



A program of Behavioral Health Solutions of South Texas

Data Request Form

Please complete all fields below

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

Purpose of Request:

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

Category Type of Data Requested:

<input type="checkbox"/> Demographic	<input type="checkbox"/> Education	<input type="checkbox"/> Mental Health and Treatment	<input type="checkbox"/> Criminal Activity
<input type="checkbox"/> Mortality	<input type="checkbox"/> Drug Consumption Patterns	<input type="checkbox"/> Drug Accessibility	<input type="checkbox"/> Other
(Refer to the Data Type Available form for a listing of available data by category)			

Specific Data Request/Description:

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

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

Preferred Format: ☐ Excel
☐ PDF

Preferred Completion Date: ____ / ____ / ____

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

_____ For administrative use only _____

Request completed on: ____ / ____ / ____ by: _____
 DSHS-funded program: Yes ___ No ___



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Data Type Available Form

(Per 2019 Regional Needs Assessment)

Demographics
<ol style="list-style-type: none">1. Population totals2. Ethnicity3. Gender4. Wages/employment5. Poverty rates6. Public assistance7. Insurance/uninsured
Education
<ol style="list-style-type: none">1. Dropout rates2. Youth suspensions/expulsions3. High school completion4. College Admissions
Mental Health and Treatment
<ol style="list-style-type: none">1. Suicide rates2. Depression rates3. Psychiatric hospital admissions4. Hospitalizations due to ATOD5. Youth Substance Abuse Treatment rates6. Adolescent screenings and referrals
Criminal Activity
<ol style="list-style-type: none">1. Drug Seizures2. Domestic Abuse3. Alcohol and drug related charges4. Juvenile admits with alcohol needs5. Illicit drug possession charges6. Crime report7. Alcohol sales and violations
Mortality
<ol style="list-style-type: none">1. Overdose deaths2. Alcohol-related fatalities3. Deaths due to other conditions
Drug Consumption Patterns
<ol style="list-style-type: none">1. Age2. Past and Current Use
Accessibility to Drugs
<ol style="list-style-type: none">1. Perception of access2. Perception of approval
Other
<ol style="list-style-type: none">1. Region 11 Focus Group Report2. Risk and Protective Factors