



A program of Behavioral Health Solutions of South Texas

Data Request Form

Please complete all fields below

Name:		Date of Request: ___ / ___ / ___
Agency:		
Discipline:		
Address:		
Phone Number:		
Email:		

Purpose of Request:

A specific purpose may help determine the most appropriate data to be sent.

Category Type of Data Requested:

<input type="checkbox"/> Demographic	<input type="checkbox"/> Education	<input type="checkbox"/> Mental Health and Treatment	<input type="checkbox"/> Criminal Activity
<input type="checkbox"/> Mortality	<input type="checkbox"/> Drug Consumption Patterns	<input type="checkbox"/> Drug Accessibility	<input type="checkbox"/> Other

(Refer to the Data Type Available form for a listing of available data by category)

Specific Data Request/Description:

Please provide a detailed description/listing of the data requested, including any selection criteria (i.e. males, females, Hispanic, county, other) (Refer to the Data Type Available form for a listing of specific data available by category)

**Most recent data available will be sent unless a specific year or timeframe is indicated in the description provided above.

Preferred Format: Excel PDF

Preferred Completion Date: ___ / ___ / ___

***Data request should be made with at least 3 weeks in advance of preferred completion date**

_____ For administrative use only _____

Request completed on: ___ / ___ / ___ by: _____

DSHS-funded program: Yes ___ No ___



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Data Type Available Form

(Per 2015 Regional Needs Assessment)

Demographics
<ol style="list-style-type: none"> 1. Population totals 2. Ethnicity 3. Gender 4. Wages/employment 5. Poverty rates 6. Public assistance 7. Insurance/uninsured
Education
<ol style="list-style-type: none"> 1. Dropout rates 2. Youth suspensions/expulsions 3. High school completion 4. College Admissions
Mental Health and Treatment
<ol style="list-style-type: none"> 1. Suicide rates 2. Depression rates 3. Psychiatric hospital admissions 4. Hospitalizations due to ATOD 5. Youth Substance Abuse Treatment rates 6. Adolescent screenings and referrals
Criminal Activity
<ol style="list-style-type: none"> 1. Drug Seizures 2. Domestic Abuse 3. Alcohol and drug related charges 4. Juvenile admits with alcohol needs 5. Illicit drug possession charges 6. Crime report 7. Alcohol sales and violations
Mortality
<ol style="list-style-type: none"> 1. Overdose deaths 2. Alcohol-related fatalities 3. Deaths due to other conditions
Drug Consumption Patterns
<ol style="list-style-type: none"> 1. Age 2. Past and Current Use
Accessibility to Drugs
<ol style="list-style-type: none"> 1. Perception of access 2. Perception of approval
Other
<ol style="list-style-type: none"> 1. Region 11 Focus Group Report 2. Risk and Protective Factors