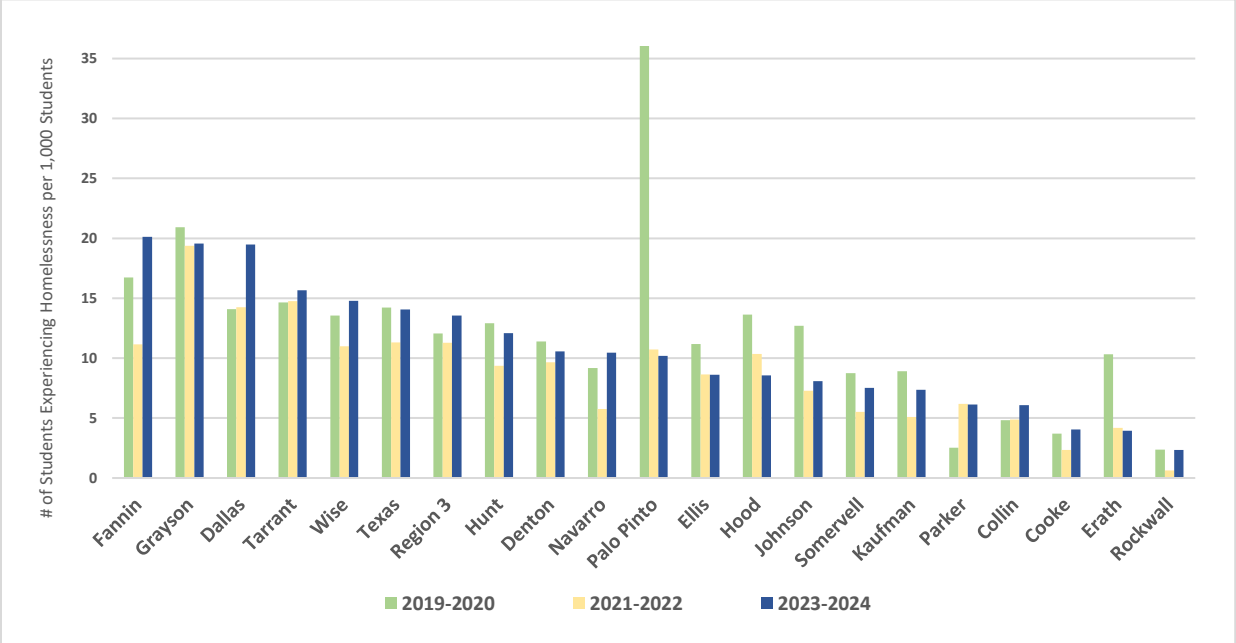
Students Experiencing Homelessness

Students experiencing homelessness are identified by the Texas Education Agency (TEA) according to the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, a federal law. They are 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."[60]

Figure 21 and **Table 9** below shows the rate of students experiencing homelessness in Region 3's counties from 2019-2024. Fannin, Grayson, and Dallas Counties had the highest rates for the 2023-2024 school year. Palo Pinto had the highest rate in 2019-20, but its rate dropped significantly in the 2020-2021 school year. From 2021-22 to 2023-24, the rates of students experiencing homelessness increased for 14 counties. For the 2023-24 school year, five counties had a higher rate than Region 3.

Figure 21 – Region 3 Students Experiencing Homelessness (per 1,000 Students), by County, 2019-2024



Texas Education Agency [61]

[60] U.S. Department of Education. (2005).
[61] Texas Education Agency. (2024c).

Table 9 – Region 3 Students Experiencing Homelessness (per 1,000 Students), by County, 2019-2024

Report Area	2019-20	2020-21	2021-22	2022-23	2023-24
Collin	4.8	3.7	4.9	5.1	6.1
Cooke	3.7	3.0	2.3	3.8	4.1
Dallas	14.1	13.3	14.3	17.5	19.5
Denton	11.4	10.3	9.7	10.3	10.6
Ellis	11.2	8.5	8.6	8.9	8.6
Erath	10.3	6.9	4.2	4.7	3.9
Fannin	16.7	9.6	11.2	16.4	20.1
Grayson	20.9	15.6	19.4	22.3	19.6
Hood	13.6	4.3	10.4	10.7	8.6
Hunt	12.9	12.1	9.4	8.9	12.1
Johnson	12.7	9.7	7.3	13.1	8.1
Kaufman	8.9	5.0	5.1	4.6	7.4
Navarro	9.2	5.5	5.8	8.0	10.4
Palo Pinto	36.5	12.5	10.7	10.4	10.2
Parker	2.5	6.5	6.2	7.3	6.1
Rockwall	2.4	0.6	0.6	1.0	2.3
Somervell	8.7	6.1	5.5	8.1	7.5
Tarrant	14.7	12.4	14.8	16.0	15.7
Wise	13.6	12.8	11.0	12.7	14.8
Region 3	12.1	10.4	11.3	12.9	13.6
Texas	14.2	10.7	11.3	13.0	14.1

Texas Education Agency [62]

[62] Texas Education Agency. (2024c).

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.

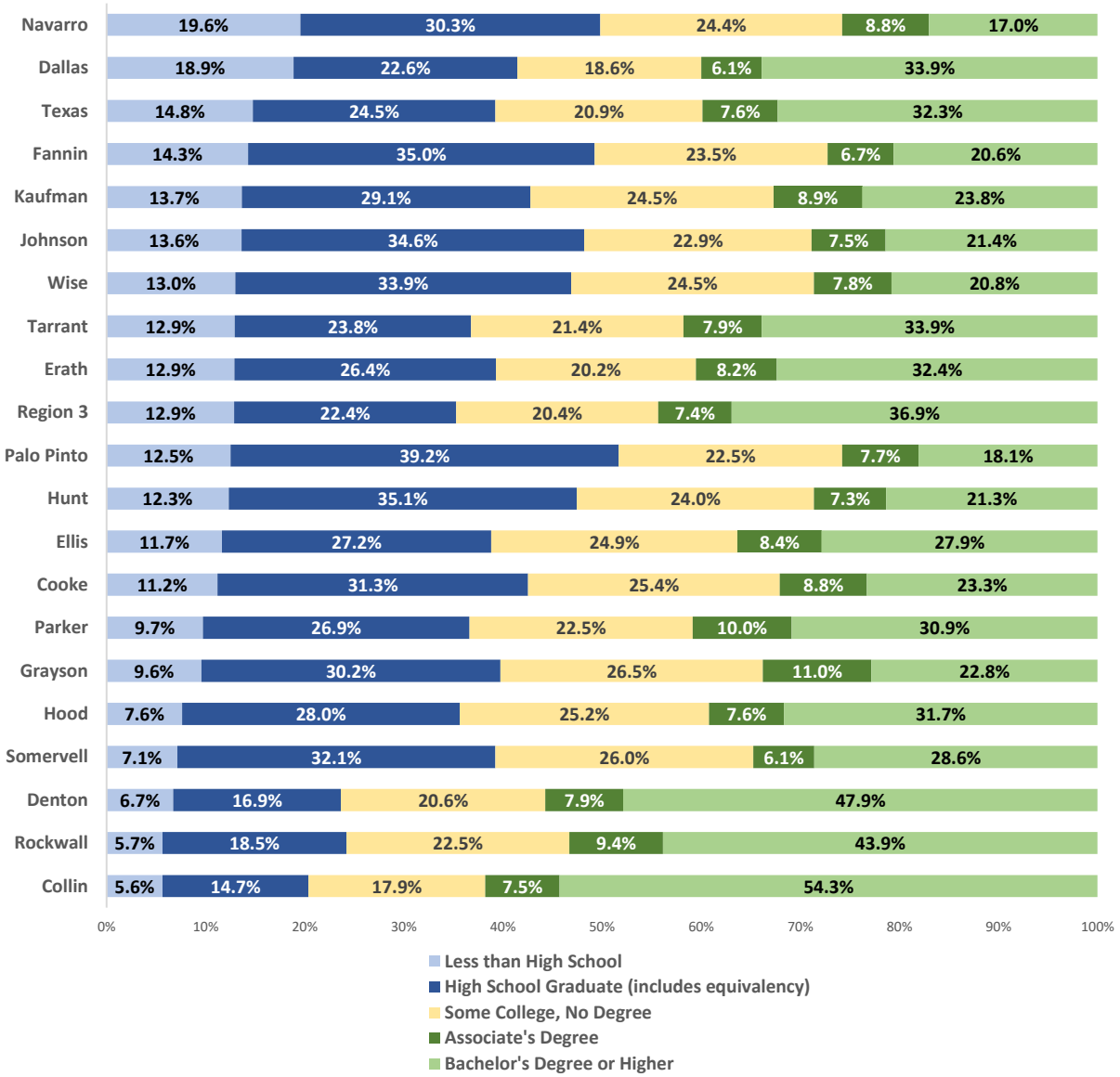
Educational Attainment

Adult Educational Attainment

Figure 22 below shows the percentage of adults 25 years and older attaining various education levels over a five-year period by county within Region 3.

The highest percentage of adults with a bachelor's degree or higher were found in Collin, Denton, and Rockwall Counties, respectively. The highest percentage of adults without a high school diploma were found in Navarro, Dallas, and Fannin Counties, respectively. For eight counties, the percentage of adults without a high school diploma was higher than Region 3.

Figure 22 – Region 3 Educational Attainment, Adults 25 Years and Older, by County, 2018-2022



U.S. Census Bureau [63]

[63] U.S. Census Bureau. (2022b).

Community Conditions

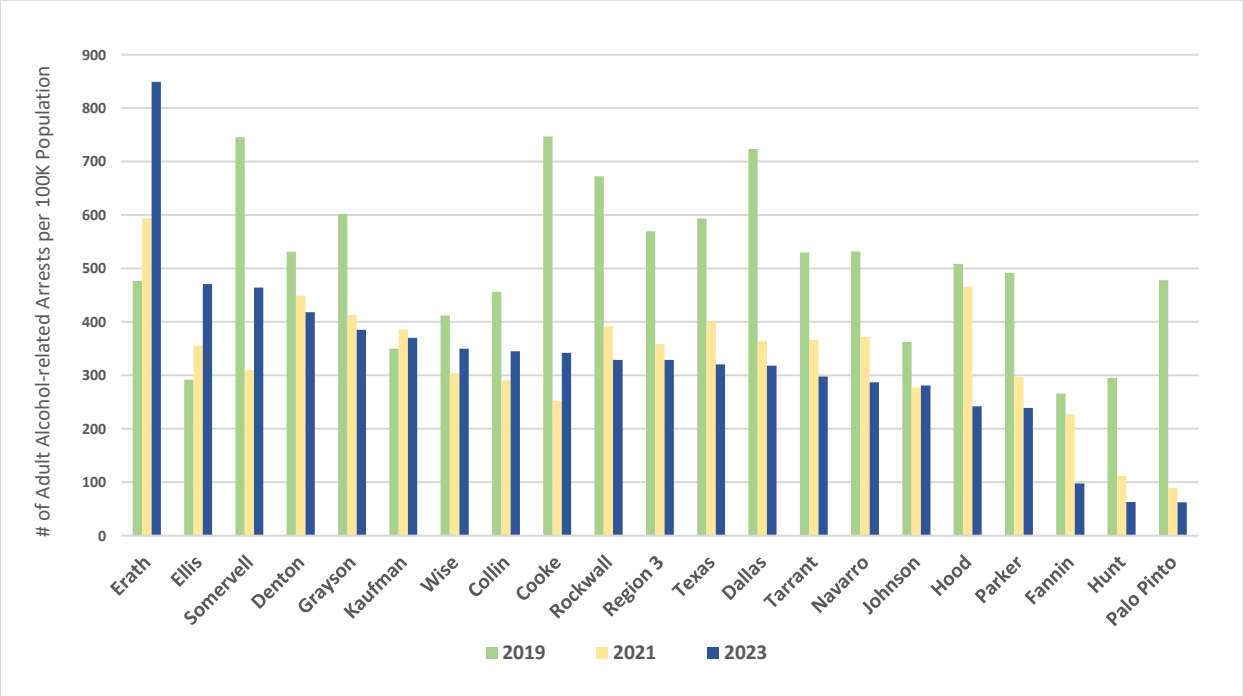
According to the National Center on Addiction and Substance Abuse (CASA) 2010 report, *Behind Bars II: Substance Abuse and America's Prison Population*, nearly 85% of the 2.3 million inmates in our country's jail and prison systems were involved with substances at the time of their arrest.[64] From this 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.[65] 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.[66] 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.[67]

[64] National Center on Addiction and Substance Abuse. (2010).
[65] Ibid.
[66] McCart, M.R. et al. (2011).
[67] Ibid.

Alcohol-related Arrests

Figure 23 – Region 3 Adult Alcohol-related Arrests* (per 100K Population), by County, 2019-2023



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.

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 23 and **Table 10** shows the alcohol-related arrest rates per 100K population for 2019-2023 for Region 3 counties. In 2023, the highest rates were found in Erath, Ellis, and Somervell Counties, respectively. Ten counties had a higher rate than Region 3 and Texas in 2023.

[68] Texas Department of Public Safety. (2024).

Table 10 – Region 3 Adult Alcohol-related Arrests* (per 100K Population), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	456.5	395.3	290.4	300.5	345.3
Cooke	747.1	485.6	252.1	277.0	342.4
Dallas	723.9	555.6	364.2	317.1	318.3
Denton	531.1	427.2	449.6	379.5	418.4
Ellis	291.6	308.2	356.1	388.8	470.7
Erath	477.2	532.4	593.5	611.0	849.6
Fannin	265.9	342.8	227.4	70.0	97.9
Grayson	602.2	465.8	412.8	399.5	385.3
Hood	508.4	522.4	466.4	322.2	242.2
Hunt	295.3	190.8	112.2	85.1	63.2
Johnson	362.3	356.4	277.4	270.8	281.1
Kaufman	349.8	315.8	385.6	380.0	370.5
Navarro	531.8	516.8	372.0	339.6	287.1
Palo Pinto	478.2	192.2	89.4	71.5	62.6
Parker	491.7	323.7	296.5	275.3	239.3
Rockwall	672.5	546.7	392.3	322.6	328.8
Somervell	745.7	422.1	309.6	422.1	464.3
Tarrant	530.1	460.4	366.5	310.2	297.8
Wise	412.3	330.9	304.5	221.3	349.8
Region 3	569.5	464.9	359.1	318.5	328.8
Texas	593.5	471.4	400.3	335.9	320.3

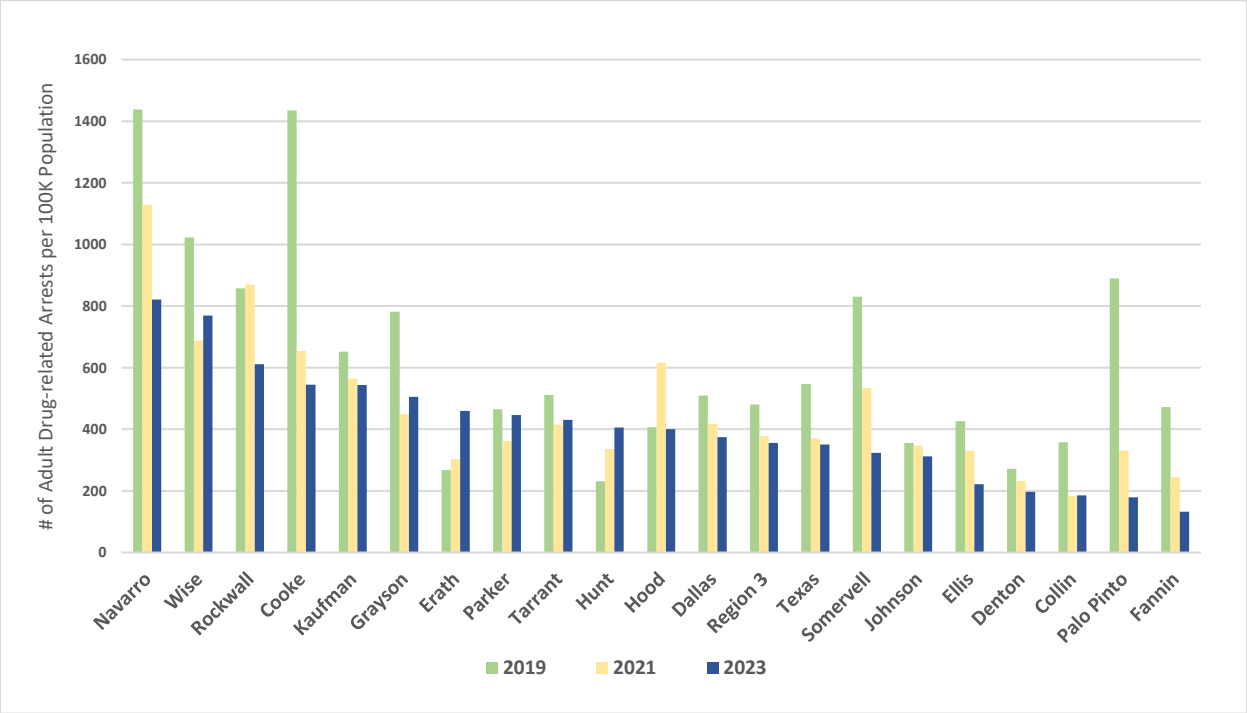
Texas Department of Public Safety [69]

*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.

[69] Texas Department of Public Safety. (2024).

Drug-Related Arrests

Figure 24 – Region 3 Adult Drug-related Arrests* (per 100K Population), by County, 2019-2023



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.

Table 11 and **Figure 24** show the rate of arrests for drug/narcotic violation arrests per 100K population in Region 3. In 2023, the highest rates were found in Navarro, Wise, and Rockwall Counties, respectively. Seven Region 3 counties saw an increase in rates over the 2021-2023 period. Additionally, twelve counties had a higher rate than the Region and Texas in 2023.

[70] Texas Department of Public Safety. (2024).

Table 11 – Region 3 Adult Drug-related Arrests* (per 100K Population), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	358.2	232.3	183.5	211.2	185.7
Cooke	1435.0	1011.6	653.7	675.5	544.7
Dallas	509.3	379.2	418.6	362.7	374.7
Denton	271.9	193.4	232.3	194.1	196.8
Ellis	426.9	220.1	330.4	270.7	221.5
Erath	267.7	212.4	302.6	299.7	459.7
Fannin	472.2	727.6	244.9	129.4	132.9
Grayson	782.0	540.6	448.8	541.6	505.6
Hood	406.3	562.4	616.5	506.4	400.3
Hunt	230.8	282.4	336.5	367.5	406.2
Johnson	355.7	253.2	346.2	290.6	312.5
Kaufman	651.5	469.5	564.7	462.0	544.0
Navarro	1438.1	766.5	1128.5	896.3	821.4
Palo Pinto	889.4	312.8	330.7	165.4	178.8
Parker	465.4	329.0	362.4	448.6	446.0
Rockwall	858.1	685.0	870.5	929.1	611.5
Somervell	830.2	436.2	534.7	365.8	323.6
Tarrant	511.7	367.7	415.0	399.8	430.3
Wise	1023.1	826.4	688.3	762.1	769.7
Region 3	480.2	347.4	377.2	351.2	355.5
Texas	546.5	386.2	370.6	358.1	350.4

Texas Department of Public Safety [71]

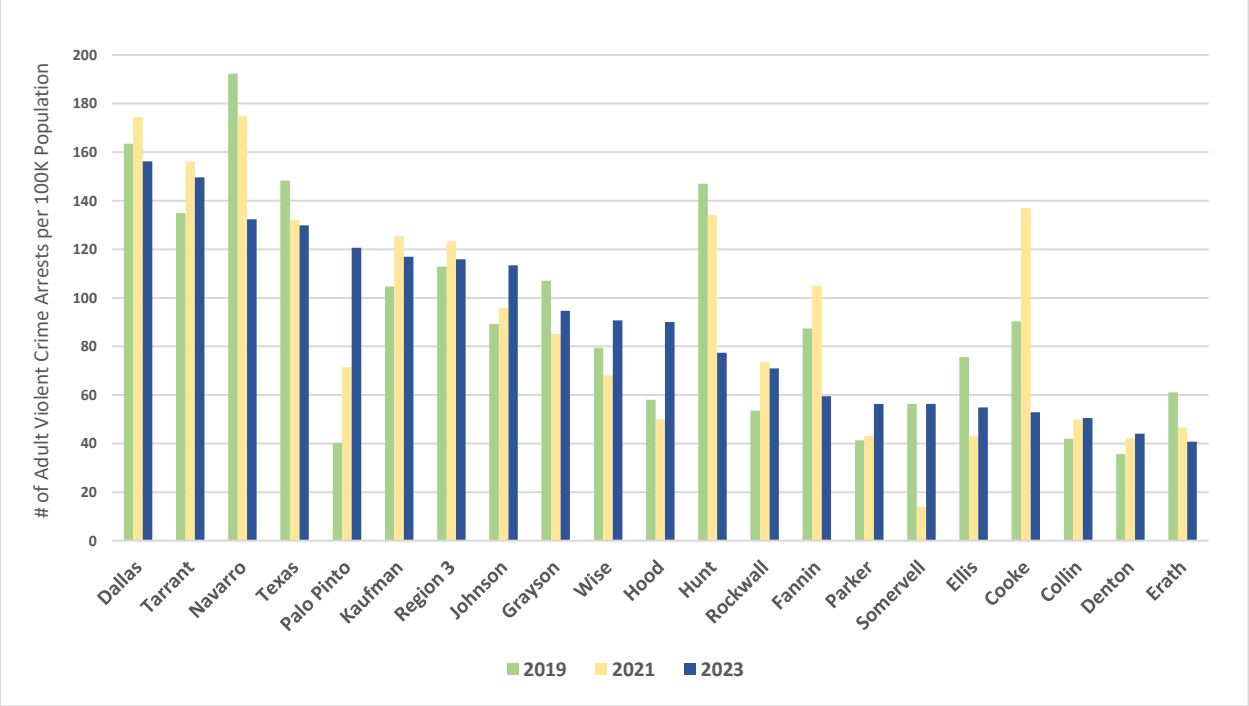
*Arrest data is sourced from the Department of Public Safety's Uniform Crime Reporting (UCR) System. The UCR data is a 'live' collection; meaning agencies can continue to update their incident data per their investigation findings, when arrests occur, for any corrections needed, and in response to data 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.

[71] Texas Department of Public Safety. (2024).

Violent Crime

Violent crimes include murder, non-negligent homicide, rape, robbery, and aggravated assault. **Figure 25** and **Table 12** shows the rate of violent crimes per 100K population for Region 3 counties. In 2023, the highest rates were found in Dallas, Tarrant, and Navarro Counties, respectively. Eleven Region 3 counties saw an increase in the rate of violent crime from 2019-2023. For 2023, five counties had a higher rate than both Region 3.

Figure 25 – Region 3 Adult Violent Crime Arrests* (per 100K Population), by County, 2019-2023



Texas Department of Public Safety [72]

*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.

[72] Texas Department of Public Safety. (2024).

Table 12 – Region 3 Adult Violent Crime Arrests* (per 100K Population), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Collin	41.9	47.7	49.9	43.3	50.5
Cooke	90.3	90.3	137.0	49.8	52.9
Dallas	163.5	165.0	174.4	155.4	156.2
Denton	35.7	36.0	42.2	46.8	44.1
Ellis	75.7	48.6	43.0	45.1	54.8
Erath	61.1	34.9	46.6	37.8	40.7
Fannin	87.5	77.0	104.9	52.5	59.5
Grayson	107.0	92.8	85.2	73.9	94.7
Hood	58.0	48.0	50.0	28.0	90.1
Hunt	147.0	125.1	134.1	132.8	77.4
Johnson	89.3	81.2	95.9	103.2	113.4
Kaufman	104.7	110.3	125.4	138.6	116.9
Navarro	192.3	192.3	174.8	187.3	132.3
Palo Pinto	40.2	53.6	71.5	62.6	120.7
Parker	41.4	36.1	43.1	37.8	56.3
Rockwall	53.6	54.8	73.5	71.0	71.0
Somervell	56.3	14.1	14.1	14.1	56.3
Tarrant	135.1	155.5	156.1	149.7	149.6
Wise	79.4	70.0	68.1	87.0	90.8
Region 3	112.9	117.8	123.2	114.4	115.8
Texas	148.3	138.5	132.1	130.1	129.9

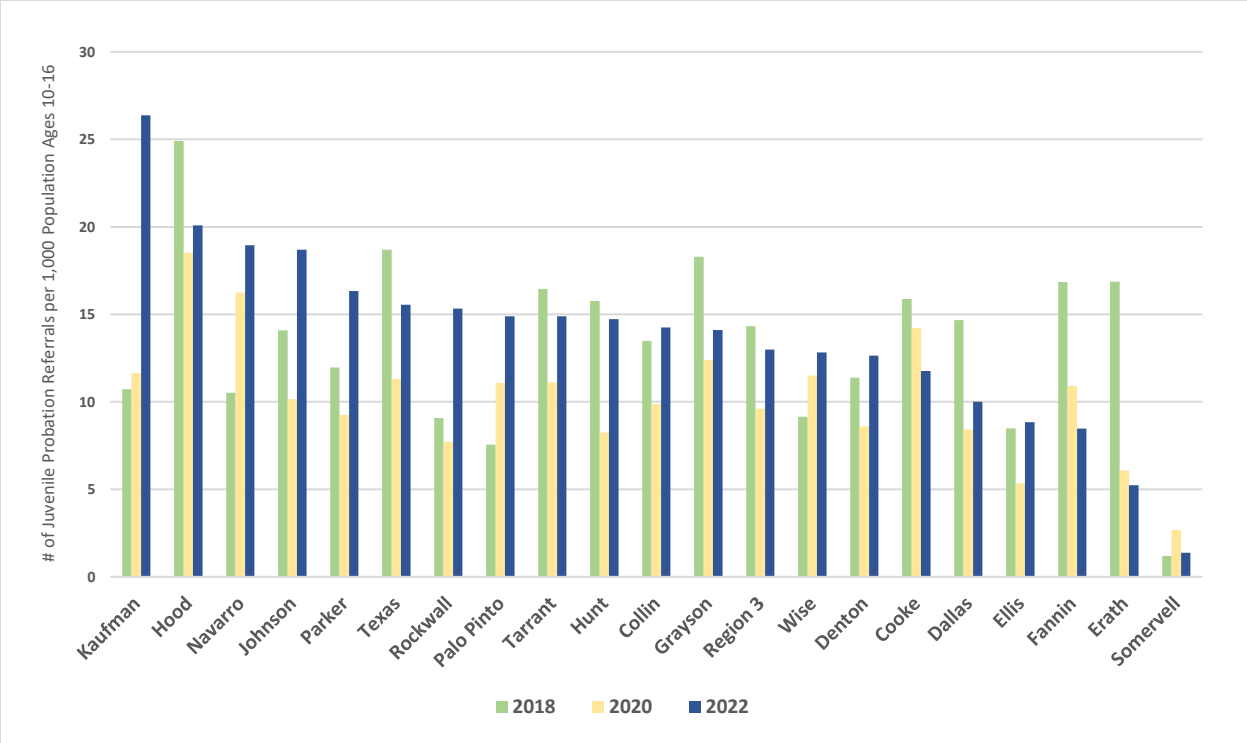
Texas Department of Public Safety [73]

*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.

[73] Texas Department of Public Safety. (2024).

Juvenile Probation

Figure 26 – Region 3 Total Juvenile Probation Referrals (per 1,000 Population Ages 10-16), by County, 2018-2022



Texas Juvenile Justice Department [74]

The Texas Juvenile Justice Department (TJJD) releases an annual probation activity report that "provides information regarding the magnitude and nature of delinquent conduct committed by juveniles and the juvenile probation system's response." One such measure accounts for the total amount of referrals to juvenile probation departments in Texas counties. A youth may be referred multiple times in a year. According to the TJJD, in 2022, 35,085 juveniles accounted for 45,214 formal referrals to juvenile probation departments. This measure accounts for referrals for felony conduct, Class A & B misdemeanors, violations of probation, status offenses (conduct committed by a minor that would not, under state law, be a crime if committed by an adult), and other conduct indicating a need for supervision (CINS) such as running away from home, truancy, prostitution, etc.[75]

Figure 26 and **Table 13** shows the rate of juvenile probation referrals per 1,000 juveniles (children ages 10-16) for Region 3 counties. In 2022, the highest rates were found in Kaufman, Hood, and Navarro Counties, respectively. Kaufman County more than doubled its rate from 2018-2022. Fifteen Region 3 counties saw an increase in their rate of juvenile probation referrals from 2020-2022. For 2022, five counties had a higher rate than both Region 3 and Texas.

[74] Texas Juvenile Justice Department. (2023b).
[75] Ibid.

Table 13 – Region 3 Total Juvenile Probation Referrals (per 1,000 Population Ages 10-16), by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	13.5	13.6	9.9	11.3	14.2
Cooke	15.9	17.1	14.2	10.3	11.8
Dallas	14.7	14.7	8.4	8.1	10.0
Denton	11.4	12.1	8.6	10.4	12.6
Ellis	8.5	10.5	5.3	6.7	8.8
Erath	16.9	6.9	6.1	3.4	5.2
Fannin	16.8	16.7	10.9	11.0	8.5
Grayson	18.3	21.2	12.4	12.8	14.1
Hood	24.9	23.7	18.5	19.4	20.1
Hunt	15.8	12.6	8.3	11.9	14.7
Johnson	14.1	12.9	10.1	12.2	18.7
Kaufman	10.7	13.4	11.6	15.3	26.4
Navarro	10.5	21.2	16.2	19.5	18.9
Palo Pinto	7.5	11.5	11.1	7.1	14.9
Parker	12.0	13.5	9.3	13.1	16.3
Rockwall	9.1	9.3	7.7	9.8	15.3
Somervell	1.2	7.6	2.7	1.4	1.4
Tarrant	16.4	17.2	11.1	11.9	14.9
Wise	9.1	13.3	11.5	11.7	12.8
Region 3	14.3	14.8	9.6	10.4	13.0
Texas	18.7	18.9	11.3	11.8	15.6

Texas Juvenile Justice Department [76]

[76] Texas Juvenile Justice Department. (2023b).

Health Care/Service System

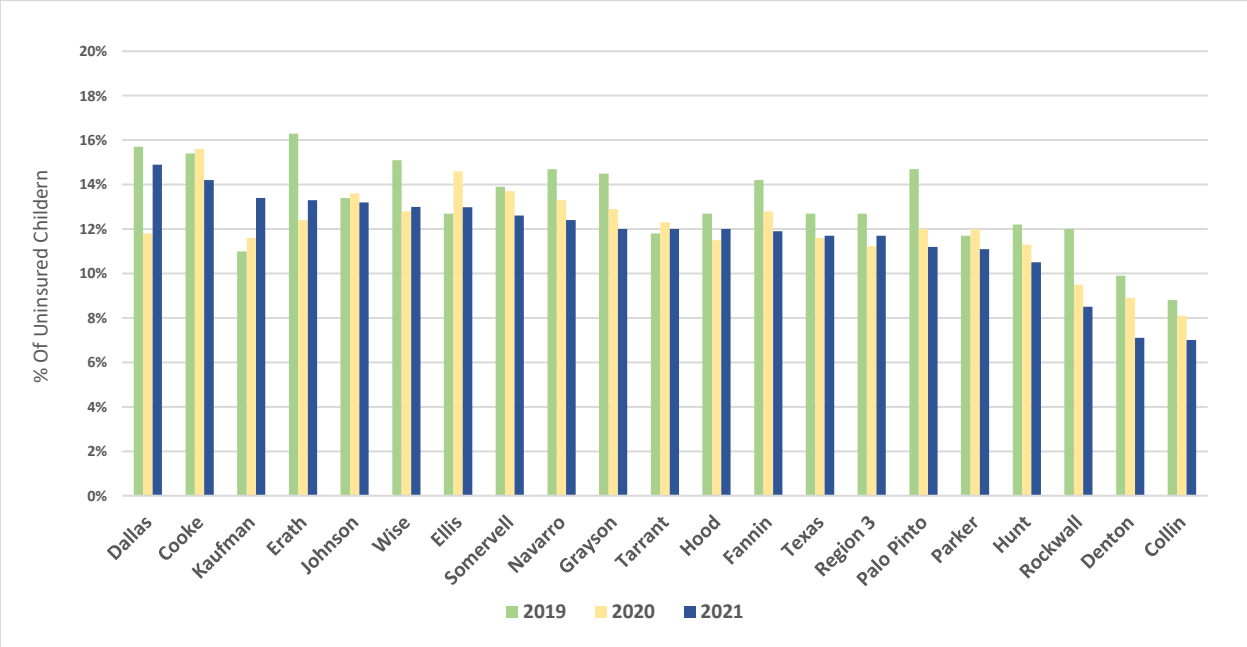
The lack of health insurance is considered a key factor in determining a county's health status. This indicator is relevant because lack of health insurance is an obstacle to most types of health care and may lead to poor health.

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 27 and **Table 14** below show the percentages of children under the age of 19 who do not have medical insurance. Dallas, Cooke, and Kaufman Counties had the highest rates for 2021. Seven Region 3 counties saw an increase in rates from 2020 to 2021. In 2021, thirteen counties had a higher rate than Texas and 16 counties had a rate higher than Region 3 and Texas.

Figure 27 – Region 3 Child Population (Ages 0-18) Without Health Insurance, by County, 2019-2021



U.S. Census Bureau [78]

[77] Holl et al. (1995).
[78] U.S. Census Bureau. (2022a).

Table 14 – Region 3 Child Population (Ages 0-18) Without Health Insurance, by County, 2019-2021

Report Area	2019	2020	2021
Collin	8.8%	8.1%	7.0%
Cooke	15.4%	15.6%	14.2%
Dallas	15.7%	11.8%	14.9%
Denton	9.9%	8.9%	7.1%
Ellis	12.7%	14.6%	13.0%
Erath	16.3%	12.4%	13.3%
Fannin	14.2%	12.8%	11.9%
Grayson	14.5%	12.9%	12.0%
Hood	12.7%	11.5%	12.0%
Hunt	12.2%	11.3%	10.5%
Johnson	13.4%	13.6%	13.2%
Kaufman	11.0%	11.6%	13.4%
Navarro	14.7%	13.3%	12.4%
Palo Pinto	14.7%	12.0%	11.2%
Parker	11.7%	12.0%	11.1%
Rockwall	12.0%	9.5%	8.5%
Somervell	13.9%	13.7%	12.6%
Tarrant	11.8%	12.3%	12.0%
Wise	15.1%	12.8%	13.0%
Region 3	12.7%	11.2%	11.7%
Texas	12.7%	11.6%	11.7%

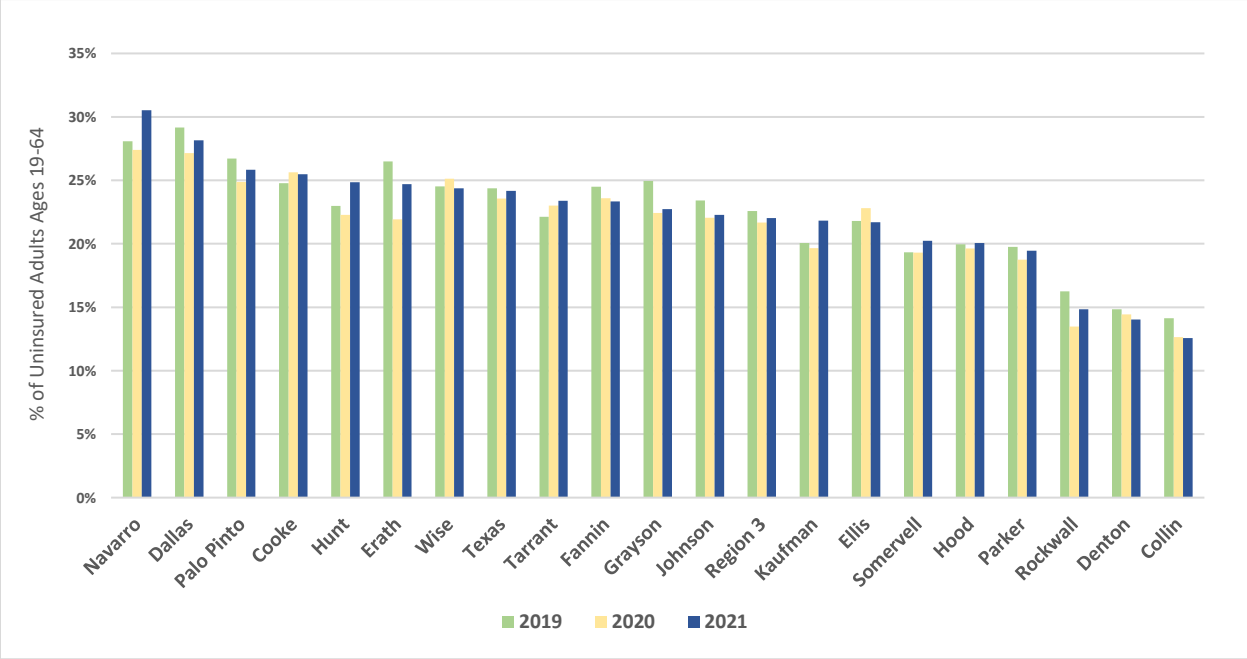
U.S. Census Bureau [79]

[79] U.S. Census Bureau. (2022a).

Uninsured Adults

Figure 28 and **Table 15** below show the percentages of adults without medical insurance. In 2021, the overall Texas rate for adults without health insurance was 24.2%. Navarro, Dallas, and Palo Pinto had the highest rates for 2021, respectively. In 2021, eleven counties had a higher rate than Region 3 at 22%, and seven counties had a higher rate than Texas at 24.2%.

Figure 28 – Region 3 Adults (Ages 19-64) Without Health Insurance, by County, 2019-2021



U.S. Census Bureau [80]

[80] U.S. Census Bureau. (2022a).

Table 15 – Region 3 Adults (Ages 19-64) Without Health Insurance, by County, 2019-2021

Report Area	2019	2020	2021
Collin	14.1%	12.6%	12.6%
Cooke	24.8%	25.6%	25.5%
Dallas	29.2%	27.1%	28.1%
Denton	14.8%	14.4%	14.0%
Ellis	21.8%	22.8%	21.7%
Erath	26.5%	21.9%	24.7%
Fannin	24.5%	23.6%	23.3%
Grayson	25.0%	22.4%	22.7%
Hood	20.0%	19.6%	20.1%
Hunt	23.0%	22.3%	24.8%
Johnson	23.4%	22.0%	22.3%
Kaufman	20.1%	19.6%	21.8%
Navarro	28.1%	27.4%	30.5%
Palo Pinto	26.7%	24.9%	25.8%
Parker	19.8%	18.7%	19.5%
Rockwall	16.3%	13.5%	14.8%
Somervell	19.3%	19.3%	20.2%
Tarrant	22.1%	23.0%	23.4%
Wise	24.5%	25.1%	24.4%
Region 3	22.6%	21.7%	22.0%
Texas	24.4%	23.6%	24.2%

U.S. Census Bureau [81]

[81] U.S. Census Bureau. (2022a).

Retail Access

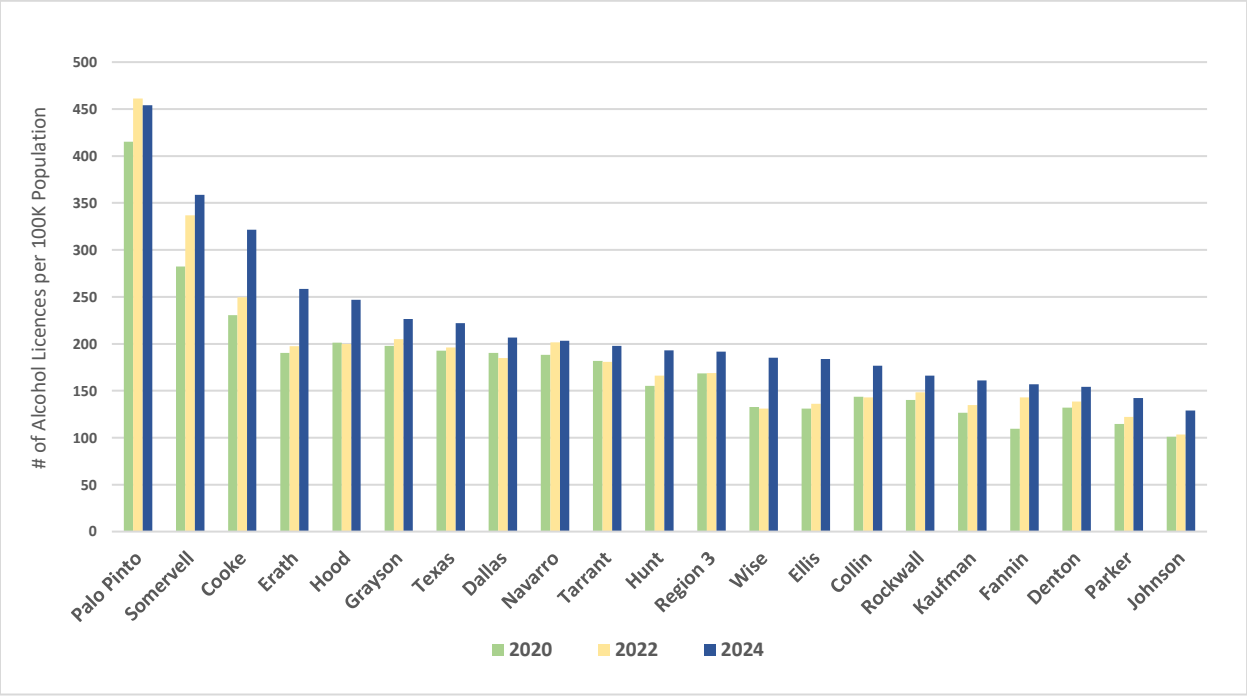
This section shows indicators related to youth and adult accessibility to substances. The focus below is on alcohol and tobacco because these substances are legal and, therefore, have data that is readily available for analysis.

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 29 and **Table 16** 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. Ten counties have a higher rate than Region 3. Notably, apart from Palo Pinto, every single Region 3 county saw an increase in the rate of permits from 2020 to 2024.

Figure 29 – Region 3 Alcohol Retail Density (Licenses per 100K Population), by County, 2020-2024



Texas Alcoholic Beverage Commission [82]

[82] Texas Alcoholic Beverage Commission. (2024).

Table 16 – Region 3 Alcohol Retail Density (Licenses per 100K Population), by County, 2020-2024

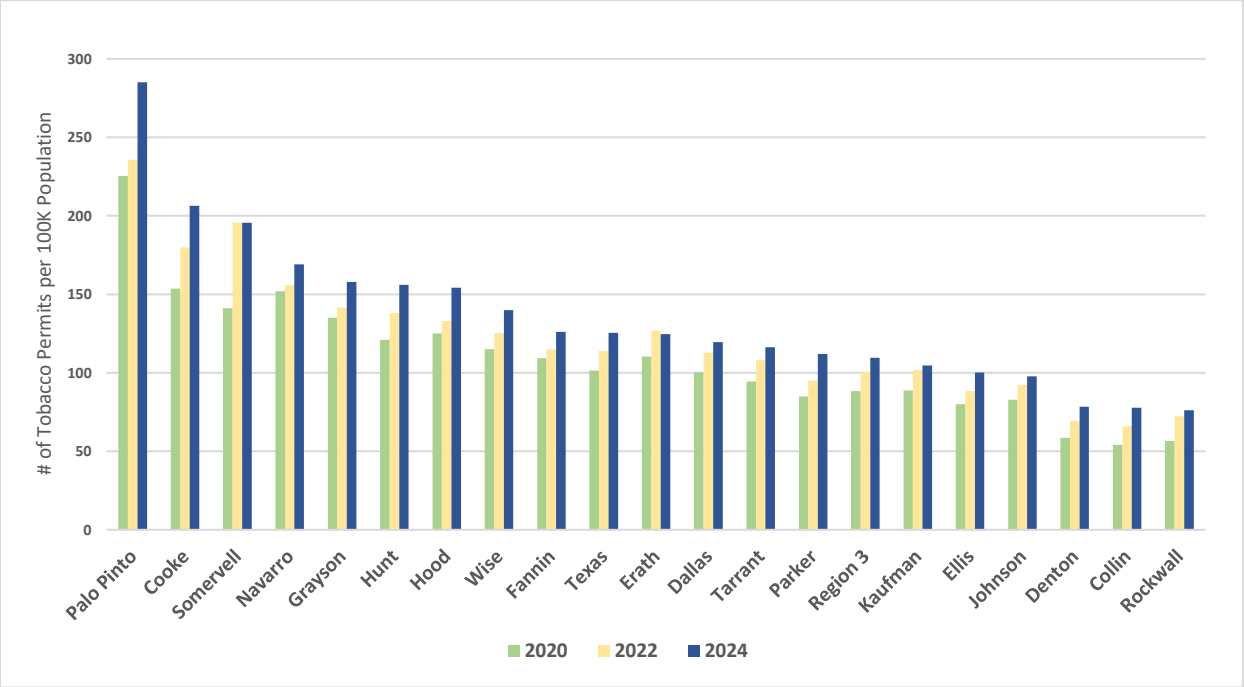
Report Area	2020	2021	2022	2023	2024
Collin	143.7	142.0	142.9	147.1	176.6
Cooke	230.4	244.8	249.6	244.8	321.6
Dallas	190.2	189.4	184.9	179.1	206.8
Denton	131.9	135.1	138.5	133.2	154.1
Ellis	130.9	134.1	136.1	147.6	183.9
Erath	190.4	188.0	197.4	199.8	258.6
Fannin	109.4	120.6	143.0	137.4	157.0
Grayson	197.7	201.4	205.1	197.7	226.5
Hood	201.3	202.9	199.7	193.2	246.8
Hunt	155.1	163.1	166.1	166.1	193.1
Johnson	101.2	103.9	103.4	105.6	128.9
Kaufman	126.6	135.6	134.9	128.7	161.0
Navarro	188.1	201.4	201.4	174.8	203.3
Palo Pinto	415.4	457.6	461.1	394.2	454.1
Parker	114.7	126.8	122.1	121.4	142.4
Rockwall	140.1	149.3	148.4	145.6	166.0
Somervell	282.5	304.2	336.8	260.7	358.5
Tarrant	181.7	183.3	180.9	174.5	197.9
Wise	132.6	134.0	131.1	141.3	185.0
Region 3	168.6	170.2	168.8	164.7	191.6
Texas	192.8	196.3	196.1	190.2	222.2

Texas Alcoholic Beverage Commission [83]

[83] Texas Alcoholic Beverage Commission. (2024).

Tobacco Retail Density

Figure 30 – Region 3 Tobacco Retail Density (Permits per 100K Population), by County, 2020-2024



Texas Comptroller of Public Accounts [84]

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 30** and **Table 17** are for tobacco permits per 100K population in each Region 3 county. The Texas rate for 2024 was 125.5 per 100K population, nearly 25% higher than 2020. Palo Pinto, Cooke, and Somervell Counties have the highest rate of permits per 100K population, respectively. Thirteen counties have a higher rate per 100K population than Region 3, though all counties saw an increase from 2020 to 2024.

[84] Texas Comptroller of Public Accounts. (2024).

Table 17 – Region 3 Tobacco Retail Density (Permits per 100K Population), by County, 2020-2024

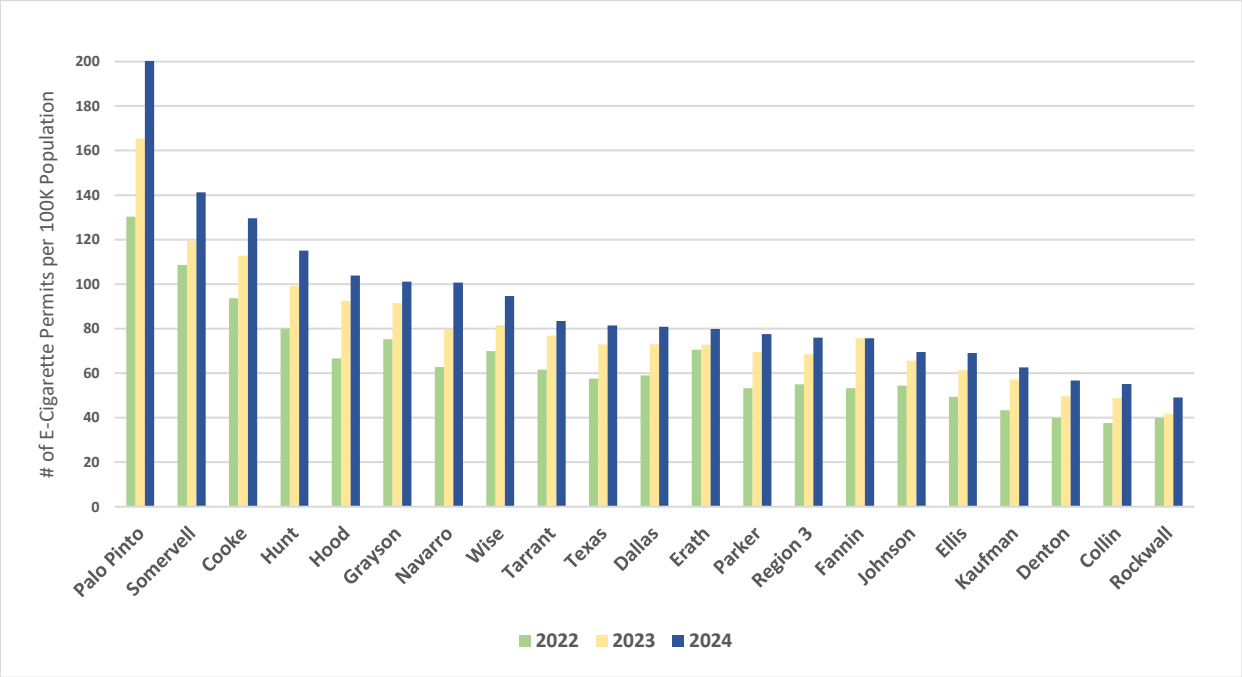
Report Area	2020	2021	2022	2023	2024
Collin	54.1	60.4	65.9	71.5	77.7
Cooke	153.6	165.6	180.0	177.6	206.4
Dallas	100.3	106.7	112.8	115.8	119.6
Denton	58.6	63.7	69.4	73.5	78.4
Ellis	80.0	87.8	88.3	92.5	100.3
Erath	110.5	117.5	126.9	119.9	124.6
Fannin	109.4	103.8	115.0	120.6	126.2
Grayson	135.0	136.5	141.7	152.0	157.9
Hood	125.0	128.3	133.1	146.1	154.2
Hunt	121.1	127.1	138.1	142.1	156.1
Johnson	82.8	89.5	92.3	95.6	97.8
Kaufman	88.8	95.0	101.9	101.2	104.6
Navarro	152.0	167.2	155.8	155.8	169.1
Palo Pinto	225.3	225.3	235.8	249.9	285.1
Parker	85.0	90.4	95.1	104.6	112.0
Rockwall	56.6	63.1	72.3	71.4	76.1
Somervell	141.2	152.1	195.5	195.5	195.5
Tarrant	94.5	102.8	108.2	112.9	116.3
Wise	115.1	116.6	125.3	128.2	139.9
Region 3	88.4	95.0	100.7	104.8	109.6
Texas	101.4	107.1	114.1	119.5	125.5

Texas Comptroller of Public Accounts [85]

[85] Texas Comptroller of Public Accounts. (2024).

E-Cigarette Retail Density

Figure 31 – Region 3 E-Cigarette Retail Density (Permits per 100K Population), by County, 2022-2024



Texas Comptroller of Public Accounts [86]

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 e-cigarette permits per 100K population in each Region 3 county from 2022 to 2024. The Texas rate in 2024 was 81.5 permits 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. Twelve counties have a higher rate per 100K population than Region 3.

[86] Texas Comptroller of Public Accounts. (2024).
[87] Texas Comptroller of Public Accounts. (2021).

Table 18 – Region 3 E-Cigarette Retail Density (Permits per 100K Population), by County, 2022-2024

Report Area	2022	2023	2024
Collin	37.6	48.8	55.1
Cooke	93.6	112.8	129.6
Dallas	59.0	72.9	80.9
Denton	39.8	49.6	56.7
Ellis	49.4	61.3	69.1
Erath	70.5	72.9	79.9
Fannin	53.3	75.7	75.7
Grayson	75.3	91.5	101.1
Hood	66.6	92.5	103.9
Hunt	80.0	99.0	115.1
Johnson	54.5	65.6	69.5
Kaufman	43.4	57.1	62.6
Navarro	62.7	79.8	100.7
Palo Pinto	130.2	165.4	200.6
Parker	53.3	69.5	77.6
Rockwall	39.9	41.7	49.2
Somervell	108.6	119.5	141.2
Tarrant	61.5	76.9	83.4
Wise	69.9	81.6	94.7
Region 3	54.9	68.4	76.0
Texas	57.6	72.9	81.5

Texas Comptroller of Public Accounts [88]

[88] Texas Comptroller of Public Accounts. (2024).

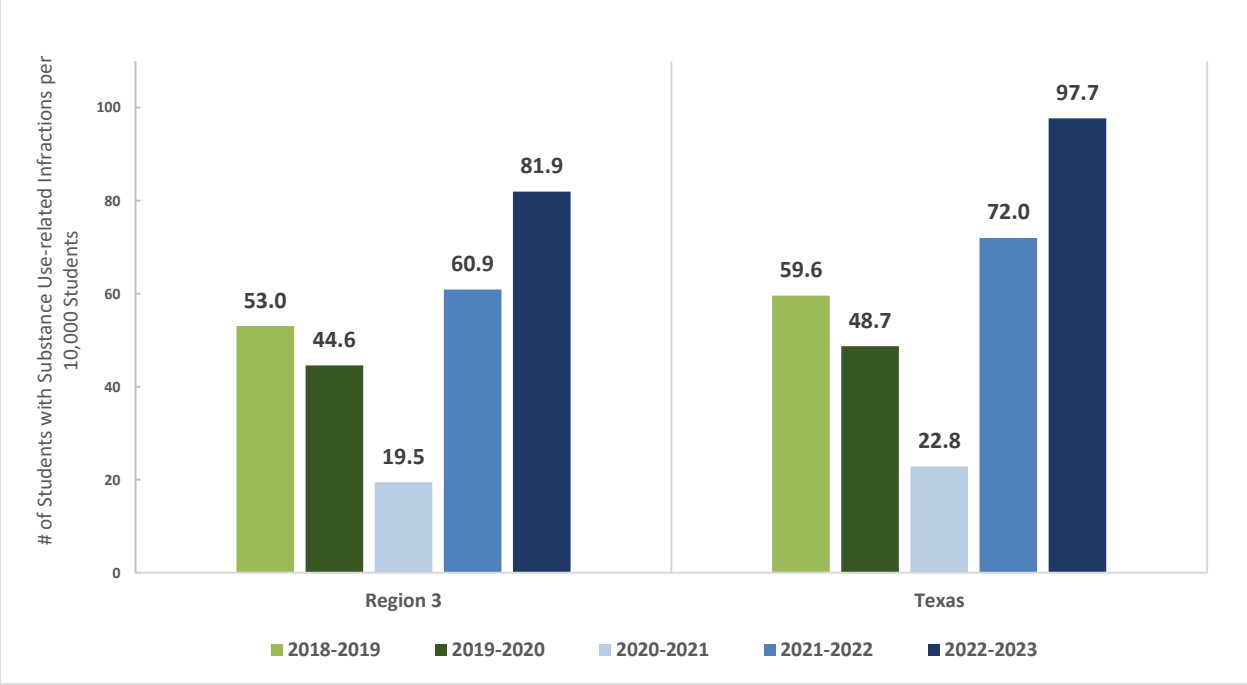
School Conditions

Substance Use Infractions

The Texas Education Agency (TEA) collects data from Texas schools about various kinds of disciplinary infractions, some of which are specific to possession of substances including alcohol, marijuana, etc. This data represents the total regional and state level counts of students with disciplinary infractions related to substance use including abuse of a volatile chemical violations, alcohol violations, controlled substance/drugs violations, and felony controlled substance violations. The results of these infractions include disciplinary actions such as in-school suspension (ISS), out-of-school suspension (OSS), expulsion, referral to a juvenile justice alternative education program (JJAEP), or referral to a disciplinary alternative education program (DAEP).

Figure 32 shows the number of Region 3 students with substance use-related infractions per 10,000 students from 2018-2023. Both Region 3 and Texas rates experienced a general decrease from the 2018-2019 school year to the 2020-2021 school year. However, following the return to school after the COVID-19 pandemic, both Region 3 and Texas saw drastic increases outpacing rates prior to the pandemic. Region 3 experienced a 320% increase from the 2020-2021 school year to 2022-2023.

Figure 32 – Region 3 Students with Substance Use Infractions (per 10,000 Students), by County, 2018-2023



Texas Education Agency [89]

[89] Texas Education Agency. (2024d).

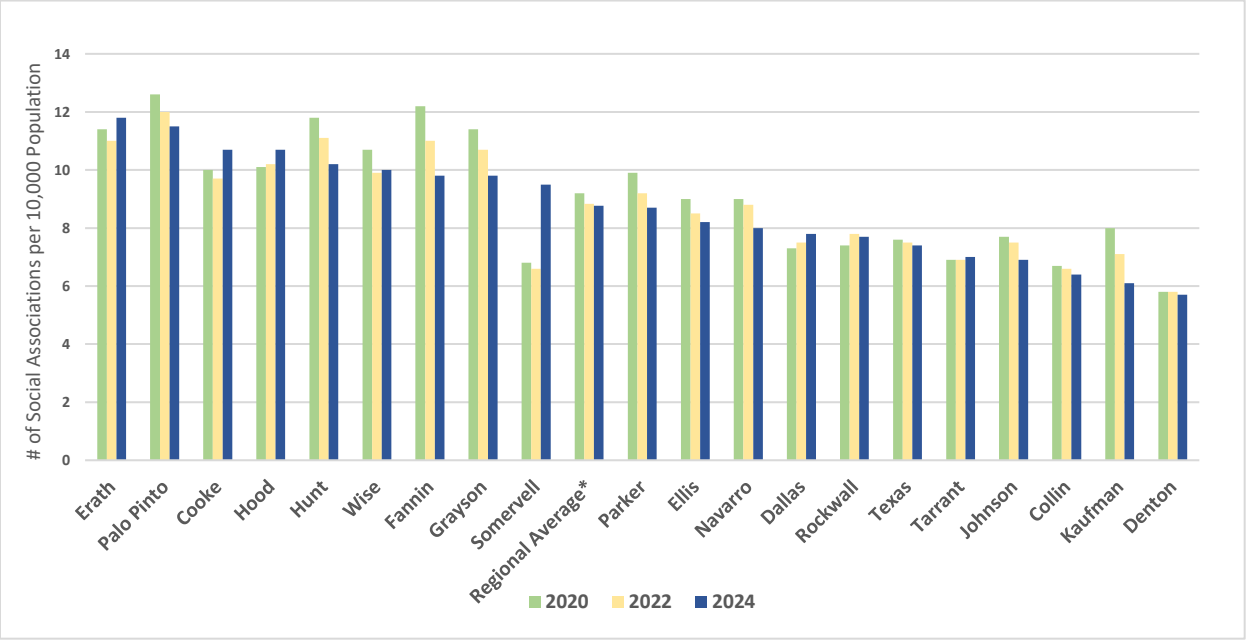
Protective Factors

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 19** 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, Kaufman, and Collin Counties, respectively. Twelve counties saw an overall decrease in social association rates from 2020-2024. Five counties have a lower rate than Texas.

Figure 33 – Region 3 Social Associations (per 10,000 Population), by County, 2020-2024



University of Wisconsin Population Health Institute [90]

*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 Wisconsin Population Health Institute. (2024).

Table 19 – Region 3 Social Associations (per 10,000 Population), by County, 2020-2024

Report Area	2020	2021	2022	2023	2024
Collin	6.7	6.4	6.6	6.3	6.4
Cooke	10.0	10.4	9.7	9.7	10.7
Dallas	7.3	7.4	7.5	7.5	7.8
Denton	5.8	5.6	5.8	5.7	5.7
Ellis	9.0	8.7	8.5	8.3	8.2
Erath	11.4	10.8	11.0	10.2	11.8
Fannin	12.2	12.8	11.0	10.3	9.8
Grayson	11.4	10.8	10.7	9.8	9.8
Hood	10.1	9.7	10.2	9.8	10.7
Hunt	11.8	10.9	11.1	10.6	10.2
Johnson	7.7	7.4	7.5	7.2	6.9
Kaufman	8.0	7.9	7.1	6.9	6.1
Navarro	9.0	8.9	8.8	8.9	8.0
Palo Pinto	12.6	12.5	12.0	12.3	11.5
Parker	9.9	9.7	9.2	8.5	8.7
Rockwall	7.4	7.4	7.8	8.5	7.7
Somervell	6.8	6.7	6.6	7.7	9.5
Tarrant	6.9	6.8	6.9	6.9	7.0
Wise	10.7	10.0	9.9	10.0	10.0
Regional Average*	9.2	9.0	8.8	8.7	8.8
Texas	7.6	7.5	7.5	7.4	7.4

University of Wisconsin Population Health Institute [91]

*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.

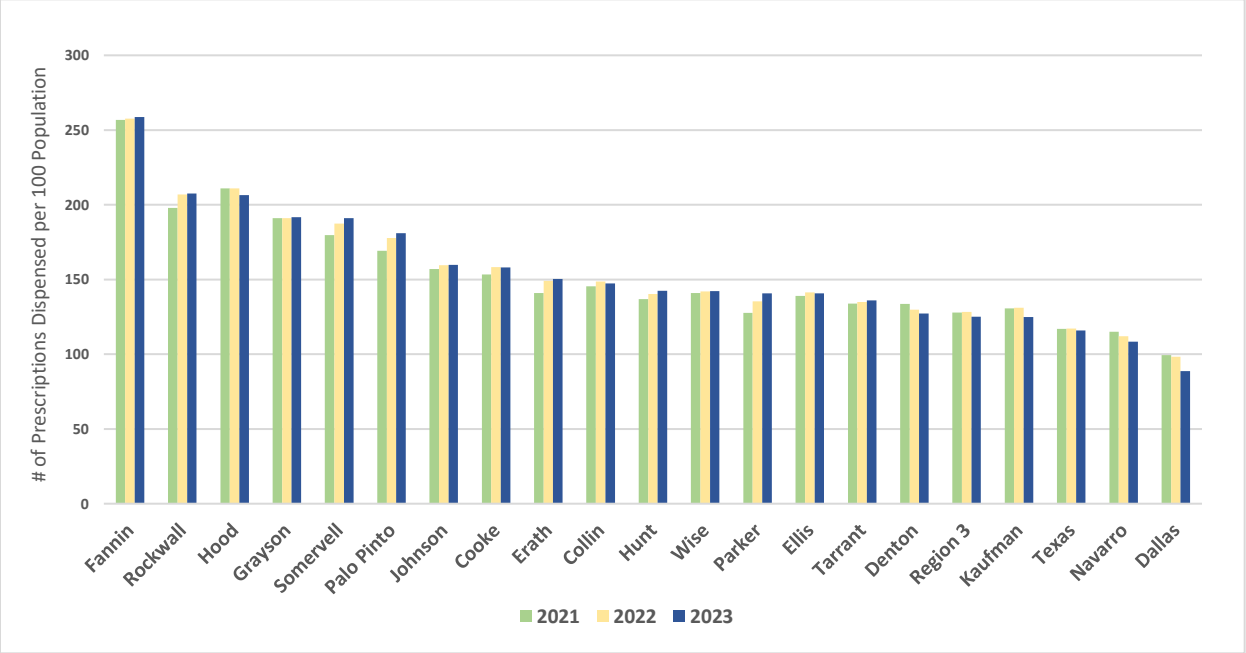
[91] University of Wisconsin Population Health Institute. (2024).

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, 2021-2023



Texas State Board of Pharmacy [92]

Figure 34 and **Table 20** shows the total prescriptions per 100 population over a three-year period. In 2023, the Texas rate was 115.9 per 100 population; this is a slight decrease from 116.9 per 100 population in 2021. Region 3 had a rate of 125.1 per 100 Population in 2023. In 2023, the highest rates were in Fannin, Rockwall, and Hood Counties, respectively. Dallas County had the lowest rate at 88.8 per 100 population. In 2023, 16 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. (2024).

Table 20 – Region 3 Total Prescriptions Dispensed (per 100 Population), by County, 2021-2023

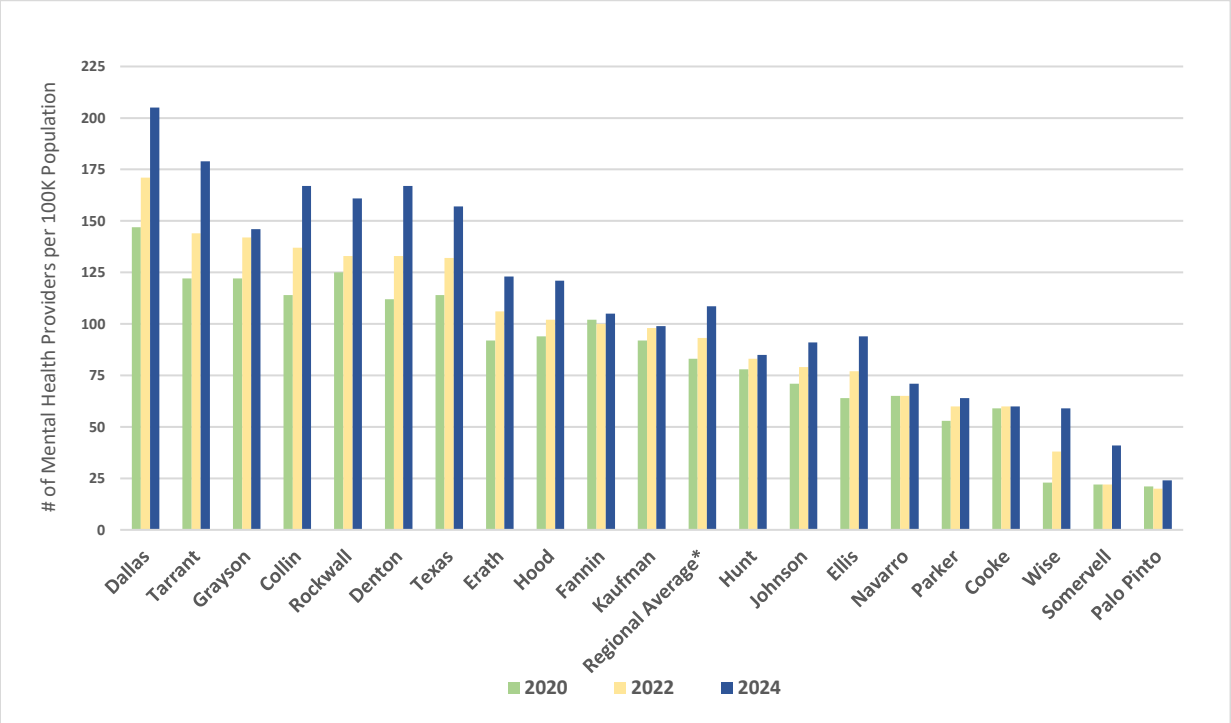
Report Area	2021	2022	2023
Collin	145.4	148.6	147.3
Cooke	153.3	158.3	158.1
Dallas	99.5	98.3	88.8
Denton	133.8	129.9	127.3
Ellis	139.1	141.4	140.7
Erath	140.9	149.2	150.3
Fannin	256.8	257.6	258.7
Grayson	191.0	191.1	191.7
Hood	211.0	210.9	206.5
Hunt	136.8	140.3	142.4
Johnson	157.0	159.5	159.9
Kaufman	130.7	131.1	124.9
Navarro	115.0	112.1	108.4
Palo Pinto	169.2	177.8	181.1
Parker	127.7	135.5	140.8
Rockwall	198.0	206.9	207.6
Somervell	179.6	187.4	191.2
Tarrant	133.9	134.9	136.1
Wise	140.9	142.0	142.3
Region 3	127.9	128.3	125.1
Texas	116.9	117.2	115.9

Texas State Board of Pharmacy [93]

[93] Texas State Board of Pharmacy. (2024).

Mental Health Providers

Figure 35 – Region 3 Total Mental Health Providers (per 100K Population), by County, 2020-2024



University of Wisconsin Population Health Institute [94]

*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 21** display the rate of mental health providers per 100K population for Texas and Region 3 counties from 2020 to 2024. The three lowest rates of mental health providers are found in Palo Pinto, Somervell, and Wise Counties, respectively. These three counties have had the lowest three rates for the duration of the five-year period. In 2024, thirteen counties in Region 3 had a lower rate than Texas. All Region 3 counties have increased between 2020 and 2024 which indicates an increase in accessibility to mental health providers in each county to some degree over the period. However, Cooke and Hunt County saw a decrease from 2023 to 2024.

[94] University of Wisconsin Population Health Institute. (2024).

Table 21 – Region 3 Total Mental Health Providers (per 100K Population), by County, 2020-2024

Report Area	2020	2021	2022	2023	2024
Collin	114	124	137	153	167
Cooke	59	61	60	62	60
Dallas	147	157	171	190	205
Denton	112	119	133	152	167
Ellis	64	66	77	87	94
Erath	92	101	106	111	123
Fannin	102	99	100	104	105
Grayson	122	128	142	146	146
Hood	94	96	102	112	121
Hunt	78	79	83	86	85
Johnson	71	76	79	84	91
Kaufman	92	92	98	98	99
Navarro	65	64	65	67	71
Palo Pinto	21	21	20	21	24
Parker	53	55	60	62	64
Rockwall	125	129	133	150	161
Somervell	22	22	22	21	41
Tarrant	122	132	144	163	179
Wise	23	30	38	50	59
Regional Average*	83	87	93	101	109
Texas	114	121	132	145	157

University of Wisconsin Population Health Institute [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.

[95] University of Wisconsin Population Health Institute. (2024).

Table 22 – Region 3 Ratio of Population to Mental Health Providers, by County, 2020-2024

Report Area	2020	2021	2022	2023	2024
Collin	881:1	809:1	727:1	654:1	598:1
Cooke	1691:1	1650:1	1656:1	1625:1	1656:1
Dallas	679:1	637:1	585:1	527:1	487:1
Denton	893:1	843:1	754:1	658:1	599:1
Ellis	1574:1	1515:1	1304:1	1145:1	1061:1
Erath	1088:1	993:1	940:1	904:1	813:1
Fannin	980:1	1015:1	998:1	962:1	952:1
Grayson	817:1	778:1	706:1	683:1	685:1
Hood	1062:1	1045:1	977:1	892:1	830:1
Hunt	1287:1	1264:1	1202:1	1162:1	1177:1
Johnson	1405:1	1312:1	1265:1	1185:1	1098:1
Kaufman	1090:1	1089:1	1023:1	1024:1	1008:1
Navarro	1549:1	1566:1	1536:1	1489:1	1401:1
Palo Pinto	4813:1	4865:1	4887:1	4781:1	4177:1
Parker	1870:1	1809:1	1665:1	1616:1	1564:1
Rockwall	799:1	777:1	753:1	669:1	622:1
Somervell	4508:1	4564:1	4570:1	4735:1	2439:1
Tarrant	821:1	759:1	696:1	614:1	558:1
Wise	4269:1	3333:1	2633:1	1992:1	1702:1
Texas	878:1	827:1	759:1	691:1	638:1

University of Wisconsin Population Health Institute [96]

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 largest in Palo Pinto, Somervell, and Wise Counties, indicating the counties with the lowest accessibility to mental health providers. Overall, the majority of ratios have decreased over the five-year period, which indicates an increase in accessibility to mental health providers in most counties. Cooke, Grayson, and Hunt Counties saw an increase in their ratios from 2023-2024.

Table should be read: For every (Y) mental health provider there are (X) people. For example, in 2024, for every 1 mental health provider in Palo Pinto County, there are 4,177 people.

[96] University of Wisconsin Population Health Institute. (2024).

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.

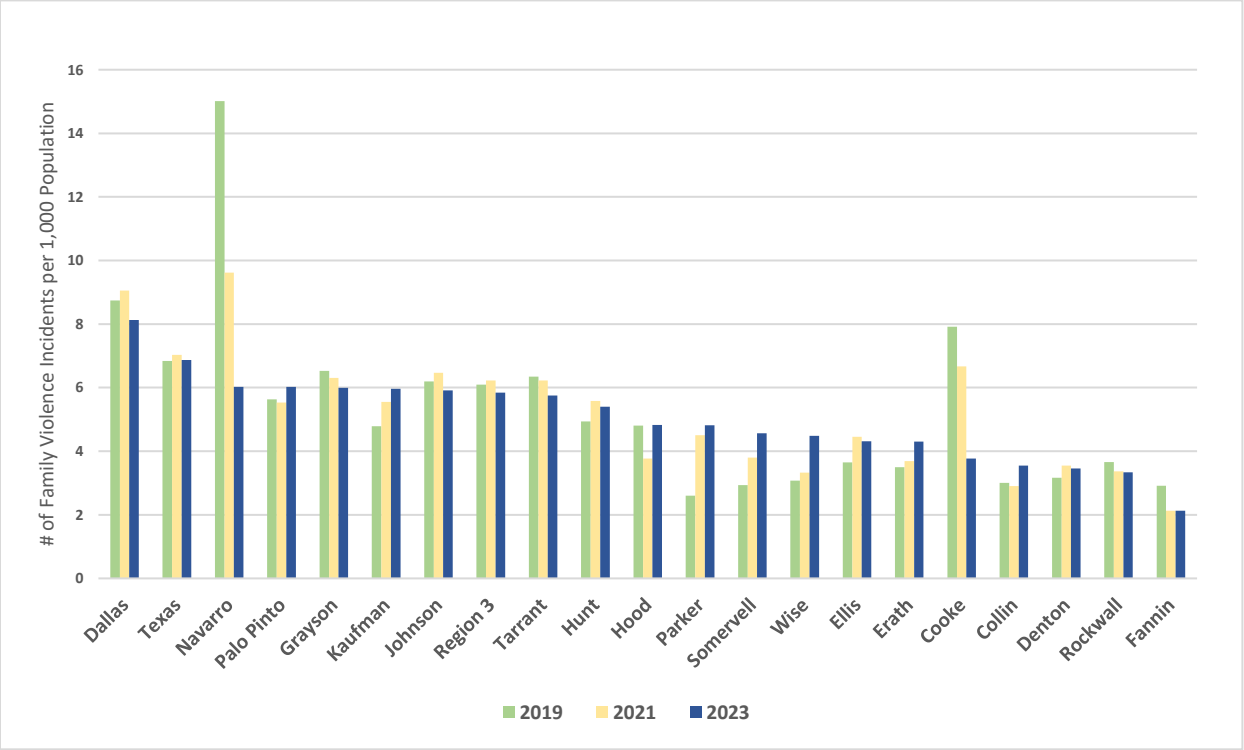
In this section, you will find data for family violence, victims of child maltreatment, adult depression, and much more. For data sourced from the Texas School Survey (TSS) report, such as perceived parental disapproval of substances, perceptions of peer use, perceived substance availability, and the 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

Family Violence

Figure 36 – Region 3 Family Violence Incidents (per 1,000 Population), by County, 2019-2023



Texas Department of Public Safety [97]

Figure 36 and **Table 23** shows the family violence incidents rate per 1,000 population in each Region 3 county. In 2023, the highest rates were in Dallas, Navarro, and Palo Pinto Counties, respectively. Dallas County is the only county with a rate higher than Texas and Region 3. Six counties in total have a rate higher than Region 3. Additionally, Navarro experienced a significant spike in family violence incidents in 2019 and 2020 with a rate nearly double every county aside from Dallas.

[97] Texas Department of Public Safety. (2023).

Table 23 – Region 3 Family Violence Incidents (per 1,000 Population), by County, 2019-2023

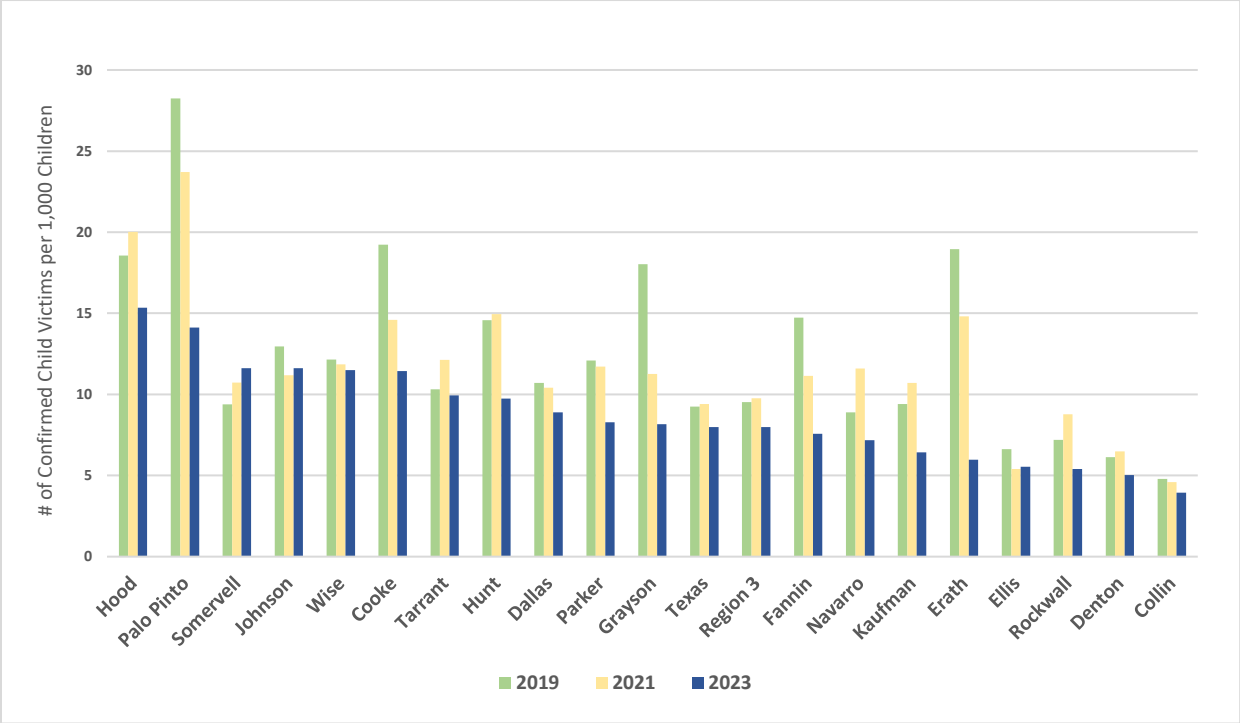
Report Area	2019	2020	2021	2022	2023
Collin	3.0	3.1	2.9	3.4	3.6
Cooke	7.9	7.3	6.7	5.9	3.8
Dallas	8.7	9.6	9.1	8.7	8.1
Denton	3.2	3.4	3.5	3.4	3.5
Ellis	3.7	4.4	4.5	4.5	4.3
Erath	3.5	3.6	3.7	3.6	4.3
Fannin	2.9	3.6	2.1	1.5	2.1
Grayson	6.5	6.7	6.3	6.3	6.0
Hood	4.8	5.7	3.8	4.3	4.8
Hunt	4.9	4.2	5.6	5.7	5.4
Johnson	6.2	7.1	6.5	5.7	5.9
Kaufman	4.8	5.8	5.6	5.8	6.0
Navarro	15.0	17.3	9.6	6.5	6.0
Palo Pinto	5.6	7.5	5.5	5.9	6.0
Parker	2.6	3.3	4.5	4.2	4.8
Rockwall	3.7	3.0	3.4	3.3	3.3
Somervell	2.9	5.4	3.8	4.5	4.6
Tarrant	6.4	6.5	6.2	5.9	5.8
Wise	3.1	3.3	3.3	3.6	4.5
Region 3	6.1	6.6	6.2	6.0	5.8
Texas	6.8	7.5	7.0	6.9	6.9

Texas Department of Public Safety [98]

[98] Texas Department of Public Safety. (2023).

Confirmed Victims of Maltreatment

Figure 37 – Region 3 Confirmed Child Victims of Maltreatment (per 1,000 Children), by County, 2019-2023



Texas Department of Family and Protective Services [99]

Figure 37 and **Table 24** shows the rates of confirmed child victims of maltreatment per 1,000 children from 2019-2023 for each Region 3 county. In 2023, Texas had a rate of 8 child victims of maltreatment per 1,000 children. In 2023, the highest rates were found in Hood, Palo Pinto, and Somervell Counties, respectively. Palo Pinto has been among the top two rates for the time periods shown. Eleven counties have a higher rate than both Region 3 and Texas. With the exception of Somervell County, all Region 3 counties experienced a decrease in rates from 2019-2023.

[99] Texas Department of Family and Protective Services. (2024a).

Table 24 – Region 3 Confirmed Child Victims of Maltreatment (per 1,000 Children), by County, 2019-2023

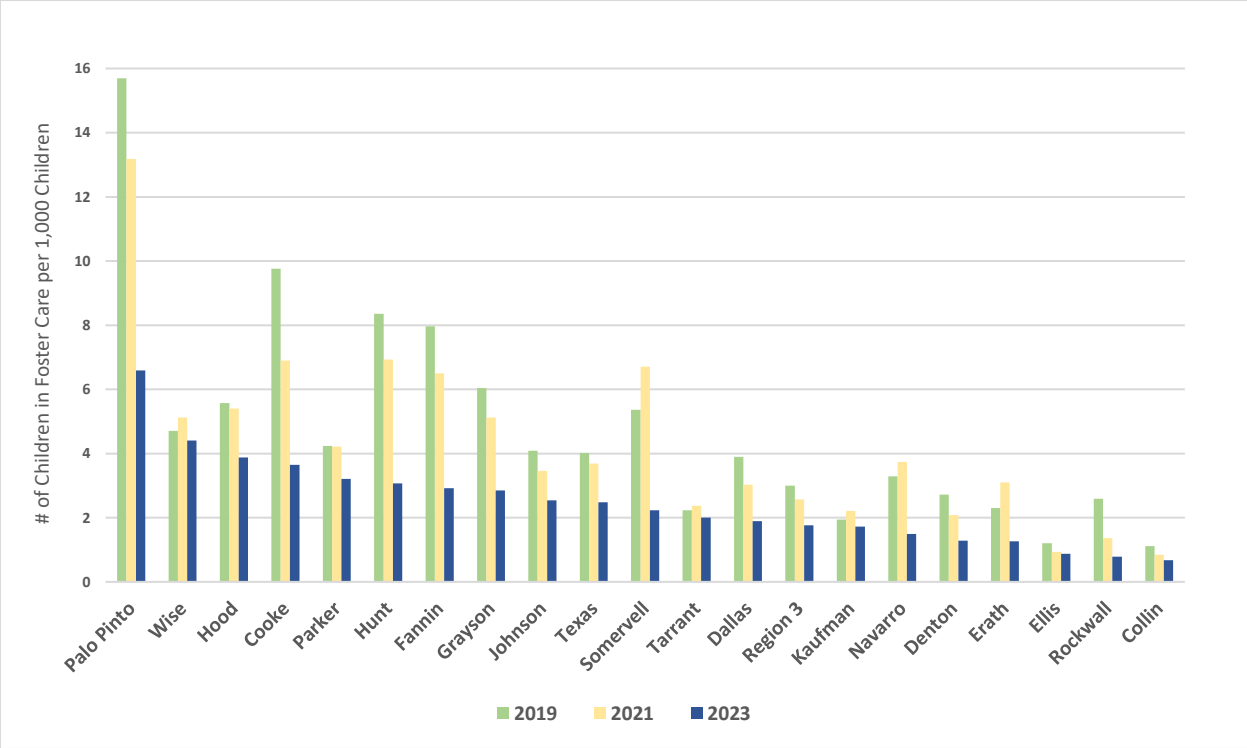
Report Area	2019	2020	2021	2022	2023
Collin	4.8	4.1	4.6	3.9	3.9
Cooke	19.2	20.7	14.6	16.1	11.4
Dallas	10.7	11.1	10.4	9.1	8.9
Denton	6.1	6.9	6.5	4.8	5.0
Ellis	6.6	6.5	5.4	5.1	5.5
Erath	18.9	20.6	14.8	15.0	6.0
Fannin	14.7	15.5	11.1	10.0	7.6
Grayson	18.0	14.7	11.3	8.5	8.2
Hood	18.6	17.0	20.0	16.8	15.3
Hunt	14.6	13.3	14.9	12.1	9.7
Johnson	13.0	11.6	11.2	9.2	11.6
Kaufman	9.4	9.1	10.7	7.7	6.4
Navarro	8.9	10.1	11.6	7.4	7.2
Palo Pinto	28.3	31.5	23.7	13.3	14.1
Parker	12.1	12.6	11.7	12.5	8.3
Rockwall	7.2	7.5	8.8	7.3	5.4
Somervell	9.4	13.0	10.7	9.8	11.6
Tarrant	10.3	11.6	12.1	10.3	9.9
Wise	12.1	12.9	11.8	11.1	11.5
Region 3	9.5	9.9	9.8	8.3	8.0
Texas	9.2	9.4	9.4	7.8	8.0

Texas Department of Family and Protective Services [100]

[100] Texas Department of Family and Protective Services. (2024a).

Children in Foster Care

Figure 38 – Region 3 Children Under 18 in Foster Care System (per 1,000 Children), by County, 2019-2023



Texas Department of Family and Protective Services [101]

Figure 38 and **Table 25** show the rates of children under 18 years old who are in the foster care system per 1,000 children from 2019-2023 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 2023, the highest rates were found in Palo Pinto, Wise, and Hood Counties, respectively, with Palo Pinto consistently ranking highest over the five-year period. Additionally, twelve counties have a higher rate than Region 3 and nine counties have a higher rate than Texas. However, all counties saw a decrease to some degree from 2021 to 2023.

[101] Texas Department of Family and Protective Services. (2024b).

Table 25 – Region 3 Children Under 18 in Foster Care System (per 1,000 Children), by County, 2019-2023

Report Area	2019	2020	2021	2022	2023
Cooke	9.8	7.0	6.9	4.5	3.6
Collin	1.1	0.9	0.8	0.7	0.7
Dallas	3.9	3.2	3.0	2.2	1.9
Denton	2.7	2.3	2.1	1.4	1.3
Ellis	1.2	1.0	0.9	0.9	0.9
Erath	2.3	3.3	3.1	2.1	1.3
Fannin	8.0	9.7	6.5	3.5	2.9
Grayson	6.0	5.7	5.1	4.0	2.8
Hood	5.6	4.8	5.4	4.1	3.9
Hunt	8.4	6.7	6.9	4.2	3.1
Johnson	4.1	3.5	3.5	2.3	2.5
Kaufman	1.9	2.8	2.2	1.4	1.7
Navarro	3.3	3.7	3.7	2.8	1.5
Palo Pinto	15.7	17.0	13.2	9.7	6.6
Parker	4.2	4.0	4.2	3.3	3.2
Rockwall	2.6	2.3	1.4	0.6	0.8
Somervell	5.4	4.5	6.7	2.7	2.2
Tarrant	2.2	2.4	2.4	2.2	2.0
Wise	4.7	4.9	5.1	4.2	4.4
Region 3	3.0	2.7	2.6	2.0	1.8
Texas	4.0	3.8	3.7	2.8	2.5

Texas Department of Family and Protective Services [102]

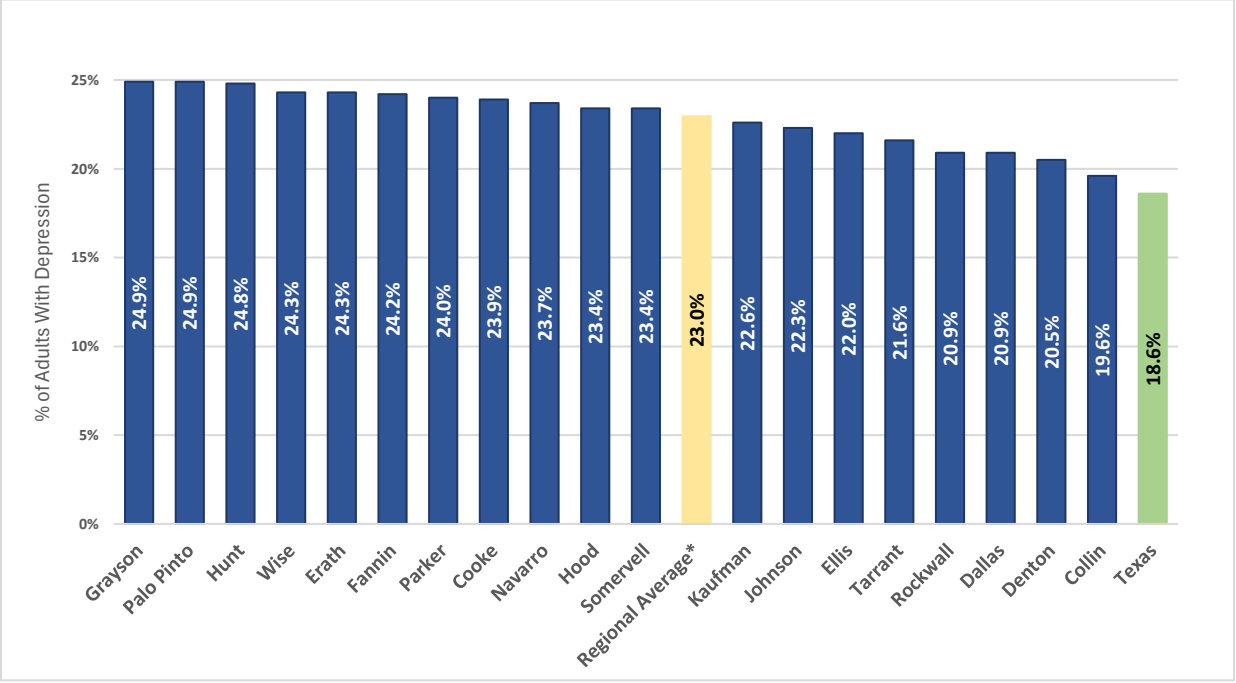
[102] Texas Department of Family and Protective Services. (2024b).

Adult Depression

The data in **Figure 39** 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 39 shows the rates of depression in adults for Region 3 counties in 2021. This rate is based on the percentage of adults that report having been told by a doctor, nurse, or other health professional that they had a depressive disorder. Depression among adults continues to be a large risk factor in developing unhealthy coping mechanisms such as substance use and misuse. Further, those with children are especially important to address, as parental depression is one category of the previously mentioned adverse childhood experiences (ACEs). Grayson and Palo Pinto Counties have the highest percentage of adults with depression at 24.9%, followed closely by Hunt County at 24.8%.

Figure 39 – Region 3 Adult Depression, by County, BRFSS, 2021



Centers for Disease Control and Prevention [103]

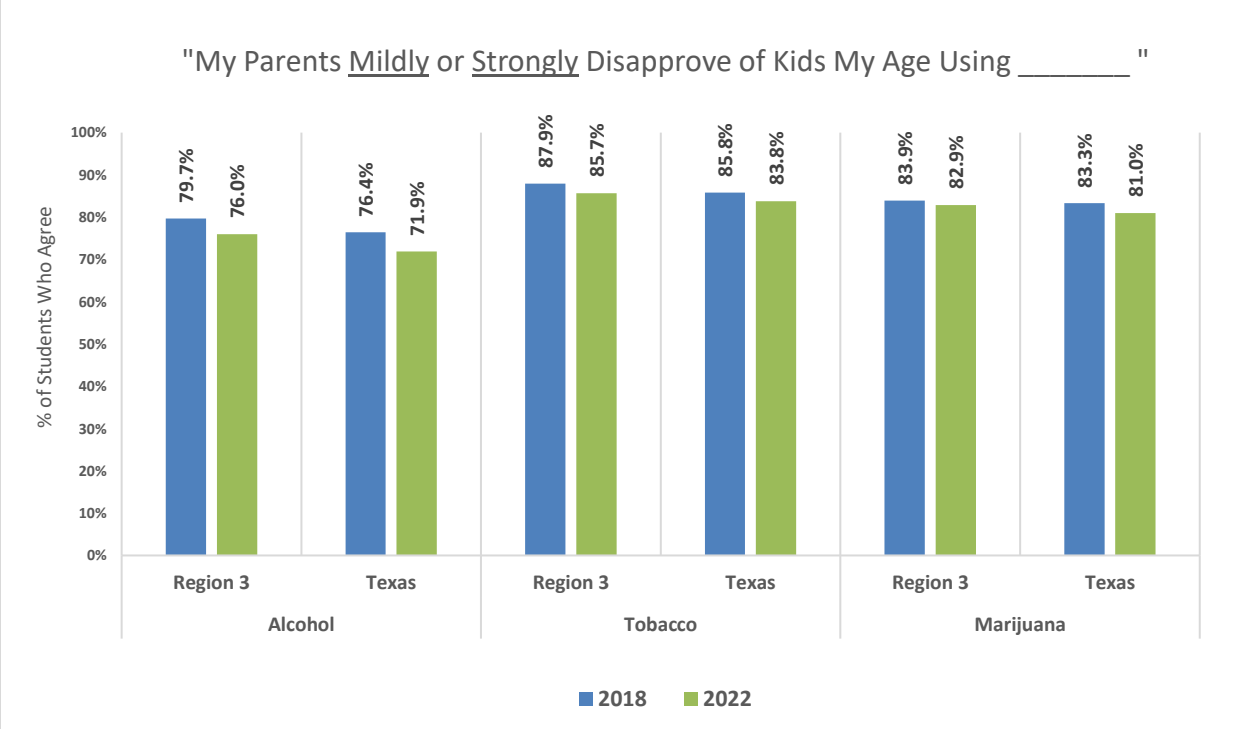
*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

[103] Centers for Disease Control and Prevention. (2023).

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



Texas School Survey [104]

The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

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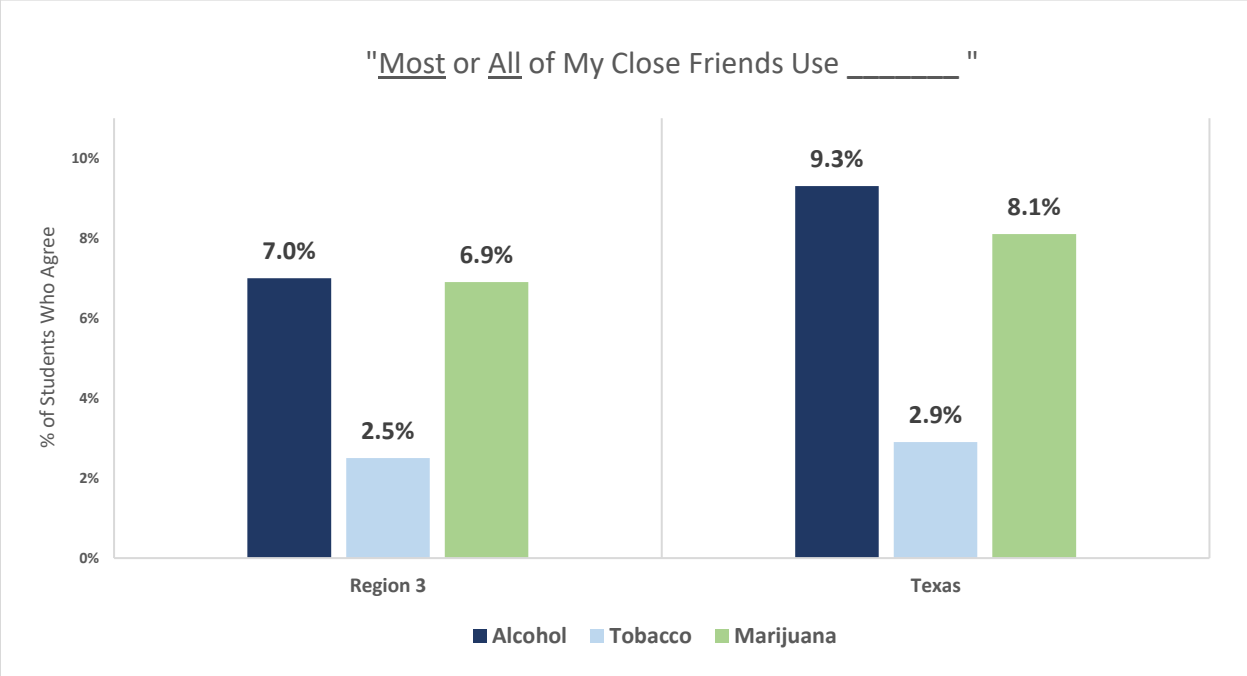
[104] Marchbanks III, M.P. et al. (2022b).

Perceptions of Peer Use

Students were asked how many, if any, of their close friends used substances. **Figure 41** 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 41 – Region 3 Student Perceptions of Peer Consumption, by Substance, TSS, 2022



Texas School Survey [105]

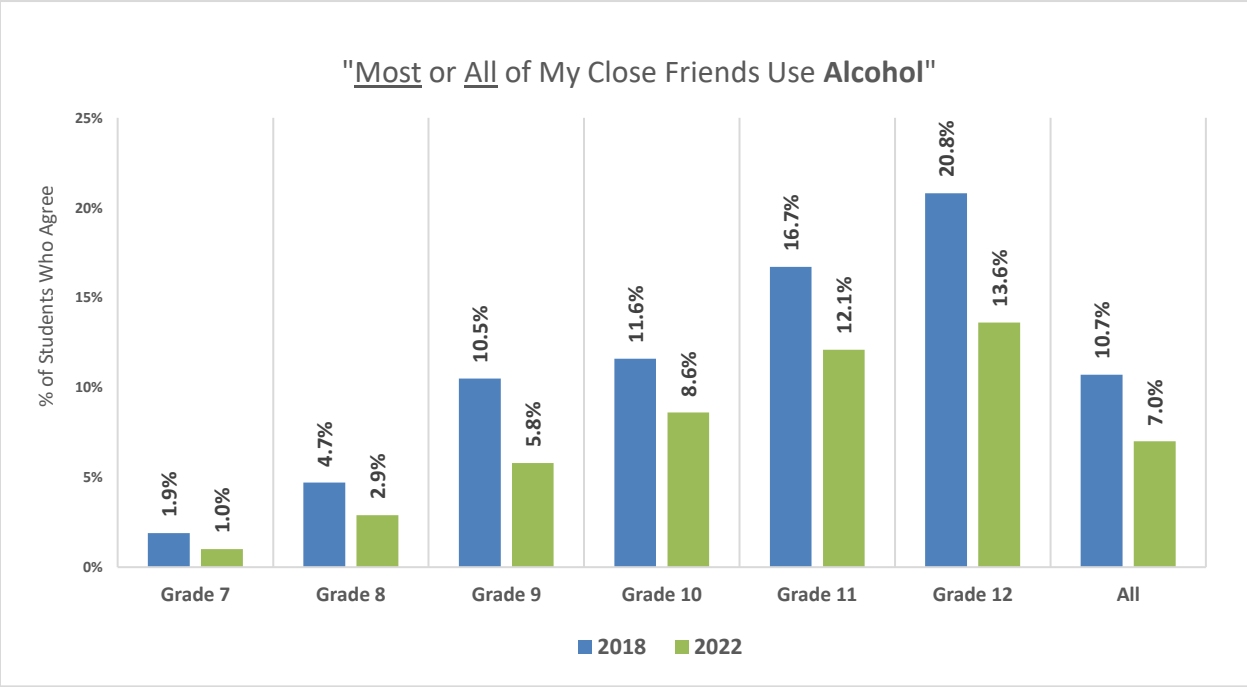
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[105] 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 42 – Region 3 Student Perceptions of Peer Consumption of Alcohol, by Grade Level, TSS, 2018-2022



Texas School Survey [106]

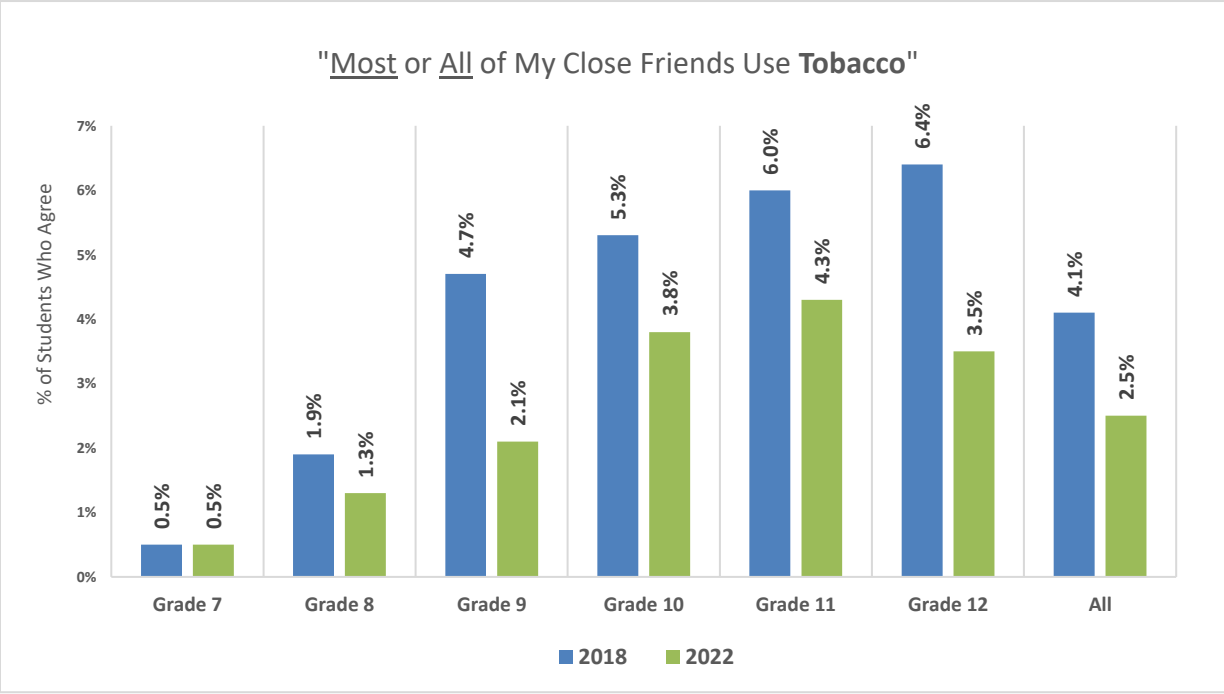
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[106] 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 tobacco, with the exception of grade 7 students whose rate remained the same at 0.5%.

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



Texas School Survey [107]

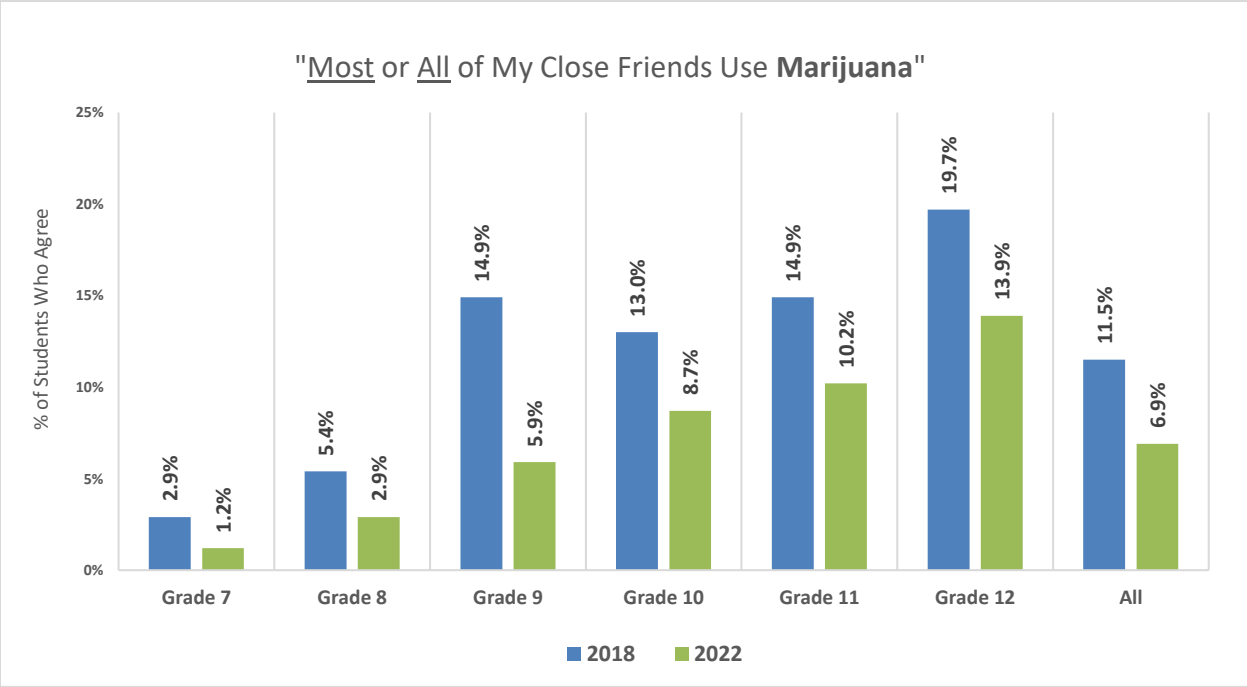
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[107] 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 44 – Region 3 Student Perceptions of Peer Consumption of Marijuana, by Grade Level, TSS, 2018-2022



Texas School Survey [108]

The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

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

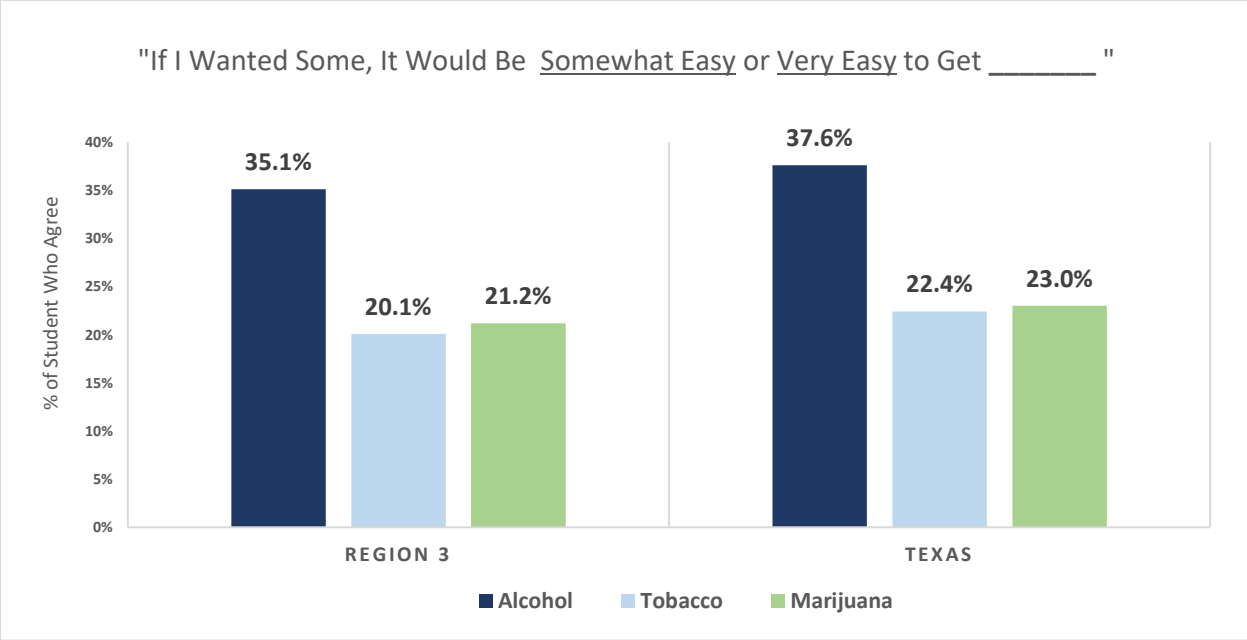
Perceived Substance Availability

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 45 – Region 3 Students' Perceived Social Access, by Substance, TSS, 2022



Texas School Survey [109]

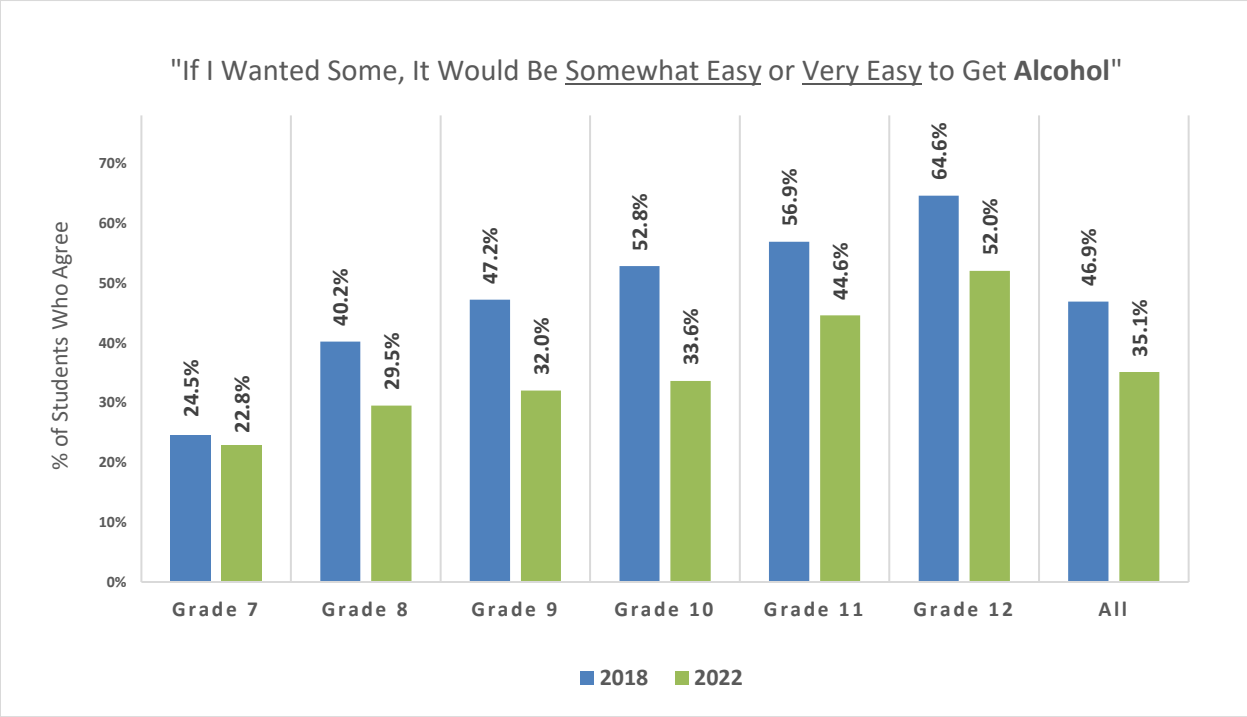
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[109] 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 46 – Region 3 Students' Perceived Social Access to Alcohol, by Grade Level, TSS, 2018-2022



Texas School Survey [110]

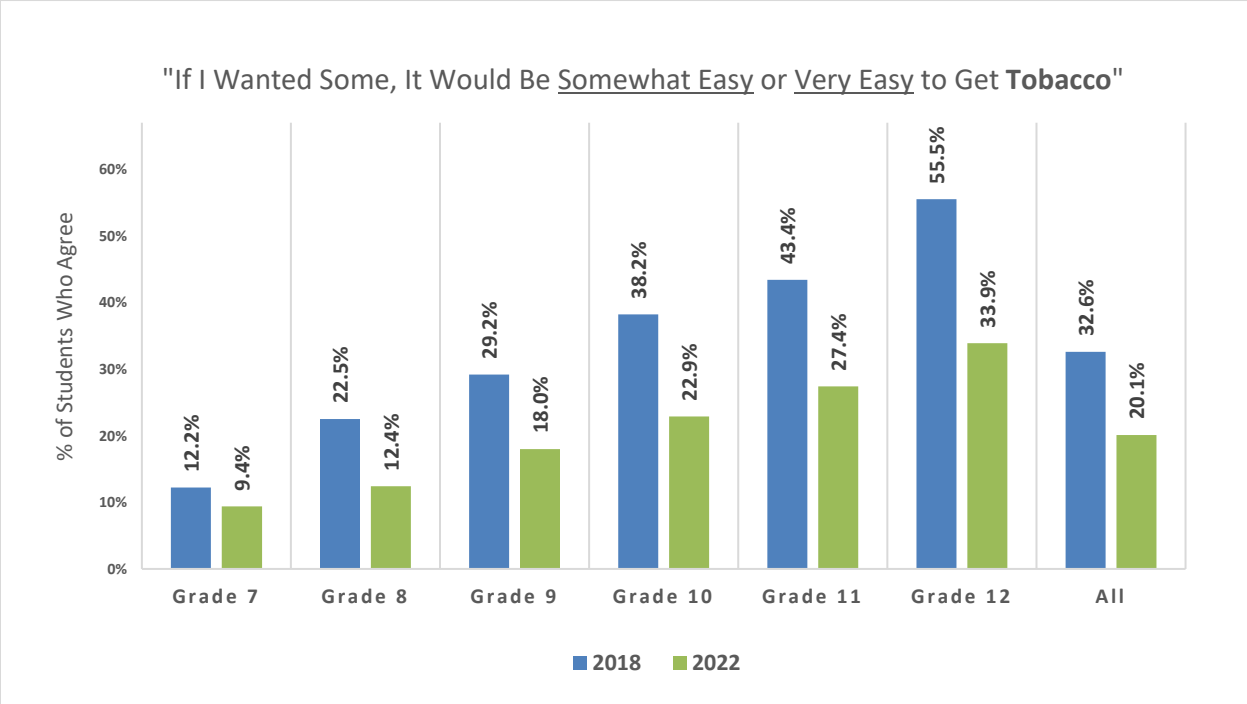
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[110] 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 47 – Region 3 Students' Perceived Social Access to Tobacco, by Grade Level, TSS, 2018-2022



Texas School Survey [111]

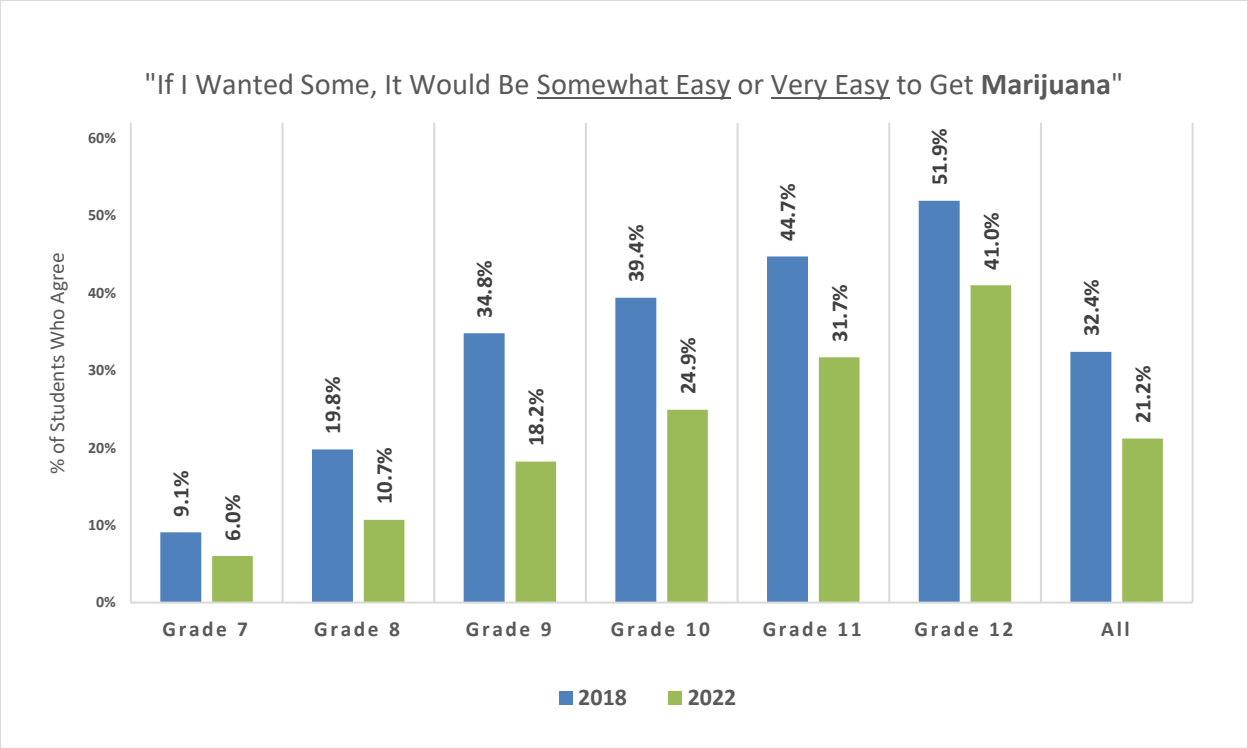
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[111] 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 48 – Region 3 Students' Perceived Social Access to Marijuana, by Grade Level, TSS, 2018-2022



Texas School Survey [112]

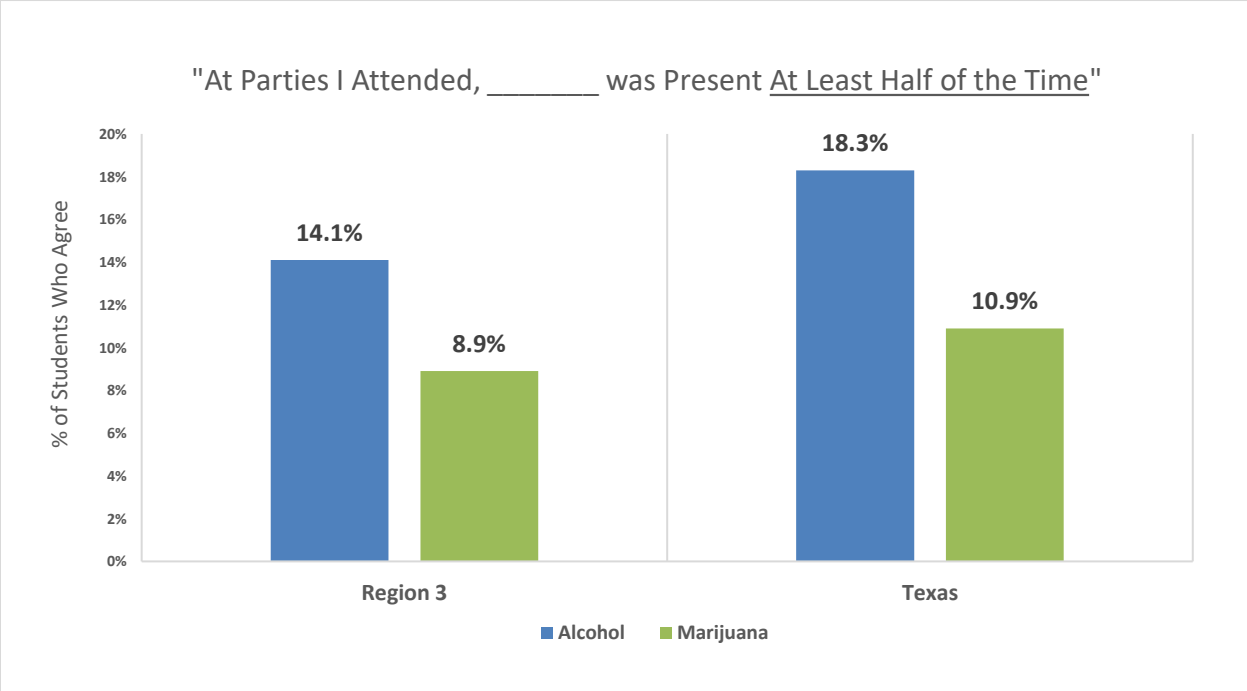
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

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

Prescence 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 49 – Region 3 Presence of Substances at Parties, by Substance, TSS, 2022



Texas School Survey [113]

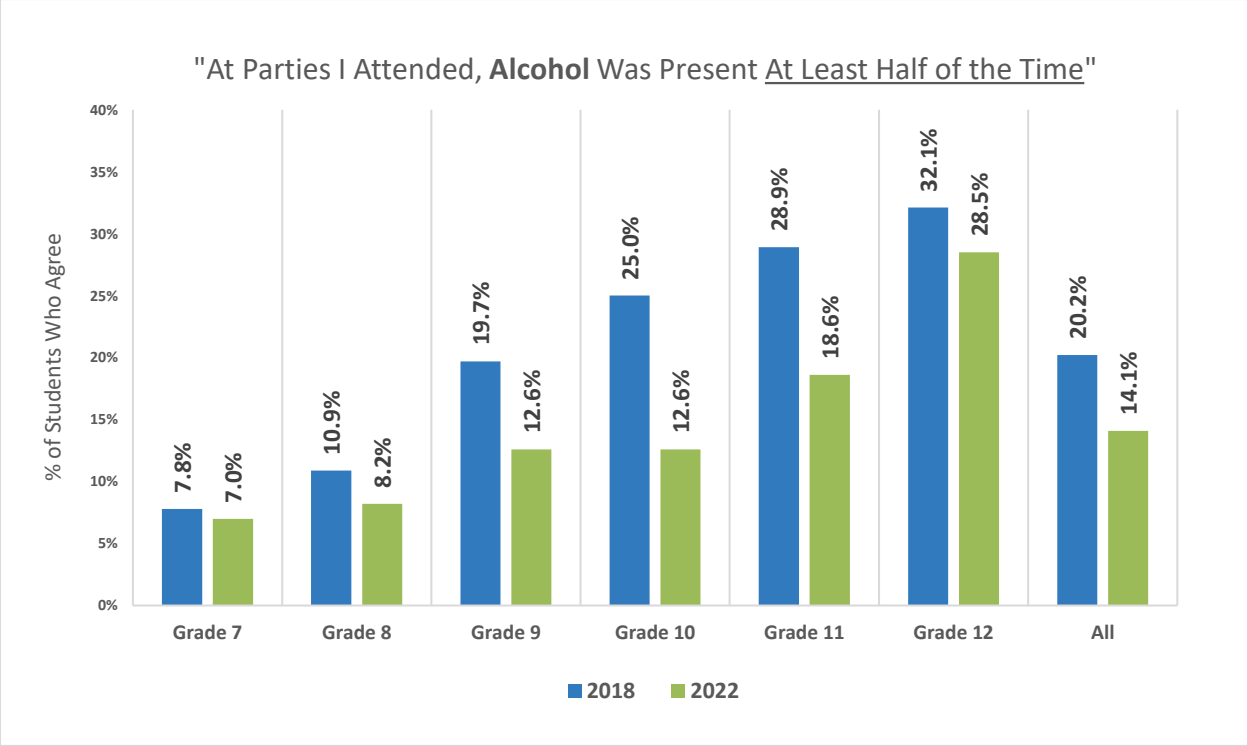
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[113] 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 50 – Region 3 Presence of Alcohol at Parties, by Grade Level, TSS, 2018-2022



Texas School Survey [114]

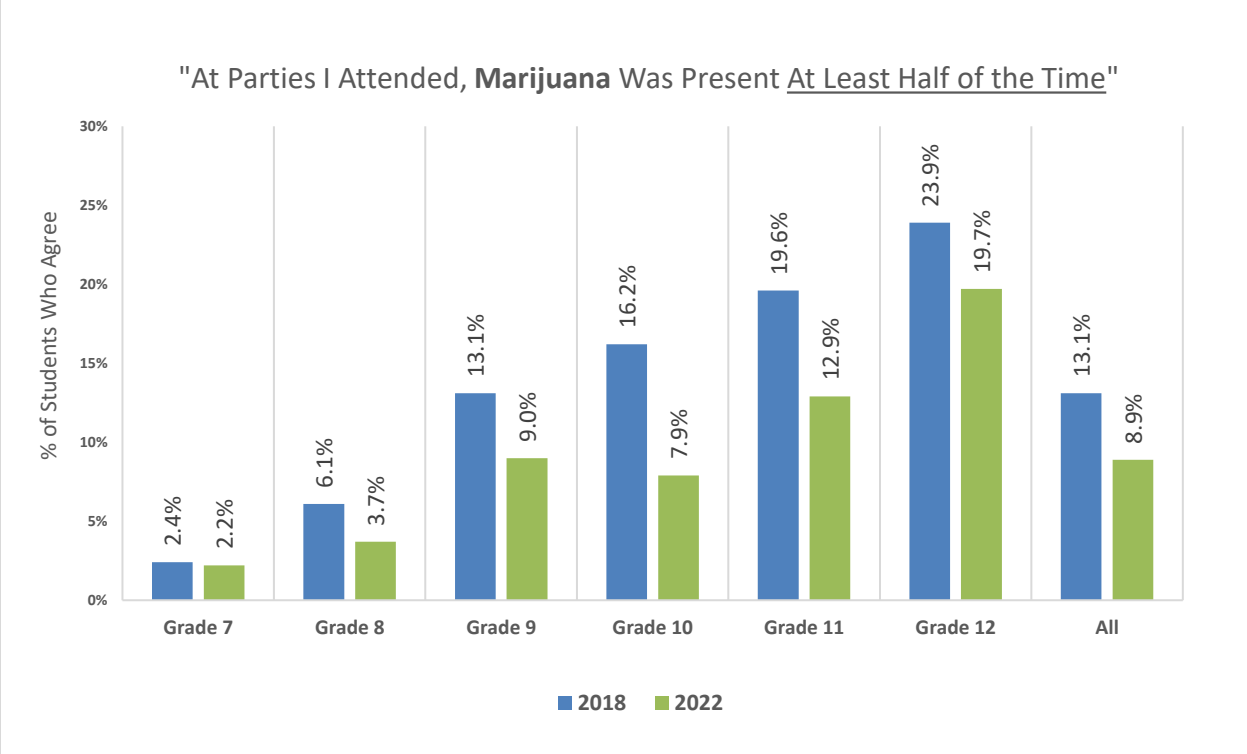
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[114] 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 51 – Region 3 Presence of Marijuana at Parties, by Grade Level, TSS, 2018-2022



Texas School Survey [115]

The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

[115] 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.

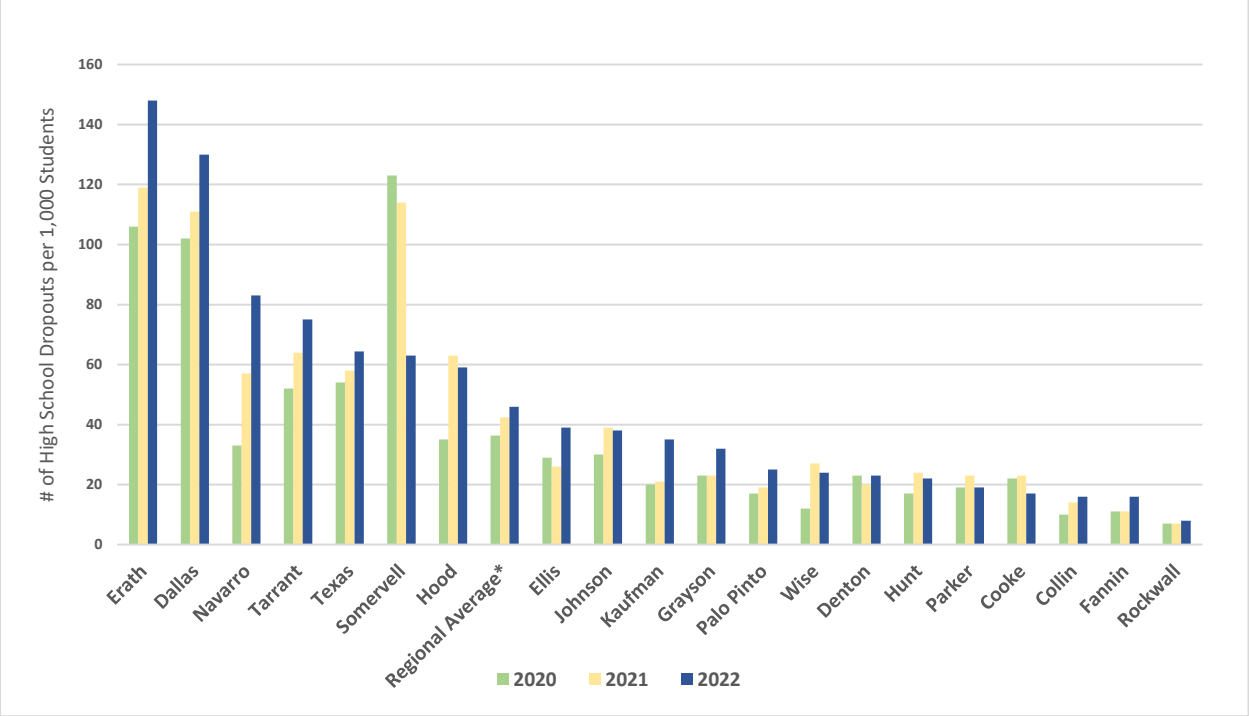
During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the Texas School Survey (TSS) were unable to complete it. Due to the drop 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 52 – Region 3 High School Dropouts (per 1,000 Students), by County, 2020-2022



Texas Education Agency [116]

*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 52 and **Table 26** display the dropout rates for the classes of 2020-2022 in Region 3. This data is based on four-year longitudinal rates. For example, for the class of 2022, the four-year longitudinal drop-out rate is the percentage of students who began ninth grade in 2018-19 and dropped out by August 31, 2022. This does not include students who moved to another school or continued their schooling, passed away, etc.

For the class of 2022, Texas had a rate of 64 high school dropouts per 1,000 students. The highest rates are found in Erath, Dallas, and Navarro Counties, respectively, with Rockwall, Fannin, and Collin as the three lowest rates. Four counties had a higher rate of high school dropouts per 1,000 students than Texas.

[116] Texas Education Agency. (2023).

Table 26 – Region 3 High School Dropouts (per 1,000 Students), by County, 2020-2022

Report Area	2020	2021	2022
Collin	10	14	16
Cooke	22	23	17
Dallas	102	111	130
Denton	23	20	23
Ellis	29	26	39
Erath	106	119	148
Fannin	11	11	16
Grayson	23	23	32
Hood	35	63	59
Hunt	17	24	22
Johnson	30	39	38
Kaufman	20	21	35
Navarro	33	57	83
Palo Pinto	17	19	25
Parker	19	23	19
Rockwall	7	7	8
Somervell	123	114	63
Tarrant	52	64	75
Wise	12	27	24
Regional Average*	36	42	46
Texas	54	58	64

Texas Education Agency [117]

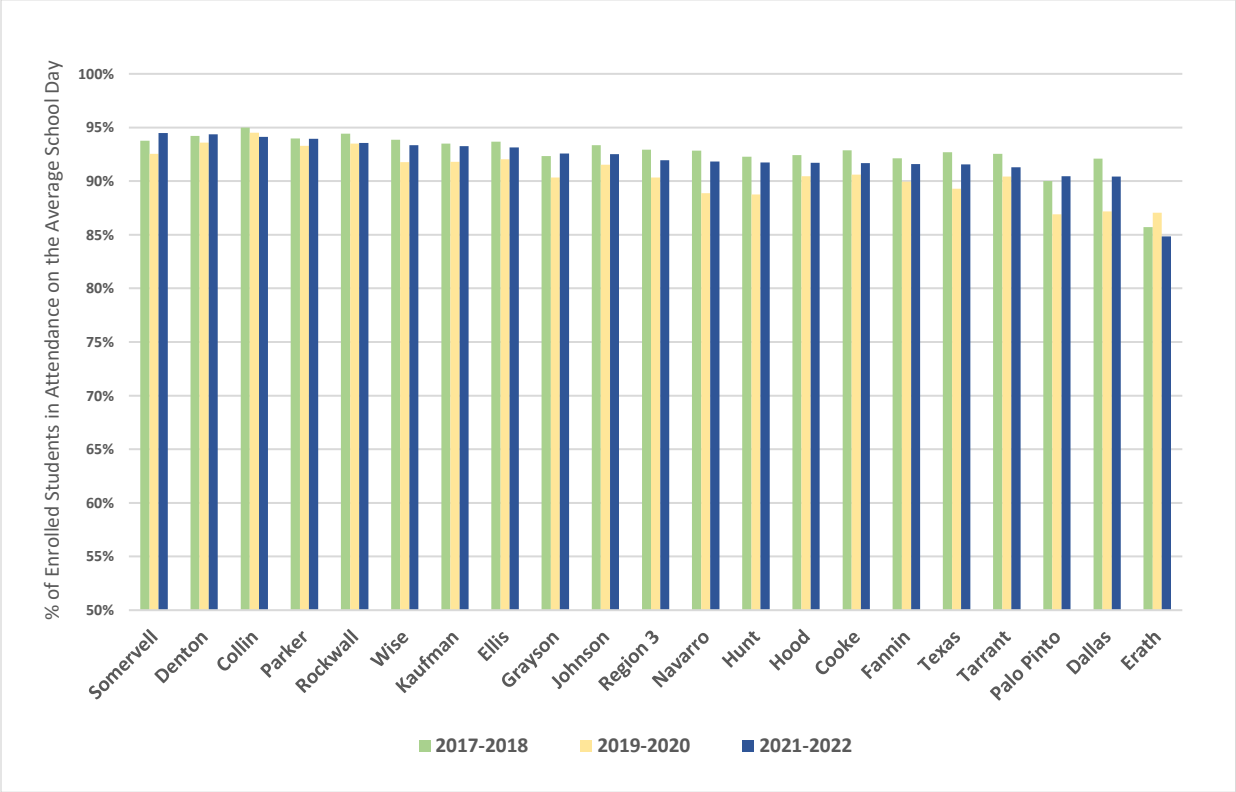
*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

[117] Texas Education Agency. (2023).

Average Daily Attendance

According to the Texas Education Agency (TEA), Average Daily Attendance describes the percentage of enrolled students in attendance on the average school day. 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 53 – Region 3 Average Daily Attendance, by County, 2017-2022



Texas Education Agency [118]

From the 2019-20 school year to 2021-22, most Region 3 counties experienced fluctuating average daily attendance due to the COVID-19 pandemic but have returned to rates similar to those prior to the pandemic. The counties with the lowest average daily attendance for the 2021-22 school year are Erath (84.8%), Dallas (90.4%), and Palo Pinto (90.5%) Counties, respectively. Although most counties have relatively similar rates, Erath County had a significantly lower percentage than the rest of the region. For the 2021-22 school year, nine counties had a rate lower than Region 3, and four counties had a rate lower than Texas.

[118] Texas Education Agency. (2024a).

Table 27 – Region 3 Average Daily Attendance, by County, 2017-2022

Report Area	2017-18	2018-19	2019-20	2020-21	2021-22
Collin	95.0%	94.9%	94.5%	96.7%	94.1%
Cooke	92.9%	92.5%	90.6%	93.6%	91.7%
Dallas	92.1%	92.0%	87.2%	93.3%	90.4%
Denton	94.2%	94.4%	93.6%	96.0%	94.4%
Ellis	93.7%	93.8%	92.0%	94.2%	93.1%
Erath	85.7%	85.6%	87.1%	90.3%	84.8%
Fannin	92.1%	91.7%	89.9%	91.6%	91.6%
Grayson	92.3%	92.4%	90.3%	93.1%	92.6%
Hood	92.4%	92.6%	90.5%	91.9%	91.7%
Hunt	92.3%	91.4%	88.7%	92.8%	91.7%
Johnson	93.4%	93.9%	91.5%	94.8%	92.5%
Kaufman	93.5%	93.3%	91.8%	93.5%	93.3%
Navarro	92.8%	92.5%	88.9%	90.6%	91.8%
Palo Pinto	90.0%	90.1%	86.9%	91.9%	90.5%
Parker	94.0%	94.2%	93.3%	94.1%	94.0%
Rockwall	94.4%	94.4%	93.5%	96.1%	93.6%
Somervell	93.8%	94.2%	92.5%	97.7%	94.5%
Tarrant	92.5%	92.7%	90.4%	92.7%	91.3%
Wise	93.8%	93.7%	91.8%	94.1%	93.4%
Region 3	92.9%	93.0%	90.3%	94.0%	92.0%
Texas	92.7%	92.4%	89.3%	93.1%	91.6%

Texas Education Agency [119]

[119] Texas Education Agency. (2024a).

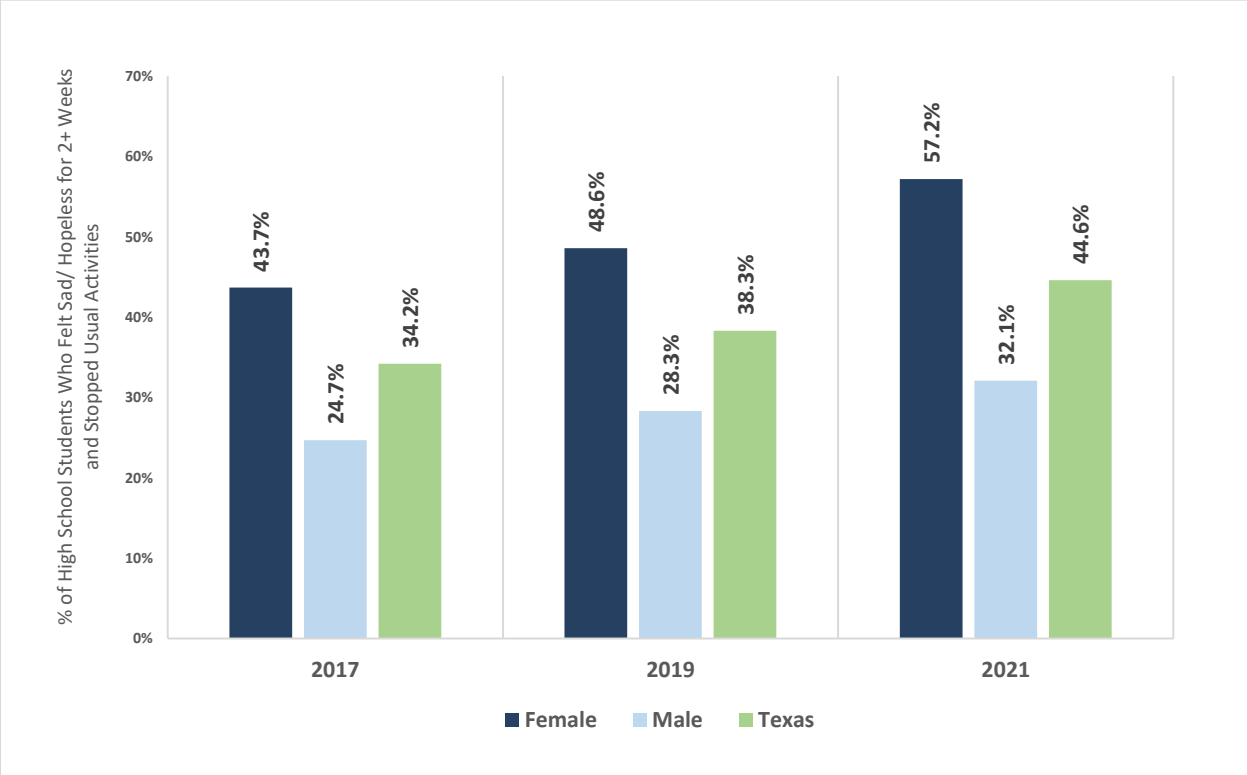
Youth Mental Health

Adolescent Depression

The Youth Risk Behavior Surveillance System (YRBSS) asks questions related to behavioral health. **Figures 54** and **55** 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.[120]

Figure 54 – Texas Adolescent Depression, by Sex, YRBSS, 2017-2021

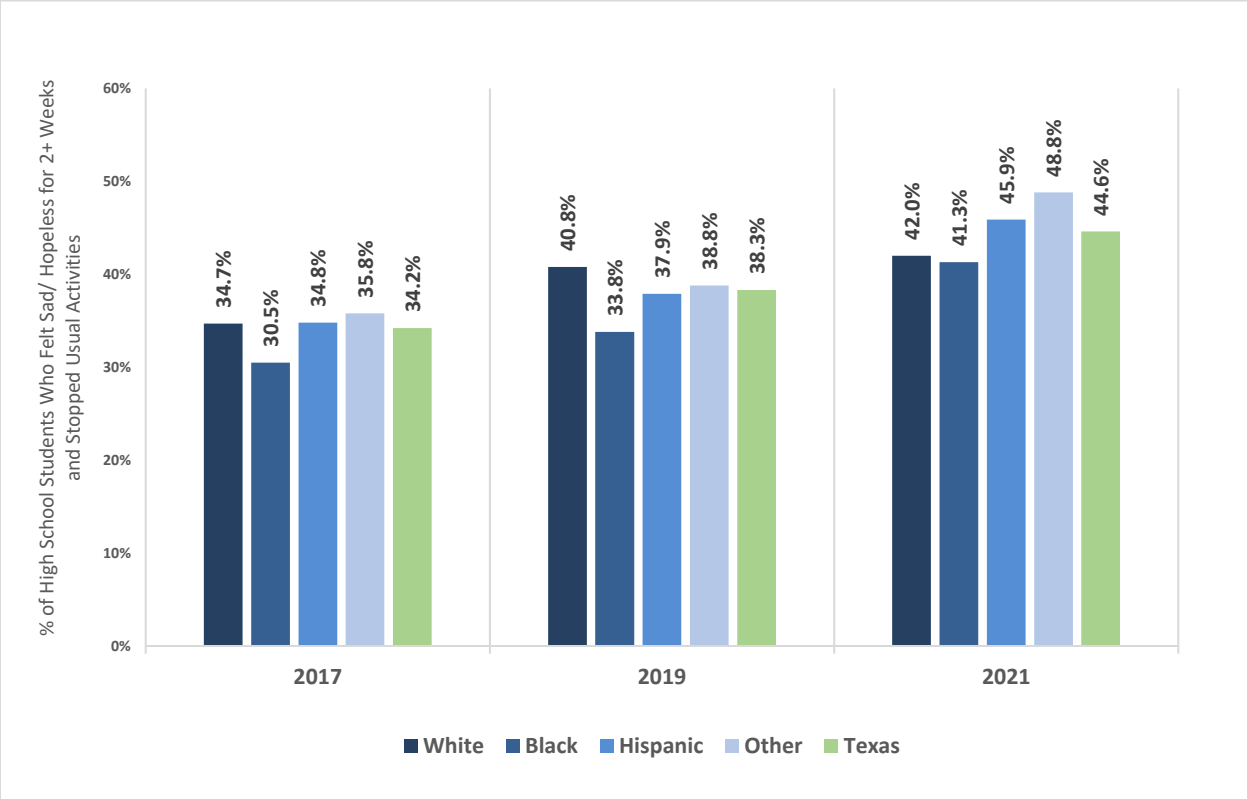


Centers for Disease Control and Prevention [121]

[120] U.S. Census Bureau. (2021).
[121] 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 55 – Texas Adolescent Depression, by Race and Ethnicity, YRBSS, 2017-2021



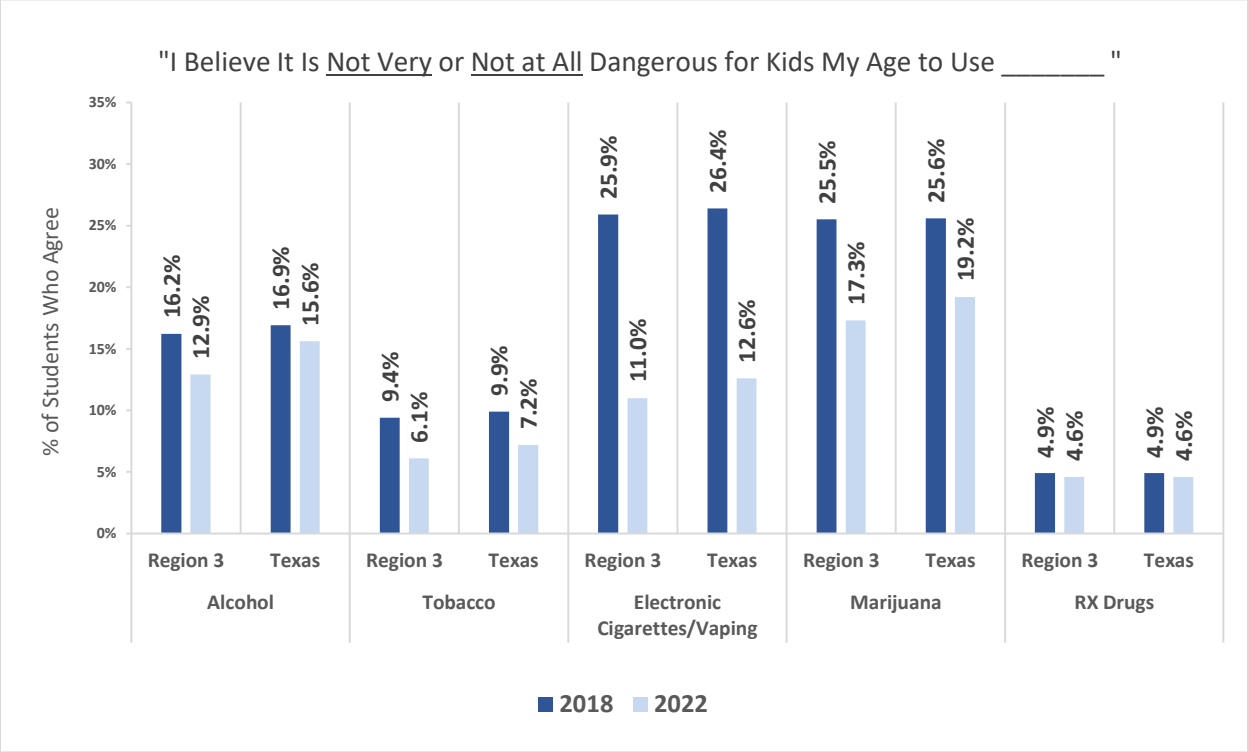
Centers for Disease Control and Prevention [122]

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

[122] Centers for Disease Control and Prevention. (2021c).

Youth Perception of Risk/Harm

Figure 56 – Region 3 Student Perceptions of Harm, by Substance, TSS, 2018-2022



Texas School Survey [123]

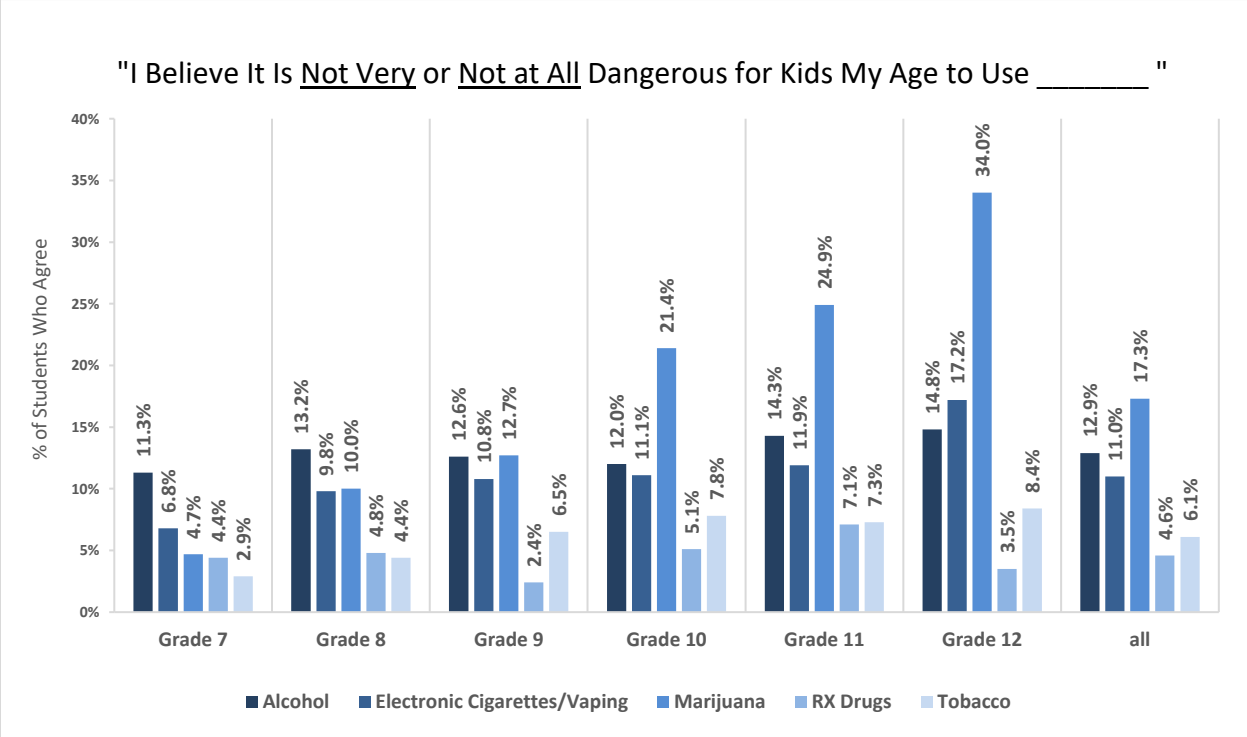
The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

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%.

[123] 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 57 – Region 3 Student Perceptions of Harm, by Substance, by Grade Level, TSS, 2022



Texas School Survey [124]

The full 2022 Region 3 Texas School Survey Report can be found at:
https://www.texasschoolsurvey.org/Documents/Reports/Region/22Region3.pdf

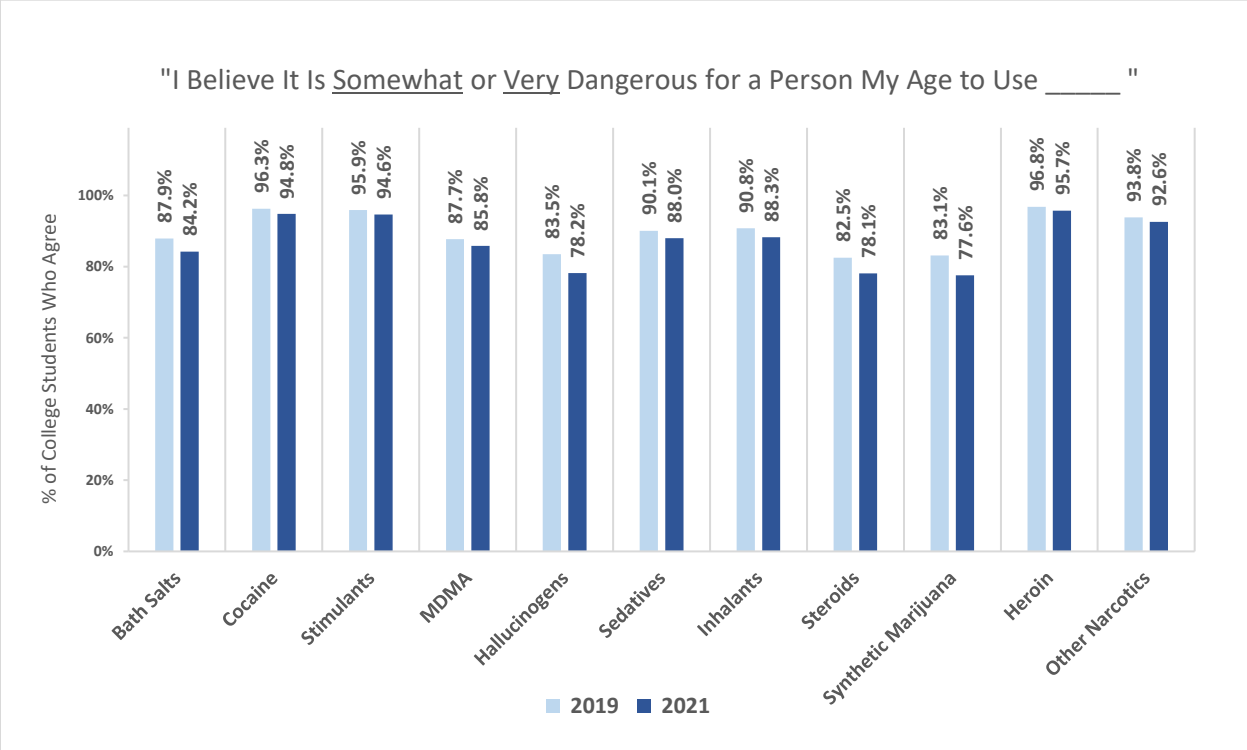
[124] Marchbanks III, M.P. et al. (2022b).

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 58 – Texas College Perceptions of Harm, by Substance, TCS, 2019-2021



Texas College Survey [125]

Texas college students were asked how harmful they think substance use is for their age group. **Figure 58** 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%.

[125] 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 59 – Region 3 Students' Average Age of First Use, by Substance, TSS, 2018-2022

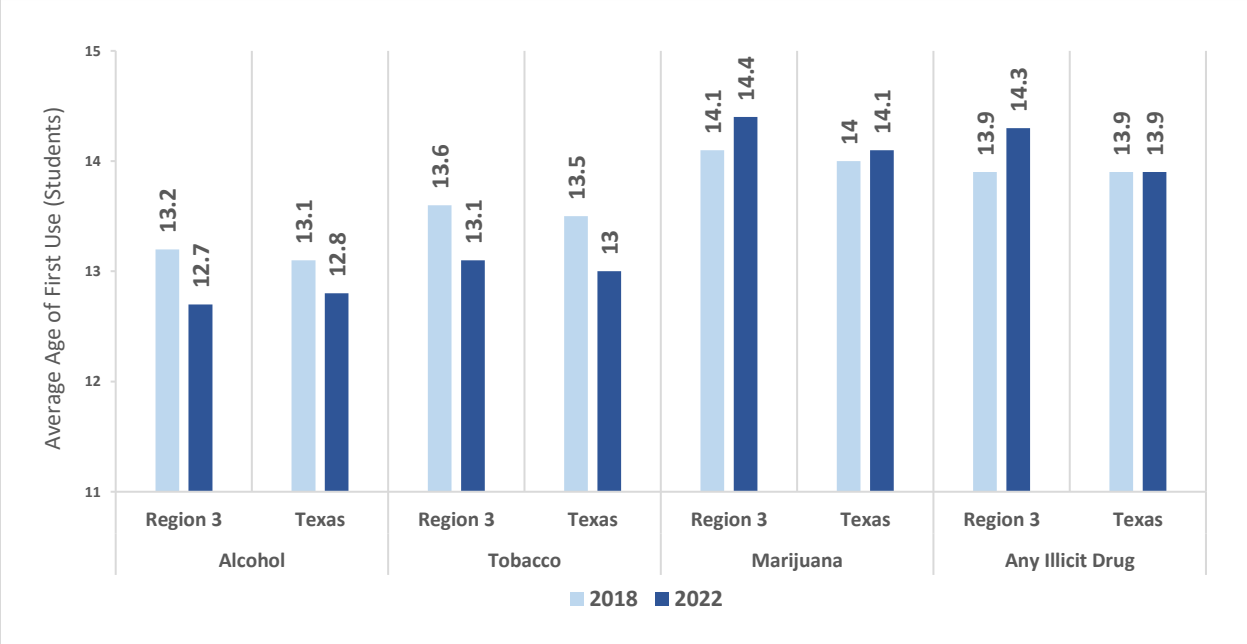
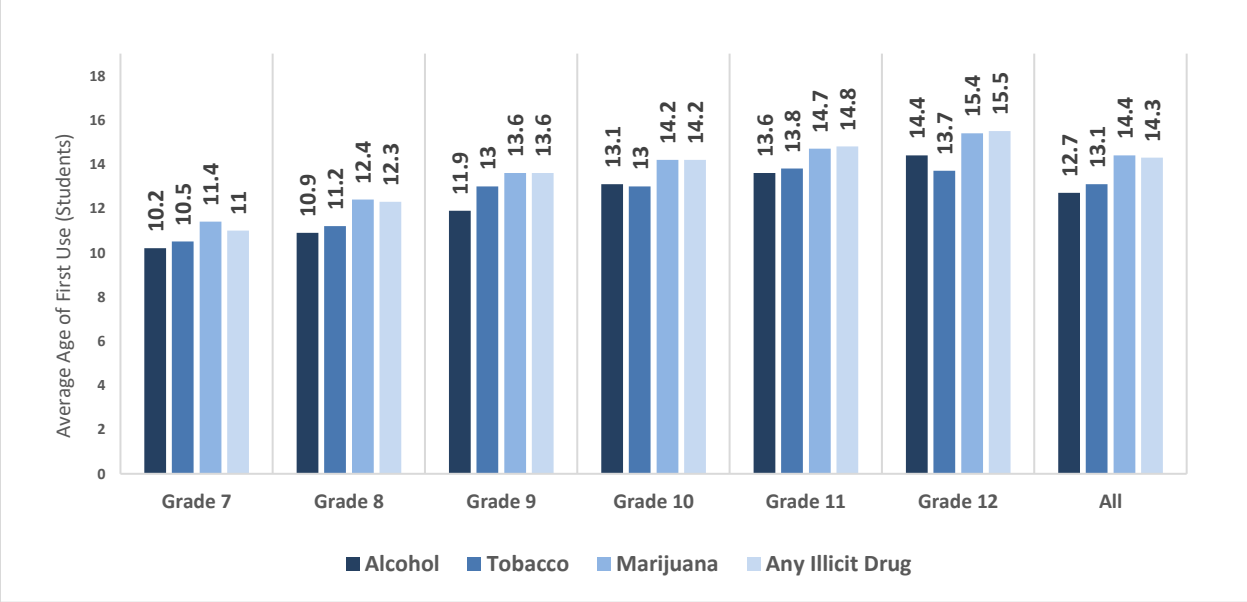


Figure 60 – Region 3 Students' Average Age of First Use, by Substance, by Grade Level, TSS, 2022



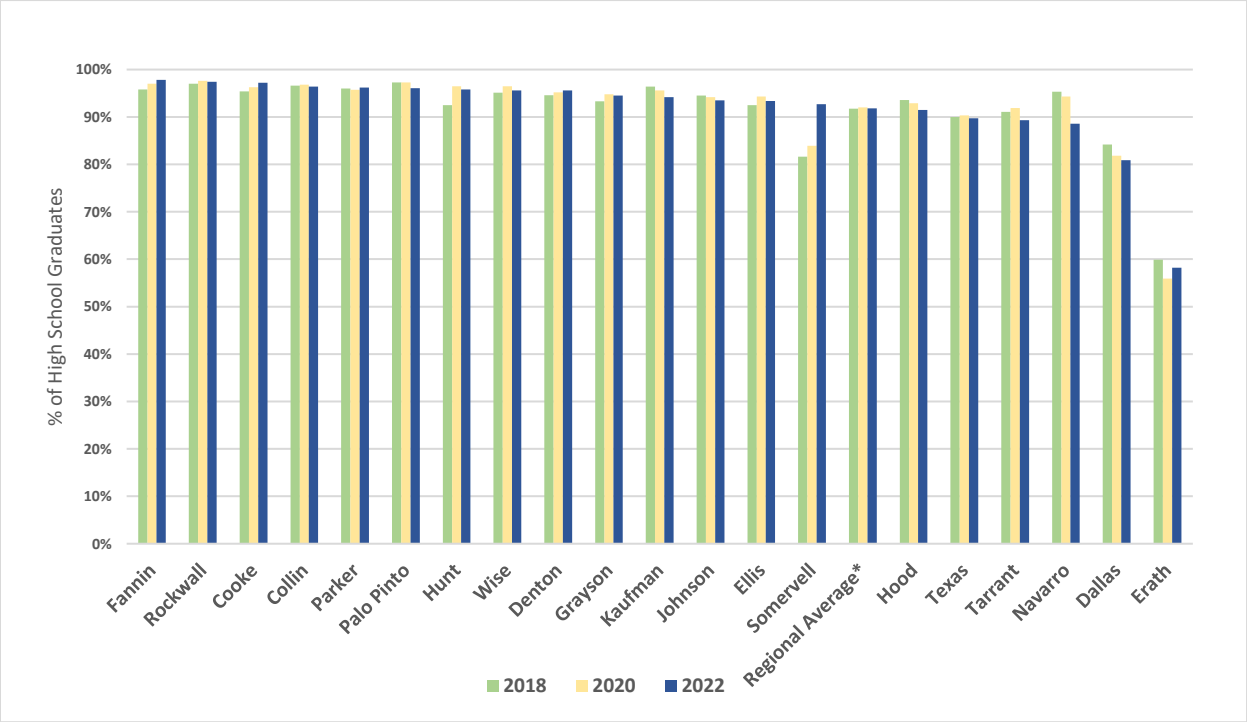
Texas School Survey [126]

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

Protective Factors

High School Graduation

Figure 61 – Region 3 High School Graduation Rates, by County, 2018-2022



Texas Education Agency [127]

*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 61 and **Table 28** show graduation rates over a five-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 2022, the four-year longitudinal graduation rate is the percentage of students who began ninth grade in 2018-19 and graduated by August 31, 2022. This does not include students who moved to another school or continued their schooling, passed away, etc.

For 2022, Texas had a rate of 89.7%. 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 (Erath, Dallas, and Navarro, respectively) were significantly lower than the rest of the region. Erath with a 58.2% graduation rate was drastically lower, despite slight improvement from 2020. Dallas County's graduation rates have steadily decreased over the five-year period. Fifteen counties in the region have a higher rate than Texas.

[127] Texas Education Agency. (2023).

Table 28 – Region 3 High School Graduation Rates, by County, 2018-2022

Report Area	2018	2019	2020	2021	2022
Collin	96.6%	96.6%	96.8%	96.5%	96.4%
Cooke	95.4%	95.0%	96.3%	96.8%	97.2%
Dallas	84.2%	83.3%	81.8%	81.4%	80.9%
Denton	94.6%	94.9%	95.2%	96.0%	95.6%
Ellis	92.5%	92.9%	94.3%	93.9%	93.4%
Erath	59.9%	61.6%	55.9%	58.5%	58.2%
Fannin	95.8%	97.1%	97.0%	97.5%	97.8%
Grayson	93.3%	92.3%	94.8%	94.2%	94.5%
Hood	93.6%	93.8%	92.9%	91.8%	91.5%
Hunt	92.5%	95.7%	96.5%	95.5%	95.8%
Johnson	94.5%	93.6%	94.2%	93.9%	93.5%
Kaufman	96.4%	96.5%	95.6%	95.8%	94.2%
Navarro	95.3%	95.2%	94.3%	89.5%	88.6%
Palo Pinto	97.3%	95.2%	97.3%	95.3%	96.1%
Parker	96.0%	94.6%	95.7%	95.6%	96.2%
Rockwall	97.0%	98.3%	97.6%	97.1%	97.4%
Somervell	81.6%	80.2%	83.9%	86.1%	92.7%
Tarrant	91.1%	91.2%	91.9%	90.1%	89.3%
Wise	95.1%	95.1%	96.5%	95.4%	95.6%
Regional Average*	91.7%	91.7%	92.0%	91.6%	91.8%
Texas	90.0%	90.0%	90.3%	90.0%	89.7%

Texas School Survey [128]

*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.

[128] Texas Education Agency. (2023).

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.[129]

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.

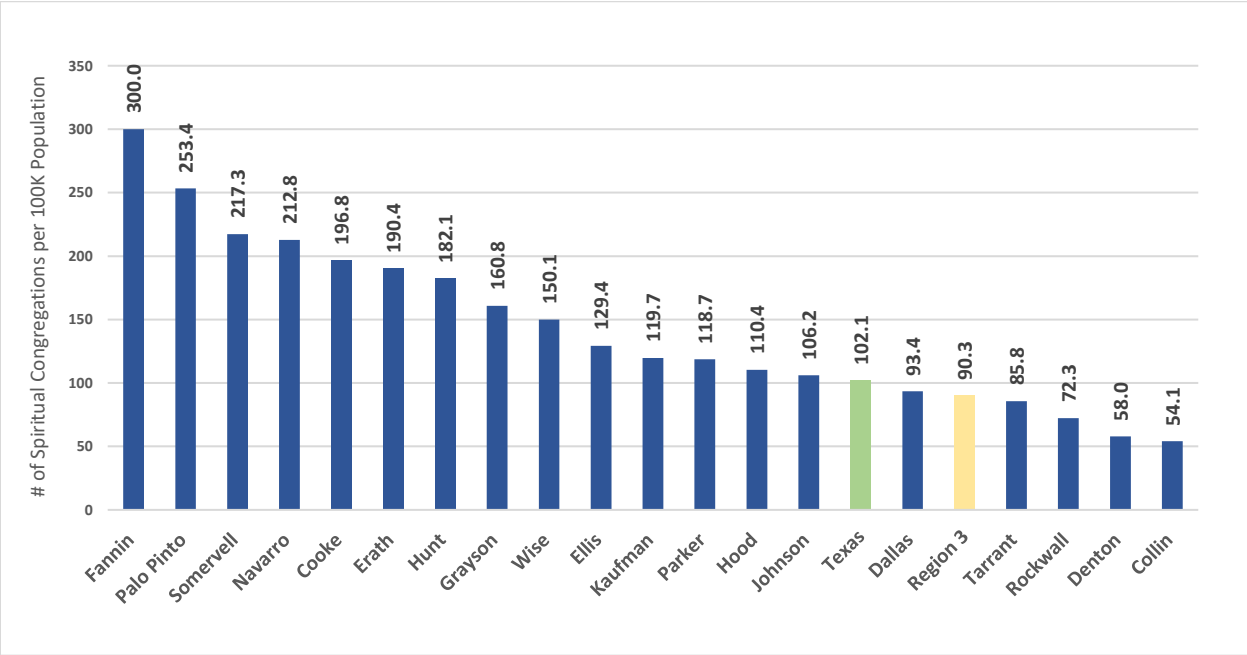
The term "spirituality" has often been considered synonymous with religion, sometimes used interchangeably. However, while both serve as positive protective factors, it is important to note that one does not have to practice religion in order to improve one's well-being through spirituality. According 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.[130]

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.

[129] U.S. Religion Census. (2020).
[130] National Alliance on Mental Illness. (2016).

Figure 62 – Region 3 Spiritual Congregations* (per 100K Population), by County, 2020



U.S. Religion Census [131]

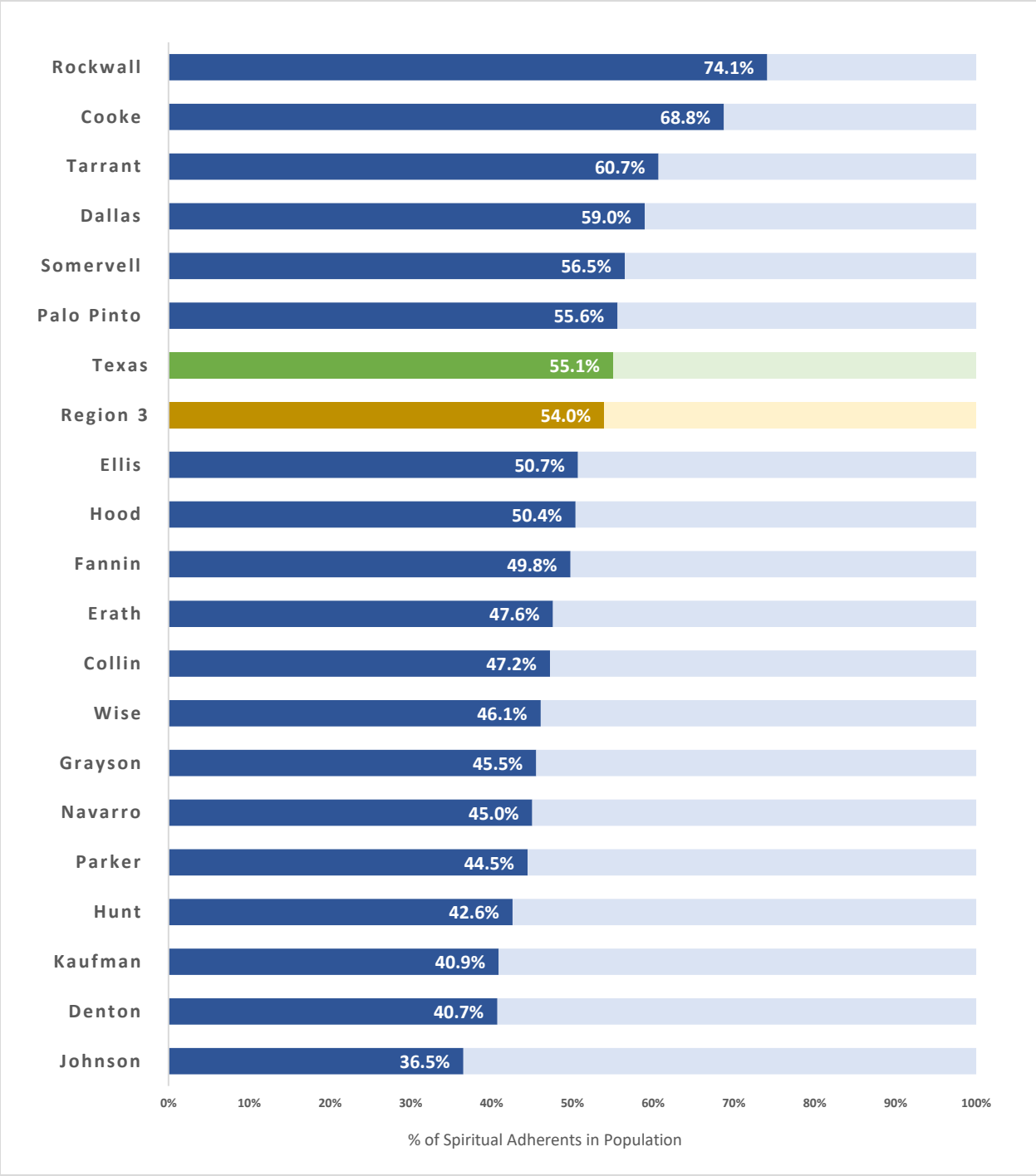
*Spiritual Congregations may be churches, mosques, temples, or other meeting places. A congregation may generally be defined as a group of people who meet regularly (typically weekly or monthly) at a pre-announced time and location.

Figure 62 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 63** 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.

[131] U.S. Religion Census. (2020).

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



U.S. Religion Census [132]

*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.

[132] U.S. Religion Census. (2020).

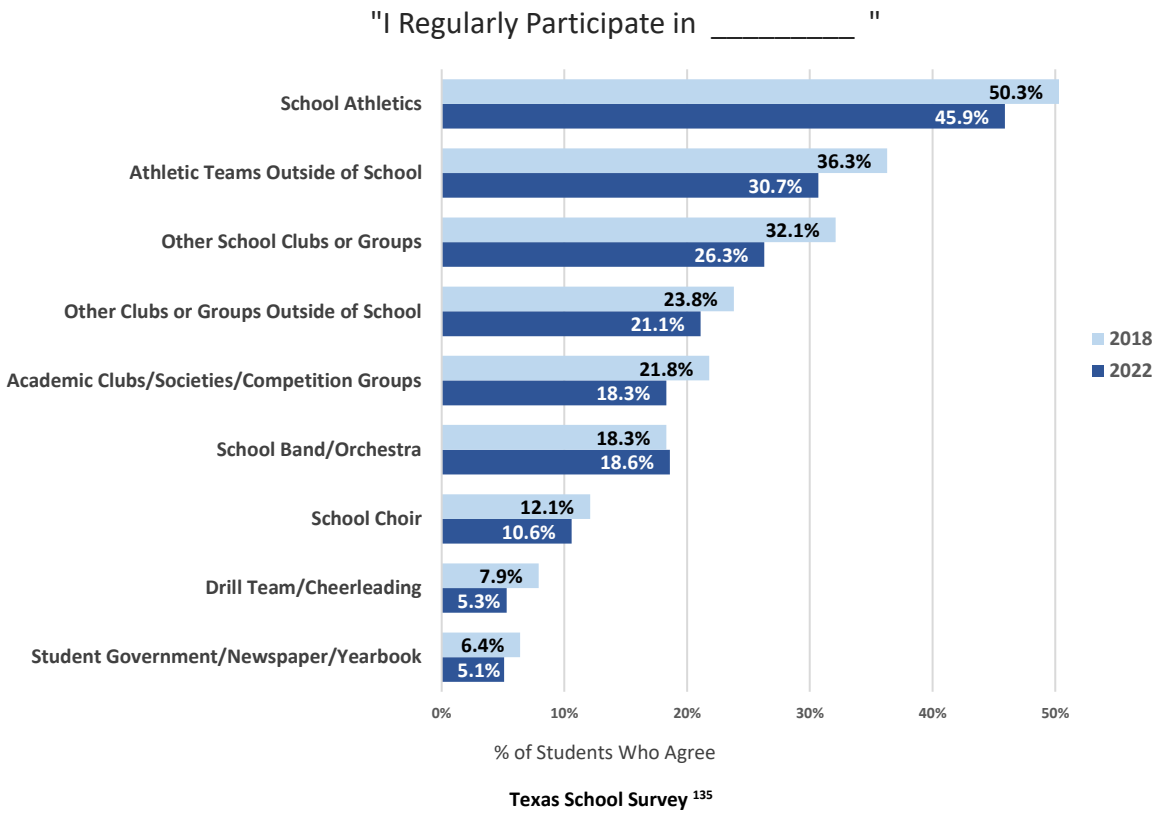
School Connectedness

Although the Texas School Survey (TSS) is most often discussed in terms of substance use trends, the report also surveys students on certain protective factors in their lives. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on positive childhood experiences (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."[133] The seven distinct positive childhood experiences (PCEs) identified by Dr. Bethell in the PCEs study are:

- The ability to talk with family about feelings.
- The sense that family is supportive during difficult times.
- The enjoyment of participating in community traditions.
- Feeling a sense of belonging in high school (not including those who did not attend high school)
- Feeling supported by friends.
- Having at least two non-parent adults who genuinely cared about them.
- Feeling safe and protected by an adult in the home.[134]

The following data from the Texas School Survey (TSS) gauge several PCE attributes by touching on specific aspects such as levels of school connectedness, social support, and feelings of safety.

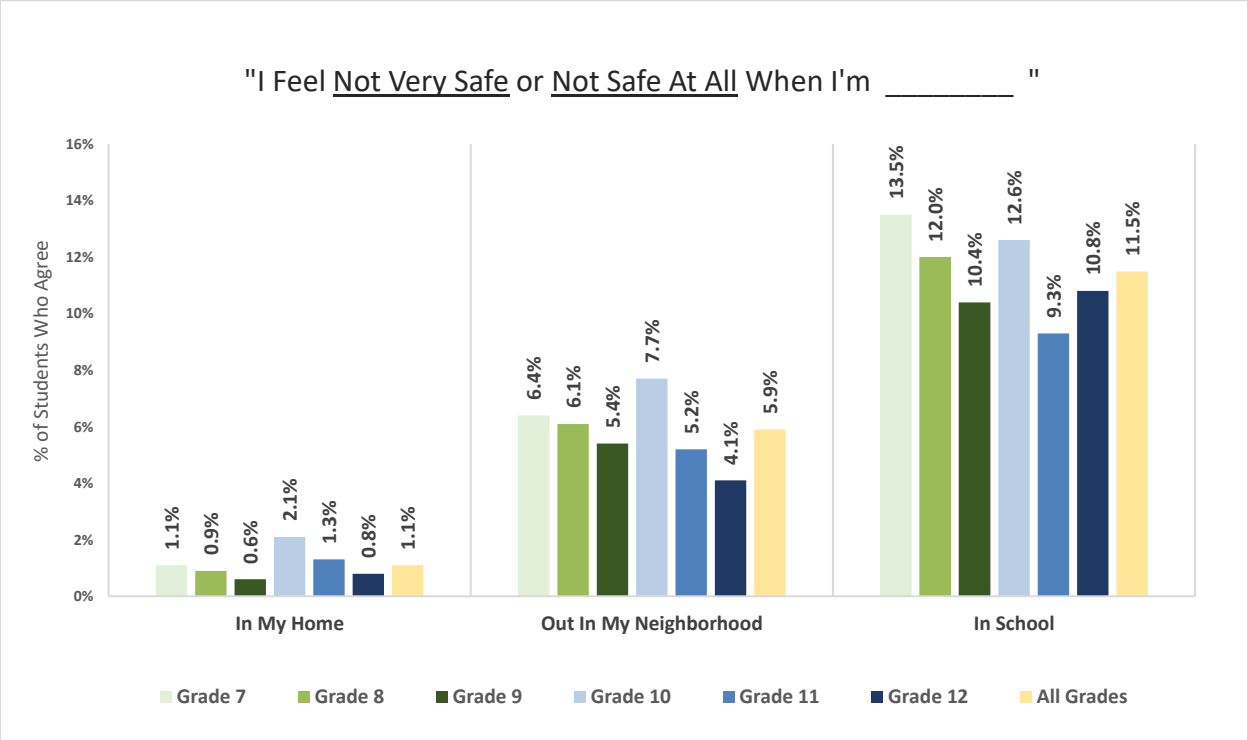
Figure 64 – Region 3 Participation in Extracurriculars, by Activity Type, TSS, 2018-2022



Texas School Survey [135]

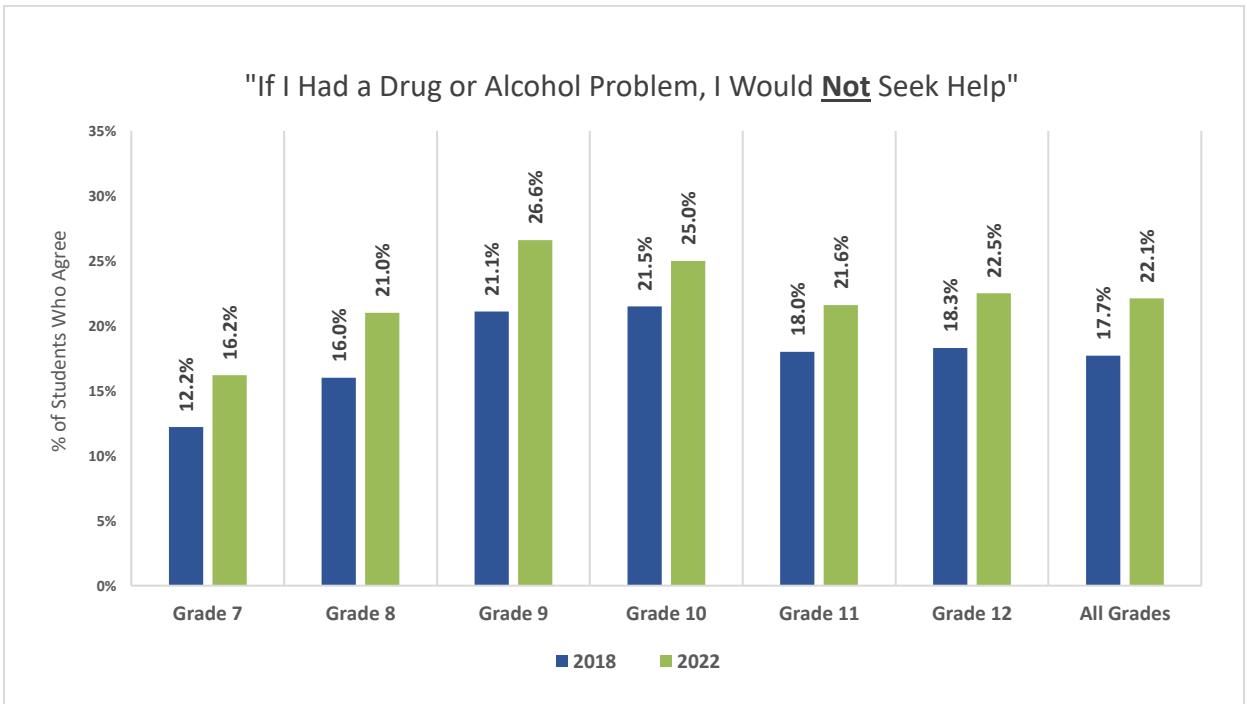
[133] Kreitz, M. (2023).
[134] Pinetree Institute. (2023).
[135] Marchbanks III, M.P. et al. (2022b).

Figure 65 – Region 3 Feelings of Safety, by Grade Level, by Location Type, TSS, 2022



Texas School Survey [136]

Figure 66 – Region 3 Seeking Help for Substance Use Disorder, by Grade Level, TSS, 2018-2022



Texas School Survey [137]

[136] Marchbanks III, M.P. et al. (2022b).
[137] Ibid.

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.

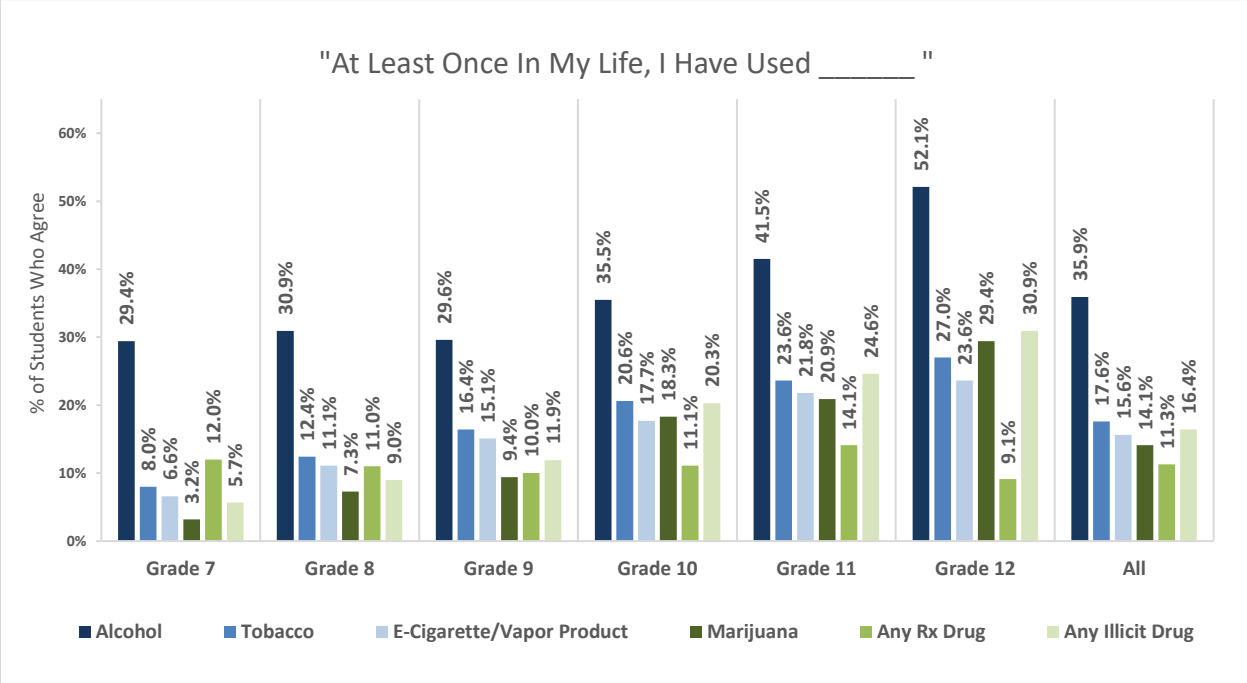
During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Due to the drop in participation, 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 67 – Region 3 Youth Substance Use, Lifetime Use, by Substance, by Grade Level, TSS, 2022



Texas School Survey [138]

The findings in **Figures 67 – 70** 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.

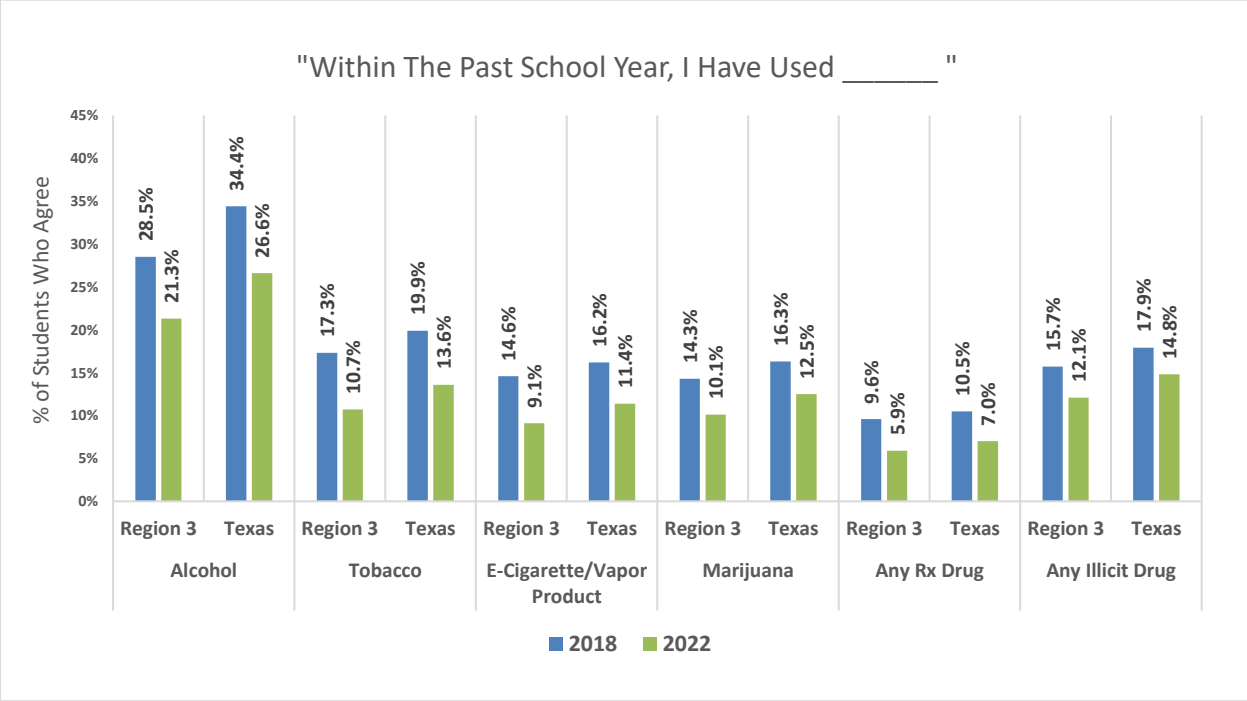
In terms of past year use, Region 3 had a lower rate of substance use across all categories between 2018-2022. In addition, past year usage also decreased for every substance from 2018 to 2022. For 2022, the top three substances for past year use are alcohol (21.3%), illicit drugs including marijuana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

[138] 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 68 – Region 3 Youth Substance Use, Past School Year Use, by Substance, TSS, 2018-2022



Texas School Survey [139]

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

Figure 69 – Region 3 Youth Substance Use, Current Use, by Substance, by Grade Level, TSS, 2022

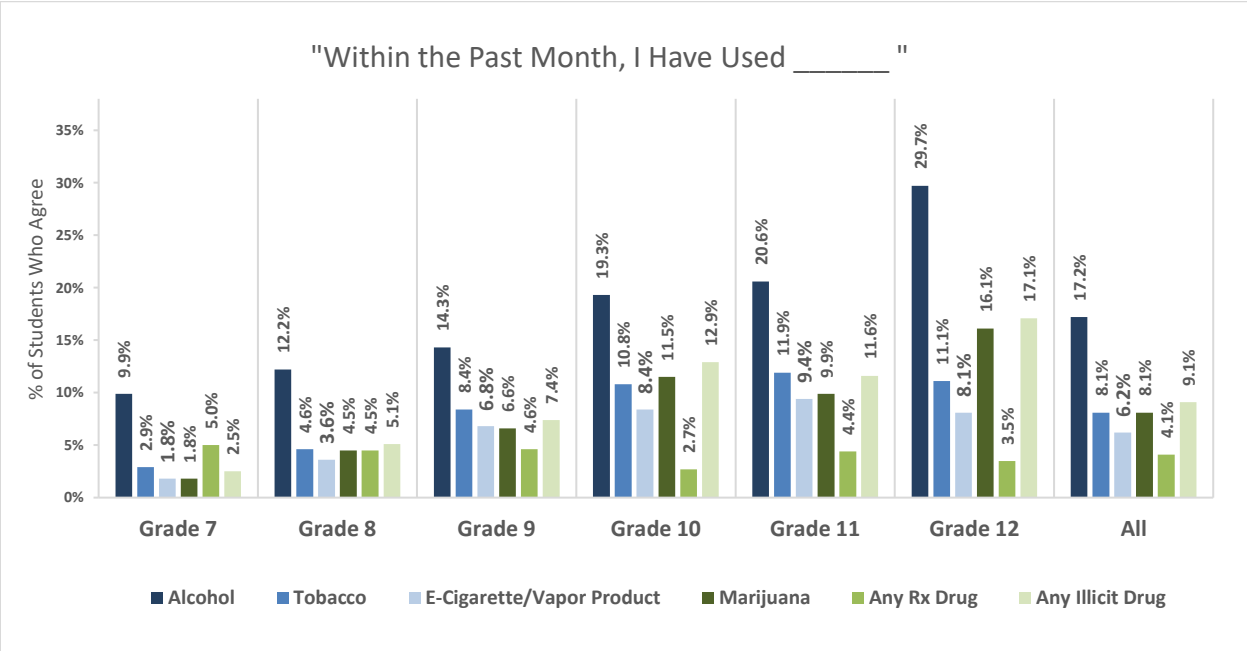
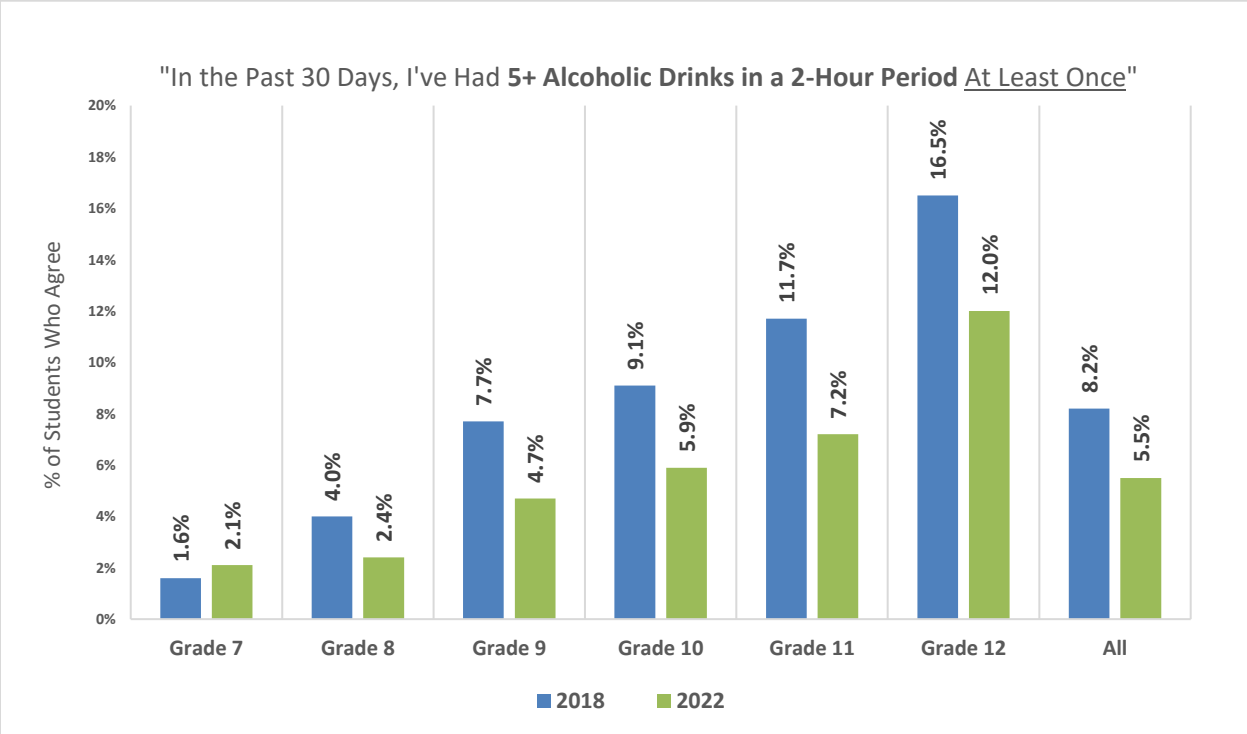


Figure 70 – Region 3 Youth Substance Use, Binge Drinking in the Past 30 Days, by Grade Level, TSS, 2018-2022



Texas School Survey [140]

[140] 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 71 and 72 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 71 – Region 3 College Consumption Patterns, Current Use, by Substance, TCS, 2019-2021

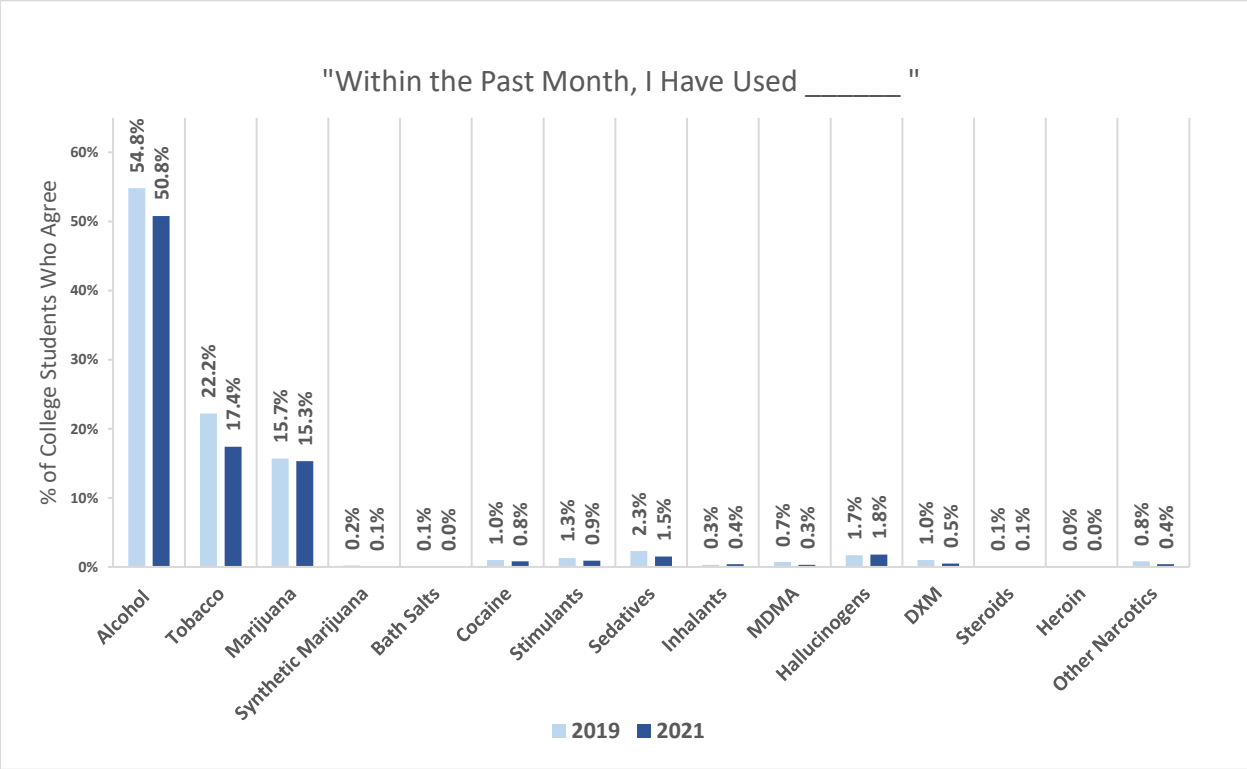
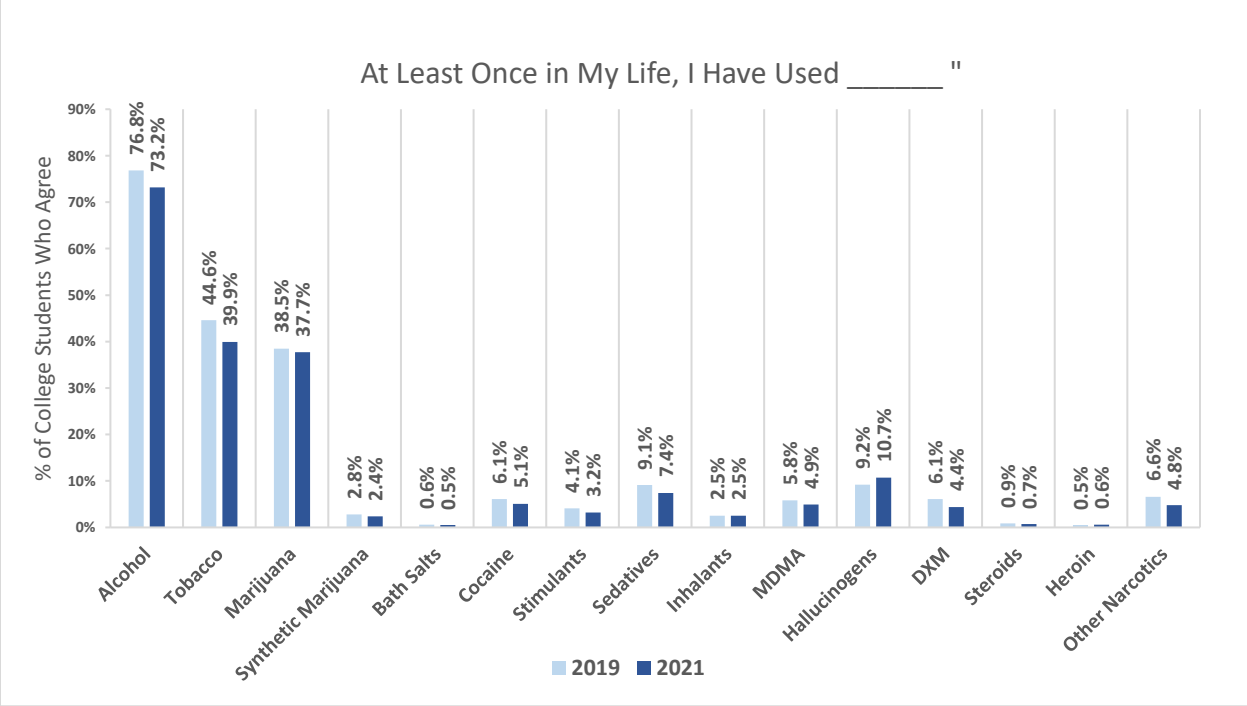


Figure 72 – Region 3 College Consumption Patterns, Lifetime Use, by Substance, TCS, 2019-2021



Texas College Survey [141]

[141] 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.

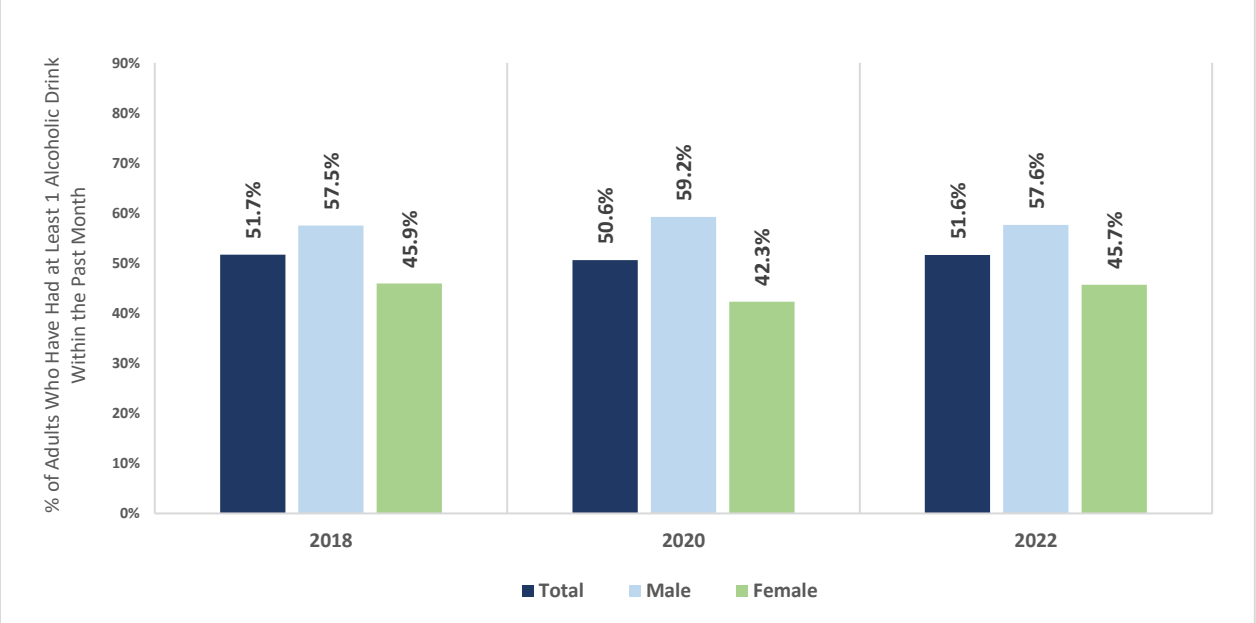
The following terminology will be referenced:

- **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 73 below shows current alcohol use for adults in Texas 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 the five-year period. The total Texas rate remained relatively steady over the five-year period.

Figure 73 – Texas Adult Substance Use, Current Alcohol Use, by Sex, BRFSS, 2018-2022



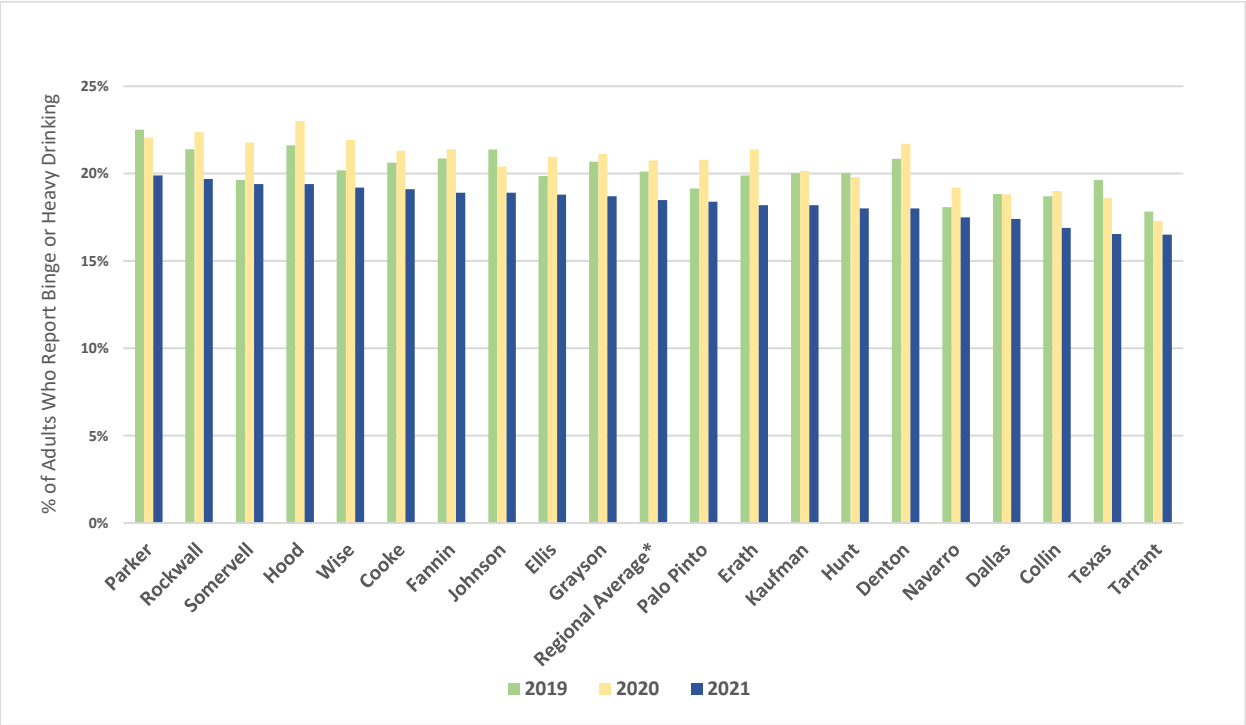
Centers for Disease Control and Prevention [142]

[142] Centers for Disease Control and Prevention. (2023).

Adult Binge or Heavy Drinking

Figure 74 and **Table 29** below show the percentage of adults who have partaken in binge or heavy drinking in the past 30 days in each Region 3 county. In 2021, the four counties with the highest rates of adult binge or heavy drinking are Parker (19.9%), Rockwall (19.7%), Somervell (19.4%), and Hood (19.4%) Counties, respectively. Tarrant, Collin, and Dallas had the three lowest rates. From 2019-2020, 14 counties experienced an increase in their rates, coinciding with the COVID-19 pandemic. However, all counties saw a decrease to some degree from 2020 to 2021. Overall, in 2021, 18 counties had a higher rate of adult binge or heavy drinking than Texas.

Figure 74 – Region 3 Adult Substance Use, Binge or Heavy Drinking, by County, BRFSS, 2019-2021



Centers for Disease Control and Prevention [143]

*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.

[143] Centers for Disease Control and Prevention. (2023).

Table 29 – Region 3 Adult Substance Use, Binge or Heavy Drinking, by County, BRFSS, 2019-2021

Report Area	2019	2020	2021
Collin	18.7%	19.0%	16.9%
Cooke	20.6%	21.3%	19.1%
Dallas	18.8%	18.8%	17.4%
Denton	20.9%	21.7%	18.0%
Ellis	19.9%	21.0%	18.8%
Erath	19.9%	21.4%	18.2%
Fannin	20.9%	21.4%	18.9%
Grayson	20.7%	21.1%	18.7%
Hood	21.6%	23.0%	19.4%
Hunt	20.0%	19.8%	18.0%
Johnson	21.4%	20.4%	18.9%
Kaufman	20.0%	20.1%	18.2%
Navarro	18.1%	19.2%	17.5%
Palo Pinto	19.2%	20.8%	18.4%
Parker	22.5%	22.1%	19.9%
Rockwall	21.4%	22.4%	19.7%
Somervell	19.6%	21.8%	19.4%
Tarrant	17.8%	17.3%	16.5%
Wise	20.2%	21.9%	19.2%
Regional Average*	20.1%	20.8%	18.5%
Texas	19.6%	18.6%	16.6%

Centers for Disease Control and Prevention [144]

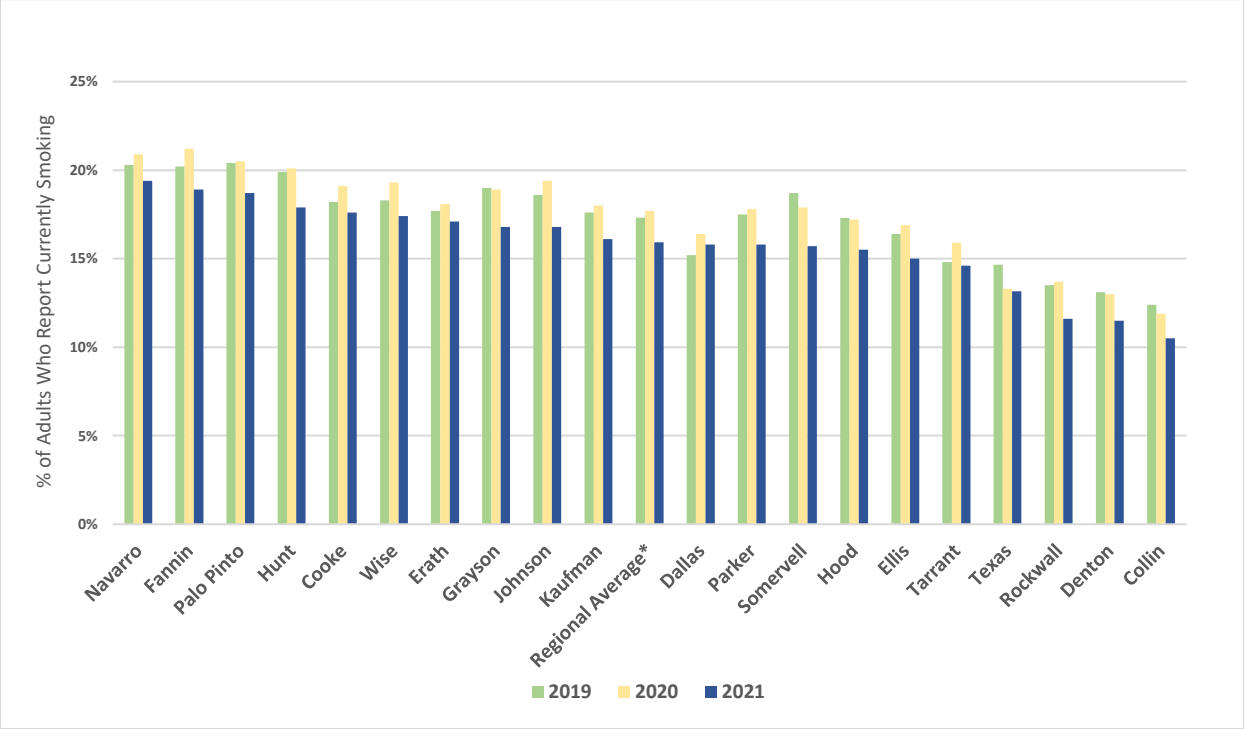
*Regional averages represent the average of all county rates but are not exact regional rates. Regional rates were unable to be calculated due to suppressed data.

[144] Centers for Disease Control and Prevention. (2023).

Adult Smoking

Figure 75 and **Table 30** represent the percentage of adults who reported currently smoking. In 2021, the three counties with the highest rates of adults currently smoking are Navarro, Fannin, 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. However, all counties saw a decrease to some degree from 2020 to 2021. Overall, in 2021, 16 counties had a higher rate of adults currently smoking than Texas.

Figure 75 – Region 3 Adult Substance Use, Current Tobacco Use, by County, BRFSS, 2019-2021



Centers for Disease Control and Prevention [145]

*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.

[145] Centers for Disease Control and Prevention. (2023).

Table 30 – Region 3 Adult Substance Use, Current Tobacco Use, by County, BRFSS, 2019-2021

Report Area	2019	2020	2021
Collin	12.4%	11.9%	10.5%
Cooke	18.2%	19.1%	17.6%
Dallas	15.2%	16.4%	15.8%
Denton	13.1%	13.0%	11.5%
Ellis	16.4%	16.9%	15.0%
Erath	17.7%	18.1%	17.1%
Fannin	20.2%	21.2%	18.9%
Grayson	19.0%	18.9%	16.8%
Hood	17.3%	17.2%	15.5%
Hunt	19.9%	20.1%	17.9%
Johnson	18.6%	19.4%	16.8%
Kaufman	17.6%	18.0%	16.1%
Navarro	20.3%	20.9%	19.4%
Palo Pinto	20.4%	20.5%	18.7%
Parker	17.5%	17.8%	15.8%
Rockwall	13.5%	13.7%	11.6%
Somervell	18.7%	17.9%	15.7%
Tarrant	14.8%	15.9%	14.6%
Wise	18.3%	19.3%	17.4%
Regional Average*	17.3%	17.7%	15.9%
Texas	14.7%	13.3%	13.2%

Centers for Disease Control and Prevention [146]

*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.

[146] Centers for Disease Control and Prevention. (2023).

Consequences of Substance Use/Misuse

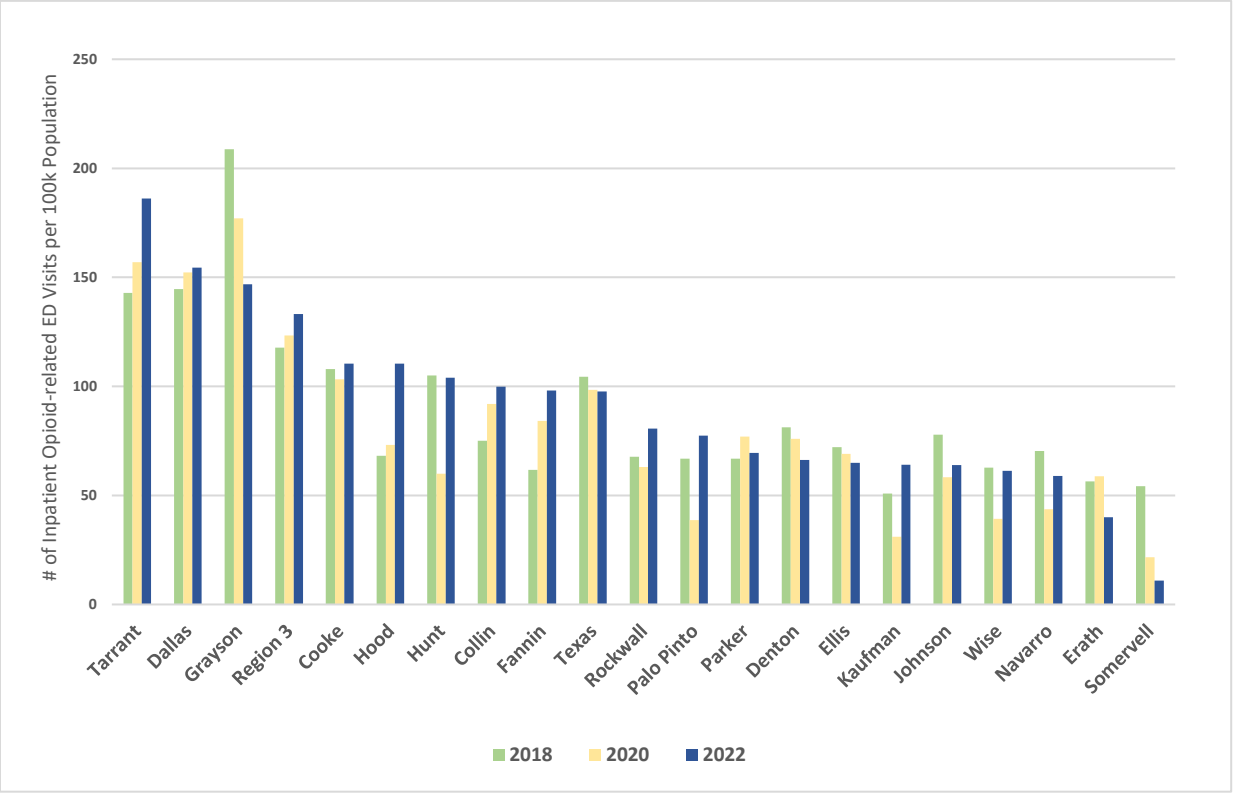
Mortality

Opioid-related Emergency Department (ED) Visits

The data below shows patients who were seen in a hospital-based emergency department (ED) and were also seen at an inpatient or outpatient facility. These records only represent those discharged to their home or to another facility for further treatment, not those whose opioid related ED visit resulted in a fatality. Additionally, this data was collected only for those who reside in Texas, and not for those who reside outside of Texas but received care in Texas. These visits are based on cases that include diagnostic codes used to classify opioid-related poisonings/overdoses (T40) and opioid use disorder (F11).

Figure 76 and **Table 31** show the number of **inpatient** opioid-related emergency department visits per 100K population from 2018-2022 for Region 3 counties. In 2022, the highest rates were found in Tarrant, Dallas, and Grayson Counties, respectively. Ten counties experienced an increase in rates from 2018 to 2022. Three counties had a higher rate than the Region in 2022.

Figure 76 – Total Inpatient Opioid-related Emergency Department (ED) Visits (per 100K Population), by County, 2018-2022



Texas Department of State Health Services [147]

[147] Texas Department of State Health Services. (2024a).

Table 31 – Total Inpatient Opioid-related Emergency Department (ED) Visits (per 100K Population), by County, 2018-2022

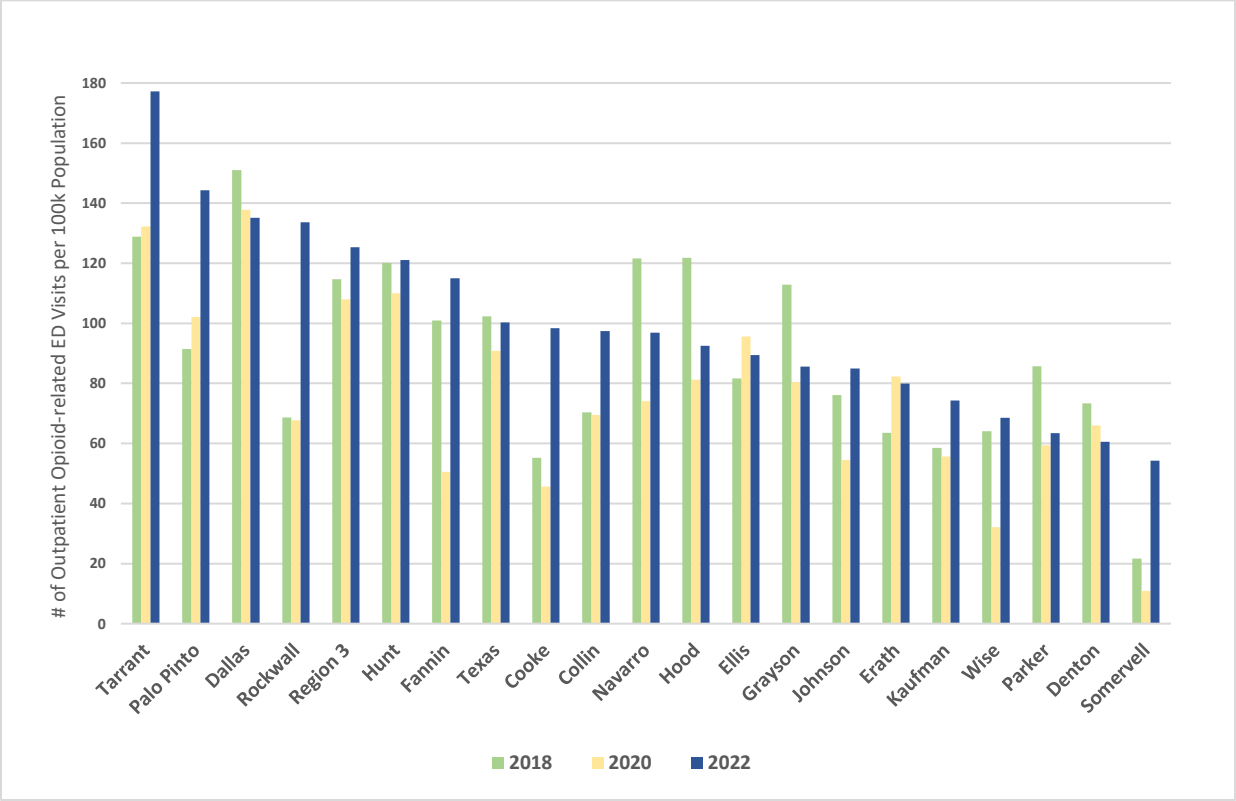
Report Area	2018	2019	2020	2021	2022
Collin	75.0	84.5	92.0	90.9	99.8
Cooke	108.0	93.6	103.2	60.0	110.4
Dallas	144.6	161.1	152.2	148.0	154.5
Denton	81.3	84.2	76.0	75.8	66.2
Ellis	72.2	72.7	69.1	73.8	65.0
Erath	56.4	37.6	58.8	54.1	40.0
Fannin	61.7	75.7	84.1	42.1	98.1
Grayson	208.8	253.1	177.1	95.2	146.8
Hood	68.2	89.3	73.1	92.5	110.4
Hunt	105.0	100.0	60.0	58.0	104.0
Johnson	77.8	51.7	58.4	51.1	63.9
Kaufman	50.9	39.2	31.0	50.2	64.0
Navarro	70.3	55.1	43.7	66.5	58.9
Palo Pinto	66.9	42.2	38.7	73.9	77.4
Parker	66.8	73.5	76.9	57.3	69.5
Rockwall	67.7	74.2	63.1	50.1	80.7
Somervell	54.3	21.7	21.7	21.7	10.9
Tarrant	142.8	148.3	156.9	151.8	186.1
Wise	62.7	52.5	39.3	67.0	61.2
Region 3	117.8	126.0	123.4	119.1	133.2
Texas	104.4	108.3	98.4	96.2	97.7

Texas Department of State Health Services [148]

[148] Texas Department of State Health Services. (2024a).

Figure 77 and **Table 32** show the number of **outpatient** opioid-related emergency department visits per 100K population from 2018-2022 for Region 3 counties. In 2022, Texas had a rate of 100.3 outpatient opioid-related emergency department visits per 100K population. In 2022, the highest rates were found in Tarrant, Palo Pinto, and Dallas Counties, respectively. Thirteen counties experienced an increase in rates from 2018 to 2022. Four counties had a higher rate than the Region in 2022.

Figure 77 – Total Outpatient Opioid-related Emergency Department (ED) Visits (per 100K Population), by County, 2018-2022



Texas Department of State Health Services [149]

[149] Texas Department of State Health Services. (2024a).

Table 32 – Total Outpatient Opioid-related Emergency Department (ED) Visits (per 100K Population), by County, 2018-2022

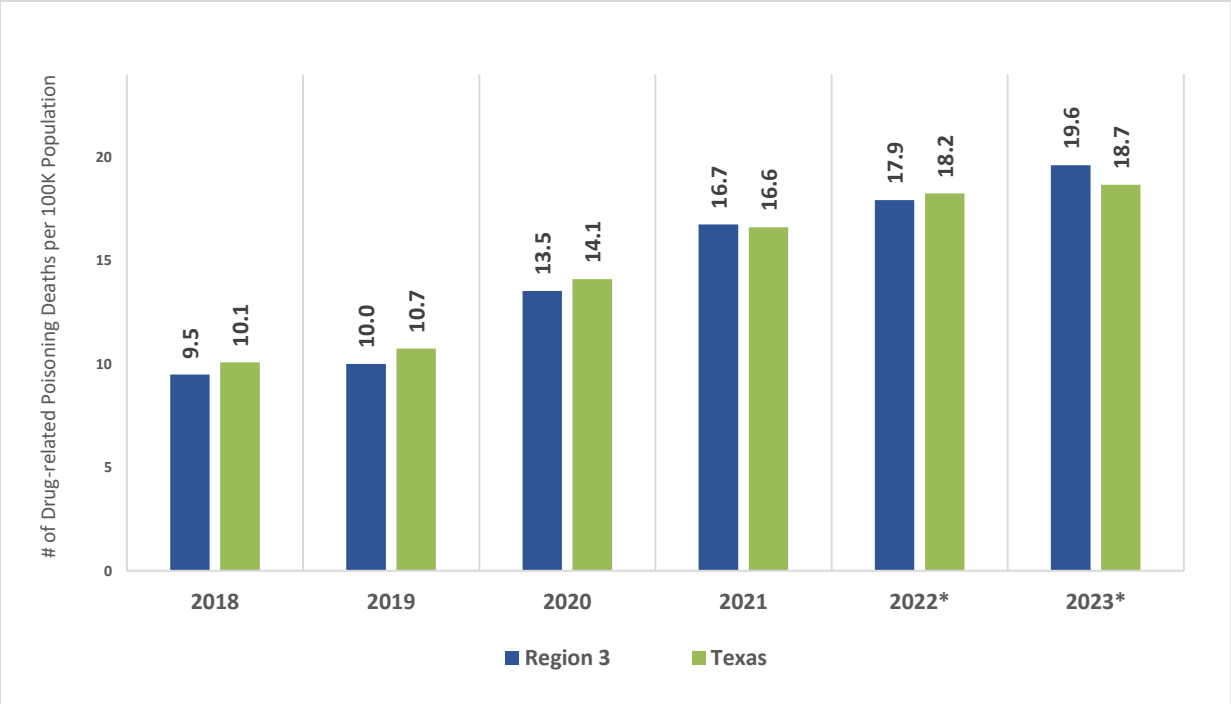
Report Area	2018	2019	2020	2021	2022
Collin	70.4	66.9	69.5	79.3	97.4
Cooke	55.2	48	45.6	76.8	98.4
Dallas	151	150.3	137.8	136.8	135.1
Denton	73.3	74.9	66	69.8	60.5
Ellis	81.6	88.9	95.6	82.1	89.4
Erath	63.5	70.5	82.3	89.3	79.9
Fannin	100.9	84.1	50.5	84.1	115
Grayson	112.9	106.2	80.4	48	85.6
Hood	121.8	71.4	81.2	82.8	92.5
Hunt	120.1	114.1	110	119.1	121.1
Johnson	76.1	50	54.5	77.8	85
Kaufman	58.5	57.8	55.7	71.6	74.3
Navarro	121.6	72.2	74.1	74.1	96.9
Palo Pinto	91.5	137.3	102.1	98.6	144.3
Parker	85.7	62.7	59.4	60	63.4
Rockwall	68.6	68.6	67.7	56.6	133.6
Somervell	21.7	32.6	10.9	54.3	54.3
Tarrant	128.8	123.3	132.2	151.7	177.2
Wise	64.1	40.8	32.1	75.8	68.5
Region 3	114.7	110.9	108	115.2	125.3
Texas	102.3	97	90.8	98.6	100.3

Texas Department of State Health Services [150]

[150] Texas Department of State Health Services. (2024a).

Overdose Deaths

Figure 78 – Region 3 Total Drug-related Poisoning Deaths (per 100K Population), 2018-2023*



Centers for Disease Control and Prevention [151]

*Death data for 2022 and 2023 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized. We ask that you consider the limitations of these non-final statistics and either keep these for internal use only or accurately cite the non-final nature of these statistics.

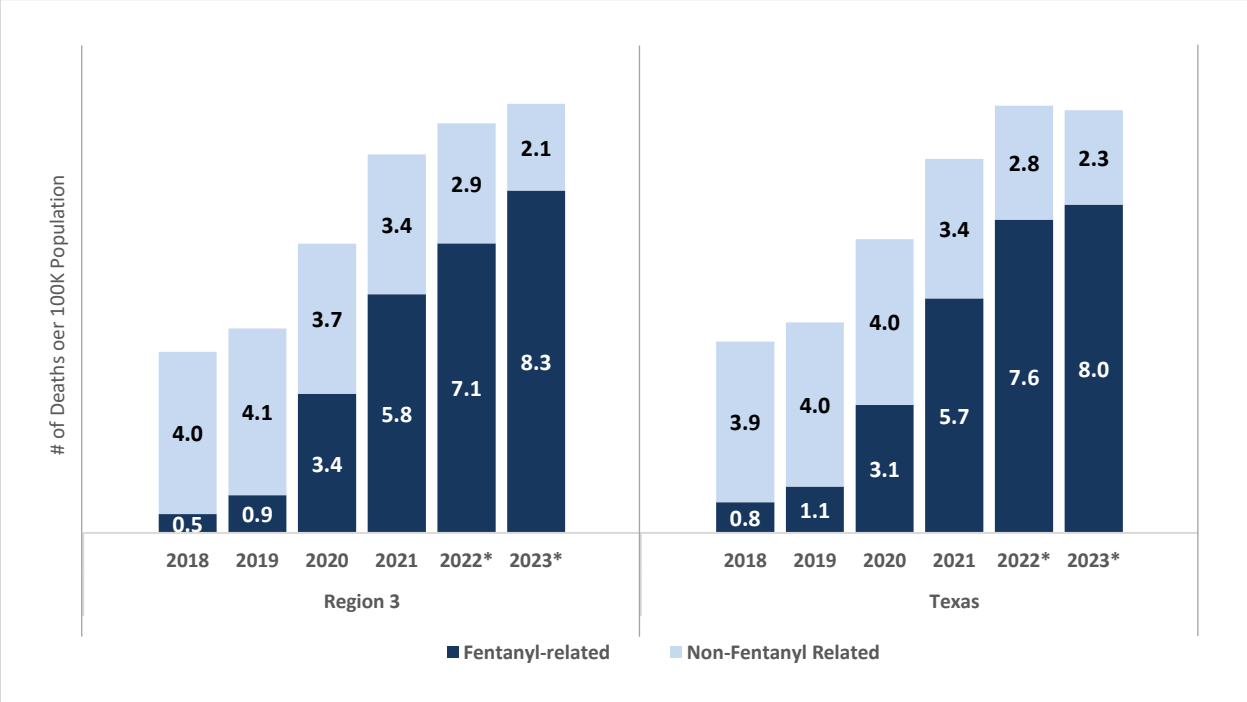
Figure 78 shows the rates for drug related poisoning deaths per 100K population for Region 3 and Texas. In 2023, Region 3 had a rate of 19.6 drug related poisoning deaths per 100K population, surpassing Texas' rate of 18.7 deaths per 100K population. From 2018-2023, both Region 3 and Texas experienced 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. Overall, Region 3 experienced a 106% increase over the six-year period from 2018 to 2023.

[151] Centers for Disease Control and Prevention. (2024).

Figure 79 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 2023, synthetic fentanyl poisoning deaths are now responsible for 79.8% of all opioid poisoning deaths in the region, surpassing Texas. The largest jump in percentage occurred between 2019 and 2020, where the percentages increased 170% from 18% to 48.6%.

In addition to the rapid rise of fentanyl-related deaths, stimulant-related deaths in Region 3 are also significantly increasing. Cocaine-related deaths during the 2018-2023 time period have nearly doubled and psychostimulant-related deaths (such as meth) have more than tripled.

Figure 79 – Region 3 Total Opioid-related Poisoning Deaths (per 100K Population), By Synthetic Fentanyl Status, 2018-2023*



Centers for Disease Control and Prevention [152]

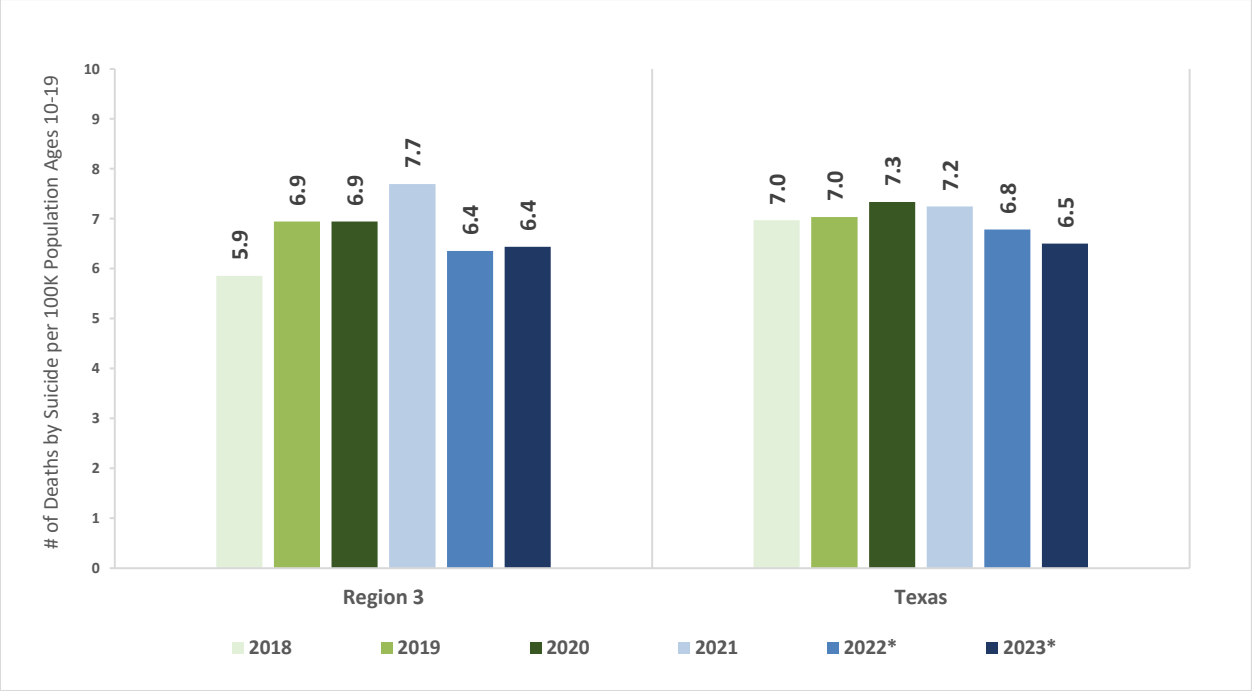
*Death data for 2022 and 2023 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized. We ask that you consider the limitations of these non-final statistics and either keep these for internal use only or accurately cite the non-final nature of these statistics.

[152] Centers for Disease Control and Prevention. (2024).

Adolescent Deaths by Suicide

The following data comes from the Texas Department of State Health Service's Texas Death Certificate Data. **Figure 80** 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 increases from 6.9 in 2020 to 7.7 in 2021, surpassing the Texas rate (7.2) in 2021. However, in 2022 and 2023 the region rate lowers to 6.4 deaths per 100K adolescents, relatively similar to Texas' rate of 6.5 deaths per 100K adolescents.

Figure 80 – Region 3 Adolescent Deaths by Suicide (per 100K Population Ages 10-19), 2018-2023*



Texas Department of State Health Services [153]

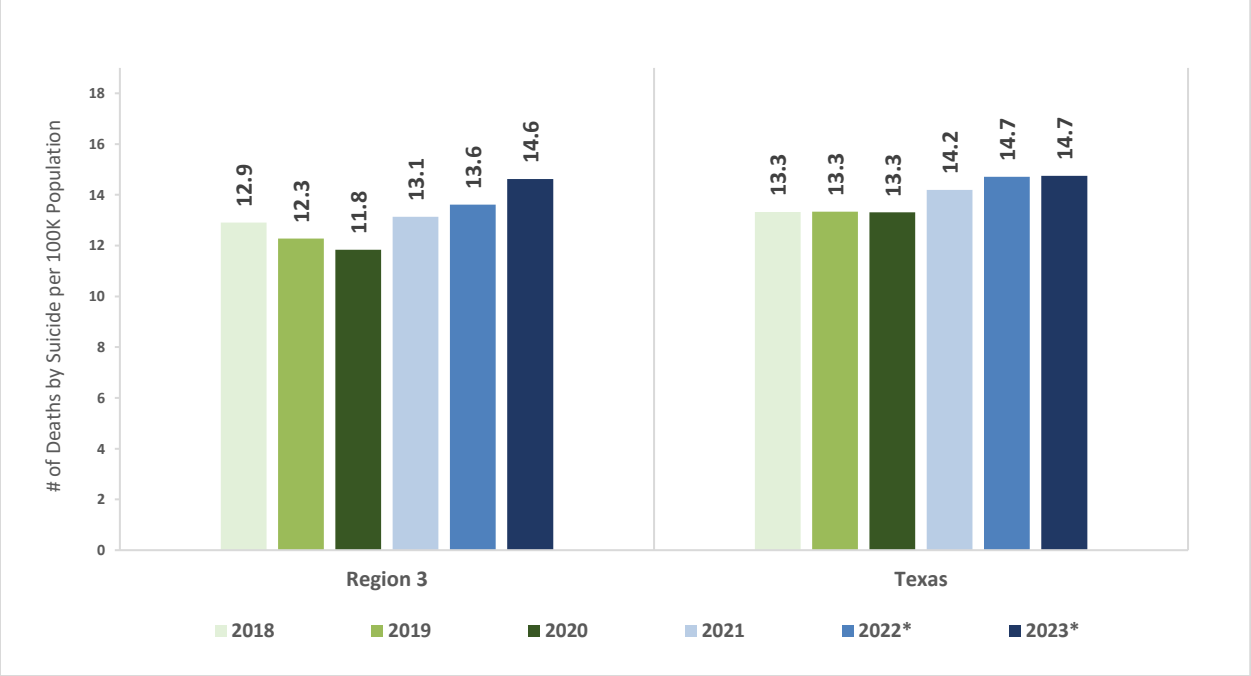
*Death data for 2022 and 2023 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized. We ask that you consider the limitations of these non-final statistics and either keep these for internal use only or accurately cite the non-final nature of these statistics.

[153] Texas Department of State Health Services. (2024b).

Total Deaths by Suicide

The following data comes from the Texas Department of State Health Service's Texas Death Certificate Data. **Figure 81** shows the rate of all deaths by suicide per 100K population. For Region 3, rates reflected a steady decrease from 2018 to 2020. However, from 2020 to 2023, deaths by suicide in the region have steadily increased since the onset of the COVID-19 pandemic. In total, the region experienced a 23.7% increase from 2020 to 2023.

Figure 81 – Region 3 Total Deaths by Suicide (per 100K Population), 2018-2023*



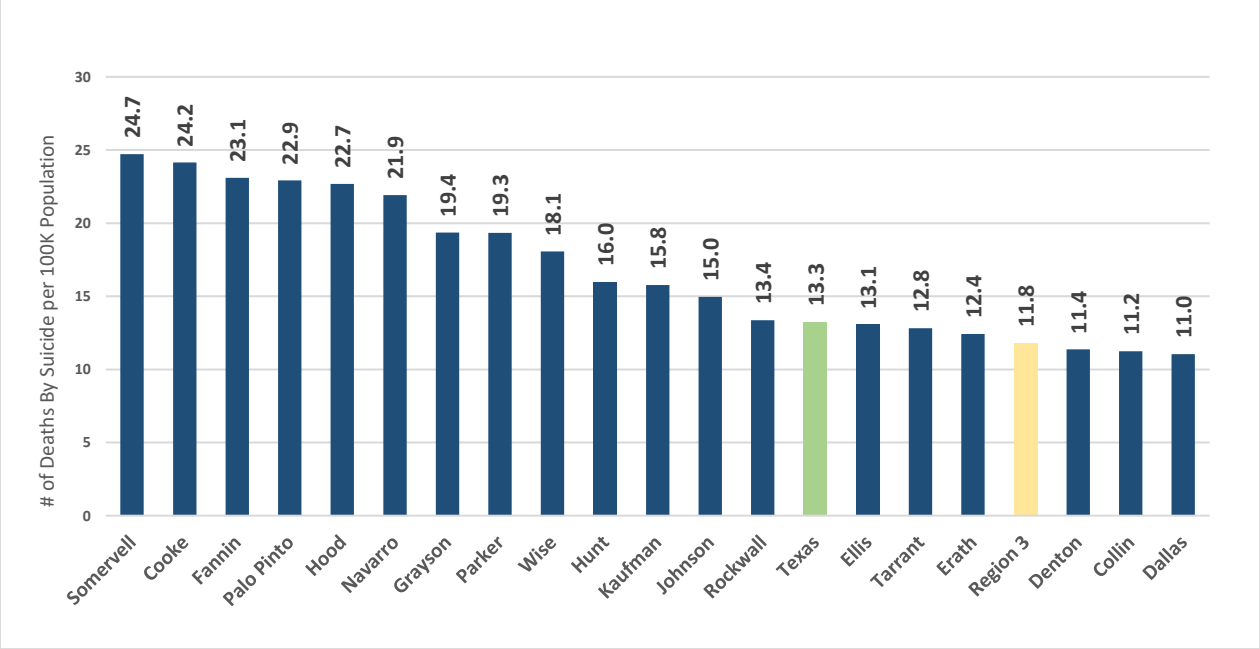
Texas Department of State Health Services [154]

*Death data for 2022 and 2023 are non-final. They are tabulated based on data that is not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized. We ask that you consider the limitations of these non-final statistics and either keep these for internal use only or accurately cite the non-final nature of these statistics.

[154] Texas Department of State Health Services. (2024b).

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). **Figure 82** 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 82 – Region 3 Total Deaths By Suicide (per 100K Population), by County, 2020



Centers for Disease Control and Prevention [155]

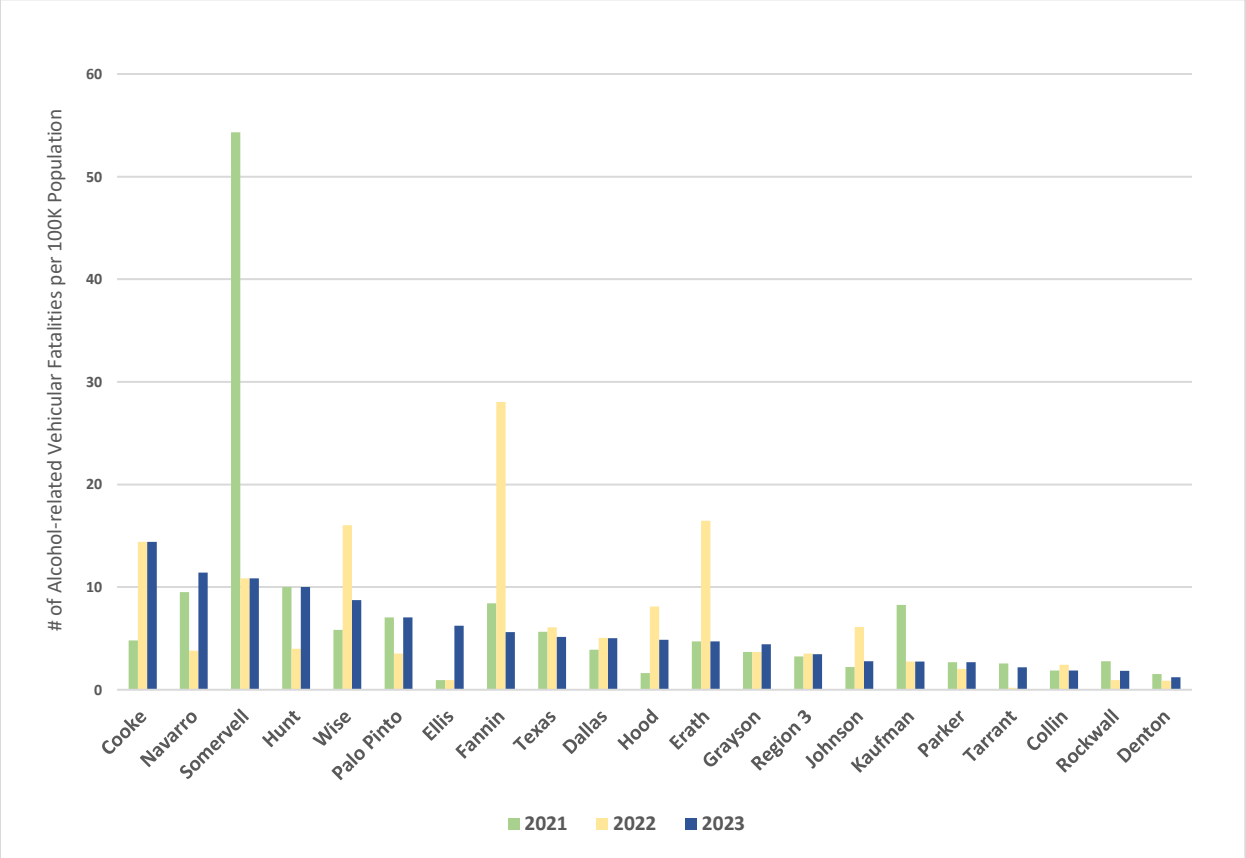
[155] Centers for Disease Control and Prevention. (2020).

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 2021-2023.

Figure 83 and **Table 33** show the rate of DUI related fatalities per 100K population in Region 3 by county. In 2023, the Texas rate was 5.1 per 100K population. In 2023, the highest rates were found in Cooke, Navarro, and Somervell Counties, respectively. Nine Region 3 counties saw an increase in the rate of DUI related fatalities from 2022 to 2023. In 2023, there were eight counties that had a higher rate than both Region 3 and Texas.

Figure 83 – Region 3 Alcohol-related Vehicular Fatalities (per 100K Population), by County, 2021-2023



Texas Department of Transportation [156]

[156] Texas Department of Transportation. (2023).

Table 33 – Region 3 Alcohol-related Vehicular Fatalities (per 100K Population), by County, 2021-2023

Report Area	2021	2022	2023
Collin	1.9	2.4	1.9
Cooke	4.8	14.4	14.4
Dallas	3.9	5.1	5.0
Denton	1.5	0.9	1.2
Ellis	0.9	0.9	6.2
Erath	4.7	16.5	4.7
Fannin	8.4	28.0	5.6
Grayson	3.7	3.7	4.4
Hood	1.6	8.1	4.9
Hunt	10.0	4.0	10.0
Johnson	2.2	6.1	2.8
Kaufman	8.3	2.8	2.8
Navarro	9.5	3.8	11.4
Palo Pinto	7.0	3.5	7.0
Parker	2.7	2.0	2.7
Rockwall	2.8	0.9	1.9
Somervell	54.3	10.9	10.9
Tarrant	2.6	0.2	2.2
Wise	5.8	16.0	8.7
Region 3	3.2	3.5	3.5
Texas	5.6	6.1	5.1

Texas Department of Transportation [157]

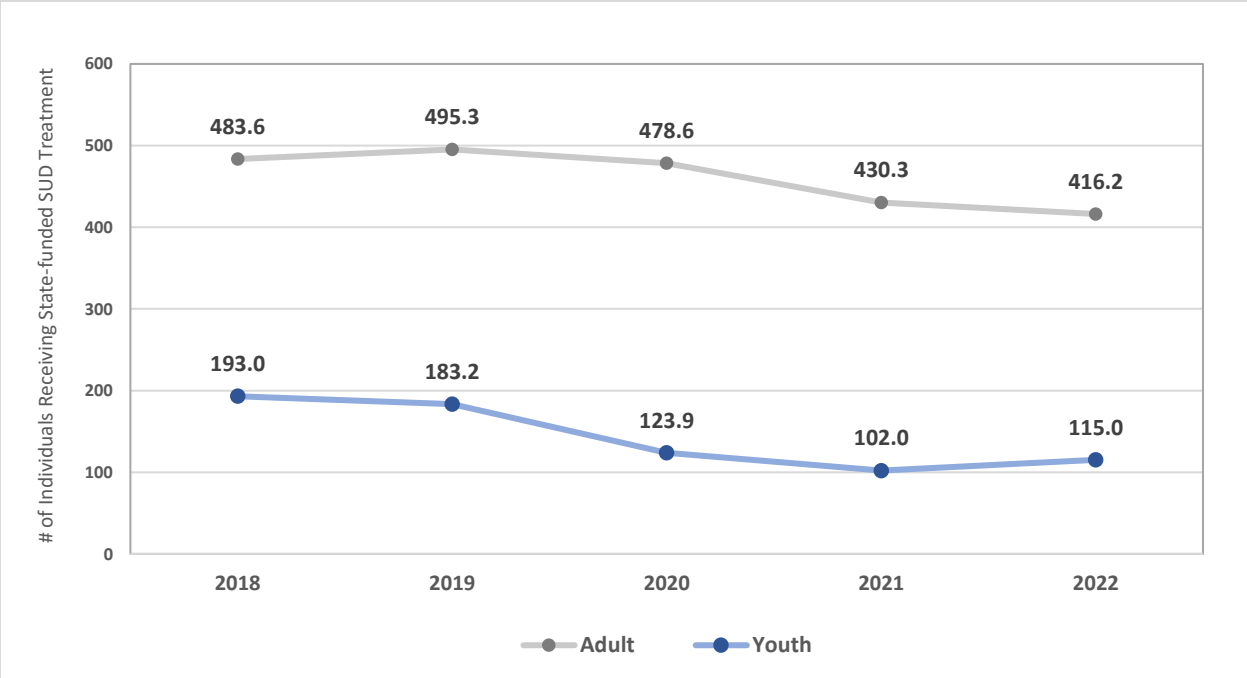
[157] Texas Department of Transportation. (2023).

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 and overall decrease.

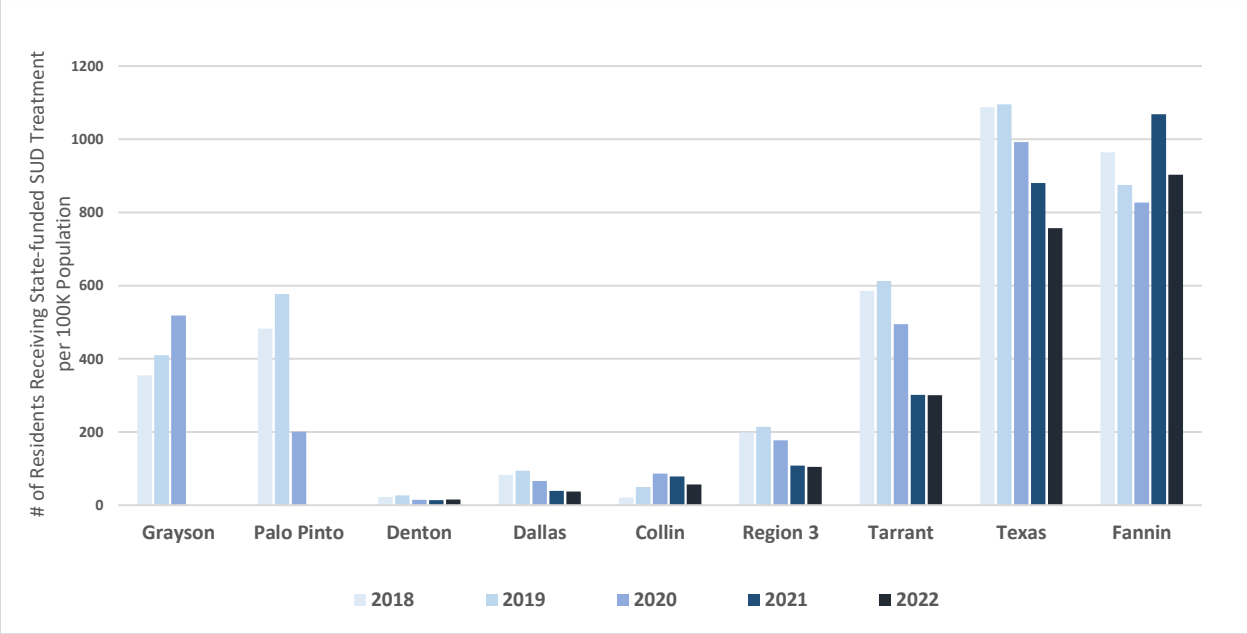
Figure 84 – Texas Residents Receiving State-funded Substance Use Disorder (SUD) Treatment (per 100K Adult/Youth Population), by Age, 2018-2022



Texas Health and Human Services [158]

[158] Texas Health and Human Services. (2023).

Figure 85 – Texas Residents Receiving State-funded Substance Use Disorder (SUD) Treatment (per 100K Population), by County, 2018-2022



Texas Health and Human Services [159]

*Counties with values of zero are not displayed

Figure 85 and **Table 34** 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.

[159] Texas Health and Human Services. (2023).

Table 34 – 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 [160]

[160] Texas Health and Human Services. (2023).

Criminal Justice

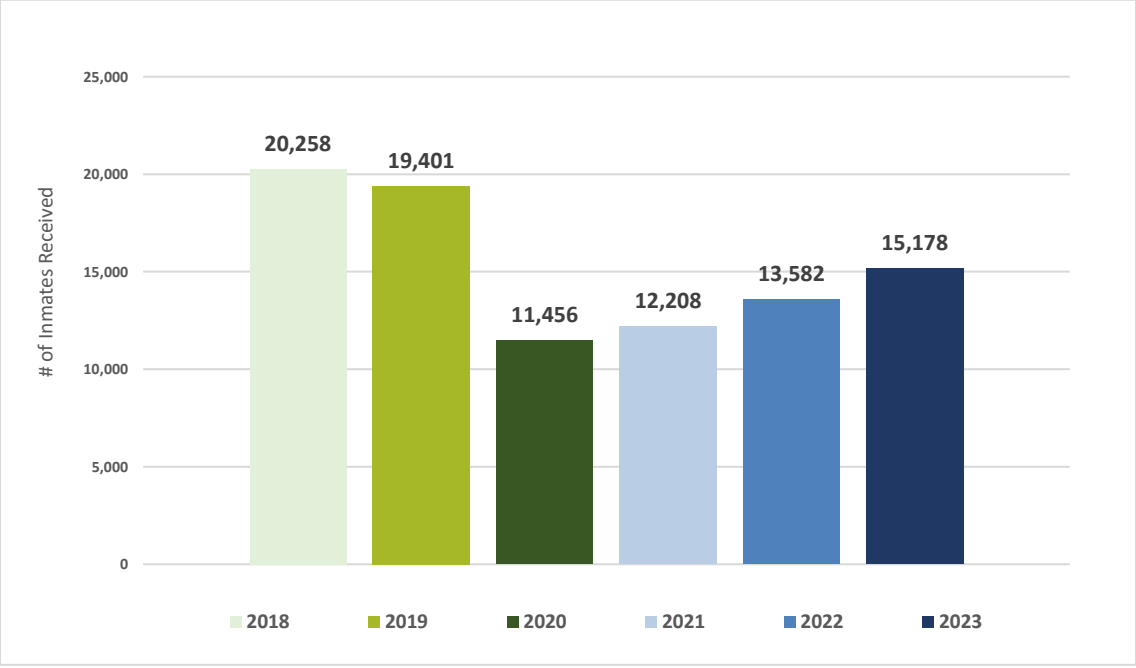
Incarceration

The Texas Department of Criminal Justice (TDCJ) is the primary state agency in Texas that manages inmates in state prisons, state jails, and private correctional facilities that contract with the TDCJ. The agency also provides funding and certain oversight of community supervision (previously known as adult probation) and is responsible for the supervision of inmates released from prison on parole or mandatory supervision. TDCJ's annual statistical reports provide data for the incarcerated population broken out by the main offense for which people are incarcerated. It should be noted that this data is only for state-level jails, prisons, and private correctional facilities. This does not include individuals that are for incarcerated in federal prisons that happen to be located in Texas. The term repeat inmate is used to highlight rates of recidivism for drug-related offenses. This is particularly important when considering the ability of inmates to access treatment and be connected to wraparound services to support them as they transition out of state custody.

Additional Definitions from the TDCJ:

- **Inmates Received:** Inmates arriving at TDCJ during the fiscal year as a new inmate or for revocation processing. (Also known as "Receives").
- **New Inmates:** Inmates admitted to a TDCJ facility for the first time on an offense or are repeat inmates who were not under parole or mandatory supervision at the time of their new conviction. (Also known as "New Receives").

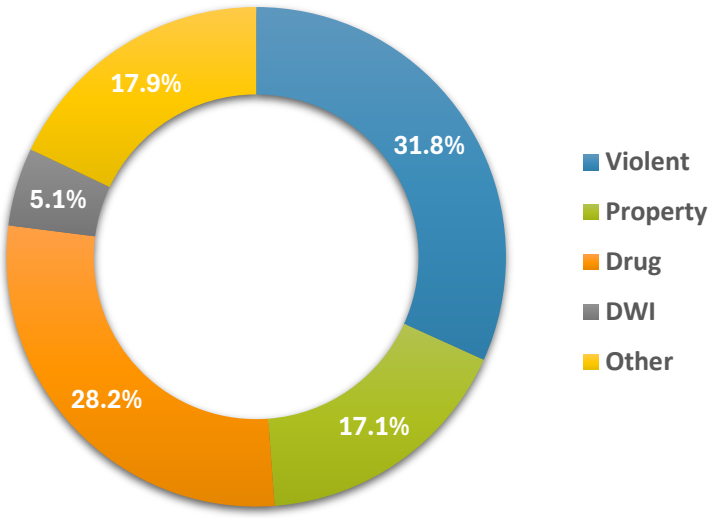
Figure 86 – Texas Total Inmates Received with Drug-related Offenses, 2018-2023



Texas Department of Criminal Justice [161]

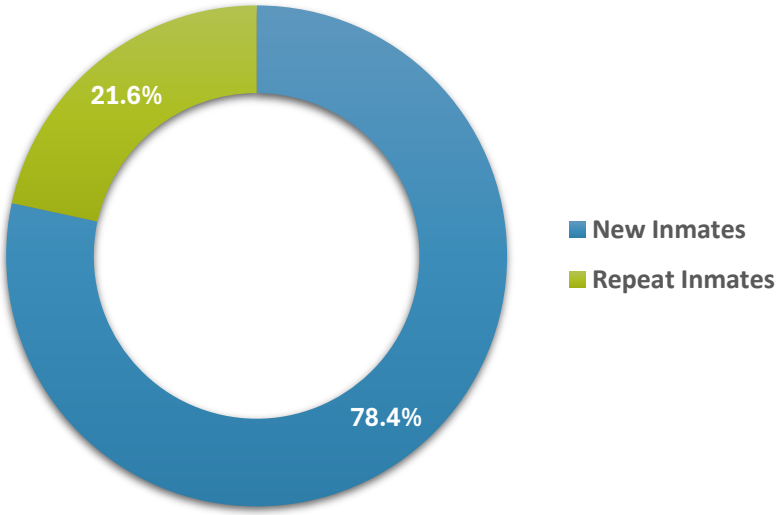
[161] Texas Department of Criminal Justice. (2024).

Figure 87 – Texas Total Inmates Received, by Offense Type, 2023



Texas Department of Criminal Justice [162]

Figure 88 – Texas Total Inmates Received with Drug-related Offenses, by Admission Status, 2023



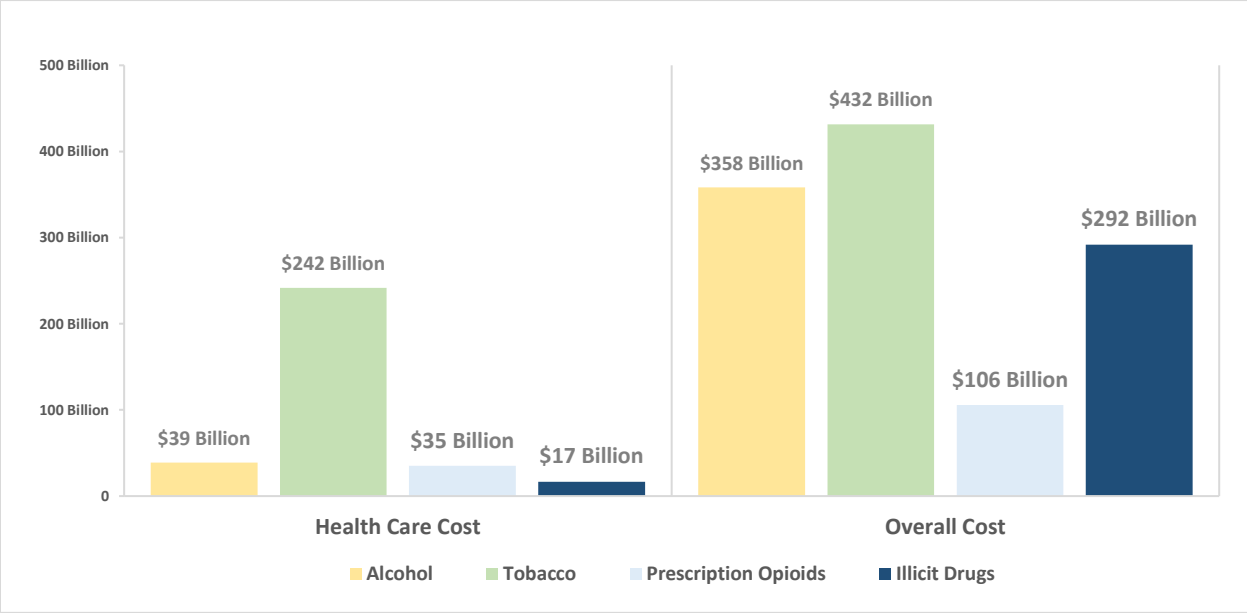
Texas Department of Criminal Justice [163]

[162] Texas Department of Criminal Justice. (2024).
[163] Ibid.

Economic

Estimated Economic Impact of Underage Drinking and Drug Use/Misuse

Figure 89 – National Estimated Economic Costs of Substance Use, by Substance



National Institute on Drug Abuse [164]

* Includes costs related to crime, lost work productivity, and health care. Estimates are calculated based on data from varying years (2007-2013) and are adjusted for inflation in 2023

Figure 89 above reflects the national estimated economic costs of substance use by the National Institute on Drug Abuse adjusted for inflation in 2023. 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.

[164] National Institute on Drug Abuse. (2013).

Emerging Trends

Impact of COVID-19 on Behavioral Health

It is worth noting that societal norms, particularly 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. Although the pivotal factor remains unclear, tolerance for long-term mental and emotional distress, and the societal expectation to withstand it, seems to have significantly decreased. Society witnesses this phenomenon in the unprecedented waves of workers leaving careers due to burnout such as teachers, frontline workers, and other essential workers. Despite increasingly difficult economic conditions and job markets, the effects of the so-called "Great Resignation" continues to reshape today's economic climate.

As morbid of a cause it may be, the pandemic seems to have also left room for authentic conversations about what is truly needed to take care of one's well-being. As observed in PRC's recent qualitative data collection efforts 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. 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).

Qualitative Data Reports

Overdose Data to Action: 2024 Dallas County Community Needs Assessment Findings

In 2024, the Recovery Resource Council partnered with Dallas County Health and Human Services (DCHHS) to complete a community needs assessment aimed at understanding the needs, gaps, and barriers related to addressing the opioid epidemic in Dallas County. Although certain aspects of the report are specific to the county, much of the findings are relevant to stakeholders across the region:

- **Accessible Transitional Housing:** Transitional housing with expanded services such as mental health and other wraparound services are essential in bridging the gap to permanent housing, reducing homelessness, and promoting recovery for those struggling with substance use and mental health. However, accessibility to these programs for individuals on non-traditional paths (such as medication-assisted treatment) and vulnerable populations is crucial. Rigidly structured rules often exclude those who need more flexibility in their recovery journey.
- **Accessible Wraparound Services**: In acknowledging the holistic nature of substance use, it is essential for stakeholders to prioritize providing comprehensive wraparound services to promote healing and self-efficacy for those who struggle with substance use. These resources include (but are not limited to) educational support, employment assistance, mental health services, food assistance, housing support, and logistical support such as help getting a driver's license, birth certificate, and other documentation. For justice-involved individuals, facilitating self-efficacy involves ensuring that individuals have a reasonable path to being reintroduced to society.
- **Cross-sector Integration of Recovery Support Specialists**: Despite negative stigma acting as a large barrier to achieving long-term recovery, most participants shared that knowledgeable and experienced Recovery Support Specialists who had personal experience with substance use were effective advocates in navigating cross-sector services and improved feelings of safety, community belonging, and social support – three key factors to participants' long-term recovery.
- **Intersectional Supports for Vulnerable Populations**: While resources for recovery support are already difficult to access across the state, it is further difficult for members of vulnerable populations such as LGBTQ+ individuals, individuals with disabilities, and limited-English minorities to find services and resources that are accessible to them. For example, adults with invisible disabilities such as autism spectrum disorder (ASD) may struggle with the rigidity of traditional 12-step programs and require more flexibility to account for their sensory sensitivities and enhanced communication assistance. Involving members of these communities in decision-making processes is vital to ensuring accessibility.
- **Cross-sector Implementation and Enforcement of Trauma-informed Practices:** Although discussion of trauma-informed care has become more common in the mental health and substance use fields, there is still much to be improved as participants commonly shared dehumanizing experiences being stigmatized in encounters with other stakeholders such as practitioners in healthcare and criminal justice sectors. These experiences heavily contributed to aversions to seeking long-term recovery.
- **Outdated Policies:** Texas has several policies that are in need of improvement such as its version of the Good Samaritan Law (Jessica Sosa Act) that is among the most restrictive for people with lived experience (PWLE) reporting overdoses compared to other states that protect individuals who report and respond to overdoses more broadly.[165]

[165] Baumgartner, M. & Ledat, C. (2024).

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 at **214-522-8600** or visit **www.prc3.org.**

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

- *Stand Out. Act Responsibly (SOAR)* – serving Eagle Mountain-Saginaw communities
- *Stay on Track* – serving Keller and Northeast Tarrant County
- *Power 2 Choose* – serving Texas Christian University
- *Sensible Mavericks Acting Responsibly Together (SMART)* – serving University of Texas at Arlington
- *Follow Our Lead* – serving Weatherford College
- *Stand Out Unified Leaders (SOUL)* – serving Crowley ISD

Recovery Resource Council
Dallas Area Drug Prevention Partnership (DADPP) – serving southern Dallas
1822 Cadiz Street
Dallas, TX 75201
www.drugfreedallas.org and www.recoverycouncil.org

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

IMPACT Communities

- *IMPACT Dallas* – serving Dallas County
- *IMPACT Navarro County* – serving Navarro County

201 Ferris Ave, Suite G
Waxahachie, TX 75165
https://impactcommunities.org

REACH Council

- *REACH Across Johnson County* – serving Johnson County and surrounding area
- *Ellis County Drug Free Coalition* – serving Ellis County

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.
- **Dallas Area Safe Kids Coalition**
  Dallas Area Safe Kids (a program sponsored by Children's) is dedicated to preventing unintentional childhood injury which is the number one killer of children ages 14 and under.
- **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, especially as it relates to pediatric asthma.
- **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.
- **Hood County for Healthy Children**
  The Hood County for Healthy Children coalition focuses on child abuse prevention in Hood County.
- **Injury Prevention Collaborative**
  Serving Tarrant County, this coalition is dedicated to preventing unintentional childhood injury which is the number one killer of children ages 14 and under.
- **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.
- **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

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

12th Step Ministry
https://twelfthstepministry.org/event-directory/ Nicotine Anonymous (adult only – in-person)

Recovery School Resources

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

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

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

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

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

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

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

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

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

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

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

The University of Texas at Dallas established a Collegiate Recovery Program (CRP) in 2014 under its Division of Student Affairs. While the campus does not have separate housing designated for students in recovery, the campus does have a clubhouse for 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 35 shows all local mental health authorities (LMHA) in Region 3 by counties they serve.

Table 35 – Region 3 Local Mental Health Authorities (LMHA)

County	Mental Health Authority	Contact
Collin	LifePath 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 Successes

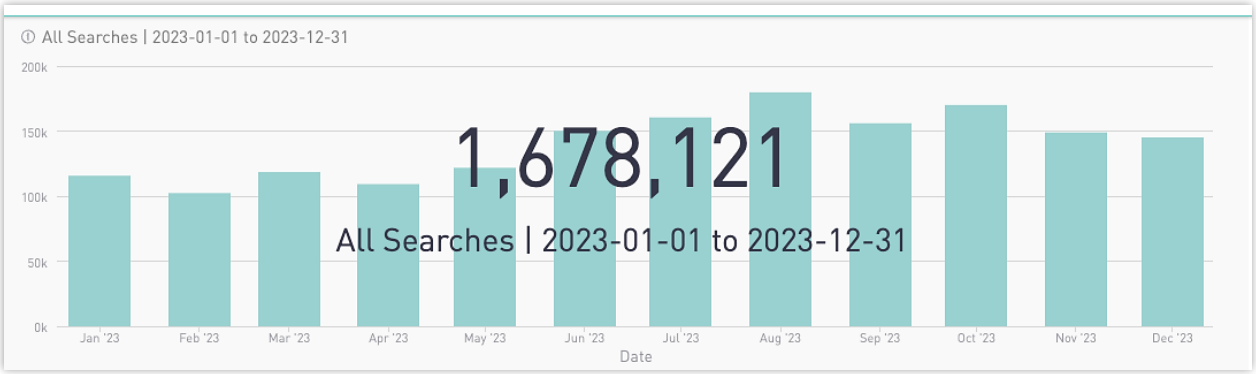
In terms of successes, the collaboration between the Recovery Resource Council and Dallas County Health and Human Services (DCHHS) in creating the 2024 Dallas County Community Needs Assessment served as an example of effective collaboration in the region. The partnership allowed specialized knowledge of the field of substance use prevention to be combined with the credibility and resources necessary to recruit participants who may otherwise be less agreeable to dedicating their time to such efforts. In particular, the participation of certain individuals from vulnerable populations allowed PRC3 access to qualitative data that highlights local issues that will help guide the PRC's future data collection and dissemination efforts. This structure of collaboration may serve as a framework for the PRC to build other successful collaborations and build capacity with community partners across the region. Additionally, several counties across the region prepare to receive opioid settlement funds that will allow the funding of initiatives such as expansion of drug diversion courts, expansion of overdose response teams, and fiscal partnerships with local community-based organizations to provide further mental health services, recovery support, and other wraparound services.

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 90 – 92 show the 2023 Search Data Snapshot provided by Findhelp for Region 3 and its 19 counties as a whole. In 2023, there were 1,678,121 searches in Region 3, with the largest number of searches occurring in August, followed by October and July. Of those searches, 38.29% 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." The second highest search category was for food-related resources at 15.43% with "food pantry", "food delivery", and "emergency food" as top search terms. Additionally, 11.41% of total searches were health-related which includes medical care, mental healthcare, substance use recovery services, and more. Other notable searches in the Top 15 Search Terms involved transportation services (including to health care services), financial assistance, support groups, classes for ESL (English as a second language), and toys & gifts. The top 10 counties, cities, and zip codes are also noted in **Figure 92.**

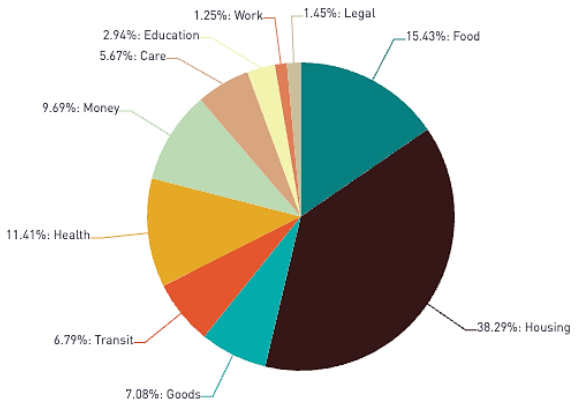
Figure 90 – Findhelp Search Data Snapshot, All Searches, 2023



Findhelp[166]

Figure 91– Findhelp Search Data Snapshot, Searches by Category & Most Common Search Terms, 2023

Searches by Category | 2023-01-01 to 2023-12-31



Most Common Search Terms | 2023-01-01 to 2023-12-31

TERM	DOMAIN	SEARCHES
help pay for housing	housing	105,365
food pantry	food	85,463
help pay for utilities	housing	78,525
temporary shelter	housing	39,579
financial assistance	money	39,523
help find housing	housing	33,513
transportation	transit	24,375
housing vouchers	housing	21,293
food delivery	food	16,263
transportation for healthcare	transit	15,614
emergency food	food	13,109
english as a second language (esl)	education	11,511
support groups	care	11,411
help pay for internet or phone	housing	10,957
toys & gifts	goods	10,927

Findhelp[167]

Figure 92 – Findhelp Search Data Snapshot, Top 10 Counties, Cities, and Zip Codes, 2023

Top 10 Counties | 2023-01-01 to 2023-12-...

COUNTY	SEARCHES
Dallas, TX	708,690
Tarrant, TX	403,868
Denton, TX	156,553
Collin, TX	151,686
Johnson, TX	38,049
Kaufman, TX	37,922
Ellis, TX	37,870
Grayson, TX	28,087
Parker, TX	20,833
Hunt, TX	20,238

Top 10 Cities | 2023-01-01 to 2023-12-31

CITY	SEARCHES
Dallas, TX	419,166
Fort Worth, TX	217,897
Arlington, TX	77,299
Garland, TX	53,344
Irving, TX	51,293
Denton, TX	48,281
Plano, TX	47,633
Mesquite, TX	39,883
Grand Prairie, TX	38,597
McKinney, TX	36,161

Top 10 Zip Codes | 2023-01-01 to 2023-12-31

ZIP CODE	CITY	SEARCHES
75217	Dallas, TX	97,319
76137	Fort Worth, TX	48,867
76010	Arlington, TX	29,340
75040	Garland, TX	25,128
75150	Mesquite, TX	22,793
76210	Denton, TX	22,434
75052	Grand Prairie, TX	21,719
75201	Dallas, TX	21,563
75216	Dallas, TX	21,396
75061	Irving, TX	21,059

Findhelp[168]

[166] Findhelp. (2023).
[167] Ibid.
[168] Ibid.

Gaps in Service

In terms of challenges, having access to rich local data has subsequently emphasized the existence of detrimental issues in the region in urgent need of intervention such as the lack of Spanish-speaking treatment facilities and the lack of accessible recovery support for adults with disabilities (especially for "invisible" or non-apparent disabilities). Further, the cultural recognition of the urgent need to intervene in these areas is not yet significant enough to drive immediate action, suggesting a need for increased education to elevate the visibility of issues for these vulnerable populations. Additionally, the rapid growth of the region has precipitated a rapidly growing affordable housing crisis adversely effecting the ability for those in recovery to access transitional housing particularly for those who may be on medication-assisted treatment, individuals with disabilities, and LGBTQ+ individuals. At this point in time, the data suggests that there is an exponentially higher level of need than there is available housing.

Further, community partners who serve individuals across the region have noted significant limitations in their ability to serve their communities. Medicaid reimbursement issues serve as a significant barrier for indigent populations to receive care from healthcare providers and practitioners. This is further exacerbated by large swaths of the region's population struggling to obtain healthcare insurance, as evidenced by Texas ranking highest in the nation for uninsured populations. For recovery support specialists and other people with lived experience with substance use, little known loopholes in Texas' Good Samaritan Law known as the Jessica Sosa Act – which aims to encourage bystanders to report incidents of overdoses to mitigate growing rates of overdose deaths – disqualifies them from receiving protections for making a life-saving emergency call. Despite being the most likely to be exposed to such circumstances, the law disqualifies those who have a prior drug conviction, have called 911 in the last 18 months for a suspected overdose, as well as those who have already utilized the protection once in their lifetime, among other restrictions.

Many other gaps in service noted in past assessments continue to plague the region. 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. Similarly, 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.

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 considering demographic breakdowns (such as race, sexual orientation, gender identity, disability status, military status, etc.) particularly on the county level, that data often becomes 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 qualitative data, but those efforts still depend on some level of community participation, despite qualitative data collection requiring only a fraction of the participants. PRC3 had some success in qualitative data collection efforts in 2024. However, it became evident that data collection on some vulnerable populations remains a crucial gap to fill. Communities that are adversely affected by the opioid epidemic such as the American Indian population lack the local-level data needed to convince the necessary political actors to take decisive action to intervene. This is true of other populations such as the disability population and further true still of subsets of populations such as individuals with “invisible” or non-apparent disabilities, as noted by the 2024 Dallas County Community Needs Assessment.[169] Although these gaps in representative data persist, PRC3 remains a steadfast partner and data resource to all local community stakeholders to fill in those gaps and is committed to continue bringing under-represented voices to the table.

[169] Baumgartner, M. & Ledat, C. (2024).

Conclusion

Despite growing awareness of its deadly effects across the nation, fentanyl persistently remains the #1 substance use concern across the region. While the state of Texas itself has seen its overdose death rates somewhat begin leveling off, Region 3's rates continue to surge and now surpass Texas in all drug-related poisoning deaths, opioid-related poisoning deaths, and fentanyl-related poisoning deaths. Fentanyl-related deaths in 2023 now account for 79.8% of all opioid-related poisoning deaths, compared to just 11.4% in 2018. This increasingly alarming trend undercuts regionwide efforts to stave off deaths while data collection efforts race to reflect more accurate rates, considering non-fatal overdoses outside of hospitals often continue to remain unaccounted for in local-level totals.

Furthermore, this issue is further exacerbated by the growing economic instability and lack of access to healthcare and mental health services for communities across the region. With unemployment rates slightly increasing from 2022 to 2023, financial hardship has begun to settle in more firmly for more individuals and families. Nearly 1 in 4 adults in Region 3 have been told by a doctor, nurse, or other health professional that they have a depression disorder, yet nearly 1 in 4 adults also do not have access to health insurance. Children are not faring much better; more than half of students in Region 3 have been designated as economically disadvantaged in the 2023-2024 school year. To make matters worse, from 2018 to 2022, less students engage in extracurriculars in school (a protective factor promoting social belonging) while students with substance use infractions has increased by 54.5% from the 2018-2019 school year to 2022-2023. This belabors the growing risk youth have in developing a serious substance use disorder given that the percentage of students who would not seek help for a substance use issue has also increased by nearly 25% from 2018 to 2022.

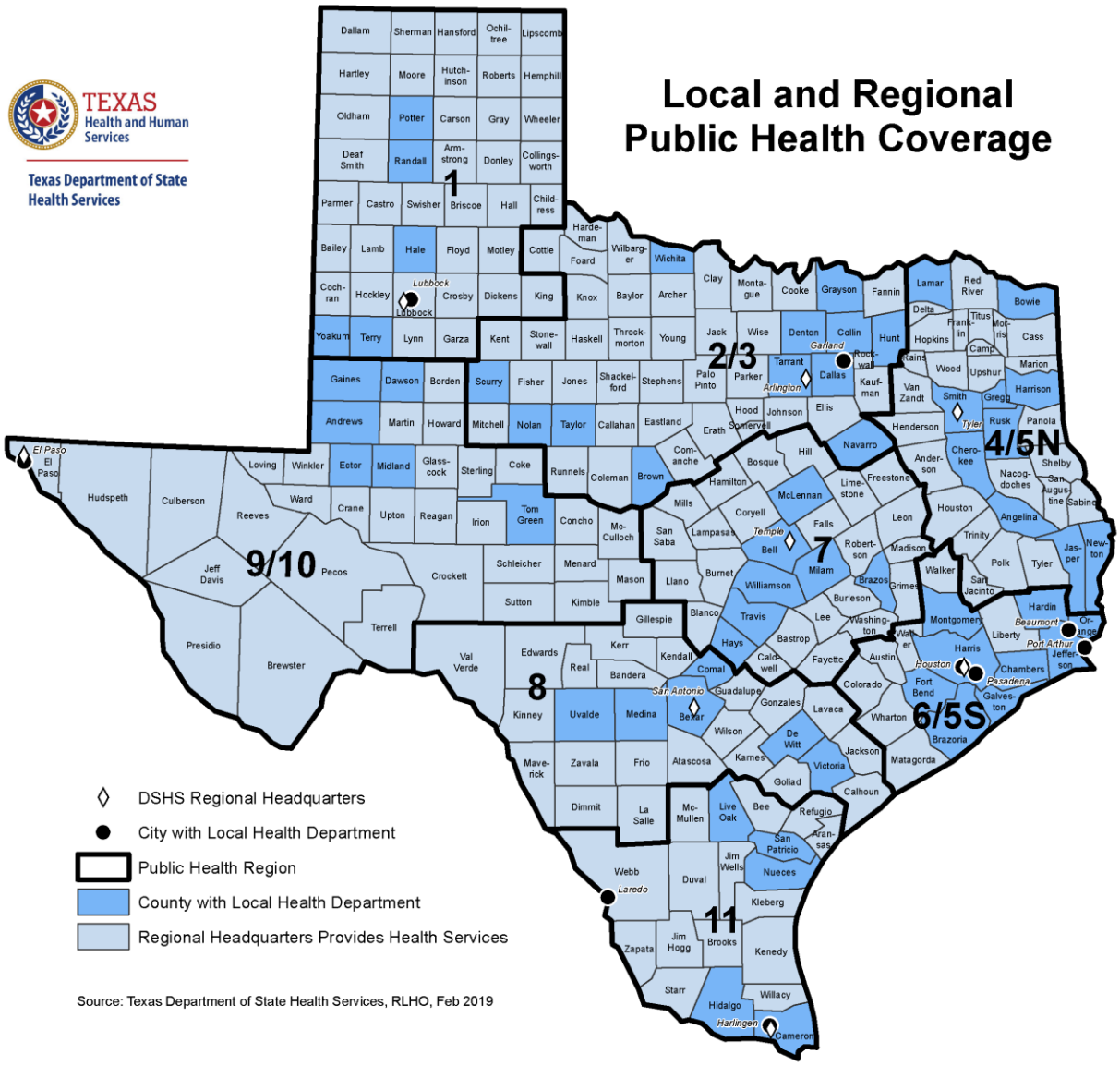
Ultimately, behavioral health disparities continue to plague our communities with the least amount of support and resources needed to nurture their well-being. This can be seen economically in our counties with the highest rates of poverty such as Navarro County. Across a variety of risk factor measures, Navarro consistently rated amongst the highest for adults without a high school diploma, drug-related arrests, violent crime, high school dropouts, family violence incidents, adult tobacco use, and more. This issue spans urban-rural lines as well. Dallas County, despite its size, 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. Furthermore, despite the lack of quantitative data, qualitative data findings suggest these exacerbated risks are also felt by the region's LGBTQ+ individuals, individuals with disabilities, and limited-English minorities.

With risks continuing to intensify across the region, it is natural to be inclined to focus on the negative factors and consequences. However, it is equally vital to build upon protective elements and strategic efforts that combat stigma, promote a sense of belonging, improve feelings of safety, and encourage self-efficacy. This aspect is often swept under the rug, as evidenced by falling rates of student feelings of safety and school connectedness, but creating spaces where communities of all races, genders, sexual orientations, abilities, and economic status can find community and find social support is just one way we can ensure the paramount task of combatting the opioid epidemic remains upstream.

Appendix

Appendix A: Tables and Figures

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, Edinburgh, Mission, Laredo**	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)

Appendix D: 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

ACEs	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. May also refer to adverse *community* experiences such as concentrated poverty, segregation from opportunity, and community violence. All these conditions and experiences contribute to community trauma, which can exacerbate the negative impacts of adverse childhood experiences (ACEs) that individuals experience. Please see the beginning the report for more information on ACEs.
Adolescent	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.
ATOD	Acronym for alcohol, tobacco, and other drugs.
Binge Drinking	Defined as consuming 5 or more drinks on an occasion for men, and 4 or more drinks on an occasion for women.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.

Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products. An example of this can be any drug that is marketed as a specific product but contains illegally manufactured fentanyl.
DSHS	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.
Drug	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.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility, making comparisons based on these measurements, and the use of the resulting information to optimize program outcomes. The primary purpose is to gain insight to assist in future change.
HHS	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.
Incidence	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.

LGBTQIA+	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.
Justice-Impacted	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.
MAT/MOUD	Medication-Assisted Treatment/Medications for Opioid Use Disorder. The use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
PCEs	Positive Childhood Experiences. Experiences during childhood that promote safe, stable, and nurturing relationships and environments. PCEs can help children develop a sense of belonging, connectedness, and build resilience.

Person-Centered Language or Person-First Language	Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are more than their substance use disorder, mental illness, or disability. 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.
PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.
Prevalence	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.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk for mental health challenges and substance use in families and communities.
Recovery	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.

Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk for mental health challenges and substance use in families and communities.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
SPF	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
Stigma	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.
SDOH	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.

Substance Abuse	When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs. **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
Substance Dependence	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
Substance Misuse or Non-Medical Substance Use	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of 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).
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A 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.
TSS	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.
YRBS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.

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