2019

Regional Needs Assessment

REGION 11

Prevention Resource Center 11

A program of Behavioral Health Solutions of South Texas

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Prevention Resource Center 11
Regional Needs Assessment
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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 11 along with Evaluators from other PRC programs across the State of Texas. PRC is a program of Behavioral Health Solutions of South Texas, and funded by the Texas Health and Human Services Commission (HHSC). The PRC 11 serves 19 counties in Region 11.

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

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 11 recognizes those collaborators who contributed to the creation of this RNA.

To provide a general overview, listed below are some key findings from data gathered to complete this assessment:

1. 25.4% of individuals in region 11 had Limited English Proficiency, nearly double that of the state, 14.3%.
2. 1 out of every 4 children under the age of 18 lives in poverty in Region 11. Willacy, Starr, and Brooks County had the highest rates with nearly half of all children living in poverty.
3. More than 57,000 adults and adolescents were arrested for property & violent crime.
4. Aransas, Nueces, and San Patricio Counties had the highest rates of drug and alcohol age adjusted deaths.
5. When comparing regions, Region 11 had the highest percentage of individuals aged between 0 and 19 years, 33%.
6. Region 11 ranked second to have the highest percentage of children living in single parent households 39.2%. Brooks County had the highest percentage of children living in single parent households with over 50%, whereas Kenedy County had the lowest with 16.2%.
7. Brooks and Zapata County have had the highest rate of teen births during 2010 to 2018 in Texas. Almost all counties with the exception of Live Oak and the omitted counties reported a higher teen birth rate than the state rate.
8. For most substances listed, students in region 11 had a higher degree of perceived risk when compared to the state as a whole. Furthermore, the substance with the highest degree of perceived risk was Heroin, for both the state and Region 11.

Prevention Resource Centers

There are eleven regional Prevention Resource Centers (PRCs) providing services in the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRC are focused on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drug use, as well as other illicit drugs.

Our Purpose

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

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to alcohol, tobacco, and other drug use among adolescents and adults and share findings with community partners (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Our Regions

Current areas serviced by a Prevention Resource Center are:

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

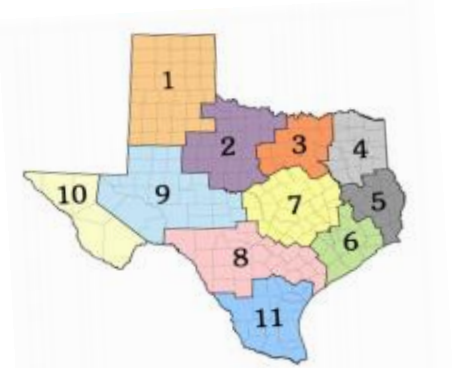


Figure 1. Public Health Region Map

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. These resources and information provide stakeholders

with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

As one reads through this needs assessment, two guiding concepts will appear throughout the report: a focus on the youth population and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of substance misuse and substance use disorders (SUDs).

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18.

The information presented in this document is compiled from multiple data sources and will therefore consist of varying demographic subsets of age which generally define adolescence as ages 10 through 17-19. Some domains of youth data conclude with ages 17, 18 or 19, while others combine "adolescent" and "young adult" to conclude with age 21.

Epidemiology

The WHO describes epidemiology as the "study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems." This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior. SAMHSA adopted an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. Intrapersonal factors are the internal characteristics of the individual of focus and

include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a substance use disorder. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).

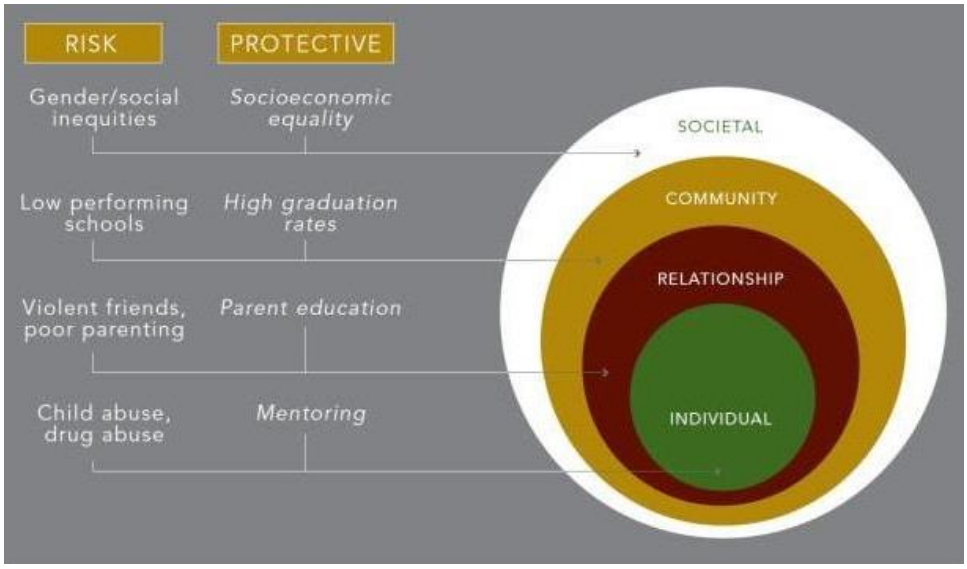


Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological

Consumption Patterns and Consequences

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS), the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

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

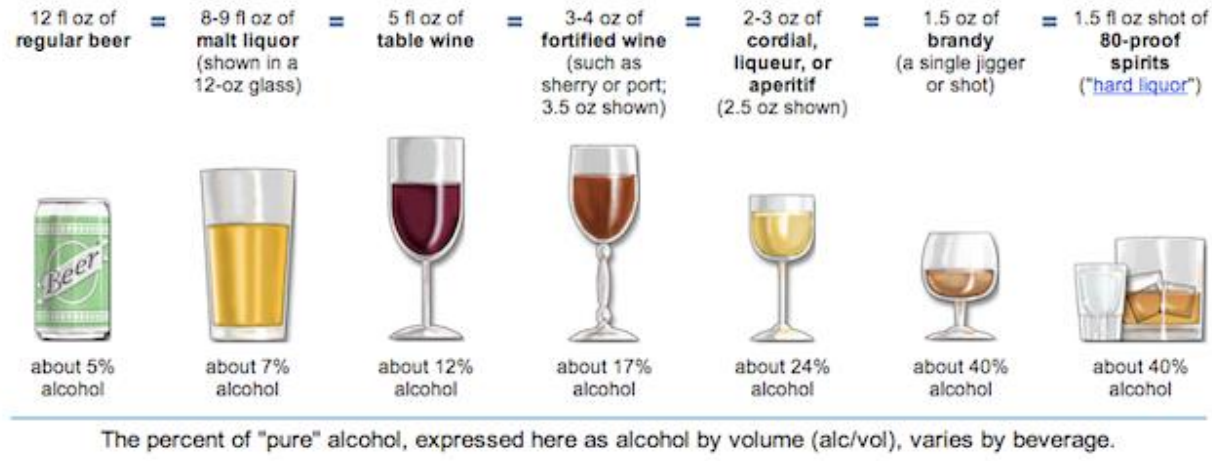


Figure 3. Definition of Drink by Alcoholic Substance

For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption. These standards define binge drinking as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of 0.08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time

span. At-risk or heavy drinking is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking. See Figure 3 for the NIAAA's operational definitions of the standard drink.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*.

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse. Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

Audience

Potential readers of this document include stakeholders from a variety of disciplines: substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields, each yielding specialized genres of professional terms and concepts related to substance misuse and substance use disorders prevention, a glossary of key concepts can be found in Appendix A of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in Appendix B.

Introduction

The Texas Health and Human Services Commission (HHSC) administers approximately 225 school and community-based prevention programs across 72 different providers with federal funding from the Substance Abuse Prevention and Treatment Block Grant to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

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 Strategic Prevention Framework in close collaboration with local communities in order 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 Institute of Medicine (IOM), which are universal, selective, and indicated.

The Health and Human Services Commission Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

Figure 4. Strategic Prevention Framework (SPF)

Our Audience

Readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

Purpose of This Report

This needs assessment reviews substance use data and related variables across the state that aid in substance use prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Health and Human Services Commission. The report seeks to address the substance use prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP). Symbols have been added to further assist readers in navigating through the statistics included in this RNA.

Symbol	Category
	Economic Well-being
	Health
	Education
	Law Enforcement
	Substance Use Behavioral Concerns
	Community

Figure 5. Category Symbol Legend

Methodology

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following: primary focus on the state-delineated prevention priorities of alcohol (underage drinking), marijuana, prescription drugs, and other drug use among adolescents; exploration of drug consumption trends and consequences, particularly where adolescents are concerned; and an exploration of related risk and protective factors as operationalized by CSAP. The purpose of this needs assessment is:

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2018 and May 30, 2019. The state evaluator met with the regional evaluators and statewide evaluator in April 2018 to discuss the expectations of the regional needs assessment for the sixth year.

Between September and July, the State Evaluator meet with Regional Evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

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

Qualitative Data Selection

In an effort to identify specific issues and gaps in services existing in the diverse communities in Region 11 related to substance use prevention, PRC 11 engaged in conducting focus groups performed throughout the communities in the Region.

Focus groups were developed by the Prevention Resource Center in Region 11 to target adult populations throughout the region. Each county focus group identified key community leaders representing a broad range of community interests to participate in these focus groups discussions. Community members from sectors such as parents, media, health care, mental health, law enforcement, and higher education participated in the focus groups. The purpose of the focus groups was to gather information about community readiness on the efforts and resources available pertaining to underage drinking, medication misuse, and marijuana use. Additionally, the focus groups were developed to gather information about community knowledge of data and resources as well as availability.

Objectives of the focus group were to:

1. To understand community knowledge of the efforts and resources pertaining to underage drinking, medication misuse, and marijuana use.

2. To understand community knowledge of data and resources (their strengths and limitations) as well as availability.

PRC 11 provided focus group development tools to community coalitions in Region 11 during the months of April to May. Guidance and tools comprised of specific guidelines and requirements to conduct adult groups in communities was provided, as well as materials necessary to complete the focus groups.

Table 1. Focus Group Breakdown

county	Parent	Media	Health Care	Mental	Law Enforcement	Higher Education	Total Groups	Total Participants
Webb	X	X	X	X	X	X	1	11
Cameron/ Willacy	X	X	X	X	X	X	1	11
Hidalgo		X	X	X	X	X	1	10
Zapata	X	X	X		X		1	10
Nueces/San Patricio	X		X	X	X	X	1	12
Starr			X	X	X	X	1	12
Total							6	66

Regional Demographics

The Regional Demographics section will present regional data sets for the following categories: Population, Age, Race, Ethnicity, Languages, Concentrations of Populations, and General Socioeconomics, which includes: Average Wages by County, Household Composition, Employment Rates, Industry, TANF Recipients, Food Stamp Recipients, and Free School Lunch Recipients.

This section will also highlight some of the regions of the state that may be identified as priority populations in terms of higher needs related to demographic and socio-economic status indicators. A priority population may be defined by demographic factors such as age, gender, race/ethnicity, income level, education attainment or grade level, or health care coverage status; disparities among demographic factors should be identified.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2018 population estimate of 29,366,479 people ranks it as the second-most populous state, behind California's 39,557,045. Texas remains ranked as the second-fastest growing state with a 2010-2018 growth change of 16.3%, behind only the District of Columbia at 16.7%, well ahead of the national growth rate of 6.0%, according to the U.S. Census Bureau. [1] [2]

Table 2 below presents regional components of Texas' significant population increases during the 2010-2018 period. Region 7 (Austin and surrounding counties) leads the growth component, followed closely by Houston and surrounding counties out of Region 6 and the Dallas-Fort Worth Area out of Region 3.

Table 2. Regional Population Estimates, 2018 (Source: U.S. Census Bureau, 2018 Population)

Region	2010 Population	2018 Population Estimate	Growth (+/-)	% Change
1	841,950	920,560	78,610	9.3%
2	550,845	574,231	23,386	4.2%
3	6,759,904	7,919,315	1,159,411	17.2%
4	1,113,321	1,211,644	98,323	8.8%
5	768,312	822,135	53,823	7.0%
6	6,115,281	7,262,352	1,147,071	18.8%
7	2,964,755	3,581,472	616,717	20.8%
8	2,615,950	3,034,265	418,315	16.0%
9	572,361	628,255	55,894	9.8%
10	828,998	947,668	118,670	14.3%
11	2,112,633	2,464,582	351,949	16.7%
Texas	25,244,310	29,366,479	4,122,169	16.3%
United States	308,758,105	327,167,434	18,409,329	6.0%

[1] Texas Health and Human Services. Texas Population 2018 Projections. https://www.dshs.texas.gov/chs/popdat/default.shtm. Accessed July 10, 2019.

[2] Bureau USC. Census Data. Annual Estimates of the Resident Population. 2010-2018. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2018_PEPANNRES&prodType=table. . Accessed July 10, 2019.

Age

In terms of age, Texas has a greater percentage of younger individuals, aged 0–19 years, compared to the national percentage. In the category of children and teen-aged youth, 0–19 years of age, Texas stands at 28.8% for 2018 whereas the United States as a whole has 25.1%. Conversely, Texas has a fewer percentage of people aged 60 and older, 17.9%, when compared to the United States, 20.5%. **When comparing regions, Region 11 had the highest percentage of individuals aged between 0 and 19 years, 33%.** There are county breakdowns for population, age, gender, and race/ethnicity located in the Appendix from Tables A1 through A3.

Table 3. Age Group by Region, 2018

Region	Population 0-19	% of Total (0-19)	Population 60+	% of Total (60+)
1	268,588	29.2%	178,362	19.4%
2	149,525	26.0%	140,051	24.4%
3	2,288,114	28.9%	1,313,504	16.6%
4	314,567	26.0%	301,091	24.8%
5	216,198	26.3%	196,226	23.9%
6	2,078,204	28.6%	1,189,390	16.4%
7	997,473	27.9%	614,153	17.1%
8	855,793	28.2%	600,746	19.8%
9	182,559	29.1%	126,603	20.2%
10	292,015	30.8%	162,369	17.1%
11	812,938	33.0%	421,032	17.1%
Texas	8,455,974	28.8%	5,243,527	17.9%
United States	82,230,798	25.1%	66,956,449	20.5%

Source: Texas Department of State Health Services, *U.S. Census Bureau, 2013 2017 5-year Estimates

Table 4. Race/Ethnicity Breakdown by Region, 2018

Region	2018 Population Estimates	White NH %	Black %	Hispanic %	Other %
1	920,560	51.6	5.3	39.0	4.2
2	574,231	67.0	5.9	23.4	3.6
3	7,919,315	45.3	14.6	31.2	9.0
4	1,211,644	64.3	15.2	17.2	3.3
5	822,135	60.1	19.7	16.4	3.9
6	7,262,352	34.4	16.3	39.6	9.7
7	3,581,472	52.9	9.4	30.6	7.1
8	3,034,265	33.6	5.6	56.5	4.3
9	628,255	44.4	4.1	48.8	2.6
10	947,668	11.2	2.4	84.0	2.4
11	2,464,582	12.5	1.0	84.9	1.6
Texas	29,366,479	40.3	11.4	41.5	6.8
United States	327,167,434	71.6	12.4	17.3	6.2

Source: Texas Department of State Health Services, *U.S. Census Bureau, 2018 Annual Estimates

Race/Ethnicity

Texas is a diverse state with a large Hispanic population. Table 4 shows the racial and ethnic distribution of Texas' population. Region 11 had the highest percentage of Hispanics with close to 85% of the population identifying as Hispanic. The race/ethnicity distribution by county for Region 11 is provided in Figure 6 found below.

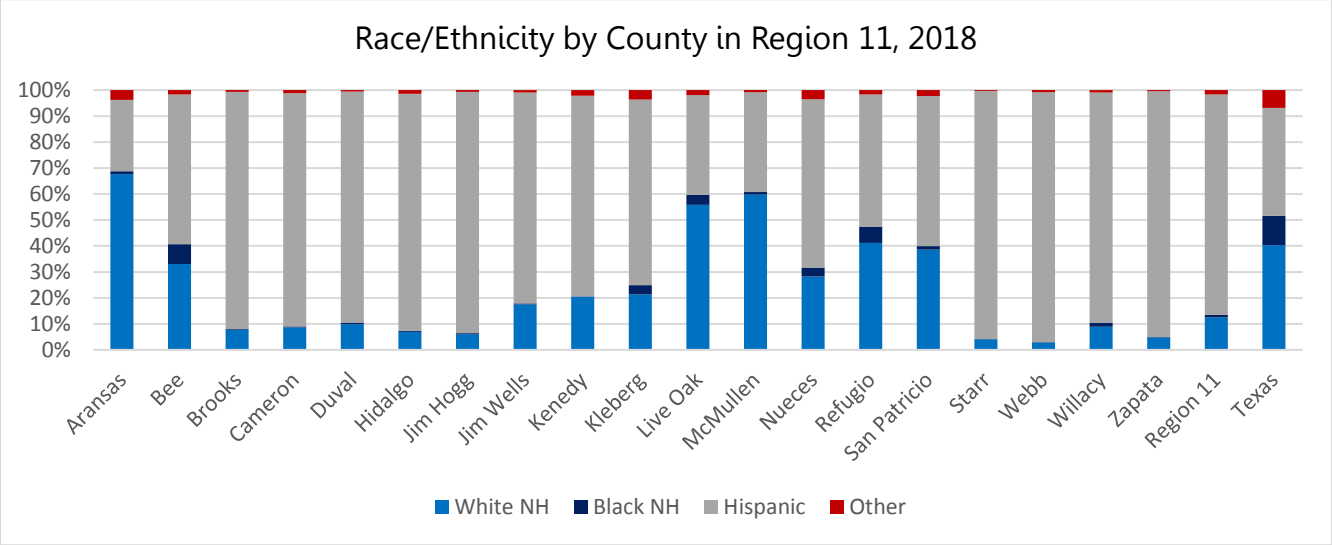


Figure 6. Source: Texas Department of State Health Services, 2018

Concentrations of Populations

Texas is the second largest state, behind only Alaska, in terms of land size (square miles). Conversely, much of the state is rural with majority of people living in densely populated urban centers. Figure 7 below shows the divide between urban and rural populations for region 11. **Majority of individuals live in urban areas, 72.7%, for our region.**

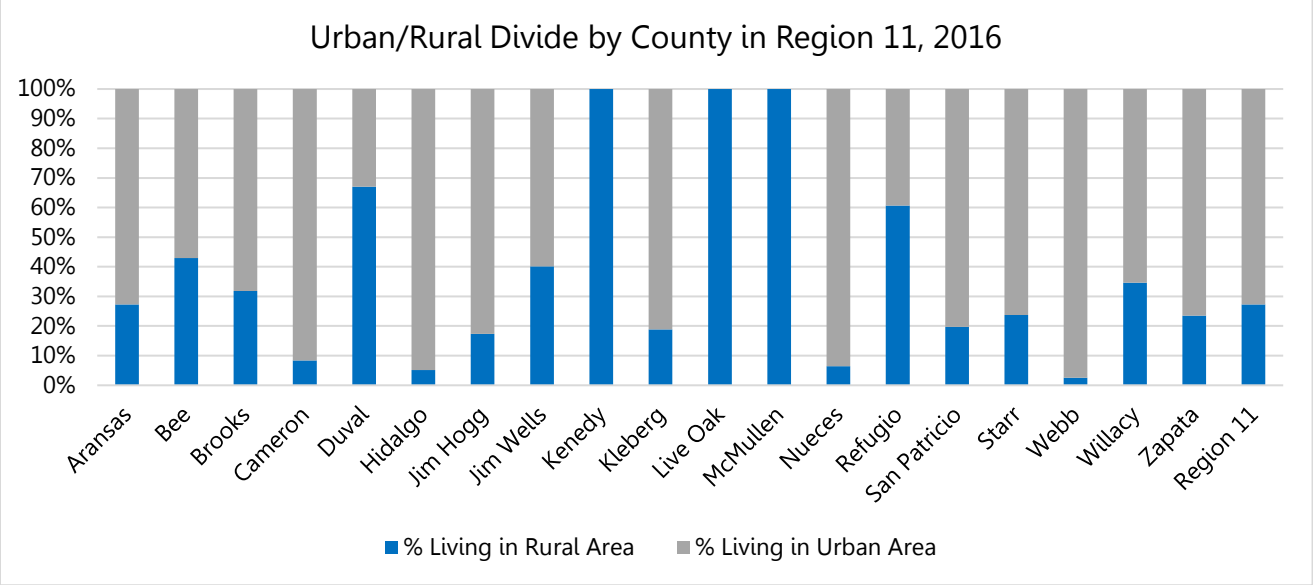


Figure 7. Urban/Rural Divide by Region 11 County, 2016; Source: County Health Rankings

Languages

With such a diverse state as Texas, it is no surprise to see a multitude of languages being spoken across the state. According to the American Community Survey, Texas has a higher percentage of foreign-born individuals, 16.8%, when compared to the United States, 13.4%, for 2017. Thus, there is a large number of individuals who speak a language other than English at home. Additionally, there is a large number of individuals with limited English proficiency, LEP. Table 5 below highlights how Texas has a greater percentage of individuals with LEP than the United States. **Furthermore, region 11 is one with the highest percentage of Spanish speaking individuals and almost double the percentage of individuals with LEP when compared to Texas.**

Table 5. Language Breakdown for Individuals Aged 5 and Older by Region, 2017

Region	Total population 5 years or older	% Speak Only English	% Speak Spanish	% With Limited English Proficiency
1	803,847	73.5%	23.5%	8.7%
2	514,095	85.2%	12.7%	5.2%
3	6,896,019	69.7%	22.5%	13.4%
4	1,059,391	87.0%	11.7%	5.4%
5	725,008	85.4%	12.1%	5.5%
6	6,301,155	61.9%	29.0%	16.7%
7	2,600,066	89.4%	22.4%	10.4%
8	2,657,455	62.4%	34.4%	11.4%
9	579,230	63.0%	34.4%	11.2%
10	792,220	28.6%	69.4%	31.8%
11	2,035,515	29.5%	69.3%	25.4%
Texas	24,964,001	65.9%	30.0%	14.3%
United States	301,150,892	78.7%	13.2%	8.5%

Source: Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The county breakdown for region 11 can be found in the Appendix A as Table A-4. It is sorted by the counties with the highest percentage of individuals with LEP. 9 counties had a greater percentage of LEP individuals than the state, and 6 counties had more than the regional average. Kenedy County was the highest with more than half, 57.3%, of their population having LEP.

General Socioeconomics

This section will cover general socioeconomic factors for region 11 as they relate to one another and the state at large. Socioeconomic factors include a multitude of factors but generally encompass variables such as occupation, employment, education, wealth, and income. Not only

are socioeconomic factors useful in understanding the characteristics of a given area, but they are important in association with general health, drug use, and other important issues.[3] [4] [5]

Household Composition

An important way to understand the family unit is to understand the housing conditions. There are different ways to look at housing conditions from the percentage of housing units that are overcrowded to the percentage of housing units with a single parent. Table 6 illustrates the number of households with children in each region and then the percentage of those household that are single parent.

Table 6. Total & Single Parent Households by Region, 2018

Region	Total Households with Children	Median % Single Parent Households
1	221,194	30.2%
2	124,700	31.4%
3	1,926,510	27.8%
4	267,183	33.4%
5	180,536	40.2%
6	1,778,729	29.2%
7	770,573	31.2%
8	720,075	34.9%
9	165,804	30.3%
10	241,546	35.7%
11	679,924	39.2%
Texas	7,076,774	33.3%

Source: County Health Rankings, 2018

The breakdown for region 11 can be seen in Figure 8 below. Brooks County had the highest percentage of children living in single parent households with over 50%. On the other hand, Kenedy County had the lowest with 16.2%. The complete table with values can be found in Appendix A under Table A-5.

[3] Patrick ME, Wightman P, Schoeni RF, Schulenberg JE. Socioeconomic Status and Substance Use Among Young Adults: A Comparison Across Constructs and Drugs. Journal of Studies on Alcohol and Drugs. 2012;73(5):772-782.
[4] Humensky JL. Are adolescents with high socioeconomic status more likely to engage in alcohol and illicit drug use in early adulthood? Substance Abuse Treatment, Prevention, and Policy. 2010;5(1):19.
[5] National Center for Health Statistics (US). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville (MD): National Center for Health Statistics (US); 2012 May.

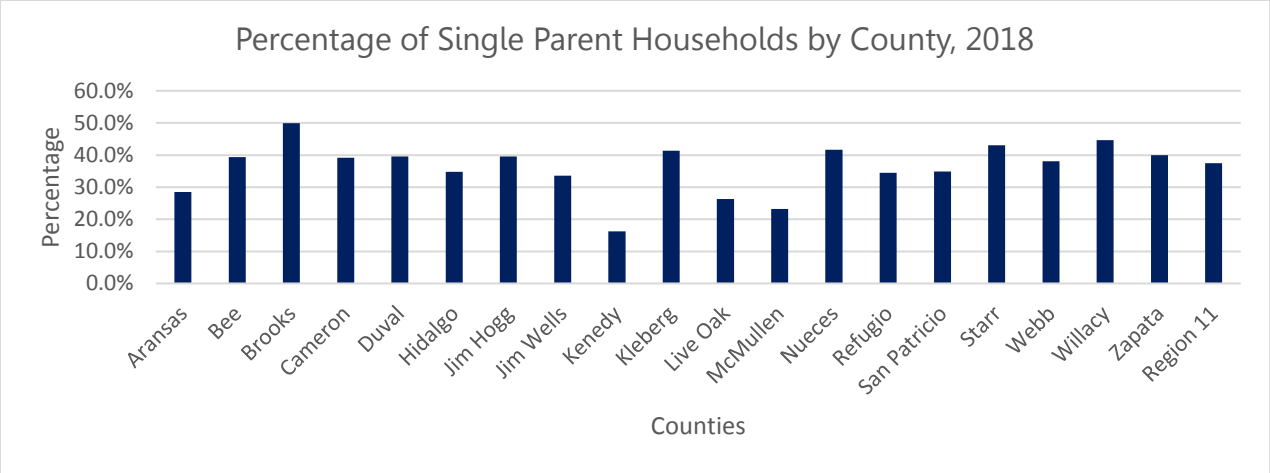


Figure 8: Percentage of Single Parent Households by County, 2018

Employment

Employment is another important factor in understanding socioeconomics. It can be assessed in a variety of ways including the average wages, unemployment rate, and median household income. You can find the unemployment rate for every region, including Texas and the United States, in Appendix A under Table A-6. According to the Bureau of Labor Statistics, Texas ranked 26th in unemployment in 2018 with an unemployment rate of 3.9%.

Table 7. Labor Force Statistics by County in Region 11, 2018

County	Median Household Income 2018	Labor Force	Total Employed	Total Unemployed	Unemployed %
Aransas	44,601	10,314	9,725	589	5.7%
Bee	45,415	9,977	9,470	507	5.1%
Brooks	24,794	2,444	2,286	158	6.5%
Cameron	36,095	166,001	155,766	10,235	6.2%
Duval	35,443	5,049	4,782	267	5.3%
Hidalgo	37,097	348,672	325,791	22,881	6.6%
Jim Hogg	31,403	1,875	1,768	107	5.7%
Jim Wells	41,103	17,059	16,133	926	5.4%
Kenedy	24,800	242	233	9	3.7%
Kleberg	41,700	13,333	12,671	662	5.0%
Live Oak	51,480	5,233	5,036	197	3.8%
McMullen	71,389	740	726	14	1.9%
Nueces	53,317	168,149	160,300	7,849	4.7%
Refugio	50,338	3,160	3,012	148	4.7%
San Patricio	53,332	30,351	28,435	1,916	6.3%
Starr	27,133	25,217	22,669	2,548	10.1%
Webb	40,442	116,573	112,190	4,383	3.8%
Willacy	29,104	6,381	5,747	634	9.9%
Zapata	34,550	5,376	5,077	299	5.6%
Region 11	40,442	936,146	881,817	54,329	5.8%

Source: US Bureau of Labor Statistics, 2018

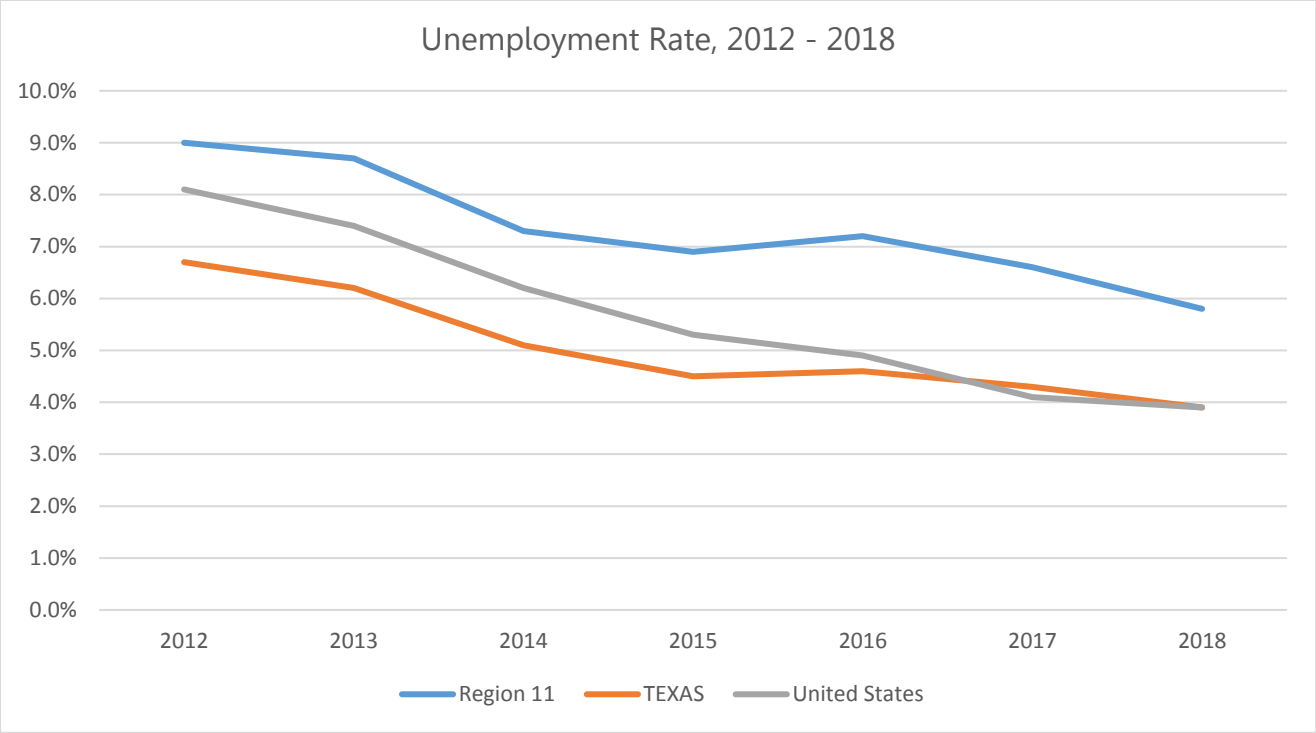


Figure 9. Unemployment Rate across Time, 2012-2018

Poverty Estimates

The U.S. Census Bureau estimates poverty through the Small Area Income and Poverty Estimates (SAIPE) report. According to this report, 580,918 individuals live below the poverty line in Region

Figure 9. Unemployment Rate across Time, 2012-2018

The U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. Willacy County continues to have the highest poverty rate in the state with approximately 35% of its residents living in poverty.

In Region 11, 1 out of every 4 children under the age of 18 live in poverty

Table 8. Poverty Estimates by County in Region 11, 2017

County	All ages %	Ages 0-17 %
Aransas	18.1%	32.2%
Bee	26.6%	33.7%
Brooks	35.0%	52.5%
Cameron	27.7%	38.4%
Duval	28.6%	40.1%
Hidalgo	29.5%	41.3%
Jim Hogg	27.3%	40.2%
Jim Wells	23.7%	36.3%
Kenedy	15.2%	18.8%
Kleberg	25.5%	34.1%
Live Oak	17.4%	25.1%
McMullen	11.6%	16.6%
Nueces	16.1%	22.8%
Refugio	16.9%	26.4%
San Patricio	19.0%	26.9%
Starr	32.0%	40.2%
Webb	27.3%	36.2%
Willacy	35.0%	44.4%
Zapata	30.0%	45.6%

Source: Small Area Income and Poverty Estimates, 2017

TANF, SNAP, and Free/Reduced Lunch Recipients

TANF, or Temporary Assistance for Needy Families, is a federally funded program run by states that provides cash assistance to low income parents and their children. This cash can be used for a variety of things including food, clothing, housing, utilities, and more. Similarly, SNAP, or Supplemental Nutrition Assistance Program, provides assistance for food purchases. This program was formally known as the Food Stamps Program, and aims to help individuals with little to no income. Lastly, the free or reduced lunch program is a federally assisted meal program aimed at providing nutritionally balanced lunches for students at little to no cost.

These factors are relevant because they assess vulnerable populations that may be more likely to have suffer from limited access to health care, poor social support, and poor health outcomes. They also represent a potential risk for children and adolescents to become involved with substance use. Given how region 11 ranks highest when compared to the other regions in terms of unemployment and poverty, it is no surprise to see the region have some of the highest rates of assistance. The regional comparisons can be found in Appendix A-7.

Table 9. SNAP Recipients by County, 2018

County	Total # of SNAP Cases	% of Total Population	Average Payment Per Case	Total # of Recipients	% 5-17 Recipients	% 18-59 Recipients	% 65+ Recipients
Aransas	1535	6.0%	$238.54	3,199	29.2%	45.5%	7.7%
Bee	2402	7.2%	$255.76	5,638	33.5%	41.0%	6.8%
Brooks	1165	15.4%	$256.60	2,728	33.5%	39.5%	9.1%
Cameron	46680	9.8%	$271.81	116,372	39.2%	33.1%	9.7%
Duval	1392	11.2%	$238.39	3,105	32.5%	41.5%	10.0%
Hidalgo	91944	9.6%	$290.41	234,074	42.2%	29.3%	9.6%
Jim Hogg	583	10.3%	$273.83	1,509	36.9%	36.2%	8.5%
Jim Wells	4142	9.5%	$264.27	9,939	34.3%	39.2%	7.7%
Kenedy	21	4.5%	$268.58	52	39.0%	32.5%	6.8%
Kleberg	2996	8.6%	$250.82	6,769	33.4%	42.7%	6.4%
Live Oak	643	5.5%	$264.59	1,547	33.1%	40.8%	7.3%
McMullen	24	3.1%	$211.12	43	25.8%	52.1%	9.0%
Nueces	30008	8.1%	$258.78	67,542	33.6%	41.8%	6.2%
Refugio	458	6.1%	$253.03	1,079	33.7%	39.6%	8.1%
San Patricio	5011	7.4%	$268.29	12,281	34.8%	39.6%	6.9%
Starr	9204	13.7%	$254.55	21,648	36.4%	30.9%	15.1%
Webb	27966	9.2%	$297.10	73,709	41.3%	30.8%	8.3%
Willacy	2520	9.7%	$243.57	5,928	35.8%	35.3%	11.7%
Zapata	1665	10.1%	$287.07	4,273	39.4%	32.0%	9.7%
Region 11	230358	9.3%	$260.37	571,435	39.5%	32.8%	9.1%
Texas	1594010	5.4%	$264.28	3,725,683	37.2%	36.4%	7.1%

Source: Texas Health and Human Services Commission, 2018

Table 10. Students Receiving Free/Reduced Lunch by Region, 2016-2017

Region	Total Students	Total Receiving Free Lunch	% Receiving Free Lunch	Total Receiving Reduced Lunch	% Receiving Reduced Lunch
1	165769	82,560	49.8%	11,248	6.8%
2	94997	45,259	47.6%	8,272	8.7%
3	1450447	687,208	47.4%	88,360	6.1%
4	198027	107,628	54.4%	13,051	6.6%
5	134754	76,037	56.4%	8,338	6.2%
6	1357919	690,085	50.8%	87,748	6.5%
7	578040	248,890	43.1%	39,431	6.8%
8	542472	283,565	52.3%	31,062	5.7%
9	119568	45,794	38.3%	7,491	6.3%
10	182146	122,728	67.4%	12,368	6.8%
11	536617	422,719	78.8%	10,402	1.9%

Source: U.S. Department of Education, National Center for Education Statistics 2016-2017

Insured and Uninsured

Health insurance is considered a key driver of health status. It is important because a lack of insurance can be a barrier to accessing healthcare such as primary care, specialty care, and other health services that contribute to poor health status. People who are uninsured are up to four times less likely to have a regular source of health care and are more likely to die from health-related problems. They are much less likely to receive needed medical care, even for symptoms that can have serious health consequences if not treated. [6]

The U.S. Census Bureau puts together a report under the Small Area Health Insurance Estimates (SAHIE) that shows the number and percentage of uninsured individuals across the nation. Since 2006, the uninsured rate has decreased across all age groups in Texas, especially for those under 19 years of age. Figure 10 shows the uninsured rate by age group across the 19 counties of region

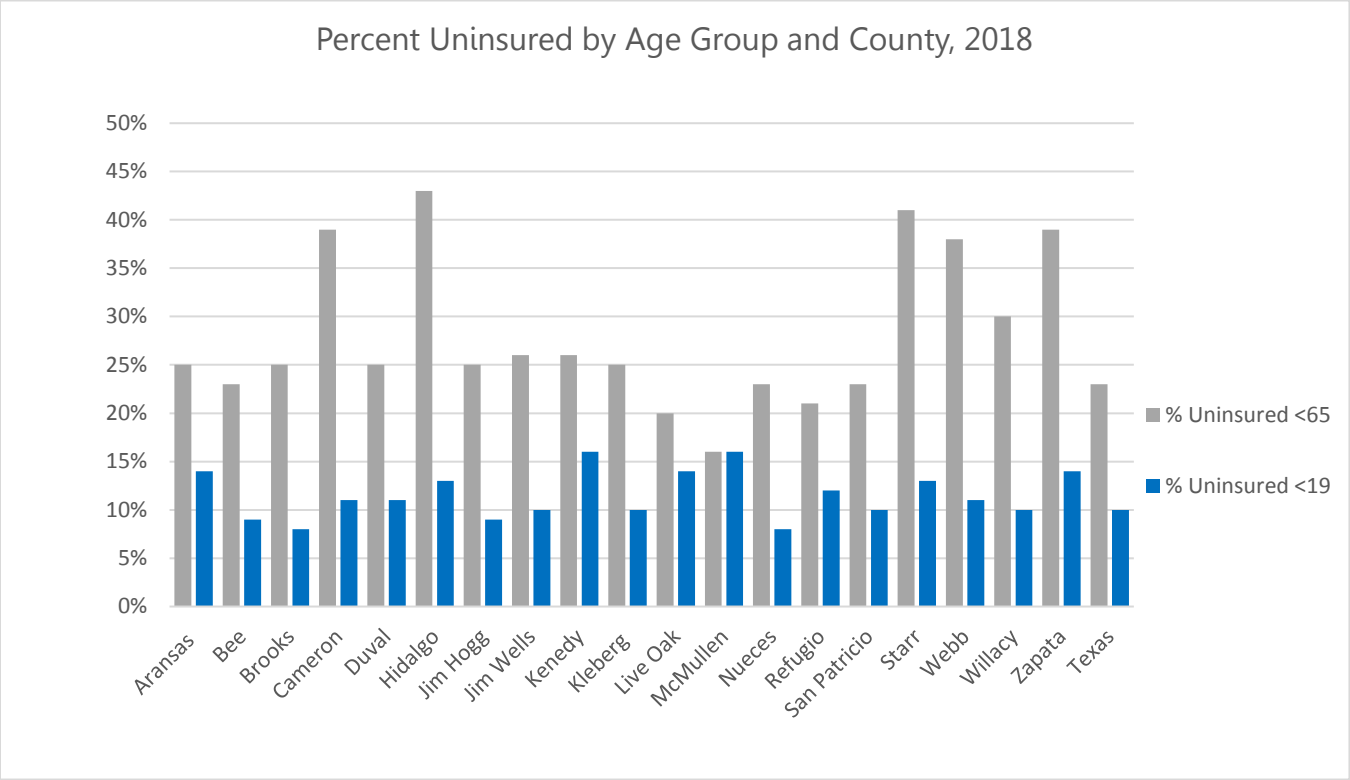


Figure 10. Percent Uninsured by Age and County, 2018

[6] The Uninsured in Texas. Texmed. https://www.texmed.org/uninsured_in_texas/. Accessed July 24, 2017.

Environmental Risk Factors

The 2009 *report Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* defines a risk factor as a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes. In the work by Dr. J. David Hawkins and Dr. Richard F. Catalano, risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout, and/or violence. [7] [8]

According to the National Institute on Drug Abuse, risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. Some risk factors are causal: cigarette smoking, for instance, has been closely linked to lung cancer. Others act as proxies (e.g., living in an area with a high prevalence of cigarette smoking) or markers of an underlying problem (e.g., having a smoker's cough).

Data related to some of the characteristics classified as risk factors predictive of adolescent problem behavior will be presented in the sections that follow.

Education

Teens who are old enough to be in 12th grade, but have dropped out of school, have higher substance use rates than their peers who are enrolled in school, according to the National Survey on Drug Use and Health (NSDUH). Dropouts ages 16 to 18 are more likely to be current users of cigarettes, alcohol, marijuana and other illicit drugs.[9]

According to the Intercultural Development Research Association (IDRA), Texas is failing to graduate one out of every four students. The racial-ethnic gaps are nearly as high as or higher than 30 years ago. Black students and Hispanic students are about two times more likely to leave school without graduating with a diploma than White students.[10]

Dropout Rates

High school dropout rates were obtained from the Texas Education Agency for 2017. A four-year longitudinal dropout rate is the percentage of students from the same class who drop out before completing their high school education. The state of Texas had a slightly higher average dropout rate, 5.9, than Region 11, 5.7. Additional information can be found in Appendix Table A-9.

[7] OConnell ME, Boat TF, Warner KE. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, D.C.: National Academies Press; 2009.
[8] Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin. 1992;112(1):64-105.
[9] Tice, P. Substance Use among 12th Grade Aged Youths by Dropout Status. The CBHSQ Report: February 12, 2013. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.
[10] Written Statement Graduation for All Students. IDRA. http://www.idra.org/resource-center/written-statement-graduation-for-all-students/ Accessed July 10, 2018.

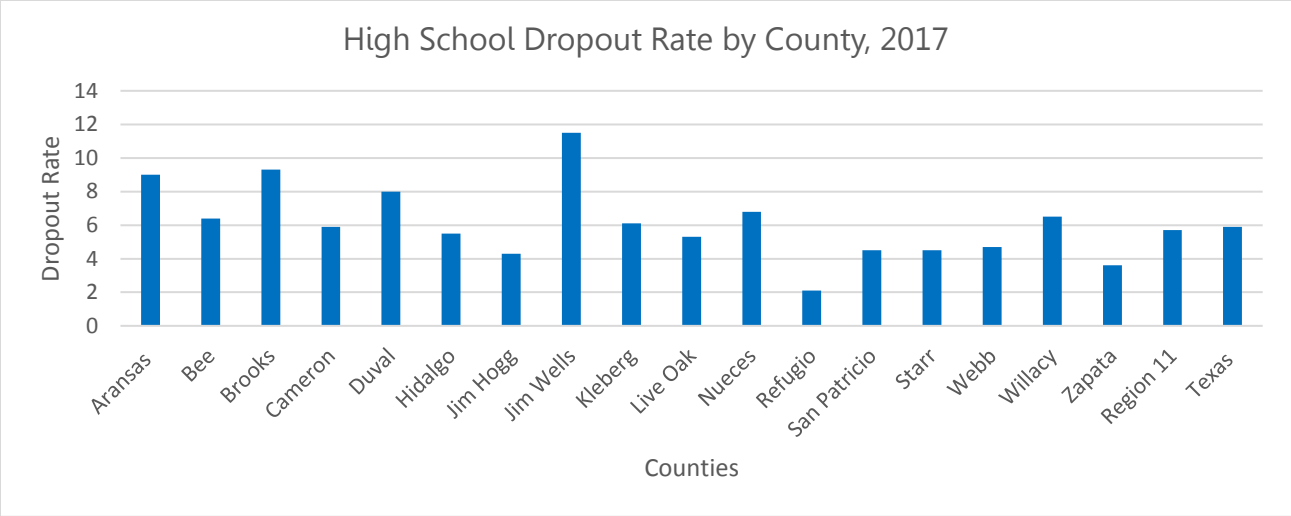


Figure 11. High School Drop Out Rate by Count in Region 11, 2017

School Discipline

High school students may be suspended (temporarily removed from regular school activities either in or out of school) or expelled (permanently removed from school with no services) due to behavior problems. According to research studies, students who are suspended and/or expelled, particularly those who are repeatedly disciplined, are more likely to be held back a grade or to drop out than are students not involved in the disciplinary system. Also, when a student is suspended or expelled, his or her likelihood of being involved in the juvenile justice system in subsequent years and engaging in substance use increases significantly. Figure 12 shows the percentage of out of school vs. in school suspensions by county in region 11.

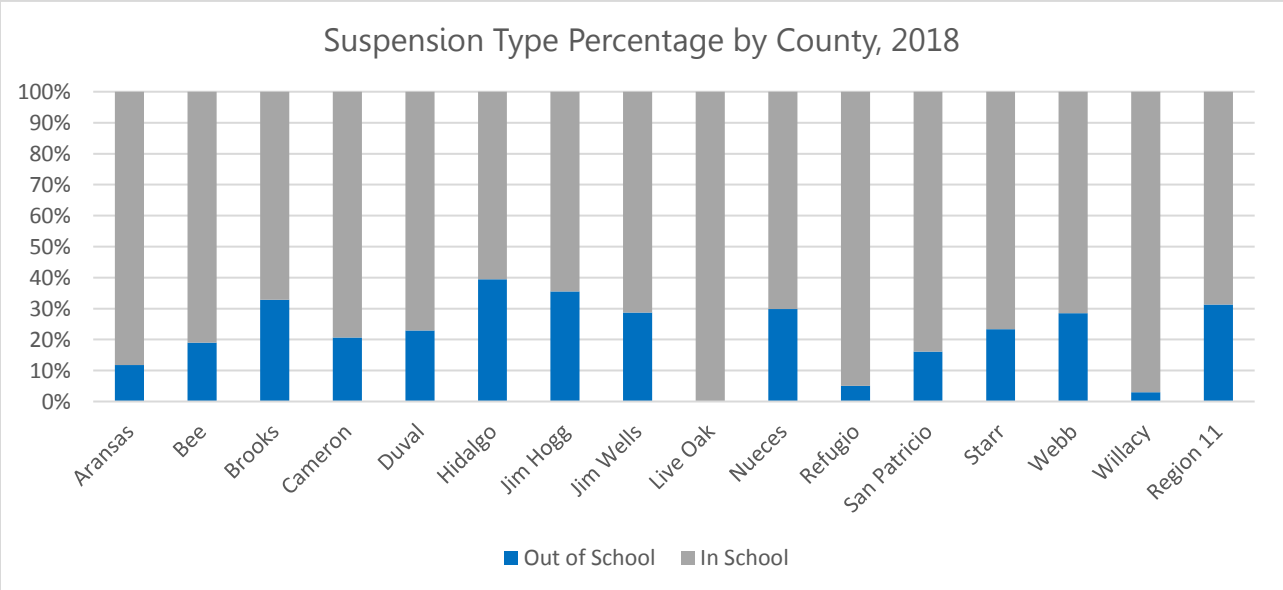


Figure 12. Suspension Type by County, 2016

Criminal Activity

According to the National Council on Alcoholism and Drug Dependence, drug addiction can lead to criminal behavior. The use of illegal drugs is often associated with murder, rape, robbery, aggravated assault, burglary, larceny/theft, serious motor vehicle offenses with dangerous consequences, arson and hate crimes. The earlier young people begin committing crimes, engaging in violent activity, dropping out of school, or becoming sexually active, the greater the likelihood that they will continue to have these problems later on.[11] [12] [13]

Table 11. Total Number of Arrests for Region 11, 2016 – 2018

Offense	2016	2017	2018	% Change (2017-2018)
Murder	88	90	69	-23.3%
Rape	1,174	1,153	1,221	5.9%
Robbery	1,343	1,289	1,296	0.5%
Aggravated Assault	6,368	5,942	5,982	0.7%
Violent Crime Total	8,973	8,474	8,568	1.1%
Burglary	11,940	10,710	9,549	-10.8%
Larceny-theft	51,074	46,601	45,396	-2.6%
Motor Vehicle Theft	2,780	2,496	2,545	2.0%
Property Crime Total	65,794	59,807	57,490	-3.9%

Source: Uniform Crime Report, 2016 - 2018

For region 11, the largest counties tend to have the greatest number of arrests. As such, the total number of arrests per 100,000 was used in order to compare the counties with one another. Figure 13 shows the arrest rate per 100,000. This data and additional crime data can be found in Appendix A under Table A-10 through A-14.

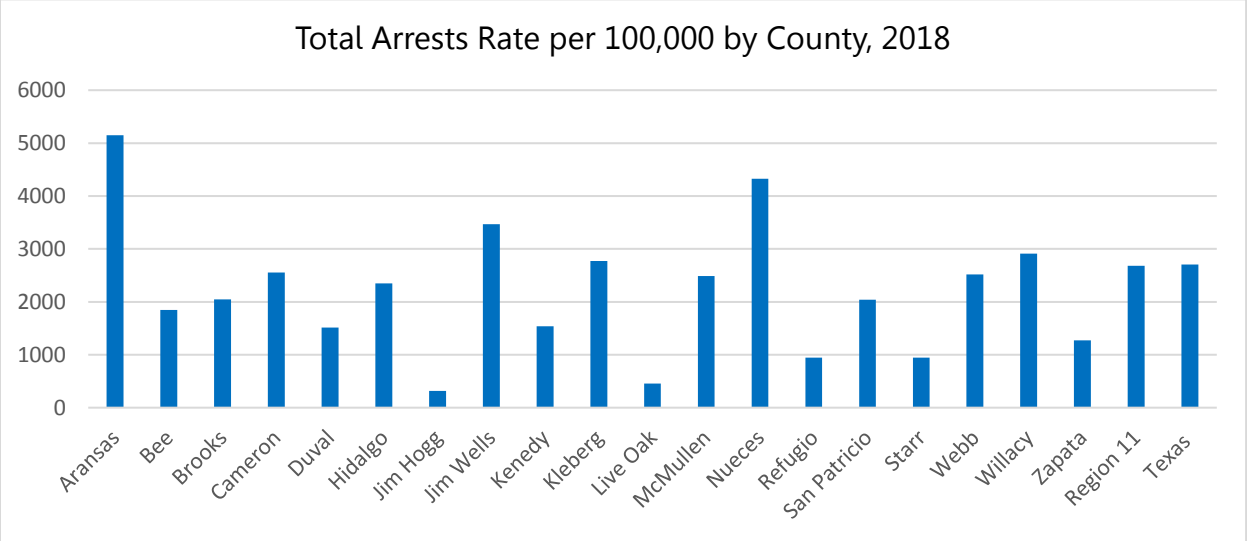


Figure 14. Arrest Rate per 100,000 by County in Region 11, 2018

[11] Wilcox S. Alcohol, Drugs and Crime. National Council on Alcoholism and Drug Dependence. https://www.ncadd.org/about-addiction/alcohol-drugs-and-crime. Accessed July 20, 2018.

[12] Hawkins DJ, Herrenkohl TI, Farrington DP, et al. Predictors of Youth Violence. Juvenile Justice Bulletin. April 2000.

[13] Herrenkohl, T. I., Maguin, E., Hill, K. G., Hawkins, J. D., Abbott, R. D., & Catalano, R. F. Developmental risk factors for youth violence. Journal of Adolescent Health, 26(3), 176-186.

Index Violent Crime

Violent crimes are often associated with the use of alcohol and/or illegal drugs. While majority of the region suffers from aggravated assault as the primary source of violent crime, the four most populous counties have more robbery, rape, and murder. Additionally, 14.2% of violent crime arrests came from individuals under the age of 18.

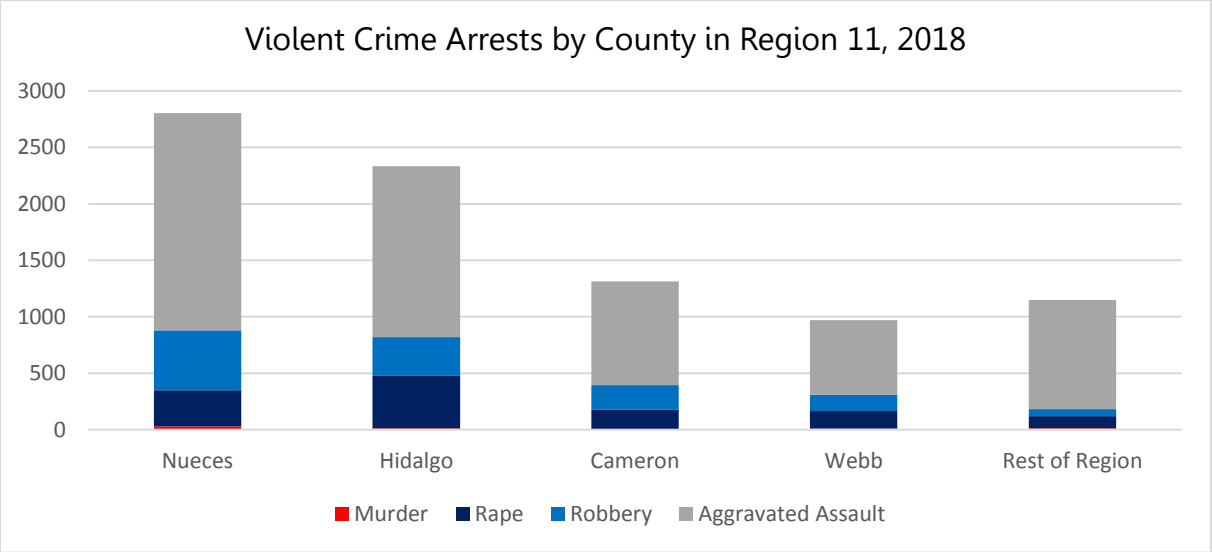


Figure 15. Violent Crime Arrests by County in Region 11, 2018

Index Property Crime

Additionally, property crime can come as a result of alcohol and/or illegal drugs. The most common form of property crime is larceny theft. Burglary, motor vehicle theft, and vandalism are also prevalent, but for the most part the distribution of these property crime arrests remained the same across the region. **1 out of every 5 property crime arrests were of an individual under 18 years of age.**

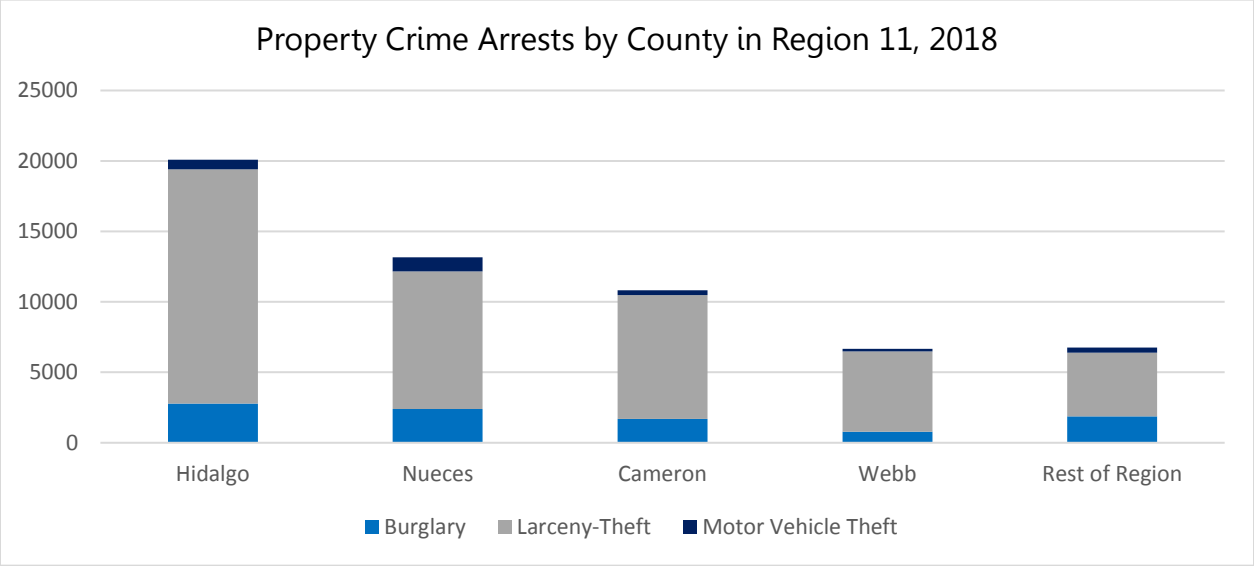


Figure 16. Property Crime Arrests by County, 2018

The Department of Public Safety recently updated their reporting system to an online query website. As such, much of the data has yet to be updated for more recent years. Rather than reporting this incomplete data, the data from 2015 has been presented.

Crash Statistics

Motor vehicle accidents can be a common byproduct of alcohol and drug abuse. The Texas Department of Transportation provides summary statistics of all motor vehicle accidents in the state of Texas. Majority of the accidents in which alcohol or drugs are involved occur on the weekends. For Region 11 there were a total of 2,136 accidents where alcohol was involved, and 2,351 where individuals driving under the influence of alcohol or drugs. Hidalgo County had the highest amount of crashes for both of the reporting categories. Figure 17, presented below, displays the crash statistics for alcohol involved crashes and driving under the influence of alcohol or drugs for 2018. The specific county total can be found in Appendix A under Table A-15

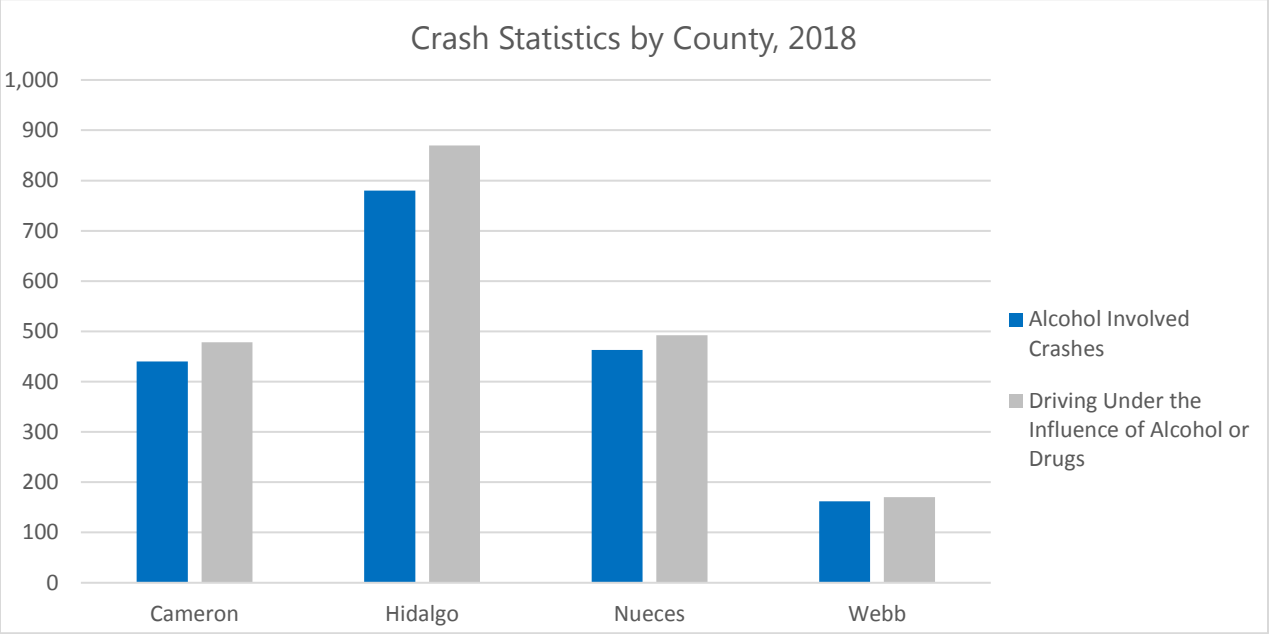


Figure 17. Crash Statistics by County in Region 11, 2018

Family Violence and Child Abuse

Victims of child abuse and neglect are more likely to experience behavioral problems later on in life.[14] The National Survey of Child and Adolescent Well-Being found that 50% of youth who reported to have suffered maltreatment are at risk for emotional or behavioral problems as they grow up. Pregnancy, grade repetition, delinquency, truancy and substance abuse are very likely for over 50% of children who have suffered maltreatment.[15]

[14] Finkelhor D, Browne A. Impact of child sexual abuse: A review of the research. Psychological bulletin. 1986;99(1), 66.
[15] Child Welfare Information Gateway. Long-term consequences of child abuse and neglect. 2013

Other studies indicate that abused or neglected children are more likely to take risks sexually as they reach adolescence, increasing their chances of getting STDs.[16] Victims of child abuse and neglect are driven to smoking, drinking and experimenting with drugs during early adolescence. Male children with 6 or more adverse childhood experiences (ACE) are over 4000% more likely to use intravenous drugs as adults.[17]

The Department of Family Protective Services provides information related to confirmed victims of abuse or neglect in region 11. Figure 18 shows the breakdown of these allegations in terms of their type for region 11. The other category includes abandonment, emotional abuse, and refusal to accept parental responsibility, and sex trafficking. Additionally, Table 12 shows the total number of confirmed victims by county and as a percentage of the county's total child population. Brooks County reported the highest percentage of victims based on their population. Majority of the counties had a higher proportion of cases for children when compared to the State.

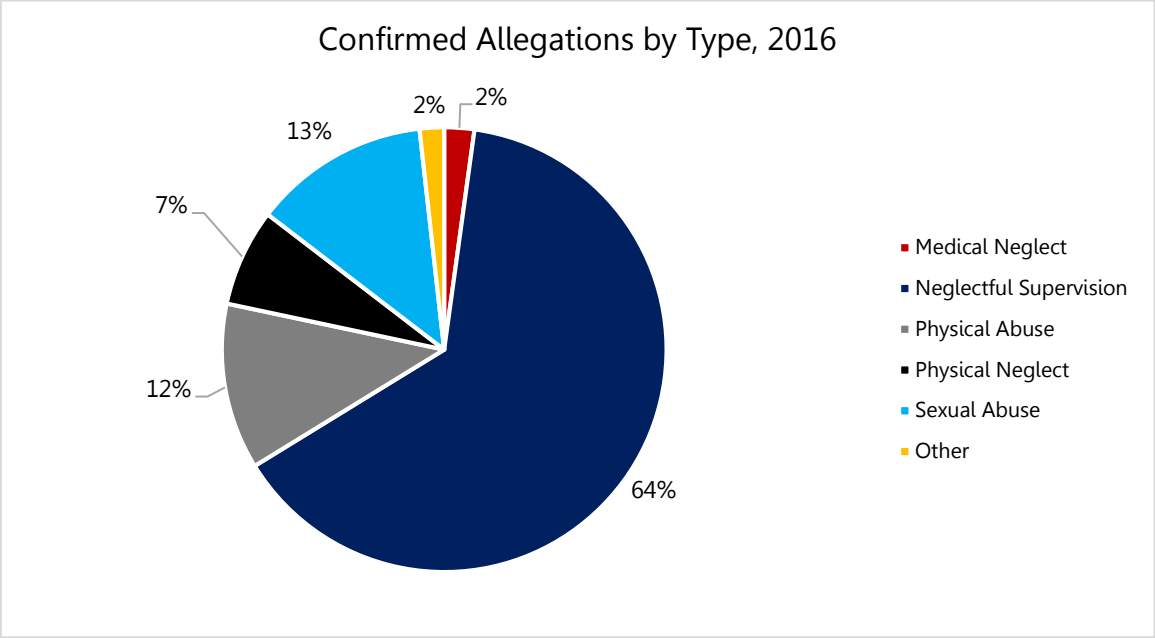


Figure 18. Confirmed Allegation by Type of Region 11, 2016

[16] Cunningham RM, Stiffman AR, Doré P, Earls F. The association of physical and sexual abuse with HIV risk behaviors in adolescence and young adulthood: Implications for public health. Child Abuse & Neglect. 1994;18(3):233-245.
[17] Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine. 1998;14(4):245-258.

Table 12. Total Confirmed Victims by County in Region 11, 2016

County	Child Population	Confirmed Victims	% of Child Population
Brooks	2,051	40	2.00%
Aransas	4,547	66	1.50%
Bee	6,868	99	1.40%
McMullen	140	2	1.40%
Willacy	6,423	91	1.40%
Duval	3,046	41	1.30%
San Patricio	18,291	237	1.30%
Nueces	88,943	1,125	1.30%
Refugio	1,702	20	1.20%
Live Oak	2,265	24	1.10%
Jim Wells	12,367	125	1.00%
Jim Hogg	1,540	14	0.90%
Kleberg	8,819	70	0.80%
Texas	7,407,636	58,644	0.80%
Cameron	145,679	1,135	0.80%
Region 11	714,490	4,935	0.70%
Zapata	5,451	37	0.70%
Hidalgo	290,421	1,361	0.50%
Webb	94,965	374	0.40%
Starr	20,881	74	0.40%
Kenedy	91	0	0.00%

Source: Texas Department of Family and Protective Services, 2016

Drug Seizures/Trafficking Arrests

The U.S. Customs and Border Protection seizes drugs through border crossings. The totals for the sectors in our region and the state are found below.

Table 13. Pounds Seized by Specific Drug and Sector, FY 2018

Sector	2018 Marijuana (pounds)	2018 (Cocaine pounds)	2018 Total Apprehensions
Big Bend (Formerly Marfa)	26,651 (-53%)	65 (30%)	8,045 (25%)
Del Rio	1,870 (-407%)	80 (22%)	15,833 (14%)
El Paso	15,156 (-125%)	324 (56%)	31,561 (20%)
Laredo	59,237 (-17%)	387 (-95%)	32,641 (21%)
Rio Grande Valley (formerly McAllen)	204,323 (-27%)	1,857 (35%)	16, 2262 (15%)

Source: United States Customs and Borders Protection; Sector Profile, FY2018

According to the United States Customs and Borders Protection Sector Profile Report for Fiscal Year 2018, overall seizures and apprehensions are down when compared to the previous fiscal year. The only numbers that are up from the previous fiscal year are the pounds of cocaine seized at Big Bend, Del Rio, and El Paso.

Mental Health

According to the 2016 National Survey on Drug Use and Health, an estimated 44.7million adults aged 18 or older had any mental illness (AMI) in the United States. This number of adults who had AMI represents 18.3 percent of all adults in the United States. An estimated 10.4 million adults aged 18 or older in the nation had serious mental illness (SMI) in the past year.[18] Interestingly, the 18-25 years age group appears to be increasing.

Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.[19] Additionally, the National Alliance on Mental Illness reports that 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.[20]

Suicide

According to the Centers for Disease Control and Prevention, from 2000 through 2016, the age-adjusted suicide rate in the United States increased 30%, from 10.4 to 13.5 per 100,000 population, with the pace of 1% or greater per year. These suicide rates increased from 1999 through 2014 for both males and females and for all ages 10–74. The percent increase in suicide rates for females was greatest for those aged 10–14, and for males, those aged 45–64.[21] According to SAMHSA, nearly 40,000 people in the United States die from suicide annually, or 1 person every 13 minutes. This exceeds the rate of death from homicide and AIDS combined.

In Texas, about 678,000 adults aged 18 or older (3.5% of all adults) per year in 2014–2015 had serious thoughts of suicide within the year prior to being surveyed. The percentage did not change significantly from 2011–2012 to 2014–2015.[22]

The Texas Health and Human Services Commission, Texas Health Data provides total cases related to deaths of Texas residents. Total suicide deaths for the counties in region 11 during the year 2014 are presented below. Texas had 3,477 suicide deaths in 2016 with an age adjusted suicide

[18] Center for Behavioral Health Statistics and Quality. Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). 2016

[19] Stockman J. Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Yearbook of Pediatrics. 2012; 2012:385-387.

[20] Skowyra KR, Cocozza JJ. Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice Network. Models for Change. http://www.modelsforchange.net/publications/148.

[21] Hedegaard H, Curtin SC, Warner M. Suicide rates in the United States continue to increase. NCHS Data Brief, no 309. Hyattsville, MD: National Center for Health Statistics. 2018.

[22] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Texas, Volume 4: Indicators as measured through the 2015 National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, and the Uniform Reporting System. HHS Publication No. SMA–17–Baro–16–States–TX. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

rate of 12.6 per 100,000 individuals. Table 14 shows the number of suicides per county. Counties with suicides less than 10 were suppressed from the table.

Table 14. Number of Suicides per County, 2016

County	Number of Suicides
Aransas	*
Bee	*
Brooks	*
Cameron	26
Duval	*
Hidalgo	55
Jim Hogg	*
Jim Wells	*
Kenedy	*
Kleberg	*
Live Oak	*
Nueces	47
Refugio	*
San Patricio	*
Starr	*
Webb	14
Willacy	*
Zapata	*
Region 11	196

Source: CDC Wonder; * Suppressed (<10)

Psychiatric Hospital Admissions

According to the Mental Health Annual Report, an estimated 35 million adults aged 18 or older received mental health service across the country. Of these, 52.8% of them were new individuals at the time of admission, with the remainder being continuing individuals. The mental health service setting of choice continues to be community-based programs, 97.6%, followed by other psychiatric inpatient, 3.3%, and state psychiatric hospitals, 2.3%. The same report found that the most common reason for psychiatric hospital admission for youth aged 17 and younger was a mood disorder (bipolar disorder or depressive disorder).[23]

[23] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Mental Health Annual Report: 2015. Use of Mental Health Services: National Client Level Data. BHSIS Series S-92, HHS Publication No. (SMA) 17-5038. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

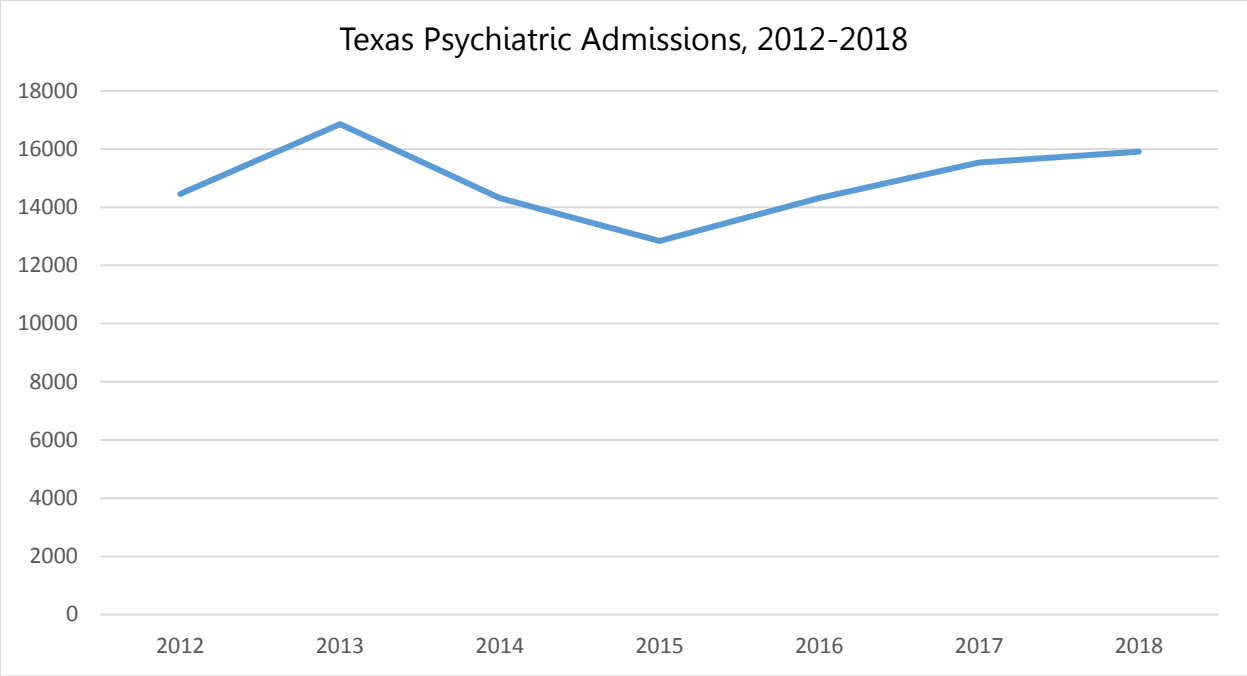


Figure 19. Texas Psychiatric Admissions, 2012 – 2018

In Texas, there were 15,906 psychiatric admissions according to the Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System 2018. Figure 17 above details the admission totals for the past 6 years. Furthermore, 7.8% of those admissions were for youth aged 17 years and lower. For state hospitals, the median length of stay for discharged clients was 8 days for adults and 7 days for children and 7.5% of the 13,371 that were discharged were readmitted within 30 days.

Depression

The National Institute on Mental Health estimates that in 2017, an estimated 17.3 million adults aged 18 or older in the United States had at least one major depressive episode in the past year. This number represented 7.1% of all U.S. adults, and was almost double when comparing females (8.7%) to males (5.3%).

According to the Texas Behavioral Risk Factor Surveillance System, 12.2% of individuals reported having a depressive disorder compared to 16.1% for the state.

Adolescents and Adults Receiving Substance Abuse Treatment

Nationally, 2,005,395 individuals were admitted for some sort of substance abuse treatment in 2017.[24] The primary substance at admission was predominately Opiates 34% followed by alcohol, 29%, marijuana at 13%, stimulants 12% and cocaine 5%, accounting for 93% of all admissions aged 12 years and older.

[24] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2007-2017. National Admissions to Substance Abuse Treatment Services.

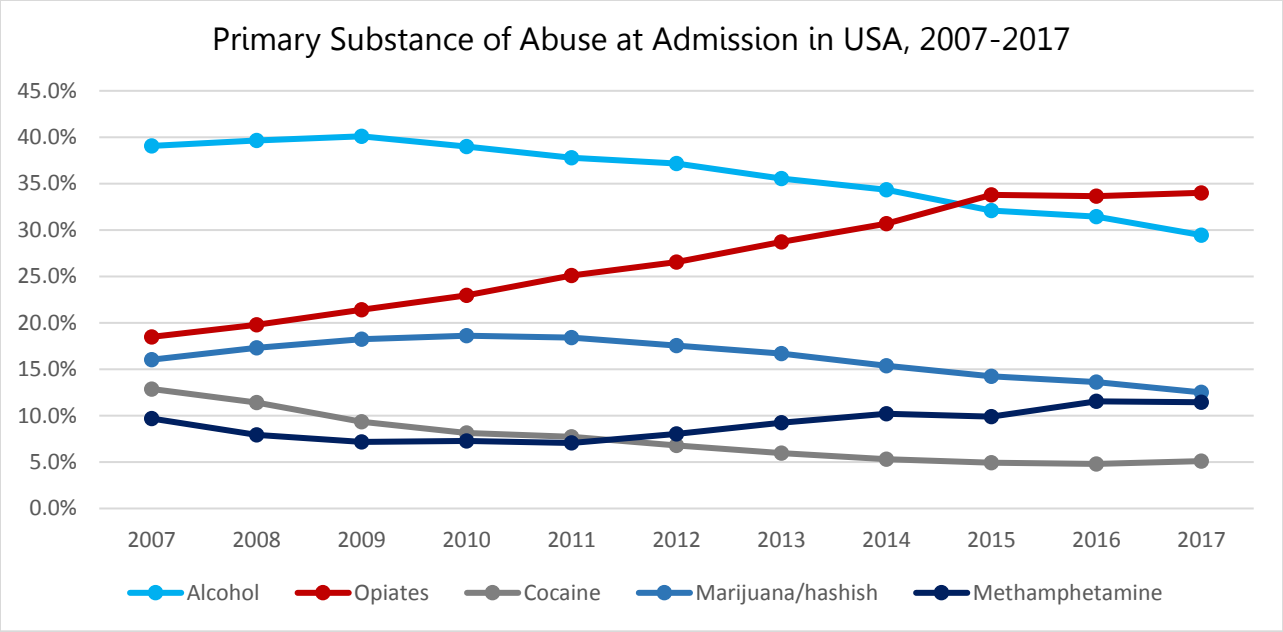


Figure 20. Primary Substance of Abuse at Admission in USA, 2008-2017

Texas has similar trends with regards to substance abuse admissions. TEDS also release state level data. Opiates and Alcohol are the primary substances of abuse at admission. Figure 21 illustrates the trends for admission from 2007 to 2017.[25] Cocaine admissions have dropped since 2007, while methamphetamine amphetamine admissions have increased. Alcohol is the primary reason for substance abuse admissions.

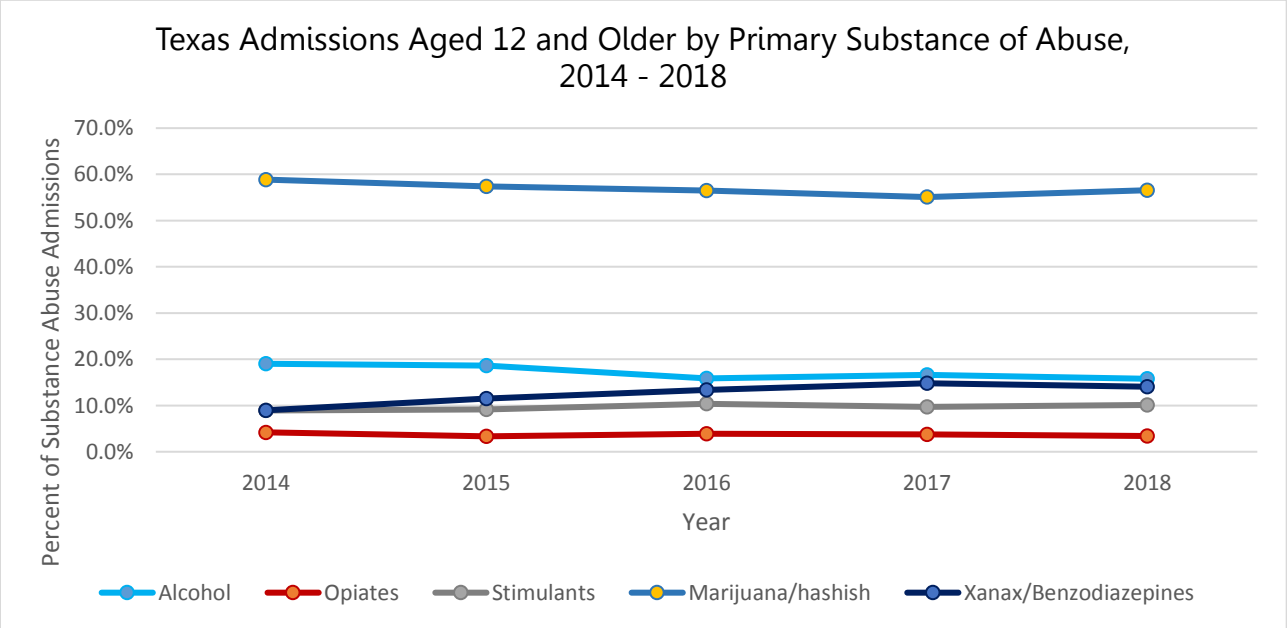


Figure 21. Primary Substance of Abuse at Admission in Texas, 2007-2017

[25] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2007-2017. State Admissions to Substance Abuse Treatment Services.

Youth admission data is also available from the Texas Health and Human Services Commission for state funded agencies and helps frame treatment data for our region. Table 15 provides the number of youth admissions for Texas and the regions in 2017. Region 11 accounted for the second highest number of clients, 15.95%, in the state. Majority of those admissions were for mental health issues, 92.8%, but many also included a dual diagnosis involving substance use disorder, 7.2%. Region 11 had the highest percentage of dual diagnoses in the state.

Table 15. Regional Youth Admissions for Mental Health & Substance Use Disorder, 2017

Region	2017 # of Clients	2017 % of Clients	Mental Health Only	Dual Diagnosis (MH/SUD)
1	1,961	2.81%	1,915 (97.7%)	46 (2.3%)
2	1,836	2.63%	1,752 (95.4%)	84 (4.6%)
3	21,259	30.49%	20,631 (97.0%)	628 (3.0%)
4	3,245	4.65%	3,136 (96.6%)	109 (3.4%)
5	3,421	4.91%	3,260 (95.3%)	161 (4.7%)
6	9,105	13.06%	8,515 (93.5%)	590 (6.5%)
7	8,110	11.63%	7,735 (95.4%)	375 (4.6%)
8	6,212	8.91%	5,855 (94.3%)	357 (5.7%)
9	1,700	2.44%	1,632 (96.0%)	68 (4.0%)
10	1,754	2.52%	1,656 (94.4%)	98 (5.6%)
11	11,121	15.95%	10,319 (92.8%)	802 (7.2%)
Texas	69,724	100.00%	66,406 (95.2%)	3,318 (4.8%)

Source: Texas Health and Human Services Commission (No recent data has been uploaded)

Table 16, presented below, provides the number of youth admissions for state funded agencies by county for Region 11. The county with the highest number of youth admissions was Cameron County followed by Hidalgo and Webb. Considering that these are also some of the most populous counties then it makes sense that these would also have the largest number of admissions. The breakdown for the type of admission was also provided. Admissions were either categorized as being Mental Health only or a Dual Diagnosis of Mental Health and Substance Use Disorder. The majority of youth admissions were for Mental Health issues only. San Patricio County reported the highest percentage of dual diagnosis cases, 9.3%.

Table 16. County Youth Admissions for Mental Health & Substance Use Disorder, 2017

County	2017 # of Clients Served	Dual Diagnosis (MH/SUD) N	%	Mental Health Only N	%
Aransas	63	0	0.0%	61	100.0%
Bee	150	13	8.7%	137	91.3%
Brooks	71	0	0.0%	66	100.0%
Cameron	3,352	293	8.7%	3,059	91.3%
Duval	43	0	0.0%	41	100.0%
Hidalgo	3,287	266	8.1%	3,021	91.9%
Jim Hogg	87	0	0.0%	87	100.0%
Jim Wells	173	11	6.4%	162	93.6%
Kenedy	*	*	*	*	*
Kleberg	168	0	0.0%	162	100.0%
Live Oak	26	0	0.0%	24	100.0%
McMullen	*	*	*	*	*
Nueces	654	24	3.7%	630	96.3%
Refugio	*	*	*	*	*
San Patricio	291	27	9.3%	264	90.7%
Starr	474	33	7.0%	441	93.0%
Webb	2,085	111	5.3%	1,974	94.7%
Willacy	98	0	0.0%	94	100.0%
Zapata	88	0	0.0%	85	100.0%
Region 11	11,110	778	7.0%	10,308	93.0%

Source: Health and Human Services Commission, 2017; * = Suppressed if under 9 (No recent data available)

Various types of services are provided to clients during admissions for mental health and substance use disorders. These services can include counseling, screening, medications, case coordination, and inpatient/acute treatment options. Figure 22 illustrates the most common services for youth clients in our region. Specifically, the four most populous counties' services are presented along with the rest of the region as a whole. The most common services were screening and service/case coordination. The number of services far surpasses the number of clients given that a single client can receive multiple services.

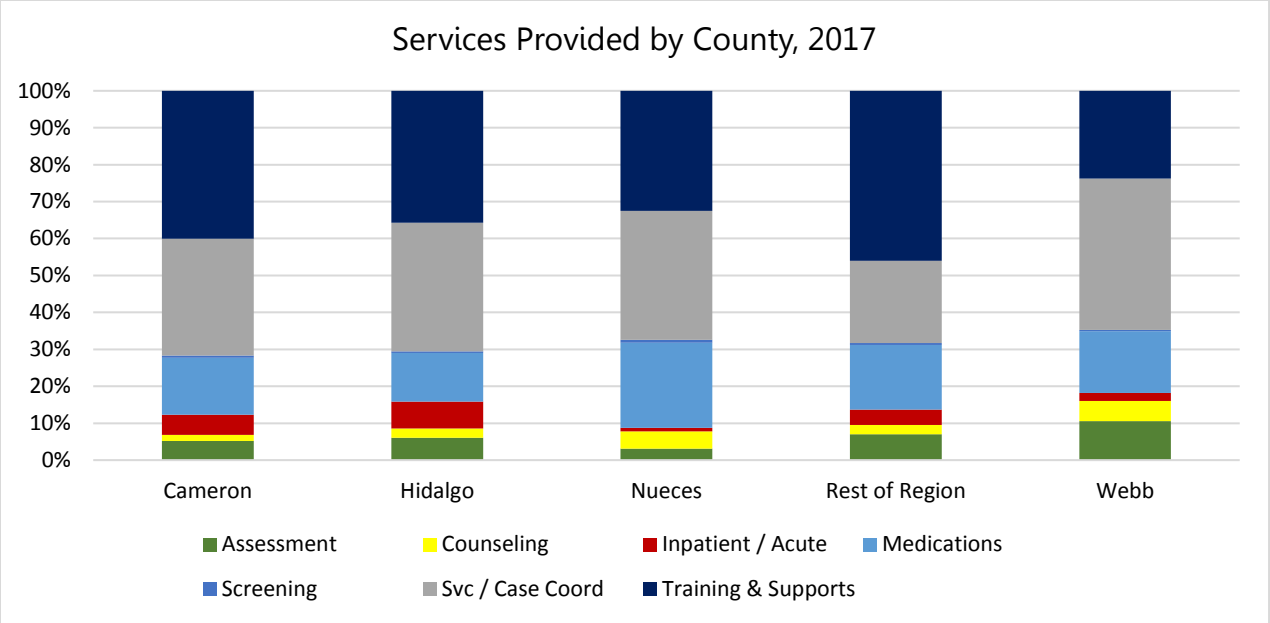


Figure 22. Breakdown of Services Provided by County, 2017

Social Factors

Youth Perception of Parental Approval of Consumption

The 2018 Texas School Survey of Drug and Alcohol Use (TSS) is an annual collection of self-reported tobacco, alcohol, inhalant, and substance (both licit and illicit) use data from middle and high school students throughout the state of Texas. Regional findings are provided for each of Texas' 11 regions. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Health and Human Services Commission (HHSC), is available for students in grades 7 through 12. The survey includes questions regarding parental approval of alcohol, tobacco, and marijuana use. Findings are presented below:

In Texas:

- **78.3%** of youth reported that their parents strongly disapprove of kids using **tobacco**
- **62.0%** of youth reported that their parents strongly disapprove of kids drinking **alcohol**
- **76.5%** of youth reported that their parents strongly disapprove of kids using **marijuana**

In Region 11:

- **78.9%** of youth reported that their parents strongly disapprove of kids using **tobacco**
- **64.3%** of youth reported that their parents strongly disapprove of kids drinking **alcohol**
- **77.5%** of youth reported that their parents strongly disapprove of kids using **marijuana**

Youth perception of parental approval of consumption is fairly similar between Texas and region 11. There is a difference, however, when it comes to alcohol. For alcohol, Region 11 has a greater percentage of students reporting strong parental disapproval.

Youth Perception of Peer Approval of Consumption

Young people who associate with peers who engage in problem behavior – delinquency, substance abuse, violent activity, sexual activity, or school dropout – are much more likely to engage in the same problem behavior. This is one of the most consistent and strongest predictors that research has identified. Acceptance of these behaviors places them at higher risk.

The 2018 Texas School Survey of Drug and Alcohol Use included questions related to peer drug consumption for alcohol, tobacco, marijuana, and inhalants. The results are provided in Table 17.

Table 17. Youth Peer Consumption Grades 7-12, 2018

Substance	None	A Few	Most
TEXAS			
Tobacco	70.1%	18.1%	3.6%
Alcohol	48.4%	23.8%	10.5%
Marijuana	56.9%	19.4%	9.5%
Inhalants	93.2%	4.9%	0.4%
Region 11			
Tobacco	73.6%	17.2%	2.2%
Alcohol	49.8%	24.1%	9.1%
Marijuana	57.6%	19.9%	7.9%
Inhalants	93.1%	4.7%	0.6%

Source: Texas School Survey, 2018

Cultural Norms and Substance Abuse

Culture plays a central role in forming the expectations of individuals about potential problems they may face with drug use.[26] As such, it is important to understand the role that cultural norms play when discussing substance use. Cultural norms can either increase or decrease the likelihood for individuals to consume alcohol or illicit drugs, and having cultural insights will help prevention specialists better communicate with their target populations.

Majority of individuals in region 11 are Hispanic. According to a report by the National Institute on Alcohol Abuse and Alcoholism, Hispanics are less likely to drink than non-Hispanic whites, but those Hispanics who do drink are more likely to consume higher volumes of alcohol than non-Hispanic Whites. The same report found that the average number of drinks per week for Hispanic men of Mexican origin was 16 drinks, and close to half, 46.2%, of all drinking Hispanic men of Mexican origin reported binge drinking in the past year. Since alcohol is a legal substance, it is often times found readily available in many households and communities. Focus groups conducted in the area reveal the prevalence of alcohol as it relates to the culture.

In regards to illicit drug use, studies have shown that acculturation and US nativity are risk factors for illicit drug use among Mexican origin men and women. [27]Additionally, family involvement is often times critical for the health care of Hispanic patients. Hispanics will frequently consult with other family members or ask them to join them in medical or treatment appointments.[28]

Adolescent Sexual Behavior

According to the Youth Risk Behavior Surveillance Survey, in 2017, 39.5% of high school students reported that they were sexually active and among students who were sexually active 46.2% did not use a condom during sexual intercourse. Nationwide, 39.5% of students reported to ever had sexual intercourse, and 9.7% had sexual intercourse with four or more persons during their life.

[26] Heath DW. Cultures and substance abuse. Psychiatr Clin North Am. 2001; 24:479-496

[27] Vega WA, Alderete E, Kolody B, Aguilar-Gaxiola S. Illicit drug use among Mexicans and Mexican Americans in California: the effects of gender and acculturation. Addiction. http://onlinelibrary.wiley.com/doi/10.1046/j.1360-0443.1998.931218399.x/full. Published May 3, 2002.

[28] Flores V. Cultural Elements in Treating Hispanic/Latino Populations. Caribbean Basin & Hispanic ATTC.

Among currently sexually active students, 56.9% had used a condom during their last sexual intercourse.

Adolescents who have sex early are less likely to use contraception, putting them at greater risk of pregnancy and STDs. Sexually transmitted disease cases and rates are presented in Table 18 below. Specifically, the cases and rates for chlamydia, and HIV are presented.

Table 18. Sexually Transmitted Disease Prevalence by County in Region 11, 2018

	Chlamydia		HIV	
County	Cases	Rate	Cases	Rate
Aransas	159	636.7	31	141.8
Bee	200	608.6	160	580.7
Brooks	65	903.5	11	193.2
Cameron	1,782	423.9	795	244.3
Duval	91	789	17	183.3
Hidalgo	3,385	407.3	1125	177.4
Jim Hogg	27	513.8	5	124
Jim Wells	186	449.8	25	76.1
Kenedy	*	*	*	*
Kleberg	236	733.1	27	104
Live Oak	38	314.3	14	133.9
McMullen	*	*	*	*
Nueces	2,480	696.2	588	199.4
Refugio	39	534.1	*	*
San Patricio	204	304.9	58	106.9
Starr	176	279.6	32	66.5
Webb	1,168	438	412	204
Willacy	86	392.6	114	635.3
Zapata	32	223.5	8	74.4
Region 11	10,354	420.1	3,422	138.8
Texas	141,158	523.6	81,873	369

Source: County Health Rankings, 2018 * = Rate per 100,000 individuals (2015 data)

The number of teen birth for women aged between 15 and 19 is presented in Figure 24. The data are from 2018 and the rates are calculated to be per 1,000 females. Counties with less than 20 teen births during this time are omitted. These omitted counties include both Kenedy and McMullen County. Brooks and Zapata County have had the highest rate of teen births during 2010 to 2018 in Texas. Almost all counties with the exception of Live Oak and the omitted counties reported a higher teen birth rate than the state rate.

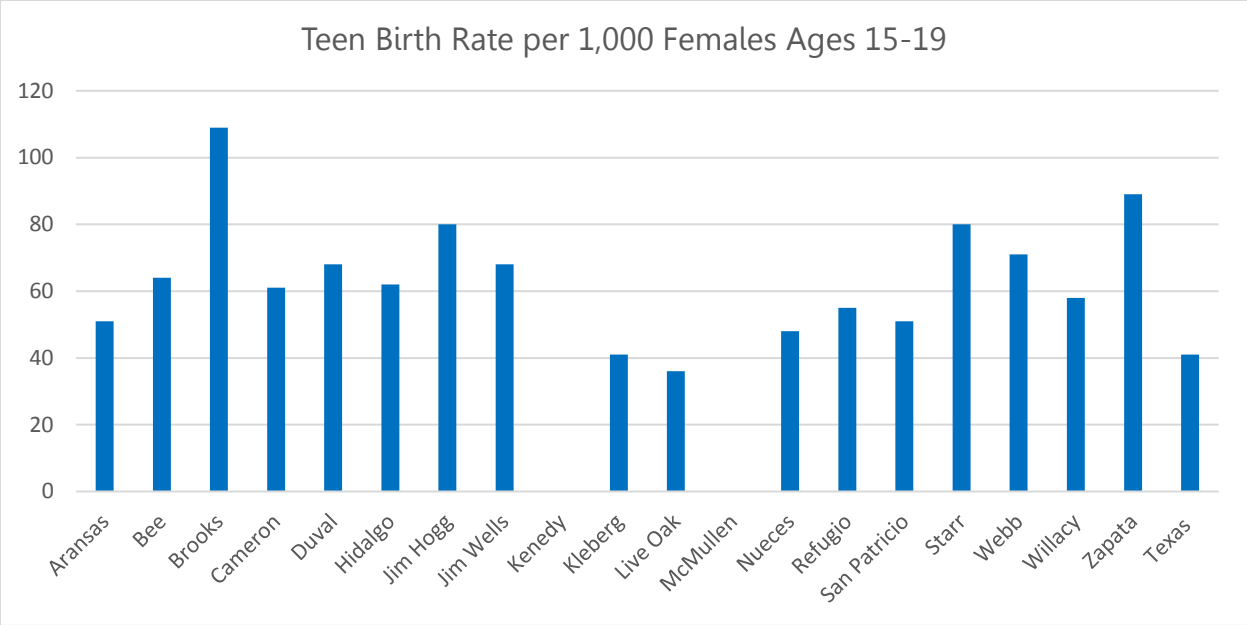


Figure 23. Percent of Teen Births by County, 2018

Misunderstandings about Marijuana

Marijuana has been in the national spotlight recently as many states have legalized its usage for either medicinal or recreational consumption. Texas has not legalized marijuana, and there are several misunderstandings surrounding the use of this substance and its consequences. Some of the most common misunderstandings include that marijuana is harmless and that is not addictive.

The first misunderstanding that marijuana is harmless is false, as demonstrated by research. Children are the most vulnerable to its damaging effects as marijuana consumption can lead to cognitive impairment, mental health problems, traffic accidents, and poor academic or job performance. Another misunderstanding is that marijuana is not addictive. The truth is that more teens enter treatment each year with a diagnosis of marijuana dependency than all other illicit drugs combined. The earlier kids start using marijuana the more likely they are to become dependent.[29]

According to 2016 Marijuana Impact Report (RMHIDTA), marijuana-related traffic deaths increased 62% after recreational marijuana was legalized in 2012 in Colorado (from 71 in 2013, to 115 in 2015). Similarly, Studies also indicate that after alcohol, cannabis is the most common recreational drug found in dead or injured drivers in the state of Oregon.[30]

As the conversations around legalization of marijuana continue, is important to keep these misunderstandings in mind, and to understand the consequences associated with marijuana consumption.

[29] Office of National Drug Control Policy. Marijuana: Myths & Facts. The Truth Behind 10 Popular Misperceptions.
[30] The Legalization of Marijuana in Colorado: The Impact. 2017. https://rmhidta.org/files/D2DF/FINAL-%20Volume%205%20UPDATE%202018.pdf

Accessibility

The availability of drugs is dependent in part on the laws and norms of society. Whether or not particular substances are legal, their availability may vary and is associated with use. Research has shown that when alcohol is easily accessible, for example, the prevalence of drinking, the amount of alcohol consumed, and the heavy use of alcohol among adolescents and adults all increase. Perceptions of access can represent both a risk and a protective factor; careful consideration needs to be given to this indicator.

The Texas School Survey of Drug and Alcohol Use asked questions regarding perceived access to alcohol, marijuana, prescription drugs, and others.

Perceived Access of Alcohol, Marijuana, and Prescription Drugs

According to the 2018 Texas School Survey the perceived access to various substances by students in grades 7 to 12 is presented below. Students were asked if they wanted to obtain the substance, "how difficult it would be for them to acquire it". Students revealed that the easiest substance to access was alcohol, followed by inhalants, marijuana, and then tobacco.

Table 19. Accessibility by Substance for Grades 7 – 12, 2018

Substance	Very Difficult	Somewhat Easy	Very Easy
TEXAS			
Tobacco	7.0%	14.1%	19.8%
Alcohol	5.6%	19.2%	27.7%
Marijuana	7.4%	12.7%	20.8%
Synthetic Marijuana	8.5%	4.7%	5.6%
Inhalants	3.9%	8.6%	23.3%
Region 11			
Tobacco	5.4%	12.0%	15.2%
Alcohol	4.6%	16.9%	23.2%
Marijuana	5.3%	12.0%	18.7%
Synthetic Marijuana	5.5%	4.7%	5.7%
Inhalants	2.6%	6.5%	18.9%

Source: Texas School Survey, 2018

In addition to the results from the 2018 Texas School Survey, regional focus groups held with community members help shed some light on the issue of accessibility. These focus groups are particularly useful because it allows us to hear firsthand from individuals about substance use. The regional evaluator conducted an analysis of the responses. The majority of adults revealed that teenagers obtain alcohol and drugs from family members, relatives, and friends.

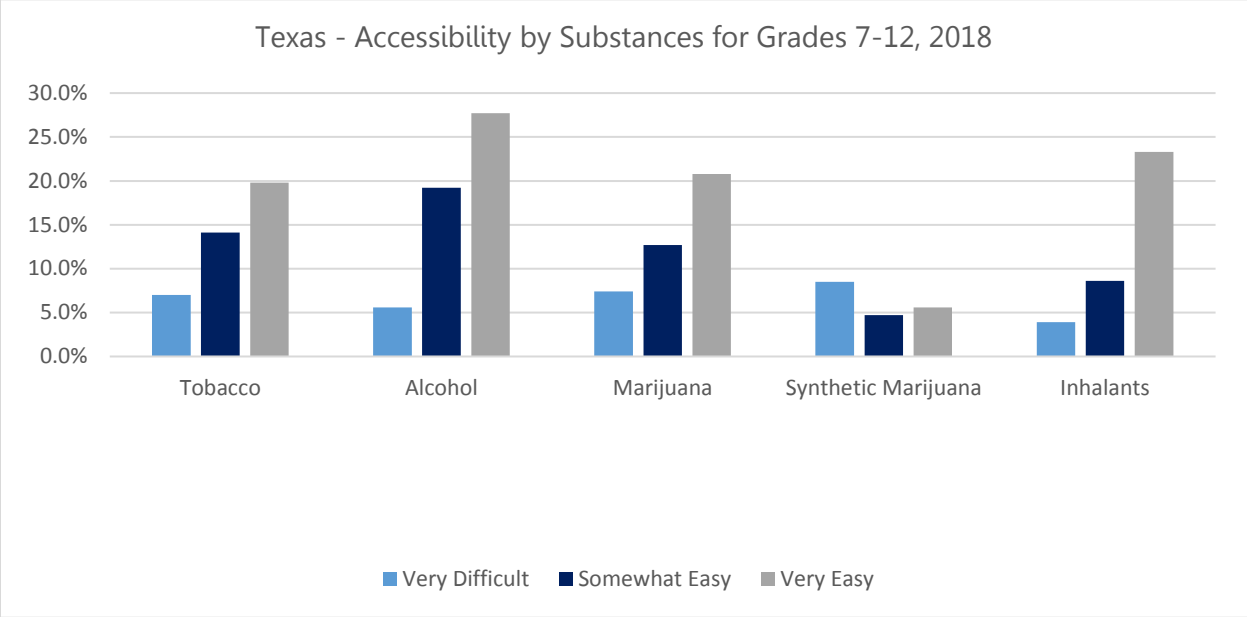


Figure 24.Texas Accessibility by Substance for Grades 7-12, 2018

Alcohol Retail Permit Density and Violations

Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs. According to the Centers for Disease Control and Prevention, people aged 12 to 20 years old drink 11% of all alcohol consumed in the United States. When considering risk factors related to substance use among adolescents, it is important to note how available these substances are. To provide an outlook of how accessible alcohol is in the region, the Prevention Resource Center 11 collected data from the Texas Alcoholic Beverage Commission related to the number of permits issued in the region, and alcohol sales and license violation.

From January 2010 to June 17, 2016 there have been 4,621 current permits related to alcohol retail, manufacture, wholesale, and miscellaneous. In 2015, there were 137 violations reported to the Texas Alcoholic Beverage Commission. The majority of violations, or 30.6%, occurred in Cameron County.

Social Hosting of Parties

A social host is an adult who host parties where alcohol is served to minors on property they control. It has gained traction in our state as cities have begun to pass social host ordinance laws. It is already illegal to serve alcohol to minors, but under the social host ordinances it makes it illegal to provide a location for underage drinking to take place. In December of 2016, El Paso passed the first social host ordinance in the state of Texas. Since then, San Antonio has also followed suite, and more recently Palmview and Alton (here in region 11)

On April 4th 2017, thanks to the hard work from the UNIDAD coalition and Texas Standing Tall, Palmview passed the most comprehensive social host ordinance in the state. Those who violate the ordinance would face a civil fine of $500, and subsequent offenses could result in fines of up to $1,000. Since the approval of the ordinance, the City of Palmview and its Police Department have continued to engage in education efforts regarding the dangers and consequences of underage drinking and hosting parties where alcohol is readily available. In an effort to enhance training related to enforcement of the ordinance, the UNIDAD Coalition, in collaboration with Texas Standing Tall and the City of Palmview Police Department hosted a training on party dispersal safe practices. During this training law enforcement and city representatives were instructed on how to properly deescalate a social host situation and how to approach the owner of the location and the teens present. With the ordinance, law enforcement officials have been provided with an additional tool to ensure that they continue to safeguard the Palmview community from the dangers of underage drinking.

Figure 25. Social Host Training Refresher in City of Palmview

Illegal Drugs on School Property

The Texas Education Agency provided the 2017-2018 Discipline Actions report by District and County. The majority of disciplinary actions involved the use of Tobacco. The figure below indicates the total number of disciplinary action reports related to possession of controlled substances or specific substance on school grounds.

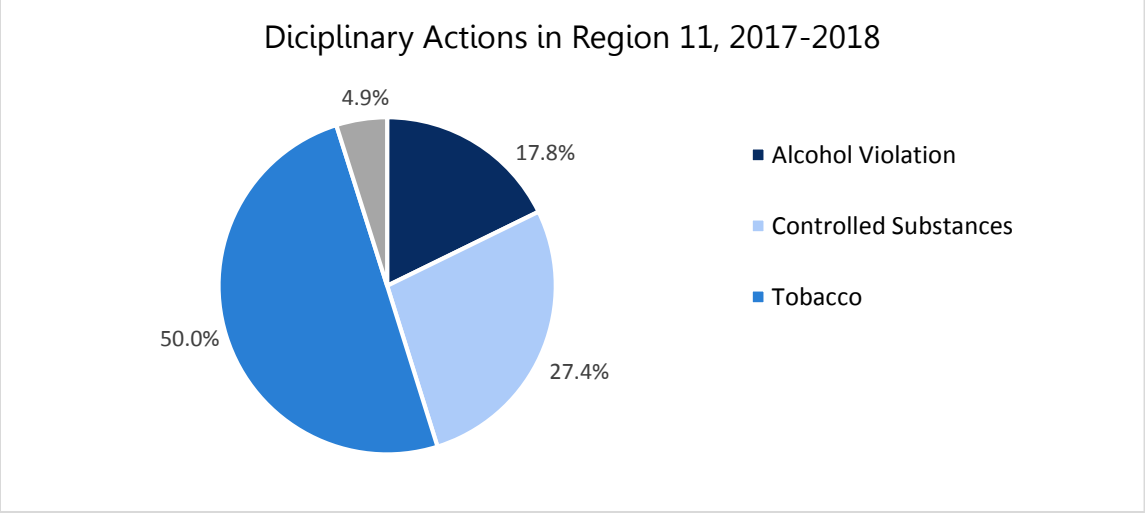


Figure 26. Disciplinary Actions in Region 11, 2017-2018

Perceived Risk of Harm

Research indicates that the perception of risk may leave the individual more or less vulnerable to high risk behaviors according to the properties they assign to the object or event.[31] The perception of risk associated with drug use has been established as a key factor in the decision of whether or not to use a drug. Perceptions of harm can represent both a risk and a protective factor; careful consideration needs to be given to this indicator.

Perceived Risk of Harm from Alcohol, Marijuana, and Prescription Drugs

The 2018 Texas School Survey of Drug and Alcohol Use gauged the perception of risk of using alcohol, tobacco, marijuana, and other illicit drugs by including items that asked about danger of substance use. Specifically, students between grades 7 and 12 were asked, "How dangerous do you think it is for kids your age to use (substance)?". Figure 30 shows the percent of students that identified substance use being very dangerous for kids their age.

For most substances listed, students in region 11 had a higher degree of perceived risk when compared to the state as a whole. Furthermore, the substance with the highest degree of perceived risk was Heroin, for both the state and Region 11

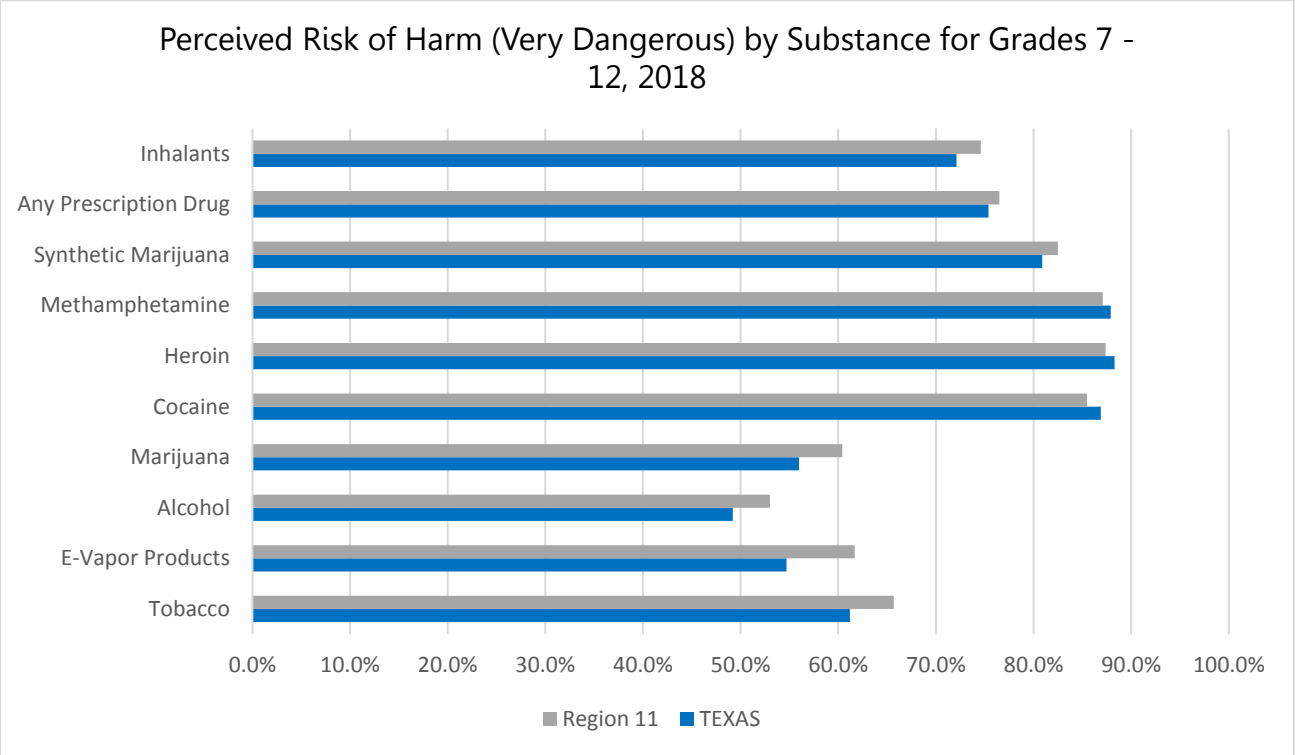


Figure 27. Perceived Risk of Harm (Very Dangerous) by Substance for Grades 7-12, 2018

[31] Bejarano, B., et al. "Perception of risk and drug use: An exploratory analysis of explanatory factors in six Latin American countries." The Journal of International Drug, Alcohol and Tobacco Research 1.1, 2011: 9-17.

Regional Consumption

Understanding consumption patterns is crucially important in the field of prevention and treatment. Consumption for alcohol, marijuana, and prescription drugs is presented below.

Alcohol

The Centers for Disease Control and Prevention, report that alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs, and is responsible for more than 4,300 annual deaths among underage youth. According to the National Institute on Alcohol Abuse and Alcoholism, in 2015, 86.4% of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 70.1% reported that they drank in the past year; 56.0% reported that they drank in the past month. Additionally, in 2015, 26.9% of people ages 18 or older reported that they engaged in binge drinking in the past month; 7.0% reported that they engaged in heavy drinking in the past month.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V), indicates that nearly half of all adult Americans at least once in their lives have had some sort of problem with alcohol (driving while intoxicated, missing work due to hangover); however, only about 10% have had problems sufficient to qualify for a diagnosis of alcohol use disorder (AUD). This percentage, however, does not factor in the number of individuals who do not access services. Furthermore, alcoholism is extremely common and onset usually happens in the adolescent years.

Figure 28. Teens Using Alcohol

Summary of DSM-V criteria for alcohol use disorder:

1. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   - Alcohol is often taken in larger amounts or over a longer period than intended
   - There is a persistent desire to cut down or control alcohol use
   - A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
   - Craving, or a strong desire or urge to use alcohol
   - Recurrent alcohol use resulting in a failure to fulfill major role obligations
   - Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused by the effect of alcohol
   - Giving up important social, occupational, or recreational activities because of alcohol use
   - Recurrent alcohol use in situations in which it is physically hazardous
   - Tolerance or withdrawal

As per the NIH, in 2015, an estimated 623,000 adolescents, ages 12–17 (2.5% of this age group), had an alcohol use disorder (AUD). This number includes 325,000 females (2.7% of females in this

age group) and 298,000 males (2.3% of males in this age group). An estimated 37,000 adolescents (22,000 males and 15,000 females) received treatment for an alcohol problem in a specialized facility in 2015 in the United States.

Age of Initiation

The Substance Abuse and Mental Health Services Administration indicates that Initiating substance use during childhood or adolescence is linked to substantial long-term health risks. Early (aged 12 to 14) to late (aged 15 to 17) adolescence is generally regarded as a critical risk period for the initiation of alcohol use. The Texas School Survey 2018, reported that the average age of first use of alcohol was 13.1 for Texas and 13.4 for region 11.

Current & Lifetime Use

NSDUH asked survey respondents aged 12 or older about their alcohol use in the 30 days before the interview. Current alcohol use is defined as any use of alcohol in the past 30 days. Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Heavy alcohol use is defined as drinking five or more drinks on the same occasion on 5 or more days in the past 30 days.

The percentage of adolescents aged 12 to 17 who were current alcohol users was 9.6 percent in 2015. This percentage corresponds to 2.4 million adolescents in 2015 who drank alcohol in the past month in the United States. This was significantly lower than the percentages in 2002 through 2014. In Texas, according to the Texas School Survey, 51.5% had ever used alcohol and 29% had used in the past month. Beer was also the choice of preference (39.6%). The figure below shows the differences between the state and region 11 for alcohol consumption among students aged 7-12 in 2018.

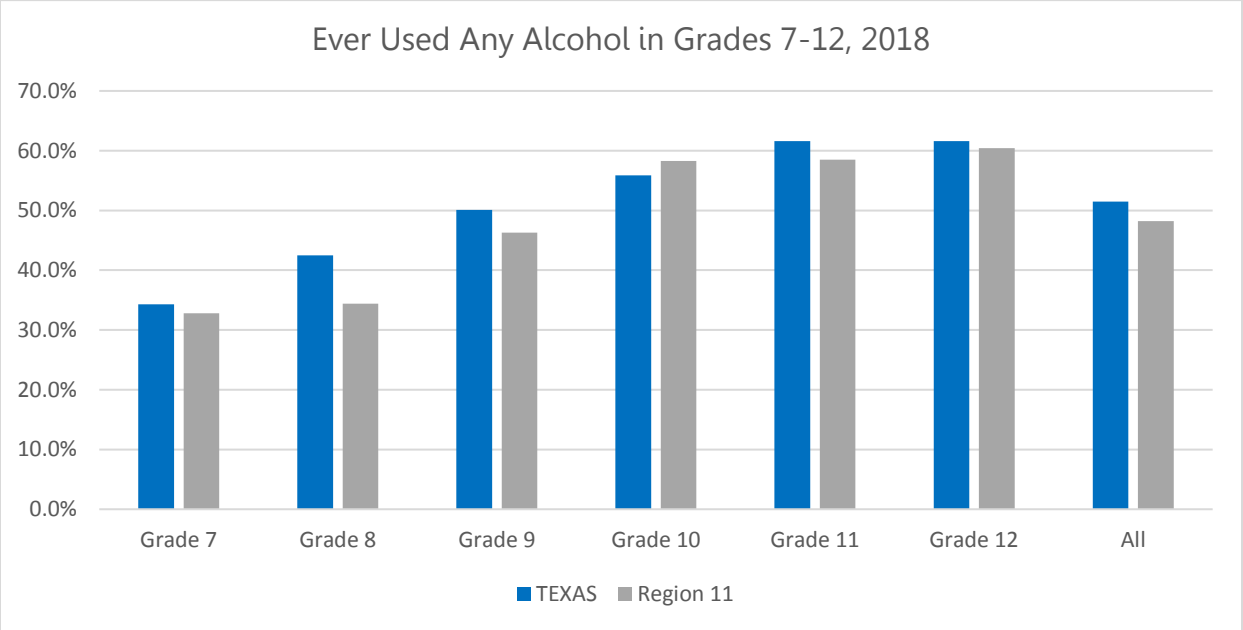


Figure 29. Ever Used Any Alcohol Product Grades 7-12, 2018

Binge Drinking

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours.

As for students between grades 7 and 12, the Texas School Survey 2018, found that 4.6% of students reported having binge drank at least once in the past month in region 11.

Differences in Consumption Patterns

Differences in consumption patterns are important in prevention efforts because they can reveal sub-groups of the population that require additional focus. The Texas School Survey looks at differences in consumption across various factors. For instance, it looks for differences across gender, academic performance, and household structure.

Figure 30 shows these differences for alcohol consumption. Region 11 is in blue and Texas is in Gray. There were differences for various categories. For example, a higher percentage of females in Texas and in Region 11 reported having ever consumed alcohol than males. Academically there weren't many differences. However, when it came to household structure, there were significant differences when comparing households with two parents and households without two parents.

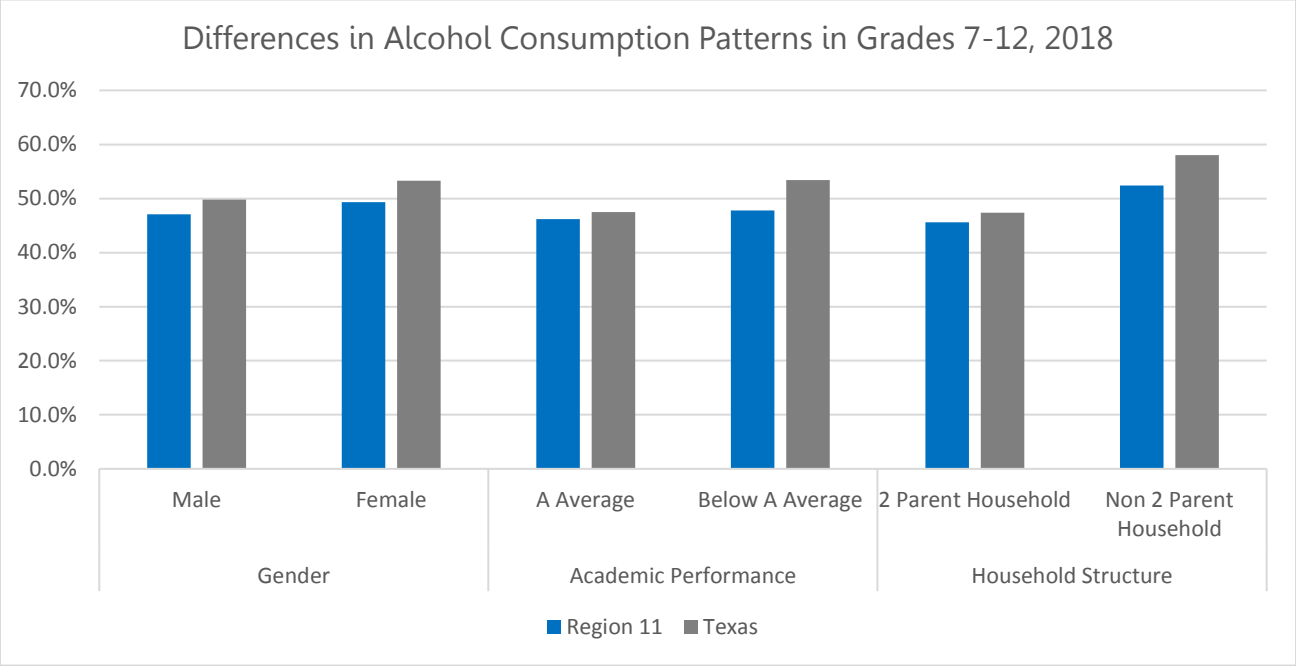


Figure 30. Differences in Consumption Patterns in Grades 7-12, 2018

Marijuana

Marijuana is the most commonly used illicit drug, an estimated 119 million Americans aged 12 or older in 2016 had tried marijuana at least once in their lifetime according to the 2016 National Survey on Drug Use and Health (NSDUH). Marijuana use is widespread among adolescents and young adults. About 1 in 5 young adults have used marijuana in the past month, as reported at

the time the NSDUH survey was administered. The 2016 percentage of users was similar to 2015, but both were higher than the percentages from 2003 to 2014.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V) includes a classification for cannabis use disorder. Criteria includes:

1. A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   - Cannabis is often taken in larger amounts or over a longer period than was intended
   - There is a persistent desire or unsuccessful efforts to cut down or control cannabis use
   - A great deal of time is spent in activities necessary to obtain, use, or recover from cannabis
   - Craving, or a strong desire or urge to use cannabis
   - Recurrent cannabis use resulting in failure to fulfill major role obligations
   - Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis
   - Recurrent cannabis use in situations that are physically hazardous
   - Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis
   - Tolerance and/or withdrawal

Cannabis use disorder is commonly observed as the only substance use disorder experienced by the individual; however, it also frequently occurs concurrently with other types of substance use disorders (i.e. alcohol, cocaine, opioid).

According to the National Institute on Drug Abuse, substantial evidence from animal research and a growing number of studies in humans indicate that marijuana exposure during development can cause long-term or possibly permanent adverse changes in the brain. Imaging studies in human adolescents show that regular marijuana users display impaired neural connectivity in specific brain regions involved in a broad range of executive functions like memory, learning, and impulse control compared to non-users. Marijuana is also the illicit drug most frequently found in the blood of drivers who have been involved in accidents, including fatal ones.

Figure 31. Teens Using Marijuana

Age of Initiation

Regular cannabis use that starts in adolescence strips away IQ, a NIDA-supported 25-year study of 1,000 individuals suggests. Study participants who initiated weekly cannabis use before age 18 dropped IQ points in proportion to how long they persisted in using the drug, while nonusers gained a fraction of a point. During puberty, neurons and neurotransmitter systems mature and

link up into refined neural networks, cannabis use may interrupt these changes as well.[32] In the United States, and 4 million people had past year disorders related to their use of marijuana.

In 2015, the average age at first marijuana use among recent marijuana initiates aged 12 to 49 was 18.5 years in the United States, according to findings from the 2015 NSDUH. The Texas School Survey 2018 reported that age of initiation of first use is 14 years for both the state and region 11.

Current & Lifetime Use

An estimated 119 million Americans aged 12 or older in 2016 had tried marijuana at least once in their lifetime per NSDUH findings. The number of past month marijuana users, 24 million, corresponds to 8.9% of the population aged 12 or older.

The Texas College School Survey, reported that marijuana was the most commonly used illicit drug used among college students in 2018.

In Region 11, 2018 Texas School Survey findings indicate that 21.6% of students had ever used marijuana and 14.5% had been using marijuana in the past month at the time the survey was administered. In Texas, 21.1% had ever used marijuana and 13.6% had used in the past month. **There was a noticeable increase in usage between grades 8 and 9**. This is an important time for many students because they are transitioning from middle school to high school.

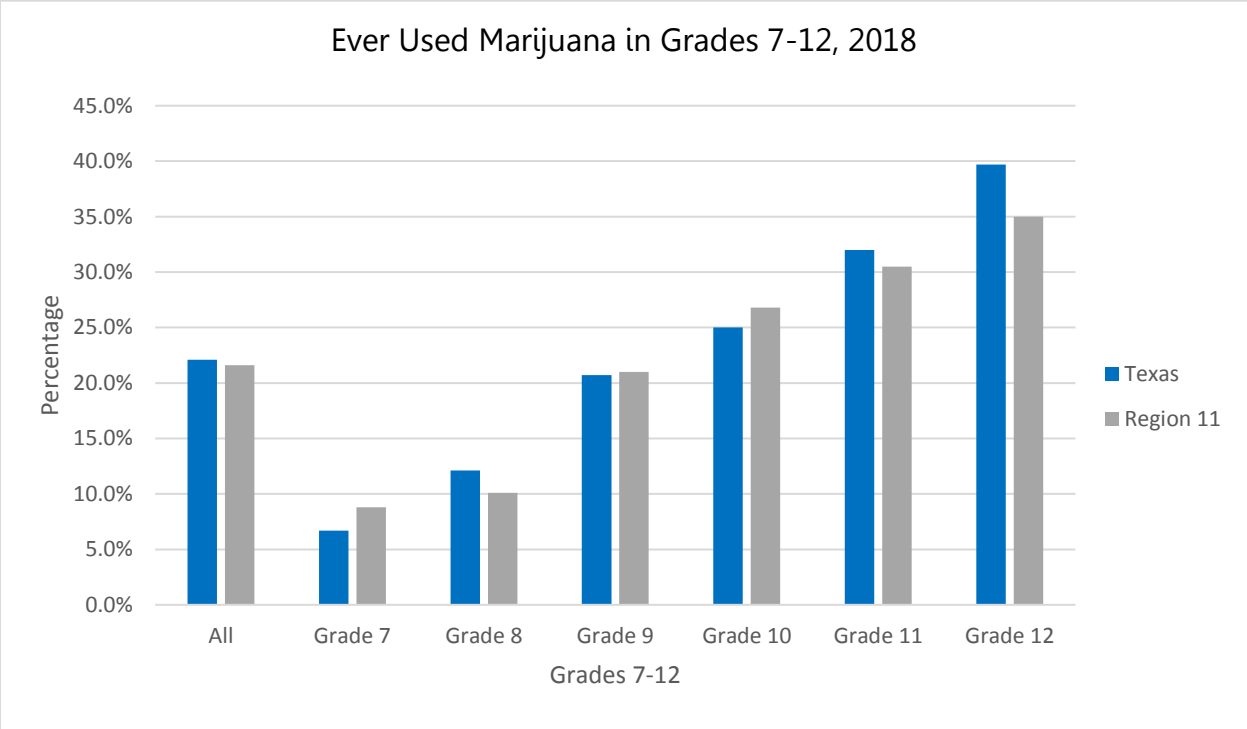


Figure 32. Ever Used Marijuana in Grades 7 – 12, 2018

[32] Eisner, R. Marijuana abuse: age of initiation, pleasure of response foreshadow young adult outcomes. NIDA Notes (National Institute on Drug Abuse monthly newsletter), 2005, 19.

Differences in Consumption Patterns

Differences in consumption patterns are important in prevention efforts because they can reveal sub-groups of the population that require additional focus. The Texas School Survey looks at differences in consumption across various factors. For instance, it looks for differences across gender, academic performance, and household structure.

Figure 33 shows these differences for marijuana consumption. Region 11 is in blue and Texas is in gray. There were apparent differences for some categories. For example, a higher percentage of males reported having ever used marijuana than females. Academically, a higher percentage of students with below an A average reported having ever consumed marijuana when compared to students with an A average. Additionally, when it came to household structure, there were stark differences when comparing households with two parents and households without two parents.

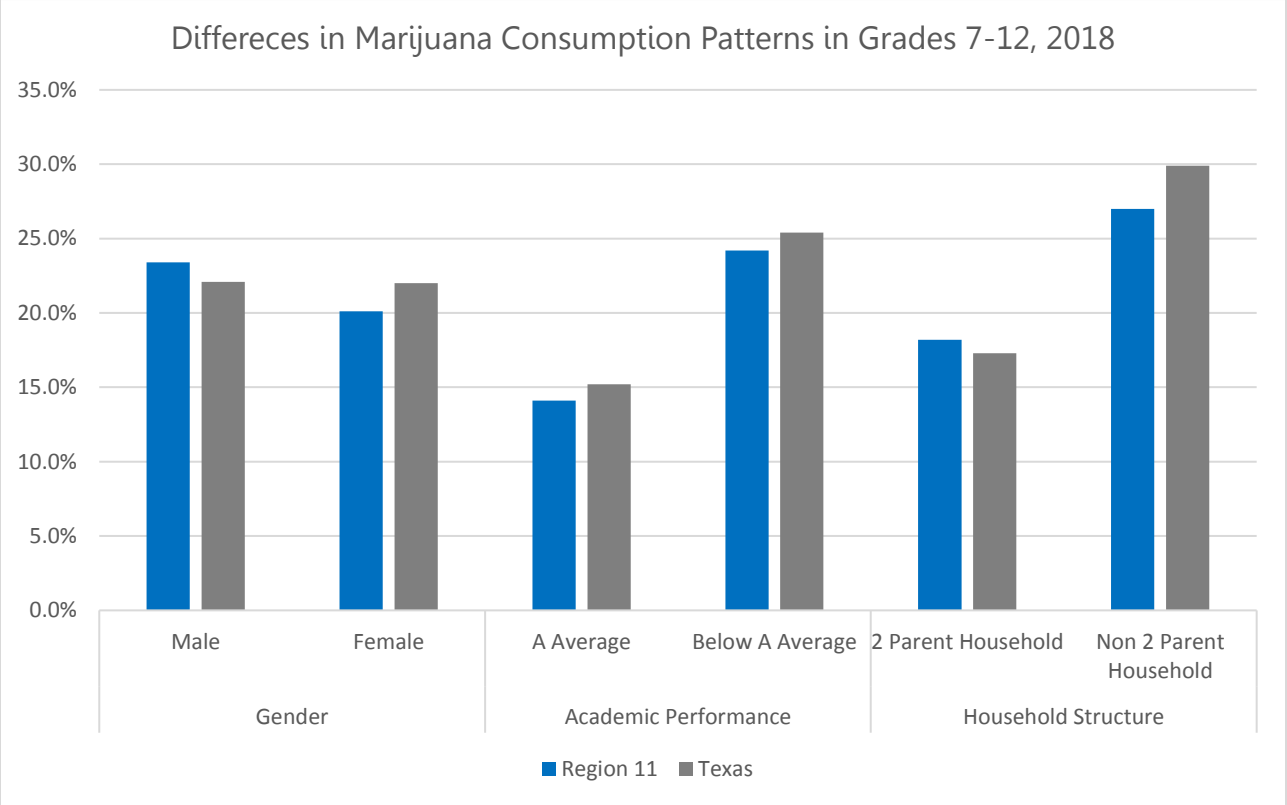


Figure 33. Differences in Marijuana Consumption Patterns in Grades 7-12, 2018

Synthetic Marijuana

Synthetic marijuana has been in the news in the last few years due to its rising popularity among adolescents and young adults. In September 1, 2015 synthetic marijuana was made illegal in Texas. The penalties for possession of synthetic marijuana can include six months in jail and a $2,000 fine or even a life jail sentence and $50,000 fine depending on the amount. The crack down on synthetic marijuana came as a result of several high-profile overdoses involving the substance. Despite the crackdown, several communities, including those in region 11, still see synthetic marijuana in their neighborhoods. The Texas School Survey 2018, revealed that 3.4% of students

in Texas in grades 7-12 had reported having ever tried synthetic marijuana, compared to 3.9% of students in Region 11.

Prescription Drugs

The American Society of Addiction Medicine reports that drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015. Of the 20.5 million Americans 12 or older that had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin. It is estimated that 23% of individuals who use heroin develop opioid addiction.

Figure 34. Teen Using Prescription Drugs

The classes of prescription drugs most commonly abused are: opioid pain relievers, such as Vicodin or OxyContin; stimulants for treating Attention Deficit Hyperactivity Disorder (ADHD), such as Adderall, Concerta, or Ritalin; and central nervous system (CNS) depressants for relieving anxiety, such as Valium or Xanax. However, the most commonly abused over the counter drugs among U.S. adolescents are cough and cold remedies containing dextromethorphan.

The Henry J. Kaiser Family Foundation reports that in 2017, about 316,899,790 retail prescription drugs were filled at pharmacies in Texas, which represents about 7.8% of the total in the United States. This number is slightly up from the previous year, 7.7%.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V) includes a classification for opioid use disorder. Criteria includes:

1. A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   - Opioids are often taken in larger amounts or over a longer period than was intended
   - There is a persistent desire or unsuccessful efforts to cut down or control opioids use
   - A great deal of time is spent in activities necessary to obtain, use, or recover from opioids
   - Craving, or a strong desire or urge to use opioids
   - Recurrent opioid use resulting in failure to fulfill major role obligations
   - Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids
   - Recurrent opioid use in situations that are physically hazardous
   - Opioid use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
   - Tolerance and/or withdrawal

Opioid use disorder includes signs and symptoms that reflect impulsive, prolonged self-administration of opioid substances that are used for no legitimate medical purpose. Similar to

the risk generally observed for all substance use disorders, opioid use disorder is associated with a heightened risk for suicide attempts and completed suicides. Particularly notable are both accidental and deliberate opioid overdoses. Prescription opioid pain medications such as OxyContin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and research now suggests that abuse of these drugs may actually open the door to heroin abuse. Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin.

Age of Initiation

According to the National Survey on Drug Use and Health, in 2015, the number of recent initiates for nonmedical use of pain relievers (2.1 million) was second only to the number of marijuana initiates. The number of people aged 12 or older who used pain relievers non-medically for the first time within the past year averages to about 5,750 initiates per day. On average, recent initiates aged 12 to 49 initiated the misuse of prescription drugs in their early to late 20s.

Initial age of initiation is not being reported at the State or Regional level through the Texas School Survey 2018.

Current & Lifetime Use

In 2016, the estimate of 6.2 million Americans aged 12 or older who were current nonmedical users of psychotherapeutic drugs represented 2.3% of the population aged 12 or older. An estimated 239,000 (1.0%) adolescents aged 12 to 17 were current misusers of pain relievers.

In Region 11, 2018 TSS findings indicate that 15.9% of students in grades 7 through 12 had ever used prescription medications and 6.3% had used prescription drugs in the past month at the time the survey was administered. In Texas, 18.5% of students in grades 7 through 12 had ever used prescription and 7.1% had used in the past month. **The most commonly abused prescription drug in region 11 by students was codeine cough syrup.**

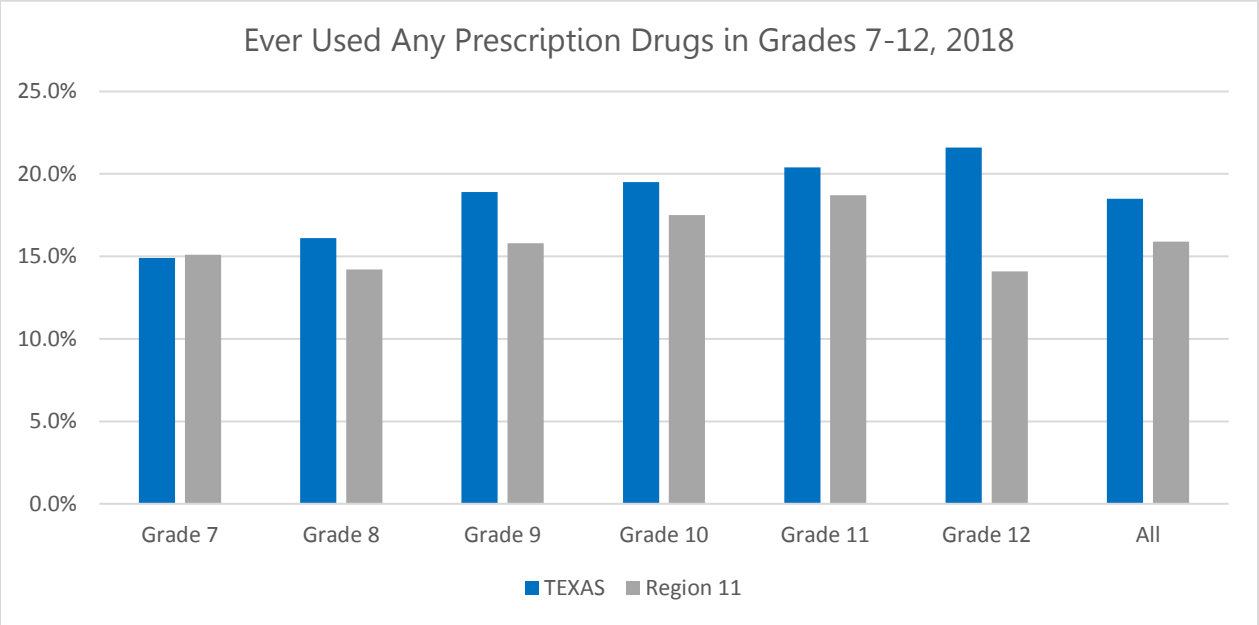


Figure 35. Ever Used Any Prescription Drugs in Grades 7-12, 2018

Differences in Consumption Patterns

Differences in consumption patterns are important in prevention efforts because they can reveal sub-groups of the population that require additional focus. The Texas School Survey looks at differences in consumption across various factors. For instance, it looks for differences across gender, academic performance, and household structure.

The percentage of students having ever tried prescription drugs without a two-parent household (16.9%) was slightly higher than those with a two parent household (15.2%)

There were differences in consumption patterns for gender. 17.3% of male students reported having ever tried prescription drugs, compared to 14.6% female students. For academic performance, prescription drug consumption was higher for students reporting lower than A grades 17.1%, compared to students reporting A grades 13.3%. Similarly, there were slightly differences when it came to household structure. Only 15.2% of students in grades 7 through 12 who had a two-parent household reported having ever used prescription drugs, lower than those students who did not have a two-parent household, 16.9%.

Prescription Drug Monitoring Program

The Texas Prescription Monitoring Program (PMP) collects and monitors prescription data for all Schedule II, III, IV and V controlled substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. The PMP also provides a venue for monitoring patient prescription history for practitioners and the ordering of Schedule II Texas Official Prescription Forms. The program is run by the Texas State Board of Pharmacy.

Figure 36 shows the amount of controlled substances dispensed by county per 100 individuals. Interestingly, several border counties had low counts, and it is suspected that this may be due to the proximity of the Mexican border. Several controlled substances can be obtained without a prescription right across the border.

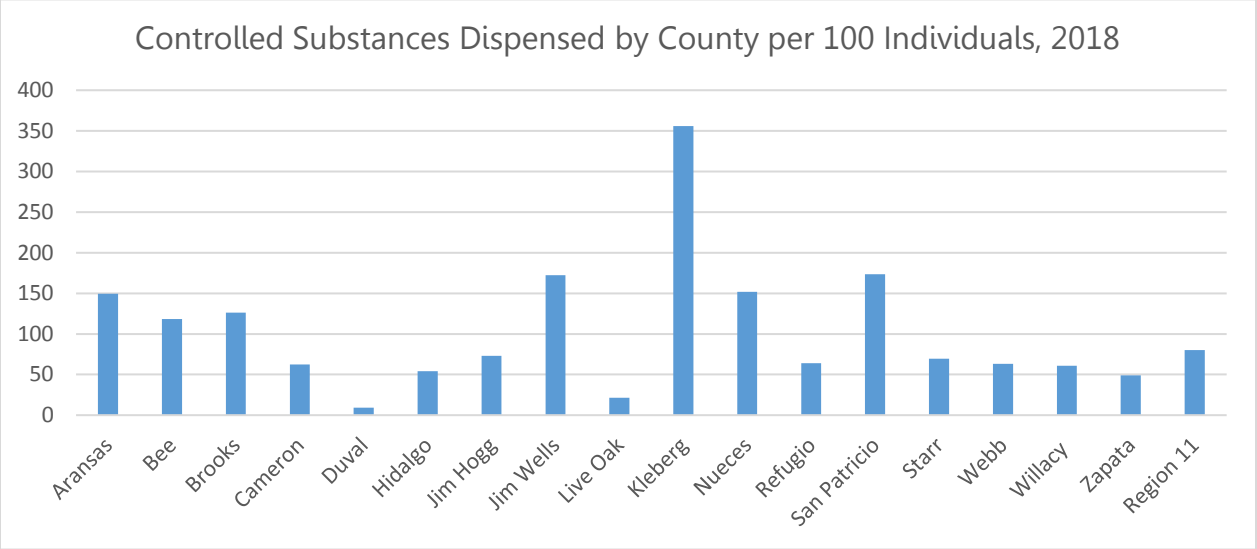


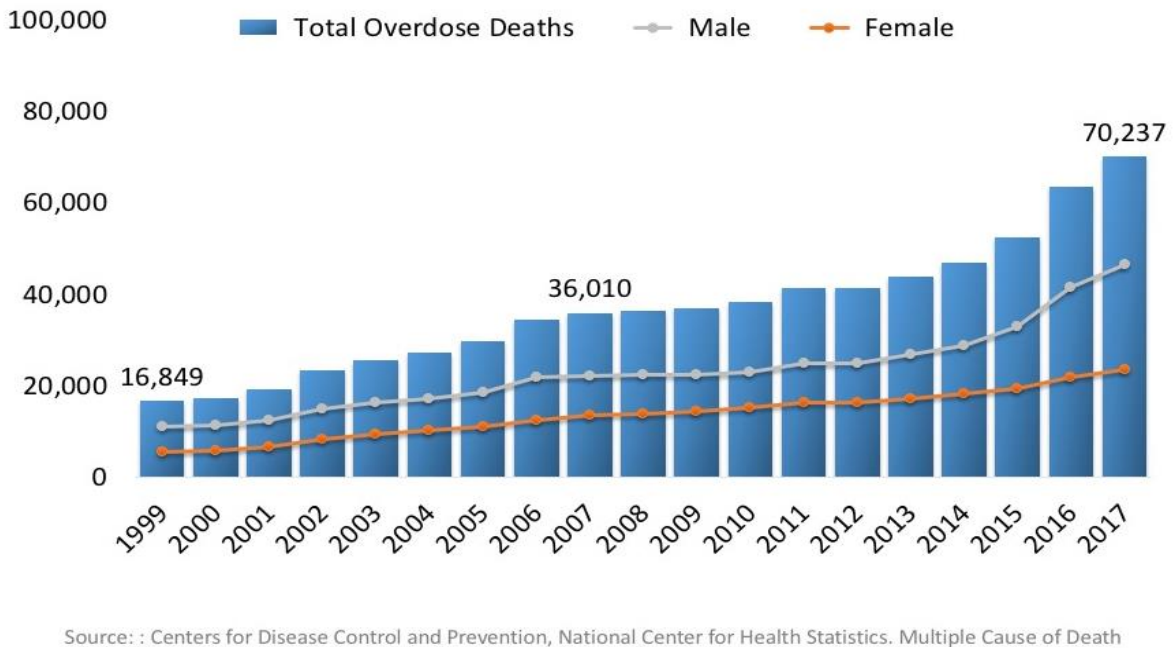
Figure 36. Controlled Substances Dispensed by County per 100 Individuals, 2018

Special Topic: Opiates

Opiates, or opioids, are derived from the poppy plant, and are specific class of drugs. There are both legal and illegal forms of opiates. For example, legal forms of opioids include OxyContin, hydrocodone, codeine, morphine, methadone, and fentanyl. These drugs all aim to treat pain, and are prescribed to patients that are in some pain. There are also illegal forms of opiates such as heroin, and synthetic fentanyl. Historically, opiates were regarded as being risky when it came to treating chronic pain due to possible addictions. However, in the 1980's and early 1990's this perception began to change after a famous article in the New England Journal of Medicine in January 1980 stated that using opioids to treat chronic pain might not be so risky. Around the same time, medical professionals decided to make pain the fifth vital sign along with blood pressure, heart rate, respiratory rate, and temperature. This combination caused the number opioid prescriptions to increase dramatically across the nation from 76 million in 1991 to 210 million in 2010.

National Crisis

Opiates have been in the national spotlight due to the increased number of overdose deaths across the country. In 2016, more people died from opioids than from motor vehicle accidents and firearms, and the life expectancy in American declines for the second year in a row; in large part due to the number of overdose deaths. In October of 2017, President Trump declared the opioid epidemic a national public health emergency thereby increasing the availability of funds needed to combat the epidemic. Figure 37 shows national drug overdose deaths among all ages, by gender for years 1999-2017.



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death

Figure 37. National Drug Overdose Deaths Among all Ages, by Gender, 1999-2017

Current Use

According to the NSDUH, 1.8 million people aged 12 or older had a pain reliever use disorder in 2016. Moreover, 626,000 people aged 12 or older had a heroin use disorder in 2016. In Texas, the number of people entering treatment for heroin use has increased in the last few years. About 111,000 adolescents aged 12–17 (4.8% of all adolescents) per year in 2013–2014 reported nonmedical use of pain relievers within the year prior to being surveyed. The percentage decreased from 2010–2011 to 2013–2014.

Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome or NAS occurs when a baby experiences withdraws from certain drugs that he or she may have been exposed to in the womb before birth. It is most commonly caused by taking opioids during pregnancy. These drugs can pass through the placenta and cause NAS in newborns. DSHS provides information related to NAS claims for Medicaid deliveries, and not all births. Table 20 presented below, shows that two counties had over 2% of their Medicaid births present NAS claims, Aransas and Willacy County. Eight counties in Region 11 reported a higher percentage of NAS claims than the state percentage of 0.6%. NAS births are an important indicator of substance use during pregnancy, particularly opioids.

Table 20. Texas Medicaid NAS Clients and Deliveries by County, 2014-2016

County	Medicaid Deliveries FY 2014-2016	# OF NAS Claims 2014-2016	% of NAS Claims FY 2014-2016
Aransas	507	11	2.2%
Bee	721	5	0.7%
Brooks	286	0	0.0%
Cameron	11,479	48	0.4%
Duval	382	3	0.8%
Hidalgo	22,903	39	0.2%
Jim Hogg	194	0	0.0%
Jim Wells	1,317	9	0.7%
Kenedy	4	0	0.0%
Kleberg	750	2	0.3%
Live Oak	202	2	1.0%
McMullen	121	0	0.0%
Nueces	8,126	117	1.4%
Refugio	157	2	1.3%
San Patricio	1,722	18	1.0%
Starr	2,274	2	0.1%
Webb	8,032	48	0.6%
Willacy	625	13	2.1%
Zapata	331	1	0.3%
Region 11	60,133	320	0.5%
Texas	634,040	3,821	0.6%

Source: Department of State Health Services, 2014-2016

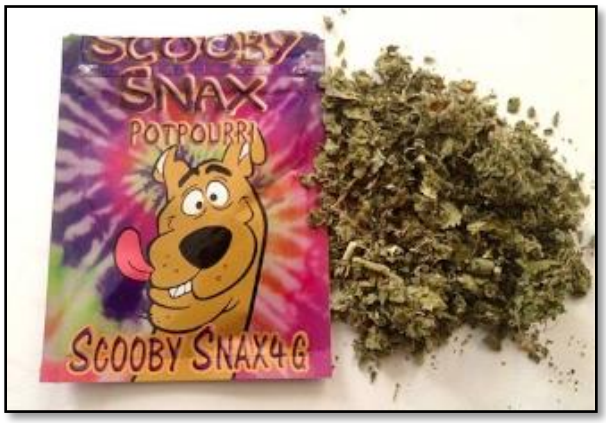
Emerging Trends

There are always new trends emerging when it comes to alcohol and other drugs. As such, it is important for us to remain ahead of these trends in order to best serve the individuals affected by them. Some of the newest emerging trends will be described in the following sections.

Synthetic Cannabinoids

The National Institute on Drug Abuse defines "spice" as a wide variety of herbal mixtures that produce experiences similar to marijuana (cannabis) and that are marketed as "safe," legal alternatives to that drug. These are called synthetic cannabinoids and are sold under many names, including K2, fake weed, Yucatan Fire, Skunk, Moon Rocks, and others — and labeled "not for human consumption." These products contain dried, shredded plant material and chemical additives that are responsible for their psychoactive (mind-altering) effects.[33]

Even though the Texas legislature has passed laws on synthetic drugs, the ever-changing chemical composition of them has made it hard to stay ahead of the newest drugs. The legislative process can often times take several months, and manufacturers of these drugs can simply change one chemical component to make the drug "new" and unregulated.



Figures 38 & 39. Examples of Synthetic Cannabinoids

The 2018 Texas School Survey revealed that 3.9% of students in grades 7-12 had reported having ever tried synthetic marijuana in region 11. In 2015, the Uniform Crime Report revealed that more than 600 liquid ounces and 10,000 dose units of synthetic narcotics were seized. In addition, more than 1,000 adults and 170 juveniles were arrested in region 11 for drug possession of synthetic narcotics.

Synthetic Cathinoids

There are also other substances known as "bath salts" which typically take the form of a white or brown crystalline powder and are sold in small plastic or foil packages labeled "not for human consumption." Sometimes also marketed as "plant food"—or, more recently, as "jewelry cleaner" or "phone screen cleaner"—they are sold online and in drug paraphernalia stores under a variety of brand names, such as "Ivory Wave," "Bloom," "Cloud Nine," "Lunar Wave," "Vanilla Sky," "White

[33] Riederer AM, Campleman SL, Carlson RG, et al. Acute Poisonings from Synthetic Cannabinoids — 50 U.S. Toxicology Investigators Consortium Registry Sites, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:692–695

Lightning," and "Scarface." These substances represent synthetic cathinoids, which are considered a synthetic form of cocaine.

E-Cigarettes/Vaping

E-cigarettes are especially popular among youth and young adults. They can be used to smoke nicotine, flavorings, and even other drugs such as marijuana. According to the 2016 U.S. Surgeon General's Report, e-cigarettes are now the most commonly used form of tobacco by youth in the country. The reasons for why youth are using e-cigarettes include curiosity, taste, and the belief that e-cigarettes are less harmful than other tobacco products.

Figure 40. Teen Using E-Cigarette

They are not harmless, however. The same report found that they can contain harmful and potentially harmful chemicals including nicotine. Nationally, 16% of high school students reported having used e-cigarettes in the past month in 2015. The 2018 Texas School Survey reveals that 19.6% of students between grades 7 and 12 had used electronic vapor products at some point. The United State Postal Service has seen an increase in the amount of confiscated vaping cartridges from states where marijuana has been legalized.

Juuling

A new type of e-cigarette called "juul" has become so popular. The "juul" is especially popular among children and young adults due to its sleek and discreet design, its ability to be recharged on a laptop or wall charger within one hour, and its liquid-filled cartridges that come in popular flavors like cool mint, creme brulee, and fruit medley.

From 2011 to 2016, there has been a decline in traditional cigarette smoking, particularly among middle school and high school students.[34] The continued concern is the progression of youth smoking into adult smoking attributed to the addicting characteristics of nicotine.

As a result, "juuling" is now very common at teenage hangouts and even at school. Medical professionals are very concerned because juul delivers higher concentrations of nicotine than other e-cigarettes. Not only is nicotine highly addictive, but it is also toxic to fetuses and is known to impair brain and lung development if used during adolescence.[35] A 2017 study found that non-

[34] Jamal, A., Gentzke, A., Hu, S. S., Cullen, K. A., Apelberg, B. J., Homa, D. M., & King, B. A. (2017). Tobacco use among middle and high school students—United States, 2011–2016. MMWR. Morbidity and mortality weekly report, 66(23), 597.

[35] England L, Bunnell RF, Pechacek, et al. Nicotine and the developing human: A neglected element in the electronic cigarette debate. American Journal of Preventive Medicine. 2015;49(2): 286–293. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4594223/

smoking adults were four times more likely to start smoking traditional cigarettes after only 18 months of vaping, which includes "juuling.[36]

The impact on the developing brain is also of great concern. Brain imaging studies of adolescents who began smoking at a young age had markedly reduced activity in the prefrontal cortex of the brain, an area critical for a person's cognitive behavior and decision making, leading to increased sensitivity to other drugs and greater impulsivity. [37] While cigarettes include numerous other toxic chemicals that may contribute to these effects, other research on nicotine and brain development demonstrate that the nicotine is probably the main cause.[38]

The amount of nicotine in one juul pod is equivalent to a pack of cigarettes. Since teens often use multiple pods in one sitting, they can unknowingly become exposed to unsafe levels of nicotine that can have immediate and long-term health consequences. In 2016, the Food and Drug Administration (FDA) was given the authority to regulate e-cigarettes such as juul but has allowed e-cigarette manufacturers to postpone their applications for FDA approval until August 2022. Meanwhile, these harmful devices can remain on the market and continue influencing adolescents to become addicted to nicotine.[39]

The popularity of juuls among adolescents exposes them to large amounts of nicotine that can have adverse health risks for their physical and emotional development. While juuls are called e-cigarettes, they look nothing like them, making it easy for children and teens to secretly use them without a parent, guardian, or teacher noticing. This may be just a temporary trend, but if the FDA does not quickly do more to restrict flavors that appeal to adolescents and to educate the public about the risks, it is likely to create an enormous increase in young people addicted to nicotine.

Figure 40. Teen Juuling

Figure 41. Juul Device

[36] Primack BA, Shensa A, Sidani JE, et al. Initiation of traditional cigarette smoking after electronic cigarette use among tobacco-naïve US young adults. The American Journal of Medicine. 2018;131(4): 443.e441-443.e449. https://www.ncbi.nlm.nih.gov/pubmed/29242110

[37] Musso F, Bettermann F, Vucurevic G, et al. (2007). Smoking impacts on prefrontal attentional network function in young adult brains. Psychopharmacology. 2007;191(1): 159-169. https://www.ncbi.nlm.nih.gov/pubmed/16937098

[38] Yuan M, Cross SJ, Loughlin SE, Leslie FM. Nicotine and the adolescent brain. Journal of Physiology. 2015;593(16):3397-412. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560573/

[39] U.S. Food and Drug Administration. FDA's Comprehensive Plan for Tobacco and Nicotine Regulation. FDA Newsroom.August 6, 2018. https://www.fda.gov/TobaccoProducts/NewsEvents/ucm568425.htm

Fentanyl and Opiate Dangers

Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze®. Street names for fentanyl or for fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.

Figure 42. Lethal Doses of Heroin & Fentanyl

Fentanyl and fentanyl analogs associated with recent overdoses in the United States are produced in clandestine laboratories. More and more fentanyl is coming from Mexico. This non-pharmaceutical fentanyl is sold in the following forms: as a powder; spiked on blotter paper; mixed with or substituted for heroin; or as tablets that mimic other, less potent opioids. Fentanyl abuse and misuse in Texas involves the transdermal patches, not fentanyl powder which is being mixed with the white South American heroin on the east coast, as reported by The University of Texas at Austin, School of Social Work in June 2015.

Fentanyl has become popular in region 11 as well and adolescents use terms such as "cheesecake" to refer to this drug, it is being used in powder and liquid form (vaping). Additionally, a lethal dose is much smaller than a lethal dose of heroin and as such has become a popular item for drug dealers

Consequences

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

Overview of Consequences

Mortality

According to the National Vital Statistics Report, Life expectancy for the U.S. population in 2017 was 78.8 years. The age-adjusted death rate significantly from 2016 to 2017 for age groups 25–34, 35–44, and 85 and over. The 10 leading causes of death in 2017 remained the same, although two causes exchanged ranks. The ranks are listed below:

1. Heart Disease
2. Cancer
3. Unintentional Injury
4. Chronic Lower Respiratory Diseases
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Influenza and Pneumonia
9. Kidney Disease
10. Suicide

Nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making alcohol the fourth leading preventable cause of death in the United States. In 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths (31 percent of overall driving fatalities).

According to the National Institute on Drug Abuse (NIDA), there are more deaths, illness, and disabilities from substance abuse than from any other preventable health condition. Today, one in four deaths is attributable to alcohol, tobacco, and illicit drug use. Some of the mortality factors considered for the purpose of this Regional Needs Assessment include: overdose deaths, alcohol related fatalities, and deaths due to other conditions.

Overdose Deaths

The CDC estimates that in the United States, in 2015, 52,404 deaths involved drug poisoning. Of these, 84% were unintentional, 10% were suicides, and 6% were of undetermined intent. From 2010 to 2015 the percentage of heroin deaths more than tripled from 8% to 25%. Similarly, synthetic opioids other than methadone such as fentanyl and tramadol deaths increased from 8% to 18% during the same time period. Cocaine deaths also increased from 2010 to 2015 going from 11% in 2010 to 13% in 2015.

The age-adjusted rate of drug overdose deaths in the United for 2015 was 16.3 per 100,000. This was more than 2.5 times the rate in 1999. This increase was seen across all age groups with the greatest percent increase occurring in those aged between 45 and 54 years.

According to CDC Wonder there have been 4,209 deaths related to drug and alcohol in region 11 between 1999 and 2015. The age adjusted death rates are provided below in Figure 43. Three counties (Jim Hogg, Kenedy, and McMullen) were excluded due to having counts less than 10. Interestingly, the northeast corner of region 11, consisting of Aransas, Nueces, and San Patricio, seems to have the highest drug and alcohol age adjusted death rates. Of the drug and alcohol deaths, majority, came as a result of drugs during this time period.

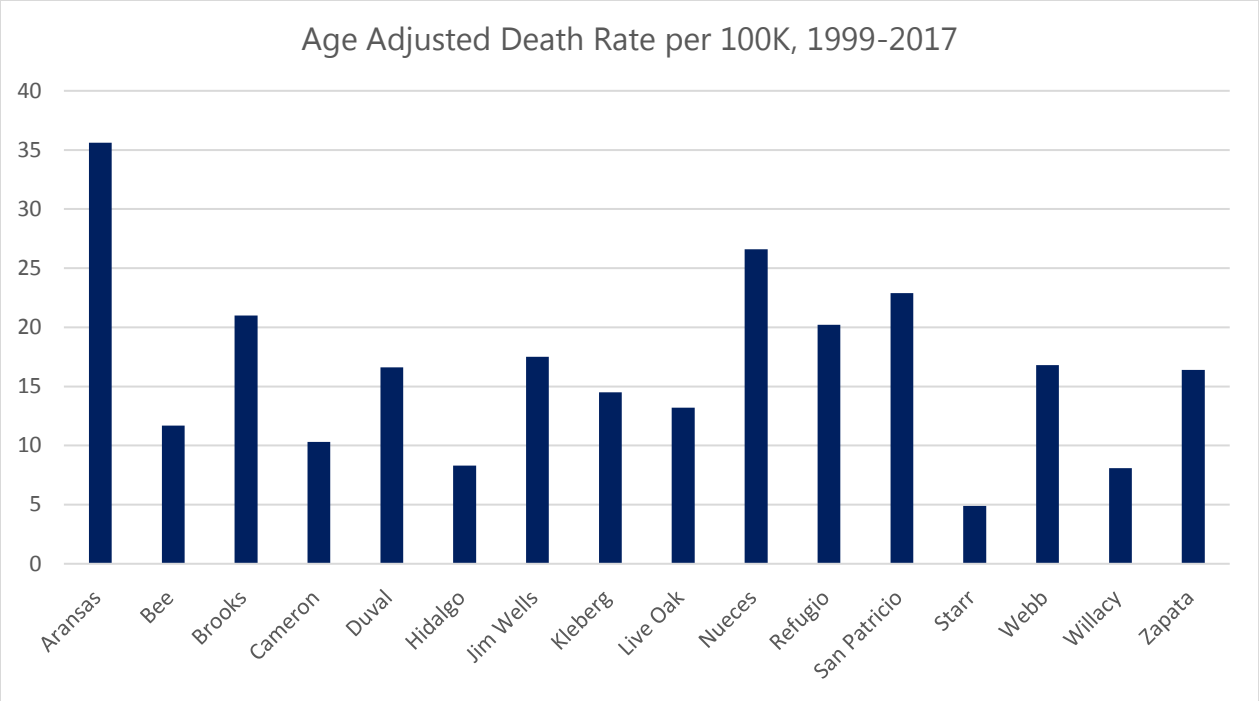


Figure 43. Drug and Alcohol Age-Adjusted Death Rate per 100K, 1999 – 2017

Drug and Alcohol Related Fatalities

The NIH reports that, in 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths (31 percent of overall driving fatalities.

According to the Texas Department of Transportation, in 2016, there were 987 people killed in motor vehicle traffic crashes where a driver was under the influence of alcohol. This is 28% of the total number of people killed in motor vehicle traffic crashes. Additionally, more DUI - alcohol crashes were reported in the hour between 2:00 am and 2:59 am than any other hour of the day; more of these crashes occurred on Saturday than any other day of the week.

Disease (Morbidity) Related to Substance Abuse

The CDC reported that in 2015, the number of deaths in the United States due to chronic liver disease was 40,265, or 10.8 age-adjusted deaths per 100,000 population. Among the Hispanic/Latino population, chronic liver disease is a leading cause of death, although not on the list for Non-Hispanic Whites. While the cause is not always known, some cases can be initiated by conditions such as chronic alcoholism, obesity and exposure to Hepatitis B and C viruses. In 2014, chronic liver disease was the fourth leading cause of death for all Hispanics, and the sixth leading cause of death for Hispanic men according to the U.S. Department of Health and Human Services, Office of Minority Health.

Chronic Liver Disease

In region 11, there were 431 total deaths associated with chronic liver disease in 2013. Specifically, 32% of these deaths came from Hidalgo County. Information was obtained from the Texas Health and Human Services Commission, ICD-10 Death Statistics.

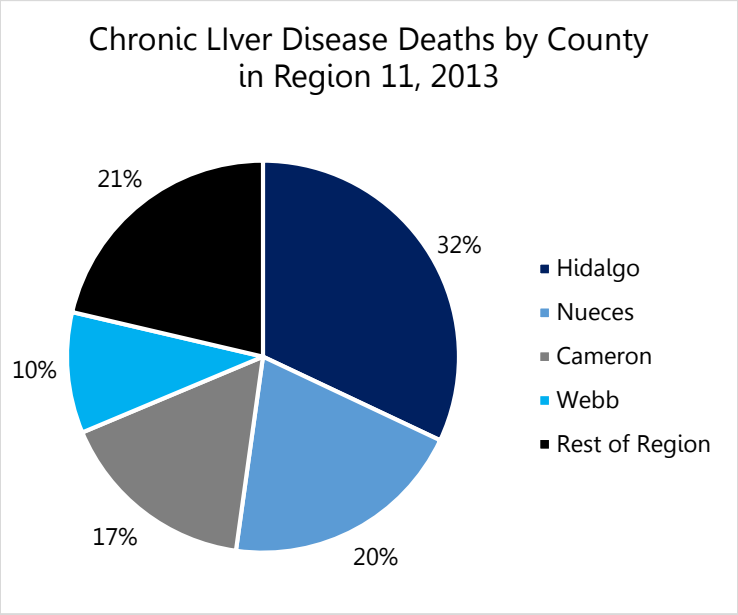


Figure 44. Chronic Liver Disease Deaths by County in Region 11, 2013

County	Number of Deaths
Hidalgo	138
Nueces	87
Cameron	71
Webb	43
Rest of Region	92
Region 11	431
Texas	3,410

Table 21. Chronic Liver Disease Deaths, 2013

Source: Texas Dept. of State Health Services

Heart Disease

The CDC reports that about 610,000 people die of heart disease in the United States every year–that's 1 in every 4 deaths; heart disease is the leading cause of death for both men and women. Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually. Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. High blood pressure, high LDL cholesterol, and smoking are key heart disease risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.

In Texas, there were 43,772 deaths due to heart disease for 2016. The age-adjusted death rate for heart disease was 167.7 deaths per 100,000 population. Heart disease was the number one leading cause of death among males and females.

In Region 11, 3,015 deaths due to diseases of the heart occurred in 2013. Information was obtained from The Texas Health and Human Services Commission, ICD-10 Death Statistics.

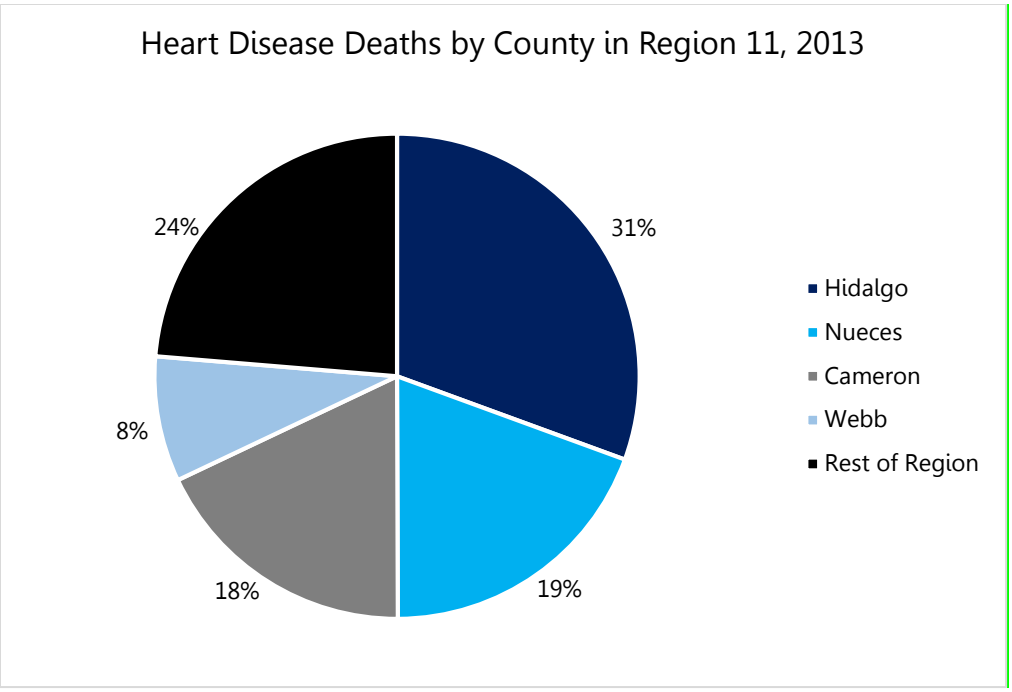


Figure 45. Heart Disease Deaths by County in Region 11, 2013

In Region 11, heart disease was the leading cause of death

Chronic Lower Respiratory Disease (CLRD)

In the United States, the number of deaths from chronic lower respiratory diseases (including asthma) was 147,101 or 46.1 deaths per 100,000 population in the year 2014. CLRD was ranked as the 3rd leading cause of death in the U.S. Of those receiving assisted living and other residential care, 10.8% of residents had Chronic Obstructive Pulmonary Disease (COPD). In 2011, the number of visits to emergency departments with chronic and unspecified bronchitis as the primary hospital discharge diagnosis was 174,000 in the United States.

In Texas, the Texas Health and Human Services Commission (HHSC) reported that in 2013, there were 9,787 deaths due to CLRD or 42.3 deaths per 100,000 population.

In region 11, HHSC reported a total of 548 deaths due to chronic lower respiratory diseases. Nueces County had the highest number of deaths in the region at 150 followed by Hidalgo County with 135 deaths.

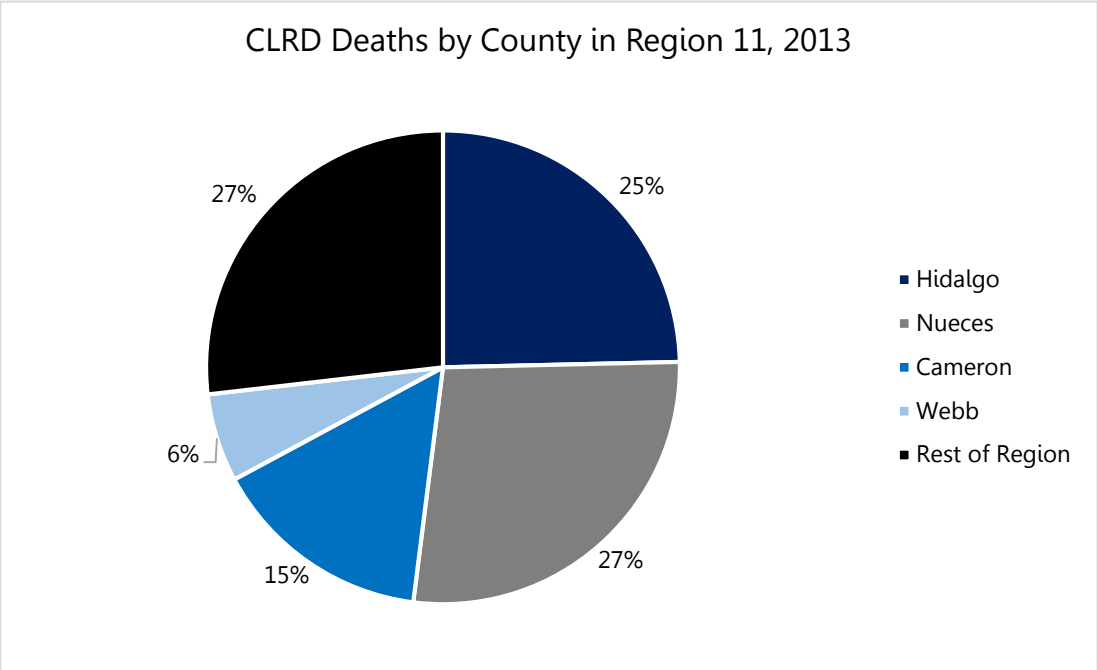


Figure 46. CLRD Deaths by County in Region 11, 2013

Cancer

In Texas and the U.S., cancer is the second leading cause of death, exceeded only by heart disease. According to the CDC, in 2013, there were 595,690 deaths or 171.2 deaths per 100,000 population, due to cancer in the United States. The number of discharges with cancer as first-listed diagnosis was 1.2 million in 2010 with an average length of stay of 6.3 days.

In Texas, HHSC expects that more than 39,500 Texans are expected to die of cancer. That amounts to more than 100 deaths as a result of cancer per day. Lung cancer is the leading cause of cancer death in Texas for males and females, accounting for about 9,400 (24 percent) of all expected cancer deaths in 2016. Some risks factors associated with cancer are: current tobacco use, obesity, and lack of physical activity. Of those aged 18 years and older, about 19.2% were current tobacco users in 2016.

In region 11, 2,742 deaths due to malignant neoplasms (cancer) were registered in 2013. Hidalgo County had the highest number of deaths followed by Nueces and Cameron County. The results can be found below.

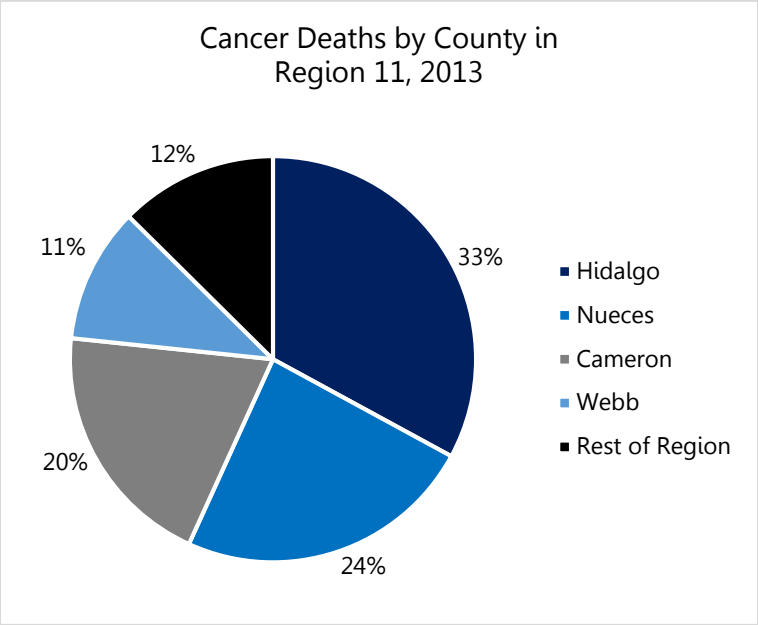


Figure 47. Cancer Deaths by County in Region 11, 2013

Table 22. Cancer Deaths, 2013

County	Number of Deaths
Hidalgo	814
Nueces	590
Cameron	491
Webb	266
Rest of Region	311
Region 11	2,472
Texas	32,289

Source: Texas HHSC

Legal Consequences

According to the Bureau of Justice Statistics, the number of prisoners held by state and federal correctional authorities on December 31, 2015 was estimated to be 1,489,400. This was the smallest U.S. prison population since 2007. It decreased by more than 1.2% from the previous year, 2016. The number of federal prisoners decreased from 189,200 at year-end 2016 to 183,100 at year-end 2017. This was the fifth consecutive year of population decline among federal prisoners.

An estimated 94,678 or 52% of the population in federal prisons were incarcerated due to drug offenses for fiscal year end 2012. The top 3 primary drug types for which individuals were sentenced in federal prisons for were crack cocaine (28.4%), powder cocaine (25.8%), and methamphetamine (23.7%). At the state level, a much smaller percentage of sentenced prisoners were in jail for drug possession, 15.7%, in 2015.[40]

Some of the main legal consequences related to alcohol and illicit drug use will be discussed in the following sections of this document.

Minor Alcohol-Related Arrests (Drunkenness, Liquor Laws, DUI)

According to the Uniform Crime Report, there were 120 minors arrested for alcohol-related offenses in 2018. These offenses include DUIs, liquor law, and drunkenness violations. The breakdown by offense and county can be found in Appendix A under Table A-11.

[40] Carson EA, Anderson E. Prisoners in 2015. U.S. Department of Justice. December, 2016

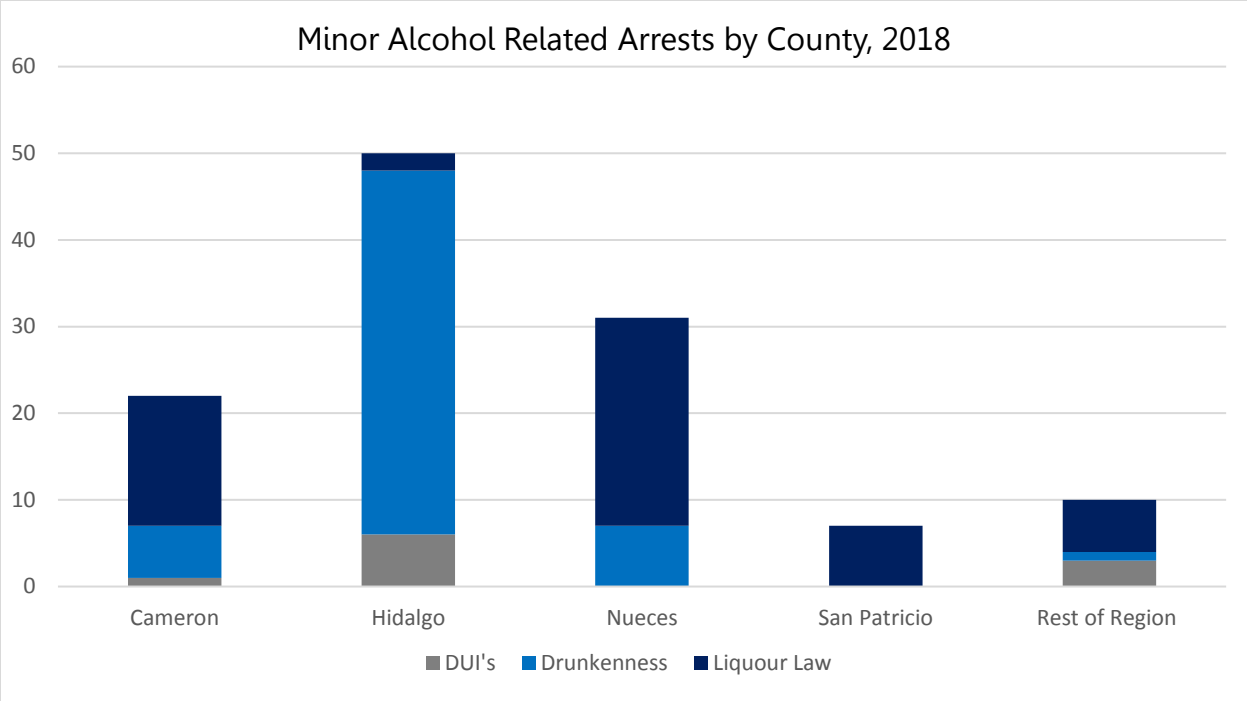


Figure 48. Minor Alcohol-Related Arrests by County in Region 11, 2018

Adult Alcohol-Related Arrests (Drunkenness, Liquor Laws, DUI)

According to the Uniform Crime Report, there were 16,586 adults arrested for alcohol-related offenses in 2018. These offenses include DUIs, liquor law, and drunkenness violations. The breakdown by offense and county can be found in Appendix A under Table A-12.

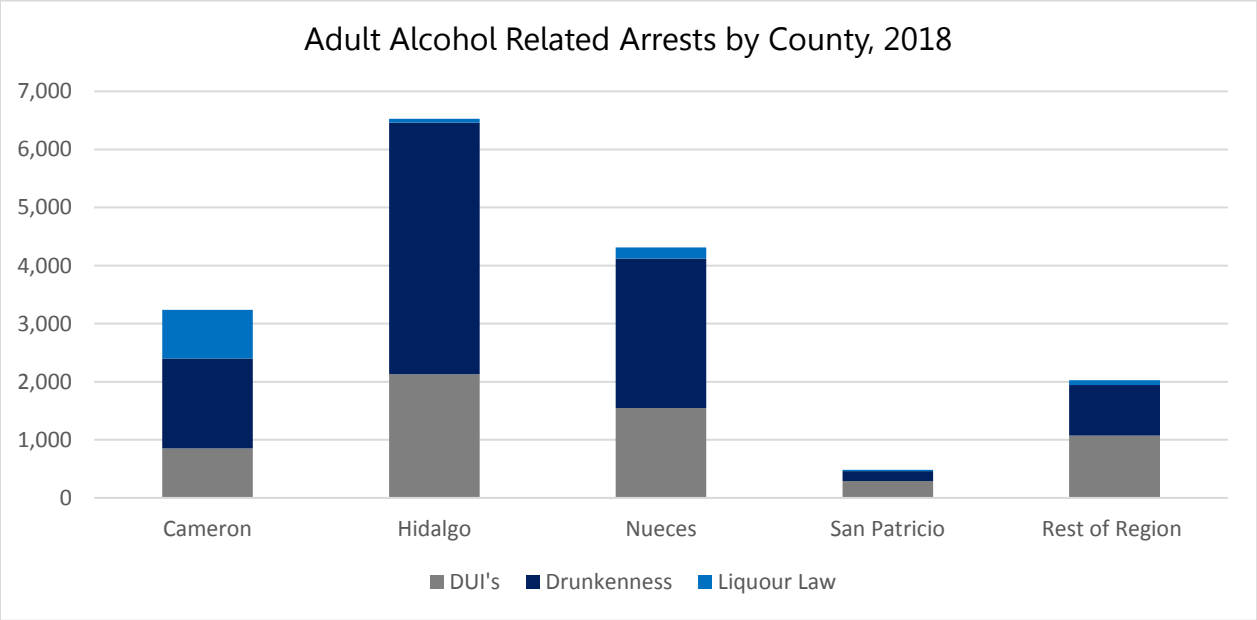


Figure 49. Adult Alcohol-Related Arrests by County, 2018

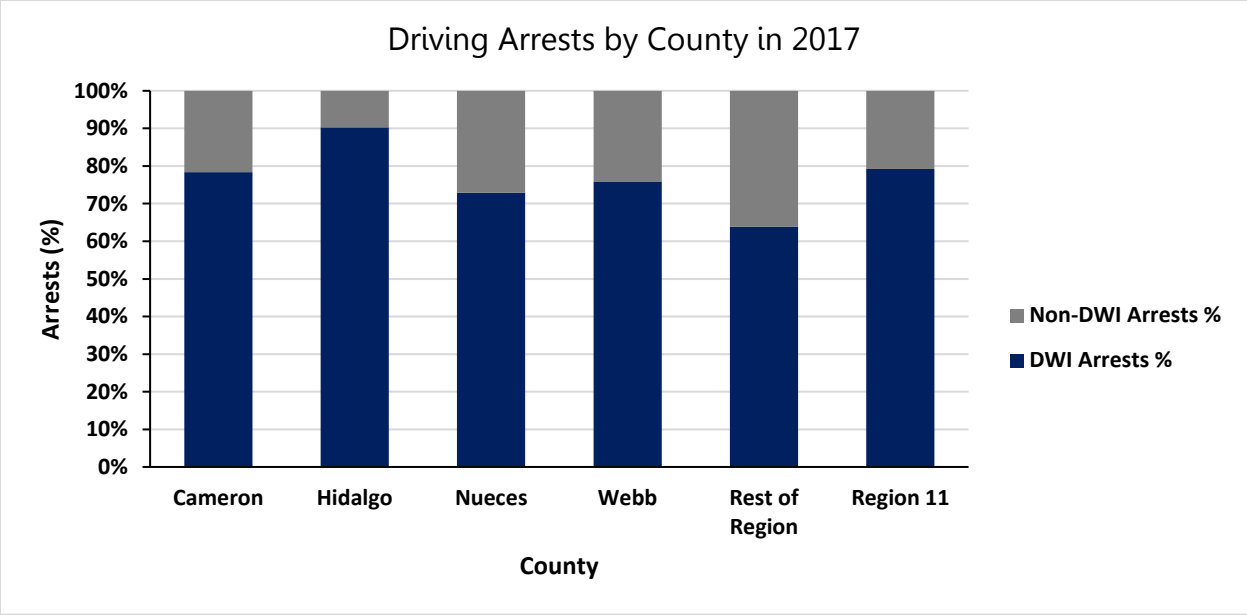


Figure 50. Driving Arrests by County, 2017

Minor Illicit Drug Possession Arrests

The Texas Department of Public Safety reports there were 1,381 arrests to minors under 18 years of age related to possession of drugs in region 11 in 2015. This number is up from the previous year. Moreover, 82% of these arrests were made to male minors, and close to half of them (45.4%) came to minors aged 17 years old. The breakdown by offense and county can be found in Appendix A under Table A-13.

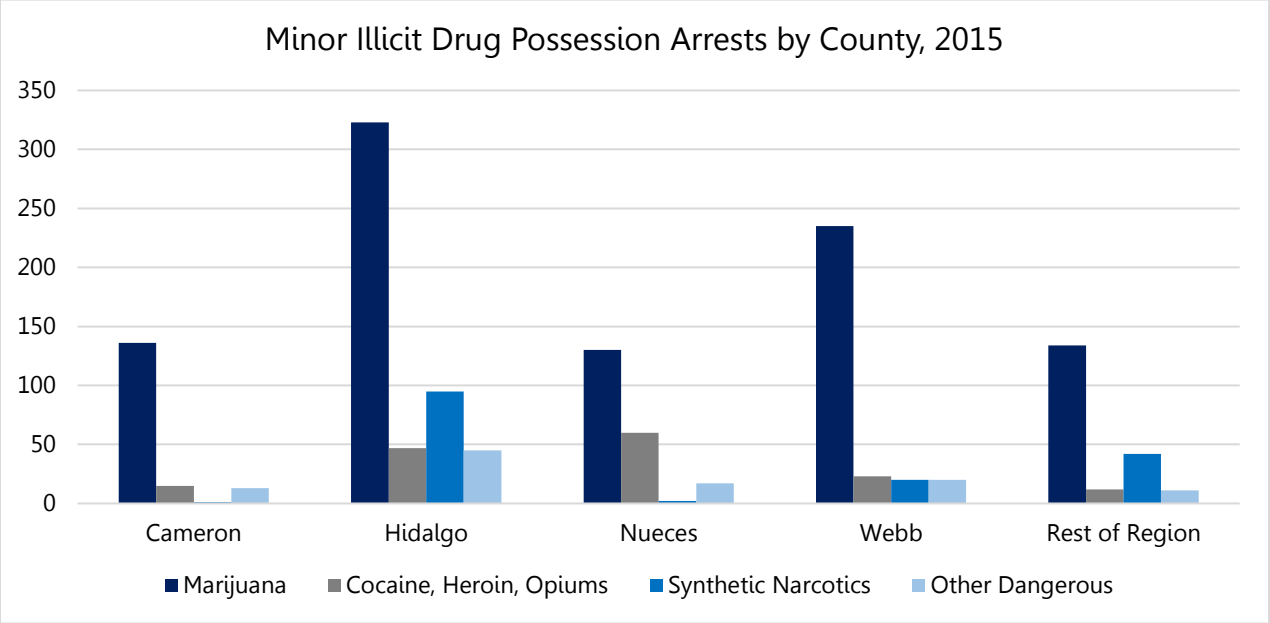


Figure 51. Minor Illicit Drug Possession Arrests by County, 2015

Adult Illicit Drug Possession Arrests

The Texas Department of Public Safety reports there were 11,021 arrests to adults related to possession of drugs in region 11 in 2015. This number is up from the previous year. Moreover, majority of these arrests were for marijuana (44.7%) followed by cocaine, heroin, opium (38.1%). The breakdown by offense and county can be found in Appendix A under Table A-14.

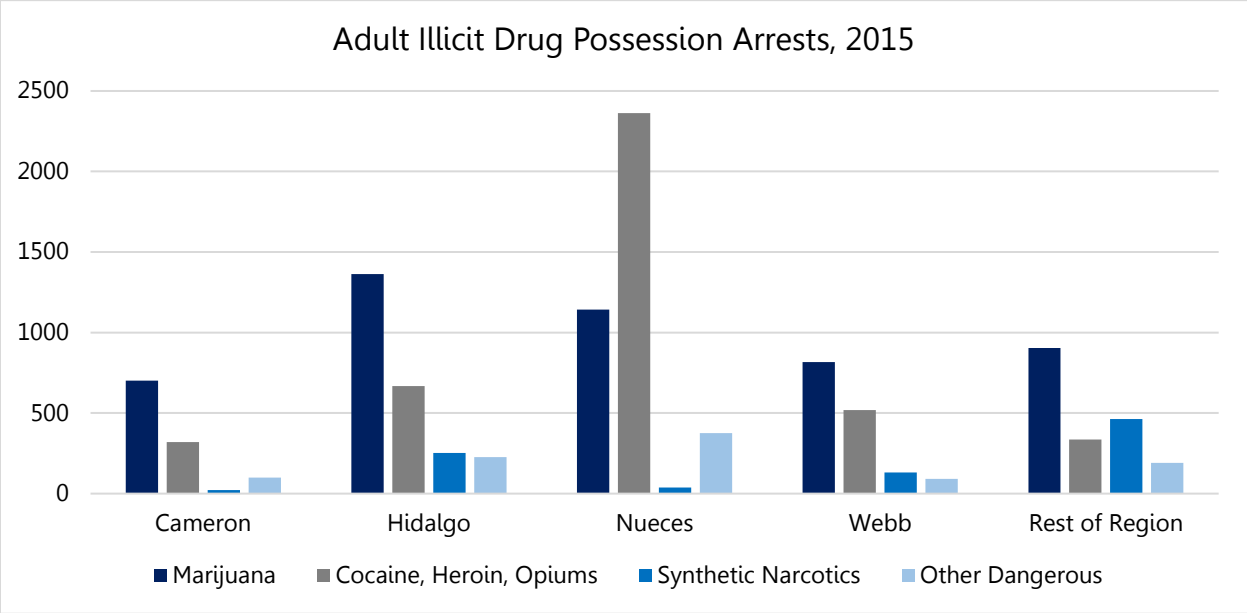


Figure 52. Adult Illicit Drug Possession Arrests, 2015

Hospitalization and Treatment

National estimates on drug-related visits to hospital emergency departments (ED) are obtained from the Drug Abuse Warning Network (DAWN). According to the 2012 DAWN report, the percentage of persons aged 18 to 25 receiving substance abuse treatment remained relatively stable between 2002 and 2012. The number of young adults seen in an emergency department (ED) for the use of illicit drugs and the misuse or abuse of pharmaceuticals increased between 2005 and 2011. DAWN estimates that in 2011 there were about 845,000 drug-related ED visits in the nation by young adults aged 18 to 25, of which 488,937 visits involved the use of illicit drugs, alcohol in combination with other substances, or intentional misuse or abuse of pharmaceuticals (e.g., prescription medicines, over-the-counter remedies)

The Treatment Episode Data Set (TEDS) reported that there were 2,005,395 admissions aged 12 years and older in 2017. Opiates were the most frequently reported primary substances in 2017, accounting for 34% of all admissions aged 12 years and older. About 80 percent of opiate-related admissions were for primary heroin use.

According to the National Survey on Drug Use and Health, in 2016, an estimated 21.0 million people aged 12 or older needed substance use treatment. This translates to about 1 in 13 people needing treatment. Among young adults aged 18 to 25, however, about 1 in 7 people needed treatment. For NSDUH, people are defined as needing substance use treatment if they had an

SUD in the past year or if they received substance use treatment at a specialty facility in the past year.

In 2016, 1.4 percent of people aged 12 or older (3.8 million people) received any substance use treatment and 0.8 percent (2.2 million) received substance use treatment at a specialty facility. Only about 1 in 10 people aged 12 or older who needed substance use treatment received treatment at a specialty facility (10.6 percent).

Hospital Use due to AOD

The Texas Health and Human Services Commission provides access to hospital utilization reports through the MONAHRQ database. The latest data is only available for 2012. The utilization report indicates that there was a total of 2,003 hospital discharges related to injuries, poisoning, and toxic effects of drugs in 2012 in Region 11. Hidalgo County had the majority of discharges at 634. Figure 55 shows the distribution of these discharges for the 4 most populous counties in the region.

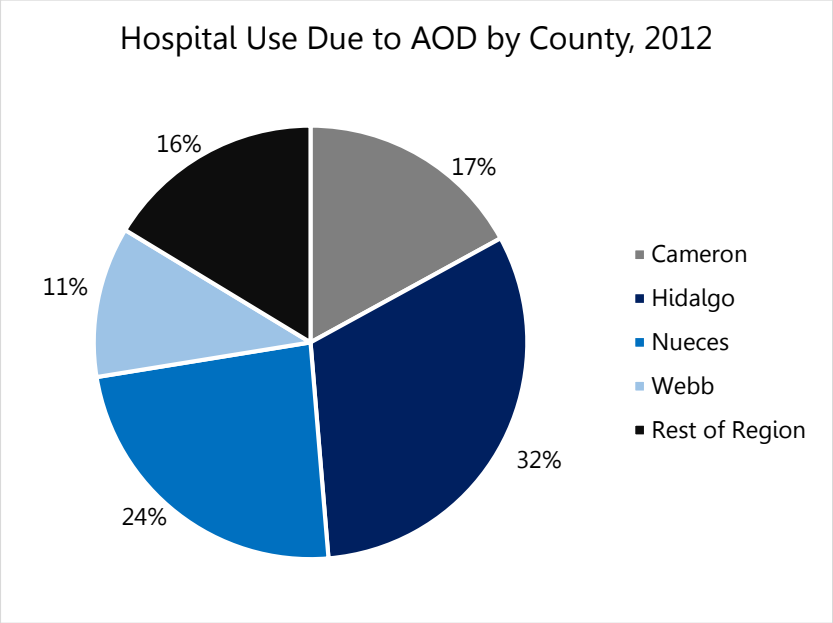


Figure 53. Hospital Use due to AOD, 2012

AOD-related ER Admits

Due to the decentralized nature of the healthcare system, it can be difficult to obtain data related to emergency room admissions for alcohol or other drug overdoses. Registries, however, can help alleviate these issues and allow for the aggregation of data. The Texas EMS Registry has data for 2010 to 2014. During this time, there were 12,700 calls for EMS with the primary symptom of overdose, by either drug or alcohol. In region 11, there have been 3,850 total calls during this time frame. The number of calls has remained relatively the same throughout the years. Majority of the calls have come from Cameron and Webb County. Figure 54 shows the breakdown below.

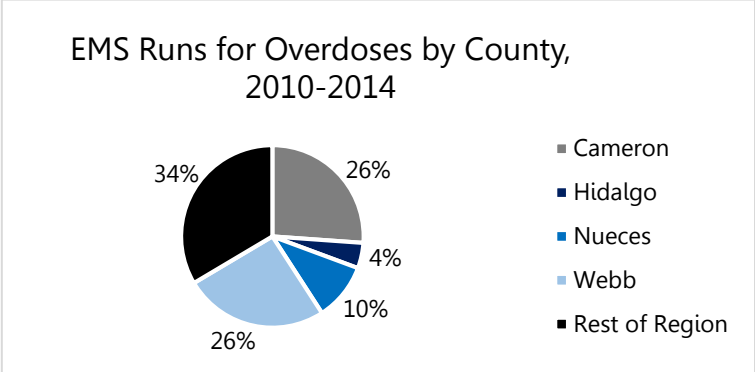


Figure 54. EMS Runs for Overdoses by County, 2010-2014

Adolescents Receiving SA Treatment

Table 23. Number of Youth Treated by Region by Substance, 2018

Region	Number of Clients Treated for Marijuana	Number of Clients Treated for Alcohol	Number of Clients Treated for Xanax/Benzodiazepines	Number of Clients Treated for Stimulants	Number of Clients Treated for Opioids
1	80	17	16	18	*
2	76	*	13	*	*
3	764	285	210	188	75
4	199	67	49	37	20
5	84	35	20	13	*
6	955	167	157	106	73
7	438	157	107	80	26
8	255	115	81	48	16
9	93	33	20	19	*
10	151	25	20	13	*
11	587	127	223	138	14

Source: Texas Department of State Health Services

Economic Impacts

The National Institute on Drug Abuse reports that abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than $740 billion annually in costs related to crime, lost work productivity and health care.

- Tobacco: $168 billion in health care expenses, $300 billion overall
- Alcohol: $27 billion in health care expenses, $249 billion overall
- Illicit drugs: $11 billion in health care expenses, $193 billion overall
- Prescription Opioids: $26 billion in health care expenses, $78.5 billion overall

Underage Drinking/Drug Use

In 2013, underage drinking cost the citizens of the United States $56.9 billion. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to $1,903 per year for each youth in the United States or $3.75 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in the United States totaled $20.01 billion each year or $1.32 per drink. In contrast, a drink in the United States retails for $0.93.

In comparison, in 2013, underage drinking cost the citizens of Texas $5.5 billion. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to $2,075 per year for each youth in the state or $3.50 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in Texas totaled $1.78 billion each year or $1.14 per drink. In contrast, a drink in Texas retails for $0.78.

Average Cost of Treatment in Region

The National Institute on Drug Abuse reports that drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $24,000 per person. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft.

Employability and College Admissions

Employability is the often described as a set of achievements, understandings, and personal attributes that make an individual more likely to gain employment and be successful within that occupation.

According to the Enrollment Forecast 2017-2030 report from the Texas Higher Education Coordinating Board (THECB), 1,495,204 students enrolled in a public university, public two-year college, or independent university in Texas in 2016. Specifically, more than 56,000 students enrolled in a university, and more than 69,000 enrolled in a college located in region 11. There are several colleges and universities in the South Texas region.

Table 24. College and University Enrollment Forecast, 2016-2030

College & University	2016	2020	2030
Texas A&M University-Corpus Christi	12,203	13,403	16,338
Texas A&M International University	7,421	7,848	8,556
Texas A&M University-Kingsville	9,290	9,620	10,239
The University of Texas-Rio Grande Valley	27,496	31,146	32,467
University Subtotal	**56,410**	**62,017**	**67,600**
Coastal Bend College	5,044	5,108	5,385
Del Mar College	11,673	12,635	13,145
Laredo Community College	9,108	9,788	10,657
South Texas College	33,055	34,883	37,254
Texas Southmost College	5,047	5,390	5,906
Texas State Technical College-Harlingen	5,765	6,209	6,772
College Subtotal	**69,692**	**74,013**	**79,119**
Grand Total	**126,102**	**136,030**	**146,719**

Source: Texas Higher Education Coordinating Board, 2017-2030 Enrollment Forecast

Colleges accounted for 55.3% of college and university admissions in region 11 for 2016

Qualitative Data

Qualitative data for Region 11 was obtained through focus groups. These focus groups were conducted with adult populations throughout the region. Each county focus group identified key community leaders representing a broad range of community interests to participate in these focus groups discussions. Community members from sectors such as parents, media, health care, mental health, law enforcement, and higher education participated in the focus groups. The purpose of the focus groups was to gather information about community readiness on the efforts and resources available pertaining to underage drinking, medication misuse, and marijuana use. Additionally, the focus groups were developed to gather information about community knowledge of data and resources as well as availability. The word cloud below illustrate the most commonly stated words when discussing preventive strategies in the community.

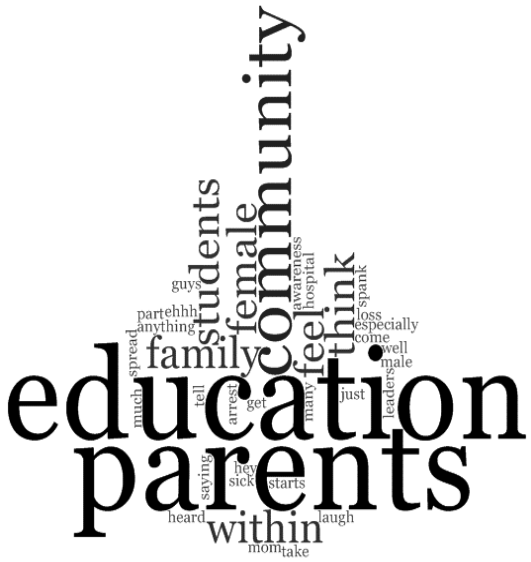


Figure 55. Focus Group Participating Sectors Word Cloud

Environmental Protective Factors

The Substance Abuse and Mental Health Services Administration defines protective factors as: a characteristic associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes. Some identified protective factors include: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; and adoption of conventional norms about drug use.

Overview of Protective Factors

Protective factors are instrumental in healthy development; they build resiliency, skills and connections. This document will cover four domains of protective factors: community, school, family, and individual. The next sections of the RNA will report on these domains.

Community Domain

Community Coalitions

PRC 11 collaborates actively with HHSC-funded Community Coalitions (CCs) that focus on providing prevention services related to underage drinking, marijuana, synthetic drugs, and recreational use of prescription medications among youth. Also, Partnerships for Success Coalitions (PFS) were also funded by HHSC to strengthen efforts on underage drinking and prescribed medication misuse prevention for selected areas in the region. These coalitions mobilize their communities to address the needs of the population in the region, and provide evidence-based program services that aim to reduce the incidence of substance abuse among youth and adults. Furthermore, community coalitions promote a drug free environment by bringing communities together through collaborative efforts, such as substance use trends presentations, community health fairs, town hall meetings, creation of local ordinances that address specific drug use issues, and outreach activities that promote healthy lifestyles.

The coalitions in Region 11 have an enormous impact in the community as it is through their assiduous effort that state and local representatives are able to create and approve ordinances and policies that contribute to preventing minors and adults from falling into drug addiction.

The Prevention Resource Center in region 11 has a strong partnership with the following HHSC-funded community coalitions and partnerships for success:

- **Uniting Neighbors In Drug Abuse Defense (UNIDAD)** – focused on increasing awareness and mobilizing adolescents, young adults and the general public within Hidalgo County communities to reduce underage drinking, marijuana and synthetic marijuana use, and prescription drug abuse.
- **Communities Against Substance Abuse (CASA)** – focused on increasing awareness and reducing underage drinking, marijuana and synthetic marijuana use, and prescription drug abuse among the Willacy County population.
- **Tobacco Prevention and Control Coalition (TPCC – Cameron and Willacy Counties)** – promotes and advocates for a tobacco-free environment by empowering communities to effect individual and social change through cooperation, sharing and coordination of resources focused on preventing and reducing the harmful use of tobacco products in communities in Hidalgo County.
- **Positive Community Impact (PCI)** – focused on building collaborations to prevent underage drinking and prescription drug abuse among youth and young adults in the city of Brownsville. PCI Coalition staff conduct prevention presentations, disseminates information, and mobilizes members to coordinate and implement environmental strategies and changes.
- **Alliance in Drug Abuse Prevention (ADAP)** – focused on building collaborations to prevent underage drinking and prescription drug abuse among youth and young adults in the cities of La Joya and Peñitas. ADAP Coalition staff conduct prevention presentations, disseminates

information, and mobilizes members to coordinate and implement environmental strategies and changes.

- **SCAN Starr County Community (SCCC)** – seeks to organize, educate, and implement activities that empower citizens to take action to prevent substance use and abuse among community youth and adults. The coalition focuses on prevention of underage drinking, marijuana use, and prescription drug use among youth in Starr County.
- **SCAN Webb County Community (WCCC)** – concentrates its efforts on enhancing community collaboration to prevent substance use and abuse through meetings, media awareness activities, and the implementation of environmental and social change policies.
- **SCAN Zapata County Community (SCCC)** – concentrates its efforts on enhancing community collaboration to prevent underage drinking and prescription medication misuse among adolescents and young adults through meetings, media awareness activities, and the implementation of environmental and social change policies.
- **Youth Continuum of Care (YCCC)** – actively match and mobilize community programs with community needs to develop constructive family relationships, positive self-image for youth, and reduce the abuse of alcohol, tobacco and other drugs in their service area. This coalitions services Nueces and San Patricio counties and focus on reducing underage drinking among 18-25-year old and providing safe disposal of un-needed/outdated prescription drugs.
- **Project Turnaround and Project HOPE** - promotes active participation to enhance factors that protect & bolster the resiliency of vulnerable youth. The coalition focuses on prevention of alcohol, prescription drugs, and marijuana use among youth.

Environmental Changes

These Community Coalitions (CCs) have been instrumental in maintaining momentum and mobilizing the communities in region 11 into better practices when it comes to substance abuse prevention. Some of the main accomplishments as they relate to environmental changes are listed below:

1. The acquisition and placement of additional prescription medication drop boxes across the region.

UNIDAD in Hidalgo County, CASA in Willacy County, ZCCC in Zapata County, SCCC in Starr County, and Webb County Community Coalition, in partnership with local agencies, were able to secure additional prescription drop boxes. Communities in the region continue to have a permanent safe drug disposal alternative in their communities. This initiative emerged given the strong need for proper disposal of medications in the region. Coalitions continue to educate communities about the importance of properly disposing of medications as well as safety issues related to sharing medications among friends and relatives.

Figure 56. UNIDAD Drop Box Unveiling in Alton

Figure 57. ADAP Drop Box Unveiling in La Joya

For a complete list of all the drop boxes in region 11, the total number of pounds of medicine taken back, and additional information on proper disposal techniques visit the PRC 11 website at: www.prc11.org/drop-off-locations

2. The approval of comprehensive tobacco ordinances in Cameron and Willacy Counties.

The Tobacco Prevention and Control Coalition, in collaboration with local organizations and city administrators, successfully achieved approval of a comprehensive smoke-free ordinance to be adopted by Brownsville and Raymondville. The comprehensive ordinances protect the rights of workers in all establishments to be free from the harmful effects of tobacco smoke. It prohibits the smoking of tobacco in public buildings; a penalty of $500 for each offense will be applied to violators.

Figure 58. TPCC- Cameron/Willacy Counties smoke free policies implemented

3. The approval and passing of various policies to safely dispose of prescription medications

In 2017 Texas was awarded a grant to combat opioid addiction. The Texas - Targeted Opioid Response, or TTOR project, helped provide funds for the distribution of disposal pouches. These pouches are used to safely destroy unwanted prescription medication. Coalitions across the region have worked diligently to create policies at establishments that have large quantities of prescription medication such as schools and nursing homes.

4. Community Awareness Projects

Numerous awareness projects and activities have been coordinated and conducted in Region 11 by CCs and local coalitions. Town hall meetings addressing underage drinking, synthetic marijuana, and prescription drug abuse have been coordinated throughout the year and community members have had an opportunity to learn from professionals about the dangers, trends, and resources available regarding alcohol and other drugs. Presentations with youth and adults at schools, faith-based organizations, law enforcement departments, and other entities continued to be provided as a way to increase awareness and knowledge of the dangers of alcohol and other drugs.

Coalitions engaged in many specific community events focused on building community strengths and protective factors, as well as increase awareness of the dangers of drug use. Some of these events are listed below:

- CASA, in Willacy County, organized the 5th Annual Willacy County Kids Fest during the month of July. More than 100 adults, children, and youth were able to learn about alcohol and other drugs, as well as engage in diverse activities focused on self-esteem building, engaging in positive extracurricular activities, teamwork, and increasing protective factors, during summer break.

- UNIDAD, in Hidalgo County, organized the second Straight Talk for Parents Conference in March. At this conference parents learned about addition, prescription drugs, marijuana, social media, and other current trends. Mission P.D. and Mission CISD P.D. assisted the coalition, and had more than 30 parents attend the event.

- ZCCC, in Zapata County, along with both Starr County CCC and Webb CCC helped organize a Youth Leadership workshop for individuals of those three counties. This day long workshop helped youth work on and improve their leadership skills thereby improving their protective factors.

- ADAP, in La Joya and Peñitas, coordinated their second annual "Father Engagement Summit" in the month of May. The community learned about how to strengthen communication, tips for substance abuse prevention, advice for youth mental health, and how to be a role model.

- PCI, in Brownsville, held a town hall meeting on underage drinking during the month of February. At this meeting the police chief, regional evaluator, and district attorney spoke on the dangers of underage drinking and what parents can do to ensure their children's safety

Figure 59.UNIDAD Annual Straight Talk for Parents Summit

Figure 60. CASA Coalition KIDS Fest 2019

5. Strong Media Presence

CCs have developed a strong relationship with local media and this relationship has been instrumental in promoting prevention messages related to alcohol, tobacco, and other drugs throughout the region. Coalitions have partnered with television, radio, newspaper, magazine, and movie theaters in the region to successfully reach out to children, adolescents, young adults, and adults in an effort to educate about the dangers of engaging in alcohol and other drugs use.

Figure 61. Project HOPE

Figure 62. CASA Coalition

These efforts are just some of the many that CC's engage in to contribute to reduce the incidence of alcohol, marijuana, prescription drugs, and other illicit drug use among adolescents. Activities of the CCs focus on the establishment or changing of ordinances, policies, and social norms within the community through environmental strategies. These evidence-based strategies are focused on: assisting communities in monitoring the enforcement of laws relative to the sale of alcohol and tobacco to minors, affecting the promotion and availability of substances in the community, and affecting social norms and community beliefs about alcohol, tobacco, and substance use.

Regional Epidemiological Workgroup

The Regional Epidemiological Workgroup (REW) is coordinated by PRC 11 and consists of various coalitions, agencies, and organizations across the region. The workgroup is open to any professionals interested in contributing to enhancing data collection efforts and accessibility to information. . The REW has helped organize and coordinate focus groups, trainings, data, and symposiums. This year the REW conducted several focus groups with college students, released a newsletter, hosted expert presentations on various topics, and coordinated other data-driven prevention efforts across the region.

Figure 63. Meeting in Falfurrias, TX

Treatment/Intervention Providers

Prevention programs address all forms of drug use, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs. These programs are tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program

effectiveness. Throughout Region 11, there are many prevention and intervention programs that service and reach out to the diverse communities in the area.

Behavioral Health Solutions of South Texas (BHSST) is a non-profit agency that provides prevention, intervention, treatment, and recovery services for substance abuse and behavioral health conditions. BHSST services Region 11 and includes youth prevention programs designed to prevent or interrupt the use of alcohol, tobacco, and other drugs (ATOD) by youth and young adults who are showing early warning signs of substance use and/or exhibiting other at-risk problem behaviors in order to stop the progression and escalation of use and related problems. PRC 11 is a prevention effort of BHSST reaching communities across the region. The agency also has two community coalitions, one tobacco prevention coalition, and two partnerships for success coalitions that work with community leaders and members towards change and mobilization.

In terms of intervention programs, BHSST offers community-based, gender-specific intervention services to parenting males and females and expecting fathers and mothers with substance use disorders or who are at risk of developing substance use disorders. These programs provide intensive case management services; implement an evidence-based curriculum with participants focused on developing and enhancing parenting and life skills; provide alternative activities for participants and family members to promote healthy life styles, encourage communication, support, and other positive interactive skills; and motivational interviewing techniques to assist participants needing support. For the rural areas, BHSST has the Rural Border Intervention (RBI) program that services the counties of Brooks, Willacy, Zapata, Jim Hogg, Starr, and Duval. This program addresses specific needs of the rural border communities specifically targeting "Colonias" to provide access to a continuum of behavioral health services including substance abuse prevention, intervention, mental health promotion and treatment to members of the rural border community who have, or are at high risk of developing, substance use disorders.

BHSST also offers recovery services for youth and adults, as well as treatment for adults. BHSST is a great asset to Region 11 as it provides unique services that target the specific needs of our communities.

Communities in Region 11 have the significant advantage of having several agencies dedicated to strengthening and supporting their healthy life span. Some of the agencies dedicated to provide treatment and prevention services to the residents of Region 11 are:

- **Palmer Drug Abuse program** – is a free, outpatient, twelve-step program that provides free help for teenagers, adults, and their families. PDAP reaches out to the drug abuser and their family through individual counseling, family counseling, and support group meetings, as well as supervised drug-free social activities. This non-profit organization services the counties of Nueces, Cameron, and Hidalgo, as well as the communities in the vicinity.
- **Serving Children and Adults in Need (SCAN)** – aims to foster the healthy development of individuals and families through empowerment opportunities that are effective, culturally-responsive, trauma-informed and community-centered. This organization provide prevention services to youth and adult populations in Webb and Starr, and treatment services in Cameron County.
- **Coastal Bend Wellness Foundation** – provides an array of services, including substance abuse treatment, youth wellness programs as well as addressing additional community health

needs. The organization offers education, outreach and prevention, behavioral health, and client services to the communities in Nueces County.

- **The Council on Alcohol and Drug Abuse Coastal Bend** – a community-based, non-profit organization that provides outpatient treatment services to those suffering from addiction. They also have a wide array of prevention, intervention and education programs. The organization serves 12 counties which include Aransas, Bee, Brooks, Duval, Jim Wells, Kennedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, and San Patricio County.
- **Connections Individual and Family Services** – a non-profit organization that provides a safe and secure alternative to the "streets" for homeless, abused, or at-risk youth. The organization provides program services in 18 rural counties and operates 13 counseling offices and 3 residential locations. Among its services, Connections provides counseling and prevention education services for youth, adults, and families, as well as short-term residential services for runaway, abused or neglected, homeless, and at-risk youth.
- **Charlie's Place Recovery Center** – located in Corpus Christi (Nueces County), is an addictions recovery center that provides treatment and counseling programs. The center offers the following treatment programs: residential detoxification (5 to 14 days), intensive residential treatment (14 to 35 days), and supportive residential treatment (14 to 35 days).
- **South Texas Substance Abuse Recovery Services, Inc**. – d.b.a. STSARS is a non-profit substance abuse treatment facility located in Corpus Christi (Nueces County). STSARS provides outpatient services to those who want to recover from opiate addiction. Services are free to clients who cannot afford to pay for treatment. It offers an opiate addiction recovery services program, an outpatient treatment program that serves adults who use or abuse alcohol or other drugs (SAIL), a specialized female treatment program, a co-occurring psychiatric and substance use disorders program, the MEJOR project specialized in Hispanic males and females, and substance use disorder services.
- **Origins Behavioral Healthcare** – offers client-driven care, and treatment to clients in need of gender-separate or gender-specific services. Origins Recovery Centers also offer residential addiction treatment that is age and gender-specific. Origins offer medical and psychological services, counseling services, and chronic pain management.
- **Starlite Recovery Center** – provides life-changing addiction treatment services. Starlite is the oldest free-standing chemical dependency treatment center in Texas. Located in San Antonio but operates in Region 11 through partnerships and referrals for service.
- **Mesquite Treatment Center, LLC** – provides chemical dependency counseling and drug/alcohol education to qualifying individuals in Cameron/Hidalgo/Willacy Counties. The center provides outpatient counseling for adolescents ages 12-17 and adults 18 and older. Services provided include: initial screening and assessment, group/individual therapy, drug/alcohol education, anger management education, drug screenings, and aftercare.
- **Recovery Center of Cameron County** – provides behavioral health treatment to individuals struggling with substance abuse receive treatment focused on their unique needs. Programs are designed to address the multi-faceted components of addiction. Services are for youth and adults and include: alcoholism treatment, drug addiction treatment (i.e. marijuana, opiate, and methamphetamine), and treatment for depression.
- **Tropical Texas Behavioral Health** – provides mental health services as well as substance abuse treatment services. Detox and aftercare services are available to youth and adults, as well as treatment programs offered to adults in federal probation. The agency also offers the

Outreach, Screening, Assessment, and Referral Services (OSAR) program, which provides assessments and screenings to individuals in need of specific services.

Local Social Services

There are many local social services agencies that facilitate access to information and resources across the diverse communities in Region 11. These agencies focus on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. Some of the local social services agencies that provide aid to the population in the region and that contribute to strengthening communities include: Catholic Social Services, Food Banks, Family Violence Aid Resources (Mujeres Unidas, Women's Shelter of South Texas, Friendship of Women, Casa de Misericordia and related agencies), Boys and Girls Clubs, Head Start programs, the American Red Cross, and the Communities in School (CIS) program. For additional information regarding local social services agencies, refer to the 2014 Regional Needs Assessment which can be found online at the PRC 11 website.

Law Enforcement Capacity and Support

Collaboration and support from local police departments and County offices have a strong positive impact in region 11. Currently, most Sheriff's offices, police departments, and other law enforcement entities across the region collaborate with the Prevention Resource Center 11 in providing access to their most recent data and statistics that reflect the trends in criminal activity and the enforcement activities happening in the communities.

Law enforcement support is crucial not only to enforce local laws and regulations, but also to provide outreach activities that educate community members about police activities and increase support for law enforcement and prevention programs, such as the services provided by PRC 11. By working together, PRC and law enforcement agencies are able to ensure that youth and the community as a whole are well informed about policies and regulations as well as safety concerns, and substance use/abuse prevention activities. Furthermore, local law enforcement agencies also collaborate with CCs in creating ordinances that help to enforce drug-free communities. More than 90 law enforcement agencies support the communities in region 11, which include sheriff's offices, city police departments, school district police departments, university police departments, and constable offices.

Healthy Youth Activities

Healthy youth activities are important for adolescents because they can serve as protective factors. There are a variety of activities that can count as being healthy including aerobic activities, muscle-strengthening activities, and bone-strengthening activities. The CDC reports that it is important for youth to be active and play for 60 minutes, every day.

Unfortunately, among high school students only 11% of girls and 24% of boys said they were active for 60 minutes per day, and 56% said they played on at least one sports team run by their school or community group. In region 11, approximately 60% of individuals have access to exercise opportunities according to the 2016 County Health Rankings. Furthermore, involvement with after-school programs, local community coalitions, faith-based groups, and other community youth programs may serve as positive alternatives to foster peer and family bonding.

Religious beliefs and Prevention

Affiliation with a religion or spirituality plays a significant role in many individual's lives. As such, it's important to understand the role that it can play as it relates to substance use prevention. Some research suggests that religiousness is associated with lower substance use. Additionally, religion can offer young adults after school activities to participate in; these activities can help keep youth and young adults focused on positive activities and deter them from risk behaviors.

In Texas, 77% of adults identify as Christian. Specifically, the largest denomination is Evangelical Protestant, 31%, followed by Catholic, 23%. According to the Pew Research Center, 69% of adults in Texas believe in god, and 63% of adults believe that religion is very important in one's life.

School Domain

The social environment of the school is a key factor influencing the healthy development of young people. Research indicates that students who feel attached to their schools are less likely to engage in anti-social behavior or drug use practices. Indicators such as high school completion, college admissions, youth prevention programs, and students who receive ATOD education at school will be discussed in this section.

YP Programs

Prevention activities improve the lives of Texans by discouraging substance use before it results in costly and life-threatening consequences, such as drunken driving fatalities and emergency room visits. The Health and Human Services Commission (HHSC), Substance Abuse & Mental Health Services Section, funds approximately 200 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) in over 500 school districts.

Youth Prevention Programs include: universal prevention strategies (YPU), designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience; selective prevention strategies (YPS) that target subgroups of the general population that are determined to be at risk for substance abuse; and indicated prevention interventions (YPI) that identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and engage in evidence-based services.

In Region 11, there are currently 6 providers of youth prevention programs, as of 2016. These agencies include: 36th Judicial District Juvenile Probation Department, Coastal Bend Wellness Foundation, Connections Individual and Family Services, Council on Alcohol and Drug Abuse Coastal Bend, Behavioral Health Solutions of South Texas, and Serving Children and Adults in Need, Inc. Services are provided in Aransas, Bee, Brooks, Cameron, Hidalgo, Jim Wells, Nueces, Refugio, San Patricio, Starr, and Webb Counties; covering 11 of the 19 counties in the region. In region 11 more than 21,500 students were served through youth prevention programs.

Students Receiving AOD Education in School

High levels of illicit drug use remain a problem among American teenagers. As the physical, social, and psychological "home away from home" for most youth, schools naturally assume a primary role in substance abuse education, prevention, and early identification. Education provided at school through prevention programs should enhance protective factors and reverse or reduce risk factors.[33] Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills: self-control, emotional awareness, communication, social problem-solving, and academic support. Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

Students across the state of Texas were asked to complete the 2018 Texas School Survey of Drug and Alcohol Use. Students were asked if they had gotten any information on drugs or alcohol from sources (school health class, assembly program, guidance counselor, science or social studies class, student group or club meeting, invited school guest, or other) since school began. In Texas, 40.5% of students indicated that they received information through assembly programs, and 64.7% indicated that they received information related to alcohol and drugs at school. In region 11, the majority of students, or 49.8%, indicated that they received information related to alcohol and drugs at a health class, and 69.3% indicated that they received information related to alcohol and drugs at school.

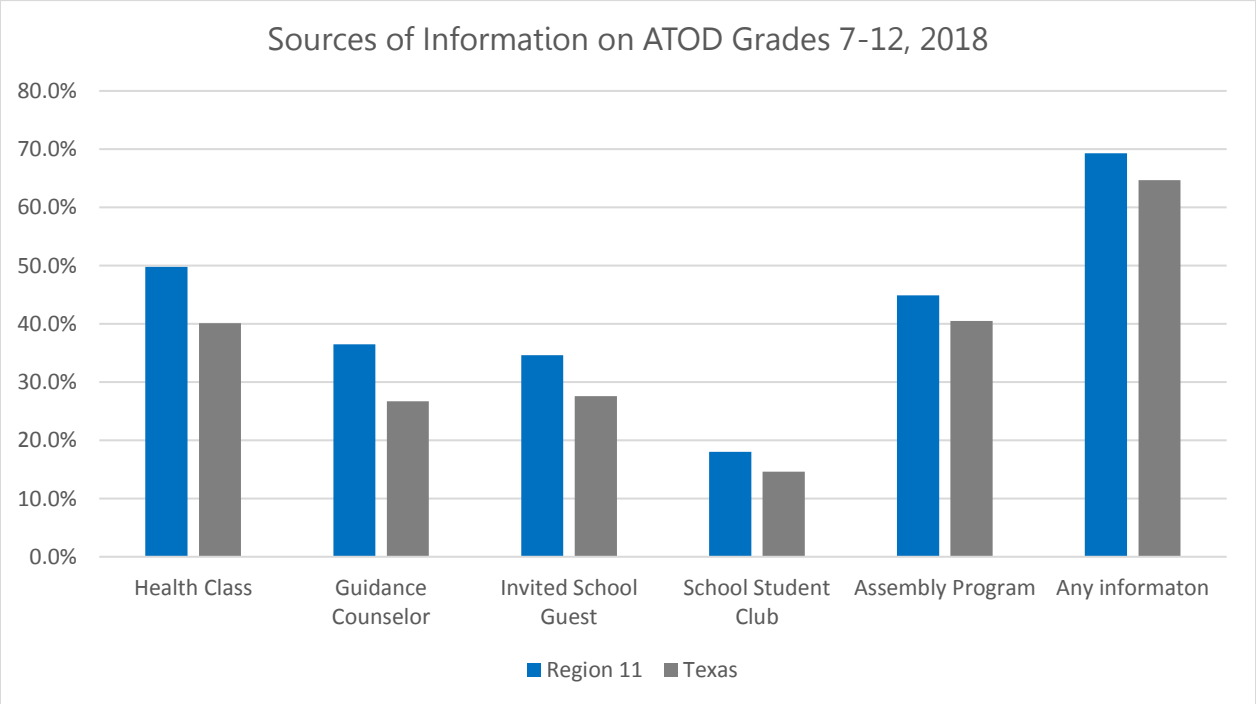


Figure 64. Sources of Information on ATOD in Grades 7-12, 2018

High School to College and Academic Achievement

College matriculation, whether it be to a two-year or four-year, institution is an important indicator of academic achievement and can serve as a protective factor for students. The Texas Higher Education Board released data that shows the number of high school graduates in 2013-2014 that enrolled in a two or four-year institution the following 2014-2015 school year. The breakdown by county in region 11 can be found in Table A-16 located in Appendix A. For region 11, approximately 65% of students enrolled in a two or four-year institution after graduating in 2013-2014. This percentage was slightly higher than the Texas percentage of 62.7%.

Family Domain

Parental/Social Support

Research shows that the main reason that youth do not use alcohol, tobacco, or drugs is because of their parents. **Parents are the strongest influence that children have.** Drug use is much less likely to happen if a parent: provides guidance and clear rules about not using drugs, has frequent conversations with children and youth, spends quality time with his/her child, and does not use alcohol or other drugs themselves. Some of the familial protective factors identified as a guard against drugs use are included in this section of the RNA. Indicators such as inadequate social support, parental attitudes toward alcohol and other drugs consumption, and teens talking to parents about ATOD will be addressed.

Parental Attitudes toward Alcohol and Drug Consumption

When parents hold attitudes favorable to the use of alcohol and other drugs, or engage in heavy drinking or drug use themselves, their children are more likely to drink alcohol or use drugs. Compared to young people who have not seen their parents drunk, teenagers who have are more than twice as likely to get drunk themselves in a typical month. But the impact of the parents' example doesn't stop there. Those teens who get drunk regularly are three times more likely to use cannabis (marijuana) and smoke cigarettes.

The Prevention Resource Center 11 obtained the 2018 Texas School Survey of Drug and Alcohol Use (TSS) regional report. The TSS is an annual collection of self-reported tobacco, alcohol, inhalant, and substance (both licit and illicit) use data from students throughout the state of Texas. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Health and Human Services Commission (HHSC), is available for students in grades 6 through 12. The survey includes questions regarding parental approval of alcohol, tobacco, and marijuana use. Findings are presented below:

<u>In Texas:</u>

- **78.3%** of youth reported that their parents strongly disapprove of kids using **tobacco**
- **62.0%** of youth reported that their parents strongly disapprove of kids drinking **alcohol**
- **76.5%** of youth reported that their parents strongly disapprove of kids using **marijuana**

<u>In Region 11:</u>

- **78.9%** of youth reported that their parents strongly disapprove of kids using **tobacco**
- **64.3%** of youth reported that their parents strongly disapprove of kids drinking **alcohol**
- **77.5%** of youth reported that their parents strongly disapprove of kids using **marijuana**

Students Talking to Parents about ATOD

Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances. According to the Health and Human Services Commission, parent-child communication is a potentially modifiable protective factor of adolescent substance use. Substantial literature indicates that greater frequency and quality of general parent-child communication are negatively associated with adolescent substance use. The 2018 TSS data reports indicate that:

In Texas:

- **70.6%** of youth reported that they would seek help from their parents if they had a problem with alcohol or other drugs

In Region 11:

- **71.2%** of youth reported that they would seek help from their parents if they had a problem with alcohol or other drugs

PRC 11 also gauged youth conversations with parents regarding alcohol and other drugs through focus groups. Findings from focus groups indicated that the majority of adult participants voiced that they usually have conversations with their children about drugs; some mentioned that they started talking to their children about dangers of drug use when they were as early as eight years old. Similarly, the majority of youth participants indicated that they have had conversations with their parents regarding the use of substances, or any concerns associated with drugs.

Individual Domain

Life Skills Learned in YP Programs

Early intervention through prevention programs has high potential for positive impact in an adolescent's decision to initiate or continue drug use. Regional Youth Prevention programs have been instrumental in increasing awareness, building skills through evidence-based approaches, and increasing protective factors to guard against substance abuse. YP programs have also been essential in engaging parents and connecting families with local resources.

In 2016, there were about 21,629 youths served in region 11 through curriculum implementation in several school districts. For 2014, 91.5% completed their specific program successfully. The overall success rate of the YP programs in the region was 94.1% based on the number of youth enrolled.

Examples of curriculum programs that are currently being implemented with youth and families in the region are listed below.

- Positive Action YPU, YPS, and YPI; and Project towards No Drug Abuse YPS are curriculums provided by Behavioral Health Solutions of South Texas located in Hidalgo County. These prevention programs are delivered to students from elementary through high school that reside in the counties of Hidalgo, Cameron, and Willacy. These services are designed to prevent or interrupt the use of alcohol, tobacco, and other drugs (ATOD) by youth, as well as to promote a proactive process to address health and wellness for individuals, families, and

communities by enhancing protective factors that increase knowledge, skills, and attitudes for making healthy choices. Prevention specialists participate in major awareness events such as Red Ribbon Week presentations and activities, and La Joya Boys and Girls Leadership Conferences, National Kick Butts Day, Texas Tobacco Free Kids Day, and numerous local health fairs and festivals. BHSST has been providing youth prevention services since 1991 and continues to serve the region diligently.

- Project Turnaround, a program of the Coastal Bend Wellness Foundation in Nueces County. This program has proudly served the Coastal Bend area for 12 years. Services are currently provided in 6 counties: Nueces, San Patricio, Live Oak, Brooks, Jim Wells, and Bee County. With the Too Good for Drugs evidence-based curriculum, Project Turnaround engages youth to provide prevention education and teach essential life skills to decrease their chances of using alcohol, tobacco, and other drugs. Prevention education presentations to help decrease risky behavior and provide drug awareness are also provided. Project Turnaround takes pride in providing the community with free annual events (i.e. Break the Norm, PETEY's Back to School Bash, and Shade out Drugs). In a years' worth of hard work, the Project Turnaround staff can interact with over 18,000 youth and families.
- YPS Futuros Saludables, YPI Futuros Positivos, and YPS Futuros Excepcionales are programs of Serving Children and Adults in Need, Inc. (SCAN) in Webb County. These programs are part of prevention efforts that have been implemented at distinct times since 1993 in the communities of Webb, Starr, Zapata, and Uvalde counties. Each of these programs have been positively received in their respective communities and have made positive impact in promoting the well-being of families and adolescents. These programs also participate in awareness community activities such as Red Ribbon Week and National Kick Butts Day.

Prevention Specialists delivering curriculum services work meticulously to build a strong rapport with social workers, school counselors, administrators, and families to better serve the community as a whole. YP programs have been instrumental in increasing positive factors for youth in the region and contributing to an increase in awareness and knowledge of the dangers of engaging in risky behaviors such as drug use.

Youth Employment

In 2017, 34.7% of young people 16-19 were employed. Table 25 depicts the number of youths that were employed according to the Bureau of Labor Statistics. The data is presented for those aged 16 to 19 years by county.

Youth Perception of Access & Risk

Youth perception of access to alcohol and other drugs along with the perceived risk of using alcohol and other drugs is critical to understanding protective factors within the individual domain. Access to alcohol and other drugs has already been covered in earlier sections. Table 19 and Figure 24 highlight the region's perception of access. In regards to perception of risk, Figures 27 illustrate the region's perception of risk for students in grades 7-12.

Table 25. Youth Employment by County, 2017

County	Total Employed 16-19	Labor Force Participation 16 to 19	Unemployment 16 to 19
Aransas	1,236	51.1%	16.6%
Bee	1,689	29.6%	3.2%
Brooks	391	3.1%	0.0%
Cameron	28,099	18.3%	25.7%
Duval	532	33.1%	40.3%
Hidalgo	57,560	23.4%	27.9%
Jim Hogg	289	38.4%	49.5%
Jim Wells	2,491	22.4%	31.8%
Kenedy	24	0.0%	-
Kleberg	2,755	34.4%	34.3%
Live Oak	533	48.2%	0.8%
McMullen	14	0.0%	-
Nueces	20,470	33.5%	26.6%
Refugio	394	54.3%	37.9%
San Patricio	3,862	28.9%	12.3%
Starr	4,558	25.7%	44.0%
Webb	18,907	25.5%	26.0%
Willacy	1,307	22.5%	35.0%
Zapata	681	17.0%	32.8%

Source: U.S. Bureau of Labor Statistics, 2017

Region in Focus

Despite the success of many prevention efforts across the region, there are still many gaps in region 11. There are gaps in in services available and gaps in data.

Gaps in Services

Consistent with previous Regional Needs Assessment findings, Region 11 continues to face a shortage in mental health professionals as well as limited access to health care.

Population Living in a Health Professional Shortage Area

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of lack of insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. This section of the RNA will cover data related to the population in region 11 that live in a health professional shortage area (HPSAs).

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a geographic area (low income population) or an institution. The HPSA

score ranges from 0-26 and designates the priority of assignment for clinicians, with higher scores indicating greater need. The HPSA score by county is provided below.

Table 26. HPSA Score by County, 2017

County	HPSA Score
Aransas	12
Bee	15
Brooks	16
Cameron	13
Duval	19
Hidalgo	11
Jim Hogg	19
Jim Wells	12
Kenedy	9
Kleberg	-
Live Oak	16
McMullen	8
Nueces	16
Refugio	15
San Patricio	11
Starr	15
Webb	15
Willacy	8
Zapata	18

Source: Health Resources & Services Administration

In Region 11, the median HPSA score was 15 indicating a high level of priority

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Data was reported by the U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File for 2015. Population totals are based on the 2015 Census estimates and demographic data might not align with population estimates presented in earlier sections of this report.

Table 27. Primary Care Physician Rate per 100,000 by County, 2015

County	2015 Population	2015 PCPs	2015 PCP Rate per 100,000
Brooks	7,230	0	0
Duval	11,388	0	0
Kenedy	407	0	0
McMullen	820	0	0
Live Oak	12,229	1	8.3
Refugio	7,289	1	13.7
Zapata	14,374	2	14
Starr	63,795	11	17.5
Jim Hogg	5,200	1	19
Bee	32,874	7	21.3
Region 11	2,237,351	1,017	21.3
San Patricio	67,357	19	28.4
Jim Wells	41,382	13	31.4
Webb	269,721	84	31.5
Willacy	21,903	7	32
Kleberg	31,857	14	43.5
Hidalgo	842,304	379	45.6
Cameron	422,156	192	45.7
Aransas	25,350	14	56.1
Texas	27,469,114	16,126	59.8
Nueces	359,715	272	76.4

Source: U.S. Department of Health & Human Services

Region 11 is home to 20 for-profit hospitals, 9 nonprofit hospitals and 2 public hospitals. Of the 31 hospitals, 6 are in Nueces County; 9 are in Hidalgo County; 6 are in Cameron County, and the remaining are in smaller communities. The region's largest hospital is CHRISTUS Spohn Hospital in Corpus Christi with 1,049 beds. McAllen and Harlingen had the next largest hospitals in the South Texas region. In 2007, the region's hospitals had a total 6,721 staffed beds. Nevertheless, access to these services is limited to non-existent for the populations in rural and Colonia areas, as well as community members who might not have a legal status. The gap in health care services

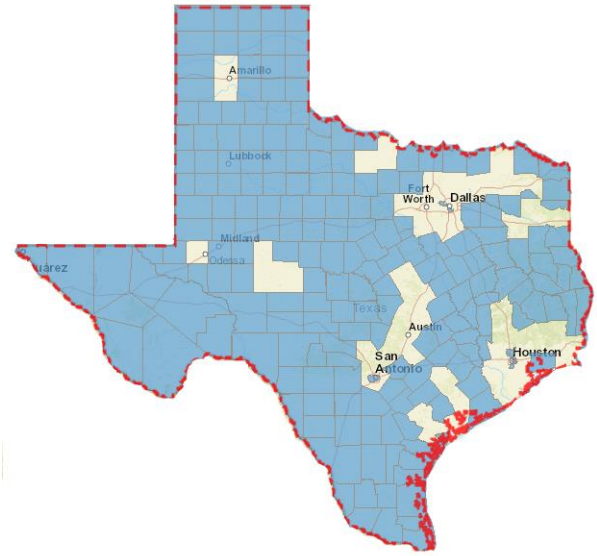
available to all communities in Region 11 still exists and many individuals are not able to receive proper care; moreover, travel distances are a major issue in accessing health care, and unfortunately, public transportation is not available for most of the major and rural cities of the region. Access to primary care physicians is far lower in region 11 when compared to the state or national rate.

Mental Health Professional Shortage Area

According to the 2015 Supply and Distribution Tables for State-Licensed Health Professions in Texas by HHSC, in region 11 there are only 69 psychiatrists (3 professionals per 100,000 people), 102 psychologists (4 per 100,000), 1,147 Licensed Professional Counselors (49 per 100,000), 881

Licensed Chemical Dependency Counselors (38 per 100,000), and 104 Licensed Clinical Social Workers (5 per 100,000).

In region 11, 18 out of the 19 counties were identified as being designated mental health professional shortage areas. The map below shows the counties that were designated mental health professional shortage areas by being shaded blue.



In Region 11, 18 of the 19 counties were designated mental HPSAs

Figure 65. Texas Counties Designated as Mental HPSAs

The entire region has a shortage of mental health professionals, **in a state that has the lowest per capita spending on mental health services in the country.** There is a shortage area designation for mental health professionals available to provide mental health services as well as treatment for substance abuse, as evidenced by the Texas Health and Human Services Commission Health Professions Resource Center. Designation of a geographic area as a Health Professional Shortage Area (HPSA) for mental health is a ratio of 30,000 people to one psychiatrist.

Furthermore, according to SCAN and Charlie's Place Recovery Center, Residential Facilities report, there are only 38 adolescent beds (32 males and 6 female) that provide treatment for substance use disorders, and 38 adult beds for detox services in Region 11 all funded by the Health and Human Services Commission. These treatment services are provided mainly in Nueces and Webb counties, with only one residential facility available nearby the Rio Grande Valley area, which is located in Cameron County, with 16 beds available for adolescent males, and nothing for females. The total residential beds that service the region is 137. Additional funding is needed in order to better serve our communities.

The demand for services is high and there are not enough residential and treatment providers and facilities to fulfill this need. Expanding the behavioral health workforce is critical in a region with a severe shortage of mental health professionals. Untreated mental illnesses and substance use disorders increase state spending in other areas including: emergency rooms, hospitals, jails, prisons, and detention centers, education, and homeless shelters. Furthermore, people with a serious mental illness are eight times more likely to be incarcerated in jails than treated in hospitals, according to the National Alliance on Mental Illness.

Gaps in Data

This Regional Needs Assessment explores drug consumption trends and consequences as well as related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP). This needs assessment provides a review of data on substance abuse and related variables across the state that will aid in substance abuse prevention decision making and will contribute to allocation of resources for Region 11 that address the specific needs of communities in the region. This document incorporates data from many quantitative secondary sources such as governmental, law enforcement, educational and mental health organizations, as well as qualitative data from focus groups that aided in understanding the community's perceptions on alcohol, marijuana, synthetic drugs, and prescription drugs as well as associated consequences and risk factors.

Aside from facilitating evidence-based decision-making, this Regional Needs Assessment was also created with the intent of assessing the nature and extent of available data relating to State and regional alcohol, drug abuse, and health information as well as to determine difficulties in obtaining meaningful data and recognizing the availability of the same. By completing this RNA, the Prevention Resource Center 11 has also been able to identify some of the gaps that exist in the regional and state data collection infrastructure.

While the Prevention Resource Center 11 in collaboration with the Statewide Evaluator and the other Regional Evaluators from the rest of the State were able to access a good amount of local data for use in its analyses, there were instances where certain data were not available at the desired geographic scale or not available at all. The organization of the available data in the structured Regional Needs Assessment format allowed for the identification of significant gaps that exist at the regional level. These identified gaps will provide guidance for future evaluation work and help ensure that more effort is put into generating and collecting the most useful and relevant data that will aid in substance abuse prevention and treatment as well as addressing health-related issues of the community as a whole.

A summary of some of the data gaps identified with the completion of this needs assessment is presented in the following figure.

Gaps in Data

Health Data

- Suicide rates broken down by substance, age, and county
- Overdose rates due to alcohol and other drugs broken down by age and county
- Medical admissions or ER visits due to substance overdose or intoxication by age and county
- Number of mental health or substance abuse referrals by local clinics in region 11

Mental Health Data

- Prevalence rates of substance use related conditions (depression, anxiety, eating disorders etc.) by age, gender, and county
- Private sector data related to substance use related conditions and access to treatment
- Number of referrals received from local agencies for mental health treatment

Education Data

- In-school arrests due to possession of controlled substance broken down by grade, gender, and county
- Number of referrals due to substance use or related behavioral health issues by grade, gender, and county

Consumption Data

- Age of initiation for ATOD by youth at the state and regional level for the TSS
- Lifetime use and past month use for ATOD by county for youth in TSS
- Lifetime use and past month use for ATOD in adults by county, age, and gender

Figure 66. Gaps in Data

Regional Partners

ACO Health Providers
Alliance for Drug Abuse Prevention (ADAP) Coalition- La Joya and Peñitas
Aransas Citizens Against Drugs Coalition
Aspiring Substance Abuse Professionals at UTRGV
Border Patrol Zapata Sector
Boys & Girls Club in Los Fresnos
Boys and Girls Club of Zapata
Brooks County ISD
C.L.A.Y. Youth Ministries of Divino Redentor
Cameron County Mental Health Task Force
Catholic Charities of the Rio Grande Valley
Cigna Health Spring
City of Raymondville
Coastal Bend Wellness Foundation
Communities Against Substance Abuse (CASA) Coalition- Willacy County
Community Action Corporation of South Texas
Community Coalition for Children and Families
Connections Individual & Family Services
Consulado de Mexico
Council on Alcohol and Drug Abuse Coastal Bend
Drug Elimination Program Mission Housing Authority
Edinburg CISD
Education Service Center (ESC) in Region 1
Family & Community Health Services
Family Crisis Center in Harlingen
Gonzalez Daycare
Hidalgo County Head Start program
Hosanna Hospice
Humane Society of Harlingen
Jim Hogg County ISD
Jim Hogg County Sheriff's Department
Jim Hogg Court House
La Joya ISD Police Department
La Sara ISD
Lasara Community Center
Lyford CISD
Lyford CISD, Student Health Advisory Committee
Lyford Police Department
McAllen ISD Police Department
McAllen Police Department

Mesquite Treatment Center, LLC
Mission Crime Stoppers
Mujeres Unidas (Women Together)
Outreach, Screening, Assessment, and Referral program
Palmview Police Department
Positive Community Impact Coalition in Brownsville
Precinct No. 1 Place No, 2 Webb County
Prospera Housing Community Services
Quad Counties Counseling
Raymondville Family Dentistry
Raymondville Fire Department
Raymondville Independent School District
Raymondville ISD Police Department
Raymondville Municipal Court
Raymondville Police Department
Recover Center of Cameron County, Inc.
Recovery Oriented Systems of Care in Hidalgo County
Recovery Support Services at BHSST
RGV Empowerment Zone Corporation
RGV Mental Health Coalition
RGV NAMI
Rural Border Intervention program
San Patricio County Department of Public Health
SCAN Starr County Community Coalition
SCAN Webb County Community Coalition
SCAN Zapata County Community Coalition
School of Rural Public Health
Smart Start in Brownsville
Strategic Engagement Initiatives of Texas A&M University
Texas A&M Agrilife Extension Service
Texas A&M Corpus Christi Criminal Justice program
Texas A&M University Colonias program Lower Rio Grande Valley
Texas State Technical College- Counseling & Support Services Department
The Addiction Resource Center at UTRGV Dept. of Rehabilitation
The First United Methodist Church
The International Honor Society of Psychology at UTRGV
The MLD Mental Health Services of South Texas
The Sendero Group, LLC
Tobacco Prevention & Control Coalition- COADA-CB
Tobacco Prevention & Control Coalition in Hidalgo County
Tropical Texas Behavioral Health
Underage Drinking Prevention Alliance Coalition- Starr County

Uniting Neighbors in Drug Abuse Defense (UNIDAD) Coalition- Hidalgo County
UTRGV Health Services Department
Valley Association of Addiction Professionals
Weslaco Crime Stoppers
Willacy County Court Judge
Willacy County District Attorney's Office
Willacy County Justice of the Peace Precinct 2
Willacy County Sheriff's Department
Youth Continuum of Care Coalition- COADA-CB
Zapata County Sheriff's Office

Coalitions in the Community

Alliance for Drug Abuse Prevention (ADAP) Coalition in La Joya and Peñitas (BHSST)
Aransas Citizens Against Drugs Coalition
Bee Area Social Service Coalition
Cameron County Mental Health Task Force
Clean Economy Coalition
Coalition for Valley Families
Coastal Bend Bays Foundation
Coastal Bend Coordinated Community Response Coalition (CBCCRC)
Coastal Bend Teen Pregnancy
Communities Against Substance Abuse (CASA) Coalition in Willacy County (BHSST)
Community Coalition for Children & Families
Community Resource Coordination Groups for Adults
Corpus Christi Disability Education Coalition
Diabetes Community Coalition of Coastal Bend
Drug Abuse Issue Coalition in Corpus Christi
Family Assistance & Community Empowerment Coalition
Healthy People of Willacy County Coalition
Hidalgo County Family Violence Task Force
Laredo Health Coalition
Laredo Veterans Coalition
Meadow Mental Health Policy Institute for Texas
NAMI RGV & Mental Health Coalition
Positive Community Impact Coalition in Brownsville (BHSST)
Project HOPE of Coastal Bend Wellness Foundation
REACH Promotora Community Coalition
Recovery Oriented Systems of Care, Hidalgo County
Recovery Oriented Systems of Care, Nueces County
RGV Border Health Coalition
RGV Crime Stoppers Coalition

RGV Teen Pregnancy Prevention Coalition
Rio Bravo Chachalacas Emergency Nurses Association
Rio Grande Valley Healthcare Preparedness Coalition
Rio Grande Valley Human Trafficking Coalition
Rio Grande Valley Parents of Murdered Children Coalition
South Texas Literacy Coalition
Starr County Community Coalition of SCAN
Tobacco Prevention & Control Coalition of BHSST
Underage Drinking Prevention Alliance of SCAN
Uniting Neighbors in Drug Abuse Defense (UNIDAD) Coalition of BHSST
Valley Inter Faith
Webb County Community Coalition of SCAN
Webb County Domestic Violence Coalition
Youth Continuum of Care Coalition of Council on Alcohol & Drug Abuse of Coastal Bend
Zapata County Community Coalition of SCAN

Regional Successes

Since its development, the Prevention Resource Center 11 has been able to secure networks and strong collaboration alliances with diverse local and regional organizations and their key representatives. This combined effort has facilitated access and sharing of data and information that only strengthens the resources that are already available through national and federal resources.

Since last year, PRC has been able to increase its networks of collaboration with agencies and organizations that were not engaged in previous data collection activities in the region. The team of Community Liaison, Tobacco Specialists, and Regional Evaluator has been able to reach out to all counties of the region and have discovered new coalitions and task force organizations that are working towards maintaining healthy communities who are now part of the PRC 11 network. Furthermore, universities and colleges in the region are continuing to work closely with PRC in the collection of data and facilitation of access to information; additional higher education entities have also joined the prevention effort. Elementary and secondary schools have also continued to understand the importance of data collection as more school districts have also joined the PRC network of collaborators.

Furthermore, coalitions' efforts to mobilize communities throughout the region have continued to improve the way substance abuse and related behavioral issues among youth are addressed locally. Awareness and prevention efforts implemented by coalitions, along with the support from county officials and key organization members have made an impact in Region 11. Through collaborative efforts between coalitions and law enforcement agencies, prescription drop boxes to dispose of unused and expired medications have been placed, ordinances have been put in place regarding tobacco and social hosting, and educational activities and trainings have been facilitated. The number of organizations and agencies joining the fight against substance abuse has grown as evidenced by the continued increase in membership for most of the local coalitions

in the region. Communities, organizations, coalitions, and the PRC 11 continue to work closely together towards enhancing the way prevention efforts are carried out in the region.

Additionally, during FY 2018-2019, PRC 11 and the nine Community Coalitions, who are part of the Regional Epidemiological Workgroup, collaborated to coordinate and align prevention efforts. These meetings allowed for a common exchange of prevention ideas for the region, and an avenue to engage congressional leaders. Due to an ever-evolving landscape when it comes to substance use, PRC also used the meetings as an opportunity to educate members. The ever-evolving landscape is tracked in part by focus groups. The Epi workgroup was able to successfully conduct focus groups across the region with college age students. These focus groups help shine an important light into current trends and gaps that can assist us in prevention.

Figure 67. Epi Group Meeting discussing Focus Groups Report for Region 11

Conclusion

Completion of this Regional Needs Assessment has allowed for identification of some of the major challenges that the communities in region 11 face regarding adolescent drug use and the need for more prevention programs to service the area.

Key Findings

Several key findings for region 11 are presented below:

1. Alcohol remains the leading cause for treatment in adolescents and adults

The primary substance for which individuals sought treatment was alcohol among both adolescents and youth in 2017. Screening data supports this, and indicates that alcohol has been the primary substance since 2014. Additionally, Texas School Survey and Texas College Survey data reveal that alcohol remains the leading substance of choice for adolescents in our communities.

2. Opioid use continues to rise for both adolescents and adults

The number of individuals screened and seeking treatment for opioids ranked second only to alcohol for both youth and adults. According to the Texas School Survey, the percentage of students who reported having ever used prescription drugs increased in 2018. The prevalence of fentanyl coming from Mexico is on the rise.

3. Lack of primary care and mental health care across the region remains an issue

Primary care access still remains difficult for many communities in region 11. The rate of primary care physicians per 100,000 for several counties in the region is far lower than that of the state and nation. Furthermore, 18 out of 19 counties are designated mental health professional shortage areas leaving many individuals without adequate access.

Summary of Region Compared to State

In regards to consumption data, alcohol consumption patterns were fairly similar between the state and region 11 according to the TSS. Marijuana consumption was far higher among 7TH, 9TH and 10th graders for region 11 when compared to the state. Prescription drug consumption was higher for the state, although both the region and state identified codeine cough syrup as the prescription drug of choice for adolescents.

Students in region 11 had a better perceived risk when compared to the state. That is students in region 11 identified the risk of using ATOD as higher than the state. Students also identified receiving more information from various sources such as school counselors and assemblies than the state. As far as accessibility, students reported lower accessibility percentages for every substance except synthetic marijuana when compared to the state.

Socio-economic factors are vitally important when understanding substance use. For various socio-economic factors the counties in region 11 ranked far worse than the state averages. For example, teen births, dropout rate, uninsured, percent in poverty, and English proficiency. These socio determinants of health cannot be ignored.

Moving Forward

This Regional Needs Assessment provides an opportunity for key stakeholders; business professionals; and community members, in general, to identify regional strengths and weaknesses as well as produce comparisons among the diverse counties of the region and the State. This RNA aims to facilitate data-driven decisions and mobilization of communities as well as inform key

community, local, state, and federal representatives about the identified needs of communities in Region 11 and the rest of the State. Furthermore, this document helps gain a deeper understanding of the community, as each community within the region has its own needs and assets, as well as its own culture and social structure. This document will help make decisions related to priorities for program or system improvement. In order to address community issues, one has to fully understand what the problems are and how they arose. This in turn will increase the community's capacity for solving its own problems and creating its own change, aligned with support from state and federal authorities.

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the state of Texas, as well as concerned community members who desire to mobilize their own communities and stay informed about the major issues that directly impact their homeland. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; school districts and higher education; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

PRC 11 is continuously reaching out to partners who are vested in substance abuse prevention efforts as well as those who dedicate their time to help communities stay healthier, stronger, and safer. If you would like more information regarding how to collaborate with PRC and be a part or contribute to the 2019 Regional Needs Assessment please contact any of the PRC 11 team members.

PRC 11 will continue to serve the communities in Region 11 for the years to come and will continue to engage in improvement of data collection efforts in order to facilitate access to information to any organization or individual who is interested in enhancing their knowledge in an effort to make informed decisions. As communities and organizations move towards improving the way they view and collect data relevant to prevention and wellness, PRC will continue to provide support to these efforts.

PRC11 team (left to right): Ashlyn Wall, Prevention Specialist; Martha Gutierrez, Prevention Specialist; Karen Rodriguez, Region Evaluator; Daniel Rodriguez, PRC Coordinator.

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Appendix A

This appendix has additional tables and figures. They supplement the information that is provided in the body of the Regional Needs Assessment.

Table A-1. Population Breakdown and Growth by County, 2018

County	2010 Population	2018 Population Estimate	Growth (+/-)	% Change
Aransas	23,158	25,551	2,393	10.3%
Bee	31,861	33,135	1,274	4.0%
Brooks	7,223	7577	354	4.9%
Cameron	406,220	475,631	69,411	17.1%
Duval	11,782	12,476	694	5.9%
Hidalgo	774,769	955,781	181,012	23.4%
Jim Hogg	5,300	5,658	358	6.8%
Jim Wells	40,838	43,829	2,991	7.3%
Kenedy	416	455	39	9.4%
Kleberg	32,061	34,778	2,717	8.5%
Live Oak	11,531	11,793	262	2.3%
McMullen	707	763	56	7.9%
Nueces	340,223	369,142	28,919	8.5%
Refugio	7,383	7,498	115	1.6%
San Patricio	64,804	67,731	2,927	4.5%
Starr	60,968	67,425	6,457	10.6%
Webb	250,304	303,060	52,756	21.1%
Willacy	22,134	25,859	3,725	16.8%
Zapata	14,018	16,440	2,422	17.3%
Region 11	2,112,633	2,464,582	351,949	16.7%
Texas	25,146,105	29,366,479	4,220,374	16.8%
United States*	308,758,105	327,167,434	18,409,329	6.0%

Source: Texas Department of State Health and Services, *U.S. Census Bureau, 2018 Annual Estimates

Table A-2. Age and Gender Breakdown by County, 2018

County	Population	Male %	Female %	0-19 Years %	60 + Years %
Aransas	25,551	49.2%	50.8%	19.9%	39.4%
Bee	33,135	59.8%	40.2%	23.4%	18.4%
Brooks	7,577	50.3%	49.7%	29.9%	26.3%
Cameron	475,631	48.7%	51.3%	34.8%	17.6%
Duval	12,476	52.1%	47.9%	27.4%	24.5%
Hidalgo	955,781	49.1%	50.9%	34.7%	14.9%
Jim Hogg	5,658	49.8%	50.2%	30.1%	24.2%
Jim Wells	43,829	49.9%	50.1%	31.6%	21.9%
Kenedy	455	51.4%	48.6%	22.2%	29.5%
Kleberg	34,778	51.4%	48.6%	31.4%	18.8%
Live Oak	11,793	53.9%	46.1%	21.4%	29.4%
McMullen	763	51.6%	48.4%	21.0%	40.0%
Nueces	369,142	49.5%	50.5%	27.1%	21.0%
Refugio	7,498	50.3%	49.7%	25.2%	29.8%
San Patricio	67,731	50.2%	49.8%	30.0%	22.4%
Starr	67,425	48.8%	51.2%	34.5%	16.8%
Webb	303,060	49.2%	50.8%	35.8%	12.9%
Willacy	25,859	54.7%	45.3%	28.6%	17.8%
Zapata	16,440	50.7%	49.3%	37.7%	15.4%
Region 11	2,464,582	49.4%	50.6%	33.0%	17.1%
Texas	29,366,479	49.8%	50.2%	28.8%	17.9%

Source: Texas Department of State Health and Services, Projected Texas Population by Area, 2018

Table A-3. Race and Ethnicity Breakdown by County, 2018

County	White NH	%	Black NH	%	Hispanic	%	Other	%
Aransas	17,292	67.7%	273	1.1%	7,013	27.4%	973	3.8%
Bee	10,957	33.1%	2,514	7.6%	19,112	57.7%	552	1.7%
Brooks	591	7.8%	18	0.2%	6,920	91.3%	48	0.6%
Cameron	41,277	8.7%	1,392	0.3%	427,534	89.9%	5,428	1.1%
Duval	1,227	9.8%	86	0.7%	11,097	88.9%	66	0.5%
Hidalgo	66,500	7.0%	3,330	0.3%	872,530	91.3%	13,421	1.4%
Jim Hogg	344	6.1%	18	0.3%	5,255	92.9%	41	0.7%
Jim Wells	7,655	17.5%	169	0.4%	35,574	81.2%	431	1.0%
Kenedy	93	20.4%	1	0.2%	351	77.1%	10	2.2%
Kleberg	7,433	21.4%	1,217	3.5%	24,876	71.5%	1,252	3.6%
Live Oak	6,584	55.8%	450	3.8%	4,533	38.4%	226	1.9%
McMullen	456	59.8%	8	1.0%	293	38.4%	6	0.8%
Nueces	104,178	28.2%	12,638	3.4%	239,085	64.8%	13,241	3.6%
Refugio	3,083	41.1%	475	6.3%	3,818	50.9%	122	1.6%
San Patricio	26,120	38.6%	966	1.4%	39,058	57.7%	1,587	2.3%
Starr	2,719	4.0%	15	0.0%	64,510	95.7%	181	0.3%
Webb	8,664	2.9%	569	0.2%	291,346	96.1%	2,481	0.8%
Willacy	2,311	8.9%	406	1.6%	22,904	88.6%	238	0.9%
Zapata	804	4.9%	11	0.1%	15,559	94.6%	66	0.4%
Region 11	308,288	12.5%	24,556	1.0%	2,091,368	84.9%	40,370	1.6%
Texas	11,826,470	40.3%	3,348,098	11.4%	12,181,167	41.5%	2,010,744	6.8%

Source: Texas Department of State Health and Services, Projected Texas Population by Area, 2018

Table A-4. Language Breakdown for Individuals Aged 5 and Older by County, 2017

County	Total population 5 years or older	% Speak Only English	% Speak Spanish	% With Limited English Proficiency
Aransas	23,601	84.4%	13.4%	5.9%
Bee	30,783	62.3%	36.6%	5.9%
Brooks	6,661	38.0%	61.9%	21.8%
Cameron	384,007	26.6%	72.5%	27.1%
Duval	10,648	43.6%	56.3%	13.8%
Hidalgo	759,143	15.7%	83.2%	31.8%
Jim Hogg	4,906	29.1%	70.4%	15.5%
Jim Wells	38,051	53.2%	45.9%	12.1%
Kenedy	524	21.8%	78.1%	57.3%
Kleberg	29,359	57.9%	40.3%	8.5%
Live Oak	11,399	71.5%	27.1%	10.2%
McMullen	555	78.0%	21.1%	6.5%
Nueces	333,843	62.2%	35.4%	8.1%
Refugio	6,831	71.7%	27.9%	5.2%
San Patricio	61,890	62.6%	36.0%	8.7%
Starr	56,972	3.6%	96.3%	51.1%
Webb	242,931	9.4%	90.0%	34.6%
Willacy	20,442	40.4%	58.7%	22.5%
Zapata	12,969	9.6%	89.7%	44.2%
Region 11	2,035,515	29.5%	69.3%	25.4%
Texas	24,964,001	65.9%	30.0%	14.3%
United States*	301,150,892	78.7%	13.2%	8.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimate

Table A-5. Total and Single Parent Households with Children by County, 2018

County	Total Households with Children	Total Single Parent Households	%Single Parent Households
Aransas	4,477	1,276	28.5%
Bee	6,934	2,726	39.3%
Brooks	1,747	872	49.9%
Cameron	131,477	51,536	39.2%
Duval	2,731	1,079	39.5%
Hidalgo	278,555	96,902	34.8%
Jim Hogg	1,482	586	39.5%
Jim Wells	11,683	3,917	33.5%
Kenedy	154	25	16.2%
Kleberg	7,759	3,210	41.4%
Live Oak	2,457	645	26.3%
McMullen	164	38	23.2%
Nueces	88,938	37,013	41.6%
Refugio	1,720	593	34.5%
San Patricio	18,096	6,303	34.8%
Starr	20,932	9,010	43.0%
Webb	90,374	34,421	38.1%
Willacy	5,449	2,432	44.6%
Zapata	4,795	1,915	39.9%
Region 11	679,924	254,499	37.4%

Source: County Health Rankings, 2018

Table A-6. Employment Statistics by Region, 2018

Region	Labor Force	Total Employed	Total Unemployed	Unemployed %
1	420,678	407,662	13,016	3.1%
2	232,924	232,948	8,163	3.5%
3	4,057,521	3,915,912	140,609	3.5%
4	508,507	487,979	20,528	4.0%
5	324,184	306,390	17,794	5.5%
6	3,462,613	3,313,512	149,101	4.3%
7	1,785,358	1,728,890	56,468	3.2%
8	1,409,821	1,361,486	48,334	3.4%
9	332,183	323,356	8,827	2.7%
10	369,975	354,262	15,713	4.2%
11	936,146	870,413	54,339	5.8%
Texas	13,839,910	13,302,810	532,892	3.9%

Source: US Bureau of Labor Statistics, Local Area Unemployment Statistics 2018

Table A-7. SNAP Recipients by Region, 2018

Region	Total # of SNAP Cases	% of Total Population	Average Payment Per Case	Total # of Recipients	% 5-17 Recipients	% 18-59 Recipients	% 65+ Recipients
1	46,144	5.0%	$257	112,759	35.9%	39.6%	5.7%
2	33,302	5.8%	$233	74,831	32.6%	42.9%	6.3%
3	342,019	4.3%	$258	795,167	38.2%	36.0%	6.2%
4	73,140	6.0%	$237	163,079	34.0%	40.7%	6.0%
5	59,193	7.2%	$240	128,694	32.8%	41.9%	5.9%
6	380,214	5.2%	$259	869,547	37.9%	34.9%	6.8%
7	144,573	4.0%	$243	333,315	36.6%	38.2%	5.5%
8	180,620	6.0%	$257	431,522	35.6%	38.4%	7.1%
9	26,784	4.3%	$259	65,205	36.0%	36.3%	7.0%
10	75,964	8.0%	$209	176,854	35.6%	35.8%	11.4%
11	230,358	9.3%	$260	571,435	39.5%	32.8%	9.1%
Texas	1,592,309	5.4%	$247	3,722,407	37.2%	36.4%	7.1%

Source: Texas Health and Human Services Commission, 2018

Table A-8. Students Receiving Free/Reduced Lunch by County, 2016-2017

County	Total Students	Total Receiving Free Lunch	% Receiving Free Lunch	Total Receiving Reduced Lunch	% Receiving Reduced Lunch
Aransas	3,394	1,696	50.0%	200	5.9%
Bee	5,378	3,541	65.8%	459	8.5%
Brooks	1,577	1,259	79.8%	0	0.0%
Cameron	106,402	91,829	86.3%	1,025	1.0%
Duval	2,578	1,913	74.2%	82	3.2%
Hidalgo	225,148	187,646	83.3%	3,750	1.7%
Jim Hogg	1,181	854	72.3%	128	10.8%
Jim Wells	8,218	5,755	70.0%	345	4.2%
Kenedy	75	41	54.7%	10	13.3%
Kleberg	5,499	3,402	61.9%	153	2.8%
Live Oak	1,744	909	52.1%	132	7.6%
McMullen	265	50	18.9%	22	8.3%
Nueces	63,642	36,810	57.8%	2,699	4.2%
Refugio	1,399	731	52.3%	134	9.6%
San Patricio	14,547	8,106	55.7%	1,027	7.1%
Starr	17,590	14,575	82.9%	20	0.1%
Webb	70,064	56,965	81.3%	216	0.3%
Willacy	4,355	3,654	83.9%	0	0.0%
Zapata	3,561	2,983	83.8%	0	0.0%
Region 11	536,617	422,719	78.8%	10,402	1.9%

Source: U.S. Department of Education, National Center for Education Statistics 2016-2017

Table A-9. Graduation and Dropout Rates by County, 2017

County Name	All student's graduation 2017	All student's dropout 2017
Aransas	88.7	9
Bee	89	6.4
Brooks	89.7	9.3
Cameron	89.5	5.9
Duval	86.1	8
Hidalgo	89.9	5.5
Jim Hogg	95.7	4.3
Jim Wells	85.9	11.5
Kenedy	*	*
Kleberg	88.7	6.1
Live Oak	92.4	5.3
McMullen	100	0
Nueces	90.4	6.8
Refugio	96.8	2.1
San Patricio	93.3	4.5
Starr	92.8	4.5
Webb	92.5	4.7
Willacy	88.3	6.5
Zapata	90.4	3.6
Region 11	90.3	5.7
Texas	89.7	5.9

Source: Texas Education Agency, 2017; * No data available

Table A-10. Minor Alcohol-Related Arrests by County, 2018

County	DUI's	Drunkenness	Liquor Law	Total
Aransas	0	0	1	1
Bee	0	0	0	0
Brooks	0	0	0	0
Cameron	1	6	15	22
Duval	0	0	0	0
Hidalgo	6	42	2	50
Jim Hogg	0	0	0	0
Jim Wells	0	0	0	0
Kenedy	0	0	0	0
Kleberg	1	0	4	5
Live Oak	0	0	0	0
McMullen	0	0	0	0
Nueces	0	7	24	31
Refugio	0	0	0	0
San Patricio	0	0	7	7
Starr	0	1	0	1
Webb	2	0	1	3
Willacy	0	0	0	0
Zapata	0	0	0	0
Region 11	10	56	54	120

Source: Uniform Crime Report, 2018

Table A-11. Adult Alcohol-Related Arrests by County, 2018

County	DUI's	Drunkenness	Liquor Law	Total
Aransas	99	135	7	241
Bee	28	105	22	155
Brooks	23	61	0	84
Cameron	850	1,552	836	3,238
Duval	3	15	0	18
Hidalgo	2,128	4,335	62	6,525
Jim Hogg	2	5	0	7
Jim Wells	54	99	0	153
Kenedy	1	7	0	8
Kleberg	101	96	16	213
Live Oak	21	7	1	29
McMullen	0	1	0	1
Nueces	1,545	2,573	195	4,313
Refugio	22	16	0	38
San Patricio	292	172	18	482
Starr	13	159	17	189
Webb	608	21	12	641
Willacy	41	68	7	116
Zapata	59	74	2	135
Region 11	5,890	9,501	1,195	16,586

Source: Uniform Crime Report, 2018

Table A-12. Driving Arrests by County, 2017

County	Driving Arrests	DWI Arrests	DWI Arrests %	Non-DWI Arrests %
Aransas	292	187	64.0%	36.0%
Bee	204	119	58.3%	41.7%
Brooks	76	59	77.6%	22.4%
Cameron	1749	1372	78.4%	21.6%
Duval	39	17	43.6%	56.4%
Hidalgo	4834	4367	90.3%	9.7%
Jim Hogg	25	5	20.0%	80.0%
Jim wells	233	178	76.4%	23.6%
Kenedy	22	7	31.8%	68.2%
Kleberg	127	79	62.2%	37.8%
Live Oak	122	67	54.9%	45.1%
McMullen	20	4	20.0%	80.0%
Nueces	2244	1635	72.9%	27.1%
Refugio	61	45	73.8%	26.2%
San Patricio	573	319	55.7%	44.3%
Starr	363	253	69.7%	30.3%
Webb	826	627	75.9%	24.1%
Willacy	68	65	95.6%	4.4%
Zapata	138	107	77.5%	22.5%
Region 11	12016	9512	79.2%	20.8%

Source: Texas Department of Public Safety, 2017

Table A-13. Minor Illicit Drug Possession Arrests by County, 2015

County	Marijuana	Cocaine, Heroin, Opium	Synthetic Narcotics	Other Dangerous
Aransas	2	0	5	1
Bee	0	0	0	0
Brooks	1	1	1	0
Cameron	136	15	1	13
Duval	5	0	0	1
Hidalgo	323	47	95	45
Jim Hogg	0	0	1	0
Jim Wells	32	1	15	0
Kenedy	0	1	0	0
Kleberg	15	0	5	2
Live Oak	0	0	0	1
McMullen	0	0	0	0
Nueces	130	60	2	17
Refugio	2	0	2	0
San Patricio	35	2	6	3
Starr	32	4	7	2
Webb	235	23	20	20
Willacy	10	3	0	1
Zapata	0	0	0	0
Region 11	958	157	160	106

Source: Uniform Crime Report, 2015

Table A-14. Adult Illicit Drug Possession Arrests by County, 2015

County	Marijuana	Cocaine, Heroin, Opium	Synthetic Narcotics	Other Dangerous
Aransas	60	23	94	72
Bee	14	0	0	0
Brooks	16	8	10	1
Cameron	702	320	22	99
Duval	22	8	14	13
Hidalgo	1,363	667	252	226
Jim Hogg	15	28	1	0
Jim Wells	99	41	98	29
Kenedy	21	1	2	0
Kleberg	161	50	64	18
Live Oak	91	4	15	9
McMullen	2	1	2	0
Nueces	1,143	2,362	38	376
Refugio	37	2	40	5
San Patricio	127	79	97	25
Starr	89	65	12	16
Webb	817	519	131	91
Willacy	45	17	14	2
Zapata	105	8	0	1
Region 11	4,929	4,203	906	983

Source: Uniform Crime Report, 2015

Table A-15. Crash Statics by County in Region 11, 2018

County	2018 Alcohol Involved Crashes	2018 Driving Under the Influence of Alcohol or Drugs
Aransas	23	27
Bee	23	27
Brooks	8	10
Cameron	440	478
Duval	8	8
Hidalgo	780	870
Jim Hogg	2	2
Jim Wells	39	42
Kenedy	4	5
Kleberg	27	30
Live Oak	20	23
McMullen	2	2
Nueces	463	492
Refugio	4	5
San Patricio	83	97
Starr	23	36
Webb	162	170
Willacy	15	14
Zapata	10	13
Region 11	2,136	2,351
Texas	27,006	29,623

Source: Texas Department of Transportation, 2018

Table A-16. Students Enrolled in 2- or 4-Year Institution following Graduation, 2014

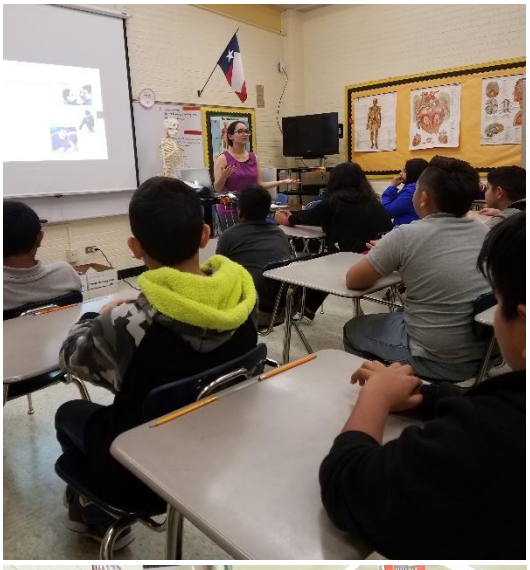
County	Total Number of H.S. Graduates	Number of Graduates Enrolled in Higher Education Following Year	Percentage of Graduates Enrolled in Higher Education Following Year
Aransas	199	99	49.70%
Bee	306	152	49.70%
Brooks	84	36	42.90%
Cameron	6,601	4,329	65.60%
Duval	166	86	51.80%
Hidalgo	12,483	8,522	68.30%
Jim Hogg	58	42	72.40%
Jim Wells	472	266	56.40%
Kleberg	304	174	57.20%
Live Oak	121	74	61.20%
McMullen	14	14	100.00%
Nueces	3,779	2,108	55.80%
Refugio	99	60	60.60%
San Patricio	903	469	51.90%
Starr	1,094	754	68.90%
Webb	4,077	3,004	73.70%
Willacy	277	159	57.40%
Zapata	194	124	63.90%
Region 11	31,231	20,472	65.60%
Texas	303,109	189,928	62.70%

Source: Texas Higher Education Coordinating Board, 2013-2014

Appendix B: PRC 11 in the Community

Appendix C: Region 11's Community Coalitions

Appendix D: Youth Prevention Programs



PRC Region	Counties
Region 1	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, and Yoakum (41)
Region 2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30)
Region 3	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
Region 4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23)
Region 5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler (15)
Region 6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)
Region 7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30)
Region 8	Atacosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala (28)
Region 9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, and Winkler (30)
Region 10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio (6)
Region 11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)

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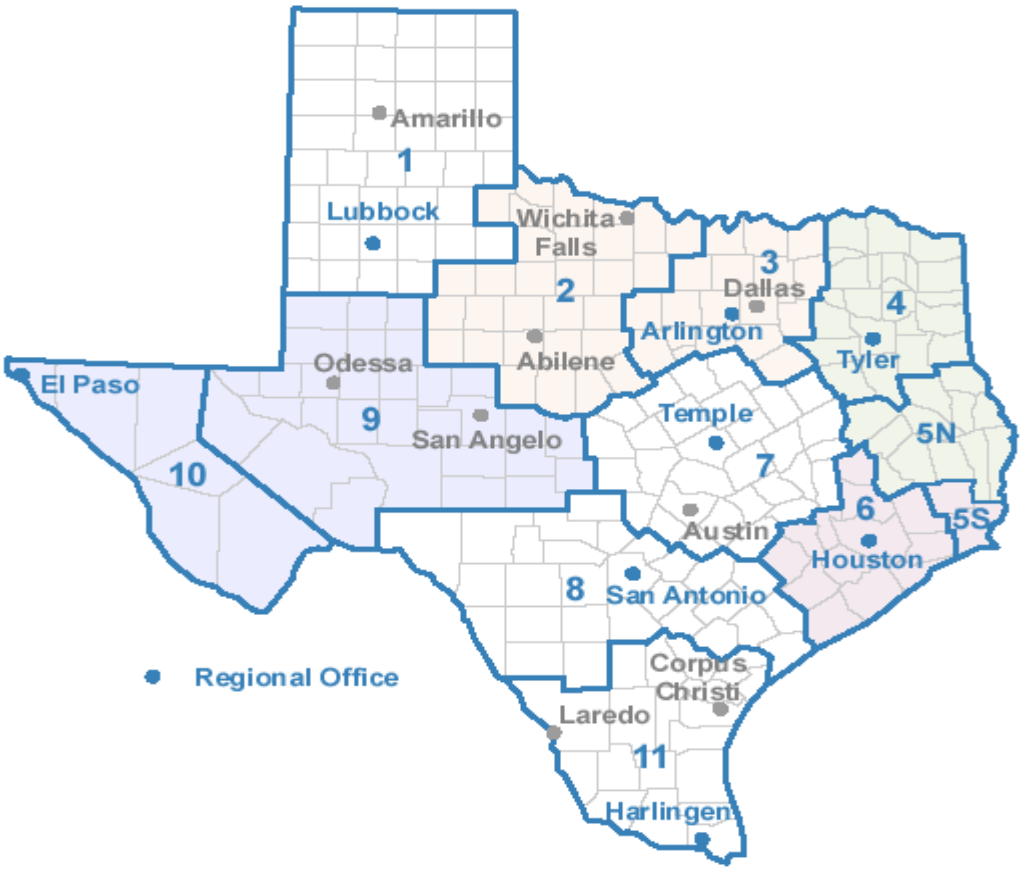

Appendix F: Data Request Form

PRC 11 provides data upon request. A sample of the data request form is provided below. PRC asks that sufficient time is provided, however, when requesting data, typically 2-3 weeks.

Prevention Resource Center 11

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:							
☐	Demographic	☐	Education	☐	Mental Health and Treatment	☐	Criminal Activity
☐	Mortality	☐	Drug Consumption Patterns	☐	Drug Accessibility	☐	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 ☐ Word

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 ___

Rev. 4/4/2019

Glossary of Terms

30 Day Use	**The percentage of people who have used a substance in the 30 days before they participated in the survey.**
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
HHSC	Health and Human Services Commission
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior

	of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey